

Date, 03 October 2022

Clinical Guide to Growth Focused Motivation

Created for Catholic Social Services Funded by the Social Sciences and Humanities Council of Canada

Introduction

During the 2021-2022 academic year researchers from the University of Alberta partnered with Catholic Social Services FASD programs to better understand motivational challenges they face and to create and pilot motivation resources that could benefit frontline staff. This Clinical Guide represents the current development from that partnership and is intended to guide frontline staff in implementing growth focused practices throughout their work. Our main goal is for frontline care staff to approach their client relationships orientated to growth and honed in on progress. Towards this goal, we have created growth oriented materials for use:

- At Intake
- During goal setting
- When a motivation challenges arises

Each tangible resource is accompanied by guiding statements for the decision and implementation directions to support their use. The intention is to come alongside existing processes and offer motivation-focused resources and perspectives without increasing work demands.

Overarching Rationale

After meeting with Catholic Social Services, hearing their perspectives on motivation, and reviewing their current forms, we created three resources to enhance the motivational focus of their work: a growth-focused intake visual, a wellness wheel for goal setting, and a motivation decision tree. These resources can be applied across programs, which may be helpful to CSS staff as they benefit from a close working relationship - and may contribute to evolution of resources and identification of support and successes as a group. It is hoped that these resources might streamline intake and relationship building processes, and help staff at CSS achieve their goal of supporting clients towards desired outcomes even when that work requires a substantial time investment.

Growth Focused Intake

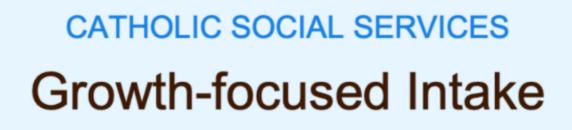
Statement 1. Approach intake from a growth perspective rooted in relationship. Rationale. Frontline care staff at CSS care about their clients and seek to build strong relationships. By extending this natural inclination to intentionally consider growth, there is an opportunity to become further able to identify growth at all stages of the relationship.

Statement 2. Develop skills to notice and build on progress rather than pitfalls.

Rationale. To engage in work from a growth focused perspective, we encourage frontline staff to become keenly aware of progress and growth in all its different shapes and sizes. Sometimes this can be quite small and other times quite dramatic. It all matters and counts as growth.

Inspiration. We chose the image of a tree to represent growth because it has deep roots, can withstand strong winds, bears new fruit, and gives beauty to the world. Staff emphasised the central nature of relationships to their work, noting that these relationships are planted in the first interactions, and then grow from there. With this knowledge in hand we recognized that motivational theory could inform elements of early interactions as early as the intake process. In particular, to help root this relationship within a growth mindset philosophy we created a visual that can be used by care staff and shared with clients that highlights important elements supporting individual growth. The intake process in and of itself can be viewed as a way of building rapport while gathering information and learning about the individual. The tree is filled with important topics that serve as an opportunity to discover different aspects of the client's life including their experiences and history, supportive relationships, likes and dislikes, goals, strengths, and resources. Exploring what makes the individual unique allows for a person-centred approach, in which protective factors and strengths may be featured, to balance out identification of needs, and all can be thought of in a visual that normalises both.

Implementation. This growth visual is designed to be used during intake to help the frontline care staff keep growth in mind from the very beginning. Although the elements of the tree are familiar and often evaluated during the intake process, they can sometimes be forgotten in the "business" of intake and getting started. We encourage frontline staff to revisit the growth tree throughout their work anytime it seems that growth seems slow or unlikely. Reflecting on each element in turn and asking how it may be related to the client's growth or perceived lack thereof can help remind intake workers of the many nuanced forms of growth.





Goal Setting Wellness Wheel

Statement 1. Keep the whole person front of mind in goal setting

Rationale. Staff at CSS take great care to help clients set goals. They are familiar with concepts such as SMART goals, breaking goals into smaller pieces, and monitoring. The purpose of the goal setting wellness wheel is to help staff keep the client as a person centre in this process because sometimes it is easy to allow the goal to overtake the person.

