

Talking to Change: An MI Podcast

Glenn Hinds and Sebastian Kaplan



Episode 35: Experiential Motivational Interviewing, with Matt McKenzie

Glenn Hinds:

Hello again everybody and welcome back to Talking To Change, a Motivational Interviewing Podcast. My name is Glenn Hinds and I'm based in Derry in Northern Ireland. And as always, I'm joined by my good friend Sebastian Kaplan in North Carolina. Hi Seb.

Sebastian Kaplan:

Hello Glenn. How are you? How's things?

Glenn Hinds:

Yeah, good. Good, good. Real excited today about talking with our guest and exploring this thing called experiential Motivational Interviewing. But before we do that and introduce our guest, Matt, maybe you could remind the guests of how they can contact us on social media.

Sebastian Kaplan:

Sure. So we have a Facebook page, which is Talking To Change. On Twitter, you can find us @ChangeTalking. On Instagram, it is TalkingToChangePodcast. And for questions and comments and ideas for future episodes, you can email us directly at podcast@glennhinds.com. And of course, any rates and reviews are appreciated as well.

Glenn Hinds:

Yeah. And I suppose just acknowledging the rates and reviews, when we went behind the scenes and looked at our downloads, the last time we had 112,000 downloads so we are most grateful to everybody who's taken the time to listen to one or more of these episodes, and whatever platform you're listening to us on if there's an option to rate or offer a review we'd be really keen to hear from you. And I suppose that idea of acknowledgement, it's important for us too to begin by acknowledging the support that we have been receiving recently from the Northwest ATTC and through Bryan Hartzler and his team, and more recently in some of the editing of the podcast has been done by our good friend Tessa, also a shout out to Tessa and the work that she's doing.

Glenn Hinds:

And with these changing times, part of what we also want to do is just let people know that if you are interested in training or learning more about Motivational Interviewing, but myself and Seb offer trainings and if you're interested in our online workshops you can just drop us a line. Again you can use podcast@glennhinds.com and we'll be in touch with you. So, on with the show. Today we're joined from somewhere I the States, he's going have to have to tell us, by Matt McKenzie. Hi Matt, how are you doing?



Matt McKenzie:

Hi Glenn, hi Seb.

Sebastian Kaplan:

Hi Matt.

Glenn Hinds:

So, we always start off with an invitation to our guest to introduce themselves and who they are, and their journey into Motivational Interviewing, so perhaps you could start there for us.

Matt McKenzie:

My name is Matt McKenzie and I am a licensed professional counselor in Alabama, United States, and my journey to Motivational Interviewing began in my graduate coursework at the University of Alabama, Birmingham. I had a practicum internship professor that was a Motivational Interviewing Network of Trainers, Doctor Stephen Hebard. And in my internship I was really struggling to connect with patients, I was teaching them a cognitive therapy model on a marker board in a very traditional sense, and I would turn around and patients would be sleeping or disengaged, and I was struggling to have compassion and wondering what I was doing wrong. And I consulted with him and a class, and Motivational Interviewing became the style and the techniques that I started to try on, and I started to notice that my adult population and my adolescent population were really connecting because I was inviting them into the conversations whilst reflecting on the meaning of their experience, and not trying so much to think that I could teach them how to be but wondering more about who they already were.

Matt McKenzie:

Since that time I've been using MI effectively in mental health treatment for the last seven years and I'm a member of the same organization, MINT, and I've been a member for the last two years and it's excited me to now see how to combine the intent and the techniques of Motivational Interviewing with experiential models.

Sebastian Kaplan:

You know, we've been doing this for a couple of years now, and hearing people's stories and their first steps into MI, it just continues to be interesting regardless of the country or the region of the US, you being in the deep south I think our first Alabama native on the podcast I'm sure. But this experience of those early moments in trying to help, genuinely trying to help, right, and doing what you thought was what you were supposed to do, and it sounded like from your description being more instructive perhaps and telling people how to be, and then after hearing about MI and getting some mentorship and guidance there it shifted from telling them how to be to finding out who are these people in front of you and what are they there for and what are they all about, as a way to begin the work.

Matt McKenzie:

Exactly. When I was coming into... I had all the ambitions to help and I was working with mandated patients and adjudicated patients. And in the ways that I was trying to help, I think I was seeing adverse outcomes. I was seeing that I was really outfitting all the forces of maybe oppression or areas where they weren't successful before, whether that be in a traditional classroom or somebody's telling them in a courtroom how to be or what to do, what the consequences would be if they continued to think and behave this way, and it was not effective and I didn't feel good about it at the end of the night, you know? So I had compassion fatigue for myself and for them, and I remember there being a key moment when I came into the counseling room with the same patients and just asking them, "What do you want to talk about today? Where do you want to go? If I could be a part of your journey, what would my role look like to you?"

Matt McKenzie:

And just those little early moments of seeing the engagement, and I also saw this with a site supervisor by the name of Joan Leary, and I saw her practice of Motivational Interviewing and I felt very like I was missing something. I saw her get to with my patients and outcomes much more rapid engagement than I'd ever had before. And so, I was like, "Teach me your ways." And it's made it more enjoyable, and now I feel like when we learn and we're educating others on Motivational Interviewing, we're in many ways making the work more enjoyable. I don't have an agenda. I'm not trying to drive an outcome to think this way or notice these consequences. I'm just being with you and you are the outcome, using the person as a catalyst to change.

