Motivational Interviewing

David Prescott

WELCOME!

Don't worry!

- I won't call on you for answers
- I won't ask you to role play
- I won't put too much research into each slide

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Healthy lives,
Safe communities

Focus

- Experience
- Relax
- Take-home skills
- Enjoy one day of being in a group

What works?

- Do we want them to re-offend or not?
- What can we do?
- Who should we be?

Core Message

- We can make our communities safer by building healthier lives for all

Best result

- A balanced, self–determined lifestyle

(Wilson, 2009)

Let's face it

- Across time, place, and culture:

- <u>Humans are most influenced by each other, not technologies</u>

  ▫ PPG, Polygraph, etc.
  ▫ Facebook and Twitter facilitate; the medium is not the message

In other words…

- It's about people, not just programming
- It's about connection, not just their conviction
- It's about changing peoples' states, not locations

Problems

- We get seduced by technology and forget our people skills

- We become rightfully concerned about future sex crimes and forget our people skills
  ▫ The righting reflex

Ask

- When was the last time you heard someone ask how they could be a better professional?

- When was the last time you heard someone ask how to get a better professional tool?

Ask

- What would happen if professionals got together and shared what they did that really worked in treatment?

The key

- We should all work together to build <u>willing partners in change</u>.

The dream

- We can be helpful even as we prevent re-offense. Our voice should go with the client as a source of success. (Erickson)

Waypoint

At each decision point, ask:

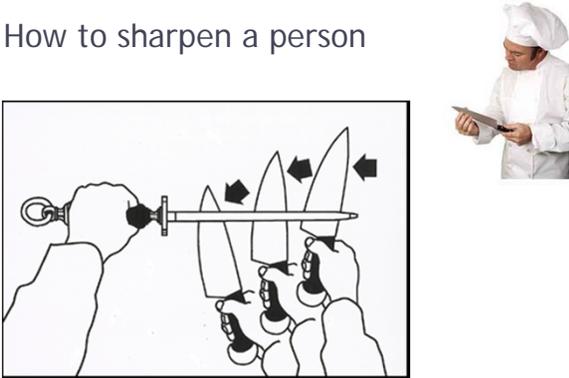- How will this action help create a willing partner in change?

Contexts

- Get the context right for change (Mann, 2009)

- Get ourselves *ready* to *help* other people change
  - Motivational enhancement, goal-setting, interviewing

Imagine…

Game Theory

How to sharpen a person

Growing Up

- Protest is a human right
- If we don't give clients something to resist, we will never know how sharp they can be

We have more authority than we think…

Active ingredients

- Peace
- Compassion (for all people)
- Motivation
- Persistence

Anchor Points

- Risk
- Need
- Responsivity

Underneath all goals

- Competence
- Autonomy
- Relatedness

(Deci & Ryan, 2002)

Why research is important

A brief history of treatment…

- Furby, Weinrott, & Bradshaw (1989).
  - Combined analysis of numerous studies that was unable to detect a significant treatment effect due to methodology variability.
- Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., & Seto, M. C. (2002).
  - 17% untreated
  - 10% treated
  - -Equivalent to a 40% reduction
  - -Youth do best with community treatment
  - -See Surgeon General, 2001
- Losel, F., & Schmucker, M. (2005).
  - Recidivism reduced by nearly 40%

- SOTEP:
  - No overall differences between treated and untreated groups, but:
- Sex offenders who successfully completed the SOTEP treatment program reoffended at lower rates than those who did not demonstrate that they "got it" (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005).

The problem: Appearances

The less apparent background

This is Therapy

poem should
egin
n delight
and end
in wisdom

– Robert Frost

This is Therapy

A poem begins as a lump in the throat, a sense of wrong, a homesickness, a lovesickness
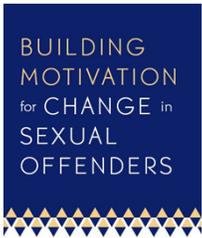
– Robert Frost

This is therapy

Let's do it!

- Cell phones off

- Participation increases effectiveness

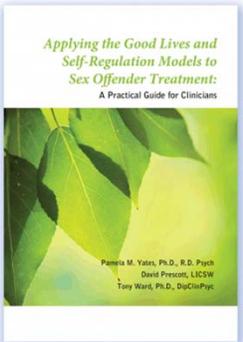- Beginner's Mind

Should it interest…

- Recent release
- Very few resources on topic
- Chapters by Ward, Marshall, Marshall, Mann, Serran, Wilson, etc.

