

# Meeting clients where they are at: Using the motivational interviewing model and the integration of support groups

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The Chicago School of Professional Psychology

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## WHAT WE WILL COVER TODAY

- › Review of the Stages of Change Model
- › What is Motivational Interviewing and how is it used
- › How can support groups be integrated
- › Interventions in guiding movement for clients who are not motivated to change
- › The significance of recognizing co-occurring disorders

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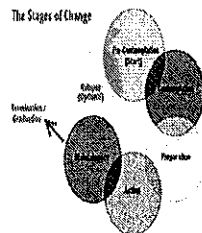
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## STAGES OF CHANGE MODEL

- › PRECONTEMPLATION
- › CONTEMPLATION
- › PREPARATION
- › ACTION
- › MAINTENANCE



DiClemente, C. (2004)

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**MOST HUMANS CHANGE IN THIS MANNER**

Think about a time you tried, or did, change a behavior that you thought was not good for you

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**PRECONTEMPLATION**

NOT SEEING A PROBLEM OR NEED FOR CHANGE  
SOMETIMES CALLED "DENIAL"

- ▶ GOAL: GIVE SERIOUS CONSIDERATION TO CHANGING BEHAVIOR
- ▶ POSSIBLE INTERVENTIONS:
  - PERSON CENTERED APPROACH
  - EXPLORE AMBIVALENCE
  - WHAT ARE THE BENEFITS OF USING

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**CONTEMPLATION**

SEEING SOME BENEFITS OF CHANGE AND CONSIDERING WHETHER TO ACT OR NOT

- ▶ GOAL: CONSIDER THE COSTS AND BENEFITS OF QUITTING IN ORDER TO MAKE A FIRM DECISION TO QUIT OR MODIFY BEHAVIOR
- ▶ POSSIBLE INTERVENTIONS:
  - RISK/REWARDS ANALYSIS
  - SAMPLING SOBRIETY
  - A MORAL INVENTORY
  - VALIDATE ANY STATEMENTS, MOVEMENTS FOR CHANGE

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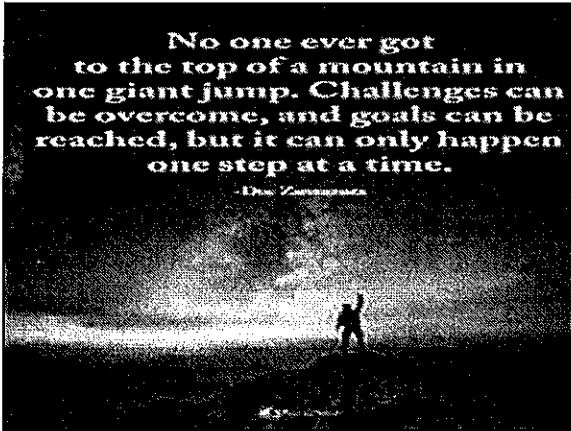
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**PREPARATION**

MAKING CONCRETE PLANS TO ACT SOON

▶ **GOAL: DEVELOP AN ACTION PLAN TO BE IMPLEMENTED IN THE NEAR FUTURE**

THIS IS A SCARY TIME FOR CLIENTS AND THEY OFTEN FALL BACK

▶ **POSSIBLE INTERVENTIONS:**

- EVALUATE SKILLS
- CREATING A CHANGE PLAN
- CREATE ATTAINABLE GOALS
- GUIDED IMAGERY

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**HOW TO ACHIEVE**

**YOUR GOAL**

DEFINE IT  
WANT IT  
BELIEVE IT  
WRITE IT DOWN  
SPLIT IT UP  
REVIEW IT  
SCHEDULE IT  
MAKE IT HAPPEN

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**ACTION**

DOING SOMETHING TO CHANGE!!

THERAPISTS LOVE THIS STAGE

- › GOAL: IMPLEMENT STRATEGIES FOR CHANGE
- › POSSIBLE INTERVENTIONS:
  - CBT TECHNIQUES
  - RELAPSE PREVENTION PLANNING (TRIGGER IDENTIFICATION)

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**What to Consider When Creating a Relapse Prevention Plan**

1. Assess your history
2. Determine any signs that could lead to relapse and have an action plan for each one
3. Have a step-by-step plan of what will happen if you do relapse or come close

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**STAGES OF RELAPSE**

- › Relapse is a process, it's not an event. In order to understand relapse prevention, you have to understand the stages of relapse.
- › Relapse starts weeks or even months before the event of physical relapse.