Glenn Hinds:

And throughout that your sensitivity to yourself was very obvious, that you were aware that your efforts to be helpful were resulting in something that was unfulfilling for you, and then this light lit up that you saw another way and your desire to be helpful was just invigorated, and I suppose your humility to be able to say, "Look, show me what you're doing because whatever it is, it's working and I want to be able to do that too." And even just that introduction of small changes in your practice began to see quite significant responses from your service users.

Matt McKenzie:

Yeah, we definitely saw in retention, engagement and retention outcomes were far more improved. And I noticed it as, as I saw these outcomes or I saw these markers of success, it challenged me to look more inward at my own attitude and delivery of skill and with the techniques, and as I started to have more acceptance of where I was and evoking my own skills, it was like we were challenging each other and that's really when I started to appreciate, when I started to learn more about what that meant about the spirit, the spirit of Motivational Interviewing. It took me back to what I love so much of Carl Rogers.

Sebastian Kaplan:

Right. The links to Rogers and the importance of the spirit, another really understandably common thread throughout so many of our guests and so many of their experiences regardless of the setting. So you've talked to us a bit about your early days in MI and the



transformation that it led in you and subsequently in the work that you were doing and the help to your clients. Tell us a bit about their experiential piece and inform our audience a bit about what that is and what it is that you do and maybe your early days in that, and then how that kind of merges into the MI piece.

Matt McKenzie:

My first experience with experiential practices actually came on a study abroad trip with the University of Alabama, Birmingham. It was affiliated with Holy Cross, with Doctor Ted Remley and Doctor Lawrence Tyson. And so, we were in Italy and there was a presentation on counseling approaches abroad, and almost every counseling approach had a component of making us active with one another. And I learned a lot about being more of a member in those activities, about how maybe I was overly competitive or I wanted to be perfect, or if I was a leader or a follower. And I started to notice that the style lowered any cognitive resistance or any levels of disengagement within the group, because we were all playing and we were playing by choice. We were challenging by choice.

Matt McKenzie:

And so, I became very excited with that when I came back to the States working with adolescents, getting them more involved with one another. So, trying things like sociometric testing, we would break the group down into dyads and it took focus off me as having to talk to the full room, or using adventure-based methods. And so when I began to become employed as an addictions counselor at Bradford Health Services in Alabama, we were launching the first emerging adult program in Alabama for age 18 to 29 and we knew that this group could not just sit around all day and be talked to because this was not a setting. That setting was a setting that they traditionally were not thriving in, especially being on withdrawals of chemical dependence. And so we would take them to ropes courses or have indoor activities for them, and the level of connection and interest and buy in that there were having was lowering the burnout that we were having.

Matt McKenzie:

And so, I became very excited to see how experiential was setting the scene for all the Motivational Interviewing conversation, because we had created more of a rapid engagement. We had created focus, and we had created it in a way where they felt safe because they were choosing to participate and that was a very key element. And so I began to get certified at experiential methods such as adventure based, and then I joined Marc Pimsler in Atlanta, the co-author of my book, and became supervised by him to achieve certification on how to use props, how to use sociometric testing within groups.

Matt McKenzie:

And I actually saw this as well Seb when I was at the MINT forum, and there was many activities where they were teaching MI spirit with spaghetti noodles and ropes and we actually broke down the room from 120 to four and then back up to eight, to 16, to 32, and it just really took out what I think is the anxiety of it all, the awkwardness or the what's going to happen when you're trying to think ahead, and you're just more in the moment.



So that's really the journey I've had with experiential, is just seeing how the rapid engagement factor happens.

Glenn Hinds:

It seems like there's something significant about the use of activities and its relationship to being in the moment for the individual, and as a consequence of that there's a sense of being more engaged with their own experience in the company of other people. And as a consequence of that then, it struck me that I imagine there were times when you were working with mandated clients, mandated patients, who then were choosing to do these activities, and so much of a paradox of, "I don't want to be here, but I want to do this." And by creating that environment, then you have the opportunity as the practitioner to step into that space alongside of them, with that I suppose conscious understanding that you're here to offer some form of intervention and for you that now includes the integration of Motivational Interviewing into the conversational style that you're having with these people.

Matt McKenzie:

Yeah. And I remember with adolescents particularly we would do adventure based activities with the use of carpet tiles, and we'd put them and we'd create a bridge across a field, there's so many names of that activity, but if they stepped off that they lost contact with their support, they had to start over. And so the group sort of challenges the group, and then it just made it to where I could practice open ended questions that were coming up for me as they were having insights that were coming up for them. And I could reflect, and we could look at the prop with a projective identification which I later learned in trainings with MI and both experiential, we were becoming more collaborative together.

Matt McKenzie:

I wasn't telling them not to step off, I was asking them, "What's it like to step off and start over? How's that comparing to the work you're doing with the court system?" And at times I would see these adolescents smile and laugh, and it wasn't to block a defensiveness, it was that they felt safe to laugh with me, you know. And we even point this in our book, that you normally don't laugh with your enemies. You laugh with those that you feel safe with. So just having the activity where maybe a patient is smiling and is saying, "I don't know what this is. I don't know what to do with this. This is different." An outcome I've seen as a helper is that we're lowering the feelings that you can't be transparent. We're making it to where you can actually tell me how you feel about this and I can reflect that you're honest and you feel safe to communicate that to me.

