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programs and practice

Guiding as Practice: Motivational Interviewing and Trauma-Informed Work With Survivors of Intimate Partner Violence

Motivational Interviewing and Intimate Partner Violence Workgroup

Over the last five years, a new paradigm has emerged in social services. Numerous social service providers are now being asked to provide treatment within a framework of trauma-informed care. Trauma-informed services recognize the pervasive impact of current and previous violence on the everyday lives of many clients. Such services prioritize the establishment of a safe, trusting relationship where trauma can be disclosed. Trauma-informed services also account for the potential effects of clients' experiences of violence and trauma on their relationship to treatment and to treatment providers. This article describes trauma-informed services and the potential that Motivational Interviewing (MI), an evidence-based, client-centered, and guiding communication style, holds for utilization within trauma-informed work. A case vignette is provided which demonstrates primary MI skills that can be used to create a climate of safety and trust, and effectively elicit and strengthen clients' motivation for change. A discussion of the case and ethical aspects associated with MI in trauma-informed work is also provided. In addition, suggestions are made as to the potential MI holds for further use with traumatized clients.

KEYWORDS: intimate partner violence; substance use; ethics; practice; motivational interviewing

There is increasing awareness of the necessity to provide trauma-informed services to improve the system of care (including substance use disorder [SUD] treatment, mental health treatment, and domestic violence services) for women who have experienced violence (Elliot, Bjelajac, Fallot, Markoff, & Reed; 2005; Finkelstein et al., 2004; Harris & Fallot, 2001; Salasin, 2005). Trauma-informed services are delivered based on the recognition of how violence impacts individuals' lives and development and they reflect this awareness in all levels of service delivery (Elliot et al., 2005). From the trauma-informed perspective, some client behaviors that have been conceptualized by other approaches as maladaptive and/or representing

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a pathological noncompliance with sound treatment strategies and recommendations are better understood as reactions to unresolved trauma that can become threatening to the client in the change process (Saakvitne, Gamble, Pearlman, & Tabor Lev, 2000).

While the focus of our project and specifically the vignette we provide revolves around female survivors, we acknowledge the fact that men (Archer, 2000; Houry et al., 2008; Próspero & Miseong, 2008) and transgendered people (Zaligson, 2007) also experience intimate partner abuse. The emotional impact of domestic violence on men, while not as severe as the impact on women, is not negligible; and recent research finds that the effects of psychological abuse and control are comparable across gender (Hines & Malley-Morrison, 2001). Motivational Interviewing (MI) has been shown to be effective for both male and female consumers for a variety of behavior changes (Miller & Rollnick, 2002; Rollnick, Miller, & Butler 2008; Rubak, Sandboek, Lauritzen, & Christensen, 2005). Consequently, we propose the MI intervention in this article as applicable to all survivors regardless of gender identity or sexual orientation.

The effects of exposure to trauma and/or intimate partner violence (IPV) may lead to difficulty in establishing trust with providers, caution in what is disclosed, and sensitivity to shame and guilt. Trauma-informed services are those that respect the needs of survivors as affected by their history with traumatic experiences and provide interventions in ways that are safe and quick to build rapport. These are different from trauma-specific services, which are those services designed to specifically address the trauma and its related problems (Harris & Fallott, 2001; Huntington, Moses, & Veysey, 2005). Through collaborative relationships with survivors, the goal of trauma-informed services is to help set the stage for addressing current trauma-based symptoms, as well as the concerns that caused the client to seek help initially.

The purpose of this article is to describe theoretical and practice intersections between trauma-informed IPV practice and MI, a communication method designed to engage clients and help them strengthen their own internal motivators for change. It describes how many of the fundamental components of MI complement trauma-informed work. A brief vignette is also provided to demonstrate the general tone and process of an MI interview with an IPV survivor.

MOTIVATIONAL INTERVIEWING AND TRAUMA-INFORMED WORK

Motivational interviewing is "a collaborative, person-centered form of guiding to elicit and strengthen motivation for change" (Rollnick, 2008) in regards to a targeted or chosen behavior. The purpose of MI is to create a nonjudgmental, supportive environment for survivors as they move through various stages of behavior change, and to guide them in exploring and ultimately strengthening their motivation for health-promoting change. Meta-analyses have found that the use of MI (by itself or in conjunction with other

treatment modalities) improves client adherence to the change process and retention in treatment (Arkowitz & Burke, 2005). Preventing treatment dropout is an important issue when working with trauma survivors, thus making MI a helpful adjunct to other skills service providers might use to engage this client population.

