

# **Applying Motivational Interviewing Techniques with Asian American Clients**

October 19, 2017 – 23<sup>rd</sup> Annual Asian American Mental  
Health Training Conference, Alhambra, CA

David Mee-Lee, M.D.  
Senior Vice President  
The Change Companies & Train for Change  
Carson City, NV  
Davis, CA

[davidmeelee@gmail.com](mailto:davidmeelee@gmail.com)  
[www.changecompanies.net](http://www.changecompanies.net)  
[www.trainforchange.net](http://www.trainforchange.net)  
[www.tipsntopics.com](http://www.tipsntopics.com)

# From Pathology to Participant

- Resistance perceived as pathology within person, rather than interactive process; or even phenomenon induced and produced by clinician
- “Resistance” as much a problem with knowledge, skills and attitudes of clinicians; and lack of availability, access and utilization of broad range of services as it is a “patient” problem

# Changing the Concept of Resistance

- In the Glossary on page 412: “Resistance – A term previously used in Motivational Interviewing, now deconstructed into its components: sustain talk and discord.”
- Notice “previously used” means: “Resistance” as a term and concept will no longer be used as in previous editions- “Rolling with Resistance”; “Responding to Resistance”

(Miller, William R; Rollnick, Stephen (2013): “Motivational Interviewing - Helping People Change” p 412)

## **Concept of Resistance (cont.)**

**DELETE “resistance”**

**Focus on “sustain talk” and “discord”**

# What is Sustain Talk?

- It is “the client’s own motivations and verbalizations favoring status quo.” (p. 197). Person not interested in changing anything; I am OK with keeping things way they are – status quo, sustain what I have already got or where I already am.
- “There is nothing inherently pathological or oppositional about sustain talk. It is simply one side of the ambivalence. Listen to an ambivalent person and you are likely to hear both change talk and sustain talk intermingled.” (p. 197).  
“Well maybe I have a drug problem and should do something about it if I don’t want to be arrested again.” (Change talk).  
“But it really isn’t as bad as they say, they’re just overacting.” (Sustain talk).

(Miller, William R; Rollnick, Stephen (2013): “Motivational Interviewing - Helping People Change” p 197)

# What is Discord?

- **RESISTANCE minus SUSTAIN TALK = DISCORD** (disagreement, not being “on the same wavelength,” talking at cross-purposes, or a disturbance in the relationship. (p. 197).
- “You can experience discord, for example, when a client is arguing with you, interrupting you, ignoring, or discounting you.” (p. 197).

# What is Sustain Talk versus Discord?

- “Sustain talk is about the target behavior or change” – drinking or drugging, over-eating, gambling etc.
- “Discord is about you or more precisely about your relationship with the client – signals of discord in your working alliance.” – Are you on same page as your client? Are you more interested in abstinence and recovery than they are? Are you doing more work than them about going to AA or taking medication?

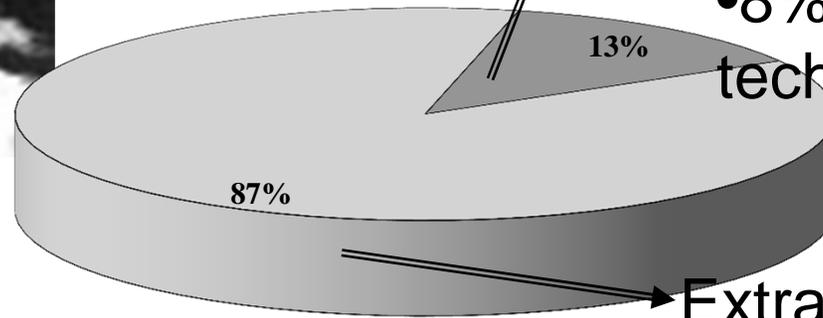
# Natural Change and Self-Change

(DiClemente CC (2006): “Natural Change and the Troublesome Use of Substances – A Life-Course Perspective” in “Rethinking Substance Abuse: What the Science Shows, and What We Should Do about It” Ed. William R Miller and Kathleen M. Carroll. Guilford Press, New York, NY. pp 91; 95.)

- The Transtheoretical Model (TTM) illuminates process of natural recovery and process of change involved in treatment-assisted change. But “treatment is an adjunct to self-change rather than the other way around.” “The perspective that takes natural change seriously...shifts the focus from an overemphasis on interventions and treatments and gives increased emphasis to the individual substance abuser, his and her developmental status, his and her values and experiences, the nature of the substance abuse and its connection with associated problems, and his or her stage of change.” (DiClemente, 2006)

# What Works in Treatment:

## *The Empirical Evidence*



Treatment:

- 60% due to “Alliance” (8%/13%);
- 30% due to “Allegiance” Factors (4%/13%);
- 8% due to model and technique (1/13)

Extra-therapeutic and/or  
Client Factors



I.S.T.C.

