Article 8

Motivational Enhancement Therapy: An Effective Approach for Counseling Unmotivated Adolescents

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Many adolescents whom counselors regularly counsel are ambivalent and unmotivated to behavioral change. Adolescents are frequently sent for services not of their own volition, but rather by a concerned parent/guardian or other adult. Many of the traditional counseling theories and approaches were developed for motivated adults. Additionally, research has indicated that when most people begin counseling they are not ready to take action to change (Isenhart, 1994), although the majority of counseling models are constructed for working with clients who are ready to take action to change (Prochaska, DiClemente, & Norcross, 1992).

Stereotypical descriptions of adolescents, such as being moody, narcissistic, resistant, and challenging, and having social and interpersonal problems, are similar to generalizations of another difficult population, clients with substance abuse issues (Lambie, 2004). For the latter group, Motivational Enhancement Therapy (MET) has been found to be an effective counseling approach (Miller, Zweben, DiClemente, & Rychtarik, 1995). MET is brief in duration and designed for counseling counselees at all levels of motivation and readiness to change. MET is particularly useful with individuals considered "difficult," "resistant," and "unmotivated" (Aubrey, 1998). For these reasons, MET appears to be a well-suited counseling approach for adolescents.

Counseling Adolescents

Adolescents need to be differentiated from adults and young children due to the unique developmental transformations they are going through. Additionally, it can be difficult to establish a therapeutic relationship with adolescents who have historically questioned society's beliefs and values (Katz, 1997). Adolescents tend to mistrust counselors and often manifest this reaction crudely, intensely, provocatively, and for prolonged periods.

Many adults address adolescents' "resistance" with aggressive confrontation, resulting in a power struggle and an emotional shouting match. The harder the counselor pushes to resolve the problem, the worse the situation becomes (Lambie, 2004). Not surprisingly, a confrontational style of counseling tends to produce resistance in adolescents (Miller & Rollnick, 2002) who feel their personal freedom is threatened; therefore, they become defensive and use defense mechanisms such as anger, confrontation, and denial, which all may be perceived as resistance. The harder a counselor pushes, the more energy an adolescent is going to exert to push back, confirming Newton's third law of motion: for every force there is an equal and opposite counterforce (Cowen & Presbury, 2000). Thus when adolescents feel that they are choosing to do something for their own self-interest, their motivation can be intense (Lambie, 2004). Consequently, counselors should avoid using statements that belittle, label, order, prescribe, lecture, give mixed messages, or takeover the problem (McCoy, 1995).

Motivational Enhancement Therapy

MET is a development of the Transtheoretical Model of Change (TMC) (Prochaska et al., 1992), designed to help counselees build commitment and reach behavioral change. Drawing on strategies from client-centered counseling, cognitive therapy, systems theory, and the social psychology of persuasion (Miller & Rollnick, 2002), some features of MET are that (a) motivation to change is elicited from the counselee; (b) it is brief in duration; (c) direct persuasion is avoided; (d) the style is generally quiet and eliciting; (e) readiness to change is seen as fluctuating in relation to interpersonal interaction; and (f) the counseling relationship is more like a partnership or companionship than expert/recipient roles (Miller & Rollnick, 1995).

Transtheoretical Model of Change

TMC is different from most theories of psychotherapy because its focus is on how people change rather than on defining the problem. This model

allows counselors with different theoretical orientations and styles to share a common focus. Based on their research and the findings of others, Prochaska et al. (1992) proposed that people who change behaviors, whether on their own or with the help of a counselor, tend to go through five stages of change and frequently use different processes or methods at various stages. These five stages (as cited in Ingersoll & Wagner, 1997) are as follows:

1. *Precontemplation*. The counselee does not consider his or her behavior to be a problem and/or is not currently considering changing his or her behavior.
2. *Contemplation*. The counselee is considering that his or her behavior may be a problem and is seriously thinking of, or contemplating, changing his or her behavior.
3. *Preparation*. The counselee has made a commitment to change a behavior he or she considers problematic, and is intending to make the change soon. The individual may have a specific plan in mind or may simply have a target date set for change.
4. *Action*. The counselee is currently in the process of modifying his or her behavior or environment to reduce or eliminate the problem. The individual is considered to be in the action stage for up to 6 months following the initial behavior change (assuming that he or she maintains the change during the period).
5. *Maintenance*. The counselee works to prevent a return to the problem behavior and to stabilize the new behaviors and/or environment that supports his or her new way of living.

