Using Solution Focused Approaches in Motivational Interviewing with Young People

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Introduction

Motivational Interviewing (MI) is a counselling approach, which originated within the field of addictive behaviours (Miller and Rollnick, 1991) and is becoming increasingly widely used in clinical settings (Miller and Rollnick, 2002) and in social work practice (Corden and Somerton, 2004). MI is based on the premise that people are not always at a stage of readiness to change behaviours, such as smoking, drinking or drug use, which are perceived by others to be problematic.

Miller and Rollnick (1991) linked MI to the Transtheoretical Model of Change proposed by Prochaska and DiClemente (1982) who looked at over 300 psychotherapeutic interventions and identified a series of stages that people pass through when changing their behaviour. McNamara (1992; 1998) later adapted this model for evaluating pupil readiness to change within academic settings (See Figure 1, below).

Figure 1 near here

In adult counselling interactions, often an individual will seek help from a professional at the point where they recognise that a particular behaviour, such as drinking or smoking, has become problematic. However, concerns

about behaviour in schools are often expressed by a third party, such as a teacher or parent, rather than by the young person. Furthermore, there may be reasons why the young person wants to maintain a particular difficulty, such as peer status or task avoidance. Atkinson and Woods (2003) note that in such circumstances MI might be a particularly useful intervention, as the young person may be ambivalent about changing their behaviour. If this is the case, behavioural management strategies (e.g. being 'on contract') may be ineffective.

McNamara (1998) proposes that MI can help to nudge young people through the stages of change. Although within educational settings, MI and the Model of Stages of Change are generally seen as synonymous, Atkinson and Woods (2003) note that there is limited guidance on actually how to undertake MI with young people. Approaches proposed include brief motivational interviewing using a 'menu of strategies' (Rollnick, Heather and Bell, 1992), active listening techniques (McNamara, 1998) and an intervention cycle which offers suggested interventions for each stage of change (Cheshire Educational Psychology Service, 2000).

More recently Lewis and Osborn (2004) identified similarities between both the theory and practice of MI and Solution Focused Counselling (SFC) and called for them to be used together in therapeutic practice. SFC examines the individual's ability to make positive changes to his or her life by accessing and using their inner resources, strengths and skills. Solution Focused Brief

Therapy (SFBT) was pioneered by de Shazer (1985) and has become a popular approach in therapeutic and educational settings.

Recently SFBT approaches have gained an increasing profile in relation to behaviour management in schools. Rhodes and Ajmal (1995) suggested that SFBT offers a useful and flexible model to approaching behavioural difficulties in schools. Furthermore, *Focusing on Solutions: A Positive Approach to Behaviour Management* (DfES, 2003) describes how the solution focused model ‘...encourages teachers, and others involved in developing effective approaches to behavioural issues, to adopt a positive stance in which energy is directed towards finding satisfactory ways forward rather than focusing on what is going wrong’ (page 5). Miller (2003) notes that educational psychologists have become increasingly interested in using solution focused behavioural approaches in consultative working with schools.

Ames (2004) proposed that solution focused language and questioning might be used to help young people explore and problem solve behavioural issues and could also help to facilitate movement through the stages of change. In the sections below, we describe more fully pupil behaviour at each of the stages of change and suggest some solution focused techniques that may be useful at each of these stages.

Stage 1 – Precontemplation (not yet thinking about change)

Prochaska, Norcross and DiClemente (1994) observe that precontemplators usually have no intention of changing their behaviour and will typically deny there is a problem. Furthermore, there may be strong factors influencing a young person's choice to maintain behaviour that is seen by others to be problematic, such as peer approval for risk taking behaviour or disruptive behaviour which masks learning difficulties.

At this stage asking the young person to recognise that there is a problem with their behaviour does not normally work. Phrases such as, *“Think about how your parents feel!”* or, *“Can’t you see how this makes your teachers angry?”* may actually increase resistance from the young person and mean that it is difficult for the adult facilitator to develop a supportive relationship with them.

Useful strategies at this stage might include:

Asking for a third party perspective

This involves getting the young person to explore how others that have concerns might see the situation. It also helps to avoid direct confrontation and challenge about a particular behaviour. Asking the following questions might provide useful information about how the young person feels about the situation and about the views of others:

- *Someone looking at your situation might say you find it difficult to control your temper. What would you say to someone who thought that way about you?*
- *How could you show your teacher that they were wrong about you?*
- *If I were to ask your support worker what they thought of you, what would you say?*

If the young person is able to identify concerns expressed by others, solution-focused questions can be used to establish what the young people might be able to do to make a difference. In this situation possible questions might include:

- *What small things could you do differently that would convince them?*
- *Who would notice first?*
- *What would they notice?*
- *What difference would that make? What could you be doing differently that would prove them wrong?*

Scaling

Another solution-focused approach that is useful at the Precontemplative stage of change is to ask young people to be explicit about their motivation to change by using scaling questions. Young and Holdorf (2003) note that it can

provide a means of gauging progress that is useful to the pupil. One example might be:

On a scale of 1-10, 1 is that you don't need to do anything different, 10 is that you are willing to look at how things could be better. Where would you put yourself on the scale?

