

The Challenging Client: Using MI Tools to Engage & Treat



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Who is the Challenging Client?



- What do we see or hear from a client that leads us to describe them as challenging?
- What *might* be going on with a client who behaves and/or says things that we noted above?
- What influence, if any, can we have on the challenging client?



AMBIVALENCE



- When considering changing anything-ambivalence (having mixed feelings/thoughts; pros/cons; uncertainty) is NORMAL
- NORMAL-we don't get upset by it, we don't get frustrated with it, we understand that all humans feel some ambivalence about change or none of us would struggle with decisions to change!
- How many of us do exactly what is recommended by 'authorities' when it is recommended, how it is recommended and in the way recommended?

Resistance = **Sustain Talk**: A Normal Phenomena When Contemplating Change

- **Sustain talk** reflects ambivalence about change.
- **Sustain talk** is therefore normal to contemplating change.
- **Therapist approach** can increase sustain talk or decrease sustain talk. Being in the Spirit of MI and using the OARS-I skills work!
- *“I am the expert and let me tell you what to do” is the common theme in increasing clinician/client discord.*

The Spirit of MI

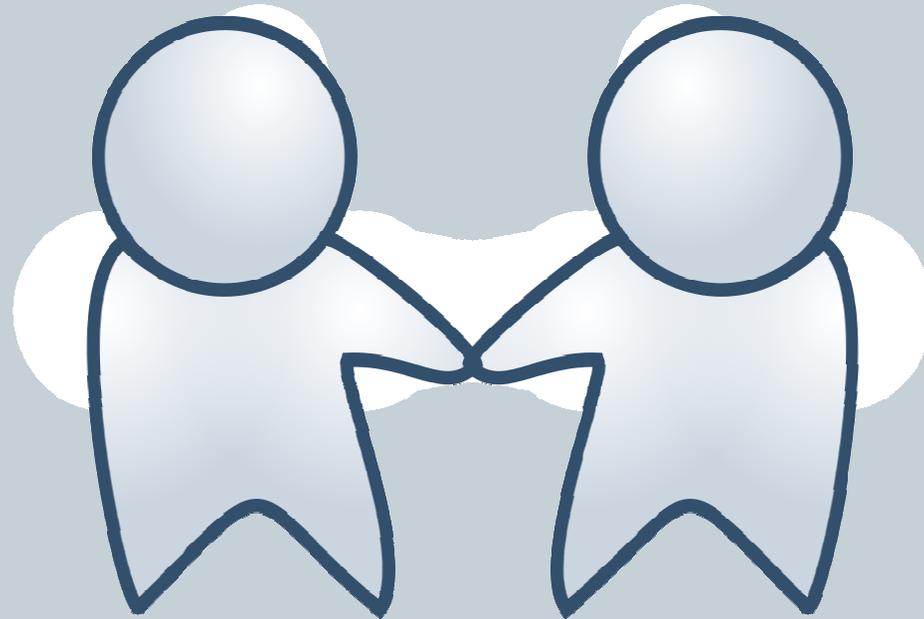


- Collaboration/Partnership (v. Confrontation or Expert)
- Evocation (v. Imposing our Ideas on the Client)
- Autonomy (v. Authority)
- Compassion (v. There is an effective way to change or do things and that is more important than your experience)
- We can't make anybody change-*people will do what they want, when they want, how they want.* What we can do is bring our best 'A' game to the table to facilitate and evoke change talk. lc

Collaboration/Partnership



- We are working together. I have some information and/or experience that may be of use to you, but, I want to first understand your perspective and experience.



ACCEPTANCE



- You are the expert on you. With *your permission*, and *after* I understand you, I may offer information or suggestions. But, I am not the expert on you. You will decide if and when, how and what to change.
- Absolute Worth
- Accurate Empathy
- Autonomy Support
- Affirmation



EVOCATION



- I am going to talk with you in a way that elicits your goals, values and information about your experiences. This will more likely result in sustained change for you.
- You have what you need and together we will find it....