At the heart of the approach rests the spirit of MI (discussed later), which includes a variety of processes to establish a client–helper environment, including collaboration, evocation, and support for the autonomy of the client (Miller & Rollnick, 2002). MI involves practicing specific skills, including assessing motivation, confidence, and readiness for change; asking open-ended questions; using reflective listening and summaries; exploring ambivalence in regards to change (when relevant); avoiding the temptation to confront (and therefore amplify) resistance; and eliciting and responding to client language suggesting desire, ability, reasons, need, and/or commitment to change. Many similarities exist between MI and trauma-informed practice (see Table 1). Both focus on strengths and self-efficacy, while emphasizing collaboration, empowerment, respect for choice, and understanding of the survivor's perspective.

The development and maintenance of collaborative relationships are at the core of MI and trauma-informed work. A key premise of MI is that motivation for change is "formed in the context of relationships" (Rollnick, 2008, p. 6), and that the way in which we communicate can influence motivation for change. When providers try to persuade, shame, or blame people into change, they often evoke all of the individual's reasons *not* to do it. Similarly, in trauma-informed practice, relationships and human connection are central to healing.

MI and trauma-informed practice both seek to empower individuals by supporting their self-efficacy and by enhancing their confidence that change is possible. When negotiating the goals of trauma-informed work and MI, the focus needs to be on behaviors that survivors can control, including but not limited to behaviors associated with self-care, safety planning, health, social supports, addictions, and employment. Wahab (2006) suggests that when considering the use of MI with survivors involved in violent relationships, it is vital to keep in mind that IPV occurs within the context of a relationship. Individuals in abusive relationships have control only over their own behaviors; they cannot control the behaviors of their partners, nor should they be encouraged to do so. Despite taking action and changing one's behaviors, a violence-free life cannot always be secured.

A key concept in MI is that the service provider (SP) needs to resist the "righting reflex"—the desire to make better, fix, or prevent harm (Miller & Rollnick, 2002)—before the client has specifically asked for such assistance or given permission to provide it. When working in the area of IPV, the urgency and pull to protect and persuade survivors to make changes can be heightened, particularly when their life and relationship circumstances are deemed life-threatening by a provider. For example, SPs can inadvertently replicate controlling behaviors that survivors have experienced in the past by pushing for the survivor to leave their abusive partner (Wahab, 2006). Such desire to protect an IPV survivor can have a paradoxical effect in that the more the SP argues the case for change, the more the natural response for the client is to provide

TABLE 1. Relationship of Trauma-Informed Work to Motivational Interviewing

Trauma-Informed Practice	Motivational Interviewing (Miller & Rollnick, 2002)
Emphasis on safety, respect, and acceptance while avoiding treatment that might retraumatize (Elliot et al., 2005; Jennings, 2004).	Emphasis on respect, empathy, and acceptance while avoiding confrontation.
Emphasis on listening to and believing the survivor (Jennings, 2004).	Emphasis on reflective listening to ensure accurate understanding.
Emphasis on understanding the person and her symptoms in the context of her life experience, culture, and society (Elliot et al., 2005; Jennings, 2004).	Emphasis on individuals being the experts in their lives.
Emphasis on collaboration, power sharing, and empowerment (Elliot et al., 2005; Jennings, 2004; Saakvitne et al., 2000).	Emphasis on collaboration, power sharing and empowerment.
Emphasis on suspending judgment through asking "what has happened" to the person rather than "what is wrong" with the person (Harris & Fallot, 2001; Jennings, 2004; Saakvitne et al., 2000).	Emphasis on suspending judgment through exploring experiences and perceptions rather than labeling.
Emphasis on strengths, highlighting adaptations over symptoms, and resilience over pathology (Elliot et al., 2005).	Emphasis on supporting self-efficacy through affirmations that highlight strengths and positive coping skills.
Emphasis that recovery can only take place within the context of relationship (Elliot et al., 2005; Jennings, 2004).	Emphasis on relationship as foundational to the change process.
Emphasis on maximizing choices and survivors' control over recovery (Elliot et al., 2005).	Emphasis on supporting autonomy and increasing perception of choice.

the other side of the argument (Miller & Rollnick, 2002), and to disengage from services (Grauwiler, 2008).

APPLICABILITY OF MI IN TRAUMA-INFORMED HELPING

The "Spirit" of MI

MI creates a collaborative climate[1] in which client motivation for change can emerge and grow by evoking the client's own desire, ability, reasons, and needs for change, and

by supporting both the client's decision-making authority in regards to change, and her or his autonomy in all other aspects of treatment planning. Such is the environment most trauma-informed providers also nurture to maximize the likelihood that clients will engage in the helping process and not feel threatened or controlled by it. Beyond its methods and strategies, however, empirical evidence suggests much of the operant mechanism by which MI works has to do with the therapeutic alliance that is created when the principles that guide provider decision making are strictly adhered to (Moyers, Miller, & Hendrickson, 2005). Several elements of the MI approach with potential for contributing to helpful trauma-informed IPV work are outlined in the following.

