MOTIVATIONAL INTERVIEWING COGNITIVE BEHAVIOR THERAPY FOR ACADEMIC FUNCTION

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Abstract. Integrating Motivational Interviewing with Cognitive Behavioral Therapy can create a more effective behavioral treatment than a set of strategies alone. The purpose of this article is to theoretically discuss the integration of MI and CBT by reviewing previous research related to MI-CBT. Results revealed that the integration paradigm began when MI was initially developed to build initial motivation, but motivation still fluctuated in strength and direction during the enactment and maintenance of change, suggesting that integrating MI with CBT may create a more efficacious behavioral treatment than either set of strategies alone. There are six stages in implementing MI-CBT, including initial motivation sessions, assessment and treatment planning, self-monitoring, cognitive skills, skills training and maintenance of change. Currently, MI-CBT interventions are still widely used to treat depression and anxiety problems in clients and students. However, there is not much use of MI-CBT for learning problems, especially academic functions in students. So it is important to pay attention to the elements of academic function because academic function is something that needs to be prioritized in the learning process, where with good academic function students are able to carry out the learning process well

Key words: Motivational Interviewing, Cognitive Behavior Therapy, Academic Function

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INTRODUCTION

In recent decades, the field of behavior change has encouraged the integration of various forms of evidence-based treatment by identifying common factors and shared elements and applying them to a variety of behaviors (Abraham & Michie, 2008; Chorpita, Becker, Daleiden, & Hamilton, 2007; Fixsen, Naoom, Blase , Friedman, & Wallace, 2005).Integrating motivational interviewing (MI) and cognitive behavior therapy (CBT) can function as an integrated treatment approach to improve mental and physical health. Apart from that, integrating MI and CBT together will provide a healthier and more effective treatment plan than just providing this therapy alone. separately, using MI before CBT therapy will help create a dialogue about the patient's motivations and what needs to be changed. By engaging and creating a collaborative environment, MI-CBT can play an important role in helping clients develop skills (Naar, Sylvie & Safren, Steven A., 2017).

MI is a collaborative and coaching conversation style used to strengthen a person's (intrinsic) motivation and commitment to change, after more than 30 years of empirical study, MI has been proven to be a front-line, evidence-based, and successful intervention approach in facilitating positive behavior change, and is increasingly used in the areas of substance abuse, mental health, and further primary and specialized health services. MI also determines the communication behaviors that underlie the relational factors of psychotherapy and thereby provides a foundation for client-practitioner communication in a variety of situations (Naar, Sylvie & Safren, Steven A., 2017).

CBT focuses on changing maladaptive thoughts and behaviors that maintain symptoms and impair functioning (Beck, 2011). The CBT approach is one of the most widely disseminated elements of evidence-based treatment and shares elements in many diagnoses such as depression, anxiety, substance abuse, attention-deficit/hyperactivity disorder (ADHD), and obesity (Tolin, 2010). There is research that examines MI-CBT which is considered effective in overcoming mental health disorders such as depression, anxiety, weight-related behavior (Barrowclough et al, 2009)

However, currently research on MI-CBT does not focus too much on positive psychology aspects or on individual strengths and also students' academic function, where previous research results only contained research that revealed MI-ICBT was able to improve students' academic function. Previous research revealed that internet-based MI-CBT or MI-ICBT was able to reduce student anxiety and depression in students and was also able to slightly improve student academic function, but this

research also revealed that administering MI before administering ICBT did not make a difference. significant contribution to reducing depression. and also student anxiety (Vanessa Peynenburg, 2022). so this research aims to find out more benefits from integrating MI-CBT in overcoming mental health problems. In this article we will discuss MI-CBT integration.

METHODS

The method used in this research is the library method. Library research is research carried out using research examination methods, books, literature and reports related to the research topic being carried out (Nazir, 2003). Data collection techniques were carried out by searching for literature related to the topic (Creswell, 2014). This research is related to the integration of Motivational Interviewing - Cognitive Behavior Therapy, which was obtained through a search on Google Scholar.

RESULTS AND DISCUSSION

MI was originally developed to build motivation for initial change; MI strategies for implementing and sustaining change are only just beginning to be established (Miller & Rollnick, 2012). Miller and Rollnick (2002) note that once the initial motivation for change has been established, it may be time to move on to more action-oriented measures such as CBT. Therefore, implementing a more action-oriented treatment may strengthen the behavioral changes that MI has aided, but motivation still fluctuates in strength and direction during the enactment and maintenance of change, suggesting that integrating MI with CBT may create a more efficacious behavioral treatment compared with a series of strategies (Naar, Sylvie & Safren, Steven A., 2017). Westra and Arkowitz (2011) discussed several ways MI can be combined with CBT. First, MI can be delivered as a brief pretreatment to build motivation for a multisession intervention. Second, MI can be used at specific times during CBT when client disagreement or ambivalence arises. Third, MI can serve as an integrative framework within which other interventions, such as CBT strategies, can be implemented. The form of MI-CBT integration is as follows.

