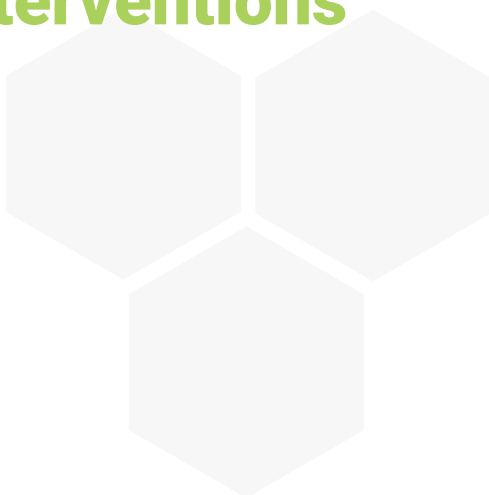




# Exploring the fit

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## Motivational Interviewing in relation to domestic, family and sexualised violence interventions



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# Introduction

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**Most men referred to behaviour change programs are mandated, either formally or informally. The starting point is, therefore, very different from someone presenting from a self-change position, where they have identified issues that are problematic in their lives and are therefore seeking solutions. Many of the men who attend programs remain quite ambivalent about being present, which risks doing 'time' rather than 'change' work in these programs.**

**Resolving this ambivalence and developing motivation is, therefore, a key aspect of engagement and further work.**

**Motivational interviewing can help practitioners achieve better engagement and retention. Both engagement and retention provide the best opportunity for men to complete the full intervention, which in turn exposes them to several rich ideas around family well-being. Retention also means that they will have had the opportunity to rehearse relational skills that are likely to enhance their relationships with partners (past, present, or future) as well as children (biological or stepchildren).**

**Given that most men who are referred to programs feel pressure to attend, finding the motivational fit is important for several reasons**

- **Finding the desire, reason, or need to change is critical for engaged work. Merely attending programs does not reduce risk. Conversely, it may increase risk if participants perceive attendance as a punitive experience. The result can be lateral violence back into the relationship.**
- **Many participants approach supervision appointments with mixed feelings, and it is the Practitioner's role to support the Service User in resolving this ambivalence to promote family wellbeing.**
- **Retention is associated with better outcomes. This is logical. Once a participant engages in understanding the drivers of behaviour, they become invested and interested in the outcomes. This also relates to the concept of dosage, which is based on the notion that the higher the risk, the greater the dosage required. Consequently, they will use the experience more effectively.**
- **In criminal justice work, finding the balance around the right dosage of intervention time based on static risk is now accepted as best practice. This is based on the idea that static (tombstone or historic factors) provide us with one of the best reliability measures in terms of risk. It also means that a one-size-fits-all approach is likely to either over- or under-recognise risk.**

# Amotivation in relation to family violence

*"A state of lacking any motivation to engage in an activity, characterised by a lack of perceived competence and/or a failure to value the activity or its outcomes", - Deci and Ryan (2018:16)*

## The three key attributes to amotivation

### 1. Lack of interest, relevance, or value

*"I can't see what is in it for me", or "This is not important to me".*

### 2. Perception

*"I cannot control the outcome so why bother" (universal helplessness).*

### 3. Defiance/ resistance to influence

*Attitudes and beliefs that support violence as a problem-solving method.*

Practitioners position themselves within a contextual frame where they articulate the impact of harmful behaviour on others, while encouraging the Service User to assume responsibility and accountability. Resolving the resulting tension allows the change process to commence. Ideally, Practitioners can attempt to overlook amotivation and navigate through the session content; at worst, they may find themselves in a debate, with the other Service User countering their position.

Engaging in an argument is problematic because it allows the Service User to rehearse their rebuttal (sustain talk). This risks making the Service User more connected to arguments that shift responsibility away from themselves.

Confrontation and argument also miss the opportunity to model prosocial communication when there is a difference of opinion. It can risk reinforcing that it's OK to confront, argue, and "wear down" someone with a different view, rather than try to find mutual understanding and maintain respectful behaviour during a disagreement.

## TAKE AWAY MESSAGE

A key clinical skill in family violence intervention is to navigate and avoid reinforcing sustain talk. Sustain talk allows a service user to maintain and solidify their current position.

