

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

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## Background to Key Principles in Helping People Change

### Disagreement Across Theoretical Orientations

- ▶ There is a proliferation of different schools of thought to explain how people change.
- ▶ This tendency toward proliferation has continued over the years, and a recent estimate is that there are now over 500 different schools of thought (Prochaska & Norcross, 2018).
- ▶ These different schools of thought and models have 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 and (b) its unique language.
- ▶ There are three major theoretical orientations: (a) psychodynamic, (b) behavioral/cognitive-behavioral and (c) experiential/humanistic. Specific clinical techniques and procedures are associated with each orientation, be it interpretation, self-monitoring or reflection.

### Human behavior is too complicated to have a limited subset of variables within a single theoretical orientation.

- ▶ Common principles, rather than the more abstract theoretical orientation or specific techniques, are where we may find consensus across schools of therapy.
- ▶ Some techniques may empirically be found more effective than others, depending on the nature of the clinical problem and characteristics of the client.
- ▶ The specific intervention techniques may be thought of as methods of implementing a given principle.
- ▶ 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. Promote client expectation and motivation that therapy can help***
- II. Establish an optimal therapeutic alliance***
- III. Facilitate client awareness of the factors associated with his or her difficulties***
- IV. Encourage the client to engage in corrective experiences***
- V. Emphasize ongoing reality testing in the client's life***

### Promote Client Expectation and Motivation that Therapy Can Help

#### Hope and the Possibility of Change

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

#### Motivation to Change

- In recent years, it has been demonstrated that clients who have not yet contemplated the necessity of change are unlikely to respond well to therapy (Prochaska, Norcross & DiClemente, 2013).
- There also exists extensive empirical support on the 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 recognize the consequences of not changing and the benefits of doing so.

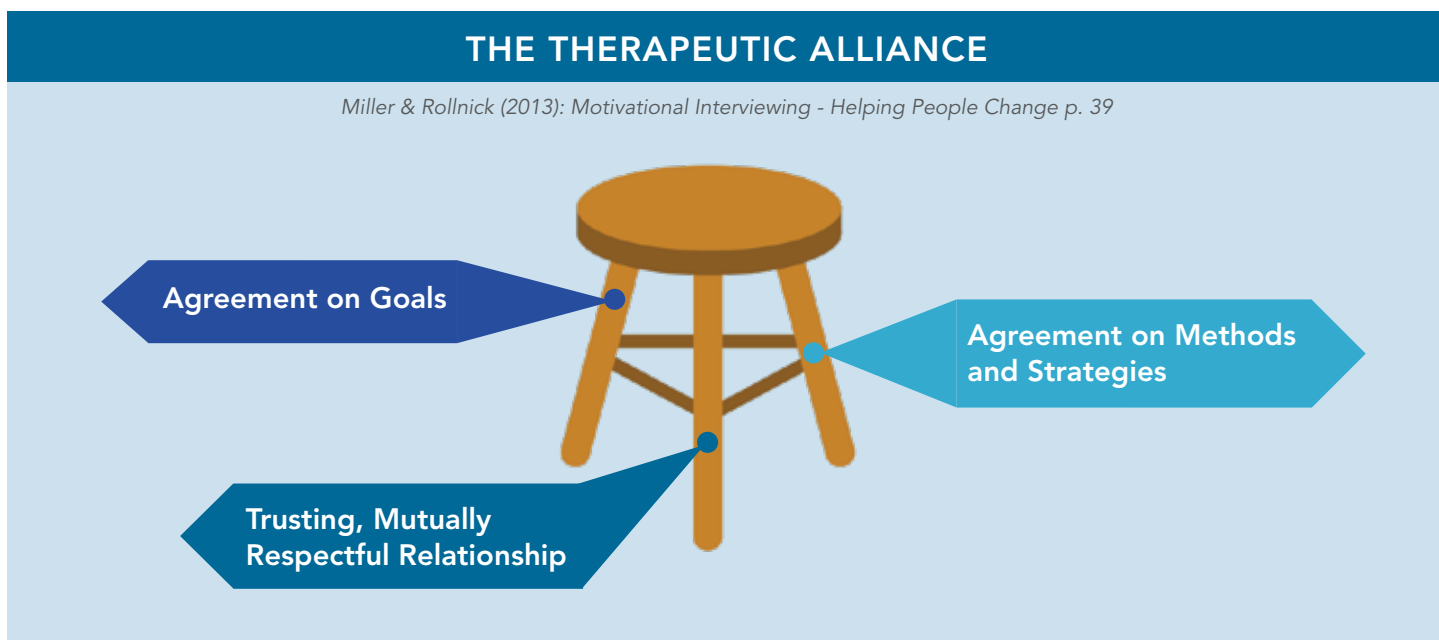
Thus, clinical observation and research evidence support the importance of positive expectations and motivation to change – all of which are common factors, independent of the specific theoretical orientation of the therapy.

