Most incarcerated offenders will be released back to society. Therefore, offender behavior change is a key to protecting society.

A central task of correctional systems is to protect society.
You would think . . .

- that having had a heart attack would be enough to persuade someone to quit smoking, change their diet, exercise more, and take their medication

- that hangovers, damaged relationships, an auto crash, and memory blackouts would be enough to convince people to do something about their drinking

You would think . . .

- that the very real threats of kidney failure, blindness, amputations and other complications from diabetes would be enough to motivate weight loss and glycemic control

- that time spent in the jail or prison would dissuade someone from re-offending

- and sometimes it does . . .
Described by Douglas McGregor 50 years ago

Applicable in:
- Personnel management
- Addiction treatment
- Criminal justice and corrections

SO WHY DO PEOPLE CHANGE?
WHAT DOES IT TAKE?

Theory X and Theory Y

- Described by Douglas McGregor 50 years ago
- Applicable in:
  - Personnel management
  - Addiction treatment
  - Criminal justice and corrections

Yet so often it is not enough
People are ultimately lazy and unmotivated, dislike work, and will always get away with doing as little as possible.

Alcoholics/addicts are pathological liars, deeply in denial, unmotivated for change, and will resist every effort to help them.

Offenders are antisocial personalities who will lie, cheat, con, and evade in order to escape the natural consequences of their behavior, and are unmotivated to change.

You have to make them change.

You can control behavior to some extent with enough monitoring, coercion, and threat of punishment.

Punishment can suppress behavior:
- As long as you have external control
- With a predictable rebound afterward.
Natural Consequences of Theory X for the “Managed”

- Desire to assert own freedom and choice
- Evade and “look good”
- Power struggles
- Defensiveness, frustration and anger
- Commitment to “get away” ASAP
- Recidivism

In other words: A self-perpetuating cycle

Natural Consequences of Theory X for “Managers”

- Pressure to control and make change happen
- Power struggles
- Suspicion, frustration and anger
- Pessimism
- Turnover and burnout

Making people feel bad doesn’t help them to change

Pressure to control and make change happen

Power struggles

Suspicion, frustration and anger

Pessimism

Turnover and burnout

Making people feel bad doesn’t help them to change
Workers have underutilized talents and creativity that need to be tapped, often enjoy their work, and are capable of self-direction.

Clients already have their own reasons for change, should be listened to, often want to change, and are capable of positive choice.

Offenders have their own personal motivations for change that need to be drawn out, are resourceful, often want to change, and will make their own choices.

What you can never create with coercion and control is positive motivation, the drive to approach rather than escape/avoid.

And what you can never take away from other human beings is their choice:
- of attitude and outlook
- of what they will do within constraints

In business organizations, Theory X and Theory Y yield very different results, and both are self-fulfilling prophecies.

The “Japanese model” of management.
- (actually American: McGregor, Demming)
- “Made in Japan”
- Workers as resourceful collaborators
- Success in Japan brought recognition and adoption in the U.S.
Ambivalence

What happens when . . .

Invalidated
Resist
Withdraw
Not respected
Not understood
Not heard
Angry
Ashamed
Uncomfortable
Unable to change
Arguing
Discounting
Defensive
Oppositional
Denying
Delaying
Justifying
Disengaged
Disliking
Inattentive
Passive
Avoid/leave
Not return

Normal Human Reactions to the Righting Reflex (Teach/Direct)
Normal Human Responses to a Listen/Evoke/Empathic Style

<table>
<thead>
<tr>
<th>Affirmed</th>
<th>Accept</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understood</td>
<td>Open</td>
<td>Talk more</td>
</tr>
<tr>
<td>Accepted</td>
<td>Undeensive</td>
<td>Liking</td>
</tr>
<tr>
<td>Respected</td>
<td>Interested</td>
<td>Engaged</td>
</tr>
<tr>
<td>Heard</td>
<td>Cooperative</td>
<td>Activated</td>
</tr>
<tr>
<td>Comfortable/safe</td>
<td>Listening</td>
<td>Come back</td>
</tr>
<tr>
<td>Empowered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hopeful/Able to change</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Which people would you rather work with?

