VOLUME 2, ISSUE 2: AUGUST 2014

Practice

The New Zealand Corrections Journal

DEPARTMENT OF CORRECTIONS
ARA POUTAMA AOTEAROA

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ISSN 2324-4305 (Print), ISSN 2324-4313 (Online)

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Editorial

Welcome to our issue on Motivational Interviewing

Motivational Interviewing (MI) is a therapeutic technique that is effective with a number of populations to whom change would be beneficial. Internationally, practitioners are using it with individuals and groups to encourage and sustain change.

Here at Corrections in New Zealand, our psychologists have used motivational techniques for many years with measurable benefits, complementing other techniques such as cognitive behavioural therapy. The success of MI in these settings has encouraged Corrections to train staff more widely in MI approaches and to develop a range of motivational interventions including the Short Motivational Programme (SMP), delivered by programme facilitators, and brief motivational interventions delivered by case managers and probation officers. Right Track, the programme developed for use by corrections officers, is based on MI. MI requires a good deal of training, practise and supervision before it delivers its full benefits, and Corrections is fortunate to have pockets of excellence, such as the Special Treatment Units, that are informing practice for the rest of the organisation. We expect that as we gain experience of MI as an organisation we will reap more benefits in helping to motivate offenders to change and to sustain that change.

We have put this issue of the Journal together to work equally well for those readers who want to read only those articles that are relevant to them, and for those readers who want to immerse themselves in the topic by reading the whole issue. For that reason each paper works as a 'stand alone' read. Some of the descriptions of MI may seem slightly repetitive, however, each has a slant that fits the topic of the article. We are lucky to have contributions from experts in Australia and NZ who have worked with and trained our Corrections staff. Helen Mentha and Joel Porter provide views on the current use of MI in other settings and Eileen Britt discusses how useful MI skills are in a correctional setting in NZ.

There are papers from Mei Wah Williams, Kevin Austin and Abigail Yong on the content of the SMP, and the use of the University of Rhode Island Change Assessment Scale in measuring change by offenders in the SMP. These offer some suggestions to improve our practice.

There is a group of articles by Corrections staff which address the practical application of MI and provide case studies of the use of MI techniques by programme facilitators, case managers, probation officers, corrections officers and psychologists.

Paul Whitehead's paper outlines the theory behind therapeutic communities used in the STUs; the prison becomes part of the programme in such communities, and the paper demonstrates how powerful MI can become when used by both custodial and therapy staff.

Lauren Ball gives an effective example of partnership where we have worked with Child, Youth and Family to provide a short motivational programme for young offenders. An article from our colleagues in Health demonstrates the use of MI techniques with physical and mental health patients.

Finally, there is a review of the book by the founders of MI, Miller and Rollnick. Overall, this issue provides a comprehensive and well-rounded look at the use of MI techniques in Corrections in NZ. By bringing all these aspects of our work together it becomes easy to see what exciting progress we have made in training staff to use such techniques consistently across the Department. Although there are still gains to be made, it is clear the Department and its staff are committed to providing the best possible interventions to offenders to help them become pro-social members of our society.

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Motivational Interviewing: A useful skill for correctional staff?

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Dr Eileen Britt is a registered Clinical Psychologist, and Senior Lecturer at the University of Canterbury. Eileen is a member of the Motivational Interviewing Network of Trainers, an international network of Motivational Interviewing (MI) trainers and researchers. She has a long-standing interest in MI and is involved in a number of research projects related to MI. She teaches MI at the University of Canterbury on the Postgraduate Diploma in Clinical Psychology programme, as well as two postgraduate papers on MI within the School of Health Sciences, and is frequently asked to provide workshops or presentations on MI to a range of professional groups.

Abstract

Motivational Interviewing (MI) is a collaborative conversation about change, which systematic reviews and meta-analyses have shown to be an effective intervention for a range of behaviours, including offending. The following paper will provide: a description of what MI is; what we know about how it works; a discussion of MI training and implementation within organisations, and some challenges when engaging in MI within a correctional setting.

Introduction

Motivational Interviewing (MI) is a collaborative conversation about change (Miller & Rollnick, 2012), which has been shown to be an effective intervention for a range of behaviours (Lundahl, Kunz, Brownell, Tollefson & Burke, 2010; Arkowitz, Westra, Miller & Rollnick, 2008), including offending (McMurran, 2009). MI is typically a brief intervention (1-4 sessions) which can be utilised with individuals or in groups (Wagner & Ingersoll, 2013). It can help build motivation to engage in a treatment programme (e.g., an offender treatment programme such as substance abuse, driving offending, sex or violent offending), or can be used alongside other interventions, such as cognitive-behavioural therapy, or community supervision (Arkowitz et al, 2008). MI can also be effective as an intervention in its own right – helping an offender to find the motivation to change may be all that is needed for them to change. MI appears to hold substantial promise for offending-related behaviour change, which can take time, and require considerable effort and motivation. MI provides a means of working with ambivalence, keeps the conversation more change focused, placing the responsibility for change with the offender, and provides a way of working with offenders who might be otherwise viewed as unmotivated or as presenting as resistant (Clark, 2005; Fabring & Johnson, 2008; National Institute of Corrections, 2012). Furthermore, using MI may reduce emotional exhaustion or burnout for staff working with high-risk, challenging, unwilling clients as MI involves the establishment of a collaborative relationship rather than a combative control struggle, trying to force resistant offenders to change (National Institute of Corrections, 2012). Additionally, Lundahl et al. (2010) in their meta-analysis of 25 years of MI research found that MI was most effective with individuals from ethnic groups who had experienced societal rejection and social pressure. Many such individuals are also involved in correctional systems.

MI within corrections is a developing area, with the research evidence for its effectiveness growing. A systematic review of 19 studies of MI with offenders (McMurran, 2009) concluded that MI can lead to improved retention in treatment programmes, increased motivation to change, and reduced offending. Results did, however, vary across studies, a finding which also has been found in wider MI research (Lundahl et al., 2010). Additionally, New Zealand research has found increased motivation and reductions in re-offending of high risk offenders when MI was included as part of a Short Motivational Programme aimed at increasing offender's motivation to change prior to their release from prison (Austin, Williams & Kilgour, 2011).

What is Motivational Interviewing?

MI is an active, client-centred way of being with people. It is done *with* someone, rather than *to* someone. It is not a technique, but rather a facilitative, guiding

style, which allows the individual to talk about his or her ambivalence about behaviour change in a way that the process tips the balance towards positive change (Miller & Rollnick, 2012). MI does this by paying particular attention to the language of change.

MI theory (Miller & Rose, 2009) posits that MI increases client change talk and minimises sustain talk, and that the extent to which clients verbally defend the problematic behaviour (sustain talk) is inversely related to behaviour change. Conversely, the extent to which clients verbally argue for change (change talk) is directly related to behaviour change. Research also suggests that what is important is not just the frequency of change talk, but rather the strength with which change talk is expressed, with the most predictive client speech occurring towards the end of the session (Amrhein, Miller, Yahne, Palmer & Fulcher, 2003).

Furthermore, it is suggested that the resolution of ambivalence in a particular direction is influenced by the practitioner's differential response to client speech (Miller & Rose, 2009. That is, what facilitates behaviour change in MI is its focus on eliciting change talk and using reflective listening to selectively strengthen it.

Change talk

Change talk is talk from the patient about *preparing for change* (Miller & Rollnick, 2012) , which includes talk about: a desire to change (e.g., "I want to stop my offending"); an ability to change (e.g., "I know I can quit smoking dope"); reasons for changing (e.g., "I want to be a better father to my children"); or a need to change (e.g., "I need to stop offending – it's really important to me that I don't come back to prison again"). Change talk also includes talk about implementing change (Miller & Rollnick, 2012), which includes talk about: a commitment to change (e.g., "That's it – I'm going to stop using from today"); activation or preparing for change (e.g., "I will think about going to a sex offender programme"); or taking steps (e.g., "I said no last weekend when my mates were going out to do a burglary") in the recent past (last week).

Sustain talk is the opposite of change talk. An offender may use sustain talk to indicate: a desire to stay as they are, worries that they will not be able to change, reasons to not change, a need to stay as they are, or a commitment to continue to stay as they are (Miller & Rollnick, 2012) .

In MI the goal is not to draw out sustain talk but rather to draw change talk. Eliciting sustain talk from an offender means they will be more likely to stay the same (Miller & Rollnick, 2012). A lack of sustain talk, on the other hand, may not be the same as a commitment or motivation to change.

Change talk is important because the more we hear ourselves say something, the more we believe it – the more an offender uses change talk, the more they believe it.

Research shows that when an individual uses change talk, he or she is more likely to change their behaviour for the better (Miller & Rose, 2009). The more a practitioner can draw out change talk from an offender and the stronger this change talk is, the more likely it is that they will make positive changes.

Spirit of MI

MI is not a set of techniques, but rather a 'way of being' with people. At the core of this 'way of being' is the 'sprit' of MI. Without this spirit, MI is not being practiced and the results are not as likely to be effective (Miller & Rollnick, 2012).

The spirit of MI includes *partnership*. That is, MI is a shared journey between the offender and practitioner. The MI practitioner in the corrections setting has MI skills and relevant knowledge regarding reducing offending and the offender has his or her own strengths and knowledge. This combination provides the possibility for change.

Acceptance is another component of MI spirit. Acceptance includes recognising and valuing the absolute worth of the offender; and honouring their autonomy – that it is ultimately up to the individual to decide if they want to, or how to, make changes.

MI is practiced with *compassion*. In other words, it is practiced with the best interests of the offender at heart.

The final component of MI spirit is *evocation*. To evoke is to 'bring forth'. The intention is for the practitioner to assist the offender to reach their potential by drawing out their underlying motivations for wanting things to change.

MI processes

MI involves the following four fundamental processes, with each building the foundation for the subsequent process (Miller & Rollnick, 2012):

- *Engagement* – establishing a sound relationship is essential for MI to occur. Engagement needs to continue throughout MI.
- *Focusing* – where the offender and MI practitioner work together to focus on the area(s) of potential change. Focusing may not be a one-off event – there may be times when there is a need to re-focus or negotiate a new focus if other issues arise that may seem important or relevant.
- *Evoking* – the MI practitioner works to draw out the underlying motivations for the offender wanting

things to be different and desire for change from the offender. These motivations may emerge early in the session (if the offender has already given thought to the possibility of change) or may emerge as the conversation progresses.

- *Planning* – when the offender is ready to change, the offender and MI practitioner work together to plan how change might occur.

This last process of planning does not always have to occur in an MI session. By engaging in the first three processes, the chances that the offender may engage in behaviour change at some point is increased, even if planning does not occur. Engagement, focusing and evoking, therefore, are essential processes in MI.

Micro-counselling skills

In MI, micro-counselling skills of open questions, affirmations, reflections, and summarising are used to facilitate engagement, focus, and elicit and strengthen change talk (Miller & Rollnick, 2012). Reflective listening is a core skill – in MI the most common practitioner response is a reflection. Reflective listening conveys understanding, encourages the offender to talk more, and avoids the question-answer trap which makes the practitioner the expert and the offender the passive responder (Miller & Rollnick, 2012). Reflections provide an opportunity for the practitioner to be selective – reflecting change talk means that not only has the offender thought it, spoken it aloud, but they hear that they said it again.

In MI questions are used less frequently than reflections – it is recommended that the ratio of reflections to questions is at least one to one. It is further recommended that questions are mostly open questions (Miller & Rollnick, 2012) which encourage the offender to talk more, or are evocative open questions which elicit change talk (e.g. "what concerns do you have about your drug use?" or "why do you want to stop hitting your partner?"). Closed questions in MI are defined as questions which can be answered simply with "yes" or "no", or are fact seeking questions (e.g. "when did you last hit her?" or "what did you drink yesterday?") and are used less frequently.

Affirmations, expressing an appreciation of a strength or positive action, are used in MI to express positive regard and caring; strengthen engagement; decrease defensiveness; and strengthen the offender's sense of self-efficacy and confidence in their ability to change (Miller & Rollnick, 2012). Summaries, as well as providing the opportunity to check out the shared understanding that is developing between the offender and the MI practitioner, also provide an opportunity for the practitioner to include in the summary change talk, so that the offender hears again the change talk they engaged in earlier in the session (Miller & Rollnick, 2012).

In addition to these micro-counselling skills, a way of providing information, feedback (e.g., on psychometric testing) or advice has been developed so that this process remains consistent with the spirit of MI, maintaining a collaborative, respectful process (Miller & Rollnick, 2012). This involves: asking permission to discuss (e.g., "would you like to know about the results of the questionnaire you answered?" or "would you like to know how some people have managed to reduce their drinking?"); asking what the patient knows (e.g., "what do you think the result will be?" or "what ideas do you have about how you might be able to reduce your drinking?"); providing the information, feedback or advice; then asking the patient to respond (e.g., "how does that fit with you?", "what do you make of that?" or "how does that fit with how you see things?").

Mechanisms of change in MI

Research on MI has broadened out from research on its effectiveness to research exploring how MI works. A systematic review of studies which examined what aspects of within-session practitioner and client behaviour related to better outcome *(Apodaca & Longabaugh, 2009)* found most consistent evidence for client change talk and client experience of discrepancy, whilst MI-inconsistent behaviour (confronting, directing, warning) by the practitioner related to worse outcomes. They also reported that the use of a decisional balance was associated with better outcomes. A recent review of empirical evidence for the use of decisional balance (Miller & Rose, 2013), however, found that decisional balance tends to *decrease* commitment to change in individuals who are ambivalent (whereas evocation of change talk promoted change). They conclude that a decisional balance may be appropriate when: the practitioner wishes to maintain a neutral stance and not favour the resolution of ambivalence in any particular direction, a situation which is unlikely to arise in a correctional setting when dealing with offending; or if an individual had already made the decision to change, when a decisional balance may strengthen commitment to change.

MI training and implementation

Learning MI involves:

- Unlearning old habits such as asking questions, rather than reflecting.
- Slowing down – try not to rush to fixing things, instead take time to listen to your patient.
- Being humble – avoid being the expert and instead see the offender as an equal partner in the process.

- Believing in the offender – believe in their potential for change.
- Reflecting, especially change talk.

MI is a skilled conversation that requires careful training. Research shows that learning MI takes more than attending a workshop. Learning MI in a way that can be integrated back into work settings and is likely to produce better outcomes requires on-going feedback and coaching after initial training (Miller, Yahne, Moyers, Martinez & Pirritano, 2004).

There are only currently two published studies evaluating MI training for correctional staff (Hohman, Doran & Koutsenok, 2009; Walters, Vader, Nguyen & Harris, 2010). Hohman et al. (2009) found that after three days of MI training correctional staff (including youth correctional officers, counselors, psychologists, case managers, nurses, and teachers) showed significant gains in knowledge of MI and reflective listening skills. They also found that motivation to learn MI pre-training was not related to higher scores, suggesting that trainees did not have to be motivated to learn MI for the gains knowledge and reflective listening to be achieved. Walters et al. (2010) found that after 24 hours of MI training (comprising an initial two-day workshop, a half-day booster, and one-two monthly coaching sessions over six-months) probation officers improved on key MI skills (empathy and MI-consistent behaviour) which were maintained six-months post-training. Walters et al. also reported a number of system constraints that were a challenge to implementing MI within a large probation service, including high client loads, and high staff-turn over.

The efficacy of MI, like other evidence-based interventions, is dependent on the training of the practitioners to implement the intervention. Without sufficient training, effective implementation can be compromised, adversely affecting outcomes. Training alone, however, does not guarantee that implementation of an intervention will be at a satisfactory level (Alexander, VanBenschoten & Walters, 2008). It is important that any large organisation wishing to implement MI develops an implementation plan, which includes workshop-based training followed by regular coaching and feedback based on audios of MI practice, which increase the quality and consistency of the MI delivered across practitioners (Fixsen, Naoon, Blase, Friedman & Wallace , 2005; Alexander et al, 2008). Furthermore it is recommended that for successful implementation within an organisation there needs to be commitment of leadership to the implementation process as well as a commitment of ongoing resources and support, such as time for ongoing coaching (Fixsen et al., 2005).

Challenges for MI in a correctional setting

If the criminal justice culture has an adversarial, punitive, 'be tough' atmosphere it may be difficult to practice MI within this context as this is inconsistent with the spirit of MI (Clark, 2005) where the attitude is one of acceptance – recognising and respecting the offender as a human being, who has choices. This does not mean that the MI practitioner approves of the offending but rather sees the individual, with their strengths and weaknesses, and strives to work in a collaborative way to create 'self-confrontation' that prompts the offender to consider where their offending is leading them, and how this fits with their goals, values, and life satisfaction (Clark, 2005).

The unique role of some correctional staff, such as probation officers, which requires monitoring/ enforcement tasks as well as acting as change agents (Clark, Walters, Gingerich & Meltzer, 2006) can pose some particular challenges in order to remain MI-consistent. Clark et al. (2006) suggest that probation officers fully explain their dual role in a way which conveys that they are someone who represents 'both sides' such as:

> "I want to make you aware that I have a couple of roles here. One of them is to be the court's representative, and to report on your progress on the conditions that the court has set. At the same time, I act as a representative for you, to help keep the court off your back and manage these conditions, while possibly making some other positive steps along the way. I'll act as a 'go-between' – that is, between you and the court, but ultimately you're the one who makes the choices. How does that sound?" (p42).

Within correctional settings there are also often multiple behaviours which could be addressed, with consequent potential for changes of direction, or focus during the MI conversation (Clark et al., 2006). For example, if a driving offender reports that he is drinking heavily every day and sometimes hits his wife, there are three potential target behaviours – alcohol abuse, spouse abuse, and the original driving offending. It may not always be clear which behaviour warrants more attention as they may all need to be addressed at some point. Static and dynamic risk and need assessments may help in guiding these types of decisions.

Correctional staff may also need to give instructions about future behaviour or clarify sentence conditions which can be communicated in an MI consistent way. This can be achieved by removing the first person pronoun ('I') from statements, asking questions rather than telling, and deferring to court requirements or policy (Clark et al., 2006).

Conclusions

MI provides a way of working with offenders who may seem ambivalent, or not motivated, to change. MI aims to increase engagement and collaboration between the offender and the correctional worker, and to increase the offender's talk about change. In MI the practitioner talks less than the client, with a reflection being the practitioner's most common response to what the client says. MI seeks to draw out from the offender their underlying motivations for wanting things to be different and desire for change. Thus, MI is a skilled conversation about change which requires careful training, including ongoing feedback and coaching after initial training. With such training it is possible for corrrectional workers to acquire MI skills which can positively influence the outcome for offenders and reduce re-offending. Research on MI in the criminal justice area, however, is still relatively limited, with few well-controlled studies which clearly describe the MI training provided to correctional staff, and include fidelity checks as to the level of MI skill being practiced. Consequently, practice appears to be ahead of research, as was the case when MI was first written about and introduced in the addictions field.

> "Rather than 'business as usual' we model the communication style we hope to hear from our clients, because the way we treat them is the way they often become" (MI trained probation officer, cited by Venable, Westcott, & Clark, 2012).

> "My PO listens and I figure things out for myself. I now believe change is possible for me" (offender cited by Venable et al., Clark, 2012).

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Motivational Interviewing and the bigger picture: Where is MI now?

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Helen Mentha B.A (Hons), M.Psych (Clinical) is a clinical psychologist based in Melbourne who has worked in the drug and alcohol field for many years. She now runs her own consultancy and practice, with a specialist interest in the training, supervision and application of Motivational Interviewing in a broad range of settings. Helen is a member of the Motivational Interviewing Network of Trainers.

