

Motivating Change Talk: May the Force Be with You

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IRETA Webinar

Slide Notes

Slide #1

During this webinar I will suggest that motivational enhancement therapy or the pneumatic devices associated with Motivational Interviewing, things like OARS and FRAMES that help organize M.I.'s technique, may be necessary but are not necessarily sufficient to ensure engaging someone in change talk.

But first, a bit about your presenter...

Slide #2

As you can see, I was excited when learning of motivational enhancement counseling's potential from an early age...

Slide #3

Although I am not a MINT certified trainer, I have employed the principles of motivational interviewing and other motivational enhancement practices for 25+ years and worked with individuals with SUDs for 45+years. In that time I have developed a personal philosophy of counseling that is couched in the belief that *to be involved in counseling is to affect the thinking of another so as to increase the likelihood of their moving towards growth and positive development....that is to say, to promote change through self-discovery.*

This photo with my 2nd oldest grandson captures, for me, the essence of this philosophy and the spirit of interviewing for motivational enhancement...infusing one's interactions with others with not only the practices and principles of motivational enhancement counseling, but most importantly, its essence, which can be summed up in this quote from the Dali Lama: *Be kind whenever possible. It is always possible.*

This afternoon we will consider how the underlying spirit of motivational enhancement counseling can engage interviewees in the exploration of their lives, initiate a shift in perspective, and foster a belief in what I call "possibility thinking."

Slide #4

It is when counseling technique is couched in an approach to interviewing that embraces the spirit of motivational enhancement that the attitudes of those being interviewed change. If the most renowned specialist in a particular area of medicine to whom you were referred comes across when you meet as arrogant, pompous, and overly self-important, the likelihood you will seek another referral is quite high. As a client once said to me when referring to a previously unhelpful counseling experience, “no matter how good a pair of shoes look online, if they don’t fit you ain’t gonna wear ‘em.”

Slide #5

It is possible to do everything according to the motivational enhancement playbook and yet still find interviewees responding as if to say, “I dare you to make a difference in *MY LIFE*” or engage in your interview as if it was a “tug-of-war.”

You will sometimes hear at A.A. meetings that *people do not care what you know until they know that you care*. This is the “spirit” that undergirds motivational enhancement counseling and is the very currency that funds the development of a meaningful helping relationship.

In short, the spirit of motivational enhancement counseling is rooted in collaboration...accomplishing together what the individual you interview has struggled with alone.

Slide #6

This spirit that flows through motivational enhancement ensures the practitioner is less interested in doing something “to” interviewees and more focused on doing something “with” them. When practitioners understand that they are human being 1st and practitioners 2nd and that the individual being interviewed is a person 1st and someone being interviewed 2nd and therefore a “fellow human being,” that is when it becomes possible to truly listen and accept that interviewee as the expert on her- or himself. REMEMBER: Motivational enhancement in counseling is first and foremost about collaboration.

Slide #7

Related to this, motivating change talk is not concerned with “inputting needed information” – this is the antiquated approach to doing *addiction counseling* – Likewise, neither is it “filling up” the individual with what she or he lacks or “needs to know, understand, or accept” to change. Rather, the practitioner is interested in “drawing out” *what already exists within the individual* and is enough

to affect any changes required to ensure self-discovery and growth. Calling upon the old counseling 101 reference cited in this slide, the practitioner embracing the spirit of enhancing change talk seeks to help individuals discover and then understand those things hidden in the “blind spot” or “unknown-by-the-individual-but-known-by-everyone-else” quadrants in this famous counseling diagram.

Slide #8

Employing a “backdoor approach” creates an environment where “change talk” becomes possible. Traditional approaches to SUD counseling have sought to help or should I say “get” individuals to see “what’s what.” Often called “interventions,” such interactions come across as confrontations whether such was the intent of the practitioner or not. This frequently is the result of not listening because of being distracted by obvious indications of a SUD.

Slide #9

Acknowledging that for one’s client, his or her substance use may be perceived as a solution to a “very real” problem is important. Acknowledging this is the first step to introducing ambivalence about change into a conversation.

