

Motivational Interviewing with
Adolescents

David S. Prescott, LICSW
2023
Welcome!

1

Learning Objectives

- Learn the four components that make up the “MI Spirit”
- Learn about the four motivational interviewing micro-skills
- Learn about the four processes that make up MI

2

CONTACT

David S. Prescott, LICSW
Independent Consultant, Trainer,
Evaluator
Editor, Safer Society Press

DavidPrescottVT@gmail.com
www.davidprescott.net
www.safercommunity.org
• Healthy lives, Safe communities



3


Please be patient with me

- We live in troubled times
- I am going to be very provocative
- I am going to be highly irreverent
- This is a training for professionals only
- I come in peace and believe in human dignity
- I mean no harm
- Please take everything I say in the spirit in which it is intended

4

Take Home Messages

- What you do matters
- What you do works
- Follow the research
- Beware of false advertising
- Always keep the big picture in mind



5

Agenda

(note that there is overlap between all agenda items and the learning objectives above)

- Background Information
- Options Menu & Scaling Questions
- MI Spirit
- Four Processes
- Four Micro-Skills
- Four kinds of reflective statements
- Good Life Goals in treatment

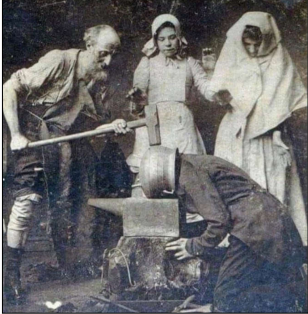
6

Background Information

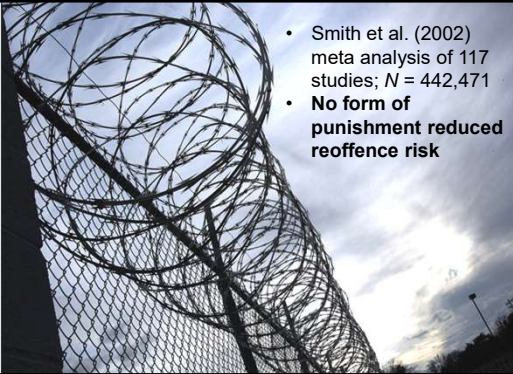
7

overview

- 1895-1985



8




- Smith et al. (2002) meta analysis of 117 studies; *N* = 442,471
- **No form of punishment reduced reoffence risk**

9



10


1979: Edward S. Bordin



- Therapeutic alliance:
 - Agreement on relationship
 - Agreement on goals
 - Agreement on tasks
 - (Norcross, 2002, would add client preferences)
- Over 1,100 studies have emphasized the importance of the alliance in psychotherapy since (Orlinsky, 1994)

11

Marshall, 2005




12

Marshall (2005)

- Warm
- Empathic
- Rewarding
- Directive

Problem: Many people think t... qualities,
but don't




13

Ideally



14



15

Ultimately

- By the most rigorous/conservative standards:
 1. Punishment doesn't reduce risk
 - Punishment = punishment
 2. Treatment can work
 3. Treatment can be better with the right community supervision

16

Take-Away Message

- People change
 - We have proof
- Punishment does not reduce recidivism
 - We have proof
- When all else fails, get back to the basics
 - Effective treatment gets people to change the way they think and gets others to support those changes

17



18

Ambivalence

- I want to talk with you and I don't want any more trouble
- I want to work with you, and I don't want to look like a fool
- I want to tell the truth and I want my family to still love me
- I want to change, and I want to be respected
- I want to be in treatment, and I don't want to be in a one-down position
- I want to look at myself, and I don't want to feel less manly
- etc. etc. etc. etc. etc.

19

"I'm all good. I can take care of myself. There's nothing I need help to change."

- Go upstream (can use goals presented later in this workshop)
- Still, small voice exercise
- What does this young person think about when s/he can't sleep?
- Given that s/he is in trouble for sexual behavior, there is almost always a difference between where the client is and where they want to be in their life.

