Engaging Juveniles & Their Families in Treatment Courts

Stephen Phillippi, PhD, LCSW
LSUHSC Institute for Public Health & Justice

for
LADSC February 2020
New Orleans, LA
La JDTC Program Standards

**Standard 1**— La JDTCs have a clearly defined, written scope of practice that is **unique to working with juveniles & is developmentally responsive.**

- Practices are **designed for engaging and working with adolescents**
- Practices **address the needs of families utilizing family-based interventions**
TYPICAL CHARACTERISTICS OF YOUR CLIENTS...
Adolescence is like giving a teenager a car with...

- A new engine and a lot of horsepower *(physical)*
- A brake system that won’t work completely for several years *(cognitive)*
- A sensitive gas pedal that can go from 0-60 mph in seconds *(emotional)*
- A group of friends to share the racetrack and influence driving *(social)*
The Teen Brain: Under Construction
Cognitive Development

The part of the brain that develops last during adolescence is the **prefrontal lobe**, which controls some important functions:

- Weighing pleasure & reward
- Susceptibility to peer pressure
- Self-control
- Complicated decision-making
Self Control

Sensation-Seeking Declines With Age

Impulsivity Declines With Age
Risky Behavior

Preferences for Risk Peaks in Mid-adolescence

Risk Perception Declines and then Increases after Mid-adolescence
Shortsightedness

- Youth focus more on gains and less on loss.
- Youth focus more on what they will get right now and less on what might happen in the future.
At a time when youth most need adult guidance to mediate some of their impulsive, shortsighted behavior, they are simultaneously moving away from adult influence and control.
Peer Influence and Adolescent Behavior
At least 75% of children in the juvenile justice system have experienced traumatic victimization.

As many as 50% of these youth may have symptoms of trauma.
93% of children in detention reported exposure to adverse effects (e.g., physical and sexual abuse, neglect, community violence)
After experiencing trauma, youth may ...

- Be on constant alert
- Overreact to normal situations
- Misinterpret peoples’ actions as signs of danger
Recovery – What Can Adults Do?

Any adult can help a traumatized adolescent by being aware of the youth’s current environment and the four “Ss”

Safety
Supportive Adult Relationships
Self-regulating Strengths
Substance-related disorders involve a pattern of substance use leading to significant impairment and distress:

- Craving the substance
- Taking the substance in larger amounts or over a longer period than intended
- Making unsuccessful attempts to reduce substance use
- Experiencing recurring interpersonal problems

Prevalence within the juvenile justice population is approximately 46.2%.
Let’s Talk About Families

Nuclear Family
Same-sex Parents
Adoption Family
Older Parents
Younger Parents
Blended Family
Extended Family
Single Parents
Working Parents
Why is family engagement important?

- Shared information and planning increases the likelihood that families follow through with service plans.
- Families learn more effective skills for responding to challenging situations involving their children.
- Positive youth development increases the likelihood that a youth successfully re-enters his/her home, school, or community.
- Families offer expertise, partnership, and advocacy.
Families as Experts

Families have information that can be invaluable to your work with the youth.

- History (school, medical, mental health, substance abuse, trauma)
- Treatment
- Strengths

- Relationships
- Triggers
- Motivators
- De-escalators
- Community
Characteristics of Family Engagement

- Treating families with dignity and respect.
- Peer-to-peer support.
- Collaboration and partnerships between service professionals and family members.
- Meaningful communication across all involved parties.
- Sustained familial engagement.
Indicators of High Engagement

- The family’s rate of attendance at appointments is high.
- The family follows through with interventions.
- The family completes assignments and tasks.
- Youth and family members are more present and involved.
- Family members are actively involved in decisions and make progress toward treatment goals.
Indicators of Low Engagement

- Scheduling appointments is difficult.
- Appointments are missed.
- Intervention plans are not followed.
- Goals of the family contain little substance.
- Treatment progress is very uneven.
- Family members conceal information about important issues.
Factors Influencing Family Dropout

- Failure to address practical barriers (e.g., transportation, child care)
- Lack of belief by the family that counseling will help
- Poor relationship with the caseworker
Challenges for Families