<table>
<thead>
<tr>
<th>Open</th>
<th>Defensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperative</td>
<td>Oppositional</td>
</tr>
<tr>
<td>Listening</td>
<td>Arguing</td>
</tr>
<tr>
<td>Engaged</td>
<td>Disengaged</td>
</tr>
<tr>
<td>Active</td>
<td>Passive</td>
</tr>
<tr>
<td>Empowered</td>
<td>Powerless</td>
</tr>
<tr>
<td>Hopeful</td>
<td>Unable to change</td>
</tr>
<tr>
<td>Liking</td>
<td>Disliking</td>
</tr>
</tbody>
</table>

Logical Consequences of Theory Y

- **Listen** to those you work with
- **Regard** them as capable, resourceful
- **See** the world through their eyes
- **Respect** their ability to choose (even though you may not like their choices)
- **Evoke** their own positive motivation
- **Make change easier** - remove obstacles
- **Reinforce** all steps in the right direction
Does it really matter how we think about the people we work with?

Leake & King (1977)

- Psychologists tested patients in three different treatment programs
- They identified patients with particularly high alcoholism recovery potential (HARP)
- HARP vs. non-HARP patients did not differ from each other on prior treatment history or severity of alcoholism

Counselor Ratings During Treatment Showed HARPS to be:

- More motivated for counseling
- More punctual in meeting appointments
- Showing greater self-control
- Neater and more attractive in appearance
- More cooperative
- Trying harder to stay sober
- Showing better recovery
Through 12 months of follow-up
HARP Patients were more likely to:

- Remain abstinent
- Have longer spans of abstinence
- Have fewer slips
- Be employed

Pretty good predictor of outcomes!

THE PSYCHOLOGIST'S SECRET:

"HARPs" had been chosen at random.

How do we look at our patients?

Counselor expectations matter a lot.
How Motivational Interviewing Began

Empathy is not:
- Having had the same experience or problem
- Identification with your client
- Let me tell you my story

Empathy is:
- The ability to accurately understand your client’s meaning
- The ability to reflect that accurate understanding back to your client

Milwaukee, 1973
Uncommon alcoholics
Were delivering the same manual-guided behavior therapy (self-control training)

Were trained both in behavior therapy and accurate empathy

Had sessions independently observed and rated by three supervisors, including the Truax & Carkhuff scale for accurate empathy

Were then rank-ordered (1-9) for empathic skill while delivering behavior therapy

And when we examined 6-month client outcomes . . . .
Counselors who show high levels of empathic skill have clients who are:
- Less resistant
- More likely to stay in treatment
- More likely to change
- Less likely to relapse

Empathy is the single best predictor of a higher success rate in addiction counseling.

Counselors who are in recovery themselves are neither more nor less effective than others.

What percentage of client drinking was explained by therapist empathy?

- 6 months: \( r = 0.82 \)
- 12 months: \( r = 0.71 \)
- 24 months: \( r = 0.51 \)
Patients in treatment for alcoholism were randomly assigned to counselors with:

- LOW levels of empathy and related skills
- MEDIUM levels of empathy and related skills
- HIGH levels of empathy and related skills

What percentage of patients relapsed?


Empathic skill and client relapse


1982 - A barbershop in Norway
The person, rather than the clinician, should make the arguments for change.

- Evoke the person’s own concerns and motivations.
- Listen with empathy.
- Minimize resistance; don’t oppose it.
- Nurture hope and optimism.
- Conceptualized as preparation for treatment.

You don’t have to make change happen. You can’t.

You don’t have to come up with all the answers. You probably don’t have the best ones.

You’re not wrestling. You’re dancing.

