

# Enhancing Motivation in Treatment: A Case Study and Professional Development Planning Method

Copyright 2013 by David S. Prescott, MSW

All rights are reserved under international and Pan-American copyright conventions. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, scanning, or otherwise, except as permitted under Section 107 or 108 of the 1976 United States Copyright Act, without either the prior express written permission of the author or publisher or authorization through payment of the appropriate per-copy fee, except for brief quotations in critical reviews.

**Limit of Liability/Disclaimer of Warranty:** While the publisher and author have used their best efforts in preparing this book, they make no representations or warranties with respect to the accuracy or completeness of the contents of this book and specifically disclaim any implied warranties of merchantability or fitness for a particular purpose. No warranty may be created or extended by sales representative or written sales materials. The advice and strategies contained herein may not be suitable for your situation. You should consult with a professional where appropriate. Neither the publisher nor author shall be liable for any loss of profit or any other commercial damages, including but not limited to special, incidental, consequential, or other damages.

Published by:

NEARI Press

70 North Summer Street

Holyoke, Massachusetts

01040 USA

413.540.0712

Distributed by:

NEARI Distribution

46 Development Road

Fitchburg, Massachusetts

01420 USA

978.829.2594

888.632.7412

ISBN 978-1-929657-68-1

*A poem begins in delight and ends in wisdom*

- Robert Frost

# Introduction

---

Arturo was seventeen when he first arrived for treatment in an outpatient community mental health center. “I can be pretty racial,” he announced. “You don’t want to make me mad.” This was easily the best introduction I could have hoped for; decades of work with adolescents has taught me that defiance and discord signal willingness to engage, as long as the clinician can respect the youth’s autonomy. I nodded, looked down and to the left and said, “You’re only here because other people sent you here.” Arturo nodded. I took it one step further, borrowing a line attributed to Jay Haley: “The real problem is that other people have said you need some kind of treatment.” Arturo again nodded his agreement and then stared at me for a while.

---

*Defiance and discord signal willingness to engage, as long as the clinician can respect the youth’s autonomy.*

---



# Case History

---

In contrast to many adolescents who have sexually abused, Arturo's case history was straightforward. If my initial summary of his history appears brief, there are two good reasons for it. The first is that more information will come into play as this booklet progresses. The second reflects the unfortunate reality that plagues most professionals working with adolescents; it can be almost impossible to obtain adequate records.

Arturo is a young man of Mexican-American descent, the youngest of four children born and raised in the southwestern United States, far from where he is today. His siblings are all significantly older than he is and are living independently. Arturo has been in his parents' care since his birth. His family history has been dominated by his mother's past problems with drugs and alcohol. When Arturo was a child, she frequently stayed out late and was often argumentative, even verbally abusive, towards Arturo and his father. However, she stopped drinking and drugging when Arturo was 12, and has remained substance-free ever since. The family had moved to the northeastern US after he turned 12 to be closer to Arturo's paternal grandparents. Arturo's father had been in a motorcycle accident during the move, and he now used a walker. Arturo has few good things to say about his family's relocation north. It was not long after the move that a neighbor whom he was visiting molested him by fondling and performing oral sex on him. Not long after that, when Arturo was 13, he in turn molested an eight-year-old boy by performing oral sex on him. Arturo promptly came to the attention of the authorities, who placed him under supervision but deferred further legal action pending the completion of successful treatment. Two months later,

the police apprehended Arturo on his return home from a night out with some friends. The boys had just severely vandalized an abandoned hunting cabin on the outskirts of town.

State authorities placed Arturo in a residential program. Although the facility was located only an hour's drive from his home, Arturo's parents have had to rely on public transportation when they visit him. According to records, Arturo spent much of his time rebelling against the authorities, exclaiming to all that he didn't need treatment, and being generally unwilling to participate in any activities except for sports and some psychologically informed education. He quickly was diagnosed with Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder, for which he received stimulant medication for the next several years. Arturo's stated belief was that this medication worked well enough that he was willing to continue taking it. Intelligence testing revealed a full-scale IQ of 90, with little sub-scale variation. By Arturo's account, he gained very little from his placement except that he needed to employ coping skills, many of which he learned from a list of possible coping skills that his program provided to him. After approximately two years in residential placement, the treatment team at his program decided that he had reached "maximum treatment benefit," a term that can often translates as, "We don't know what else to do, and he's not helping us." By all appearances, the program was adequate to treat Arturo's needs. One important exception was present, however: without the right level of contact with his family, the treatment program had not developed the right context for meaningful change to occur (Mann, 2009). During his placement, however, Arturo was able to accomplish one developmental task that would contribute to his future success. He met a girl in his neighborhood while on a home visit and formed a long-distance relationship with her that would last to the present.

Following his discharge, Arturo received intensive services specifically designed to mirror the structure and supervision of a residential treatment program. His program required him to continue working with a primary therapist and two paraprofessionals who would be with Arturo in his house and in the community throughout much of his day. He also was assigned a case manager who was to coordinate the efforts of the others. The goal of this intervention, which lasted about six months, was to assist Arturo in his integration back into his home, school, and community. The goal of the intervention was to address problems as they occurred in the moment, and to assist his mother and father in improving their parenting skills. As one might expect, Arturo did not appreciate this level of management and supervision. He was willing to engage in it, however, as its presence in his life meant that he could live at home.

Arturo was soon after referred for specialized treatment to address his sexual aggression and to reduce his risk of engaging in overtly criminal behavior, such as vandalism. A primary concern of Arturo's treatment team was that he was frequently rude to his teachers. He could become surly in response to instructions or requests, and even more so in the face of redirection. Arturo tested his teachers' patience. On more than one occasion, he received a warning that school suspension would follow any further incidents of rudeness.

On its own, Arturo's oversight provided inadequate information for conducting either an assessment or treatment program. In the pages that follow, we will explore ways to gather knowledge and build motivation in adolescents who are in therapy.

