

Enhancing Motivation for Change Inservice Training

Based on
A Treatment
Improvement
Protocol

TIP
35



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

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1 Choke Cherry Road
Rockville, MD 20857

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Disclaimer

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TRAINER'S ORIENTATION

Introduction

The *Enhancing Motivation for Change Inservice Training* (EMCIT) manual is based on Treatment Improvement Protocol (TIP) 35, *Enhancing Motivation for Change in Substance Abuse Treatment*. Provided by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment, TIPs are best-practice guidelines for the treatment of substance use disorders.

TIPs are the result of careful consideration of research findings, clinical experience, and implementation guidelines. Members of a non-Federal panel comprising clinical researchers, clinicians, program administrators, and client advocates debate and discuss topics within their expertise until they reach consensus on best practices. Their work then is reviewed and critiqued by clinicians and program managers in the field.

To facilitate the transfer of science to service, the EMCIT manual provides a training structure for introducing substance abuse treatment professionals to the basic concepts and techniques of motivational enhancement interventions presented in TIP 35.

EMCIT Goal and Objectives

Overall goal: To transfer the evidence-based knowledge in TIP 35 to frontline clinicians, thereby initiating application of motivational enhancement approaches to the treatment of clients with substance use disorders.

Objectives: Participants who complete EMCIT will be able to—

- Demonstrate understanding of change theory and motivational strategies;
- Explain the relationship between motivational interventions and stages of change;
- Demonstrate basic skills for enhancing client motivation;
- Identify their own strengths and learning needs; and
- Assess clients' readiness for change.

Audience

The EMCIT manual provides materials for inservice training of substance abuse treatment clinicians and other treatment program professionals, particularly those who are new to the field or are unfamiliar with the basic concepts of motivational enhancement. The training also offers clinical supervisors and experienced counseling staff a helpful review of the fundamental concepts and practices of motivational enhancement. A training environment that includes a mix of treatment professionals with various degrees of experience often facilitates peer-to-peer teaching and learning. EMCIT can be adapted for other professionals, such as corrections workers, mental health clinicians, and health care practitioners, who work with populations with substance use disorders.

Ideally, the training group should be large enough to be split into at least three small groups of three members each, but the training materials can be adjusted for smaller groups. The training group should comprise the same members throughout the 10 training sessions and 1 followup session.

Participants probably will undergo a change process if they accept and adopt the theory and practices detailed in TIP 35. Trainers should maintain a positive, empathetic, objective, and understanding attitude throughout the training during participants' change process. By applying a motivational approach in their teaching methods, trainers illustrate how this approach can be used with clients.

Trainers

Success in delivering this training depends mostly on trainers' familiarity with the subject matter. Clinical supervisors or program managers with limited training experience but proficiency in motivational enhancement techniques can lead EMCIT sessions. A trainer for this course should have the following knowledge and skills:

- Thorough knowledge of the concepts, theory, and practice of treatment for substance use disorders;

- Working knowledge of the fundamentals of both motivational enhancement and stages of change;
- Specific training in motivational enhancement approaches;
- Supervised clinical experience in applying motivational strategies; and
- Understanding of and sensitivity to cultural issues specific to both the participants and the participants' treatment populations.

In addition, trainers should be familiar with client confidentiality requirements and know how to—

- Use client examples appropriately and provide guidance on using client material;
- Obtain informed consents from clients before taping or supervising a counseling session; and
- Store or destroy audiotapes or videotapes appropriately.

A co-trainer may be helpful, particularly in large (more than 20 participants) training groups. The co-trainer can answer questions, participate in activities, practice techniques with participants, and relate training material to real-life situations.

Some participants may begin training believing that they know and practice the style and strategies delineated in TIP 35. To address this belief, trainers help participants differentiate between their skills and the theory, beliefs, style, and specific techniques used in motivational interventions with clients.

Cultural Considerations

Trainers must have a good understanding of the needs of their training group and be prepared to adapt the training accordingly. For example, when working with a group in which English is a second language for some or many participants, the trainer may need to—

- Simplify the language (particularly clinical terms and jargon) to make concepts easier to understand;
- Allow more time for participants to understand the words, adapt information into their own language, and understand

- concepts that may be foreign to their cultural worldview; and
- Balance small groups, if possible, so that those participants for whom English is a second language will be with others who will find the reading portions of group presentations easier.

In addition, trainers must be sensitive and creative in the way in which they introduce exercises and elicit participation. For example, trainers may want to incorporate traditional storytelling into their training approach as appropriate.

EMCIT Structure and Learning Approach

This manual provides instructions for presenting the 10 training modules and 1 followup module. It allows for flexible training schedules, and each 1-1/2- to 2-hour module can be arranged around busy schedules. The training can be delivered over several consecutive days or can be offered over several weeks or months, but all 11 modules should be delivered in the order in which they are presented in the manual. Longer periods between sessions allow participants more time to practice techniques and integrate them into their counseling style.

Module 11 is a posttraining followup module to allow participants an opportunity to evaluate how they are applying new skills and to provide the trainer with an opportunity to affirm and reinforce the changes participants make.

The EMCIT learning approach includes—

- Presentations and discussions;
- Frequent use of small-group presentations and small-group and partner-to-partner practice exercises;
- Between-session reading assignments to enhance learning in a topic area or to prepare participants for the next session (These reading assignments are brief enough to be manageable for busy clinicians, but trainers should be prepared to

address topic areas they think are critical in a different way, if necessary.); and

- Between-session practice exercises to practice skills.

Exercises

Role plays and other practice exercises are an important part of the EMCIT approach. Trainers should be involved actively in helping participants feel safe and learn from these experiences by—

- Ensuring that participants understand what they are to do or observe;
- Affirming role players' risk-taking;
- Being available to offer assistance as needed; and
- Debriefing role players using nonjudgmental language and tone.

Between-Session Practice Exercises

In addition to assigning readings, the trainer can assign between-session exercises to maximize training. The EMCIT provides *suggested* exercises and homework handouts. The actual exercises you use with participants will depend on the treatment program's policies, technical capabilities, and expertise in motivational enhancement approaches. The suggested exercises include—

- Audiotaping or videotaping a session in which the trainee practices using a new motivational enhancement intervention (e.g., a decisional balancing exercise), then reviewing and assessing the tape alone and with a supervisor; and
- Conducting a treatment session using a new intervention while a supervisor observes and assesses the trainee and later provides a debriefing.

When trainees use practice exercises that require direct supervision by or debriefing with their supervisor, it is critical that the supervisor be trained and experienced in motivational enhancement. If the supervisor is not trained and experienced, the trainer should not assign these practice exercises or should arrange, if possible, for a staff member who does have

the requisite knowledge and skill to work with each trainee, perhaps on a rotating basis.

If sufficient training time is available, the trainer could have participants review portions of their videotapes or audiotapes with the training group. This option—

- Allows participants to learn from one another, fostering the idea of consultation; and
- Helps participants learn a professional and open attitude to working as clinicians.

Using the Manual

Although module instructions include examples, trainers also should supply their own specific clinical examples. Whenever possible, trainers should give examples of how the program has used particular techniques with clients and discuss any adaptations that were necessary for applying techniques to members of particular ethnic, cultural, or gender groups. It is also important that trainers ask participants to supply examples from their own practices to ensure that the training addresses their specific concerns.

This orientation includes preparation instructions for pretraining activities (see Getting Started, page 6) and general preparation that applies to all modules (see Before Every Session, page 7). In addition, each module in the manual includes—

- A module-specific preparation checklist;
- A module overview, including goals, objectives, and a content timeline;
- Detailed presentation and exercise instructions;
- Handouts; and
- Copies of the overhead slides.

Module-Specific Preparation

Each module begins with a session-specific preparation checklist such as—

- Prepare newsprint notes;
- Read preparatory material; and

- Assemble materials (in addition to those listed in Getting Started) needed for the module.

Module Overview

The preparation checklist in each module is followed by a one-page overview including—

- Goals and objectives for the module; and
- A chart showing the module content, TIP 35 page references, and a timeline.

The timeline is included for planning. *Actual times will vary depending on each training group's size and participation level.* Based on participants' learning needs, trainers may want to spend more or less time than is indicated for a particular topic.

Presentation Instructions

Each module is presented in a two-column format (see next page).

The left column contains icons that offer visual cues. The right column contains detailed instructions. Topic heads help trainers keep their place in the manual. *The presentation is not a script*, but it contains all necessary content as well as examples. Adding program examples enriches the training experience.



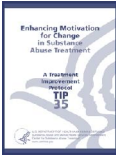




Trainer notes throughout the modules offer alternatives to consider.

Trainer notes look like this.

Handouts

Trainers refer participants most often to TIP 35 or its Knowledge Application Program (KAP) Keys in place of handouts, but trainers also distribute separate handouts during each session. The handouts are located at the end of each module in this manual and contain module goals and objectives, exercise materials, or homework assignments.

Trainers need to make copies of the handouts for all participants before each session.

Icon	Indicates
 <p>X minutes</p>	<p>The approximate time for the section.</p>
	<p>The trainer distributes handouts.</p>
	<p>The trainer refers to TIP 35, its KAP Keys, or its Quick Guide.</p>
	<p>The trainer uses newsprint.</p>
	<p>The trainer introduces a small-group exercise.</p>
	<p>The trainer introduces a two-person exercise.</p>
 <p>OH #X-X</p>	<p>The trainer uses the overhead transparency indicated.</p>

Getting Started

Careful preparation and planning help ensure a successful training event.

1 to 2 Months Before the First Session

- Determine who will attend the training.
- Order copies of TIP 35, its KAP Keys, and its Quick Guide for each participant. Copies can be ordered from SAMHSA's National Clearinghouse on Alcohol and Drug Information (NCADI) at www.ncadi.samhsa.gov or by calling 800-729-6686. TIP 35 can be downloaded from www.ncadi.samhsa.gov (publication number BKD342). *These materials are essential to the training; they should be ordered as early as possible.*

Notes About the Training Space and Atmosphere

An attractive, well-organized training space can enhance a participant's learning experience. Trainers should select a space that is large enough to accommodate the number of participants, allowing room for dividing the group into small groups. Seating small groups at round tables is a good option, if possible.

Trainers can create colorful posters for the training room. Posters can present key concepts, such as "Ambivalence is normal," a list of the five principles of motivational interviewing (page 41 of TIP 35), or the stages-of-change circle (page 17 of TIP 35).

The EMCIT includes role plays and other practice exercises. It is important that the training space provide privacy for these activities.

Playing music softly as participants enter the training room (and, when appropriate, during some activities) creates an inviting atmosphere and helps people feel relaxed.

- Develop an overall schedule for the EMCIT, including dates and times for each module.
- Read TIP 35, its KAP Keys, and its Quick Guide. Additional resources for background reading and for training enhancements are in appendix A.
- Arrange for the training space.

1 to 2 Weeks Before the First Session

- Prepare a pretraining packet for each participant; distribute it to participants at least 1 week before the first session. The packet should include—
 - A personalized letter that indicates the benefits of attending and instructions for the participant to think of two topics related to motivational enhancement the participant wants to know more about;
 - A copy of the TIP 35 Quick Guide and instructions to read the Quick Guide before the first session and to bring it to all sessions;
 - An introduction of the trainers that includes their experience using motivational enhancement approaches;
 - A schedule for the training that lists dates and times for each session; and
 - EMCIT Goal and Objectives handout (this handout is at the end of this section).
- Select background music.
- Obtain a colorful 2-pocket folder for each participant. Place 20 to 30 sheets of blank paper in one of the pockets.
- Prepare a Teaching Certificate for each participant (a sample is found at the end of this section). Participants receive the certificate to reinforce that they have experience, skills, and insights to offer to the group and to encourage them to share their knowledge during the training.

- Obtain a small package of fine-tip colored markers for each participant (or, if participants will be seated in small groups at tables, one large package of markers for each table).
- Arrange for audiovisual equipment.
- Prepare the overhead transparencies.
- Read through the entire EMCIT manual and skim TIP 35.

1 to 2 Days Before the First Session

- Finalize room and equipment arrangements.
- Prepare name badges, if necessary.
- Gather all supplies, including the TIP 35 publications and pocket folders.
- Make copies of the handouts for each participant.
- Review Before Every Session (below).

Before Every Session

Review this checklist before presenting each module.

The Training Space

- Arrange chairs for each session in a comfortable way, keeping in mind that space is needed for both small- and large-group exercises.
- Prepare colorful posters listing or illustrating key concepts and terms, and post them around the training room.

- Post the newsprint pages generated during the previous session for use as a review (save all newsprint pages and posters generated during the training to use as a review during the final session).
- Create a relaxed atmosphere by playing instrumental background music as participants gather.

Equipment and Materials

- Tape or CD player for instrumental background music;
- Overhead projector and screen and overhead transparency marker;
- Newsprint pads, easel, and crayons or markers;
- Pins, tacks, or tape to post newsprint on walls;
- Extra copies of TIP 35, its KAP Keys, and its Quick Guide;
- A timer (optional); and
- Blank paper for participants' folders.

General Preparation

- Confirm participants' registration and training room arrangements.
- Review the preparation checklist for the module.
- Prepare the overhead slides for the module.
- Assemble and test necessary equipment, materials, and supplies.
- Have fun!**



Handout: EMCIT Goals and Objectives

The *Enhancing Motivation for Change Inservice Training* (EMCIT) manual is based on Treatment Improvement Protocol (TIP) 35, *Enhancing Motivation for Change in Substance Abuse Treatment*. Provided by the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Treatment, TIPs are best-practice guidelines for the treatment of substance use disorders.

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Objectives: Participants who complete EMCIT will be able to—

- Demonstrate understanding of change theory and motivational strategies;
- Explain the relationship between motivational interventions and stages of change;
- Demonstrate basic skills for enhancing client motivation;
- Identify their own strengths and learning needs; and
- Assess clients’ readiness for change.

Teaching Certificate

This certifies that

is qualified to share knowledge, skills, and experiences
to facilitate peer learning in the following program:

**ENHANCING MOTIVATION FOR CHANGE
INSERVICE TRAINING**

Dates: _____

MODULE 1: Introduction

Preparation Checklist

- Review Getting Started (page 6) for general preparation information.
- Preview Module 1, including the handouts.
- Read pages xv–xxvi in TIP 35, “Executive Summary and Recommendations.”
- Write on newsprint the following Class Rules, and post the newsprint on the wall:
 - Ask questions;
 - Make mistakes;
 - Collaborate; and
 - Have fun.
- In addition to the materials listed in Getting Started, assemble the following:
 - One copy of TIP 35 and the TIP 35 KAP Keys for each participant;
 - Extra copies of the TIP 35 Quick Guide, EMCIT Goals and Objectives handout, and the overall training schedule (in case participants forget to bring their copies);
 - One personalized copy of a Teaching Certificate for each participant; see the example in Trainer’s Orientation; and
 - Pocket folders with blank paper for each participant.

Module 1 Overview

Module 1 Goals and Objectives

Goals:

- To create a positive learning environment;
- To provide participants with an opportunity to assess their readiness for new learning and explore their current learning goals;
- To provide participants with an overview of the *Enhancing Motivation for Change Inservice Training* (EMCIT) goal, objectives, and learning approach;
- To introduce participants to TIP 35 and its collateral products; and
- To introduce the concepts of motivation for change and stages of change.

Objectives: Participants who complete Module 1 will be able to—

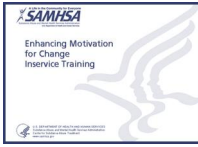
- Articulate their level of readiness for new learning and state at least one learning goal;
- Explain the overall goal and the five objectives of EMCIT;
- List and explain briefly four characteristics of dynamic motivation;
- Describe the differences between *static* and *dynamic* motivation for change; and
- List and explain briefly the six stages of change identified by Prochaska and DiClemente.

Content Timeline

Introduction	10 minutes
Presentation: Overview of EMCIT and Related Materials	15 minutes
Exercise: Readiness Ruler (from TIP 35, chapter 8, page 139)	5 minutes
Exercise: Training Expectations	25 minutes
Presentation: Introduction to the Concepts of Motivation for Change and the Nature of Change (from TIP 35, chapter 1, pages 2–4, and 15–19)	20 minutes
Summary and Review	15 minutes
Total Time	90 minutes



10 minutes



OH #1-1

Introduction

Welcome

As participants enter the training room, give them their personalized Teaching Certificate. If you don't know all the participants, place the certificates on a table at the back of the room and ask participants to find theirs.

Welcome participants and commend them for taking the time to attend this training. Introduce yourself (if necessary), and summarize your experience with using motivational enhancement approaches.

Explain that all participants received a Teaching Certificate as they entered the room because each participant has experience, skills, and insights to offer the class.

Class Rules and Housekeeping

Refer participants to the Class Rules posted on the wall, and review them. Explain that these rules will ensure a positive learning environment.

Add “confidentiality” to the list in large letters and explain that—

- The training will include interactive exercises and role playing.
- It is important that participants feel safe enough in the group to get the most out of the experience.
- A commitment to maintaining confidentiality within the training group will help that happen.

Ask participants whether they would like to add anything to the list.

Review any necessary housekeeping items, such as the location of restrooms and telephones.

Review requirements for continuing education credit, if you are offering it.

Explain that today's session will give participants—

- A chance to get to know one another (or to know one another better);
- An overview of the curriculum and training materials; and
- An introduction to the concepts of motivation for change and stages of change.

Presentation: Overview of EMCIT and Related Materials

The EMCIT Learning Approach

Explain that the EMCIT learning approach includes—

- A mixture of presentations, discussions, and practice exercises;
- Frequent use of small-group or dyad exercises;
- Brief reading assignments to enhance learning in a topic area or to prepare participants for the next session; and
- Practice exercises for participants to complete between sessions.



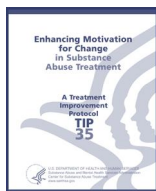
15 minutes

Encourage participants to ask questions or give their own examples at any time.

Elicit and use participants' examples as much as possible throughout the training. This will increase the training's relevance to participants and will enable you to adjust the training emphasis as needed.

EMCIT Goals and Objectives

Refer participants to the EMCIT Goals and Objectives handout they received in their pretraining packet. Briefly review the handout.



Supplemental Materials

Tell participants that the training is based on TIP 35, *Enhancing Motivation for Change in Substance Abuse Treatment*. Give each participant a copy of TIP 35.

Explain that TIP 35 was developed by—

- The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment; and
- A panel of experts in motivational enhancement approaches.

Explain the usefulness of TIP 35 as a—

- Research-based best-practices guideline;
- Resource for this training; and
- Source for additional information in the future.

Explain that efficacy research and references can be found throughout the TIP.

Reassure participants that they will not be expected to read the whole document but will be using the TIP for reference and for short reading assignments.

Give each participant a copy of TIP 35 KAP Keys.

Ask participants whether everyone has a copy of the Quick Guide; distribute copies as needed.

Explain that KAP Keys and Quick Guides—

- Are based on TIPs;
- Provide concise, easily accessible how-to information; and
- Can be used as a quick reference on the job.

Allow participants a few minutes to look over the materials.

Ask participants to bring all three documents to each session because they will be used frequently.

Pass out the pocket folders and blank paper. Tell participants that they can use the colored markers on each table to design their folders and to take notes.



OH #1-2

Tell participants that you will be giving them handouts throughout the training to include in their personalized folders; some handouts will be used more than one time.

Ask participants to save all handouts and bring them to each session.

If you are familiar with the technique of Mind Mapping, you may want to explain it briefly to participants as an option for taking notes. You can find information about Mind Mapping at www.mind-map.com. You will need to add more time to this module if you use this option.



Handout 1-1

Pass out Handout 1-1: Practice Integration Worksheet.

Tell participants that this worksheet is for tracking ideas that may arise during the training and possible ways to integrate these ideas into their practice.

Explain that participants also could include possible agency or personal barriers to implementing an idea and any thoughts about how to overcome these barriers.

Explain that the last session of the training will be devoted to sharing and discussing these integration ideas and issues in both small groups and the whole training group. Ask whether anyone has any questions or concerns.



5 minutes

Exercise: Readiness Ruler

Explain that a fundamental concept of motivational approaches is that of *readiness*, that having some idea of a person's readiness for change or new learning is useful in many situations, including learning new skills.

Pass out Handout 1-2: Readiness Ruler.

An option to using the handout is to create a large readiness ruler using several sheets of newsprint. You can then tape it to a wall and ask each participant to choose a point on the ruler to stand against.



Handout 1-2

Explain that the readiness ruler is a tool that can be used with clients at different points in treatment and that you will ask participants to use it for self-assessment in the context of this training.

Ask participants to take a few minutes to—

- Think about how they would assess their current readiness to learn about motivational enhancement approaches and integrate new counseling techniques and behaviors into their practice; and
- Mark the first readiness ruler (on the handout) at the appropriate point.

Tell participants that they will be using the other rulers on the page as the training progresses.

Ask participants to share where they marked the ruler and why.

As each participant speaks, model an appropriate motivational response to ambivalence.

Emphasize that ambivalence is normal in any sort of change process.

Exercise: Training Expectations

Explain that this exercise will—

- Clarify participants' current level of knowledge and expectations for the training; and
- Help participants get to know one another better.

Ask each participant to find a partner.

Ask participants to—

- Introduce themselves to their partners (if necessary); and
- Take turns asking their partners the questions listed on Overhead #1-3, taking notes on the answers.

Explain that all participants will introduce their partners to the rest of the group, including a summary of the partners' responses to the questions.

Allow 10 minutes.

Ask participants to introduce their partners, giving each partner's answers to the questions. Note responses on newsprint to each question.

If possible, use two flipcharts to record the answers to the two questions. If you have only one flipchart, tape double pieces (to avoid bleed-through) of newsprint to the wall to make the second list of answers.

When all responses have been given, tape the sheets of newsprint to the wall.

Ask participants whether anyone has additional expectations of the training.

Repeat each expectation in your own words, thereby modeling reflective listening.

Presentation: Introduction to the Concepts of Motivation for Change and the Nature of Change

Views of "Motivation"

Ask participants to define "motivation," and note responses on newsprint.

Ensure that the definitions include the following:

- A reason or desire to act; and
- That which gives purpose and direction to behavior.



25 minutes



OH #1-3



20 minutes



Emphasize that motivation for change is related to the level of probability that a person who uses substances will—

- Enter treatment;
- Continue in treatment; and
- Adhere to a specific change strategy.



Write on newsprint the heading “Motivation”; then write “Static—either does or does not have” and “Dynamic—purposeful, intentional, positive, changeable.”

Explain that motivation often has been considered static, something a person either does or does not have.

Emphasize that according to the view of motivation as static—

- A clinician has little chance of influencing a client’s motivation.
- If a client is not motivated to change, it is the client’s problem (or even “fault”).

Explain that motivational enhancement approaches view motivation as dynamic rather than static and as something that is—

- Purposeful;
- Intentional;
- Positive; and
- Changeable.

Cross “Static” off your newsprint list.

Emphasize that a belief inherent in the view of motivation as dynamic and in motivational approaches in general is that—

- The client ultimately is responsible for change.
- This responsibility is shared with the clinician through a therapeutic partnership.

Write “Therapeutic Partnership” on newsprint.

Ask participants for their thoughts on the concept of “therapeutic partnership.”

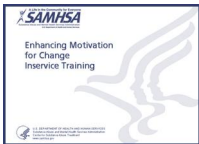
Ensure that the discussion clarifies that the concept of the clinician “healing” the client is *not* part of motivational enhancement approaches.

The Nature of Change

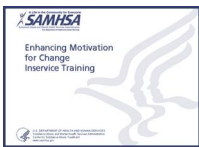
Tell participants that the shift in thinking about motivation includes the idea that change is more a continuous process than an outcome and that clients have the right *not* to change.

Explain that—

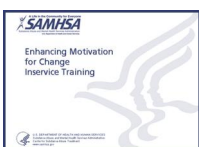
- Motivational approaches are based on the model of stages of change developed by James Prochaska and Carlo DiClemente.
- Prochaska and DiClemente developed their stages-of-change model from an examination of 18 psychological and behavioral theories about how change occurs; for this reason it is called a “transtheoretical” model.



OH #1-4



OH #1-5



OH #1-6

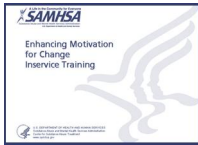
- The model describes six basic stages in the process of change:
 - Precontemplation;
 - Contemplation;
 - Preparation;
 - Action;
 - Maintenance; and
 - Recurrence.
- As people change, they typically move back and forth between the stages and cycle through the stages at different rates.

