Helping People Change: Motivational Interviewing and Engaging People in Collaborative Treatment

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A. Development of the Alliance is the Highest Priority in the Opening Phases of Therapy

Engagement - the Therapeutic Alliance
Three aspects of the therapeutic alliance ((Miller, William R; Rollnick, Stephen (2013): "Motivational Interviewing - Helping People Change" Third Edition, New York, NY. Guilford Press. p. 39):
(a)

(b)

(c)

In the last thirty years there have been over 2,000 research publications and papers on the concept of the alliance. Here are some of the conclusions about developing the alliance that can help in your therapeutic practice with clients:

- **Develop a strong alliance early in treatment** – "Early" is relative to the length of therapy. But there is a convergence of evidence that points to sessions 3 to 5 as a critical window. In some ways this is not surprising if you have ever gone to therapy yourself. Would you likely go back to a therapist who you didn't feel was helping; and whose methods and fit with your style seemed ineffective? Would you really be interested in hanging in for five or more sessions? Of course if you have excellent retention rates, then you can ignore this point as you must be doing this well already.

- **The client's experience of being understood, supported, and provided with a sense of hope** is linked with the strength of the alliance in early stages of therapy – clinicians need to be curious about the client's perception of what you are doing to generate empathy, support and hope. The client's interpretation of what you do, especially early on in treatment, can be quite different from what you intended. Message sent may not be the same as message received. Just because you think you are great at engaging people doesn't mean that the client experiences it that way at this point in time with you. In other words, you may be a great clinician, but not necessarily for this particular individual at this time, doing the kind of work you do, which leads to the next conclusion.

- **Progressively negotiate the quality of the relationship** as an important and urgent challenge – You can anticipate that your initial assessment of the client's relational capacities, style, preferences and quality of the alliance may differ from the client's. It is the client's perception of the alliance that is most influential, not yours. If they feel no hope or confidence in what you have to offer, they are the ones who stop coming to treatment either physically and/or energetically (if mandated or incarcerated). Thus it is important to specifically check out their perceptions on whether the relationship in treatment is working for them or not.

- **Techniques and models contribute less to outcome in early stages** of treatment than the quality of the alliance -The alliance should be forged first. This includes a collaborative agreement about the goals of treatment and the important strategies to be used as part of the therapeutic work. Only then can various models and techniques be usefully implemented

The bottom line: Developing a good working alliance with the client is not just a nebulous, generic nice thing to work on over weeks and months. It is a specific, early, clinical priority to evaluate and measure.

Reference:
"Psychotherapy Relationships That Work – Therapist Contributions and Responsiveness to Patients" (2002) Ed. John C. Norcross. Oxford University Press, New York. pp 11-14.
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B. What's New with the Third Edition of Motivational Interviewing?

(Miller, William R; Rollnick, Stephen (2013): "Motivational Interviewing - Helping People Change" Third Edition, New York, NY. Guilford Press.)

1. Helping Conversations About Change

- Initial edition for addiction treatment; Broadened application to all change

Continuum of communication styles – Directing, Guiding, Following (pp. 4-5)

Directing <----------> Guiding <----------> Following

2. The Righting Reflex and Dealing with Ambivalence

- "righting reflex" – the desire to fix what seems wrong with people and to set them promptly on a better course, relying in particular on directing (page 6)
- "The most common place to get stuck in the road to change is ambivalence." (p.6)

3. Three Definitions of MI (p.29)

Layperson's definition: *Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change*

Practitioner's definition: *Motivational interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change*

Technical definition: *Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.*

4. The Spirit of Motivational Interviewing

- Partnership, Acceptance, Compassion, Evocation:

Partnership – "MI is done 'for " and 'with' a person" (p.15); it is not a way of tricking people into changing; it is a way of activating their own motivation and resources for change.

Acceptance – four aspects of acceptance: Absolute Worth; Accurate Empathy; Autonomy Support – the opposite of autonomy support is to make people do things, to coerce and control; Affirmation – its opposite is the search for what is wrong with people; and having found what is wrong, to then tell then how to fix it. (p.19)

Compassion – "To be compassionate is to actively promote the other's welfare, to give priority to the other's needs." (p.20)

Evocation– "You have what you need, and together we will find it." (p.21)

5. The Spirit of Motivational Interviewing in the Second Edition

(Miller, William R; Rollnick, Stephen: "Motivational Interviewing - Preparing People for Change" Second Edition, New York, NY., Guilford Press, 2002. p.35)