# First Session

---

Many observers (e.g., Gladwell, 2005) have noted that the first seconds of any encounter can have particular significance for the interactions that follow. Others (e.g., Talmon, 1990) have offered suggestions for maximizing the first—and possibly only—session. A meta-analysis by Wierzbicki and Pekarik (1993) found that 47% of clients in psychotherapy in diverse treatment settings drop out of treatment, typically after only four or five sessions. Recent studies examining psychotherapy in general suggest considerable therapeutic change can occur in the first sessions (e.g., Baldwin, Berkeljon, Atkins, Olsen, & Nielsen, 2009). Outside of research findings, therapists commonly find that adolescents can be particularly sensitive to perceived disrespect and disinterest. For all of these reasons, the first sessions with an adolescent are crucial.

My goal for the first session was to establish rapport, to find out how Arturo would like his life to be different, and to identify in which directions he was ready, willing, and able to change. Matching his personal goals to the treatment goals aimed at reducing risk and building a better life would come later. For this session, I would consider our work successful if I could have him identify where he was in his life and where he would like to be.

To best prepare for Arturo, I started with myself. For the five minutes preceding our session, I focused on the little I knew about him, cleared my mind of all other obligations, and focused on becoming warm, empathic, and compassionate. I deliberately slowed my breathing and relaxed my muscles. This preparation is purely strategic: I want to establish a calm and respectful environment

from the first microsecond. It is very unusual for any adolescent to desire treatment of any kind, and most would rather do almost anything else. As much as I assess an adolescent, I am sure that his assessment of me will be far more rapid, efficient, and possibly more accurate. All of this means that I have to be the person that I say I am: compassionate and respectful of a client's emerging autonomy. I imagine my philosophy to be similar to how it is best to approach an unfamiliar animal. I embrace skittishness; it contains the very drive towards independence that I want to foster in treatment.

Because my breathing is slower and my muscles are more relaxed, as clients enter the office and sit down, I can match my posture and breathing to theirs. This process might involve leaning in the same direction as the client, or mimicking hand gestures. My physical mirroring forms a first step at empathic attunement, and establishes a gentle rhythm in the communication. Although most therapists learn these kinds of skills, the use of them can easily be forgotten with time and are deserving of renewed attention. In Arturo's case, I noticed and replicated his breathing, I matched his gestures, and then I slowed and deepened my own breathing. Arturo's breathing slowed and deepened in response.

It was at this point that Arturo mentioned that he could "be racial" and that it was not in my best interests to make him mad. My response, "You're only here because other people sent you here," was a standard *complex reflection*, in the terminology of motivational interviewing. I specifically made an assumption about the meaning of his statements and stated it back to him. I nodded and looked away from him as a gesture of respect. I intended to demonstrate clearly that I was not interested in challenging him in any way. Projecting a reflection as I did is at once very basic and very difficult. It requires a therapist to make an assessment of the client's meaning, form it as a question ("Does he mean he doesn't want to be here?") and then say it aloud as a statement (voice in-



flection down, calmly) rather than as a question (voice inflection going up at the end). I could have “amplified” this reflection, but only at the risk of appearing stranger to Arturo than I already did (e.g., “This is the last place in the world you want to be and therapists are a bunch of kooks”). I might also have reflected his emotion (“You’re really angry about being here”), but this response would have violated the usual rhythm of human communication; people don’t start talking about emotions that quickly in real life (for example, imagine saying on a first date “I’m really excited to be going out on a date with you! I never imagined you would actually say yes!”).

---

*Reflective statements are a low-risk approach  
in otherwise high-stakes situations.*

---

Reflective statements are a low-risk approach in otherwise high-stakes situations. If therapists are wrong, clients will quickly correct them. A client’s correction comes from a basic fact: Virtually all human beings want to be heard, respected, and understood. By using reflections with Arturo in our first moments together, I was able to demonstrate respect, patience, and a willingness to listen. More importantly, I was able to establish a *yes set* – a situation in which his answers to questions were primarily yes rather than no. This technique establishes a positive rhythm of communication and sets the stage for evoking the internal, meaningful, and relevant reasons that a client has for changing.

It would have been easy to view Arturo as *resistant* and to then attempt to direct him to be a more compliant and affable teenager. More than likely, this choice would have prevented any meaningful dialog from occurring. Recent developments within the Motivational Interviewing Network of Trainers have led many of its

members to question the value of seeing resistance as a single, viable construct and instead to understand the components that make up resistance separately. For instance, motivational interviewing considers *sustain talk*, in which a client states that he does not intend to change, as well as *discord* between people (Miller & Rollnick, 2011) to be separate concepts that can each appear as “resistance.” For example, consider this statement: “I’m not going to change, and you can’t make me.” The first part refers to an unwillingness to change. The second part illustrates discord. By acknowledging that no one can make the client change, less discord is introduced and the door opens for greater possibility of respectful dialogue about how and why the client might change. Informing the client that he is being resistant or trying to make the case for change will only increase the potential for discord.

By this point in the first session, Arturo was staring at me, waiting to see what would happen next. It was clear that he was willing to talk about all the reasons he didn’t want to be there.

David: *So you have been on a long, long ride. You’ve been placed outside your home, you didn’t get much out of treatment, you have supervision in your daily life like no other kid in your school, and you have to take two city buses to get to an appointment with me that you’d rather not have.*

Arturo: *That’s right. I don’t want any of this* (another “yes” answer).

