

Talking to Change: An MI Podcast

Glenn Hinds and Sebastian Kaplan



Episode 44: MI and Social Support for Opioid and Stimulant Use Disorders, with Paul Delaney

Glenn Hinds:

Hello again everybody and welcome 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 Winston-Salem, North Carolina. Hey Seb.

Sebastian Kaplan:

Good morning, Glenn. Good morning for me anyway. Good to see you.

Glenn Hinds:

Yeah. And you too, man. How's things?

Sebastian Kaplan:

Things are okay. It's a bit of a chilly spring so far. Glad to have a reprieve from what's sure to be another hot summer. Enjoying some of the cool temps.

Glenn Hinds:

Taking advantage of it when you can then?

Sebastian Kaplan:

Yeah, exactly.

Glenn Hinds:

Good.

Sebastian Kaplan:

How about you?

Glenn Hinds:

Yeah. Well, we also are having a cooler than normal spring. I remember this time last year when lockdown was just starting, and we had such a warm May. But it's cool. But it's bright and it's comfortable. The world is opening up. I'm double vaccinated. You know what? I think I mentioned this in a previous episode, just receiving that. And I think it's a general sense that there's more of a sense of hope and belief that things are now turning a corner where people see the opportunity, the risk of that and it's been mentioned in the media quite a bit, that people may be letting their guard down maybe quicker than they would hope that we would in the hope that we avoid another lockdown in the future.



Glenn Hinds:

But certainly, it feels like more people have a bit more of a spring in their step and a sense of return to if we can call it normality, but more social connection and more meeting up with people. Because we know we're social creatures. That's very important to us and our wellbeing. All is good. All is good. And I guess we might hear a bit more about our guest, Paul, who's based in Dublin, who while just down the road from us has a different regime in relation to the health and the vaccine process. That may come up today, it may not. But as we get started, maybe you just want to remind people of how they can contact us on social media.

Sebastian Kaplan:

So, on Twitter, we have @changetalking, Facebook is Talking to Change. Instagram is Talking to Change Podcast, and for any direct communication with Glenn and I, any recommendations for future episodes, which we do get, and we definitely appreciate or any other comments, maybe questions about training, things like that, you can contact us at podcast@glennhinds.com. Of course, any rates and reviews are appreciated as well.

Glenn Hinds:

Thanks Seb. As we begin this episode, it's important just to acknowledge that part of what we're doing in this episode, it's almost like a double episode in that, two episodes ago, we spoke with Dr. Roy Stein, exploring the medical interventions with individuals who experienced an opioid and stimulant use disorders.

Glenn Hinds:

Part of the reason why we're doing a second episode is because we've been asked by Brian Hartzler and ATTC in the Northwest in Washington, if there was an opportunity for us to look at this topic from slightly different angles, one was from a medical perspective and the second one was from a non-medical perspective. We're delighted to be joined today by our good friend and MINT colleague, Paul Delaney, who will be introducing us to the non-medical interventions that he does and the use of motivation interviewing. It's good to see you, Paul. Thanks for coming.

Paul Delaney:

And to you Glenn. So, thank you, to you, and Sebastian for inviting me on today. It's good to be here.

Glenn Hinds:

Fantastic. As we most often do now, the starting off our podcast conversation with a guest is really an invitation for you just to tell us a bit about yourself and introduce us to your journey into Motivational Interviewing.

Paul Delaney:

I suppose in many ways, I've had a circuitous route into being a Motivational Interviewing practitioner and trainer later on. Back in the '80s, I was working for the Trade Union



Movement here in Ireland. Part of my job was to help develop EAPs or Employee Assistance Programs. The concept there really was pretty straightforward. Instead of people losing their jobs because maybe they had an addiction or some other issue, that treatment would be provided for them by the employer and therefore they could either rejoin or at least not suffer the stigma of having been dismissed or fired because of what was going on for them.

Paul Delaney:

That got me interested in the whole area of addiction. I subsequently went on to gain a qualification as a psychotherapist and I've been specializing in addiction counseling ever since. For about 35 years or so now. Interestingly, certainly here in Ireland in those days when I was training as an addiction counselor or a substance abuse counselor, the choice was quite limited. There was a sort of a tradition, if you will, of going the total abstinence Minnesota model training route because that's what was in vogue, that's what was available.

Paul Delaney:

That was my initial training. When I look back on it now, I sort of often think about what a traumatizing time it was really for me because it conflicted this whole idea of the more upset you could make somebody, the more likely they were to change just never sat well with me. But I didn't know any difference at the time.

Paul Delaney:

Now I had to sort of sensed this wasn't a good way of working with people. But nonetheless, that's where I was. And then when I went to work in England, a few years later, I was on placement over there. And that's when I came across Motivational Interviewing. It was before, Bill and Steve had actually written the first book on Motivational Interviewing. There were different papers circulating at that stage and there was rudimentary, if I can put it that way, rudimentary training taking place in Motivational Interviewing and I was just fortunate to be exposed to that. I took to it, as they say, in Ireland, like a duck to water.

