Alabama Bureau of Pardons and Paroles and Partner Agencies

EBPs and Motivational Interviewing

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Disclaimer

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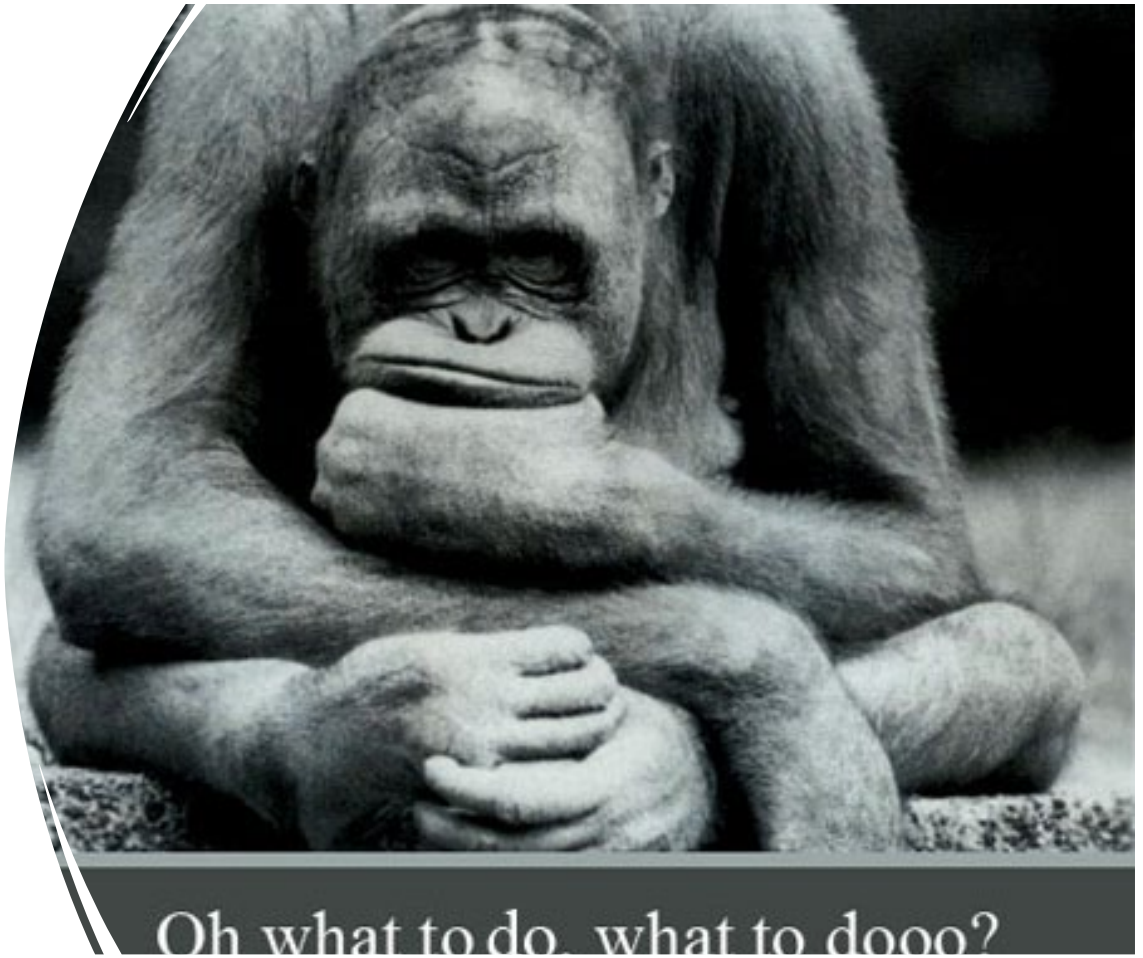
EBPs: Why do they matter?

- What are Evidence-based Practices in working with criminal justice clientele?
- What are the barriers to implementation?



Why Bother?

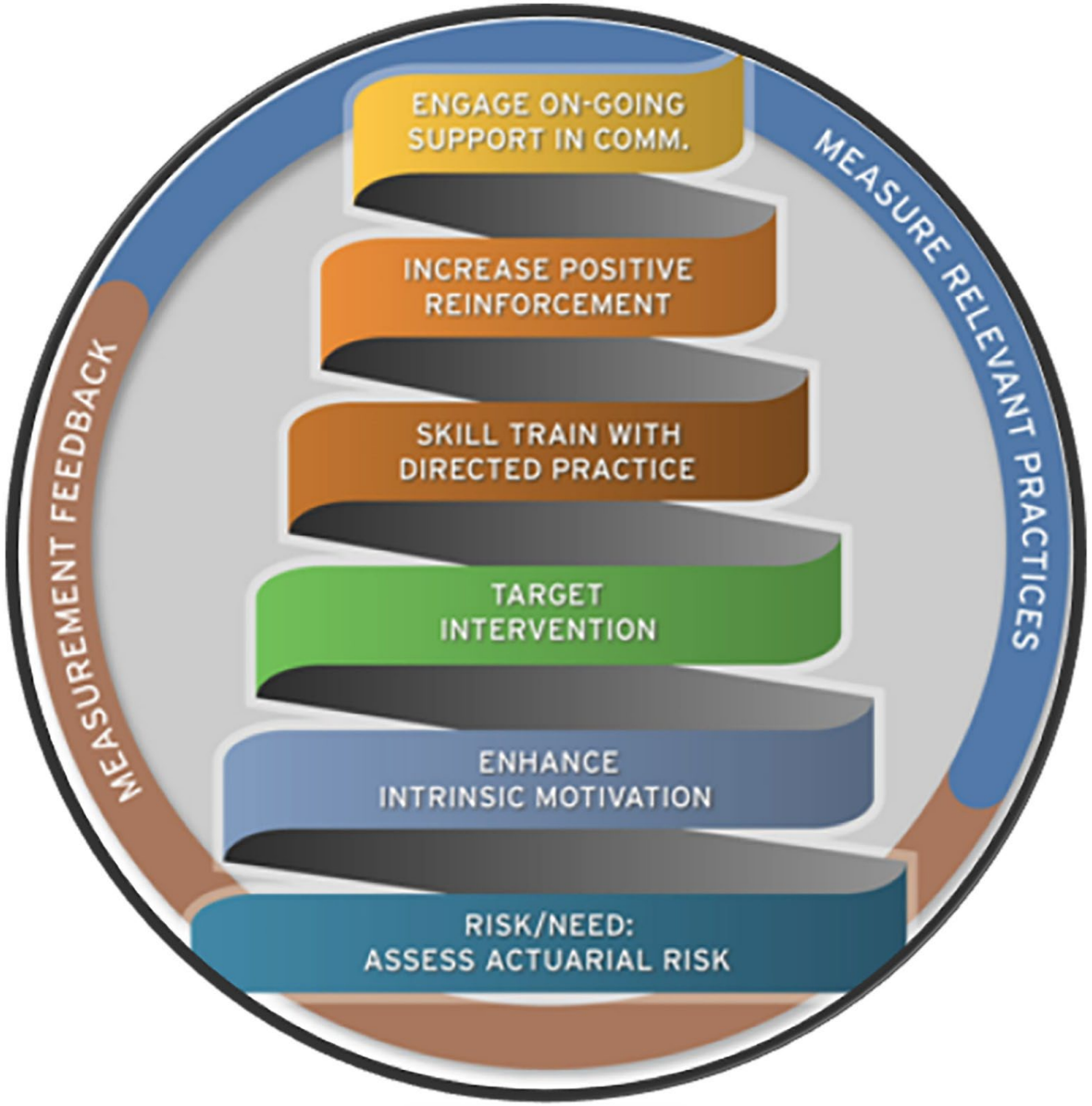
- Crime rates have reduced by 25% in the past 15 years
- Incarceration rates have increased steeply
- Often, these relationships are inverse (states with low incarceration rates have the highest crime reductions)
- Overreliance on imprisonment as a crime-control strategy
- 75% of those imprisoned every year are convicted of non-violent offenses
- Evidence-based practices can reduce recidivism by 10-20% based on conservative estimates

* Warren, R. K. (2014). Evidence-Based Sentencing in the State Courts. *Fed. Sent'g Rep.*, *27*, 248.