Fundamental approach of motivational interviewing	**Mirror-image opposite approach to counseling**
Collaboration. Counseling involves a partnership that honors the client's expertise and perspectives. The counselor provides an atmosphere that is conducive rather than coercive to change. ***Evocation.*** The resources and motivation for change are presumed to reside within the client. Intrinsic motivation for change is enhanced by drawing on the client's own perceptions, goals, and values. ***Autonomy***. The counselor affirms the client's right and capacity for self-direction and facilitates informed choice.	***Confrontation***. Counseling involves over-riding the client's impaired perspectives by imposing awareness and acceptance of "reality" that the client cannot see or will not admit. ***Education***. The client is presumed to lack key knowledge, insight, and/or skills that are necessary for change to occur. The counselor seeks to address theses deficits by providing the requisite enlightenment. ***Authority***. The counselor tells the client what he or she must do.

6. Does Motivational Interviewing Apply to Youth and Families? (pp. 335-336.)

Here is a set of questions "to ask yourself when you are wondering about the applicability of MI":

1. Are there (or should there be) conversations about change happening?

2. Will the outcomes for those you serve be influenced by the extent to which they make changes in their lives or behavior?

3. Is helping or encouraging people to make such changes a part of your service (or should be)?

4. Are the people you serve often reluctant or ambivalent about making changes?

5. Are utilization of and adherence and retention in your services significant concerns?

6. Do staff struggle with or complain about people who are "unmotivated," "resistant," or "difficult"?

7. Change Talk versus Sustain Talk

(Modified from Miller and Rollnick (2002) "Motivational Interviewing" 2nd Ed. pp 46- 51; and from the 3rd Ed 2013)

(a) Sustain Talk

- Any talk that is uttered on behalf of change can also be spoken as an equal and opposite reaction on behalf of the status quo. (3rd Edition, p. 164.)
- Client behaviors occur in the context of and are influenced by interpersonal interaction
- Discord is a signal of dissonance (different agendas, different aspirations) in the counseling relationship (p.46, Miller and Rollnick (2002) "Motivational Interviewing – Preparing People for Change" Second Edition.)
- Discord is a meaningful signal – it predicts that the person will not likely follow through
- Sustain talk represents and predicts movement *away* from change

(b) Change Talk

- "Change talk" is conceptually opposite to sustain talk - the person's arguments for and against change (p. 165, 2013)
- "Change talk is any self-expressed language that is an argument for change." (p. 159, 2013).
- Four categories of change talk: **disadvantages of the status quo; advantages of change; intention to change; optimism for change**
- Change talk reflects movement of the person *toward* change

Change talk	Sustain talk
Disadvantages of status quo	Advantages of status quo
Advantages of change	Disadvantages of change
Intention to change	Intention not to change
Optimism about change	Pessimism about change

C. **Engaging the Client as Participant and Collaborative Service Planning**

1. Developing the Treatment Contract

	Client	Clinical Assessment	Treatment Plan
What?	What does client want?	What does client need?	What is the Tx contract?
Why?	Why now? What's the level of commitment?	Why? What reasons are revealed by the assessment data?	Is it linked to what client wants?
How?	How will s/he get there?	How will you get him/her to accept the plan?	Does client buy into the link?
Where?	Where will s/he do this?	Where is the appropriate setting for treatment? What is indicated by the placement criteria?	Referral to level of care
When?	When will this happen? How quickly? How badly does s/he want it?	When? How soon? What are realistic expectations? What are milestones in the process?	What is the degree of urgency? What is the process? What are the expectations of the referral?

2. The Four Processes of Motivational Interviewing (pp.25-30)

- Engagement - the therapeutic alliance

Three aspects of the therapeutic alliance (p. 39):
(a)

(b)

(c)

- Focusing –collaborative process of finding mutually agreeable direction

The "What" and the "Why"

- Evoking – this is having the person voice the arguments for change

The "How"

- Planning – from evoking to planning; don't get ahead of client's readiness

The "Where" and "When"

E. **Preparatory Change Talk and Mobilizing Change Talk**

Preparatory Change Talk: Desire, Ability, Reasons and Need (DARN 3rd edition pp. 160-161).None of these alone or together indicate that change is going to happen

1. Desire

- Words that signal that one wants something - such language often appears in conversations about change
- "I want to lose weight, get a better job or better grades, get people off my back"
- Wanting is one component of motivation for change
- It helps to really want to change, though it is not essential. People still do things even when they don't want to.

