

A New Twist on Motivational Interviewing: Activating a Client's Healthy Self

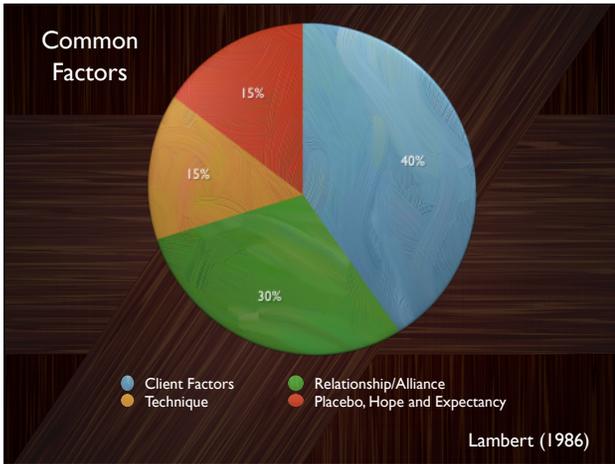
Allen Berger, Ph.D.
Author and Clinical Psychologist

Agenda

- Overview of what contributes to successful outcomes.
- Brief Discussion of MI
- Introduction to Principles of Process Focused Experiential Psychotherapy
- Activating a Patient's Healthy Self
- View and discuss several sessions.

Question

What accounts for most of the change in treatment?



Answer

Research has found that extra-therapeutic factors (client factors) account for 40% of outcome variance.

- ### What are these extra-therapeutic factors?
- **Client's strengths**
 - **Struggles**
 - **Motivation**
 - Family support
 - **Distress - Pain**
 - Chance

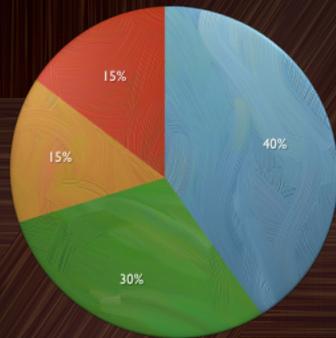
Question

What are the most potent treatment effects?

Answer

Therapist Effects (accounts for 33% of the 45% of treatment effects) while Alliance Effects (accounts for 66% of the 45% of Treatment Effects).

Common Factors



Client Factors
Technique
Relationship/Alliance
Placebo, Hope and Expectancy

Lambert (1986)

Therapist Effects are not due to the orientation of the therapist but rather who the therapist is.

- Research has found:
 - Unsuccessful therapists focused on problems while neglecting client strengths.
 - Therapists who formed better alliances also have better outcomes.

Summary of What We Currently Know

- Becoming a better therapist depends on rallying clients and their resources to the cause.
- Therapist differences loom large and are related to the ability to mobilize client resources and participation, as well as form strong alliances.

Duncan, B. L. (2010) On Becoming a Better Therapist. Washington: APA.

...the quality of the patient's participation ...(emerges) as the most important determinant of outcome (p. 324).

5th Edition of the Handbook of Psychotherapy and Behavior Change (Orlinsky, Ronnestad, and Willutzki (2004).

Summary of What We Currently Know

- The alliance makes significant contributions to psychotherapy outcomes.
- The specifics of any approach are not as important as the cogency of the treatment rationale and ritual to both the client and the therapist, and, most importantly, as the client's response to the delivered treatment.

Duncan, B. L. (2010) *On Becoming a Better Therapist*. Washington:APA.

Measuring the Therapeutic Alliance

Session Rating Scale (SRS V.3.0)

Name _____	Age (Year) _____
ID# _____	Gender: _____
Session # _____	Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship		
I did not feel heard, understood, and respected.	----- -----	I felt heard, understood, and respected.
Goals and Topics		
We did not work on or talk about what I wanted to work on and talk about.	----- -----	We worked on and talked about what I wanted to work on and talk about.
Approach or Method		
The therapist's approach is not a good fit for me.	----- -----	The therapist's approach is a good fit for me.
Overall		
There was something missing in the session today.	----- -----	Overall, today's session was right for me.