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Abstract

Motivational Interviewing has come a long way since the phrase was first coined in an article by Bill Miller in 1983. The approach initially started as something of a rationale why we might take a more collaborative and respectful approach to addiction but has since become an internationally regarded framework for conducting conversations about change across a wide range of settings. Over the past 30 years, a growing body of research has investigated what MI is, how it might help work with a diverse range of presenting issues, and how we might best learn it.

The journey so far

> *"The original concept of motivational interviewing grew out of a series of discussions with a group of Norwegian psychologists at the Hjellestad Clinic near Bergen. They asked one of us (Miller) to demonstrate how he would respond to particular problematic situations they were encountering in treating people with alcohol problems. As he demonstrated possible approaches, they asked excellent questions: "Why did you say that instead of something else? What were you thinking when you said that? Why did you remain silent? What is that you are trying to do with the client? Why didn't you push harder at that point? Where are you going with this line of questions? Why didn't you just tell him what he should do?" The result was a first statement of principles and strategies of motivational interviewing."*
> (Miller and Rollnick, p 52, 1991).

The above discussions took place in 1982 and sparked the development of Motivational Interviewing (MI). The following year Miller (1983) published a journal article titled *Motivational Interviewing with Problem Drinkers* and introduced MI to the world. A serendipitous meeting between Bill Miller and Stephen Rollnick in Sydney, Australia in 1989 inspired the publication of *Motivational Interviewing: Preparing People to Change Addictive Behaviors* (Miller & Rollnick, 1991). MI rejuvenated addiction treatment and the long term effects of this brief intervention had people re-thinking treatment in general. It was not long until MI found its way into the doors of mental health, healthcare, corrections, public health and education.

In the past thirty years over 25,000 articles citing MI and 200 randomised controlled trials and 35 books have been published (Miller & Rollnick, 2013). While the growing evidence base indicates ongoing support for the approach, it also highlights that MI is a dynamic, evolving approach that continues to investigate what helps people make changes and what is important in conversations about change.

To this end, the evolution of MI has generated as many questions as answers about change. MI raises a fundamental question: How can we have better conversations about change? In doing so, MI offers a subtle shift from focusing primarily on treatment matching and delivery to addressing a more fundamental concern "Is what we are doing helpful?"

The body of research into MI itself is equally framed by this question, rather than "How can we be proven right?" MI has an intriguing research profile that includes investigations into what it is, how it works, how we learn it and what are the mechanisms of action. Yet it is interesting to observe that the popularity of

MI amongst clinicians appears to be less based on the research, and more based on their experience that MI helps them to feel both less under pressure to 'make' change happen and more effective in the moment.

A core notion in the learning of MI is that, once we learn the key principles and skills, our clients teach us the finer nuances by the way they lean in or withdraw from the conversation. Our aim is to engage people into collaborative, meaningful conversations about their lives and their dilemmas as equal partners in this process.

What do we mean by MI in 2014?

Before we can look at where MI is in the bigger picture, we need to clarify what we actually mean by 'Motivational Interviewing'. The phrase has come to be used to describe a broad range of practices, most of which are not actually MI but *something like MI*. Even more so since the spirit of MI has remained relatively consistent, the ideas about what MI should look like in practice have evolved over the past 30 years.

At one extreme, the term 'MI' has inaccurately been used to describe a form of polite coercion – a way of persuading people to do what we think is best for them. At the other extreme, it has been blurred with more general client-centred and strengths-based empathic interactions. Equally, MI as an approach has also been misrepresented with the use of individual elements of MI, such as evoking, complex reflections, or what was previously referred to as "rolling with resistance".

Miller and Rollnick's (2009) "Ten Things MI is Not" went some way to distinguish MI from commonly held misunderstandings, such the Transtheoretical Model (Stages of Change), the decisional balance or treatment as usual. In their most recent, updated text on MI, Miller and Rollnick (2013) provide three definitions – one for the lay person, one for the clinician and this third, more 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*." (p.29)

In the latest version of MI, Miller and Rollnick (2013) propose four processes that clinicians should attend to in conversations about change. First we develop a comfortable relationship together (Engage) and then we develop a shared sense of purpose (Focus). While these first two processes are not necessarily MI, both are prerequisites to the more disciplined MI conversation (Evoke). A collaborative conversation where we are listening carefully to client language and working towards making a change that is meaningful to them. The final process (Plan) is optional, but should incorporate all the previous stages if it is entered into.

In contrast to step-wise or stage based approaches, the clinician using MI would be more likely to ebb and flow between the four processes as needed. One of the core skills of MI is discerning when to use the individual skills of MI to focus on building motivation and commitment to a meaningful change. These four processes offer an accessible heuristic to help to clarify when it is time for a more 'pure' MI conversation, or whether we are still in a broader 'MI aware' conversation, as the conditions for a focussed conversation about change have not yet been met, or other priorities need to take precedence.

While some elements are optional – e.g. evoking change talk only applies where there is change talk to be evoked – others are more fundamental and cannot be switched on and off in a genuine manner. The humanistic principles that underpin MI and its spirit (Partnership, Acceptance, Compassion, and Evocation) set the tone and quality of the entire encounter, whether there is a focus on change talk or not. Equally, these principles take priority in the clinician's practice and must be attended to if they are compromised. For example, if we notice we are losing our compassion or becoming judgemental, we need to invest in regaining a more open and accepting stance, even if we also need to impose sanctions as is often the case in Corrections settings.

Some of the elements of MI are helpful in their own right (e.g. evoking not telling, complex reflections, expressing empathy, affirming) – we will return to this aspect later.

Where has the MI framework been applied?

Since its emergence from the addictions field, MI has been increasingly applied to a broad range of human behaviour change in counselling, health, public health, community, corrections and educational settings and beyond.

Areas of investigation have included themes as diverse as alcohol, tobacco, other drugs, safe sex practices, HIV, diet, exercise, weight, diabetes, heart failure, stroke, pain management, eating disorders, parenting, injury prevention, dental care, breastfeeding, cholesterol, depression and adherence to prescription medication (Lundahl & Burke, 2009; Lundhal et al, 2013). Research covers a broad range of applications including MI as standalone treatment, MI combined with another treatment, and MI as a precursor to other treatment.

Applications of MI have also gone beyond the more traditional individual, face-to-face settings. In their

recent book, *Motivational Interviewing and Groups*, Chris Wagner and Karen Ingersoll (2013) provide a review of how MI has been used in groups and a new methodology for how to do it. This step forward in the evolution of MI, takes what has been traditionally an approach focused on individual intrinsic motivation into the realm of groups. MI has also been taken out of the consulting rooms and found its way into organisations (Fields, 2006), classrooms (Reinke, Herman & Sprick, 2011), telephone counselling (Cunningham, Hodgins, Toneatto, Rai & Cordingley, 2009) and public health (VanWormer & Boucher, 2004; Thevos, Olsen, Rangel, Kaona, Tembo & Quick, 2002).

Researchers have conducted several meta-analyses to better understand the growing body of literature, including primary care settings (VanBuskirk & Wetherall, 2013), medical settings (Lundahl et al, 2013), smoking (Heckman, Egleston & Hofman, 2010), paediatric care (Gayes & Steele, 2014) as well as more general overviews (Lundahl et al, 2010; Hettema, Steele & Miller, 2005; Burke Arkowitz and Menchola, 2003).

Overall, these studies indicate that when MI is introduced at the appropriate time and with fidelity, that the approach is less time intensive and as or more helpful than other interventions. The strength of the findings do vary, but are remarkable for the relative absence of negative findings; the research seems to suggest that it is difficult to do harm when using the principles of MI well. The main negative finding that has emerged from this body of research is that MI may inhibit the process of change with people who are already motivated to change and make a plan (Lundahl et al, 2009).

> *"...the research seems to suggest that it is difficult to do harm when using the principles of MI well."*

Beyond problem areas

MI evolved from wanting to address practical challenges facing clinicians, by applying scientific method to intuitive hypotheses arising from clinical practice (Miller & Rollnick, 2012). As such, there is no theory of change that underpins MI, and much work is still to be done investigating what are the mechanisms at work within MI conversations, and which are most important in facilitating positive outcomes (Apodaca & Longabaugh, 2009; Allsop, 2007; Magill, Stout & Apodaca, 2013).

There is a growing body of research investigating the technical and relational elements of MI, as well as the fit between what the clinician was doing and where the client was in the process of change. This research focuses on what works within MI, and which of these elements are of the greatest importance, separate to the investigation of MI with specific presenting problems.

There is also a growing awareness that a good treatment or programme is only as good as the quality of implementation (Fixsen et al). Over the past decade, increasing attention and study has gone toward investigating how clinicians learn MI (e.g. Madson, Loignon & lane, 2009; Miller et al, 2004; Moyers et al, 2008; Mitcheson, Bhavsar & McCambridge, 2009; Roten et al, 2013, Sōderlund, Madson, Rubak & Nilson, 2011).

Some of this literature has focussed on the client's language and outcome (Amrhein et al, 2003; Hodgins, Ching & McEwan, 2009; Martin et al, 2011), while others have focussed more on the relationship between clinician language and subsequent client language (Amrhein et al, 2004; Moyers, Miller & Hendrickson, 2005). The findings indicate that the way the clinician expresses themselves can have a significant influence on the direction of conversation, the client's language about change and client outcomes. This challenges clinicians to pay close attention to each word they speak while also attending to the client and broader clinical concerns (e.g. risk, assessment, available time and resources). Yet in doing so, they may be able to access a much richer and more productive conversation.

Research has also investigated the impact of fidelity, or the quality of MI delivered, on outcome. For example, McCambridge et al (2011) found the clinician's MI spirit and the proportion of complex reflections were both significant predictors of change in adolescents using cannabis. Research findings such as these not only shed light on what works in MI, but where clinicians who are new to learning the approach may be best to invest their energy. This is important when combined with the previously cited findings that the MI spirit may be improved in limited training, as it may be one of the most significant elements affecting outcomes (Miller & Rollnick, 2012, 2002, 1991).

Beyond MI

While the research into MI rightly focuses on what it is, what works and how we can do it better, there are other aspects to learning MI that are not necessarily so obvious. Becoming proficient in MI not only provides the clinician with fundamental skills for engaging clients in conversations about change, it also encourages us to think about our beliefs about change and our role in that process.

The relational components embedded within the spirit of MI require us to be acutely conscious of what is going on in our half of the relationship: our agenda, judgements, assumptions, expectations and tensions. It is not possible to do MI well without attending to the ways we subtly (and not so subtly) try to guide conversations toward our own desired outcomes. Concepts such as evocation and autonomy mean that we need to be able to keep our own urges in our line of sight, while working to draw out what lies within the other person.

The technical components require us to be highly conscious and careful of our choice of words, and not to communicate in 'autopilot' or habit. This requires discipline to learn, and even greater complexity to maintain while still attending fully to the person in front of us and the content of the conversation.

MI also hones listening to a highly skilful level. We train our ear to listen deeply, requiring us to be as genuinely, fully present as possible, so that we do not take a client's words on face value but instead listen on a more profound level for meaning and understanding. We also train our ear for specific content, sometimes buried within a large volume of other information, such as change talk, strengths, values, hope.

MI also helps to develop a greater awareness of the ebb and flow that occurs between the clinician and client, to attend to the tensions, discord and openness that occur within our conversations. While MI invites us to take responsibility for much of the interpersonal quality of our encounters, being aware of it also opens up much more potential to respond in a helpful way that improves the conversation rather than inadvertently contributing to its decline.

In training each of these areas of awareness and skill, MI also invites us to have faith in the process, the client and ourselves. With time and practice we develop stamina to stay in a more open, curious space where we can listen carefully for where a person is at, and what we might be able to do to help. We learn to notice our righting reflex and not give in to it. We learn to notice our judgements and frustrations and yet find ways to maintain compassion and neutrality so that we may still be effective.

These aspects of MI may not be at the forefront of the approach, and are difficult to capture in the research, but they are worth considering. For the learner new to the approach, MI is practical, accessible and offers useful ideas for any clinician engaging in conversations about change. For the more experienced clinician, the same framework offers a set of principles and carefully honed skills that can be used to continually deepen the quality of care provided.

Where to from here?

MI continues to expand into new territory. If there is change being discussed, MI may be a relevant framework to draw on. As such, the conceptual confusion around what MI is and how it works is likely to continue, and the edges between MI and other client-centred, strength-based approaches are likely to become more rather than less blurred over time. Further, there is considerable potential to integrate MI spirit, skills and attention to change talk into other approaches, such as cognitive behaviour therapy, solution-focused therapy or interpersonal therapy.

Therefore, it is all the more important to closely attend to definitions and fidelity measures outlined in research papers before drawing conclusions on what a study indicates about the application of MI. There are many more questions to answer about MI, its mechanisms and possible applications. There are other approaches worth investigating as well. And underpinning it all is the question: How can we have more helpful conversations about change?

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The ingredients of change: Combining Motivational Interviewing and cognitive behavioural therapy in the Short Motivational Programme

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Dr Mei Williams has worked for Massey University for 13 years. She lectures and does research in the area of clinical psychology and criminal justice. Mei also coordinates the Clinical Psychology Training Programme in Albany. Prior to this Mei worked as a clinical psychologist for the Department of Corrections in Palmerston North for six years.

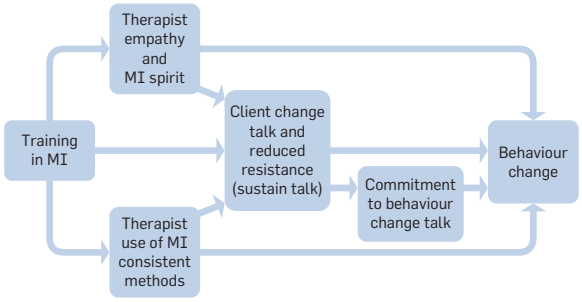
Dr Kevin Austin completed a clinical psychology internship with the Department of Corrections in 2012 and took up a position in the Auckland Psychologists' Office in 2013. Kevin's research has centred on the use of Motivational Interviewing with offenders. His doctoral thesis sought to understand how to effectively use Motivational Interviewing with offenders. This included the effect of including cognitive behaviour therapy on willingness to change offending behaviour.

Miller (1983) proposed that therapists using methods consistent with the principles and spirit of Motivational Interviewing (MI) could evoke the client's own arguments for changing problematic behaviours (which they termed change talk), and decrease arguments against change (known as sustain talk) and resistance. He further suggested that promoting change talk enabled clients to resolve their ambivalence about changing problematic behaviour, and that this in turn would lead to subsequent behaviour change (Miller & Rollnick, 2002). Miller and Rose (2009) developed this into a theory of MI, demonstrating how the processes of MI can lead to behavioural change (see Figure 1).

Figure 1.

Hypothesised relationships among process and outcome variables in MI

Adapted from Miller and Rose (2009)



Some support has been found for the relationships within the model. For example, Britt and Blampied (2009) found a positive relationship between therapists' use of MI consistent methods and change talk, and Sellman, Sullivan, Dore, Adamson, and MacEwan (2001) found therapists' adherence to MI methods effected more behaviour change than the relational component alone. Further, Amrhein, Miller, Yahne, Palmer, and Fulcher (2003) demonstrated that clients' change talk and subsequent behaviour change were mediated by their commitment to change talk.

A general trend has been to combine MI with cognitive behavioural methods (CBT: Arkowitz, Westra, Miller, & Rollnick, 2008). The Short Motivational Programme (SMP) operated by the Department of Corrections reflects this innovation. While the integration of the two therapeutic models has intuitive appeal there has been very little research into the effectiveness of combining therapeutic models that differ in their fundamental principles regarding change. Two studies conducted with the Correctional population, however, have shown that the SMP is effective in increasing motivation to change and reducing the risk of recidivism with medium risk offenders (Anstiss, Polaschek, & Wilson, 2011), and in effecting motivational change with high-risk offenders (Austin, Williams, & Kilgour, 2011). While the outcome of the two studies provided some support for the programme, it is uncertain whether there is any evidence of offenders' change talk occurring in the SMP, and if therapists who adhere to the spirit and principles of MI effect any change at all.

Purpose of the study

The purpose of the study was firstly, to investigate whether there was any change in offenders' change talk and whether resistance or sustain talk decreased during the SMP, particularly for a programme that included both CBT and MI components. Secondly, to explore if there was any relationship between therapists' use of MI methods and its effect on offenders' change talk.

Participants

Twelve programme facilitators employed by the Department of Corrections to deliver the SMP were recruited for the study. Each facilitator provided an average of 3.77 video-recorded SMP sessions with a total of 26 offenders. In total, 98 SMP sessions of approximately one hour were used for analysis. These recordings covered sessions one to five of the SMP, although not all sessions were provided for each offender.

Of the 26 offenders, 23 were male aged between 21 and 56 (M = 37.57; SD = 9.99) years. Ten (43.5 percent) of the offenders identified as NZ Māori, six (26.1 percent) as NZ European, and six (26.1 percent) of Pasifika descent. The remaining offenders were either from another ethnic minority group in New Zealand or not specified. Nearly half (46.2 percent) were serving a prison sentence at the time of the recordings, nine were on a community-based sentence, and five were on home detention. At the assessment the rehabilitative needs identified for the offenders included alcohol and drug use, offence supportive attitudes, antisocial peers, unhelpful lifestyle balance, violence propensity, relationship difficulties, and mood management problems. The Risk of Reconviction X Risk of Re-imprisonment scale (RoC*RoI; Bakker, O'Malley, & Riley, 1999) scores ranged from 0.12 to 0.61 (M = 0.41; SD = 0.15), and therefore the offenders were considered to be of low to moderate risk of recidivism.

Measure

The offenders' in-session change talk and sustain talk were measured with the Motivational Interviewing Skills Code, version 2.1 (MISC 2.1; Miller, Moyers, Ernst, & Amrhein, 2008). The MISC 2.1 is designed to measure adherence to the key components of MI, to provide feedback to clinicians about their use of MI, to evaluate the effectiveness of MI training, to conduct process research, and to predict treatment outcome. This measure provided behavioural counts of clients' change talk (language indicative of positive behaviour change) and sustain talk (language indicative of maintaining current behaviour) in reference to the target behaviour(s). In the study, the target behaviour was identified as the offending behaviour and the dynamic factors that contributed towards the offending, otherwise known as the offender's rehabilitative needs.

The MISC 2.1 included global ratings to measure therapists' adherence to the principles, such as communicating acceptance, empathy, and the spirit of MI. The spirit of MI is constituted by the constructs of collaboration, evocation, and autonomy-support (Miller & Rollnick, 2002). Summary scores can be calculated to evaluate the quality of MI produced by therapists. For the purpose of the study, therapist's scores on MI consistent methods were compared to therapists with MI inconsistent methods scores. MI *consistent* categories consisted of: advise with permission, emphasise control, reframe, support, affirm, use open-ended questions, and simple and complex reflections. MI *inconsistent* methods included the use of warning, raising concern or advising without permission, and a directive and confronting style.

