To MI, or not to MI: When to coach ERP-resistant clients out of treatment

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“Know all the theories, master all the techniques, but as you touch a human soul, be just another human soul.”

- *C.G. Jung*

Agenda

1) Motivational interviewing: practice guidelines within the scope of ERP
2) ***"Coaching up"***
   - Referring to a higher level of care: a family-based perspective
3) "***Coaching in***"
   - Values driven approach to treatment engagement
4) ***"Coaching out"***
   - A practical approach to collaborative termination of ERP treatment

What is MI?

"MI is a collaborative conversation style for strengthening a person's own motivation and commitment to change."

- *Most helpful for individuals who are unready to commit to meaningful change (i.e. ERP)*
- Transtheoretical model of change:
  - *Pre-contemplation, contemplation, preparation, action, and maintenance*

Miller and Rollnick, 2013 Prochaska & DiClemente, 1982

How Does MI Work?

- *Creating cognitive dissonance through the exploration of the client's ambivalence to fully engage in ERP treatment. Developing discrepancy is very values driven, and done in a manner which honors the client's autonomy.*
    - *Decisional balance*
    - *Values sorting cards*
    - *MI Rulers*

Miller and Rollnick, 2013

Change Talk

- *"Any self-expressed language that is an argument for change."*

    - *This is regarded as preparatory, as it does not necessarily mean that change will actually occur.*

Miller and Rollnick, 2013

DARN CAT!

Desire

"I want to improve my life and better manage my OCD…..

Ability

"But I don't think I can handle accepting the notion that nothing in life is certain. Taking the risks involved with ERP seems very daunting and scary, and works against how I've manage my OCD for the past 30 years. "

Reason

"I think my wife will leave me if I don't figure this out."

"I'm on the verge of being terminated from my job."

Need

"Something has to change."

"I Can't keep on like this."

Miller and Rollnick, 2013

DARN CAT!

Commitment

"I'm on it! I'm going to complete the moderate exposure on my hierarchy this week, you have my word.

Activation

"I'm prepared to"

"I'm willing to"

"I'm ready to"

Taking Steps

"I brought my script to session. I'm hoping we can go over it."

"I decided to delay washing my hands last week, after I used the bathroom."

Miller and Rollnick, 2013

Efficacy of MI:

- Over the past three decades, research in MI has consistently demonstrated effectiveness in increasing readiness and commitment for changing the following lifestyle changes:
  - Substance use
  - Nicotine cessation
  - Dietary changes
  - Exercise
  - Adherence to diabetes management (medication, glucose monitoring, exercise/diet)

