

PreventionPost newsletter

It's Beginning to look ... a lot like winter!

WINTER IS ON ITS WAY

Winter can be a wonderful season, with the opportunity for many fun outdoor activities. As residents of Saskatchewan, we all know too well that with the fun of winter we can also expect bitterly cold weather. Children should stay indoors if the temperature drops below -25°C (-3°F). This is the temperature that will freeze exposed skin in only a few minutes.

To ensure everyone stays warm and safe this winter, check out the safety tips below.

Appropriate Winter Clothing is:

- Layers that can be removed or added as the temperature and outdoor activities change. Change children out of wet clothing as soon as possible.
- A warm, close-fitting hat that covers the ear lobes.
- A tubular neck warmer instead of a scarf for younger children. Loose ends of a scarf can get caught in playground equipment, doors and other objects, posing a strangulation hazard. If a scarf must be worn, ensure the ends are tucked into a child's jacket.
- Jackets and sweaters that do not have drawstrings or cords.

Remove all drawstrings and cords on younger children's clothing. Drawstrings and cords can get caught in playground equipment and other objects, posing a strangulation hazard. When possible, purchase sweaters and jackets without drawstrings or cords.

- Footwear that includes a single pair of wool or wool-blend socks. Cotton does not provide any insulation or warmth when it is wet. Boots should not be too tight, as they could cut off circulation to the feet and toes.

Winter Clothing and Car Seats

In Saskatchewan winters we dress ourselves and our children in thick clothing to help stay warm. Infants and children in car seats, however, should not be dressed in layers of clothing or in thick clothing such as a snowsuit. It is a very common error in winter time to over dress children when they are in car seats.

Car seats are regulated by a standard that allows only a certain amount of compressibility in the material of the car seat (i.e., foam, padding). Additional material or padding, such as a snowsuit or jacket, can be compressed by the forces of a

collision and result in the harness system of the car seat becoming loose and no longer properly restraining the child. A simple rule of thumb is that **children should wear the same clothes in a car seat that they would wear inside the house.** This means no bulky sweaters, snowsuits, and jackets. When placing a child in a car seat, have the vehicle warmed up to a comfortable room temperature and simply take off any jackets or snowsuits before placing the child in a car seat (rear-facing or forward-facing).

Bundle or bunting bags are a popular winter car seat product. These bags have slots or openings in the back that allows the car seat harness system to be thread through. These products are designed to stay in the car seat when the child is placed in the seat and then zipped up around the child, much like a sleeping bag. **Bundle or bunting bags should not be used in a car seat.** These products are a risk because they add compressible padding between the child and car seat and often affect the fit of the harness straps, resulting in a loose harness system that may not properly restrain a child in the event of a collision.

(Continued on Page 2)



(Winter is on its way, continued from Page 1)

Bundle or bunting bags can also cause infants to overheat while travelling in a vehicle. **Overheating increases a child's risk of Sudden-Infant Death Syndrome (SIDS).** Instead, warm blankets should be placed over an infant after properly securing the harness straps of a car seat. Layered blankets are easy to add and remove and assist in controlling the temperature of an infant.

You can use an elastic style cover for your rear-facing car seat that goes around the shell but does not go behind the child, or affect the harness system in any way.

For more information on winter safety and child passenger safety please visit the Saskatchewan Prevention Institute at <http://www.preventioninstitute.sk.ca>.

Winter Play and Sports

The winter season provides an opportunity to play in a wonderland of soft snow and smooth ice. Children should be allowed plenty of opportunities to play creatively and safely outdoors in winter.

Follow the safety information below to ensure an enjoyable winter season.

Outdoor Play Time

Make sure young children are actively supervised when they play outdoors. Children can be very enthusiastic to play in the snow and may need to be reminded to come indoors to warm up, change into dry clothing and hydrate. Children want to play outdoors, however young children do not know the risks of being outside such as traffic on the street and frostbite or hypothermia in the winter. Consider placing a lock on doors that is high up and out of reach of younger children so they cannot go outside without an adult's consent.

Tobogganing and Sledding

Have your child wear a ski or snowboard helmet with a thin, warm hat underneath that covers the earlobes.