Paul Delaney:

I remember feeling as if somebody had put a warm pair of gloves on my freezing hands. It was just something that was nice and comfortable. Not only did it make total sense to me, but it also and I know other people who have experienced Motivational Interviewing training have said the same, it also helped remove a huge burden off my shoulders, that my job was to change people. Now all of a sudden, I realized the only person that could change anybody was the client or the patient themselves. But that, I could play a part in that process.

Paul Delaney:

I went on to do some more training in Motivational Interviewing. Eventually, I was very fortunate enough to be at the first forum of the Motivational Interviewing Network of Trainers in Malta in 1997. I had been part of the association before then. It was called the



International Association of Motivational Interviewing Trainers or IAMIT, until somebody realized that stood for, I am it, and probably wasn't a good fit with what we were trying to do.

Paul Delaney:

But I remember well that meeting in Malta. In many ways, it's sort of cast the mold for what was to come in terms of the development of training internationally and on a worldwide basis. So, I was glad to be part of that. And since then, I've done my best to play a role in the development of Motivational Interviewing and training out here in Ireland and across the way with the UK colleagues internationally and indeed, even in North America.

Paul Delaney:

I count myself very privileged to have happened across Motivational Interviewing. I think Bill is right when he said all those years ago that there should maybe be a health warning with Motivational Interviewing that it does change your life. It certainly did change my life. And I know that's a big statement, but it's become so much of what I do, not just in terms of Motivational Interviewing and training.

Paul Delaney:

For instance, I have a pilot's license and I've been flying aircraft for the past 25 years or so. I teach on the course here for the Irish Aviation Authority. And it's a course, which is for flight instructors. So, in other words, it's pilots who are teaching other pilots. My input is on the psychology of teaching and learning because that's where my master's degree is. It's in education, training and development. But it's amazing how I've been able to incorporate Motivational Interviewing into that realm. Even talking to captains who are instructors about the need for empathy is something which one would think probably should be an autonomic response of people, but when you begin to talk about it, when you begin to talk about even some of those areas that Carl Rogers as an educationalist, let alone a psychotherapist talked about, student-centered learning and how that blends so well with Motivational Interviewing, it's been a great adjunct to a lot of areas that I've been involved in professionally.

Sebastian Kaplan:

Wow, Paul, so many interesting stories there. And so, you're a true early adopter to MI. I think there's legendary tales that we've heard about that initial meeting in Malta, something about a swimming pool too, I think. But we don't need to get into that.

Sebastian Kaplan:

But wow, I didn't realize that you were part of that initial group. I guess one thing that strikes me there is you have this early experience, even before training where you worked for this employee assistance program, that I imagined viewed addiction somewhat differently and that it wasn't something to be punished right away. It wasn't something that if someone had an addiction difficulty, they weren't to be cast away, that there was a need to, at least to some extent, help and heal someone and then it must have been a bit



jarring to have that Minnesota model put before you, which was quite common at the time and really trying to sort of reconcile those two different ways of thinking about it.

Sebastian Kaplan:

And then, as you said, the warm gloves of MI, you got to put those on and really start to feel like okay, this is home for me, this is where I can do my best work through these ideas around empathy and some of those Rogerian ideas.

Paul Delaney:

Yeah. Very much that, Sebastian. When I think back, I think that the whole Employee Assistance program movement, if I can call it that, is a very wholesome one. It's a laudable thing to do that you try, and support people rather than them lose a job. But of course, some of the attraction of the say large multinational companies that had those EAPs, Employee Assistance Programs, because they had to be fairly large and wealthy to actually have them.

Paul Delaney:

Some of those companies were just satisfied with the model that well, you will change this person for us, won't you? It was almost the subtext. Whereas when I moved on and looked back, in retrospect at that approach. It just became clearer to me why it didn't work so well. That people even after they went through treatments that have that approach, typically didn't stay on track for too long. They regressed, they relapsed back into dependency, whether that was on. In those days, it was primarily alcohol and prescription drugs. There wasn't even the huge issue that it is now with street drugs and drug dependency.

Paul Delaney:

People tended to relapse. But as I began to discover different ways, and it wasn't just Motivational Interviewing. Just once I joined the Motivational Interviewing Network of Trainers and joined with other colleagues, I began to see the merit in for instance, using both cognitive behavioral therapy in tandem with Motivational Interviewing. It broadened my horizons in terms of what tools or approaches were there to allow me to work with people who had addiction issues. I've carried that through.

Paul Delaney:

The one thing I know about Motivational Interviewing is that it's as a dynamic approach, it hasn't stood still. That's evidenced not just in the series of books that Bill Miller and Steve Rollnick, the originators of this approach, have penned over the years, but I see it constantly in terms of even this type of initiative, which yourself and Glenn, Sebastian are making available now. There's some fantastic work taken place by people who are really dedicated and committed to using Motivational Interviewing. That keeps me going as well. It gives me great inspiration.