David: *And if I’m hearing you right, you’re just plain fed up with it after all this time.*

Arturo: *Yeah. What these people don’t see is that I’m not the same person I was three years ago. They just want to keep getting on my case like I’m still the same. I’m not.*

David: *So you see things in your life differently than they do. The way you see it, you've actually changed a lot, but they're not seeing that.*

Arturo: *Yeah. That's why I get in so much trouble. They won't give me a break. Sometimes I just have to say, "Whatever," and do what I gotta do.*

David: *And what's that?*

Arturo: *I don't know. It can be anything. They treat me bad, so sometimes I get pissed off and go for a walk, have a cigarette.*

David: *Some days it seems like they're forcing you to do the very things that make them not trust you.*

Arturo (with tone of irritable resignation): *Whatever.*

David (fully aware that his own statement had pushed Arturo to the brink of what he could tolerate and that he would likely become very discordant if it continued): *So can I just make sure I understand a few things?*

Arturo (slight edge in voice): *Go ahead.*

David: *Actually, I don't want to unless it's okay with you. I don't want to force anyone to do anything against his will* (words specifically chosen to prime Arturo about how our relationship would not mirror the abuse he was expected to discuss).

Arturo (making eye contact after a pause): *Yeah, it's okay.*

David: *I'm aware that all this feels really unfair to you. It seems like the rest of the world is just waiting for you to make a mis-*

*take while you're waiting for your life to get good again. Nobody is the same at 15 as they were at 13, and it seems like you can't get a break. You have people breathing down your back about everything. Did I get it all (summarizing statement to demonstrate understanding)?*

Arturo: Yes.

David: *And at the same time, some things seem to be going better just the same. I mean, whatever else is going on, your parents seem supportive enough, or am I missing something?*

Arturo: *Yeah, I have to admit they've gotten better to live with in a lot of ways.*

David: *So at a time in your life when you're thinking about what your life will be like after you leave home, it's still kind of nice to have that connection, even if you disagree about rules.*

Arturo: *Correct.*

David: *Thanks. I'll tell you what: Given everything else you've got going on, including the fact that part of my job is talking to your probation officer about how you're doing, it's probably better if you don't trust me all that much. I'm just saying... (Long pause. Arturo stares down at the floor silently). So since you don't want to be here, and nobody knows better than me that you're the only person who will ever get you to change, and since everybody else wants you to come here, what would happen if we made this time together about having you show – I mean prove – that you are no longer the same person you were when you vandalized that trailer and molested that boy. In other words, the point is not to go back and just talk about everything that went wrong. Maybe we could talk about what you've done*

*right since then and you could show everyone a plan for how you're going to live as the young man you want to be.*

Arturo (long pause with good eye contact): *Sure. We could do that.*

David: *Okay. My commitment to you is that my main focus is trying to figure out all the strengths and good things about you so that you can take them, make them even better, enjoy them, and build a better life. Good with you?*

Arturo: *Okay.*

David: *Given all the pressure on you, it says a lot that you're willing to talk with me at all! Nice work (affirmation).*

Arturo: *Thanks.*



# Analysis

---

First sessions can certainly be challenging, and this one was no exception. After seeking the initial physical attunement described earlier, my intention was not only to make a first attempt at understanding Arturo's world, but also to demonstrate a beginning understanding of his experience. I did this through the use of reflective statements, an affirmation, and an open-ended question ("What would happen if..."). I could have asked closed-ended questions ("Would it be okay with you if we focused on...") but it is simply too easy to say "No" to this kind of question. Further, open-ended questions starting with "What would happen if..." demonstrate an attitude of curiosity and wonder, which will go further in establishing rapport than asking questions intended to solve problems.

Open questions, affirmations, reflections, and summaries are the four basic motivational interviewing micro-skills. My intent was to use them on an interactional substrate of partnership, acceptance, compassion, and evocation of internal reasons for change (Miller & Rollnick, 2011). Using the fundamental processes of engaging together and focusing on Arturo's experience, the two of us were able to come to a shared initial goal. It is important to note that although I had used elements of motivational interviewing, what transpired between the two of us was not a complete motivational interview. I had not yet elicited *change talk*, (statements reflective of his internal motivation to change), nor had I explored how and why he would like to live his life differently. Those steps would come later. If I could invent a perfect interview, it would include more actively elicited and reinforced *change talk*.

Strategically, I felt it important to establish a goal or two with Arturo—in addition to building enough rapport—that he would be willing to return to our next appointment. Having something to work towards rather than away from was crucial (Yates, Prescott, & Ward, 2010). I could have easily imposed a goal such as “no more offending,” but such a goal would not have gained the kind of buy-in that could come from a shared goal of proving to others that he wasn’t who he used to be. First, research has shown that people who arrange their lives around goals they can approach are happier and experience less distress than those whose goals involve avoiding negative outcomes. Second, following Bordin’s (1979) guidance, I wanted to ensure that we had an alliance based on a shared bond, agreement on goals, and agreement on the tasks necessary to achieve those goals. Research has been unequivocal in proving that the therapeutic alliance, as perceived by the client, is vital to successful psychotherapy (Duncan, Miller, Wampold, & Hubble, 2010). Arturo may have been a mandated client, but my intention was to pave the way for his being a willing partner in change (Prescott, 2011).

---

*A turning point in our initial interview was my giving him permission not to trust me.*

---

Suggesting the goal of demonstrating that he has changed in three years was easy. Virtually all young men experience a push towards independence at Arturo’s age. Standing up for one’s self, establishing one’s self in the eyes of others, and functioning independently are not only key developmental tasks, they are heartfelt values at Arturo’s age. By aligning with these values and tasks, I could make treatment a more natural fit than if I had said, “The goal of this treatment program is that you will never offend again.” Indeed, this latter goal would have been easy enough for me, but not for him.

Although I never asked Arturo whether I was correct, I felt that a turning point in our initial interview was my giving him permission not to trust me. I have used this prepared statement elsewhere and have found it effective. It is at once truthful, respectful, and paradoxical. Countless therapists have exhorted their clients to trust them, even as client trust is only one piece of a more complex puzzle: Can the client trust the therapist to trust them? And if so, how? Under what conditions? This kind of second-order trust requires considerable time and explicit attention. Further, the fact is that limits on confidentiality exist in any communications between people. Finally, young people the world over receive the message that they are to trust and talk to people identified as therapists. By explicitly permitting trust not to occur, I am actually making myself more trustworthy.

