Five Key Principles in Helping People Change: Implications for Policies and Practices in Drug and Treatment Courts

July 25, 2022 – 10:15 AM – 1:15 PM
NADCP RISE22 – Nashville, TN

David Mee-Lee, M.D.
DML Training and Consulting
Davis, CA

davidmeelee@gmail.com
davidmeelee.com
tipsntopics.com
instituteforwellness.com

Disagreement Across Theoretical Orientations

- Proliferation of different schools of thought to explain how people change.
- Recent estimate is that there are now over 500 different schools of thought (Prochaska & Norcross, 2018).
- No consensus or agreed-upon core of knowledge.
- This absence of consensus in psychotherapy is characterized by (a) the specific theory and techniques associated with each approach; (b) its unique language.
- Three major theoretical orientations: (a) psychodynamic, (b) behavioral/cognitive–behavioral, and (c) experiential/humanistic. Each has specific clinical techniques and procedures that are associated with each orientation, be it interpretation, self-monitoring, or reflection.

Human behavior too complicated to have limited subset of variables within single theoretical orientation

- Common principles, rather than the more abstract theoretical orientation or specific techniques, is where we may find consensus across schools of therapy.
- The specific intervention techniques may be thought of as methods of implementing a given principle.
- Some techniques may empirically be found to be more effective than others, depending on the nature of the clinical problem and characteristics of the client.
- As an alternative to a given school of thought, general principles of change may be used as a starting point for research, practice, and training.

Five Key Principles in Helping People Change

In looking at (a) the theoretical explanations of different approaches to therapy and (b) their specific clinical techniques, it is possible to find commonalities that appear to underlie different approaches to therapy, and so identify the following principles of change (Goldfried, 1982):

I. Promoting client expectation and motivation that therapy can help - Hope

II. Establishing an optimal therapeutic alliance - Alliance

III. Facilitating client awareness of factors associated with his/her difficulties - Awareness

IV. Encouraging the client to engage in Corrective Experiences - Do

V. Emphasizing Ongoing Reality Testing in the client's life. – Keep Doing

I. Promoting client expectation and motivation that therapy can help

1. Hope and the Possibility of Change

- Treatment can be helpful by instilling hope in person and possibility that change can happen. (Jerome Frank (1961)
- Freud similarly emphasized importance of patients' expectation that psychoanalysis could be successful (Gay, 1985).

2. Motivation to Change

- In recent years, it has been demonstrated that clients who have not yet contemplated necessity of change are unlikely to respond well to therapy (Prochaska, Norcross, & DiClemente, 2013).
- Extensive empirical support on negative impact that lack of motivation to change has on treatment and how that can be addressed clinically.
- Based on clinical observations in working with unmotivated individuals with substance abuse problems, Miller and Rollnick (2002) and numerous other researchers (e.g., Sobell & Sobell, 2003) have demonstrated the clinical utility of motivational interviewing, whereby the therapist validates patients' reluctance to change and then gradually helps them to recognize the consequences of not changing and the benefits of doing so.

Thus, clinical observation and research support importance of positive expectations and motivation to change—all of which are common factors independent of specific theoretical orientation of therapy.

I. Promoting client expectation and motivation that therapy can help

1. Hope and the Possibility of Change
2. Motivation to Change

- Think of something you have changed
- How long did it take before you actually started to do something to make the change?
- What happened that made you motivated enough to want to make the change?

II. Establishing an optimal therapeutic alliance

1. Importance of therapeutic relationship interacting with specific interventions of different therapy models

- Quite apart from what different therapy orientations believe to be primary procedural ingredients in therapeutic change, a good therapy relationship is needed as context in which to implement therapeutic intervention (Muran & Barber, 2010).
- The argument of which is more important—the technique or the relationship—fails to recognize important interaction of the two (Goldfried & Davila, 2005).
- As any therapist well knows, goal of Session 1 is Session 2, and nature of therapeutic connection with client plays an important role in making this happen.

2. What is the therapeutic alliance?

II. Establishing an optimal therapeutic alliance

1. Importance of therapeutic relationship interacting with specific interventions of different therapy models

- Think of any of your relationships
- How important is the alliance to make those relationships effective?