Change is difficult, and most people do not successfully maintain behavior change on their first attempt. TMC offers a spiral pattern of the stages of change (linear progression toward change is possible, but rare) in which people can progress from contemplation to preparation to action, but most people will lapse to an earlier stage (Prochaska, 1995). Furthermore, TMC is based on the belief that people learn from the lapse and can try something different the next time to avoid the same mistakes (Prochaska et al., 1992).

TMC can guide the counselor to more successful outcomes by matching counseling processes to the counselee's individual level of readiness to change (Ingersoll & Wagner, 1997). Most counselees beginning a counseling relationship are in precontemplation or contemplation stage of change (Isenhart, 1994). In these stages, the counselor works to reduce resistance by using nondirective counseling techniques such as asking open-ended questions, listening reflectively, affirming, and summarizing. As the adolescent moves to the higher stages of change (preparation, action, and maintenance), the counselor becomes more directive and behavioral by assisting the counselee in developing and implementing a plan for behavioral change (Miller & Rollnick, 2002).

Motivational Enhancement Therapy

MET has been thoroughly researched in the field of substance abuse with some research specific to adolescent substance abuse clients. Clients with substance abuse issues and adolescents often share the stereotypical characteristics of being resistant, challenging, and narcissistic (Lambie, 2004). Therefore, it is postulated that an effective substance abuse counseling approach would also be successful with adolescents.

MET was designed as a standardized four-session counselor approach in Project MATCH (Matching Alcohol Treatments to Client Heterogeneity), a clinical trial of patient-treatment matching sponsored by the National Institute of Alcohol Abuse and Alcoholism (NIAAA). MET is designed to help people work through their ambivalence about change, primarily through the use of active listening and gentle feedback techniques. The MET approach is founded on the assumptions that counselees have the capacity and responsibility for change and that it is the counselor's task to create conditions that enhance clients' motivation for and commitment to change (Miller et al., 1995). In brief, the goal is to prepare people for change, not necessarily to push them into changing right away (Ingersoll & Wagner, 1997). MET seeks to support intrinsic motivation for change, which leads the counselee to initiate, persist in, and comply with behavior change efforts.

Miller and Rollnick (2002) listed six basic motivational principles underlying the MET approach: (1) expression of empathy—the counselor communicates respect for the counselee and listens rather than tells; (2) assisting the counselee in perceiving discrepancy—the counselor uses motivational psychology principles to help the counselee perceive a discrepancy between where he or she is and where he or she wants to be; (3) avoiding argumentation because it is seen to evoke resistance, which is a counselee's reaction to a threatening interpersonal interaction and resistance is a counselor's issue; (4) rolling with resistance—the counselor does not meet resistance head

on, but rather rolls with the momentum, with a goal of shifting counselee perceptions in the process; (5) ambivalence is viewed as normal and openly discussed—the counselor elicits solutions from the counselee; and (6) support of self-efficacy—the counselor works to enhance the counselee's sense of self-efficacy, or ability to achieve goals. People only move toward change when they perceive that there is a chance of success. Other central constructs of MET are its unique strategies to increase the likelihood of behavior change, which include handling resistance, the use of a decision balance sheet, and change talk. Each of these strategies is discussed in the following section.

MET Strategies for Supporting Change

Strategies for Handling Resistance

Miller and Rollnick (2002) described four types of resistance: (1) arguing—the counselee challenges, discounts, or is hostile to the counselor; (2) interrupting—the counselee cuts the counselor off or talks over him or her; (3) denying—the counselee blames others, minimizes, disagrees, makes excuses, and is reluctant; and (4) ignoring—the counselee is inattentive and does not respond or give input. A goal of MET is to reduce resistance because a lower level of counselee resistance is associated with long-term change.

MET offers counselors specific approaches to addressing resistance. Resistance is viewed not as a counselee trait but as a normal response to a perceived threat in an interpersonal context. Resistance communicates to the counselor that he or she is moving too fast and needs to appropriately match the counselee. Defusing resistance requires counselors to change their approach and increase the adolescent's sense of control by using the following strategies:

1. *Simple reflection.* Acknowledgment of the counselee's disagreement, emotion, or perception can permit further exploration rather than evoking defensiveness. The counselor responds to the adolescent's resistance with understanding allowing the energy to dissipate.
2. *Amplified reflection.* Here the counselor reflects back what the counselee has said in an exaggerated form, which often results in the counselee recanting what he or she has said and can elicit the other side of the adolescent's ambivalence to change. Amplified reflection encourages the counselee to reexamine what he or she is saying. It must be executed artfully without a sarcastic tone or hostility may be elicited.
3. *Shifting focus.* Here the counselor refocuses the counselee's attention away from what seems to be a barrier blocking progress. This approach moves the adolescent away from a topic where he or she is entrenched to an area where he or she may feel more comfortable and less defensive.
4. *Agreement with a twist.* Using this technique, the counselor initially offers agreement with the counselee, but with a slight change in direction. This supports the relationship while allowing the counselor to continue to influence the direction and momentum of change.
5. *Emphasis on choice and control.* The counselor continuously emphasizes and acknowledges the counselee's personal choice and control because resistance often arises from psychological reactance, from people thinking that their freedom of choice is being threatened and reacting by asserting their power (resistance).
6. *Reframing.* This strategy is helpful when a counselee is offering arguments that serve to refute a personal problem. By acknowledging the validity of the adolescent's observations and perceptions, the counselor offers a new meaning or interpretation to them. It is important to use the counselee's own words, perceptions, and understanding about the behavior when reframing (Miller & Rollnick, 2002).

The Decision Balance Sheet

Decision making is a vital process in behavioral change (Lambie, 2004). MET views people who are not changing their dysfunctional behaviors as being ambivalent to change. MET is designed to elicit, clarify, and resolve ambivalence in a person-centered and respectful approach (Miller & Rollnick, 1995). Therefore, a goal of MET is to help counselees work through their ambivalence and not to directly persuade. It is the counselee's task to resolve his or her ambivalence, not that of the counselor.

The decision balance strategy is designed to help counselees consider the positives (advantages) and negatives (disadvantages) of changing their current behaviors. When people consider making a change, it is helpful to think not only about the benefits (pros) of changing and the cost (cons) of staying the same, but also to reflect upon the possible consequences of changing and the potential benefits of staying the same. This approach fosters the construction of a more realistic plan for change and helps put into action a plan of

change the individual has decided upon from multiple perspectives (Ingersoll & Wagner, 1997).

A decision balance worksheet is a counseling activity in which the adolescent is asked to fill in four specified boxes. In the first box, the counselee is asked to write the benefits he or she receives from not changing, while in the box below he or she writes the potential positives reasons for changing. In the top-right box, the counselee then identifies negative consequences of not changing, while below writing the possible cost of making the change. This strategy offers the counselee and counselor a more complete picture of the adolescent's ambivalence toward change.

Change Talk

Change is linked to an individual's self-efficacy, which is a person's confidence in his or her ability to maintain the behavioral change. Change talk is an MET approach employed to increase adolescents' self-efficacy. Miller and Rollnick (2002) presented three categories of change talk: cognitive (problem recognition), affective (statements of concern and optimism), and behavioral (intention to change). Examples of the four types of statement used to support change talk are as follows:

1. *Cognitive (problem recognition).* What things may make you think that not completing . . . might be a problem for you? Can you think of any ways in which not completing . . . has made your life more difficult? How has not completing . . . stopped you from being able to do what you want?
2. *Affective (concern).* What is there about not completing . . . that makes you feel concerned? Is there anything that worries you about not completing . . . ? What bothers you about knowing you have not completed . . . ?
3. *Affective (optimism).* What gives you hope that things can get better? What do you think would work for you if you decided to make a change?
4. *Behavioral (intention to change).* The fact you are talking about not completing . . . shows that at least part of you thinks it's time to do something. What are the possible reasons you see for making some changes? It seems that you may be stuck right now in a pattern of not doing your homework. What changes might help you to get unstuck and change? (Miller & Rollnick, 2002; Miller et al., 1995).

These statements allow the adolescent to identify his or her concerned behavior and support his or her intention to change with optimistic encouragement.

Conclusion

MET is a brief counseling approach supported in research that offers a specific tangible model of behavioral change while providing counseling strategies on how best to match adolescents' level of readiness to change. Furthermore, MET provides clear strategies for how to work with teens who appear resistant and unmotivated.

MET offers a counseling approach that matches adolescents' attributes. This model presents counselors with a different perspective on adolescent counselees while providing useful and effective strategies to support change. MET's approach to adolescent resistance and change can be integrated into other theoretical models, thereby better matching the individual counselor's style. The intent of this article is to offer a different conceptualization of change and strategies to increase adolescents' readiness to change.

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