Melemis, S. M. (2015). The stages of relapse were first described by Lesing, S. (1977) in *Lesing's Stages: A Guide for Relapse Prevention*. Indianapolis, IN: 1980.

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## Stages of Relapse

### Emotional Relapse

› During emotional relapse, individuals are not thinking about using. They remember their last relapse and they don't want to repeat it. But their emotions and behaviors are setting them up for relapse down the road. Because clients are not consciously thinking about using during this stage, denial is a big part of emotional relapse.

### Mental Relapse

› In mental relapse, there is a war going on inside people's minds. Part of them wants to use, but part of them doesn't. As individuals go deeper into mental relapse, their cognitive resistance to relapse diminishes and their need for escape increases.

### Physical Relapse

› Finally, physical relapse is when an individual starts using again.

Malems, S. M. (2015)

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## MAINTENANCE

### WORKING TO MAINTAIN CHANGE

› GOAL: SUSTAIN CHANGE OVER TIME AND SITUATIONS

› POSSIBLE INTERVENTIONS:

- CHECK-UPS
- ADDRESSING CO-OCCURRING PROBLEMS
- LIFESTYLE CHANGES

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### 10 Most Common Triggers of Substance Use Relapse

- Withdrawal symptoms (anxiety, nausea, physical weakness)
- Post-acute withdrawal symptoms (anxiety, irritability, mood swings, poor sleep)
- Poor self-care (stress management, eating, sleeping)
- People (old using friends)
- Places (where you used or where you used to buy drugs)
- Things (that were part of your using, or that remind you of using)
- Uncomfortable emotions (H.A.L.T.: hungry, angry, lonely, tired)
- Relationships and sex (can be stressful if anything goes wrong)
- Isolation (gives you too much time to be with your own thoughts)
- Pride and overconfidence (thinking you don't have a drug or alcohol problem, or that it is behind you)

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### HARM REDUCTION MODEL: What does it mean?

- › Individual's decision to use is accepted
- › Meet the client where he/she is at
- › Individual is treated with dignity
- › Easy access to care
- › Validate every small positive movement
- › One thing at a time
- › Reducing harm, not consumption
- › No predefined outcomes
  
- › IT DOES NOT MEAN SUPPORT TO CONTINUE USING
  
- › <https://harmreduction.org/>

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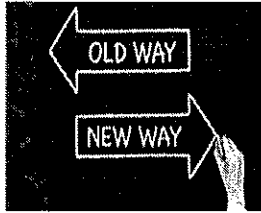
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### MOTIVATIONAL INTERVIEWING

- › A DIRECTIVE, CLIENT-CENTERED COUNSELING STYLE FOR ELICITING CHANGE BY HELPING CLIENTS EXPLORE AND RESOLVE AMBIVALENCE.
- › CHANGE OCCURS WHEN THE PERSON IDENTIFIES A WORTHWHILE GOAL AND THERE IS THE POSSIBILITY OF ATTAINING THE GOAL.



Helps clients move through the stages of change.

MI IS A HARM REDUCTION MODEL.

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### RESEARCH

- › Motivational Interviewing is an evidenced based intervention used in a broad range of behavioral disorders and diseases
- › The approach is often combined with other interventions and techniques
- › MI has been shown to improve treatment engagement and adherence with co-occurring disorders
- › The MI approach may be more culturally respectful and useful for some ethnic groups

- › Herron, A. J. (2020)
- › Lundahl, B., & Burke, B. (2009)
- › SAMHSA (2011)

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**THE SPIRIT OF MI**

- ▶ Collaboration versus confrontation
- ▶ Evocation versus education
- ▶ Autonomy versus authority

▶ Miller, W. R., & Rollnick, S. (2002)

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**DR. WILLIAM R. MILLER**

GREAT BOOK

GURU OF MOTIVATIONAL  
INTERVIEWING

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**DR. WILLIAM R. MILLER**

*The therapeutic relationship is more like a partnership or companionship than expert/recipient roles. The therapist respects the client's autonomy and freedom of choice (and consequences) regarding his or her own behavior.*

