

An Introduction to the Stages of Change and Motivational Interviewing Models

Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse

I want to change, but . . .

There's more to changing than just doing something different. Change is a process. When someone decides to do something different, like stopping their use of alcohol or other drugs, not taking another drink or joint, losing weight, stopping smoking, being less angry, depressed, more responsible, means the change is just beginning. There are six stages people go through when trying to make a change. The change process does not happen one step after another. Often, people will go back and forth between steps, learning new things each time that will eventually help them to make a permanent change.

1. **Get off my back stage (precontemplation)**

A I don't have a problem, I only drink on weekends. A My significant other thinks I have a drug problem, but s/he just doesn't understand me.

To change in this stage, the individual needs to become aware of their behavior. That means realizing how their (problem) behavior is affecting their life and the lives of those around them. A What? You mean it's not my significant other's fault? Scary but true.

2. **I think something's wrong stage (contemplation)**

A I've been in trouble a lot and it's always for things I've done when high. I need to get straight before I really screw up. A I used to have fun when I use, but not anymore. I need help, but I don't know if I can stop.

At this stage the individual needs to get information about their (problem) behavior and find out why they do the things they do. They may be confused when thinking about changing. Some bad things are happening because of their (problem) behavior, but they have fun too . . . when it's not out of control.

3. **Don't do today what you can put off till tomorrow stage (preparation)**

A After tonight, I'm quitting. A Now that I'm not around my old friends as much, it's easier to try to stay straight.

The individual might still question if they really need to change at this stage, but the reality that they do have to is becoming a little easier to face. They've started to meet new people and are trying to avoid old friends who don't want them to change. Getting back into sports, hobbies, spending more

time with their kids, family, clean and sober friends, going back to school, learning a new skill, and not constantly fighting with their significant other is starting to look good now. Ready for the next stage.

4. AHere it goes@ stage (action)

A I told my friends (family) who really care about me I don't want to use anymore. I thought they would give me a hard time and wouldn't believe me C instead, they're happy I've decided to quit.@ A I've gone one month without using. I didn't think I'd ever be able to do it.@

The individual is starting to do different things and realizing that there is life outside of their (problem) behavior. Activities that seemed boring before are now, not all that bad. They feeling better, and, hey! The sun really does come up before noon.

5. AKeep on going@ stage (maintenance)

A My significant other has been nagging me all week. I really wanted to get high yesterday just to forget about him/her. Instead, I called a friend and we talked till I felt better. I=m glad I didn't let my bad mood ruin my sobriety.@ A I went to visit a friend last weekend to see some old friends and they started smoking. It was hard, but I left. Good thing, that=s just not me anymore.@

6. Relapse stage

The process of relapse or recurrence of the (problem) behavior typically occurs during the maintenance stage of change. Relapse or return to the (problem) behavior is not a phenomenon that happens to all individuals during the maintenance stage of change, but it is common enough for many to highlight this phenomenon. The process of relapse or recurrence may occur as a separate stage, although typically occurring around the maintenance phase of change.

Motivational Interviewing Applications

"Motivation can be understood not as something that one has but rather as something one does. It involves recognizing a problem, searching for a way to change and then beginning and sticking with that change strategy. There are, it turns out, many ways to help people move toward such recognition and action" (William Miller)

Motivation is redefined as purposeful, intentional, and positive—directed toward the best interests of the self. It is the probability that a person will enter into, continue, and adhere to a specific change strategy. This framework for linking individual change to motivation stems from phenomenological theory of psychology; most familiarly expressed in the writings of Carl Rogers. In this humanistic view, an individual's experience of the core inner self is the most important element or personal change and growth—a process of self-actualization that prompts goal-directed behavior for enhancing this self.

The motivational approaches described are based on the following assumptions about the nature of motivation:

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

Five Principles of Motivational Interviewing

1. Express Empathy through reflective listening.
2. Develop discrepancy between client's goals or values and their current behavior.
3. Avoid argument and direct confrontation.
4. Adjust to client resistance rather than opposing it directly.
5. Support self-efficacy and optimism.