Emphasize that a clinician can help a client at any stage of the process by using motivational interventions specific to the change stage of the person.

Tell participants that Module 2 will explore the concepts of motivation and change in more depth.



15 minutes



OH #1-7



Handout 1-3

Summary and Review

Ask participants to find a partner and review the topics presented in this module, using the questions on Overhead #1-7 as a guide.

Allow 5 minutes, then ask participants to share their responses with the group.

As participants share responses, reinforce the principles mentioned and affirm trainees for sharing.

Ask participants whether they have any questions or comments.

Homework

Refer participants to Handout 1-3: Homework.

Ask participants to read—

- Page 10 in TIP 35, “What About Confrontation?”
- Pages 19–20 in TIP 35, “To Whom Does This TIP Apply?”

Keep all newspaper pages; you will post them on the walls of the training room before the next session to serve as a review for participants.



Handout 1-1: Practice Integration Worksheet

Use these pages to keep track of ideas and issues related to integrating motivational enhancement approaches and techniques into your practice. You can include techniques you think would be appropriate for a particular client, skills you want to practice, and so on. It is important that you also include any agency or personal barriers to using new techniques, as well as possible solutions. The last session of this training will be devoted to sharing ideas and issues related to integrating new learning into your practice.



Handout 1-2: Readiness Ruler





Handout 1-3: Homework

Before the next session, please read—

- Page 10 in TIP 35, “What About Confrontation?”
- Pages 19–20 in TIP 35, “To Whom Does This TIP Apply?”

Make a few notes regarding your reaction to “What About Confrontation?” and be ready to discuss them during the next session.



Module 1

Introduction



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KAP Keys and Quick Guides

- Are based on Treatment Improvement Protocols (TIPs)
- Provide concise how-to information
- Can be used for quick reference on the job



Questions

1. What do you already know about motivational enhancement?
2. Based on your reading of the Quick Guide, what 3 topics would you most like to know more about?



Motivation Is Dynamic

- Purposeful
- Intentional
- Positive
- Changeable

Change

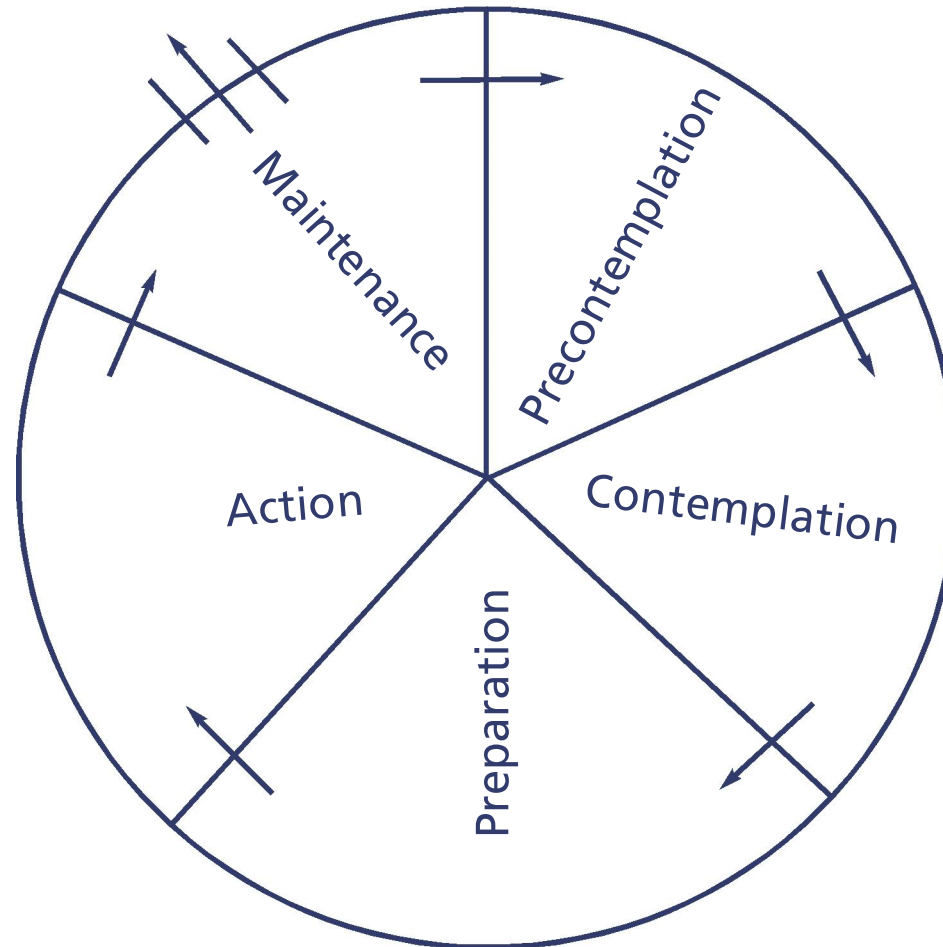


The client ultimately is responsible for change,
and this responsibility is shared with the
clinician through a therapeutic partnership.

Transtheoretical Model: Stages of Change



Permanent Exit



Clients may move into *recurrence* from action or maintenance, then back into any other stage of change.

Adapted for TIP 35 from Prochaska, J., Norcross, J., and DiClemente, C., *Changing for Good*, New York: William Morrow and Company, 1994.



Review

- What did you learn from Module 1?
- In what ways can you relate these ideas to moments in your life or your clinical practice?

MODULE 2: Conceptualizing Motivation and Change

Preparation Checklist

- Review Getting Started (page 6) for preparation information.
- Preview Module 2, including handouts.
- Read pages 1–21 in TIP 35, Chapter 1, “Conceptualizing Motivation and Change.”
- Post on the training room wall the Class Rules and all the newsprint pages generated during Module 1.
- Prepare newsprint titled Motivation, and list six of the seven assumptions about the nature of motivation:
 - Is a key to change;
 - Is multidimensional;
 - Is dynamic and fluctuating;
 - Is influenced by social interactions;
 - Can be modified; and
 - Is influenced by the clinician’s style.

On a separate sheet of newsprint, write the seventh assumption:

 - The clinician’s task is to elicit and enhance motivation.
- In addition to the materials listed in Getting Started, bring to the session the following:
 - 12 pieces of poster board (optional); and
 - An overhead transparency marker.

Module 2 Overview

Module 2 Goal and Objectives

Goal: To provide an overview of the nature of motivation and a staged model of change.

Objectives: Participants who complete Module 2 will be able to—

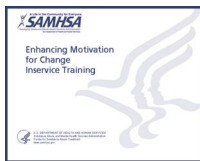
- Articulate at least five of seven assumptions about the nature of motivation;
- List five benefits of using motivation-enhancing approaches;
- Explain natural change;
- List six stages of change; and
- Articulate two or three characteristics of clients in each stage of change.

Content Timeline

Introduction	5 minutes
Exercise: Personal Change	10 minutes
Presentation: Introduction to the Transtheoretical Model of Stages of Change (from TIP 35, chapter 1, pages 15–17)	5 minutes
Small-Group Presentations: Characteristics of Clients in the Five Stages of Change (from TIP 35, chapter 1, pages 17–19)	40 minutes
Exercise: Beliefs About Motivation and Change	15 minutes
Presentation: The Nature of Motivation (from TIP 35, chapter 1, pages 2–4)	30 minutes
Summary and Review	15 minutes
Total Time	2 hours



5 minutes



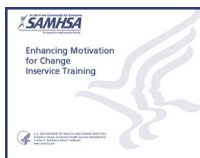
OH #2-1



Handout 2-1



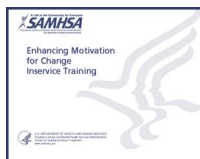
10 minutes



OH #2-2



5 minutes



OH #2-3

Introduction

Welcome and Review

As participants enter the room, ask them to walk around the room and look at the newsprint pages posted on the wall to review the last module.

Begin Module 2 by welcoming participants back and commending them for taking the time to attend the training.

Ask whether anyone has any questions or thoughts about Module 1.

Module 2 Goal and Objectives

Give participants Handout 2-1: Module 2 Goal and Objectives.

If you prefer, give participants all the handouts for this module now rather than one at a time.

Briefly review the goal and objectives.

Exercise: Personal Change

Tell participants that today's session focuses on basic conceptualizations of change and motivation and that this exercise provides a personal frame of reference that can help them integrate the material.

Ask participants to—

- Think about a personal change they have made in their lives; and
- Write down everything they can remember about the process, using the questions on the overhead as a guide.

Tell participants that—

- No one will see their notes.
- They are free to share or NOT to share anything they write.

Allow 10 minutes for this exercise.

Presentation: Introduction to the Transtheoretical Model of Stages of Change

Natural Change

Explain that—

- Change occurs all the time:
 - In the natural environment;
 - Among all people;
 - In relation to many behaviors; and
 - Without professional intervention.

- This is also true of positive behavioral changes related to substance use, which can occur without therapeutic intervention or mutual-help groups.
- There is well-documented evidence of self-directed or natural recovery from excessive use of alcohol and use of cigarettes and drugs.

Note that understanding how people change without professional assistance helps researchers and clinicians develop and apply interventions to help clients change their behavior.

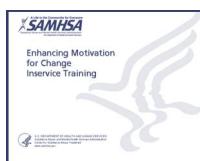
Introduction to the Stages-of-Change Model

Note that TIP 35 uses the stages-of-change model developed by Prochaska and DiClemente to organize and conceptualize ways to enhance clients' motivation to make substance use-related changes.

Review Prochaska and DiClemente's stages of change.

Emphasize (using a transparency marker on the slide to illustrate) that—

- The change process is cyclical, and people typically move back and forth between the stages and cycle through the stages at different rates.
- It is not uncommon for people to linger in the early stages.
- For most clients who use substances, progress through the stages of change is circular or spiral in nature, not linear.
- Recurrence of substance-using behavior is a normal event, and many clients cycle through the different stages several times before achieving stable abstinence.



OH #2-4



40 minutes



Small-Group Presentations: Characteristics of Clients in the Five Stages of Change

Tell participants that they now will work in small groups to put together brief presentations on the characteristics of clients in the six stages (including recurrence) of change.

Divide the training group into small groups.

Divide participants into as many small groups (up to six) as is feasible. If your group is not large enough for at least three small groups, have participants work in pairs or as one group. If participants work as one group, skip the small-group presentation portion of the exercise. If possible, create small groups that are balanced in terms of experience and expertise working with motivational enhancement techniques.

Assign each small group one or two stages of change. Give each group two pieces of poster board (or sheets of newsprint) for each stage of change.

Ask participants to turn to page 17 in TIP 35. Tell them to use the TIP (pages 17–19) as their source of information and ask them to—

- Create posters that illustrate the characteristics of clients in the stage of change assigned to the group; and

- Generate two or three real-world examples; explain that examples could include things clients have said or behavior that indicates clients' stage of change. Explain that examples can be briefly acted out (no more than 1 minute) to give participants the "feel" of each stage.

Ask each group to select one person to present the posters and examples to the large group.

Allow 20 minutes for groups to create their posters and generate examples. Walk around and observe. If group members have difficulty coming up with examples, model a motivational approach and help them find an example.

After 20 minutes, ask each group to present its posters and examples. After each group has finished presenting, ask the large group whether anyone has other examples of behavior clients in each stage might exhibit.

Ensure that the groups listed all the characteristics discussed on pages 17–19 of TIP 35.

Stand the posters up along the wall (or post newsprint pages on the wall; remove the Module 1 newsprint pages if necessary).

Ask participants whether they have any questions before moving on.

Exercise: Beliefs About Motivation and Change

Draw a line down the center of a piece of newsprint.

Throughout this exercise, ask clarifying questions as needed and model active listening; do not evaluate participants' responses.

Ask participants: What kinds of things, internal and external, do you think motivate change in yourself and others?

Suggest that they think back to the first exercise, writing about personal change, for some examples.

Write responses on the left side of the newsprint page, using additional sheets as needed. Elicit as many responses as possible.

Ask participants: In general, how has the substance abuse treatment field traditionally tried to motivate people to change their substance use behavior?

Write responses on the right side of the newsprint page.

Note similarities and differences on the two sides of the chart.

Tape the pages to a wall.

Refer back to the lists of real-world examples as you continue the module.



15 minutes





30 minutes



Presentation: The Nature of Motivation

Explain that, until recently, motivation often was viewed as an “either-or”:

- Clients were considered motivated if they—
 - Agreed to participate in a program’s course of treatment;
 - Were compliant with treatment activities; and
 - Accepted the label of “alcoholic” or “drug addict.”
- Clients were considered unmotivated if they—
 - Resisted a diagnosis; or
 - Refused to adhere to a program’s treatment protocol.

Display the first newsprint page you prepared before the session listing six of seven assumptions about the nature of motivation.

Explain that motivational enhancement techniques are based on a different, more fluid view of the nature of motivation that can be described using the first six of the seven basic assumptions:

- Motivation is a key to change.
- Motivation is multidimensional.
- Motivation is dynamic and fluctuating.
- Motivation is influenced by social interactions.
- Motivation can be modified.
- Motivation is influenced by the clinician’s style.

Display the second prepared newsprint page and explain that the seventh assumption about motivation is also the core assumption and purpose of this training:

- The clinician’s task is to elicit and enhance motivation.

Discuss the seven assumptions.

Motivation Is a Key to Change

Refer participants to the newsprint from the last exercise, and comment on all the different factors that can influence change.

Note that—

- Social norms and roles can influence diverse behaviors (e.g., community standards, gangs, trends).
- Reasoning and problemsolving as well as emotional commitment can promote change.

Emphasize that motivation can be seen as the probability that a person will enter into and adhere to a specific change strategy.

Motivation Is Multidimensional

Note that motivation encompasses—

- Internal urges and desires felt by the client;
- External pressures and goals that influence the client;
- The client's *perceptions* about risks and benefits of behaviors; and
- Cognitive appraisals of the situation (what clients *think* about their situation).

Motivation Is Dynamic and Fluctuating

Ask participants: What do you think this means?

Explain that research and experience suggest that motivation—

- Is a dynamic state that can fluctuate over time and in relation to different situations rather than a static personal attribute (ask participants for examples of this);
- Can vacillate between conflicting objectives (ask participants for examples of this); and
- Varies in intensity, faltering in response to doubts and increasing as doubts are resolved and goals are envisioned more clearly.

Emphasize that motivation can be an ambivalent, equivocal state or a resolute readiness to act—or not to act.

Motivation Is Influenced by Social Interactions

Explain that—

- Motivation belongs to one person, yet it can result from the interactions between the individual and other people or environmental factors.
- Internal factors are the *basis* for change, but external factors are the *conditions* of change.

Ask participants: In what ways do you think motivation could be influenced by social factors?

Emphasize (if not already mentioned by participants) that an individual's motivation to change (or a client's motivation to participate in treatment) can be influenced strongly by—

- Family;
- Friends;
- Emotions; or
- Community support.

Explain that a *lack* of community support also can affect an individual's motivation.

Ask participants: What are some examples of lack of community support that could influence a client's motivation for change? Ensure that examples include—

- Barriers to health care;
- Lack of employment or housing; and
- Negative public perceptions of substance use disorders.

Motivation Can Be Modified

Explain that motivation—

- Pervades all activities, operating in multiple contexts and at all times;
- Is accessible and can be modified or enhanced at many points in the change process; and
- Can vary greatly among potential behavior changes (example: clients' motivation to quit smoking crack cocaine may be very high, whereas their motivation to quit drinking alcohol may be very low).

Emphasize that clients may not have to experience terrible, irreparable consequences of their behaviors to become aware of the need for change.

Note that certain types of experiences often prompt people to begin thinking about changing and to consider what steps are needed.

Ask participants: What are some examples of situations or experiences that might prompt a person to begin thinking about changing?

Fill in responses with the following, if necessary:

- Distress levels (e.g., episodes of severe anxiety or depression);
- Critical life events, such as—
 - Spiritual inspiration or religious conversion;
 - Traumatic accident or severe illness;
 - Death of a loved one;
 - Being fired;
 - Becoming pregnant; or
 - Getting married;
- What one thinks about the effect of substances on his or her life;
- Recognition of the harm or hurt one has inflicted on others or oneself;
- Positive and negative external incentives, such as—
 - Supportive and empathic friends;
 - Rewards; and
 - Coercion of various types (e.g., mandates from the legal system).

Ask participants whether anyone can add any other types of experiences or examples, based on the personal change exercise.

Motivation Is Influenced by the Clinician's Style

Ask participants: What do you think "clinician style" means?

Explain that—

- Clinician style may be one of the most important, and most often ignored, variables for predicting client response to an intervention, accounting for more of the variance than client characteristics.
- A review of the literature on clinician characteristics associated with substance abuse treatment effectiveness found that the ability to establish a helping alliance and good interpersonal skills were more important than a clinician's professional training or experience.

Note that research has identified some of the most desirable attributes for a clinician working with people with substance use disorders:

- Nonpossessive warmth;
- Friendliness;
- Genuineness;
- Respect;
- Ability to affirm; and
- Empathy.

Note that Module 5 addresses counseling style in more depth.

Emphasize that a study comparing counseling styles suggests that a confrontational and directive approach may precipitate more immediate client resistance and poorer outcomes than a client-centered, supportive, and empathic style that uses reflective listening and gentle persuasion.

Ask participants: What do you think “reflective listening” means?

Ensure that participants mention that reflective listening involves the counselor—

- Making a reasonable guess as to what the client means; and
- Making a statement back to the client that reflects what the counselor thinks he or she heard.

Note that “confrontational counseling” in this study included—

- Challenging;
- Disputing;
- Refuting; and
- Using sarcasm.

Refer participants to the homework assignment for Module 1, read page 10 in TIP 35, “What About Confrontation?”

Ask participants for their thoughts on this material, particularly Miller’s redefinition of the term “confrontation.”

The Clinician’s Task Is To Elicit and Enhance Motivation

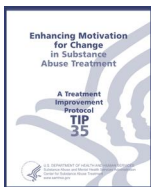
Display the newspaper page with the seventh assumption.

Explain that clinicians can enhance their clients’ motivation for change at each stage of the change process.

Note that the clinician does this by assisting and encouraging clients in—

- Recognizing behavior that is not in their best interest;
- Regarding positive change to be in their best interest;
- Feeling competent to change;
- Developing a plan for change;
- Beginning to take action; and
- Continuing to use strategies that discourage a return to the old behavior.

Note that EMCIT covers all these elements.





Why Enhance Motivation?

Ask participants: What is the value of a clinician enhancing a client's motivation?

Write responses on newsprint.

Add the benefits listed below to the newsprint as you speak. Post the newsprint during every subsequent session to remind participants of why they are participating in training.

Explain that research has found that motivation-enhancing approaches are associated with—

- Greater participation in treatment;
- Positive treatment outcomes such as—
 - Reductions in consumption of substances;
 - Increased rates of abstinence from substances;
 - Positive social adjustment;
 - Successful referrals to treatment; and
 - A positive attitude toward change and a commitment to change.

Emphasize that the benefits of using motivational enhancement techniques include—

- Inspiring motivation to change;
- Preparing clients to enter treatment;
- Engaging and retaining clients in treatment;
- Increasing participation and involvement;
- Improving treatment outcomes; and
- Encouraging a rapid return to treatment if substance use recurs.

Explain that the multidimensional nature of motivation is captured, in part, in the popular phrase that a person is *ready, willing, and able* to change.

Note that this expression highlights three critical elements of motivation—but in reverse order from that in which motivation typically evolves:

- *Ability* refers to the extent to which the person has the necessary skills, resources, and confidence to carry out a change.
- *Willingness* involves the importance a person places on changing—how much a change is wanted or desired.
- *Readiness* represents a final step in which the person decides to change a particular behavior.

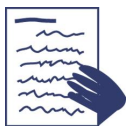
Emphasize that the process of enhancing motivation helps the client become ready, willing, and able for change.



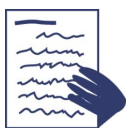
OH #2-5



15 minutes



Handout 2-2



Handout 2-3

Summary and Review

Pass out Handout 2-2: Module 2 Review and Learning Assessment.

Ask participants to review the session by discussing in their group the questions in the handout.

Tell participants to feel free to walk around the room and look at the posters and newsprint as needed.

Allow 10 minutes.

Ask participants whether they have any questions or comments about the module material.

Homework

Refer participants to Handout 2-3: Homework. Ask participants to—

- Read page 30 in TIP 35, “Catalysts for Change”;
- Review page 33, Figure 2-3: Ten Effective Catalysts for Change, and page 34, Figure 2-4: Catalysts and the Stages of Change, in TIP 35; and
- Read page 35 in TIP 35, “Cultural Appropriateness.”

Suggest that participants read chapter 1 in TIP 35, particularly pages 4–8, “Changing Perspectives on Addiction and Treatment”; pages 8–10, “Myths About Client Traits and Effective Counseling”; and pages 11–14, “Changes in the Addictions Field.”



Handout 2-1: Module 2 Goal and Objectives

Goal: To provide an overview of the nature of motivation and a staged model of change.

Objectives: Participants who complete Module 2 will be able to—

- Articulate at least five of seven assumptions about the nature of motivation;
- List five benefits of using motivation-enhancing approaches;
- Explain natural change;
- List six stages of change; and
- Articulate two or three characteristics of clients in each stage of change.



Handout 2-2: Module 2 Review and Learning Assessment

Discuss the following questions with your group. Feel free to walk around the room and use the posters and newsprint as needed.

1. What are some assumptions about the nature of motivation?

2. Why use motivation-enhancing approaches?

3. What are some of the characteristics of clients in each of the six stages of change?

4. What questions do you still have about the nature of motivation and change?



Module 2

Conceptualizing Motivation and Change



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Personal Change Exercise

- What change did you make?
- How did you decide to make this change?
- What people or events influenced your decision?
- What steps did you take to make the change?



Natural Change

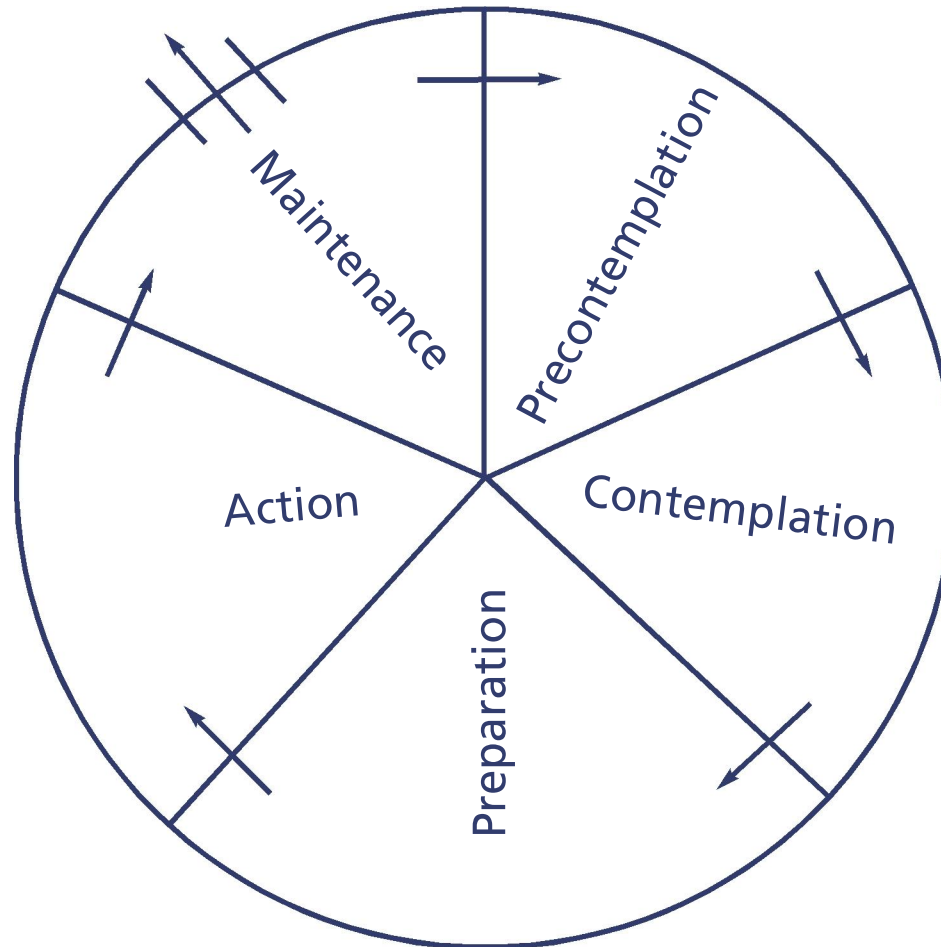
Change occurs

- In the natural environment
- Among all people
- In relation to many behaviors
- Without professional intervention

Transtheoretical Model: Stages of Change



Permanent Exit



Clients may move into *recurrence* from action or maintenance, then back into any other stage of change.