Sebastian Kaplan:

I actually have two questions. Normally we're going back and forth, Glenn and I, but I think have a question and then I'd like to follow up on it. And first of all, just wanted to acknowledge a friend and colleague, Richard Rushman in Chicago who it sounds like you know Matt, someone I've known for many, many years. And the reason I'm bringing him up is he was my introduction to experiential activities and sort of blending of MI and



experiential work and adventure based education. And one of the things that Richard used to say which I've heard you talk about briefly already, is that...

Sebastian Kaplan:

Well, I'll back up a bit. Oftentimes we think of MI as a precursor to something else, and actually there's some really solid research evidence that's growing about if you think of MI as the intervention before another intervention. So having an MI session as someone is entering into a rehab program for instance, or blending Motivational Interviewing with cognitive behavioral therapy where they may be an exposure element that someone might be quite ambivalent about embarking on, that MI paired with another intervention is one of the common ways we see MI in practice.

Sebastian Kaplan:

And Richard was the first person, you're saying it the same way Matt, is actually in some instances or maybe in some situations or contexts or groups, the use of an experiential approach is helpful as a precursor to MI, which is really quite interesting so I wonder if you could unpack that a little bit more. And actually my second question, and maybe you could blend the two, you mentioned this exercise with the teens with carpet tiles and that would be something I think people would be interested in hearing maybe a little bit more about if you could provide more detail about what that exercise is and how you use it in practice.

Matt McKenzie:

Yeah, the first question, and I've had conversations with this about Richard that I view him as a pioneer, as a definite expert on this and what he's done. And I learned of him through Elizabeth Graves. She was my mentor in the MINT program. I was the mentee. I was calling her every week. We were talking about how to train MI. And I said to her, "I really am enjoying seeing something." I didn't know what I was seeing. I didn't know all the mechanics of it and the nuts and bolts of it all, but I knew that it was working. And so I shared with Elizabeth that I was practicing learning affirmations by playing Jenga, and as they pulled them out everybody had to give affirmations or open ended questions or reflections and we were teaching MI this way. And she just lit up like a Christmas tree and said, "You've got to talk to Richard Rushman."

Matt McKenzie:

And so that's where I learned of Richard Rushman's ideas, that you can actually put the experiential, instead of having MI with, MI with, MI within our search histories, we can say experiential maybe with MI. And even the title of our book is not Motivational Interviewing with experiential. We decided to make it intentional that it's experiential Motivational Interviewing, because often in very time limited sessions and in my anecdotal experience, the groups that we have are very open door, they're not closed groups. You know, we're having patients who are discharging or graduating as patients are returning or coming for the first time, and so no one really knows anybody and therapists often don't have the same group every day.



Matt McKenzie:

They often are coming into a group maybe two times a week or three times a week, so there's no instant rapid connection and so this was a way that Richard and I have talked about that gives that engagement at a much quicker level, because we don't have a lot of time. We're not normally having an hour long session, we're having a 30 minute session. And even then I've seen it as a corporate trainer that therapists are talking about even the 30 minute session seems like a long time. Because there's a real struggle with connection. I don't know if that's because of social devices and stuff like that. We're becoming more disconnected and it's hard to have a conversation. And so experiential seems to be the vehicle that can really drive and put into gear what we want to do with Motivational Interviewing perhaps.

Sebastian Kaplan:

Yeah, great. And that's again very similar to what Richard has said, and it's just an interesting thought that because we often think of MI as, "Well, that's how we engage. It's all about empathy and understanding and partnership." But you know, we might be more ready than a client is to engage in that, and certainly if we're in a group context the need for the group members to engage with each other would be important and that's where experiential comes in. And so you talked about this exercise with carpet tiles and the participants stepping on and off, tell us a bit more about that.

Matt McKenzie:

Yeah. So I know of many kids that know the game the floor is lava, and so if you touch the lava, we say the floor is lava, you have to get off the floor. And so we just set a distance with two lines and they're both safe zones, everything in between that is "lava". And we give each participant a piece of a carpet tile. This could also be a block of wood or whatever object you want, I think when I was in grad school I used rubber place mats because I just didn't have a lot of resources. Each person gets a prop and they describe what that prop means to them if that prop was their resource or their strength. And then the group has to work together to get not only all the members across the pit of lava, but they also did not lose their supports.

Matt McKenzie:

And there's a lot of fun spins on that, that if they did lose their supports then they have to go back, and that's a conversation about change being constant and change becomes harder if we forget what got us there in the first place. If there's ever a body part of a hand or a foot that comes off of the prop, then they lose the prop. The point where the group can storm and decide to start over and with all their props back in their hand or they can start dealing with their own consequences, but it's ultimately up to them and how they want to solve it. You know, it's not a trap, it's just, "Here's the rules, and let's see how you play."

Matt McKenzie:

And then as they're engaging with one another, you get to see their natural characteristics of who they are, so we're evoking who they already are. We're seeing the MI related skills



showing up in the activity, so there's reflections. You know, "I notice that you've taken on the leader role. Where else in your life should that show up?" So, there's a lot of evocation and then feedback, which as many of your guests have talked about before is just so important in Motivational Interviewing.