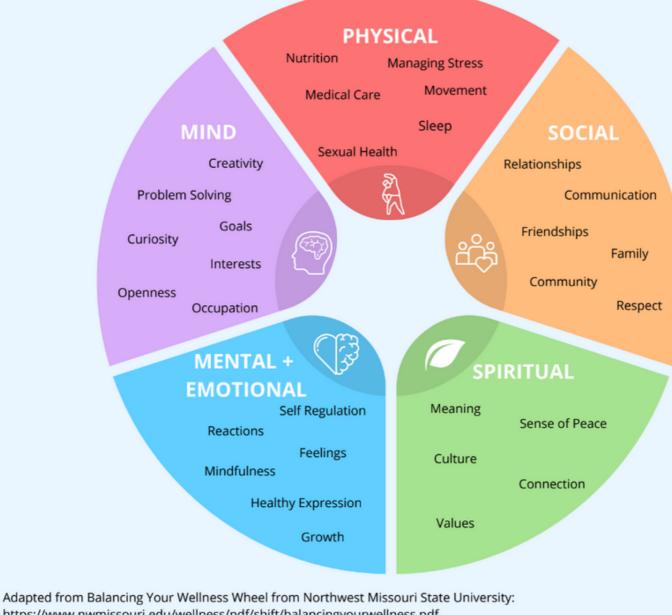
Statement 2. Consider goal in a variety of domains and how they interact

Rationale. Goal setting is often a tangible and practical element of life and work. However, the wellness wheel approach is designed to remind staff that goals can be set in all domains of life. By extension, strengths in certain domains can support goals in other domains. In this way, goals become more about the person than the outcome itself.

Inspiration: We chose a wheel to represent goal setting because it reminds us that goals are not linear and that the fullness of a person comes to bear in goal pursuit. This tool is designed to help clients to conceptualise their goals through 5 different domains: physical, social, spiritual, mental + emotional, and intellect. Reviewing each of these domains with the client can provide an opportunity to reflect on the areas they feel are particular strengths and where they would like to continue to grow – and what goals may support that growth. The examples provided in each section are designed to provide prompting about what wellness in that domain may look like for that individual, but are not inclusive of all the ways wellness may be experienced. In working with the client, care staff are encouraged to adopt a strengths-based and growth mindset lens. It may be helpful to have the client choose which area they feel the strongest in and where they would most like to improve rather than asking about each example in each domain. Strengths from one domain may be leveraged to support reaching goals in others.

Implementation. The wellness wheel can be used by the staff on their own or in collaboration with the client. It is meant to be used any time goal-setting conversations are happening or being revisited. A first step may be to consider the broad domains in terms of strengths and desired growth. After a specific domain (or domains) are identified, you can use the sample questions to facilitate a more thorough conversation about the domain.

CATHOLIC SOCIAL SERVICES **Wellness Wheel**



https://www.nwmissouri.edu/wellness/pdf/shift/balancingyourwellness.pdf

CATHOLIC SOCIAL SERVICES Wellness Wheel - Discussion Prompts

PHYSICAL

- What do you do to unwind from stress?
- Do you eat a balanced diet?
- · How do you like to get your body moving?
- Tell me about your sleep habits
- When was the last time you went to a doctor/dentist/eye doctor?
- Do you know about or /have access to information about safe sex practices

SOCIAL

- Who are your go-to people?
- How do you like to communicate with people?
- Tell me about your most important friendships.
- What are your most challenging or hard relationships?
- What does community mean to you?
- · What do you value in your relationships?
- When do you feel respected? When do you feel disrespected?

SPIRITUAL

- Tell me about a place where you experience peace.
- · What is important to you in life?
- · How do you connect to your culture?
- · What gets you up in the morning?
- What are you thankful for?
- · How do you view yourself in the world?

MENTAL + EMOTIONAL

- · How do you self-regulate?
- What do you do to cope with tough emotions?
- Do you take time to disconnect and be in the present moment
- How do you express your feelings/emotions to other people?
- Can you give me an example of what personal growth would look like for you?

MIND

- When do you feel creative?
- What do you do for fun?
- Are you open to new experiences
- What goals do you have for yourself?Is there anything you would like to learn more about/want to try?
- · How do you tackle tough problems?