Express Empathy through reflective listening:

"Empathy is a specifiable and learnable skill for understanding another's meaning through the use of reflective listening...It requires sharp attention to each new client statement, and the continual generation of hypotheses as to the underlying meaning" *(Miller and Rollnick, 1991)*

An empathetic style:

- Communicates respect for and acceptance of clients and their feelings
- Encourages a nonjudgmental, collaborative relationship
- Allows you 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
- Provides support throughout the recovery process

Empathetic motivational interviewing establishes a safe and open environment that is conducive to examining issues and eliciting personal reasons and methods for change. Understanding each client's unique perspective, feelings, and values is a fundamental component of motivational interviewing. The clinician's attitudes should be of acceptance, not necessarily approval or agreement, understanding and recognizing that ambivalence about change is to be expected. MI is most successful when a trusting relationship is established between the clinician and the client.

Empathy "should not be confused with the meaning of empathy as identification with the client or the sharing of common past experiences. In fact, a recent personal history of the same problem areas...may compromise a clinician's ability to provide the critical conditions of change (Miller and Rollnick, 1991). Reflective listening is the key component to expressing empathy.

Miller and Rollnick state that if the clinician is not listening reflectively but are instead imposing direction and judgment, they are creating barriers that impair the therapeutic relationship. The client would most likely react by stopping, diverting, or changing direction.

Twelve examples of such nonempathetic responses:

1. **Ordering or directing.** Direction is given with a voice of authority. The speaker may be in a position of power (e.g., counselor, probation officer, parent, employer) or the words may simply be phrased and spoken in an authoritarian manner.
2. **Warning or threatening.** These messages are similar to ordering but they carry an overt or covert threat of impending negative consequences if the advice or direction is not followed. The threat may be one the clinician will carry out or simply a prediction of a negative outcome if the client doesn't comply – for example, *"If you don't listen to me, you'll be sorry."*
3. **Giving advice, making suggestions, or providing solution prematurely or when unsolicited.** The message recommends a course of action based on the clinician's knowledge and personal experience. These recommendations often begin with phrases such as, *"What I would do is..."*
4. **Persuading with logic, arguing, or lecturing.** The underlying assumption of these messages is that the client has not reasoned through the problem adequately and needs to help to do so.
5. **Moralizing, preaching, or telling clients their duty.** These statements contain such words as "should" or "ought" to convey moral instructions.
6. **Judging, criticizing, disagreeing, or blaming.** These messages imply that something is wrong with the client or with what the client has said. Even simple disagreement may be interpreted as critical.
7. **Agreeing, approving, or praising.** Surprisingly, praise or approval also can be an obstacle if the message sanctions or implies agreement with whatever the client has said. Unsolicited approval can interrupt the communication process and can imply an uneven relationship between the speaker and the listener. Reflective listening does not require agreement.
8. **Shaming, ridiculing, labeling, or name-calling.** These messages express overt disapproval and intent to correct a specific behavior or attitude.
9. **Interpreting or analyzing.** Clinicians are frequently and easily tempted to impose their own interpretations on a client's statement and to find some hidden, analytical meaning. Interpretive statements might imply that the clinician knows what the client's real problem is.
10. **Reassuring, sympathizing, or consoling.** Clinicians often want to make the client feel better by offering consolation. Such reassurance can interrupt the flow of communication and interfere with careful listening.
11. **Questioning or probing.** Clinicians often mistake questioning for good listening. Although the clinician may ask questions to learn more about the client, the underlying message is that the clinician might find the right answer to all the client's problems if enough questions are asked. In fact, intensive questioning can interfere with the spontaneous flow of communication and divert it in directions of interest to the clinician rather than the client.
12. **Withdrawing, distracting, humoring, or changing that subject.** Although humor may represent an attempt to take the client's mind off emotional subjects or threatening problems, it also can be a distraction that diverts communication and implies that the client's statements are unimportant.

NOTE: Ethnic and cultural differences must be considered when expressing empathy because they influence how both the clinician and the client interpret verbal and nonverbal communications.

In individual motivational interviewing, the clinician uses empathetic, reflective listening to convey understanding and acceptance of the client (this appears to work to facilitate openness to change.

In structured group sessions, clinicians use an empathetic style in interacting with group members, while still maintaining control over the overall structure of the session. During sessions all group members' contributions were met with a reflective listening statement by the clinician and structured exercises are designed to incorporate group members' own words and ideas. (Miller, 2000)

Develop discrepancy between client's goals or values and their current behavior:

The clinician's task is to help the client focus their attention on how current behavior differs from ideal or desired behavior. Discrepancy is initially highlighted when the clinician raises the clients' awareness of the negative personal, familial, or community consequences of a problem behavior and helping them confront the substance use that contributed to the consequences.