Remember: Change is an inside job. As Sandra Anise Barnes writes in her book of poetry, *Life is the Way It Is*, “It’s so hard when I have to, and easy when I want to.” Adapting this phrase to our work as practitioners, ***it’s so hard when I have TO CHANGE, and easy when I want to.*** Facilitating change talk is about helping individuals discover that “they want to change” not that they “need to.” Like in the adage about leading horses to water but not being able to make them drink, we need to remember that *we can always salt the oats.*

Slide #10

In keeping with this, practitioners embracing the spirit of motivational enhancement conduct interviews that have more in common with an *intercession* than an *intervention*.

To “intervene” is a “reactive” verb and therefore consistent with—not to mention proliferates—aggressive confrontation as the means of interacting with the substance use disordered individual. “To intercede,” on the other hand, is more consistent with what contemporary practitioners do when employing brief motivational techniques and is, therefore, more of a “proactive verb,” one associated with “mediating on one’s behalf.”

Slide #11

An intervention is when I confront you to stop—or attempt to stop you—from doing what I believe is the wrong thing for you to do even when I am motivated by genuine concern if not love.

Slide #12

An intercession, on the other hand, is when an interview is conducted in such a way as to allow those being interviewed to discover a new and different perspective from which to look at “the facts” they have believed are irrefutable and therefore intractable.

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This is a good point to pause to entertain some questions.

Slide #14

Motivational enhancement is all about facilitating “Change Talk.” Most changers, especially those in a pre-contemplative stage of readiness to change, engage almost exclusively in what Miller calls “Sustain Talk.” The objective for the helping professional is to present those being interviewed with the opportunity to become “ambivalent” about change. Referencing Prochaska’s continuum of readiness to change, this means to assess at what stage of readiness an individual is regarding making a change and to work towards helping her or him to progress to “the next” stage of readiness. Faithful adherence to the spirit of motivational enhancement counseling facilitates this progression, and inviting individuals to share their stories rather than tell us about their business is an important example of this. In short, it is more productive to ask individuals “what’s happening” rather than “why is it happening.”

Slide #15

The objective is a collaboration between experts...you, as the practitioner are the expert about treatment and the individual being interviewed as regards her- or himself. Like the witness who sits with a sketch artist to develop an accurate picture of the suspect, helping professionals collaborate with their clients to develop an accurate picture of the presenting issue.

Slide #16

By eliciting “stories” rather than pursuing facts, practitioners permit 2 important opportunities to emerge in an interview: (first) to engage the interviewee in a

dialogue about her or his behavior rather than fielding questions about why that behavior occurred...to conduct an interview rather than an interrogation, and (2nd) to demonstrate that you understand that for your interviewee, there are rewards or what substance users view as *good things* associated with the behavior in question.

NOTE: It is important to ask about the “less good things” related to use rather than “the problems.” “Problems” is one of those overly charged words that can all but end an interview as it suggests the practitioner is in league with all the others who have been confronting the interviewee about her or his “problem.”

By distinguishing between what the interviewee views as the “good” and “less good” things related to use, practitioners then have the opportunity to align these consequences of use with amounts consumed. Frequently, the “good things” are associated with moderate use and the less good things with heavier or high-risk and dangerous use.

REMEMBER: Even when abstinence is the likely best course of action for someone with a SUD, this “good things/less good things” approach facilitates the introduction of ambivalence, which is a precursor of change talk.

Slide #17

A second objective when facilitating change talk is to shift the focus from *THE PROBLEM* to your interviewee’s revisiting the facts in her or his life and answering a simple question: *Is what I get from this behavior worth the cost or hassle involved in getting it?* This is what economists call a “cost – benefit analysis” and although nothing new as a management strategy, it is a somewhat novel approach in counseling, certainly different from what Miller refers to as “attack therapy,” which was the historic approach to SUD counseling.

Note how this is consistent with another key element of the spirit of motivational enhancement in that it acknowledges the client is in control and will decide what she or he will or will not do.

A cost – benefit analysis of use is likely to facilitate ambivalence as it increases awareness by employing a type of reasoning the interviewee already uses in other areas of her or his life when making decisions regarding purchases or how best to invest her or his time.