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**FOUR GENERAL PRINCIPLES OF MI**

- › Express Empathy
- › Develop Discrepancy
- › Roll with the Resistance
- › Support Self-Efficacy

Miller, W. R., & Rollnick, S. (2002)

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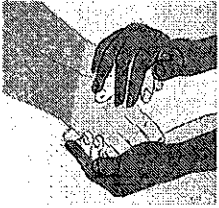
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**EMPATHY**

**Empathy is...**  
feeling with the eyes of another,  
listening with the ears of another,  
and feeling with the heart of another.



REQUIRES SENSITIVE REFLECTIVE LISTENING      ACCEPTANCE

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**EMPATHY CAN BE HEALING**



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RARELY DOES AN EMPATHETIC  
RESPONSE BEGIN WITH "AT LEAST."

SOMEONE JUST SHARED  
SOMETHING WITH US THAT'S  
INCREDIBLY PAINFUL, AND WE'RE  
TRYING TO PUT THE  
SILVER LINING AROUND IT.

*- Bruce Brown -*

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### DEVELOP DISCREPANCY



- ▶ THE CLIENT, NOT THE COUNSELOR, SHOULD PRESENT THE ARGUMENTS FOR CHANGE
- ▶ HELP IDENTIFY AND DEVELOP PERSONAL GOALS AND VALUES
- ▶ LOOK AT THE POSITIVE OF USING

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### Change Talk

**Eliciting "change talk" or self motivational statements is important to heighten motivation to change behaviour**

**Ways to do this:**

- Elaborate -- ask for examples, clarification
- Ask to describe typical day, week or time
- Look back -- life at a time before problems, compared with life now
- Look forward -- what would you like life to be like in future - what needs to change to get there?
- Extremes -- worst consequences if no change, or best outcome if changes are made
- Goals/values -- what's most important to them -- how that fits with what is happening in the present (can use Values cards see [www.motivationalinterviewing.org/library/valuescards01](http://www.motivationalinterviewing.org/library/valuescards01))

ABACUS www.abacus.ie

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### VALUES EXERCISE

Personal Values Exercise

**Instructions:**  
 1. Circle top 6-10  
 2. Narrow down to 3-4 with an asterisk  
 3. Post them in a visible place to remind you

Adventure	Faith	Philanthropy
Autonomy	Esteem	Play
Challenges	Family	Pleasure
Change	Flexibility	Power
Community	Freedom	Privacy
Competence	Friendship	Recognition
Cooperation	Happiness	Relationships
Cooperation	Health	Religion
Creativity	Helping Others	Safety
Decisiveness	Honesty	Security
Directly	Independence	Service
Ecology	Integrity	Spirituality
Environment	Leadership	Stability
Education	Loyalty	Status
Ethics	Meaningful Work	Wealth
Excitement	Money	Work
Fairness	Order	

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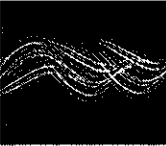
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### ROLL WITH THE RESISTANCE

- › Avoid arguing for change
- › Resistance is a signal to respond differently
- › Don't blame client
- › Could be going too fast
- › Client may not have skills needed
- › Goals may not be aligned
- › Change is scary



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### EFFECTIVE TECHNIQUES FOR DEALING WITH HIGHLY RESISTANT CLIENTS

- › DO THE UNEXPECTED
- › SLOW THE PACE
- › FOCUS ON DETAILS
- › SEEK EMOTIONALLY COMPELLING REASONS FOR CHANGE
- › MAINTAIN AN ATTITUDE OF NAÏVE PUZZLEMENT (Columbo style)
- › ESTABLISH MUTUALLY AGREED UPON GOALS THAT ARE ATTAINABLE
- › NEVER LABEL CLIENTS WITH TERMS THAT IMPLY RESISTANCE (manipulative, liars, resistant)
- › FRAME ALL DESIRES IN THE POSITIVE

Miller, W. R., & Rollnick, S. (2002)