# Thinking more about the starting point – Being mandated

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It is important to distinguish between voluntary and mandated (involuntary) attendance at a program. The terms 'mandated' and 'involuntary' can be used interchangeably. Individuals who attend a program voluntarily enter intervention for a variety of reasons and may have been strongly encouraged or coerced by family and/or employers. I often think that there is no true voluntary attendance; there is generally pressure somewhere in the system to bring the issue out into the open. However, those mandated to attend a program are in treatment because they are required to attend, regardless of whether they are internally (intrinsically) motivated. As a result, pushing back against the experience is a typical response.

Studies demonstrate the positive influence of good engagement processes and the quality of the therapeutic relationship, or working alliance, on outcomes. The benefits include:

- Positive expectations about intervention – they will be more engaged in the work
- Greater session attendance – program completion has been associated with more positive outcomes
- Positive perception of the working alliance – *"I am not turned off change and therefore may be more open next time to seek help"*.

Engagement is an ongoing process, not just something that happens at the beginning of a therapeutic relationship. If for some reason the process of continuous engagement is lost, the working relationship may become compromised, sometimes leading to disengagement and incomplete intervention. This is particularly true with people who are mandated and those who are voluntary but coerced.

## **A skilled practitioner can make a real difference by evoking and engaging the person's internal motivation.**

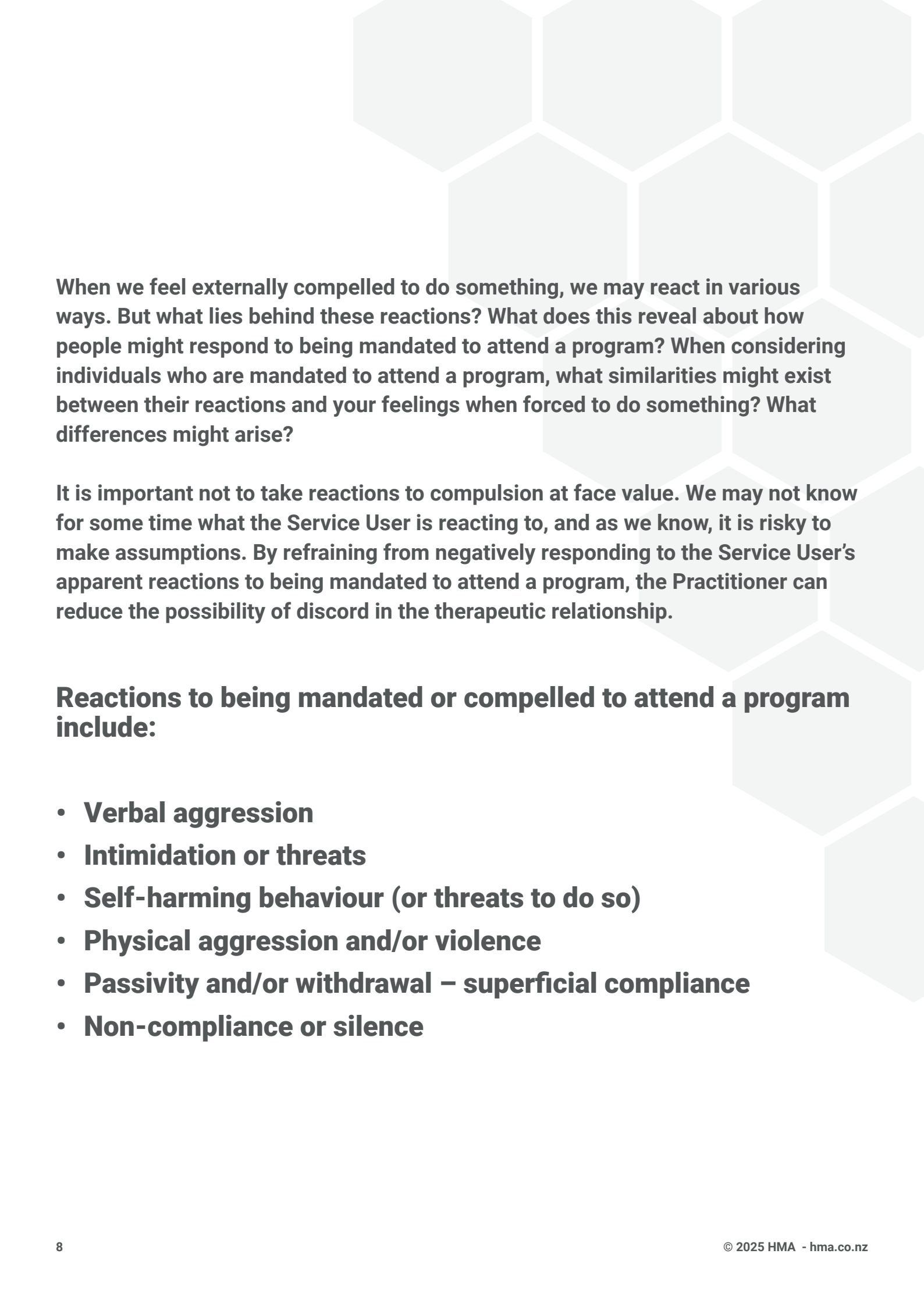
**Continuing active engagement is an essential part of a motivational approach.**