COMPASSION



- To actively promote the other's welfare, to give priority to the other's needs. Miller & Rollnick, 2013
- To work with a client in the 'spirit' of compassion is to have your heart in the right place so that the trust you engender will be deserved. Miller & Rollnick, 2013



Spirit of MI – How Consistent Are These Responses?



- Evaluate the following therapist responses for adherence to the MI spirit:
 - “lots of folks have been telling you this, seems like it is time for you to take an honest look at what is going on!”
 - “you know, you are facing a tough decision, but the facts are pretty clear and I hope you’ll do what is in your best interest.”
 - “your parents care about you and if you could accept this and move on, your world would get a lot easier to deal with! I’d love to see this happen for you!”
 - “so you have a lot of choices and you are not sure which way to go...”
 - “what are some of the pros and cons of this decision?”
 - “if you would call Voc Rehab, I think they can help. How about we do that right now?”
 - “you know the deal, if you don’t take your meds, you’ll have all of the problems you had in the past....”
 - “you don’t feel like your doc understands the effects your meds have on you. What are some options about how to deal with this?”

How to Engage a Challenging Client



- Ask and understand why the client is coming to see you **now**. What does he or she want? *Listen and meet them where they are at.*
- What is your impression of how important the client's goals may be for them and respond to that. *Think in terms of urgency, fear, threat, etc.*
- Be welcoming.
- How does the client think you might be of help? *Ask and respond with honest information of what they can expect in working with you.*
- Offer hope. *Be honest about changes others have made.*
- Avoid the “righting reflex” (no matter how well intended!)

Adapted from Miller & Rollnick, 2013.

The “Righting Reflex”



- As health care professionals, we use our corrective lens to identify problems with a goal towards fixing them!
- We want to change client behavior and we want to make things “right” for our clients, so we argue or push back with the client in an effort for them to ‘get’ or accept our point of view.
- Since we are arguing for the change side of ambivalence, this usually causes the client to keep voicing sustain talk (the reasons not to change).
- In MI, the practitioner doesn’t try to make things right or change the client’s behavior.
- Change comes from the client’s intrinsic motivation.
- We have to acknowledge that the righting reflex is present and ask ourselves to override it. We have own it and set it aside and focus on the goals, values and needs of the person in front of us.

6 Traps That Can Lead to DISENGAGEMENT



- **The Assessment Trap**
- **The Expert Trap**
- **The Premature Focus Trap**
- **The Labeling Trap**
- **The Blaming Trap**
- **The Chat Trap**



Roadblocks to Communication/Helping



- Ordering, directing
- Warning, threatening
- Giving advice, making suggestions, providing solutions
- Persuading with logic, arguing, lecturing
- Moralizing, preaching
- Judging, criticizing, blaming
- Agreeing, approving, praising
- Shaming, ridiculing, name-calling or labeling



More roadblocks!