Adapted for TIP 35 from Prochaska, J., Norcross, J., and DiClemente, C., *Changing for Good*, New York: William Morrow and Company, 1994.

Benefits of Using Motivational Enhancement Techniques



- Inspiring motivation to change
- Preparing clients to enter treatment
- Engaging and retaining clients in treatment
- Increasing participation and involvement
- Improving treatment outcomes
- Encouraging a rapid return to treatment if substance use recurs

MODULE 3:

Motivation and Intervention

Preparation Checklist

- Review Getting Started (page 6) for preparation information.
- Preview Module 3, including handouts.
- Read pages 23–37 in TIP 35, Chapter 2, “Motivation and Intervention.”
- Post on the training room wall the Class Rules and all the newsprint pages generated during Module 2.
- Prepare newsprint titled Critical Elements, and list the following:
 - The FRAMES approach;
 - Decisional balance exercises;
 - Discrepancies between personal goals and current behavior;
 - Flexible pacing; and
 - Personal contact with clients not in treatment.
- Prepare newsprint titled FRAMES, and list the following, highlighting the first letter of each word or phrase:
 - **F**eedback;
 - **R**esponsibility;
 - **A**dvice;
 - **M**enu of options;
 - **E**mpathic counseling; and
 - **S**elf-efficacy.
- Prepare six pieces of poster board, writing one of the stages of change at the top of each piece.
- Make two copies of the Reflective Listening Demonstration Script (page 83), or prepare a reflective listening demonstration script or scenario (if you do not wish to use the provided script).
- Copy the pages with the motivational intervention cards (pages 85–99), and cut out the cards. Glue each card to an index card if you want to reuse the cards for future training events. You also could glue each one to a large Post-it™ note to eliminate the need for glue sticks listed below.

- ☐ In addition to the materials listed in Getting Started, bring to the session the following:
 - Overhead #2-5, Benefits of Using Motivational Enhancement Techniques from Module 2;
 - Extra copies of Handout 1-2: Readiness Ruler;
 - Sheets of blank paper;
 - Glue sticks for each small group; and
 - A small, soft ball or other soft object for the Summary and Review Brain Game (page 81 and 82).

Module 3 Overview

Module 3 Goal and Objectives

Goal: To provide an introduction to basic elements of motivational interventions and the ways they are used in a stages-of-change model.

Objectives: Participants who complete Module 3 will be able to—

- Define “motivational intervention”;
- List and describe briefly the six elements of the FRAMES approach;
- Describe—
 - Decisional balancing;
 - Discrepancies between goals and current behavior;
 - Flexible pacing; and
 - Personal contacts with clients not in treatment; and
- Describe at least two motivational interventions appropriate for each of the six stages of change.

Content Timeline

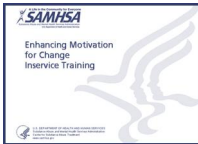
Introduction	5 minutes
Exercise: Readiness Ruler	10 minutes
Presentation: Elements of Effective Motivational Interventions, Part 1 (from TIP 35, chapter 2, pages 23–29)	30 minutes
Exercise: Reflective Listening (Demonstration script from TIP 35, chapter 3, pages 50–52)	15 minutes
Presentation: Elements of Effective Motivational Interventions, Part 2	20 minutes
Exercise: Motivational Intervention and the Stages of Change (from TIP 35, chapter 2, pages 29–30)	30 minutes
Summary and Review Brain Game	10 minutes
Total Time	2 hours



5 minutes



OH #2-5



OH #3-1



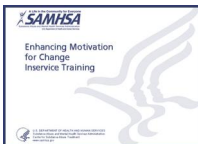
Handout 3-1



10 minutes



Handout 1-2



OH #3-2



30 minutes

Introduction

Welcome and Review

Display Overhead #2-5, Benefits of Using Motivational Enhancement Techniques, as participants gather.

Welcome participants as they enter the room, and ask them to review Module 2 by—

- Walking around the room and looking at the newsprint pages posted on the wall; and
- Reviewing their notes.

Ask whether anyone has any questions or thoughts about Module 2.

Module 3 Goal and Objectives

Give participants Handout 3-1: Module 3 Goal and Objectives.

If you prefer, give participants all the handouts for this module now rather than one at a time.

Briefly review the goal and objectives.

Exercise: Readiness Ruler

Ask participants to locate Handout 1-2: Readiness Ruler in their folders and to take a few minutes to—

- Think about how they would assess their current readiness to learn about motivational enhancement;
- Consider how to integrate new counseling techniques and behaviors into their practice; and
- Mark the second readiness ruler on the handout at the appropriate point.

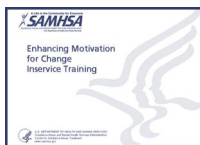
Instruct participants to select partners and take turns asking their partners the questions listed on the overhead.

Allow 5 minutes; then ask whether any participants are willing to share with the whole group their position on the ruler and answers to the questions.

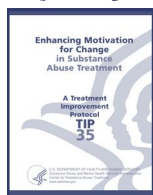
Presentation: Elements of Effective Motivational Interventions, Part 1

You will be asking participants a series of questions during this module; you can add greatly to the learning process by offering your real-life examples of the interventions presented.

Tell participants that this module introduces the basic elements of motivational interventions that are discussed in more depth in later modules.



OH #3-3



Define “motivational intervention” as any clinical strategy designed to enhance client motivation for change.

Explain that motivational interventions can be used in the contexts of—

- Counseling;
- Client assessment;
- Multiple sessions; and
- Brief interventions.

Display the newsprint you prepared titled Critical Elements.

Explain that researchers have identified critical elements of effective interventions used in current motivational approaches:

- FRAMES;
- Decisional balance exercises;
- Discrepancies between personal goals and current behavior;
- Flexible pacing; and
- Personal contact with clients not in treatment.

The FRAMES Approach

Display the FRAMES newsprint page you prepared.

Refer participants to KAP Key 1, “The FRAMES Approach.”

Explain that researchers have identified six elements of effective intervention and coined the acronym FRAMES to summarize them:

- **Feedback** about personal risk or impairment is given to the client following assessment of substance use patterns and associated problems.
- **Responsibility** for change is placed squarely and explicitly on the client.
- **Advice** about changing substance use is given clearly to the client by the clinician in a nonjudgmental manner.
- **Menus** of self-directed change options and treatment alternatives are offered to the client.
- **Empathic counseling**—showing warmth, respect, and understanding—is emphasized.
- **Self-efficacy** or optimistic empowerment is engendered in the client to encourage change.

Feedback

Note that—

- Providing constructive, nonconfrontational feedback about a client’s type and severity of impairment based on information from structured and objective assessments is particularly valuable.
- This type of feedback usually compares a client’s scores or ratings on standard tests or instruments with the norms for those tests and instruments.
- Assessments may include measures related to substance consumption patterns, substance-related problems, physical health, risk factors including a family history of substance use or affective disorders, and various medical tests (explain that Module 5 addresses assessment and feedback in more depth).

- A respectful and informative manner when delivering feedback to a client is crucial; a confrontational or judgmental approach may leave the client unreceptive.

Ask participants for examples of confrontational, nonconstructive feedback. Ask: What kinds of things do you think you *wouldn't* want to say to a client?

Emphasize that feedback should be straightforward, respectful, easy-to-understand, and culturally appropriate.

Ask participants: What do you think “culturally appropriate” feedback might be for the population you serve?

Note that—

- Not all clients respond to feedback in the same way.
 - One person may be alarmed to find that she drinks much more in a given week than her peers but be unconcerned about potential health risks.
 - Another may be concerned about potential health risks of drinking.
- Personalized feedback can be useful throughout treatment.
- Feedback about improvements is especially valuable as a method of reinforcing progress.

Ask participants for examples of feedback they might give to a client with even the slightest improvement.

Emphasize that a clinician’s reflective listening and empathic style when giving feedback help a client—

- Understand the feedback;
- Interpret the meaning;
- Gain a new perspective about the personal impact of substance use;
- Express concern; and
- Consider changing.

Responsibility

Note that motivational approaches—

- Give individuals the responsibility and opportunity to decide when and whether they will change their substance-using behavior;
- Allow clients to be active rather than passive by encouraging them to choose their treatment and be responsible for changing; and
- Do not impose views or goals on clients.

Ask participants: In what ways do you think giving clients choices and the responsibility for change might affect—

- Clients and their course of treatment?
- You as a clinician?

Note responses on newsprint.



Add to the newsprint (if not mentioned): When clients are free to choose whether to change, they—

- Feel less need to resist or dismiss the clinician’s ideas;
- Feel empowered and more invested in treatment; and
- May be more willing to negotiate common treatment goals with the clinician.

Note that making a client responsible for changing results in better treatment outcomes and less frustration for the clinician.

Advice

Explain that—

- Giving gentle advice with client permission can promote positive behavioral change.
- Research shows that short sessions in which the clinician offers suggestions can be effective in changing behaviors such as smoking, drinking alcohol, and using other substances.

Emphasize that—

- The most appropriate time to give advice is when a client requests it.
- As with feedback, the *manner* in which the clinician advises clients determines how the advice will be used.
- *Suggesting* yields better results than *telling* clients what they should do.

Ask participants for examples of *telling* clients advice, then examples of *suggesting* advice.

Explain that—

- The timing of any advice is important, relying on the clinician’s ability to “recognize” what the client wants to know and is willing to consider.
- A motivational approach to offering advice may be either directive (making a suggestion) or educational (explaining information).

Note that—

- Educational advice should be based on credible scientific evidence supported in the literature.
- Facts that relate to the client’s condition, such as blood alcohol levels at the time of an arrest or accident (or about substance use in general), can be presented in a nonthreatening way, such as:
 - “May I tell you what I’ve seen in the past in these situations?”
 - “May I explain something to you about tolerance?”

Explain that if a client *requests* direction, the clinician can—

- First *clarify* what the client wants rather than give advice immediately; and
- Give simple advice that is matched to the client’s level of understanding and readiness, the urgency of the situation, and the client’s culture.

Menu of options

Explain that—

- Offering a menu of options decreases dropout rates and resistance to treatment and increases overall treatment effectiveness.
- Providing a menu of options is consistent with the motivational principle that clients must choose and be responsible for their choices.
- When clients make independent decisions, they are likely to commit to them.

Ask participants:

- In what ways does our (your) agency support or not support offering clients a menu of treatment options?
- What are some of the choices you can give clients in your agency?
- What would an agency that supports offering clients a menu of treatment options look like and how would the agency offer the options?

Emphasize that, when clinicians give clients options, clinicians will be most effective if they—

- Provide alternative approaches to treatment or change that are appropriate for clients' needs;
- Provide accurate information about each option and a best guess about the implications of choosing one particular path;
- Elicit from clients what *clients* think would be effective or what has worked for them in the past; and
- Reinforce clients' ability to make informed choices.

Ask participants:

- How do you respond to the idea of letting clients choose their own treatment goals?
- What are some recent examples of choices you have given clients?

Empathy

Note that a clinician's empathy during counseling has been characterized as—

- Warmth;
- Respect;
- Caring;
- Commitment; and
- Active interest.

Emphasize that—

- Empathic counseling can be particularly effective with clients who are angry, resistant, or defensive.
- Although an empathic style appears easy to adopt, it actually requires careful training and significant effort by clinicians.

Explain that empathy usually entails—

- Allowing the client to do most of the talking;
- Creating a safe environment that encourages a free flow of information from the client;
- Allowing the client's change process to unfold, rather than directing or interrupting it; and
- Using *reflective listening*.

Tell participants that reflective listening is a critical skill used in all motivational approaches.

Explain that reflective listening requires the clinician to *think* reflectively and to restate a client's responses to assure the client that the clinician hears and understands.

Note that a crucial aspect of thinking reflectively includes assumptions that—

- People frequently make assumptions about what others mean when they talk.
- This process is not always conscious.
- Reflecting back to the client is a way of confirming what the client means rather than assuming it.

Emphasize that although reflective listening may seem to be a simple, basic clinical skill that everyone knows how to do, it is actually complex and needs to be practiced.

Note that Modules 4 and 5 address reflective listening in more depth and give participants more opportunities for practice but that today participants will have a brief practice session on thinking reflectively in just a few minutes.



Self-efficacy

Note that the last element of the FRAMES approach is self-efficacy.

Ask participants: What do you think “self-efficacy” means? Note responses on newsprint.

Explain that, to succeed in changing, clients must—

- Believe they are capable of undertaking specific tasks; and
- Have the skills and confidence needed to change.

Stress that clinicians help clients develop self-efficacy by—

- Reinforcing clients' beliefs in their capacities and capabilities;
- Believing in clients' ability to change;
- Helping clients identify how they have coped successfully with problems in the past;
- Helping clients build on past successes;
- Affirming the small steps clients take and reinforcing positive changes;
- Fostering hope and optimism in clients; and
- Reframing past “failures” as partial successes (for example, emphasizing how long clients stayed in treatment last time rather than focusing on the fact that they did not complete the program and relapsed).



15 minutes



Ask participants whether they have any questions or comments about the FRAMES approach.

Exercise: Reflective Listening

With a co-trainer or participant, demonstrate reflective listening using the Reflective Listening Demonstration Script provided on page 83.

The demonstration script is provided for your convenience. You may want to develop your own script or scenario that is particularly relevant to the population with which your training group works.

Tell participants that they will now have a chance to stretch their legs and then briefly will practice reflective listening. Ask participants to get up, walk around the room, and mingle for a minute. After 1 to 2 minutes, ask participants to find a partner.

Explain that—

- Partners will take turns offering *simple reflections*.
- Simple reflection is when people repeat in their own words and in a neutral form (meaning no evaluation or amplification) what they think another person said.

For example:

Client: It creeps me out when I can't remember everything that happened the night before.

Clinician: Not remembering is kind of scary for you.

Ask the dyads to decide who will be partner 1 and partner 2.

Explain that—

- Partner 1 begins by saying a few sentences about a pet peeve.
- Partner 2 offers a simple reflection.
- Partner 1 gives partner 2 feedback on the accuracy of the reflection.
- After partner 1 has talked about the pet peeve and partner 2 has responded reflectively, the partners reverse roles.

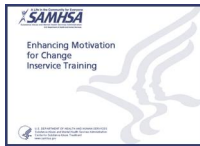
Caution participants not to use a work- or colleague-related pet peeve for this exercise.

Walk around the room during the exercise, and give positive feedback when appropriate. Try to hear each trainee practice reflective listening to ensure that the concept is understood.

After both partners have had an opportunity to practice, ask participants to return to their seats.



20 minutes



OH #3-4

Presentation: Elements of Effective Motivational Interventions, Part 2

Ask participants to—

- Recall the personal change exercise they did in Module 2;
- Keep their personal change process in mind during the discussion on the next elements of motivational interventions; and
- Think about whether they used any form of these elements in their own practice.

Decisional Balance Exercises

Explain that decisional balancing is another key element of effective motivational approaches:

- Decisional balancing involves helping a client explore the pros and cons of substance use and change.
- The concept of exploring the pros and cons—or benefits and disadvantages—of change is well documented in the literature.
- Individuals typically explore the pros and cons of any major life choice such as changing a job or getting married.
- In the context of recovery from substance use, the client weighs the pros and cons of changing substance-using behavior.
- The purpose of exploring the pros and cons of a substance use problem is to tip the scales toward a decision for positive change.
- The clinician can assist this process by asking a client to articulate and write down the good and “less good” aspects of using substances.

Explain that using a phrase like “less good” or “not so good” may be less threatening and elicit more of a response from a client than using terms like “bad,” “negative,” or “harmful.”

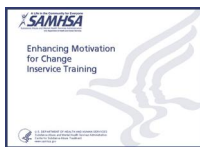
Note that the actual number of reasons a client lists on each side of a decisional balance sheet is not as important as the weight—or personal value—of each reason.

Example: A 20-year-old who smokes might not put as much weight on the risk of getting lung cancer as a 50-year-old man but might be very concerned that his diminished lung capacity interferes with playing tennis or basketball.

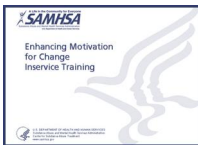
Discrepancies Between Personal Goals and Current Behavior

Explain that—

- One way to enhance a client’s motivation for change is to help him or her recognize a *discrepancy* or gap between future goals and current behavior.
- The clinician can help clarify this discrepancy by asking a client, “How does your drinking fit in with having a happy family and a stable job?”
- When people see that their actions conflict with important personal goals such as health, success, or family happiness, change is more likely to occur.



OH #3-5



OH #3-6

Flexible Pacing

Explain that as discussed earlier—

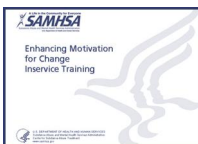
- All clients move through the stages of change at their own pace.
- Some cycle back and forth numerous times between the stages.
- Others stay stuck in an ambivalent state for a long time.
- A few are ready to get started and take action immediately.
- The clinician can facilitate the change process by determining where an individual has been and is now in the stages of change.
- The concept of *pacing* requires that the clinician use as much or as little time as is necessary to accomplish the essential tasks of each stage of change. For example:
 - With some clients, a clinician may have to schedule frequent sessions at the beginning of treatment and fewer later.
 - In other cases, a clinician might suggest a “therapeutic vacation” for a client who has to take a break before continuing a particularly difficult aspect of recovery.

Note that, if the clinician pushes clients at a faster pace than they are ready to go, the therapeutic alliance may break down.

Ask participants:

- What would be an example of pushing a client too fast?
- How do you think the client would respond?

Emphasize that the reverse is also true. For example, a client in the action stage may become frustrated and less motivated for change if the clinician insists on doing decisional balancing exercises instead of intervening in a way more appropriate to the action stage.



OH #3-7

Personal Contact With Clients Not in Treatment

Note that motivational interventions include simple activities to enhance continuity of contact and strengthen the relationship between clinician and client when the client currently is not participating in treatment.

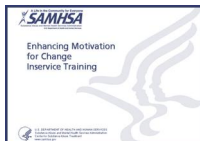
Ask participants: What do you do now if a client misses a session or drops out of treatment?

Note that—

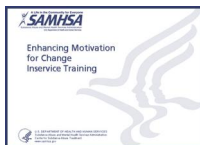
- Motivational interventions can include personal handwritten letters or telephone calls from clinician to client.
- Research has shown that these simple motivation-enhancing interventions are effective for encouraging clients to—
 - Return for another clinical consultation;
 - Return to treatment following a missed appointment;
 - Stay involved in treatment; and
 - Adhere to a plan for change.



30 minutes



OH #3-8



OH #3-9



OH #3-10



Ask participants: What could you do to maintain contact with clients who are not currently in treatment?

To conclude this presentation, ask participants to relate elements of motivational interventions to their own change process.

Encourage them to share how they could relate the material to their practice.

Exercise: Motivational Intervention and the Stages of Change

Introduction

Explain that clients need and use different kinds of motivational support depending on which stage of change they are in and which stage they are moving into.

Note that clients in the—

- *Precontemplation* stage must raise their awareness before they can consider change;
- *Contemplation* stage require help resolving their ambivalence and choosing positive change over their current situation;
- *Preparation* stage need help identifying potential change strategies and choosing the most appropriate one for their circumstances;
- *Action* stage (the stage at which most formal treatment occurs) need help carrying out and complying with the change strategies and learning how to prevent or limit relapse;
- *Maintenance* stage may have to develop new skills for maintaining recovery and a lifestyle without substance use; and
- *Recurrence* stage need help recovering quickly and resuming the change process.

Emphasize that if a clinician uses strategies appropriate to a stage other than the one the client is in, the result could be treatment resistance or noncompliance.

Exercise Instructions

Tell participants that—

- Modules 5 through 8 present in detail the strategies and interventions most effective for each stage of change.
- The following exercise will help them think about choosing interventions appropriate to each stage of change.

Divide the training group into three small groups.

If possible, form groups that include experienced and inexperienced members.

As the groups form, post on a wall the six pieces of poster board labeled with each stage of change. Be sure not to cover up the stages-of-change posters created in Module 2.

Give each group five or six of the motivational intervention cards and a glue stick (if you are not using Post-it™ notes).

Tell participants that they are to attach each card onto a stage-of-change poster.

Tell participants (if necessary) that they may need to rearrange the cards, so they should use only a small dab of glue.

Ask participants to work together in their groups to—

- Review the characteristics of clients in each stage of change, using the posters they created in Module 2;
- Decide on the stage of change in which each intervention on their cards would be used most effectively; and
- Lightly glue each card to a stage-of-change poster.

Once all the cards are attached to poster boards—

- Ask participants whether anyone wants to rearrange any of the cards and, if so, why.
- Ask participants which interventions they think could be used effectively in more than one stage of change.

Tell participants to refer to KAP Key 2 and determine whether any intervention cards should be moved and to move them as needed.

Ask whether participants have any questions or comments.

Summary and Review Brain Game

Tell participants that they will now form a group “brain” to review quickly some of the module material.

Ask them to stand together in a group.

Explain that—

- You will be throwing a soft ball (or whatever object you have chosen to use) into the “brain.”
- Whoever catches the ball is the “neuron” that will answer a question.
- Because neurons always work together, the person catching the ball has 20 seconds to confer with fellow neurons before answering the question and throwing the ball back to you.

Ask the following questions, throwing the ball each time:

- What is the definition of motivational intervention?
- What is one element of the FRAMES approach?
- What is decisional balancing?
- What intervention would be appropriate to the precontemplation stage of change?
- What is another element of the FRAMES approach?
- What is a possible discrepancy between a life goal and behavior?
- What intervention would be appropriate to the action stage of change?
- What is flexible pacing?



10 minutes



Handout 3-2

- What is another element of the FRAMES approach?
- What does the acronym FRAMES stand for?
- What is reflective listening?

Homework

Refer participants to Handout 3-2: Homework.

Suggest that participants read chapter 2 of TIP 35, particularly—

- Pages 33–36, “Responding to Differing Needs”; and
- Pages 36–37, “Brief Interventions.”

Ask participants to use simple reflection with their clients during the time between sessions.

Explain that, although you are sure they use reflection frequently, this exercise can help them become aware of how they do it, how effectively they do it, and how clients respond.

Ask them to jot down a few notes about their experiences to prepare for a discussion in Module 4.

Reflective Listening Demonstration Script

Clinician: What else concerns you about your drinking?

Client: Well, I'm not sure I'm concerned about it, but I do wonder sometimes whether I'm drinking too much.

Clinician: Too much for...?

Client: For my own good, I guess. I mean it's not like it's really serious, but sometimes when I wake up in the morning, I feel really awful, and I can't think straight most of the morning.

Clinician: It messes up your thinking, your concentration.

Client: Yes, and sometimes I have trouble remembering things.

Clinician: And you wonder whether that might be because you're drinking too much?

Client: Well, I know it is sometimes.

Clinician: You're pretty sure about that. But maybe there's more...

Client: Yeah, even when I'm not drinking, sometimes I mix things up, and I wonder about that.

Clinician: Wonder whether...?

Client: If alcohol's pickling my brain, I guess.

Clinician: You think that can happen to people, maybe to you.

Client: Well, can't it? I've heard that alcohol kills brain cells.

Clinician: Um-hmm. I can see why that would worry you.

Client: But I don't think I'm an alcoholic or anything.

Clinician: You don't think you're that bad off, but you do wonder whether maybe you're overdoing it and damaging yourself in the process.

Client: Yeah.

Clinician: Kind of a scary thought. What else worries you?

Motivational Intervention Cards

**Support a realistic
view of change
through small steps**

**Establish rapport,
ask permission,
build trust**

**Summarize
self-motivational
statements**

**Provide personalized
assessment
feedback**

Source: Center for Substance Abuse Treatment, *Enhancing Motivation for Change in Substance Abuse Treatment*, Treatment Improvement Protocol (TIP) Series 35, DHHS Publication No. (SMA) 00-3460, Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999, reprinted 2000.