20

Options Menu

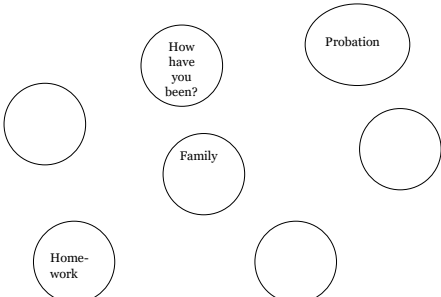
21

A good Options Menu

- Focuses the direction
- Respects client autonomy

22

Options Menu



Probation

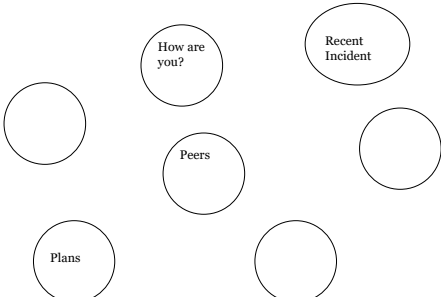
Family

Home-work

How have you been?

23

Options Menu



Recent Incident

Peers

Plans

How are you?

24

Conversation Flow

- Connect
- Offer
- Explore

- Connect
- Offer
- Explore

25

Are We Ready?

0 1 2 3 4 5 6 7 8 9 10

Motivation = importance + Confidence

26

Good Teachers

What are they like?

27


Self-study exercises

- Recall a time when someone was really listening to you
 - What did they look like?
- Recall a time when someone really understood you.
 - What did they do?

28

2013 Practitioner’s definition

- Motivational interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change.



29

2013 Technical definition

- Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.

30


The Spirit of Motivational Interviewing

- Partnership
- Acceptance
- Compassion
- Evocation

31

Four Processes

- Engaging
- Focusing
- Evoking
- Planning



32

Talk

←-----→

Sustain Change Commit

There is no such thing as “resistance”
 There is discord and sustain talk

33

“I’m not gonna; you can’t make me”

- Sustain talk AND discord

34

Change Talk

- Desire “I want to...”
- Ability “I can...”
- Reason “There are good reasons to...”
- Need “I need to”

35

Responding to change talk

- **When you hear change talk, don’t just stand there!**
 - Elaborate (tell me more)
 - Affirm
 - Reflect
 - Summarize

36

Getting Moving: OARS

- **Open questions**
 - (hint: notice your closed questions and practice opening them up)
- **Affirmations**
 - (hint: Keep them real, especially with teens)
- **Reflections**
- **Summaries**
 - (Hint: think of the vase full of flowers)

37

Reflective Listening

- **Simple Reflection**
 - Exact words
 - Closely related words
- **Complex Reflection**
 - Continuing the paragraph
 - Reflecting emotions

38

Advanced Skill

- **When using complex reflections, try to reflect back more than the client said but not more than they meant**
 - (hat tip to Allan Zuckoff)

39

Telling “The Hard Truth”

- Feedback Sandwich
 - Affirm => Feedback => Affirm
- Elicit => Provide => Elicit
 - Ask permission to give feedback, give the feedback, then elicit the client’s thoughts about your feedback
- Motivational approaches are not necessarily warm and fuzzy

40

Good Life Goals (Prescott, 2018; Also Print, 2013)

- Having fun
- Being an achiever
- Being my own person
- Being connected to other people
- Having a purpose in life
- Meeting my emotional needs
- Meeting my sexual needs
- Being physically healthy

41

- | | |
|---|--|
| <ul style="list-style-type: none">• Having fun• Being an achiever• Being my own person• Being connected to other people• Having a purpose in life• Meeting my emotional needs• Meeting my sexual needs• Being physically healthy | <ul style="list-style-type: none">• Substance abuse and other pleasure seeking• Poor performance in school or work• Impulsivity/self-regulation deficits• Antisocial peer group/social isolation/family problems• Antisocial history• Aggression/irritability• Attitudes and beliefs supportive of sexual violence• Alcohol/drugs, reckless, dangerous behavior |
|---|--|

GLM vs. Andrews & Bonta Big 8
(possible comparison)

42

Thinking on these goals

- What will progress in this look like to me and others?
- What can I do to make positive changes in this?
- What problems might happen as I try to improve?
- How would I know when things aren't working?
- How would others know when things aren't working?
- What can I and others do when things start to go wrong?
- How can I and others acknowledge progress when it happens?