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**SUPPORT SELF-EFFICACY**

- ▶ Avoid fixing
- ▶ Avoid giving advice (I know we do it well)
- ▶ Avoid doing it for the client
- ▶ Encourage self exploration
- ▶ The client must chose the path to take
- ▶ Help with manageable/attainable goals
- ▶ Help with skill building
- ▶ VALIDATE, VALIDATE, VALIDATE

▶ Miller, W. R., & Rollnick, S. (2002)

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**OARS (CORE SKILLS)**

- O** – Open ended questions
- A** – Affirmations
- R** – Reflective listening
- S** – Summarizing listening

Motivational Interviewing: Helping People Change 3<sup>rd</sup> Ed., (Miller & Rollnick)

MI Training – The Bridge      Technical Support (800) 263-6317

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**Why is it important to use reflective listening?**

- ▶ To let the person know you are listening
- ▶ To make sure you heard correctly what the person was saying
- ▶ Sometimes by hearing back what was said, the client has an “aha” moment

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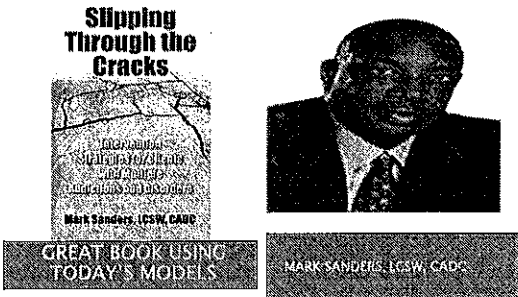
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Sanders, M. (2011). *Slipping through the cracks: Intervention strategies for clients with multiple addictions and disorders*. Deerfield Beach, Florida: Health Communications, Inc.



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### Overview of assessment for care planning using harm reduction

- SCREEN FOR MENTAL HEALTH AND ADDICTIONS
  - ASSESS USING BIO PSYCHO SOCIAL SPIRITUAL MODEL
  - DIAGNOSIS USING DSM5
  - RISK ASSESSMENT FOR MEDICAL, PSYCHOLOGICAL, & ENVIRONMENTAL ISSUES (SUICIDE/HOMICIDE, WITHDRAWAL, CHANGING ENVIRONMENT, OTHER)
  - ASSESS FOR READINESS TO CHANGE / STAGE OF CHANGE MODEL
  - CREATE TREATMENT CARE PLAN BASED ON ASSESSMENT IMPACT IS INFORMED BY
    - *Diagnosis* (with substance requires a separate assessment)
    - *Risk* - need for hospitalization, referral
    - *Co-occurring disorders* (e.g. mental health)
    - *Medical problems*
    - *Environmental pressures* (e.g. stress)
    - *Readiness for change*
  - *Prevalence* (frequency of relapse) (e.g. previous relapse, harm reduction approach)
  - *Prognosis* (e.g. response to treatment and maintenance) (e.g. setting with multiple goals)
  - *Action and maintenance* (e.g. best with CBT and/or Relapse Prevention Planning)
- USE ASSESSMENT AS A GUIDE TO LEVEL OF CARE
- CHALLENGE - OFTEN THERE ARE NOT RESOURCES AVAILABLE TO MATCH PROBLEM NEEDS
- HORVAT, A. J., & BRIDGMAN, T. A. (2010). THE ASSESSMENT OF ADDICTION AND MENTAL HEALTH. WASHINGTON, DC: SAMHSA.

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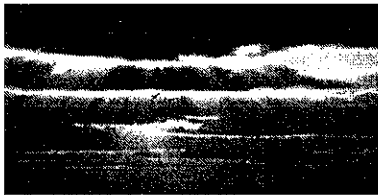
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GOD GRANT ME THE SERENITY,  
 TO ACCEPT THE THINGS I CANNOT CHANGE,  
 THE COURAGE TO CHANGE THE THINGS I CAN,  
 AND THE WISDOM TO KNOW THE DIFFERENCE



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### SUPPORT GROUPS

- › Mutual help groups are not therapy or treatment
- › They are a support in recovering a life
- › Self-help groups vary widely in structure, content and social climate, so that clients are well advised to investigate several before deciding whether and which to attend
- › They are free and generally readily available

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### WHAT IS RECOVERY?