**Offer factual
information about
the risks of
substance use**

**Offer a menu of
options for change
or treatment**

**Normalize
ambivalence**

**Negotiate a change
plan and behavior
contract**

**Help the client enlist
social support**

**Help the client
reenter the change
cycle**

**Help the client identify
high-risk situations
and develop coping
strategies**

**Help a significant
other intervene**

**Have the client
publicly announce
plans to change**

**Express concern;
keep the door open**

**Maintain supportive
contact**

**Help the client
practice and use new
coping strategies**

**Explore the pros
and cons
of substance use**

**Explore the meaning
and reality of
recurrence**

**Examine the client's
personal values
regarding change**

**Elicit the client's
perceptions
of the problem**

Elicit self-motivational statements of intent and commitment

Elicit the client's perceived self-efficacy and treatment expectations

Elicit from the client change strategies that have worked in the past

Develop a plan with the client for handling relapse

**Consider and lower
barriers to change**

**Commend any
willingness to
reconsider positive
change**

**Clarify the client's
own goals and
change strategies**

**Help the client
develop alternative
coping strategies**

**Affirm the client's
resolve and self-
efficacy**

**Acknowledge the
difficulties
of change**

**Support lifestyle
changes**

**Assist the client in
finding new
reinforcers of
positive change**



Module 3

Motivation and Intervention



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov



Readiness Ruler

- Ask your partner, **“Has your position on the ruler changed since the first session?”**
- If your partner’s readiness has increased, ask, **“What has made a difference for you?”**
- If your partner’s readiness has not increased or has decreased, ask, **“Why did you choose [the number chosen] instead of 0?”**



Motivational Intervention

Any clinical strategy designed to enhance client motivation for change



Decisional Balance Exercises

- The client weighs the pros and cons of changing substance-using behavior.
- The actual number of reasons a client lists on each side of a decisional balance sheet is not as important as the weight—or personal value—of each reason.



Discrepancies

When people see that their actions conflict with important personal goals such as health, success, or family happiness, change is more likely to occur.



Flexible Pacing

The concept of pacing requires that clinicians meet their clients at the clients' levels and use as much or as little time as is necessary to accomplish the essential tasks of each stage of change.

Personal Contact With Clients Not in Treatment



Motivational interventions include simple activities to enhance continuity of contact and strengthen the relationship between clinician and client when the client currently is not participating in treatment.

Motivational Intervention and Stages of Change



Clients need and use different kinds of motivational support depending on which stage of change they are in and which stage they are moving into.



Clients Need Help...

- **Precontemplation**
Raising awareness
- **Contemplation**
Resolving ambivalence and choosing positive change
- **Preparation**
Identifying appropriate change strategies



Clients Need Help...

- **Action**
Implementing change strategies, learning to avoid/limit relapse
- **Maintenance**
Developing new skills for maintaining recovery
- **Recurrence**
Recovering quickly and resuming the change process

MODULE 4:

Basic Strategies of Motivational Enhancement

Preparation Checklist

- Review Getting Started (page 6) for preparation information.
- Preview Module 4, including handouts.
- Post on the training room wall the Class Rules and all the newsprint pages generated during Module 3.
- Review pages 49–53 in TIP 35, “Five Opening Strategies for Early Sessions.”
- Prepare newsprint titled Five Basic Strategies, and list the following:
 - Open-ended questions;
 - Affirming;
 - Reflective listening;
 - Summarizing; and
 - Eliciting or reinforcing self-motivational statements.
- Prepare newsprint titled Types of Self-Motivational Statements, and list the following:
 - Cognitive recognition of the problem;
 - Expression of concern about the problem;
 - Direct or implicit intention to change behavior; and
 - Optimism about ability to change.
- If you have a co-trainer, prepare scripted demonstrations of each basic strategy (if you do *not* have a co-trainer, use a participant volunteer to demonstrate several strategies).
- In addition to the materials listed in Getting Started, bring a timer to the session (optional).

Module 4 Overview

Module 4 Goal and Objectives

Goal: To provide an overview of and practice in using basic motivational enhancement strategies.

Objectives: Participants who complete Module 4 will be able to—

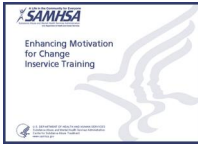
- List and explain five basic strategies of motivational enhancement; and
- Demonstrate beginning skill in using these strategies.

Content Timeline

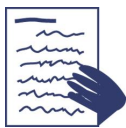
Introduction	15 minutes
Presentation: Five Basic Strategies of Motivational Enhancement (from TIP 35, chapter 3, pages 49–53)	45 minutes
Exercise: Basic Strategies—Role Play	60 minutes
Total Time	2 hours



15 minutes



OH #4-1



Handout 4-1



Handout 1-2



45 minutes



Introduction

Welcome and Review

Welcome participants as they enter the room, and ask them to review Module 3 by—

- Walking around the room and looking at the newsprint pages posted on the wall; and
- Reviewing their notes.

Ask whether anyone has any questions or thoughts about Module 3.

Tell participants to share the experiences they had with the practice homework assignments given in Module 3.

Ask participants to review the paragraphs they wrote and to find partners.

Tell participants that they have about 10 minutes to talk with their partners about their experiences.

Module 4 Goal and Objectives

Give participants Handout 4-1: Module 4 Goal and Objectives.

If you prefer, give participants all the handouts for this module now rather than one at a time.

Briefly review the goal and objectives.

Ask participants to—

- Locate Handout 1-2: Readiness Ruler in their folders;
- Assess their current readiness to learn about motivational enhancement and integrate new counseling techniques and behaviors into their practice; and
- Mark the third readiness ruler on the handout at the appropriate point.

Tell participants that they will use the handout later in the session.

Presentation: Five Basic Strategies of Motivational Enhancement

Display the Five Basic Strategies newsprint page you prepared.

Explain that these five basic strategies are particularly useful in the early phases of treatment with clients in all stages of readiness but are basic to working with clients in all phases of treatment.

Discuss each of the five strategies.

Ask Open-Ended Questions

Ask participants: What does “open-ended” mean?

Ensure that responses include—

- Questions that cannot be answered “yes” or “no”;
- Questions that cannot be answered with one or two words; and
- Questions that are not rhetorical.

Ask participants for examples of open-ended questions.

Refer participants to page 51 of TIP 35.

Review the lists of closed questions and open-ended questions.

Note that open-ended questions—

- Help the clinician understand his or her clients’ points of view;
- Elicit clients’ feelings about a given topic or situation;
- Facilitate dialog; they cannot be answered with a single word or phrase and do not require a particular response;
- Solicit additional information in a neutral way;
- Encourage the client to do most of the talking;
- Help the clinician avoid making prejudgments; and
- Keep communication moving forward.

Ask for a volunteer to help demonstrate using open-ended questions.

Demonstrate using open-ended questions by asking the volunteer about how he or she got into the counseling field, his or her last vacation, or another topic.

After several minutes of demonstrating, ask participants whether they have any observations or questions.

Ask participants to find a partner.

Ask participants to take turns asking each other about last weekend using open-ended questions.

Walk around the room, observe, and give positive feedback as appropriate.

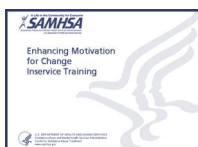
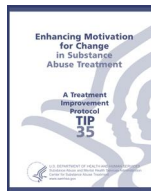
Affirm

Explain that affirming clients—

- Supports and promotes their sense of self-efficacy;
- Acknowledges their difficulties;
- Validates their experiences and feelings; and
- Increases their confidence to take action and change their behavior.

Note that—

- Emphasizing experiences that demonstrate strength, success, or power prevents discouragement.
- For some clients, affirming their inner guiding spirit and their faith helps resolve their ambivalence.



OH #4-2



OH #4-3

Give participants a few examples of affirming statements from the list below:

- I appreciate how hard it must have been for you to decide to come here. You took a big step.
- I think it's great that you want to do something about this problem.
- That must have been very difficult for you.
- You're certainly a resourceful person to have been able to live with the problem this long and not fall apart.
- That's a good suggestion.
- It must be difficult for you to accept a day-to-day life so full of stress. If I were in your position, I also would find that difficult.

Ask participants for more examples of affirming statements.

Demonstrate the strategy by affirming different participants for behaviors they have displayed.

Listen Reflectively

Note that reflective listening—

- Keeps coming up because it is a critical skill in motivational approaches; and
- Is particularly necessary in the early stages of counseling.

Ask participants: What do you remember as the definition of reflective listening?

Provide the definition if necessary: reflective listening involves the counselor's—

- Making a reasonable guess about what the client means; and
- Rephrasing the client's statement to reflect what the counselor thinks he or she heard.

Explain that reflective listening—

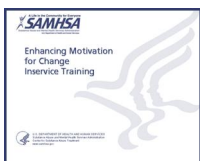
- Provides clients a different way of considering what they have said;
- Reduces the likelihood of resistance;
- Encourages the clients to talk;
- Communicates respect;
- Cements the therapeutic alliance;
- Clarifies exactly what clients mean; and
- Reinforces motivation.

Emphasize that true reflective listening requires—

- Continuous tracking of the client's verbal and nonverbal responses and their possible meanings;
- Understanding of the communication style of the client's culture;
- Formulation of reflections at the appropriate level of complexity; and
- Ongoing adjustment of the clinician's hypotheses about the client's behavior.

Ask for another volunteer, someone willing to talk about the readiness rulers, to help demonstrate reflective listening.

Talk with the volunteer about the readiness ruler, using both open-ended questions when appropriate and reflective listening.



OH #4-4

After several minutes of demonstrating, ask participants whether they have any observations or questions.

Ask the volunteer to remain in place for a few minutes.

Summarize

Note that most clinicians find it useful to summarize occasionally what has occurred in a counseling session.

Explain that summarizing consists of—

- Distilling the essence of what clients have expressed; and
- Communicating it back to them.

Note that summaries help clients by—

- Reinforcing what they said;
- Demonstrating that the clinician has been listening carefully;
- Helping clients consider their responses and experiences; and
- Preparing clients to move forward.

Note that—

- A summary that links the client's positive and negative feelings about substance use can promote an understanding of ambivalence and the recognition of discrepancy.
- Summarizing is a good way to review previous sessions and to end a current counseling session and provides a natural bridge when the client transitions between stages of change.
- The clinician should encourage the client to correct summaries.

Emphasize that summarizing serves a strategic purpose; in presenting a summary, the clinician selects what information to include and what to minimize or leave out.

Demonstrate this strategy by summarizing your conversation with the last volunteer and asking the volunteer about the accuracy of your summary.

Elicit and Reinforce Self-Motivational Statements

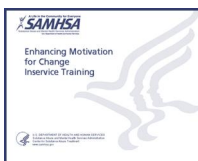
Emphasize that—

- When used successfully, motivational interviewing techniques ensure that clients, not the clinician, identify the changes that are needed to improve their lives.
- One signal that clients' ambivalence and resistance are diminishing is the self-motivational statement.

Display the Types of Self-Motivational Statements newsprint you prepared.

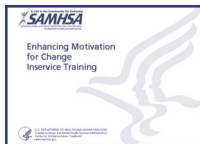
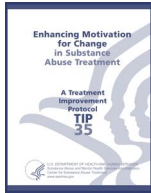
Note that four types of motivational statements can be identified:

- Cognitive recognition of the problem (“I guess this is more serious than I thought.”);
- Affective expression of concern about the perceived problem (“I’m really worried about what is happening to me.”);



OH #4-5

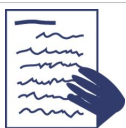




OH #4-6



60 minutes



Handouts 4-2 and 4-3

- A direct or implicit intention to change behavior (“I’ve got to do something about this.”); and
- Optimism about one’s ability to change (“I know that, if I try, I can do it.”).

Refer participants to page 53 in TIP 35, Figure 3-4: How To Recognize Self-Motivational Statements.

Read through a few motivational and countermotivational statements; then ask participants for more examples of each.

Explain that the clinician can reinforce a client’s self-motivational statements and encourage the possibility of change by—

- Reflecting the statement;
- Nodding or making approving facial expressions;
- Making affirming statements; and
- Asking for elaboration, explicit examples, or more details about remaining concerns.

Note that—

- Questions beginning with “What else” invite further amplification.
- Asking clients to identify the extremes of the problem (“What are you most concerned about?”) enhances their motivation.
- Asking clients to envision what they would like for the future helps them establish specific goals.

Exercise: Basic Strategies—Role Play

Ask participants to refer to Handout 1-2: Readiness Ruler, and tell them that they now will practice the skills just discussed, using their experiences.

Ensure that the newsprint listing the five basic strategies for early sessions is clearly visible.

Divide the training group into groups of three participants each.

Refer participants to Handouts—

- 4-2: Basic Strategies—Role Play; and
- 4-3: Role Play Crib Sheet.

Review the instructions with participants.

Encourage participants to help one another as needed.

If participants decide to do the role plays described in Option 2 Scenarios, allow the groups several minutes to review the scenarios and to decide who will play each role.

Walk around the room and observe the role plays, providing assistance when it is needed.

Keep time, and announce each 5-minute increment (using a timer will free you to observe the role plays without losing track of time).

When groups have completed their role plays, ask participants to share with the whole group thoughts they have or what they have learned.



Handout 4-4

Homework

Refer participants to Handout 4-4: Homework.

Ask participants to read pages 135–145 in TIP 35, Chapter 8, “Measuring Components of Client Motivation.”

Ask participants to—

- Use the five basic strategies in two different client sessions; and
- Take brief notes to use in discussions in Module 5.





Handout 4-2: Basic Strategies—Role Play

Introduction

In this small-group exercise, you will spend 5 minutes in each of three roles:

- Speaker;
- Responder; and
- Observer.

After each 5-minute role play, you will spend 5 minutes processing the experience.

The purpose of this exercise is to practice both *choosing* a response strategy and *using* the technique. It will also give you an idea of the client’s perspective of these strategies.

Instructions for Each Role Play

Speaker

The “speaker” has two options.

- Option 1, Reality. Tell the “responder” about any changes you have made on your readiness rulers since you began the training. For example,
 - Were there any changes from ruler 1 to ruler 3?
 - What influenced the changes, if any?
 - Why have there been no changes, if appropriate?
 - How do you feel about the training experience?
 - What was relevant to your learning and change process?
- Option 2, Role Play. Choose a “client” scenario from those below. Pretend that you are a client attending your third counseling session and have just marked the readiness ruler. The “responder” begins the role play by asking you about your response.

Responder

Respond to the “speaker” using as many of the five strategies for early sessions as appropriate. *Take your time*; you do not need to respond to the speaker quickly. When you are learning a new technique, it takes longer to formulate a response. Use Handout 4-3: Role Play Crib Sheet as needed. If the “speaker” chooses to role play a client, begin the exchange by asking the client about his or her readiness ruler.

Observer

Observe the interaction and track—

- The strategies used by the “responder”; and
- The “speaker’s” responses.

Use Handout 4-3: Role Play Crib Sheet to track the strategies you hear by checking the appropriate descriptions and taking short notes about the speaker’s responses.



Instructions for Processing Each Role Play

The “speaker” shares—

- What the experience was like;
- What worked well; and
- What might have worked better.

The “responder” shares—

- Which strategies felt most comfortable;
- Which felt most uncomfortable; and
- What the experience was like in general.

The “observer” shares—

- Which strategies he or she observed;
- The responses from the speaker; and
- Any other observations about the process.

Use reflective listening and affirming in processing.

Option 2 Scenarios

Scenario 1: Sam

You are 35 years old and married to Molly; you have one child, Sara. You work full time in what you consider a stressful but rewarding profession. You have been spending increasing amounts of time drinking in clubs with your friends and have experienced blackouts on occasion. You tried cocaine for the first time 3 months ago and have been using it more and more frequently. You have been late to work several times and have started staying home “sick” 1 or 2 Mondays a month. You and Molly have been fighting more and more over your alcohol use and “partying,” although she doesn’t know that you’ve been using cocaine. She had threatened several times to leave you because of your alcohol use. She actually took Sara and went to her sister’s house last month and is refusing to come back until you get help for your drinking. You think that your wife is overreacting to your “having fun” with your friends and relaxing, but her leaving scared you into making an appointment at a local treatment program. You have seen a counselor there two times before today. You have mentioned to the clinician that your family is very important to you and you don’t know what you’d do if you lost them.

Scenario 2: Maria

You are 17 years old and living at home with your mother and your stepfather. You started smoking marijuana at age 14, when your parents divorced. You have continued smoking regularly and started drinking this year. You have been arrested for shoplifting beer and are now on probation. You started staying out all night on occasion this past year, and your mother is frantic. Your stepfather has “had it with you,” and you are fighting with him constantly. You think that what you do with your friends is none of his business. Your family is very religious, and everyone goes to church together on Sundays. You tested positive for marijuana at your last probation visit, and your probation officer referred you to a treatment program. You really don’t think you need treatment, but your mother is so upset that you agreed to go. You have been to two sessions. You mentioned to the clinician at the last session that you sometimes feel guilty that you have worried your mother, because you love her very much. You also have stopped going to church with your parents and sometimes miss being a part of that community.



Scenario 3: Darryl

You are 45 years old and divorced, with two teenaged sons whom you rarely see. You just were arrested for your second driving while intoxicated charge, with a blood alcohol level of 0.29. The first time you were arrested, you attended an alcohol education program but continued to drink. This time, you were involved in an accident, lost your driver's license, and have been court ordered into treatment. After the accident, you were treated for minor injuries in the emergency room, and doctors noticed that you had an enlarged liver. You since have been seen in a local medical clinic and were told that you have some liver damage, most likely related to your drinking. You are a little scared about that, but can't imagine not drinking because all of your friends and most of your relatives drink. You have attended two sessions at a treatment program. In a recent session, you mentioned that you think your divorce might have had something to do with your drinking and that you wish you had a better relationship with your sons.



Handout 4-3: Role Play Crib Sheet

Strategy	Description
Ask Open-Ended Questions	Open-ended questions— <ul style="list-style-type: none">■ Cannot be answered “yes” or “no” or with one or two words;■ Are not rhetorical;■ Elicit clients’ feelings about a given topic or situation;■ Solicit additional information in a neutral way; and■ Encourage the client to do most of the talking.
Affirm Clients	Affirming— <ul style="list-style-type: none">■ Supports and promotes the client’s sense of self-efficacy;■ Acknowledges his or her difficulties;■ Validates his or her experiences and feelings; and■ Emphasizes experiences that demonstrate strength, success, or power.
Listen Reflectively	Reflective listening involves— <ul style="list-style-type: none">■ Making a reasonable guess about what the client means;■ Rephrasing the client’s statement to reflect what the counselor thinks he or she heard;■ Continuous tracking of the client’s verbal and non-verbal responses and their possible meanings;■ Understanding of the communication style of the client’s culture;■ Formulation of reflections at the appropriate level of complexity; and■ Ongoing adjustment of the clinician’s hypotheses about the client’s behavior.
Summarize	Summarizing— <ul style="list-style-type: none">■ Distills the essence of what a client has expressed; and■ Communicates it back to the client.
Elicit and Reinforce Self-Motivation Statements	Reinforcing a client’s self-motivational statements includes— <ul style="list-style-type: none">■ Reflecting the statement;■ Nodding or making approving facial expressions;■ Making affirming statements;■ Asking for elaboration, explicit examples, or more details;■ Using questions beginning with “What else”; and■ Asking the client to identify the extremes of the problem (“What are you most concerned about?”).



Module 4

Basic Strategies of Motivational Enhancement



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
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Open-Ended Questions

- Help clinicians understand their clients' points of view
- Elicit clients' feelings
- Facilitate dialog
- Solicit information in a neutral way
- Encourage the client to do most of the talking
- Help avoid prejudgments
- Keep communication moving forward

Affirming



- Supports and promotes the client's sense of self-efficacy
- Acknowledges the client's difficulties
- Validates the client's experiences and feelings
- Increases the client's confidence to take action and change behavior



Reflective Listening Requires

- Continuous tracking of the client's verbal and nonverbal responses and their possible meanings
- Understanding the communication style of the client's culture
- Formulation of reflections at the appropriate level of complexity
- Ongoing adjustment of hypotheses



Summaries

- Reinforce what clients said
- Demonstrate that the clinician has been listening carefully
- Help clients consider their responses and experiences
- Prepare clients to move forward

Elicit and Reinforce Self-Motivational Statements



- Reflect the statement
- Nod or make approving facial expressions
- Make affirming statements
- Ask for an elaboration, explicit examples, or more details about remaining concerns

MODULE 5:

Motivational Interviewing as a Counseling Style

Preparation Checklist

- Review Getting Started (page 6) for preparation information.
- Preview Module 5, including handouts.
- Read pages 39–55 in TIP 35, Chapter 3, “Motivational Interviewing as a Counseling Style.”
- Post on the training room wall the Class Rules and all the newsprint pages generated during Module 4.
- Prepare newsprint titled Five Principles, and list the following (highlight the letters indicated as a memory aid for participants):
 - **E**xpress empathy;
 - **D**evelop discrepancy;
 - **A**void argument and direct confrontation;
 - **S**upport self-efficacy and optimism; and
 - **R**oll with client resistance.
- Prepare newsprint titled Responding to Resistance, and list the following:
 - Simple reflection;
 - Amplified reflection;
 - Double-sided reflection;
 - Shifting focus;
 - Agreement with a twist; and
 - Reframing.
- Write the names of the five stages of change (precontemplation through maintenance) at the top of five pieces of poster board or sheets of newsprint.
- Cut out and fold the resistance role slips.

- ❑ In addition to the materials listed in Getting Started, bring to the session the following:
 - Large Post-its™ or index cards and glue sticks;
 - Five poster boards (optional);
 - An appropriate container for the role slips; and
 - A timer (optional).

Module 5 Overview

Module 5 Goals and Objectives

Goals:

- To introduce elements of the motivational interviewing counseling style (developed by William Miller and Stephen Rollnick).
- To practice using motivational interviewing techniques.

Objectives: Participants who complete Module 5 will be able to—

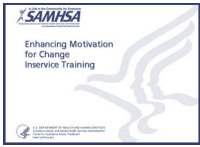
- Articulate five assumptions of motivational interviewing;
- Understand and articulate the concept of stage-specific motivational conflicts; and
- Articulate and describe five principles of motivational interviewing style.

Content Timeline

Homework Review and Introduction	15 minutes
Exercise: “Special Someone” Guided Journey	15 minutes
Presentation: Introduction to Motivational Interviewing as a Counseling Style (from TIP 35, chapter 3, pages 39–40)	10 minutes
Exercise: Stage-Specific Motivational Conflicts (based on TIP 35, chapter 3, page 40)	15 minutes
Presentation: Five Principles of Motivational Interviewing (from TIP 35, chapter 3, pages 40–49)	20 minutes
Exercise: Slow-Motion Role Plays	45 minutes
Total Time	2 hours



15 minutes



OH #5-1



Handout 5-1



15 minutes

Homework Review and Introduction

Welcome and Review

Welcome participants as they enter the room, and ask them to review Module 4 by—

- Walking around the room and looking at the newsprint pages posted on the wall; and
- Reviewing their notes.

Ask whether anyone has any questions or thoughts about Module 4.

Tell participants that they now will share the results of their homework assignment for Module 4.

Ask participants to review the notes they wrote and to find partners.

Tell participants that they will have about 10 minutes to talk with their partners about their experiences.

Encourage partners to use reflective listening as they listen to each other.

Module 5 Goals and Objectives

Give participants Handout 5-1: Module 5 Goals and Objectives.

If you prefer, give participants all the handouts for this module now rather than one at a time.

Briefly review the goals and objectives.

Explain that, although Module 5 addresses counseling style in the context of motivational interviewing, the principles and practices are relevant to a range of motivational approaches.

Exercise: “Special Someone” Guided Journey

Tell participants that you now will introduce them to one of the hallmarks of motivational interviewing—spirit and style—by taking them on a guided journey.

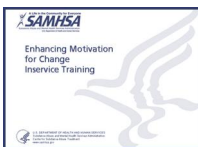
Invite participants to become comfortable. Suggest that they close their eyes, look down, or relax in a way that will allow them to imagine taking a journey.