43

Thinking Further On These Goals

- How have traumatic and otherwise adverse experiences affected this person's ability to get this goal?
- How have the same experiences affected how he looks at the world?
- Where are all the places that this person may experience ambivalence about this goal?
- How can we elicit the client's internal motivation(s) regarding attaining this goal without harming others?

44



45

Strengths

- CASE SUMMARY A
- Dan, 16.5, entered residential treatment after he molested his two younger siblings, one male and one female. He also physically assaulted his mother, which has led to long-term concerns as to whether he can return home. Dan hates treatment and complains that he should have access to a grand piano, because his treatment is interfering with his future career as a musician. Dan has intense difficulty getting along with others and often views them as stupid.

46

Strengths

- CASE SUMMARY B
- Dan is almost 17. He is very serious about his future as a classical music composer. However, he has great difficulty getting along with others. He wants desperately to have friends. His growing up in a house where he was beaten by his father (before his father became incarcerated) has left him with a belief that he has to fight to get even. Curious about sex and wanting to feel like a man, he molested his younger brother and sister, and physically assaulted his mother when he realized she was going to have him placed outside of her home. Dan wants nothing more than to find his way out of his circumstances, and that means getting a solid musical education and practicing piano.

47

the
ngth



48

Find the strength



49

Find the strength



50

Find the strength



51

Find the strength



52

Find the strength



53


Find the strength



54

A little Harder


- Find the Strength



55

Harder Still

- Find the Strength



56

Exercise 3

- Affirmation



57


LET'S GO DEEPER

58

58

Consider...

- Competence
- Autonomy
- Connection
- Meaning and Purpose
- Happiness and Pleasure




- Can you see the ambivalence?
- The difference between where he is and where he wants to be?

59

59

Consider...

- Competence
- Autonomy
- Connection
- Meaning and Purpose
- Happiness and Pleasure



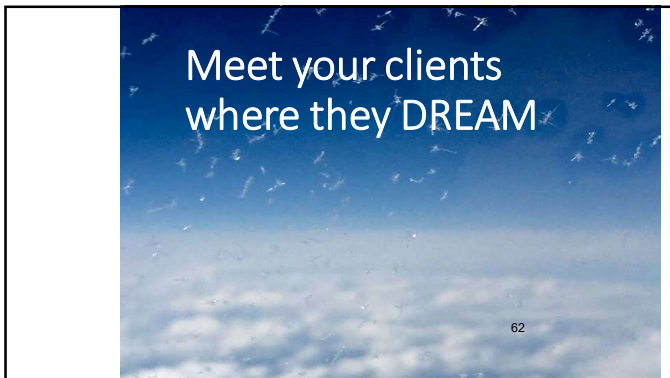
- Can you see the ambivalence?
- The difference between where he is and where he wants to be?