Wampold, B. (2001). *The Great Psychotherapy Debate*. New York: Lawrence Erlbaum.

Miller, S.D., Mee-Lee, D., & Plum, B. (2005). *Making Treatment Count*. In J. Lebow (ed.). *Handbook of Clinical Family Therapy*. New York: Wiley.

# Models of Stages of Change

- 12-Step model - surrender versus comply; accept versus admit; identify versus compare
- Transtheoretical Model of Change - Pre-contemplation; Contemplation; Preparation; Action; Maintenance; Relapse and Recycling; Termination
- Readiness to Change - not ready, unsure, ready, trying, doing what works

# The Spirit of Motivational Interviewing

- Partnership, Acceptance, Compassion, Evocation:

Partnership – “MI is done ‘for’ and ‘with’ person” (p.15); it is not way of tricking people into changing; it is way of activating their own motivation and resources for change.

Acceptance – four aspects of acceptance: Absolute Worth; Accurate Empathy; Autonomy Support – the opposite of autonomy support is to make people do things, to coerce and control; Affirmation – its opposite is the search for what is wrong with people; and having found what is wrong, to then tell them how to fix it. (p.19)

# The Spirit of Motivational Interviewing (cont.)

- Compassion – "To be compassionate is to actively promote the other's welfare, to give priority to the other's needs." (p.20)
- Evocation– "You have what you need, and together we will find it." (p.21)

# Cultural and Values Issues in Working with Asian Americans - S x 10

## 1. Substance Use

- Beliefs and traditions about substance use (curative, ceremonial, beneficial use)

## 2. Shame

- Acknowledging a substance use or mental health problem often leads to shame for Asian American clients and their families
- Shame and humiliation can be significant barriers to treatment engagement for Asian Americans

## 3. Self-Control and Self-Discipline

- Asian Americans focus on the importance of virtue, maturity, and self-control and find full emotional expression indicative of a lack of maturity and self-discipline

(SAMHSA - Treatment Improvement Protocol (TIP) 59 "Improving Cultural Competence" (2014)  
HHS Publication No. (SMA) 14-4849. Page 117)

# Cultural and Values Issues with Asian Americans (cont.)

## 4. Somatic complaints

- More likely to present with somatic complaints and less likely to present with symptoms of psychological distress and impairment
- In Asian cultural groups, the physical and emotional aspects of an individual's life are undifferentiated (e.g., the physical rather than emotional or psychological aspect of a problem can be focus for many Asian Americans); thus, problems as well as remedies are typically handled holistically.

## 5. Seeking Help

- Those who do seek help for psychological problems will most likely consult family members, clergy, or traditional healers before mental health professionals, in part because of lack of culturally and linguistically appropriate mental health services available.

# Cultural and Values with Asian Americans (cont.)

- Compared with the general population, Asian Americans are less likely to have confidence in their medical practitioners, feel respected by their doctors, or believe that they are involved in healthcare decisions.
- Even so, Asian Americans, especially more recent immigrants, seem more likely to seek help for mental and substance use disorders from general medical providers than from specialized treatment providers
- Some Asian Americans with traditional backgrounds do not readily accept Western biopsychosocial explanations for substance use and mental disorders. Counselors should promote discussions focused on clients' understanding of their presenting problems as well as any approaches the clients have used to address them.

(Treatment Improvement Protocol (TIP) 59 "Improving Cultural Competence" (2014))

# Cultural and Values Issues with Asian Americans (cont.)

- Advisable to educate Asian American clients on role of the counselor/therapist, purpose of therapeutic interventions, and how particular aspects of the treatment process (e.g., assessment) can help clients with their presenting problems (Lee and Mock 2005a,b; Sue 2001). Asian American clients who receive such education participate in treatment longer and express greater satisfaction with it.
6. Slow to build therapeutic relationship
- Asian American clients are responsive to a warm and empathic approach. Counselors should realize, though, that building a strong, trusting relationship takes time.

(Lee, E., and Mock, M.R. Asian families: An overview. In: McGoldrick, M., Giordano, J., and Garcia-Preto, N., eds. *Ethnicity and Family Therapy*. 3rd ed. (pp. 269–289). New York: Guilford Press, 2005a.

Lee, E., and Mock, M.R. Chinese families. In: McGoldrick, M., Giordano, J., and Garcia-Preto, N., eds. *Ethnicity and Family Therapy*. 3rd ed. (pp. 302–318). New York: Guilford Press, 2005b.

