

The Behavior Change Drivers: Motivational Interviewing (MI) & Feedback-Informed Treatment (FIT)

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A Six-Pack of Epiphanies:
What Treatment Court team members find
out when they learn Motivational Interviewing

1. We can make our work harder. If you push, the program participant pushes back. "Getting right to it" and telling a program participant *how* to solve their problems only lengthens our work.
2. Much can be covered in a 10 minute encounter.
3. Behavior change is driven by motivation, not information. "We only change people who give us permission to do so."
4. Almost every piece of advice you might offer has already been thought about, mulled over, and rejected by your program person.
5. Participants will share a lot, quickly, with empathic, attentive listeners.
6. Motivated people solve their own barriers, including those facing mental health and/or AOD challenges.

Reniscow 2007

Motivational Interviewing – Treatment Court Application Guide

In general, Motivational Interviewing (MI) is most useful:

- **(1) When the goal is an observable behavior change.**

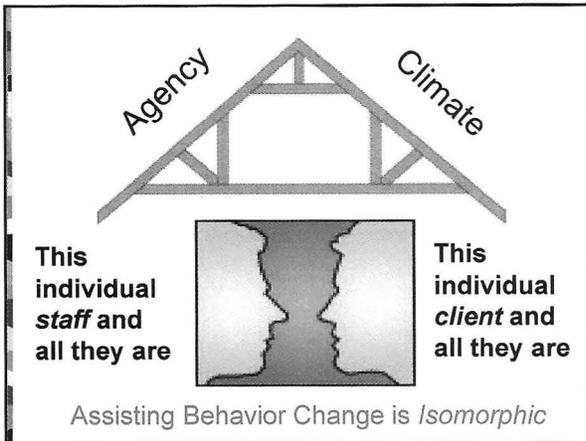
MI is a tool for increasing motivation around change. If your goal is primarily to educate, provide information, or gather information, MI is not necessarily the tool. Many of the basic listening skills may be helpful, but the “directional” components of MI are less applicable.

- **(2) When the person is more resistant, angry, or reluctant to change.**

Some program staff take the stance that MI is best for their cooperative participants, but for challenging probationers it's best to use a tough, directive approach. The research suggests just the opposite. Easy clients tend to do well no matter what style you use, but more resistant people benefit more from an MI approach (relative to educational or confrontational approaches). *MI was designed for clients who are more reluctant to change.* When clients are doing well and they want your advice, or simply need help with planning, a direct, advice-giving style may be enough.

- **(3) When the interviewer can separate him/herself from the program participant's attitude, actions, or consequences.**

As every successful practitioner knows, the first step in working successfully with a difficult treatment court client is to separate yourself from the person's own choices. Though you are very willing to assist the person through referrals, advice or assistance, there ought to be a clear understanding that it is the program participant's responsibility to take action. You don't take on yourself, MI helps you – to help them – to take this on for themselves.