Say the following in a slow, gentle manner:

- I’d like you to think about someone in your life who had a positive influence on you, who helped you become a better person. (Pause 15–20 seconds.)
- This person still could be in your life or could be someone from your past, but this person should mean a lot to you. (Pause several seconds.)
- The person could be a teacher, a coach, a parent, friend, spouse, or someone else. (Pause 15–20 seconds.)
- Take a minute and visualize this person in your mind. (Pause 5–10 seconds.)
- Now, I would like you to think about this person’s traits or characteristics. (Pause several seconds.)
- What was or is it about that person that made him or her so influential in your life? (Pause at least 30 seconds.)



10 minutes



OH #5-2

Ask each participant to find a partner.

Ask partners to take about 5 minutes to share with their partners the traits or characteristics they identified in the exercise.

After 5 minutes, ask participants to share with the whole training group some of the traits they discussed with their partners.

Write responses on newsprint.

Throughout this exercise, model reflective listening (a concept integral to motivational interviewing), and ask clarifying questions as appropriate. As the reporting of traits slows down, model the motivational interviewing strategy of eliciting responses and ask: Is there anything else?

Summarize the traits that participants list, and tape the newsprint pages on the wall.

Ask participants to think about the following two rhetorical questions:

- What if you were like that person?
- What would that mean to your clients?

Ask participants: What would your clients say about you, if you possessed these qualities?

Facilitate and summarize discussion.

Presentation: Introduction to Motivational Interviewing as a Counseling Style

Explain that style is defined as a *way of being* with a client rather than just a *technique*.

Explain that motivational interviewing is—

- A way for the clinician to become a helper in the change process and express acceptance of the client;
- A way to interact with clients that is not merely an adjunct to other therapeutic approaches; and
- A style of counseling that helps resolve the ambivalence that prevents clients from realizing personal goals.

Explain that motivational interviewing is a counseling style based on the following assumptions:

- Ambivalence about substance use (and change) is normal and is a big obstacle to recovery.
- Ambivalence can be resolved by working with each client's intrinsic motivations and values.
- The alliance between clinician and client is a collaborative partnership to which each brings important expertise.

- An empathic and supportive, yet directive, counseling style facilitates change.
- Direct argument and aggressive confrontation may increase client defensiveness and reduce the likelihood of behavioral change.

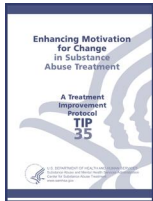
Emphasize that—

- Ambivalence about substance use and change is often a client’s central problem—and lack of motivation can be a manifestation of this ambivalence.
- If a clinician interprets ambivalence as denial or resistance, friction between the clinician and the client may occur.

Explain that the motivational interviewing style allows for exploration of clients’ stage-specific motivational conflicts that can hinder their progress.



15 minutes



Exercise: Stage-Specific Motivational Conflicts

Divide the training group into several small groups.

Refer participants to page 40 of TIP 35, Figure 3-1: Stage-Specific Motivational Conflicts.

Assign each small group one or more of the five stages of change listed in the figure, and give the group the matching poster board or newsprint for that stage.

Give each group a pack of Post-its™ or five or six index cards.

Ask the small groups to review the example of client conflict listed in the figure for their assigned stage of change and to—

- Develop as many additional examples as is possible in 8 minutes;
- Write each example on a Post-it™ or index card; and
- Attach the note or card to the appropriate poster board or newsprint page.

After 8 minutes, ask one person from each small group to read the group’s examples.

When all examples for a stage of change have been read, ask the training group whether anyone has others to add.

Write additional examples on the poster board or newsprint.

Stand posters up against the wall or attach newsprint to the wall.

Explain that—

- Listening for and “hearing” clients’ motivational conflicts as they progress through the stages of change are critical to applying motivational approaches successfully.
- Participants will have an opportunity to practice identifying motivational conflicts in a homework assignment.



20 minutes



Presentation: Five Principles of Motivational Interviewing

Display the prepared newsprint titled Five Principles.

Explain that there are five principles of motivational interviewing style:

- Express empathy through reflective listening;
- Develop discrepancy between clients' goals or values and their current behavior;
- Avoid argument and direct confrontation;
- Support self-efficacy and optimism; and
- Roll with client resistance.

Express Empathy

Explain that an empathic counseling style—

- Communicates respect for and acceptance of clients and their feelings;
- Encourages a nonjudgmental, collaborative relationship;
- Allows the clinician to be a supportive and knowledgeable consultant;
- Sincerely compliments rather than denigrates;
- Listens rather than tells;
- Gently persuades, with the understanding that the decision to change is the client's; and
- Provides support throughout the recovery process.

Emphasize that—

- The key component of expressing empathy is reflective listening.
- Imposing direction and judgment creates barriers that impair the therapeutic relationship.

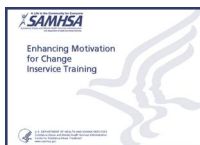
Explain that researchers have identified 12 types of nonempathic responses that create such barriers.

Refer participants to pages 42–43 of TIP 35, and briefly read through the list. Tell participants that they will use this list in their homework assignments for Module 5.

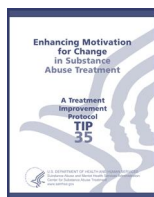
Develop Discrepancy

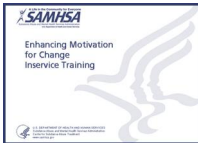
Explain that—

- Developing clients' awareness of consequences helps them examine their behavior.
- Identification of a discrepancy between present behavior and important goals motivates change.
- The *client* should state the arguments for change.
- A clinician helps a client recognize discrepancies on a number of levels; for example, a clinician can point out the conflict between the client's substance use and—
 - Personal identity and values;
 - Community values;
 - Spiritual or religious beliefs; and
 - Family members' values.



OH #5-3





OH #5-4

Note that a clinician helps a client recognize discrepancies by using carefully chosen and strategic reflecting. For example, emphasize that—

- If a client shows *any* concern about substance use, highlight this concern to heighten the client’s perception and acknowledgment of discrepancy (for example, “So, you think that using marijuana may have had something to do with failing your final exam?”).
- Once a client begins to understand how the consequences of substance use conflict with significant personal values, amplify and focus on this discrepancy until the client can articulate consistent concern and commitment to change.
- Clients’ cultural background affects their perceptions of discrepancy.
- A clinician must have a good understanding of *clients’* personal understanding of their specific cultural values (rather than simple generalizations) to help them effectively identify discrepancies.

Avoid Argument

Ask participants whether they have ever argued or been tempted to argue with a client.

Ask participants how that worked for them.

Explain that when a clinician attempts to prove a point through arguing with a client, the client predictably takes the opposite side of the argument.

Emphasize that—

- Power struggles between clinician and client do not enhance motivation for change.
- When it is the client, not the clinician, who voices arguments for change, progress can be made.
- The goal is to “walk” with clients (i.e., accompany clients through treatment), not “drag” them along (i.e., direct clients’ treatment).

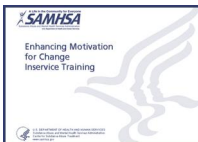
Support Self-Efficacy

Emphasize that self-efficacy is a critical component of behavior change.

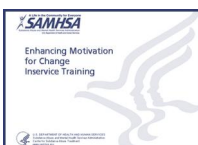
Note that a clinician can support a client’s self-efficacy by—

- Communicating belief in the client’s capacity to achieve goals;
- Talking about how others in similar situations have changed successfully;
- Providing opportunities for other clients to act as role models;
- Providing credible, understandable, and accurate information about substance use disorders;
- Providing information about methods and tools for recovery in a way that instills hope in the client; and
- Breaking the change process down into achievable small steps.

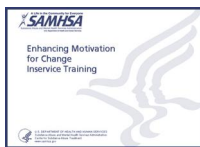
Ask participants whether they have other examples of how to support a client’s self-efficacy.



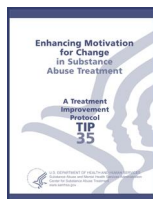
OH #5-5



OH #5-6



OH #5-7



Roll With Resistance

Explain that—

- One view of resistance is that a resistant client is behaving defiantly.
- A more constructive view of resistance is that it is a signal that the clinician needs to change direction with or listen more carefully to the client.

Note that rolling with resistance is similar to avoiding arguments; it offers another chance to express empathy by—

- Remaining nonjudgmental and respectful; and
- Encouraging the client to talk and stay involved.

Refer participants to KAP Key 4, “Four Types of Client Resistance.”

Explain that resistant behavior can be identified by any of four basic behaviors (write each on newsprint as you speak):

- Arguing;
- Interrupting;
- Denying; and
- Ignoring.

Using KAP Key 4, briefly describe the subtypes of each behavior.

Display the prepared newsprint titled Responding to Resistance.

Explain that William Miller and colleagues have identified six basic ways to react appropriately to client resistance, and read the newsprint list.

Emphasize that clinicians must—

- Rely on their clinical judgment when choosing to use any particular technique; there is no “recipe”; and
- Consider their relationship with the client, the client’s stage of change, and what they know about the client’s motivational conflicts.

After each example in the following sections, repeat the “client” line, and ask participants for additional examples of responses in each category. This will give participants guided practice in using reflective listening.

Simple reflection

Explain that—

- The simplest approach to responding to resistance is with nonresistance, by reflecting the client’s statement in a neutral form.
- This response acknowledges and validates what the client has said and can elicit an opposite response.

Provide an example, such as—

Client: I don't plan to quit drinking anytime soon.

Clinician: You don't see abstinence in your near future.

Amplified reflection

Explain that amplified reflection—

- Reflects the client's statement in an exaggerated form—stated in an extreme way but without sarcasm; and
- Can move the client toward positive change rather than resistance.

Provide an example, such as—

Client: I don't know why my wife is worried about this. I don't drink any more than any of my friends.

Clinician: So your wife is worrying needlessly.

Double-sided reflection

Note that double-sided reflection—

- Acknowledges what clients have said but also states contrary things they have said in the past; and
- Requires the use of information that clients have offered previously, although perhaps not in the same session.

Provide an example, such as—

Client: Maybe I should give up drinking completely, but I'm not going to do that!

Clinician: You can see that there are some real problems here, but quitting altogether clearly is not what you want to do.

Shifting focus

Explain that this technique—

- Helps the client shift focus from obstacles and barriers; and
- Offers an opportunity for the clinician to affirm clients' choices regarding the conduct of their lives.

Provide an example, such as—

Client: I can't stop smoking marijuana when all my friends are doing it.

Clinician: You're way ahead of me. We're exploring your concerns about your grades and whether you'll stay in school. We're not ready to talk about that yet.

Agreement with a twist

Explain that this subtle strategy involves agreeing with the client, but with a slight twist or change of direction that propels the discussion forward.

Provide an example, such as—

Client: Why are you and my wife so stuck on my drinking? What about all her problems? You'd drink, too, if your family was nagging you all the time.

Clinician: You've got a good point, and that's important. There is a bigger picture here, and maybe I haven't been paying enough attention to that. It's not as simple as one person's drinking. I agree with you that we shouldn't be placing blame here. Drinking problems like these involve the whole family.

Reframing

Explain that reframing—

- Is a good strategy to use when a client denies personal problems;
- Offers a new and positive interpretation of negative information provided by the client; and
- Acknowledges the validity of the client's perception, but offers a new meaning for consideration.

Note that education also can be a useful way to use reframing.

For example, many heavy drinkers believe they do not have a substance use disorder because they can "hold their liquor." When the clinician explains objectively that tolerance is a risk factor and a warning signal, clients' perspectives might shift regarding the meaning of their ability to hold their liquor. Reframing not only is educational but also sheds new light on clients' alcohol use.

Exercise: Slow-Motion Role Play

Explain that this exercise provides participants with an opportunity to think about and practice rolling with resistance.

Divide the training group into small groups of at least four participants each.

Refer participants to Handout 5-2: Slow-Motion Role Play and Handout 5-3: Slow-Motion Role Play Crib Sheet.

Review exercise instructions with the group.

If you have sufficient time, consider letting participants develop their own client scenarios, based on the clients they actually work with, instead of using those provided in Handout 5-2.

Place in a central location a container with the resistance role slips, and ask each "client" to draw a role and begin.

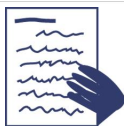
Walk around the room and observe the role plays, providing assistance when it is needed.

Keep time and announce each 5-minute increment (using a timer will free you to focus on observing the role plays without fear of losing track of time).

When groups have completed their role plays, ask participants to share any thoughts or feelings they have or anything they learned.



45 minutes



Handouts 5-2
and 5-3



Handout 5-4

Homework

Refer participants to Handout 5-4: Homework.

Ask participants to read pages 53–55 in TIP 35, “Effectiveness of Motivational Interviewing.”

Ask participants to complete the following exercises before the next session.

Practice Exercise 1

- Review Figure 3-1: Stage-Specific Motivational Conflicts, page 40 in TIP 35.
- During at least two counseling sessions, try to identify the client’s stage-specific motivational conflicts.
- Write a few brief notes about what you discover.

Practice Exercise 2

- Review the 12 examples of nonempathic responses on pages 42–43 of TIP 35.
- Think about your counseling style, and identify any of the nonempathic responses you have used at times.
- During at least two counseling sessions, try to be aware of any nonempathic responses you make, and write a brief paragraph about the experience.

Slow-Motion Role Play: Resistance Role Slips

Cut out each slip, fold it, and place it in a container.

ARGUING	ARGUING
ARGUING	ARGUING
INTERRUPTING	INTERRUPTING
INTERRUPTING	INTERRUPTING
DENYING	DENYING
DENYING	DENYING
IGNORING	IGNORING
IGNORING	IGNORING



Handout 5-2: Slow-Motion Role Play

Introduction

In this small-group exercise, you will take turns playing three roles:

- Client;
- Clinician; and
- Observer.

The “clinician” role will be played by **two** people who will act as a team to respond to the client.

You will role play three scenarios for 5 minutes each, then take 5 minutes to process each role play. Switch roles for each scenario.

The purpose of the exercise is to practice identifying resistant behavior and responding in a way that rolls with the resistance. The slow-motion aspect allows time for the “clinicians” to think about the “client’s” resistance and plan an appropriate response.

Instructions for Each Role Play

Small Group

- Choose a scenario from those below.
- Decide who will play each role.

The “Client”

- Draw a resistance role from the container. (Note: Be sure you draw a different role for each role play.)
- Take a minute to plan your approach to the role, using KAP Key 4 to review the variations of each type of resistance.
- Don’t tell your fellow group members which resistance behavior you will be demonstrating.
- Play your role as realistically as possible, based on your clinical experience.

The “Clinician” Team

- Decide which of you will be the “voice” of the “clinician.”
- Confer before responding to the “client” (slow motion).
- Use Handout 5-3: Slow-Motion Role Play Crib Sheet, as needed.

Observers

- Try to identify the resistance role the “client” is demonstrating.
- Observe the apparent effects of the interventions made by the “clinician” team.



Instructions for Processing Each Role Play

The “clinician” team shares—

- What its experience was like;
- What it thought worked well; and
- What it thought didn’t work well or would do differently next time.

The “client” shares—

- What the experience was like;
- What worked well (what interventions seemed to reduce feelings of resistance); and
- What might have worked better.

The “observer” shares—

- What resistance role the “client” was demonstrating; and
- Any observations about the process.

Scenarios

Scenario 1: Sam

You are 35 years old and married to Molly; you have one child, Sara. You work full time in what you consider a stressful but rewarding profession. You have been spending increasing amounts of time drinking in clubs with your friends and have experienced blackouts on occasion. You tried cocaine for the first time 3 months ago and have been using it more frequently. You have been late to work several times and have started staying home “sick” 1 or 2 Mondays a month. You and Molly have been fighting more over your alcohol use and “partying,” although she doesn’t know that you’ve been using cocaine. She had threatened several times to leave you because of your alcohol use. She actually took Sara to her sister’s house last month and is refusing to come back until you get help for your drinking. You think that your wife is overreacting to your “having fun” with your friends and relaxing, but her leaving scared you into making an appointment at a local treatment program. You have seen a counselor three times. You have mentioned to the clinician that your family is important to you and you don’t know what you’d do if you lost them.

Scenario 2: Maria

You are 17 years old and living at home with your mother and your stepfather. You started smoking marijuana at age 14, when your parents divorced. You have continued smoking regularly and started drinking this year. You have been arrested for shoplifting beer and are now on probation. You started staying out all night on occasion this past year, and your mother is frantic. Your stepfather has “had it with you,” and you are fighting with him constantly. You think that what you do with your friends is none of his business. Your family is very religious, and everyone goes to church together on Sundays. You tested positive for marijuana at your last probation visit, and your probation officer referred you to a treatment program. You really don’t think you need treatment, but your mother is so upset that you agreed to go. You have been to two sessions. You mentioned to the clinician at the last session that you sometimes feel guilty that you have worried your mother because you love her very much. You also have stopped going to church with your parents and sometimes miss being a part of that community.



Scenario 3: Darryl

You are 45 years old and divorced, with two teenaged sons whom you rarely see. You were just arrested for your second driving while intoxicated charge, with a blood alcohol level of 0.29. The first time you were arrested, you attended an alcohol education program but continued to drink. This time, you were involved in an accident, lost your driver's license, and have been court ordered into treatment. After the accident, you were treated for minor injuries in the emergency room, and doctors noticed that you had an enlarged liver. You since have been seen in a local medical clinic and were told that you have some liver damage, most likely related to your drinking. You are a little scared about that but can't imagine not drinking because all of your friends and most of your relatives drink. You have attended three sessions at a treatment program. In a recent session, you mentioned that you think your divorce might have had something to do with your drinking and that you wish you had a better relationship with your sons.



Handout 5-3: Slow-Motion Role Play Crib Sheet

Strategy	General Approach
Simple Reflection	<ul style="list-style-type: none">■ Uses the simplest approach to responding to resistance with nonresistance by repeating the client's statement in a neutral form; and■ Acknowledges and validates what the client has said and can elicit an opposite response.
Amplified Reflection	<ul style="list-style-type: none">■ Reflects the client's statement in an exaggerated form—stated in a more extreme way but without sarcasm; and■ Can move the client toward positive change rather than resistance.
Double-Sided Reflection	<ul style="list-style-type: none">■ Acknowledges what clients have said but also states contrary things they have said in the past; and■ Requires the use of information that clients have offered previously, although perhaps not in the same session.
Shifting Focus	<ul style="list-style-type: none">■ Helps clients shift focus from obstacles and barriers; and■ Offers an opportunity for the clinician to affirm clients' personal choices regarding the conduct of their lives.
Agreement With a Twist	<ul style="list-style-type: none">■ Involves agreeing with the client, but with a slight twist or change of direction that propels the discussion forward.
Reframing	<ul style="list-style-type: none">■ Is a good strategy to use when a client denies personal problems;■ Offers a new and positive interpretation of negative information provided by the client;■ Acknowledges the validity of the client's perception, but offers a new meaning for consideration; and■ Often uses education.

Adapted from TIP 35, chapter 3, pages 46–49.



Module 5

Motivational Interviewing as a Counseling Style



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Assumptions of Motivational Interviewing



- Ambivalence is normal **and** an obstacle.
- Ambivalence can be resolved.
- Collaborative partnership—each has expertise.
- An empathic, supportive, yet directive, counseling style facilitates change.
- Direct argument/aggressive confrontation may **increase** defensiveness, **reduce** likelihood of change.



Express Empathy

- The key component of expressing empathy is reflective listening.
- Imposing direction and judgment rather than listening reflectively creates barriers that impair the therapeutic relationship.



Develop Discrepancy

- Clinicians help clients recognize discrepancies by using carefully chosen, strategic reflecting.
- Clients' cultural background affects their perceptions of discrepancy.
- Clinicians must have a good understanding of the clients' cultural values.



Avoid Argument

- Power struggles between clinician and client do not enhance motivation for change.
- When it is the client, not the clinician, who voices arguments for change, progress can be made.



Support Self-Efficacy

- Communicate belief in the client's capacity
- Talk about how others in similar situations have changed
- Provide opportunities for other clients to act as role models
- Provide credible, understandable, accurate information
- Provide information about tools for recovery in a way that instills hope in the client
- Break the change process down into achievable small steps



Roll With Resistance

Resistance is a signal that the clinician needs to change direction with or listen more carefully to the client.

MODULE 6: From Precontemplation to Contemplation—Building Readiness

Preparation Checklist

- Review Getting Started (page 6) for preparation information.
- Preview Module 6, including handouts.
- Post on the training room wall the Class Rules and all the newsprint pages generated during Module 5.
- Review pages 57–64 and pages 80–82 in TIP 35 chapter 4.
- In addition to the materials listed in Getting Started, bring to the session the following:
 - 12 pieces of poster board (optional);
 - One package of colored construction paper;
 - Several glue sticks;
 - Copies (one for each participant) of all instruments the participants' program uses to assess client readiness for change;
 - Several copies of two or three pieces of literature the participants' program distributes to new clients (e.g., program brochure, educational materials); and
 - A timer (optional).

Module 6 Overview

Module 6 Goal and Objectives

Goal: To provide an overview of and practice using motivational enhancement strategies helpful for working with clients in the precontemplation stage of change.

Objectives: Participants who complete Module 6 will be able to—

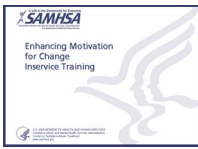
- Identify three ways to engage a client who is in the precontemplation stage of change;
- Identify five ways to establish rapport and trust with clients;
- Explain four ways to explore effectively with clients the events that precipitated their entry into treatment;
- Explain two ways to establish rapport and trust with clients coerced into treatment; and
- Identify and describe five gentle strategies to use with precontemplators.

Content Timeline

Introduction	15 minutes
Presentation: Raising the Topic of Change (from TIP 35, chapter 4, pages 58–61). The “egg model” on page 197 is courtesy of Steven Gilbertson, M.A., LPC, CAC III.	20 minutes
Exercise: Engaging the Precontemplator—Role Play	30 minutes
Small-Group Presentations: Gentle Strategies To Use With Precontemplators (from TIP 35, chapter 4, pages 62–64)	55 minutes
Total Time	2 hours



15 minutes



OH #6-1



Handout 6-1



20 minutes

Introduction

Welcome and Review

Welcome participants as they enter the room, and ask them to review Module 5 by—

- Walking around the room and looking at the newsprint pages posted on the wall; and
- Reviewing their notes.

Ask whether anyone has any questions or thoughts about Module 5.

Tell participants that they now will share the experiences they had with the practice homework assignments given in Module 5.

Ask participants to review the paragraphs they wrote and to find partners.

Tell participants that they have about 10 minutes to talk with their partners about their experiences.

Encourage partners to use reflective listening as they listen to each other.

Module 6 Goal and Objectives

Give participants Handout 6-1: Module 6 Goal and Objectives.

If you prefer, give participants all the handouts for this module now rather than one at a time.

Briefly review the goal and objectives.

Presentation: Raising the Topic of Change

The Precontemplator

Note that, according to the stages of change model—

- Those who are not yet concerned about their substance use and are not considering change are in the precontemplation stage.
- This is true no matter how much and how frequently they use alcohol or drugs or how serious their substance use-related problems are.
- These people may remain in the precontemplation or early contemplation stage for years, rarely or never considering change.

Explain that, by definition, no one at the precontemplation stage willingly walks into a substance abuse treatment program without some reservations, but people who are at this stage are sent to or bring themselves to treatment programs.

Ask participants: What are some examples of situations that tend to bring clients in the precontemplation stage into your program?

Note the following situations (if not already mentioned) that might bring a person in this stage into a treatment program:

- A college coach refers an athlete for treatment after the athlete tests positive for cocaine.

- A wife is desperate about her husband's drinking and insists she will file for divorce unless he seeks treatment.
- A tenant is displaced from a Federal housing project for substance use.
- A driver is referred for treatment by the court for driving while intoxicated.
- A woman tests positive for substances during a prenatal visit to a public health clinic.
- An employer sends an employee whose job performance has deteriorated to the company's employee assistance program, and the employee subsequently is referred for substance abuse treatment.
- A physician in an emergency department treats a driver involved in a serious auto accident and discovers alcohol in the driver's system.
- A family physician finds physical symptoms in a patient that indicate alcohol dependence and suggests treatment.
- A mother whose children have been taken into custody by a children's protective services agency because they are neglected is told she cannot get them back until she stops using substances and seeks treatment.

Note that in each situation—

- Those with an important relationship to the person who uses substances have stated that the substance use is risky, dangerous, aberrant, or harmful to the person they care about or others.
- The responses of the person who uses substances depend, in part, on the person's perception of the circumstances as well as the manner in which the facts are presented.