The clinician should separate the behavior from the person and help the client explore how important personal goals (e.g., good health, marital happiness, financial success) are being undermined by current substance use patterns. This requires the clinician to listen to the client carefully about values and connections to the community, family, and church. If the client should show concern about the effects of personal behavior, the clinician should highlight this concern to heighten the client's perception and acknowledgement of discrepancy.

Once a client begins to understand how the consequences or potential consequences of current behavior conflict with significant personal values, amplify and focus on this discordance until the client can articulate consistent concern and commitment to change.

One useful tactic for helping a client perspective discrepancy is sometimes called the "Columbo approach." This is particularly useful with a client who prefers to be in control. The clinician would essentially express understanding and continuously seek clarification of the client's problems but appear unable to perceive any solution. A stance of uncertainty or confusion can motivate the client to take control of the situation by offering a solution to the clinician.

Examples of this include:

"Hmm. Help me figure this out. You've told me that keeping custody of your daughter and being a good parent are the most important things to you now. How does your heroin use fit in with that?"

"So, sometimes when you drink during the week, you can't get out of bed to get to work. Last month, you missed 5 days. But you enjoy your work, and doing well in your job is very important to you."

In both cases, the clinician expresses confusion, which allows the client to take over and explain how these conflicting desires fit together. This reinforces the notion that the clients are the experts on their own behavior and values. They are the only ones who can resolve the discrepancy. If the clinician attempts to do this instead of the client, the clinician risks making the wrong interpretation, rushing to his or her own conclusions rather than listening to the client's perspective, and most importantly, making the client a passive rather than an active participant in the process.

- Tools, instead of talking, may be used to reveal discrepancy. An example is showing a video and then the clinician discussing it with the client, but allowing the client to make the connection to his or her own situation. Juxtaposing different media messages or images that are meaningful to a client can also be effective.
- Substance use might also conflict with the client's personal identity and values, the values of the larger community, with spiritual or religious beliefs, or use of the client's family members. Clinicians can help their clients perceive discrepancy on different levels, from physical to spiritual, and from different domains, from attitudinal to behavioral, thus it is important for clinicians to understand what the individual's values are as well as the values of the larger community.

NOTE: The client's cultural background can affect perceptions of discrepancy. Different cultures may view this and have different beliefs on this than others.

Avoid argument and direct confrontation:

Temptation to argue with a client may arise for the clinician when the client is unsure about changing or unwilling to change, especially if the client is hostile, defiant, or provocative. More resistance may arise if the client feels they are trying to be convinced that a problem exists or that a change needs to be made. If the clinician tries to prove a point, the client could take the opposite side. This can lead to a power struggle between the clinician and the client and would not enhance motivation for a beneficial change. Only when it is the client, not the clinician who voices arguments for change, progress can be made. The goal is to "walk" with the clients (i.e., accompany clients through treatment) not "drag" them along (i.e., direct clients' treatment).

A common area of argument is the client's unwillingness to accept a label, such as "alcoholic" or "drug abuser."

"There is no particular reason why the clinician should badger clients to accept a label, or exert great persuasive effort in this direction. Accusing clients of being in denial or resistant or addicted is more likely to increase their resistance than to instill motivation for change. We advocate starting with clients wherever they are, and altering their self-perceptions, not by arguing about labels, but through substantially more effective means." (Miller and Rollnick, 2002)

Adjust to client resistance rather than opposing it directly:

Resistance is a predictive of poor treatment outcomes and lack of involvement in the therapeutic process. One view of resistance is that the client is behaving defiantly. Another is that resistance is a signal that the client views the situation differently. This requires that the clinician understand the client's perspective. This is usually a signal for the clinician to change direction or to listen more carefully.

Adjusting to resistance is similar to avoiding argument in that it offers another chance for the clinician to express empathy by remaining nonjudgmental and respectful, encouraging the client to talk and to stay involved. The clinician should avoid evoking resistance whenever possible, and divert or deflect the energy the client is investing in resistance toward positive change.

Examples of resistance and how a clinician could avoid arguing and adapt to resistance:

Simple reflection: The simplest approach to responding to resistance is with nonresistance, by repeating the client's statement in a neutral form. This acknowledges and validates what the client has said and can elicit an opposing response.

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

Clinician: You don't think that abstinence would work for you right now.

Amplified reflection: Another strategy is to reflect the client's statement in an exaggerated form—to state it in a more extreme way but without sarcasm. This can move the client toward positive change rather than resistance.

