



## Helping Youth Change Course: How Motivational Interviewing Works

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In what would become a highly influential essay back in 1974, criminologist Robert Martinson asked “Does nothing work?” His concern, during a time of political turmoil and change in the U.S., was that rehabilitation efforts in prisons weren’t working resulted in massive de-funding and elimination of services in the criminal justice world. His essay, which became the basis of the “nothing works” philosophy, was premature. Indeed, the following year, Martinson was part of a team whose findings were more optimistic. Martinson would subsequently recant his earlier arguments, but by then the stage was set for decades of belief that people who have broken don’t change and that treatment doesn’t work. Over the next decades, study after study would prove Martinson wrong, and yet many people still believe that ineffective “tough-on-crime” approaches actually work. They don’t; research is unambiguous on this point.

Today, beyond simply asking the question “does treatment work?”, science has shown that adhering to scientific principles for helping troubled kids and adults re-build their lives (i.e. those of risk, need, and responsiveness) go the furthest in preventing further harm. Also known as the risk-need-responsivity model, these principles have explained the success and failure of numerous criminological interventions. Simply put, the *risk principle* holds that the majority of treatment resources should be allocated towards those

who pose the highest risk. The *need principle* holds that interventions should focus on treatment goals demonstrated to be related to criminal re-offense. The *responsivity principle* holds that interventions should be tailored to the individual characteristics of each client.

Children and adolescents who have set fires very often have trouble connecting with those who are trying to help them and prevent further harm. If professionals are going to build the capacity of young people to respond

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to them, they need a specialized approach to ensure the deepest impact. This is where motivational interviewing comes in handy.

There have been many definitions of motivational interviewing. *Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change.* Central to motivational interviewing (MI) is that:

- The overall style of motivational interviewing (MI) is one of guiding, which lies between and incorporates elements of directing and following styles
- Ambivalence is a normal part of preparing for change and a place where a person can remain stuck for some time
- When a helper uses a directing style and argues for change with a person who is ambivalent, it naturally brings out the person's opposite arguments
- People are typically better persuaded by the reasons to change that they have themselves come up with

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There are many aspects of MI and it primarily includes four key processes: *engaging the client, focusing on a goal, evoking the client's internal reasons for change, and planning for change.* Particularly interesting for newcomers is the absence of any reference to "resistance." A primary concern has been that the term resistance can be made up of two separate components.

1 **Sustain talk** involves statements that favor the status quo (e.g., "No one was hurt"). It is about the target behavior or change.

2 **Discord** involves disagreement and not being on the same wavelength as your client ("It's none of your business"). It is about the relationship between the client and the professional with whom they are talking.

Putting sustain talk and discord together might appear as "I'm not gonna and you can't make me."

MI has been used in the criminal justice and substance-abuse treatment worlds for many years now, and with great success. Obviously, a single article cannot capture it completely.

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David Prescott is the Director of Professional Development and Quality Improvement for the Becket Family of Services, which provide treatment for youth, adults, and families across northern New England. He has worked in both inpatient settings and community service programs since 1984, and specifically with individuals who have sexually abused since 1987. He has a strong interest in sharing resources, networking, and training to increase knowledge in these fields. Specifically, his clinical and training interests focus on motivational enhancement, developing and maintaining therapeutic relationships, and assessing treatment progress.