## Establish an Optimal Therapeutic Alliance

### Importance of the Therapeutic Relationship Interacting with Specific Interventions of Different Therapy Models

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

### What is the Therapeutic Alliance?



### Facilitate Clients' Awareness of the Factors Associated with their Difficulties

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

- ▶ Individuals often do not recognize and make use of life experiences that might help them 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 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 on 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. This includes the significance of life events, the impact of others' behavior on them and the impact they make on others.

### Help clients know what works (or not) in their lives and the reasons for this.

- Regardless of their theoretical school of thought, therapists help their clients 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 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 for actual changes in how they deal with others, such as asking a significant other for something rather than getting angry in anticipation that they might not get what they want.

## Encourage Clients to Engage in Corrective Experiences

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

- Alexander and French suggested to their surprised psychoanalytic colleagues some years ago that there can be instances where patients can change without resolving early conflict (Alexander & French, 1946).
- They indicated that the nature of the therapeutic interaction in and of itself may contribute to change.
- Although Alexander and French characterized this as a "corrective emotional experience," it may be seen more generally as a corrective cognitive and behavioral experience as well.
- The corrective experience may be thought of as clients doing something 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 a negative reaction from others may have a corrective experience by taking the risk of saying what they want to say and learning that the reactions of others were not negative – and at times may even be positive.

### Examples of Corrective Experiences in Different Therapy Models

- In a special edition of the 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 "essential," "basic," "crucial" and "critical."

➤ Relationally oriented psychodynamic therapists see this corrective experience as occurring within the therapeutic interaction.

➤ CBT therapists place greater emphasis on between-session homework experiences, like 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.

## **Emphasize Ongoing Reality Testing in the Client’s Life**

### **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 experience is unlikely to lead to lasting change, therapists need to encourage clients to have additional corrective experiences. This means ongoing reality testing, until a critical mass of corrective experiences allows for more stable and long-lasting changes in expectations, feelings and behaviors.

➤ In many respects, this principle of change is much like the psychodynamic concept of “working through,” which is said to involve repeated thinking, reevaluation and processing of experiences.

➤ Ongoing reality testing involves increased awareness, which further facilitates corrective experiences.

## **Summary**

Clients change when they are:

**(a) motivated and have positive expectations of change**

**(b) work with a therapist with whom they have a good alliance**

**(c) become better aware of what is causing the problems in their lives**

**(d) take steps to make changes in their thinking, feeling, and behavior**

**(e) engage in ongoing reality testing by creating a synergy between increased awareness and actual corrective experiences**

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

# Five Key Principles in Helping People Change and Implications for Court Teams

## KEY PRINCIPLE #1: Promote Client Expectation and Motivation that Therapy Can Help

Implications for  
Treatment Court Team

### 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 also benefit from increased public safety, decreased crime and spending resources on treatment rather than incarceration, which is much more expensive."*

### Discovery, Dropout Prevention, versus Recovery, Relapse Prevention

- ◆ Use motivational interviewing to increase the participants' expectation that they can get what they want, which is usually avoiding a negative consequence rather than lasting change and recovery.
- ◆ Help participants shift from a position as victim of the system (compliance) to an empowered position, responsible for their life (getting what they want).
- ◆ Increase the client's self-efficacy – their sense of optimism and confidence that they can change.