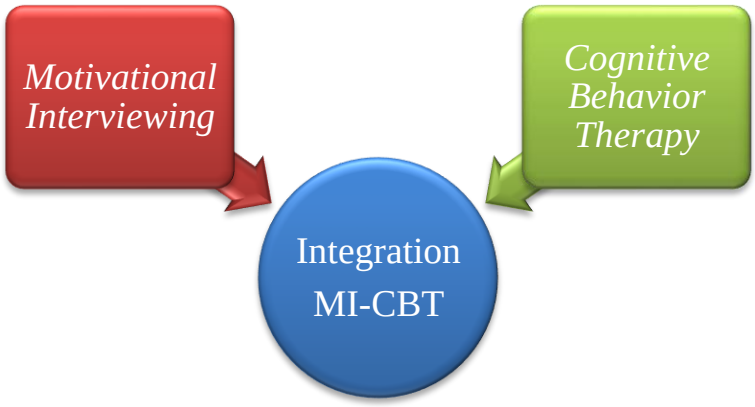

Figure 1. MI-CBT integration

The modular treatment approach is structured in such a way that not all modules have to be given to all clients, and can be tailored to the client's individual needs. Naar, Sylvie & Safren, Steven A (2017) proposed that the four MI processes (engage, focus, generate, plan) and related MI skills (reflection, inquiry, and ATA) form the core principles for an integrated treatment of the elements which is shared with CBT, can be used as a usable manual. The form of integration of stages in the implementation of MI-CBT according to Naar, Sylvie & Safren, Steven A (2017) consists of several stages, namely as follows:

1. Initial Motivational Session

   In the initial motivation session, the things done in this stage are divided into several activities including:

   a. Opening statement

      At this stage the counselor should make every word very meaningful, where the first thing the counselor gives to the client must immediately encourage involvement and show a spirit of collaboration, awakening, compassion and acceptance Motivational interviewung. In the opening statement the counselor conveys the message that the counselor will support the changes the client wants, not direct which changes to make and how to get them to change.

   b. Provide information

      Miller and Rollnick (2012) suggest that you sandwich this information between questions and reflection to maintain the spirit of MI. We call it the ask-tell-ask sandwich, or ATA. This strategy is used throughout MI-CBT integration, so we briefly discuss ATA here as an opening strategy. First, ask permission to provide information/advice (increases collaboration and supports autonomy) or ask the client what they know or want to know (increases awakening, saves you from providing unnecessary information, supports autonomy). The second step is informing—give the client information bit by bit. Finally, you ask the client about his or her point of view regarding the information provided.

   c. Understand the client's dilemmas, values and goals.

      After the opening conversation and initial treatment tasks, it is time to really listen. In MI, you actively listen with MI reflection skills and open-ended questions to promote accurate empathy and to test hypotheses about the client's world.

2. Assessment and Treatment Planning

   During the initial evaluation phase of treatment, the therapeutic alliance is fragile and easily broken if the client feels interrogated or if sensitive areas are questioned too quickly. Proceed with caution. This is why CBT practitioners often consider the assessment phase to be “pre-treatment.” At MI, and MI-informed CBT, we believe that every interaction “matters” and is an opportunity to engage clients in treatment and build motivation for behavior change. Therefore, the evaluation and treatment planning process is a separate intervention strategy which includes the following:

   a. Opening

      Three components are a routine part of the engagement for evaluation sessions as well as subsequent MI-CBT sessions: checking for changes to the client's previous plans, setting a session agenda, and discussing the rationale for the session's goals.

   b. Collaborative Assessment

      The assessment is usually carried out in a question and answer interview format, the counselor must make the client's condition as comfortable as possible by providing partnership, acceptance, affection, awakening, so that the client does not feel introgressed. The following guidelines support MI's enthusiasm and skills in completing evaluations with or without forms. First, the counselor asks permission to use a form or assessment tool, provides space for the client to refuse and alternatives that the client can choose. Second, conduct an interview that reflects the client's statements from previous sessions, particularly previous change conversations and information that can support the assessment (e.g., initial focus map). Third, use open questions to obtain richer information and fourth, reflect the answers to each question.

   c. Focus

In traditional CBT, cognitive conceptualization provides a framework for understanding clients in relation to cognitive models in other (brief or more behavioral) variants of CBT, the focus is on triggers (who, when, what, where) that lead to the target problem or that help avoid it. target problem. This can include automatic thoughts and beliefs, but may be broader. Regardless of the approach, the goal is the same: to collaboratively determine the relationships between thoughts, feelings, behaviors, and situations or other triggers that form a cycle, perpetuating the problem, but may lead to targeted intervention.