Choose a hill where there are no trees, rocks, or other dangerous obstacles. Make sure there is a long flat area at the bottom of the hill, with room for safe stopping, well away from roads and streets.

Skating

Have your child wear a helmet approved for hockey by the Canadian Standards Association (CSA). These helmets are specifically tested for falls on ice.

Always have skate guards on the skates when carrying them.

When skating on lakes, rivers, or sloughs make sure the ice is smooth and at least 15 cm (6 in) thick. **Stay away from open water or newly formed ice.**

Many factors affect ice thickness. Factors include the depth of the water and size of the body of water; currents or tides; chemicals and salt level; logs, rocks and docks which absorb heat from the sun; air temperature; shock waves from vehicles driving on the ice; and many other things.

Skiing and Snowboarding

Have your child wear a ski or snowboard helmet to help prevent a head injury during a fall.

Teach children the meaning of ski hill signs, used to indicate the difficulty of a hill, and help them in deciding the appropriate hills for them.

Check to make sure your child's equipment fits properly and is in good condition.

Teach your child:

- To always use the buddy system and to never ski or snowboard alone.
- To follow the rules of the hill and only to go on runs which are clearly marked.
- To never ski or snowboard out of bounds.

Snowmobiling

Your child must be 12 years of age or older and have completed a snowmobile safety training course before operating a snowmobile.

Have your child wear safety equipment including a helmet, tight fitting clothing, goggles, and gloves.

(Continued on Page 3)



(Winter is on its way, continued from Page 2)

For more information on snowmobile safety courses in Saskatchewan, contact the Saskatchewan Safety Council at 306-757-3197.

For more information on seasonal safety please visit:

Saskatchewan Prevention Institute

www.preventioninstitute.sk.ca

SafeKids Canada:

www.safekidscanada.ca

Canadian Paediatric Society:

<http://www.cps.ca/caringforkids/>

Website

The Saskatchewan Prevention Institute now has a webpage dedicated to the topic of All-Terrain Vehicle Safety. For more information go to:

<http://www.preventioninstitute.sk.ca/child-injury-prevention/atv-and-ohv-safety>

New information is also available on the website on Home Safety for Children with Special Needs. Links are provided to various videos that cover topics including choking prevention, fall prevention, water safety, and fire and burn prevention for families with children with special needs. Follow the link below to access the information: <http://www.preventioninstitute.sk.ca/child-injury-prevention/home-safety/home-safety-for-children-with-special-needs>

New Resources Coming Soon ...

A new resource titled 'Protect Your Baby's Head Shape: Preventing flat spots on your baby's head' will soon be available on the website. This resource explores the issue and prevention of Plagiocephaly.

Please refer to page 9 for a list of other new resources. For a complete list of program resources, download the Child Injury Resource Catalogue available at: <http://www.preventioninstitute.sk.ca/home/news-media-events/catalogue>.

The Goal of the Saskatchewan FASD Speakers' Bureau

Increasing education about Fetal Alcohol Spectrum Disorder among front-line workers, caregivers, and professionals.

Looking for a presentation or workshop about FASD?

In 2004, the Saskatchewan Prevention Institute and the FASD Support Network of Saskatchewan, Inc. partnered to establish an FASD Speakers' Bureau for Saskatchewan. The 21 members of the Speakers' Bureau are located in 15 communities throughout the province. In the past six months they have made over 30 presentations to more than 800 people. Their presentations are on topics related to prevention and/or supports for individuals with FASD and their families.

The goal of the Speakers' Bureau is to increase education about Fetal Alcohol Spectrum Disorder among front-line workers, caregivers, and professionals. Speakers have strong knowledge about FASD and they participate in regular training events to keep current and to network with fellow speakers. At the most recent event, bureau members learned about trends in addictions in Saskatchewan communities, Motivational Interviewing,

and refreshed their understanding of the human brain. Members of the Bureau bring experience, dedication, and a powerful message on the prevention of FASD and the supports necessary for individuals with an FASD who live in communities across the province.

