Building a Framework for Effective Adolescent Treatment

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Topics for Today

• The role of the counselor
• The therapeutic alliance
• Enhancing youth motivation
• Harm reduction approaches
• Fostering hope and optimism
• Individualized treatment tools
Training/Framework Goals

- Enhance your competence to work with youth who struggle with substance use
- Increase recognition of youth developmental stages and how the social environment impacts youth
- Increase use of youth-centric approaches and tools (offer highly individualized treatment)
- Increase youth treatment access, engagement, & retention.
The Role of the Counselor

• *Do no harm*

• *Meet clients where they are at*

• *Don’t make assumptions*

• *Don’t take things personally*

• *Don’t work harder than the client (adolescents may be an exception)*
Remember Maslow

Maslow’s Hierarchy of Needs

Adolescents

<table>
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<tr>
<th>Challenges</th>
<th>Opportunities</th>
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<td>• Engagement; adolescent mistrust of authority</td>
<td>• Adolescents tend to care deeply about what others think-seeking attention &amp; approval</td>
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<td>• Less capacity for cognitive control (e.g. impulse control)</td>
<td>• Can be quite reflective regarding life’s challenges-what lies ahead</td>
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<td>• More hypersensitivity to rewards related to substance use; dopaminergic system is very active!</td>
<td>• Are generally considered more open-minded than adults</td>
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<td>• May not be questioning or assessing the appropriateness of decisions.</td>
<td>• Are very capable at learning new skills</td>
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Why Use Substances?

While there are certainly risks for most individuals, there are also rewards. Whether sexual promiscuity, substance use, etc.:

- Feels good, relaxation; ‘self-medication hypothesis’
- A social lubricant; meets a social need
- Quick and fast results; instant gratification
- Creates a sense of identity
- Alleviates boredom
- Addiction (food model)

What else?
Other Therapist Challenges

• Can I provide enough resource & support?
• Balancing openness with humor
• Time limitations; can increase anxiety in therapist & adolescent
• Deciding what level of parental notification is appropriate/required
Therapeutic Alliance

40% - client internal factors, strengths, social support, etc.
30% - a positive therapeutic alliance
15% - hope, expectancy, placebo
15% - therapeutic technique

(Project Match)
Therapeutic Alliance

• Must begin work with adolescents by explicitly stating, “My role is not to tell you what to do.”

• In your head, try to reframe the maladaptive behavior (e.g. substance misuse) as a strategy to get needs met.
Informed consent process

• Need to let youth/parent(s) know you will not give specifics of the adolescent’s use, but will share diagnosis, recommendations, and general level of concern about substance use.

• Doing this in front of adolescent may help increase the adolescent’s degree of trust in the therapist. Can also ask (in front of the adolescent) the parents’ level of concern.

• Craft sample informed consent statement.
Clinical Vignette: Engagement
Motivational Interviewing

• **How is it useful when working with adolescents in addiction treatment settings?**

• Adolescents are often highly ambivalent about:
  • Treatment/remaining in treatment
  • Reducing or stopping their drug use
  • Addressing other harmful behaviors

• MI works with clients in a way that does not evoke resistance (e.g. getting confrontational, labeling, etc.).
Motivational Interviewing

A person-centered, directive method for enhancing internal motivation to change and resolving ambivalence.

It helps to get people unstuck.
Introduction

• Originally developed to address substance use disorders

• Has been found to be effective across a wide range of behaviors; (reducing problem drinking, gambling, and HIV risk behaviors)

• Also found effective in promoting exercise, diet, medication adherence

• Generalizable to many processes of human behavior
Goal

To help people who are conflicted about their behavior to change, while not evoking resistance (e.g., getting confrontational, blaming, labeling).

Studies have shown that confrontational approaches can actually make people less likely to change.
Motivational Interviewing

Helps people to:

• Explore their ambivalence
• Appreciate the disadvantages of the status quo
• See the advantages of change
• Feel optimistic about the possibility of changing
• Desire, prepare for and move toward change
What Triggers Change?

Often includes life consequences and/or dissatisfaction with the status quo…however…

…part of the person wants to continue to do what he or she has always been doing…. …and another part wants things to be different
Stages of Change

• *MI considers the stage of change that the person is in*; suggests that we tailor our interventions to the person’s readiness to change.