---

*Countless therapists have exhorted their clients to trust them, even as client trust is only one piece of a more complex puzzle: Can the client trust the therapist to trust them?*

---

Zeig (2010), in describing therapy, quoted Robert Frost: “A poem begins in delight and ends in wisdom.” Beyond an introductory session, I wanted Arturo to have an experience, one in which he could know the delight of curious non-judgment so that he could move towards making wise decisions. Along the way, Arturo encountered a beginning level of empathic attunement. Further, his pulse and respiration rates slowed comfortably as he found that treatment was not what he expected, and that it actually might be better.



# Eliciting and Strengthening Internal Motivation

---

Arturo returned for the next three sessions without complaint. At the start of each session, I reinforced the goal of demonstrating to others that Arturo was not the same person as he had been when he molested the five-year-old boy and vandalized the trailer. The substance of our discussions is described in the following sections, but the key method employed throughout was *motivational interviewing*.

Motivational interviewing is a person-centered counseling approach in which the practitioner uses a guiding style to enable the client to build and strengthen his or her own motivation for change. Although Miller (1983) and Miller and Rollnick (1991) first coined the term, many others have helped to develop motivational interviewing into its current form (e.g., Moyers, Martin, Manuel, Miller, & Ernst, draft manuscript, 2007). Motivational interviewing has become widespread, both as an approach to treatment and as an empirically supported treatment for diverse problems in its own right.

---

*A core feature of motivational interviewing is that the therapist approach each encounter with a mindset of partnership, acceptance, compassion, and evocation.*

---

A core feature of motivational interviewing is that the therapist approach each encounter with a mindset of partnership, acceptance, compassion, and evocation (Miller & Rollnick, 2011). This

approach is more challenging to enact than it might seem, especially with adolescents who appear to have little investment in change or who provoke power struggles with therapists. Many therapists feel pressure to produce results as quickly as possible. Under these conditions, professionals understandably might resort to tactics that gain short-term compliance with treatment or supervision expectations. Such short-term tactics might come easily to professionals, but research has found these tactics to be less effective than a warm, empathic, rewarding, and directive therapeutic style (Marshall, 2005).

Practitioners of motivational interviewing often refer to this sense of responsibility for the clients' treatment progress as the *righting reflex* – the sense that they are solely responsible for the outcome of each case. Active attempts to change others can invite further discord, however. As a rule, scolding, educating or talking to teens when they are neither ready nor willing to listen doesn't work. Although the ineffectiveness of this principle may appear obvious in print, the tendency to tell teens how to behave is all too commonly practiced.

Motivational interviewing does not demand that professionals abandon their concerns on behalf of adolescents. Instead, the therapists can simply put their concerns aside as they awaken clients' own incentives or reasons for change. Arturo's situation called for precisely this kind of intervention. For the next three sessions, I listened with interest to his life story and current status in his home, school, and community. My task was to express empathy and to listen carefully for the areas of his life about which he felt ambivalence. Wherever Arturo seemed to feel two ways about his life, I would reflect my observation back to him, highlighting the differences between his current and his desired future states. For example:

Arturo: *My teachers are always getting on my case, so I give it back to them.*

David: *So you have a dilemma: you want them to respect you, and at the same time you're willing to behave disrespectfully to even the score* (reflection).

Arturo: *Well, I have to stand up for myself.*

David: *And the real challenge for you is how to stand up for yourself in a way that they will understand* (reflection).

Arturo: *Yeah. It just gets on my nerves day in and day out. I reach a point and I say, "Whatever," and I let them have it.*

David: *And when that happens, your larger goal of finishing school at the end of next semester seems to go away* (reflection).

Arturo: *Yeah.*

David: *What other options are there* (open question)?

(A central component of motivational interviewing that has received increasing attention in recent years is *change talk*. This refers to a client's statements that indicate a desire, ability, reason, or need to change (Amrhein, Miller, Yahne, Palmer, & Fulcher, 2003). Reflecting, summarizing, affirming, and seeking elaboration of change talk statements can help clients view themselves as capable of change, and can lead to strengthened commitment to accomplish treatment goals.)

Arturo: *I suppose I could try talking to my teachers* (ability).

David: *You might be able to solve this on your own.*

Arturo (chuckling): *Maybe.*

David: *How would you talk to them, if that were what you would do?*

Arturo: *Mostly, the talking would be easy. I just need to sit on my anger and get myself together to do it.*

David: *So you've got everything it takes to talk with the teachers. It's what you say to yourself that gets in the way.*

Arturo: *Yeah. I got a temper.*

(Crucial to these discussions was our ability to discuss Arturo's strengths, resilience, and capacity for change. It was important for us to focus on the discrepancy between current and desired states to allow Arturo to make his own case for change. By the end of four sessions, we had formed enough of a shared understanding that we could develop a more comprehensive agreement on the goals of treatment. The following section discusses the deeper understanding of Arturo's life that these sessions yielded.)



# Soul History

---

A general case history like Arturo's provides necessary information for any therapist when forming a case conceptualization. The case history provides avenues for inquiry and guides both assessment and treatment. Some therapists, however, can mistake a case history for the client's internal experience. For example, people understand abusive experiences differently. Throughout the first sessions of treatment, however, I clearly needed to understand Arturo's inner world enough to express empathy. In order to develop the discrepancy between current and desired future states adequately, it helps to develop the discrepancy between the client's internal experiences and the experiences of those around him.