Glenn Hinds:

So in many ways it just strikes me that the activities themselves can act as almost like a metaphor for life's circumstances and that by playing these games or setting up these challenges as you say, that the nature of the individual presents itself naturally and where the skillfulness comes in from the practitioner's perspective is when we notice and pay attention to that and how that then is offered back using reflections and affirmations.

Glenn Hinds:

But also it sounds like there's lots of opportunities then for teaching moments, so psycho education moments where you're even just exploring that idea of change can be difficult and working in groups can be hard and sometimes people are pulling in different directions, and just inviting people just to examine their experience left of center and then relating them back to their own lives and just that evocation. So in what ways does that then relate to your own experiences in your own life where perhaps you have lost the support of friends or you've lost the support of family, or you've been thrown out of school or whatever else, what are your choices. As you have here, what are your choices.

Glenn Hinds:

So, I imagine that that can be, as you say just that opportunity to create a really safe or a differently safe experience. Because I guess that there might be times where... I'm trying to imagine myself coming along to some form of treatment and the guys says, "Okay, we're going to start walk across this lava floor." And the nature of who I am, maybe I'm a bit shy or I'm afraid of being exposed and I'm vulnerable, so there's I suppose different challenges compared to sitting face to face doing traditional therapy.

Matt McKenzie:

Yeah, and I think with traditional therapy we often have a struggle when we do not feel like we know somebody well and we don't feel safe, the conditions aren't met for that kind of work that we really don't know how to say it in words, we can't express it into words. And maybe there is, if we're working with people who have a feeling to be reacting, if they've had trauma, if they've had people tell them that they're no good at something or they should do it this way, then maybe they're coming in with expectations that this person is going to tell me to do the same and they're trying to figure me out.

Matt McKenzie:

And so, there's a defense game playing for too long and we don't have that much time to offer effective care. And so it really creates this experiential curative factor of element of surprise. You thought we were going to come in and talk about your deficits, but I want to play this floor is lava game with you and I want to see who you are. And then, I think that maybe there's a... We talk often about the acceptance, the spirit components of MI,



acceptance, collaboration, evocation. We talk about this as one way I think sometimes, as maybe the helper having acceptance. But maybe these activities are creating the patients to have acceptance of me and invite me in.

Sebastian Kaplan:

So the idea of the spirit as a two way street maybe. You know, how can... Yeah, I suppose if you think about it a partnership isn't one way, it is two people theoretically or maybe more depending on the context of the kind of relationship that that would define. Yeah, so you're really searching for, maybe in the way you're describing it, I don't know, I suppose the purest form of partnership that we've come across in our discussions. You know, where it's not just us to them as the provider. Even that word, right, provide, well we are providing this service or we are helping, it's much more of an active role. But you really seem to be embodying a truly active bidirectional relationship there.

Matt McKenzie:

Yeah. And I think, and I'm recently married and I think about, I don't have a lot of experience here but the engagement process, it takes time. You don't just meet your partner and decide to line up your bills and all that right away. It takes time to develop the trust. And I think about how much more rapidly the trust is built when you go through things together, active things, when they're both enjoyment but they're also both a little challenging and things like that. And so when working with individuals in that way, that's where I've also seen that process when guys or females or any population young and old, when they're coming together and they're having to look and see that I identify with one other person in this group, we're creating a supportive factor, maybe a retention to do deeper work. So we're setting the scene for much deeper work and conversations about change.

Matt McKenzie:

So, there's a real intent. You know, we're not playing activities aimlessly and wasting time. There is intention. Just last week and I have a private practice on Saturdays, met six new members of a group that had 12. And they're all coming in with their books thinking that we're going to open up a book, write down some skills and be on with it, and I come in with boxes of markers dump them on the floor. Grab a sheet of paper, I want you to draw a house. You know, and this is something we bring into a group like this, this is called life's blueprint.

Matt McKenzie:

So, they draw a house that has a roof, that has walls, that has windows, has doors, has a lawn, has lights, has a chimney. And this playful side is coming out, this inner child, this time where you weren't as maybe defensive or overthinking it but that you were just being in a natural self and you were curious about what your neighbor was drawing or you were trying to find the right color that fit your subconscious state or something you knew from a prior time. Then we go to the evocation, we flip it over and we say, "That chimney that you drew, what helps you blow off steam? Those windows you drew, who sees you? How would you let someone see you? What would you let them know about you? That door



you drew, who do you need to keep out? You know, that lawn that you drew, what do you want your legacy to be? What lights you up? What holds you up?"

And then we use dyads, and we break this group down from 12 to two, and we ask them to share with each other. And then we bring them back to 12 and we take those drawings and we make a neighborhood. And as someone is sharing, they're connecting power lines from their house to the other person's house. Now within the group we know that they'll take all their paper with them, but they'll remember the marks that were on the group, on their page, and I'm just constantly keeping a pulse on the moment and the experience, and asking them and reflecting to them, "Now, you connect with that person on spirituality. You connect with that person on being a parent. Your child brightens you up. You're now thinking about the legacy you want to live." And asking them, dialing into the temperature of the room. So that could not happen if I was just Q & A-ing for one hour with six people I'd never met before, not at that rapid rate.