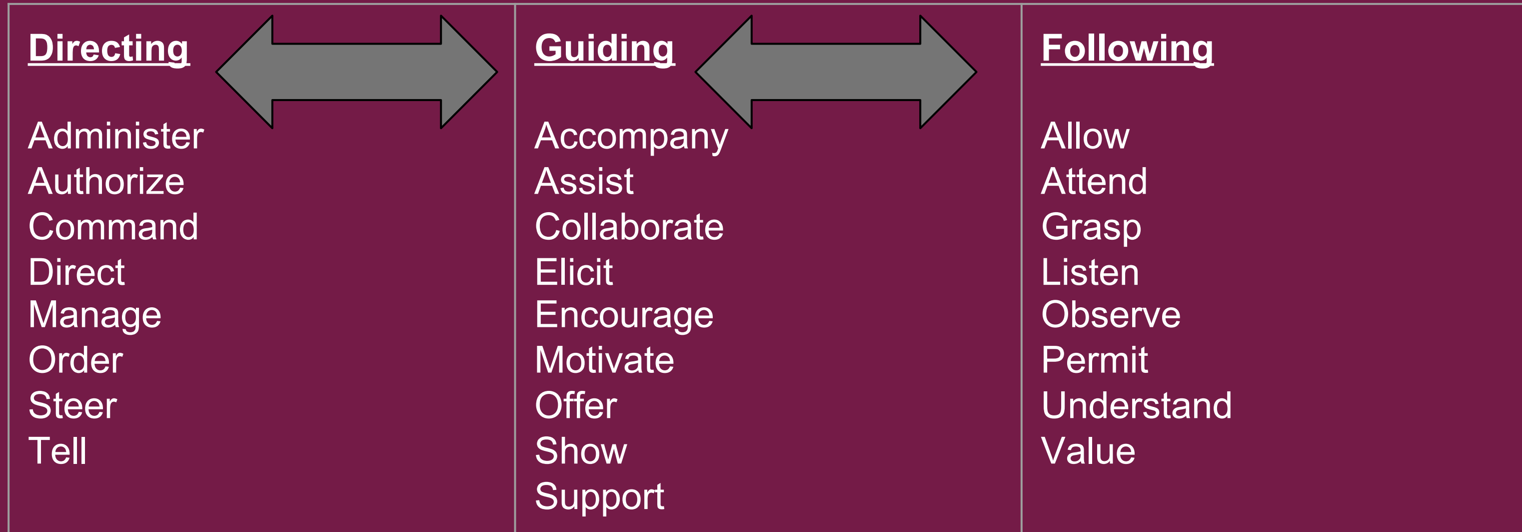
Miller and Rollnick, 2013

MI for ERP-resistant Clients:

- While MI has demonstrated some efficacy for ERP treatment (McCabe et al., 2019), data is significantly lacking within the scope of ERP-resistant client's

- ***So why use MI when treating OCD??***

Continuum of Communication Styles



Miller and Rollnick, 2013

Elicit-Provide-Elicit

“An information exchange process that begins and ends with exploring the client’s own experience to frame whatever information is being provided to the client.”

- ***Resisting the “righting reflex”***
    - *The natural desire of clinicians to promote welfare and prevent harm (to be continued…)*

Miller and Rollnick, 2013

Elicit-Provide-Elicit

	Task	*In Practice*
Elicit	- Ask permission - Clarify information needs and gaps	- "What do you know about ERP for OCD" - "Is there any information I can help you with?"
Provide	- Psychoeducation	- Avoid Jargon - Be collaborative - Be concise
Elicit	- Ask about the client's understanding	- Ask open questions - Allow time to process!

Miller and Rollnick, 2013

For Example...

Elicit:

- "I noticed that you continue to wash your hands during your ERP work. What's your understanding of how rituals impact your ability to manage your OCD?
- "Can I share some important information with you?"

Provide:

- "While ritualizing may provide temporary relief, what we know is that engaging in rituals during ERP work feeds the OCD, and compromises the hard work your doing, and more importantly the ability to tolerate the anxiety and uncertainty"

Elicit:

- "What are your thoughts this? What would it abstaining from washing your hands mean to you?"

MI: Core Principles

- **Rolling with resistance** - Avoiding the “righting reflex” by aligning with client, instead of challenging them.
  - Resistance occurs when we push client’s to engage in ERP, who are not ready
  - Stems from fear of risks from shifting to a non-ritualistic lifestyle
- **How to roll with resistance:**
  - “Leaving your home without checking sounds really scary for you. Tell me more about this.”
  - “What might be the cost leaving your home without checking the stove?”
  - “I understand your not ready to fully ready to lean into the OCD, and I look forward to when your are, what are some other goals that we can work on?”

MI: Core Principles (cont'd)

<u>**Decisional balance:**</u> A choice-focused approach utilized to explore the pros and cons of treatment.

- *"Let me ask, what might be the advantages of making these changes, how might life be different for you?*
- *"What might be the downside of not indulging your OCD through ritualizing?"*

MI: Core Principles (cont'd)

<u>**Summary statements:**</u>

- *"So let me clarify. On the one hand, you would like to work on your OCD because you lost a lot of quality time with your wife and children, and you want this back. On the other hand, your feeling scared and overwhelmed to engage in ERP, which has left you in a holding pattern, which seems to be worsening your relationship with your family"*

MI: Core Principles (cont'd)

Summary statement transition:

- *"What would need to happen in order for you to think about making this change?"*
- *"What steps are you willing to take between now and our next session, and how can I help?"*

MI: Core Principles (cont'd)

Importance-Confidence Rulers

Importance:

1) On a scale of 0 to 10, where 0 means not at all important, and 10 means the most important thing for you right now, how important is it for you to to commit to ERP treatment?
2) Why are you at a 6, and not a 2?
   - *Should evoke "change talk"*
1) What would it take to go from a 6 to an 8?

