



Dr. Dawn-Elise Snipes

Dr. Dawn-Elise Snipes has a Bachelor's Degree in Psychology with a specialty in Behavior Modification, a Master's Degree in Rehabilitation Counseling, and a Doctoral Degree in Counselor Education with a specialty in wellness in law enforcement and the emergency services. Dr. Snipes holds licenses and certifications as a Mental Health Counselor, Rehabilitation Counselor and Fitness Practitioner and belongs to the American Counseling Association and Chi Sigma Iota, the National Counseling Honor Society.

Currently Dr. Snipes serves as the Chief Executive Officer and Clinical Director for Dawn-Elise Enterprises, Inc. which has grown over the past few years to include three companies: Affordable Wellness, The Addictions Counseling Alliance and Police-Counseling.com. In addition to her private practice, she has worked for two years as the Clinical Director of a large multi-level substance abuse and mental health treatment facility in Gainesville, Florida.

You may contact Dr. Snipes by email at:

Dr_Snipes@police-counseling.com

or mail her at
P.O. Box 1688,
Alachua, Florida 32616-1688

PBA wishes to express appreciation to Dr. Snipes for contributing this helpful column for the benefit of our members.

A Public Service Column for Members: A Look At Wellness

Motivational Interviewing

We have realized that most people with addictions also have mental health disorders. In dealing with them, the old notion of break-them-down then build-them-up has gone by the wayside. Instead, a new technique, called motivational interviewing is being used.

Motivational interviewing is based on the following assumptions:

1. Ambivalence about change is normal and constitutes an important motivational obstacle in recovery.
2. Ambivalence can be resolved by working with people's intrinsic motivations and values.
3. The alliance between you and that person is a collaborative partnership to which you each bring important expertise.
4. An empathic, supportive, yet directive style provides conditions under which change can occur. (Direct argument and aggressive confrontation may tend to increase defensiveness and reduce the likelihood of the person trying to change.)

In the field, keep the following five principles in mind:

1. Express empathy through reflective listening.
2. Develop discrepancy between what the person says they want or do and their current behaviors.
3. Avoid argument and direct confrontation.
4. Adjust to client resistance rather than opposing it directly.
5. Encourage them to believe in themselves and develop hope for the future.

The following five strategies are particularly useful in helping people seek treatment:

1. *Ask open-ended questions.* Open-ended questions cannot be answered with a single word or phrase. For example, rather than asking, "Do you like to _____?" ask, "What are some of the things that you like about _____?"
2. *Listen reflectively.* Demonstrate that you have heard and understood the person by paraphrasing what he or she said.
3. *Summarize.* It is useful to summarize periodically what has transpired up to that point
4. *Affirm.* Support and comment on the person's strengths, motivation, intentions, and progress.
5. *Elicit self-motivational statements.* Have the person identify personal concerns and intentions, rather than try to persuade him or her that change is necessary.

Successful motivational interviewing entails being able to:

- Express empathy through reflective listening.
- Communicate respect for and acceptance of people and their feelings.
- Establish a nonjudgmental, collaborative relationship.
- Be a supportive and knowledgeable consultant.
- Compliment rather than denigrate.
- Listen rather than tell.
- Gently persuade, with the understanding that change is up to the person.
- Provide support throughout the process of recovery.
- Develop discrepancy between the person's goals or values and current behavior, helping them recognize the discrepancies between where they are and where they hope to be.
- Avoid argument and direct confrontation, which can degenerate into a power struggle.
- Support self-efficacy and optimism: that is, focus on the person's strengths to support the hope and optimism needed to make change.
- Show curiosity about people. Because their desire to change is seldom limited to one problem, they may find it easier to discuss changing other behaviors.

- Reframe a person's negative statements about perceived coercion by re-expressing the statement with a positive spin.

When working with people who are thinking about or have just entered treatment:

- Ask about the person's own goals and strategies for change.
- Discuss the range of different community resources available to meet the person's multiple needs.
- With permission, offer expertise and advice.
- Negotiate a change. Take into consideration:
 - Intensity and amount of help needed.
 - The timeframe.
 - Available social support, identifying who, where, and when.
 - The sequence of smaller goals or steps needed for a successful plan.
 - Multiple problems, such as legal, financial, or health concerns.
- Consider and lower barriers to change by helping the person anticipate possible family, health, system, and other problems.
- Help the person enlist social support (e.g., mentoring groups, churches, recreational centers).
- Explore what they might be able to get out of treatment

People's involvement or participation in treatment can be increased when you:

- Develop a rapport with them. Know their name. Say "hi." Be genuinely interested in them.
- Investigate and resolve barriers to treatment.
- Help clients view change as a challenge that they can succeed at, if they commit themselves to the process.
- Reach out to demonstrate continuing personal concern and interest to encourage people to keep trying to do the next right thing, even when the going gets tough.
- Reinforce the importance of remaining in recovery.
- Support a realistic view of change through small steps.
- Acknowledge difficulties in early stages of change.
- Help the person identify high-risk situations and develop strategies to overcome these.
- Assist the person in finding new reinforcers of positive change.
- Help the person develop strong family and/or social support.

One major barrier to successfully developing rapport with people is failure to effectively communicate, or "hear" what they are saying. If you are imposing direction and judgment, you are creating barriers. The person will most likely react by stopping, diverting, or changing direction. Several examples of such nonempathic responses have been identified:

1. *Ordering or directing.* Direction is given with a voice of authority. Nobody likes to be told what to do. Help clients come to a decision to do something on their own.
2. *Warning or threatening.* "If you don't listen to me, you'll be sorry." Unless you have consequences you can impose, do not make empty threats.

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