To book a speaker, contact:

Marlene Dray, *FASD Prevention Coordinator*

Saskatchewan Prevention Institute

Phone: 306-655-2526

Email: mdray@preventioninstitute.sk.ca

Or

Lynette Janzen, *Project Coordinator*

FASD Support Network of Saskatchewan, Inc.

Phone: 306-975-0896

Email: fasdoffice@sasktel.net

Prevention Matters Conference: Supporting Children's Well-Being

The Saskatchewan Prevention Institute hosted the 2011 Prevention Matters Conference at the Radisson Hotel in Saskatoon in September, to a sold out crowd of 390 delegates.

The well-being of children encompasses social, emotional, physical and spiritual aspects, each of which can be positively or negatively impacted by circumstances beyond their control. This conference brought together experts from various disciplines to share their knowledge and wisdom, and help delegates learn how to support all facets of children's health and well-being.

The conference began with a Keynote Panel consisting of Bill Bingham, Holly Graham-Marrs, James Irvine, Thomas Mainprize, and Cory Neudorf, moderated by Dave Hedlund. The panel discussed supporting the well-being of Saskatchewan children from a number of perspectives including: pediatrics, obstetrics, First Nations, rural, urban, and northern. They explored the challenges that are faced in Saskatchewan and what it means to help children be well.

The first day ended with a panel presentation sponsored by the Public Health Agency of Canada. Irene Morgan and Lynn Warda presented information on Safe Sleeping and the Prevention of Sudden Infant Deaths in Canada. In total, delegates had 39 concurrent sessions to choose from during the two and a half day period.

The two keynote speakers, Bruce Perry and Silken Laumann, impressed the audience and left the participants feeling positive about supporting children's well-being. Here is what some participants had to say:

"Dr. Bruce Perry is an excellent speaker ... interesting and informative ... Dr. Perry is confident, entertaining, provocative and knowledgeable - AMAZING!! ... totally awesome! He is just phenomenal!"

Bruce Perry, Senior Fellow, ChildTrauma Academy, spoke about the child brain and behaviour and the influences of early experiences and trauma. The presentation provided an overview of brain development and the impact of early experiences, such as disrupted attachment and trauma, on child development and behaviour.

"Loved Silken Laumann, she was so inspirational ... very informative with ideas and personal experiences ... I had tears in my eyes during Silken's presentation."

Silken Laumann, Olympian, Inspirational Speaker and Author connected with the participants on a personal level as she took her listeners on the journey of a lifetime. She shared her courageous story and left the audience with a strong feeling of empowerment and possibility.

(Continued on Page 5)



*Bruce Perry with Megan Clark,
Research and Evaluation Team Lead,
Saskatchewan Prevention Institute.*



*Silken Laumann with Cara Zukewich,
Tobacco Strategy Coordinator,
Saskatchewan Prevention Institute.*



*Participants enjoy a walk along Meewasin Trail
with Travis Holeha, Child Traffic Safety Coordinator,
Saskatchewan Prevention Institute.*

(Prevention Matters Conference Continued from Page 4)

Silken advocates for children and is passionate about active kids and inspiring families and those who support families to provide an active, engaging environment for children. Her presentation focused on the link between active healthy kids and active healthy communities. Her goal was to inspire adult role models who have the greatest impact in a child's life.

With a rating of 3.52 out of 4, it is clear that this biennial conference was once again ... a huge success. The majority of attendees commented that the conference

met their expectations, was informative and relevant to their work, and that they looked forward to attending the next one.

Speaker presentations are available on the website at: <http://www.preventioninstitute.sk.ca/home/news-media-events/events/prevention-matters-conference/speaker-presentations>.

Please Note: only presentations provided to the Prevention Institute are available.

THE BEST DECISION FOR YOU AND YOUR BABY QUIT SMOKING

During pregnancy, smoke can be harmful to both the woman and her unborn baby.

