

Motivation While Mandated:
Advanced MI Techniques for
Resistant Clients



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About the Presenters



Our Roles



Prison Setting

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THERAPIST/SCHOOL LIAISON
THE VILLAGE NETWORK
YOUNGSTOWN**

What is MI?

- "...a collaborative, person-centered form of guiding to elicit and strengthen motivation for change" Miller (2009)
- A Style
- A set of tools or techniques to work alongside a Client as he or she moves through the stages of change

Stages of Change

- **Precontemplation**
 - "I don't have a problem"
- **Contemplation**
 - "I've thought about it, but I don't think I need to change right now."
- **Preparation**
 - "I've got to do something!"
- **Action**
 - "I am doing something!"
- **Maintenance**
 - Gains and Strategies
- "The experiential processes of change often occur in the early stages of change, and the behavioral processes come later" (Tomlin & Richardson, 2004)

The Spirit of MI

- Characterized by the Clinician's words and actions during session.
- 3 Elements
 - Collaboration
 - Evocation
 - Autonomy

Collaboration vs Confrontation

- Partnership
- Not assuming the expert role
- Builds rapport, facilitates trust
- Mutual understanding

Collaboration vs Confrontation in Practice

- Role of the Client
- What is “mandated”
- Role of rapport

Evocation (Drawing Out)

- Therapist draws out Clients thoughts
- Does not impose opinions
- More durable and lasting
- Allows Client to discover own reasons and motivation

Evocation in Practice

- Role of Therapist
- Empowering to the Client
- Locus of Control
- Importance of Lasting Change

Autonomy vs Authority

- Power for change does not reside in therapist
- Increased responsibility
- No “right way”
- Clients take the lead
 - Menu/Toolbox

Autonomy vs Authority in Practice

- Catch Client off guard
- Partnership
- Allows Client to take control of his/her therapy

Example 1



- Ron is a 27 year old, Caucasian male, who has been incarcerated 10 times in the county jail. He recently was booked for possession of heroin and domestic violence and has shown significant resistance. He has been to prison 3 times; once as a juvenile (DYS) for 3 years as juvenile sex offender and twice as an adult for possession of heroin and parole violation.
- He has been diagnosed with Opioid Use Disorder, heroin, severe and Antisocial Personality Disorder.

How can you begin to build rapport using the Spirit of MI?

Principles of MI



- Express Empathy
- Support Self-Efficacy
- Roll With Resistance
- Develop Discrepancies

Expressing Empathy



- Allows the Client to feel heard
 - Evocation
- Allows Therapist to share in the Client's experiences
 - Collaboration

Support Self-Efficacy

- **Strengths-based approach**
 - Client needs to believe change is possible
 - Instill Hope
- **Previously unable to achieve or maintain change**
 - Possible doubt, poor self-concept, external locus of control
- **Therapist focuses on previous successes**
- **Client wishing to establish autonomy**
 - Making independent decisions
 - Governing own behaviors

Roll with Resistance

- **Resistance is conflict**
 - Therapist's role in resistance
- **Based in ambivalence**
 - Meet Client where he/she is
- **“Dancing not Wrestling”**
 - May manifest as rebellion
 - Avoid the “righting reflex”
 - Youth must make the decision to change
- **Stop, Drop, and Roll**
 - Stop; consider the situation
 - Drop current approach; try something different
 - Roll with the resistance

Developing Discrepancies

- **Where Client is vs where he/she wants to be vs where we want him/her to be**
 - Motivation to change
- **Allow Client to recognize current behaviors conflict with goals or values**
 - Move with Client through stages of change
- **Gradual process**
 - Not at the expense of other principles
 - Gradual awareness of how behaviors effect goals

TECHNIQUES, STRATEGIES, & TIPS

OARS

- **Open Ended Questions**
 - Invite elaboration
 - Create forward momentum
 - Avoid "machine gun questioning"
- **Affirmations**
 - Strengths-based approach
 - Reframing
 - Support Self-Efficacy
- **Reflections**
 - Expresses empathy
 - Guides Youth toward change
 - NOT parroting
- **Summaries**
 - Recap
 - Highlight important aspects, develop discrepancies

Precontemplative Stage

**"I DON'T HAVE A
PROBLEM"**

Open Ended Questions

- Encourage the Client to do most of the talking
- Feels like a conversation
- Promotes dialogue that can be reflected upon
- Allows the Client to tell his/her story
 - × “Tell me what you like about...”
 - × “What has happened since...”
 - × “What happens when you feel/think/behave that way?”
 - × “What was that like for you?”