Glenn Hinds:



There's something about the doing with and in that last piece that you mentioned there, the fact that there are other people doing different things, that that in itself, the energy of them is infectious enough for you to continue your own evolution, that the journey that you've been on didn't finish when you discovered Motivational Interviewing, it simply evolved into another chapter in that journey for you and that you didn't become precious that, okay, I've got a new pair of gloves and that's it.

Glenn Hinds:

You've been willing to explore, well, what else can I wear that ultimately will be of benefit to other people? And it sounds like that's one of the values, it's informing what you've always been doing, whether that was as a trade unionist or whether that then became as someone who was offering support to individuals with drug and alcohol related problems, which was you wanted to be helpful to other people and that you always kept your eye across the horizon as to what's there that can add to what it is you do to ultimately be helpful to the people you come into contact with.

Paul Delaney:

I think that's a good emphasis, Glenn, that word helpful, because I suppose from early on, the reason why I became involved say, as a trade union activist was, I wanted to be helpful, in inverted commas. I see the work I do as an extension of that. But having said that, though, I also am aware that we need to be more than just helpful.

Paul Delaney:

We need to be sure that what we're doing has a scientific theoretical underpinning and that it's based on research, that it's not just something that somebody thinks might work or sounds nice, though Motivational Interviewing does sound nice as well. It wasn't just if you like the altruism that struck me about Motivational Interviewing. It was the fact that we knew there was a body of research that said, "This works."

Paul Delaney:

I remember you mentioned there, Sebastian, about 1997, the first meeting of the Motivational Interviewing and Network of Trainers in Malta. And some of us sitting around a swimming pool and as you say, it's become almost legendary, that discussion at this stage. But I remember a colleague from the Netherlands at the time saying to me, as we were sitting there, he said, "Paul, do you think that this Motivational Interviewing thing will work with the clients we work with?"

Paul Delaney:

And really what he was saying was, he knew because the two of us had got to know each other at this stage. And really, what he was saying was, "Will this work with people who, for instance, have been socially excluded and who are maybe homeless, people who are living in poverty constantly and people who are using say, a lot of heroin. Is this something that will work with them?"

Paul Delaney:



It didn't take us both long to conclude, of course, it will. This isn't something that has been devised or developed just to suit people who can afford high level psychotherapy or private counseling. Nothing wrong with that. But this was applicable to the people that both he and I were working with at that time. It has remained that way for me. It's become stronger because I can see how Motivational Interviewing works. I head-up a team of 32 people in the community-based treatment and rehabilitation program that I'm involved in and have been for the past 20 years. And each of those people is well trained. Each of those team members is well trained in Motivational Interviewing.

Paul Delaney:

Some of them are actual members of the Motivational Interviewing network of trainers, but they will all... I was only delivering a training yesterday to the team. We were just updating some of our skills, particularly around elicit, provide, elicit, and I'll talk more about that later on if I get a chance. But it was really updating skills in relation to Motivational Interviewing. But it's the one subjects that I know my team members warmly embraced. They can't get enough of learning about Motivational Interviewing. And that tells me something, it tells me that it works really well with the clients and the patients that we work with.

Sebastian Kaplan:

Yeah, it's such an interesting reaction that a lot of people have, whether it's people that are first learning about MI, or like that conversation that you described with two people that were at that point really devoted to it, which is the question, "Will this work with the people that I see?" You could sort of remove and insert any number of people that I see. There's physicians or nurses or any type of professional might question or wonder.

Sebastian Kaplan:

And I imagine there's something maybe about the discrepancy between the sort of wonderful simplicity of MI in many respects. It's not like this highly technical or dense kind of philosophy. But there's something quite accessible about it for many people that might seem kind of discrepant from the really challenging kind of day-to-day interactions that many professionals have. I wonder if that's something that's causing people to wonder like, "Yeah, that sounds nice." Maybe it sounds friendly like you were saying before. But would this actually work for the hardcore clients that I have to work with?

Sebastian Kaplan:

Again, you're sharing from your vantage point from both yourself, but from your team of people that you train and work with every day that this is something that is broadly accepted by your team. I imagine therefore, broadly accepted by your clients. Maybe you could talk a bit about your clients and the kinds of struggles that they are experiencing with opiate and stimulant use disorders, and how MI is fitting so nicely in that context?

Paul Delaney:



Yeah, sure. If you'll allow me permission, I just want to tell a little story before I come to that Sebastian, about the appeal of Motivational Interviewing to other professionals who may not necessarily even be working in the area of addictions. I've had the privilege of training what we would call multi-disciplinary teams on behalf of our health service here in Ireland. I've been doing that for a number of years. Typically, in those groups, you get doctors, you get nurses, you get social workers, you get psychotherapists, you get occupational therapists as well and physiotherapists.

Paul Delaney:

Now, a couple of years ago, just to emphasize the powerfulness of people seeing, other disciplines seeing Motivational Interviewing as being useful in our own domain, I was delivering a course that would have to be delivered over three months. It wasn't sequential, but we were doing a few days a week over three months. In the beginning, I was asking for some examples of patient issues that people found difficult to resolve because of their perception that the patient wasn't motivated enough.