BUILDING MOTIVATION for CHANGE in SEXUAL OFFENDERS

David S. Prescott, LICSW
Editor and Contributor

Also…

- Yates, Prescott, & Ward, 2010
- Practical guide for clinicians on good lives and self-regulation models
- Contains case examples with motivational enhancement

Applying the Good Lives and Self-Regulation Models to Sex Offender Treatment:
A Practical Guide for Clinicians

Pamela M. Yates, Ph.D., R.D. Psych
David Prescott, LICSW
Tony Ward, Ph.D., DipClinPsyc

Take-Away Message

- People change
  - We have proof
- Punishment alone does not reduce recidivism
  - We have proof
- When all else fails, get back to the basics
  - Effective treatment gets young people to change the way they think and gets families to support those changes
  - **We will never change the way they think; they have to**

Take-Home Message

- Change Talk
- Acceptance
- Less Is More
- Righting Reflex
- Michelangelo Belief
- Autonomy and Choice

A man convinced against his will is of the same opinion still.

How ready are you?

0 1 2 3 4 5 6 7 8 9 10

Motivation = importance + Confidence

The Big Question

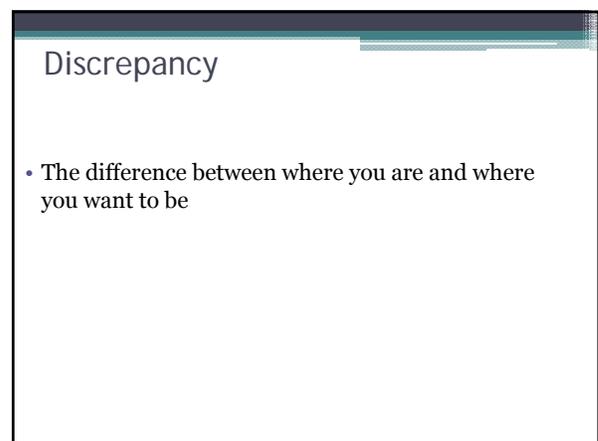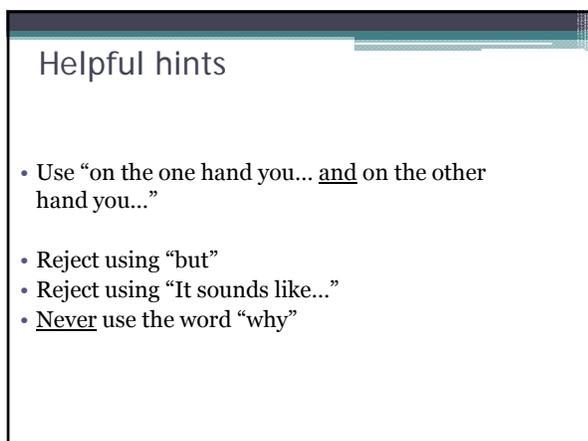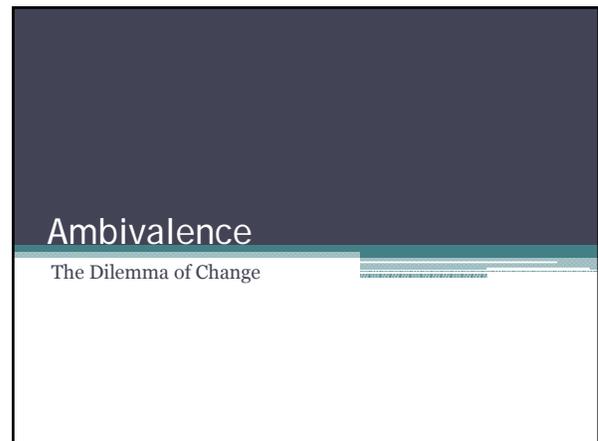- *Do we want them to re-offend or not?*

Obstacles (Mann, 2009)

- Believing treatment is ineffective
- Competing priorities
- Concerns about side effects
- Concerns about poor program responsivity
- Distrust of key professionals
- Expectation of hostile responses
- Pressure from friends or family
- Fear of stigma

Improving the context (Mann, 2009)

- Listen
- Empathize with offenders' perspectives
  - (Empathy is not an endorsement)
- Building relationships (collaboration, trust)
- Identify and counter myths
  - (Sometimes offenders have poor information)
- Communicate strength-based treatment aims
- Make referrals quickly and respectfully
- Offer clear and transparent information about treatment and outcomes

Improving the context (Mann, 2009)

- Ensure that risk assessments take account of treatment progress
- Educate non-treatment staff
- Clear leadership to promote prosocial modeling and supportive environment
- Work with families and support networks
- Use intrinsic motivators
- Use treatment graduates
- Provide choice
- Explore and monitor Rx staff motivations

How Dolphins Learn

RESPECT

**Style
is everything!**

Ambivalence
The Dilemma of Change

Helpful hints

- Use "on the one hand you… <u>and</u> on the other hand you…"