Listening and Empathy

Skillful and strategic use of reflective listening to obtain and express empathy is fundamental to MI and trauma-informed work. The purpose of reflective listening in MI is to assist the clients to hear important, change-liberating elements of their thinking (and speech) and to assist the clients to think through what is reflected to them. Listening to survivors can have a powerful impact. In one study using MI in street outreach with female sex workers, researchers found that what participants remembered most was the respectful listening they experienced (Yahne, Miller, Irvin-Vitela, & Tonigan, 2002). They especially noted that they were not labeled or judged.

Affirmations

Reflecting strategic affirmations in MI is a powerful way to build self-efficacy and trust, and to express empathy (Miller & Rollnick, 2002). Identifying key moments to use affirmations in conversations with survivors in genuine ways to mine for experiences that highlight self-worth and self-efficacy is a key skill. Skillful trauma-informed practitioners who also have training in MI are especially competent in identifying "opportunity sightings" for the use of reflections to affirm and reframe thoughts, feelings, behaviors, and circumstances as skills and strengths.

Exploring Ambivalence

Although not always the case, often those affected by IPV are conflicted between their motives for maintaining the status quo and for pursuing change. As long as such motives compete, and as long as a survivor is unable to achieve resolution of such conflict, one will remain stuck. "Ambivalence is a reasonable place to visit, but you wouldn't want to live there" (Miller & Rollnick, 2002, p. 14).

One technique used in MI for working on resolving ambivalence about change is called values clarification (Wagner & Sanchez, as cited in Miller & Rollnick, 2002), whereby the MI practitioner works to highlight discrepancy by exploring with the clients ways in which their current life conditions conflict with their core values or life goals. In this way, MI is well suited for work with survivors, as it allows them to move

in and out of ambivalence, exploring the various and often complicated circumstances in their lives, with the intended goal that the clients arrive at their own desired goals and methods for change.

Focus on Change Talk

A fundamental purpose of MI involves eliciting (from the survivors) their own desires, reasons, abilities, needs, and, ultimately, their commitment to pursuing change, otherwise referred to as "change talk" (Miller & Rollnick, 2002). There are a number of methods by which MI practitioners elicit change talk. Such methods help prevent providers from being enmeshed in the "blaming trap" (Miller & Rollnick, 2002). MI does not concern itself with blame, but rather it emphasizes evoking the survivors' will to change behaviors and circumstances that are within their control. Such a focus is often helpful in working with trauma survivors, who may become stuck in emotional pain and a sense of helplessness, rather than a focus on their capacity for change (Miller & Rollnick, 2002, p. 63).

A BRIEF MI DISCUSSION CONSISTENT WITH THE TRAUMA-INFORMED APPROACH

The following vignette is presented to demonstrate the use of some fundamental MI skills and concepts with an IPV survivor in the context of a nonresidential domestic violence agency.

> **Provider:** Hello Sarah. How have you been doing since we last talked? [Open-ended question]
>
> **Sarah:** Oh pretty good, I guess.
>
> **Provider:** So things have been going well. [Reflection] Tell me a little more about that. [Open-ended question]
>
> **Sarah:** Hmmm well things were okay during the week but the weekend was pretty bad.
>
> **Provider:** It sounds like things have been up and down [Reflection]. I have to say, it's great to see you here today though, despite the weekend you've had. It would be easy to have just avoided coming in today I'm sure. Your perseverance is a good sign that you're able to keep focused on your goals. [Affirmation and support for self-efficacy]
>
> **Sarah:** Well, I've never really thought I had much perseverance.
>
> **Provider:** You sound upset about what happened over the weekend. [Reflection, including affect]
>
> **Sarah:** I was with the kids all day Saturday and Saturday night. We got invited to a party at a neighbors to watch football and the kids could play with their kids I said to my husband "let's go" so we did … I had a few beers.

Provider: You needed a break from everything. [Reflection]

Sarah: Yes, I know I talked about how I should drink less and how drinking seems to make things worse at home but it was just a few beers.

Provider: Thank you for your honesty about what happened. [Affirmation] You went to a neighbors' party and had a few beers. [Reflection]

Sarah: Yeah but one of the guys said some things to me and got my husband upset so when we got home, before I could even get the kids to bed, he started yelling. He had more than a few beers so he was really loud and threatened to hit me … but he didn't.