Problem drinkers receiving personal feedback about their drinking were randomly assigned to:

- Counselor delivers feedback in a confrontive-directive style
- Counselor delivers feedback in a supportive-empathic style
- or a 6-week waiting list group

The same counselors delivered both styles.
Without Further Treatment

Percent Reduction in Standard Drinks per Week

But what did counselors actually do?
Predicting 12-month drinking from in-session behavior

Counselor Style Drives Client Response
All three styles are appropriate sometimes. Many systems over-rely on directing. Motivational interviewing falls in the middle. Guiding style most appropriate when the goal is behavior change.
Motivational interviewing is a collaborative style of conversation to strengthen a person's own motivation for and commitment to change.

The Underlying Spirit of MI

- Partnership
- Acceptance
- Compassion
- Evocation
- MI Spirit
Acceptance

Absolute Worth

Accurate Empathy

Autonomy Support

Support

Affirmation

Four Fundamental Processes in Motivational Interviewing

1. Engaging
2. Focusing
3. Evoking
4. Planning

Relational Foundation

Motivational Interviewing
The 4 processes are somewhat linear...

- Engaging necessarily comes first
- Focusing (identifying a change goal) is a prerequisite for Evoking
- Planning is logically a later step

Engage → Focus → Evoke → Plan

...and yet also recursive

- Engaging skills (and re-engaging) continue throughout MI
- Focusing is not a one-time event; re-focusing is needed, and focus may change
- Evoking can begin very early
- "Testing the water" on planning may indicate a need for more of the above

Four Foundational Processes

- Planning
- Evoking
- Focusing
- Engaging
Intentional, differential evoking and strengthening of change talk

Strategic goal-directed use of client-centered counseling methods (reflection, summary)
Recognize Change Talk
Evoke Change Talk
Respond to Change Talk

Change Talk Skills: How to . . .

Recognizing Change Talk

- Change talk is any client speech that favors movement in the direction of change
- Change talk is by definition linked to a particular behavior change goal

Preparatory Change Talk

Four Examples

- DESIRE to change (want, like, wish . . )
- ABILITY to change (can, could . . )
- REASONS to change (if . . then)
- NEED to change (need, have to, got to . . )

DARN
Mobilizing Change Talk reflects resolution of ambivalence

- Commitment (intention, decision, promise)
- Activation (willing, ready, preparing)
- Taking steps

CHANGE TALK AND SUSTAIN TALK

Opposite Sides of a Coin

What about people who aren’t even ambivalent about changing?

Help them become ambivalent
Developing Discrepancy: Motivational Enhancement Therapy (MET) = MI + Assessment Feedback (“Check-up”)

Source document in the public domain:


How Does MET Differ From MI?

- MET provides the person with individual feedback, based on objective assessment such as
  - Drinking level, relative to national norms
  - Current level of problems and dependence
  - Liver function lab test
  - Signs of neurocognitive impairment
- Feedback is given in a non-authoritarian, empathic MI style
- The “confrontation” is with self, not with you

Assessment

- MET is not limited to a particular set of assessment measures
- MET can be done with any measure for which the client’s individual score can be compared with norms or interpretive ranges
- Some common assessment domains:
  - Substance use
  - Negative consequences (problem severity)
  - Level of substance dependence and tolerance
  - Risk factors
  - Motivation (e.g., for drug use, for change)
Assessment findings are presented as information
- Asks for the clients’ responses to feedback (rather than telling clients what they should conclude or do)
- Reflects the clients’ responses
- Rolls with resistance
- It is the client’s decision what, if anything, to make of and do with the information (Autonomy)

MET vs. Confrontation
The principal difference is in how the counselor responds to ambivalence

Client (responding to feedback): I really don’t think my drinking is that bad

Confront: How can you sit there and tell me that it’s not that bad. Look at the evidence!
MI: This surprises you. It’s not what you expected to hear.

Some Good News About MI
- It often works (over 200 clinical trials)
- It is particularly effective with angry, defensive people
- It crosses problem areas well
- It crosses cultures well
- It is learnable (with practice and coaching)
- Ability to learn it is unrelated to degrees
- Even a little can go a long way
MI as a Prelude to Treatment: Three Examples

3 randomized clinical trials of treatment as usual with or without MI session at intake

- VA outpatient adult treatment
- Private residential adult treatment
- Public outpatient adolescent treatment

Veterans' Outpatient Treatment

![Graph showing standard drinks per week over time with and without MI]
Correctional professionals inherently have coercive influence.

