



Strategic Use of Motivational Interviewing for Working with the Mandated Client

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The mandated customer

- Who are we including?
- What are our assumptions?
- How do our beliefs help or hinder the work?



Mandated vs. Voluntary

- Texas study of over 27,000 individuals seeking treatment for cannabis use, of 69% were legally coerced into treatment, there was less psychological distress and greater likelihood of having completed treatment compared with non-coerced clients (Copeland & Maxwell, 2007).
- Those legally coerced into treatment were also more likely to have received less intensive forms of treatment and to have not used cannabis in the month prior to 90-day post-treatment follow-up (Copeland & Maxwell, 2007).



Mandatory vs. Voluntary

European study following voluntary and “quasi-compulsory” clients in treatment for various criminal and substance use issues found:

Predictors of substance abuse treatment retention are quite similar across both quasi-compulsory and voluntary treatments.

Perceived medical pressure is of higher relevance than the often-believed legal pressure for treatment retention for quasi-compulsory clients

Schaub, M., Stevens, A., Haug, S., Berto, D., Hunt, N., Kersch, V., . . . Uchtenhagen, A. (2011). Predictors of Retention in the ‘Voluntary’ and ‘Quasi-Compulsory’ Treatment of Substance Dependence in Europe. *European Addiction Research*, 17(2), 97-105.

Literature
Review in
Journal of
Marriage and
Family
Therapy
(2009)

- Clients mandated for any number of offenses generally do as well as voluntary clients.
 - Initial "resistance" does not in and of itself determine outcomes.
 - Maybe they are doing as well because most clients are "mandated" in some way.
 - Engagement is key. Legal status will no necessarily engage individuals, but a strong therapeutic connection will.
 - Even if intrinsic motivation is lower, mandated clients stay in treatment longer. More time in treatment typically results in better outcomes.
 - Snyder, C & Anderson S, 2009