EIGHT GUIDING PRINCIPLES FOR RISK/ RECIDIVISM REDUCTION

- Engage on-going support in comm.
- Increase positive reinforcement
- Skill train with directed practice
- Target intervention
- Enhance intrinsic motivation
- Risk/Need: Assess Actuarial Risk

**all steps Measure Relevant Practices and Measurement Feedback



RNR Summary

1. **Risk Principle**: Who to treat? *(moderate-to-high risk)*
2. **Need Principle**: What to treat? *(criminogenic needs)*
3. **Responsivity Principle**: How to treat? *(cognitive-behavioral approaches tailored to person's attributes)*

Role of Risk-Needs Assessment

- Gain information about risk of re-arrest and future DV
- Understand each person's specific array of needs
- Match to appropriate CBT-based programs

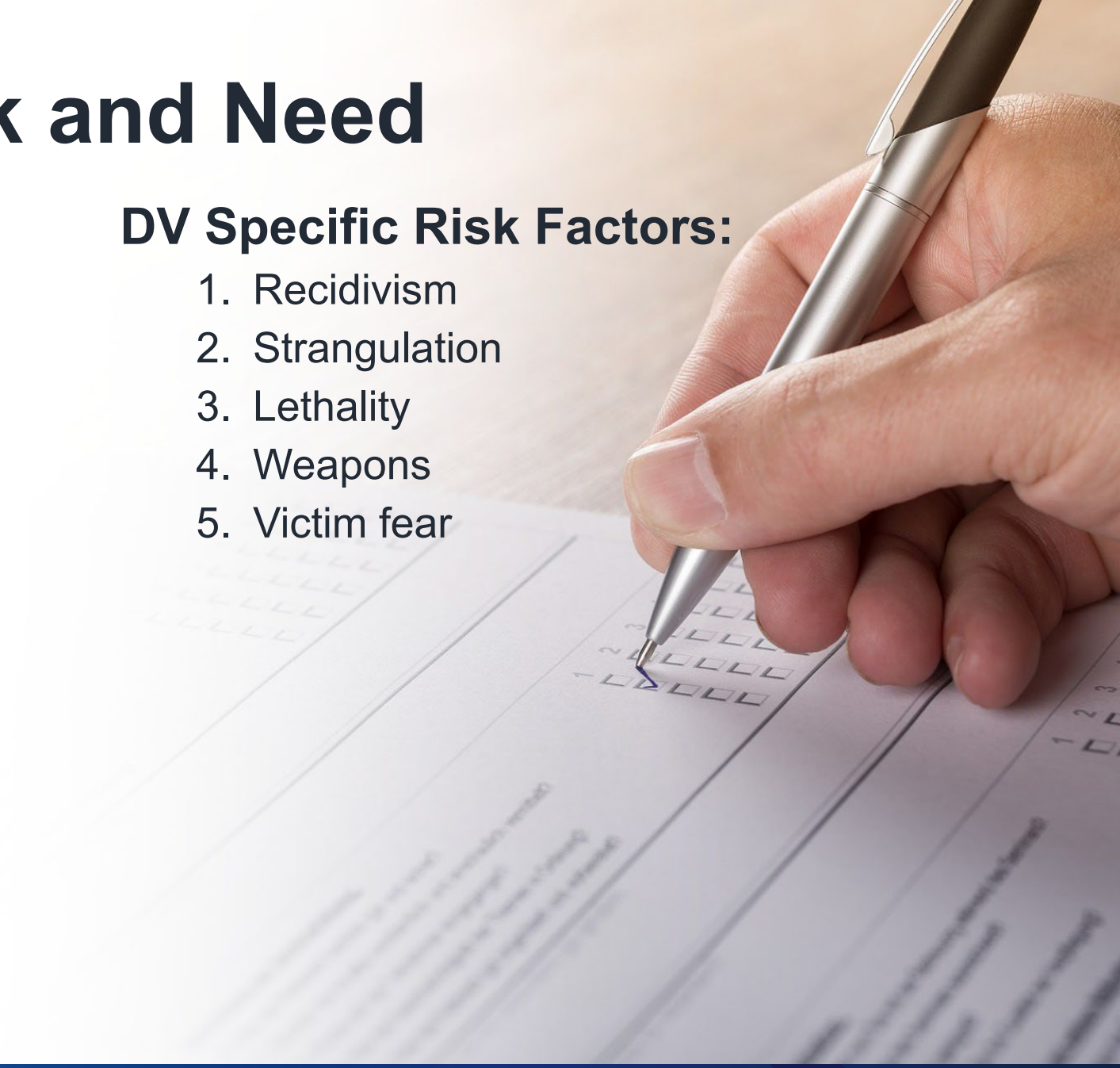
Information on Risk and Need

General: "Central Eight" Criminogenic Factors:

1. Criminal behavior
2. Antisocial personality
3. Criminal thinking (anti-social beliefs and attitudes)
4. Antisocial peers
5. Family or marital problems
6. School or work problems
7. Lack of prosocial leisure/ recreational activities
8. Substance abuse

DV Specific Risk Factors:

1. Recidivism
2. Strangulation
3. Lethality
4. Weapons
5. Victim fear



IDENTIFYING NEEDS

- Through on-going assessment
  - listening
  - asking
  - observing

Decision-Making… How do I respond?

- Containment / Structure
- Capacity-building / Skills and Motivation
- Community / Support

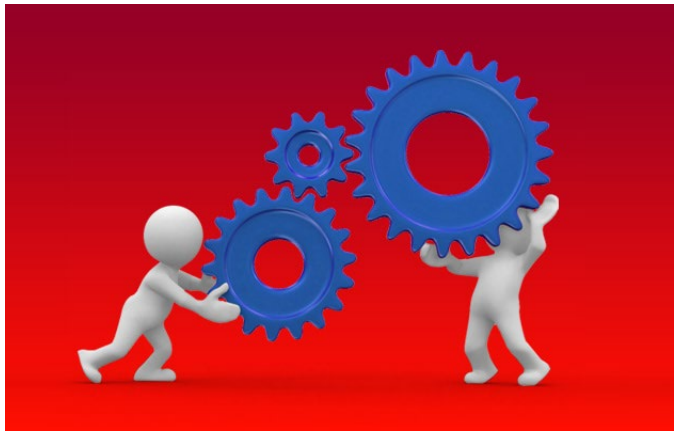
PERSON PRINCIPLE

Responsivity addresses:

- cognitive ability and learning styles
- stage of change
- gender, ethnicity, language
- matching:
  - treatment modality to the client
  - provider to the client
  - style and method of communication with client's stage of change readiness

Desistance from crime:

- maturing
- developing strong social support
- changing the personal story



PRIORITIES

1. Client's interest, motivation
2. Creating the most risk or would contribute to stability (basic needs)
3. Timing / Availability of resources

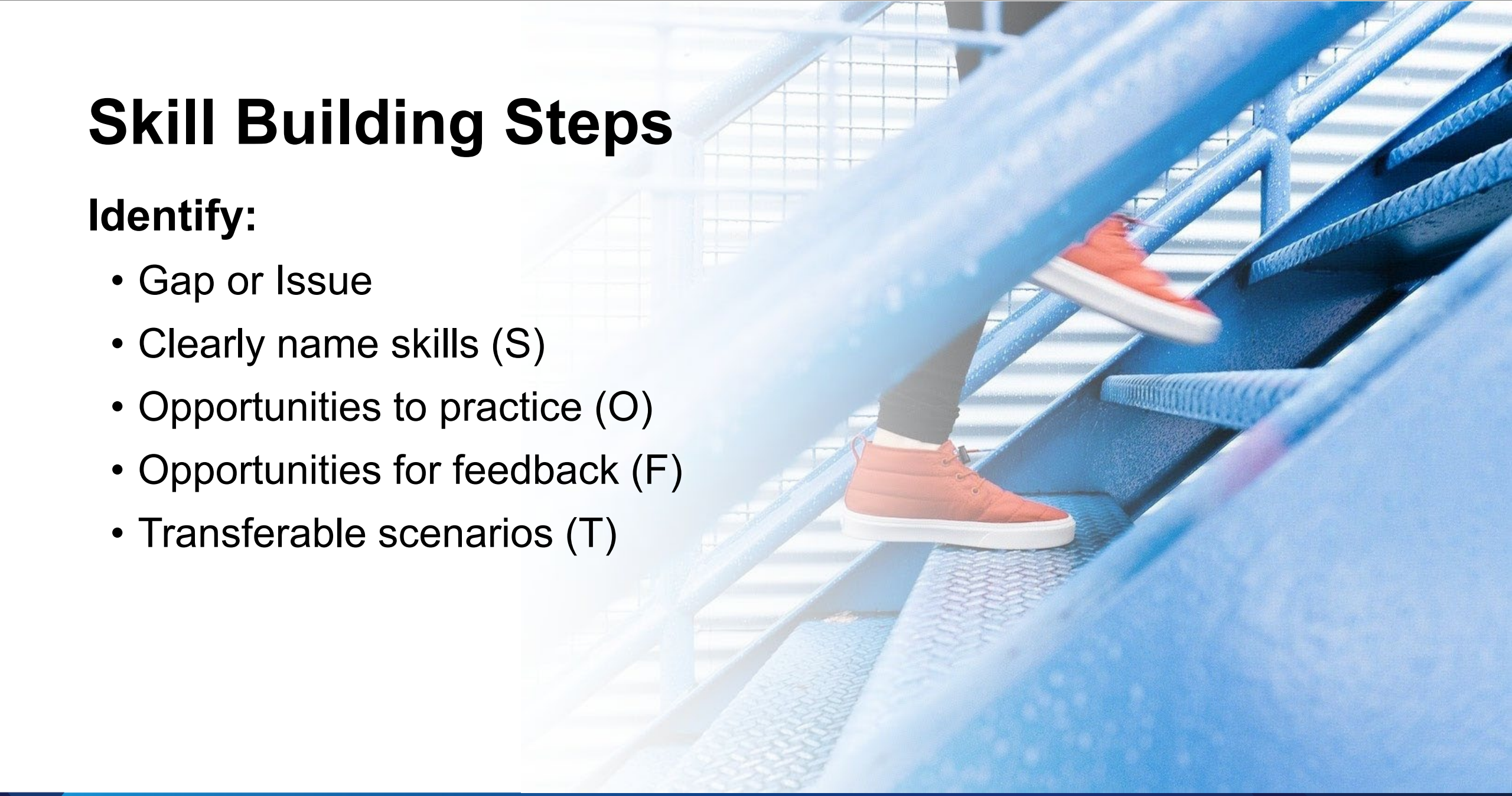
Working with Antisocial Thinking

- Recognize it
- Pause
- Mark it – now or later
- Clarify
- Express concern
- Explore ambivalence
- Restructure thinking
- Practice skills