---

*If I could understand what was important and meaningful to him and be able to echo and resonate with them, I might be able to make treatment a more meaningful experience for him.*

---

Hillman (2009) proposed that a *soul history* is also of fundamental importance. Although the word *soul* can be vague and can sound hokey to professionals, this needn't be the case. Hillman uses the term in the sense of "those points of echo and resonance" that are meaningful to an individual. He reminds us that soul is central to the etymology of the word *psychology*. For the purposes of this booklet, it quickly became clear that many elements of Arturo's case history were far less important to him than others. If I could understand what was important and meaningful to him and be able to echo and resonate with them, I might be able to make treatment a more meaningful experience for him.

A case history doesn't need to be exclusive of a soul history, but each can involve different questions. For example, "What do I need to know about you?" is very different from "Taking everything else out of the mix, what's really important to you? Where's your favorite place in the world? What are you longing for? If you could just break loose and get free of all of this, what would you do?"

Subsequent conversations with Arturo would develop a story involving heartfelt values and important situations that might escape a clinician who relies only the traditional elements contained in a case history. Arturo's earliest memory was of being outside at a family gathering looking up at puffy clouds on a sunny day. He remembered wondering about a distant basketball hoop and regarding it the same way he might have if it were a mobile hanging over his crib. His early life was filled with aunts, uncles, and cousins, and family gatherings were always fun. Although Arturo certainly enjoyed his time with his parents, he came to experience himself as an extension of a large family living in several communities rather than as the only child of two parents. Arturo would later surmise that these family gatherings also involved considerable alcohol and marijuana use, leading to an ambivalence about both that would last to the present (i.e., alcohol and marijuana are associated in his mind with pleasure and connection to others, even though his mother would go on to have significant problems with both substances).

The significance of those early years was clear in Arturo's present life. He yearned to return to his home state and his extended family. He missed the tendency of his extended family to laugh away weekend afternoons and evenings, especially as he now lived in a neighborhood where hanging around on the porch was the shortest path to squabbles with neighbors. In fact, Arturo now lived in a neighborhood where otherwise innocent activities such as going to a public basketball court were themselves risky, and the vast majority of his possible peer groups were involved in petty crime.

After the move to a different state, Arturo's mother began to drink to excess and take drugs. It was common for her to stay up late with friends, sleep past the time when Arturo left for school, and argue with his father. Arturo recalled the sounds of his parents arguing late at night, and described how he spent more and more time alone. Around this time, Arturo got a dog. The dog meant everything to him, but after a year or so, the landlord found out and made clear that no dogs were allowed on his property. Apparently, pet ownership had been discussed at the time the family moved in, but the landlord had changed his mind. To this day, Arturo keeps pictures of this dog, which he eventually gave to an acquaintance in another part of town. He would subsequently try to demonstrate to the landlord that he had matured to the point where he could take care of a dog responsibly and not allow it to damage the apartment.

Arturo expressed less concern about his mother's drug and alcohol use than others his age might. For Arturo, the important thing was having her back in his life and supportive of his efforts. In recounting this earlier part of his life, he was clear that all he wanted was for things to get better.

Arturo learned early on that helping out around the house was not only expected, but also necessary. He recounted to me a situation, following his arrest and while on a home visit from his residential program, in which he got up early on a Saturday and shoveled the snow in front of his disabled neighbor's house. For Arturo, this small act was a periodic good deed. Although he did not know the neighbor well, he had developed sensitivity for people with physical disabilities (such as his father). Apparently, the snow shoveling did not sit well with another neighbor, who came outside and cursed at Arturo. Although Arturo felt both compelled and justified to assault the neighbor with the snow shovel, he merely stood there and cursed under his breath. He imagined the scene of returning to the local detention center for violating his probation,

and that image, alone, prevented him from going after the neighbor. Instead, he walked back into his house as his mother came out to defend him. Most upsetting to Arturo in retrospect was that he was unable to do anything but cry for an hour after this incident.

As his mother's drinking and drug use progressed (when Arturo was approximately eleven), Arturo found himself with less supervision. He had a friend down the street whom he visited frequently. The friend had an older brother, Jake, who was 19. Arturo would go to their apartment and play video games. Supervision in this house was very relaxed, and so the presence of adults was not guaranteed. One day, Arturo went to his friend's apartment unannounced. His friend was not home, but Jake was. Jake invited him to come in, and they played some video games. According to Arturo, Jake started rubbing against Arturo, who didn't object. Arturo described what followed as Jake fondling his penis over his clothes, and then pulling down his pants and performing oral sex. By his account, he neither resisted nor reciprocated. Instead, this activity went on for a few minutes, to the point of orgasm, and then Arturo quickly went home. Compared to the other experiences outlined above, Arturo did not rate this one as significant. His description lacked the emotional valence of his other accounts. For example, he said he was "pissed off at Jake for what he did," even as he was "really angry at that neighbor... What kind of a guy behaves like that?" Similar to many other young men, Arturo's affective experience was flattened when recalling abuse or considering its influence on his life but was very strong when discussing important relationships, values, and the future. Arturo was deeply frustrated, however, that after he finally told his parents and an investigator about this incident, no criminal charges occurred. Jake and his family moved away not long after the incident.

Up to this point, few of these elements might seem particularly important in understanding Arturo, but they provided the basis for



his treatment plan. Through reflective listening over several sessions, it became clear that to understand Arturo at a deeper level, one would have to recognize how these situations would come to influence his thoughts and behavior:

- Connections with others mean the world to Arturo, and he has been very forgiving of others' faults (e.g., his mother's substance abuse).
- Having a disabled father has taught him to be patient with others and sympathetic to their needs.
- Arturo can look back on a long but often-unnoticed history of contributing to the lives of others.
- Arturo has a wonderful familial and cultural heritage. His immediate family constellation is less important to him than the vast network of extended family and friends.
- Arturo's brush with the irascible neighbor taught him a healthy disrespect for people who treat children badly. The aftermath of this incident left him realizing that being a healthy man requires being able to respond to challenges in ways that don't involve revenge or emotional collapse.
- Arturo wanted desperately to become a good man, capable of raising his own children someday. He very much wanted to contribute to the world and to be able to stand up for himself in ways that wouldn't lead to more trouble with the law.