- Reject using "but"
- Reject using "It sounds like…"
- <u>Never</u> use the word "why"

Discrepancy

- The difference between where you are and where you want to be

The Righting Reflex

Common Human Reactions to the Righting Reflex

- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastinate

- Afraid
- Helpless, overwhelmed
- Ashamed
- Trapped
- Disengaged
- Don't come back – avoid
- Uncomfortable
- Resistant

A Continuum of Styles

Directing	Guiding	<=>
<=>		Following

Motivational Interviewing
Best-known Definition

Motivational interviewing is
  a person-centered,
    directive
      method of communication
for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

Steve Rollnick, 2/28/10

- Motivational interviewing involves helping patients to say why and how they might change, and is based on the use of a guiding style

The Spirit of Motivational Interviewing

- Collaboration
- Evocation
- Autonomy

Update: September 2011

- Partnership
- Acceptance
- Compassion
- Evocation

Two Phases of MI

- Phase 1: Building Motivation for Change
- Phase 2: Strengthening Commitment to Change

Four General Principles

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy

Update: September 2011

- Four Fundamental Processes
  - Engaging
  - Focusing
  - Evoking
  - Planning

These processes are...

- Somewhat linear
  - E.g., engagement comes first
- And also recursive
  - Engaging happens throughout MI
  - Focusing is not a one-time event;
  - Real treatment involves re-focusing
  - "testing the water" on planning helps

Engaging

- Spirit factors
- Open questions
- Affirmations
- Reflections
- Summaries

Focusing

- Developing a clear direction and goal
- Sometimes the change goal is clear; very often it's not!
- Possibilities:
  - Clear Focus
  - Agenda Mapping (options menu)
  - Clarifying

Evoking

- Eliciting Change Talk
  - Desire, Ability, Reason, Need
  - A clear focus is a prerequisite

  - Change and sustain talk:
    - Two sides of the same coin
    - Dancing with Discord"

Good listening is more than being silent and paying attention

So what do you say?

What Good Listening Is *Not*
(Roadblocks: Thomas Gordon)

- Asking questions
- Agreeing, approving, or praising
- Advising, suggesting, providing solutions
- Arguing, persuading with logic, lecturing
- Analyzing or interpreting
- Assuring, sympathizing, or consoling

What Good Listening is *Not*
(Roadblocks, from Thomas Gordon)

- Ordering, directing, or commanding
- Warning, cautioning, or threatening
- Moralizing, telling what they "should" do
- Disagreeing, judging, criticizing, or blaming
- Shaming, ridiculing, or labeling
- Withdrawing, distracting, humoring, or changing the subject

---

Why are these "roadblocks"?

- They get in the speaker's way. In order to keep moving, the speaker has to go around them
- They have the effect of blocking, stopping, diverting, or changing direction
- They insert the listener's "stuff"
- They communicate:
  - One-up role: Listen to *me*! I'm the expert.
  - Put-down (subtle, or not-so-subtle)
- *Roadblocks are not wrong. There's a time and place for them, but they are not good listening.*

Therapeutic Empathy

- Empathy is not:
  - Having had the same experience or problem
  - Identification with the client
  - Let me tell you my story
- Empathy is:
  - The ability to accurately understand the client's meaning
  - The ability to reflect that accurate understanding back to the client

Hope Theory

- Agency Thinking
  - Awareness that a goal is attainable
- Pathways Thinking
  - Awareness of how to do it
    - See works by C.R. Snyder

- *"Therapists who are burned out or otherwise fail to convey hopefulness model low agency and pathways thinking."* (in Hubble, Duncan, & Miller, 1999)

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Robben Island

Amrhein et al. (2003)

- Change Talk (Miller & Rollnick, 2002)
  - Desire *"I want to…"*
  - Ability *"I can…"*
  - Reason *"There are good reasons to…"*
  - Need *"I need to"*

  - Taking Steps (e.g., *"I've been…"*)
  - Commitment talk

Change talk

- ***When you hear change talk, don't just stand there!***
- Reflect
- Reinforce
- Ask for more

Getting Moving: OARS

- Open questions
- Affirmations
- Reflections
- Summaries

Reflective listening

- Simple Reflection
  - Exact words
  - Closely related words
- Complex Reflection
  - Continuing the paragraph
  - Reflecting emotion

Phase Model

- Phase One: Self-management issues, including managing treatment-interfering factors.
- Some areas of ambivalence:
  - Do I really want to change?
  - Do I really want to give up Old Me?
  - Do I really want to work with others?
  - Do I really want to depend on others?

Phase Two

- Developing an understanding of one's life and an agreed-upon history of sexual offending
- Some areas of ambivalence:
  - Do I want to understand my life differently?
  - Do I want to look at the harm I've caused?
  - Do I want to discuss shameful aspects with others?
  - Do I want to develop new attitudes?