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Critical Components of MI

Dr. Miller identified the following three elements of the clinical spirit of MI. These are "...**collaboration, evocation, and autonomy support.**"

Miller, W. R. (2012)

*"Skillful empathic reflection blends nicely with and complements many other therapeutic methods. The more general perspective here is that **people are worth listening to; that it is important to see the world through the eyes of the client, to understand and get inside that person's world.** This is not only a pragmatic issue of making sure you get it right. There is **great value for clients, too, in becoming clear about what they are experiencing.** Both the **clinician and the client are very focused then, and prize — place importance on the client's own experience.**"*

Miller, W. R. (2012)

After reviewing the MI literature that compared decisional balance (exploring a client's ambivalence to change), and change talk vs sustain talk, Miller concluded that ***"It is moving away from the cons that is associated with change, with getting unstuck from ambivalence."***

Miller, W. R. (2012)

"I think there is also a trust in the wisdom of the person, that people do have within them the inherent will to be well and grow (this is the healthy self), and that it is our task to find and connect with that wisdom within."

Miller, W. R. (2012)

When we are governed by our real self (true self or human self) we are motivated by a psychological imperative that grows us towards what we can be.

**It is what is right about
us that we ignore that is
at the roots of our
suffering.**



*“Many people dedicate their lives to actualize a concept of what they should be like, rather than to actualize themselves...This is again the **curse** of the ideal. **The curse that you should not be what you are.**”*

Fritz Perls (1969). Gestalt Therapy Verbatim.

Limitations of MI

“Pick it up (MI) and use it as a tool when the task at hand is to strengthen motivation and commitment for change, but then move on. A clinician who uses only MI is like a restaurant serving only green chili stew— good stuff, but not exactly a balanced diet.”

Miller, W. R. (2012)

Basic Concepts about Life

Trouble doesn't mean something is wrong, quite the contrary, it means the something is right about us - it is a signaling process.

The proper digestion of personal experiences is the key to growth and recovery - bringing new awareness and new possibilities.

We possess a biological and psychological imperative (growth force) that move us towards self-actualization (wholeness or integrity).

Change is forged in the heat created by discord, suffering, anxiety, grief or pain (deficit motivation).

**Change is also forged
by the desire to be
what we can be (growth
motivation).**

“Growing in a healthy way means liberating those evolutionary constructive forces inherent in man which urge him to realize his given potentialities.”



Karen Horney, M.D.

The Therapeutic Process: Essays and Lectures - 1999, p. 248.

**The proper digestion of
personal experiences is
the key to growth and
recovery - bringing new
awareness and new
possibilities.**

*"As long as you **fight a symptom**, it will become worse. If you take **responsibility** for what your doing to yourself, how you produce your symptoms, how you produce your illness, how you produce your existence, you get in touch with yourself - growth begins, integration begins (p.178). "*

Fritz Perls (1969). Gestalt Therapy Verbatim.

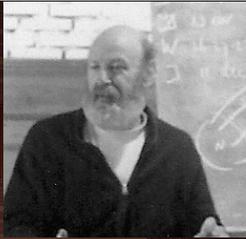


Basic Principles about Therapy

We focus our attention on process more than content.

"There are two things we concern ourselves with during a session:

- 1) Attention to the current interactions as the pivotal point for all awareness and interventions, and*
- 2) The total involvement of who we are as a therapist-person bringing overtly and richly our full personal impact on our clients."*



Walter Kempler, M.D.

"In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?"



Carl Rogers, Ph.D.

"Provide your clients with as much support as necessary, and as little as possible."

Laura Perls, Ph.D.



CLINICAL TIP

*Help Your Patient
Conceptualize Their
Problem in a Way that
Creates New Possibilities
to Discover a Solution*

I attempt to redefine a person's problem in a way that puts some space between the person and the problem they are facing.

In that space a person can discover new possibilities.

Listen to what the patient is unable to say (this helps you identify the working point).