- *What if their answer is a 0???*

MI: Core Principles (cont'd)

Importance-Confidence Ruler

Confidence:

1) On a scale of 0 to 10, how confident are you that you can complete this exposure with ritualizing?
2) And why are you at a 4 and not a 1?
3) What would need to happen in order to get you from a 4 to an 8?
4) What can I do to help with your confidence?
5) What can you do to help with your level of confidence?

MI: Core Principles (cont'd)

The spirit of MI

- Acceptance - Profound and genuine acceptance of what the person brings (doesn't mean we have to approve)
  - Absolute worth - Unconditional positive regard
  - Accurate empathy - Active interest in understanding their internal perspective
  - Autonomy support - Honoring their irrevocable right to self-direction
  - Affirmation - Acknowledging person's strengths and effort

Miller and Rollnick, 2013

Common Pitfalls for Clinicians
A cognitive perspective:

- “I tried MI and it didn’t work.”
- “ I want them to get their money’s worth.”
- “ MI is too time consuming.”
- “ If I don’t intervene now, they will get worse.”
- “MI is a way to coerce or trick people into what we want them into doing ERP.”

When MI is ineffective

1) Coaching In - Increasing readiness and commitment to change through use of MI strategies
2) Coaching up - Referring to a higher level of care
3) Coaching out - Preparing clients for treatment termination, without reaching goals. Ideally, this should be collaborative, but…

Coaching Up; a Case Example

“Mary”

-16 year old, white, female

-presenting problem: OCD and Binge Eating Disorder

-Other diagnostic Impressions: Major Depressive Disorder, history of Bulimia, Self-harm behaviors, and Personality features

-Psychosocial Issues and Comorbid Conditions

Coaching up- Treatment course

-26 sessions within 5 months

-Unable to stick with treatment goals

-Frequent shifts in importance of difficulties

-Several sessions per week, including parenting sessions

-Treatment Interfering behaviors

Coaching up -Referring out

-Suicidality increased

-Family involvement

-Referred to a Partial Hospitalization Program, DBT program following PHP, and Family therapy

-General Reasons to Coach Up

Coaching In

“Jake”

22-year-old male, college graduate, living at home with parents

Severe contamination OCD

- Taking 4-5 hour long showers
- Excessive hand washing
- Avoids going outside

Plays computer games all day

Course of treatment

By session 25

- Reduced average shower time to 30-45 min
- No compulsive hand washing for door knobs, open windows, touching household furniture
- Still compulsive showers every time he leaves the house or has a bowel movement
- Mostly interested in playing video games daily
- Parents want him to get a job and launch

No discernable progress for 2+ months - time to coach out?

Charging a lithium ion battery

- Last 20% takes more effort

Motivational strategy

- Parents are increasingly annoying
- Getting a job means you can buy games you want and construct a long-term lifestyle you like
- Getting a job means you have to confront contamination triggers more in order to function

What happened?

Therapist learned more patience

More detailed and minute metrics for incremental progress

He stayed in treatment with more parental involvement (behavioral plan that they did not end up enforcing but still bothered him enough to get him to make slight changes)

He got a job and moved out!

What worked?

He was willing to stick with it even if that meant barely making progress

He did want a different and more sustainable future

Also, sometimes we don’t know for sure and when I asked he said he wasn’t really sure either

Coaching Out - Background

“Eric” - 27 year old white cisgender male

Lives with father. Parents divorced, mother lives in a different state.

OCD - contamination

- “Bathroom germs” from bodily secretions

Core Fears:

- Illness or death, disgust, imperfection/lack of control

Course of treatment - 23 sessions

Coaching out - Course of Treatment

<u>Initial Presentation:</u>

- Severely impaired functioning
- Goals - Stable employment, Able to travel & do fun activities, Satisfying relationships

<u>Waning Motivation:</u>

- Motivated when OCD was interfering with life, but motivation waned

Numerous conversations using MI

- Higher LOC
- Taking medication
- Involving parents
- Following through on homework

Coaching Out - Ending Treatment

Ultimately, not willing or able to engage in treatment

“Therapy got me to where my life is at least tolerable. I've accepted wallowing in my own misery"

Some symptom reduction but minimal overall improvement