These aspects all became important to goal setting in treatment. Beyond the goal of reducing risk, questions for Arturo to explore included:

- What kind of man do you want to be, and how can you become him?
- What kind of Mexican-American man do you want to be?
- How can you cultivate your disrespect of child abuse into something you can use to contribute to the wellbeing of others?
- How can you use your patience with others to enjoy better relationships with them?

The argument with the neighbor, his community disorganization, his sexual victimization, his mother's substance abuse, his father's accident, and the situation with the landlord involving his dog also each taught him that adults cannot always be trusted. For all of the strengths mentioned above, Arturo had also come to see the world as unpredictable and often out of control, a place where authorities can only rarely be trusted and where someone has to be tough to get respect. These implicit theories of Arturo's about the way the world operated would become the source of much discussion in our treatment sessions.



# The Referral Crimes

---

After the first few sessions, Arturo had clearly decided that it was acceptable to talk in treatment about his past behaviors. We maintained a strong focus on the goal of demonstrating to others that he had changed, and I made the point that the first step in this process was for him to explain what had actually happened during these incidents. Under these conditions, and with a clear understanding that our work together was about his future and not simply an archeological expedition into his past, he was willing to describe the incidents. The sexual aggression on the five-year-old neighbor was particularly embarrassing for Arturo, and he asked that he be able to write it out at first and then answer questions.

Approximately a year after his own incident of sexual victimization, Arturo's parents had some friends come to visit. They brought their eight-year-old son, Sammy, with them. Arturo took Sammy upstairs, and the two played video games. Arturo reported having no particular thoughts about having sex prior to going upstairs, although he acknowledged being interested in sex generally. In a series of events strikingly similar to the incident with Jake, Arturo rubbed Sammy's back and asked if that was okay. Sammy apparently didn't object, and so Arturo progressed, taking off Sammy's pants and performing oral sex on him for a few minutes. Arturo described the experience as it occurred as both exciting and unpleasant. It was exciting in that physically it felt good, and Sammy did not seem to mind. It was also exciting in that he knew this was against the rules and that he might be caught, so he listened very carefully for any sign of approaching adults. It was unpleasant because it was not his first choice of sexual activity, and he increasingly thought about how he should not be doing this, even though he was puzzled that Sammy hadn't objected.

In subsequent discussions, Arturo described this incident by saying, “I felt like I was growing up even though I wasn’t, and I wanted to do things like bigger kids did... I didn’t like what happened to me, and I didn’t get why it happened, but I thought maybe if I tried it again I would like it. I did kind of like it, but looking back I really didn’t... I told myself that adults do this (have sex) so I should try it too... As we played the video game, I went a little further and told myself ‘Whatever... I want to get started on this, so let’s go. It’s okay if I push people around a little bit’... One of the things that still bugs me is that even though I shouldn’t have done that he was still kind of like a little buddy to me. I still don’t get why he went along with it, and I don’t get why I went along with it. I guess I was curious when it happened to me, but he seemed to enjoy it. When I think about it, that’s really messed up.”

Arturo came to the attention of authorities after Sammy walked downstairs some time later and announced to his parents what had happened. Arturo acknowledged the incident but minimized both his actions and the potential harm to Sammy. He entered a course of outpatient therapy with a therapist, but missed several appointments and downplayed his actions when he did attend.

Approximately two months later, Arturo got into an argument with his parents after dinner. He was already in a bad mood and they asked him to do the dishes. He complained that they should have asked him earlier so that he could prepare himself; they responded that as a member of the family, dishwashing was always an imminent possibility and that advanced warning was unnecessary. Arturo became angry, yelled some, and went out the door to look for other young men in the neighborhood. Up to this point in his life, he had experienced very few friendships outside his family. He knew that spending time with the others in the neighborhood was a risky affair (they were known to be involved in illegal and possibly gang-related activities), but he wanted desperately to fit in somewhere.

Arturo had a pack of cigarettes, and offered some to his associates. Although the exact details are not clear, this group of young men decided to go for a walk and hang around in an abandoned hunting camp on the edge of town. The camp was a holdover from the town's more rural past and had never been permanently occupied. It was now an occasional hangout for neighborhood youth. After spending some time smoking cigarettes and marijuana, the young men came across some abandoned tools, including a small number of axes and mallets. They proceeded to break every window in the camp and took the axes to the sides of the structure as well. The destruction made enough noise that some neighbors down the road heard, and called the police, who then observed the boys from a distance as they returned into town. They arrested Arturo just after he separated from his friends. This event marked the end of his deferred legal involvement, and the beginning of far more intensive courses of treatment, including his residential placement and home-based services.

Arturo's account of this night was initially that his parents had been on his case about chores, and that they had recently instituted something called a *super-chore* on the weekend, in which he had to clean windows, mop the kitchen, etc. He stated that the chores put him under an unbearable strain and that he finally just snapped and went out the door. By this point in treatment, however, Arturo was able to respond to challenges, and he eventually acknowledged that at that point finding friends had become more important than helping his parents. So when his parents were less than graceful in their request regarding the dishes, Arturo used their behavior as an excuse to say "Whatever" and to go off into the night. Over time, Arturo was increasingly clear that although he continued to want to have a high-status peer group, his actions had been completely meaningless. He had never had any reason to destroy the camp in the first place.

In each of these instances, Arturo was interested in behaviors that he hadn't explicitly planned out. By his account he was very interested in acting cool with a seemingly desirable peer group. He was certainly interested in sex. He did not, however, actively prepare for any of the events, and his subjective appraisal of each event was very negative.