CLINICAL TIP

Become aware of *what is missing.*

CLINICAL TIP

Listen with Your Eyes, Your Heart and Your Ears

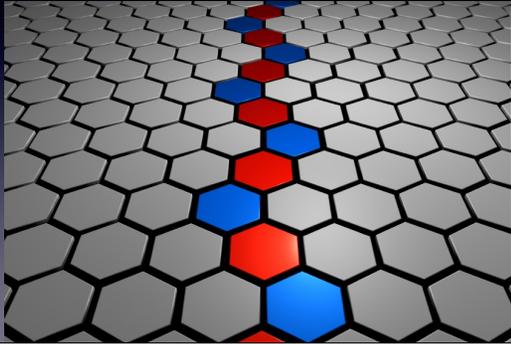
I encourage you to follow the **golden thread**, I refer to this as the **working point**.



The working point emerges from my awareness of what is missing.

The working point represents the *unrealized next* or what is missing.

Reveals **patterns** or **themes**
in functioning.



CLINICAL TIP

*Make Your Client Aware
that Only the Best in Them
can See the Worst in Them*

CLINICAL TIP

*Remember: Make Certain
the Best in You Speaks to
the Best in Your Client*

I collaborate with a person by sharing with them what I become aware of about their functioning.

**Define a patient's problem in a way that creates space between the patient and their problem.
In that space lies new possibilities in coping and growth.**

The problem is never the problem.

**The problem lies in
how we react or cope
with the troubling
event.**

"All I can do is, possibly, to help people to reorganize themselves to function better, to enjoy life more, to feel - and this is very important - to feel more real."



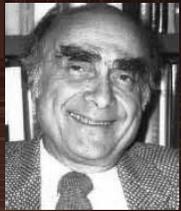
Fritz Perls, M.D.



Myth of Singularity of Self:
We are comprised up of a
population of selves.



Dr. Fritz Perls (1969) defined mental health as “an appropriate balance of the coordination of all of what we are.”



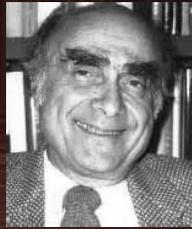
“When there is a psychological disturbance these selves are **alienated** from each other, leading to **fragmented living**.”

E. Polster, Ph.D. (1995).



We select the self-parts that fit best with who we think we should be, the other part of us are disowned and rejected.

There is no better example of this fragmentation and its deleterious effects than the split between the **Addict Self** and the **Healthy Self**.



Dr. Erving Polster indicated that the goal of psychotherapy is “...to **merge** the disharmonious aspects of the person so that they [can] become **joint contributors** to the person’s **wholeness**.”



This means that helping a client **integrate** their different self-parts into a **unified whole** is critical to establishing stable and longterm recovery.

Activating a Patient's Healthy Self

Create an atmosphere where a
patient can experience a safe
emergency.

Experimentation and Experience: The Keys to Growth

Learning is discovering
new possibilities.

“...experiments are
used to **expand the
range** of the individual
showing him how he or
she can extend their
habitual sense of
boundary...”



E. & M. Polster, Ph.D. (1973).
Gestalt Therapy Integrated.



Gary Yontef, Ph.D.

“The attitude for experiment in
gestalt therapy is - **try
something new and be
aware, notice what you
experience.**”

I attempt to move as quickly from talking about to enactment.

Enactment within a session creates experiential learning.

My Attitude

“Let’s together see what we can discover about you that will help you function better.”

I create an atmosphere
that encourages
curiosity.

I try to help people develop an
attitude of experimentation,
*“Let’s try this and see what
happens.”*

People loosen up, and
discover their creativity
and flexibility.

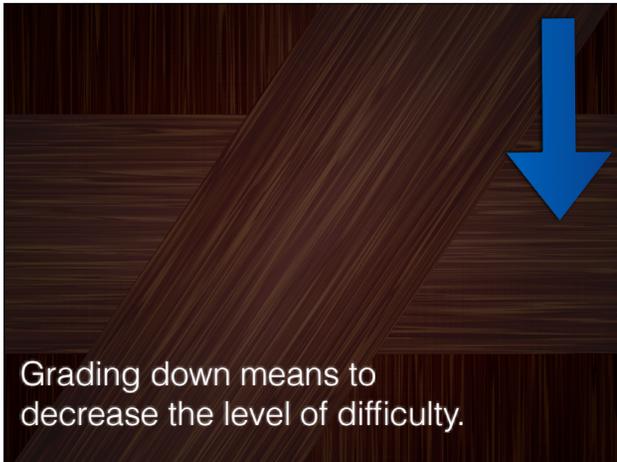
I want to help each person discover new possibilities in relationship to themselves, their problems and their relationships with others.