Skill Building Steps

Identify:

- Gap or Issue
- Clearly name skills (S)
- Opportunities to practice (O)
- Opportunities for feedback (F)
- Transferable scenarios (T)



Restructuring Thinking

1. Identify thoughts
2. Thoughts vs. feelings
3. Thought stopping
4. Challenging
5. Replacing
6. Emotional tolerance

Thought Stopping Techniques

- ✓ Visualize a stop sign
- ✓ Say “STOP” out loud
- ✓ Use a rubber band on your wrist
- ✓ Distract yourself
- ✓ Move around
- ✓ Exhale loudly

Techniques for Emotional Management

- ✓ Emotional awareness
- ✓ Naming emotions
- ✓ Tolerating emotions (distress tolerance)
- ✓ How does the emotion inform my action
- ✓ Self-regulating techniques

Social Skills

Relational Awareness

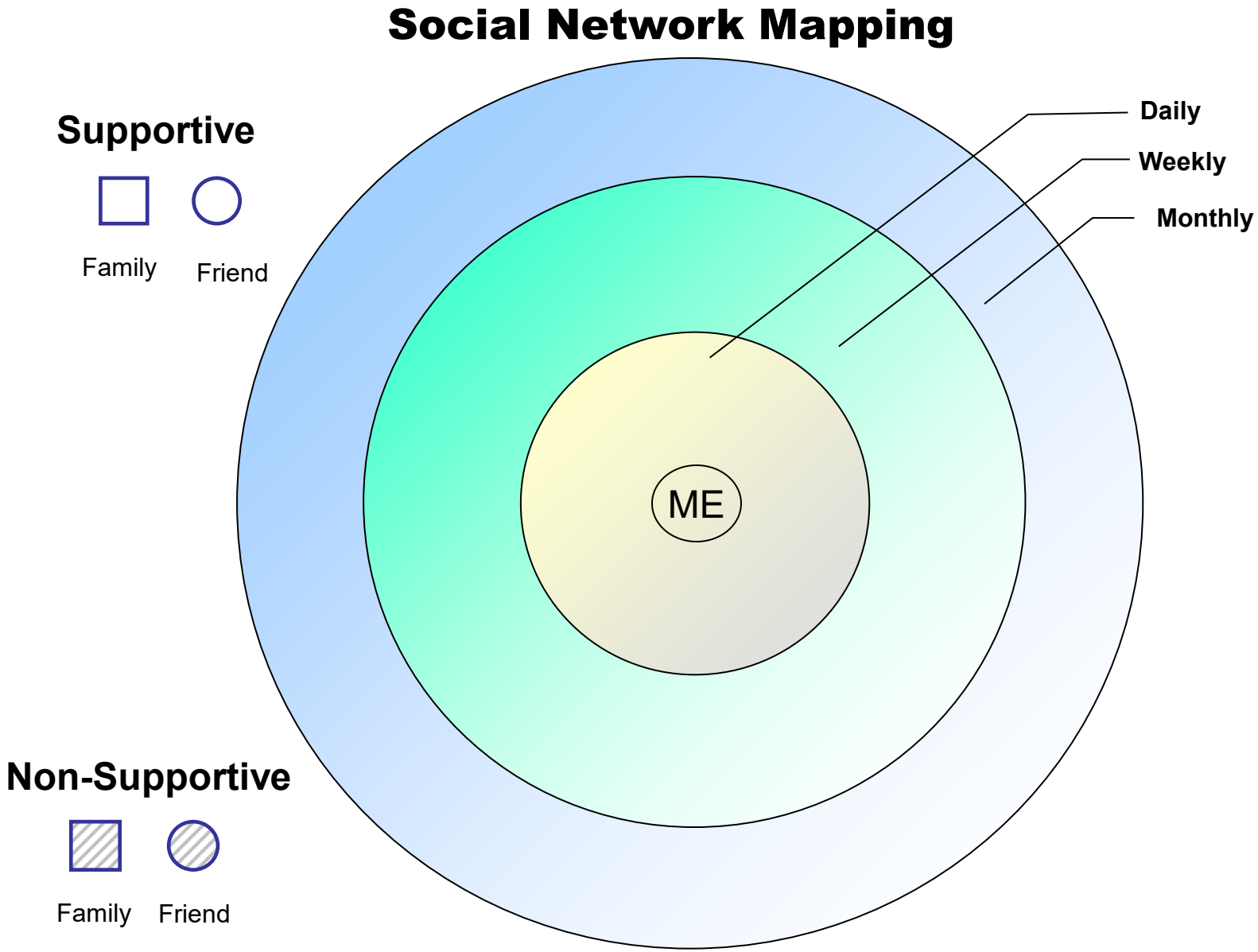
- Cognitive empathy
- Affective empathy

Relational Management

- Conversation skills
- Conflict resolution
- Giving and receiving feedback
- Assertiveness
- Boundaries

Steps for Involving Client in Mutual-Support Groups

1. Provide a rationale
2. Explore attitudes
3. Give information
4. Encourage sampling
5. Provide referral information
6. Make a specific plan


Social Network Mapping
Supportive
Family
Friend
Daily
Weekly
Monthly
ME
Non-Supportive
Family
Friend

What is Addiction?

- Treatable brain disease
- Chronic, recurring, relapsing illness
- Craving and seeking
- Persists in spite of negative consequences
- Behavior is harmful
- Diagnosable

Neurobiology of Addiction

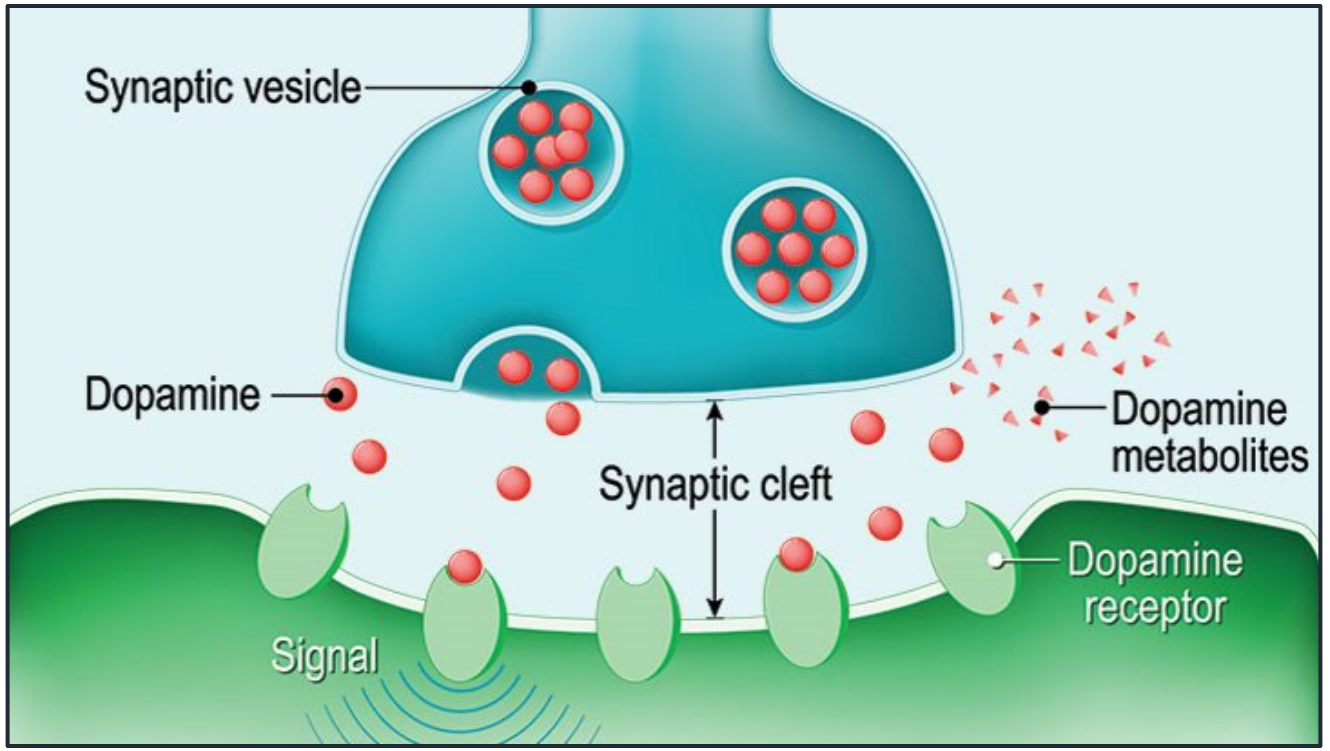
Limbic System

- Emotions
- Reactions
- Survival
- Matures early
- Reward

Frontal Cortex

- Consequences
- Problem solving
- Pros/cons
- Complex decisions
- Executive Functions

Understanding the Impact



- Exogenous versus endogenous Dopamine
- Relative Craving

CONDITIONS ASSOCIATED WITH CRAVING

- Cognitive awareness of drug availability
- Presentation of the drug
- Stress
- Stimuli associated with drugs

What is MAT?