• Loss of power
• Family mental illness, substance use, or trauma
• Cultural and ethnic barriers
• Mutual mistrust between families and the juvenile justice system
• Multiple and often competing demand
• Financial limitations
Actions of Juvenile Justice Professionals that May Negatively Impact a Family

- Pressuring the family
- Engaging in power struggles with the family
- Blaming the youth’s behavior on the parents or caregiver
- Failing to identify barriers to caregiver follow-through
- Failing to facilitate contact with family
For Families with Low Engagement

- Be aware of the barriers and follow through with families to help them overcome the barriers.
- Examine your own attitude about the family.
  - Have you had inappropriate expectations?
  - Have you been overly controlling?
  - Have you given up on the family?
What do families want?

- Dignity, respect, and honesty
- A positive focus and hope for the future
- Cultural competence
- Flexible scheduling
- High-quality interventions
What can YOU do to support families?
Listen in an active, non-judgmental way

Provide information and answer questions
Identify potential resources and encourage continued engagement

Provide reassurance and emphasize strengths
Moving Forward with Family Engagement

- Where are you in your readiness to engage families?
- Is there something you will do differently or want to change?
- Where is your organization’s readiness?
ENGAGEMENT…Objectives

• The MI Fit: Discuss how MI fits into intervention models

• Introductions: Learn about the spirit, principles, and theory of MI

• Test Drive: Practice a few key MI skills

• Where Most Good Ideas Die: Work through implementation issues and have a plan
Think of it....

- Something you wanted to change...”

&

- Something you struggled to change...”
What keeps you from making a change?

- Desire?
- Ability?
- Priority/Importance?
Change Management

Change Disrupts Expectations

- Humans are control oriented
- When expectations are met, humans feel:
  - Competent
  - Confident
  - Comfortable

3 C’s
Managing Change

• Remember…Humans are control oriented

• When expectations are met…

• When expectations are not met…
Positive Reponses to Change

Emotional response to a positively perceived change:

• Uninformed optimism
• Informed pessimism
• Realistic concern
• Informed optimism
• Completion
Negative Reponses to Change

Emotional response to a negatively perceived change:

• Denial
• Anger
• Bargaining
• Depression
• Exploration
• Acceptance
Unfolding Principles:

- “It’s better to be effective than right.”

- Effectiveness includes…
  - Eliciting early motivation for change
  - Resolving ambivalence for continued change

- Can’t be an “intervention failure” if they were never engaged in treatment in the first place.
MOTIVATIONAL INTERVIEWING

The basics…
Motivation....

- Predicts action
- Is behavior specific
- Is changeable
- Is interactive
- Can be affected by both internal and external factors, but internally motivated change usually lasts longer

How People Change, pg 13
What MI users say….

MI…

• helped me get back in the game of behavior change
• Suggests tools for handling resistance and can help difficult situations from getting worse
• Keeps me from doing all the work, and makes interactions more change focused
• Changed who does all the talking
• Helped prepare people we are working with for change
• Helped enforcement of court orders and even deliver sanctions without leaving a motivational style

(Federal Probation Journal 2006)
The Fit...

Substance Abuse Tx
Medicine
Allied Health
Dental Care
Nursing
Health Coaching
Cancer Tx
Diabetes Tx
Case Management
Emergency Rooms (SBIRT)
Mental Health Interventions
Physical Therapy
Working with Patients & Family
What’s in it for ME?

- Values & Beliefs (not yours…their's)
Every encounter counts!

A single encounter can be effective in enhancing motivation and outcome.

Common elements...
- Personal choice and responsibility
- Positive encounter
- Increase self-efficacy
- Matching with values & beliefs

So how do we get there?
Common Strategies of Brief Interventions
(Miller & Sanchez, 1993)

- Feedback
- Responsibility
- Advice
- Menu of Options
- Empathy
- Self-Efficacy
Stages of Change: Wheel Model

STEP 1
Precontemplation to Contemplation

STEP 2
Contemplation to Preparation

STEP 3
Preparation to Action

STEP 4 Maintenance
  Step 5 Permanent Exit

Relapse

Prochaska and DiClemente (1986)
What is MI/MET?