Engaging the Precontemplation-Stage Client

Note that in opening sessions with the precontemplation-stage client, it is particularly important that the clinician take time to—

- Establish rapport and trust;
- Explore events that precipitated treatment entry; and
- Commend the client for entering treatment.

Discuss each of the statements listed above.

Establish rapport and trust

Explain that, before raising the topic of change with people who are not thinking about it, the clinician needs to create a safe and supportive environment in which clients can feel comfortable.

Note that to foster rapport the clinician can—

- Show respect for clients when bringing up the topic of change;
- Explain that the clinician will not tell clients what to do or whether and how to change;
- Tell clients that the clinician will be asking them to do most of the talking and to give their perspective about both what is happening in their life and how clients feel about it;
- Invite comments about what clients expect or hope to achieve; and



OH #6-2

- Tell clients something about how the clinician or the clinician’s program operates and how the clinician and clients can work together. For example, the clinician can—
 - State how long the session will last and what the clinician expects to accomplish both now and over a specified time;
 - Specify what assessments or other formal arrangements will be needed, if appropriate;
 - Discuss confidentiality issues, telling clients which information will be kept private, which can be released with permission, and which must be sent back to a referring agency; and
 - Try not to overwhelm new clients at this point with all the rules and regulations of the program.

Explore the events that precipitated treatment entry

Note that clients referred to treatment—

- Exhibit a range of emotions associated with the experiences that brought them to counseling—an arrest, a confrontation with a spouse or employer, or a health crisis; and
- Enter treatment shaken, angry, withdrawn, ashamed, terrified, or relieved—often experiencing a combination of feelings.

Emphasize that strong emotions can block change if the clinician does not acknowledge them through reflective listening.

Present the egg model. To explain this concept, draw an egg shape on newsprint and—

- Explain that the egg represents a person’s capacity for change.
- Shade (with your marker) the hollow space inside the egg almost to the top.
- Explain that the filled-in portion represents emotional content and the space at the top represents the person’s remaining capacity for logical decisionmaking.
- Explain that reflective listening drains the egg to create more capacity for the person to hear outside and internal information that can help lead to change.
- Draw another egg and shade it a little less than halfway.

Note that—

- The situation that led an individual to treatment can increase *or* decrease defensiveness about change.
- It is important that initial dialog be grounded in the client’s recent experience and that the clinician take advantage of opportunities to increase motivation. For example,
 - An athlete is likely to be concerned about his or her continued participation in sports and athletic performance.
 - An employee may want to keep his or her job.
 - An arrested driver probably is worried about the possibility of losing driving privileges, going to jail, or injuring someone.
 - A pregnant woman wants a healthy child.



Note that clients—

- Sometimes blame the referring source or someone else for coercing them into counseling; and
- Often believe that this individual or agency does not view the situation accurately.

Emphasize that to find ways to motivate change, the clinician needs to ascertain what the client sees and believes is true.

■ Example 1

- If a client's wife has insisted he begin treatment and the client denies any problem, the clinician might ask the client, "What kind of things seem to bother your wife?" or "What do you think makes her believe there is a problem associated with your drinking?"
- If the wife's perceptions are inconsistent with the client's, the clinician may suggest that the wife come to treatment so that differences can be understood better.

■ Example 2

- If a client thinks a probation officer is the problem, the clinician can ask, "Why do you think your probation officer believes you have a problem?"
- This sort of question—
 - Allows the client to express the problem from the perspective of the referring party; and
 - Provides the clinician with an opportunity to encourage the client to acknowledge any truth in the other party's account.

Remind participants that, to establish rapport, it also is important to use all the strategies for early sessions described in Module 5:

- Ask open-ended questions;
- Listen reflectively;
- Summarize;
- Affirm; and
- Elicit or reinforce self-motivational statements.

Commend clients for entering treatment

Note that clients referred for treatment may feel they have little control in the process.

Emphasize that whatever clients' expectations, the clinician needs to affirm clients' courage in coming by saying, "I'm impressed you made the effort to get here."

Note that the clinician can—

- Praise clients' demonstrations of responsibility, increasing their confidence that change is possible;
- Intimate that coming to counseling shows that clients have some investment in the topic and an interest in change—
 - For example, the clinician can commend a mother's decision to come to treatment rather than risk losing custody of her child by saying, "You must care very much about your child."

Emphasize that such affirmations subtly indicate to clients that they are capable of making good choices in their best interest.

Coerced Clients: Special Considerations

Emphasize that, although generalizations are difficult to make from a number of separate studies (see page 80 in TIP 35 for references),

- Legal status at treatment entry does not seem to be related to treatment success.
- Mandated clients generally respond as well as those who are self-referred.
- The clinician’s challenge is to engage coerced clients in the treatment process.

Note that—

- Coerced clients arrive with particularly strong emotions as a result of the referral process and the consequences they will face if they do not succeed in changing behavior they may not believe is a problem.
- The clinician must keep in mind that the client’s perceptions may be accurate.
- In spite of these obstacles, coerced clients are at least as amenable to a motivational counseling style as any other client.

Explain that the clinician may have to spend the first session with a coerced client “decontaminating” the referral process; some clinicians say explicitly, “I’m sorry you came through the door this way.”

Note that important principles to keep in mind include—

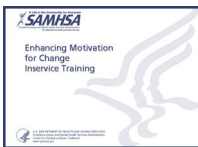
- Honor the client’s anger and sense of dehumanization;
- Avoid assumptions about the type of treatment needed; and
- Make it clear that the clinician will help the client derive what the client perceives is needed and useful out of their time together.

Emphasize that a critical requirement in working with coerced clients is establishing what information will be shared with the referring agency. The clinician should—

- Formalize confidentiality arrangements with both the client and the referring agency through a written consent for release of information that adheres to Federal confidentiality regulations;
- Inform clients about exactly what information (e.g., attendance, urine test results, treatment participation) will be released and to whom;
- Ensure that clients understand what choices they have about the information to be released and what choices are not the clinician’s or clients’ to make (e.g., information related to child abuse or neglect); and
- Take into account the role of the client’s defense attorney (if any) in releasing information.

Ask participants for comments and questions regarding working with coerced clients, and facilitate discussion.

Allow sufficient time for discussion; it is important to address the seeming contradictions between the spirit of motivational approaches and the realities of working with coerced clients.



OH #6-3



30 minutes



Handout 6-2



Exercise: Engaging the Precontemplator—Role Play

Client scenarios are provided for this exercise. If you have the time, you could allow participants to create their own scenarios. This would allow them to practice with scenarios that may be more consistent with their particular client population.

Divide the training group into small groups of three participants each.

Refer participants to Handout 6-2: Engaging Precontemplators—Role Play.

Review the instructions with participants.

Allow the groups several minutes to decide who will play which role and to review the client scenarios.

Walk around the room and observe the role plays, providing assistance when it is needed.

Keep time and announce each 5-minute increment (using a timer will free you to observe the role plays without fear of losing track of time).

When groups have completed their role plays, ask participants to share with the whole group any thoughts they have or anything they learned.

Small-Group Presentations: Gentle Strategies To Use With Precontemplators

Divide the training group into four small groups (if necessary, dyads will work).

Refer participants to pages 62–64 in TIP 35, “Gentle Strategies To Use With the Precontemplator,” and tell them that they will create group presentations on the strategies.

Give each group three or four pieces of poster board (or newsprint), and put the construction paper, glue sticks, and colored makers in a central location.

Assign each group one of four strategies:

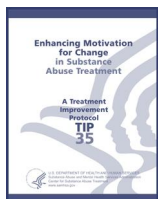
1. Agree on Direction;
2. Assess Readiness To Change;
3. Provide Information About the Effects and Risks of Substance Use **combined with** Use Motivational Language in Written Materials; or
4. Create Doubt and Evoke Concern.

Tell participants to work as a group to put together a presentation on their topic, using the TIP as their resource.

Give group members working on Assess Readiness To Change (strategy 2) copies of instruments the participants’ program uses to assess client readiness (as additional resources for their presentation).



55 minutes



Give group members working on strategy 3 copies of program materials. Ask them to review the materials for motivational (or nonmotivational) language as part of their presentation.

Encourage the groups to be creative and, in addition to creating posters, to design brief (1- to 2-minute) role plays illustrating their topic.

Tell participants that they will have 30 minutes to create their presentations.

Walk around the room and observe, providing assistance when it is needed and affirming participants whenever you hear comments consistent with motivational enhancement.

After 30 minutes, ask each group to make its presentation.

Encourage the whole training group to ask questions and make comments.

Summarize the presentations.

Homework

Refer participants to Handout 6-3: Homework.

Ask participants to read

- Pages 81–82 in TIP 35, “An Opening Dialog With a Coerced Client”; and
- Pages 71–79 in TIP 35, “Intervene Through Significant Others.”

Ask each participant to complete the following practice exercises before the next session.

Assignment 1

- Conduct first sessions with two new clients, using appropriate motivational strategies.
- Audiotape or videotape the sessions, and then review the tapes with a supervisor (or use live supervision).
- Write brief paragraphs about each experience.

Note: If it is not possible to audiotape or videotape sessions, write a more extensive description of one session and review it with a supervisor as soon after the session as possible.

Assignment 2

- Arrange with a supervisor to observe and then discuss two sessions (conducted by a clinician experienced in motivational enhancement techniques) that include a client’s significant other.
- Write brief paragraphs about each experience.



Handout 6-3



Handout 6-2: Engaging Precontemplators—Role Play

Introduction

In this small-group exercise, you will spend 5 minutes in each of three roles:

- Clinician;
- Client; and
- Observer.

After each 5-minute role play, you will spend 5 minutes processing the experience.

Choose a “client” scenario from the three below.

Instructions: Part 1

In this part of the exercise, the “clinician” greets and spends 5 minutes with a new “client” in a way the “clinician” thinks will guarantee that the two will *not* establish rapport and trust. Have fun with this.

After each 5-minute role play, process the experience as follows:

The “client” shares—

- Any feelings that arose in response to the “clinician”; and
- His or her level of engagement and desire to continue treatment (as the “client”).

The “observer” shares—

- “Clinician” behaviors observed that seemed to ensure that the clinician would *not* develop rapport with the client, and why;
- What responses from the “client” the “observer” observed; and
- Any other observations about the process.

The “clinician” shares any observations about the process.

Instructions: Part 2

In this part of the exercise, the “clinician” greets and spends 5 minutes with the “client” in a manner that will establish rapport and trust and engage the “client” in the process.

After each 5-minute role play, process the experience as follows:

The “client” shares—

- Any feelings that arose in response to the “clinician”; and
- His or her level of engagement and desire to continue treatment (as the “client”).

The “observer” shares—

- What appeared to be particularly effective;
- What responses from the “client” were observed; and
- Any other observations about the process.



The “clinician” shares any observations about the process.

Use reflective listening and affirming in processing.

Client Scenarios

Scenario 1: Sam

You are 35 years old and married to Molly; you have one child, Sara. You work full time in what you consider a stressful but rewarding profession. You have been spending increasing amounts of time drinking in clubs with your friends and have experienced blackouts on occasion. You tried cocaine for the first time 3 months ago and have been using it more and more frequently. You have been late to work several times and have started staying home “sick” 1 or 2 Mondays a month. You and Molly have been fighting more and more over your alcohol use and “partying” although she doesn’t know that you’ve been using cocaine. She had threatened several times to leave you because of your alcohol use. She actually took Sara and went to her sister’s house last month and is refusing to come back until you get help for your drinking. You think that your wife is overreacting to your “having fun” with your friends and relaxing, but her leaving scared you into making an appointment at a local treatment program. You think treatment is ridiculous, and you are angry about being here, but your family is very important to you, and you don’t know what you’d do if you lost them.

Scenario 2: Maria

You are 17 years old and living at home with your mother and your stepfather. You started smoking marijuana at age 14, when your parents divorced. You have continued smoking regularly and started drinking this year. You have been arrested for shoplifting beer and are now on probation. You started staying out all night on occasion this past year, and your mother is frantic. Your stepfather has “had it with you,” and you fight with him constantly. You think that what you do with your friends is none of his business. Your family is very religious, and everyone goes to church together on Sundays. You tested positive for marijuana at your last probation visit, and your probation officer referred you to a treatment program. You really don’t think you need treatment, but your mother is very upset, and your probation officer has threatened detention, so you agreed to go.

Scenario 3: Darryl

You are 45 years old and divorced, with two teenaged sons whom you rarely see. You were just arrested for your second driving while intoxicated charge, with a blood alcohol level of 0.29. The first time you were arrested, you attended an alcohol education program but continued to drink. This time, you were involved in an accident, lost your driver’s license, and have been court ordered into treatment. After the accident, you were treated for minor injuries in the emergency room, and doctors noticed that you had an enlarged liver. Since then you have been seen in a local medical clinic and were told that you have some liver damage, most likely related to your drinking. You don’t think that’s a big deal; you feel just fine. Anyway, all of your friends and most of your relatives drink, and quitting is just not anything you want to consider.



Module 6

From Precontemplation to Contemplation— Building Readiness



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Take Time to...

- Establish rapport and trust
- Explore events that precipitated treatment entry
- Commend clients for entering treatment



Coerced Clients

- “Decontaminate” the referral process
- Honor the client’s anger and sense of dehumanization
- Avoid assumptions about the type of treatment needed
- Make it clear that the clinician will help the client derive what the client perceives is needed and useful out of their time together

MODULE 7:

From Contemplation to Preparation—Increasing Commitment

Preparation Checklist

- Review Getting Started (page 6) for preparation information.
- Preview Module 7, including handouts.
- Post on the training room wall the Class Rules and all the newsprint pages and posters generated during Module 6.
- Prepare newsprint titled Decisional Balancing Strategies, and list the following:
 - Summarize concerns;
 - Normalize ambivalence;
 - Reintroduce feedback;
 - Examine clients' understanding of change and expectations of treatment;
 - Reexplore values in relation to change; and
 - Explore specific benefits and costs.
- In addition to the materials listed in Getting Started, bring to the session the following:
 - Nine pieces of poster board (optional);
 - One package of colored construction paper;
 - Several glue sticks;
 - Copies of any forms the participants' program uses for decisional balance exercises (such as benefits and costs worksheets); and
 - A timer (optional).

Module 7 Overview

Module 7 Goal and Objectives

Goal: To provide an overview of and practice using motivational enhancement strategies helpful for working with clients in the contemplation and preparation stages of change.

Objectives: Participants who complete Module 7 will be able to—

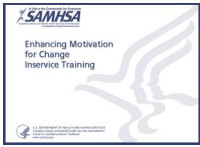
- Identify five strategies that help a client identify and strengthen his or her intrinsic motivation;
- Explain the concept of decisional balancing;
- Explain six decisional balancing strategies; and
- Describe the role of personal choice and responsibility in treatment.

Content Timeline

Introduction	15 minutes
Presentation: Tipping the Decisional Balance (from TIP 35, chapter 5, pages 86–90)	15 minutes
Exercise: Decisional Balancing—Benefits and Costs Worksheet	30 minutes
Small-Group Presentations: Emphasizing Personal Choice and Responsibility (from TIP 35, chapter 5, pages 90–95)	60 minutes
Total Time	2 hours



15 minutes



OH #7-1



Handout 7-1



15 minutes

Introduction

Welcome and Review

Welcome participants as they enter the room, and ask them to review Module 6 by—

- Walking around the room and looking at the newsprint pages posted on the wall; and
- Reviewing their notes.

Ask whether anyone has any questions or thoughts about Module 6.

Tell participants that they now will share the experiences they had with the practice homework assignments given in Module 6.

Ask participants to review the paragraphs they wrote and to find partners.

Tell participants that they have about 10 minutes to talk with their partners about their experiences.

Encourage partners to use reflective listening as they listen to each other.

Module 7 Goal and Objectives

Give participants Handout 7-1: Module 7 Goal and Objectives.

If you prefer, give participants all the handouts for this module now rather than one at a time.

Briefly review the goal and objectives.

Presentation: Tipping the Decisional Balance

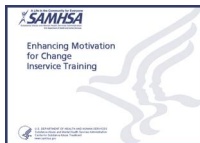
Changing Extrinsic Motivation to Intrinsic Motivation for Change

Note that—

- Although extrinsic (external) motivators can be useful in bringing clients into treatment and increasing retention, intrinsic (internal) motivation is important for significant, lasting change.
- Intrinsic motivation often begins when clients recognize discrepancies between where they are and where they want to be.

Explain that—

- Helping clients change extrinsic to intrinsic motivation for change is an important part of helping them move from contemplating change to deciding to act.
- Untapped intrinsic motivation may be discovered even in clients who seem unlikely to become self-motivating.



OH #7-2

Ask participants: What are some examples of extrinsic motivations for change?

Note responses on newsprint.

Note that to help clients identify and strengthen their intrinsic motivation the clinician—

- Shows curiosity about clients and maintains this attention over time;
- Does not wait for clients to talk spontaneously about their troubles or capabilities but rather shows interest in the full range of concerns clients have about their lives, not just substance use;
- Identifies aspects of clients' lives in which they are particularly skilled or knowledgeable and asks how substance use affects these areas of their lives;
- Reframes clients' negative statements about perceived coercion by reexpressing their resentment with a positive connotation; for example, reinterpreting a client's hostility toward his wife who is threatening to leave him as a manifestation of his continued caring and investment in the marriage; and
- Starts with the client's current situation and finds a natural link between external and intrinsic motivators.

Decisional Balancing Strategies

Note that—

- In moving toward any decision, most people weigh the costs and benefits of the action being contemplated.
- In motivational enhancement approaches, these considerations are known as *decisional balancing*, a process of cognitively appraising or evaluating the “good” aspects of substance use—the reasons *not* to change—and the less good aspects—the reasons *to* change.

Explain that decisional balancing strategies can help—

- Accentuate the consequences of the client's substance use;
- Lessen the perceived rewards of substance use;
- Make the benefits of change apparent; and
- Identify and develop ways to alleviate, if possible, potential obstacles to change.

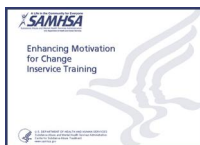
Display the Decisional Balancing Strategies newsprint page, and read through the list.

Describe the strategies.

Summarize concerns

Explain that—

- The clinician gains important information for influencing a client's decisional balance by successfully eliciting the client's concerns while providing personalized feedback after an assessment or while exploring intrinsic and extrinsic motivations.



OH #7-3

- A first step in helping the client weigh the benefits and costs of change is to organize the client's concerns and present them to the client in a careful summary that—
 - Expresses empathy;
 - Develops discrepancy; and
 - Weights the balance toward change.
- The clinician should conclude the summary by asking clients whether they agree that their concerns are identified.

Normalize ambivalence

Emphasize that clients engaged in decisional balance exercises often feel themselves moving closer than they ever may have ventured to a decision to change longstanding behavior and, therefore, closer to inner conflict and doubt about whether they can or want to change.

Note that important strategies to normalize ambivalence at this point are to reassure the client that—

- Conflicting feelings, uncertainties, and reservations are common.
- Many former clients have experienced similar strong ambivalence at this stage, even when they believed they had coped with most of their mixed feelings and were nearing a decision.
- Many other people who have reached this point and seemed suddenly to lose their nerve have been able to recover their impetus by continuing to explore and discuss their concerns.

Reintroduce feedback

Explain that—

- It is important for the clinician to continue to use assessment results to influence clients' decisional considerations.
- Objective medical, social, and neuropsychological feedback from the assessment prompts many clients to contemplate change.
- By reintroducing objective assessment data, the clinician reminds clients of their earlier insights into the need for change.
- For example, a client may be motivated intrinsically to stop excessive drinking because of health concerns, yet be overwhelmed by fear that quitting will prove impossible. Reintroducing feedback from a client's medical assessment about the risk of serious liver damage or a family history of heart disease could add significant weight to the "change" side of the client's decisional balance.

Examine clients' understanding of change and expectations of treatment

Emphasize that it is important to understand what change means to clients and what their expectations of treatment are.

Note that—

- Some clients believe that quitting substance use means changing their entire lives—moving from their neighborhood or severing ties with all their friends and, in some cases, even their family.
- Some believe they have to change everything overnight—an overwhelming prospect.
- Some may think treatment involves stays of several weeks in an inpatient program or even longer sojourns in a residential treatment facility or confrontation by the leader of a therapy group to “break them down,” as in boot camp.
- Other clients have been in numerous treatment programs and the very idea of treatment—of another attempt to change—connotes failure.

Ask participants: What expectations about change or treatment have your clients expressed?

Note that clients in this stage may—

- Become defensive if pushed to commit to change before they are ready or if their goals conflict with the clinician’s; and
- Express resistance in behavior rather than words, for example, by missing appointments.

Emphasize that resistant behavior signals the clinician to evaluate whether the clinician and the client have different perspectives or goals.

Emphasize that listening carefully to the client’s ideas about change can give the clinician an idea of which movements toward change might be negotiable and which are not at this time. For example, a client might state strongly that he—

- Could never move from his neighborhood, a well-known drug market, because his family is there;
- Will not consider attending Alcoholics Anonymous meetings; and
- Will consider getting treatment only in a therapeutic community because all other options have failed in the past.

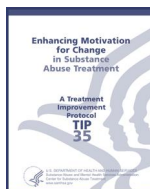
Note that exploration of treatment expectations provides the clinician with an opportunity to

- Introduce information about treatment; and
- Begin a preliminary discussion with clients about available options.

Note that when clients’ expectations about treatment correspond to what actually happens in treatment, they have better outcomes (see pages 88–89 in TIP 35 for reference).

Emphasize that the clinician needs to be aware of clients’ feelings of loss and grief for several reasons:

- Giving up a way of life can be a loss as intense as the loss of a close friend; many clients need time for grieving.
- Clients have to acknowledge and mourn this loss before they are ready to move on and build a strong attachment to abstinence.
- Pushing clients too fast toward change ultimately can weaken their determination.
- Patience and empathy are reassuring at this time.
- The clinician can help clients believe that their losses will be replaced by gains.



Reexplore values in relation to change

Note that decisional balance exercises help clients explore and articulate their values and connect these values to positive change.

Emphasize that clients' values are reflected in both their reasons for changing and their reasons for not changing. For example,

- A young woman who comes from a family of high achievers with a work ethic may wish to return to those values by finishing high school and becoming financially independent.
- An adolescent involved in drug dealing with a gang in his neighborhood may see the option of leaving the gang as nonnegotiable because of his loyalty to the other members. Loyalty and belonging are important values to him, and the clinician can relate them to other groups that can inspire similar allegiance—such as a sports team—organizations that create a sense of belonging and reflect his core values.

Note that—

- Hearing themselves articulate their core values helps clients increase their commitment to positive change.
- Framing the process of change within the larger context of values shared with their family, community, and culture may make it easier for clients to contemplate change.

Explore specific benefits and costs

Emphasize that weighing benefits and costs of substance use and of change is at the heart of decisional balance work.

Note that—

- Some clinicians ask clients to write the benefits and costs in a two-column list.
- Compiling this list can be assigned as homework and discussed during the session, or the list can be generated during a session.
- Some programs use a worksheet for listing benefits and costs of both changing and not changing. The clinician files the original for use in a later session and gives the client a copy of the list to take home.

Give participants a copy of their program's benefits and costs worksheet or Handout 7-2: Decisional Balancing—Benefits and Costs Worksheet.

Explain that—

- A written list helps some clients quantify the factors in the decision.
- Seeing a long list of reasons to change and a short list of reasons not to change may motivate them to change.
- However, a long list of reasons not to change and a short list of reasons to change can indicate how much work still must be done and can avert premature decisionmaking.



Handout 7-2

Emphasize that—

- Quantity is not the only determinant.
- Many clients find that one or two reasons not to change counterbalance the weight of a dozen reasons to change, creating powerful ambivalence.
- It can be helpful to ask clients to mark their most important reasons for and against change.
- Knowledge about the strength of each opposing force is important.
- The reasons for and against continuing substance use—or the negative and positive aspects of change—are highly individual and emotional rather than rational.
- Factors that shift the balance toward positive change for one person may scarcely matter to another.
- The value or weight given to a particular item in this inventory of benefits and costs is likely to change over time.