• *MI is specifically designed to be used when people are in the early stages of change.*
Stages of Change

Pre-contemplation: explore likes/dislikes of the current situation

Contemplation: build commitment to change/increase discrepancy between the current behavior and the person’s goals/values

Preparation: create a plan for change…and discuss what to expect

Action: implement the plan

Maintenance: monitor

Relapse: may occur and result in return to a previous stage
Pre-contemplation

The client is not really considering change: seeks treatment or change due to outside pressures such as family, legal, or social services, for instance.

Tasks:

• Raise doubt about the harmful effects of the behavior that is concerning us
• Increase the perception of risks and problems that will result from continuing the behavior
How to Begin a Conversation

Raise a concern: ask permission to discuss the topic. Explain that you are not looking for immediate change or action per se.

“I wonder if it would be ok with you if we talked about why you are in so much trouble right now?”

“I wonder if it would be ok with you if we talked about your drinking habits for a minute?”

“I’d like to get a better idea of how you feel about your being on probation, and don’t worry, I’m not going to lecture you, ok?”
Contemplation

The person seesaws between considering and rejecting change.

Tasks:

• Show interest in how the behavior has affected an area of the person’s life (maintain a spirit of curiosity)
• Evoke from the person possible reasons to change, and the risks of not changing
Preparation

• The client appears committed to change in the near future but is still considering what and how to do it.

Tasks:
• Clarify goals and strategies
• Offer up a menu of choices
Action ► Maintenance ► Relapse

- Once the person is in action, MI is not used in the same way, but may be re-introduced as needed.
This means:

We can work with people who are not particularly motivated to change.

We can work with people at any stage of change they are at.

We must discover what really matters to people and what behaviors prevent them from getting what they truly value.
Never say:

This person is so unmotivated!

Always try to figure out:

What is this person motivated for?
What is important to this person?
Four Principles of Motivational Interviewing

1. *Express Empathy.*

Seek to understand where the person is, without judgment and through reflections/affirmations, etc.

This doesn’t mean that you necessarily endorse the person’s position, but that you completely and totally understand where they are at and how they feel.

You want to understand the person’s perspective reflect that they know that you know it. Skillful reflective listening goes with being empathic.
Empathic listening is essential to minimizing resistance

• *Empathy is one of the most important elements of motivational interviewing*; high levels of empathy during treatment have been shown to be associated with positive treatment outcomes across different types of psychotherapy.
Express Empathy

This is the first, and perhaps most important, principle of MI. Listen closely and then reflect back to the person what they have said without adding anything. This is referred to as reflective listening.

Example: “Drinking relaxes me; it’s what I look forward to after school.”
Response: “It sounds like an important part of your day.”

Example: “I wish people would just mind their own business!”
Response: “When people question you it really bothers you.”
Reflective Listening

Reflective listening says:

• “I hear you.”
• “I’m accepting, not judging you.”
• “This is important.”
• “Please tell me more.”

It is NOT responding by: directing, warning, advising, persuading, agreeing, disagreeing, labeling.
Responding to Resistance

- **Simple reflection** – basically do not respond with resistance

- **Amplified reflection** – reflect back in an amplified way

- **Double sided reflection** – use *and*, not *but*… to point out both sides of the ambivalence
Examples of Reflections

• **Simple:** Client: I’m really not sure about what to do. Therapist: There is some confusion.

• **Amplified:** Client: I can’t quit completely. What would my friends think? Therapist: It isn’t even an option to quit.

• **Double-Sided:** Client: I know I’m a heroin addict but I am not convinced that I need to give up booze completely. Therapist: So you’re sure that you have a problem with opiates and you are questioning your alcohol use a bit. Can you tell me more about what you are wondering about?
Practice

Simple Reflection: Client: “I haven’t felt this overwhelmed in a long time…I feel like I’m losing my mind!” Therapist response:

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Amplified Reflection: Client: “I’m not sure why people are so concerned. It’s not a big deal really.” Therapist response:

__________________________________________________________________________________________________________________________________________

Double-Sided Reflection: Client: “I have thought about returning to AA, but I’m reluctant because of some of the things I’ve said to people in the program.” Therapist response:

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________
Complex Reflections

• Amplified/Double-Sided Reflection:

**Client**: My kids aren’t thrilled with my smoking pot, **but** after I put them to bed I don’t see any problem with smoking weed. It’s my life!