- There are many pathways to recovery
- Recovery is self-directed and empowering
- Recovery involves a personal recognition of the need for change and transformation
- Recovery is holistic
- Recovery has cultural dimensions
- Recovery exists on a continuum of improved health and wellbeing
- Recovery emerges from hope and gratitude
- Recovery involves process of healing and self-redefinition
- Recovery involves addressing discrimination and transcending shame and stigma
- Recovery is supported by peers and allies
- Recovery involves (re)joining and (re)building a life in the community
- Recovery is a reality

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Recovery requires the fulfilment of three basic conditions:

- › The person has a place to live that is safe and free from threat
- › The person has to be free from acute physical and psychological distress
- › The person has to have basic human rights, and are able to make choices
- › I have renamed "recovery" to "rediscovery"
- › Illinois Certification Board Study Guide/2016

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## 12-STEP MODEL (AA/NA)

- ▶ AA is based on the disease model; "once an alcoholic, always an alcoholic"
- ▶ AA works for some people even if they are not religious
- ▶ AA believes people who have experienced addiction can help someone with addiction (Sponsorship)
- ▶ AA meetings are intended to be voluntary
- ▶ There is a good deal of evidence it helps some people; there is less known about other support groups
- ▶ There are Anonymous meetings for most drugs and behaviors
- ▶ Abstinence is expected

<https://www.aa.org/>

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## THE 12-STEPS

Original Twelve Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God to ourselves and to another human being the exact nature of our wrongs.
6. They kindly helped us to know God removed all our defects of character.
7. Made a list of all things we were proud of.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made amends to such people wherever possible, except when to do so would harm them or ourselves.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscience and to restore our mind to the right state.
12. Having had a spiritual awakening as the result of these steps, we tried to carry their message to alcoholics still suffering.

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## SMART RECOVERY

### Self Management and Recovery Training

*A science based, secular and self-empowering program*

- ▶ SMART is science-based
- ▶ Self-empowering
- ▶ All meetings are led by a trained facilitator
- ▶ No labeling like "alcoholic"
- ▶ You attend as long as you find it useful
- ▶ SMART is a nonprofit organization
- ▶ You have choices, also in recovery
- ▶ Personal responsibility
- ▶ Proven principles of change
- ▶ Not based on any religious or spiritual ground
- ▶ Unconditional self-acceptance
- ▶ Uses REBT (Rational Emotive Behavior Therapy/Albert Ellis)

<https://www.smartrecovery.org/>  
 Hester (2016) Retrieved from <https://www.jmir.org/2016/3/7/e134/>  
 Hester (2016) Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4774132/>  
 Hester (2016) Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4774132/>  
<https://www.smartrecovery.com/what-is-smart-recovery.html>

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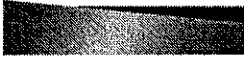
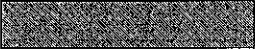

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### FOUR-POINT PROGRAM

- › Motivation to abstain from addictive behavior
- › Learning to cope with urges and cravings
- › Problem solving: Use rational ways to manage thoughts, feelings, and behaviors
- › Create a balanced lifestyle



**SMART Recovery<sup>®</sup>**  
Mutual Help for  
Addiction Recovery

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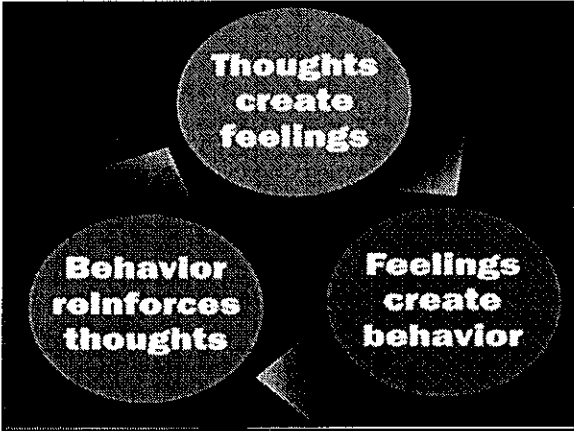
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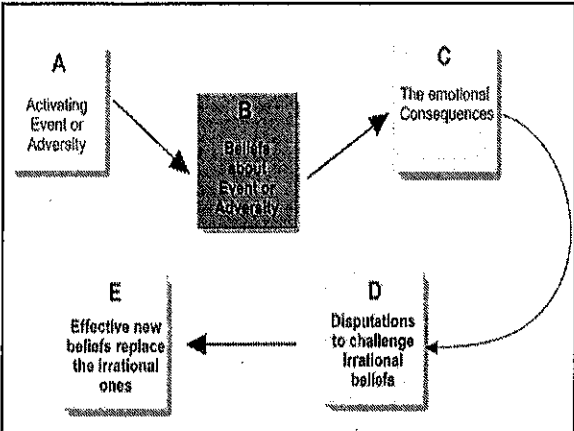
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## REFUGE RECOVERY