Can you be an agent of the state and also an advocate for the offender?
- Our experience says yes, though it can be tricky.
- Flexible shifting among directing, guiding, following.
- Widely used and trained in probation/parole/CC.
- Behavior change shown with offender populations.

Of course MI is not *all* you do. It’s one tool.
- Complementary to many other tools.
Why is MI Spreading so Quickly in CJC?

- Staff see limits of coercive control
- Desire to be more helpful to offenders
- Some people seem to “recognize” MI
- Positive outcomes (though still fairly new in corrections; much to learn)
- Easy to see results early in relationships
- A paradigm shift?

What MI Research Tells Us

1. MI can impact a wide variety of behavior problems
   - Modest average effect size
   - Average impact of MET on alcohol problems is similar to that of more intensive treatments
Average Between-Group Effect Size (d) of MI Across All Reported Outcome Measures (N=72 trials)


2. Adding MI to another active treatment can increase efficacy

- Synergistic effects – the other treatment works better through improved retention and adherence
- MI works better because beyond its own effect are the effects of the other treatment
- The effects of MI tend to endure longer (e.g. 12 months) with this kind of design

Effect Size of MI Over Time
3. The efficacy of MI is highly variable

- Clinical trials yield inconsistent findings
- Large therapist effects
- Site by treatment interactions in multisite trials (MI “works” at some sites and not others)

4. Client change talk predicts behavior change

- Preparatory change talk (DARN) tends to precede mobilizing change talk (CATs)
- Commitment language may be more closely related to behavior change
- But DARN has also been found to predict change
5. Clinicians can substantially influence client change talk

- Average rates
- A-B-A-B within-client design
- At the response level: Sequential coding

6. Client sustain talk and “resistance” predict lack of change

- CT:ST ratio predicts change
- “Resistance” behaviors predict nonchange

7. Clinicians can substantially impact sustain talk and discord

- Experimental (between-group) designs
- Within-subject designs
- Response-by-response sequential coding of response probabilities
8. MI fidelity predicts client change talk and behavior change

- Predictors: MI-consistent ratio, empathy, spirit
- Transitional probabilities in sequential analyses
  - MI-consistent predicts change talk
  - MI-inconsistent predicts sustain talk

9. MI can be reliably measured

- Therapist-only coding systems
  - (e.g. MITI, BECCI)
- Client-only coding systems
  - (e.g., CLAMI)
- Therapist and client coding systems
  - (e.g., MISC)
- Sequential coding systems
  - (e.g., SCOPE)

10. MI is learnable

- Training research shows significant improvement in MI practice with training
- No relationship found so far between years of education and ability to learn MI
11. Feedback and coaching help substantially in learning MI

- Self-study: no significant improvement
- Workshop: small temporary changes
- Feedback improves MI performance
- Coaching improves MI performance
- Only feedback+coaching allowed trainees to increase client change talk

12. Predictors of Client Response

- Indicated for people who are less ready for change
- People who are already at the “action” stage do not benefit from evoking; go to planning
- Higher response in minority populations
- Thus far, few personality or diagnostic predictors of (non)response
- Trait anger predicts better relative response

Supported Steps in a Causal Chain

MI Training Feedback + Coaching → Increased MI Fidelity → Change Talk → Change
After 35 years of research we have a treatment method that is:

- Evidence-based >200 clinical trials
- Relatively brief
- Specifiable (but be careful with manuals)
- Grounded in a testable theory
- With specifiable mechanisms of action
- Verifiable – Is it being delivered properly?
- Generalizable across problem areas
- Crosses cultures well
- Complementary to other treatment methods
- Learnable by a broad range of providers

and we’re just getting started

www.motivationalinterviewing.org