Working With Involuntary & Mandated Clients

	Client	Clinical Assessment	Treatment Plan
What?	What does the client want?	What does the client need?	What is the treatment contact?
Why?	Why now? What's the level of commitment?	Why? What reasons are revealed by the assessment data?	Is it linked to what the client wants?
How?	How will she get there? How quickly?	How will you get her to accept the plan?	Does the client buy into the link?
Where?	Where will she do this?	Where is the most appropriate setting for treatment? What is indicated by the placement criteria?	Referral to level of care
When?	When will this happen? How quickly? How badly does the client want it.	What are realistic expectations? What are the milestones in the process?	What is the degree of urgency? What is the process? What are the expectations of the referral?

Clients who are mandated for service and involuntary often appear resistant or uninterested in changing. We may see our goal as one of convincing them that complying with treatment or fulfilling the service contract is in their best interest. The client may become compliant or voluntary and go through the requirements even if they believe that they neither need nor want the service.

You have likely heard the statement numerous times “start where the client is” This may be quite different than what you think they need. Dr David Mee Lee, a psychiatrist who trains professionals throughout the country states that all clients “are always in the action stage for something they want.” The client who is mandated to substance abuse treatment may not think he or she has a problem, blame the system for their situation, and see you as the enemy, but they are likely in the action stage for getting there driver’s license back. At this point they just don’t with you on the method.

Motivational Interviewing contain several concepts entitled the “spirit and principles and core listening skills.” The purpose of these is to eliciting “change talk” from the client or statement that imply an intention to change.

The spirit of motivational interviewing

The spirit of MI is move enduring and can be characterized in a few key points.

1. *Motivation to change is elicited from the client, and not imposed from without.* Other motivational approaches have emphasized coercion, persuasion, constructive confrontation, and the use of external contingencies (e.g., the threatened loss of job or family). Such strategies may have their place in evoking change, but they are quite different in spirit from motivational interviewing which relies upon identifying and mobilizing the client's intrinsic values and goals to stimulate behavior change.
2. *It is the client's task, not the counselor's/case manager's, to articulate and resolve his or her ambivalence.* Ambivalence takes the form of a conflict between two courses of action (e.g., indulgence versus restraint), each of which has perceived benefits and costs associated with it. Many clients have never had the opportunity of expressing the often confusing, contradictory and uniquely personal elements of this conflict, for example, "If I stop smoking I will feel better about myself, but I may also put on weight, which will make me feel unhappy and unattractive." The counselor's task is to facilitate expression of both sides of the ambivalence impasse, and guide the client toward an acceptable resolution that triggers change.
3. *Direct persuasion is not an effective method for resolving ambivalence.* It is tempting to try to be "helpful" by persuading the client of the urgency of the problem about the benefits of change. It is fairly clear, however, that these tactics generally increase client resistance and diminish the probability of change (Miller, Benefield and Tonigan, 1993, Miller and Rollnick, 1991).
4. *The counseling style is generally a quiet and eliciting one.* Direct persuasion, aggressive confrontation, and argumentation are the conceptual opposite of motivational interviewing and are explicitly proscribed in this approach. To a counselor accustomed to confronting and giving advice, motivational interviewing can appear to be a hopelessly slow and passive process. The proof is in the outcome. More aggressive strategies, sometimes guided by a desire to "confront client denial," easily slip into pushing clients to make changes for which they are not ready.
5. *The counselor is directive in helping the client to examine and resolve ambivalence.* Motivational interviewing involves no training of clients in behavioral coping skills, although the two approaches not incompatible. The operational assumption in motivational interviewing is that ambivalence or lack of resolve is the principal obstacle to be overcome in triggering change. Once that has been accomplished, there may or may not be a need for further intervention such as skill training. The specific strategies of motivational interviewing are designed to elicit, clarify, and resolve ambivalence in a client-centered and respectful counseling atmosphere.
6. *Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.* The therapist is therefore highly attentive and responsive to the client's motivational signs. Resistance and "denial" are seen not as client traits, but as feedback regarding therapist behavior. Client resistance is often a signal that the counselor is assuming greater readiness to change than is the case, and it is a cue that the therapist needs to modify motivational strategies.
7. *The therapeutic/case management relationship is more like a partnership or companionship than expert/recipient roles.* The therapist/case manager respects the client's autonomy and freedom of choice (and consequences) regarding his or her own behavior.

