

# INTERACTIVE JOURNALING



## Incorporating Evidence-Based Practices in a Person-Centered Change Process

By David Mee-Lee, MD

### Introduction

There is increasing pressure to use Evidence-Based Practices (EBPs) and Evidence-Based Treatments (EBTs) and it makes sense to have the best-proven tools in your clinical toolkit. But as William Miller, who was instrumental in the development of the concept of Motivational Interviewing, says: “perhaps the proper attitude toward EBTs is one of respect not reverence” (Miller, Zweben, & Johnson, 2005). There is currently too much reverence for EBP and EBT, which puts the focus on fidelity to the EBP rather than how to use the EBP to engage the participant in treatment.

While EBPs are important, equally important to facilitate lasting positive change in addiction and mental health counseling and therapy is the therapeutic or working alliance (Miller & Rollnick, 2013, p. 39) characterized by

- a trusting and mutually respectful working relationship;
- agreement on treatment goals; and
- collaboration on mutually negotiated tasks to reach those goals.

One EBP that is listed in the National Registry of Evidence-based Programs and Practices (NREPP)—a searchable online database of mental health and substance abuse interventions developed by the Substance Abuse and Mental Health Services Administration (SAMHSA, <http://nrepp.samhsa.gov>) is Interactive Journaling (IJ). It is a practice that allows the clinician to balance EBPs with a person-centered process that facilitates self-change upholding the therapeutic alliance.

### What is Interactive Journaling?

Chances are you know about Motivational Interviewing (Miller & Rollnick, 2013) and the Transtheoretical Model of Change (Prochaska & Norcross, 2009) and recognize the importance of working with a client’s stages of change and ambivalence

about change. But you may not have heard of Interactive Journaling. In a paper on *Interactive Journaling as a Clinical Tool* William Miller articulated it well: “Interactive Journaling (IJ) as a clinical tool combines elements of bibliotherapy (the presentation of therapeutic material) with structured reflective writing” (2014).

The method of IJ was originally developed in 1988 by Donald Kuhl, founder of The Change Companies®, Carson City, NV. It was based on the Intensive Journal Workshop approach of Dr. Ira Progoff, (1975), which in turn was influenced by the research and writings of Carl Rogers (1965), Truax and Carkhuff, (1967) and Carl Jung (2006/1957-8). More recently, IJ has been developed as an economical format incorporating the methods of Motivational Interviewing eliciting client self-motivational statements in written form (e.g., Miller & Mee-Lee, 2010). IJ has also extensively incorporated content from the Transtheoretical Model of change and from cognitive-behavior therapy. The current evaluated applications of IJ represent refinement of the method over a 22-year period in collaboration with single state agencies, clinical treatment programs, correctional facilities, university research institutes, and individual feedback provided by more than 4,000 clients.

The method of IJ offers several advantages as a clinical intervention:

- The interactive client journals (workbooks) provide a high degree of standardization in delivery of treatment material. Each client walks through the same sequence of material regardless of the program context and specific facilitator. Consistency of delivery of evidence-based treatments tends to increase efficacy.
- Standardization of delivery is further promoted by facilitator guides that accompany each client journal, and specific training is available in the use of the journals and facilitator guides.

## Interactive Journaling as a clinical tool combines elements of bibliotherapy (the presentation of therapeutic material) with structured reflective writing.

- The material in interactive journals is presented in a strategic manner that actively engages the client in a systematic way. Rather than passively receiving information, clients respond actively in their own words at each step along the way. This allows increased individual activation within group therapy or in an individual session or homework assignment.
- Rather than being text intensive, IJ is a highly graphic approach with color on every page. It blends core behavior-change content with targeted questions. These are designed to engage participants in exploring risks and needs as well as strengths, resources and solutions to problem behaviors.
- Expressive writing exercises and guided discussions help elicit the client's personal motivation for behavior changes that result in reduced substance use and improved function.

### How to Find the Balance Between EBPs and a Person-Centered Change Process

Many states and counties have invested vast resources into training staff in EBPs and incorporating methods to ensure fidelity to the EBP. The respect we have for EBPs, however, requires equal respect for the therapeutic alliance. If you are working on abstinence and sobriety and the client is in treatment focused on getting his children back or keeping a job or a relationship, you don't have an agreement on treatment goals. If you are requiring attendance at 90 Alcoholics Anonymous (AA) meetings in 90 days and changing friends, and the client hates AA and sees nothing wrong with her friends, then you don't have agreement on the tasks to reach the goal. Thus you don't have a therapeutic alliance that influences the outcome even more than the EBPs used (Mee-Lee, McLellan, & Miller, 2010).