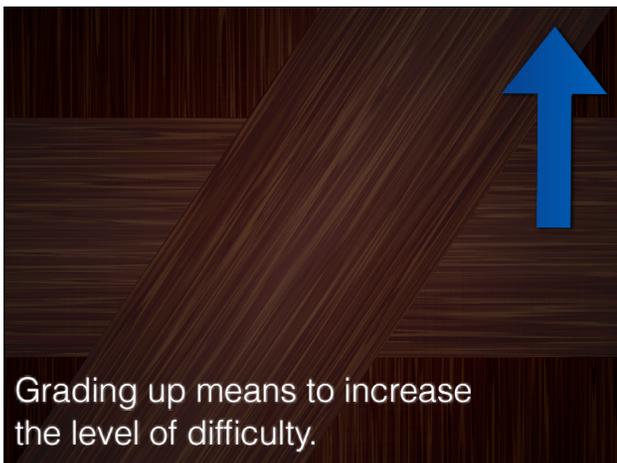
My interventions are directed at increasing a person's awareness of what they are doing and how they are doing it.

CLINICAL TIP

Lead from Behind: Closely Follow the Patient's Immediate Experience

Grade exercises or experiments up or down depending on the individual's or group's level of functioning.





Activating a Patient's Healthy Self: Three Demonstrations

"The therapeutic value in the disillusioning process lies in the possibility that, with the weakening of the obstructive forces, the constructive forces of the real self have a chance to grow."



Karen Horney, M.D.

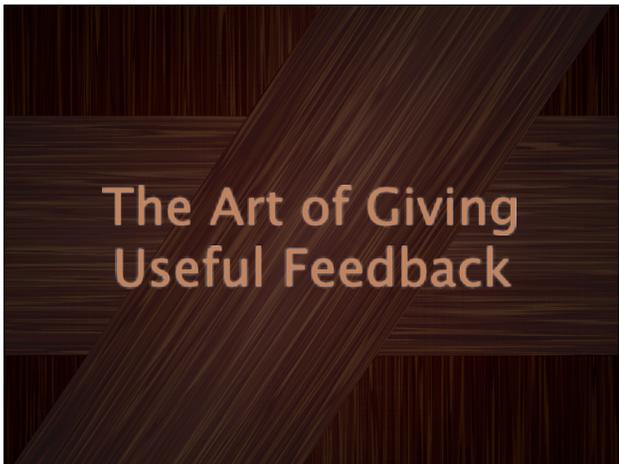
Neurosis and Human Growth: The Struggle Toward Self-Realization - 1950.

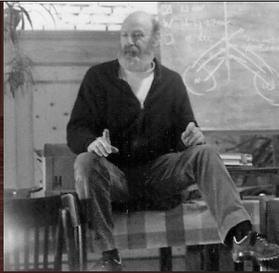
Not All Trouble is Created Equally











*“To have impact the therapist must deliver his well timed wisdom **so it can be heard** (p.117).”*

Walter Kempler, *Principles of Gestalt Family Therapy*.
The Kempler Institute Press (1974).

CLINICAL TIP

Ask Permission Before Providing Feedback that You Sense Will Be Difficult for the Patient to Assimilate

CLINICAL TIP

Introduce your feedback by saying something like, “There’s something I want to discuss with you, that I think will be helpful, but I think it’s going to be hard for you to hear. Is it OK if I share my observation with you, right now?”

CLINICAL TIP

Direct Your Feedback to the Best in Your Patient

CLINICAL TIP

Search for the Positive Intention in Their Rotten Behavior

Contact Information

Allen Berger, Ph.D.

818 - 584 - 4795

abphd@msn.com

www.abphd.com

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