III. Facilitating client awareness of the factors associated with his or her difficulties

1. Recognize and make use of life experiences that help participants change

- Individuals often do not recognize and make use of those life experiences that might help them to change.
- Sullivan had an interesting concept to describe this when he spoke of "selective inattention" (Sullivan, 1973); people are often unaware of what causes them to have certain problems in living and what can be done to improve their lives.
- Freud underscored the importance of an alliance between the therapist and the "observing ego" of patients, which is used to help patients become better aware of the neurotic aspects of their functioning (Freud, 1916/1963).
- Depending upon one's theoretical orientation, the process of stepping back and observing oneself has been called self-observation, executive functioning, decentering, reflective functioning, insight, observing ego, witnessing, metacognition, and mindfulness.
- Although different labels are used, it involves clients' getting a better awareness and perspective of their thoughts, emotions, behavior, needs, and wants; the significance of life events; the impact the behavior of others makes on them; and the impact that they make on others.

III. Facilitating client awareness of the factors associated with his or her difficulties

1. Recognize and make use of life experiences that help participants change

- Think of something you have changed
- How and when did you realize you wanted to change?

III. Facilitating client awareness of the factors associated with his or her difficulties (cont.)

2. Help clients know what works or not in their lives and the reason for this

- Regardless of their theoretical school of thought, therapists help their clients to become better aware of what works and what does not work in their lives, as well as the reasons why this is the case.
- The specific formulation of therapists may differ, and the way in which they may facilitate this better understanding may vary, but it all reflects the principle of therapeutically increasing clients' awareness.
- At times, this awareness in itself can produce important changes, such as when clients recognize that their interpretation of the motives of a significant other are incorrect.
- At other times, the awareness may be preparatory to some actual changes in how they deal with others, such as asking a significant other for something rather than getting angry in the anticipation that they might not get what they want.

III. Facilitating client awareness of the factors associated with his or her difficulties (cont.)

2. Help clients know what works or not in their lives and the reason for this

- Think of something you have changed
- What worked or not in that change process?

IV. Encouraging the client to engage in corrective experiences

1. The corrective experience is doing something they have not done before despite apprehensive thoughts and emotions and discovering all went well

- Alexander and French suggested to their somewhat surprised—indeed shocked—psychoanalytic colleagues some years ago that there can be instances where patients can change without resolving early conflict (Alexander & French, 1946).
- They indicated that nature of the therapeutic interaction in and of itself may contribute to change.
- And although Alexander and French characterized this as being a "corrective emotional experience," it may also be seen more generally as a corrective cognitive and behavioral experience as well.
- The corrective experience may be thought of as clients' doing something that they have not done before—despite their anticipatory thoughts and apprehensive emotions that something negative might happen—only to learn that their unrealistic predictions were not forthcoming. Thus, individuals who fearfully avoid speaking up and expressing themselves because they unrealistically anticipate negative reaction from others may have corrective experience by taking risk of saying what they want to say and learning that reactions of others were not negative—and at times may even be positive.

IV. Encouraging the client to engage in corrective experiences

1. The corrective experience is doing something they have not done before despite apprehensive thoughts and emotions and discovering all went well

- Think of something you have changed
- What are some things you did that at first you were anxious or ambivalent about doing in that change process?

IV. Encouraging the client to engage in corrective experiences (cont.)

2. Examples of corrective experiences in different therapy models

- In special edition of journal Cognitive Therapy and Research (Brady et al., 1980), a diverse group of well-known therapists of different orientations acknowledged that the corrective experience was a core principle of change.
- Thus, such therapists as Brady, Davison, Dewald, Egan, Fadiman, Frank, Gill, Kempler, Lazarus, Raimy, Rotter, and Strupp categorized the importance of new experiences from within their orientation as being “essential,” “basic,” “crucial,” and “critical.”
- Relationally oriented psychodynamic therapists see this corrective experience as occurring within the therapeutic interaction.
- CBT therapists place a greater emphasis on between-sessions homework experiences, such as those that provide clients with “exposure” that serves to reduce avoidance behavior.
- Regardless of where the experience takes place, or whether the label that is used to describe it is phenomenological or observable, the corrective experience appears to be an important principle of change.

V. Emphasizing ongoing reality testing in the client's life

1. Encourage additional corrective experiences to develop lasting change in thoughts, feelings and behaviors

The corrective experience serves to update original expectations that have prevented clients from behaving in ways that are more conducive to adaptive functioning.

- Because one such experience is unlikely to lead to long-lasting change, therapists need to encourage clients to have additional corrective experiences, in essence engaging in ongoing reality testing, until there exists critical mass of corrective experiences to allow for more stable and long-lasting changes in expectations, feelings, and behavior.
- In many respects, this principle of change may be thought of much like the psychodynamic concept of working through, which is said to involve repeated thinking, reevaluation, and processing of experiences.
- Ongoing reality testing involves an increased awareness that further facilitates corrective experiences—involving changes in thoughts, feelings, and behaviors—which further feeds into an increased awareness that can be used to again facilitate corrective experiences.