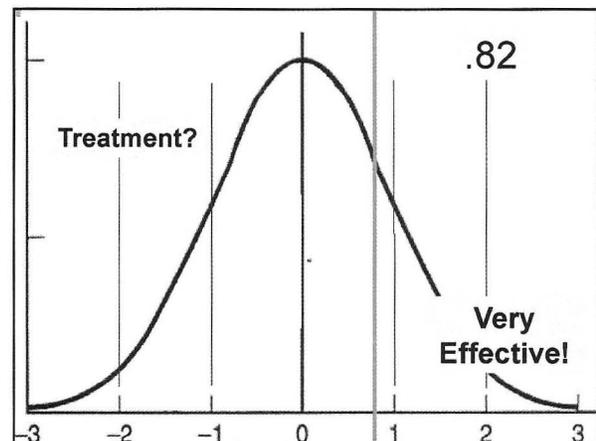
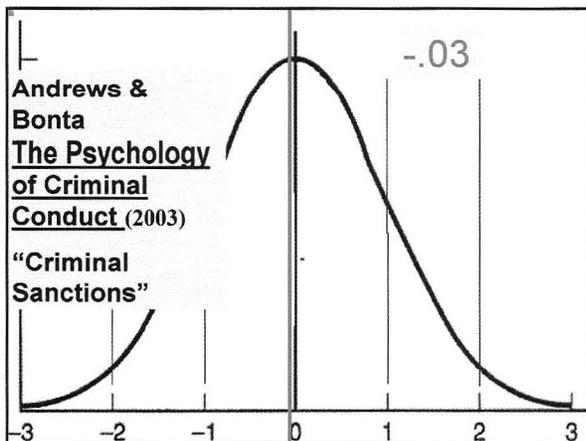
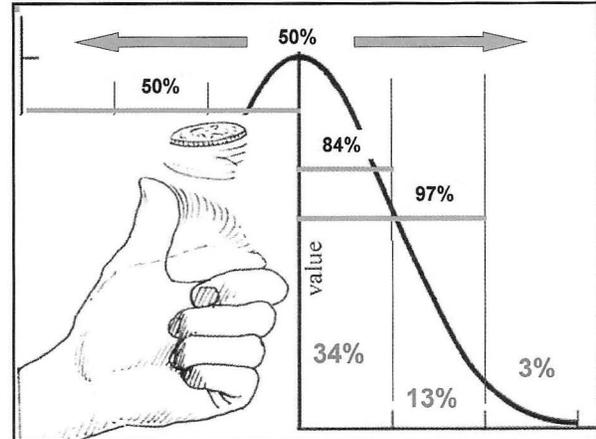
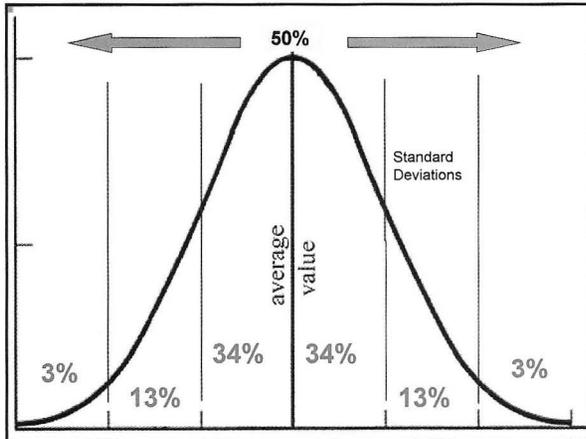
Rethinking What Works with Offenders
 Probation, social context and desistance from crime

We need a full appreciation of what a *particular officer* did with a *particular probationer*, at a *particular time* during their supervision with regards to a *particular problem*.

Without this full understanding, it is difficult to understand how we successfully intervene.”

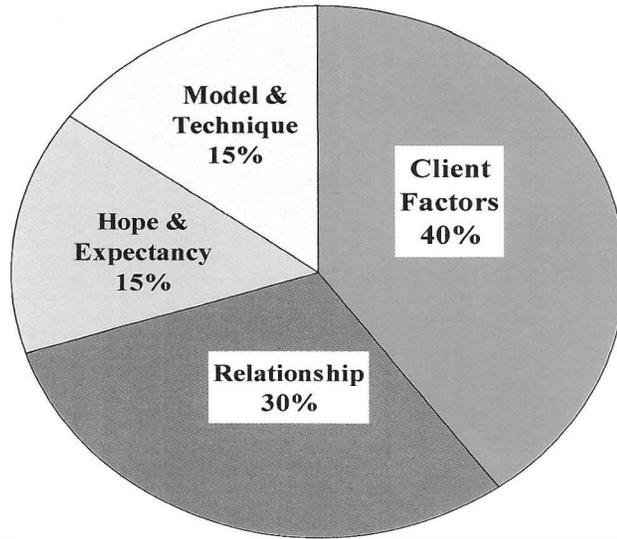
Stephen Farrall

WILLIAM PUBLISHING



(2010) / APA –Duncan, Miller, Wampold, Hubble
Out of all of the tx models, which one(s) is best?

4 Common Factors in Treatment



CLIENT FACTORS – 40%

-
-
-

RELATIONSHIP – 30%

-
-
-

HOPE & EXPECTANCY – 15%

-
-
-

MODEL & TECHNIQUE – 15%

-
-
-

- 3 types of relationships that clients valued
Bachelor & Horvath (2009)
- 1. Do it all themselves (autonomy)
 - 2. Expert advice – seek info from staff - clarification of offender's situation (ski instructor) (MD for back problem)
 - 3. Collaboration (shared)
 - All 3 types with engagement conditions (trust, respect, empathy, support)

(2002)

...One obvious limitation of correctional research... is the probationer's perspective is often missing.... (pg. 90)

A different and potentially more useful perspective is to look at motivation to change from the offender's point of view.