**When you assess and work with people who have been coerced to attend the intervention, they may not be willing to fully participate in sessions, and they might be reluctant to provide any information at all during their initial assessment.**

**Being mandated to attend supervision appointments can mean they may not be motivated to engage and/or change problematic behaviours. However, they may be motivated to avoid some other negative consequence of non-attendance.**

**What we know is that if we can get people in the door and apply effective motivational techniques, we can increase the likelihood of a Service User engaging in the program, recognising their problems and wanting to address them.**

**When a Service User who is involuntarily sent to intervention does not acknowledge they have a problem (or problems), the role of the Practitioner is to enhance awareness and readiness for change. In the initial engagement and assessment stage, it is important to recognise that not everyone will respond to direct questions. Being aware of this possibility and adopting appropriate skills and techniques when necessary will help effectively address this. It may also be wise to consider that, due to previous experiences, individuals may have recounted their story numerous times already or may be hesitant to disclose too much information. Sometimes, some individuals may exhibit behaviours that challenge the Practitioner. Most of these behaviours may simply arise from irritation.**



When we feel externally compelled to do something, we may react in various ways. But what lies behind these reactions? What does this reveal about how people might respond to being mandated to attend a program? When considering individuals who are mandated to attend a program, what similarities might exist between their reactions and your feelings when forced to do something? What differences might arise?

It is important not to take reactions to compulsion at face value. We may not know for some time what the Service User is reacting to, and as we know, it is risky to make assumptions. By refraining from negatively responding to the Service User's apparent reactions to being mandated to attend a program, the Practitioner can reduce the possibility of discord in the therapeutic relationship.

**Reactions to being mandated or compelled to attend a program include:**

- **Verbal aggression**
- **Intimidation or threats**
- **Self-harming behaviour (or threats to do so)**
- **Physical aggression and/or violence**
- **Passivity and/or withdrawal – superficial compliance**
- **Non-compliance or silence**



# It is all about ambivalence

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***“A person-centred counselling style for addressing the common problem of ambivalence about change (Miller & Rollnick, 2013: 12, definition of motivational interviewing).”***

We can consider ambivalence as:

- A conflict of ideas or attitudes; the presence of two opposing ideas, attitudes, or emotions at the same time
- Uncertainty; a feeling of uncertainty about something due to a cognitive or contextual conflict.

Feeling two ways about something or someone is a common experience; feeling 100% clear about something that is important is probably more exceptional than normal. Working with uncertainty and internal conflict is a ‘normal’ part of the engagement and treatment process with any Service User. Ambivalence is often a prominent feature of a range of psychological difficulties. A Service User who experiences agoraphobia, for example, may say; “I want to go out, but I’m terrified that I will lose control.” So, too, a Service User who is abusive in their relationships may express ambivalence; “I want to be in a relationship, but they always turn to ‘shit’.” Certain problems, such as insecure attachment is characterised by ambivalence about intimacy, both wanting it and pushing it away, are often a feature in family violence patterns.

# Softening resistance with Motivational Interviewing

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There is a growing body of evidence suggesting that when someone is confronted, the logical position to take is to defend their stance. Responses to confrontation are not merely cognitive; there is also a biological basis. When confronted, our safety system, commonly known as the amygdala, is activated. Its primary role is to assess threats and respond accordingly through fight, flight, or freeze. At this point, there is not much frontal lobe cognitive activity occurring, as this lags behind our safety system. We must determine what the threat is and where it originates from.

