



Youth Substance Use Services – Serving the Communities of Abbotsford and Mission since 1988

## Research: Looking Under the Hood at Resistance & Motivation

### Motivation to change isn't all internal, it's in what happens interpersonally – so the evidence says

*In the Summer 2013 edition of Impact's newsletter our Research section focused on the evidence guiding our approach to prevention. For the Fall, we focus on the evidence guiding our approach to treatment.*

In the substance use treatment field, the emergence of Motivational Interviewing (MI) is arguably one of the most significant developments of the last 30 years. As the name implies, MI involves interviewing people about what motivates them. The purpose of any interview is not to get a person to say what you want them to say, but to learn about the person (and possibly more importantly, for the person to get to know more about themselves). It is a process that must be guided by authentic curiosity and openness. So MI isn't about motivating someone to change – it's about uncovering and exploring the motivation that a person might already have to make a change.

*The only person who has the potential to answer the question, "Why are you doing this?" or "Why aren't you doing that?" is the person who is doing this or who isn't doing that.*

In the 30 years since MI's introduction to the substance use field, it has been increasingly used and researched in other fields – anywhere where client/patient behaviour change is an important consideration to health outcomes. In other words, Motivational Interviewing is not very helpful for a person who has a broken bone that needs to be set in a cast by an expert on the human skeleton, such as a doctor. MI is useful, however, in situations where the client/patient is the expert. When it comes to behaviours, the only person who has the potential to answer the question, "Why are you doing this?" or "Why aren't you doing that?" is the person who is doing this or who isn't doing that.

Of course, everyone has, to some extent and on some level, been able to make changes to their behaviours without being interviewed about their motivations. Most of us learned to use a toilet without sitting down with a counsellor, for example. The problem is that with some issues we may be ambivalent – part of us motivated to change a behaviour, and another part motivated to sustain that behaviour. This is where being interviewed may help us better understand and use the various motivations – to change and sustain – we might have.

The most recent (third) edition of the book "Motivational Interviewing" was published at the beginning of 2013, and differs in some significant ways from the previous editions, taking into account various convincing recent research findings. Key among these is a focus specifically on the difference between "change talk" (statements clients make that indicate a commitment, desire, ability, need, readiness or reasons to change) and "sustain talk" (statements clients make that indicate obstacles to commitment, desire, ability, need, readiness or reasons to change).

*Sample Coded Utterances*

What the research shows is that what clients talk about in a counselling session has a direct effect on the changes they make or don't make in their behaviours. Generally speaking, if a client talks more about their motivations for sustaining a behaviour than their motivations for changing that behaviour, they are more likely to sustain that behaviour. Likewise, to the extent that there is more "change talk" than "sustain talk," the likelihood of change grows.

So, guided by this research, the chore of the counsellor working

with a client who is ambivalent is not simply to elicit all the motivators a client might have for and against changing a behaviour (such as through a cost/benefit analysis). Were this the case, a counsellor's only hope would be that, once laid out, the motivators for change clearly outweigh the motivators against it. In cases where clients are ambivalent, it doesn't take much imagination to see how inconclusive such an activity might be. It might even set up a dynamic where a client, assuming which side a counsellor might be on, simply tries to please the counsellor, gaining no benefit for themselves – and possibly avoiding future counselling sessions, particularly if behaviours haven't changed.

The evidence shows that eliciting the benefits of sustaining a problematic behaviour from a client, while sometimes appropriate (perhaps as a prelude to eliciting change talk in a client that can't otherwise get there), could be harmful to that client's chances for change. Typically clients already know the benefits of *not* changing. Change is hard!

So how can a counsellor elicit "change talk" from a client, thus improving their chances of making harm reducing behaviour changes? Various resources, such as the "Motivational Interviewing" book, provide some guidance on the spirit, style and techniques of the Motivational Interviewing approach (practitioners are likely to call it a "way of being" rather than an "approach"). But the most useful clues will come directly from the mouths of clients. The proof is in the pudding, so to speak. If clients are engaging in "change talk," you're on the right path. If they are engaging in "sustain talk," then, for the sake of the client's ability to make a change, the counsellor needs to adjust.