# Risk, Need, Responsibility and Professional Discretion

---

Crafting any kind of intervention for sexual aggression requires a knowledge of the literature on criminal behavior as well as sexuality and the principles of effective psychotherapy. In designing a treatment package for Arturo, I considered the risk principle (which holds that the most intensive services should be allocated to those who pose the highest risk). I also considered the need principle, which holds that treatment should address treatment goals known to be associated with recidivism, and the responsivity factor, which holds that services must be tailored to the individual characteristics of the client (Andrews & Bonta, 2010).

A complete description of risk assessment and its place in Arturo's case is beyond the scope of this booklet. In brief, Arturo was assessed as being at a low risk for sexual re-offense with proper treatment and supervision. Arturo displayed little-to-no evidence of abuse-related sexual interests, and he did not endorse abuse-related cognitions or schemas. In fact, Arturo had managed to develop and maintain a romantic relationship with a girl his age for several years after he entered treatment. Although their parents each had to set occasional limits on this relationship, Arturo's behavior within this relationship was within normal expectations. He experienced himself as competent in this relationship, and he was able to relate empathically with his girlfriend.

Arturo's functioning within his peer relationships was another matter. He frequently felt socially isolated, and understandably so. Finding an adequate peer group in his neighborhood (a small town at the edge of a small city) was difficult enough. He had the added stigma of being a newcomer to the area who had wound up in res-

idential care and who now had far more restrictions on his movement than did others his age. By his own report, attempts to form friendships had frequently ended in problem behavior. Finally, he lacked overall self-management skills. He could be irritable and impulsive in school, and he lacked adequate coping skills to deal with challenging situations (e.g., the confrontation of his snow shoveling by his neighbor). Interestingly, the only element of his residential program that he could easily recall was its emphasis on coping skills.

Matching treatment to these risk factors (i.e. the need principle) meant focusing efforts on Arturo's interpersonal skills and self-management capacities. Adherence to the responsivity principle meant that I would have to make these goals meaningful to a young man with a low-average IQ who possesses core beliefs that authority is largely untrustworthy, and whose attention span was almost uniquely unsuited to an outpatient therapist's office. This meant that I would have to use experiential elements to provide impact. Simply using words in a standard talk-therapy format wouldn't work.

Because adolescents who have sexually abused are very often at greater risk for non-sexual crimes (Prescott, 2006), Arturo and I agreed to establish separate goals for reducing risk. These goals included:

- Demonstrating to himself and others that he would always maintain sexual respect for others;
- Demonstrating that he no longer required a high level of supervision to live within the expectations of others; and
- Exploring what a healthy and happy adulthood would look like to him, and taking initial steps to implement it.



# Next Steps

---

With these three goals, Arturo was able to use our sessions together to explore both his past and current situations with an eye towards better understanding how his thoughts, behaviors, and emotions contributed to his past and present circumstances. Although using motivational interviewing can appear to take longer than other forms of therapy, it often saves time in the long run by establishing the client as a willing partner in change. Paying careful attention to the therapeutic alliance (such as through the use of explicit, structured means for obtaining clinical feedback) was also vital to Arturo's success, as it allowed me to find out how directive I could be, one session at a time. Many clinicians appear to view building a therapeutic alliance as something the therapist does in the first sessions, when in fact it is best attended to throughout treatment (Miller, Hubble, & Duncan, 2008).

As mentioned earlier, Arturo had developed attitudes and beliefs about the world that were neither conducive to a happier life nor particularly accurate. When he was calm and collected, it was easy for him to see that his assumptions were faulty and were ones on which he based behavior only when he was upset or agitated. In the relaxed atmosphere of a therapist's office, establishing plans for self-management was a matter of imagination. Having Arturo develop an understanding of the process deeply enough to be useful—when it was actually happening—was another matter. To this end, I had him *sculpt* me into an image of himself when he was angry and upset. This effort involved my standing in front of him and attempting to take on the facial expressions and postures that he displayed at those times. Beyond deepening his understanding of himself in such situations, the insight we achieved in those moments further developed the discrepancy between

Arturo's current and his desired future states of being. While in these positions, I could then solicit his five senses. What was he seeing? What was he hearing and smelling? Clearly, his thoughts and self-talk were of importance, but understanding the differences and commonalities of his experiences was vital.

Arturo described that most of the times when he was able to make a good decision for himself, it was because he saw an aversive image, such as the detention center to which he did not wish to return. Although I would have preferred to find a way to install more approach-oriented imagery (i.e. some image that he could work towards rather than away from), I was not able to do so. Whatever my own preferences, I could not deny that aversive imagery was helpful to Arturo, who was otherwise very motivated by approach goals.

Through this sculpting, it became clear that the moment of linkage between bad moods and bad behavior was when he found himself saying, "Whatever." In the moments when he had stormed out the door and gone off to find antisocially oriented peers, it was when he said, "Whatever." In the moments when he snapped at his teachers, it was when he said to himself, "Okay, *whatever!* If you're going to get on my case, I'll get on yours." When he molested Sammy, it was after he had resigned himself to his momentary sexual interests by saying, "Whatever." Sometimes called cutting off fear, compartmentalization, or simply "cut-off" by clinicians, the effect is the same. Arturo was most often oriented in a pro-social direction throughout the day, even as he harbored attitudes tolerant of misconduct. In moments when he was angry or agitated, however, his ability to self-monitor took a back seat to his efforts at saving face, seeking pleasure, and viewing himself as efficacious. "Whatever" was the self-talk link between what he wanted to do in the moment and who he wanted to be; the difference between where he was and where he wanted to be. Best of all, monitoring how "whatever" entered his daily life made it easy to make healthy decisions, even in the heat of the moment.