- ▶ A Buddhist path to recovery
- ▶ Diverse and welcoming to all
- ▶ Peer lead using a Buddhist philosophy

▶ <https://refugerecovery.org/>

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### The Four Noble Truths



The Four Noble Truths

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The first two truths describe our current situation

The truth of suffering

The cause of suffering

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The last two truths describe our potential for growth

The cessation of suffering

The path to the cessation of suffering

REC+VERY ANONYMOUS

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## FOUR NOBLE TRUTHS

- ▶ We take stock of all the suffering we have experienced and caused as addicts.
- ▶ We investigate the causes and conditions that lead to addiction and begin the process of letting go.
- ▶ We come to understand that recovery is possible and take refuge in the path that leads to the end of addiction.
- ▶ Commitment to recovery is essential – the path must be undertaken a step at a time, breath-by-breath. In this way recovery will gradually become a more natural way of being.

▶ Refuge Recovery. Retrieved from [https://www.newlifefoundation.com/th/refuge-recovery-mindfulness/?rcld=EAhaCoDCJhNl7m-8645glVFq5KCh2i9wNEAYASAAGLR\\_ID\\_8wE](https://www.newlifefoundation.com/th/refuge-recovery-mindfulness/?rcld=EAhaCoDCJhNl7m-8645glVFq5KCh2i9wNEAYASAAGLR_ID_8wE)

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## WHY DO SOME PEOPLE CONTINUE TO RELAPSE DESPITE THE SEVERE CONSEQUENCES?

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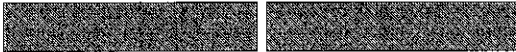
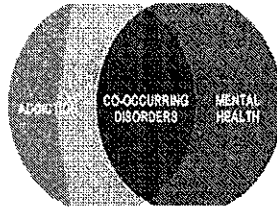
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## CO-OCCURRING DISORDERS

- ▶ DEPRESSION
- ▶ ANXIETY
- ▶ PAIN
- ▶ ADHD
- ▶ TRAUMA
- ▶ SCHIZOPHRENIA
- ▶ BIPOLAR DISORDERS



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## MENTAL ILLNESS AND ADDICTION

Drugs, both legal and illegal, can cause individuals with substance use disorders to experience one or more symptoms of another mental illness

Mental illnesses can lead to substance use disorders. Individuals with overt, mild, or even subclinical mental disorders may use drugs as a form of self-medication. For example, the use of tobacco products by patients with schizophrenia is believed to lessen the symptoms of the disease and improve cognition.

Both drug use disorders and other mental illnesses are caused by overlapping factors such as underlying brain deficits, genetic vulnerabilities, and/or early exposure to stress or trauma

All three scenarios probably contribute, in varying degrees, to how and whether specific comorbidities manifest themselves



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- Adolescence is a vulnerable time
- Early occurrence increases later risk
- Exposure to traumatic events puts people at higher risk of SUDs
- Accurate diagnosis is complicated because the similarities between drug-related symptoms such as withdrawal and mental disorders.
- It is helpful to observe the individual after a period of abstinence, 4 weeks is suggested, but this may be difficult to achieve
- Treatment should be integrated whenever possible
- Many of those needing treatment are in the criminal justice system
- MAJOR PROBLEM CAN BE A LACK OF AVAILABLE RESOURCES

