MOTIVATIONAL INTERVIEWING AND INTIMATE PARTNER VIOLENCE VICTIMS IN AFRICA

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Abstract

Considering the high rate of report on intimate partner violence in Africa and other parts of the world, Motivational Interviewing (MI), serve as a good approach and platform to help clients who are victims of intimate partner violence (IPV). MI is an evidence-based, directive client-centered and guiding communication style of working with resistant clients to elicit and enhance readiness to change. MI as an approach is based on the principle of experimental social psychology in exploring and resolving ambivalence. The collaborative nature of the working relationship between the counselor using MI and the IPV client is central and unique. In using MI, the counselor sets the tone for a collaborative working relationship by recognizing the IPV client as an expert of her life and experiences.

Keywords: Motivational Interviewing, Intimate Partner Violence, Ambivalence, Empathy and Post Traumatic Stress disorder.

Introduction

About 1.8 million women in the United States experience severe domestic violence annually (Straus & Gelles, 1990). Abuse or violence from a partner is recorded as the major cause of physical trauma injury, depression post traumatic stress disorder (PTSD) and other psychosocial problems (Golding, 1999, Goodman, Koss & Russo, 1993).

Intimate partner violence (IPV) especially against women has become a global health issue. It has become a concern not only for the human rights organisations but also the counseling profession. The high prevalence of IPV, which is associated with poor physical and mental health outcome and the damaging consequence of serious physical injury, homicide and possibly suicide has made

it an urgent concern (Campbell, 2002). Apart from the direct victims, IPV has great impact on the lives of children and other family members living in the same house. These individuals are considered to be at risk of being abuse in the process or suffer from trauma related emotional, behavioural and physical health problem from witnessing the act of violence (Dube, et al, 2002).

The common treatment used for victims of IPV centers around cognitive and behaviour change strategies within a feminist framework that locate the causes of violence in the social dynamics of gender and power. Recent research showed that traditional IPV treatment has an insignificant effect on victims, about 5% point average reduction in IPV (Babcock, Green & Robie, 2004).

Clinical experience and recent research have highlighted several reasons for the limited efficacy of the traditional treatment of IPV perpetrators. Among the many reasons is that most treatment content may be mismatched to client readiness for change. It is an observable fact that most individual presented for treatment are in their early stage of change, which could be pre-contemplation, or contemplation. In stage of change, they are not reallyready for change. Many of the traditional treatment programs emphasize active personal change strategies that require readiness to change. These programs either reject or ignore the clients who tend to blame other people for their problem with anger, aggression or addictions. In addition, other traditional treatment uses confrontation or punitive strategies that can invoke resistance to treatment and hostility thus alienating client further away from the change process. In view of the limited efficacy of the traditional treatment of IPV, a treatment that encourages personal responsibility and self-directed change is needed. These elements are found in motivational interviewing (Miller & Rollnick, 1991, 2002).

Motivational Interviewing
Motivational Interviewing (MI) is an evidence-based, client-centered and guiding communication style of working with resistant clients. Prochaska and Diclemente (1984) proposed the trans-theoretical model of change in which change occurs not as a discrete event but as a series of stages termed: pre-contemplation, contemplation, preparation, action and maintenance. Influenced by the transtheoreticalmodel of change, Miller, (1991) proposed a method for promoting change termed motivational interviewing. This model emphasizes an empathic, client-centered approach. MI seeks to enhance individual responsibility and self-efficacy. It avoids confrontation or labelling, creates

dissonances between current behaviour and beliefs, and uses the dissonance to promote change in behaviour. However, not in the strict sense, MI is said to be confrontational in its purpose to increase awareness of problem and the need to address what need to be done. Counselor using MI does not confront their client directly rather; the confrontation is aimed at helping the client confront their problem by becoming more aware of the negative impact of their behaviour and the discrepancy between their actions and ideals.

Motivational interviewing as a pre-treatment intervention provides helpful strategies for each step in the overall change process. In using MI, counselor can help client gaingreater awareness of their problem behaviour, articulate motivations and barriers to change. In using MI, client can be assisted to enhance self-efficacy for accomplishing change as well as facilitate the development of plans and strategies for change. MI is a more realistic model to work with IPV who are not yet committed to active personal change (Murphy & Baxter, 1997). According to Miller & Rollnick, (2002), MI emphasizes:

- Respect empathy and acceptance while avoiding strict confrontation.
- Reflective listening to ensure accurate understanding.
- Individuals being the expert in their lives.
- Collaboration, power sharing and empowerment.
- Suspending judgment through exploring experiences and perceptions rather than labeling.
- Supporting self-efficacy through affirmations that highlight strength and positive coping skills.
- Relationship as foundation to the change process.
- Supporting autonomy and increasing perception of choice.