Paul Delaney:

There was a very brave occupational therapist to who stuck her neck out to tell me the story about she was working with an elderly gentleman, and he was living in a very remote area, living on his own, his wife was dead. He was beginning to suffer from some of the vagaries of old age. He had broken a leg previously working around his garden. He had some other primary health care issues. The local health board was concerned. His GP had contacted him and said, "Look, we think that he needs some supports." They had done the social worker type supports. They had done that piece. But he also needed some very practical supports. He needed some handrails put into house to stop him from falling.

Paul Delaney:

He needed his bathroom adapted again because he wasn't good on his feet. And she went out. She was sent out to see about this and to ensure that she would take all of these offers of help. But she met with a complete resistance to it by him. He told her, "No, I don't need any of this. Thanks very much but I don't need it." Now, she tried to persuade him, convince him with logic and using arguments that healthcare workers often use such as, "Well, do you know how many people suffer serious falls? Do you know how many people die from falls? How many people make the situation worse?" And so on. And he was having none of it. He just said resolutely, "No, not having it."

Paul Delaney:

So, she mentioned this as an example when we got to talking about dealing with resistance and dealing with discord with patients and clients. We discussed this in our group. We concluded that some of the Motivational Interviewing approach of looking for instance at the good things and the not so good things about changing your stance on something, using that, how that might work. Initially, she was a little bit hesitant because she said, "You mean I have to say to him what are the good things about not taking these supports." And that that felt a little bit counterintuitive to her.



Paul Delaney:

She felt because she was both a nurse as well as an occupational therapist, and none of this would have made a lot of sense in terms of how she previously had approached these situations. A month later, we reconvened, and she had visited him again with a colleague and this time she sat down and of course, she used the OARS, the open-ended question, the affirmation, the reflective listening and the summaries, which we had already covered in the training course. And now she was looking at respecting his viewpoint. She wasn't trying to change him, she was genuinely seeking to work in partnership with him and to show him respect, that his view was valid and that at the end of the day, the whole area of autonomy and his rights to decide on things wasn't going to be impinged on.

Paul Delaney:

She then asked him to explain some of the good things about not taking these particular health benefits. She told us, she told the group that he said, "Look, there's a group of us." And we play cards every Thursday night and people come to my house, some of my friends from the old days. And he said, "We alternated as well. I go to other people's houses." But he said, "I don't want people coming into my house and thinking that I'm some sort of an invalid by seeing all of this." He said, "Because I'm not." And she used reflective listening. She just reflected that back to him.

Paul Delaney:

And she said, "Anything else that's good about not doing it?" And he said, "I suppose really, I'd be giving up. I'd be giving into myself. I'd be giving up on life if I start down that road." And again, she used reflective listening, but then she also got it. It was like an entrée. She got the opportunity to then ask him, "What could be some of the benefits of actually doing this?"

Paul Delaney:

He said, "Well, now daughter is frantic with worry. She tells me she can't sleep worrying about me, thinking that I might fall down, and I don't want that. I don't like that." And she again reflected this back to him. And she said, "Is there anything else?" And he said, "Well look, now that we're talking about it and I probably wouldn't say this to my friends, but I'm saying it to you, I am actually nervous when I get in and out of the bath and I'm nervous that I might slip." And she told me that a few days later, he phoned her up and said, "Look, send the people out and we'll do this." She said, it was a fantastic result.

Paul Delaney:

Now, I'm not saying that Motivational Interviewing is a panacea for everything or it's a magic wand. But there was a case where even a different discipline, you're asking me, Sebastian, about theory of addictions, and I'll come to that now, but there was a case where somebody in a completely different health aligned discipline was able to use Motivational Interviewing. But it required and this is why I said she was brave, it required a shift in her thinking, to shift about this, what we call the Spirit of Motivational Interviewing. In other words, letting go of that need to be seen as the expert all the time and then she could see the benefits that could derive from that.



Glenn Hinds:

So, for her to help him change, it sounds like what she did first was she changed. That when she first went and she practiced what she knew, he was who he was, and he said "Listen, that's not going to work for me. I don't want it to happen" When she was willing to come back and approach the same issue, but from a slightly different angle, a shift took place in his thinking and ultimately then in his behavior?

Paul Delaney:

Yeah, I think that's spot on, Glenn. And I find this and I'm sure you may well find that as well when you're training people in other disciplines. It's almost as if they eventually say, "I really knew this all along. I knew that this approach probably would work." But what Motivational Interviewing training does is, I think it gives people permission to try it out.

Paul Delaney:

Because certainly, I remember that's the way it worked for me. When I discovered Motivational Interviewing and you say she changed, I changed. Of course, I did. I had to. But it was almost as if Motivational Interviewing gave me the comfort to change and to try things out.

