

Motivating the Unmotivated: Counseling Court-Mandated, Coerced & Other Treatment-Ambivalent Clients

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A Continuum of Approaches

Involuntary Commitment ↔ Probation/Parole Mandate → Intervention

CRAFT → Motivational Interviewing → SBIRT

Involuntary Commitment

- ▶ Utilized in Mental Health situations where Pt is danger to self or others
- ▶ Also used in SUD situations also but not in all States in U.S. Majority of SUD Tx is voluntary
- ▶ **Problem:** Violation of civil liberties
- ▶ Considered most coercive approach
- ▶ Would we commit people with cancer or other diseases?
- ▶ **Advantage:** Can someone under the influence make an informed decision regarding voluntary treatment?



Probation/Parole Mandate

- ▶ Traditionally involves referral to outpatient treatment following a period of incarceration. Also can include Drug Court referrals & PTI



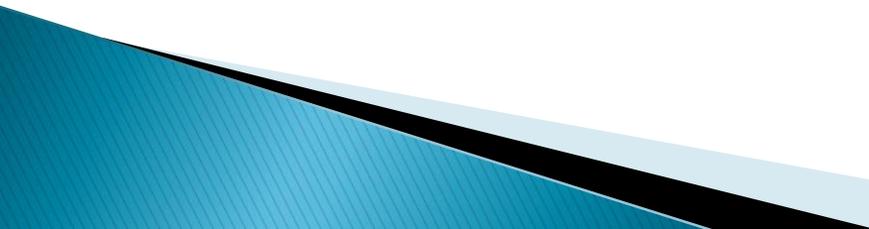
- ▶ **Advantage:** Provides for MH or SUD counseling with focus on harm reduction, avoiding re-offending, & re-incarceration.
- ▶ **Problem:** Counseling is perceived by client as an extension of criminal justice system.

Intervention

- ▶ Based on Vernon Johnson (1991) approach of “confronting” loved one with SUD.
- ▶ **Goal:** to “present reality in a receivable way”
- ▶ Preparation of family, friends, co-workers etc is essential.
- ▶ V. Johnson proposes that “denial” is based on: a) repression b) blackouts c) euphoric recall
- ▶ Interventions utilize “consequences” e.g. if SUD client refuses Tx, family refuses to enable any longer.
- ▶ **Advantage:** Unites family in addressing SUD.
- ▶ **Disadvantage:** Also considered coercive, person is given “consequences” if they don’t comply with Tx.

CRAFT

Community Reinforcement And Family Training

- ▶ Approach was proposed by Robert Meyers PhD
 - ▶ Utilizes natural consequences
 - ▶ Training assists families in determining when are good times to intervene & how to refrain from enabling behaviors
 - ▶ Research suggests positive results
 - ▶ **Advantage:** family feels supported.
 - ▶ **Disadvantage:** run risk of major medical legal problems
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Motivational Interviewing

- ▶ Counseling approach proposed by Wm Miller & Steve Rollnick
- ▶ Can be used with SUD, MH and Medical issues
- ▶ Least coercive
- ▶ **5 Principles:** 1) Express Empathy 2) Roll with Resistance 3) Develop Discrepancy 4) Develop self-efficacy 5) Avoid Arguing
- ▶ **Basic Counseling Skills: O-A-R-S**
Open-ended questions, Affirmations, Reflections and Summarizing

Motivational Interviewing

- ▶ M.I. was developed in reaction to traditional confrontational approaches used w/ SUD
- ▶ M.I. says counseling should be “more like ballroom dancing and less like wrestling”

Motivational Interviewing

- ▶ **Advantage:** Least coercive approach. Starts where client is. Non-judgmental, supports change but doesn't push for it. Counselors offer concerns when timing is right or when client asks for options for change.
- ▶ **Disadvantage:** When someone is in danger of overdosing, risks major health problems, risks re-incarceration. **Family may not understand or support an M.I. approach.**

SBIRT

- ▶ Screening, Brief Intervention and Referral to Treatment
- ▶ Used in a variety of mental health, medical and SUD settings.
- ▶ When client presents with issues that he/she doesn't identify as being problematic, SBIRT provides guided interview for screening clients, assessing his/her readiness to change and providing a menu of referral options.
- ▶ **Advantage:** Also a non-coercive approach
- ▶ **Disadvantage:** 1 shot attempt, difficult to follow-up whether client will follow through.