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So how does a SUD practitioner facilitate a discussion about the proverbial elephant in the room...the individual's high-risk and dangerous behavior? Well, things are not always the way they appear to be. This is where the techniques of motivational enhancement counseling can be most helpful in introducing and then amplifying ambivalence. It's all about facilitating a change in perspective.

For example...*is 2 minutes a long time or a short time?* There are 3 possible answers to this question...“short,” “long,” and “it depends.” Although “it depends” is the correct answer, frequently interviewees will say it is a short time to which you then ask them, with a smile on your face, “hold your breath for 2 minutes.” This simple instruction instantly creates a change in perspective. The spirit of motivational enhancement is furthered by using such examples to facilitate shifts in how clients view the facts in their lives...and the smile on your face when suggesting that their breath be held for 2-minutes lends a friendly if not playful air to the interview.

For example: With an alcohol dependent individual - NOTE to self: Glasses of beer-pints of beer-quarts of beer-gallons of beer – now what do you think about your use?

With a tobacco dependent individual - Price per day to smoke – per week – per month – per year...

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Slide #19

Again, *Unsolicited advice is the junk mail of counseling*. So listening to interviewee stories elicits disclosure and, as the result, insight about use. Notice that we cannot speak as fast as we can think so sharing our stories often slows down our thinking to a point where we can often notice the loopholes in our own reasoning, which in turn heightens ambivalence.

As an aside...Notice that “listen” is an acronym of “silent”

Before proffering any advice or suggestions/recommendations listen to client stories in silence before asking permission to proffer a suggestion. Paraphrasing

what Stephen Rollnick once said in a lecture about interviewing...if you act like you only have 15-minutes, it can take all day but if you act as if you have all day it may only take 15-minutes.

Slide #20

To get a sense of how unsolicited advice and recommendations may be perceived by a SUD individual, try this little exercise: Join your 2 hands by lacing your fingers. If this proves physically challenging, you can do this little exercise using ANY routine behavior your do without thinking...do you put on a belt clockwise or counter-clockwise or your pants right leg first or left? Put on both socks and then shoes, or one sock then the matching shoe, then the other, etc.

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Now, unlace your fingers and re-lace them so that the opposite fingers are on top...if the right thumb was atop the left, just reverse it so the left is now on top, and the same with the rest of the fingers. How do your interlaced fingers “feel”? Odd...strange...weird...WRONG?

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Let's pause again for questions.

Slide #22

William Miller, when talking about Interviewing, likens it to asking a very provocative questions: ***Do you want to wrestle or dance?***

Remember that if ever entering a tug of war with an interviewee, irrespective of how it turns out, “you lose.” As likely as the spirit of motivational enhancement counseling is to facilitate “change talk,” arguing about anything with a client will facilitate “sustain talk.”

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When detecting a sense of ambivalence in an interviewee's comments, asking about the pros and cons of making a change may facilitate a shift from *sustain talk* to change *talk*.

NOTE, however, that your definition of "change" may differ from your client's. Remember...avoid arguments and recognize that half-steps now are better than full steps in the future.

"John" was a graduating senior who consistently made the deans list. He would be starting a position as a pharmaceutical sales rep upon graduation and making a salary half-again what I was making with a Ph.D. and, at the time, 30+ years of experience. He had no previous campus violations nor did he have a history of alcohol-related traffic offenses, aggressive behavior, financial difficulties, or "blackouts." Despite this dearth of traditional issues associated with high-risk drinking, John reported drinking ten 12-oz bottles of beer 3 nights a week...high-risk drinking in the eyes of any practitioner conducting an assessment.

Try as I would to share my concerns about his pattern of use, John just did not see his drinking as representing a risk. Frustrated by my inability to elicit any signs of ambivalence on his part, a thought occurred to me, a "voice inside my head" if you will: *Give him a calculator and ask him these questions.*

I took a calculator from my desk, gave it to John and asked him to complete the following calculation: $10 \times 3 \times 15 \times 2 \times 140$. He dutifully followed my instructions and arrived at a figure of 126,000. Asked if he knew what that number represented, he said he did not. With a smile on my face I informed him that that was the number of calories he consumed his senior year following his reported pattern of drinking...10 beers 3 times a week for 15 weeks each of 2 semesters, times 140 calories per 12-oz bottle of his favorite brand.