If the response indicated that the young person did not wish to change their behaviour, the following scale could be used.

On a scale of 1-10, how confident are you that your teacher/parent would share your view that there is no problem?

A low response to this question might represent some acknowledgement that there is a problem. The facilitator might want to explore this further with the young person, for example:

So how come you're a 3, not a 2 or a 1.

The facilitator (the adult supporting the young person) can also ask follow up questions to identify what might be different if a young person is able to go up one point on the scale the following week, for example;

If we come back next week, and you put yourself on a 4 instead of a 3, what would have to happen between now and next week?

What would it take for that to happen?

Stage 2 - Contemplation (Weighing up the pros and cons)

At this stage, people acknowledge that they have a problem but may not be prepared to do anything about it. Prochaska et al (1994) note that although contemplators may think seriously about solving a problem they may be a long way from actually making a commitment to action. Prochaska and DiClemente (1983) suggest that contemplators should be given the opportunity to explore their beliefs about the future while McNamara (1998) suggests that at this stage they are evaluating the pros and cons of changing.

A young person at the contemplative stage may still feel positively about a particular behaviour (e.g. truanting) but may be aware of the possible impact on their life chances (e.g. performance in GCSEs). Some useful strategies for young people at this stage are listed below.

Exceptions

This is a helpful way of looking at times when the problem does not exist or when the problem still exists but the young person coped or managed the difficulty better. It can be used once the young person has identified that a behaviour might be problematic. It is also a helpful way to engage the young person in looking at past solutions rather than only concentrating on the problem. The facilitator might help the young person to look for:

- Times when the problem does not happen

- Times when the problem happens less often or when the problem bothers or restricts them less.
- Times when the problem is more manageable or when they are able to cope better (for example, *“Tell me about the times when you got the better of your temper”*).

Using this approach can also help to identify times (or lessons) that are difficult for the young person where they might need further support or strategies. It can also reveal situations in which they feel confident about managing their behaviour, which will highlight their strengths and past successes, however small.

Looking for a preferred future

This set of questions focuses on how life might be different in the future. If the young person is able to think that life might be preferable without the problem behaviour, the likelihood of change is increased. Example questions include:

- *How was your life before this problem?*
- *Lets imagine that tomorrow turns out to be a good day, how would you know that it is going well?*
- *When [alcohol/drugs] are no longer an issue in your life, how will life be different for you?*
- *When you resist the temptation to [bully/smoke/steal] what will you be doing instead?*

The Miracle Question

Linking to the idea of thinking about a preferred future, asking the Miracle Question is a popular solution focused approach. It helps the young person to begin to envisage how life might be without the problem. A suggested script is:

Suppose tonight while you are asleep a miracle happens and the problem no longer exists. You don't know immediately that it has happened because you were asleep. When you wake up what is the first thing you will notice that will let you know that there has been a miracle? (DfES, 2003, page 30).

Practitioners wishing to avoid possible cultural connotations associated with using the term 'miracle' may adapt such a script accordingly.

Young and Holdorf (2003) suggest that the Miracle Question can help a young person to describe how life might be if the problem did not exist and note that the more detail that can be elicited, the more likely they will be to learn from their own answers about their own solutions.

Deciding not to change

Having weighed up the pros and cons of changing their behaviour, it is possible that a young person might appear to be making an informed choice

to do nothing and carry on as before. In such instances a third party perspective may again be useful, for example:

Someone looking at your situation may say you want to keep this problem? What would you say to them?

What advice would you give to someone who decided to carry on [taking drugs, truanting, etc?]

Stage 3 – Preparation (getting ready for change)

This stage was previously referred to as 'Determinism' (Prochaska and DiClemente, 1982; McNamara, 1992; 1998) and represented a time at which people chose to change their behaviour, or carry on as before. However, after further research into the processes of behavioural change (Prochaska, et al, 1994; Prochaska and DiClemente, 1998) an alternative stage of 'Preparation' was proposed, in which people get ready for making behavioural changes. For example, an adult wishing to lose weight might find out about gym membership or find new recipes for healthy eating.

At this stage the facilitator can help the young person to identify practical ways in which they can achieve and maintain future change.

In getting the young person ready for change, some useful questions to explore might include:

- *What has worked for you in the past?*
- *Who has helped you?*
- *If change is going to happen soon, what needs to happen so that change can take place and who needs to help?*
- *How will you know that things are changing?*
- *Who would notice that things are changing and what might they say?*

Scaling questions (as previously described) may also be useful to assess the young person's feelings about the impending change and how confident they are that their goals will be achieved, for example:

How confident are you that the skills you have will enable you to make changes?