Glenn Hinds:

I guess, then, as you were describing that, it's one thing thinking about an elderly gentleman who is reluctant to allow someone to bring in some physical aids to his house and the issues that he's facing. And then compare that to someone who is, as you say, potentially living in a homeless situation, who has been poor for a long time and is using heroin or stimulants. And then for someone to come along and enter into dialogue with them to help them change.

Glenn Hinds:

I'm just wondering, are you superimposing the same spirit into that relationship and noticing the same changes? Or what is it that's been done in Motivational Interviewing by you and your team, with these individuals who are coming to see you?

Paul Delaney:

Well, look, I think regardless of the circumstances of the clients and patients that we deal with, I think there is a universal applicability of the spirit of Motivational Interviewing. And by that, I mean, the compassion, the empathy, the genuine respect for somebody's autonomy. I think these are universal.

Paul Delaney:

However, having said that, the community-based treatment and rehabilitation service that I head-up, probably it would be seen as a CSO or community service organization in other areas. In other words, it's funded by government, but it's not part of government. So, our particular service is funded by both the Department of Health and the Department of Justice. That's because the vast majority of people who present to our four units, we have



four units spread out, in the Southeast of Ireland. The majority of people who present are people who have come through the criminal justice or corrections service.

Paul Delaney:

So, they are referrals from either the probation service or the court service or the police directly. Typically, they are caught up in either drug or alcohol dependency, or more often than not, a mixture of both, polydrug use. And they typically are, for instance, early school leavers. So, a lot of them haven't even got basic certificates from their education. They're typically from families that have suffered a lot of social deprivation.

Paul Delaney:

Maybe second-third generation unemployment and a lot of I'm also have underlying issues of trauma. Adverse childhood experiences. So, people will often hear that referred to as ACEs, A-C-E. So, you're right Glenn. There is a difference maybe in the cohort of people that we're dealing with. But yet, the same approach, the same fundamental approach of respect for the person of letting go of the telling somebody how to do it. Being assured that if we use a Motivational Interviewing approach, then we're going to evoke the person's own reasons for wanting to change.

Paul Delaney:

These are all fundamental. Now, when we talk about opiate use, stimulant use in Ireland, there has been a sea change, sea change in drug use, certainly in the Republic of Ireland over the past four or five years. It's not to say that the main drug groups such as heroin, cocaine, cannabis and ecstasy, it's not to say that they've gone away. But rather, they've been supplemented with a whole array of what are often referred to as NPS-type drugs, new psychoactive substances.

Paul Delaney:

That has created a huge challenge to services like our own. Because previously, for instance, if the client was motivated to change from their heroin use, then you might organize for them to access a MAT, a medically assisted treatment program maybe using methadone as the substitute. So, there was a route that way. There isn't such a medical route for people who for instance find themselves in trouble from synthetic type drugs or indeed, any of the many variants of cocaine type drugs that have appeared on the market.

Paul Delaney:

There's cocaine itself, there's crack, they're still both major issues for us but there are also and it's often referred to as a poor man's cocaine, there are also a range of pills, capsules and powders which are coming in now which mimic their analogs of cocaine, they mimic that stimulant property and are cheap and are available and we have to deal with that.

Paul Delaney:

But for me, what it's doing is it's doing is, the need for health services not just to be reliant on the medical model because it doesn't fit the totality of the client cohort, that are using



drugs. But to be able to incorporate and approach like Motivational Interviewing, that draws on clients themselves and their need to want to change and to be quite honest with you in my many years and certainly with this service, 20 odd years now, I've never met a client who didn't want to change. But I think you have to foster that relationship. I think that's what Motivational Interviewing does.

Paul Delaney:

Now, don't get me wrong. One of the things which I really was struck with when I first learned Motivational Interviewing was Bill Miller's and Steve Rollnick's insistence that we avoid the premature focus trap. I remember that hit me like a ton of bricks, because it just made so much sense. So, for instance, none of the 32 people on my team would dream of immediately talking to a client, even a mandated client, somebody who had been sent from court or from probation. We wouldn't dream of immediately jumping in and say, "Right. What are you going to do about your heroin use?" Not to somebody who, for instance, might be homeless, might have other primary health care issues, might be dealing with court issues, might be dealing with family issues, might be dealing with serious debt.

Paul Delaney:

Why would you start with that? Again, I think we've evolved a way of using Motivational Interviewing even as a precursor to treatment, as a way of encouraging people towards more structured treatments. That could be down the road. In other words, dealing with people where they're at. Respecting that aspect of autonomy.

Sebastian Kaplan:

Yeah, and many of your examples today, whether it's your description of some of the clients that you're seeing now, the story of the old man pushing back on the idea of modifications to his home or even your teaching of the pilots who then teach other future pilots, all of these are examples of fairly high stakes situations, whether it's high stakes of... Obviously teaching somebody how to fly a plane is pretty important, we really want to make sure that they know what they're doing when they're up there. High stakes in the sense of this old man who's really starting to deteriorate some from a physical standpoint, but then also high stakes in terms of people using substances now that we don't know how to treat them the way that we used to in terms of some of these medical interventions.