## KEY PRINCIPLE #2: Establish an Optimal Therapeutic Alliance

Implications for  
Treatment Court Team

### What to Say to Orient Participants:

**Treatment Court Team:** *"Thank you for choosing to come to treatment."*

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

**Treatment Court Team:** *"What would happen if you hadn't come today?"*

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

**Treatment Court Team:** *"Would that be okay with you if that happened?"*

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

**Treatment Court Team:** *"Well, then thank you for choosing to work with me so I can help you do less time or get off probation."*

### 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?

## KEY PRINCIPLE #3: Facilitate Clients' Awareness of the Factors Associated with their Difficulties

### Assessment Questions

- ◆ What are your top three favorite substances (alcohol and/or other drugs), and what do you like about them?
- ◆ If a 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., one day, one week, one month, one 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 one day, one week, one month, one year?"
- ◆ Increase the client's self-efficacy – their sense of optimism and confidence that they can change.

### Avoid Zero Tolerance Substance Use and Relapse Policies

#### ◆ What to Say About Positive Drug Screens:

*"In addiction treatment, it's not okay 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 that of your fellow participants to immediately address any attitudes, thinking or behaviors leading to any substance use, or any actual use. Reach out to a team member, just like you would if experiencing a heart attack. They will 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 are 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."*

#### ◆ What Not to Say About Positive Drug Screens:

*"In addiction treatment, it's not okay 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.*

**KEY PRINCIPLE #3 (continued):  
Facilitate Clients' Awareness of the Factors Associated with their Difficulties**

*(continued) "...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?!!"*

◆ **What to Say in Individual, Group or Emergency Community Meetings:**

*"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."*

**KEY PRINCIPLE #4:  
Encourage Clients to Engage in Corrective Experiences**

**Expect Active Adherence, Not Passive Compliance**

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

**Discovery, Dropout Prevention**

- ◆ 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 drop out.
- ◆ Gather the 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.



## KEY PRINCIPLE #4 (continued): Encourage Clients to Engage in Corrective Experiences

Implications for  
Treatment Court Team

### Recovery, Relapse Prevention

- ◆ For the next incident of rage and anger, fill in the date, trigger, physiological signs and your behavior. Then discuss how you could deescalate the rage.
- ◆ Share in group what has been working to prevent relapse and get more suggestions.
- ◆ 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 deal with anxiety and cravings to use, delaying any impulsive behavior.
- ◆ Explain what attitudes, thoughts and behaviors you have that threaten public safety. Express which of those you are trying to change.

## KEY PRINCIPLE #5: Emphasize Ongoing Reality Testing in the Client's Life

Implications for  
Treatment Court Team

### Rethink "Graduation," "Treatment Completion," "Discharge"

- ◆ Instead of "discharge," consider "transfer" or "transition."
- ◆ Rename the graduation or treatment completion ceremony. Consider, perhaps, the RCA:

**Reflection** on what the client and family have learned since entering treatment. It can be a reflection not just on positive things, but in all honesty about things still not resolved or accepted. The purpose is to model that this is about progress, not perfection. It marks a beginning of recovery, not an end or completion of treatment. It's about reflecting on what might or might not yet be working (not just putting on a brave front to say everything is rosy).

**Celebration** of any accomplishments in this program. Celebrate what has worked and what the program community has given the person. Make this a time to be thankful for the challenging work the person has done so far in their recovery, which is just beginning, not ending. Celebrate the hope that exists for the client and family when there was only despair and hopelessness before.

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

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