- Brief History: William Miller
  [https://www.umassmed.edu/cipc/motivational-interviewing/intro-to-mi/](https://www.umassmed.edu/cipc/motivational-interviewing/intro-to-mi/)
- Natural Change
- Brief Intervention Effects
- Counselor Effects

“MI is a client-centered, strategic method of communication for **enhancing intrinsic motivation** by exploring and resolving ambivalence about a particular change.”
“Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.”
What is MI/MET?

- Consciously **directive to resolve ambivalence** in a particular direction of change

- Intrinsic motivation
  - Change arises through its relevance to the person’s own values and concerns
What is MI?

- We should not ask: “Why isn’t the person motivated?”
- We should ask: “What is the person motivated for?”
Moving not Forcing
MI Spirit

- MI is more of an approach and philosophy than a model or technique
  - Lens you look through
- It’s about how you see the clients/patients role and the provider’s role in behavioral health care relationship
- Without this patient-centered perspective, building your skills will be very difficult
- Once you “get the approach,” MI-congruent strategies will come much more easily
PACE: Basic Principles of MI

Partnership
Acceptance
Compassion
Evocation
MI Spirit
Partnership

- Provider is collaborative
  - Provider may be expert on behavioral health issue; patient is expert on self

- Provider takes off “fix it” hat but not clinician hat

- Provider acts as guide
  - Patient sets the goal and provider supports them in getting there
Acceptance

• Understanding by seeing through the client’s eyes
• Feedback about value of efforts and accomplishments
• Support client’s right to choose. “You’re in driver’s seat”

Acceptance

Accurate empathy
Absolute worth
Affirmation
Autonomy

Unconditional, Positive Regard
Compassion

“To be compassionate is to actively promote the other’s welfare, to give priority to the other’s needs.” (Miller & Rollnick, 2012)

We can’t teach compassion, but we can help providers tap into it
  - Role play

There is no “us” and “them” – it’s all “we”

Expression of compassion is not always “warm” & “fuzzy”
Evocation

(Leads to Change Talk)

- Desire for change
- Ability to change
- Reasons for change
- Need for change
- Commitment for change
- Activation for change
- Taking steps towards change
Fundamental Skills of MI

- Mindset: Exploring/Resolving Ambivalence
  - Importance
  - Confidence
  - Readiness

- We do this by rowing our “OARS”
“OARS”: The Backbone of MI/MET

- We…
  - Ask Open-ended questions
- Affirm
- Reflective listening
- Summarize
Open-ended Questions

• Create momentum
• Focus broadly at first: *How can I help you?*
• Then narrow:
  • *What do you think about your problem with X?*

• 1:3
Affirmations

- People can be demoralized
- Orients people to their resources
  - You’re clearly a strong person for having to deal with this for so long.
  - You really think things through.
  - That’s a good idea.
- Be genuine
Reflective Listening

- Be a mirror (Repeat)
- Make guesses
- Think reflectively (Rephrase)
- Reflections are statements not questions
- Levels of reflection
  - Simple
  - Amplified
  - Double Sided
Levels of Reflection

Simple

- Kid: I am trying...if my parents would just get off my back.
- Wkr: It’s frustrating to have someone looking over your shoulder.

- Kid: That’s a stupid rule!
- Wkr: You’re pretty angry right now.
Levels of Reflection

Double-sided:

• Kid: I want to stay out of jail but you don’t understand. When I try to quit smoking, I get so so bored!

• Wkr: You think in the long run quitting is likely to help you stay out of trouble, and at the same time you really like to have a good time.
Summarize

- Special form of reflection
- Let them know it’s coming
- Collects, links, transitions
Building Reflection Muscles

- Batting practice…

- Why…
  - People, new to MI, tend to struggle with reflections
  - Empathy
Traps to Avoid

- **Question-Answer Trap**
  - Stifles person’s elaboration
  - Reduces collaboration effort

- **Taking Sides Trap**
  - The most important trap to avoid
  - Arguing one side elicits the other

- **Expert Trap**
  - The person is the expert on themselves
  - Opinions will come later
Traps to Avoid

- **Labeling Trap**
  - Pressure to label can lead to wrestling
  - Data does not support need to accept label

- **Pre-mature Focus Trap**
  - May elicit dissonance
  - Start where client is…
Why do people lie?