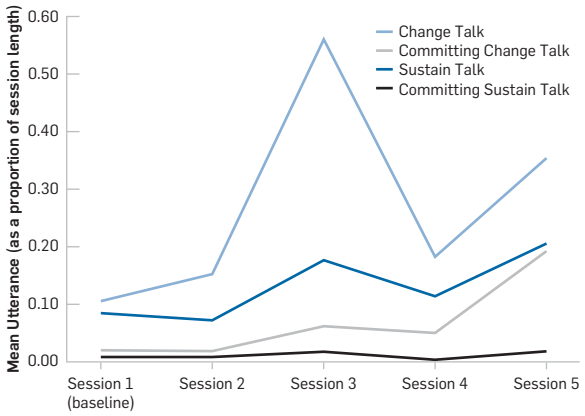
Results

Offenders' change talk across sessions

Offenders' change and sustain talk was investigated across the five SMP sessions. As shown in Figure 2, offenders' change and committing change talk was highest during sessions that included predominantly MI components (sessions three and five). Change talk was low or decreased during the CBT focused session (sessions one, two, and four). While there was a concomitant increase in offenders' sustain talk during sessions three and five, the increase in sustain talk was significantly less than the increase in change talk.

Figure 2.

Change and sustain talk categories across SMP sessions



Relationship between therapists' MI methods and change talk

Therapist-offender dyads were examined to investigate the influence of MI methods on offenders' change talk. The five therapists with the highest MI *consistent* mean scores were compared with the five therapists who had the highest MI *inconsistent* mean scores.

As can be seen in Figure 3, therapists with high levels of MI *consistent* methods had offenders who all completed the SMP, although three of the offenders did not record their final sessions. While offenders' change talk remained low within sessions one and two (except for I18), there was a considerable increase in change talk during the first half of session three and this increased again in session five. For offender A22, there was also an increase in committing change talk in session five.

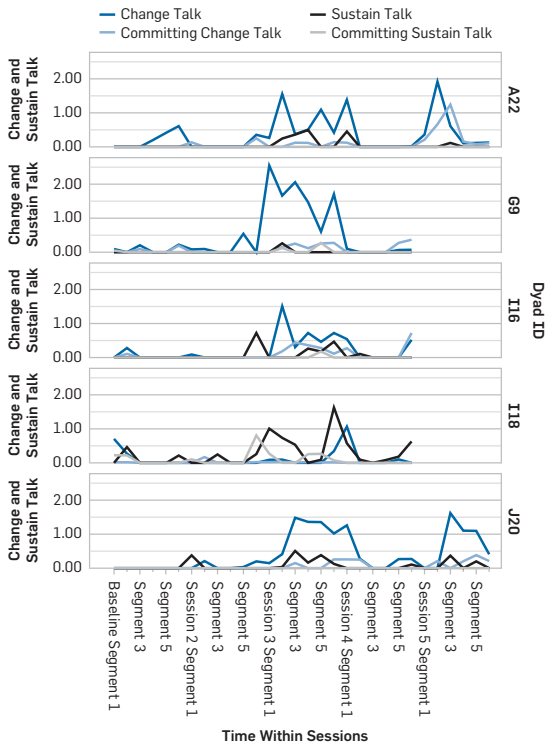
Sustain talk and committing sustain talk generally remained low throughout the sessions, apart for one offender (I18) who demonstrated an increase in sustain talk in session four. For the other offenders there was little or no sustain or committing sustain talk after session three. Compared to the other offenders in this group, offender I18 appeared to be an anomaly in the group, in that there was little evidence of change talk occurring until session four, and there were high levels of resistance to change talk. In spite of this, the therapist was able to retain the offender until the end of the programme.

Figure 4 shows the relationship between therapists with high scores on MI *inconsistent* methods and offenders' change talk. Three of the five offenders in this group failed to complete the SMP. This contrasted with the offenders treated by facilitators high on MI consistent methods. Little in the way of change talk occurred across the sessions, except some increase was shown in session three. However, this was not sustained by session five for offender G11. Although an increase in committing change talk was shown by this offender, there was a concomitant increase in sustain talk. Furthermore, for this group, sustain talk commonly exceeded change talk across the sessions, as illustrated by offenders C4 and G11.

Figure 3.

Offender change and sustain talk within SMP sessions with facilitators high on MI consistent methods

Note. Offenders G9, I16 and I18 completed the SMP but session five was not successfully video-recorded for either and was therefore unable to be coded.



Discussion

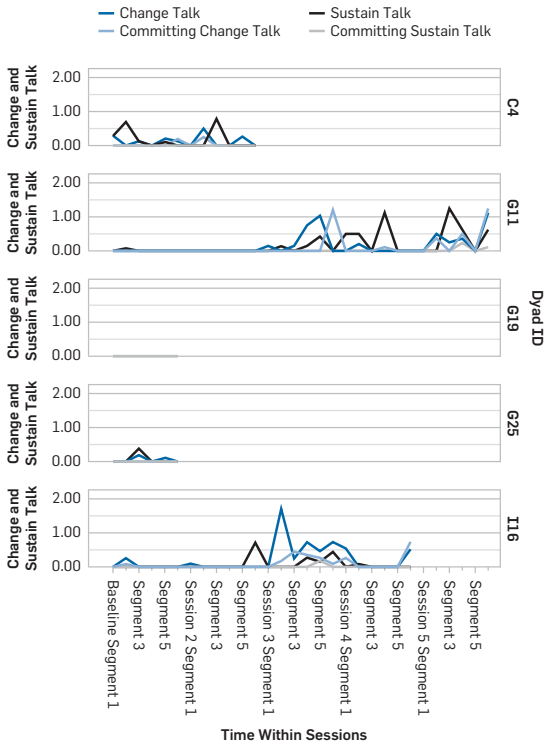
The study aimed to examine the effect of integrating CBT and MI components into the SMP and on offenders' motivation to change. Change talk demonstrated the greatest increase during MI sessions, such as session three that comprised of a decisional balance exercise, and in session five that focused on making a change plan. A significant increase in commitment change talk did not occur until the final session. Although the findings overall appear to support the effectiveness of the SMP in facilitating an increase in offenders' motivation to change their behaviour, offenders' increase in change talk only occurred during MI sessions (i.e. sessions three and five), thus providing support for the importance of using MI in eliciting motivation to change.

While the CBT components appear to suppress talk around change and a commitment to make these changes, it may be that CBT facilitates other processes towards change not investigated in the study. For example, by working collaboratively with offenders in sessions one and two it may help offenders increase awareness of the problematic behaviours and by mapping their offence chain understand the relationship between their rehabilitative needs and offending. The early sessions may be useful in orienting the offenders to the idiosyncratic features that contribute to their offending. However it is unfortunate that session three, which showed a significant increase in change talk, is followed by a session that inhibited the progress of change talk elicited in the previous session. Session four is a CBT oriented task and attempts to change the cognitive distortions that maintain and support offending behaviour. Attempts to elicit change before commitment to change has been adequately resolved are problematic.

Figure 4.

Offender change and sustain talk within SMP sessions with facilitators high on MI inconsistent methods

Note. Offenders C4, G19 and G25 exited the SMP after sessions two, one and one, respectively. Offender I16 completed the SMP but their fifth session was not successfully video-recorded and was therefore unable to be coded.



As noted by Amrhein et al. (2003) and Miller and Rose (2009), if people have not sufficiently resolved their ambivalence to change and feel compelled prematurely into making behavioural commitments, it can increase resistance to change and treatment drop-out. The transition from resolving ambivalence to making a commitment to change problematic behaviour requires the client to reach a point of readiness where they can talk about when and how to change (Miller & Rollnick, 2013).

In the study, offenders' sustain talk was more evident in the final session where offenders are encouraged into making a commitment to change by developing a written change plan. Within the offending population, readiness to change by the end of session five may be unrealistic for a number of offenders, although an increased awareness of the need to change may be more achievable. The persistence of some degree of ambivalence about changing one's behaviour is not surprising. Indeed, it is not unusual for clients to express ambivalence throughout the change process (Moyers et al., 2009). What appears to be of greater importance however is the ratio of change talk to sustain talk required for a behavioural change to take place. Thus, the later sessions (such as sessions four and five) may precipitously pressure offenders to enact change before they have sufficiently resolved their ambivalence about making any behavioural change. The sequencing of the MI and CBT components of the SMP may need to be reconsidered. MI would be usefully employed firstly to increase and consolidate the motivational gains in session three. Once ambivalence to change has been resolved and a commitment to change clearly established, then the CBT techniques could logically follow to provide skills for offenders on how and what to change.

The second aim of the study was to examine the relationship between the therapists' adherence to the principles of MI and offenders' change talk. The small numbers of participants limits any generalisation from the findings, but the results showed that offenders were unlikely to complete the SMP if therapists exhibited a therapeutic style that was inconsistent with MI. The inconsistent methods that led to rupture in the relationship were those that could be described as confrontational and authoritarian. Offenders in these relationships were also less likely to express change talk and showed greater levels of sustain talk. On the other hand, therapists using methods consistent with MI had offenders who completed the programme and exhibited more change talk in the latter stages of the programme. The study provided further support for Britt and Blampied's (2009) study that demonstrated a relationship between the use of MI consistent methods and change talk. Even offenders who may not be ready to change (such as offender I18) can still engage and complete the programme with therapists who demonstrate MI consistent skills.

The study has a number of limitations. Firstly, the small number of participants that was compounded by the unavailability of all taped sessions prevents generalising the findings outside the study. Furthermore, actual behavioural change was not investigated, which limits the ability to make conclusions about change in offending behaviour. It is recommended that offenders be followed up after the SMP to investigate this. However, no studies investigating the process of change talk with offenders have been undertaken, and therefore this study provides a unique contribution to the literature on the effectiveness of MI, when combined with CBT, in the rehabilitative process of offenders.

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Is the University of Rhode Island Change Assessment Scale (URICA) a useful measure in detecting change in motivation?

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Since 2006 the Short Motivational Programme (SMP) has been part of a suite of rehabilitative programmes provided by the Department of Corrections. The aims of the programme are to increase an offender's motivation to change their criminal behaviour, to make actual changes in their behaviour, and to increase participation in other rehabilitation programmes. The University of Rhode Island Change Assessment Scale (URICA) (McConnaughy, DiClemente, Prochaska, & Velicer, 1989) has been used to measure these changes. The URICA has been used mainly with non-offending populations but more recently with offenders (e.g. Cohen, Glaser, Calhoun, Bradshaw, & Petrocelli, 2005; Hemphill & Howell, 2000; Levesque, Gelles, & Velicer, 2000; Polaschek, Anstiss, & Wilson, 2010). Before discussing whether the URICA is useful as a measure of change, however, it would be helpful to briefly review the Stages of Change framework to understand the development of the URICA, and how the SMP fits into the Stages of Change (SoC) model.

Stages of change framework

Prochaska and DiClemente (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992) first proposed a transtheoretical framework for motivation and change, and it is currently the main model used to describe motivational change in the general as well as in the offending population. Motivational change, according to Prochaska and colleagues, is generally a stepwise progression from one stage to another that proceeds in an orderly fashion from Precontemplation, Contemplation, Preparation, Action, and Maintenance.

Precontemplation is seen as the first stage in which the individual has no intention to change. The individual may be unaware of, in denial, or unable to acknowledge the existence of a problem, and therefore there is little in the way of a desire for change. The second stage of Contemplation is more of an attitudinal change. In this stage, there is increased awareness of the existence of a problem and the beginning of a serious consideration of change. But as yet no active attempts have been made to change. Contemplation is followed by the Preparation stage in which there is a more immediate desire to make changes and some small steps are undertaken to execute some behavioural change. The Action stage requires much more overt demonstration of behaviour change. This stage requires concerted effort, persistence, and time to enact the changes. Finally, the Maintenance stage is where the individual seeks to stabilise and monitor the newly made behavioural changes to ensure relapse does not occur.

Although there are disagreements as to whether there are in fact four or five stages in the model (where Preparation is often combined into the Action stage), there has been a wealth of research supporting the transtheoretical model of change as a good predictor of treatment engagement and success (Joe, Simpson, & Broome, 1998; Stewart & Milson, 1995). It also provides a model for the clinician in which to assess and identify where a person is on the change process, and tailor the interventions to match the client's position on the stage of change. Interventions that have been designed to match the stage of change have shown to be superior in outcome compared to those that were

not stage-matched (Campbell, DeVellis, Strecher, Ammerman, DeVellis, & Sandler, 1994; Marcus, Bock, Pinto, Forsyth, Roberts, & Traficante, 1998; Rakowski, Ehrich, Goldstein, Rimer, Pearlman, Clark, & Woolverton, 1998; Prochaska, DiClemente, Velicer, & Rossi, 1993).

Motivational Interviewing with offenders

Independent of the work of Prochaska and DiClemente (1983), Miller (1983) was developing a counseling approach that aimed to enhance motivation to change and reduce resistance in a generally difficult to treat population; people with substance addiction. Miller and Rollnick (2002; 2013) designed Motivational Interviewing (MI) as a therapeutic approach that was collaborative and goal-oriented, and which attended specifically to the client's language of change. Motivational Interviewing seeks to explore, evoke, and strengthen the client's reasons for change within a therapeutic environment of acceptance and compassion. It eschews a manualised approach but requires the clinician to engage the client within the principles and spirit of MI using core client-centred skills in which to elicit change.

Although MI was not designed to represent the SoC framework proposed by Prochaska and DiClemente (1982; 1983), the transtheoretical model has been useful in which to conceptualise the process of change that occurs within MI. Specifically, most people within the offending population are unwilling to change or, at best, ambivalent about the need to change their offending behaviour. Thus most offenders could be conceptualised as being in the Precontemplation stage of change, in that there is little consideration about making changes to their criminal activity. For this reason, the SMP was implemented to address the problem of motivation to change. The SMP can therefore be seen as an important first phase of intervention, where offenders are assisted to move into the Contemplation and other stages of change. Through the SMP, offenders can become aware of the problems of their offending, increase their motivation to change, and be motivated to engage with and complete other treatment programmes.

The URICA

The University of Rhode Island Change Assessment scale (URICA; McConnaughy et al., 1989) is the most widely used and researched measurement tool for assessing the stages of change model. It is a 32-item self-report questionnaire that produces four subscale scores comprising Precontemplation, Contemplation, Action, and Maintenance. Although it was originally designed for use in psychotherapy, its generalised format allows it to be modified so that it can be used in diverse settings, such as in Corrections.

The research on the ability of the URICA to measure change in the SoC model is sparse. The studies that have been conducted are mixed on the ability of the URICA to measure change (e.g. Ginsberg, 2000; Vanderburg, 2003). These mixed findings may be a result of difficulties in the underlying SoC model or with problems applying the SoC model to the offending population. Of particular concern, the studies did not control for the baseline involvement in the SoC. This prevented researchers from investigating how the extent of a person's involvement in each stage at pre-treatment would impinge on their involvement in later stages post-treatment.

The study

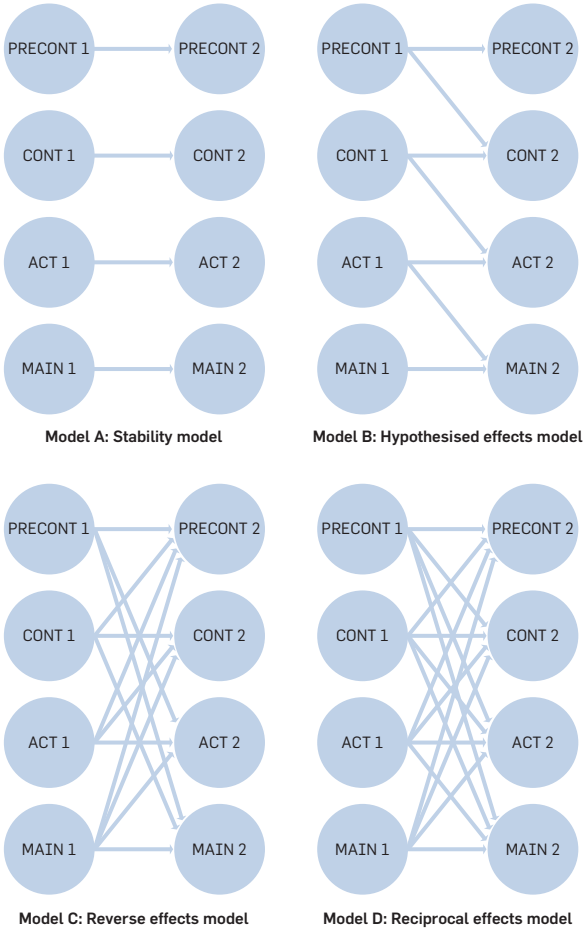
The URICA was used to investigate the SoC model with offenders after completing the SMP. The study sought to investigate the usefulness of the URICA as a measure of change in the general offending sample at pre- and post-SMP. The associations between the offenders' URICA scores before and after the SMP was studied in a full two-wave cross-lagged panel design (Kessler & Greenberg, 1981) with a time lag of five weeks (i.e., the duration of the SMP). It was predicted that at post-treatment, the URICA would demonstrate stepwise transitions between the stages as proposed by the SoC model. Structural Equation Modelling (SEM) was used so that cross-lagged data allowed the investigation of the relationships between the SoC at two measurement times (i.e., at pre- and post-SMP). This statistical technique allows a comparison of models in order to ascertain which model provides the best depiction of the relationship between the stages at pre- and post-SMP. Refer to Figure 1 for the four different cross-lagged models that were tested (Byrne, 2010; Kinnunen, Feldt, Kinnunen, & Pulkkinen, 2008).

> *"The study sought to investigate the usefulness of the URICA as a measure of change ..."*

For the purpose of this study, the 32-item URICA was reduced to a 21-item version (Yong, Williams, Provan, Clarke, & Sinclair, under review). The 21-item version (URICA-21) showed greater reliability and construct validity than the 32-item scale. Confirmatory factor analysis of the URICA-21 supported the presence of four subscales (Precontemplation, Contemplation, Action, and Maintenance).

Figure 1.

Models A to D demonstrate the associations between stage involvement at pre-SMP and post-SMP. The arrangement of models reflects a decrease in parsimony levels based on the order in which they will be tested. Model A, the stability model only shows no change in SoC between Pre- and Post-SMP. Model B tests the stepwise progression of the SoC from Pre- and Post-SMP 2. Model C specifies that SoC will regress to earlier stages and non-adjacent stages. Model D simultaneously specifies all cross-lagged effects from Model A, B and C whereby regression to earlier stages exist and there are associations between baseline stages and post-SMP stages. Horizontal arrows depict the effect of the variable on itself from Pre- to Post-SMP (stability effects) whereas diagonal arrows depict how one Pre-SMP variable affects a different Post-SMP variable (cross-lagged effects). PRECONT = precontemplation; CONT = contemplation; ACT = action; MAIN = maintenance; 1 = pre-SMP; 2 = post-SMP.



Participants

Participants in the study were 371 offenders (93 percent male and 7 percent female) who completed the SMP between the years 2006 and 2010. The ages of participants were 16-60 years (M = 30.11, SD = 9.23). Most offenders were in prison (61 percent) at the time they received the SMP. A large majority of offenders identified as being New Zealand Māori (51 percent), with New Zealand European (33 percent) and Pasifika descent (8 percent) being the next most common ethnic identities. The participants were mainly in the medium range of risk on the RoC*RoI (81 percent), with low and high risk at 12 percent and 7 percent, respectively. The average RoC*RoI score was 0.50 (SD = 0.17).

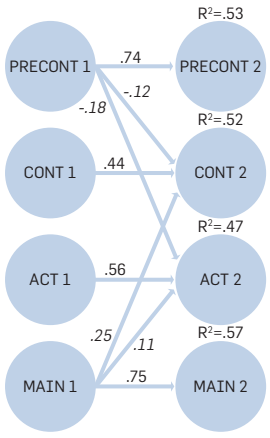
Testing the SoC models

Of the models tested, the best fitting model found is shown in Figure 2. The results indicated a number of important findings about the URICA and its usefulness as a measure of change in accordance with the SoC model.

Figure 2.