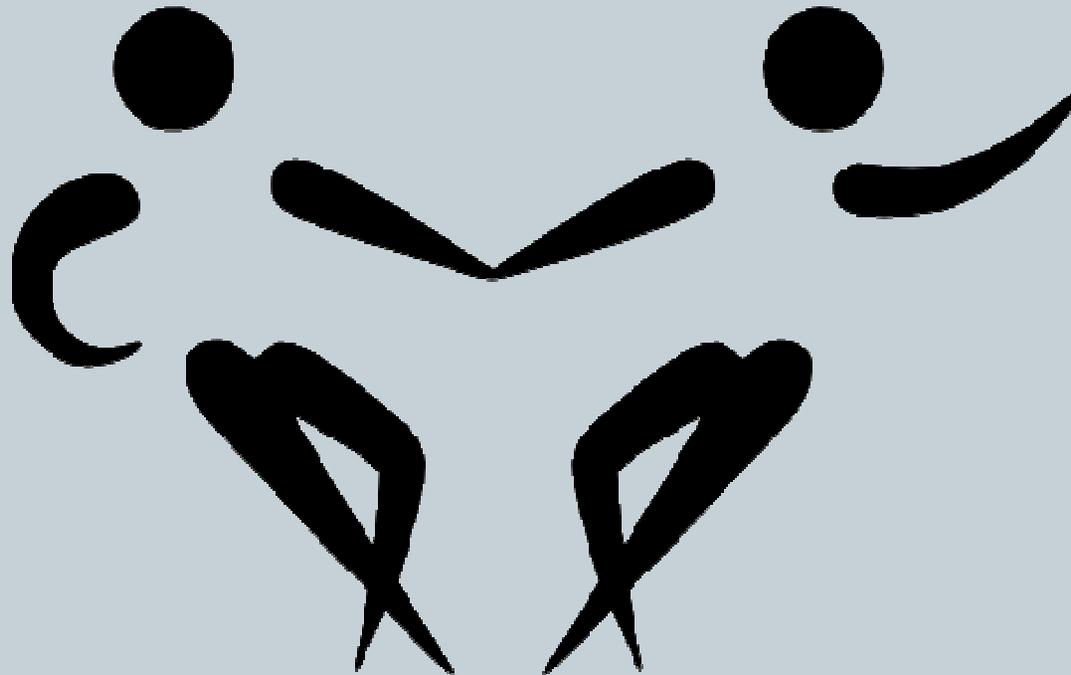
- Interpreting, analyzing
- Reasoning, sympathizing
- Questioning, probing (style matters here)
- Withdrawing, distracting, humoring, changing the subject without permission
- Take away-how it is said-delivery matters! These interactional styles can increase defensiveness
- Adapted from Thomas Gordon (student of Carl Rogers)



Discord – Disharmony in the Therapeutic Relationship



- Discord is more personal towards the therapist...
- The metaphor in MI is that the conversation (therapy) should feel like a dance v. a wrestling match



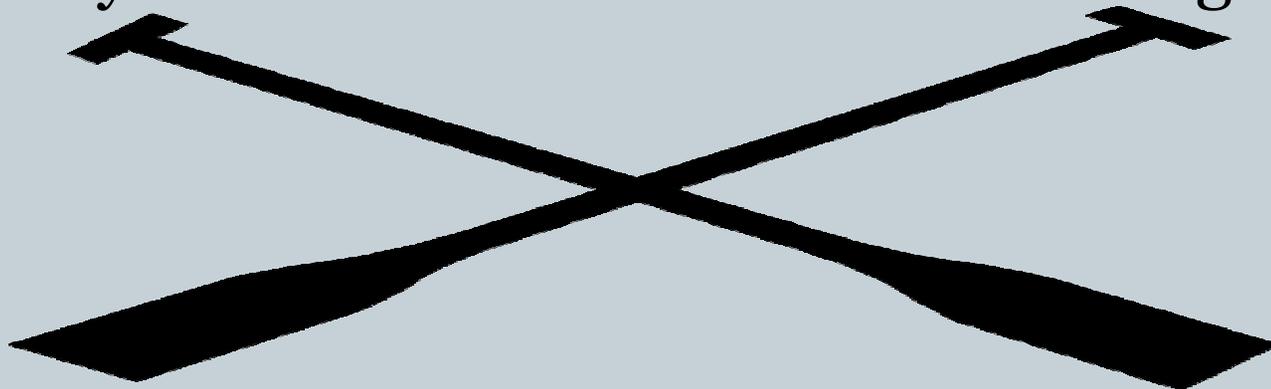
TYPES of DISCORD and WHAT TO DO

- Defending
 - Squaring Off
 - Interrupting
 - Disengagement
- Be sure that you are not interacting in a way that elicits a client feeling threatened
 - Clinician is seen as adversary-open ended ? or reflection
 - Is the client feeling misunderstood, that you are talking too much or they don't agree
 - Focus? Providing too much "advice?" Not hearing the client's issue?