# Summary

---

Arturo began to deeply understand “whatever” as the linkage between his main life goals and his momentary misconduct goals. He gained this awareness through exploring the differences between where he was and where he wanted to be, and through exploring his own ambivalence about each position through the application of motivational interviewing. By adopting a posture of empathic attunement, I was able to engage Arturo in collaborative goal-setting when more structured approaches had fared less well. To be clear, this case was not an example of previous providers being wrong and my approach being right. I was fortunate to have the benefit of timing (e.g., mother’s sobriety, Arturo’s return home, etc.) and knowledge of how and why past efforts hadn’t fared as well.

Motivational interviewing is an empirically supported treatment. Evidence-based practice, as the American Psychological Association (2006) defines it, involves integrating research findings and professional judgment in accordance with a client’s characteristics. In order to truly enhance Arturo’s motivation to change, it was necessary to expand on a pure motivational-interviewing approach in able to ensure the deepest impact. Soliciting his feedback in an explicit manner during each session ensured that we remained on track as willing partners.

# Self-Development

---

Now it's your turn. It's often easier to think about challenging cases in the moment than it is to reflect on one's overall performance as a therapist. Take some time to answer the questions below. Then put this booklet away. You can return to the booklet every three months to further explore how your answers would change or not change.

Sexual abuse is always unacceptable. However, the goals underlying the behavior often are not in themselves unacceptable. In Arturo's what were some of those goals?

---

---

---

---

---

What strengths did Arturo bring to the table that he could use in treatment?

---

---

---

---

---

How did he actually use those strengths to reduce his risk for harmful behavior in the future?

---

---

---

---

---

Let's switch gears. Take a few moments and describe the best therapy, case-management, or supervision session you've had in the past few years?

---

---

---

---

---

What did *you* do that made the difference?

---

---

---

---

---

What prevents you from using that same approach in every session?

---

---

---

---

---

This question may seem strange. But what would you have to do to make your clients more unwilling to change their lives? How could you make things worse?

---

---

---

---

---

Now, as you reflect on that answer, what can you do (that you're not already doing) to help all of your clients live better lives? What can you do more of?

---

---

---

---

---

In what ways do you want to become a better professional?

---

---

---

---

---

What are five things you can do in the next year to become a more effective therapist?

1. 

---
2. 

---

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

What strengths do *you* bring to the table?

---

---

---

---

---

If you decided tomorrow to choose a different profession, what would be at stake for you and others?

---

---

---

---

---

What is the number one reason you should keep working with people who have sexually abused?

---

---

Be sure to hold on to this last answer and to stay aware of it during challenging times!

Thank you all for all you do.

# References

---

- American Psychological Association Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, 61, 271–285.
- Amrhein, P. C., Miller, W. R., Yahne, C. E., Palmer, M., & Fulcher, L. (2003). Client commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting and Clinical Psychology*, 71, 862–878.
- Andrews, D.A., & Bonta, J. (2010). *The psychology of criminal conduct*, 5<sup>th</sup> Edition. Cincinnati, OH: Anderson.
- Baldwin, S. A., Berkeljon, A., Atkins, D. C., Olsen, J., & Nielsen, S. (2009). Rates of change in naturalistic psychotherapy: Contrasting dose-effect and good-enough level models of change. *Journal of Consulting and Clinical Psychology*, 77, 203–211.
- Bordin, E.S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy*, 16, 252–260.
- Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (2010). *The heart and soul of change: Delivering what works in therapy* (2<sup>nd</sup> ed.). Washington, DC: American Psychological Association.
- Gladwell, M. (2005). *Blink*. Boston: Back Bay Books.
- Hillman, J. (2009, December). Case history/soul history. Presentation at Evolution of Psychotherapy Conference, Anaheim, CA.
- Mann, R.E. (2009). Getting the context right for sexual offender treatment. In D.S. Prescott (Ed.), *Building motivation to change in sexual offenders* (pp. 55–73). Brandon, VT: Safer Society Press.
- Marshall, W. L. (2005). Therapist style in sexual offender treatment: Influence on indices of change. *Sexual Abuse: A Journal of Research & Treatment*, 17(2), 109–116.
- Miller, S.D., Hubble, M., & Duncan, B. (2008). Supershinks: What is the secret of their success? *Psychotherapy in Australia*, 14, 14–22.
- Miller, W. R. (1983). Motivational interviewing with problem drinkers. *Behavioural Psychotherapy*, 11, 147–172.
- Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. New York: Guilford Press.
- Miller, W.R., & Rollnick, S. (2011, September). Four fundamental processes in MI. Pre-conference workshop, Motivational Interviewing Network of Trainers Forum, Sheffield, UK.
- Moyers, Martin, Manuel, Miller, & Ernst (draft manuscript). *Revised global scales: Motivational interviewing treatment integrity 3.1.1 (MITI 3.1.1)*. Retrieved January 29, 2012 from <http://www.motivationalinterviewing.org/sites/default/files/MITI%203.1.pdf>.
- Prescott, D.S. (2006). *Risk assessment of youth who have sexually abused: Theory, controversy, and emerging strategies*. Oklahoma City, OK: Wood’N’Barnes.
- Prescott, D.S. (2011). Meaningful engagement of adolescents in change. In M.C. Calder (Ed.), *Contemporary practice with young people who sexually abuse* (pp. 92–101). Holyoke, MA: NEARI Press.
- Talmon, M. (1990). Single session therapy: Maximizing the effects of the first (and often only) therapeutic encounter. San Francisco: Jossey-Bass.
- Wierzbicki, M., & Pekarik, G. (1993). A meta-analysis of psychotherapy dropout. *Professional Psychology: Research and Practice*, 29, 190–195.
- Yates, P.M., Prescott, D.S., & Ward, T. (2010). Applying the good lives and self-regulation models in sex offender treatment. Brandon, VT: Safer Society Press.
- Zeig, J. (2010, December). *The art and science of impact*. Workshop presented at The Brief Therapy Conference, Orland, FL.