Open Ended Questions

- **Consciousness Raising**
 - Increase awareness
 - × Listen to understand the issue(s) from the Client’s perspective
 - × Remain Client centered
 - × Express empathy

Asking Permission

- Communicates respect towards the Client
- Gives the Client feeling of control over session
- Feels like a discussion, not a lecture
- Able to use “Yes or No” wording
 - × “Do you mind if we talk about...”
 - × “Can we discuss your...”
 - × “I’ve noticed...do you mind if we discuss that today?”

Asking Permission

- Be aware of possible emotional arousal
 - Emotional experiences that lead the Client to thinking about change
- Ask for follow-ups
- Respect Client's decisions regarding treatment
 - The Client needs to feel in control of his/her treatment to bring about effective change
- Establish supportive environment and rapport
- Explore motivation and confidence to change

Contemplative Stage

“I’VE THOUGHT ABOUT IT, BUT I DON’T THINK I NEED TO CHANGE RIGHT NOW.”

Affirmations

- Made by Therapist in response to what the Client had said to recognize the Client's strengths, successes, and efforts
- Sound affirmative, without being over the top
- In some environments, may be the only affirmation the youth receives
 - “By the way you handled that situation, I can see you’re really committed to change.”
 - “With everything you have going on right now, it’s impressive/amazing you have been able to refrain from fighting/talking back/sleeping in school.”

Affirmations

- Engage the Client in exploration of goals and values
- Identify strengths
- Normalize feelings of ambivalence
 - Role of resistance
- Empower the Client
- Increase self efficacy

Support Self-Efficacy

- Client is the voice of change
- Increase self-confidence
- Readiness Ruler
 - Scaling questions: “1 being not likely to change, 10 being definitely ready”
 - More concrete
 - Increase ability to gauge the Client’s readiness to change, commitment to change process, stage of change
 - * “Last week, you weren’t sure you could go more than a few days without fighting. How have you been able to avoid fights for a whole week?”...“How do you feel about that?”

Reflective Listening

- Primary response to build empathy
- Reasonable guess as to what the Client is trying to convey
- Paraphrasing
- Client argues for change
 - Either respond affirmatively towards therapist’s hypothesis or will quickly disconfirm hypothesis
- Validates the Client’s feelings
 - Communicates understanding

Reflective Listening

- × “It sounds like...”
- × “What I hear you saying...”
- × “On one hand...and, yet, on the other hand...”
- × “It seems as if...”
- × “It feels as though...”
- × “Correct me if I’m wrong, but I get the sense that...”
 - Combine asking permission with reflective listening to work towards developing discrepancies, collaborative problem solving, while continuing to build/strengthen rapport

Columbo Approach

- <https://www.youtube.com/watch?v=eNvzRnotGsY>
- “Deploying Discrepancies”
- Allows Therapist to explore discrepancies without assigning blame or judgement
- Avoids defensiveness and resistance
- Try to end with a reflection on the side of change
 - × “Help me understand; on the one hand I hear you saying you are worried about your grades and how they will effect your ability to play sports. Yet, on the other hand, your telling me you are refusing to complete assignments because you feel the teacher is being disrespectful. I’m wondering, is there a way you can show your teacher you feel disrespected that does not effect your ability to play sports?”

Reflective Listening

- Develop discrepancies
 - Focus on change talk
 - Explore ambivalence
 - Help the Client explore discrepancies between values, goals, and behaviors
 - Reinforce commitment to change

Reflections

- Simple Reflection
 - Repeating a statement in neutral form
 - ✦ Avoid judgement
- Amplified Reflection
 - Repeating with exaggerated form
 - ✦ Avoid sarcasm
- Double Sided Reflection
 - Acknowledge what was said, followed by contrary statements made by the Client in the past
- Agreement with a twist
 - A reflection or affirmation followed by a reframe

Preparation and Action Stages

**“I’VE GOT TO DO
SOMETHING...I AM DOING
SOMETHING!”**

Summaries

- To be used often
- Can highlight ambivalence, move to another topic, expand discussion
- Ending a session
 - ✦ “Over the past 2 months, we have been talking about stopping throwing things when you’re angry, and it seems like you are recently realizing that not throwing things gives more positive results. That, along with you being asked not to participate in basketball due to your behaviors, really help me understand why you are now committed to not throwing things anymore.”