Tobacco use during pregnancy and postpartum is a leading cause of preventable disease during the perinatal periods in Canada with Environmental Tobacco Smoke (ETS - commonly known as second-hand and third-hand smoke) being the single greatest avoidable threat to public health.¹ In Canada, approximately 13-18% of pregnant women use tobacco during pregnancy.²

Smoking negatively affects a woman's health before she becomes pregnant. During pregnancy, smoke can be harmful to both the woman and her unborn baby. After birth, the exposure to tobacco smoke continues to harm the health of baby. When a person smokes, everyone around the smoker is also inhaling the smoke. The smoker does not inhale over two-thirds of the smoke from a cigarette. This smoke enters the air and carries with it liquids, gases and small particles. This smoke is inhaled involuntarily by non-smokers, including children, and can harm their health.¹

The effects of smoking on pregnancy are: ¹

- Decreased folate level (this causes increased tiredness in the woman)
- Miscarriage: There is a 1.5 times greater risk for miscarriage than for non-smokers
- Ectopic (tubal) pregnancy: there is a 2 times greater risk in women who smoke

- Placenta praevia (placenta grows in the lower part of the uterus and covers part or all of the cervix causing bleeding in pregnancy): Smoking during pregnancy increases the risk for placenta praevia by 1.5 times
- Abruptio placenta (separation of placenta from its attachment to uterine wall before the baby is delivered): Pregnant smokers have almost double the risk for this condition compared to pregnant non-smokers
- Premature rupture of the membranes: Smoking increases the risk of infection and premature birth
- Pre-eclampsia (pregnancy induced hypertension with significant amount of proteins in the urine) or gestational hypertension

A newborn exposed to tobacco smoke before birth is at higher risk for: ¹

- Low birth weight and premature birth
- Damaged lungs
- Sudden infant death syndrome (SIDS)
- Death

There are programs across Canada developed to target people who have challenges in smoking cessation during pregnancy and postpartum.

(Continued on Page 6)

(Quit Smoking Continued from Page 5)

In Saskatchewan, the Partnership to Assist with Cessation of Tobacco/Tobacco Addiction Recovery Programs (PACT/TAR) offers face-to-face workshops and online training to health care workers in the province, teaching practical ideas on how to effectively educate people who smoke to achieve tobacco cessation.³ For more information, visit the website: www.makeapact.ca.

The British Columbia Centre of Excellence for Women's Health (BCEWH) recently launched Expecting to Quit website.⁴

On the website you will find:

- key findings from an evidence-based review of promising and best practices
- brief interventions and practice strategies for health care providers
- newly developed resources (in English and French) available for download and to share with patients
- overview of links to on-line and community resources

BCEWH recently examined interventions designed to reduce or eliminate smoking during pregnancy. These findings were used to develop women-centered resources and practice recommendations for physicians and other health care providers who work with pregnant and postpartum girls and women.

Five key messages from <http://www.expectingtoquit.ca/> for health care providers:

1. Remember that quitting is a process not an event.
2. Acknowledge personal and social pressure to quit.
3. Engage in relapse prevention.
4. Explore partner smoking.
5. Know when to refer.

Conclusion

Environmental tobacco smoke has adverse effects on perinatal outcomes. Therefore, it is important for women, their families and health care providers to be educated on prevention of exposure to second hand smoke during pregnancy. Pregnant women need to lead a healthy lifestyle and require cessation supports tailored to them.

References

- ¹ Saskatchewan Prevention Institute (2010). *Environmental Tobacco Smoke. The risk to unborn babies, pregnant women and children [Booklet]*. Retrieved from <http://www.preventioninstitute.sk.ca/alcohol-tobacco-and-other-drugs/resources>.
- ² Heaman, M., Lindsay, J., & Kaczorowski, J. (2009). Chapter 10: Smoking. In Public Health Agency of Canada (Ed.). *What mothers say: The Canadian Maternity Experiences Survey*. Ottawa: Public Health Agency of Canada.
- ³ Partnership to Assist with Cessation of Tobacco (2010). [Website]. www.makeapact.ca.
- ⁴ British Columbia Centre of Excellence for Women's Health. *Expecting to Quit*. [Website]. www.expectingtoquit.ca.