## P.A.C.E.

PARTNERSHIP, ACCEPTANCE, COMPASSION, EMPOWERMENT

Given that motivational interviewing is predicated upon a humanistic spirit commonly known by the acronym PACE (partnership, acceptance, compassion, and empowerment), it is little wonder that the Service User is more likely to engage with us. That said, this is not about accepting behaviour that is harmful or to others. It is sitting with a Service User to help them make sense of how they got to the place they are in and then work to support them in pioneering a different set of ideas and practices that will take them into their best future.

It may seem like a strange notion to consider partnering in a therapeutic sense with someone who has been abusive and harmful to the family. Engagement in a working partnership based on bond, purpose, and process is the key to softening resistance. Taking time to negotiate the parameters of the relationship, as well as the expectations of what is required from each party, is central. Bringing a respectful approach to a difficult relationship models a non-violent alternative to the ways the Service User communicates in their personal relationships.

# A word about the fixing reflex

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Many of us are drawn to the work we do out of a desire to prevent suffering, alleviate distress, and ultimately make a positive difference in the lives of others. As Bill Miller says, these same motives can be problematic. Because we want to help, we often feel a strong urge to step in when we see people heading down a dangerous path and say, *“Stop! Don’t go that way! Don’t you see? There is a better way!”*

This is done with the best of intentions and is known in the MI field as the “fixing reflex,” which is the desire to fix what appears to be wrong and help the Service User get back on track. When the Service User is not listening, there can be a tendency to confront them with reality, provide solutions, turn up the volume, badger, direct, and repeat. Paradoxically, rather than being helpful, this generally invites the Service User, being told what to do, to take the opposite position as they move into defensive mode. If argumentation is evident in the room, this signals that the Service User is strengthening their position, which they will do by justifying, denying, and blaming others for their behaviour.

Telling people what to do is therefore counterproductive to behaviour change. Moreover, it is a dangerous practice in cases of violence against women and children, as it risks entrenching attitudes, beliefs, and justifications.

# Key motivational interviewing ideas useful to family violence Practitioners

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## Engagement Questions

*“What did you need to organise to get here today?”*

Elicits organisations skills, problem-solving, motivation to make an effort, importance of compliance

*“What conversations did you have with yourself and others about coming today?”*

What were you saying to yourself about how today might be? Elicits issues of peer pressure, social influence, self-talk, assertiveness issues

*“What do you need for this to be a safe place to practice and rehearse your skills?”*

Elicits concerns about safety and sets expectations of active learning

*“How is it going to be working together?”*

Elicits issues related to the therapeutic alliance, relational connection, cross-cultural or cross-gender concerns

*“What is your experience of attending programs around behaviour change?”*

Elicits past baggage, hopes, or novelty concerns

*“What skills, ideas and ideas do you want to walk out the door with from us working together?”*

Elicits hope and thoughts about outcomes, motivation, thoughtfulness about moving forward

*“How important on a scale of 1 – 10 is it to learn the skills of being safe in your family?”*

Elicits change talk, levels of motivation

*“How confident are you on a scale of 1 - 10 that you can get things sorted in the time we have together?”*

Elicits levels of confidence and anxiety

# Working with the meta question

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A meta question is a question about a question. Meta questions in relation to family violence invite a Service User to position themselves on the side of safety.

For example, if family well-being is very important to someone, then we could anticipate behaviour that is consistent with that value position. A common meta question that we have embedded in many of our DFSV intervention program designs is the following:

*“How is this thinking, feeling, or behaviour taking you closer to, or further away, from family well-being?”*

This question is likely to evoke reflection on the impact of current behaviour on others, prompting the Service User to describe their reflections in their answer to this question while simultaneously robbing the Service User of their ability to hide behind justification. If someone says that they are willingly engaging in behaviour that is taking them further away from family well-being, then this can create a sense of dissonance, which can provide energy for change.

# ***I'm here, I can, I will* - three points where motivation is required**

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Motivational interviewing has often focused on resolving ambivalence during the initial stage of engagement. In my view, it encompasses much more. Once initial motivation is established, the challenge is to maintain it, particularly as the work progresses to skill rehearsal. Finally, the intention to transfer ideas from the session into someone's life and remain motivated to establish new patterns of behaviour continues to be an ongoing challenge. We can all relate to the fact that at times, we have started something new but then dropped off relatively quickly. A brief example of how these three ideas function within a motivational interviewing framework is outlined below.