Phase Three

- Refine understanding of factors that contributed to offending and manage them in daily life, in the here and now.
- Some areas of ambivalence:
  - Do I really want to develop new skills?
  - Do I really want to give up old ways?
  - Do I really want to give up my fantasy repertoire?

Applications group

- Establish an "options menu" of areas where the client is having difficulty moving forward
- Offer the client a choice of which area he would like to explore
- Explore good and not-so-good things about the status quo and change

Options Menu

Good/not-so-good things about change

Guidelines for Offering Feedback

- Ask permission
- Encourage self-assessment
- Limit the amount of feedback
- Be specific
- Include the client's agenda
- Respect readiness
- Avoid personal affronts
- Balance the feedback

Discussion

- Offer
- Explore
- Offer
- Explore
- Offer
- Explore
- Offer
- Explore

- Offer
- Explore
- Offer
- Explore
- Offer
- Explore
- Offer
- Explore

Individualized treatment group (ITG)

- Alternative group for those who demonstrate:
  - Persistent disruption and disrespect
  - No application of treatment material to daily life
  - Low motivation for change
- Target behaviors must have persisted despite attempts to re-engage, and psychological testing rules out other potential confounds

ITG

- Open-ended
- Intended to be brief
- Not a substitute for treatment program
- Patients use open-ended questions; harsh & confrontational stance not allowed

Format

- Client and treatment team outline issues to address
- Client enters these into a non-hierarchical options tool and chooses which issues he will address first
- Facilitator begins exploration of first focus issue using readiness ruler
- Facilitators begin to develop discrepancy
- Group members offer support and feedback

Format

- Cost-benefit analysis
- Exploration of ambivalence
- Beginning action planning and practice
- Feedback, etc.

- Fundamental value: ITG exists for *discussing* issues, not *debating* them.

Discussion includes

- How has this issue played a role in your past behavior?
- How does this issue play a role in your current behavior?
- What kinds of payoffs do you get from this?
- And on the other hand, what kinds of difficulties is it bringing you?

It might also include…

- What is happening when you decide to engage in this behavior?
- What do you want to happen and what do you get?
- How might this issue affect others?
- How might one approach situations where this issue might arise and get what you need without this issue happening?
- If you were in my (or someone else's) shoes, what might you think about this issue? (other patients often have a number of contributions to add to this question)

Potential traps

- Debate (instead of dialog)
- Unrealistic expectations (wanting too much)
- Focusing on one patient to the exclusion of others (some patients ask for more attention than others)
- Negative spotlight (it can be easier to highlight problems than successes with this population)
- Etiology (understanding the origins of a problem are not the same as resolving it)

When the client won't stop

- *Sometimes people keep repeating themselves precisely because they do not feel acknowledged. I have sometimes literally interrupted "to make sure I understand," and offered a summary reflection. I've never had anyone resent being interrupted to make sure that I understand them.*
  -- Bill Miller, 8/28/09

When the client won't stop

- OK, you're saying a lot of really interesting stuff there, so if I can just check to make sure I'm getting what you're saying... [summary of what has been said, linking this to x issue]
- So it sounds as if the main thing that's bothering you is... [If 'yes'] OK, so how does this fit in with your.. [x issue].

When the client won't stop

- What you're saying is really interesting. Let's not lose that in all the other stuff we're talking about. How about we put it in the in the parking lot, and make sure we come back to it before we finish?
- You're feeling/wondering/thinking.... and that has an impact on....[x issue]

When the client won't stop

- That sounds important but I'm not sure we have the time to do it justice today...
- You really need to talk about this (reflecting emotion/intensity)
- You have a lot of thoughts about this or it sounds like you haven't had a chance to think/talk about this with someone else
- My memory is kind of limited and to give more of the attention and help you deserve I will have to interrupt you periodically. Would that be OK with you?

When the client won't stop

- You are saying some pretty darn interesting stuff there and if we have time at the end, you can tell me more. And right now, I am wondering if it would be OK to get back to the medication problem you first talked about. What is going on with that?"

- I think I'm getting a good understanding of _____(the issue), tell me a little bit more about _____ (new topic).

When the client won't stop

- I hate to cut you off because I can tell this is something very important and something on which you are working very diligently, but would it be all right if.. (I switched gears a little and_____, took a little time to ask you about_____, summarized what we've talked about to make sure I'm understanding things, etc.).

When the client won't stop

- Above all, Remember:

- *If we act as though we have only
  fifteen minutes, it will take all day; however, if
  we act like we have
  all day, it only takes fifteen minutes.*
                   -- Monty Roberts