60

60



61



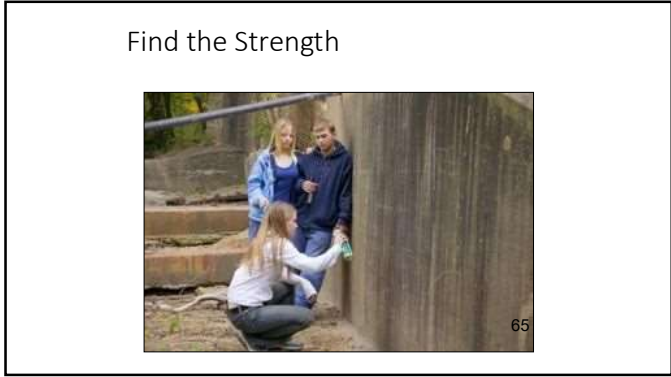
62



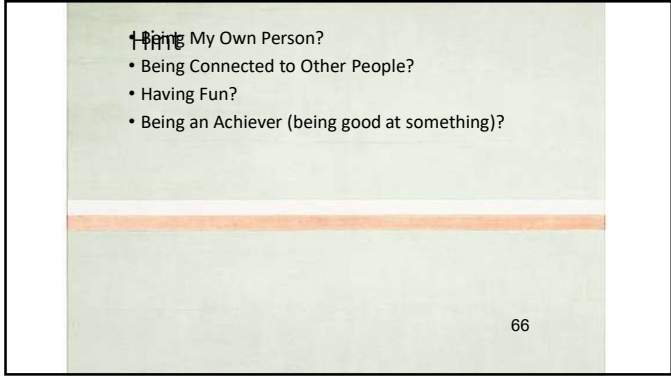
63



64



65



66

Find the Strength



67

67

Hint

- Being My Own Person?
- Being Connected to Others?
- Having Fun?
- Meeting My Emotional Needs?

68

68

Find the Strength



69

69

Hint

- Being My Own Person?
- Being Connected to Others?
- Meeting My Emotional Needs?
- Being Physically Healthy?

- What is the difference between where he is and where he wants to be?

70

70

Find the Strength

71

71

Hint

- Being My Own Person?
- Being Connected to Others?
- Meeting My Emotional Needs?
- Having Fun?

72

72

Find the Strength



73

Hint

- Being My Own Person?
- Being Connected to Others?
- Meeting My Emotional Needs?
- Having Fun?

• What's the difference between where he is and where he wants to be?

74

Question

- Am I the only one picking up themes of trauma and other adverse experiences?

75

Having Fun

Importance:
0 1 2 3 4 5 6 7 8 9 10

Confidence:
0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?
What would it take for you to score higher?

76

76

Being an Achiever
 (being good at something)

Importance:
0 1 2 3 4 5 6 7 8 9 10

Confidence:
0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?
What would it take for you to score higher?

77

77

Being My Own Person

Importance:
0 1 2 3 4 5 6 7 8 9 10

Confidence:
0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?
What would it take for you to score higher?

78

78

Being Connected to others

Importance:
0 1 2 3 4 5 6 7 8 9 10

Confidence:
0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?
What would it take for you to score higher?

79

79

Having a Purpose in Life

Importance:
0 1 2 3 4 5 6 7 8 9 10

Confidence:
0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?
What would it take for you to score higher?

80

80

Meeting My Emotional Needs

Importance:
0 1 2 3 4 5 6 7 8 9 10

Confidence:
0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?
What would it take for you to score higher?

81

81

Meeting My Sexual Needs

Importance:
0 1 2 3 4 5 6 7 8 9 10

Confidence:
0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?
 What would it take for you to score higher?

82

82

Being Physically Healthy

Importance:
0 1 2 3 4 5 6 7 8 9 10

Confidence:
0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?
 What would it take for you to score higher?

83

83

CASES

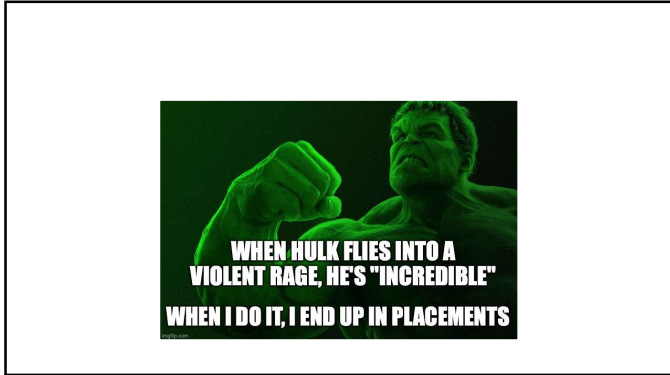
From the Front Lines

84

#1

- Client has difficulty respecting others space. Staff provided the example of walking down the hallway and brushing against women's body parts. Staff added he does this towards peers and adults. Client has masturbated and wiped the ejaculate on staff. Client slaps staff on the butt. There have been two incidents where Client has engaged in sexual activity with a male peer. Sexual behaviors have decreased. Staff also reported physical aggression toward others.
- Client's mother reported physical aggression in her home. Client will often get into arguments and physical fights with his brother. Client's mom physically tries to stop the fight. Client's mother was informed of an incident that recently occurred in the car. Client was upset and threw his headphones at the windshield as she was driving. Both staff and client's mom reported verbal aggression from client. Client has said things similar to "I'm going to hit you". Physical aggression is observed every weekend.