This can lead to further exploration of other strategies that may be useful to the young person, for example:

What other skills would you need to learn? Who could help you with that?

It is important at this stage to help the young person develop their personal resources to allow them to implement desired change. However, it is also imperative that staff within the young person's school are prepared for their behavioural change so that they are able to respond in a supportive manner. This may also require the facilitator to consider aspects of the school

environment which need to be adapted. For example, if the young person has a difficult relationship with their maths teacher, a change of group may be advantageous, while space for 'time out' might be required if they are going to try and manage their anger and avoid confrontation.

Stage 4 – Active Change (putting the decision into practice)

The action stage is the one at which people most overtly modify their behaviour. It is a busy period and one which requires commitment in terms of time and energy from both the young person and the facilitator (Prochaska et al, 1994). Once a decision has been made to change behaviour, shared contracts and targets can be negotiated with the young person and jointly monitored, allowing them to take increased responsibility for their own behaviour management. Solution focused techniques can help establish what is helpful to the young person at this stage.

The facilitator can help the young person evaluate the process of change by asking questions that help them to explain and evaluate what impact it is having on their life.

- *What is better since we last met? (Who has noticed? What did they say?)*
- *Who is doing what?*
- *What are you doing instead of [fighting]?*
- *How will you know when things have improved?*

- *How will you know that the problem is solved?*
- *How will you know when you are happier?*

McNamara (1998) proposes that the young person should have an opportunity to make a public commitment to change, ought to receive confirmation and support for their plan and should be given external feedback on how they are progressing. Positive reinforcement and feedback may help to back up commitment to change.

5. Maintenance (actively maintaining change)

Prochaska et al (1994) note that, just as at every other stage, there are great challenges associated with the maintenance of behavioural change. The young person may be keeping the change going, but this should be an active process. Supporting the young person by recognising their progress and achievements can reduce the likelihood of relapse.

Reflections of change

The facilitator can provide an opportunity for the young person to recognise the changes they have made and to consider how life might be without the problem. At this stage, it is helpful to do some 'troubleshooting' about what might happen if the young person relapses and goes back to their previous behaviour (see Stage 6). This may mean that they are less likely to avoid contact with the facilitator if things go wrong. Questions useful at this stage include:

- *What is better?*
- *What helped you to achieve it?*
- *How did you manage it?*
- *How did you get through that time?*
- *So what did it take to do that?*
- *How confident are you about keeping this up? (You can use confidence scaling to help the young person assess this).*
- *What does this tell you about yourself that you did not know before?*
- *What would be the first sign that will tell you things are beginning to slip back?*

Reverse scaling

Another way of helping young people to identify when they might be vulnerable to relapse is to help them to identify, in concrete terms, how they might identify how this might happen. One way of doing this is to use reverse scaling, for example:

OK, so you're at 8, which is great! What would need to happen for you to slip back to a [7, 6, 4 etc]?

Situations that arise can then be discussed and anticipated. Using reverse scaling in this way can help therefore to provide a kind of 'inoculation' against relapse.

6. Relapse (returning to previous behaviour) Most young people, when trying to change their behaviour, will relapse at some point. However, providing that this is anticipated and the support and encouragement is provided, this can be temporary and the young person can return to maintaining previous behaviour. In some circumstances, young people may return earlier stages of the model (e.g. Contemplation). Barriers to change can be explored with the young person and, if appropriate, strategies for weighing up the pros and cons of behavioural change may be used again.

Preparing for relapse

Preparing the young person for relapse and helping them to understand that change can be a “two steps forward, one back” process, can be done at any stage. If a plan for relapse is addressed before difficulties arise, the young person is likely to find it easier to get back on track with their behaviour. Helpful questions might include:

- *If you relapse, who will listen/understand?*
- *How will you be able to tell that person?*

Sometimes factors beyond the young person’s control can contribute to difficulties in maintaining positive behaviour, such as family or friendship problems, illness or difficult unforeseen events. If this is the case, maintenance of behavioural change may be difficult. The facilitator can

provide emotional support and stability for the young person and enable other adults to be supportive, until they feel more settled.

Stopping and thinking

It may also be helpful to try to find out from the young person whether they have strategies to stop the problem from escalating. This will give the facilitator an insight into the coping strategies the young person already has in place. Here are some examples:

- *What are you doing to stop things from getting worse?*
- *What is keeping it from getting worse?*
- *Who can help?*

Case study

David, a Year 7 pupil was referred for behavioural and attendance issues. There were complex and difficult home circumstances contributing to these difficulties. Despite this when asked *“On a scale of 1-10, 1 is that you don’t need to do anything different, 10 is that you are willing to look at how things could be better. Where would you put yourself on the scale?”* David rated himself as 10, suggesting he did want to make positive changes.