Interactive Journaling helps find the right balance between EBPs and the therapeutic alliance by presenting treatment-relevant information that incorporates EBPs like MI, cognitive behavioral therapy (CBT), and stages of change work in graphic-enhanced text to engage the reader in a self-change process. Interactive Journaling builds in frequent structured opportunities for the client to respond to and integrate the material in a way that honors their stage and interest in change and at a pace that makes sense to them, thus strengthening the therapeutic alliance.

### How IJ Engages Participants and Facilitates a Self-Change Process

In an article, *How Handwriting Trains the Brain: Forming Letters Is Key to Learning, Memory, Ideas* (The Wall Street Journal, October 5, 2010) Gwendolyn Bound documented how writing by hand is more than just communication: it engages the brain in learning. Miller addresses a similar point:

Spoken language is the primary medium of counseling and psychotherapy. The therapeutic value of written language has also been studied extensively, both to provide self-help information and to elicit personal reflection. Interactive Journaling (IJ) is a guided writing process that combines both of these functions (2014).

Interactive Journaling engages participants and supports the power of writing and journaling in a variety of ways:

- The importance of color, because color increases comprehension and retention over 70%.
- Heavyweight paper promotes permanency; individuals keep their journals and many treasure them and refer back to them in continuing care.
- Ownership in participants' recovery. Participants are engaged more accountably when presented with a quality full color journal they interact with in an experiential way. Many take pride in their own journal rather than loose pages of exercises.
- Encouraging participants to ask, "What does this mean to me?" Through the use of use of graphics, page design and placement of text, and through interactive exercises in each client journal, IJ is designed to be easy to follow and to keep participants engaged.

For example, in the journal *Self-management: A Guide to Your Feelings, Motivations and Positive Mental Health* (Miller & Mee-Lee, 2010), one colorful page is divided into two halves with a large shaded arrow pointing upwards and another pointing downwards. The exercise instruction says, "Think what you might want MORE or LESS of in your life and in yourself." Plenty of space is left for the participant to list, "I would like to be more..." and "I want to experience or do MORE of these things..." On the other half of the page: "I would like to be less..." and "I want to experience or do LESS of these things..."

This and hundreds of other carefully designed journals on a vast range of topics walk participants through a facilitated self-change process. That change process may be in Impaired Driving classes, addiction and mental health treatment settings at all levels of care, and criminal justice settings involving probation and parole officers, in-prison treatment programs, and drug courts. Besides products for adults, there are journals for adolescents, veterans returning home and for people with problem gambling. The exercises in IJ incorporate major EBPs with the focus on the person and the therapeutic alliance, not just the EBP.

### How Providers Use IJ

All this may sound promising in theory, but how do clinicians and programs actually use IJ? Two programs share their approach: Greg Bauer, CDP, NCAC1, is executive director of Alpine Recovery Services Inc., (WA), where persons struggling with substance use disorder receive innovative, individualized outpatient care. Alpine Recovery Services has been using IJ in their curriculum since 1999 with positive outcome. Bauer outlined the following points:

1. *We have developed a curriculum using the interactive journals as the core. We have all patients start out completing the first portion and the first two areas they want to change in*

continued on page 8

## Interactive Journaling finds the right balance of the structure of EBPs with the central importance of the therapeutic alliance to enhance positive self-change.

the “Moving Forward” journal. We then use the information the patient has identified in developing the individualized care plan. We continue to work with the patient identifying more areas they desire to change to continue to add to the care plan.

2. As staff identifies areas of concern, if there is an interactive journal that aligns with the issue such as anger, the Anger journal or portions of it are assigned for the patient to work on.
3. Patients present their homework in group after reviewing it in an individual session. Also, any patient assessed as needing Intensive Outpatient (IOP) to start, are assigned four of the journals that help in educating the patient regarding Substance Use Disorders (SUD) and recovery.
4. We have developed educational series around the journals and will break the patients into triads to work on some in group in addition to the homework. The journals we use in most IOP cases are: Getting Started, Denial, Substance Dependence, and Step 1. We assign group presentations based on patient need and areas they can benefit from peer feedback.
5. Besides IJ in group work, the remainder of the journal work is reviewed in individual sessions where we work with them on their specific goals. We also help the patient in identifying areas they may not be aware of that are stumbling blocks or areas blocking growth, prior to transfer to a different level of care to help with developing a care plan for the next level of care.
6. We also keep a selection of journals on hand including Steps to Spirituality, Working the Program, Anger, and others that we add as assignments and homework as the patient develops awareness in other areas they want to change. The journal facilitator guides for all the interactive journals provide suggestions on relevant exercises.
7. I really appreciate the flexibility of the interactive journals, the ability to develop a plan that addresses the patient need with a product that is professional, effective, and has positive impact in the patient experience in treatment.