85



86

#1

<ul style="list-style-type: none"> • Risk • Interpersonal competence • Impulsivity • Poor cognitive problem-solving • Focusing on emotions instead of solutions 	<ul style="list-style-type: none"> • Good Lives Goals implicated • Independence/autonomy • Relatedness • Excellence • Peace of mind • Happiness/pleasure • Meaning and purpose(?)
---	---

87

#1

- GLM Obstacles
- Conflict between goals
 - Independence is clashing with everything else
- Internal capacity
 - Lack of skills to achieve these goals
 - Lack of clarity around what he actually wants
 - Suspect trauma as responsivity factor
- Teaching boundaries
 - What's in it for him?
 - Protected but connected
 - Remember that it took years for him to get into this situation
 - Psycho-ed: 2-second rule, space bubble, quiet voices, etc.

88

Family

- Family good life plan versus individual GLP
- Values clarification
 - Not just what they are, but why
- Focus on what he *can* do more than on what he can't
- Set the standards for behavior prior to leaving the house
- Assess for trauma in the family and how that might lead to everyone triggering each other

89

#2

- Foster Mother has stated that a recent sexualized behavior incident occurred involving client. She stated she is waiting for the detective to speak with her. Her family doesn't know what transpired and is therefore unable to discuss it. Foster Mother stated something happened at school, and Child Welfare approached the family pending the completion of the investigation. Foster Mother stated going forward client may not be able to be in a home with other children. She stated client has been in temporary respite care for a year. Foster Mother further stated that the client has a history of aggressive behaviors. She stated the client still has meltdowns when something changes in his schedule. These meltdowns were frequent for a long time; now when they happen, they actually seem much better. Foster Mother stated client has meltdowns 1x weekly now, which is minute compared to what his behaviors used to be.

90

#2

• She stated that the behaviors improved overnight when medication was started. Foster Mother stated client truly knew he couldn't control those behaviors; he is aware of this and apologized to foster family. He is aware of how he is feeling now and how he felt without proper medication. Foster Mother stated client has trauma of seeing his sister overdose and has enacted physically how she seized. Foster Mother stated she has been worried about getting trauma therapy for him, and he has been diagnosed with PTSD. She stated the client is also recently getting a relationship started with his biological father. He had no real relationship with him until now, and his father only just proved his paternity. Foster Mother stated it's hard to find triggers with client, and that he often seems to have random fits.

91

Comments

- Remember: **Safety first** always
 - Pending investigation obviously an issue
 - Note the commitment and alliance with foster mother
- Don't overlook psychiatric interventions
 - (Medication noncompliance can be a risk factor of its own)
 - Be careful about over-reliance on meds
- No one has "random" fits
 - We just don't understand the patterns yet
- There is a real question of understanding problematic sexual behavior outside of medication context
- Focus on developing skills for keeping peaceful and calm at all times.

92

Recommendations

- Honor thy foster mother!
- Outside consult to ensure safety in the home
 - Don't assume that supervision is always working, but don't assume that it's not.
- Listen with a goal of understanding in order to better identify triggers.
- Treatment should have a strong skills focus and involve foster mother.
 - Goal is being a bigger, stronger young man who can live a balanced, self-determined lifestyle.

93

#2

<ul style="list-style-type: none">• Risk• Interpersonal competence• Impulsivity• Poor cognitive problem-solving• Focusing on emotions instead of solutions	<ul style="list-style-type: none">• Good Lives Goals implicated• Independence/autonomy• Relatedness• Excellence• Peace of mind• Happiness/pleasure• Meaning and purpose(?)
---	---

94

#2

<ul style="list-style-type: none">• GLM Obstacles• Conflict between goals<ul style="list-style-type: none">• Independence is clashing with everything else• Internal capacity<ul style="list-style-type: none">• Lack of skills to achieve these goals• Lack of clarity around what he actually wants• Suspect trauma as responsivity factor	<ul style="list-style-type: none">• Teaching boundaries<ul style="list-style-type: none">• What's in it for him?• Protected but connected• Remember that it took years for him to get into this situation• Psycho-ed: 2-second rule, space bubble, quiet voices, etc.
--	--