Sebastian Kaplan:

That all of these scenarios provide the potential risk for coming into the conversation with a real sense of urgency, and therefore, the risk of diving in quickly with that premature focus. And with a lot of suggestions, solutions, whatever it might be, and you're suggesting that MI offers both a kind of a philosophy or a mindset, but also somewhat of a structure to slow the breaks down and to kind of remind the practitioner that we'll get to that, we're going to get to what this individual is going to do or what they're thinking about



in terms of their heroin use. We'll get to that soon enough. But we don't need to get to it right away and we don't need to force anything on them.

Paul Delaney:

Exactly Sebastian. I think that's the bit that appeals to addiction practitioners. I've had the fortune to engage with through Motivational Interviewing training over the years, that they realize that it's not an abdication of duty to engage with somebody on a non-judgmental basis, that it's not that they're putting aside their professional duty of care to somebody.

Paul Delaney:

Because, again, I think it was stated in the first book and people often seem surprised when I say it to them in training. I say, "Look, Motivational Interviewing is directive." And then people go, "Oh, that sounds like it's contradictory. You've just been telling us all about autonomy." And then of course, you talk about the internalized conflicts that come up for clients, the cognitive dissonance, the contradictions that even engaging somebody in a Motivational Interviewing conversation almost automatically produces. You talked then about the internalized conflict, conflict for the client or the patient.

Paul Delaney:

People grasp that. You mentioned earlier on Sebastian about it being somewhat a side about a simple almost approach Motivational Interviewing. I often say to people yes, one thing that attracted me to it is that in many ways and I know this can sound derogatory, I don't mean it to, but it's devoid of psychobabble. In many ways, people get it. They get it without having to be a counselor or a psychotherapist or a psychiatrist. They appreciate that. They appreciate that they can use a set of interventions, a set of skills, and as you say, as a construct and that they can still do good work.

Paul Delaney:

But it doesn't have to come immediately. It can come while you avoid the premature focus trap. In that regard, like I've got great respect for even at this stage for Maslow's Hierarchy of Needs, even though at this stage, it's quite dated. But it's as relevant today as it ever was, which just states quite clearly that there's no sense in trying to push somebody into treatment in 'if they're cold, hungry, wet and homeless. You need to deal with those issues. But you can deal with them in a motivational manner. You can deal with them using the spirit of Motivational Interviewing, that then sets the scene for further work with that client. That's what we do as a team in the service staff as I say I work with.

Glenn Hinds:

The idea of that you've never met an individual that has come along to the service who doesn't want to change, I suppose highlights the point you've been making around the spirit which is that what it is you're encouraged in your practices and the people that you're teaching and what it is you're endeavoring to practice yourself is to recognize the question that meets answered now, is, what would make them want to change in my company? What would make them want to begin to explore these difficult maybe even uncomfortable



issues that they have with me so that the opportunity for change is sitting opposite us and we engage the things that we say.

Glenn Hinds:

The things we don't say are also very important and the catalyst in the movement towards us. And then, very often we use in Motivational Interviewing the metaphor of the dance. There is somebody leading this dance, but it's been done in a very soft and gentle way that... And that's the guiding part of the Motivational Interviewing which is itself directive. We know where we're trying to get this person to, but that idea of pushing them somewhere is counter to what it is we now know that works.

Glenn Hinds:

It's familiar for many of us that we push hard enough, somebody will do what they're told. But what you've been describing, and I guess what a lot of people who are listening to podcasts will recognize is that for some reason, when we seem to push people in a certain direction, they'll go that way. But once we stop pushing them, they seem to go backwards again to where they were at. What you're describing is, how do I enter a conversation with an individual who is perhaps homeless, hungry, heroin using and enter in the conversation with them where I'm not trying to force them to do anything?

Glenn Hinds:

But I'm beginning to explore was them, recognizing the resources they have within themselves, about what ideas they have that may help them not be as hungry, potentially resolve their relationship with housing in a way that works for them. And ultimately, then, at some point, if appropriate, change their relationship with heroin or other drugs?

Paul Delaney:

Yeah. I think it's very much that Glenn. When I think of how I approach and I still do hands on client work in our service, recently, I would have had a mandated client. Somebody who was sent on foot of the court through the probation service, and he was quite resistant. He really didn't want to be there. And not only that, he was young-ish and he still wanted to continue on using drugs.

Paul Delaney:

He certainly wasn't in the space where he was prepared to hear that drugs were bad, don't do drugs. He was probably resentful. I think that he had even been asked to come and see me. Now, at an early stage in that conversation, because it's part of our engaging part of the process, I emphasized to him that it was his choice, what he decided to do. At some stage, I said to him, "Okay. John, we've been talking a little bit about your use of heroin and how that's got you into trouble with the police. It seems like you've been involved in some theft issues to get the money for your heroin and that led you to be involved with the police, ultimately, with the court system, with the probation system and now you're here talking to me.