Medication Assisted Treatment (MAT) is using a combination of medication and counseling to treat a substance use disorder.

MAT is more successful at treating opiate addiction than using counseling or behavioral therapies alone.

MATs

MATs are Food and Drug Administration (FDA) approved for alcohol use disorder and opioid use disorder.

FDA approved MATs for alcohol use disorder: acamprosate, disulfiram, and naltrexone

FDA approved MATs for opioid use disorder: buprenorphine, methadone, and naltrexone

Common Concerns

What is the difference between providing a medication and using the substance?
Isn't this just substituting one drug for another?

→ Intensity and Effect

→ Dosage is not enough to get high

→ Reduces cravings and withdrawal

→ Allows brain circuitry to rebalance

Common Concerns

Wouldn't people who are given medications just sell them to fund their drug habit?

→ Diversion is uncommon

→ When it does occur it is primarily used for managing withdrawal

Medications for Alcohol Use Disorder

Generic	Brand name	Drug Effects
Disulfiram	Antabuse	Causes a significant physical reaction when alcohol is consumed
Naltrexone	Vivitrol Revia	Blocks opiate receptors thereby limiting the reward circuitry activated when drinking or craving Available orally or as a monthly injectable
Acamprosate	Campral	Supports the rebalancing of neurotransmitters GABA and glutamate

Medications for Opioid Use Disorder

Generic	Brand name	Drug information
Naltrexone	Vivitrol Revia	Blocks opiate receptors thereby limiting the reward circuitry activated when craving Available as a monthly injectable Can be prescribed by anyone licensed to prescribe medications
Methadone	Methadose Diskets Dolophine	Acts as an opiate agonist Can only be dispensed by certified and approved opioid treatment programs
Buprenorphine	Butrans Buprenex	Relieves the symptoms of withdrawal Can only be prescribed by physicians who have completed special training to prescribe buprenorphine
Buprenorphine/ Naloxone	Suboxone	Relieves symptoms of opiate withdrawal; the addition of naloxone reduces the likelihood of abuse Can only be prescribed by physicians who have completed special training to prescribe buprenorphine

SUCCESSFUL STRATEGIES

- Collaborative Problem Solving
- Prosocial Modeling and Reinforcement
- Attention to the PO/Client Relationship
- Frequent Role Clarification

Outcome Attributions

(The Significance of General Factors)

(Lambert & Barley, 2001)

Features of the Individual Client = 40%

- internal (IQ, Dual Diag., etc.)
- external (Social Support Insurance)

Relationship w/ Practitioner = 30%

- working ‘alliance’
- accurate empathy

Placebo (anticipatory set) = 15%

Intervention model = 15%

SUCCESSFUL INTERVENTIONS

- Cognitive Behavioral Therapy
  - SSIC, T4C, R&R, ART, R P
- EMDR
- MBSR
- Seeking Safety
- Dialectical Behavioral Therapy
- Blueprint Programs (MST, FFT, IFT, Lifeskills)
- Problem solving Courts

IMPORTANT CONSIDERATIONS

- Motivational Interviewing
- Gender-specific Programming
- Trauma-informed Care
- Frequent Reassessment

Defining Mental Illness

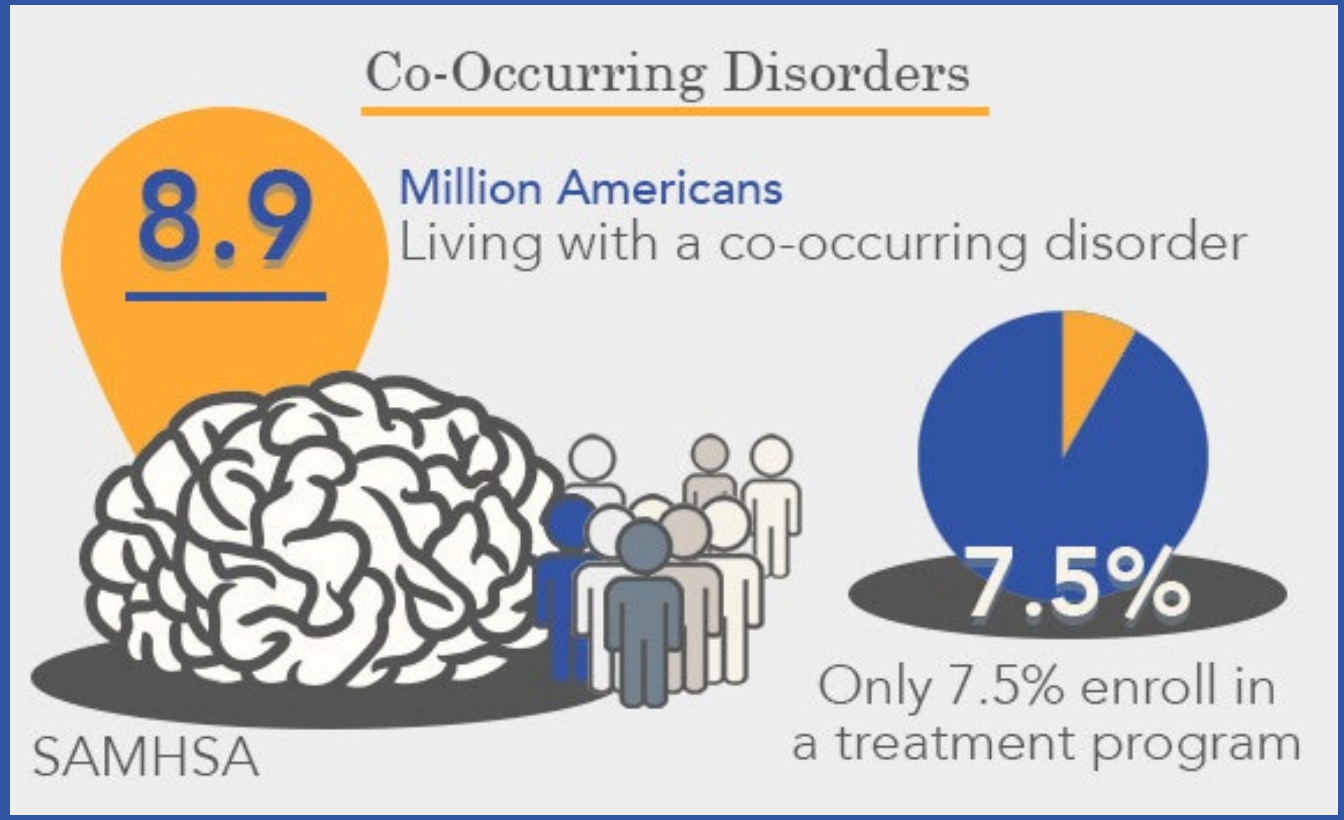
- Is diagnosable
- Impairs functioning
- Creates distress
- Difficult to regulate without intervention

Facts about Mental Illness (MI)

- Has nothing to do with intelligence or morality
- Can happen to anyone
- Not inherently dangerous
- Is a psychological condition – a mental, emotional, or behavioral disorder
- Exists on a continuum from mild to severe (Any MI to Severe MI)
- Is different from psychopathy or sociopathy

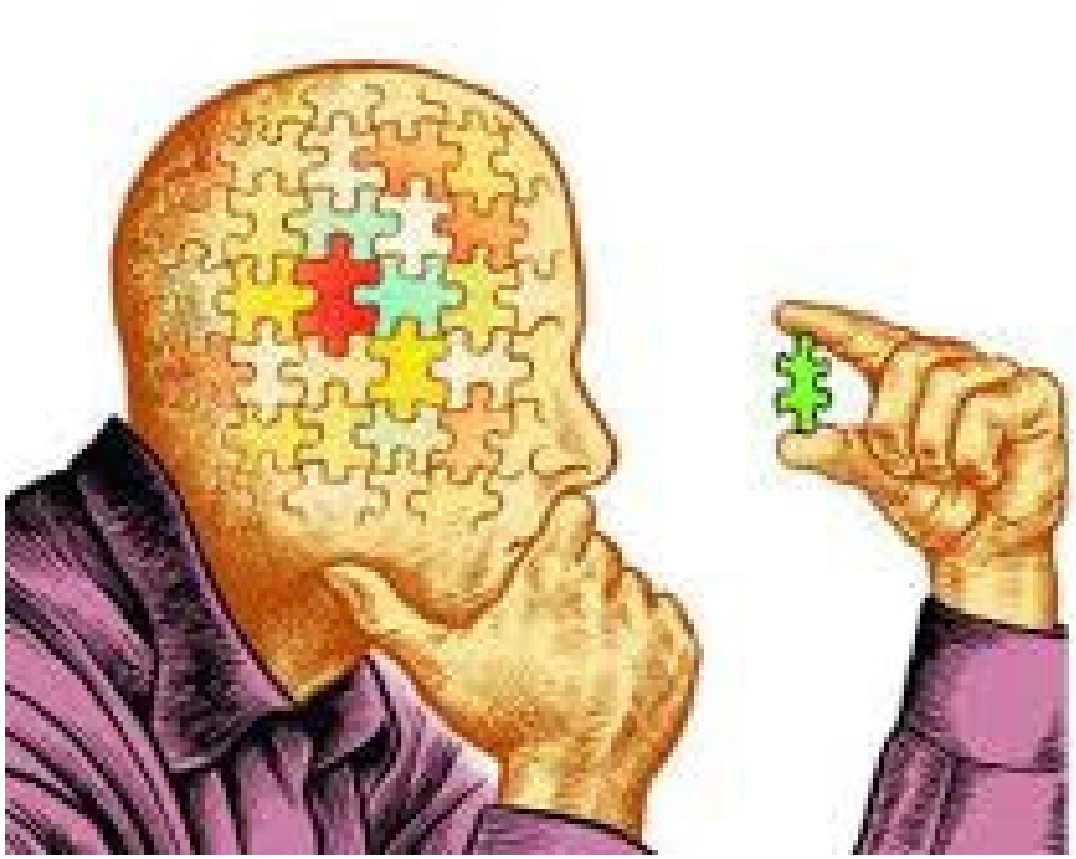
Co-Occurring Disorders

- 8.9 Million Americans – living with a co-occurring disorder
- Only 7.5% enroll in a treatment program