Pg. 5

Ex-offenders: The most help from officers involved:

1. Trust
2. Flexibility ("intelligent flexibility")
3. Willingness to listen and understand
4. Provide individual case management

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- Feedback Informed Treatment (FIT)
- Client's rating of the alliance is the best predictor of engagement and outcome
 - The client's subjective experience of change -early in the process-- is the best predictor of success for any particular pairing.
 - Clients rarely report negative reactions (or poor alliance) before deciding to terminate
 - Need for an early warning system

Session Rating Scale (SRS)

Name: _____
Date: _____

Please rate today's report in session by placing a hash mark on the line nearest to the description that best fits your experience.

I did not feel heard, understood and respected.

Relationship

I felt heard, understood and respected.

We did *not* work on or talk about what I wanted to work on and talk about.

Goals and Topics

We worked on or talk about what I wanted to work on and talk about.

The approach today is *not* a good fit for me

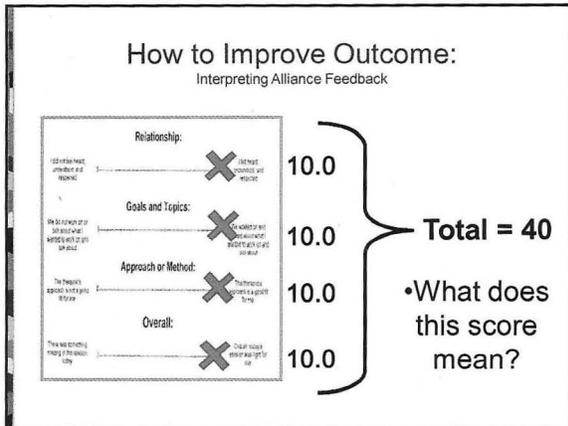
Approach or Method

The today was a good fit for me

For helping me towards dismissal, there was something missing in the session today

Overall

For helping me towards dismissal - today's session was about right for me.



What Doesn't Work: The Medical Model in the Social Sciences



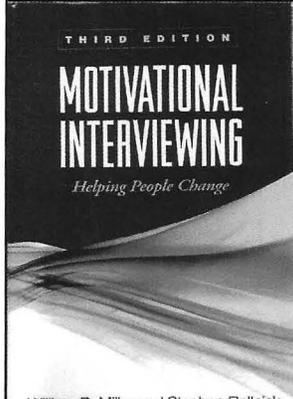
The progress of telecommunications, aeronautics/space & medicine

The lure of the medical model
--The potency of a pill laxative

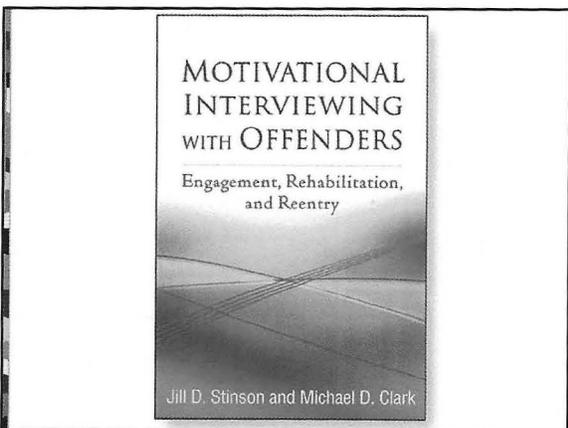


Implications from Common Factors Meta-analysis

- We should spend our time more wisely gaining experience on ways to employ the client in the process of change

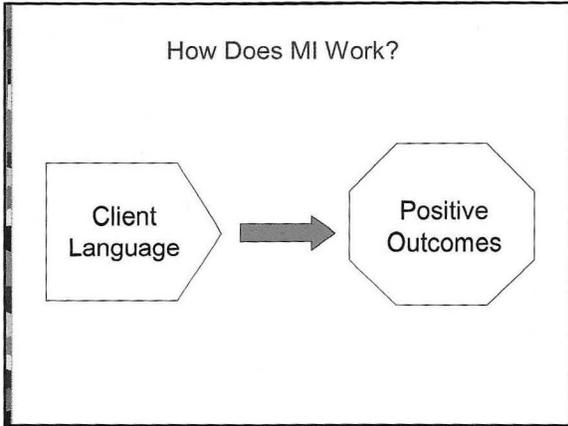


It's a helpful way of assisting people in finding *their own* reasons for change.