Paul Delaney:



Now, what I just want to make clear to you, John, is what you decide to do about your use of heroin is completely up to you. It's your choice. It's interesting that I probably have never had a situation where I've said that, where the client wasn't totally surprised. It's almost like they go, "Oh. Now even if they don't verbalize that, you can almost hear it, you can almost see it in the body language."

Paul Delaney:

But it can be a powerful way of letting the client know that whatever other agencies have said and done with them, that's not what they're going to experience here. That's not just about me being nice. Though there's nothing wrong with being nice. But it's little to do with that. It's about that establishing of a relationship from an early stage that then allows you to carry on the conversation. I do think that's fundamental, that type of spirit is fundamental to whatever our clients whether the client is sitting there who has a dependency on alcohol and they're an older client or whether it's a younger client who I think, as Bill Miller said, to me many years ago still has a lot left in them in terms of drug use, they still a lot to go.

Paul Delaney:

I think stressing client autonomy is something that's crucial to what I would say, and I hope it doesn't sound disrespectful, I often say to the team, "It's a hook." We're trying to hook the client in, not in any devious way. It's not about hooking them in and then jumping on them and hitting them over their head, even metaphorically with a stick. It's not about that. But it is about knowing that this is the way I would like to be treated myself. I wouldn't like to be challenged by somebody I don't even know.

Sebastian Kaplan:

Yeah, it's an experience that I would imagine most people can imagine or relate to where here's this young person mandated to do many things, probably. Seeing you is one of them. But there's probably all kinds of things that he's been mandated to do. Probably interacts with many adults who tell him, "You have to do this, you have to do that. If you don't do this, then this bad thing will happen."

Sebastian Kaplan:

The experience of meeting with you, who then does quite the opposite, but I guess not in the opposite in the sense of telling him he can do whatever he wants in a dismissive, uncaring way. But sort of supporting autonomy in a respectful, valuing sort of way.

Sebastian Kaplan:

That experience for him was really ground shaking. You can imagine that it just provides such a shift in what's possible in the conversation, because otherwise, you're just another person trying to make him do something he doesn't want to do. What's he going to do?

Sebastian Kaplan:

Well, he's probably going to push back actively or passively like he's probably done many times before. It doesn't guarantee of course, that he's going to all of a sudden stop using,



but at least, conversationally, which is I suppose the drug that you have at your disposal in terms of your intervention, conversationally, now, he's much more of a willing participant. Now the possibility for that conversation to lead to some kind of change, now it's there, now it's possible.

Paul Delaney:

Yeah. I think that hits around the head Sebastian. I think that a lot of the work we do... When you asked me to talk about opioids and stimulant use, I got thinking about what is the core work that we are doing on a day-to-day basis with users of opiates and stimulants. In many ways, it's harm reduction. We're trying to ensure that we can reduce the harm not just for the individual, but maybe for families and for the wider community.

Paul Delaney:

Motivational Interviewing, I get back to this point, I think it's a great precursor to further treatment. We use Motivational Interviewing skills, when I say we, the team that I work with to motivate people to look at how they can reduce or taper their existing drug use or alcohol use. That often seems like a much more acceptable course of action for active drug users or alcohol users.

Paul Delaney:

We set our sights if you're like on that, so that, again, it's just like what you've been saying, Sebastian, it allows for the conversation then to continue. A lot of clients our research statistics would show that 85% of clients who engage with us through a Motivational Interviewing manner set of objectives, 85% reduce significantly their drug use or their alcohol use. And then there's a smaller subset who become drug or alcohol free, but we don't demand that.

Paul Delaney:

We don't say to them from the start, "Look, you've got to stop using drugs. You've got to stop using alcohol in order to make progress." I think Motivational Interviewing is a great construct for ensuring that you can promote harm reduction with clients.

Glenn Hinds:

Yeah. As you were just talking just now, what struck me was just how important it was to recognize that we can do the techniques and we can sound the skills, but without the Spirit or without the genuineness of the intention of the practitioner and chances are, there's going to be very little progress, that the techniques and the spirit working together will bring about the outcomes that the practitioner is looking for. What struck me there with Seb, was almost like you were describing that, while we may not be medical practitioners, it's almost like the substitute prescription that we're offering is the Spirit, is the relationship, is the...

Glenn Hinds:

That what we're offering is something different from what they're currently experiencing, that will ease their pain in this transition, that the drugs themselves have played a part in



their lives and played an important part in a positive way for a period of time. What we're going to endeavor to do is to help them replace that relationship with drugs with other ways of doing it. And one of the alternatives is the relationship that we offer them as they explore and then enter into that transition. It's just another wonderful metaphor to consider and to develop that substitute prescription of using the spirit of MI.

Glenn Hinds:

I'm just conscious of our time here, Paul. It seems like just the theme of today has been about the relationship and particularly around the practitioner, the transition that you have described in yourself from being in the Trade Union movement and now as an MI practitioner, an MI trainer, but the thread throughout it has been your willingness and desire to be helpful to people.