BROAD CATEGORIES

- Thought disorders (psychosis, schizophrenia, schizoaffective)
- Mood disorders (depression, mania, bipolar d/o)
- Anxiety disorders
- Personality disorders
- PTSD
- Attention disorders
- Eating disorders
- Dementia
- Impulse-related
- Substance-related



START WITH YOU

- Awareness
- Don’t panic!
- Keep the goal in mind
- Don’t try and fix
- There is no self-destruct button
- Don’t take things personally
- Keep it simple
- Be patient and consistent

PRIORITIZE “HOW” NOT “WHAT”

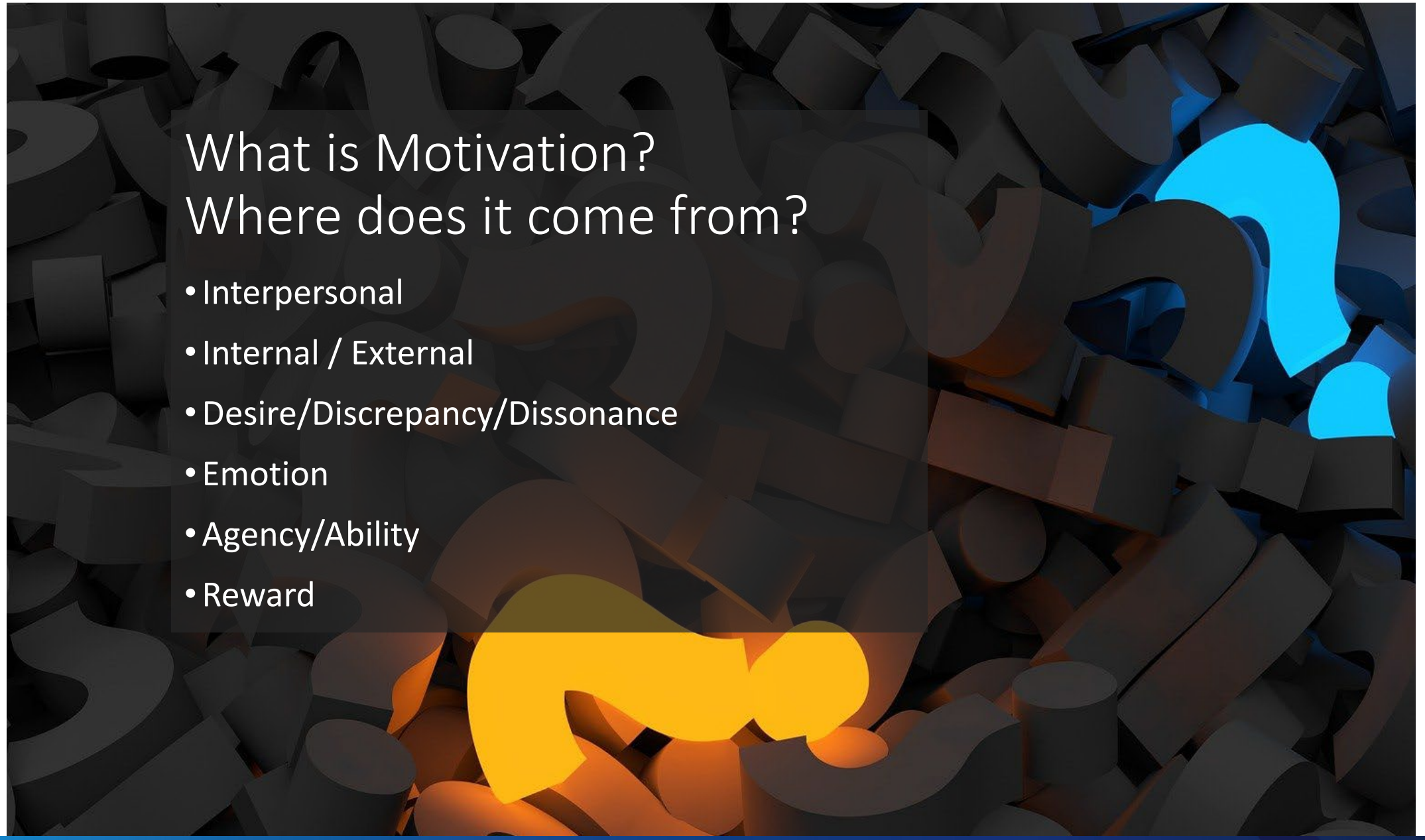
- Empathy
- Warmth
- Genuineness
- Project calm
- Motivational Interviewing skills
- Prioritize safety, skills, support
- Focus on next steps
- Make a referral

Welcome to Day 2! Motivational Interviewing

THEORETICAL UNDERPINNINGS MOTIVATIONAL INTERVIEWING

"Motivational Interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change."

Miller & Rollnick, 2009



What is Motivation? Where does it come from?

- Interpersonal
- Internal / External
- Desire/Discrepancy/Dissonance
- Emotion
- Agency/Ability
- Reward

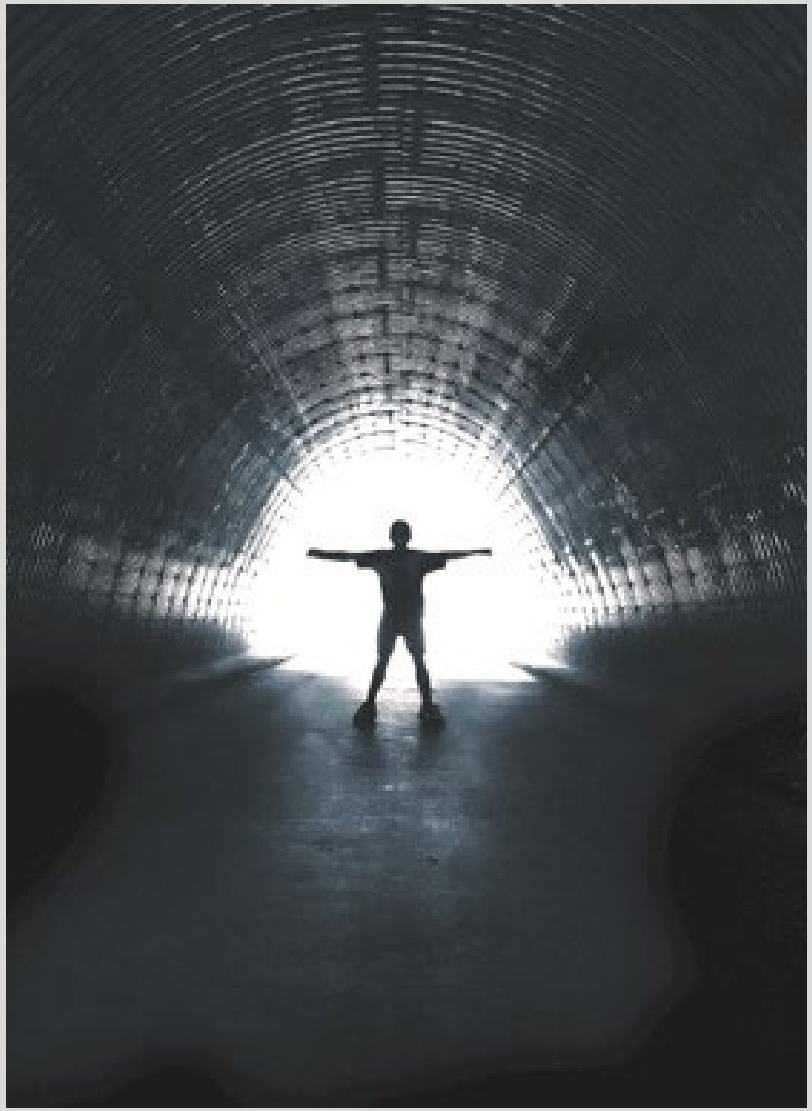
Why is Motivation an Issue?