Motivation Decision Tree

Statement 1. People with FASD have every ability to be motivated.

Rationale. There is nothing unique to the "FASD brain" that prevents them from being personally or internally motivated. As such, we encourage staff to view client motivation as something malleable and strength based in their client - not something that is broken.

Statement 2. Motivation is movement, but rarely in a straight line.

Rationale. Despite the perception that sometimes CSS clients are unmotivated, it may be more accurate to view behaviours as motivated towards an unidentified or contrary outcome. All movement is indicative of motivation. We encourage staff to become astutely aware of growth and movement no matter how small.

Statement 3. Slow downs and bumps can provide a motivational opportunity to

identify additional supports, encourage a growth mindset, and reconsider goals. Rationale. Motivation ebbs and flows. We encourage staff to normalise a windy road with bumps and obstacles enroute to a proximal or long-term goal. It is okay to get there slowly or on a different path than originally envisioned.

Inspiration: We chose to create decision maps to represent motivation because it reminds us that there are many ways to a destination. Also, the root of the word motivation is "to move" and thus our intention is to provide a way for staff to identify strategies to mitigate the pause. This resource is meant to be used throughout the entire relationship and any time the staff or client feels "stuck". We feel this is the space where staff were often to identify lack of motivation on the behalf of a client who didn't appear to be making progress. In part, being able to tangibly talk about the feeling of being stuck and selecting from a list of possible reasons can itself be motivating. Towards this end, we created decision maps for some common "motivation challenges" as well as a generic map that highlights the motivational constructs underpinning the specific scenario. Motivation generalizations should allow staff to use the map in many different circumstances to support client growth.

Implementation. The motivation decision maps are primarily meant to be used by the staff member without the client present. However, there may be times when the staff member thinks a client may benefit from the resource in which case we encourage its use. Staff can follow the decision map options for a tangible way to approach motivational difficulties. Although the list is not exhaustive, we have tried to capture the most common statements offered by staff and to link them to motivational pathways. It is important to note the overall tone of the motivation decision map is one of looking for progress and making small adjustments to sustain growth directed movement.

Guiding Decision Tree Principles

Guiding Principles

Motivation is rarely a nice straight line. Accepting the meandering is an important first step to making our way through instances when we feel stuck.

*Disengagement Looks like: procrastination, not showing up, indifference, low effort

Try: revisit the goal, adjust challenge, build a growth mindset, encouragement

*Emotional barrier

Looks like: rumination, anger, frustration, catastrophizing...

Try: increase perception of control, be objective, minimize risks, emotion regulation

*Pragmatic barrier

Looks like: bad scheduling, conflicts, low resources, excuses...

Try: add supports, increase preparation and ease

*Not internalized

*Low confidence

Looks like: negative emotions, low self-esteem, put downs...

Try: person praise, celebrate success, look for

growth, smaller goal

Looks like: changing mind, choosing easy tasks, making excuses...

Try: revisiting purpose, increase value/meaning, SMART goals

Remember: beliefs about the meandering as a **can't** or **won't** shapes how the

situation is viewed...

Won't:

low effort

less help

Can't

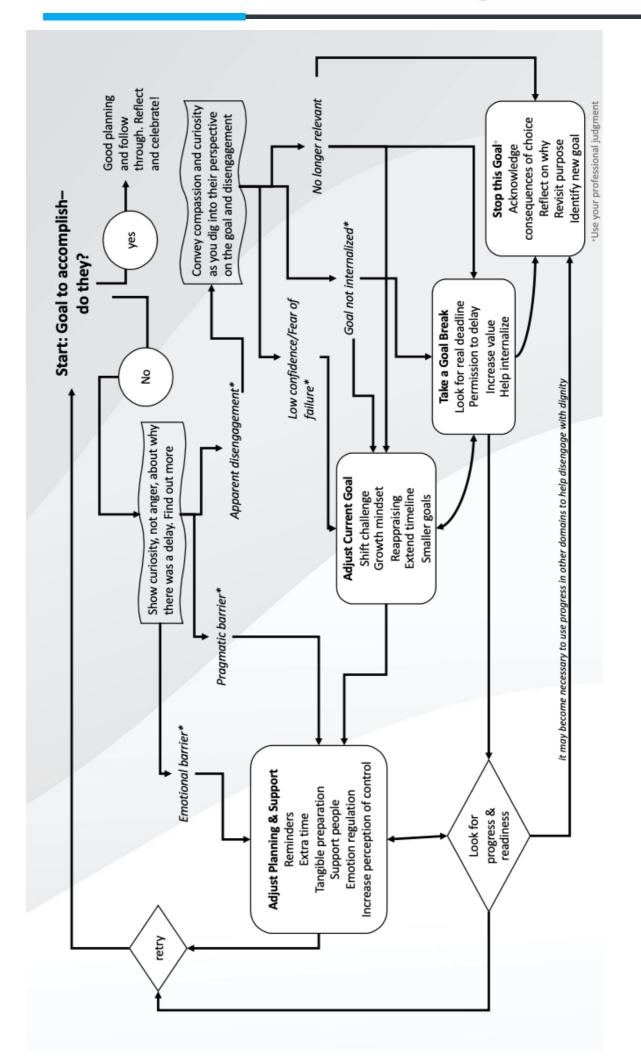
low ability

hope more help

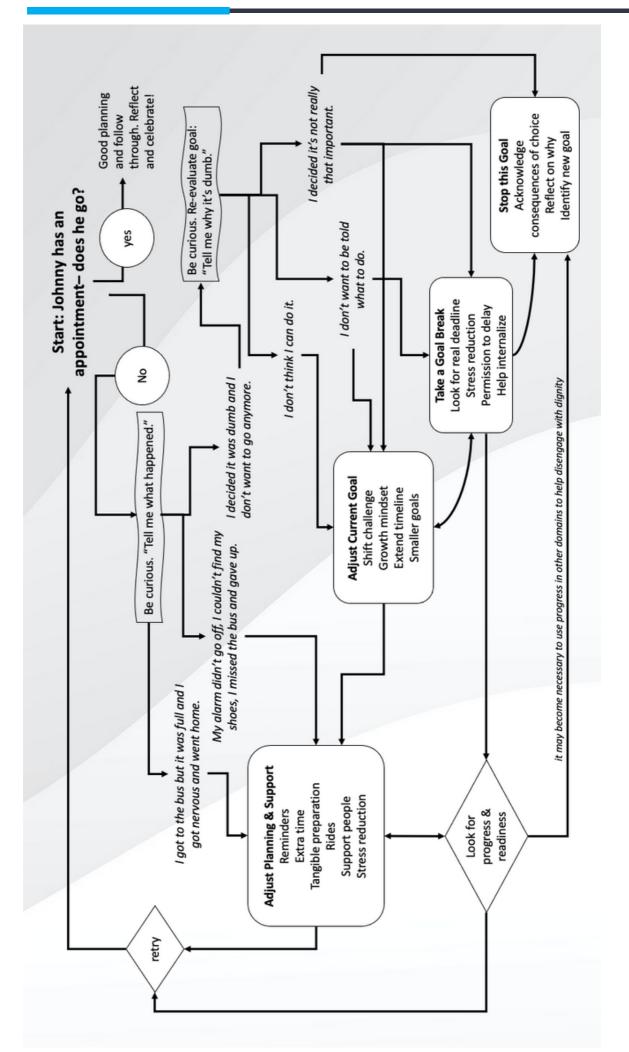
*Fear of failure

Looks like: changing mind, apathy, negative self-talk...