Glenn Hinds:

I'm just struck by again the whole thing with you describing the creating of the identification with each other and the normalization that that can create for people, and that then can bring the group cohesion forward much quicker. And I'm also struck by that, your use of the evocation, of what does this chimney mean to you, how do you blow off steam, and I guess that just recognizing that the individual themselves doesn't necessarily have to answer this outside to have any benefit. The fact that you're just inviting them to use the metaphor of the chimney as a way of thinking about that part of their life, who sees you, and helps them understand that from that internal reference.

Glenn Hinds:

And whether they choose to share it or not, it has given them an opportunity for them to think about it for themselves, about themselves. And I guess that that in itself is very powerful. And you mentioned your book and just the Experiential Motivational Interviewing and Action Oriented Way of Being is the name of the book, and one of things in reading it, a beautiful line that struck me was, "Healing itself is a creative act." And it sounds like creativity is so much of what you're doing in your work Matt, and I'm just wondering, can you expand on that, that notion of healing as a creative act?

Matt McKenzie:

Yeah, so I think when we're faced with challenges, to experience healing we have to find out how to creatively tap in to all the things that will help us get out of this that we didn't think that we had in us. Something taught us that we no longer possess the strength or that we see ourself as flawed, so having to creatively tap into that is something I even know I do in my personal work. I had a childhood stroke as a kid. I've ran marathons, I currently train Jiu jitsu with George Wehby at Lion Heart Academy. And there's always a creative way to find what's the one or two things that you can do to give yourself in the best position. And so, in the activity portion, I think the activities give us the way of being and Motivational Interviewing give us the way of communicating how they're being, and we get to merge those together with a creative force.



Matt McKenzie:

Instead of directing the play, we're creating, and then correct the play. And so with like an activity to make connections such as step in, step out. We're in a circle because we don't want to create a division with lines having people sit in rows, so we're always in a circle for the unity. And we ask them to step in if they connect with a theme, so step in if you feel welcome to the group, step out. And we do several of these in the sequencing effect, which is very creative, right? So we see sequencing in television shows, so you get a little bit of heavy stuff and then you get some light stuff, and then you get some heavy stuff. And then the shows over and you get a preview, so it's always sequencing our mind, right, so that we don't have cognitive overload or emotion. We can regulate the emotion.

Matt McKenzie:

And so, we turn that over then to the patients and ask them, "You bring something to this now and ask people to step in if they connect." And so we're creating that, we use the acceptance and we use the collaboration that, "I'm not going to tell you what to do this whole group. I don't know what the outcome will be." I think it's very creative and I don't know what the outcome will be, because think I have to be creative. If it goes, if the water travels a different path I have to be very creative with that in my reflections, in my questions. And I think that these creative outlets teach people how to be spontaneous and adaptable.

Matt McKenzie:

So, like when their supports are gone, like with the carpet activity, what do I create here to adapt and to move forward. And I think that really lines up with the forward way of thinking, of honoring the patients, which is evocation. So I really think that that really lines up with all of what MI is doing. I think experiential do it. I think they have overlap. Not just as a clinician to patients by thinking, we're training and teaching Motivational Interviewing with activities. We challenge the helper to be more creative in their delivery of skills, their metaphoric reflections. So I think that we grow, we keep evolving. We don't look at MI as it's done, it's the best it'll ever be. We look at it, create it and evolve it and to fit all these different fields.

Sebastian Kaplan:

Yeah, just the word creative and just thinking about how we'd normally think of it as we have a block of clay or a blank canvas and there's something that happens when someone is creative with that and it turns it into something else. So its elements are intact, it's still clay, it's just a different shape than it was originally. Or there's now color on this canvas, it's still a canvas however. And I suppose the idea of healing as a creative act, you have the person that is transformed through the work that you're doing, and in that sense there's where the creativity comes in. Now, it's creativity, the clay isn't shaping itself of course whereas in the work that you're doing its two people together or multiple people in a group setting.

Sebastian Kaplan:

But yeah, it offers an interesting and new way of thinking about healing. And it strikes me of something else in the book too that I came across, I wanted to ask you about, which is also perhaps a bit of a creative take on a term that certainly mental health providers often use but maybe anybody in the helping profession, which is the term resistance which has an interesting history in the field of MI. You know, a lot of us are fond of the term rolling with resistance which was something we used to say a lot and was part of the first two editions of the main text. But Miller and Rollnick have since deviated away from the concept of resistance because of some of the negative connotations that it fosters in our thinking about clients, and you actually had quite a, I would say extreme take on the idea of resistance in your book. So I wonder if you could talk a bit about that.

Matt McKenzie:

So one of the ways that like you said we've looked at resistance is if we're trying to support this person who's not seeing the consequences and the negative effects of certain behavior, then we think that they just don't want to get better and that their pushback is just they're resisting support. And so we've traditionally said that they don't want to get better, and Marc and I have really come together and really think about this from what we've seen in activities. While writing the book I was a corporate for over a year and a half in different offices, so this was not just a small sample, I could see it regionally.

Matt McKenzie:

And I would both teach the concepts and I would also be with patients, and we really started talking about the experiences that I was having there and he was having in his practice, to see resistance as a fear of knowing what you know but not feeling safe enough to bring it up. So, the fear of knowing I'm an alcoholic, the fear of knowing I have a chemical dependency problem, or the fear that I know that I have this issue. But I fear that if I expose that thing I have to deal with it, and I have to deal with it with somebody I don't really know very well. And then they may draw this shame factor. And so we looked at resistance as a fear, where it's the discord is the relational component as MI talks about.