*"Resistance" and motivation occur in an interpersonal context. This is now well demonstrated by research, and it is easy to observe in ordinary practice. By the way in which one counsels it is possible to increase and decrease client motivation (or reticence) like the volume control on a radio. "Denial" in addiction treatment is often not so much a client problem as a counselor skill issue. Counsel in a way that evokes defensiveness and counter-argument and people are less likely to change. It also confirms the clinician's belief that these people are difficult, resistant, and intractable. It is a self-fulfilling prophecy.*

*-from Motivational Interviewing, Third Edition by Miller & Rollnick*

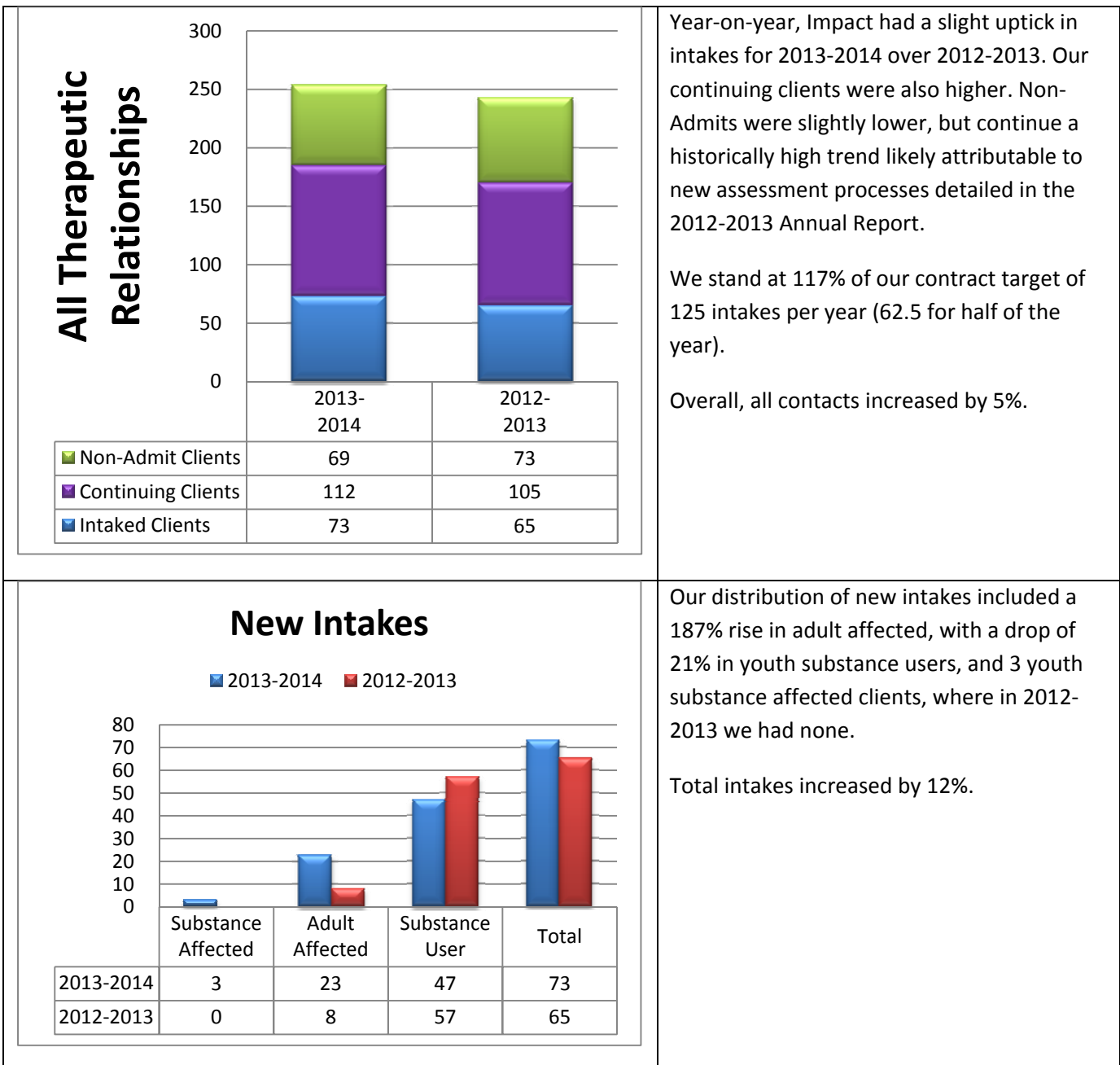
| Category   | Strength value |
|--|----------------|
| Commitment   |                |
| "I won't be using."  | 4              |
| "If it wasn't for the anxiety, I wouldn't fix at all."                                   | 0              |
| "Why suffer, why should I get sick? I could get high."                                   | -2             |
| Desire   |                |
| "Well, I want to quit doing drugs."  | 5              |
| "I mean I want to but I don't want to [quit]."   | 0              |
| "I really like the whole, the whole ritual of doing it, you know."                       | -4             |
| Ability  |                |
| "I can do it. . .this is doable."  | 4              |
| "If I could get rid of these drugs. . ."   | 0              |
| ". . .okay well, I can do some [drugs] myself."  | -3             |
| Need   |                |
| "I need to stop."  | 4              |
| "I don't need to turn to alcohol or anything."   | 0              |
| "Cause I need it everyday."  | -5             |
| Readiness  |                |
| "I'm ready to do this."  | 5              |
| "I'm not too ready to ask for help."   | 0              |
| ". . .thought, well, when I'm ready, I'll go up on my methadone and I'll quit [heroin]." | -2             |
| Reasons  |                |
| "I'm killing myself."  | 5              |
| "It bothers me when I can't do things right."  | 0              |
| "I get relaxed. My problems go away."  | -4             |