Provider: Things got out of hand when you got home and it was really frightening. [Reflection, including affect]

Sarah: (crying) I don't know what to do.

Provider: This isn't the kind of marriage or home life you want for yourself and your kids. [Complex reflection, including client's desire for change]

Sarah: Right. But he is a good father and he has a good job. I don't have any money to support myself and my kids.

Provider: You love your kids a lot and want to take good care of them. [Reflection, including affirmation]

Sarah: I really do, but I guess sometimes what they see isn't very good for them. And I started thinking about it after he passed out Saturday night—it was just an innocent party and I was enjoying myself and to have to deal with this. …

Provider: You want to have a life where you can enjoy going to your neighbor's and talking to other people without getting threatened at the end of the night. [Reflection including client's change talk—desire for a better life]

Sarah: Right. He apologized on Monday and said it won't happen again. And then I got upset and he just wants to act like it never happened.

Provider: He wants to forget about it.[Reflection]

Sarah: Yes, but this is how things go. I'm getting pretty tired of always being upset, or worried, or scared.

Provider: This is wearing you out and you wonder how much longer this will go on. [Reflection]

Sarah: Yes, what if it's forever? What if it never changes? I don't want my children to live like this forever. I don't know what to do. I don't know if I could leave him.

Provider: Let me see if I have this right. Your week was going pretty well but then the weekend came and what seemed like a simple get together at a neighbor's turned into your husband getting upset and yelling and then threatening to hit you. You wonder how long this will go on and you wonder

about the impact it might be having on your kids. You also worry some about your drinking. You're not sure if you could leave your husband and at the same time you want to feel safe and you want your kids to feel safe, so you've thought about the possibility of leaving. [Summary, including illumination of ambivalence and reflection of key issues that may serve to strengthen discussion about the desire, ability, reasons, and need for changes in her home/parenting and relationship situation] That's a lot to be dealing with. [Affirmation] So, thinking about all of this: Where does that leave you? [Open-ended key question to elicit change talk]

Sarah: I don't know. (silence) … It's like a cycle, like you told me about. I know something has to change … maybe if I could start saving a little bit of money I could go ahead and get my teaching credential that I've been putting off. I had some courses completed when we got married but I don't know how he will react. I'd like to finish my education. I need to figure this out. I have to figure out what I want.

Provider: You remember that we talked about the cycle of violence and you don't want to be stuck in a situation like that. One possibility you have thought about is saving some money and getting your teaching credential. [Reflection of desire for change/goals] What else do you need at this point? What do you think you'll do next? [open-ended questions to elicit change talk and to focus on the client's autonomy]

DISCUSSION OF THE CASE SCENARIO

Central to MI is the collaborative nature of the working relationship between the provider and survivor. In this brief conversation the SP sets the tone for a collaborative working relationship by recognizing Sarah as the expert on her life and experiences. By using an open-ended question to ask about how she has been doing, the SP invites Sarah to control the initial direction of the session. The SP uses reflections to convey accurate empathy about what Sarah has experienced and therefore facilitates the building of trust and rapport. The use of reflective listening by the SP also serves to help Sarah hear important elements of her thinking, feeling, and experience and to help guide the conversation in the direction of Sarah's desire for change. Trust and rapport are enhanced by offering an affirmation of Sarah's honesty in revealing that she had been drinking alcohol, in spite of previous discussions about the possible negative consequences of this behavior.

As Sarah talks about the violence, the SP does not continue to ask questions or focus on the specifics of what happened. Instead, she reflects the discrepancy between what Sarah was hoping for in the situation ("You want to enjoy going to your neighbor's") and what did happen ("Things got way out of hand and it was really frightening"). In this way, the SP also reflects Sarah's ambivalence about her relationship but does not take a position about what Sarah should do. No arguments for change are made, and this gives Sarah the opportunity to explore and work on

resolving her own ambivalence. By avoiding arguing for change, which would most likely elicit a defensive position from Sarah, the counselor leaves room for Sarah to bring up her own concerns around the need for change. Sarah begins to ask the kinds of questions that can produce change talk. This is a signal to the SP that Sarah is potentially moving in the direction of change. The SP then uses a double-sided reflection to capture both sides of the ambivalence, as she summarizes everything the client has shared. The SP also uses empathy in the summary ("That's a lot to be dealing with"). The summary is followed by an open-ended key question: "So, thinking about all of this: Where does that leave you?"