Client: I don't know why my wife is worried about this. I don't drink

Clinician: So your wife is worrying needlessly.

Double-sided reflection: A third strategy entails acknowledging what the client has said but then also stating contrary things she has said in the past. This requires the use of information that the client has offered previously, although perhaps not in the same session.

Client: I know you want me to give up drinking completely, but I'm not going to do that!

Clinician: You can see that there are some real problems here, but you're not willing to think about quitting altogether.

Shifting focus: You can defuse resistance by helping the client shift focus away from obstacles and barriers. This method offers an opportunity to affirm your client's personal choice regarding the conduct of his or her own life.

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

Clinician: You're way ahead of me. We're still exploring your concerns about whether you can get into the job training program. We're not ready yet to decide how marijuana fits into your goals.

Agreement with a twist: A subtle strategy is to agree with the client, but with a slight twist or change of direction that propels the discussion forward.

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

Clinician: You've got a good point there, 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 trying to place blame here. Drinking problems like these do involve the whole family.

Session One: Building Motivation for Change

- \$ Engage client - find common ground
- \$ Ask permission
- \$ Listen reflectively
- \$ Affirm and support
- \$ Raise concern
- \$ Elicit self-motivational statements
- \$ Summarize

Getting Permission

When getting started, find some common ground to engage the client, then:

- \$ I=d like to spend a few minutes talking about . . . drug/alcohol use; criminal behavior; other.
- \$ If it=s okay with you I=d like to tell you some other benefits . . .

When suggesting behavior change:

- \$ It sounds like you have a lot of reasons to . . . stop using drugs; breaking the law; other.
- \$ If it=s okay with you, I=d like to talk about setting some goals or committing yourself to behavior change.

Reflective Listening

- \$ Statement, not a question (voice tone: up for question, down for statement)
- \$ Ends with a down-turn
- \$ Hypothesis testing (AIf I understand you correctly, is sounds like . . .)
- \$ Affirms and validates
- \$ Keeps the client thinking and talking

Thinking Reflectively

- \$ Repeat, rephrasing, paraphrasing
- \$ Content, meaning, feelings

Reflective Listening and Thinking

- \$ You feel . . . because . . .
- \$ Responding to meaning
- \$ Deducing
- \$ You feel . . .
- \$ Responding to affect
- \$ Paraphrasing
- \$ It sounds like . . .
- \$ Restating
- \$ Responding to content

Example:

Client: AI want to quit using drugs because I don=t want to go to jail again. I want to see my kids grow up.@

Content reflection: AYou see a connection between your drug use and the possibility of going back to jail.@

Feeling reflection: AYou are concerned that you might go back to jail.@

Meaning reflection: AYour children are important to you and you want to be there for them.@

Universal Safe Reflections

- \$ It sounds like you are feeling . . .
- \$ It sounds like you are not happy with . . .
- \$ It sounds like you are a bit uncomfortable about . . .
- \$ It sounds like you are having trouble . . .
- \$ It sounds like you are conflicted about . . .
- \$ As you improve, you can . . .
- \$ You=re not ready to . . .
- \$ You=re having a problem with . . .
- \$ You=re feeling that . . .
- \$ It=s been difficult for you . . .
- \$ You=re struggling with . . .

Asking Clarifying Questions

- \$ To gain further understanding of the client=s situation.
- \$ Open-ended questions give the most information.(Give example)
- \$ Closed-ended questions can be appropriate if used to clarify your understanding. (Give example)

Developing Behavioral Discrepancy

\$ Addictive behavior: AYou mentioned that staying out of jail is important to you. Yet you continue to (use drugs, break the law, socialize with using friends). What do you make of this?@

Self-Motivational Statements (CHANGE TALK)

- \$ Individuals tend to become more committed to that which they voice.
- \$ Client takes the Apositive@ side of the argument.
- \$ Client Adiscovers@ discrepancy of current behavior with core values and goals.
- \$ Client states their pros.
- \$ Client solves own barriers.

Eliciting Change Talk

Willingness:

On a scale of 0 to 10, with 10 being very willing, how willing (interested/motivated) are you to . . . ?

0	1	2	3	4	5	6	7	8	9	10
<i>Not at all</i>			<i>Somewhat</i>				<i>Very</i>			

Confidence:

On a scale of 0 to 10, with 10 being very confident, assuming you decided to . . . how confident are you that you could succeed?