95

#3

- Grandmother shared that client is needing to process the loss of her father. Client will become very emotional when talking about her father. Group Home Manager also shared that Client is also having issues at the program with personal boundaries and is having inappropriate behaviors. Client will touch her own private area and smell it, and there was a recent incident in which client put her hands down another peer's underwear and touched her vaginal area, kissed her, and touched her breast. Client's response was "I wanted to see what it was to be a lesbian." Client did share that the other individual told her to stop but that client kept touching her. The incident was reported to the treatment team and police. Personal boundaries is what the Group Home Manager would like for client to work on and ways to deal with her urges to explore.

96

#3

- Grief counseling!
- Assess for trauma treatment
- Beware of “counterfeit deviance”
- Risk factor: Self-regulation
- GLM goals:
 - Relationships
 - Peace of Mind
 - Happiness/Pleasure
- Strong Message: You deserve to be in control of your own boundaries, body, and future.
 - Don’t listen to the trauma whisper from the past!

97

#3

- Family
 - Listen long to grief and loss
 - Consider how trauma is playing out in their interactions
 - Emphasize that this is now a safe home
 - Listen long to hopes, dreams, and aspirations
- GLM goals for family and individual:
 - Relationships
 - Peace of Mind
 - Happiness/Pleasure
 - Meaning and purpose
 - Meeting my emotional needs
 - Meeting my sexual needs

98

#4

• Client is “addicted” to porn. Had a psychotic episode at 9 years old, when they found him naked on the ground under the family’s RV. They have caught him naked outside on other occasions, sometimes masturbating. He has a foot fetish. He was taking the iPad secretly; Mother had taken phone away but has since found him making a porn video of himself. Mother “doesn’t know what goes on behind closed doors.” He would hide the porn videos on his phone. Mother reports that it has gotten better and does it in private. Mom cannot really know for sure what he is up to but is skeptical of him.

99

#4

- Comments
 - Move upstream from porn addiction
 - Happiness and pleasure
 - Peace of mind
 - Lack of internal capacity to achieve these
- Question:
 - What kind of sexual person does he want to be?
 - What has he learned about men and sexuality from viewing porn?
- Setting aside the porn, there is a concern about his willingness to break rules
 - What other rules is he willing to break?

100

#5

- Mom would like to focus on boundaries, especially with sexuality. Female client has viewed pornography. Prior to that, mom mentioned that she would limit things being watched (meaning there have been rules in place all along). Mom mentioned that counselor at the local community center asked mother to have "the talk" with client due to the client "hugging up" with another child. Mom has spoken to counselor. Client tends to look clueless when this topic comes up. Client would allow for others to see her areas when she was younger, "sort of like flashing". Client was not recognizing that she wasn't supposed to expose herself. Mom mentioned that she constantly has to talk to her about not walking around without clothes. Mom mentioned that previous therapist spoke with mom about boundaries with dad, spends too much time hugging up on dad, dad's new wife expressed concerns upon that. Mom wants to reiterate to client what is okay and not okay.

101

#5

- I'm not convinced there are universal rule on how much hugging is too much with family members, especially after bad experiences.
- Clueless look may simply mean that direction and limits have been vague.
 - "don't be inappropriate" versus specific directions on how to hug.
- Strong Message: You deserve to be in control of your own boundaries, body, and future.
 - Don't listen to the trauma whisper from the past!

102

A trend emerges...

Challenges to a GLM plan often follow a path like:

- Client lacks skills in key areas AND
- Client lacks opportunities to develop skills =>
- Client therefore tries to attain goods in problematic ways =>
- Client has narrow scope; pursues some primary goods and not others =>
- Client's goals come into conflict with one another.