Standardised coefficients and fit statistics for the reciprocal effects model (N = 371). All paths are significant at p < .05. Cross-lagged coefficients are italicised. PRECONT = precontemplation; CONT = contemplation; ACT = action; MAIN = maintenance; 1 = pre-SMP; 2 = post-SMP; R2 = squared multiple correlation.

**p < .05. **p < .01. ***p < .001.*



χ^2	*df*	CFI	TLI	SRMR	RMSEA (90% CI)
1493.05***	795	.890	.881	.066	.049 (.045-.053)

The interpretation of the findings showed that:

1. The URICA was a sensitive measure of change. It demonstrated prospective effects for baseline Precontemplation and Maintenance scores pre-SMP and subsequent change post-SMP.

a. Low Precontemplation scores at pre-SMP were an important predictor of greater involvement in the advanced stages of the SoC model. Thus being aware of the need to make changes pre-SMP reflected movement towards more advanced stages of change after SMP.
b. Participants with high scores on the other three stages (Contemplation, Action, and Maintenance) pre-SMP were predictive of advancement through the SoC.
c. Change in motivation did not progress in a stepwise fashion as proposed by the SoC model. Instead transitions through the stages appeared to be more cyclical in that there was evidence of a one-stage forward (Precontemplation to Contemplation) and a one-stage backward (Maintenance to Action).
d. Stage skipping also occurred in that Precontemplation progressed to Action, and backward stage skipping from Maintenance to Contemplation.

2. There was also evidence of stability within the stages over the course of the SMP in that baseline Contemplation and Action did not predict other post-SMP stage movement. Kinnunen et al. (2008) proposed that high stability within the stages may indicate there is either very little change occurring in the stage over time, or that if change occurs, it may occur through varying degrees of involvement within the stage itself. Comparisons of the pre-SMP and post-SMP subscale scores showed there was a decrease in Precontemplation scores (indicating an increased awareness of problems) and an increase in the other three subscale (indicating greater motivation to change). So while movement between the stages may not be evident, change in pre – and post-SMP on the URICA scores may indicate changes occurring within the stage itself.

Implications of the findings

The URICA-21 was useful in providing empirical evidence of change after a brief intervention such as the SMP. Movement between the SoC model however did not necessarily follow a stepwise forward fashion. Instead change occurred in a number of ways. These included stage skipping, stage regression, and stability within the stage. The level of Precontemplation score prior to SMP was important in predicting later involvement in movement from one stage to the next. This would suggest that interventions that are stage-matched appear to be effective in moving offenders forward through the stages of change.

Movement within the change model however is not linear as proposed by Prochaska and DiClemente (1983; 1985). The findings showed that change entailed regression to earlier stages of change. Thus, changing behaviour that is particularly intractible, such as offending behaviour, is challenging, and constant negotiation between the stages is required before discontinuity from offending can be successfully achieved. Although regression to earlier stages was observed, no offenders reverted back to the Precontemplation stage. It may be that at least one of the benefits of completing the SMP is that offenders become more conscious of the negative effects of offending on their lives, even if no further advancement in the change model is made.

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Motivational Interviewing in Corrections Medium Intensity Group Programmes

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Lucy has worked with the Department of Corrections since the late 1990s. She has been registered as a clinical psychologist since 1998 and holds a Masters Degree and Post Graduate Diploma in Clinical Psychology. She has been a principal adviser since 2007, initially for Psychological Services and then for Programmes and Interventions at National Office. Lucy has experience as a group therapist and has designed and developed a number of departmental group treatment programmes for high and moderate risk and male and female offenders.

Summary

This paper provides an overview of how Motivational Interviewing (MI) is used in the Department's medium intensity suite of intervention programmes.

Since the implementation of the current suite of programmes in 2005, and the refinement of the pathway training model, programme facilitators have certainly developed their cognitive behavioural, group psychotherapy and Motivational Interviewing skills. This is attested to in the reduced re-offending rates for the programmes over the last few years.

The quality monitoring results have demonstrated the developing skill base of this new practice discipline, but have highlighted a number of areas where facilitators need to further develop and enhance their skills.

Programme facilitators need to be given every opportunity to practise and develop these skills.

What works in Corrections

Over two decades, meta-analytic and other research literature widely known as 'what works', has unequivocally shown that some approaches to treating offenders are more effective than others. Specifically, it is noted that treatments based upon the principles of risk, need and responsivity are associated with significant reductions in re-offending (Andrews & Bonta, 2010). In brief, the risk principle proposes that the treatment intensity should match the level of risk, with the highest risk offenders receiving the most intensive treatment. The need principle is concerned with the targets for treatment, and proposes that when certain dynamic risk factors (also called criminogenic needs) are altered through intervention, reductions in re-offending should occur.

Two elements of responsivity have been defined – general and specific responsivity. General responsivity contends that the most effective treatments are based upon behavioural, social learning and cognitive behavioural models. Specific responsivity asserts that treatment should suit offenders' demographic profiles, such as age, gender, and ethnicity; cognitive capabilities, such as literacy, learning style, and motivation; personality traits and mood states (McMurran, 2009).

While the specific responsivity principle is yet to be extensively researched (Andrews, Bonta & Wormith, 2006), a study undertaken by McMurran and Theodosi (2007), highlighted the importance of adhering to this principle. In their meta-analysis of cognitive behavioural treatment outcome studies, they examined the recidivism of treatment completers, non completers and untreated offenders. They included only studies where offenders had been either randomly allocated to treatment/no treatment and where offenders were matched for risk. Sixteen relevant studies and 17 samples were used in the evaluation. The results indicated that recidivism rates were reduced for those who completed treatment compared to those who did not complete (d = .11). The non completion rate was 24 percent overall, with 15 percent for institutional and 45 percent for community samples that had failed to complete treatment. Non completers re-offended at a greater rate than the untreated offenders (d = .16). This effect was more prominent in community settings (d = – .23) than in institutional settings (d = – .15).

Thus, a critical issue in offender rehabilitation relates to offenders' general lack of motivation to change their behaviour, to attend, engage in, and complete treatment (Polaschek, Anstiss & Wilson, 2010).

While research that looks at the effectiveness of Motivational Interviewing with offenders is limited, evidence to date suggests that it can be effective in enhancing motivation to change (Austin, Williams & Kilgour, 2011). In one New Zealand study, there were positive effects in re-offending rates for high risk

male offenders (Anstiss, Polaschek & Wilson 2011). Motivational Interviewing is widely used in correctional settings in New Zealand. Corrections' programme facilitators use Motivational Interviewing as a fundamental practice in assisting offenders to develop motivation to stop offending and to maintain motivation whilst attending group therapy programmes.

Definition

Motivational Interviewing is a particular technique used to help people recognise and do something about their current and/or potential problems. It is useful with people who are reluctant to change, or who are ambivalent about changing. It is intended to assist the person to resolve ambivalence and to get them moving along a path of change. Strategies of Motivational Interviewing are more persuasive than coercive, more supportive than argumentative. The facilitator seeks to create a positive atmosphere that can facilitate change. The overall goal is to increase a person's internal motivation so that change occurs. When this approach is undertaken in the appropriate manner, it is the client who presents arguments for change, rather than the facilitator. Motivational Interviewing can be defined as:

> *"Motivational Interviewing in groups needs to balance remaining empathic with assisting participants to implement changes."*

"...a collaborative, person-centred form of guiding to elicit and strengthen motivation for change" (Miller & Rollnick 2013).

Dr Eileen Britt provides a comprehensive description of Motivational Interviewing so it will not be repeated here. Readers are referred to her article in this journal.

Weaving Motivational Interviewing and group facilitation for offenders

The translation of individual Motivational Interviewing into a group format is not straightforward. Techniques developed for individual work need to be adapted to groups of people who will have different interests and ideas. It is highly recommended that facilitators become proficient in Motivational Interviewing with individuals before they attempt to blend it into their group delivery (Miller & Rollnick, 2013).

Offenders with entrenched patterns of problem behaviours and perspectives undergo a narrowing of their perspectives and experiences. A goal for offender rehabilitation groups is to use Motivational Interviewing to help participants to regain lifestyle balance through a broadening of possibilities and connecting with others in positive ways.

Motivational Interviewing in groups needs to balance remaining empathic with assisting participants to implement changes. This is more difficult to undertake in groups, given that facilitators have a number of clients with differing needs, and at varying stages in the change cycle. A guiding Motivational Interviewing principle is for facilitators to identify openings where they can move forward, but to also avoid continuing to move forward when this results in participants' defensiveness.

Corrections' programmes are based on social learning and cognitive behavioural principles. Hence, the programmes involve taking the participants through a carefully thought out and sequentially logical programme. Crucial processes involved in facilitation involve a collaborative non confrontational approach where facilitators use the Socratic Method of elicitation ('bringing out' not 'telling'). Facilitators also need to be adept in balancing content delivery (e.g., introducing topics and 'parking' divergences that can later be linked in with the theme) and group process (e.g., working in the moment with the needs of participants, and their reactions as they unfold). Indeed, facilitators need to have the skills required to work in depth with the group as it proceeds.

The use of cognitive behavioural principles – collaboration, non-confrontation and guided discovery through the use of Socratic questioning, and the use of group psychotherapy skills are complementary to MI. Hence MI can be interwoven with these processes by facilitators to help offenders move along their change continuum.

In addition to this, facilitators need to be able to work with the group according to the group's developmental stage. It is well established that group development evolves over time so that group members have more investment in the group. Trust and depth of relationships also grow. While many models of group development have been proposed there is not one model that can explain the evolution of all groups given their different compositions, time frames, and theoretical underpinnings (Wagner & Ingersoll, 2013).

The work of Mackenzie in 1994 identified some common assumptions that underpin group developmental models. These are reported as follows by Wagner and Ingersoll (2013):

- Groups develop in recognisable patterns and so predictions can be made about near future events.
- These patterns are similar across similar groups.

- The successful traversing through later stages is dependant upon successful passage through earlier stages.
- Group dynamics become more complex and subtle over time. Groups recycle through earlier stages at times when the group goes through rapid change or stress.

Corrections' facilitators have knowledge of group developmental models – for example, Tuckman and Jensen's (1977) five stage model; and a similar seven stage model adapted from Sarri & Galinki (1977).

The models elaborate upon the tasks required to be successfully navigated by facilitators and group members if the group is to proceed to the next stage. Weaving Motivational Interviewing successfully across the phases of group development is instrumental in helping people to successfully navigate the group's stages.

Working with Ambivalence - Change Talk and Sustain Talk

Ambivalence is a natural state for people who are considering/not considering making changes in their lives. Exploring ambivalence in favour of developing a well functioning lifestyle is central to Motivational Interviewing. The goal for facilitators is to work with this ambivalence, from the pre-programme interview stage right through the group programme delivery.

Participants may often have opposing thoughts about wanting to make changes versus wanting to retain the status quo. For example, a participant may articulate that he/she wants to have good relationships with their partner and children but on the other hand say they want to continue using alcohol to help them 'cope' through the day.

It is important for facilitators to remember if they argue for one side of the picture the ambivalent client is likely to take up the argument and defend the opposite. The goal here is for facilitators to acknowledge both opposing stances and allow participants to explore all sides of their thoughts, feelings, behaviours and interactions. They also need to be cautious about labelling someone as in denial, resistant or being oppositional.

Each person has powerful potential for change. It is the facilitator's task to elicit and enhance the client's motivation. As facilitators re-assess a person's motivation to change, they assist the offender in building motivation using Motivational Interviewing skills to elicit self-motivational statements. In this regard, facilitators provide opportunities for clients to give voice to how they are changing (Latta L, 2014). Eileen Britt in her paper on Motivational Interviewing has provided a thorough review of working with sustain and change talk and this will not be repeated here.

Motivational Interviewing processes and Departmental programmes

Wagner and Ingersoll (2013) have described four phases of Motivational Interviewing (MI) groups as: engaging the group, exploring perspectives, broadening perspectives, and moving into action. These are complementary and correspond to the four processes in the individual MI model – engaging, focusing, evoking and planning. The following sections will use this useful framework to describe the Motivational Interviewing that is undertaken by Corrections' facilitators.

Engaging the group

An important aim for group therapy is to help participants to work together to make positive lifestyle changes. An assumption of group therapy is that it gains its effectiveness from the interactions and relationships that emerge during group process. Issues are worked with 'in the moment', through examining the group's behaviours and providing 'corrective' experiences (Yalom 2005). At the same time, individual issues need to be identified and linked in with the issues of other group members and explored.

Facilitators can often become caught in a trap of engaging and focusing on one group member at a time. This will stifle group member interaction and impact on group cohesion. Interventions must aim to bring the group together as a whole.

Facilitators also need to be able to work with participants who have challenging interpersonal styles (Jennings & Sawyer, 2003). For example, a participant may present as distrustful and suspicious of others and not be considerate of other people's needs. In this situation the facilitators' MI strategy could highlight personal choice and elicit the participant's intent to protect themselves from perceived criticisms, rather than to attack others (Wagner & Ingersoll, 2013).

Group members may also take up certain roles in the group, some of which can be disruptive. A domineering group member may question, challenge and confront others in the group. This can have a direct impact on the development of cohesion and is antithetical to MI principles. The facilitators need to intervene and may move the focus of the conversation in a more fruitful direction.

From a group MI point of view, structuring sessions effectively can facilitate engagement. Corrections' facilitators have a number of structuring strategies that they use throughout sessions. In orientation (the first session), programme facilitators do not engage in probing, challenging or attempting to facilitate change. This may cause participants to

feel confused and anxious, and they may not want to return. Instead, the first session provides a means for developing a safe and supportive environment where facilitators and participants begin to form connections (whakawhanaungatanga). It is also about 'easing' participants into the group process.

Following the whakawhanaungatanga process (which can include the sharing of food), participants engage in group exercises aimed at eliciting ideas around being honest and respecting other group members. They are provided with an overview of the programme and the purpose of the group. Session processes such as the opening and closing of sessions are explained and the modelling of these processes occurs.

Personal choice is emphasised here and throughout the programme. At all stages facilitators use Motivational Interviewing strategies to elicit change talk and commitment talk. 'Sustain talk' relates to the person's desire, ability, and reason not to change. In these instances the facilitators ask questions that provide clients with the medium to articulate ambivalence, "I'm confused, on the one hand I am hearing that you really want to cut down on your alcohol use because you want to be a good parent for your children. And on the other hand you say that you want to continue using alcohol because it helps you cope on a daily basis – how do these fit together?" The goal is to develop discrepancy, and then listen for change talk and reinforce it.

In subsequent orientation sessions, participants develop their group guidelines (kawa) and identify their goals which are reviewed and developed throughout the programme. They engage in exercises that are designed to help them focus on positive aspects of themselves while identifying changes they want to make.

Exploring perspectives

Engaging the group in the group process will realistically take a few sessions. The next phase is to explore client perspectives. Participants can often come to a group because they feel pressured into attending (e.g., going to the parole board for release, or a wife/ partner/other forcing the issue). This can lead to participants feeling 'stressed' and their perspective of possibilities will be narrowed. The task of the facilitators is to assist participants to explore other possibilities and perspectives about their situations. By exploring issues in their lives and learning about each other the participants may begin to question some of their entrenched beliefs.

How is this achieved by Corrections' facilitators?

Very importantly, facilitators need to continue having a client centred approach by listening to the group members' ideas, perspectives, and what they believe. It means that facilitators can put themselves into the shoes of participants and understand what the participants are experiencing. Focusing on positives is a second crucial ingredient in exploring participants' perspectives. A good time to do this is when members discuss negative situations. For example they may express resentment that "Corrections has forced me to come to this group!" It is important for facilitators to acknowledge these frustrations without getting hooked into arguments or debates. The key is to then acknowledge and affirm their contributions to the group and to elicit some positive aspects of attending the group.

> ***"Very importantly, facilitators need to continue having a client centred approach by listening to the group members' ideas, perspectives, and what they believe."***

The third element is bringing the group into the moment and the fourth focusing on the present. The former is achieved through asking participants to explore how they are feeling today (check-in). The latter relates to getting participants to focus on current issues. While it is important for participants to understand past factors that led to their offending and related problems, overly dwelling on the past can lead to negativity and hopelessness. Here facilitators make use of metaphors that are interwoven through the programme, encouraging participants to consider their attendance in the group like taking a 'journey' that will improve their lifestyle – 'walking along the non-offending pathway'.

A final crucial ingredient is to acknowledge participants' suffering by using reflections to acknowledge and reflect back understanding of these issues. A useful tool based on Dialectical Behaviour Therapy (Linehan, 1993) is included in the programmes. Participants learn distress tolerance skills to help them 'accept' negative situations and personal suffering. Participants come to understand that "acceptance is letting go of fighting what is actually happening right at that moment. Acceptance has to come from deep within and be complete. Acceptance is a way to turn suffering that cannot be tolerated into pain that can be tolerated".

It is important for facilitators to remember that the group evolves into a social microcosm (or mini society) (Yalom, 1995). Participants' social identities emerge and they re-enact in the group their ways of interacting with others outside the group. Often, with offenders, these are antisocial and/or unhelpful ways of

interacting. Therefore it is important for facilitators to stop and examine interactions 'in the moment' and elicit ideas for more positive ways of interacting. Eventually, through skills practice, the group can develop and consistently use positive ways of interacting.

The medium intensity suite of programmes contains a number of useful motivational tools for helping participants to explore perspectives and, indeed, ambivalence. These include the use of a decisional balance to help participants explore the pros and cons of making changes, exploring their values ("what values do you want to live by?"), and the development of an 'Old Me (involves looking at past positive and negative behaviours including offending), New Me' script. The focus here is on developing a template for a new social identity.

Broadening perspectives

This phase of group broadening perspectives, where participants begin to consider a range of possibilities to make changes, broadly corresponds to participants' attending to their emotions, thinking and interpersonal interactions. Participants are now also consistently practising the skills they are learning in the group and through their 'homework' assignments.

> ***"Facilitators have a number of tools to help participants become more comfortable with exploring their emotions, thinking and interpersonal interactions."***

By this stage the group will have become more cohesive and participants will have developed more trust in each other and the facilitators. On the one hand, the participants will increasingly discuss their beliefs, values and attitudes and express their emotions. This will have the flow on effect of allowing the group deeper exploration and discovery. On the other hand, at this stage the group can still be threatened by sudden stresses, conflicts and intense eruptions of negative emotions, especially if these are not processed and resolved.

The goal for facilitators is to gradually help participants to become more comfortable with exploring and discussing their thinking and emotions.

Facilitators have a number of tools to help participants become more comfortable with exploring their emotions, thinking and interpersonal interactions. While not strictly motivational tools, cognitive behavioural methods can be complementary to Motivational Interviewing approaches, if appropriately used. For example, participants examine situational factors (including interactions in relationships), thinking and emotions through the use of cognitive behavioural 'ABCD' diaries and discussions. Not only do these allow for a broadening of understanding about the thoughts, feelings and behavioural links to offending and related problem behaviours and interactions, but they require participants to consider a range of alternative possibilities. For example, participants develop skills in examining their own thinking and consider what can happen with different (positive) ways of thinking. They identify and make decisions about problematic and positive relationships and develop communication skills to better manage problem situations.

In order to avoid the narrowing of perspectives that result from a focus on negative emotions, MI proposes that participants will benefit from a focus on positive emotions. Extending this to a group, facilitators can foster a positive group environment. Participants are also introduced to skills that will help them to reduce vulnerability to negative emotions, and to develop positive emotions (e.g., pleasant events scheduling and a 'kai te mihi' diary where the participants focus on the positive events and experiences they have on a daily basis). Finally as discussed above, the 'New Me' script provides a basis for looking forward and planning, and this is interwoven throughout the programmes.