0	1	2	3	4	5	6	7	8	9	10
<i>Not at all</i>			<i>Somewhat</i>				<i>Very</i>			

Importance:

On a scale of 0 to 10, with 10 being very important, how important is it to you to . . . ?

0	1	2	3	4	5	6	7	8	9	10
<i>Not at all</i>			<i>Somewhat</i>				<i>Very</i>			

Stage 1: Diagnosis Strategy: Assessing:

- \$ are they *Willing*
- \$ are they *Able*
- \$ degree of *Importance*

Stage 2: Eliciting Change Talk

Strategy 1: Could have been lower. Elicits positive outcome expectations/efficacy.

- \$ AYou said your level of *interest* was a 5. Why did you say 5 instead of 0 or 1?@
- \$ AYou said your *confidence to change* was a 7. Why did you say 7 instead of 4 or 5?@

Strategy 2: Could have been higher. Elicits negative outcome expectations/barriers.

- \$ AWhy not a 9 or 10?@
- \$ AWhat would it take . . . ?@ (Elicits solutions).
- \$ AWhat would it take to get you to a 9 or 10?@

Pros and Cons Matrix

Smoking	Substance use or criminality
Withdrawal symptoms	
Craving	
Weight gain	
Will be irritable	
I=ll fail	
Feel healthier	
More stamina	
Get family off my back	

- If I quit smoking:

Pros	Cons

- If I continue smoking:

Pros	Cons

Rolling with Resistance and Reframing

Client says: A I=ve spoken to so many people about quitting my drug use but everything they say just doesn=t work for me.@

Your Response: A There are some unique aspects of your situation that we will need to address in order to find a solution that fits your needs.@

Handling Ambivalence

- \$ Ask more open-ended questions
- \$ Return to reflective listening
- \$ Return to Pros and Cons to upset the balance

Session 2: Strengthening Commitment to Change

- \$ Identify the signs of readiness
- \$ Asking clarifying questions
- \$ Providing advice
- \$ Negotiating a plan for change
- \$ Closure and referral

Identify Signs of Readiness

- \$ A Are you ready to take a step in changing your . . . ?@
- \$ The plan will be based on readiness to set a goal to change behavior.

Asking Clarifying Questions

- \$ To gain further understanding of the client=s situation.
- \$ Open-ended questions give you the most information from the client.
- \$ Closed-ended questions can be appropriate if used to clarify your understanding.
- \$ Clarifying questions helps build the best change plan possible.

Providing Advice

\$ Asking permission and offering information relevant to their situation.

Plan for Change

- \$ Set the stage.
- \$ Negotiate an agenda.
- \$ Provide feedback.
- \$ Assess readiness to make changes.
- \$ Intervention.
- \$ Summarize and close.

Client Engagement and Retention: Strengthening the Connection

*“Even if you are on the right track, you will get run over if you just sit there.”
© Will Rogers*

The success of counseling depends largely on the degree to which our clients initially engage and participate in planned counseling activities. Motivation and treatment readiness are the most critical predictors than any other variable. Your ability to use motivational enhancement strategies appears to be one key to engaging and retaining your clients. This paper will focus on the Motivational Interviewing model as developed by William Miller and Stephen Rollnick.

The FRAMES Model

Miller and Rollnick identify six elements of effective brief counseling interventions:

- **Feedback** regarding personal risk or impairment is given to the client following assessment of targeted behaviors and/or problems.
- **Responsibility** for change is placed on the client but with respect for the client=s right to make choices for themselves.
- **Advice** about changing, reducing or stopping the targeted behavior is given to the client in a nonjudgmental manner.
- **Menu** of self-directed options for change and treatment alternatives are offered to the client.
- **Empathic** counseling showing warmth, respect and understanding is emphasized.
- **Self-efficacy** or optimistic empowerment is developed in the client to encourage change.

Decisional Balance Exercises

The client weighs the pros and cons of changing versus not changing their targeted behavior. You can help in the process by asking your client to verbalize the positive and negative aspects of their targeted behavior and listing them on a sheet of paper. The purpose of this exercise is to tip the client=s decision scale toward a decision for positive change. The balance is tipped by making clear

to the client the costs of their targeted behavior, lessening the client=s perceived rewards of the behavior, making benefits of changing behavior apparent, and by identifying the potential obstacles to change.

Identifying the Discrepancies between Goals and Current Behaviors

The client is encouraged to identify the gap between future goals and the consequences for current behaviors. You can help your client focus on, and raise awareness of, the negative aspects of the targeted behavior. Careful and strategic use of reflection can help highlight discrepancies. You need to separate the behaviors from the client to help them explore how future goals are being undermined.

