

Goal Setting Challenges:  
Working with ambivalence and  
conflicting expectations  
through a Person Centred  
approach and Motivational  
Interviewing

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# Purpose

- To challenge current practice that encourages goal setting at a stage when participants are not ready
- To challenge the current perception of person centred and re-focus on the original meaning (Carl Rogers)
- To understand the deadly enemies of a person centred approach
- To introduce Motivational Interviewing as part of training for all staff at all levels within the mental health services

# Why can setting goals and reaching them be so hard to do?

- Firstly, our expectations of ourselves can be either too high or too low
- Secondly, we're wired to keep doing the things we're already good at
- Thirdly, we are generally ambivalent about most things in life and every gain creates a loss

# Motivational Interviewing

- MI is based on Carl Roger's Person Centred Counselling model but with an emphasis on generating change talk.
- It is used when ambivalence towards change is present.
- The more we talk about change with confidence, the more likely we are to follow through.
- MI is often referred to as a solution focused model, and it certainly has similar features, but overall it works as a set of tools to create an environment where the worker gives up their role as the 'expert' or the 'fixer' and encourages the client to work out for themselves what is important to them and how and when they are going to achieve their aims.

# MI Stages of Change

- No intention to change - Engage
- Ambivalence - Explore
- Possibility of change - evoke
- Commitment to change - strengthen
- Action - support

## Key Question

- : “How can I work with clients in this way in an organisation that expects goals to be set from day one and for outcomes to be achieved as quickly as possible?”

Disclaimer: I don't have all the answers!

- But, I think it's safe to say that the tension between best practice processes that support clients to choose their own path in life and meeting the needs of funding bodies has increased.

How has the person centred approach been interpreted by the mental health services?

- While it is heartening to see that the person centred philosophy of client choice and client decision making is central, my concern is that this is not as easy as it looks, and that the term person centred has come to mean “ask the client what they want, let them tell you, and then deliver it”
- The choices are limited.

# Carl Rogers

- Actualising Tendency - trusting that individuals will act in their own best interests in the best way they know how at any given time.
- The client is their own expert.
- The client can be trusted to find their own way.
- The client has all of the tools to manage their destiny, once they believe in themselves sufficiently

# The Hitch

- It's easy to forget the difficulties many clients face when they are asked to make their own decisions or 'take responsibility' for their health care - especially when workers feel the pressure of managing their KPIs
- When faced with a client who doesn't seem to know what they want, the automatic response can be to jump in and tell them what to do.
- This is not a helpful strategy if we want to activate a client's actualising tendency.

# Conditions of Worth

- When our worth is conditional upon winning approval and avoiding disapproval.
- Conditions of worth are expressed through terms such as “I will love you if...”
- It is through overly strict and rigid conditions of worth that we can become people pleasers and lose sight of our own needs and wants and our own capacity to make decisions for ourselves.

# TRANSACTIONAL ANALYSIS

- Child
- Adult
- Parent

# Paternalistic Mental Health Services

- Over many years certain aspects of the mental health services have become locked into this child/parent system, and it has not been so easy to break.

# Research

- A recent qualitative research project in Sweden interviewed patients in a general hospital to find out their perceptions of the care they received. This hospital had recently moved to a person-centred care model, and the researchers were interested in how well this new approach had filtered down to Doctors and nurses. The results demonstrate that although some aspects of person-centred care appeared to have been fulfilled, there were staff members reluctant to give up their role as the 'expert'. Not unsurprisingly, given the hold that the paternalistic model of care has had over hundreds of years, some of the patients were not overly concerned that they were not encouraged to be more active in their health care plans. This demonstrates the need to maintain consistent training to ensure that all workers both understand and appreciate the need for a truly person centred approach.

# The Enemy of the Person Centred Approach

In conclusion, these appear to be the deadly enemies of person centred health care:

- The worker's need to be seen as the 'expert'
- The need to 'fix' people
- Organisational pressures to have speedy outcomes to fulfill funding obligations

# My hopes

Staff at all levels, including management, either trained or refreshed in the person centred approach according to Carl Rogers

Learning how to let go the role of expert.

Learning how to support clients, without fear, to trust their own judgment and self-efficacy

# Training In MI

- Training in Motivational Interviewing is one model that supports clients in a truly person centred manner but also with the capacity to encourage clients to express their ambivalence about change and to encourage the types of conversations that will allow for an increase in confidence and a sense of direction that is truly based on the client's own desires and their own perceptions in regards to what will work best for them at this point in time.