Sue, D.W. Multidimensional facets of cultural competence. *The Counseling Psychologist* 29(6):790–821, 2001.)

# Cultural and Values Issues with Asian Americans (cont.)

- Among Asian American clients, humiliation and shame can permeate treatment process and derail engagement with services. Thus, it is essential to assess and discuss client beliefs about shame. In some cases, self-disclosure can be helpful, but the counselor should be careful not to self-disclose in a way that will threaten his or her position of respect with clients.
- Asian American clients may look to counselors for expertise and authority. Counselors should attempt to build client confidence in the first session by introducing themselves by title, displaying diplomas, and mentioning his or her experience with other clients who have similar problems

(Treatment Improvement Protocol (TIP) 59 "Improving Cultural Competence" (2014) Page 122.

# Cultural and Values Issues with Asian Americans (cont.)

- Asian American clients may expect and be most comfortable with formalism on part of counselors, especially at beginning of treatment and prior to assessment of clients' needs (Paniagua 1998). Many Asian American clients expect counselors to be directive (Leong and Lee 2008). Passivity on the part of the counselor can be misinterpreted as a lack of concern or confidence.
- Counselors unaccustomed to working with Asian populations will likely encounter conflict between their theoretical worldview of counseling and deference to authority and avoidance of confrontation that is common among more traditional Asian American clients.

Paniagua, F.A. *Assessing and Treating Culturally Diverse Clients: A Practical Guide*. 2nd ed. Thousand Oaks, CA: Sage Publications, 1998.

Leong, F.T.L., and Lee, S.H. Chinese Americans: Guidelines for disaster mental health workers. In: Marsella, A.J., Johnson, J.L., Watson, P., and Gryczynski, J., eds. *Ethnocultural Perspectives on Disaster and Trauma: Foundations, Issues, and Applications* (pp. 241–269). New York: Springer Science + Business Media, 2008.

# Cultural and Values Issues with Asian Americans (cont.)

## 7. Style of communication

- Many Asian American clients expect counselors to be directive (Leong and Lee 2008). Passivity on the part of the counselor can be misinterpreted as a lack of concern or confidence.
- Furthermore, many Asian cultural groups have high-context styles of communication, meaning that members often place greater importance on nonverbal cues and the context of verbal messages than on the explicit content of messages (Hall 1976). Asian Americans often use indirect communication, relying on subtle gestures, expressions, or word choices to convey meaning without being openly confrontational.

(Treatment Improvement Protocol (TIP) 59 "Improving Cultural Competence" (2014)

Leong, F.T.L., and Lee, S.H. 2008

Hall, E.T. Beyond Culture. Garden City, NY: Anchor Press, 1976.

# Cultural and Values Issues in Working with Asian Americans

## 8. Stoic and Suppression of emotions

- Some groups encourage stoic attitude toward problems, teaching emotional suppression as a coping response to strong feelings
- Treatment can be more effective if providers avoid approaches that target emotional responses and instead use strategies that are more indirect in discussing feelings (e.g., saying “that might make some people feel angry” rather than asking directly what the client is feeling; Sue 2001).

(Sue, D.W. Multidimensional facets of cultural competence. *The Counseling Psychologist* 29(6):790–821, 2001.)

## 9. Solution-focused strategies

- Often prefer solution-focused approach to treatment that provides concrete strategies for addressing specific problems
- Clients likely to expect that their counselors take an active role in structuring the therapy session and provide clear guidelines about what they expect from clients.

# Cultural and Values Issues in Working with Asian Americans

## 10. Spirituality

- Among less acculturated Asian Americans, Western medicine, including Western behavioral health services, can be insufficient to deal with a problem such as substance abuse and its effects on clients and their families. For example, all health problems for the Hmong (whether physical or psychological) are considered spiritual in nature; if providers ignore the clients' understanding of their problems as spiritual maladies, they are unlikely to effect positive change (Fadiman 1997).
- Even for more acculturated Asian Americans, the use of traditional healing methods and spirituality can be a very important aspect of treatment.

(Fadiman, A. *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*. 1st ed. New York: Farrar, Straus, and Giroux, 1997.)

(Treatment Improvement Protocol (TIP) 59 "Improving Cultural Competence" (2014) Page 126

# Identifying the Assessment and Treatment Contract

Client	Clinical Assessment	Treatment Plan
WHAT? What does client want?	What does client need?	What is the treatment contract?
WHY? Why now? What's the level of commitment?	Why? What reasons are revealed by the assessment data?	Is it linked to what client wants?
HOW? How will s/he get there?	How will you get him/her to accept the plan?	Does client buy into the link?
WHERE? Where will s/he do this?	Where is the appropriate setting for treatment? What is indicated by the placement criteria?	Referral to level of care
WHEN? When will this happen? How quickly? How badly does s/he want it?	When? How soon? What are realistic expectations? What are milestones in the process?	What is the degree of urgency? What is the process? What are the expectations of the referral?