- Addiction/Mental health
- Dopamine
- Choice/Gratification
- Stress/Trauma
- Hierarchy of needs

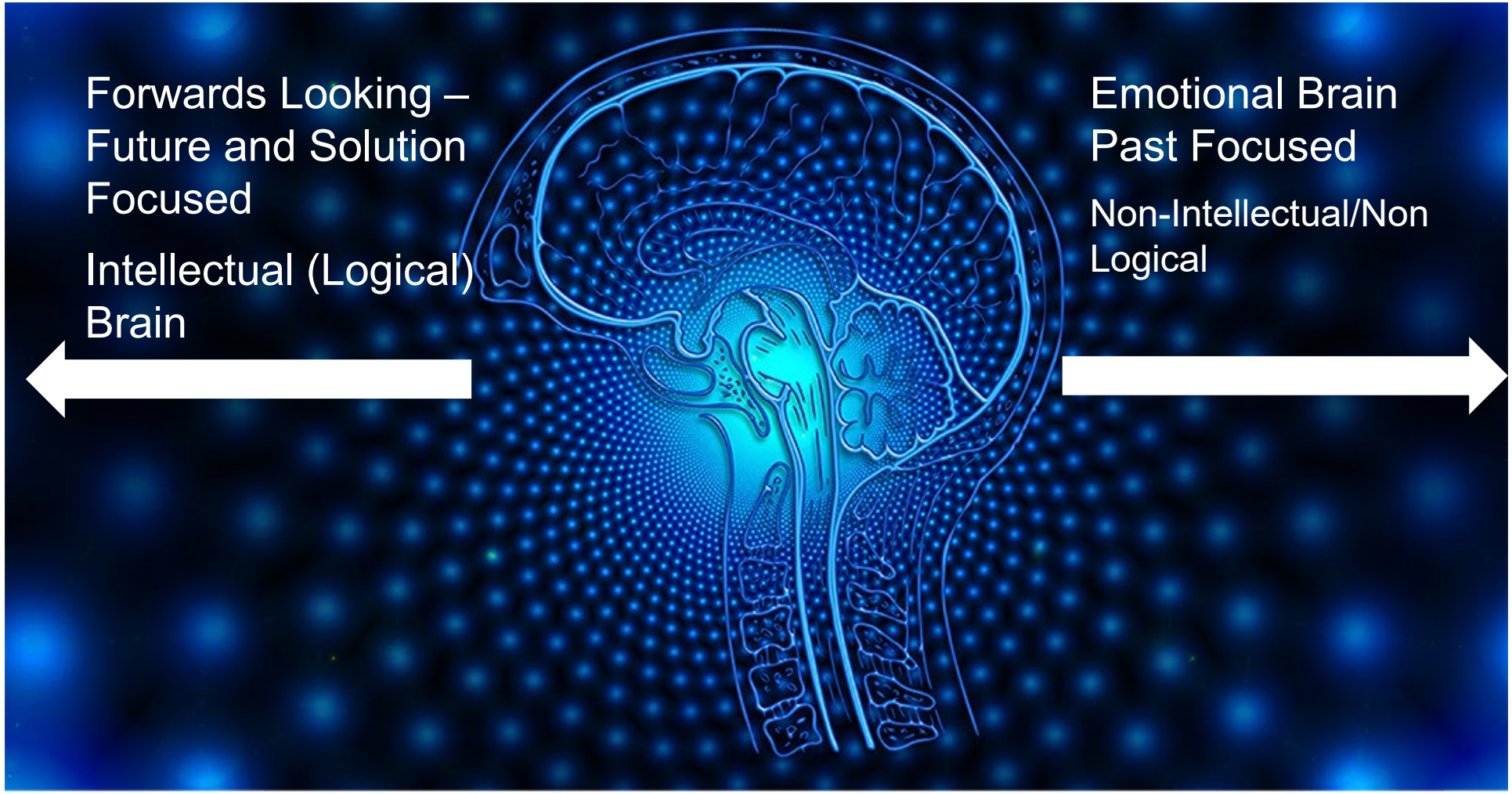
Stress Continuum

- Eustress
- Distress
- Short-term
- Long-term
- Traumatic
- Trauma response

What is Trauma



- The experience of violence or victimization
- Threat to life or limb, loss of control and
- Extreme stress that overwhelms the person's capacity to cope


Forwards Looking – Future and Solution Focused
Intellectual (Logical) Brain
Emotional Brain Past Focused
Non-Intellectual/Non Logical

Impact of Trauma

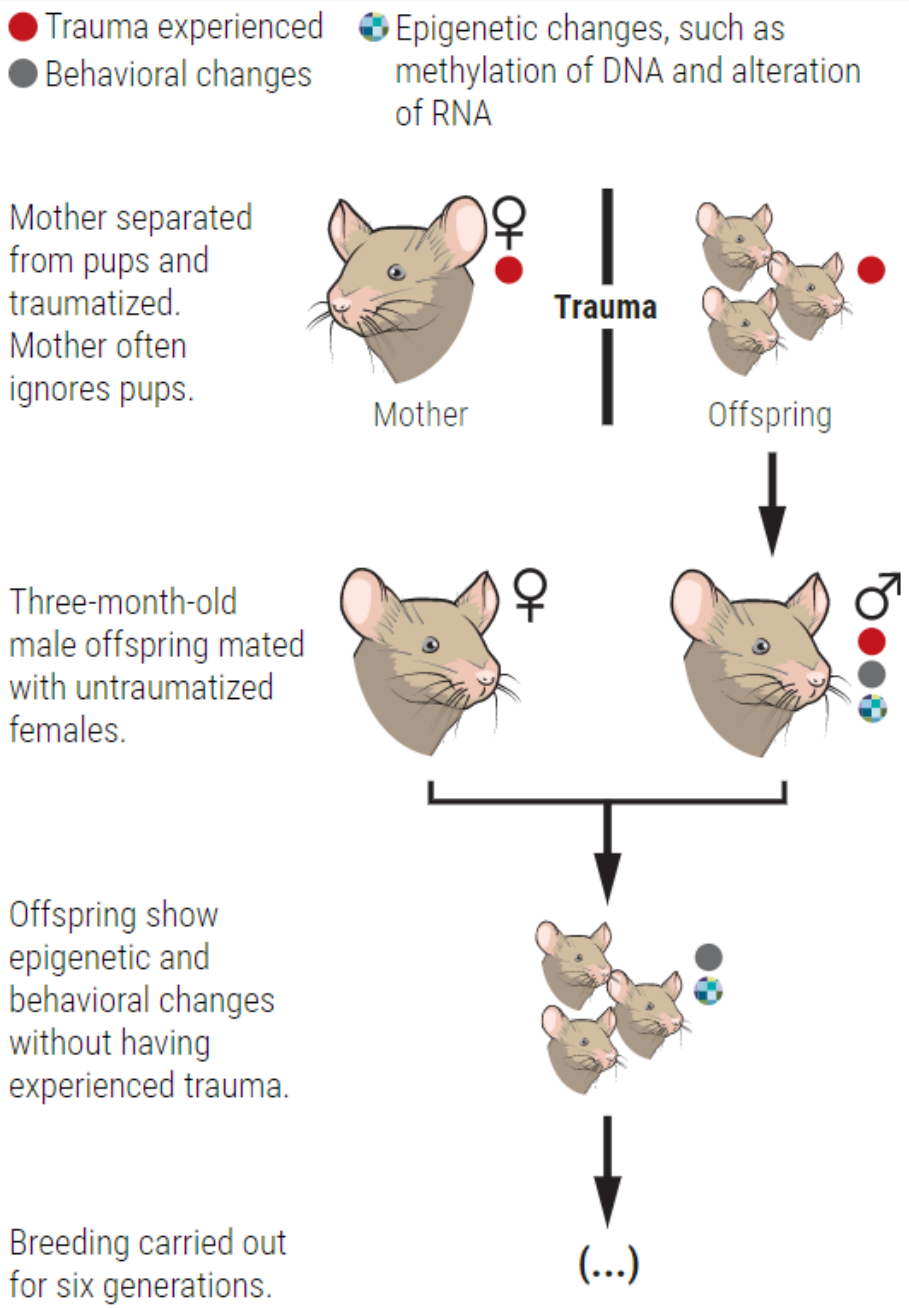
- Loss of mass in frontal cortex
- Dysregulated emotional system
- Re-experiencing the event
- Emotional numbing
- Lack of self-regulation

What does being trauma-informed mean?