## ***I'm here and I'm ready to go – readiness for the experience***

Initial conversations as to “why should I bother, what's the point, and finding benefit in the experience”, are crucially important in establishing clear change goals. Some of the questions include:

- *How would addressing risk to others be important?*
- *What would be the benefits of having an improved relationship with your partner and children?*
- *How might it feel knowing that you were breaking the cycle of abusive behaviour and giving your children a better start in life?*
- *How might learning to manage yourself contribute to family well-being?*
- *What is the right thing to do as a strong, family man?*

## ***I can do it – Increased ability and skills***

Many Men's Behaviour Change programs are far too didactic and rely on talking rather than skill acquisition and rehearsal. Being motivated to try things out in the context of a program and sharpen skills to manage acute risk, is really where the work takes place. Most of us know what we should do. The question is can we do this when we are under significant distress or challenge.

## ***I will do it – Application and willingness to implement***

Perhaps the most underutilised area of any program session is what happens after the man exits the room. If there is no intention to cement ideas and skills back into someone's life, then the program will not be effective. The following questions can be helpful:

- *What are you now aware of that you weren't at the beginning of the session?* (Awareness)
- *What will you do with this knowledge and skill during the week ahead?* (Activation)
- *Who needs to know about what you will be doing differently in the week ahead?* (Accountability)
  - It is worth making the point that keeping others in the loop around potential behaviour change reduces anxiety. This is based upon the idea that when others know what we are trying to achieve, then they have context for any changes in behaviour.
- *What does it say about you that you are taking this work seriously?* (Affirmation of identity)

# Complex Reflection

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At the heart of motivational interviewing is the concept of complex reflection. The ratio of reflections to questions should be at least 2:1. We can consider reflections as the glue of communication. They inform people that we are listening attentively, that we grasp the nuances of their struggles, and that we are ready to engage with them on difficult and challenging issues.

In Men's Behaviour Change programs, it is common for men to exhibit a lack of empathy towards those they have harmed. While there is generally no complete denial of what has occurred, it is more likely that justifications will arise regarding the severity, significance, likelihood of future violence, and individual responsibility. If we assume that a lack of empathy is a key factor in causing harm to others, then developing this ability aligns with the spirit of motivational interviewing. Partnership, acceptance, compassion, and empowerment lie at the core of the approach. These are also valuable relational skills to apply in one's own relationships.

Through any evoking frame, we can bring the voice of others into the room and explore behaviour from multiple viewpoints. Questions such as those below can make for a more rounded conversation and provide context for others behaviour. For example:

*A man tells you that his partner locked him out of the house after a night of drinking. He started yelling and threatening, so his partner called the police. We could engage in a conversation with the man about how this was for him. We could also have a conversation around what he thought his partner was most afraid of that led to them locking him out of the house and ringing the police. What could his partner be thinking would occur if she let him in?*

We could also extend this conversation if the man has children. We could explore what his children may have made of the situation and how they might be impacted physically, emotionally, psychologically, and spiritually in both the short and long term. While this should not be a blaming conversation, it provides the man with context around the impact of his behaviour on others. This can also include strengths-based reflection (affirming) to help the man align with change, e.g. courage to try something different, self-awareness to find a reason for change or a strategy that worked, etc.



# Agenda mapping - bringing multiple views to the table

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Agenda mapping is a useful exercise when the Practitioner and/or Service User they are working with has options to choose from in terms of which direction to take the conversation. To this end, agenda mapping is best utilised within the 'focusing' task of MI. It can also be used in the 'planning' task as a way to establish options and next steps.

Agenda mapping is a tool used to help both the Practitioner and Service User focus faster, and avoid unnecessary confusion about the direction of the conversation/work. When both people feel like they are starting on the same page and can plan the direction of the session, it makes for efficient use of the time and resources spent to reach a common goal.


The first step in agenda mapping is to make it clear to the Service User what it is that you want to do. To do this, use structuring statements such as:

- “Would you mind if we consider some topics that we could discuss?”
- “Let’s think about what might be on our agenda for the session today”
- “What things would you want to get sorted out in our time together? What sort of things would be most helpful to you?”

