

Are Clients, not Treatment Methods, the Key to Creating Lasting Behavior Change?

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*- Michael Clark,
Center for Strength-Based Strategies*

Modern treatment research has traditionally focused on determining which models of treatment work best with specific populations. Similarly, educational institutions consistently focus academic and continuing education programs on teaching practitioners to deliver specific types of treatment. Michael Clark, MSW, CSW, director of the Center for Strength-Based Strategies, indicates that these approaches may be “missing the boat” in developing practitioners who are able to elicit true behavior change within clients.

“A few years ago, the American Psychological Association facilitated a study conducted by Hubble, Duncan and Miller, which reviewed therapy outcomes over several decades. This study concluded that therapy and prevention are indeed effective. The most interesting finding, however, was that no one intervention

model was shown to be more effective than any other,” explains Clark. “Researchers have since concluded that the primary ‘engine’ for creating behavior change are clients themselves, not the type of intervention used.”

Studies have shown that client factors – what the clients comes to treatment with – plays the most significant role in creating behavior change. “Client factors include personal strengths, talents, aspirations, social support systems, resources and beliefs, among others. Research suggests that these factors contribute 40 percent to the overall change process. Therefore, overly-directive treatment is counter-productive. The more staff include and encourage the client and the client’s family to participate in the treatment process, and the more a client’s perceptions are valued, the more likely change will occur,” Clark says.

In fact, studies show that there are four common factors that work together to create positive behavior change within all interventions: client factors, relationship factors, hope and expectancy, and the model/technique employed. Relationship factors, or the strength of the alliance between the client and staff, contribute 30 percent to the process of change. These factors include perceived empathy, acceptance, warmth, trust and self-expression. “Typically, research has focused on the staff’s perception about whether a strong alliance was being formed, but the greatest positive outcomes have been noted when clients themselves report a positive alliance,” Clark points out. “This is another example that we need to stop focusing on the professional and/or model, and begin concentrating on clients.”

A client’s belief that treatment services will be beneficial and create change in their lives (hope and expectancy) contributes 15 percent to the process of change, and the model or techniques used by treatment staff also contribute 15 percent. “I find it humbling that the majority

- continued on page 15

Motivational Interviewing

Motivational Interviewing (MI) is a client-centered method of counseling designed to enhance a person’s intrinsic motivation to change by exploring and resolving ambivalence.

www.motivationalinterview.org
This site includes information about MI, pertinent links, training resources, recent research and publications.

www.mid-attc.org/mi.htm
The Mid-Atlantic ATTC has a Center of Excellence in Motivational Interviewing. Their Web page provides information about MI resources, online courses, training programs and research.

Are Clients Key to Change – from page 10

of research and training is focused on specific treatment methods, and yet these elements have been shown through numerous research studies to be one of the least crucial components in creating lasting positive change."

Clark believes many systems need to change the paradigm from which they operate. "We need to be in the behavior change business, not the treatment business," he says. "Too often, especially in the criminal justice system, staff have a 'hard versus soft' view of dealing with mandated clients. We need to help practitioners understand that they can expect compliance with regulations and also help clients achieve therapeutic change. It doesn't have to be an either compliance or behavior change, but rather an inclusive situation of 'both/and.'"

So what's the solution? Clark advocates for a change-focused model where client factors serve as the foundation for treatment. "The goal of this approach is to encourage the client to take responsibility for his or her actions by allowing them to be an integral part of the treatment process. Clients and their families are not people on whom treatment techniques need to be applied. Rather, efforts are aimed at initiating positive movements together in small, attainable steps with the practitioner. This approach focuses on the potential of the client, rather than his/her pathology, and encourages a balanced view of the individual's weaknesses and strengths."

Clark encourages all practitioners to review the research about these four common factors, and integrate the research into their work. "Client motivation is not fixed, but dynamic. When we focus on the client, true change can occur and criminal behavior is reduced." For more information, see the following publications by Clark.

- *Common Factors Research in Mid-Atlantic ATTC's Addiction Exchange:* http://mid-attc.org/addex/addex3_8.htm
- *Change-Focused Youth Work: The Critical Ingredients of Positive Behavior Change in the Journal of the Center for Families, Children and the Courts:* www.courtinfo.ca.gov/programs/cfcc/pdffiles/V3Clark.pdf

Free Screening Assessments

The Institute of Behavioral Research at Texas Christian University provides a number of screening assessments designed for professionals in criminal justice. Forms are available in these areas: substance abuse treatment needs, client needs and progress, organization readiness for change and organization training.

Download the forms at:
www.ibr.tcu.edu/pubs/datacoll/datacoll.html#TCUCorrectional

Prominent Study – from page 11

houses and outpatient treatment upon release, and then long-term aftercare services. The new CJ-DATS studies are furthering this research by investigating methods for improving screening and referral procedures for drug-involved offenders, exploring the effectiveness of different treatment models, examining the best structure for transitional aftercare and community reentry programs, and studying how to best address the treatment needs of special offender populations.

"CJ-DATS will serve policymakers and taxpayers alike," says Knight. "The opportunities presented by this project are enormous for furthering our national understanding of successful and efficient drug abuse treatment in correctional settings. This information can lead to more successful treatment delivery, thus lowering the financial burdens on our communities, and reducing the likelihood that these offenders will return to crime."

For more information about IBR involvement in the CJ-DATS project, visit the IBR Web site at www.ibr.tcu.edu.

REENTRY