**Therapist**: On the one hand, your children are somewhat upset with you right now, **and** on the other you don’t see any way at all that weed could possibly harm them.
Four Principles of Motivational Interviewing

2. *Develop Discrepancy.*

Is intentionally directive and is directed toward the resolution of ambivalence in the service of change.

You want to amplify from the person’s perspective, a discrepancy between present behavior and broader goals.

You want to magnify within the person the importance of change. By doing this, discrepancy, if increased, will override the inertia of the status quo.
2. *Develop Discrepancy* (continued).

When you hear a possible consequence expressed by the person, you have a slight opening and you want to open it up more. “it costs a lot of money” or “sometimes I spend too much”…”it has hurt relationships in the past”…or even something very small… “occasionally I missed work on a Monday due to drinking”…you can repeat it or say it back without using exact words (paraphrase)

Also review with people the pros and cons of what they are doing and the pros and cons of changing and doing something different… and see how the scale measures.
Developing Discrepancy

Involves exploring some part of the person’s behavior that is not consistent with what is good for them... that they raise. This often occurs naturally through asking open ended questions. Must first uncover the person’s priorities and values, as motivation comes from the discrepancy between current behavior and future goals.
Ask Open-Ended Questions

Notice that with closed ended questions you may not get very far…

Do you ever drink when you're lonely or upset? (Closed)
Does drinking help you feel better or sleep more easily? (Closed)

Start with the positive: “What are some other things you like about drinking?” (Open)

…then can ask: What are some things you don’t like about drinking? (Open)

How do you cope with being lonely and upset? (Open)
How do you feel the day after you have stop taking your medication? (Open)
What might work for you if you did decide to change? (Open)

How so?
Listen for the Word ‘BUT’

The word ‘but’ often indicates some ambivalence or an opening for more conversation. For instance:

Example: “I know I’m smoking more than I should, but it relaxes me; it’s what I look forward to at night.” Then reflect back both sides of what the person is saying.

Response: “On the one hand you know it’s not healthy, however on the other hand you do get something from it.”
Frequently used Open-Ended Questions

“What worries do you have about your [behavior]?”

“What are you afraid might happen if things continue as they are?”

“What might be some advantages of changing your [behavior]?”

“What might be better for you if you did change your [behavior]?”
Example

• A person might say that smoking relaxes her, and a typical response might be “Can’t you think of something else that relaxes you?” or “You know smoking will destroy your lungs,” which puts the person on the defensive.

• A better, MI approach would be, “It would be hard to give up something that is relaxing. What would have to happen for you to consider quitting smoking?”
Four Principles of Motivational Interviewing

Key Point.

The person should present the arguments for change. Change is motivated by a perceived discrepancy between present behavior and important personal goals or values that the client has.

You want the person to get uncomfortable with the status-quo and what is happening.

Changing is always the person’s decision and choice.
Four Principles of Motivational Interviewing

3. *Roll With Resistance (dancing vs. wrestling).*
   - Avoid arguing for change.
   - Resistance is not directly opposed
   - New perspectives are invited but not imposed.
   - Person is the primary resource in finding answers and solutions.
   - Resistance is a signal to respond differently.
Roll with Resistance

Basically refers to not continuing to suggest, challenge, etc. when “resistance is noticed.” Resistance is actually seen as a problem with the helper’s approach. It is a sign to slow down or back off; that the person is not ready, willing, or able to take in the information or respond as we envision.
Responding to Resistance

Always remember that humans like to have some choice and to be able to make their own decisions.

If people are told to do something, they will often resist it to maintain some sort of control.

The person must voice the argument for change – not us.

So we must help people while remembering the decision is *always* theirs!
Advice?

Because people don’t like to be told what to do, ask permission before giving any advice, and (ideally) make sure you have established a good working relationship.