## Semi-Annual Report: April to September 2013

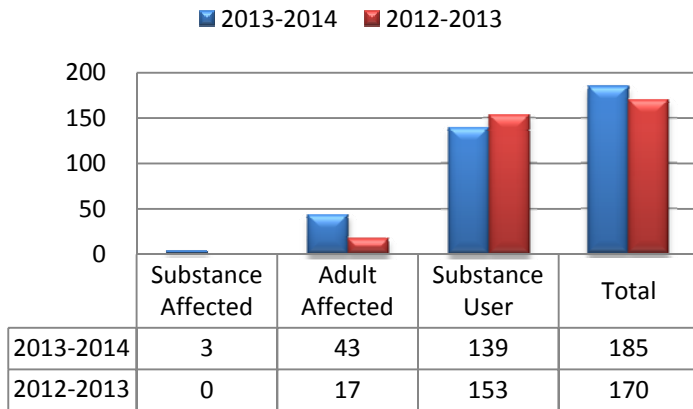
### Increased Capacity and Regional Potential, Prevention Review, New Projects, Stats

As part of our contract process with the Fraser Health Authority, and as a way to remain transparent and accountable to our clients and the community, Impact produces both an Annual Report (April 1 to March 31: [http://www.impactabby.com/pdf/2012-2013\\_Annual\\_Report.pdf](http://www.impactabby.com/pdf/2012-2013_Annual_Report.pdf)) and a Semi-Annual Report (April 1 to September 30). The entire Semi-Annual Report can be viewed here: [http://www.impactabby.com/pdf/2013-2014\\_Semi-Annual\\_Report.pdf](http://www.impactabby.com/pdf/2013-2014_Semi-Annual_Report.pdf), but we provide a few highlights of stats below:

### Intakes, Active Clients and Non-Admits:



### Active Clients

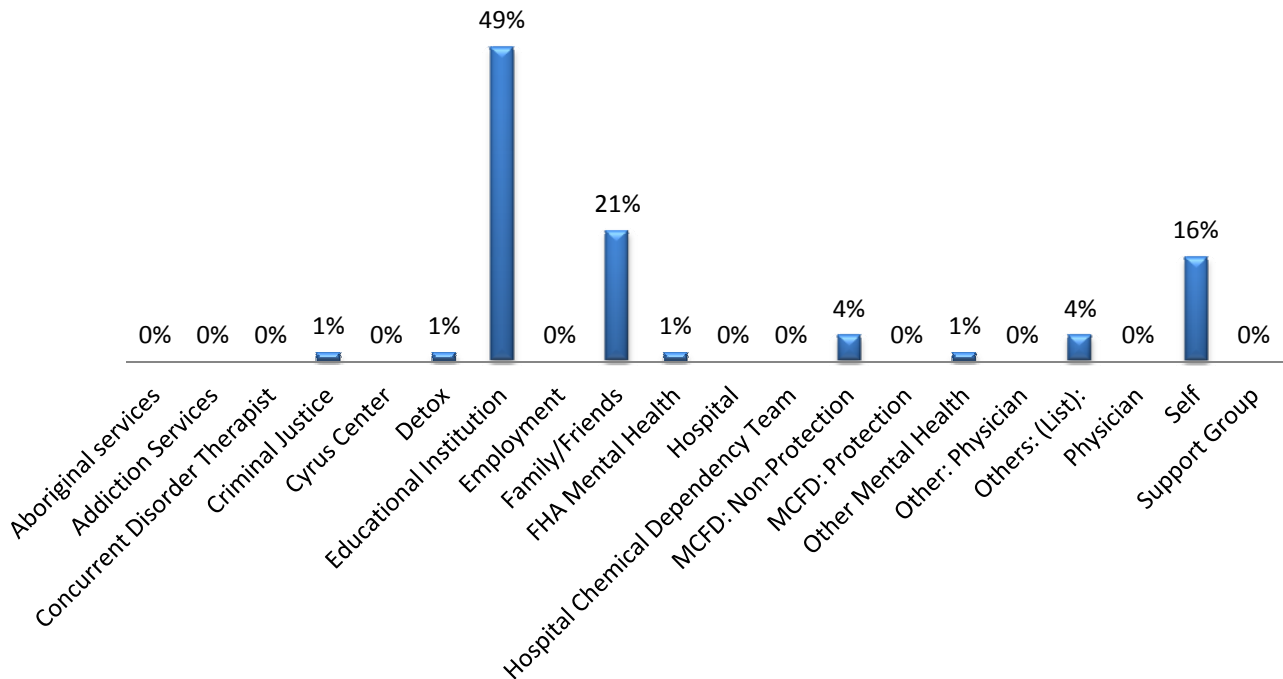


Active clients in the first half of the year closely resembled the ratios of new intakes.

Our total active clients in the first half of the year was 9% higher than the previous year.

### Referral Sources

#### Referral Source



Our referral sources continue to diversify. While the schools continue to be our primary referral source, they now comprise less than half of our referrals, with 21% of referrals coming from family and friends and 16% coming as self-referrals. Looking at the same time period three years ago (2010), school referrals constituted 64% of our referrals, with only 8% coming from family and friends and nearly none (3%) being self-referrals.

## It Takes a Village: The Importance of Community Connections and Referrals

### Whether a person wants or needs our services, there's no harm in an introduction

As can be seen on the graphic on the preceding page, Impact's referral sources continue to diversify – and this just represents those youth and adults who end up having an open file with us (not every person we come in contact with, such as non-admits and community consultations). We are very gratified by the quantity and especially the quality of relationships (with other agencies, with the schools, and with individuals) behind these diversifying statistics.

We know that when it comes to referring someone to a service for an issue that can be as scary and complex as substance use, each of these referrals represents a lot of hard-earned trust. We are always working to earn, maintain and grow that trust. In an always-evolving field like substance use treatment, this means constant professional development and frequent clinical supervision for our staff, using evidence to inform our approach, collecting evidence to gauge our effectiveness, and sharing what we have learned with community partners (such as through this newsletter, community consultations, and our annual and semi-annual reports).

We are acutely aware that the most important question running through a person's head may not be, "Can this counsellor help me?" but rather, "Is this person going to hurt me?"

With individuals, this means when we meet with a new referral – we are acutely aware that the most important question running through a person's head may not be, "Can this counsellor help me?" but rather, "Is this person going to hurt me?" This can be especially true for someone who has experienced serious hurts or letdowns in the past. Through our client satisfaction focus group (2012-2013 annual report) and increasing self-referrals and referrals from friends and family, we feel we have been making significant strides in both effectiveness and creating safe, non-judgemental relationships – one at a time.

We are also always aiming to find ways to make it easier for people to find and be referred to us – and to make that process as simple and transparent as possible. A few years ago we developed a referral form, available on our website at: <http://www.impactabby.com/referral.doc>. And, in response to a number of frequently asked questions about our referral process, we have now developed an FAQ for those considering referring someone to us: <http://www.impactabby.com/ReferralFAQ.pdf>.

## A Word From and About Our Funders

**REMINDER:** Real Estate agent Marcus Ortner, in addition to making a donation from each sale he makes with or without a referral from Impact, will donate 25% of his total commission if you mention you were referred by Impact! You can reach Marcus at 604.217.2552 and [www.marcusortner.com](http://www.marcusortner.com). Thanks Marcus!



Some of our major funders and donors for 2013-2014. See our website for a complete list:



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