Glenn Hinds:

What's also been true is that while that thread has been there, it's always been in transition, it's always been changing for you. It's an evolutionary process for you that you've been searching for the most effective science-orientated, evidence-based way of being helpful to people. As you've gained that, you've been willing to share that with other practitioners, ultimately, for the benefit of, in your instance, some of the most isolated human beings in Ireland, that you're reaching out a hand of hope and inviting people to consider reconnecting with, in human relationships that potentially can bring them back to a place where they no longer need drugs to survive and then can flourish as part of our community.

Glenn Hinds:

I suppose it's just acknowledging my gratitude as an individual who lives in Ireland, just for the work that you and your team do, and people like yourselves, who are supporting some of the most isolated people in our community. That it's so easy for us to walk past individuals like that and just dismiss them. It's warming to know that there are individuals who just don't do that. Who are willing to go out to the edge of our society and support those people because they are part of us. It sounds like that's what's been driving you and your team to do it and it sounds like Motivational Interviewing has been one of the vehicles that has enabled you to do that in such an effective, meaningful way.

Paul Delaney:

Yeah, it's something which I personally have derived great satisfaction from over the years, Glenn, my journey through Motivational Interviewing. I think you're right. I'm a great believer in lifelong learning that we never stop learning and Motivational Interviewing has been a great vehicle for me to continue developing and again, in a position, a very privileged position to be able to impart some of that knowledge through training others in Motivational Interviewing.

Paul Delaney:



In the sure knowledge that it does change people. It changes the practitioner. Also, if it's done right, it changes the lives of other people. I'm grateful that I came across Motivational Interviewing when I worked in England all of those years ago.

Glenn Hinds:

One of the questions that we ask people at this stage of the podcast Paul is, what else is going on for you that may or may not be MI related, but that's currently catching your attention and lightening you up, that we could explore with you for a few minutes?

Paul Delaney:

Sure. Something I done at the 20th anniversary of MINT here in Dublin in 2019 is I delivered a training session on combining Motivational Interviewing with restorative justice. That's something which has been of great interest to me over the past few years.

Paul Delaney:

I am a member of the European Forum for Restorative Justice, which is an EU-funded body. And I am privileged to chair their training committee. That's a well-established body that seeks to develop restorative justice across Europe, particularly at the governmental level with departments of justice and other corrections and criminal justice bodies. The reason attracted me to that was its philosophy, its underpinning principles are very similar to the spirit of Motivational Interviewing.

Paul Delaney:

It talks about moving away from a combative adversarial type approach to people who have maybe committed offenses along the way. It talks about doing things with people as opposed to doing things to them. It seeks to bring wrongdoers and victims together to resolve issues. I know that again, Steve Rollnick, in his work, especially in South Africa, he is an advocate of that idea of trying to resolve issues at a local level by discourse and by talking.

Paul Delaney:

To me, it's something which I'm deeply involved in at the moment, the European Forum for Restorative Justice, while looking at developing specifically some courses that do marry the two approaches together. I think there are some colleagues in America that are already doing that. Sebastian, the Institute for Restorative Practices, but it's something which I would like to see more of, because again, it has proven efficacy. It's only... last year was written into a program of the European Union based on the efficacy from the research across the EU. I'm looking forward to continuing on with that, but I probably wouldn't have really gone down that road if it wasn't for Motivational Interviewing itself.

Sebastian Kaplan:

It's just another example of how something that we're seeing more and more, which is the idea of MI providing a - a conversational foundation for another approach or intervention to grow from and we often hear about it with cognitive behavioral therapy or even just a GP, a primary care practitioner visits and whatever might come from that. But here we



have a much different context, one where you might see this in corrections, certainly in the schools where my career started.

Sebastian Kaplan:

That's sort of what I know about restorative justice comes from that place and I appreciate you sort of highlighting yet another place where we see MI working in conjunction with something else that's pretty well established with a fairly strong following.

Sebastian Kaplan:

Paul, we very much thank you for joining us and before we say goodbye for good or at least for now, we always ask our guests if they'd be open for people to contact them with questions or any comments after hearing this episode. Would you be open to that and if so, how could they contact you?

Paul Delaney:

Okay, firstly, I'll be glad to receive any comments or questions. My email would be pdelaney, so that's P-D-E-L-A-N-E-Y, pdelaney with the number three after that, so pdelaney3@gmail.com. Pdelaney3@gmail.com will get me and I'll be glad to interact following the podcast.

Glenn Hinds:

Fantastic Paul. We also have our own ways of contacting us. Seb, if you just want to remind people of the way of contacting us.

Sebastian Kaplan:

Twitter is @changetalking. Facebook is Talking to Change; Instagram, Talking to Change podcast. Any direct communication with Glenn and I is podcast@glennhinds.com.

Glenn Hinds:

Fantastic Seb. Paul, again, thank you very much for your time and your insights. We really appreciated all that you shared with us today and thanks for coming.

Paul Delaney:

And thank you. Thanks for having me.

Glenn Hinds:

Thanks Seb.

Sebastian Kaplan:

Thanks, Glenn. Until next time.

Glenn Hinds:

Indeed. Thanks everybody.