Matt McKenzie:

So you know, I've been trying to think for some time now by going sky diving as my next push, and I'm thinking about how discord would be if somebody was trying to urge me and pull me up into the plane and do that, the resistance is that the thing about signing up and not trusting air. Because I trust the ground, you know, so that I'm having this internal visceral reaction and I'm feeling it in my body. I'm feeling this body temperature. I'm feeling this queasiness in my stomach about it all. And I know that I want to jump but I haven't challenged it, so I'm having this ambivalence because of the resistance, the fear state, and so we really hypothesize that perhaps having these activities can lower the fear state.

Glenn Hinds:

Yeah, so again it's about changing the expected environment in itself can create a new environment where I've prepared myself to resist or prepared myself to defend myself



against a therapist who's going to come at me and try and get me to admit that I'm one thing or another, and here he is having me play Jenga. And in that conversation, this is a new environment I'm not prepared for and there's a... What's the word I'm thinking of? It's almost like the moment becomes malleable much more than the expected one, and that then creates the opportunity for you as the practitioner to use that malleability to introduce a supportive, compassionate, understanding experience which then softens the client's fears of you and increases the likelihood of them beginning to think, "Well, maybe I could explore this with this person in a way that won't shame me or frighten me."

Glenn Hinds:

An interesting one, in the episode we've just recently released was Doctor Bill Neto, part of what he talked about was that the social hierarchy where because of the nature of who we are as animals, the back brain is always on guard to threat to our sense of wellbeing and place in the hierarchy. In a sense what you're doing in this as well is creating a space where who you are is not being challenged by me because we're over here doing this, and while we're doing this I'm being curious and interested in you. And again, in the book you describe creating a new social dynamic in that relationship, and I can understand what you're describing is that by recognizing resistance as this, then the "responsibility" we have as practitioners to respond that understanding by doing something different to create a new opportunity for the client. I'm just wondering what other ways you see yourself doing that to lower the resistance and increase the engagement.

Matt McKenzie:

I like to, with the experiential style and with the MI, know that I have the MI seals in my pocket per se. I like to acknowledge that perceived threat and then work with them. You know, if I had you guys in an activity and I said, "Oh, let's do this," and Glenn, you're participating but Seb says, "I don't want to." I'm going to look to Seb and say, "You hold your boundaries. I'm going to reflect, I'm going to validate it. You hold your boundaries." And then I'm going to ask Seb maybe at some point in the sequence, "Where else could you hold those boundaries? What's it like with me to hold boundaries? What's it like to say your boundaries and know that I respect it?"

Matt McKenzie:

And so I think that's something that I've learned and grown in with this approach, rather than saying, "Okay, now for the rest of the treatment I'm going to dodge this individual subconsciously, because I don't want to upset them." And then I end up doing no effective work except reporting into my supervisory in my treatment notes that they have resistance, but I've never taken an archeological dig in trying to help the person unravel what created the resistance or what's going on with the individual.

Glenn Hinds:

So the resistance itself is purposeful at some level. And again, in chapter four on creativity and spontaneity, what struck me was your encouragement for the reader who is the practitioner. It's almost like you're encouraging us to recognize the importance of our attunement to our own experience in that situation as a way of helping us to understand



the client and what it is they may need from us, in the way you just described it there, to recognize it when Seb says, "I don't want to do this," that you recognize his need to keep himself safe without you feeling threatened by that, and then to respond to that in a really supportive and compassionate way while staying flexible to see the opportunity that may arise later in the conversation for you to support Seb think about things from that perspective or even to go, "Okay, I'm prepared to change my boundaries now and become a participant in a different way.

Matt McKenzie:

Yeah, and I think I've seen it both as a clinician and as a trainer of the concepts we're discussing, is as much as I feel dialed in and educated and versed on it I have found myself going before a group and having resistance. Like, "I don't know if I want to do this. I don't know these people. The roster on the door says over 100 people. Like I'm having resistance, it's like I love this but I don't know if I want to do this," you know? I'm so glad MI and experiential let us look inward in order to look outward.

Matt McKenzie:

You know, knowing that I'm having a hard time accepting myself. I'm not giving myself compassion. I'm not looking at my strengths that I possess. So being able to recognize that I too do this, so when I'm in a session I'm trying not to look at the person and say, "Well, you're a patient and you obviously have resistance, and that's not okay. You need to get along with it." Instead having this approach of, "This is interesting. This needs to be explored together. We need to explore this together. Because maybe your resistance could ultimately lead to your healing, seeing that you could maybe push through and create a tolerance and create and adapt."

Sebastian Kaplan:

Yeah, I feel like I'm hearing a few important lessons there. One is the idea of curiosity and how, if that is something that one of our listeners values or if a provider values, that when we make definitive statements about the other person like they are resistant, or my own personal non favorite is they are manipulative, it just kind of ends the exploration of what's happening for the other person. It's such a conclusion. And of course since we're the providers, then we're the experts, right? So then we must know, and it just further ends any discussion or conversation perhaps, unless it's about how to validate my view on whether you're resistant or manipulative.