Move through Action

- Build Client's confidence
- Discuss options
- Affirm positive decisions
- Continue to support self-efficacy
 - Focus on Client's ability to elicit change in his/her situation
- Offer feedback

Move through Action

- Counterconditioning
 - Creating and exploring options
 - Increases engagement
- Reinforcement Management
 - Encourage small steps
 - Identify new reinforcements
 - Reinforce hope

Maintenance

Support

- Build on resolve to maintain change
- Recognition and management of triggers
- Affirm commitment to change
- Support

When It's Working

Change Talk

- Statements revealing movement towards change
 - Consideration of, motivation for, commitment to
- More a Client talks about change, the more likely change is to occur
- DARN-CAT

Preparatory Change Talk

- **D**esire
 - I want...
- **A**bility
 - I can...
- **R**eason
 - It's important to...
- **N**eed
 - I should/have to...

Implementing Change Talk

- **C**ommitment
 - I will...
- **A**ctivation
 - I am ready/prepared/willing to...
- **T**aking Steps
 - I am doing X, Y, Z...

Evoking Change Talk

- **Ask the right questions**
 - Evocative, open-ended
 - × "What would you like to see different?"
 - × "What could happen if you don't change?"
- **Explore balance**
 - Pros and Cons
 - × "If you don't change, what is the worst case scenario? Now, what is the best thing that could come from changing?"
- **Elaboration**
 - Ask for examples, details
 - × "In what ways..."
 - × "Tell me more about that"

Evoking Change Talk

- Look back
 - Ask about experiences before the behaviors emerged
 - "Tell me about what things were like before you noticed..."
- Look forward
 - What may happen if behaviors continue
 - Miracle Question
 - "If you change, how would your life be different? What would things look like in 2 weeks? 2 months? 2 years?"
 - Increased difficulty with adolescents
- Come alongside
 - Therapist siding with ambivalence, against change
 - "I wonder if this is so important to you that you won't give it up, no matter what the cost."

Example 2

- Anne is a 14 y/o Caucasian female. She was admitted into residential treatment in May 2016 as she was disrupting from a foster placement. She has a history of physical and verbal aggression toward family member and peers. She is diagnosed with PTSD and ADHD. She has a history of sexual and physical abuse and a history of neglect. She is not considered cognitively low functioning, however, due to her extensive trauma history, she functions at about a 10 y/o level when regulated and a 4-5 y/o level when dysregulated.
- She becomes easily escalated when other peers instigate her and when they talk poorly about her family. In October her behavior began to increase and she became physically aggressive toward peers on a daily basis and restraints were required by staff. She escalated again and became physically aggressive toward staff, targeting them specifically. 3 different hospitalizations were required for staff and clients for a sprained neck, strained muscles, contusions. She expressed regret each time these incidents occur.
- Anne is a likable child but struggles seriously with boundaries and frequently violates the space and boundaries of both peers and staff. When upset she will state she is being mistreated and that staff is targeting her. She appears to have some insight into her behavior but this insight fluctuates and she is prone to blame others.

How can Motivational Interviewing be used to improve Anne's prognosis?

IT'S A TRAP!

Pitfalls to Avoid

- Discourse markers and conjunctions
 - “So...”
 - “But...”
- Developing discrepancies too early
 - Can be seen as challenging, increasing resistance
- Forcing change
 - Allow the Youth to be the voice of change
 - Listen for Change Talk
 - Ambivalence is normal
- Moving too quickly
 - Allow Youth to identify past successes
 - Listen to his/her story to learn strengths, seek to understand

Pitfalls to Avoid

- Summarizing what you *think*
 - Summarize what you hear
 - Refrain from judgement
- Tone of voice
 - Be aware of the possibility of sounding sarcastic
- Talking about the problem
 - Therapist should remain open to the Client’s issues, not attempting to find and fix the problem
- Talking
 - Listen

Difficult Diagnoses

- Borderline Personality Disorder
 - Dialectical Behavioral Therapy
 - Manipulative behaviors
- Intellectual Disability, Autism Spectrum Disorder
 - Behavioral Therapy

QUESTIONS, COMMENTS, CONCERNS?

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