Moving into action stages

This phase builds upon the exploring perspectives phase. Now the participants are able to see more possibilities for the future and are trying new skills they have developed. This is also the stage of reviewing and finalising goals and consolidating their safety plans. As the group has progressed to advanced stages, the participants should be undertaking more of the group's tasks and facilitators should be 'leading' less, instead guiding and supporting participants in the changes they are making.

Facilitators now subtly shift focus to participants' actions. There should be evidence that participants are practising their skills outside of the group. Facilitators may hear 'action statements' from participants: "This week I used my managing urges and cravings skills to avoid using alcohol" or "I've been practising my assertiveness skills in my interactions with my partner and/or custody staff". Moreover the participants can provide the group with specific examples of how they have used their skills.

As noted earlier, the group's development progresses in a relatively predictable manner. However, facilitators need to be aware that progress is not necessarily

evidenced consistently across participants. Some participants are engaged fully in practicing their skills while others are more reticent in doing so. Beyond the momentum of facilitators using MI techniques, the group process itself can be utilised to facilitate momentum. For example, facilitators will elicit the stories of participants who have successfully used their skills and they can become the role models for participants who become caught in uncertainty.

Potential challenges in this phase relate to boundary issues, for example, members expressing desires to continue their connections after the group has ended. While in some groups this may be entirely acceptable, facilitators will need to carefully work with members before this happens so that they can identify the costs and benefits of continuing associations (e.g., conditions not to associate, versus continued support by peer members). Another challenge relates to members who have ceased to participate in the group because they may feel that they have achieved what they wanted to. Again, facilitators need to work with this issue before it surfaces and elicit participant understanding of the risks of sliding back into complacency.

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The north and south of Motivational Interviewing

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Author biography

Darius Fagan is the Chief Probation Officer and has worked for the New Zealand Department of Corrections since 2001. Darius started his career working as a probation officer and believes in the important role probation officers can play in helping offenders change their lives. In his role as Chief Probation Officer Darius is passionate about designing practice that adheres to evidence-based concepts that can be practically applied by officers in their day to day work. He is excited about the amount of progress that has been made in New Zealand corrections practice over the past few years and how much difference this is making to re-offending rates.

Key contributors and co-author biographies

Lis Owens has worked for the Department of Corrections for two years and is based in Invercargill. Her main role is working in an intervention team managing offenders on Parole, Release on Conditions, Intensive Supervision and Supervision. Lis enjoys the challenges of working in probation and being a part of a group of people who help to facilitate positive change in the lives of offenders, and therefore those of the wider community also.

Tracey Maioha started with the Department of Corrections 13 years ago as an Administration Officer for probation, and currently works as a Senior Practitioner in Kaitaia. Tracey enjoys her work with offenders and feels her role is to guide an offender to create their own lasting change. Tracey has had the privilege of working alongside three generations of her own whānau; her father, sister and niece all work at Corrections.

Probation officers across Aotearoa (New Zealand) are now using Motivational Interviewing in their everyday practice to engage offenders and lead them on a path to change. Motivational Interviewing work in probation has primarily been based on the work of Stephen Rollnick and William Miller and their book 'Motivational Interviewing, Helping People Change'. Motivational Interviewing is used in a number of different client-focused settings such as health, alcohol and drug treatment, psychiatry and student guidance.

Experts such as Stephen Rollnick tell us that change starts with strong engagement between the practitioner and offender and the best solutions for change are within the offender, not the practitioner. In order to achieve change, practitioners need to develop skills to engage with offenders in a way that builds a relationship of mutual trust but also enables us to hold offenders to account for actions that could lead to further offending. In this article we will look at how Motivational Interviewing can be used to help practitioners apply evidence based practice techniques in their work with offenders.

To help understand the impact that Motivational Interviewing is having on probation practice in Aotearoa, I sought examples of practice from officers from the probation locations that are the most geographically distant from each other; Kaitaia in the far north of the North Island and Invercargill in the deep south of the South Island.

> *"...change starts with strong engagement between the practitioner and offender and the best solutions for change are within the offender, not the practitioner."*

Figure 1.

Kaitaia is the furthest north probation location in New Zealand and Invercargill is the furthest south. The distance between these locations is 1322km.

Motivational Interviewing with offenders

When considering treatment programmes for offenders we frequently refer to the importance of the Risk, Need and Responsivity (RNR) principles. Programmes that adhered to all three principles of the RNR model saw 17 percent and 35 percent decreases in re-offending in residential and community programmes respectively (Andrews and Bonta 2006). The work probation officers do with offenders should also adhere to the RNR principles in their everyday practice. Motivational Interviewing helps probation officers apply RNR in their work with offenders through potentially increasing offender responsivity to interventions. Motivational techniques can also help a probation officer increase the accuracy of their risk assessments as it enables conversations with offenders to be conducted in a way that encourages a more thorough approach to risk related questioning.

Since 2012 Corrections has been training probation staff to use Motivational Interviewing techniques in all of their work with offenders. Probation officers have been trained to use techniques such as OARS (Open Questions, Affirmations, Reflections and Summarising) to build a solid platform of engagement with an offender. Once engagement has been established, officers can start to identify areas of focus to start drawing out 'change talk' from the offender. 'Change talk' involves the offender coming up with their own language of change and identifying opportunities to move away from offending behaviours using their own words and situations.

Motivational Interviewing techniques initially help practitioners increase their levels of engagement with offenders. Engagement is important because it will help build trust between the probation officer and offender and can lead to more in-depth conversations. Engagement is a difficult concept to assess or evaluate and there is very little available that definitively proves that increased engagement leads to a reduction in recidivism. However, we have been teaching probation officers to view engagement as a 'gateway to change' that can set up opportunities for offenders to consider different pathways.

The spirit of Motivational Interviewing

Once the probation officer has established a good platform of engagement and the offender is beginning to exhibit 'change talk', new opportunities for intervention are created. This will help a practitioner establish a clear focus or direction for their work with an offender by applying 'the spirit of Motivational Interviewing'. In training delivered to probation officers this spirit is explained using the acronym PACE, which stands for Partnership, Acceptance / Autonomy, Compassion and Evocation.

Partnership – intervention involves partnership that acknowledges the experience and perspectives of the offender and their whānau. The probation officer provides an atmosphere that is conducive to change. Partnership is the extent to which the probation officer behaves as if the discussion is occurring between equal partners, both of whom have knowledge that might be useful in dealing with the problem under consideration.

Acceptance / Autonomy – the probation officer affirms the offender's right and capacity for self-direction and facilitates informed choice. This is not to say there are not consequences for non-compliance. The probation officer supports and actively fosters the offender's perception of choice as opposed to attempting to control the offender's behaviour or choices.

Compassion – the extent to which the probation officer understands or makes an effort to grasp the offender's perspective and feelings. Reflective listening is an important part of being able to accurately empathise with the offender.

Evocation – the resources and motivation for change are presumed to reside within the offender. Intrinsic motivation for change is enhanced by drawing on the offender's own perceptions, goals and values.

I went looking for examples from the extremities of the country where practitioners described the impact that using motivational techniques had on their practice. Tracey Maioha, a probation officer in Kaitaia, was asked to describe how she has used the spirit of Motivational Interviewing in her work with offenders. She provided the following example:

> *"Motivational Interviewing is a skill to assist you to influence prosocial change and positive behaviours by asking the right questions. A good description is how we as practitioners help create options, possibilities and in some cases, life-changing pathways for offenders who would have known no differently or chosen to continue in their offending behaviours. The effectiveness of MI is sometimes hard to gauge and often, even though offenders engage in conversation, 'walking their talk' speaks volumes; which in this following case, I have had the privilege of being a part. Through MI techniques like OARS and the whānau engagement model and in conjunction with practice tools like My Plan; an offender who was heavily entrenched in gang culture presented at an office report in and shared, "I handed my colours in, you and my partner are the only ones I have told". The option to exit the gang was never a tabled discussion; however, it was through our meetings he found his own answers stating "my family have been here from the beginning, they are what is important to me". MI didn't stop there and even with temptation placed in front of him alongside obstacles in life, such as looking for employment for the first time, he has remained gang-free and continues to look and move forward.*
>
> *For me and for many who use MI, it quickly loses the label of "MI" and becomes a natural part of conversation you have when engaging with people which is how it should be and overall demonstrates a genuine effort in the work we do with offenders."*
> **Tracey Maioha – Kaitaia**

In this case example, Tracey describes how she built up engagement with an offender she was working with by using techniques such as OARS and the probation whānau engagement model. She describes how in *Partnership,* she led him to identify his own motivation to change which was achieved through embracing the spirit of motivational practice.

Tracey knew the offender was involved with a gang but never addressed this particular area of risk directly. Instead she allowed *Autonomy* and guided the offender through his own journey of discovering change. Through gradual *Evocation* he reached the point where his own realisations regarding the impact gang involvement was having on his life and whānau led him to take action.

Changing behaviour using Motivational Interviewing

Stephen Rollnick often describes good Motivational Interviewing practice as being more like guiding. This concept can be difficult to apply in a highly regulated environment such as probation work because offenders who are on community sentences and orders often have numerous conditions and rules to abide by. It then becomes tempting for probation practitioners to 'direct' offenders to comply with sentences and sentence conditions as this often seems like the simplest way to achieve the goal of managing a sentence effectively. Of course sentence compliance is important but directing people to do things is not an effective method to change their behaviour; the reasons for this are well articulated in the following quote from philosopher Blaise Pascal:

> *"People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others."*

To apply this thinking in Corrections you could say that "offenders are more likely to change their behaviour if they have realised the need for change themselves". Compelling or directing offenders to undertake activities is only likely to achieve a superficial level of engagement or compliance with the order at best. It is a far better strategy to use motivational techniques; however, this can be a difficult habit to develop in such a rule orientated environment such as the justice sector.

To help practitioners develop the habit of using Motivational Interviewing techniques in their practice we have developed a number of MI based practice tools. These tools can be used by practitioners throughout a sentence or order when they are trying to guide an offender to identify opportunities to make a change in their life.

Lis Owens is a senior practitioner in Invercargill and has been using Motivational Interviewing techniques and practice tools with her caseload. She provided this description of using motivational techniques in her practice which also contains a good example of using an applicable practice tool from the probation officer toolkit:

> *"Asking the right questions is a powerful catalyst for change, a concept we strive for every day in our work with offenders.*
>
> *When I began working with a male offender who had seriously offended against his then partner and children, I asked him what changes he needed to*

make to address his offending and what he wanted to achieve whilst he was on sentence. His answer, "to become a good father, stay clean and rebuild my mana", underpinned a journey of personal growth for this offender that has been a privilege to be a part of.

As we know, motivation is not fixed, and this offender certainly had periods throughout his sentence where he struggled to see his progress and his motivation to maintain positive change waned. Not only that, we had his resistance towards involvement with Child, Youth and Family (CYF) to work through. This is when the spirit of MI and OARS skills became really pertinent to getting the offender back on track and moving toward his goals again.

By the end of his 14 month sentence, this same offender asked that his CYF social worker attend his final report in, with the purpose of sharing his learnings and goals for the future with the agency he now recognised would be walking with him through the next part of his journey. He said he wanted us to know that he was going to "walk the walk, not just talk the talk". At his poroporoaki, the offender presented the My New Self tool to the social worker and me, summarising his achievements, including staying clean, attending a parenting programme, achieving visitation with his children and rebuilding a relationship with them, gaining employment and coming to the realisation that CYF and he want the same thing for his children, so working together is the best way to achieve this.

On reflection, my experience with this offender solidified the reasons I, and many of my colleagues, chose to do the job we do. I am proud that the rapport and engagement developed with this offender from the very first contact became the foundation of a collaborative relationship conducive to fostering positive change in his life and consequently, the lives of his children."
Lis Owens – Senior Practitioner Invercargill

In this example Lis has described how she used Motivational Interviewing to identify specific goals the offender wanted to achieve in his life, namely; *become a good father, stay clean and rebuild his mana*. By drawing out these goals Lis established a focus for her casework with this offender and activities the offender completed as part of his sentence moved him closer to achieving these goals. The My New Self tool referred to is a practice tool available to probation officers that is designed to identify the discrepancy between the future goals and the past and present behaviours so as to create cognitive dissonance.

Cognitive dissonance is a description of the internal conflict caused by holding two conflicting ideas simultaneously. Often with offenders this tool helps them come to the realisation that their past actions are in conflict with their vision for the future. The concept of cognitive dissonance proposes that people have a motivational drive to reduce dissonance and that they do this by changing their attitudes, beliefs and actions. This tool can also act as a reference point for the offender and probation officer to help identify if current behaviours are consistent with the offender's vision of their 'new self'.

Examples like the one above can look like they may take a lot of time to work through with an offender, however, if done well Motivational Interviewing can make a probation officer's job easier. Specifically, Motivational Interviewing can prevent the officer from doing all the work and changes the role of who does most of the talking from the officer to the offender. Another example is that Motivational Interviewing can also reduce the amount of effort required from the officer to follow up when an unmotivated offender fails to attend treatment sessions.

Improved engagement will also help an officer break down barriers between themself and the offender and reduce resistance to tasks that will help to achieve change. This makes it a worthwhile exercise to put more effort into engagement as this is likely to make the path for change smoother, or as Stephen Rollnick puts it, "Act as if you have all day and it will take five minutes, act as if you have five minutes and it will take you all day" (Rollnick 2013).

Motivational Interviewing and non-compliance

Using Motivational Interviewing will not always result in success; there will still be offenders who are hard to engage or who re-offend when you least expect it. It is important to recognise that change is a complex process; habits, behaviours and beliefs all need to be adjusted before significant change can be achieved. Because of this complexity an offender's investment in the change process is likely to fluctuate throughout their sentence, and this means it is the role of the probation officer to continually guide offenders to find their own intrinsic reasons for change.

There are of course going to be times when a probation officer needs to address non-compliance and apply appropriate sanctions. These situations can appear incongruous with a motivational approach and can make it appear that direction and enforcement are the only options available. This is not the case as this dual role of the probation officer, supporter and enforcer, should be clearly explained to offenders from the outset. Motivational Interviewing encourages practitioners to be honest and clear in their interactions with offenders and probation officers should ensure that the people they are working with understand that they represent both sides.

During conversations where non-compliance is being addressed, a probation officer can maintain engagement and be supportive by demonstrating that they are willing to continue to help the offender get through any enforcement process. This will result in the probation officer being *firm* in the sense that they will apply the appropriate sanction but also *fair* by ensuring the offender understands what is happening and why a sanction is necessary.

Summary

Getting better at MI takes a lot of practice and reflection and there are very few practitioners in the world who would profess to have mastered it. Creating opportunities to reflect on your own practice will help a practitioner hone their Motivational Interviewing skills. Some ideas to generate more opportunity for practice reflection could be to; take an example to a reflective practice session, critique one of your own sessions by identifying who did most of the talking and which OARS skills you used, or you could arrange to have one of your sessions observed and ask for feedback.

Motivational Interviewing helps probation officers to increase the likelihood that behaviour change is achieved. It is the role of the modern probation officer to elicit the offender's own internal desire to change and guide them forward. To achieve this it is imperative that an officer is able to engage the offender without exerting a high degree of hierarchical control, build a working relationship based on trust, and ensure that their work maintains a focus or direction. Motivational Interviewing still feels very new in our probation practice but the examples provided in this article show how much of a difference it can make when it is applied in our work. Probation officers across the country have contact with roughly 2,300 offenders each working day; our goal is to turn each one of these contacts into an opportunity to motivate changes in their lives to reduce re-offending.

Right Track – Motivational Interviewing in the custodial setting

Case officers laying the foundations of change

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Author biography

Graham Dack has over 22 years frontline experience in prisons both in New Zealand and the UK. He has worked with diverse prisoner groups including IRA terrorists, long term young offenders and mainstream prisoners. He has a Bachelor of Science in Sports Science, writing his dissertation on the positive link between physical education classes and an increase in the positive mood of young prisoners. Currently working as a senior adviser in the Chief Custodial Officer's Team, he previously worked as a service manager with probation and as Acting Security Manager at Whanganui Prison.

Introduction

Everybody has a part to play, big or small, in the Department's goal to reduce re-offending. Staff who come into regular contact with offenders have the opportunity during that interaction to act as agents of change. Motivating offenders to make positive changes in their lives is the first step towards them being able to lead an offence free life in the future.

Ward, Day, Howells and Birgden (2004) stated that the primary obstacle in the rehabilitation of offenders is their own lack of motivation to change. Without this fundamental drive to change even the best designed rehabilitative programmes and interventions are likely to be less effective.

An offender's readiness to make changes that will reduce their risk of re-offending is now recognised to be as important as the actual design and delivery of the programmes that support such a change (Anstiss, Polascheck and Wilson, 2011). Anstiss and colleagues found that those offenders who undertook a Motivational Interviewing (MI) component as part of their rehabilitative intervention were less likely to be reconvicted than those who did not.

Corrections officers, in their role of case officer, play a fundamental part in the day-to-day management of offenders. They are the staff who have the most contact with the offenders under their care and therefore can play a crucial role in influencing an offender's behaviour and motivation to change.

The recent introduction of Right Track across the prison estate has given frontline prison staff an understanding of the principles underpinning both the stages of change and Motivational Interviewing. It has also provided a common change talk language shared by corrections officers, probation officers, case managers, psychologists and programme providers.

Motivational Interviewing

MI can be described as a collaborative, goal orientated method of communication, paying particular attention to the language of change. It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion (Miller and Rollnick, 2002).

More plainly, MI is simply a way of talking to people about change. First developed in the field of addictions (Miller & Rollnick, 1991) its use has broadened to a variety of settings including correctional services in New Zealand and internationally.

Drawing on their previous clinical experience and other psychological theories, the concepts of effective MI were further developed and defined as its spirit, principles and skills, (Miller and Rollnick, 2002).

Whilst there are a number of techniques that can be employed during MI, it is the spirit, principles and skills that are more important.

The spirit of Motivational Interviewing

The spirit of MI has three key elements; collaboration, evocation and autonomy.

For the case officer this means working alongside the offender, building rapport and trust, and being supportive rather than persuasive. The most powerful tools for change are the offender's own reasons and motivation, as these empower them to use their own solutions. The key to success for the case officer is to draw out these motivations for change rather than telling the offender what they should do or not do.

The principles of Motivational Interviewing

Building on the spirit of MI and bringing it to life are four principles that guide its practice: empathy, supporting self-efficacy, rolling with resistance, and developing discrepancy.

How these are translated into practice on the floor for the case officer:

- Empathy means the case officer's ability to see things as the offender sees them; to be in their shoes. This approach enables the offender to see they are being listened to and understood, fostering a more open and honest discussion.
- Supporting self-efficacy, or 'belief in one's own ability to change', is an area case officers should build on with prisoners on their case load. The prisoners' own belief that they can change is needed before any changes can actually be made. A good guide is to focus on previous successes and highlight strengths and skills they already possess.
- Resistance or reluctance from the offender to make or even recognise they need to change is often a good indicator that you are heading along the wrong path. Case officers should merely roll with resistance and through the collaborative environment of Right Track meetings develop a different style or range of tactics to use with that offender.
- Lastly, developing discrepancy means recognising and getting the offender to see that their present situation does not necessarily fit with their values or where they would like to be in the future. Once the offender recognises this, their motivation to change is greatly increased.