# The Third Edition of Motivational Interviewing (2013)

(Miller, William R; Rollnick, Stephen (2013): “Motivational Interviewing - Helping People Change” Third Edition, New York, NY., Guilford Press )

## 1. Helping Conversations About Change

- Initial edition for addiction treatment; Broadened application to all change

Continuum of communication styles – Directing, Guiding, Following (pp. 4-5)

Directing <-----> Guiding <-----> Following

(pp.4-5, Miller and Rollnick (2013)“Motivational Interviewing – Helping People Change” Third Edition.)

# The Righting Reflex and Dealing with Ambivalence

- “righting reflex” – the desire to fix what seems wrong with people and to set them promptly on a better course, relying in particular on directing (page 6)
- “The most common place to get stuck in the road to change is ambivalence.” (p.6)

# Change Talk

- “Change talk” conceptually opposite to sustain talk - person’s arguments for and against change (p. 165, 2013)
- “Change talk is any self-expressed language that is an argument for change.” (p. 159, 2013)
- Four categories of change talk: **disadvantages of the status quo; advantages of change; intention to change; optimism for change**
- Change talk reflects movement of the person *toward* change

# The Four Processes of Motivational Interviewing

Engagement - the therapeutic alliance

Three aspects of the therapeutic alliance (p. 39):

(a)

(b)

(c)

# The Four Processes of Motivational Interviewing (cont.)

(Miller, William R; Rollnick, Stephen (2013): "Motivational Interviewing - Helping People Change" Third Edition, New York, NY., Guilford Press. pp. 25-30)

Focusing –collaborative process of finding mutually agreeable direction

- The “What” and the “Why”

Evoking – this is having person voice arguments for change

- The “How”

Planning – from evoking to planning; don't get ahead of client's readiness

- The “Where” and “When”

# Sustain Talk

- Client behaviors occur in context of and are influenced by interpersonal interaction
- Discord is signal of dissonance (different agendas, different aspirations) in counseling relationship (p.46, Miller and Rollnick (2002) “Motivational Interviewing – Preparing People for Change” Second Edition.)
- Discord is meaningful signal – it predicts that person will not likely follow through
- Sustain talk represents and predicts movement *away* from change

# Cultural and Values Implications for MI

Cultural Issues	Implications for MI
Shame and humiliation can be significant barriers to treatment engagement for Asian Americans.	Focusing on the promotion of overall health rather than just addressing substance use or mental health
Deference to authority and avoidance of confrontation	Value of autonomy needs adaptation; Directing communication style
Hesitant to contradict the counselor or even to voice their own opinions	Value of Partnership needs adaptation
Some Asian cultural groups encourage a stoic attitude toward problems, teaching emotional suppression as a coping response to strong feelings	Value of Evocation needs adaptation

# Cultural and Values Implications for MI

Cultural Issues	Implications for MI
Often place greater importance on nonverbal cues and the context of verbal messages than on the explicit content of messages	Evocation - avoid approaches that target emotional responses. Use strategies more indirect in discussing feelings e.g., saying “that might make some people feel angry” rather than asking directly for client feeling
Many clients expect counselors to be directive. Passivity of the counselor can be misinterpreted as lack of concern or confidence.	Communication styles – directing, guiding and following
Clients may look to counselors for expertise & authority. Build client confidence in first session by introducing themselves by title, displaying diplomas, & mentioning experience with other clients who have similar problems	Expert Trap is seen as a negative in MI, but not necessarily for Asian Americans

# Cultural and Values Implications for MI

Cultural Issues	Implications for MI
Somatic complaints	Communication style of “following” needs adapting to asking questions about physical health concerns.
Do not readily accept Western biopsychosocial explanations for substance use and mental disorders.	Promote discussions focused on clients’ understanding of their presenting problems as well as any approaches clients have used to address them.
Prefer solution-focused approach to treatment that provides concrete strategies for addressing specific problems	Because clients expect counselors to take an active role in structuring the therapy session and provide clear guidelines, this challenges MI communication style of “guiding”

David Mee-Lee, M.D.  
Senior Vice President  
The Change Companies & Train for Change  
Carson City, NV  
Davis, CA

[davidmeelee@gmail.com](mailto:davidmeelee@gmail.com)  
[www.changecompanies.net](http://www.changecompanies.net)  
[www.tipsntopics.com](http://www.tipsntopics.com)    [www.trainforchange.net](http://www.trainforchange.net)