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**A MUST READ!**



The importance of understanding the whole person



The importance of understanding yourself

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▸ Not every story has a happy ending, ... but the discoveries of science, the teachings of the heart, and the revelations of the soul all assure us that no human being is ever beyond redemption. The possibility of renewal exists so long as life exists. How to support that possibility in others and in ourselves is the ultimate question."  
 — Gabor Maté, *In the Realm of Hungry Ghosts: Close Encounters with Addiction*

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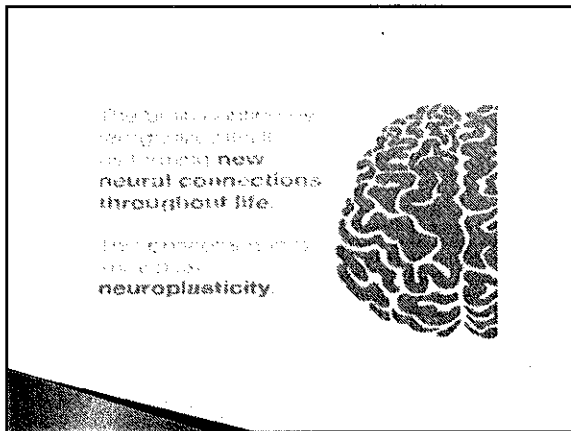
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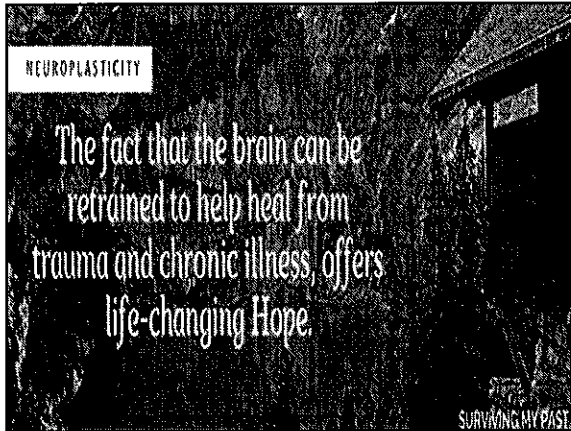
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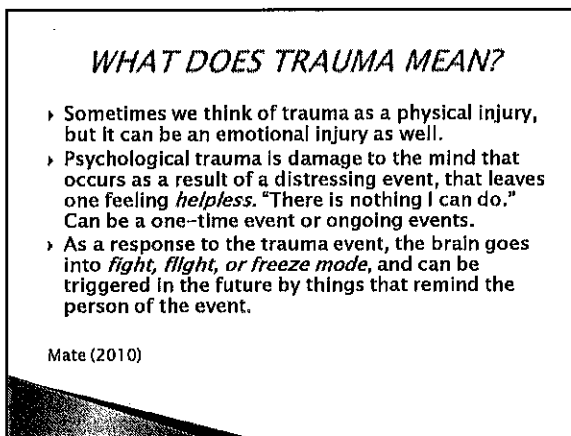
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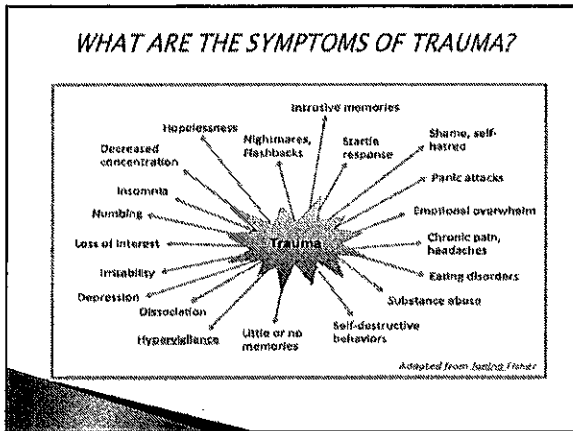
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### Can Trauma Heal?