2. Ability

- A second component of motivation is the person's self-perceived ability to achieve it
- People won't build motivation for change if they feel it is impossible for them e.g., I'd like to run a marathon, but I'd never make the distance.
- In conversations about change "I can" or "I am able to"
- A person may not be committed to change and so may say: "I could…" or "I would be able to…."
- Ability language only signals that change seems possible

3. Reasons

- Third component of motivation is the statement of a specific reason for change e.g., "I would have more energy if I exercised". "I would have more money if I didn't smoke so much."
- Stating reasons for change does not imply either ability or desire – even though there may be good reasons, a person may feel incapable or not want to change
- Use Decisional balance

4. Need

- Fourth component of motivation is reflected in imperative language that stresses the general importance or urgency to change
- Need statements don't say specifically why change is important (that would be Reasons)
- "I need to….I have to….I must….I've got to….." "I can't keep going on like this."
- Such imperative language doe not imply desire or ability to change

Mobilizing Change Talk: Commitment, Activation and Taking Steps (CAT 3rd edition pp. 161-163). DARN reflects the pro-change side of ambivalence, mobilizing change talk signals movement to ward resolution of the ambivalence in favor of change. To say one wants, can, has reasons to or must change is not the same a saying one will change.

1. Commitment
   - Committing language signals the likelihood of action
   - When you ask someone to do something for you, you listen for commitment language: is this really going to happen?
   - Commitment language is what people say to make promises to each other – I will, I promise, I swear, I guarantee, I give my word
   - I want to, I could, I have good reasons to, I need to (DARN) is not commitment language

2. Activation
   - Words that indicate movement towards action, yet aren't quite a commitment to do it
   - Signals that the person is leaning in he direction of action – I'm willing to…I am ready to…. I am prepared to….
   - The natural next response to such talk is: When will you do it? What exactly are you prepared to do?
   - Activation language is "almost there" and implies a commitment without actually stating it.

3. Taking Steps
   - Third kind of activation language indicates that the person has already done something in the direction of change e.g., "I bought some running shoes to start exercising"; "I got the prescription filled"; "I went to one AA meeting."
   - Taking steps doesn't necessarily indicate a commitment to change, but the key is to listen for language that signals movement toward change.

Carl

Carl is a 15 y.o. male who you suspect meets DSM criteria for Alcohol and Cannabis Use Disorders, with occasional cocaine (crack) use on weekends. He reports no withdrawal symptoms, but then he really doesn't think he has a problem and you are basing your tentative diagnosis on reports from the school, probation officer, and older sister.

Carl has been arrested three times in the past eighteen months for petty theft/shoplifting offenses. Each time he has been acting intoxicated but says he was not using anything. The school reports acting up behavior, declining grades and erratic attendance, but no evidence of alcohol/drug use directly. They know he is part of a crowd that uses drugs frequently.

Yolanda, Carl's 24 y.o. sister, has custody of Carl following his mother's death from a car accident eighteen months ago. She is single, employed by the telephone company as a secretary, and has a three y.o. daughter she cares for. She reports that Carl stays out all night on weekends and refuses to obey her or follow her rules. On two occasions she has observed Carl drunk. On both occasions he has been verbally aggressive and has broken furniture. A search of his room produced evidence of marijuana and crack, which Carl said he is holding for a friend.

How Would You Answer This Clinician's Dilemma?

"I am having difficulty with a 52 year female client who presents with severe depression over the unwanted divorce from her husband of 29 years. The divorce happened a little over a year ago. When attempting to develop goals and outcomes for treatment, she consistently states, "I want my husband back". The husband got involved in a relationship through a friend and divorced the client to be with the younger woman. They have since married and have a child on the way. The client has a job, an agreeable property/financial settlement from the divorce, good health, supportive friends and two young adult children who live in other parts of the country and busy with their own lives. Her depression over the divorce is not disrupting any of this but she is very sad, feels like life is not worth living and there are occasional thoughts of suicide. All she wants to talk about how is how she can go about getting her husband back. I know I have to start with where the client is, but how do I help her identify treatment goals that can help her with this unwelcome change and define a new life without him? Thank you for your attention to this matter."

LITERATURE REFERENCES AND RESOURCES

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To order: The Change Companies at 888-889-8866. www.changecompanies.net.

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DVD SET-"MOTIVATIONAL INTERVIEWING"

Motivational Interviewing authors, Miller, Moyers and Rollnick have developed a two-part DVD set. It provides descriptions and demonstrations of the new four-process method of Motivational Interviewing. Watch a video explaining what resources are now available from The Change Companies with the new edition of Motivational Interviewing just published.
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