

Family Achievement in Recovery at PAR Village:

**Best Practices in HUD Supportive
Housing Programs,
October 6, 2008**



MOTIVATIONAL INTERVENTIONS AND MOTIVATION INTERVIEWING (TIP 35)

- Motivational Interventions – any clinical strategy designed to enhance client motivation for change
- Motivational Interviewing – a therapeutic style intended to help clinicians work with clients to address their ambivalence



MOTIVATION & CLIENTS

- *Motivation has been described as prerequisite for treatment, without which the clinician can do little (Beckman, 1980)*
- *Until recently, motivation was viewed as a static trait or disposition that a client either did or did not have. Often viewed as the client's responsibility, not the clinician's (Miller and Rollnick, 1991)*
- *The New Definition: (TIP 35)*
 - *Motivation is key to change*
 - *Motivation is multidimensional*
 - *Motivation is dynamic and fluctuating*
 - *Motivation is influenced by social interactions*
 - *Motivation can be modified*
 - *Motivation is influenced by the clinician's style*
 - *The clinician's task is to elicit and enhance motivation.*



MOTIVATIONAL INTERVENTIONS

○ Clinical Strategy

- Important elements:
 - FRAMES approach
 - *Feedback*
 - *Responsibility*
 - *Advice*
 - *Menu*
 - *Self-efficacy*
 - Decisional balance exercises
 - Develop Discrepancy
 - Flexible Pacing
 - Personal Contact with clients who are not actively in treatment.



- *Simple motivation-enhancing interventions are effective for encouraging clients to the next step.*



MOTIVATIONAL INTERVIEWING (MI)

- Motivational Interviewing (MI) initially introduced by William Miller & Stephen Rollnick in the early 1990s.
- Therapeutic style designed as a way of interacting with client
- Motivation Interviewing style facilitates an exploration of stage-specific motivational conflicts that may be viewed as barriers to the clients success



MOTIVATIONAL INTERVIEWING

- Successful motivational interviewing will entail:
 - DEARS
 - **D**evelop Discrepancy
 - **E**xpress Empathy
 - **A**void Argumentation
 - **R**oll with Resistance
 - **S**upport Self-Efficacy



MOTIVATIONAL INTERVIEWING

- The following five strategies are particularly useful when utilizing Motivational Interviewing:
 - OARS
 - Ask open ended questions
 - Affirm
 - Listen reflectively
 - Summarize



GOALS OF MOTIVATIONAL SESSIONS

- Help the individual to explore behavior for her/himself.
- Decrease potential resistance to change.
- Help an individual to move toward being more ready to discuss and potentially begin to make changes in his/her behavior.
- Clarify the individual's goal(s).
- Assist in developing realistic strategies to facilitate behavior change.
- Create a safe, non-threatening environment for discussion of behavior and change.
- Make a cost-benefit analysis of the status quo



MOTIVATIONAL SESSIONS CHOICE

- **Critical component of MI.**
- **Essential to always reinforce for a person that he/she is in charge of making his/her own decisions.**
- **Very important for an individual to feel that the decision & responsibility for change is entirely up to that person.**



MOTIVATIONAL SESSIONS ABOUT RESISTANCE

- Sometimes a person may feel frightened by the idea of change & may resist any efforts that you try to make to move them toward change.
- This is very normal and it is important to recognize & respect a person's fears and concerns.



MOTIVATIONAL SESSIONS

FLEXIBLE PACING

- Specific to individual
- Age, gender, education, skills level, social support, etc. can influence pace & acquisition of goals
- Each stage of change different for each person
- May cycle around & back thru stages



MOTIVATIONAL ENHANCEMENT THERAPY/COGNITIVE BEHAVIORAL THERAPY

- 1. Rapport & Motivation Building
- 2. Goal Setting & Preparing for Group
- 3. Refusal Skills
- 4. Enhancing Social Support Network
- 5. Coping with High-Risk Situations & Relapses
- 6. Problem Solving
- 7. Awareness of Anger
- 8. Anger Management
- 9. Receiving Criticism
- 10. Coping with Cravings & Urges to Use
- 11. Managing Negative Moods & Depression
- 12. Managing Thoughts



MOTIVATIONAL MODEL

- De-emphasis on labels
- Emphasis on choices
- Emphasizes power
- Client is in control
- Treatment is negotiated
- Solicits residents concerns
- Resistance is seen as interpersonal
- Resistance is met with reflection
- Objective data is presented in an un-imposed manner



PAR

FAMILY ACHIEVEMENT IN RECOVERY AT PAR VILLAGE & PAR VILLAGE DEVELOPMENTAL CENTER

- A nationally renowned parenting women suffering from addiction and/or co-occurring mental health disorders.
- Services: transitional housing, alcohol and drug treatment, parenting education, individual and family therapy, co-occurring mental health services, case management and adult remedial education, including preparing them for their GED and vocational readiness and securing permanent housing upon discharge. Children receive therapeutic developmental services through the *PAR Village Developmental Center*. Older children up to 17 years of age receive family therapy and community referrals as needed.



- **GOAL:** To reunify mothers with their children in treatment, teaching parenting skills, building parenting competence and communication while improving social and cognitive developmental delays of children.



PAR VILLAGE DEVELOPMENTAL CENTER CHILDREN

At Admission

- 39% Gross Motor Delays
- 54% Fine Motor Delays
- 57% Cognitive & Language Delays
- 25% Self-Help Delays
- 32% Social Delays
- More Violent, Predatory Behaviors
- Increase in “*Sexualized*” Kids

At Discharge

- Most children scored average of 18 points higher
- Some children scored 41 points higher
- Very few children needed special education
- Children maintained gains at follow-ups if no AOD in home
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HOW WE DO IT: EVIDENCED-BASED BEST PRACTICES

- Standardized screening/ assessment – GAIN, Screening and assessment of children
- Motivational Interviewing (MI) & Motivational Enhancement Therapy/Cognitive Behavioral Therapy
- Trauma Informed- Trauma Curriculum – “Seeking Safety”
- Peer-Led “Seeking Safety”
- Relational Model
- Parenting Education-Triple P and Parenting Wisely
- Clinical Supervision
- Competency based training & Education
- Must partner with others: housing, vocational, health care, speech and occupational therapy, etc.



PROGRAM OUTCOMES

- Since inception in 2004, the program has served 165 women
- FAIR served 383 children of participants. Of these children, 24 resided with their mothers in treatment.
- 13% of FAIR participants were pregnant (N= 22) and 86% gave birth to healthy babies
- Within 3 years, the percentage of women who left residential treatment Against Medical Advice (AMA) within the first 30 days of admission has dropped from 62% in 2004 to 47% in 2007
- Treatment engagement has increased 179% from 26% in 2004 to 72% in 2007.
- 52.1% of participants successfully completed treatment
- Length of time between initial contact and assessment has been reduced on average from 33 days to 5 days, an 83% reduction
- Treatment retention has increased 13.1% from 62% in 2004 to 70.1% in 2007
- All staff are trained in MET/CBT and 3 are certified in Seeking Safety
- Peer-Led Seeking Safety adds a unique recovery coach perspective



- Motivation is a key to CHANGE



- And we are changing the approach in treatment with Evidenced Based Practices.



THANK YOU!