Note that encouraging clients to clarify and state openly their attraction to substances can be useful because—

- They seldom have a chance in treatment programs to examine what they like or enjoy about substance use.
- Asking clients to express what they like about substance use establishes rapport and reassures the client of the clinician's nonjudgmental perspective and that the clinician is knowledgeable about substance use.
- Starting with positive aspects of substance use also seems to lead clients spontaneously to discussing what is *less good* about substance use.

Note that information about why substance use is attractive also is helpful for judging the client's degree of commitment and sense of self-efficacy. For example,

- Some clients may enjoy little about substance use, and their ambivalence stems from a strong belief that they cannot change.
- The approach taken with such a client will be different from that taken with a client who describes substance use in highly attractive terms and has few reasons to change.

Emphasize that although a client may initially list few reasons for wanting to change—

- Each reason is important and should be explored and addressed.
- Reviewing the client's intrinsic motivators may elicit more items for the positive side of the balance sheet.

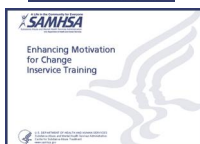
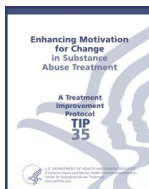
Summarize

Refer participants to page 91 in TIP 35, Figure 5-2: Recapitulation.

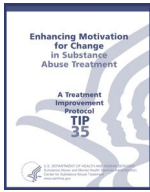
Explain that it is important to summarize for the client after decisional balance exercises.

Note that the purpose of the summary is to—

- Draw together as many reasons for change as possible; and
- Acknowledge the client's reluctance or ambivalence.



OH #7-4



30 minutes



Note that the recapitulation should include the elements listed in Figure 5-2 (review the elements).

Ask participants to turn to page 92 in TIP 35, Figure 5-3: Key Questions, and discuss the questions listed in the figure.

Exercise: Decisional Balancing—Benefits and Costs Worksheet

Tell participants that they now will complete Handout 7-2: Decisional Balancing—Benefits and Costs Worksheet.

Ask participants to find partners.

Explain that the partners will take turns assisting each other in completing the worksheet.

Ask participants to think of an area of their life in which they have been contemplating making a change. For example,

- Starting a diet or exercise program;
- Going back to school; or
- Moving to a new home.

Caution participants *not* to use work-related or personal situations, such as considering separation from a spouse.

Tell participants that, if they are uncomfortable using a real situation, they can make one up.

Give participants 3 or 4 minutes to think of a change situation, then tell them that each person will have 10 minutes in each role.

Tell participants that the person assisting the other should use motivational skills as appropriate, such as—

- Reflective listening;
- Eliciting self-motivational statements;
- Normalizing ambivalence; and
- Summarizing.

Walk around the room and observe, providing assistance when it is needed and affirming participants as appropriate.

Keep time and announce each 10-minute increment (using a timer will free you to observe without losing track of time).

When the partners have completed the exercise, ask participants to share with the whole group thoughts they have or what they have learned.



60 minutes

Small-Group Presentations: Emphasizing Personal Choice and Responsibility

Explain that—

- Consistent messages throughout motivational enhancement approaches are the client’s responsibility and freedom of choice.
- The clinician’s role is to *help* clients make choices that are in their best interests.

Note that by the contemplation stage the client should be accustomed to hearing from the clinician statements such as—

- “It’s up to you what to do about this.”
- “No one can decide for you.”
- “No one can change your drug use for you. Only you can.”
- “You can decide to continue drinking or to stop.”

Emphasize that the clinician’s tone is critical:

- These types of statements must be made sincerely.
- Any hint of sarcasm will negate the desired effect.

Tell participants that they now will prepare small-group presentations on elements of motivational enhancement in which personal choice and responsibility are particularly relevant.

Divide the training group into three small groups.

Refer participants to pages 90–95 in TIP 35, “Emphasizing Personal Choice and Responsibility.”

Give each group three or four pieces of poster board (or newsprint), and put the construction paper, glue sticks, and colored markers in a central location.

Assign each group one of three topics:

- Exploring and setting goals;
- Goal sampling and experimenting; or
- Enhancing commitment in the late preparation stage.

Tell participants to work in their groups to create a presentation on their topic, using the TIP as their resource.

Encourage the groups to be creative and, in addition to creating posters, to design brief (1- to 2-minute) role plays illustrating their topic.

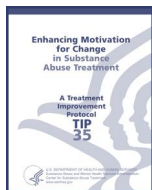
Tell participants that they will have 30 minutes to create their presentation.

Observe and assist the groups as needed.

After 30 minutes, ask each group to make its presentation.

Encourage the whole training group to ask questions and make comments.

Summarize the presentations.





Handout 7-3

Homework

Refer participants to Handout 7-3: Homework.

Ask participants to read—

- Page 93 in TIP 35, “When Goals Collide”; and
- Pages 95–96 in TIP 35, “The Importance of Self-Efficacy.”

Ask participants to complete the following assignments before the next session.

Assignment 1

Participants arrange with their supervisor to—

- Observe (if possible) a counseling session conducted by an experienced clinician using decisional balancing strategies; and
- Write a summary of the session and discuss it with their supervisor.

Assignment 2

Participants—

- Consult with their supervisor to identify a client on their caseload who is in the appropriate stage of change for decisional balancing exercises; and
- Conduct a session with the client (with live supervision), and use decisional balancing strategies, including a benefits and costs worksheet.

If live supervision is not an option, participants do one of the following:

- Audiotape or videotape the session and review the tape with their supervisor; or
- Write a detailed summary of the session and review it with their supervisor as soon after the session as possible.



Module 7

From Contemplation to Preparation—Increasing Commitment



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Changing Extrinsic Motivation to Intrinsic Motivation for Change



- Show curiosity about the client
- Don't wait for the client to talk spontaneously about troubles or capabilities
- Identify the client's skills and knowledge
- Reframe the client's negative statements
- Start with the client's current situation and find a natural link between external and intrinsic motivators



Decisional Balancing

Decisional balancing strategies can help—

- Accentuate the consequences of the client's substance use
- Lessen the perceived rewards of substance use
- Make the benefits of change apparent
- Identify and develop ways to alleviate, if possible, potential obstacles to change



Summarize

A summary should—

- Draw together as many reasons for change as possible
- Acknowledge the client's reluctance or ambivalence

MODULE 8:

From Preparation to Action—Getting Started

Preparation Checklist

- Review Getting Started (page 6) for preparation information.
- Preview Module 8, including handouts.
- Post on the training room wall the Class Rules and all the newsprint pages and posters generated during Module 7.
- Put on a resource table in the training room one copy each of community resource directories, referral materials, community activities guides, materials used to educate clients about treatment, and so on that the participants' program has available for use.
- Prepare newsprint titled Signs of Readiness To Act, and list the following:
 - Decreased resistance;
 - Fewer questions about the problem;
 - Resolve;
 - Self-motivational statements;
 - More questions about change;
 - Envisioning; and
 - Experimenting.
- Prepare newsprint titled Planning Considerations, and list the following:
 - Intensity and amount of help needed;
 - Timeframe;
 - Available social support;
 - Sequence of subgoals and strategies or steps in the plan; and
 - How to address multiple problems.
- In addition to the materials listed in Getting Started, bring to the session the following:
 - Copies (one for each participant) of any forms the participants' program uses for developing client change plans;
 - 12 pieces of poster board (optional);

- One package of colored construction paper;
- Several glue sticks; and
- A timer (optional).

Module 8 Overview

Module 8 Goal and Objectives

Goal: To provide an overview of and practice using motivational enhancement strategies for working with clients in the preparation and action stages of change.

Objectives: Participants who complete Module 8 will be able to—

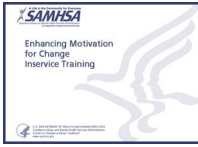
- Identify at least five of seven signs of client readiness to change;
- Discuss the possible variations among clients' change plans;
- Identify and describe five considerations for change planning;
- Describe four strategies for negotiating a change plan; and
- Use a change plan worksheet with clients.

Content Timeline

Introduction	15 minutes
Presentation: Recognizing Client Readiness To Move Into Action (from TIP 35, chapter 6, pages 97–98)	5 minutes
Presentation: Negotiating a Plan for Change—Overview (from TIP 35, chapter 6, pages 98–101)	10 minutes
Small-Group Presentations: Four Strategies for Negotiating a Change Plan (from TIP 35, chapter 6, pages 99–109)	60 minutes
Exercise: Developing a Change Plan	30 minutes
Total Time	2 hours



15 minutes



OH #8-1



Handout 8-1



5 minutes

Introduction

Welcome and Review

Welcome participants as they enter the room, and ask them to review Module 7 by—

- Walking around the room and looking at the newsprint pages posted on the wall; and
- Reviewing their notes.

Ask whether anyone has any questions or thoughts about Module 7.

Tell participants that they now will share the experiences they had with the home-work assignments given in Module 7.

Ask participants to review the paragraphs they wrote and to find partners.

Tell participants that they have about 10 minutes to talk with their partners about their experiences.

Encourage partners to use reflective listening as they listen to each other.

Module 8 Goal and Objectives

Give participants Handout 8-1: Module 8 Goal and Objectives.

If you prefer, give participants all the handouts for this module now rather than one at a time.

Briefly review the goal and objectives.

Presentation: Recognizing Client Readiness To Move Into Action

Explain that, as clients move from contemplating to actually implementing change in their lives, they are in the *preparation* stage of change in which they increase their commitment to change by—

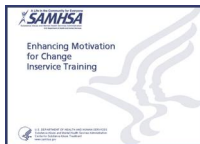
- Exploring, clarifying, and resolving ambivalence; and
- Making a decision to act.

Emphasize that—

- Clients must see that change is in their best interest before they can move into action.
- The negative consequences of ignoring the preparation stage can be a brief course of action followed by rapid return to substance use.

Note that—

- As clients proceed through the preparation stage, the clinician must be alert for signs of their readiness to take action.
- Clients' recognition of discrepancies in their lives is an uncomfortable state in which to remain for long.



OH #8-2



- Change should be initiated as soon as the client is ready, to decrease anxiety.
- If the clinician does not help the client initiate change when the client is ready, the client may retreat to using defenses such as minimizing or denying.

Emphasize that—

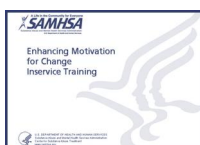
- Mere vocal fervor about change is not necessarily a sign of determination to change.
- Clients who are vehement in declaring their readiness may be trying desperately to convince themselves, as well as the clinician, of their commitment.

Display the Signs of Readiness To Act newspaper page, and discuss the items on the list:

- *Decreased resistance.* Clients stop arguing, interrupting, denying, or objecting.
- *Fewer questions about the problem.* Clients seem to have enough information about their problem and stop asking questions.
- *Resolve.* Clients appear to have reached a resolution and may be more peaceful, calm, relaxed, unburdened, or settled, sometimes following a period of anguish or tearfulness.
- *Self-motivational statements.* Clients make direct self-motivational statements reflecting openness to change (“I have to do something”) and optimism (“I’m going to beat this”).
- *More questions about change.* Clients ask what they can do about the problem, how people change once they decide to, and so on.
- *Envisioning.* Clients begin to talk about how life might be better after a change, to anticipate difficulties if a change were made, or to discuss the advantages of change.
- *Experimenting.* If clients have had time between sessions, they may have begun experimenting with possible change approaches, such as going to an Alcoholics Anonymous (AA) meeting or reading a self-help book.

Note that—

- When the clinician concludes that a client is becoming committed to change, the clinician determines what is needed next by asking a key question: “I can see you are ready for a change. How would you like to proceed?”
- If clients indicate that they wish to pursue change with the clinician’s help, the clinician and clients begin negotiating a plan for change.



OH #8-3



10 minutes

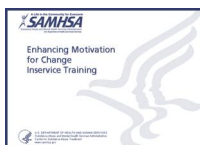
Presentation: Negotiating a Plan for Change— Overview

Explain that creating a specific plan for change is a final step in preparing a client to act.

Note that a solid plan for change—

- Enhances a client’s self-efficacy;
- Provides an opportunity to address potential obstacles; and
- Provides an opportunity to consider the likely outcomes of each change strategy.

Emphasize that nothing is more motivating than being well prepared—no matter what the situation, a well-prepared person usually is eager to get started.



OH #8-4

Note that—

- Clients create plans that reflect their individual concerns and goals.
- Most plans are not limited to moderating or stopping substance use. Plans focus on ensuring success.
- Some clients spontaneously begin suggesting or asking about specific things they can do to change.
- The clinician can prompt other clients to make suggestions by asking key questions such as—
 - “What do you think you will do about your drinking or drug use?”
 - “Now that you’ve come this far, I wonder what you plan to do?”

Explain that clients’ change plans can be—

- General or specific; and
- Short term or long term.

Note that—

- Some clients’ plans are simple, such as stating only that they will enter outpatient treatment and attend an AA meeting every day.
- Other plans include details such as arranging transportation to the treatment facility or alternative ways to spend Friday nights.
- Plans may not involve formal treatment beyond continuing to see the clinician for followup.

Emphasize that some clients may be able to commit only to a limited plan, such as—

- Going home, thinking about change, and returning on a specific date to talk further;
- Attending one mutual-help meeting in the community; and
- Reading something about recovery.

Note that even a restricted and short-term plan can include specific coping strategies to help the client avoid high-risk situations.

Emphasize that specific steps to overcoming anticipated barriers to success are important components of many change plans.

Ask participants: What are some possible barriers clients may encounter? Choose one barrier, and ask: What are some steps a client could take to overcome that barrier?

Emphasize that—

- Although the change plan is the client’s, creating it is an interactive process between the clinician and the client.
- One of the clinician’s most important tasks is to ensure that the plan is feasible.
- When the client proposes a plan that seems unrealistic, too ambitious, or not ambitious enough, a process of negotiation should follow.



Planning Considerations

Display the Planning Considerations newsprint page.

Note that the considerations listed on the newsprint ordinarily are part of interactive discussions and negotiations:

- *Intensity and amount of help needed.* For example, does the client need (and will he or she accept)
 - Only mutual-help group attendance?
 - Intensive outpatient treatment?
 - A 2-year therapeutic community?
 - Family involvement in treatment?
- *Timeframe.* For example,
 - Should the plan be short term or long term?
 - When will it start?
- *Available social support.* For example,
 - Who will be involved in the client's recovery program (e.g., family, Women for Sobriety, community group)?
 - Where will activities take place (e.g., at home, in the community)?
 - When will activities occur (e.g., after work, weekends, two evenings a week)?
- *Sequence of subgoals and strategies or steps in the plan.* For example,
 - Stop smoking marijuana, then throw away marijuana paraphernalia;
 - Tell friends or family members about the plan, then visit them; and
 - Learn relaxation techniques, then use them when feeling stressed at work.
- *How to address multiple problems.* For example,
 - Legal;
 - Financial; and
 - Health.

Emphasize that—

- Clients may ask the clinician for information and advice about specific steps to incorporate into the plan.
- The clinician should—
 - Provide accurate and specific facts;
 - Always ask whether the client understands them; and
 - Elicit responses to information by asking, “Does that surprise you?” or “What do you think about it?”

Emphasize that techniques of motivational interviewing, such as identifying discrepancies, empathizing, and avoiding argument, remain as useful during these negotiations as they are at all other stages of the change process.

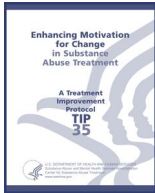
Note that it also is important for the clinician to—

- Acknowledge and affirm the client’s effort in making the plan; and
- Provide the clinician’s best advice, views, and opinions but—
 - Insert qualifiers;
 - Give clients permission to disagree; and
 - Support clients fully in whatever efforts they are willing to make.

Change Plan Worksheet

Note that some clients have found a change plan worksheet useful in focusing their attention on the details of the plan.

Refer participants to KAP Key 5, “Change Plan Worksheet.”



If participants’ agency uses a different written format for change plans, pass out copies and discuss the elements of that form instead of the KAP Key 5 worksheet, OR have participants compare their agency’s worksheet with the elements in the KAP Key worksheet.

Describe the elements of the worksheet as follows.

The changes I want to make are ...

- Be specific.
- Include goals that are positive (e.g., improve health, be more productive), not just negative goals (e.g., stop, avoid, decrease a behavior).

The most important reasons I want to make these changes are ...

- What are the likely consequences of action or inaction?
- Which motivations for change are most compelling?

My main goals for myself in making these changes are ...

- What benefits does the client hope to gain by making a change? For example,
 - Better health;
 - Improved relationship with a spouse; or
 - Moving ahead in a career.

I plan to do these things to reach my goals (could include long- and short-term goals)

- Plan of Action (how can the desired change be accomplished?)—specific activities such as—
 - Attending three 12-Step meetings per week; or
 - Taking a different route home from work to avoid passing a favorite bar.
- When—a specific schedule of action steps.

The first steps I plan to take in changing are ...

- What are some specific, concrete first steps?
- When, where, and how will the steps be taken?

Some things that could interfere with my plan are ...

- What specific events or problems could undermine the plan?
- What could go wrong?
- How will the client stick with the plan despite problems or setbacks?

Other people could help me in changing by ...

- What specific things can another person do to help the client take the steps to change?
- How will the client arrange for such support?

I hope that my plan will have these positive results:

- How will life improve if changes are made?
- What benefits can be expected?

I will know that my plan is working if ...

- What will happen as a result of taking the different steps in the plan?

Note that it can be helpful to estimate clients' readiness for and their perceived ability to succeed in making the changes that they list in the plan. For example,

- On a scale from 0 to 10 (0 = no confidence, 10 = most confidence), clients can rate themselves as a 9 in regard to readiness for making a particular change in behavior but only as a 4 in regard to their perceived ability to succeed in making the change.
- This information helps the clinician guide clients about where to start on the change plan.

Note that—

- Both the client and clinician can sign and date the change plan.
- The clinician should keep a copy of the client's change plan.

Small-Group Presentations: Four Strategies for Negotiating a Change Plan

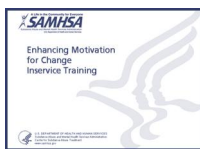
Explain that a sound change plan can be negotiated with a client by—

- Offering a menu of change options;
- Developing a behavior contract;
- Lowering barriers to action;
- Enlisting social support; and
- Educating the client about treatment.

Tell participants that they now will prepare small-group presentations on four of these elements of negotiation.

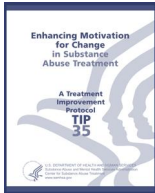


60 minutes



OH #8-5





Explain that they will read about developing a behavioral contract as a homework assignment.

Divide the training group into four small groups.

Refer participants to pages 101–109 in TIP 35.

Give each group three or four pieces of poster board (or newsprint), and put the construction paper, glue sticks, and colored markers in a central location.

Assign each group one of the four elements (do not assign behavior contract).

Tell participants to work as a group to put together a presentation on their topic, using the TIP and the resource table you set up before the session.

Ask participants to consider and include agency resources as they prepare their presentations.

Encourage the groups to be creative and, in addition to posters, to include agency resources in their presentations.

Tell participants that they will have 30 minutes to create their presentation.

Walk around the room, and assist the groups if assistance is needed.

After 30 minutes, ask each group to make its presentation.

Encourage the whole training group to ask questions and make comments.

Summarize the presentations.



30 minutes



Handout 8-2



Exercise: Developing a Change Plan

Tell participants that they now will practice working with a change plan worksheet.

Give participants one copy each of Handout 8-2: Change Plan Worksheet.

Ask participants to find a partner.

Explain that one partner will complete the worksheet, using the same personal change he or she used in the Module 7 decisional balancing exercise, and the other partner will assist in completing it.

Tell participants that—

- In reality, they may not yet be in the preparation stage.
- They should participate in the exercise as if they were.
- They should complete the worksheet as if they were prepared to act.

Tell participants that each partner will have 10 minutes in each role.

Tell participants that the person assisting the other should use motivational skills as appropriate, such as—

- Reflective listening;
- Eliciting self-motivational statements; and
- Summarizing.



Handout 8-3

Walk around the room, and provide assistance when it is needed.

Keep time, and announce each 10-minute increment (using a timer will free you to observe without losing track of time).

When the partners have completed the exercise, ask participants to share with the whole group their thoughts or what they have learned.

Homework

Refer participants to Handout 8-3: Homework.

Ask participants to read—

- Pages 103–104 in TIP 35, “Developing a Behavior Contract”;
- Page 109 in TIP 35, “Initiating the Plan”; and
- Pages 111–118 in Chapter 7, “From Action to Maintenance: Stabilizing Change.”

Ask all participants to complete the following assignments before the next session.

Assignment 1

Arrange with their supervisor to—

- Observe (if possible) a session with an appropriate client, conducted by a clinician experienced in developing change plans; and
- Write a summary of the session and discuss it with their supervisor.

Assignment 2

- Consult with their supervisor to identify a client on their caseload who is in the appropriate stage of change for change planning; and
- Conduct a planning session with the client (with live supervision), and negotiate a change plan with the client, using a change plan worksheet.

If live supervision is not an option, participants can do one of the following:

- Audiotape or videotape the session and review the tape with their supervisor; or
- Write a detailed summary of the session and review it with their supervisor as soon after the session as possible.



Handout 8-2: Change Plan Worksheet

1. The change I want to make is

2. The most important reason I want to make this change is

3. My main goal for myself in making this change is

4. I plan to do these things to reach my goal

Plan of Action	When

5. The first steps I plan to take in changing are

- a. _____
- b. _____
- c. _____



6. Some things that could interfere with my plan are

7. Other people could help me in changing in these ways

Person	Possible Ways To Help

8. I hope that my plan will have these positive results

9. I will know that my plan is working when

Adapted from TIP 35, page 100.



Module 8

From Preparation to Action— Getting Started



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Readiness



Vocal fervor about change is not necessarily
a sign of determination to change.



Key Question

“I can see you are ready for a change.
How would you like to proceed?”



The Change Plan

A solid plan for change—

- Enhances a client's self-efficacy
- Provides an opportunity to address potential obstacles
- Provides an opportunity to consider the likely outcomes of each change strategy



The Change Plan

A sound change plan can be negotiated with a client by—

- Offering a menu of change options
- Developing a behavior contract
- Lowering barriers to action
- Enlisting social support
- Educating the client about treatment

MODULE 9: From Action to Maintenance— Stabilizing Change

Preparation Checklist

- Review Getting Started (page 6) for preparation information.
- Preview Module 9, including handouts.
- Post on the training room wall the Class Rules and all the newsprint pages and posters generated during Module 8.
- Prepare newsprint titled Potential Natural Competing Reinforcers. List one or two of the following categories of activity on each sheet of newsprint, leaving space for notes after each category:
 - Volunteer work;
 - 12-Step or other mutual-help group activities;
 - Setting goals to improve work, education, health, or nutrition;
 - Spending more time with family, significant others, and friends;
 - Participation in spiritual or cultural activities; and
 - Learning new skills; improving abilities in sports, art, or music; and taking up hobbies.
- Create a resource table in the training room with—
 - Guides to local community activities;
 - Adult education announcements;
 - Local newspaper cultural sections or papers such as *City Papers*;
 - Guides to local volunteer activities; and
 - Announcements or schedules of local 12-Step or other mutual-help group social activities (clubhouses, sober dances, and so on).
- In addition to the materials listed in Getting Started, bring to the session the following:
 - 9 to 12 pieces of poster board (optional);
 - One package of colored construction paper;
 - Several glue sticks; and
 - A timer (optional).

Overview of Module 9

Module 9 Goal and Objectives

Goal: To provide an overview of and practice using motivational enhancement strategies for working with clients in the action and maintenance stages of change.

Objectives: Participants who complete Module 9 will be able to—

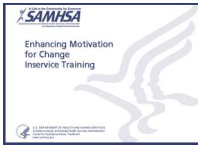
- Articulate reasons why a motivational counseling style remains useful for clients in the action and maintenance stages of change;
- Describe the steps involved in conducting a functional analysis of a client's substance use and developing coping strategies;
- Articulate effective ways of helping clients ensure family and social support;
- Name six categories of potential natural competing reinforcers; and
- List eight strategies a clinician can use with a client who has experienced a recurrence of substance use.