Some Strategies and Techniques of MI
MI has unique strategies and techniques for effectiveness when used with clients presenting problems. Some strategies and techniques of MI include:
a.) Asking permission: In MI asking permission from client communicates respect for clients. Clients are more likely to be open and discuss about change when asked, then when being lectured or being told to change.
b.) Eliciting/Evoking change talk: In MI it is the responsibility of the counselor to elicit reasons for changing from client by having them give voice to the need or reason for change.

c.) Exploring importance and confidence: This technique of MI provide the counselor with information on *client's* view of the importance of changing and get clients to give voice to what they would need to do to achieve the change.

d.) Opened-ended questions: The use of opened-ended question by MI counselor allows for a richer, deeper conversation that flows and builds empathy with the client. Opened-ended questions are aimed at promoting further dialogue that can be reflected back to client.

e.) Reflective listening: Reflective listening in MI is a way of responding to client and building empathy. It involves listening carefully to clients and making a reasonable guess about what was said in other words, it is like forming hypothesis. It also entails paraphrasing clients comment back to them.

f). Normalizing: This is a way of communicating to client who are finding it difficult on taking the step to make a change or who are ambivalence that they are not alone in this situation. It is not intended to make client feel comfortable with not changing but help client realize that many people are experiencing the same difficulty in making change.

g). Columbo Approach: This is aimed at revealing discrepancies. It has as it goal, helping the *counselor* to make sense of the client's discrepant information. It allows the counselor address discrepancies between client's spoken information and behaviour without evoking defensiveness or resistance.

h). Readiness to change ruler: This follows from the stages of change model that emphasizes the client as being in a different stage of change. Readiness to change ruler is use to evaluate client's readiness to change and motivation to change.

Using Motivational Interviewing with Intimate Partner violence client

Counselor using MI with IPV client from the beginning will create an atmosphere in which clients who are not ready yet to commit to active change can resolve their ambivalence and develop confidence in the ability of change. This atmosphere will help clients movethrough the stages of behaviour change (Miller & Rollnick, 1991). The counselor using MI provides a high level of empathic reflection while maintain a specific change target like the cessation of violence on intimate partner. Paraphrasing of client verbalizations, double-sided reflection of ambivalence about change, amplified reflection or reframing of resistance statements, summary of change-relevant content, evocative question and affirmation are main *counselor* methods for working with client at the early stage (Miller & Rollnick, 1991).

a.) **The Spirit of Motivational Interviewing**

The spirit of MI emphasizes autonomy and choice, circumventing client reactance against being controlled, pressured or forced to change (Miller & Rollnick, 1991). MI creates a collaborative, evocation and autonomy climate in which client motivation for change can emerge and grow by evoking the clients own desire, ability, reasons and needs for change, and by supporting both the client's decision-making authority regarding intended and desired change and autonomy in other aspect of the treatment planning. The therapeutic alliance that is created between the counselor and the IPV client, that guides the counselor and encourages decision-making ability stands out in beginning the need change process (Moyers, Miller & Hendrickson, 2005).

b). **Listening and Empathy**
Many IPV male clients have issues with anger and aggression. Coming for counseling to address the issue of partner abuse may present a problem of ambivalence in which these male client are not ready to accept responsibility of their action but tend to blame their partner as the cause of the situation. Counselor using MI applies the strategy and technique of reflective listening to obtain and express empathy. Reflective listening is the primary way of responding to clients and building empathy. It involves listening carefully to clients and making a reasonable guess about what the client is saying, in other words it is like forming a hypothesis. The purpose of listening in MI is to assist the client to hear importantchange-liberating element of their thinking and speech and assist them to think through what is reflected to them. Listening to IPV clients can have a powerful impact. Research on IPV male client shows that MI is significantly helpful for clients in early stages of change and for those who are angry and potentially hostile toward treatment (Heather et al., 1996; Rohsenow et al., 2004; Stots et al., 2001).

c). **Exploring Ambivalence**
Most IPV clients are often conflicted between their motive for maintaining the status quo and for pursuing change. In as much as motives compete and the IPV survivor is unable to resolve the conflict, there will be a situation of standstill. Ambivalence is a reasonable place to visit, but you wouldn't want to live there (Miller & Rollnick, 2002).

Among the many techniques used in MI in working with IPV clients, value clarification is one that is use in resolving ambivalence about change (Wagner & Sanchez as cited in Miller & Rollnick, 2002). Counselor using MI with IPV client work in a way to highlight discrepancy by exploring with the client ways in which their present life situation conflict with the goal they have in life. By applying MI the counselor allows the client to move in and out of ambivalence, by exploring the various and often complicated situations of their lives, with the ultimate desire of actualizing the set goals and methods of change.

Change for most IPV client involves acknowledging the abusive actions and working through the tendency to blame others for their actions to taking responsibility or ownership of their problem. As client begins personal assuming responsibility for changing their behaviour, their commitment has a tendency of fluctuating. The on-going relationship dynamics and shift in relationship statue may alter motivation and commitment to change.

d). **Focus on change talk**
MI has as one of its fundamental purpose, eliciting from the IPV clients their own desire, reasons, abilities, needs and commitment to pursue change, referred to as change talk (Miller & Rollnick, 2002). In elicit change from the IPV client the counselor is open to different methods that prevent the counselor from being enmeshed in the "blaming trip" (Miller & Rollnick, 2002). MI does not deal with blame but emphasizes the IPV client's ability to change behaviour and circumstance that are within their control.