Sebastian Kaplan:

So just the idea that you would take somebody's "resistance" to participate in an exercise and in a way validate and even support that, encourage it even, and even go so far as to say, "Where else are you setting boundaries in your life?" I mean, it's just a complete shift in how we would often respond. I guess another way I'm thinking about it too is we have these terms, at least in the healthcare field, of patient centeredness, right? Obviously its origins in Carl Rogers, not surprising when he developed client centered counseling, but I feel like patient centeredness, if you ask 100 providers if they're patient centered, 100



of them are going to say yes because who in their right mind is going to say, "No, I'm actually not patient centered."

Sebastian Kaplan:

But I think if you were to ask them what does that mean or how do you do that, it's probably a bit harder to tease out, even for themselves. Like, all right, what do I actually do that's patient centered? And some might have a misconception that the people that might be uncomfortable with it might feel like you're just doing whatever the patient wants you to do, which is a misconception, right? But to take the idea of resistance and view it as, and being curious about their fears and change, as opposed to them resisting me, really, because then it becomes about me or the treatment that they need but they don't know that they need and all that. That seems like truly a patient centered way of thinking and a way of thinking that would then lead to patient centeredness as an action and could certainly guide conversation from there.

Matt McKenzie:

Yeah, and to add to what you're saying, I love that that's where we've gone with MI, with compassion. You know, acknowledging that compassion is not an emotion, it's that choice to understand and look and filter through these characteristics and to find the one thing that you're doing the best with that you can at this time. Like, the best you can do right now is to hold a boundary and show me that you can hold a boundary. You know, that is the best that you can do with that. And then I take on the posture of I want to help with that. I want to understand that.

Matt McKenzie:

You know, and I've even gone as far as in activities to think of it, of asking maybe the individual, "What concerns you the most about if you open up? What concerns you the most if you don't open up? How tight is this wall?" Using the metaphors again, you know, the projective identification. Because then I'm not really talking about you, I'm talking about the wall. You know, how many bricks are in this wall? Is this wall made of steel? Like really exploring the wall. And I've seen it happen too when I do that, the individuals come down off the wall and they're like, "You know what, I do want to take a brick out of the wall so what might you do to do that?"

Matt McKenzie:

And I think it takes us more from just maybe we're getting from patient centeredness to present centeredness. Just being really dialed into this moment perhaps is something. We're seeing this when they're stuck. Maybe even having the group respond. And maybe we can test, with the activities we can test. We can do activities as sociometric hands in the book. You know, we're in the circle and we can say, "If you feel comfortable with this placing a hand on the shoulder of the person, or standing near the person if a hand is not okay. Stand or place a hand on the shoulder of an individual that you would like to support more." And we see these constellations form around that individual. And there's no words, it's just movement. So I didn't have to have somebody talk at me is what the person can convey. You know, no one's saying anything to me. I just got to see it.



Glenn Hinds:

And I can imagine how profound that must be for some people, that people that they may not know that well see their willingness to be available in whatever way they can to be of support to them, in a way that's perhaps different for them in their other real world experiences, that these people going even just by touch or closeness of proximity and the message that that communicates to them about who other people witness them to be and their willingness to take their own risks to be supportive of them.

Glenn Hinds:

And you mentioned Rogers and what strikes me is when we listen to what Rogers says about empathy, he talks about the practitioners having enough security within themselves to be able to recognize when they step into a client or a patient's world, and to remain aware of themselves while being in that world. And it sounds like that's an awful lot of what you're doing there, for you to be able to be this creative in the moment, to be able to be responsive to what could be called resistance of difficulties or problems, and just to stay present with an open mind, an open heart, and a kindness towards even the way you reframe what could be called difficulties in a way to just be curious. Recognizing, "This is how they've got this far."

Matt McKenzie:

Without me.

Glenn Hinds:

Yes, without me, yeah.

Matt McKenzie:

Yeah. Yeah, and I think that that's something you're really hitting on there, Glenn, is that I have to meet the vulnerability with kindness and not judgment. If anything, maybe that alone is going to help create some healing. You know, I don't have an agenda to fix you today with this wall, but that you see that I'm not going to try tear down your wall like a bulldozer, that I'm just like, "Oh, nice wall. That's a very stable wall you have there." And not with sarcasm, but with genuine, you know, "This wall is strong," just through reflection. And I think when I'm teaching this with Motivational Interviewing, I have to make sure that I'm really making an important discussion around the neutrality of the reflections. It cannot come as sarcasm. It cannot say like, "Boy, you really stepped in there." It's like, "No, something told you it was okay to step in. I don't know, will you tell me?" You know?

Sebastian Kaplan:

Well, wonderful ideas to I think begin to wrap up on. You know, we're conscious of our time here, but certainly again just really wonderful examples of creativity, creative thinking, and invitations. You have this whole idea of the wall and being curious about someone's wall as opposed to seeing it as a barrier, which I guess walls are to some extent but this would be an invitation to find out more about the person which is really wonderful. But as we start to close, we often like to find out from our guests what is coming



up next for them, what's on the horizon, what are you thinking about as an endeavor, whether it's professional or personal. So, what do you have in mind Matt?

Matt McKenzie:

I'm currently a doctoral student at the University of Holy Cross. It's a fully online accredited program for counseling education supervision, and I'm taking on a qualitative study to understand these components that we're talking about to reduce compassion fatigue for the helper. My interest is to see that if we're doing Motivational Interviewing and experiential modalities, that perhaps we're creating this flexibility in the moment, as a helper there's curiosity, and this could reduce this committee in the head that I'm not doing things well and I have low self-efficacy, or that judgment of this person has resistance.

