

Building a Framework for Effective Adolescent Treatment

March 12th, 2018
Steven M. Chisholm



Initial Focus of 1st VYTEP Training

- Informed Consent
- Motivational Interviewing
- Harm-Reduction
- Collaborative Treatment Contracting
- Values Clarification
- Tools utilized in the Adolescent Community Reinforcement Approach (ACRA)

Topics for Today

- Revisit some components from the prior training, including the informed consent process
- Clinical skills practice; role-play & practice sessions
- Case conceptualization
- Concurrent (collaborative) documentation
- Youth treatment resources

Training/Framework Goals

- Receive consultation related to youth counseling approaches and related tools
- Enhance your competence in counseling and motivating youth through case conceptualization and **role-play practice**
- Enhance your level of clinical transparency during sessions
- Ultimately increase youth treatment access, engagement, & retention.

Motivational Interviewing

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

It helps to get people unstuck.

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.).

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

Four Principles of Motivational Interviewing

1. *Express Empathy*: let people know we understand them, without judgment and through reflections/affirmations, etc. A primary way to respond in MI.
2. *Develop Discrepancy*: amplify from the person's perspective, a discrepancy between present behavior and broader goals; magnify within the person the importance of change. This is very strategic in MI.

Four Principles of Motivational Interviewing

3. *Roll With Resistance*: avoid arguing for change, resistance is not directly opposed, new perspectives are invited but not imposed, the person is the primary resource in finding answers and solutions, and resistance is a signal to respond differently. DO NOT play the expert role.
4. *Support Self-Efficacy*: the person's belief in his/her own ability to carry out and succeed in a specific task. We must honor even small steps toward change; VERY strengths-based.

Types of Reflections in MI

- *Simple reflection* – similar to paraphrasing
- *Amplified reflection* – reflect back in an amplified way
- *Double sided reflection* – use and, not *but...* to point out both sides of the ambivalence.
- *Affirmations*- a form of reflecting content...as is summarization.

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 after school.” 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.”

Examples of Reflections

- Simple: Client: I don't agree with needing to be here!
Therapist: You aren't thrilled with this, and don't see the point.
- 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 admit I've used opiates too much, but I don't think my drinking is that bad.
Therapist: So you see how the opiate use may be troublesome, and you are not convinced that your alcohol use is an issue. Can you tell me more about what you alcohol use is like?

Complex Reflections

Amplified/Double-Sided Reflections/Affirmations

- Responding by reflecting both sides of a clients' ambivalence
- Reflection that adds additional or different meaning beyond what the client has just said; a guess as to what the client may have meant
- A reflection that includes both client sustain talk and change talk, usually with the conjunction "and."

Sustain Talk vs. Change Talk

- Sustain talk=any client speech that favors status quo rather than movement toward a change/goal
- Change talk=any client speech that favors movement toward a particular change/goal.

Examples of 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.

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 tries.
 - 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.*

Summarize

- 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.

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

Also Related to Initial Training

Pages 3-5 in your training packet:

- Functional Analysis
- Treatment Contracting
- Happiness Scale

Successes & Challenges

- For those present at initial training-what was most useful?
- For those not at initial training, what do you feel you need most to work effectively with youth misusing substances?
- Complete self-assessment: page 6 in your training packet.

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 and role-play an informed consent statement.

Exercise

- Page 7 in your training packet.

Navigating Legal, Ethical, & Treatment Team Boundaries

- Must involve as many parties as possible during informed consent process and be clear about where, when, how, and to whom information will be related
- Discuss common concerns & challenges related to this.

Case Conceptualization

Provides us with an opportunity to reflect in depth on a given case:

- Brief and concise
- Clarifies central issues and conflicts
- Predicts barriers
- Principally for the clinicians education
- May initially be a tentative “best guess” as to how we might proceed with therapy.

Case Conceptualization

Page 8 in your training packet:

- Take 10-15 minutes to complete this
- I’ll guide you through the related exercise to follow.

Guidelines for Role-Play

- Consider a current or recent case
- One that is uncertain, ambivalent, and/or struggling with goals
- Try to *really* get into the role-STAY FOCUSED
- Don't 'play up' or be a particularly challenging client!

Concurrent Documentation

- Concurrent Documentation is a process in which clinicians and clients collaborate on documentation in session
- Though we typically do this during treatment/service planning, this is also done for progress notes and reports.

Concurrent Documentation

- Staff almost universally report that in doing so, many hours of time completing paperwork is saved per week
- Helps foster collaboration and transparency
- Refer to page 10 in your training packet.

Youth Treatment Access & Recovery Supports

- In addition to formal treatment linkages and affiliations your agency has, much more is needed to help youth achieve positive outcomes
- Research shows that treatment outcome is directly related to ongoing recovery support and the number of extracurricular activities youth are engaged in.

Youth Treatment Access & Recovery Supports

- Clinicians, particularly those in rural areas, struggle to connect youth to meaningful activities and recovery focused options
- The next exercise is intended to serve dual purposes in this regard; inform us of service gaps and resources in your areas that we may be unaware of
- See page 14 in your training packet.

Wrap-Up, Evaluation & Next Steps

- How useful was today in helping you develop new ideas and strategies for working with youth and current clients? What impacted you the most?
- How likely are you to adopt concurrent documentation?
- How many new ideas do you have related to recovery supports/youth pro-social options in your area?
- Thank-you for a most productive day, and best to you in your very important efforts!!