d. Action Reflection

Before giving advice, even in a way that is consistent with MI using ATA. This happens when you incorporate possible future actions or intervention strategies into the reflection (e.g., "You said a diet wouldn't work, so maybe it should be more like a meal plan"). ATA provides new suggestions from the practitioner, whereas action reflection uses what the client says to introduce new ideas or potential evidence-based intervention strategies. Because action reflection is still considered a reflection of the client's point of view, it does not require permission as with ATA

e. Summarizing

When you and the client have focused enough to move on to the treatment plan, it is time to move on to generating motivation for the intervention targets and then developing the specifics of the plan. In CBT, this transition includes sharing a case formulation in terms of diagnosis and education about the cognitive-behavioral model (Beck, 2011) or the presentation of a problem statement that includes symptoms, triggers, and impact on the client life (Papworth, Marrinan, Martin, Keegan, & Chaddock, 2013). In MI-CBT, establishing a formal diagnosis is not necessary as long as the focus is specific enough to match intervention targets with evidence-based treatment strategies. That is, you do not need to use a diagnosis if you can guide the client to identify his or her symptoms and triggers. Problem statements can avoid diagnosis and focus on symptoms and triggers, but they do not include potential intervention targets and miss opportunities to increase hope and optimism. However, for some clients, knowing their diagnosis can be helpful in normalizing their problems and indicating that effective treatment is available.

3. Self-Monitoring

Remember the three components that are a routine part of an MI Practitioner's initial engagement. CBT session: examine the client's change plan in advance, set a session agenda, and discuss the rationale for the session's goals. First, check the client's Change Plan from the previous week including any homework assignments. Using MI skills, emphasize even small steps toward goal completion and any changes in attention targets.

a. Focus

In the focusing process you clarify what and how to monitor. We recommend reviewing the literature regarding your client's specific targets of concern in terms of how self-monitoring has been performed in a particular evidence-based treatment so that you have information you can provide in the context of the ATA. The first question is what to monitor. While this is relatively obvious based on the problem, you and your client may need to determine how much information to monitor at one time. It is best to start simply, collaboratively discussing the benefits and challenges of increasing recording complexity to develop the best plan.

b. Planning

Although the focusing process addresses how and what to monitor specifically, in the planning process the client will determine the steps for implementation. Recall

the previous Change Plan which included a restatement of goals determining the steps to achieve those goals, identifying obstacles, and describing plans to overcome them. these obstacles. Defining these steps will move the conversation beyond the details of the recording process and into how to integrate self-monitoring into the client's daily life.

4. Cognitive Skills

After reviewing the client's change plan from the previous week, including homework and reviewing any progress measures, you collaboratively set the session agenda as described in the previous chapter by asking for permission, stating potential session components, obtaining feedback, reflecting on that feedback. , and ask what the client would like to change or add to the agenda. Cognitive restructuring may have been prioritized as part of the initial treatment plan, or you and the client may determine that cognitive restructuring strategies are necessary because of events that occurred during the previous week. As you listen to the reflections and open-ended questions, it becomes clear that cognitive restructuring strategies may need to take precedence over other skills training approaches initially prioritized in the treatment plan.

a. Discussing the Reasons for Cognitive Restructuring

What information is useful during compensation should be informed in the discussion Leahy (2003) suggests addressing how thoughts create feelings and how thoughts differ from facts. Involving the client can lay the groundwork to then focus on identifying negative thoughts and evaluating them with evidence (collaborative empiricism). Using ATA, the discussion between you and your client should be about how thoughts create feelings using examples from previous discussions, hypothetical situations, or worksheets. The idea is for the client to be able to differentiate between thoughts and feelings so that you can later guide him to change thoughts as a way to increase or decrease feelings. Traditional CBT proposes that thoughts are easier to change than feelings, and while feelings cannot be denied, thoughts cannot.

b. Focus

The goal of the focusing process is to determine which unhelpful thoughts to overcome and find patterns among them. Finding patterns allows clients to address thought categories and simplify strategies for changing thoughts and the resulting feelings and behaviors. You and your client can determine thoughts in session by analyzing different situations, as in the previous example, or you and your client can consider thought notes as a self-monitoring exercise. If the client cannot identify automatic thoughts, you can ask the client for permission to visualize the situation in question, role-play the situation, ask the client for the meaning of the situation, or offer a menu of helpful and unhelpful thoughts. In traditional CBT, the next step is to categorize the thoughts into in specific cognitive distortions by browsing the list of common cognitive distortions.