Motivational Interviewing core skills

The core skills of an effective motivational approach include the use of open ended questions, affirmations, reflections and summaries. These skills help to elicit change talk from the offender, guiding them towards a commitment to change. A simple acronym for remembering the core skills is OARS:

- **Open-ended questions** require more than a yes/no answer and invite some form of elaboration. They require the responder to think more deeply and can create some momentum to assist the offender to think further about reasons to change.
- **Affirmations** are statements that recognise an offender's strengths and assist in building rapport. To work they must be genuine; you must mean what you say. They are more powerful when they affirm something positive about the person. Using affirmations also assists in supporting the self-efficacy of an offender, instilling self belief.
- **Reflection or reflective listening** is an important skill, probably the most important. It underpins the principle of empathy. By carefully listening to what the offender is talking about and using reflective responses the offender will feel that you are not only listening but seeing things from their perspective.
- **Summarising** is when you summarise all the offender's previously expressed thoughts, feelings and concerns to see how they fit together. A summary can be used to highlight the offender's uncertainty about change and promote the development of discrepancy.

Motivational Interviewing and the role of the case officer

These concepts, principles and skills are at the core of the Right Track active management project, and are underpinned by academic research and clinical practice.

It is true to say that frontline staff dealing with offenders use many of these skills on a daily basis. Understanding them in more detail arms the case officer with additional tactics and methods to play their part in reducing re-offending more effectively.

> *"Understanding them in more detail arms the case officer with additional tactics and methods to play their part in reducing re-offending more effectively."*

Imagine that after several discussions an offender on your case load makes a statement that he wishes to spend more time with his children and wants to be seen as a good father. He sees this as important, yet you know he re-offends regularly and has recently served several short sentences over the last two years.

These types of statements indicate that the offender may well be starting to recognise there is a discrepancy between his current situation and where he would like to be. An opportunity now exists for the case officer to further explore this statement and the offender's actual intent to making the necessary changes to reach their goal.

The case officer could now use the core skills from MI to elicit further change talk and widen the perceived discrepancy. Using open ended questions such as 'why is that important to you?' or 'what do you think is

stopping you doing what you say you want to do?' These types of questions will help the offender explore the reasons and possibility for change.

As the offender progresses through the stages of change, so should the tactics used by the case officer progress. Affirming their strengths and positive qualities will strengthen the resolve to make changes. The use of reflective listening ensures understanding and directs the offender towards a positive outcome.

Why, as a case officer, would you want to use MI in your day-to-day work?

There are several reasons why staff should use MI when dealing with offenders:

- MI is based on evidence based practice – it works!
- Everyone at Corrections is in the 'change game'. MI equips staff with the skills and knowledge to lay the foundations of change in an offender.
- It makes interactions with offenders more change focussed.
- It prepares offenders for change.
- We all now share a common change language.

In summary, a motivational approach is all about finding the middle ground; it allows the case officer to work in partnership with the offender while still allowing them to be true to their custodial role. By using the skills they already possess and the strategies of MI they can manage an offender for compliance and readiness for change (Clark, Walters, Gingerich, & Meltzer, 2006).

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Corrections Pilots Motivational Partnership with Child, Youth and Family

Lauren Ball
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Author biography

Lauren Ball has been with the New Zealand Department of Corrections for six years, developing and managing initiatives for young offenders. Previously, she spent several years as Chairperson of Youthline Central South Island, and has been a member of the Canterbury Youth Workers Collective Trust and the 198 Youth Health Centre Trust Board. She was a Ministerial Appointment to the Child, Youth and Family External Grievance Panel, and also led the Youth Services Team for the Problem Gambling Foundation, and the Peer Education Team for Family Planning. She has a B.A in Psychology and a Masters in Public Health.

A local partnership has been forged between the Department of Corrections (Canterbury Programme Delivery) and Te Puna Wai o Tuhinapo, a Child, Youth and Family Youth Justice Residence in Rolleston (near Christchurch) to deliver a programme aimed at addressing youth offenders' ambivalence towards their offending behaviour.

The Short Motivational Programme was developed and piloted by a Corrections departmental psychologist between 1999 and 2004. Today, the programme is delivered by a programme facilitator to an individual offender and is based on the therapeutic techniques of Motivational Interviewing. It is comprised of five structured sessions and each session is approximately one hour in duration.

The programme includes components to increase problem awareness and recognition, reduce ambivalence, address cognitive distortions, consider options, and formulate goals. The programme aims at increasing offenders' motivation to address factors related to offending. It is often a springboard to other rehabilitation and employment activities.

Sessions include:

- Session 1: Rehabilitative needs identification and education
- Session 2: Offence chain development
- Session 3: Uncovering positive motivation
- Session 4: Exploring barriers to change
- Session 5: Strengthening and cementing commitment and re-assessing motivation to change.

Motivational Interviewing is a non-directive and client-centred style of interviewing. It is used in the Short Motivational Programme to encourage behaviour change by helping offenders explore and resolve their ambivalence about or reluctance to do something about their problems. It focuses on increasing the offender's commitment/motivation to change, rather than teaching them how to change.

In accordance with the philosophy of Motivational Interviewing, and to avoid building resistance to change, offenders only advance through sessions as far as the programme facilitator determines the offender is ready to progress.

The five young people involved in the first programme were selected by Child, Youth and Family either due to lacking motivation/insight to their offending or in relation to their behaviour within the residence.

Principal Facilitator Lauren Ball (Department of Corrections) identified the opportunity for a partnership after meeting with Child, Youth and Family and hearing some of the challenges they faced with some of their young people within a youth justice setting.

Anna Norris, Programme Facilitator, Department of Corrections, embraced the challenge of working across agencies, and identified the need to work in a more flexible, youth-centred manner with the slightly younger population in order to keep them engaged and ensure that they understood the concepts within the programme. She describes the experience:

> "The first session with them was positive. Four out of five were really engaged and we were able to have some awesome conversations. They were very open about their past, their offending and their hopes for the future. The fifth young person was also positive at the first session, but very vague about his past and his offending. The second session with him was difficult because he didn't want to talk about his offending at all.

> "There was a range of attitudes in the group around their offending and as such there were differing experiences of the programme for each participant. One seemed to gain some insight that could be helpful. Another was really motivated to stop offending, get back to school and stop using drugs, whilst the fifth young person was still unwilling to discuss his offending at the end of the programme."

Of note was the significant impact of the programme on the behaviour of the young people within their units in the youth residence. None of the young people who participated in the pilot were admitted to secure care over the weeks the Short Motivational Programme was offered to them, nor were they involved in any serious incidents over this period.

Child, Youth and Family Team Leader of Clinical Practice, Lincoln Ellery gave the following feedback:

> "All of the young people who attended the Motivational Interviewing sessions spoke highly of them and wanted to continue even when competing activities such as pool and gym, which young people tend to favour over attending sessions, were scheduled with the wider unit at the time of their sessions."

Overall, both organisations have identified the potential to work with those young people who are pre-contemplative about changing their offending. Having the Short Motivational Programme delivered in-house by Child, Youth and Family, in order to adapt the content/activities to fit the needs of their young people, will be the next step.

Due to the potential opportunities identified from this pilot, four Child, Youth and Family staff attended joint-agency training on the Short Motivational Programme in January 2014, after which they were able to continue to deliver the programme themselves to young people in their care.

The case leaders have already received Child, Youth and Family Motivational Interviewing training and submitted their interviews for review to an expert trainer. The training offered by Corrections will further enhance and embed their knowledge and application of Motivational Interviewing as a tool to assist in addressing offending behaviour with their clients.

Using Motivational Interviewing in a therapeutic group setting: Tales from the inside

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Author biographies

Sheila Ayala is a Registered Psychologist based at the Department of Corrections' Te Piriti Special Treatment Unit (STU). She is currently responsible for the Adapted Sex Offender Treatment Programme for individuals with low intellectual functioning. Sheila has nine years of experience in the delivery of group treatment for child sex offenders and has applied Motivational Interviewing to address responsivity issues.

Steve Smithson is a Senior Programme Facilitator based at Te Piriti STU. He is currently responsible for the preparatory stages of the Child Sex Offender rolling programme. He has worked as a facilitator with Corrections since August 2007, primarily delivering Medium Intensity Rehabilitation Programmes and is based in Manukau.

Motivational Interviewing: A potted history

The use of Motivational Interviewing (MI) is an important component of a treatment programme as it facilitates change and increases the desire for desistance, which is ultimately the goal of the Department of Corrections.

Many offenders attend rehabilitative therapy because they are mandated by the New Zealand Parole Board or the sentencing judge, who are usually guided by assessments and recommendations by psychologists and probation staff. To motivate and assist those offenders and others who have extrinsic motivation to change is a big challenge in a correctional setting, usually referred to as a responsivity issue. MI has become the preferred mechanism to develop motivation for change in currently unresponsive offenders.

Willingness to attend treatment does not necessarily equate with high motivation to change. Individuals have their own reasons why they attend treatment, but they may not be focused on changing those behaviours and attitudes germane to their offending and may in fact be resistant to changing those behaviours, e.g. sex offenders watching pornography. On the other hand, offenders may be highly motivated to attend treatment because they realise that the status quo is unproductive in their lives overall.

MI can be used for both types of offenders, i.e. to break down the blocks to change, or extrinsic motivators, *"I will only do this to finish my sentence early"* and to enhance the goal orientated 'intrinsic' motivators, *"I feel I need to change to take better care of my family".*

MI allows the offender to develop an understanding of the need for change and helps to move them along a cycle of motivation. This cycle identifies five stages of change that a person may progress through. These are Pre-contemplation, Contemplation, Preparation, Action and Maintenance. One of the ways to measure an individual's stage of change is through language – what is known in MI as change talk. For instance, someone stating, *"I am happy the way I am, I am only attending because I have to"* suggests a person in the Pre-contemplation stage, while an offender asking, *"where can I get the help I need?",* may indicate a person who has moved to the Action stage of change.

MI includes three basic 'elements', which are:

Spirit: demonstrating a collaborative approach, evocation of a person's ability to change and autonomy, encouraging the individual to discover their own path to change.

Principles: develop discrepancy between values and behaviour, rolling with a person's resistance, expression of empathy and supporting self-efficacy, and

Skills: for example, use of open ended questions, silence, reflections, affirmations and summaries.

MI was originally conceived as an intervention used with individuals, either as an intervention in itself or as a pre-cursor to prepare the individual for other targeted interventions. Its principles have always featured as intrinsically part of the change processes in group therapy, but have only been recognised as such in recent years. The group therapist's role is crucial in creating an environment in which participants in group therapy feel empowered to change. When a therapist successfully models MI skills, participants will typically adopt similar or quasi therapist roles where they can encourage and support each other through their decisions and their use of change talk. An important principle of MI is that it is done **with** clients and not **to** them. By its nature group therapy affords the therapist and participants the opportunity to work together **with** each other in order to bring about change for individual members of the group. A major strength of the group situation is that every occurrence of change for an individual member, reinforces positive change for all members of the group.

Motivational Interviewing: A collaborative approach in groups

As indicated above, MI principles have always been an intrinsic feature of group therapy, but have gradually become more consciously used by therapists running programmes in the Department's special treatment units. MI features more prominently in these programmes alongside other models such as cognitive-behaviour and dialectic behaviour therapies (CBT and DBT). The use of MI in these programmes has been driven by its benefits in facilitating and monitoring change and providing labels and terminology that allow the concepts to be easily transferable to new therapists.

In this article we will use examples from our own work to show how group participants move though the change process in a motivation-friendly environment and how group therapists can involve the whole group in motivating individual group members.

MI is a collaborative, non-confrontational and non-judgmental approach. In a group format it leads the individual to feel comfortable exploring his behaviour as he feels accepted and understood by his peers. Experience shows that motivation to change is most likely to occur when the culture of the group is one where every participant feels respected, accepted, and experiences warmth and genuine empathy from other participants.

The group based treatment programmes run in the Department's special treatment units usually start with a beginners' group before participants move on to the core therapy groups. While in the beginners' group stage, participants normally undergo assessment and are inducted in the process of group therapy. These groups afford valuable opportunities to start and model change talk. Therapists would typically acknowledge that change does not happen overnight, and that group members have made an important decision to engage in the process, regardless of the reasons why they are there. Although some participants may have the courage to say that they are there because (for example) the Parole Board wants them to do the programme, others might want to disguise their motives and give a plausible reason, like wanting to change for their family's sake. Even though they may not mean that, it is the beginning of change talk and if reinforced by group members and the therapist, will likely become a reality for the participant.

While it may be tempting to challenge and confront a participant who claims to attend the programme only to appease the Parole Board, a skilled therapist will let that go and rather ride with resistance at that stage. A typical collaborative therapist reaction could be: "Apart from satisfying the Parole Board, what else do you think you may gain from the programme?" If the response is negative or ambivalent, the therapist could follow up by saying: "I wonder what you made of Peter's goal to learn why he offended and how he could avoid that in future?" This may not elicit a positive reply yet, but may at least create ambivalence in the mind of the participant and begs the question why others in the group have positive goals, while he does not. These are typical group dynamics which illustrate MI principles in practice.

While MI principles can be used in all forms of group therapy, the rolling group format offers exceptional opportunities to do so. We particularly became aware of that when the Te Piriti STU changed to a rolling group format some years ago. The rolling format means that a participant moves on when he has achieved his treatment goals and is then replaced by a new group member. Group members are therefore always at different stages of the programme and as such at different stages of change. When a new member joins the group, he becomes part of an already established group culture, where dysfunctional and anti-social behaviours are much less likely to be exhibited or tolerated. Group members who have advanced through the programme are by then potentially able to model pro-change behaviour and support the newcomer towards similar behaviours. However, it always remains a challenge for therapists, as more experienced participants do not necessarily have the patience and tolerance to allow newcomers the freedom and autonomy to make decisions towards change at their own pace and state of readiness. Therapists often have to intervene and form an alliance with the newcomer to ensure his decision to change is authentic and not simply the result of peer pressure, which may not last.

The following is an example:

> Experienced participant to newcomer: "Mate, with that attitude you won't get anywhere. You had better move on and quickly".
>
> Newcomer looks bewildered and doesn't know what to say.
>
> Therapist to newcomer: "Would it be right to say you want a bit more time to sort out where you stand on this?"

The benefit of having individuals at different stages of change within a group is one that cannot be underestimated. Group therapists generally observe that resistant men are more receptive to feedback from their peers than from their therapist. This may be related to long-standing tendencies to respond with distrust and resentment towards those perceived as authority figures.

MI in action: Spirit and principles

Therapists frequently use the analogy of a waka (canoe) journey through a programme as a way of encouraging group members to see that they are not alone and that each person has a role to play in that journey for the benefit of all. It is this partnership and acceptance spirit of MI that is fundamental in the group process. Group therapists model these elements and demonstrate respect for individuals' autonomy in making their own decisions towards change. The parental and peer relationships embodied in group therapy allow it to provide a re-enactment of the family situation, which would typically have been a very dysfunctional setting during the development years of most offenders. By steering group members away from aggressive put downs, sarcasm and other forms of bullying, therapists are able to re-enact functional 'family' relationships where mutual acceptance, support and loyalty become new experiences and the beginning of new values for group participants.

Group participants often bring their own life experiences to bear during group sessions, from which others can glean a sense of universality, that they are not the only ones struggling with certain issues. Properly facilitated, these experiences bring about mutual support and cohesion among group members, which in turn create a positive environment for change. For example, Chris states that *"I have lived life this way for so long, that I have no hope that things will be different in the future*". **Empathy** is shown by John, who tells Chris that he felt similarly hopeless three years ago, but because a caring custody officer showed him how the story of his life could change when he changes his attitude, things started to fall in place and he is now here on his way out of prison. Clearly a case where John is well into the Action stage of change, while Chris, still in Pre-contemplative stage, now has the opportunity to gradually change his mind without feeling directly **challenged or judged**.

Should other group members confirm that Chris has the ability to change the pattern of his life, typically by pointing out some of his strengths, it could move him from Pre-Contemplation to Contemplation in a short space of time. Group therapy offers many opportunities for the therapist to affirm Chris's strengths and to subtly give him the chance to begin using change talk, e.g. "…when I play sports, I always feel good and like to win…" The therapist could refer this back to the group by asking how they think Chris could possibly transfer his sport experience to the rest of his life. That won't be the expert speaking, but Chris's peers, whom he is more likely to see as people in the same boat, who can see the proverbial land on the horizon and point him in that direction.

Change talk at the early stages of group therapy is important because participants tend to eventually believe what they hear themselves saying. When change talk appears early on, it should be affirmed and developed to strengthen the pathway to change. Once in the core phase of therapy this change talk is generally maintained by way of challenges and observations from other group members, which the individual can consider and thus maintain his momentum through the change process. Change becomes a reality when participants develop an understanding about the necessity for change. It is this intrinsic motivation that MI is designed to encourage.

The beginners groups at Te Piriti include sessions where participants are invited to say what motivates them to change and which of their characteristics would enable that to happen. Other group members then have the opportunity to provide constructive feedback and offer advice on how the individual's motivation can be enhanced. Experience shows that those who accept the feedback and make use of it will usually end up with a high level of motivation to change.

Compassion is shown when a participant feels the change process is too difficult. For example, a gang member commented that he knew he had to change (Contemplation), but felt afraid that he would end up losing all he had in life and would therefore have to create a new identity for himself. These avoidance conflicts obviously provide a dilemma which therapists would be wise to deal with compassionately. The gang member was asked to complete an assignment looking at his goals for the future. When the group noticed that one of his goals was to be a better father, they encouraged him in a **non-challenging** way to consider what this meant and how he might achieve this. This **evocation** of alternatives led to increased **change talk**, decreasing his resistance to change and supporting his

self-efficacy. Any continued expression of ambivalence was recognised through **reflective listening**. This allowed him to consolidate the future prospect of change and the benefits it may bring.

As previously mentioned, MI is about a partnership process. In the above instance the therapist did not function as an isolated observer, but rather became a participant-observer, guiding the process. The therapist reflected the gang member's comment back to the group for their feedback and thus modelled MI skills, allowing the group to **develop the discrepancy or empathise** with the gang member.

Groups can provide exceptional opportunities to break down resistance to change of individual members. For instance, a participant was often reluctant to consider that his unemployment in the unit was a problem. He strongly believed that this was an unrelated issue to his offending and failed to see that when he was unemployed in the community he experienced boredom which led him to think more about sex. The group expressed **acceptance** and several men shared with him that they had experienced similar views in the past. Once the participant felt accepted he became more open to listen to the group and to explore the reasons for his lack of commitment to work. It is this 'wave' or 'ripple' effect that the use of group-based MI seeks to encourage. In most instances of resistance, the therapist will facilitate the group to **roll with the resistance**, while also offering their views why it could be in the individual's best interest to reconsider his stance.

Group MI: The therapist role

The primary role of the group therapist is to facilitate change, which can only be achieved through the mechanisms and dynamics active in well-functioning groups. While therapists act as role models, modelling acceptance, empathy and genuineness, they also have to intervene when group members act outside these group values and create tension and unhealthy conflict in the group. There is a healthy form of conflict which therapists would try to uncover though. This occurs when an individual experiences a conflict between his old, anti-social behaviour and newly formed goals to change.

Left to their own devices, participants are unlikely to resolve those inner conflicts, but may instead revert to their old, familiar behaviours. However, with the help and support of other group members, they may muster the courage to commit to their new goals and address the old behaviours. Therapists need to know how and when to involve other group members in order to bring about constructive change. If they allow group members with an insensitive, aggressive style to monopolise the feedback, change may well be in the opposite, unconstructive direction. Ideally, group members who use positive change talk about the matter(s) at hand should be encouraged to provide feedback to the individual experiencing inner conflict.