Give advice only when individuals will be receptive to it, and target advice to the stage of change the person is in.
Four Principles of Motivational Interviewing

4. **Support Self-Efficacy.**

*The person’s belief in his/her own ability to carry out and succeed in a specific task.*

- In MI we must enhance the person’s confidence in his or her ability to cope with obstacles and succeed. Often people have low confidence resulting from past perception of failure.

- A person’s belief in the possibility of change is an important motivator. The person, not the helper, is responsible for choosing and carrying out the change.
Supporting Self-Efficacy

Refers to not necessarily presenting ourselves as the expert in another person’s life. Let them “lead the way” whenever possible and work to increase a person’s confidence in their ability to change while recognizing their change efforts. Involves affirming…

“You are very courageous to be so revealing about this.”

“You’ve accomplished a lot in a short time.”
Building Motivation for Change

• What not to do.
  – Don’t ask yes and no questions.
  – Don’t take sides.
  – Don’t be an expert.
  – Don’t label.
  – Premature focus trap.

• What to do.
  – **OARS**
  – Ask open ended questions
  – Affirm
  – Reflective listening
  – Summarize
Some Ideas

• Ask: How important is it for you to …..?  How confident are you, if you decided to do…that you could do it?

• *Importance Ruler*: On a scale of 0-10, how important is it for you to change now?  If the person states that they are at a 6 on 0-10 scale, ask “why are you at a 6 and not a 0 or 2?”…Not “why are you not at a 7 and not a 10?”  
  Can ask: “What would have to happen to go from 6 to an 8?”

• *Explore the decisional balance* and have them talk about the pros and cons of present circumstances.

Readiness Ruler

• What is it you are thinking of or looking to change:
  ____________________________________________.

• Are you not prepared to change, already changing or somewhere in the middle?

<table>
<thead>
<tr>
<th>Not prepared to change</th>
<th>Already changing</th>
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<td>0 1 2 3 4 5 6 7 8 9 10</td>
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Exercise

• Something about yourself that you want to change, need to change, should change, have been thinking about changing, but you haven’t changed yet (i.e. – something you’re ambivalent about).

• Listen carefully with a goal of understanding the dilemma; give no advice.

• Ask these four open questions:
Exercise

• Why would you want to make this change?
• How might you go about it, in order to succeed?
• What are the three best reasons for you to do it?
• On a scale from 0 to 10, how important would you say that it is for you to make this change?
• Follow-up: And why are you at ___ and not zero?
• Give a short summary/reflection-
• Then ask: “So what do you think you’ll do?” and just listen with interest.
Some Other Ideas

• **Querying extremes:**
  – What concerns you most about --?
  – If you continue this way, what are the worst things that could happen to you?
  – Also, if you change…what would be the really good things about it?
  – If you are successful, how would things be different?

• **Looking forward**
  – If you change, how might things be different for you?
  – If you don’t make changes, how do you see your life in 10 years?

• **What things are most important to you?** Does ______ compromise that or impact on it?
What is Change Talk?

The person verbalizes disadvantages of the status quo.

The person verbalizes advantages of change.

The person expresses optimism about change.

The person expresses intention to change.
Responding to Change Talk

• *Elaborate*—when a person expresses an interest in changing or concern about the status-quo, you want to show interest and ask for elaboration. Say things like:
  
  – In what ways? How so? Give me an example. How come? What’s so bad about that? Are there other reasons why you want to change? Do you have other concerns about your current behavior?

• *Reflect*—reflecting change talk helps to elicit further elaboration and exploration. Paraphrase what the client said.
Responding to Change Talk

• *Summarize*—what the person has stated, with their ambivalence, but moves them toward change….

• *Affirm*—by commenting positively on the person’s plans to change.
Notice the Strength of Commitment Language

**HIGH**
- I will / promise / swear / guarantee
- I intend to / agree to / am ready to
- I plan / expect / resolve / aim to
- I hope to / will try to / will see about /
- I guess / think / suppose I will

**LOW**
Enhancing Confidence

• *Brainstorm about plans that could work*... and then pick the ones that stick out the most... and you can sometimes give advice and suggestions based upon your experience.

• *Hypothetical change* – if you did succeed, how did you think you did it? Why did it work? If the big obstacle wasn’t there, how would you go about doing it?
Enhancing Confidence

• How might you go about making this change?