V. Emphasizing ongoing reality testing in the client's life

1. Encourage additional corrective experiences to develop lasting change in thoughts, feelings and behaviors

- Think of something you have changed
- What are some things you did and still do in that change process to make it lasting and sustainable?

Summary

To summarize how these general principles of change occur throughout the process of therapy, clients change when they are:

(a) motivated and have positive expectations of change; - Hope

(b) work with a therapist with whom they have a good alliance; - Alliance

(c) become better aware of what is causing the problems in their lives; - Awareness

(d) take steps to make changes in their thinking, feeling, and behavior; and - Do

(e) engage in ongoing reality testing by creating a synergy between increased awareness and actual corrective experiences. – Keep Doing

- Principles of change, rather than theoretical schools of thought, may be better way to advance field.
- Therapists can match nature of the intervention so as to best fit client characteristics.

I. Promoting client expectation and motivation that therapy can help – Implications for Court Teams

1. What to Say to Orient Participants:

- "Thank-you for choosing to enter Drug Court. The reason you have been given the opportunity to get treatment rather than be incarcerated is that you have addiction that is related to your charges. We believe that if you get addiction treatment and establish recovery, this will not only be good for your life, but society will benefit from increased public safety, decreased crime and spending resources on treatment rather than incarceration, which is much more expensive.

2. Discovery, Dropout Prevention versus Recovery, Relapse Prevention

- Use Motivational Interviewing to increase participant's expectation that s/he can get what they want, which is usually avoidance of negative consequence rather than lasting change and recovery.
- Shifting from position as victim of system and compliance to an empowered position responsible for their life and getting what they want.
- Increasing self-efficacy – optimism and confidence that I can change.

II. Establishing an optimal therapeutic alliance – Implications for Court Teams

1. What is to Say to Engage People in a Therapeutic Alliance:

"Thank-you for choosing to come to treatment."

"I didn't choose you. They made me come."

"What would happen if you hadn't come today?"

"I'd do more time or won't get off probation."

"Would that be OK with you if that happened?"

"Hell no, that's why I'm here."

"Well then thank-you for choosing to work with me so I can help you do less time or get off probation."

II. Establishing an optimal therapeutic alliance – Implications for Court Teams (cont.)

2. Developing the Treatment Contract:

WHAT?	What does client want?
WHY?	Why now? What's the level of commitment?
HOW?	How will s/he get there? How quickly?
WHERE?	Where will s/he do this?
WHEN?	When will this happen? How quickly? How badly does s/he want it?

III. Facilitating client awareness of the factors associated with his or her difficulties – Implications for Court Teams

1. Assessment questions:

- What are your top three favorite substances (alcohol and/or other drugs) and what do you like about them?
- If client names some substances and what they do for them, then ask: "Why would you want to stop using them? Or are there some you want to stop or not want to stop at all?"
- At any time since starting to use alcohol or other drugs regularly, how long have you been able to stay abstinent?
- Whatever amount of time e.g., 1 day, 1 week, 1 month, 1 year, respond: "That's great, how did you do that? How did you change your thinking, feeling, behavior, who you hung out with etc. that you were able to not use for 1 day, 1 week, 1 month, 1 year…"
- Increase client's self-efficacy – optimism and confidence that I can change.

III. Facilitating client awareness of the factors associated with his or her difficulties – Implications (cont.)

2. Avoid Zero Tolerance Substance Use and Relapse Policies:

What to Say to about Positive Drug Screens:
"In addiction treatment, it's not OK to use any unauthorized substance. But if this didn't happen and everyone had perfect control over using, they wouldn't have addiction and wouldn't need treatment. You can learn skills and use supports to never have to use again, so it is not inevitable that you will have a flare up and use.

But if it happens to you or anyone else in treatment with you, it is your responsibility for your safety and your fellow participants to immediately address any attitudes, thinking or behavior building up to any use substance use; or any actual use. Reach out to a team member just like you would if experiencing a heart attack. They will then work with you to find out what went wrong and how to improve your treatment plan to prevent another flare-up.

If substance use happens in a residential setting there will be a community meeting ASAP to help anyone who used with you. If you or anyone else is not interested in finding what went wrong and how to fix it, then anyone has the right to choose no further treatment and take the legal consequences of their criminal offense."

III. Facilitating client awareness of the factors associated with his or her difficulties – Implications (cont.)

What not to say to about Positive Drug Screens:

"In addiction treatment, it's not OK to use any unauthorized substance. You are mandated to be abstinent and if you use and it is found on a drug screen, you will be sanctioned and could be set back a phase in your treatment program. If it happens more than once, you could be incarcerated for a brief period and it may even be grounds for discharge from the drug court program.