Content Timeline

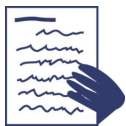
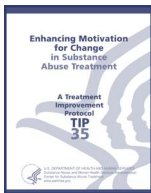
Introduction	20 minutes
Small-Group Presentations: Planning for Stabilization (from TIP 35, chapter 7, pages 118–123)	60 minutes
Presentation: Developing and Using Reinforcers (from TIP 35, chapter 7, pages 123–127)	10 minutes
Exercise: Natural Competing Reinforcers—Local Resources	25 minutes
Presentation: Motivational Counseling During Maintenance (from TIP 35, chapter 7, pages 132–133)	5 minutes
Total Time	2 hours



20 minutes



OH #9-1



Handout 9-1



60 minutes



Introduction

Welcome and Review

Welcome participants as they enter the room, and ask them to review Module 8 by—

- Walking around the room and looking at the newsprint pages posted on the wall; and
- Reviewing their notes.

Ask whether anyone has any questions or thoughts about Module 8.

Tell participants that they now will share the experiences they had with the homework assignments given in Module 8.

Ask participants to review the paragraphs they wrote and to find partners.

Tell participants that they have about 10 minutes to talk with their partners about their experiences.

Encourage partners to use reflective listening as they listen to each other.

Conduct a brief discussion of the pages 111–118 in TIP 35 reading assignment, particularly the section titled “Engaging and Retaining Clients in Treatment.” Ask questions such as—

- Which strategies do you already use in your practice?
- In what ways would you tailor strategies to meet the needs of your particular population?
- What questions did the reading raise?

If appropriate, use the case scenarios in Handout 6-2 to facilitate discussion and/or demonstrate points from the reading assignment.

Module 9 Goal and Objectives

Give participants Handout 9-1: Module 9 Goal and Objectives.

If you prefer, give participants both handouts for this module now rather than one at a time.

Briefly review the goal and objectives.

Small-Group Presentations: Planning for Stabilization

Note that—

- The motivational counseling style is used most often with clients in the precontemplation through preparation stages as they move toward initiating behavioral change.
- Many clinicians believe that formal treatment is a different domain where motivational strategies are no longer required.

Emphasize that the latter statement is not true because—

- Clients still need a surprising amount of support and encouragement to stay with a chosen program or course of treatment.
- Many clients arrive at treatment in a stage of change that actually precedes action or they vacillate between some level of contemplation—with associated ambivalence—and continuing action.
- Clients who do take action suddenly are faced with the reality of stopping or reducing substance use, which is considerably more difficult than just contemplating action.
- Even after a successful discharge from treatment, clients need support and encouragement to—
 - Maintain the gains they have achieved; and
 - Handle crises that may return them to problem behaviors.

Note that clinicians can use motivational approaches in the action stage of change to—

- Help clients plan for stabilization in their recovery; and
- Develop and use behavior reinforcers.

Tell participants that they now will work in small groups to create presentations about ways clinicians help clients plan for stabilization.

Divide the training group into three small groups.

Refer participants to pages 118–123 in TIP 35.

Give each group three or four pieces of poster board (or newsprint), and put the construction paper, glue sticks, and colored makers in a central location.

Assign each group one of three topics:

- Conducting a functional analysis;
- Developing a coping plan; or
- Ensuring family and social support.

Tell participants to work as a group to put together a presentation on their topic, using the TIP.

Encourage the groups to be creative and, in addition to posters, to design brief (1- to 2-minute) role plays illustrating their topic.

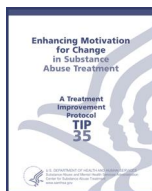
Tell participants that they will have 30 minutes to create their presentations.

Walk around the room, and assist the groups if assistance is needed.

After 30 minutes, ask each group to make its presentation.

Encourage the whole training group to ask questions and make comments.

Summarize the presentations.





10 minutes

Presentation: Developing and Using Reinforcers

Note that—

- Abstaining from substances is an abrupt change and often leaves a large blank space to fill.
- After clients have planned for stabilization, they still have to build a new lifestyle that will provide sufficient satisfaction and compete successfully against the lure of substance use.
- As the motivation for positive change becomes harder to sustain, clients need strong reasons for overcoming the challenges they will face.
- A broad spectrum of life changes must be made if the client is to maintain lasting abstinence.
- These changes must be extensive and pervasive enough to supplant the client's former substance-using lifestyle.

Emphasize that the clinician can support this change process by helping the client develop natural competing reinforcers and by using external contingent reinforcers in the early phases of treatment.

Natural Competing Reinforcers

Explain that a *competing reinforcer* is any source of satisfaction for the client that can become an alternative to drugs or alcohol.

Explain that—

- The essential principle in establishing new sources of positive reinforcement is to get clients to generate their own ideas.
- It is important to examine all areas of clients' lives and to consider their cultural milieu when helping them identify new reinforcers.
- Reinforcers should come from multiple sources and be of various types so a setback in one area can be counterbalanced by a positive reinforcer in another area.

Note that the clinician guides clients toward behavioral reinforcements by developing a list of common pleasurable activities.

Display the Potential Natural Competing Reinforcers newsprint page you prepared.

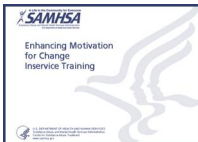
Explain that the clinician can work with the client to develop reinforcers in a number of categories.

Read through the newsprint list. For each category, ask participants how that category of reinforcer benefits clients and for general examples of reinforcer activities within the category.

Write responses on the newsprint for each category.

Attach each page to the wall as it is filled.

Emphasize that clients do not have to make a big commitment or investment in any one activity right away; they can sample a variety of options.



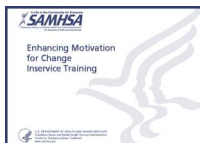
OH #9-2



External Contingent Reinforcers

Note that, in addition to using natural reinforcers, some programs also use temporary external contingency reinforcers to change substance use, such as voucher incentive programs.

If the participants' program uses a voucher incentive or other type of contingency reinforcement plan, discuss the plan instead of presenting the brief description below.



OH #9-3

Explain that *contingency reinforcers* are rewards provided to clients when they demonstrate a desired behavior, such as abstinence (*if clients do this, then they receive that*).

Note that some treatment programs use voucher (sometimes called “scrip” or “points”) programs:

- A voucher program is a type of contingency reinforcement system.
- The rationale is that an appealing external motivator can be an immediate and powerful reinforcer to compete with the reinforcing effects of drug or alcohol use.
- Vouchers are slips of paper showing points the client has earned for abstinence or other recovery behavior (such as submitting a drug-free urine sample).
- Each point has a cash value.
- The voucher acts as an IOU from the program.
- In a typical voucher system, clients trade in their points for goods and services.
- Because it may take some time to establish the other new behaviors, these programs probably should be in place a minimum of 3 to 6 months.

Note that the technique also can be used with individual clients.

Example: “When you were using, you spent at least \$15 when you stopped off on the way home from work to buy beer. So why not set that amount aside and put it toward the new car you want?”

Example: “You might want to negotiate with your husband. Find out whether he’ll cook that chicken dish you like if you attend five Alcoholics Anonymous meetings.”

Tell participants that they will have a chance to learn more about external contingent reinforcers in their homework reading assignments.

Exercise: Natural Competing Reinforcers—Local Resources

Divide participants into three or four small groups.

Ask each group to select one person to write ideas.

Ask each group to take 25 minutes to brainstorm specific activities for a list of natural competing reinforcers that could be used as a guide for clients.

Tell the groups to use the general categories of activities on the posted newspaper pages as a guide and the items on the resource table to identify specific activities.



25 minutes



Tell participants that you will create a master list of activities from their work and will give each of them a copy at the next session.

Walk around, and assist groups if assistance is needed.

Collect each group's list after 25 minutes.



5 minutes

Presentation: Motivational Counseling During Maintenance

Emphasize that a motivational approach can be useful in counseling clients during the maintenance stage.

Note that the most likely reason for a clinician to see a client after action-oriented treatment has concluded is a recurrence of substance use and related problems.

Emphasize that—

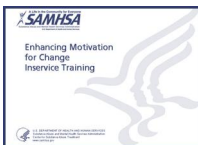
- Recurrence of use in a way constitutes a return to an earlier stage of change.
- The same strategies useful for helping precontemplators and contemplators can be used with a client who has experienced a recurrence of substance use.

Note that—

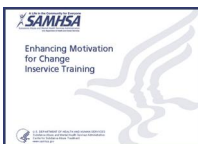
- The reasons a client has for not considering change may be different the second or even fifth time around.
- These reasons may have more to do with discouragement, low confidence in the ability to change, or a defensive rationalization of resumed use than a client's initial reasons.
- The clinician's job is to help the client not get stuck at this point but to move back into preparation and action.

Explain that the clinician can—

- Ask clients for their perceptions and reactions to resumed substance use;
- Review with clients their change plans and evaluate what worked and what didn't work;
- Elicit from clients self-motivational reasons for change, the reasons to get back on track;
- Explore what can be learned from the experience; for example, conduct a functional analysis of the process of resuming use;
- Normalize the experience of resumed substance use as a common and temporary part of the cycle of recovery;
- Assess the client's current stage of readiness for change;
- Encourage the client to talk about the advantages of abstinence;
- Use plenty of reflective listening, not just a string of questions;
- Explore the client's values, hopes, purpose, and goals in life;
- Reframe the client's "failure" as a partial success, emphasizing what the client *did* accomplish and learn; and
- Ask a key question—what does the client want to do now—and move on toward a plan for renewed change.



OH #9-4



Ohs #9-5
through 9-8



Handout 9-2

Homework

Refer participants to Handout 9-2: Homework.

Ask participants to read—

- Pages 125–127 in TIP 35, “External Contingent Reinforcers”;
- Pages 127–132 in TIP 35, “Community Reinforcement Approach”; and
- Pages 147–157 in TIP 35, Chapter 9, “Integrating Motivational Approaches Into Treatment Programs.”

Ask participants to review carefully Handout 1-1: Practice Integration Worksheet before Module 10.



Module 9

From Action to Maintenance— Stabilizing Change



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Competing Reinforcer

Any source of satisfaction for the client
that can become an alternative
to drugs or alcohol

Contingency Reinforcers



Rewards provided to clients when they demonstrate a desired behavior, such as abstinence



Recurrence

The clinician's job is to help the client not get stuck at this point but to move the client back into preparation and action.

After Recurrence the Clinician Can...



- Ask clients for their perceptions and reactions to resumed substance use
- Review with clients their change plans and evaluate what worked and what didn't work
- Elicit from clients self-motivational reasons for change, the reasons to get back on track

After Recurrence the Clinician Can...



- Explore what can be learned from the experience; conduct a functional analysis
- Normalize the experience of resumed substance use as a common and temporary part of the cycle of recovery
- Assess clients' current stage of readiness for change

After Recurrence the Clinician Can...



- Encourage the client to talk about the advantages of abstinence
- Use plenty of reflective listening, not just a string of questions
- Explore the client's values, hopes, purpose, and goals in life

After Recurrence the Clinician Can...



- Reframe the client's "failure" as a partial success, emphasizing what the client *did* accomplish and learn
- Ask a key question—what does the client want to do now—and move on toward a plan for renewed change

MODULE 10:

Integrating Motivational Approaches Into Practice

Preparation Checklist

- Review Getting Started (page 6) for preparation information.
- Preview Module 10.
- Post on the training room wall the Class Rules and *all* the newsprint pages and posters generated throughout the training.
- Bring the overheads (in order) from the nine preceding modules.
- Decide when you will be conducting Module 11, the posttraining followup to measure how participants are applying their skills. Set a date within 3 to 6 months of today to present the followup module.
- Prepare a large Readiness Ruler by taping together multiple pieces of newsprint and drawing the ruler (see Handout 1-2). The ruler should be large enough that people can stand in front of it at different points along its length.
- Prepare a list of local resources for further training and support for participants. The list could include—
 - Additional inservice training events your program plans to offer;
 - Training events in your community (you can find a list of motivational interviewing trainers in your area at www.motivationalinterview.org);
 - Individuals in your treatment program with particular expertise in motivational enhancement approaches who would be willing to serve as mentors to clinicians;
 - If appropriate, your e-mail address or telephone extension number and an invitation for participants to contact you if they have questions or issues; and
 - A list of books, articles, and videos available in your program.
- Prepare one training evaluation form for each participant. Use your program's standard inservice training evaluation form.
- Prepare a personalized training completion certificate for each participant.
- Obtain a CD of "Pomp and Circumstance," if possible, to play during the completion ceremony.
- Optional: Bring beverages and snacks for social time after completion certificates are awarded.

Overview of Module 10

Module 10 Goals and Objective

Goals:

- To provide a review of the EMCIT program; and
- To assist participants in developing a practice integration plan.

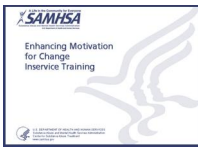
Objective: Participants who complete Module 10 will develop a personal practice integration plan.

Content Timeline

Introduction	20 minutes
Exercise: Readiness Ruler	15 minutes
Small-Group Discussion of Participants' Practice Integration Logs	20 minutes
Exercise: Developing a Practice Integration Plan	45 minutes
EMCIT Evaluation	10 minutes
Program Completion Ceremony	10 minutes
Total Time	2 hours



20 minutes



OH #10-1



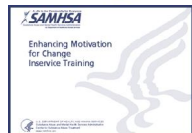
15 minutes



20 minutes



Handout 1-1



OH #10-2

Introduction

Welcome and Review

Welcome participants as they enter the room, and ask them to review the EMCIT training by—

- Walking around the room and looking at the posters and newspaper pages posted on the wall; and
- Reviewing their notes and handouts.

Give participants 5 minutes to walk around and review the posters and newspaper pages.

Tell participants that you will now provide a “concert review” of the program by showing each of the overheads as music plays.

Encourage participants to stop the review if they have a question about the topic displayed.

Allow sufficient time for each slide to be read.

Exercise: Readiness Ruler

Post the large readiness ruler on the wall.

Ask participants to take a few minutes to think about how they would assess their current readiness to—

- Integrate new counseling techniques and behaviors into their practice; and
- Seek additional training and supervised experience.

Ask participants to get up and stand in front of the wall ruler at the appropriate point.

Use motivational enhancement skills to facilitate discussion of each participant’s indicated level of readiness for change.

Small-Group Discussion of Participants’ Practice Integration Logs

Refer participants to Handout 1-1: Practice Integration Worksheet.

Tell participants that they will have 20 minutes to discuss in small groups the integration ideas and issues they have documented.

Divide the training group into several small groups, ensuring that there are three to five participants in each group.

Tell participants to use the questions listed on the overhead to guide their discussion.

Walk around the room, and spend a few minutes with each group.



45 minutes



Handouts 10-1,
10-2, and 1-1



10 minutes

Exercise: Developing a Practice Integration Plan

Tell participants that they now will work on developing a plan for integrating motivational enhancement approaches into their practice.

Tell participants that you will be presenting a posttraining followup module to look at how participants have been able to apply what they have learned. Give participants the date for the followup (Module 11).

Give participants—

- Handout 10-1, Resources for Further Study;
- The list of local training resources you prepared; and
- Handout 10-2, Practice Integration Plan.

Tell participants to use the following resources as they develop their plans:

- Handout 1-1: Practice Integration Worksheet;
- Any additional ideas they heard in the small-group discussion;
- Handout 10-1, Resources for Further Study; and
- The list of local training resources.

Tell participants also to consider their level of readiness for change as indicated on their readiness rulers.

Encourage participants to ask you for assistance if they need it.

Allow 30 minutes for participants to develop their plans.

Ask participants to walk around the room, find a partner, share their plans, and listen to their partner's plan.

Tell participants to then find another partner and repeat the process.

Encourage participants to use reflective listening and affirmation as they listen to one another's plans.

Collect each participant's plan, make a copy, and return the plan to the participant. You can then mail the copy to the participant several weeks before the followup session as a reminder.

EMCIT Evaluation

Give all participants a copy of the evaluation form, and ask them to complete the form and turn it in.



10 minutes

Program Completion Ceremony

Thank participants for attending the training and for their active participation.

Affirm their interest in enhancing their practice.

Put “Pomp and Circumstance” (or other upbeat music) in the CD player.

Call out each participant’s name, and present the person’s completion certificate.

Encourage participants to applaud one another.

Invite participants to stay for refreshments (if you have brought them).



Handout 10-1: Resources for Further Study

Reading

- *Motivational Interviewing: Preparing People for Change*, Second Edition, by William R. Miller and Stephen Rollnick. New York: Guilford Press, 2002.
- *Changing for Good*, by James Prochaska, John Norcross, and Carlo DiClemente. New York: William Morrow and Co., 1994.

Web Site

www.motivationalinterview.org

This site, maintained by the Mid-Atlantic Addiction Technology Transfer Center in cooperation with the Motivational Interviewing Network of Trainers (MINT), William R. Miller, Ph.D., and Stephen Rollnick, Ph.D., provides general information about motivational interviewing, clinical session transcripts, links, training resources, and information on reprints and recent research.

You also can find trainers in your area by searching the MINT database on the site.

Federal Government Resources

The following are general resources for substance abuse treatment information.

Substance Abuse and Mental Health Services Administration's (SAMHSA's) Substance Abuse Treatment Facility Locator www.findtreatment.samhsa.gov/facilitylocator.doc.htm

SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)

SAMHSA's NCADI offers thousands of publications (most of them are free) and runs a 24-hour helpline (English and Spanish) for SAMHSA. Helpline operators can answer questions about substance use disorders, suggest written resources, and make treatment referrals using the national Substance Abuse Treatment Facility Locator.

11420 Rockville Pike
Rockville, MD 20852
Helpline: 800-729-6686
Local number: 301-770-5800
TDD: 800-487-4889
www.ncadi.samhsa.gov

SAMHSA's National Mental Health Information Center
800-789-2647
TDD: 866-889-2647
www.mentalhealth.samhsa.gov

SAMHSA's Center for Substance Abuse Treatment (CSAT)
www.csat.samhsa.gov

SAMHSA's Center for Substance Abuse Prevention (CSAP)
www.csap.samhsa.gov



Handout 10-2: Practice Integration Plan

1. I plan to integrate specific motivational enhancement techniques into the following areas of my practice (e.g., use decisional balancing exercises with my treatment waiting list clients, use a readiness assessment instrument with _____ [number] of my intake clients):

2. To meet these goals, I will need to do the following (e.g., ask for supervision, read more about the techniques, attend advanced training):

Plan of Action	When

3. The first steps I plan to take are

a. _____

b. _____

c. _____

d. _____



4. Some things that could interfere with my plan are (e.g., any program or personal barriers you identified on Handout 1-1: Practice Integration Worksheet)

5. Some ways I could get around these barriers are

6. The following people (include supervisors, potential mentors, and so on) could help me change in the following ways:

Person	Possible Ways To Help



Module 10

Integrating Motivational Approaches Into Practice



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Practice Integration— Ideas and Issues



- What techniques would you most like to implement into your practice?
- In what way?
- What potential program barriers to implementation do you see?
- What potential personal barriers to implementation do you see?
- In what ways might these barriers be overcome?
- How ready/prepared are you to make changes in your practice?

MODULE 11: Integration Followup

Present this module 3–6 months after Module 10.

Preparation Checklist

- One month before the integration followup session, send all participants a reminder notice and a copy of their practice integration plans. Ask participants to review their plans, EMCIT handouts, and notes before the session.
- Review Getting Started (page 6) for preparation information.
- Post on the training room wall the Class Rules and all the newsprint pages and posters generated throughout the training.
- Prepare newsprint titled Discussion Guidelines, and list the following:
 - What worked well for you?
 - What didn't work so well?
 - What barriers were you able to overcome?
 - Which barriers remain?
 - What resources (including people) did you use to achieve your goals?
 - Which would you recommend to others?
 - Where would you like to go from here?
- In addition to the materials listed in Getting Started, bring to the session the following:
 - Handout 11-1: Practice Integration Plan (from Module 10).

Module 11 Overview

Module 11: Goal and Objectives

Goal: To give participants an opportunity to review their progress and, possibly, recommit to change.

Objectives: Participants who complete this followup module will be able to—

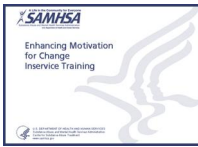
- Clarify which practice integration strategies—
 - Worked well; and
 - Didn't work well; and
- Obtain ideas from others that will help participants continue to integrate motivational enhancement techniques into their practice.

Content Timeline

Introduction	5 minutes
Small-Group Discussion: Evaluating Progress	30 minutes
Small-Group Report-Out	25 minutes
Large-Group Discussion	30 minutes
Total Time	90 minutes



5 minutes



OH #1



30 minutes



25 minutes



30 minutes



Handout 11-1

Introduction

As participants arrive, invite them to review the training by walking around and looking at the posters and newsprint pages.

Affirm participants for attending the followup session.

Tell participants that the goal of the session is to give participants an opportunity to review their progress and, possibly, recommit to change.

Small-Group Discussion: Evaluating Progress

Tell participants that they now will have an opportunity to talk in small groups about their experiences over the past months.

Divide the training group into three or four small groups.

Give each group several sheets of newsprint and colored markers.

Post the newsprint you prepared titled Discussion Guidelines.

Ask the groups to use their practice integration plan and the questions on the posted newsprint to guide their discussion.

Ask the groups to choose one person to document on newsprint the key points of the group's discussion.

Small-Group Report-Out

Ask each group to post its newsprint pages and report to the whole group the key points of its discussion.

Save these newsprint pages for future reference. They can help identify particular program barriers and clinician needs for further training.

Large-Group Discussion

Ask the group to respond to the key points presented by the small groups by—

- Asking open-ended questions;
- Listening reflectively;
- Asking for and giving advice; and
- Affirming participants' efforts.

Facilitate the discussion as necessary.

Give each participant a copy of Handout 11-1: Practice Integration Plan.

Tell participants that they can use the form to set more goals if they wish.

Thank participants for coming, and affirm their interest.



Handout 11-1: Practice Integration Plan

1. I plan to integrate specific motivational enhancement techniques into the following areas of my practice (e.g., use decisional balancing exercises with my treatment waiting list clients, use a readiness assessment instrument with _____ [number] of my intake clients):

2. To meet these goals, I will need to do the following (e.g., ask for supervision, read more about the techniques, attend advanced training):

Plan of Action	When

3. The first steps I plan to take are

a. _____

b. _____

c. _____

d. _____



4. Some things that could interfere with my plan are (e.g., any program or personal barriers you identified on Handout 1-1: Practice Integration Worksheet)

5. Some ways I could get around these barriers are

6. The following people (include supervisors, potential mentors, and so on) could help me change in the following ways:

Person	Possible Ways To Help



Module 11

Integration Followup



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov



DHHS Publication No. (SMA) 06-4190
Published 2006

APPENDIX A: Additional Resources for Trainers

Reading

- *Motivational Interviewing: Preparing People for Change*, Second Edition, by William R. Miller and Stephen Rollnick. New York: Guilford Press, 2002.
- *Changing for Good*, by James Prochaska, John Norcross, and Carlo DiClemente. New York: William Morrow and Co., 1994.

Web Sites

www.motivationalinterview.org

This site, maintained by the Mid-Atlantic Addiction Technology Transfer Center, in cooperation with the Motivational Interviewing Network of Trainers, William R. Miller, Ph.D., and Stephen Rollnick, Ph.D., provides general information about motivational interviewing, clinical session transcripts, links, training resources, information on recent research, and an extensive bibliography.

You can find information about Mind Mapping at www.mind-map.com.

Training Enhancement

Trainers also may want to incorporate into the EMCIT one or more videos produced by and available from the University of New Mexico's Center on Alcoholism, Substance Abuse, and Addictions (CASAA). More information on the videos described below and an order form are available at www.motivationalinterview.org/training/videos.html.

Trainers should review the videos and decide how to incorporate them into the EMCIT to meet the needs of participants.

Motivational Interviewing: Professional Training Videotape Series

Developed by Dr. Miller (TIP 35 Consensus Panel Chair) and Dr. Rollnick, and directed by Theresa B. Moyers, this series of six videotapes offers 6 hours of clear explanation and practical modeling of component skills. The tapes include clinical demonstrations of motivational interviewing skills, showing 10 different therapists working with 12 clients who bring a variety of problems. The tapes may be ordered individually or as a set.

La Entrevista Motivacional: Preparación para el Cambio

CASAA also offers a motivational interviewing training video (or DVD) in Spanish, directed by Carolina Yahne, Ph.D., in collaboration with Dr. Miller. This 90-minute training video includes an introduction by Dr. Yahne and Dr. Miller and three sample interviews.

APPENDIX B: EMCIT Field Reviewers

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Seattle, WA

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