John looked at me, then at the calculator and then back at me and said, and I quote, "I drink a lot of beer, don't I?" He then agreed to discuss "dialing it back a bit" because he was concerned...not because of the risk but because of the calories.

Note to self – which is the shorter total period of time – 3-mos of slow and steady progress towards change or 1-year between when a client terminates because of feeling confronted and returning in a crisis willing to "do anything"?

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An "Aha" experience is the quintessential change in interviewee thinking that results in becoming active about moving towards change. People do not change because they need to; they change because they want to...and they want to change not to "get away from" what they don't want but rather to "get to" what they do want.

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As in *The Wizard of OZ* when Toto pulls back the curtain to reveals that the “Great and powerful OZ” is nonother than Professor Chester Marvel from Kansas, so does the exuding the spirit of motivational enhancement counseling enable the practitioner to metaphorically “pull back the curtain” so to speak on Al K. Hall...or Mary Juana, or Herr O’Wynn, or Park O’Cette...and expose them for who they really are.

Borrowing from cognitive behavior therapy, an intercession facilitates interviewees realizing that “thoughts are not facts.” When interceding, I neither stop you nor prevent you from deciding what you will or will not do but I can create opportunities for you to consider the “facts” in your life from a different perspective, often employing OARS and FRAMES and other such MI techniques and strategies

Slide #26

Again, citing William Miller and Stephen Rollnick, motivating change talk essentially boils down to exploring interviewee thoughts related to 5 basic questions. Now, these questions are NOT asked one after the other and perhaps not even in order or in a series of several interviews. They are, however, important in that they serve to create a trail of “bread crumbs” that subtly leads an interviewee to a point where changing personal behavior becomes something an interviewee decides she or he wants and not just something everyone else demands. These questions are essentially the metaphorical “salt shaker” that allow practitioners to “salt the oats” so that we no longer need to “make the horse drink”

Slide #27

By way of putting a bow on our webinar, and to end as I began, motivational enhancement techniques alone, if we consider the chart in this slide, are at BEST responsible for 15% of the change an interviewee may experience in treatment. It is when these techniques are couched in an approach to interviewing that embraces the spirit of motivational enhancement that enriches the relationship between practitioner and interviewee that interviewee attitudes change. When the practitioner who happens to be a person interacts with an interviewee who is treated as a fellow human being, that is when the magic in counseling and therapy will occur. This happens when the techniques of MET and MI are delivered by a practitioner who prizes collaboration, dedicated to evoking and drawing out change

talk, recognizes the interviewee's autonomy, and is, perhaps above all, compassionate.

In closing, permit me to share one story that hopefully captures the essence of this webinar:

A number of years ago I was sitting in my office at La Salle writing case notes between appointments. The receptionist buzzed asking if I had time to see a former student I had counseled years before. I asked that the student be ushered in.

As he entered my office he said, "Hey doc, do you remember me?" Of course, I did not but this was one of those times when God lets you tell a lie and still get into heaven; "sure, how have you been?"

He proceeded to tell me that after our BASICS-type sessions in which I provided feedback on the risks associated with his drinking and shared my concerns, he had graduated and then promptly drank himself to a point where he, as he put it, "crashed and burned." He said that he was fortunate enough, however, to be the son of a recovering alcoholic who took him to his first A.A. meeting. He then reached into his pocket, took out a brass medallion and said, "I just got my 5-year chip" as he handed me the chip to inspect.

Taking the chip, I inspected it and congratulated him on his accomplishment and then handed the chip back. He said, "No, Doc, you don't understand. I want you to keep it."

Being shocked was an understatement and I did not know what to say so I simply said I could not possibly take such an important milestone in his recovery. He went on to tell me that he wanted me to keep it because I was the first person who ever shared with him concern about his drinking but did so in a way that did not result in his feeling like a bad person.

I have that chip to this day and this experience is one of my fondest recollections of a career in counseling and prevention. I share this not to boast but to share that we always...ALWAYS...make a difference when we work with our students...even when we think we don't...or can't.