- Avoid re-traumatizing
- Recognizing what trauma is
- Using a different lens
- Flexible with consequences
- Sensitive to fear
- Being patient
- Not taking it personally
- Facilitate safety
- Be consistent
- Know when to refer

Healing the Brain

- Stability
- Social connection
- Small successes
- Mindfulness
- Executive functioning
- Hobbies
- Exercise/Sleep
- Gratitude

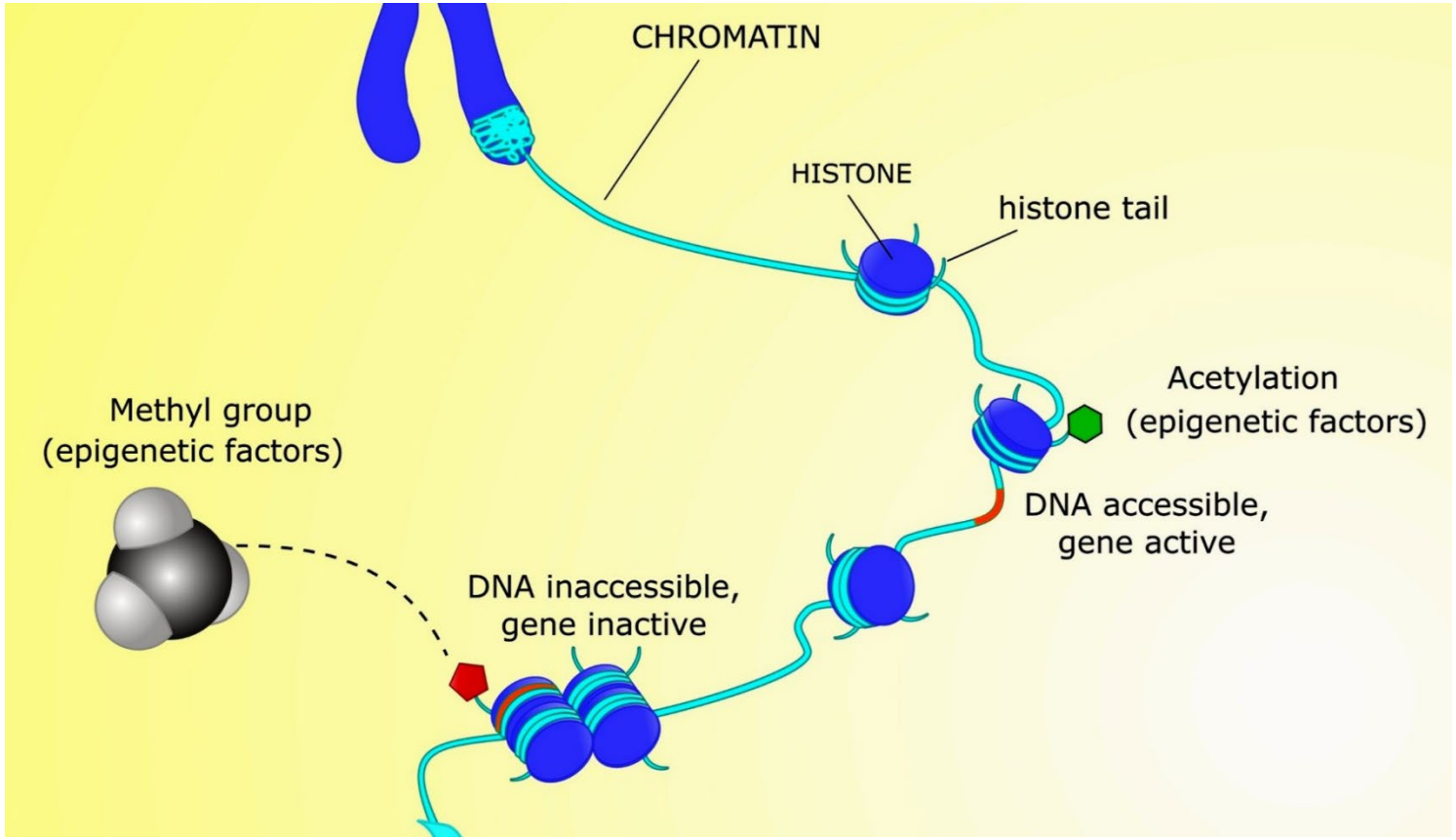


- Mother separated from pups and traumatized. Mother often ignores pups
  - Mother – Trauma experienced
  - Offspring – Trauma experienced
- Three-month old male offspring mated with untraumatized females
  - Male – Trauma experienced and Behavioral changes
  - Female – No trauma
- Offspring show epigenetic and behavioral changes without having experienced trauma
  - Offspring – Behavioral changes
  - Epigenetic changes, such as methylation of DNA and alteration of RNA
- Breeding carried out for six generations

Epigenetics: Intergenerational Transfer of Risk and Resilience

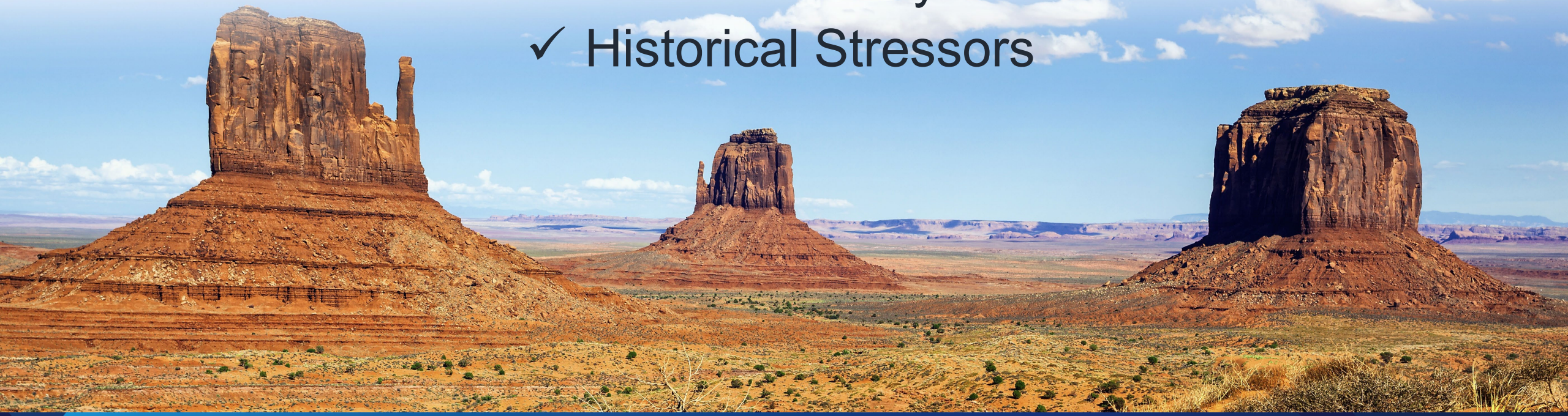
Historical Trauma is "a constellation of characteristics associated with massive cumulative group trauma across generations"

-Dr. Maria Yellow Horse Braveheart (1999)



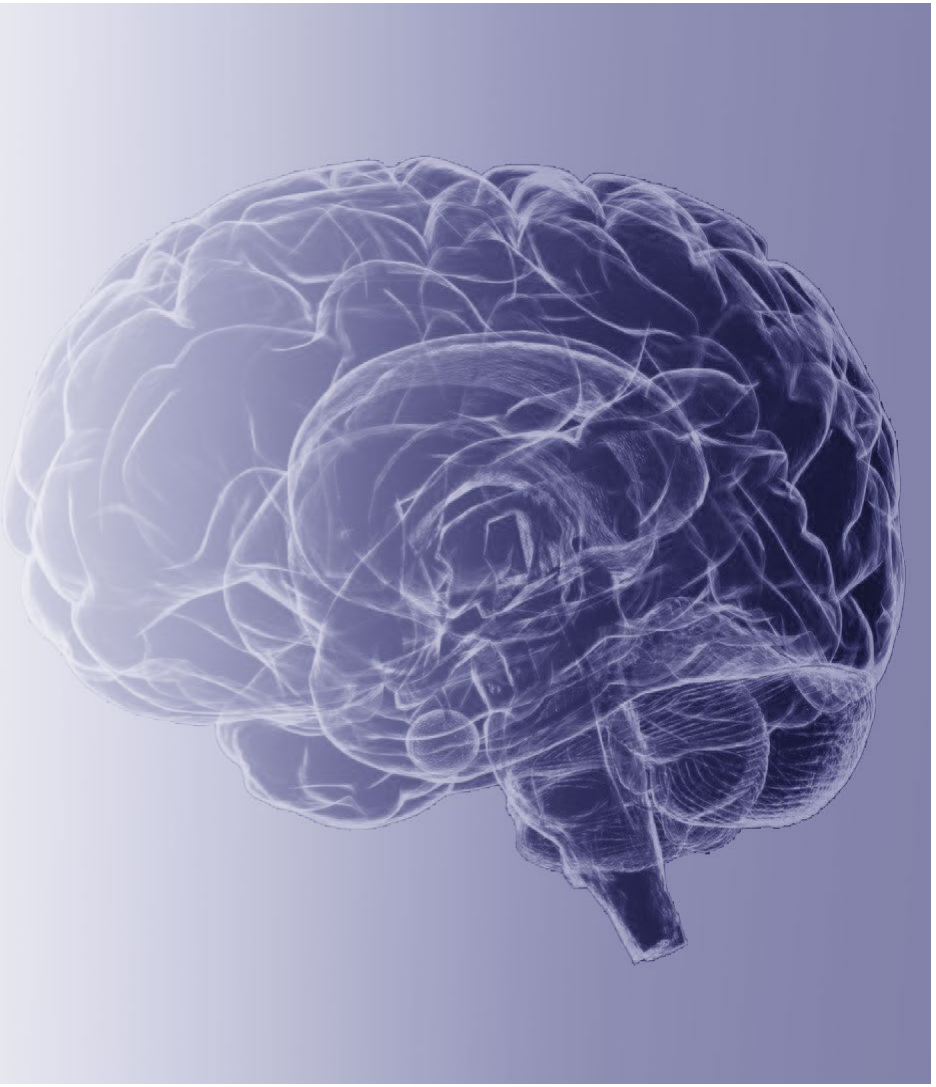
Toxic Stress

- ✓ Systemic issues
- ✓ Relational Stressors
- ✓ Poverty
- ✓ Food insecurity
- ✓ Historical Stressors



Why Talk About Stress?