When Sarah answers the question by stating that she does not know and becomes silent, the SP resists the temptation to give advice or to offer solutions for her. Instead, the SP demonstrates a belief in Sarah's self-efficacy and autonomy and waits for her to expand on her answer. By doing so, new information is revealed. Sarah introduces the possibility of becoming more independent by completing a previous educational goal. The provider reflects this one option back to Sarah, again resisting the urge to tell Sarah what choices she should make, and asks about what else is needed. It is important to note that the interviewer provides guidance in the session, focusing Sarah on specific issues by choosing what content is reflected. At the same time, by using this approach, whatever plan is eventually reached, it will be based on Sarah's goals, abilities, motivations, and values, and not on the SP's "prescription" of what she or he feels may be best.

When working with issues where there is a history of risk for IPV, it is crucial to address safety concerns for both the client and any children involved. In the example, as the provider and Sarah move forward, the SP can ask permission to give Sarah feedback about any concerns for Sarah's safety and ask permission to collaborate on a plan to create a strategy for responding to potential future violence. By asking permission, the provider maintains the collaborative nature of the working relationship and demonstrates respect for the client's autonomy.

A NOTE ON ETHICAL COMPLEXITY AND "ITCHES"

Practitioners of MI are not unaccustomed to wrestling with the potential ethical "itches" that rightfully manifest when there is less than total congruence between the aspirations of a provider in an MI session and those of a client. MI is described as a "guiding" approach to strengthening motivation for positive change toward a (specified) target behavior (Rollnick et al., 2008). Depending on how the concept of "guiding" is understood, and depending on what "target behavior" is identified and by whom, many people who work with trauma survivors are cautious, if not downright leery, about the concept of guiding, especially when guidance may involve conflicting agendas between provider and survivor.

Rollnick et al. (2008) suggest that interviewer aspirations for client behavior change, while perfectly understandable and natural in those who want to be helpful, can be problematic in maintaining the foundational (autonomy-supporting) spirit of

MI. The tendency to want to "rescue" the client contradicts the practice of MI and other ethical approaches to trauma-informed work. Often the concepts of "steering" or "navigating" are used in such a way as to suggest that it is the role of the provider to "keep one eye on the compass" and on the intended destination, in order to know whether the general trajectory of the treatment is "on track" or "on target."

Although guidance-oriented metaphors are helpful for general explanations of the MI method, they may also oversimplify the ethical dilemmas faced by many of those who use MI in a trauma-informed context. An MI provider works to supply direction and movement to the interview by differentially reflecting the survivor's statements and by eliciting specific types of change talk to guide the conversation in the general direction of a goal. The question for many professionals is how to support clients' autonomy without imposing the provider's aspirations for the client. With its emphasis on supporting client autonomy and "gently steering" toward goal-oriented change, MI can be a helpful antidote to the phenomenon of the "privileging leaving" bias (Wahab, 2006) when working with survivors of IPV.

CONCLUSION

Trauma-informed work and MI converge around a number of important principles, theoretical concepts, and skill sets. MI serves as a useful template to guide the ethical practice of those who work with survivors of IPV and other forms of trauma, and we contend that the very heart of the mechanism that drives MI is the free will that is sparked when true collaboration meets with the evocation of clients' desire for change, along with respect for their autonomy in decision making. It is the experience of the authors that MI provides important and useful principles that serve to inform SP guidance of survivors who have trauma backgrounds. It also provides a foundational skill set that can be easily and objectively measured so as to ensure fidelity with the practice and to support legitimacy of research that involves its practice.

As an interviewing style that is both person-centered and guidance-oriented in its practice, MI enables SPs to carry out the intentions and goals of trauma-informed practice. It has been our collective experience, in using MI to inform our work with survivors of IPV and other forms of trauma, that this approach holds much value in preventing the imposition of helper bias and control onto survivors. This is an important contribution to the training of those who work with such populations, given that the "righting reflex" is often alive and well (and well-intentioned) but thwarts progress in those who have experienced victimization.

MI provides a useful framework for how to guide trauma survivors without imposing pressure to conform to externally imposed behavior change requirements that may resemble or contain elements of the abusive and confrontational tactics that have been used against them in the past. The need for working collaboratively with clients ensures that providers are "walking the walk" and not just "talking the talk." So as not to see MI as a technique, or a trick, or a skill that can be "done" to clients to make them do what the SP thinks is best for them, providers who seek to use MI to

work in a trauma-informed manner must be well trained and therefore able to practice the MI approach with fidelity.

Clearly, more research is needed to investigate the effectiveness of this change facilitation approach when used with those affected by IPV and other forms of trauma. Such clients need to be asked how they respond to the approach and followed to determine how MI influences functioning in major life areas of client functioning.

NOTE

1. These three concepts (collaboration, evocation, autonomy), collectively, are often referred to in the literature as the "Spirit" of MI.

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