Practical application of MI with IPV client
The collaborative nature of the working relationship between the counselor using MI and the IPV client is central and unique. In using MI, the counselor sets the tone for a collaborative working relationship by recognizing the IPV client as an expert of her life and experiences. By using open-ended questions, the counselor invites the IPV client to control the initial direction of the session. The counselor in addition, uses reflections to convey accurate empathy on what the client has experienced. This reflected empathy facilitates the building of trust and rapport. The counselor by the use of reflective listening helps the IPV client to hear important elements of her thinking, feeling and experience. This also guides the conversation in the direction that the IPV client's desire for change. Trust and rapport in the relationship are enhanced and encouraged by the counselor

offering affirmation to the client's honesty in revealing her experience despite the negative consequences associated with the experience or behaviour.

The counselor does not ask questions or focus on specifies as the client talks about the violence she had experience from her partner, rather the counselor reflects discrepancy between what the client was hoping for in the situation and what actually happen. By reflecting the discrepancy, the counselor also reflects the client ambivalence about her relationship but in this case he does not take side or position about what client should do. The counselor give the client the opportunity to explore and work on resolving the ambivalence in her own way by avoiding any argument for change which may likely elicit a defensive position from the client. This action would create the opportunity for the client to bring herown concerns around the need for change. At this point the client will begin to ask questions that can produce change talk. At this point, the counselor uses double-sided reflection to capture both side of the ambivalence as well as summarizes everything the client had shared.

When the client answers questions by stating she is confuse and does not know and tends to expect advice from the counselor, the MI counselor resists this temptation of giving advice or offering solutions by demonstrating his belief in the client's self-efficacy and autonomy. In this way the counselor will allow the client to expand on her answer by giving new information that will help to achieve the desire change needed.

Conclusion

MI is described as a guiding approach to strengthening motivation for positive change towards a specific or targeted behaviour (Rollnick et al., 2008). Counselor working with IPV client should consider the critical situation and address the issue of safety for the client and the children of the family (household). In addressing this issue, the counselor should ask for permission from the client to give feedback about any concerns for client's safety. Permission should also be asked to collaborate on a plan to create a strategy for responding to potential future violence. The act of asking permission from the client, the counselor maintains a collaborative nature of the working relationship while still demonstrating respect for the client's autonomy.

Reference

Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A metaanalytic review of domestic violence treatment. *Clinical psychology review*, *23*(8), 1023-1053.

Campbell, J. C. (2002). Health consequences of intimate partner violence.*The Lancet*,*359*(9314), 1331-1336.

Dube, S. R., Anda, R. F., Felitti, V. J., Edwards, V. J., & Williamson, D. F. (2002). Exposureto abuse, neglect, and household dysfunction among adults who witnessed intimate partner violence as children: implications for health and social services. *Violence and victims*, *17*(1), 3-17.

Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A metaanalysis. *Journal of family violence*, *14*(2), 99-132.

Goodman, L. A., Koss, M. P., & Russo, N. F. (1993). Violence against women: Physical andmental health effects. Part I: Research findings. *Applied and Preventive Psychology*, *2*(2), 79-89.

Heather, N., Rollnick, S., Bell, A., & Richmond, R. (1996). Effects of brief counselingamong male heavy drinkers identified on general hospital wards*. *Drug and alcohol review*, *15*(1), 29-38.

Miller, W. R., & Rollnick, S. (1991). Motivational interviewing: preparing people to changeaddictive behavior. Guilford Press. *New York*.

Miller, W. R., & Rollnick, S. (2002). Motivational interviewing: Preparing people for changeGuilford. *New York*.

Moyers, T. B., Miller, W. R., & Hendrickson, S. M. (2005). How does motivationalinterviewing work? Therapist interpersonal skill predicts client involvement within motivational interviewing sessions. *Journal of consulting and clinical psychology*, *73*(4), 590.

Murphy, C. M., & Baxter, V. A. (1997). Motivating batterers to change in the treatmentcontext. *Journal of Interpersonal Violence*, *12*(4), 607-619.

Prochaska, J. O., &DiClemente, C. C. (1984). Self change processes, self efficacy anddecisional balance across five stages of smoking cessation. *Progress in clinical and biological research*, *156*, 131.

Rohsenow, D. J., Monti, P. M., Martin, R. A., Colby, S. M., Myers, M. G., Gulliver, S. B., ...& Abrams, D. B. (2004). Motivational enhancement and coping skills training for cocaine abusers: effects on substance use outcomes. *Addiction*, *99*(7), 862-874.

Stotts, A. L., Schmitz, J. M., Rhoades, H. M., & Grabowski, J. (2001). Motivational interviewing with cocaine-dependent patients: A pilot study. *Journal of Consulting and Clinical Psychology*, *69*(5), 858.

Straus, M. A., & Gelles, R. J. (1990). How violent are American families? Estimates from theNational Family Violence Resurvey and other studies.*Physical violence in American families: Risk factors and adaptations to violence in*, *8*(145), 95-112.