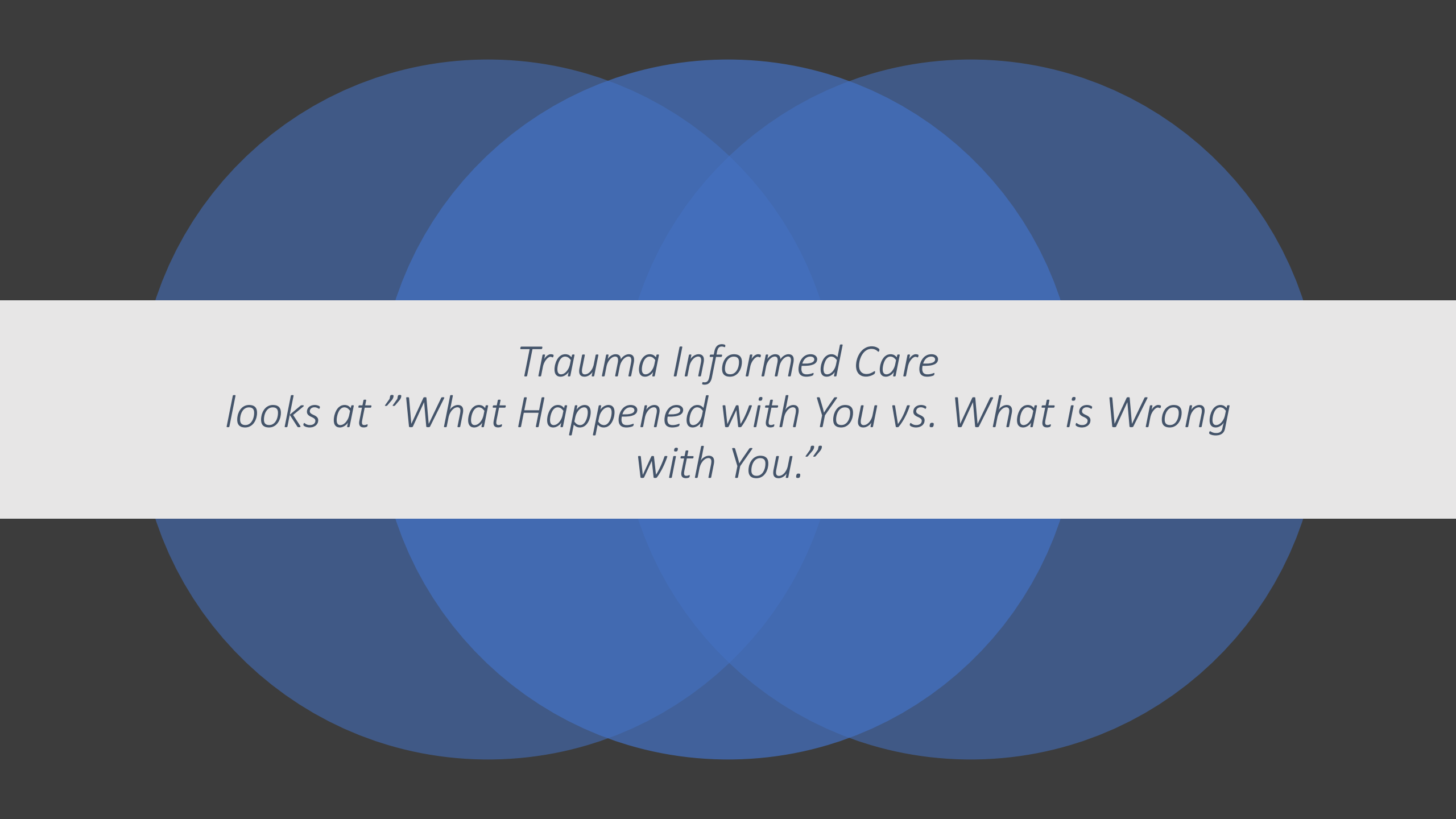
Getting Beyond the Front Door

- Mandated and non-mandated get to the front door.
- What happens at the door that engages or alienates?
- Step One: Don't get stuck at the door!
 - Consider *a priori* assumptions about an individual
 - Can we reframe the person? Consider what happened to them instead of what's wrong with them.
- Step Two: "Invite" them in



Trauma and the Mandated Client

- San Diego Outpatient study (Reavis, Looman, Franco, & Rojas, 2013).
 - the offender group reported nearly four times as many adverse events in childhood than an adult male normative sample.
 - 8 out of 10 events were found at significantly higher levels among the criminal population.
 - Convicted sexual offenders and child abusers were more likely to report experiencing sexual abuse in childhood than other offender types.
- For each negative adverse childhood event identified, there was an increased risk of violence in male subjects, ranging from 35% to 144% (Duke et al., 2010).



*Trauma Informed Care
looks at "What Happened with You vs. What is Wrong
with You."*

Trauma Informed Care and MI Comparison

Trauma Informed Care	Motivational Interviewing
<ul style="list-style-type: none">• The four-fold principles of trauma-informed practice• Normalizing and validating clients' feelings and experiences• Assisting to understand the past and its emotional impact• Empowering survivors to better manage their current lives• Improving understanding of current challenges in light of the past victimization	<ul style="list-style-type: none">• "Spirit"• Empathy• Partnership/Collaboration/Autonomy and Choice• Compassion• Evocation

(Courtois 2001; Martsof and Draucker 2005; Wright et al. 2003 in Knight (2015))