- Even better…. what motivates you to lie?
Lying & Deception

- lie to save face.
- lie to save face for someone he or she cares about.
- lie to prevent a perceived loss of freedom or resources.
- reinterpret information so that it fits with his basic assumptions about his goodness or competency.
- bend information in response to who is asking the question and how the question is phrased.
Importance of Change Talk

- Research
- Change Talk makes MI “directive”
- Evoke Change Talk
  - Clients make arguments for change.
  - Increasing intrinsic motivation for change.
- Soften sustain talk
Remember…. Evocation
(Leads to Change Talk)

- Desire for change
- Ability to change
- Reasons for change
- Need for change
- Commitment for change
- Activation for change
- Taking steps towards change
Change Talk Model DARN- CAT

Preparatory
- Desire to Change
- Ability to Change
- Reason to Change
- Need to change

Activation for Change
- COMMITMENT to Change
- Activation
- Taking Steps
DARN-C

- **Desire to change:**
  - I would like to be happier.
  - I want to stop using.

- **Ability to change:**
  - I could do it if I decided to.
  - When I put my mind to something, I don’t quit until I’m done.
DARN-C

• Reasons to change:
  • I would have some money.
  • I’d feel a lot better.

• Need to change:
  • I need to stop hurting other people.
  • I have to get off diversion.
Commitment to change:

- I swear I will stop this.
- Nothing is going to stop me this time.
- I’m going to do it.
- I’m going to do it for my girl/boy friend.
Eliciting Change Talk

- **Evocative Questions**
  - How do you want your life to be different?
  - How confident are you that you could stop _______?
  - What consequences have you had because of your__________?
  - How important is it for you to stop ______________?
  - What do you think you might do about ____________?
  - What are some good things and less good things about your behaviors (pros/cons)?

(Notice anything about the above questions???)
Eliciting Change Talk

Importance Ruler & Follow-up

• On a scale of 1 to 10, how important is it for you to __________ ?
• Follow-ups elicit change talk:
  • What would it take for you to go from a ___ to a [higher number]?
• Other rulers: readiness, willingness
How much do you think__________is a problem?

1 2 3 4 5 6 7 8 9 10

Not at all

Life Threatening
How confident are you that you can do something to change______________?
Eliciting Change Talk

- **Looking Back:**
  - What has changed in your life since you started ________?
  - What were things like before you started ________?

- **Looking Forward:**
  - If you did stop ________, how would you like things to be different?
  - What might life be like in a year if you don’t change?
Reflecting Change Talk

• Going back to ___________ scares you.
• Loosing your ___________ would crush you.

Summarizing Change Talk

• what they want to change, how it impacts them, how if effects future, collect their responses and summarize
MI Counseling Strategies

- Reviewing a Typical Day
- Looking Back / Looking Forward
- Good Things and Less Good Things
- Discussing Stages of Change
- Assessment Feedback
- Values Exploration
- Change Planning
- Present Moment Forward
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<td>Pros</td>
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<td>Like the smell, taste</td>
<td>Costs $$</td>
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<td>Kick it</td>
<td>Mom gets mad</td>
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<tr>
<td>Feel calm, relax</td>
<td>Skip school</td>
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<td>Something to do with friends</td>
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In summary…the Rule

- **RESIST** telling people what to do
  - Avoid dictating, directing, or convincing people about the right path to good health

- **UNDERSTAND** their motivation
  - Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors

- **LISTEN** with empathy
  - If you truly understand them, their behavior and struggles makes sense in context

- **EMPOWER** them
  - Work with people to set achievable goals and to identify techniques to overcome barriers
What are you motivated for?

- Where might MI fit?
- Where is your ambivalence?
- What do you think would be different with MI?
- What are your next steps?
Your Plan…

- Supervision
- Resources
- On-going training / boosters
- Coaching / Mentoring
Immediate Next Steps

Advice...

• Talk to your supervisors about how you want to be supported in using MI
• Get more training
• Test drive!
• Use OARS to Elicit Change Talk
Resources…
www.motivationalinterviewing.org
sphill2@lsuhsc.edu
504.234.3899
Thank you!!!