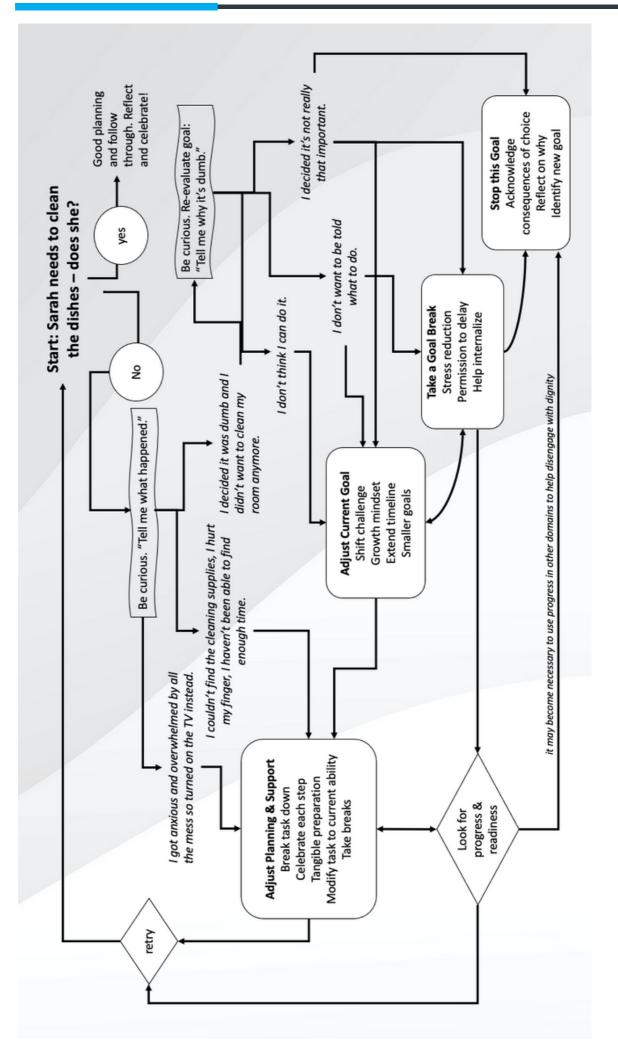
Try: revisiting purpose, growth mindset, successful comparisons, reduce risk



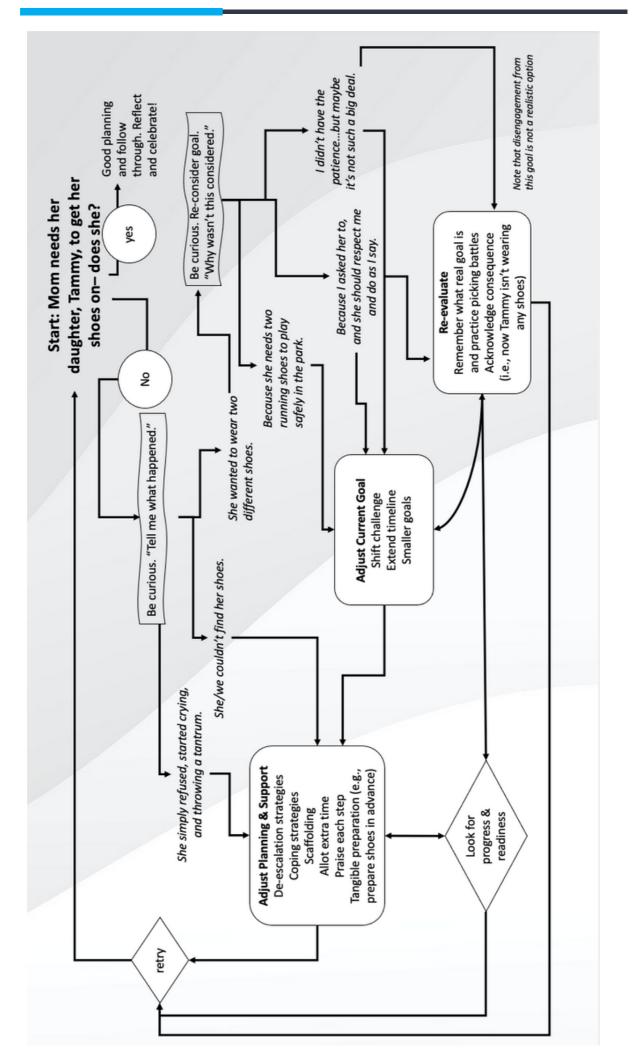
Motivation Decision Tree: General Principles



Motivation Decision Tree: Scenario 1



Motivation Decision Tree: Scenario 2



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