Using the question, *“What has worked for you in the past?”* revealed that at primary school David had received behavioural support which meant he had an identified adult he could share his concerns with. David felt that if a

change were to occur that he would be *“feeling a lot happier”* and that this would *“make me smile”*. He thought that his mum would notice that he would not get into trouble as much and that he would not have problems coming in to school. David felt that he had most of the skills to help him change his behaviour but that when he got angry he could only walk at the way at that particular moment, even though he knew some anger management strategies.

Outcomes of this discussion were that David was assigned a link person who he could speak to for 20 minutes when he first came into school each day. A system was also put in place by which he could give the class teacher an agreed signal if he was feeling angry and at this point he could take his work to the learning support unit to complete in a quiet, calm environment.

David’s progress was reviewed with him after a couple of weeks. He had managed to attend school on a regular basis and had achieved positive reports from his subject teachers. When asked, *“What is better since we last met?”* he said that he was *“getting all 1As” [representing top marks for behaviour and learning effort]*. He said that his teachers had noticed and that they had seen that he was *“not messing about”* and *“could do his work.”* He said that his mum was *“not shouting at him in the morning”* and had more time to get his younger siblings ready for school. He also felt happier because he had found a neighbour to walk to school with.

However, David found it hard to talk about possible relapse. For example when asked, *“What would be the first sign that will tell you things are beginning to slip up?”* David stated that he did not think this would happen. He was also reluctant to discuss what would happen if he did not get a 1A on his report card. The possibility of relapse after the Christmas break was discussed with staff supporting him.

David’s attendance has improved significantly, from 40% to nearly full time. However, because he is in much more, the overall number of behavioural incidents has actually increased. Information about MI/SFBT approaches has been shared with staff supporting David. They have recognised that his complex home circumstances have contributed to his behavioural difficulties and have looked for other solutions for supporting his placement. These have included changing his English class, enlisting support from the Behaviour Support Service and organising for two key members to provide specific roles in offering pastoral care and monitoring behaviour respectively.

The last part of this case study raises implications for who is best positioned to undertake this work with the young person. In this example, the first author worked with a young person referred to the Educational Psychology Service. However, the techniques may be more successful when they are used, for example, by pastoral staff who have a pre existing relationship with the young person. One important prerequisite of any MI or SFBT intervention is that

rapport is established between the facilitator and the young person and that there is agreement about exploring behavioural change (Rollnick et al, 1992).

Critique of the approach

There is currently little empirical research into the use of MI within educational settings and academic literature describes case study interventions (Atkinson and Woods, 2003; McNamara, 2001). It should also be noted that within clinical settings the Model of Stages of Change has attracted criticism from some quarters. For example, West (2005) suggests that categorising individuals according to their change intentions can be unhelpful and lead to inappropriate intervention strategies being proposed. However, we feel that using the Model of Stages of Change to inform discussions with professionals and young people has facilitated a problem solving approach, in which barriers to change are acknowledged and possible solutions identified.

One potential limitation of MI and SFBT approaches is that they are language-based and rely to a large extent on the ability of young people to express their feelings about a particular set of circumstances. Dalton (1994) notes that young people can have difficulties controlling or expressing their emotions, particularly when they have language or communication difficulties. Facilitators using the approaches may also have to make additional considerations when using them with younger (e.g. primary-aged) children or with young people with learning difficulties. In such circumstances, using additional visual prompts, pictures or activities may be one way of facilitating

the young person's involvement. We hope that educational practitioners will continue to reflect and research upon MI and SFBT practices so that a useful knowledge base can be developed.

Summary

The examples above describe ways in which techniques from MI and SFBT can be combined to help young people work through the process of change. All of the approaches described here can be used flexibly. The overall aim is to create an ethos based on the principles of MI and solution focused thinking where the responsibility for change is left with the young person and where the facilitator is able to work in a non judgemental way, demonstrating understanding and empathy with the young person. Thinking about where the young person is at, according to the Model of Stages of Change will help the facilitator select the right strategies for supporting the young person, to enable them to explore and challenge their own patterns of behaviour.

With the increasing interest on the use of SFBT approaches in schools (Rhodes and Ajmal, 1995; DfES, 2003) there is an additional challenge for educational practitioners to consider how both MI and SFBT approaches might be integrated into mainstream teaching and learning. Perhaps one idea might be to include MI and SFBT techniques as part of the PHSE curriculum, in order to develop young people's self-efficacy for managing their own behaviour and promoting solution focused dialogues amongst their peers.

Further research into the effectiveness of promoting MI and SFBT strategies in this way would be helpful in informing educational practice.

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