Respond to Discord & Sustain Talk Using OARS – I Skills



- Open ended questions
- Affirmations
- Reflections
- Summaries
- Information/Advice –only with engagement present and clarity of the client’s wants and knowledge base



REFLECTIONS



- Reflections are the PRIMARY tool, in addition to conveying the Spirit of MI, to respond to sustain talk or discord.
- Examples:
- CL-how old are you? How can you help me?
- You're wondering if I'll really be able to help you. _s
- It seems like there's no chance at all that I can help you. _A
- You're looking for some help and you're not sure I'm the right person to help. _{DS}

AFFIRMATIONS in RESPONSE to DISCORD or SUSTAIN TALK



- Affirmations can decrease tension by decreasing defensiveness and reflecting a respectful perspective from the therapist.
- CL- I can do this on my own without your help!
- Once you make up your mind about something you get it done.
- CL-You don't know what you're talking about.
- You've thought about this and know which way to go.

Client Reasons for Resistance



- **D**esire to maintain status quo
- **I**nability to change
- **R**easons the status quo is important
- **N**eed the status quo
- **C**ommitment to status quo is the result

*adapted from Justice Systems Assessment & Training, thanks Todd Roberts, MA!

Therapist Responses to Resistance



- Elicit change talk
 - Talk that moves the client in direction of change. • As opposed to sustain talk, which keeps status quo (client speech that favors status quo). • Goal is to move the client to change talk.
- DEARS
 - **D** evelop **D**iscrepancy
 - ✦ Help the client see that some behaviors don't mesh with ultimate goals that are important/valuable. • Help the client see the difference between her core values and her behavior(s). • Define most important goals. • Change won't occur without discrepancy. • Create gap between where the client is and where she wants to be. • Allows the client to realize current behavior isn't leading to goal and be more open to change.

Therapist Responses to Resistance



○ Express Empathy

- ✦ Empathize with client concern and explore. Non-judgmental. Assure client is being heard and understood. Shows you recognize barriers the client faces.

○ Amplify Ambivalence

- ✦ Use reflections and open-ended questions that highlight the ambivalence

Therapist Responses to Resistance



- **Roll with Resistance!**

Resistance often stems from fear of change. SO....

When encountering resistance to change, don't confront it directly.

Reframe it and reflect it in a way that decreases resistance.

Avoid arguing for change.

Explore positive and negative consequences of change or continuing current behavior.

Focus on the problem-NOT the client. Encountering resistance is a sign you should shift your approach.

Therapist Responses to Resistance



- **Support Self-Efficacy**
 - Affirm that ANY decision about change is the client's.
 - Client's self-belief in ability to change.
 - Promote belief in client's ability to do the skill needed.
 - Focus on past successes and skills and strengths client has or can easily learn.
 - Promote self-esteem and build confidence.

Example Responses to Resistance- What to Say!



- Reflect the resistant statement: o You don't like this idea.
- Reflect the tone of what you are hearing: o You seem to feel hopeless. o You're not happy about...
- Reflect ambivalence: o On the one hand you want... and on the other you don't think you can ...
- Acknowledge the resistance process: o We seem to be arguing. o I've gotten us off track here.
- Support choice/control: o It's up to you. o You're the one in charge here. You can do several of these sequentially: o You don't like this idea of joining a gym. It is your choice.

Take Away About Responding to Sustain Talk and/or Discord in the Relationship



- Sustain talk (why one shouldn't or won't change) is normal and should not be understood as resistance.
- If your therapeutic relationship feels like a wrestling match, do something different—think reflections and/or open ended questions.
- Sustain talk and discord are heavily influenced by clinician response(s) and intervention(s.)

Resources for More Info on MI



- Motivational Interviewing, Helping People Change; Third Edition, William Miller and Stephen Rollnick
- www.guilford.com/p/miller2.
- Motivational Interviewing in Groups; Christopher Wagner and Karen Ingersoll, with contributors.
- Motivational Interviewing in the Treatment of Psychological Problems; Edited by Arkowitz, Westra, Miller and Rollnick.
- Motivational Interviewing in Health Care; Rollnick, Miller, Butler.