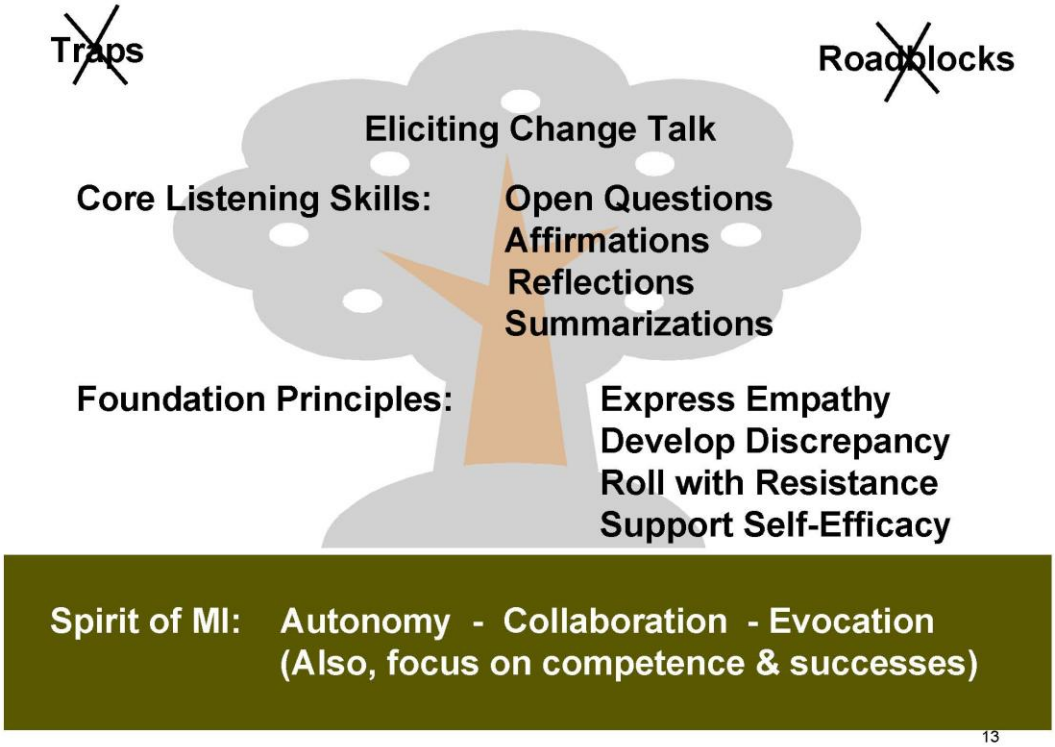
There are, nevertheless, specific and trainable therapist/case manager behaviors that are characteristic of a motivational interviewing style. Foremost among these are:

- Seeking to understand the person's frame of reference, particularly via reflective listening
- Expressing acceptance and affirmation
- Eliciting and selectively reinforcing the client's own self motivational statements expressions of problem recognition, concern, desire and intention to change, and ability to change

- Monitoring the client's degree of readiness to change, and ensuring that resistance is not generated by jumping ahead of the client.
- Affirming the client's freedom of choice and self-direction

OARS: Opening and throughout the relationship with the client, the case manager should use these basic communication behaviors to support the client in positive changes:

- ***Open-ended Questions –*** avoid yes/no questions
- ***Affirmations –*** support and encourage
- ***Reflections –*** repeat and clarify
- ***Summarizations-*** link together and reinforce



The table above can help provide a framework for developing a working alliance and eventual treatment plan with the client while the MI Tree suggests strategies to evoke (discover the client's own reasons for change) in a collaborative process that affirms the client's autonomy. All of the strategies are applied in a manner that handles resistance by "rolling with it" rather than confronting it. This involves stepping back when resistance is encountered and asking oneself if I am expecting something the client is not willing or ready to do?