Remember that instead of using tobacco, use the 4Ds.^a

^aPartnership to Assist with Cessation of Tobacco (2010). Website: www.makeapact.ca

4Ds			
Delay	Drink Water	Deep Breath	Do Something Different
<ul style="list-style-type: none"> • Distract yourself by reading, listening to music, or watching TV 	<ul style="list-style-type: none"> • Six to eight glasses everyday • Try to avoid alcohol and coffee 	<ul style="list-style-type: none"> • Take a few deep breaths • Take one minute vacation 	<ul style="list-style-type: none"> • Anything but smoke! Chew gum, eat carrots, get out of the tempting situation, visit a non-smoking friend, take a walk

Resiliency and Young Children

Life is not stress free. All people experience stress, change, and problems in their lives. Children are born not knowing how to handle stress. Adults can help young children learn skills to deal with stress. Children are never too young to start learning these skills.

Resiliency is the ability to cope with stressful situations, changes or problems. Children who are resilient use coping skills that they developed from past experiences to help them cope better with new situations.

Skills that Build Resiliency

Resiliency grows as you grow. Even as adults, we are still growing and learning skills that will help us to be more resilient. Teaching children the following skills will help them build their resiliency.

- Express feelings
- Name feelings
- Recognize other people's feelings
- Take responsibility for own behaviour
- Make themselves feel better in hard situations
- Use problem solving skills
- Make decisions

Helping Children to Build Resiliency Skills

There are lots of ways that you can help children build their resiliency skills. Remember that adults act as role models and teachers for young children. Children learn from watching and copying the adults in their lives.

- Show children how to deal with stressful situations; lead by example.
- Show children that you are confident, flexible, courageous, and optimistic.

- Talk about what you are doing and how you are feeling
- Encourage children to learn words for their emotions.
- Teach children how to soothe themselves when they are scared, stressed, or upset.
- Encourage children to safely explore their environment and be independent.
- Reinforce rules in a calm and kind way.
- Give children comfort and encouragement in stressful situations.
- Allow children to develop close and safe relationships with other adults.
- Provide a safe and consistent home environment.

References

- American Association of Pediatrics. (2010). *A Parent's Guide to Building Resilience in Children and Teens: Giving Your Child Roots and Wings*. Retrieved June 2010 from <http://www.aap.org/stress/buildresTOC.htm>.
- Barankin, T. & Khanlou, N. (2007). *Growing up Resilient: Ways to Build Resilience in Children and Youth*. Toronto, ON: Centre for Addictions and Mental Health.
- Carson, D. & Swanson, D. (1992). *Stress and coping as predictors of young children's development and psychosocial adjustment*. *Child Study Journal*, 24 (4), 273-297.
- Cohen, J., Onunaku, N., Clothier, S. & Poppe, J. (2005). *Early Childhood Research and Policy Report. Helping Young Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development*. Retrieved on May 5, 2009 from <http://www.zerotothree.org/>.
- Fraser, M. W. & Galinsky, M. J. (1997). *Toward a resiliency based model of practice*. In M. Fraser (Ed.), *Risk and Resilience* (pp. 265-275). Washington, DC: NASW Press.
- Grothberg, E. H. (1995). *A guide to promoting resilience in children: Strengthening the human spirit*. The Bernard Van Leer Foundation. Retrieved July 2010, from <http://www.resilnet.uiuc.edu/library/grotb95b.html#appendix1>.
- Ortega, S., Beauchemin, A., & Kaniskan, R. (2008). *Building resiliency in families with young children exposed to violence: The Safe Start Initiative pilot study*. *Best Practices in Mental Health*, 4 (1), 48-64.
- Perez, L., Peifer, K., & Newman, M. (2002). *A Strength-Based and Early Relationship Approach to Infant Mental Health Assessment*. *Community Mental Health Journal*, 38 (5), 375-390.
- Prevatt, F. (2003). *The contribution of parenting practices in a risk and resiliency model of children's development*. *British Journal of Developmental Psychology*, 21, 469-480.

Reaching In - Reaching Out

A resiliency-promotion project

SPONSORED BY

- The YMCA of Greater Toronto
- The University of Guelph
- George Brown College



Reaching IN...Reaching OUT (RIRO) is an evidence-based skills training program designed to help adults help young children develop a resilient view about life's inevitable bumps in the road.