- ▶ The answer is **YES**/Science shows the brain changes with what we do, and can heal from trauma.
- ▶ *The first steps are:*
  - ▶ Identifying the trauma that influences your life
  - ▶ Tell the story in a safe environment
  - ▶ Recognize triggers in daily life that are from the trauma
  - ▶ Learn positive ways to cope with the triggers
- ▶ Trauma Recovery (2019). Retrieved from <https://trauma-recovery.ca/recovery/phases-of-trauma-recovery>

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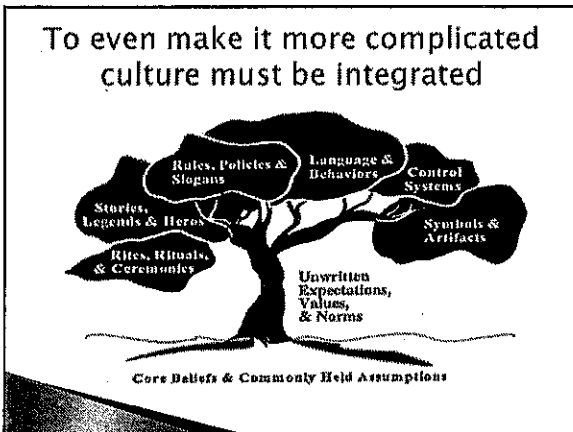
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### Important issues when working with African American clients

- › Historical trauma
- › High rates of poverty
- › In some communities, drug dealing is a viable career
- › Addiction to a lifestyle
- › Biased laws
- › Disproportional arrests and incarcerations
- › Villainizing the black man
- › Code switching
- › Spirituality as a central concept
- › Resilience of the culture

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### Results of Historical Trauma in the African American Community

- › YOUNG BLACK MEN AND WOMEN KILLING EACH OTHER AND NOT UNDERSTANDING WHY - INTERNALIZED RACISM
- › LONG HISTORY OF CHICAGO POLICE RACISM AND BRUTALITY AND UNJUST KILLINGS FOSTERS COMMUNITY DISTRUST - INSTITUTIONAL RACISM
- › DISPROPORTIONATE NUMBERS OF BLACK MEN AND WOMEN, AND CHILDREN BEING INCARCERATED
- › PRISONS IN ILLINOIS NOW A PART OF THE ECONOMY AND A NEED TO KEEP THEM FULL - A FORM OF MODERN SLAVERY/AFRICAN AMERICAN MEN ARE STILL REVENUE
- › DRUGS AND GUNS PART OF EVERYDAY LIFE - THE "NORM"
- › SEGREGATION AND ABANDONMENT OF A COMMUNITY (THE VILLIANIZING OF THE BLACK MAN)

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### THERE IS RESEARCH THAT INDICATES A LOWER RETENTION RATE WITH CROSS-CULTURAL THERAPY RELATIONSHIPS

John, A. H., Lovett, B. J., & Swenson, J. L. (2012). The social psychology of black-white interracial interactions: Implications for culturally competent clinical practice. *Journal Of Multicultural Counseling And Development, 40*(1), 13-14. doi:10.1002/jmcc.12012

Thompson, V. S., & Alexander, H. (2006). Therapist' race and African American clients' reactions to therapy. *Psychotherapy: Theory, Research, Practice, Training, 43*(1), 99-110. doi:10.1037/0033-2909.43.1.99

Constratiner, M. G. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal Of Counseling Psychology, 54*(1), 1-16. doi:10.1037/0022-0167.54.1.1

McKenzie-McEvoy, J. (2005). Understanding black history in postgraduate counselor training. *Counseling & Psychotherapy Research, 3*(2), 276-296. doi:10.1080/14733140500402541

Mazzella, S. L., Hays, S. M., & Carter, R. T. (2010). Religious self-esteem and cultural values in Black and White Americans. *Abused Health, Religion & Culture, 13*(2), 11-23. doi:10.1080/15673670903561224

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### RESEARCH INDICATES

- › When working with African American clients It is important to:
- Use some self disclosure
- To include religion and/or spirituality in the healing process
- To focus less on the Individual and more on the family/community
- To Integrate "black issues" in student training and awareness of micro-aggressions

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- › Can you empathize
- › Can you understand the ambivalence of giving up something that heals pain, feeds the family, gives status
- › Can you not judge
- › Can you understand surviving and coping and not call it manipulation and lying
- › Can you face race
- › More law and order will not solve the problems

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- › Miller, W. R., & Rollnick, s. (2002). Motivational interviewing: Preparing people for change (2nd ed.). New York: Guilford Press.
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