Below is an example of an exchange that could occur between the case manager and the client and demonstrates several of the MI concepts.

Determine **what** the client wants or in other words what is motivating this person to meet with you now?

Case Manager: “I’m interested in knowing what is important that you get out of our time together today?” **(core listening skill: open-ended question)** This statement evokes what the client wants and suggests a collaborative approach. This is different than telling the client you know they are mandated to see you. The second approach or some version of it would likely result in resistance.

Client: “I don’t really want to be here. I’m only coming because I don’t want to go back into the hospital

Case Manager: “You are doing something you don’t want in order to avoid something you want even less. That seems like a wise decision to me. **(core listening skill: reflection, affirmation, autonomy)** This statement implies the client has a choice about coming and he/she chose one undesirable option over another more undesirable one. This is a choice most of us can relate to.

Case Manager: “So back to my original question. What’s important to you that you get from being here today? Other than not having to go to back to the hospital.” **(open-ended question that seeks to find out what motivates the client now)**

Client: “I want all these professionals and the court off my back and let me live my life without always having someone tell me what I have to do.” (This is what the client is in the action stage for. It is what’s important to him or her)

Case Manager: “It’s really important to you to have your freedom and independence” **(reflection, autonomy, affirmation)** Likely a mutual goal for both the client and those who are trying to get him or her to be responsible. The means to achieving it are different at this point.

Case Manager: “I’d like to see that happen also. What seems to have worked in the past to help you have more freedom and be independence? **(affirmation, open question: looking back)** This question is an attempt to recognize past client success and client strengths. Most clients have tried things in the past that have worked to some degree and you may be able to help them build on these.

Client: “When I’ve tried to do some things they wanted such as take my medication it never seemed like enough. There was always something I wasn’t doing so I just quit doing anything”

Case Manager: “You would like more recognition of the effort you were making” **(reflection)** An assumption with this reflection is that this could be a reason the client became angry and stopped doing anything to comply. In any reflection, we rely on the client to let us know if what we say is accurate. Most often it isn’t, but the reflection prompts introspection by the client who then lets us know if we are on target or off and what information is wrong, right or missing.

Client: “Yeah, it would be nice if the focus wasn’t always on what I wasn’t doing right. But that’s not likely to change”

Case Manager: “You expect the same thing from me.” **(reflection)**

Client: “Sure, why would you be any different?”

Case Manager: “I understand your reluctance to take a chance that I might.” **(expression of empathy: MI Foundation Principle)**

Client: “I shouldn’t have come. You’ll find something bad to report to the court and I’ll be back in the hospital. It’s happened before. (Rather than respond to the case manager’s empathic statement the client reverts back to his original position of hopelessness)

Case Manager: “I hope that doesn’t happen, and since you decided to come today, do you want to work on getting me out of your life and having your freedom and independence back? **(MI Foundation Principle: Roll with Resistance)** Staying on track is often difficult. The client has

already challenged the case manager in several ways. Backing up and refusing to engage the client in a argument or asserting authority defusing his challenges.

Client: “Yeah, I guess so”

Case Manager: “OK how can I help you with that?” **(core listening skill: open-ended question)** Back to where we started from.

Client: “You could write a letter to the court that says I don’t have to be here or in the hospital”

Case Manager: “I would like to be able to do that? What do you think that letter would have to say?” **(MI Spirit: Evocation)** Eliciting the client’s own reasons for change.

Client: “You tell me.”

Case Manager: “I could, but then I would be limiting your freedom and autonomy and I thought your goal is to increase it. Plus I thought we were working on this together” **(collaboration)**

Client: “That sounds like a trick question.”

Case Manager: “How so? (**MI spirit: autonomy)**

Client: Well I tell you what it should say and then you tell me what’s wrong with that. Besides what I would say doesn’t really matter, it’s what you say”

Case Manager: “Well, it matters to me. I don’t want to tell you what you have to do. Like I said this is a joint effort.” **(MI spirit: autonomy collaboration)**

The point in this dialogue is to use the spirit and principles of MI and avoid roadblocks that result in attempting to have the client do something they are ready to do. An authoritarian approach usually results in resistance or the client complying verbally but not really invested in the outcome.