In order to advance through the phases of the Drug Court program and eventually graduate, you must demonstrate full abstinence. If you do not, there are escalating sanctions, but there are also incentives for those who do stay abstinent."

"Now be honest, did you use or not?!!"

III. Facilitating client awareness of the factors associated with his or her difficulties – Implications (cont.)

What to Say in Individual, Group, or an Emergency Community Meeting:

"Please share what happened that led up to and triggered the substance use so we can figure out what went wrong and help you get back on track. If others used with you, please identify them so we can do the same process with them ASAP.

If you are willing to change your treatment plan and work on fixing the mistakes with commitment and effort in good faith, then treatment continues. If you are not interested in doing that, you have a right to choose no further treatment and be discharged from the program."

IV. Encouraging the client to engage in corrective experiences – Implications for Court Teams

1. Expect active adherence not passive compliance:

"What you are working on to change your attitudes, thinking or behavior that has gotten you into trouble with crime, restricted your freedom and threatened public safety?"

2. Discovery, Dropout Prevention:

3. Recovery, Relapse Prevention:

Discovery, Dropout Prevention vs Recovery, Relapse Prevention

Discovery, Dropout Prevention	Recovery, Relapse Prevention
■ List three reasons the court sent you to treatment. ■ Identify what happens if you don't comply with probation requirements and report to group. ■ List the positive and negative aspects of substance use. ■ Attend at least one AA meeting and see if you can identify with anyone's story. ■ Verbalize anything that would make you want to quit treatment earlier than recommended. ■ Discuss what would help you stay in treatment and not give up and dropout.	■ For the next incident of rage and anger, fill in the date, trigger, physiological signs and your behavior; and then discuss how you could deescalate the rage. ■ Share in group what has been working to prevent relapse and get more suggestions. ■ Explore early childhood history of violence through individual therapy once per week. Focus on what kind of role models the client had.

Discovery, Dropout Prevention vs Recovery, Relapse Prevention (cont.)

Discovery, Dropout Prevention	Recovery, Relapse Prevention
■ Gather the data and evidence to prove you don't have an addiction, parenting or anger problem ■ Role play an angry situation with a fellow client in group and show everyone how good your anger management skills are. ■ Ask for a difficult parenting situation and demonstrate to the group how to handle that in a non-violent, calm way using your parenting skills that you believe to be very good.	■ Write down the most recent incidents involving alcohol and other drugs; and what you can learn from those. ■ Find someone at an AA meeting who has the kind of life you want and see if they will be your sponsor. ■ Practice progressive relaxation to know how to deal with anxiety and cravings to use and delay any impulsive behavior. ■ Explain what attitudes, thoughts and behaviors you do that threaten the public safety. ■ Say which of those you are trying to change.

V. Emphasizing ongoing reality testing in the client's life – Implications for Court Teams

1. Rethink "Graduation", "Treatment Completion", and "Discharge"

- Rename "Graduation or Treatment Completion Ceremony" ⇨ "RCA Ceremony"

- "Discharge" ⇨ "Transfer" or "Transition"

V. Emphasizing ongoing reality testing in the client's life – Implications for Court Teams (cont.)

Reflection on what the client and family have learned, seen, gotten in touch with, changed since entering treatment. It can also be reflection not just of positive things, but in all honesty (this is an honest program), reflection about things still not resolved or still not accepted. This is to model Progress not Perfection; about beginnings in recovery, not an end or completion of treatment; about reflecting on what might not yet be working, not just putting on brave front to say everything is rosy.

Celebration of any accomplishments in this piece of recovery work done at this time in this program. Celebrating what has worked and what program community has given person; time to be thankful for challenging work person has done so far in their recovery that is just beginning, not ending. Celebrating hope for client and family when there was only despair and hopelessness.

Anticipation of what lies ahead in their recovery – plans on how to continue gains that have been made; but also how to keep working on doubts or ambivalences or challenges that still may be there or are even likely to be there. Anticipation of what needs to be done to keep progressing and if not "perfect" and there is slip or relapse, what is plan B to get back on track – not with shame or a sense of failure, but with determination and commitment to keep moving forward – a day at a time with serenity.

THANK-YOU

David Mee-Lee, M.D.
Chief Editor, *The ASAM Criteria*
DML Training and Consulting
Davis, CA

davidmeelee@gmail.com
davidmeelee.com
tipsntopics.com
instituteforwellness.com