Maintaining congruence with the motivational interviewing spirit of partnership and collaboration it is best to ask for permission to draw up the agenda map.

- “Would it be okay with you if I wrote down our ideas as we brainstorm potential topics for today?”
- “Sometimes it helps to have a visual of all the potential topics so we can prioritise them, how do you feel about me drawing some of it down?”

When agenda mapping, we take a systemic viewpoint that there can be more than one agenda item, from more than one person that might be involved or impacted by the therapeutic work. Thus, it can be helpful to include all the relevant parties in the choosing a path process. The process itself not only helps organise and prioritise an agreement on what the session will entail for the time you are working together, it can also flag what areas can be parked or scheduled for future sessions, leaving a clearer space for focused attention.



The process also lends to a level of perspective taking about the interconnectedness of the therapeutic work that can be enriching in terms of the ripple effects of our actions.

We can bring four different viewpoints to establishing purposeful pathways: The Service User themselves, their family members, the referral source, and of course the Practitioner. The Service User is asked to consider what goals or topic areas they might like to focus on that would give them the best chance of promoting family well-being. We can then enquire that if the Service User's partner or ex-partner were in the room, what areas related to family well-being would they suggest needs to be on the agenda. A third layer would relate to potential formal referral sources such as courts or probation and parole staff. A fourth layer is around the therapeutic alliance if the Practitioner wants to negotiate with the Service User.

Starting the conversation from within the Service User's own world (themselves, their family members), rather than from the more formal referral source, is likely to soften reactance and discord in the working relationship. The other thing that is likely to occur is that there are often common agenda items across various groups which means that most people will be on the same page regarding family well-being. This also takes care of the potential fixing reflex that can occur when others are deciding what is in your best interest.

# Turning the volume down on sustain talk and turning it up on change talk

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One of the key areas of practice in motivational interviewing is to increase the amount of change talk in relation to sustain talk. DARNCAT is the acronym commonly used for conversation starters that help create movement from more entrenched positions. Desire, ability, reason, need, commitment, activation, and taking steps cover the areas where the focus of the conversation can best generate behaviour change. Let's explore each of these in detail. A more flowing process involves working from Desire, Reasons, and Need (meaning), to Ability (possibility) and finally to Activation, Taking Steps, and strengthening Commitment (intention to change).

Desire allows us to find out what is important to the Service User. For example, *"Why is family well-being important to you?" Why deal with this issue now?"*

Ability refers to how might a Service User go about bringing this change. It addresses their own internal ideas rather than having these imposed by others.

Reason goes to the heart of finding value in what is in front of the Service User regarding change. If a Service User cannot find one or two useful reasons to change behaviour, then motivation is generally low. Where there is a high degree of reluctance a question such as, *"If there was one reason to change abusive behaviour towards others, what would it be?"* Once a question like this is responded to in a favourable manner, then this can open the space for more evoking conversation.

Sometimes we have a need to change. If we don't change then many things can change around us such as legal consequences, partners making the decision to leave the relationship, or partners not entertaining the possibility of getting back together. We can often ask "how important is it for you on a scale of 1 to 10 to make this change?". We can also ask "if your partner were here, how important would they say making this change?".

Once we have identified our reasons, desire, and ability to change, we can move on to the second phase of motivation, which centres around commitment to activation. Listening for strong commitment is one of the first indicators that a person is likely to take an intervention seriously. Compare the following statements: "I could give this a go" or "I am going to give this a better shot. " If I were to ask which is more likely to get someone engaged in working well with a Men's Behaviour Change program, the answer is clear.

Activation refers to what the Service User is willing and prepared to do to expedite addressing the presenting issues. If we work on the assumption that, "We believe what we hear ourselves saying," once we articulate a course of action, we are more likely to persevere.

# Unpacking successes

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Deconstructing or unpacking what has worked, can be as effective as exploring what hasn't. If we work on a strength-based model of doing more of what is working rather than what isn't, then this provides a good basis for strengthening understanding of the drivers of change. Use questions such as:

- *How did you do that?*
- *What made you decide to do it that way?*
- *Talk me through the steps of how you managed to stay on the pathway of family well-being.*
- *If you were back in that situation in a week's time, what do you think you would do?*

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