5. Skills Training

Problem-solving skills used in many CBT approaches focus on identifying triggers and developing coping strategies. Problem solving skills training has the following components. First, the client learns to develop a positive problem orientation with education and perhaps the cognitive skills described in the previous chapter. This means reframing a problem as a solvable challenge and increasing the client's confidence that he or she is actually capable of managing it effectively with time and effort. The stages are as follows:

a. Behavioral Activation

Behavioral activation usually includes self-monitoring to identify relationships between activity and mood. Then the client is asked to engage in activities (escalating from simple to more complex) based on a goal or plan, and not based on their mood. Each session is focused on what the client is doing. , not what they think, with particular emphasis on activities that are naturally strengthening (e.g. exercise, eating, socializing).

b. Distress Tolerance
Distress tolerance" is defined as the perceived ability to withstand negative emotional states or the capacity to continue goal-directed behavior in the context of negative affect. The inability (or perceived inability) to tolerate stress has been linked to many psychological symptoms (Leyro, Zvolensky, & Bernstein, 2010). describes the skills necessary for emotion regulation: awareness, identification, correct interpretation of emotional-body sensations, understanding triggers, active modification of distress or acceptance and tolerance when modification is not possible, and confrontation versus avoidance of distressing situations

c. Attention
increased awareness of thoughts and feelings and learning to accept them without judgment and without attaching to or reacting to them. Attention fullness can be considered in addition to stress tolerance, due to its purpose is the mindful observation of thoughts, feelings, and sensations.

6. Change Maintenance
The first principle of engagement is to avoid the term "relapse. So the thing to do is take care of yourself by understanding your values and goals. Furthermore, maintaining the hopes and results that have been carried out in the counseling process. Next, explore gaps and new values and goals in life because in reality every individual will experience a change in goals in their life, so it is necessary to carry out a change analysis. Next, namely increasing self-efficacy, self-efficacy is considered as an important thing in the successful maintenance of change (Beshai, Dobson, Bockting, & Quigley, 2011).

Many studies show that combining MI with CBT is more effective than usual care. The results of previous research reveal that MI-CBT is able to provide changes in behavior such as anxiety (Westra, Arkowitz, & Dozois, 2009), furthermore MI-CBT is able to overcome depression problems for drug users and those without comorbid drug use (Riper et al., 2014), and being able to overcome cocaine use (McKee et al., 2007); marijuana use (Babor, 2004), smoking cessation (Heckman, Egleston, & Hofmann, 2010), medication adherence (Spoelstra, Schueller, Hilton, & Ridenour, 2015), and weight-related behaviors (Naar-King et al., 2016). little is known about whether these treatments are more effective than combined treatment approaches. Several studies of MI plus CBT compared with MI alone address all targeted drug use and show that combined treatment is often, but not always, more effective than MI alone (Moyers & Houck, 2011).

However, what is still a concern at the moment is that the current state of research related to integrating motivational interviewing with cognitive behavior therapy is still very limited regarding improving academic function or other learning attributes. There is one study regarding MI-CBT carried out online which is able to improve academic function. Previous research revealed that internet-based MI-CBT or MI-ICBT was able to reduce student anxiety and depression in students and was also able to slightly improve student academic function, but this research also revealed that administering MI before administering ICBT did not make a significant contribution to reducing depression. and also student anxiety (Vanessa Peynenburg, 2022). So it is still necessary to explore further the integration of MI in CBT.

So in further research it is very important to find out more about the benefits of MI-CBT integration in its application to aspects of positive psychology and also individual strengths. This is considering that individual strengths are important things to increase so that individuals can function fully in their lives. Further research is also needed. Furthermore, it is also possible to test MI-CBT to improve aspects of student academic attributes and student academic function, student engagement in learning considering the importance of academic function in the process of determining students' future careers.

CONCLUSION

Motivational Interviewing (MI) and Cognitive Behavior Therapy (CBT) each provide a comprehensive approach to mental health conditions. By combining the two therapies into MI-CBTtogether will provide a healthier and more effective treatment plan than simply providing these therapies separately, using MI before CBT therapy will help create a dialogue about the patient's motivations and what needs to change by engaging and creating a collaborative environment.

The form of integration of stages in implementing MI-CBT according to Naar, Sylvie & Safren, Steven A (2017) consists of several stages including: (1) Initial Motivation Session (2) Assessment and Treatment Planning (3) Self-Monitoring (4) Skills Cognitive (5) Skills Training and (6) Change Maintenance. Furthermore, MI-CBT is considered effective in providing changes to clients who experience anxiety and depression disorders, however, the integration of MI-CBT is still considered inadequate in overcoming learning problems, academic function and positive psychological attributes so that further research can explore more deeply the integration of MI-CBT in improving positive psychological attributes and academic function in students.

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