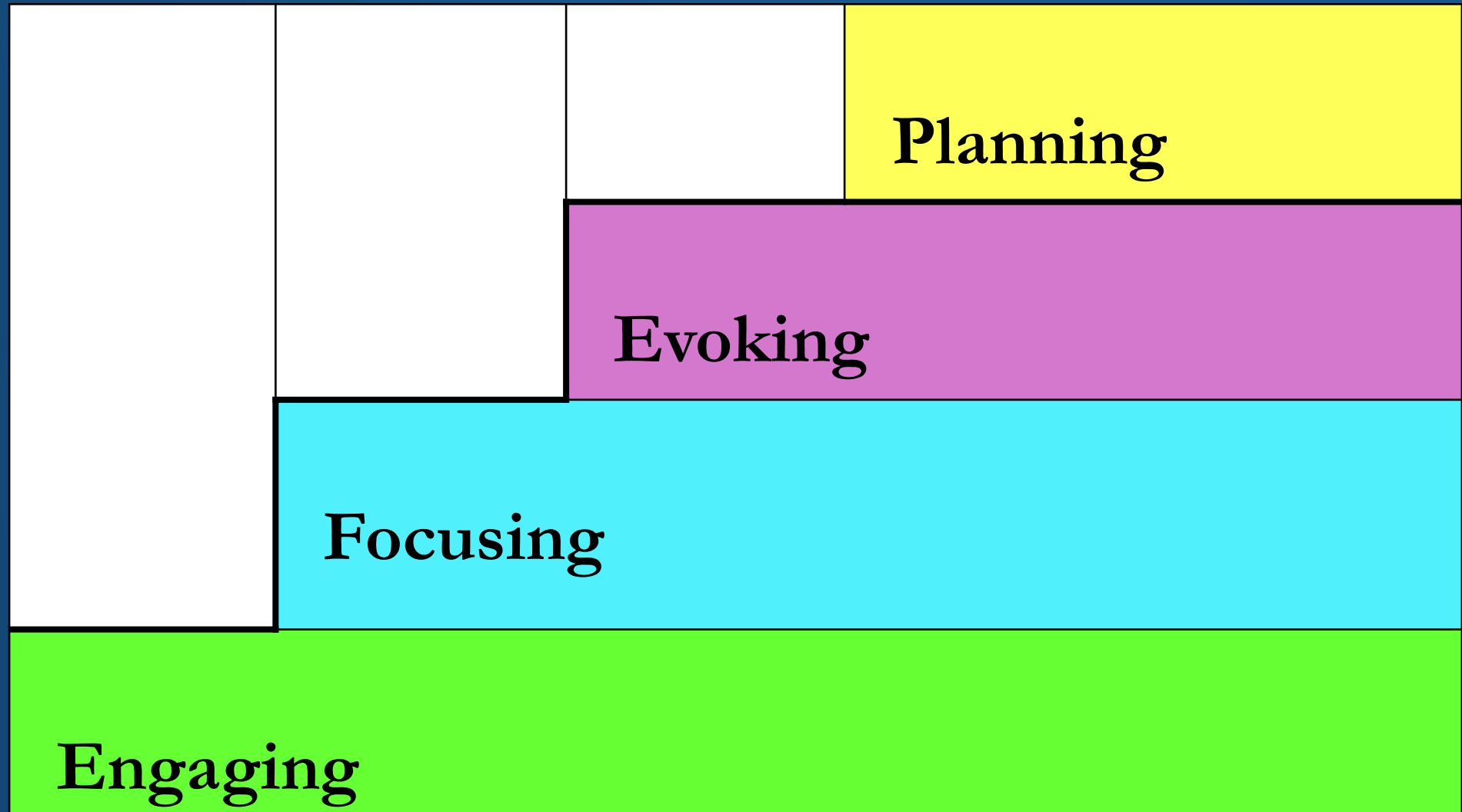
Miller and Rollnick, 2013



Miller and Rollnick, 2013

The Basic Principles Underlying the Spirit of MI

Four Foundational Processes





**Preparatory Change Talk: Desire, Ability, Reason, Need
(DARN)**

**Commitment Change Talk: Commitment, Activation, Taking
Steps (CAT)**

We need to drop the rope

- How can we provide choice?
- Support autonomy
- Persuade **ONLY** with permission
- Maintain boundaries



MI Responding Techniques –STRATEGIC for Engaging – Focusing – Evoking - Planning

A ROSE

Affirmation

Reflection

Open Ended Questions

Summary

Evoke-Provide-Evoke (or Ask-Offer-Ask)



Ask	<ul style="list-style-type: none">• Ask Permission• Clarify information needs and gaps
Offer	<ul style="list-style-type: none">• Prioritize• Be clear• Support autonomy• Don't prescribe the person's response
Ask	<ul style="list-style-type: none">• Ask for the client's interpretation, understanding or response

How do we introduce information or options?

Developing Discrepancy

- Between what one values and what one is doing
- What if my client has "no values"?
- Values sorts cards exercise



Practice

- In small groups collect a list of "one liners you might hear in your work."
 - Consider some typical challenges you might face in practice.
 - Please write a legible list from your group. Do not include your names on the list.
 - I will let you know when to pass them to me and we'll practice responding to these challenges.



Presentation References

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