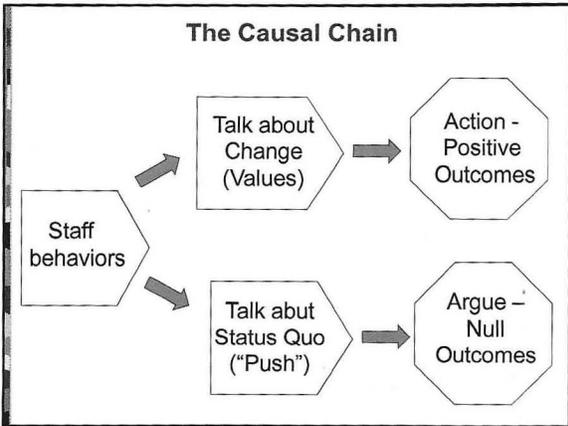

MI is predicated on two important factors

"ambivalence"



The "sound" of Ambivalence

- "I want to work out and eat healthier.
That'll really help me."
- "But I'm so busy, I don't think I could find the time"
- "But I really need to. More energy.
And I'll feel better"
- "But I try new things like this,
and I don't stick to them."
- I want to live healthier.
I know this is the right thing to do
- I'd like to – but it's not going to work



Discrepancy

Should I? → Can I? → Will I? → How Do I?

Most positive behavior change occurs as a process – where the offender grapples with these questions – in this order

How Do I? → Should I? → Can I? → Will I?

Treatment Courts that lack a "Culture of Motivation"

3 Motivational Constructs

- **Why** should I do it?
 - (Importance)
- **How** would/can I do it?
 - (Confidence)
- **When** should I do it?
 - (Readiness)

Agenda for MI Training Sessions

- Intro – Science of Human Behavior Change
- The Foundation of MI (The Spirit Of MI)
- Resistance Examined
- Client-centered Interviewing Skills (OARS)
- Recognizing & Eliciting Change Talk
- Responding & Reinforcing Change Talk

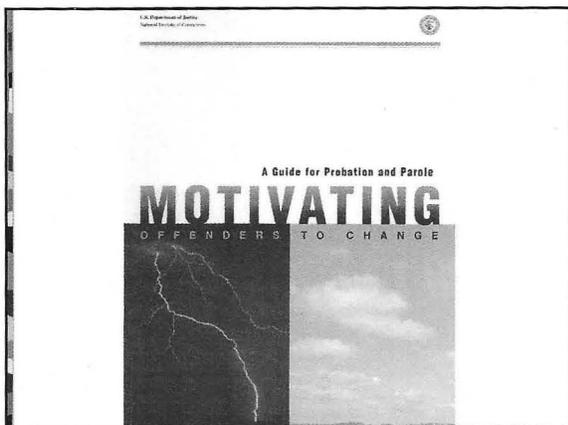


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- 6. Navigating Tough Times: Working the Deception, Violations, and Sanctions
- 7. From Start to Finish: Putting Motivational Interviewing into Practice

Benefits from Utilizing MI in Treatment Courts

- 1. Helps staff understand where change comes from (elicit vs. install)
- 2. Clarifies that compliance is important but it can't be our field's ultimate goal.
- 3. Motivational & FIT approaches change who does the talking.
- 4. It will also change what is talked about

Factors of Change

- *Intrinsic*
 - *Internal factors* are the basis for change. ("sticky change")
- *Extrinsic*
 - *External factors* can be conditions for change (not as robust)
- Intrinsic motivation for change is engaged by *eliciting it* rather than *installing it*.
- Modifiable ("trait – not a state")
- Interpersonal – occurs and changes with the context of human relationships

Motivational Interviewing (MI): Benefits for Treatment Courts

9 Points to Consider

1. Motivational interviewing aligns your treatment court with evidence-based practice for substance use disorders.

In 2008, MI was listed on the SAMHSA National Registry of Evidence-Based Programs & Practices (NREPP). Adoption of MI allows credibility for using researched-based practice, service integrity across multiple professional domains as well as establishing demonstrations / justifications to funding sources.

2. MI prepares program participants for the work of change.

Program participants need to prepare for change. This is as true for offenders as it is for the rest of us. We are seldom taught to prepare people for change—instead, we jump to problem solving, planning, encouraging positive talk, and the like, ignoring or bypassing the need to orient to change work. This orientation includes raising the participant's sense that change is important to them (beyond avoiding sanctions) and that they have the confidence and ability to make the change(s). Compliance is important, but change must be our final goal.