Group Motivational Interviewing in summary: A means to an end

MI was originally intended as an intervention with individual addiction behaviour. Its use within the offender population has been developed over the past ten to fifteen years and is often considered to work well with offenders on an individual basis, such as its use in an adapted style in the Department's Short Motivational Programme (SMP). The aim in these settings is to generate increased motivation for change, which would primarily take place in the context of a more intensive treatment programme, mostly run on a group basis. While MI principles have probably always been used implicitly in many group therapy programmes, they have only recently been acknowledged and used consciously and directly, providing improved opportunities to facilitate and monitor change.

The overall framework involves three main elements – Spirit, Principles and Skills – with each having concepts and processes such as collaboration, use of autonomy, compassion, rolling with resistance and promoting self-efficacy. Effective therapists demonstrate these concepts and behaviours in their interactions with offenders on a daily basis.

Group therapists could view MI as an invitation to offenders to consider alternative behaviours which support a more positive future, which consequently assists in reducing re-offending. The use of MI in a group setting allows participants to become quasi-therapists who, with guidance, can help facilitate significant change in fellow group members. This is done by initially modelling the use of open questions in sessions and using the core MI skills of active, reflective listening to help participants to effectively relate to an individual's situation, and demonstrating empathic responses. Without these emotional components, intrinsic motivation will not develop.

The use of MI principles in a group format is enhanced when participants learn to trust each other and develop a sense of group cohesion. In essence, the use of MI in groups can generate sustained change in individuals because they feel a connection with others' experiences and are actively supported in their own progress to make meaningful changes to their future outlook.

Therapists who have discovered the power of MI principles use them to encourage participants to be the pebbles that create the ripple of change throughout the treatment group.

Motivational approaches in practice – a real life case management example

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Author biography

Sacha Thorby has worked for the Department of Corrections since January 2013 as Principal Adviser in the Case Management Service Design Team at National Office. Sacha comes from a background of frontline social work practice, and has a strong passion for the role that case managers play in influencing and supporting those they work with in the prison environment. Sacha believes that the determination and resolve of Corrections staff supporting those they work with to make changes in their lives, as the most powerful resource the Department has in reducing re-offending in New Zealand.

Key contributor and co-author biography

Stephanie Hoult is Practice Adviser for the Case Management Team at Otago Corrections Facility and Invercargill Prison. Along with supporting case managers in their practice with offenders she is the subject matter expert for Motivational Interviewing, the SDAC – 21 risk assessment tool and family violence. Stephanie has been with the Department since August 2011 and has come from a background of secondary and primary school teaching and more recently as a Behaviour Specialist working with people with intellectual disabilities.

Case managers are agents of change, playing a central role in motivating offenders in the prison environment. Starting from a position of working in partnership with an offender, they use motivational approaches to support the offender to make changes and achieve their goals.

The basic principles of working under a motivational approach are simple to understand and apply in practice; working together in partnership, accepting the offender's capacity for self direction, and having compassion for the offender's position. The skill is largely in the case manager's ability to draw on the offender's perceptions and values to support intrinsic change.

In reality, every person we work with is on their own personal journey of change, and their ability to make changes is affected by their core values and belief system, external factors and pressures and inherent readiness for change. The journey of change is not a ladder to climb, rung after rung, in a continuous expedition from point A to point B. It is a jungle gym which we move freely around, challenging our thinking and changing our behaviours as we climb, staying static in our views as we move across the levels, and occasionally reverting to prior behaviours.

Motivational approaches and using Motivational Interviewing (MI) skills fall within an evidence-based framework. When we work in the spirit of MI and apply our core interviewing skills, we support people in making changes and recognising backwards steps, while also focussing on how we continue to engage to effect change.

As practitioners, reflecting on our practice and those we work with is imperative to strengthening both our individual practice as well as our collaborative practice as an organisation.

Practice Adviser Stephanie Hoult, from the Southern region, reflects on her work with one young man during 2012/13 and his individual journey of change. Stephanie met James (not his real name), a 25 year old man, in August 2012. James was sentenced to three years, nine months for aggravated robbery. He was a high security prisoner, and had a history of misconducts during his time on remand and during the early stages of his sentence. James was strongly entrenched in gang life, and was initially unwilling to take ownership of his role in the crime, stating, "I was only driving the car; I went nowhere near the shop".

Stephanie's initial work with James was about understanding his position. He reflected strongly that it was just too hard to change; he saw himself as already off-side with staff on the unit, and figured he was there to do his whole lag, seeing rehabilitation as futile. As an experienced interviewer, Stephanie rolled with this resistance, looking for ways to support James to challenge this belief. Seeing James' journey as inherently unique to him, Stephanie knew that time needed to be spent on building rapport, to lay the foundations in their relationship for the work ahead.

James opened up about his family, identifying his two young children as being extremely important to him. Recognising this theme as a real opportunity, Stephanie was often able to help James to challenge his thinking by using double-sided reflections; "on the one hand

you say that you don't care about doing your whole lag, and on the other hand you say that your children are important and you want to be with them".

Stephanie worked patiently over the course of a year with James on his self belief, eventually recognising change-talk emerging throughout conversation. James was able to express that reducing his classification and getting out of high security in order to participate in programmes to support his rehabilitation was not just achievable, but a distinct goal. A constant flavour of the discussion, however, was the dissonance between his wanting to change for his children, along with a strong desire to stay connected to his gang life.

Stephanie was able to support James to engage in Story-book Dads (a programme in which fathers in prison are recorded reading a story for their children), and worked with him to meet the recommendations of the NZ Parole Board to engage in rehabilitation and work towards safe and secure accommodation on release. James was successful in being reclassified from high to low security in July 2012, and immediately began a three month Drug Treatment Unit (DTU) programme. At this stage in his journey, James was highly motivated; he successfully graduated from the DTU, becoming a mentor for a subsequent intake to the programme. Stephanie's key intervention technique during this time was around affirming his changes, supporting him to see his progress, and connecting his changes to his inherent goal of being with his children again.

James had several set-backs during his journey, one of which was having several community address options denied for release. This had a negative impact on James' confidence and he began to default back to his view that he would 'do his whole lag'. Stephanie recognised this as a vulnerable time in his change process, and spent more time with him to support him through this period. Several key opportunities were identified during this time, including completing a Medium Intensity Rehabilitation Programme (MIRP). Stephanie's support during this time also helped James to work towards a further reduction to minimum security classification, thus making him eligible for a Self Care Unit and Release to Work opportunities. James' plan at this stage was to concurrently complete the MIRP and do part-time Release to Work. James struggled with the work attached to the MIRP but enjoyed his work opportunities, and he fluctuated back to wanting to cease any rehabilitative or reintegrative options. Stephanie saw James daily at this stage, actively engaging him in discussion using affective reflections (to reflect the emotion of what he was feeling) and double-sided reflections again, for example; "on one hand you don't want to do the MIRP, and on the other hand you do want to do Release to Work". James made the choice to continue with both, seeing the intrinsic links between the two activities in him achieving his goals. James graduated from his MIRP in May 2013, and progressed to full-time Release to Work, with plenty of active affirmation from Stephanie as he did.

> ***"I realised very quickly that any time James felt as though he was being 'told', or 'instructed', he immediately shut down and disengaged."***

Stephanie is very clear about what worked and what didn't work so well in her work with James. She reflects: "Taking time to build rapport with James was critical and focussing strongly on the aspects of the 'PACE' (Participation, Acceptance, Compassion and Evocation) of Motivational Interviewing. I had to engage in some really tough discussions with him, and without the foundations of a strong relationship, I don't believe that he would have been prepared to be challenged in this way. It was really important to re-group at times, when things got a little wobbly. It was important to be very encouraging and affirm the progress which James had made during these times. I realised very quickly that any time James felt as though he was being 'told', or 'instructed', he immediately shut down and disengaged. This made me become very deliberate in my approach, working towards eliciting his own views and intent to change, which of course is a key principle of Motivational Interviewing."

Stephanie is an accomplished practitioner and worked tirelessly with James during his sentence. Part of being a professional practitioner is continuously reflecting on practice and adjusting the approach to fit the individual, recognising that a 'one size fits all' approach is not effective when working with people. Stephanie tailored her approach in a deliberate way as she constantly assessed James' motivation for change, which ultimately supported James to make his own choices and create his own success in addressing his rehabilitative needs.

Therapeutic communities: From a programme in a prison to the prison as the programme

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Author biography

Paul Whitehead has been with the Department for over 16 years. Paul began employment with Corrections as a probation officer in Counties Manukau in 1997. He transitioned to Psychological Services in Hamilton in 2000 and became principal psychologist at Karaka Special Treatment Unit in 2007. He recently completed a six month secondment to National Office in the role of manager interventions, design, and development. Paul has been actively involved in group work with offenders throughout his career. His work at Karaka Special Treatment Unit and in the past at the Montgomery House Treatment Programme in Hamilton has led to further expertise in the area of therapeutic communities.

Executive summary

A therapeutic community (TC) is defined as "a consciously designed social environment and programme within a residential or day unit in which the social and group process is harnessed with therapeutic intent" (Roberts, 1997, p.4). There are two main types of TC identified in the literature; democratic, based on shared decision making and intra-psychic change; and concept based, focussed more on behavioural control (Lees, Manning, & Rawlings, 1999). TCs in prisons have been associated with reductions in recidivism (Andrew & Bonta, 2010; Lees et al., 1999). Whether or not the TC provides an additive treatment effect size when combined with cognitive-behavioural offender group treatment alone is not yet empirically supported and therefore remains an unknown treatment efficacy variable. However, promising effect sizes are beginning to emerge from the Special Treatment Unit Rehabilitation Programme (STURP) prison units for violent offenders (Department of Corrections, 2013; Johnston, 2014; Polaschek & Kilgour, 2013) which conduct offender cognitive behavioural therapy (CBT) programmes within a TC environment.

The process of establishing a TC in a prison is difficult given the competing ideologies between the custodial and TC framework (Genders and Player, 2010; Ware, Frost & Hoy, 2010). Karaka Unit at Waikeria Prison is one unit that is moving the emphasis from a programme in a prison to a prison as a programme. Recommendations include a movement towards TC accreditation and a purposeful blend of the TC framework with the principals of 'risk needs responsivity' (RnR) (Andrews and Bonta, 2010). This would be combined with cultural and strength based approaches alongside reintegration services. Furthermore, research needs to be conducted to empirically determine whether or not the TC is providing an additive treatment effect to offender programmes.

Introduction

The term 'therapeutic community' was reportedly first coined by Thomas Bridger in the 1940s during his work in mental health institutions for soldiers suffering the effects of World War II (Bridger, 1990). It was first mentioned in the literature by Thomas Main (1946) and was premised on the idea of Wilfred Bion who had established a TC in a military hospital (Bridger, 1990).

Two basic types of TCs have evolved over time, the first being the 'Democratic' TC based on Bion's model and articulated by way of a framework established by Rapoport (1960) through his study of the Henderson Hospital in England. The second being the 'Concept Based' or 'Hierarchical Communities' from the United States which primarily have been for addiction treatment (De Leon, 2000; Lees et al., 1999).

Democratic therapeutic communities

Democratic TCs allow residents to have a voice in their treatment and a voice in the way that their community operates (De Leon, 2000). In this respect, the residents themselves are critical to the change journey of other residents and in establishing the culture of a given community. Rapoport (1960) noted four core treatment values underpinning the democratic TC. These are permissiveness, communalism, democratisation, and reality confrontation. Democratisation refers to shared responsibility and decision making amongst all members of the community; communalism is represented by the community developing its own culture and traditions; permissiveness allows for

individual expression and shared examination of problems; and reality confrontation is a therapeutic technique designed to get the client to examine unhelpful beliefs and perspectives. These principles have been extended and described by Haigh (2013) as relating to the principles of attachment, containment, communication, involvement, and agency. In TC culture these principles can be directly translated through to community values of belonging, safety, openness, living learning, and empowerment respectively (Haigh, 2013). The principle of 'involvement' (or finding a place among others) and 'agency' (establishing self as the seat of action) are specific to TCs and refer to mutual dependence and responsibility for one another (Campling, 2001).

An essential element of the TC approach to treatment is 'community as method' (De Leon, 2000). That is, the "*purposive use of the peer community to facilitate social and psychological change in individuals*" (De Leon, 2000, p.5). The mechanism of change relies on the TC to provide a range of 'living learning' opportunities in addition to group based treatment. The members of the community support and challenge one another to make the necessary change.

Concept based therapeutic communities

Concept based TCs are less studied (Lees et al., 1999) and more varied in their approach to treatment. Unfortunately many of the 'concept based TCs' through the 50s, 60s, 70s and even 80s comprised dubious and harmful treatment practices that included marathon nude encounter groups for psychopaths at the Oak Ridge Mental Health Wing in Ontario (Harris, Rice, & Cornier, 1994), and therapy based on humiliation for substance abusers at Synanon in California (Janzen, 2001). The Synanon programme was developed by Chuck Dederich in California in the late 1950s (De Leon, 2000). It was premised on 'breaking people' to build them up, with too much power given to a select few (Janzen, 2001). Community members were reportedly subject to extreme humiliation (Shavelson, 2001), mandatory vasectomies (for those resident five year plus), shaved heads, and partner swapping (Janzen, 2001). The community was eventually disbanded after a murder plot was uncovered which included the placement of a live de-tailed rattlesnake in the mailbox of a Los Angeles attorney (Janzen, 2001).

Nevertheless, aspects of Synonon's treatment model with respect to drug rehabilitation and social integration are argued by De Leon (2000) to be significant precursors to the TCs of today. This is due to Synanons' integration of social and psychological concepts (such as psychoanalysis and social learning theory), combined with the participants' removal from all environmental influencers whereby community life was the principal method of change (De Leon, 2000).

Contemporary therapeutic communities

TCs today generally have components of group based treatment, community meetings (involving staff and residents), mentoring programmes, structured days, therapy related employment opportunities, and other arrangements where conduct and practices are openly raised and processed. The crucial element of the TC approach is *'community as method'* which is used as the primary method for facilitating social and psychological change in individuals (De Leon, 2000). TCs today conform to strong practice requirements, programme integrity and quality assurance frameworks, and have a united theoretical framework with rigorous international accreditation standards, and a strong commitment to the well-being of residents. Accreditation is accorded via the world federation for TCs and in New Zealand (NZ) is governed by the Australasian Therapeutic Communities Association.

More commonplace today is the term 'modified TC' which is a reflection of the complexities of TCs working with specific sub-populations such as offender populations (Dye, Ducharme, Johnson, Knudsen, & Roman, 2009). In addition, it recognises that a host of other professionals may also be working alongside TC staff including forensic staff, cultural specialists, and case managers (staff who lead a multi-disciplinary approach to offender management). Modified TCs have often incorporated less confrontational therapeutic styles, more flexibility in treatment phases, and more individualised treatment (Dye et al., 2009). In a study of 380 modified TCs, research indicated that modifications are possible and do not significantly impact the TC framework (Dye et al., 2009).

The prison as the programme

In order to establish a TC in a prison, all staff (treatment and custody) need to change their thinking to enable the prison to become the treatment programme. At first this can appear a contradictory objective for both treatment and custody staff given the frameworks that each discipline has been founded on. That is, treatment staff struggle with penal regimes that can, at times, be overly authoritarian, punishment orientated, and restrictive. Conversely, custodial staff struggle to reconcile safety and security requirements with the TC demand for increased prisoner independence. These issues have been well highlighted in the TC prison, HMS Grendon by Rawlings (1998) and Genders and Player (2010).

With strong staff collaboration, training, and resourcing, TCs in prisons can, and do, work effectively. Group therapy programmes based on best practice interventions for offender rehabilitation run within the TC. The benefits of this are that prisoners can become part of a 'community' supporting one another's change journey. The therapeutic experience extends beyond the

finite parameters of the therapeutic programme room to the socio-emotional context of the prison compound. Thus, the beliefs and values necessary for recovery are shaped in combination with interpersonal relationships with others and the community. This presents an opportunity for prisoners to increase the intensity of the treatment experience beyond the group therapy and practice those skills in a controlled environment. The TC has been conceptualised by Rutherford and Van Rensburg (2009) as a 'community of change', a living learning environment whereby members can 'fail safely' (De Leon, 2000). The treatment skills gained in combination with the social learning experiences and practice at what De Leon (2000) terms 'right living' can later be applied to their own lives and the wider community when released.

An approach that works

TC based rehabilitation programmes in the international literature are associated with reductions in recidivism (Andrews & Bonta, 2010; Lees et al., 1999), and in antisocial behaviour (Toch, 1980). They are particularly relevant for challenging sub-populations who are difficult to treat (Dye et al., 2009). Examples of TCs in NZ Corrections that operate in conjunction with CBT programmes that have been reported in the literature as being effective at reducing re-offending include Kia Marama for child sex offenders (Johnston, 2006) and all Special Treatment Unit Rehabilitation Programmes (STURP) (Johnston, 2014). Supporting this, the Department of Corrections' Annual Report for 2013 noted statistically significant reductions in recidivism and reimprisonment for all TC based programmes including the Special Treatment Unit Rehabilitation Programmes (STURP) , Child Sex Offender Units, and six month Drug Treatment Units (DTU). Of note the STURP yielded a 12.5 percentage point reduction in reconviction and 12.9 percentage point reduction in reimprisonment (from a 12 month follow-up) when comparing rates with a matched untreated prisoner sample. The report notes that *"achieving a 12 percentage-point reduction in both re-imprisonment and reconviction for this very challenging group, places this programme on a par with the best programmes of this type in the world*" (Department of Corrections, p.13). Most notably, from the Annual Report we can see that rehabilitative interventions in NZ TCs have outperformed all other reported intervention types including those encompassing therapy, skills, and work readiness. Despite these findings, it is not yet possible to determine whether or not the TC is producing an additive treatment effect to CBT programming alone. Te Whare Manaakitanga (formally the Violence Prevention Unit) at Rimutaka Prison is a case in point. In this instance significant reductions in recidivism have been reported (Polaschek, 2011; Polaschek, Wilson, Townsend, & Daly, 2005) that predate the advent of a TC being established. However, direct comparisons with data today are problematic in that the previous Te Whare Manaakitanga data included many lower risk violent offenders who would not meet eligibility today in the sample set, and due to changing base rate recidivism over time.

Strong collaborations between custody and therapy teams are critical to the success of a prison based TC. In this regard, strong working relationships are demonstrative markers of a functioning TC and therefore argued to be a subject of interest and attention (Ware, 2011) and are an integrity monitoring component for NZ prison based TCs.

It is reported that little is understood about how and why TCs work (Andrews & Bonta, 2010; De Leon, 2000) although it is postulated that integrating group based treatment programmes with democratic TCs is beneficial to the change process for high risk violent offenders (Polaschek & Kilgour, 2013). I argue that the reasons for the lack of understanding about TCs include a wide disparity of treatment practices, the chequered past which has dogged their reputation, the lack of TC accreditation, and the reporting of the individual programmes in the prisons as the principal mode of change while neglecting the impact of TC methodology and vice versa.