• Inquire about past successes and how they did it? How else could you do it?

• Confidence ruler can be good –

• Inquire about personal strengths and resources – have you ever wondered if you could do something, you put your mind to it, and you did it?
Responding to Change Talk - Low Confidence

• *Shift focus* – shift the person’s attention away from what seems to be a stumbling block.

• *Reframe and help the client to see things differently* – I have tried so many times and failed…can be reframed:
  – Failures are at least tryrs.
  – A limited success is still a success.
  – I can’t do it can be reframed as maybe you weren’t ready last time.

• *Emphasize personal control and choice.*
Contemplation to Preparation:

- Ensure that ample time is given to explore the reasons someone wants to change
- Discuss anticipating challenges
- Reinforce their decision to initiate healthier choices
Resolution of Ambivalence

• Ask if there is something…even a small step towards change that they would like to commit to

• Don’t be surprised if the person wishes to move back to contemplation…be patient!
Once a Commitment is Achieved

- Ambivalence doesn’t go away so don’t push too hard…give people time to think about it…

- Don’t over-prescribe treatment…

- Can give advice and suggestions, but with the person’s permission or when asked for…
Once a Commitment is Achieved

• *What to do...in directing client toward action*
  – Can re-summarize.
  – And ask some key questions – what do you think you want to do now? Where do we go from here? So what’s the next step for you? What would be a good place to start?
  – It is always in their court, so get their input!
  – Insure that goal is their goal.
  – Can suggest some thoughts and ideas and ask: “What do you think will work for you?”
Summary

• Resistance is indicative of poor treatment/change outcomes
• We do not want to create more resistance; yet we easily can if not careful
• When resistance is encountered, change strategies
Summary

• Use reflective listening
• Ask the person to describe the issue- “what concerns you about __”
• Accentuate how current behavior undermines what the person truly values
• Clarify goals (if possible)
• Affirm- “you already have some good ideas about change”
Summary

• Move towards change planning
• Ask- “where do you think you want to go from here?”
• Don’t prescribe (or overprescribe) specific strategies…let the person decide
• Explore possible barriers to achieving goals
• MI techniques not so important once “scales have tipped” in the action stage of change
Conclusion

- Careful listening and reflecting is central to MI; this minimizes resistance.

- Recognizing and responding to change talk is critical to MI practice—and includes directing the person toward goal clarification.
References


Some Principles of Harm Reduction

- No wrong door to recovery
- Assertive approaches to outreach and early intervention
- Use of strengths-based assessment protocols
- Focused retention strategies; persons do not need to be alcohol/drug free to be in care
- Expanded menu of professional and peer recovery support services
- Opportunities for community engagement/service
Paradoxical Type Interventions

• Use of amplified reflections such as, “So there are literally no negative things about your substance use.” CAUTION-don’t overuse these!

• ‘Guru Question,’ “Imagine you are a wise, enlightened person who was faced with giving advice to someone just like yourself; what advice would you give them?”

• Statements such as, “It could be challenging to make decisions that will benefit you in the long term!”
Other Tools (ACRA)

- Functional Analysis
- Sobriety Sampling
- Systematic Encouragement
- Happiness Scale
Values Clarification

• Ask “What regrets (if any) do you have related to past decisions and substance use?”

• Ask “What types of things do you value more than substance use?”

• Ask “If you imagine a better future; what would this look like?”

• Ask “What interests do you have that you would like to pursue?”

• Ask “What long-term goals do you have? How might substance use negatively affect your long-term goals?”
Helping Youth Discover & Clarify Values (Identity)

• “What do you feel is unique and distinct about you? How might your friends describe you? Is this how you see yourself?”

• “What types of things do you think you are leaning toward in terms of who you want to become? Are you working toward these goals now?”
Individualized Treatment

- Understand youth stressors

- Understand how substance use is reinforced within their social-emotional context

- What opportunities exist to fulfill/replace the legitimate needs that substance use serves (help youth adopt healthier alternatives to coping)?
WOW—that’s a lot of information in one day!

• What now?

• Let’s take some time to identify what resonated most and what you might adopt or bolster in practice moving forward.

• Thank you for your attention!