This training uses a cognitive-behavioural and social problem-solving approach based on an adaptation of the world-renowned Penn Resilience Project (PRP) to prevent depression and promote resilience.

Research shows that children as young as two years begin to copy how adults in their lives think about and handle daily stress, frustrations, change, and challenges. Once adults begin to use the skills in their own lives, they become role models for children by demonstrating resilience in everyday situations.

Part 1

Introduces adults to key resiliency research and skills that promote a resilient perspective and flexible approach to handling conflict, problems, and everyday challenges.

Part 2

Helps adults apply the resiliency skills directly with children by:

- increasing their understanding of children's thinking and behaviour

- supporting children's development of seven critical abilities associated with resilience
- introducing child-friendly approaches using children's literature, puppets, and resilience-building activities

The Saskatchewan Prevention Institute is pleased to offer RIRO workshops for professionals throughout the province.

RIRO workshops are two days in length. The first day is required as a prerequisite for attending the second day.

Interested communities or organizations will be asked to cover trainer expenses (travel) as well as provide space and food (if applicable) for the workshop.

Who will benefit: teachers, early childhood educators, child protection workers, recreation leaders, child care providers, children's mental health workers, and others who work with children.

If interested, please contact Lee Hinton at (306) 655-2528.

PREVENTION POST NEWSLETTER

Previous and current editions of the Prevention Post Newsletters are available to view or download through our website at: www.preventioninstitute.sk.ca. The website also offers the option to subscribe on-line in order to automatically receive new issues as they become available.

COMMENTS

We invite comments or suggestions. Direct correspondence to: **Saskatchewan Prevention Institute**
1319 Colony Street, Saskatoon, SK S7N 2Z1
Bus. 306.655.2512 Fax. 306.655.2511
Email: info@preventioninstitute.sk.ca

NEW AND UPDATED RESOURCES

NEWLY DESIGNED RESOURCE: When you visit our website you may notice that our printed version of resources may not match the downloadable version. This is due to resources being updated, but not currently printed. Thank you for your patience during this transition as we continue to distribute our resources in the old format. Listed below are our current new resources now available.

CHILD INJURY PREVENTION

4-021 I'M GROWING UP SAFELY GROWTH CHART

This resource has been updated to include new safety messages as well as a fresh and fun design!

4-023 I'M GROWING UP SAFELY BIRTH TO 1 YEAR BROCHURE

This brochure includes home safety information specific to children from birth to 1 year. The brochure covers topics including: 'When Your Baby Cries', 'Safe Sleep', 'Play Time', and more.

4-024 I'M GROWING UP SAFELY 1 TO 4 YEARS BROCHURE

This brochure includes home safety information specific to children from 1 to 4 years old. The brochure covers topics including: 'In Your Child's Room', 'In the Kitchen', 'Travelling with Your Child', and more.

4-025 I'M GROWING UP SAFELY 5 TO 9 YEARS BROCHURE

This brochure includes home safety information specific to children from 5 to 9 years old. The brochure discusses topics including: 'In Your Community', 'In Your Child's Room', and more.

New Staff in 2011



Marlene Dray

Marlene joined the Saskatchewan Prevention Institute in June as the Fetal Alcohol Spectrum Disorder Coordinator. She has a Bachelor of Arts degree from the University of Waterloo and an advanced certificate in Human Resources from SIAST.

She brings over 20 years of experience in the development and delivery of support services for adults with intellectual disabilities and direct support professionals. For the past 16 years she worked for Saskatchewan Association of Rehabilitation Centres in a variety of positions, ranging from facilitating life skills support for employees of SARCAN Recycling to research, writing, training, plus program and curriculum development. While at SARC, Marlene was involved in committees and initiatives related to adults with FASD at both the local and provincial level. She is pleased to continue working in the field of FASD in her new role at the Institute.

Marlene is married to Norm and they have two adult sons. In her spare time she likes to read and do crafts.