Nevertheless, combining group based programmes with TCs has the advantage of providing opportunities for prisoners to practise and generalise skills (Polaschek & Kilgour, 2013; Rutherford, 2001). This was the original purpose for the development of the TC model at Kia Marama Special Treatment Unit for child sex offenders (Rutherford, 2001). This approach was later expanded by Rutherford et al. (2009) and encompassed units for high risk violent offenders. In addition, the Adult Sex Offender Treatment Programme (ASOTP) for adult rape offenders developed by Wilson (2005) was purposefully transitioned from a stand-alone programme in Auckland Prison to be run in NZ Special Treatment Units (STUs) TCs, with a view to further enhancing prisoners' opportunities to "practice new interpersonal skills within a supportive regime" (Wilson, Kilgour, & Polaschek, 2013, p 13). Of note, this approach seems highly relevant to the treatment of violent offenders whereby in addition to the understanding the individual pathology of the offender, researchers seek to understand violence and aggression from antecedent social processes (Hollin, 2010) and situational factors (Wilson & Tamatea, 2010). These are factors that can be explored through the social structure of the community (Day & Doyle, 2010).

The rehabilitative interventions that are run within NZ TCs are underpinned by CBT principles, theories of group work, the risk needs responsivity model (Andrews & Bonta, 2010), incorporate elements

of 'goods lives model' (GLM) and strength based approaches (Brookes, 2010; Maruna, 2001; Ward & Gannon, 2006; Whitehead, Ward, & Collie, 2007), reintegration practices (Maruna, Immarigeon, & LeBel, 2004; Willis & Grace, 2008) and are informed by a TC 'community as method' framework (De Leon, 2000). The GLM in particular is argued to be a good fit with prison based TC frameworks (Fortune, Ward, & Polaschek, in press). That is, a prisoner's 'good lives plan' (which is developed to enhance the prisoner's knowledge, abilities, and skills) is complemented by the TC, which in turn provides a safe 'living learning' environment to prepare the prisoner for release (Fortune et al., in press).

Case example

At Karaka Unit, Waikeria Prison, the TC can be seen in full operation. Three programmes operate within the TC, the STURP for high risk violent offenders, the ASOTP for medium to high risk adult rape offenders, and the six month Care NZ Drug Treatment Programme for those with serious addiction issues. As with many international prison based TCs, prisoners housed at Karaka represent a cohort of more serious and repeat offenders when compared with the wider prison population.

These prisoners tend to be life course persistent offenders with entrenched criminal beliefs, well-learned antisocial behaviours, addiction issues, a high proportion of gang association, and a high proportion of personality disorders and other psychopathology (Wilson, 2004). Not surprisingly these prisoners are very challenging to work with.

The Karaka community has defined their underpinning therapeutic principles as respect, responsibility, honesty, trust, and commitment. All staff and prisoners are accountable for upholding core community values (Rutherford, et al., 2009). Imagery, art work, and Māori carvings are prominent throughout the unit, symbolically reinforcing these principles. These principles are also represented through original songs or waiata created to reflect the change journeys of the men in the TC. Whatever is created in the unit in terms of carvings, music and art must fit within the parameters of the five principles. In addition to the standard parameters of group-based treatment, prisoners are required to attend full community meetings, attend case management meetings with therapy and custody staff, be personally accountable as well as responsible for assisting their peers, attend cultural and community rituals, participate in karakia (Māori incantation/prayers) or other relevant processes, and participate in daily closing reflections with each other before lockdown.

Prisoners are assigned by the custody team into groups of around eight prisoners mixed between STURP, ASOTP, and drug treatment programmes. The groups are comprised of a mixture of graduates/mentors (people demonstrating treatment change) as well as those prisoners new to the environment or struggling with maintaining treatment change or adhering to the unit rules. The purpose of the groups is to contribute to the betterment of the prison community (and sometimes the wider community) in purposeful ways, to challenge and help each other to work on their treatment issues and to uphold the five principles. Prisoners also chair and are responsible for holding and organising community meetings (staff and prisoners attend) whereby they share relevant treatment issues, reinforce one another for their progress, and provide 'awarenesses' (constructive feedback) to their peers when there is a need for change.

The culture of the community can also be depicted through Haigh's (2013) quintessential values of 'belonging', 'safety', 'openness', 'living learning', and 'empowerment'. New prisoners, staff, and visitors are formally welcomed by community members, with prisoners assigned a mentor upon entry to create a sense of belonging. Cardinal rules of no violence, drug usage, and cell phones, create a sense of safety in the community as does group based therapy, peer support, and community meetings where there are opportunities to discuss and share thoughts and feelings in a supportive environment. Prisoners practise their new-found skills in the community and gradually become more socially adept and considerate of others. For example, produce from the prison garden they have created goes to the Women's Refuge, art and carvings are donated to charity or gifted to agencies such as the Police and Corrections, and many other community projects are assisted. The community aims to empower prisoners to take responsibility for themselves and others through strength-based approaches, including a focus on reinforcement, 'awhi' (help and support), and approach goals. Successes are acknowledged at daily meetings, TC events, case management, and at graduations.

> ***"Prisoners practise their new-found skills in the community and gradually become more socially adept and considerate of others."***

A major dilemma for prisoners resident in TCs is the stark difference between TC culture and 'con code'. The 'con code' requires prisoners to support each other

against staff, not to report illegal behaviour and to remain in alliance. Conversely, the TC culture requires prisoners to work closely with the staff, to report and confront rule-breaking and to be open and show feelings. It is difficult for prisoners to make the switch, and this is where graduate mentors and staff lead the culture of the unit. Prisoners are expected to share their treatment issues, and areas of difficulty, and to be open to community feedback. They are expected to encourage one another, challenge one another, and make a difference to their prison community and the wider community. Underlying systemic issues and community successes are openly discussed in full community (staff and prisoner) forums. By sharing treatment and community issues (lapses and gains) publicly, there is enhanced responsibility and accountability for behaviour. It is harder to continue with undesirable behaviour if everyone is aware of it and is monitoring the behaviour, while conversely there is greater probability that positive behaviours will occur again if prisoners are reinforced and encouraged by their peers and staff.

It takes time and effort to work with lapses in behaviour in a therapeutic way. An example of this is the rule of 'not entering another prisoner's cell'. While one could easily charge the offender, in a TC it takes time to unpack the reasons for the rule-breaking, and the impact on the resident of the cell (whether a knowing or unknowing party), discuss the event with custody and therapy staff, and share with the community as a whole. The process requires the prisoner to identify what core beliefs were maintaining the rule breaking, how they relate to his offending/addiction cycle, share these beliefs publicly, be accountable to his assigned therapy group, and seek support from the TC to change his behaviour.

Considerable work is also put into making connections with family and the wider community throughout the programme, and in sharing treatment gains and potential release issues with relevant people and organisations. 'Supporters Day' whereby prisoners share their high-risk situations and release plans with significant others (relatives, friends, employers) and their prison based case manager is one such example prevalent in the STURP and ASOTP programmes.

Two small qualitative studies of prisoner experiences within the TC at Karaka Unit, Waikeria Prison noted that prisoners had developed enhanced intrinsic motivation to change post-treatment (Hallett, 2010; Terrill, 2010) and had developed strong therapeutic or working alliances with staff (both custody and treatment; Terrill, 2010). The alliances were reported to be underpinned by the values of honesty and mutual trust. However, not all staff were considered to be helpful to the prisoners' journey of change and in some cases staff undermined prisoners' treatment targets (Terrill, 2010). Thus, sound training and supervision as per international TC requirements as well as formal TC accreditation is critical to improving our treatment efficacy moving forward.

With respect to attending to prisoners' cultural needs, Terrill (2010) found that attention to tikanga Māori and te reo was a conduit for prisoners' self monitoring through the use of Te Whare Tapa Wha (Durie, 1985) and for self respect. Similarly, Hallett (2010) found that the inclusion of tikanga Māori enabled participants to achieve a sense of balance, providing continued support for the use of indigenous treatment models such as Te Whare Tapa Wha (Durie, 1985) and the Meihana Model (Pitama et al., 2007).

A focus on after-care is argued to be one way to improve intervention effect sizes (Polaschek, 2012; Polaschek & Kilgour, 2013). In recent years Karaka has made significant strides into providing effective reintegration for prisoners into the community. This has included help with obtaining benefits, housing, relationship issues, driver licences, bank accounts, fines remission, emergency clothing, gang issues, ongoing rehabilitative needs, and employment issues, amongst others. Moreover, the TC at Karaka has been able to offer some prisoners the opportunity for 'release to work' for reintegration purposes. This gives prisoners the opportunities to practise their skills in a real world environment while at the same time providing financial security on release. This initiative is particularly notable due to the prisoner not having to transition to another unit in order to participate. This avoids the contamination effects that mainstream units can have on newly found TC treatment gains (Day & Doyle, 2010).

Conclusion

Consistent with international literature, modified TCs in NZ prisons are proving effective at reducing recidivism. However, it is still not known whether the TC itself is providing an additive treatment effect to standalone CBT offender treatment and this will need to be a future area of research. The challenge of working with two competing custody and treatment philosophies is not unique to NZ. Its success lies in strong collaboration, resourcing, training, supervision, and being open about the lack of fit and ways to manage it. It is argued that an effective prison based TC will address offending issues through the blend of CBT and RnR approaches with the TC 'community as method' approach, combined with wrap-around reintegration and after care services, as well as attention to the cultural needs of prisoners. A continued focus on strength-based models is also desirable. TC accreditation is seen as one way of ensuring programmes and prisons become consistent with international best practice. By accrediting TC's

in prisons we counter the trap of reporting outcomes of programmes alone rather than the combination of TC, RnR, and strength based methodologies. Adequate resourcing for staff to run TCs, as opposed to the programmes alone, is critical to enhancing our ability to reduce re-offending further. That is, it is essential to recognise not just the programme in the prison, but prison as the programme.

Acknowledgements

My thanks to Bronwyn Rutherford, Devon Polaschek, Clare-Ann Fortune, Joanna Bauckham, Julie Fraser, Glen Kilgour, and Nikki Reynolds for providing assistance with this article.

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Promoting healthy choices: Motivational Interviewing for physical and mental health issues

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Author biographies

Drs Marleen Verhoeven is the Professional Leader for Psychology at Counties Manukau District Health Board. She is a clinical psychologist trained in the Netherlands, who has worked in South Auckland mental health services and with people with an intellectual disability for the last 24 years. She offers training and has written several chapters and articles, in particular in relation to people with an intellectual disability.

Heidi Baxter is a Health Psychologist with a special research and clinical interest in Motivational Interviewing. She is the Gestational Diabetes Mellitus (GDM) Project Coordinator for the Diabetes Projects Trust. She also works at Middlemore Hospital part-time.

Debbie Hayes is a Clinical Psychologist working for the Intensive Community Team, Counties Manukau Health, a mental health service for people with complex needs. Many of her clients have issues with motivation and regulating their lives.

Dr Willem Louw is a Senior Clinical Psychologist in a Māori community mental health outpatient clinic (Te Puna Waiora), Counties Manukau Health. His responsibilities include clinical assessment and treatment, consult liaison, research and service development.

Motivational Interviewing (MI) is a style of client centred counselling which helps clients explore and resolve their ambivalence around behavioural change (Rosengren, 2009). It was developed to manage challenging behaviour in alcohol and drug treatment (Rollnick & Miller, 1995). MI however has wider implications and is becoming increasingly used in Corrections and the physical and mental health sectors (Rollnick, Miller and Butler, 2008; Treasure, 2004). In physical health MI may be used to support healthy lifestyle choices. It is also used for clients who are resistant to treatment, for example attending appointments and adherence to medication. In mental health, it can be used to contribute to the person's recovery, build resilience and increase commitment to reduce self-harm behaviours. Since offenders also present with complex health issues, this article will offer some techniques used in the health sector that may be useful to people working in Corrections.

MI is a client centered guiding approach and can be summarised with the following four key therapeutic principles:

1. Show that you understand the client's point of view and motivations by using reflective listening.
2. Make them aware of the difference between their current behaviour and their underlying value system.
3. If they show resistance to change, try to understand where they are coming from and use empathy rather than confrontation.
4. Promote recovery and resilience by instilling hope that they have the ability to change their behaviour.

(Rollnick & Miller, 1995; Rollnick, Miller & Butler, 2008; Treasure, 2004)

Underlying these principles is the evidence that simply giving patients advice to change is not often effective (Rollnick et al., 2010). MI is not to be confused with the trans-theoretical model of change, commonly known as the wheel of change (Prochaska & Di Clemente, 2005), although it complements this therapeutic model (Rollnick, Miller and Butler, 2008).

> *"In a physical health setting, MI is used largely to reduce a person's resistance to change."*

Physical health

In a physical health setting, MI is used largely to reduce a person's resistance to change. Resistance may occur for a number of reasons including feeling that the behaviour is essential in order to function well in the world, a lack of hope that things could be different, secondary gain, or seeing too many disadvantages in changing their behavior (Rosengren, 2009). There are many techniques which are useful; however the following four techniques based on Rosengren (2009) are simple and effective:

1. *Simple reflections* help you to keep the conversation going. Adding "at this point" helps highlight that this is how your client feels at the moment but it does not support that this behaviour will necessarily be ongoing e.g. "At this point, you feel as though you will smoke for the rest of your life".
2. *Amplified reflections* refer to reflections that add strength to the resistant part of a statement. For example, a client may say to you "I am too busy to exercise". You reply "You have no time at all for exercise". Often clients will say their situation is not as extreme as you present, which opens the space for more discussion on how the behaviour change could occur.
3. *Double-sided reflections* include information about the status quo and information that your client may have inadvertently given about why they would consider change e.g. "You feel as though you don't have enough time to exercise and at the same time you know that doing exercise is important because you have type 2 diabetes and want to be around for your children". The crucial part is to use AND rather than BUT.
4. *Make the obvious obvious.* It is important to highlight to your client that it is only they who can make changes to their behaviour e.g. "Taking your medications is something you have mixed feelings about. In terms of whether this changes, it really comes down to what you want to do because it is only you that can take them".

Mental health

In a mental health setting, MI is often used to enhance treatment outcomes and reduce the risk of relapse. MI techniques are often found embedded in evidence based psychological interventions such as cognitive behavioral therapy (CBT). Some of the guiding principles behind CBT as outlined by Beck (2011) state that therapy is client driven, and the clinician's role is to teach the client to become their own therapist. Examples of techniques:

1. *Socratic questioning* is a process in which you get the client to answer their own questions.
2. *Guided discovery* is a process where the client reflects on their thinking processes to open up a range of alternative thoughts that may drive their behaviour.

Dialectic behaviour therapy (DBT) is an evidence-based therapeutic model initially developed for people with borderline personality disorder (BPD), who have emotion dysregulation and chronic behavioural impulsivity including suicidality and self-harm behaviours (Linehan, 1993). The aim is to develop more effective coping skills. Due to the waxing and waning commitment, MI is ongoing throughout the course of therapy. The strategies include:

1. *Evaluating the pros and cons:* Commit to a specific plan or solution, and then rehearse arguments and counter-arguments to built resistance to (future) barriers.
2. *Playing the devil's advocate:* Pose arguments against making a commitment. The secret here is to make sure that the counter-arguments are slightly weaker than the client's arguments for commitment.
3. *Foot-in-the-door technique:* Increase adherence by making an easier first request followed by a more difficult one.
4. *Door-in-the-face technique:* Request something much larger than you actually expect, and then request something easier.
5. *Connecting present commitments to prior ones:* "But I thought you were going to try your best not to do that? That's one of the commitments you made on entering therapy with us."
6. *Highlighting freedom to choose and absence of alternatives:* Enhance the feeling of choice, while at the same time stressing the lack of alternative ways to achieve the client's goals.
7. *Using principles of shaping:* In the initial stages of change, commitments may be to limited goals that can be expanded over time.
8. *Generating hope, cheerleading:* People with BPD commonly fear failure and humiliation, and lack hope in their own ability to change. Encourage, reinforce (minimal) progress, and continue to believe that the person has the capacity to overcome his/her problems in the end (especially important when problem solving).

Conclusion

MI strategies are commonly used across the physical and mental health sectors to generate a change to more effective and healthier behavioural patterns. The techniques are generally consistent with the ones used in alcohol and drug treatment and Corrections, however as the behavioural challenges become more complex, the strategies equally increase in complexity and frequent repetition is required throughout the treatment.

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Book Review: *Motivational Interviewing – Helping People Change (Third edition)*

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Reviewer biography

Leisa Adsett is the Principal Adviser in the Chief Probation Officer's team at the New Zealand Department of Corrections. She studied at the University of Otago and was introduced to probation in 2003 while completing her post-graduate student placement. Leisa gained her probation practice experience in New Zealand and the United Kingdom. She contributed to the design of the Integrated Practice Framework that probation officers currently operate within. Her passion is practice leadership and supporting Corrections staff to achieve best outcomes with offenders and their family/whānau.

If you're looking to try Motivational Interviewing (MI) or polish your existing skills, then this is the book for you. 'Motivational Interviewing – Helping People Change' (2013) by William Miller and Stephen Rollnick is an essential guide to understanding and practising MI.

Miller and Rollnick are the fathers of MI. Their work began in the early 1980's when Miller introduced the idea. He was joined by Rollnick and together they have weaved the theory and practice of MI.

This is their third edition which provides clearer thinking about MI and significant enhancements such as four new processes. This book will give you the theory of MI as well as practice examples and activities you can use to grow your own skills. On the face of it MI can seem quite simple and the basic principles are easy to pick up; although to become a confident motivational interviewer takes practice and experience. The book mirrors this as it peels back the layers of MI for you.

What is Motivational Interviewing?

"Motivational interviewing is a collaborative conversational style for strengthening a person's own motivation and commitment to change" (page 12). It is the art of guiding someone rather than directing (telling them what to do) or simply following them as they go on their way. The spirit, processes and core skills form the foundations of MI.

Spirit of Motivational Interviewing

Following the spirit of MI includes working in **P**artnership with the person, **A**ccepting the person and their uniqueness, having **C**ompassion for them and seeking to understand them by **E**voking their thoughts and feelings. Using the acronym of PACE is an easy way to remember this. You can use it like a compass to check you are working in the spirit of MI as you walk with and guide a person on their journey to change – wherever and whatever that may be.

> "MI is not a way of tricking people into changing; it is a way of activating their own motivation and resources for change" (page 16).

The method - four processes

The new MI method introduced in this book includes four processes; engaging, focussing, evoking and planning. The use of listening is important to tune in with the person and hear what to focus the conversation on. There's no acronym to remember these by, but the chapter is opened with a great quote; "what people really need is a good listening to." – Mary Lou Casey (page 62). If you don't feel you can juggle the processes just yet, try staying in the spirit and using the core skills.

Core skills

The tip for remembering the core skills is OARS – **O**pen questions, **A**ffirmations, **R**eflections and **S**ummaries. These are simply explained and the benefits are highlighted in an example of dialogue between a practitioner using MI and a person they are working with. This dialogue points out when the practitioner has used each of these skills and the response that follows from the person. Look out for the change talk in these examples of dialogue as the person talks themself into and commits to change. This dialogue is a great way to see how you might already be using these skills in your own practice and to get ideas about ways you can use them even more. If you are working with someone who struggles to express themself or if you want to understand the person's values there is a great activity using values cards on page 80.

Summary

This is a versatile book that you can pick up and put down as you please. It's effortless to read because of the conversational style and key messages at the end of each chapter. It's the sort of book you can use to read the first few chapters and come back to in a couple of weeks after experimenting with the ideas and continue to read a little deeper. MI can be applied in any setting where people are working with people. If you would like to see MI in action try the Motivational Interviewing DVD* by Hall McMaster and Associates (2012), which is based on this work of Miller and Rollnick.

** Copies of this book and the Hall McMaster and Associates DVD are available to staff of the NZ Department of Corrections from the Information Centre at national office. Email* infocentre@corrections.govt.nz *for more information.*

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