3. Research finds the use of MI increases (a) engagement and (b) retention in treatment.

Start with engagement or don't start at all. And one of the most consistent findings from addiction studies is that the longer one stays in treatment, the better the outcomes (NDCI, 2008). Starting into treatment (engagement, increasing motivation) and staying in treatment (retention) is a powerful combination.

3. MI equips all treatment team roles to assist change – not just the treatment provider(s).

The unique characteristic of a treatment court is *all program staff* share in the treatment mission (Judge, prosecutor, defense counsel, case manager – probation officer, assessor-treatment provider, etc). Yet few beyond those who occupy traditional treatment roles are adequately trained in how to effectively interact with program participants to increase their readiness to change. *MI allows all roles to increase their treatment skills. Adds a treatment "multiplier."*

4. MI extends a working knowledge of human motivation and the process of positive human behavior change.

It is frustrating that most treatment court team members (even counselors) lack a working knowledge of human motivation and the process of positive behavior change. MI adoption will build critical knowledge about assisting change that no team member should be without.

5. Motivational interviewing suggests effective ways of handling resistance and can keep difficult situations from getting worse.

Motivation is not a fixed characteristic, like adult height or having brown eyes. Instead, it is a condition or state, and it can be *raised or lowered* by how we interact with program participants. The best sanction is one that never has to be delivered. Teams understand that *all staff* need to develop a supportive counseling style. MI can train all staff, including Judges, lawyers, officers to improve their style of interacting. Learn to work with those who don't want to work with you. 11

6. MI can be a stand-alone or used adjunct to treatment approaches or services already in place.

Treatment courts access a wide-range of community programs for their participants. Use MI as a stand-alone to increase client-engagement and increase the readiness to change. Or, use it adjunct to existing methods or treatments approaches already in place. Your treatment court and the multiple helping domains can all be “on the same page” for language, methods and consistency of service.

7. Efficient use of time-limited interactions.

Constant arguing, persuading or confronting is a poor use of the limited time that team members spend with program participants. MI can improve the value and impact of compressed interactions staff have with program participants. MI is proven to reduce aimless chatter by staff and keep staff-participant conversations focused on objectives and goals (Martino, et al, 2008). We seldom—if ever—change anyone in a short time frame, but MI offers methods and strategies to “raise the odds” and improve the likelihood that short talks will prove helpful.

8. Motivational Interviewing shifts the balance of responsibility, making treatment court staff “agents of change” rather than responsible for change.

Trying to persuade someone to do something they don’t want to do is exhausting, and many treatment team members are exhausted. When MI is practiced correctly, your program participant voices the reasons for change (Miller & Rollnick, 2013). Court personnel have found that using MI lowers their level of frustration and renews commitment and vitality to their work with offenders (Stinson & Clark, in press).

9. Training and coaching resources are readily available to treatment court teams and adjunct treatment court agencies (community stakeholders).

MI has been trained to the addictions field, probation & parole, detention facilities, child welfare, employment services, mental health, schools, juvenile courts, judiciary, attorneys, social work and family counselors. This approach also has fidelity measures to determine if the practice is (a) being used by team members and (b) to what extent. Blended learning formats are also available for sustainability and continued skill building. Adopt-it and keep it growing over time.

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Mr. Clark is a member of the Motivational Interviewing Network of Trainers (MINT) and is co-author to the book "Motivational Interviewing for Offender Rehabilitation & Reentry (pending 2016 – Guilford Press). His Center has recently published 20 web-based courses in Motivational Interviewing which is the most extensive internet training series available on the web. This "MI-20" also comes with 20 booklets to assist staff to convene in small groups. These "Peer Group 20" booklets all synch off the web-based content to enable skill-building group that fosters better implementation of this approach and increases the model's sustainability over time. www.TrainMI.com

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- United Nations Office on Drugs & Crime (UNODC), Vienna, Austria
- State Department of Corrections - Kansas – Utah –Oklahoma - New Hampshire – Wisconsin – Wyoming – Michigan – Idaho – Louisiana
- New Zealand Department of Children, Youth & Family, Wellington, NZ
- Virginia Drug Court Association
- Louisiana Association of Drug Court Professionals
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- New Mexico Association of Drug Court Professionals
- Douglas County Juvenile Drug Court - Omaha, Nebraska
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- Puerto Rico Addiction Technology & Transfer Center (ATTC), San Juan, P.R.
- Correctional Services Of Canada
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- Brisbane Institute for Strength-Based Practices, Brisbane, Australia