Thomas Gordon’s 12-Roadblocks to Listening may be helpful as a guide to what not to do. These are roadblocks that all of us engage in at various time and usually most often when we are frustrated with a client and are attempting to overcome the resistance with force rather than rolling with it.

Thomas Gordon's Twelve Roadblocks to Listening
The first 5 categories can take away the client’s autonomy:

1. Ordering, directing or commanding:
"Stop complaining and do something about it!”
“You HAVE to do this. It was ordered by the court!”

2. Warning or threatening:.
"You’d better get your act together if you’re gonna make it on probation”
“Another hot UA and you’re going back to jail!”

3. Moralizing, preaching, giving “shoulds” and “oughts”.
“You should learn how to plan ahead”
“I can’t believe you think that’s okay!”

4. Advising, offering solutions or suggestions.
"It’s pretty clear that you need to….”
“What I would do it….”

5. Teaching, lecturing, giving logical arguments.
"You'd better remember, you only have 2 weeks to get that community service done."
"You are not going to stay sober without going to AA!"

The next responses point out inadequacies and faults:

6. Judging, criticizing, directing, blaming.
"You're in still in bed at 11:00 in the morning!?"
"You just can't keep a job."
"You're wrong."

7. Name calling, stereotyping, labeling.
"That's typical for addicts."
"Why don't you act your age!"

8. Interpreting, Analyzing, Diagnosing.
"You are avoiding this!" "It's not about being a felon, it's because you're not responsible"
"Do you know what your real problem is…?"

These messages try to make the person feel better or deny there's a problem

9. Praising, agreeing, giving positive evaluations
"That's exactly what I would do!"
"You're a good guy."

10. Reassuring, sympathizing, consoling.
"You'll figure this out – no problem!" "Don't worry.
Things are gonna turn out just fine"

This response tries to solve the problem for the person.

11. Questioning, interrogating, cross-examining.
"Why are you gonna do it that way?" "Do you still hang out with the same people?"

This response tends to divert the person or avoid the subject all together.

12. Withdrawing, distracting, humoring, changing the subject.
"Seems like you got up on the wrong side of the bed today."
"I see the Vikings won last night. Are yo

Strategies for Handling Resistance
"Client resistance is a practitioner problem. "
How one deals with resistance is a crucial issue in motivational interviewing. The more a client resists the less likely it is that the client will change. Fortunately, counselors receive fairly immediate feedback from their clients about the efficacy of their approach. If the client's resistance decreases the strategy was effective. If not, it is time to shift strategies
1. Simple Reflection: One good general strategy is to respond to resistance with non-resistance. A simple acknowledgment of the client's disagreement, emotion, or perception can permit further exploration rather than defensiveness, thus avoiding the confrontation-denial trap.
2. Double-Sided Reflection: Acknowledge what the client has said and add to it the other side of the client's ambivalence. This requires the use of material that the client has offered previously, though perhaps not in the same session.

3. Shifting Focus: Shift the client's attention away from what seems to be a stumbling block standing in the way of progress. This amounts to going around barriers rather than trying to climb over them. Such detouring can be a good way to defuse resistance when encountering a particularly difficult issue.

4. Agreement with a Twist: Offer initial agreement , but with a slight twist or change of direction. This retains a sense of concurrence between therapist and client, but allows the therapist to continue influencing the direction and momentum of change.

5. Asking the client what s/he wants: Sometimes the client's priorities differ from others' (including the therapist). A client will likely be more willing to discuss issues that are important to him/her. Therefore, resistance can be reduced by having the client decide on the theme of the interaction.

6. Emphasizing Personal Choice and Control: When people think that their freedom of choice is being threatened, they tend to react by asserting their liberty (e.g., "I'll show you; nobody tells me what to do"). Probably the best antidote for this reaction is to assure the person of what is certainly the truth that in the end, it is the client who determines what happens. An early assurance of this kind can diminish reactance.