- ✓ Strong predictor of relapse
- ✓ Higher risk for chronic disease
- ✓ Increases risk and symptomology of mental health disorders
- ✓ Impact on resiliency
- ✓ Susceptibility to ACEs



What is Safety?

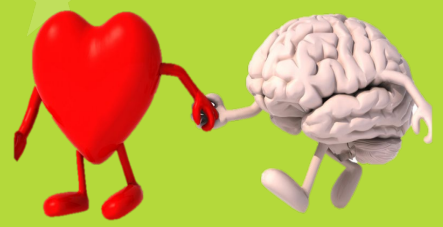
3 Tips To Re-establish Safety

1

Notice a flipped lid

Reactivity, lack of humor or creativity, slowed processing, big emotions, lack of logic, referencing the past, are all signs of a flipped lid

2



Respect and Empathy

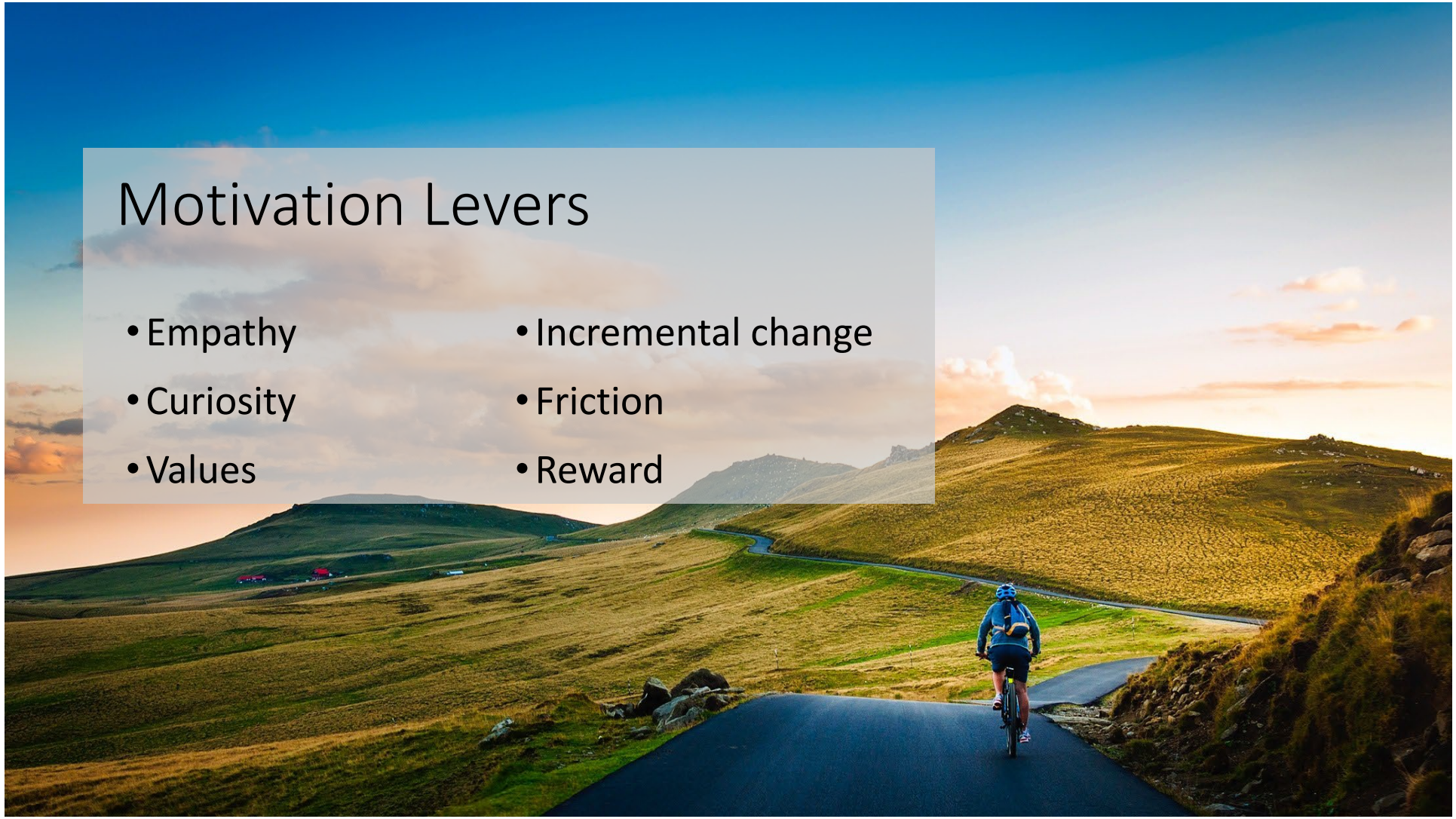
Expressing empathy is the fastest way to bring a lid down. Convey concern, care and understanding. Statements like, "I can see how hard this is..." or "I get how important this is for you..." can go a long way. Stay calm yourself and always convey respect. Remember their mirror neurons are picking up on your emotion, so check in with yourself.

3

Grounding Techniques

Breathe, observe, involve 5 senses, feet on the floor, wiggle toes, return to the here and now

Accountability versus Blame


Motivation Levers
• Empathy
• Curiosity
• Values
• Incremental change
• Friction
• Reward

Ambivalence and Righting Reflex

Stages of Change

Goal, Strategy, Indicators

- Pre-Contemplation: *no intention on changing behavior*
- Contemplation: *aware a problem exists but with no commitment to action*
- Preparation: *intent on taking action to address the problem*
- Action: *active modification of behavior*
- Maintenance: *sustained change; new behavior replaces old*
- Relapse: *fall back into old patterns of behavior*

Upward Spiral: *learn from each relapse*

FUNDAMENTAL MI SKILLS

O = Open-Ended Questions

A = Affirmations

R = Reflective Listening

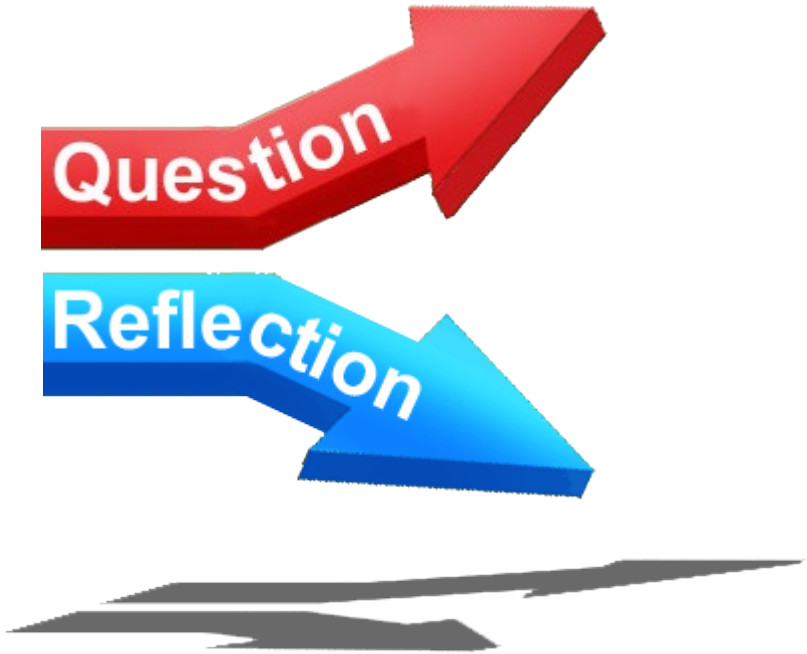
S = Summarizations

Affirmations

- Affirm effort or achievement
- Catch them doing something right
- Can recognize a struggle
- Emphasizes a strength

Reflective Listening

- A hypothesis (guess) about speaker's meaning
- A statement to convey understanding
- Intonation down
- Short stems
  - "So…"
  - "Sounds like…"
  - "So you…"
  - "Seems like …"
  - "Its like…"
  - "You feel…"



Levels of Reflection

- **Simple Reflections**:
  - Reflects content
  - May paraphrase or re-state
- **Complex Reflections**:
  - Reflects at a deeper level
  - Can reflect what has not been said
  - Feeling/Meaning /Metaphor
  - Helps client/offender better understand what they have said
  - Can help guide the conversation

Listening for Change

- Change talk
- Sustain talk
- Resistance

CHANGE TALK TYPES

- Desire to Change
- Ability to Change
- Reasons to Change
- Need to Change
- Commitment to Change
  and
- Taking Steps Toward Change

STRUCTURED STRATEGIES

- Getting DARN
- Using rulers
- Pros and Cons
- Key questions
- Using hypotheticals

Processes in MI

- Engaging
- Focusing
- Evoking
- Planning

Managing Pushback

- Person-resistance
  - "You're wrong!"
- Issue-resistance
  - "Yes, but…
  - "This doesn't apply…
  - Passivity / Hopelessness

- Reflect
- Ask questions
- Stay upbeat and respectful

WHAT ARE OUR BARRIERS TO TAKING OFF?

- Individually
- As a team
- As an organization

ON A SHEET OF PAPER!

- **What successes have you seen in implementing EBPs in your work?**
- **What barriers are you concerned about regarding implementing EBPs in your agency?**
- **What are your own barriers to implementing EBPs?**

COMMITMENTS

- One thing you will add
- One thing you will change
- One way you will support EBP implementation