Danny Robertson

Danny has been with the Prevention Institute since August as a member of the evaluation and research team. He recently graduated from the University of Saskatchewan with a Master's degree in Social Psychology. As a graduate student he had the opportunity to do an internship in the public sector with the Government of Saskatchewan, the private sector with consulting firms, as well as being involved in community-based research. His training included a strong emphasis on applied aspects of social psychology, research methodology and statistics with program evaluation as a particular focus. He was able to compete twice nationally in the Canadian Evaluation Society's program evaluation case competition.

Danny and his wife Elizabeth have a 2 year-old daughter and a baby who is set to debut in February, 2012.

Motivational Interviewing (MI)

The FASD Prevention Program at the Saskatchewan Prevention Institute advocates the use of Motivational Interviewing as a positive approach to support women who drink while pregnant to make changes in their lives.

Motivational Interviewing is an evidence-based person-centered and directed communication style and method of practice. It draws out an individual's reasons for change, builds readiness for change, and strengthens commitment to positive lifestyle changes (e.g., exercise, smoking cessation, reduced drinking). MI can be used with individuals and groups, regardless of their level of distress, such as people who abuse substances, or youth who participate in risky behaviours. MI requires a shift in thinking for support providers from "This person is difficult, resistant, lazy or unmotivated," to "For what is this person motivated?"

Research shows that MI (Rubak, et al, 2005; Hettema et al, 2005):

- is a brief intervention
- supports engagement, retention, and completion of treatment
- is easy and learnable
- is effective in many cultures
- is measurable
- is complementary to other approaches

Working through Ambivalence

Motivational Interviewing helps people make changes by exploring and resolving ambivalence. For most people, feeling two different ways about something is common. MI helps work through this ambivalence. For example: "On the one hand, I enjoy my late night snacks and on the other hand, I worry my high blood pressure is a result of my snacking".

A key to MI is attitude, style, and spirit. This includes showing empathy, warmth, collaboration, respectful communication, acceptance, and honouring a person's autonomy. All people should be treated with respect, care, and dignity. The relationship between an individual and a helper can determine the success or failure of a change. People are more motivated to make changes when the changes are based on their own decisions and choices. Helpers must remember not to "fix" the problem by telling someone what to do.

Four Key MI Skills

In motivational interviewing, there are four key interviewing skills, also known as OARS.

- 1) **Open-ended questions:** Open ended questions do not allow yes or no answers and obtain deeper meaningful information.
- 2) **Affirmations:** Provides support in a positive way, focusing on strengths, abilities or efforts of the person.
- 3) **Reflective listening:** Like the reflection in a mirror, tell the person your understanding of what he/she is saying.
- 4) **Summarizing:** Provide brief and frequent summaries of what the person has said, checking to make sure that it is what the person meant to say.

Strategies

A variety of strategies can be used to help someone focus attention on things that can be changed:

- Agenda mapping: involving the individual in deciding what issues to address
- Exploring pros and cons: looking at both sides of an issue
- Assessing readiness: using a scale of 1 to 10 to measure confidence in making the change or importance of the change
- Change talk: the more a person hears herself talking about change, the more she believes it

Change

Many people are able to make a change in their lives without any intervention. Others benefit from relatively brief interventions that support choosing what is important to them, what change they want to make, and how they will make the change. Others can go through intense counselling, treatment, or rehabilitation and not be successful (Miller & Rollnick, 2002).

MI recognizes that change is not based on will power. It looks at an individual's readiness for change, and uses strategies to help at each stage of change. It requires readiness, willingness, and ability (Miller & Rollnick, 2002).

Learning Motivational Interviewing requires training, practice, and ongoing support. For more information on Motivational Interviewing or training opportunities, contact Bev Drew, FASD Team Lead, at bdrew@preventioninstitute.sk.ca or 306-655-2459.

Resources

- Hettema, J., Steele, J., Miller, W. R. (2005). *Motivational Interviewing. Annual Review of Clinical Psychology, 1, 91-111.*
- Miller, W. R. & Rollnick, S. (Eds.). (2002). *Motivational interviewing: Preparing people for change (2nd Ed.)*. New York; Guilford Press.
- Rubak, S., Sandbaek, A., Lauritzen, T., & Christensen, B. (2005). *Motivational interviewing: A systematic review and meta-analysis. British Journal of General Practice, 55, 305-312.*