103

#6

- Group Home Manager stated client is on verge of disruption in her placement. Group Home Manager stated client has sexualized behaviors and she is under investigation with school for several incidents of inappropriate touching of students. Group Home Manager stated school filed a report and has 90 days to investigate before decision is made. Group Home Manager stated in the home they are a co-ed house, and the client expresses that she likes both boys and girls so there are concerns of her being inappropriate around other youth. Group Home Manager stated the client kept grabbing a female peer, tickling her, and she wouldn't stop when asked. Group Home Manager stated client was also caught in boys' rooms and she knows she is not permitted to be in any other peer's room. Group Home Manager stated these behaviors are a constant issue. Group Home Manager stated the client is mean and aggressive towards her younger brother. She is often hitting him and is verbally aggressive with him.

104

#6

- Group Home Manager stated client is defiant and disrespectful with staff and they struggle with her not listening or following directions. Group Home Manager stated client has been causing disruptions in the middle of night, damaging property and bxs continue even after several sit downs with her to support her. Group Home Manager stated team talked about looking for higher level of care for client and it was discussed during a treatment team meeting that she would be separated from brother, which her father was against. Group Home Manager stated it may be in best interest of her and her continuing behaviors. Group Home Manager stated she called dad to explain behaviors and he explained that the siblings are all each other has, and if it comes down to it they could be separated. Group Home Manager stated client took heed to it, but at the same time there were further reports over the weekend of her bxs. Group Home Manager stated client often has unsafe behaviors, such as opening windows to throw/dump things off 2nd story and she took screen off her bedroom window and damaged it.

105

#6

Reflections:

- Need to stop and slow down
- Termination increases risk
- Assess to see if a common dynamic is at play: When the staffing is weak, the clients run the program
 - Safety, supervision, attention to routines, clarity of expectations
- Assess for trauma/trauma-informed care
- Consider DBT skills

106

#7

- Mother would like for client to have therapy to help adjust to new living environment. Mother wants to have client learn healthy ways to express her emotions. Mother also had a situation seven months ago where client touched another student in his private area. When school called police, client told the officers that someone had touched her, but due to limited information it was left unknown who had done this, and the case was closed. It was suggested for mother to place client in counseling.

107

#7

- Trauma assessment
 - Where does safety lie for this youth and others?
 - Treatment must be collaborative; not simply “do EMDR”
- Risk:
 - Self-regulation
 - Interpersonal competence
- GLM goals/goods:
 - Meeting my emotional needs/peace of mind
 - Knowledge (about trauma and school)
 - Relationships
- Consider DBT skills

108

#8

- Mother stated male client needs support with understanding personal boundaries/space. Mom stated client has been exhibiting some sexualized behaviors and he doesn't understand boundaries with others. Mom stated he doesn't like clothes due to sensory issues and he strips his clothes off after school and gets naked. Mom stated client has finally been keeping his underwear on after family worked hard with him on it. Mom stated client would try to take his clothes off in public, which has decreased. Mom stated client has been asking questions about sex. Mom stated she's honest with him and they use proper terminology in their house. Mom stated client needs support with learning appropriate language.

109

#8

- Mother stated she's unsure how much he was touched by his brother; he won't talk about it if approached. Mom stated client will try to sniff peoples' butts because he thinks it's funny and he will stop if asked. Mom stated client asked her what makes something not appropriate and she's unsure how to build on his understanding of appropriateness. Mom stated client struggles with following directions and respecting others' bubbles of personal space. Mom stated client has Pica and he likes to chew on plastic straws. Mom stated family worked hard to get him to only use straws because he used to chew on all sorts of things.

110

#8

- "Appropriate" is an unhelpful word. Need to unpack this
- Social Stories!
- Use of imagery – pictures to highlight what is and isn't expected
- Consider frequent use of reinforcers
 - Money, time spent with preferred people, etc.

111

#9

- Foster mother is seeking specialized treatment for a client to work on appropriate boundaries. Client has disclosed that he was a victim of sexual abuse and thought it was normal and he would touch his younger sister in her private parts. Foster mother shared that client is a well-behaved boy and she has client and sister in separate rooms.

112

#9

- Specialized assessment
 - Trauma
 - Sexual behavior
- Risk is probably low
- Consider steps needed for clarification

113