Matt McKenzie:

So maybe we're lowering compassion fatigue, and really separating compassion fatigue from burnout and really looking at this is not really about the task for the day, you have limited hours or the amount of people in a group. Because I know I've seen in my own practice settings, these methods can work whether you have 10 in a group, or I've had as much as 50 college kids in the Greek system in a group. And if I have a big enough prop, I can meet the group, if I know how to break down the group. And so that to me is driving self-efficacy upward, patient buy in upward, and reducing burnout for both parties. And so that's something that I'm going to try to be breaking down over the next two years.

Glenn Hinds:

Mm-hmm (affirmative). And you mentioned that earlier on about that idea of the absence of client engagement or poor client engagement is somehow related to practitioner's own burnout or fatigue, where they're going, "What's the point? What's the bloody point? They're not moving." And it sounds like again it's about recognizing that for me to become fatigued I have somehow invested some of me looking for some sort of return in this process. I'm going to make you better to make me feel good. And the other part of what we're exploring here is what if we didn't invest of ourselves to look for a return?

Glenn Hinds:

And that's what you've been talking about the whole session, which is what if I simply practice being curious, witnessing who this person is, witnessing what could be traditionally called difficult behavior as resourceful behavior from the client's perspective. And that as you described at the very beginning, once you stopped trying to fix people and started to be curious about who they were I that moment, your life improved, your experience of it. You started to enjoy what you were doing. And I'm wondering what if anything have you been discovering early on in your research, so if anybody was listening, is there any tips of guidance's that you've discovered so far that may be of benefit to some people out there who are maybe experiencing some fatigue or frustration in their practice.

Matt McKenzie:

The current thing I'm learning is that compassion fatigue is high when there is a negative view of the patient and then there is a negative view also of yourself and the skill. So



consider, I know I went to seven years undergrad and graduate school. Then you have so many licensure hours to get, and then just to get your foot in the door. And so it's a lot of work so maybe we're also getting to the edge maybe of close compassion fatigue already, so I think maybe we need to look at how are we educating Motivational Interviewing, or even maybe adding in the thing that I love with experiential in the classroom of graduate programs.

Matt McKenzie:

And also looking at how to provide consistent continued education, not just for the CEU units, in most fields these continued education units, but really just giving more effort towards education, towards training. Because if you feel like you spent all this time and money and energy and there's no outcome, you're going to feel like, "I should leave this job, or I should go get a different type of career." And so I think we're having very courageous people that are voluntarily trying to help people, and then they burn out because they really didn't support with something that can teach them how to look at themselves and also look at others.

Sebastian Kaplan:

Certainly, some exciting learning journey for you going forward, and we certainly hope to hear more from you Matt as you explore not just experiential Motivational Interviewing but this role that our practice has in perhaps reducing compassion fatigue. So Matt, thank you so much for joining us on the podcast. It's been a real pleasure.

Glenn Hinds:

Yeah, absolutely. And perhaps one of the things we also do as well is just to remind people, just invite you Matt, if people were to be interested and I'm sure they are, there's going to be lots of people who will be intrigued by an awful lot of what you've said today, if you're happy enough for people who are listening to the podcast to contact you. Would that be okay, and if it is how do they go about doing that?

Matt McKenzie:

Yes, so we have a web page to do any kind of follow up. It's McKenzie Strategies, and McKenzie is M-C-K-E-N-Z-I-E. There's always a curiosity of how to spell the word, that name. So mckenziestrategies.com, and then the email would be mckenzie@mckenziestrategies.com.

Glenn Hinds:

Have you a Twitted handle people could follow?

Matt McKenzie:

Yes. I always forget.

Glenn Hinds:

I think it's MattMcKenzieMintie.



Matt McKenzie:

Yeah. Yeah, yeah, MattMcKenziemintie. I have one for my Jiu jitsu I'm sorry, and I also have one for MI. It's McKenzieMintie. McKenzieMintie.

Glenn Hinds:

Well, we'll certainly include all in the blurb that goes along with the podcast.

Sebastian Kaplan:

And we've mentioned the book a few times. How do people look that up if they're interested?

Matt McKenzie:

It's published through Kindle publishing, and if you go to their higher education section and type in experiential or motivational it'll be the first hit.

Sebastian Kaplan:

Okay. Great. We will include that in the episode notes as well, any links to that.

Glenn Hinds:

So experiential and Motivational Interviewing.

Matt McKenzie:

Yeah, either or. I've tested it all out. So, yeah.

Glenn Hinds:

Fantastic. And again, just to remind people for staying in touch with ourselves, our Twitter handle is @ChangeTalking, our Facebook is Talking to Change, our Instagram is TalkingToChangePodcast. Our email address is podcast@glennhinds.com. And again, if you're interested in training just drop us a line and we can give you some information about that. But thanks very much Matt, really interesting conversation. We really appreciate you giving up your time today, and we wish you every success with the doctorate and with the book, and certainly we'd love to hear more about the research around the impact on practitioners is helping, that would be really good for us to hear. But just to say cheerio, and thank you. Thanks Seb.

Sebastian Kaplan:

Yeah, see you Glenn.

Glenn Hinds:

Take care everybody. Thanks.