Ashleigh Simon, MS, CAADP, LPC-S, NCC, ACS is clinical director of The Bridge, Inc. Founded in 1974, The Bridge provides substance abuse treatment and behavioral rehabilitation programs for adolescents ages 12-18. Here is what Simon shared:

*Over the past several years at The Bridge Addiction Treatment Centers, we've transformed our services from program-driven to client-centered, outcome-informed treatment. We've converted forms, altered service levels and changed our way of thinking to ensure the client is a partner in the treatment process. Throughout this change process, the one constant has been Interactive Journaling. The journals serve as a tether that keeps*

*us grounded in a structure that enables our therapists to deliver individualized treatment.*

*The journals empower our therapists who engage the client in treatment through developmentally appropriate core concepts such as peer pressure, self-image and family systems. Grounded in principles of Motivational Interviewing, Transtheoretical Model of Change and The ASAM (American Society of Addiction Medicine) Criteria, these journals address patterns of behavior in our clients while utilizing an evaluative process of coping strategies for high-risk situations.*

*By encouraging clients to choose the journal that corresponds with their treatment plan goals, treatment becomes individualized, thereby shifting our focus from fixed lengths of stay and programmatic services to achieving outcomes based on each individual's process of recovery. Regardless of the constant changes with evidence-based practices and evolving business systems tied to the Patient Protection and Affordable Care Act (PPACA), IJ remain the common core for our clinicians.*

### Conclusion

The power of putting pen to paper is a fading art in this era of touchscreens, keyboarding, and point and click. Interactive Journaling encompasses tried and true journaling methods that have evidence-based concepts and practices woven through engaging exercises and tasks that focus participants on “what does this mean to me?” Interactive Journaling finds the right balance of the structure of EBPs with the central importance of the therapeutic alliance to enhance positive self-change. ▼

**Dr. David Mee-Lee** is a board-certified psychiatrist and is certified by the American Board of Addiction Medicine (ABAM). He is based in Davis, CA and is senior vice-president of The Change Companies®, Carson City, NV. You may contact Dr. Mee-Lee by email at [dmeelee@changecompanies.net](mailto:dmeelee@changecompanies.net) or visit the website [www.changecompanies.net](http://www.changecompanies.net).

### References:

- Bounds, G. (2010, October 5). How handwriting trains the brain: forming letters is key to learning, memory, ideas. *The Wall Street Journal*.
- Jung, C.G. (2006/1957-8). *The undiscovered self*. New York, NY: Signet.
- Mee-Lee, D., McLellan, A.T., & Miller, S.D. (2010). What works in substance abuse and dependence treatment, (Chapter 13 in Section III, Special Populations) in B. Duncan, S. Miller, B. Wampold & M. Hubble (Eds.), *The Heart & Soul of Change (2nd ed.)*. Washington, D.C.: American Psychological Association, Washington, D.C.
- Miller, W.R., Zweben, J., & Johnson, W.R. (2005). “Evidence-based Treatment: Why, what, where, when, and how?” *Journal of Substance Abuse Treatment*, 29, 267-276.
- Miller, W.R. (2014). Interactive journaling as a clinical tool. *Journal of Mental Health Counseling*, 36(1).
- Miller, W.R., & Mee-Lee, D. (2010). *Self-management: A guide to your feelings, motivation, and positive mental health*. Carson City, NV: The Change Companies.
- Miller, W.R., & Rollnick, S. (2013). *Motivational interviewing: helping people change*. Third Edition, New York, NY: Guilford Press.
- Prochaska, J.O., & Norcross, J.C. (2009). *Systems of psychotherapy: a transtheoretical analysis*. (7th ed.). Belmont, CA: Brooks-Cole.
- Progoff, I. (1975). *At a journal workshop*. New York, NY: Dialogue House Library.
- Rogers, C.R. (1965). *Client-centered therapy*. New York, NY: Houghton-Mifflin.
- Truax, C.B., & Carkhuff, R.R. (1967). *Toward effective counseling and psychotherapy*. Chicago, IL: Aldine.