Flexible Pacing

All clients will move through the stages of change at their own unique pace. They may fluctuate between stages, remain ambivalent for a long period of time, or be ready to take action. Help your client=s motivation by understanding their history and their current readiness for change. Meeting your client at his or her current stage with interventions designed to move the person to the next stage is important. Damage can be done to the client-practitioner relationship, resulting in premature dropout when we try to push the client too quickly toward a higher level of readiness or action.

Personal Contact with Clients Not Actively Engaged

Interventions that encourage continuity of care can be beneficial. A telephone call or other personal contact can encourage your client to return after they miss an appointment and stay engaged in counseling.

Reducing Pre-Treatment Dropout

Research show that having fewer days between the initial client contact and the scheduling of the intake appointment results in higher client attendance. Scheduling intake appointments within 48 hours of the initial call is even more effective.

Studies suggest that clients are four times as likely to attend their intakes if they are offered appointments within 24 hours of the initial phone contact. After the client has attended the initial appointment a reminder call for the next scheduled appointment is beneficial. The reminder call along with a satisfaction questionnaire for the client to complete shortly after the appointment can help retain the client during the first crucial month.

In addition, outreach efforts such as telephoning the client who did not attend their initial appointment and rescheduling it has a positive impact on the client attending an intake interview. Approximately 50 percent of individuals who contact a treatment agency do not follow through on their intake appointment.

Enhancing the Practitioner-Client Connection

There are a number of strategies for improving initial client engagement and participation. Here are some methods for you to consider for enhancing your relationship with clients.

Develop Rapport

Counseling style can influence the development of rapport and building of client trust. The use of motivational interviewing can help you understand your client=s unique perspectives and goals. Rapport-building is sensitive to ethnic differences. It is especially important for minority clients to feel safe and understood in your agency=s environment. Honoring ethnic backgrounds and traditions can help clients feel comfortable.

Initiate Clients into their Role

Acquaint your client with you and the agency, especially if others have not done so. Clarify the counseling process, the expectations for client behavior, and agency rules. Encourage questions and clarify any misconceptions. Use language that the client understands. Understanding their role may not prevent the client=s premature termination from counseling but it will clarify expectations and foster a greater sense of safety and a lessening of anxiety about counseling.

Explore Client Expectancies and Determine Discrepancies

Discuss the client=s expectations about counseling and possible fears. Sharing a list of other clients= concerns may increase the client=s willingness to be candid. Some clients will have negative expectations based on past experiences. Each client needs an opportunity to tell you their anxieties. This is particularly important for individuals that feel coerced into treatment. Your client=s expectations are important to understand before moving on to the more difficult work of therapy and change.

Immunize@ the Client Against Common Difficulties

Anticipate any potential difficulties or situations the client could face during counseling that may make them want to terminate and discuss them with the client. You can discuss possible negative reactions to treatment assignments, times when the client may feel uncomfortable in emotionally stressful situations, and the tendency to pull back from painful insights. Clients can be assured that these are normal feelings in the recovery process. Let the client know that they may not want to return to counseling after such experiences. Develop a plan with your client for how to handle these types of discomfort. A plan can forestall impulsive early termination and strengthen the therapeutic relationship.

Investigate and Resolve Barriers

Discuss any initial barriers that may hinder your client=s engagement in counseling. Barriers can include not understanding written materials, having difficulty with transportation or childcare, and

insufficient financial funds or insurance coverage. Your client may also feel unprepared to participate. As counseling proceeds, be aware that your client may experience unanticipated new barriers that could slow progress.

Increase Congruence between Internal and External Motivation

Internal motivation is associated with increased client involvement. A combination of internal and external motivation promotes an even more positive response. *External motivation* is experienced as outside pressure to participate, or the need/desire to please or satisfy some influential person or group. The client's desire to satisfy the court, and employer or significant other are examples of external motivation.

You can explore significant external motivators with your client. Facilitating or clarifying the client's emotional distress about his or her situation may be helpful in enhancing internal motivation to participate in counseling. When a client's anxiety about life problems begins to surface, it can become a significant internal motivator for change.

Examine and Interpret Noncompliant Behavior

Noncompliance, such as missing or arriving late to an appointment, can be an expression of your client's dissatisfaction with counseling or it may be an illustration of their ambivalence about change. You can explore noncompliant behavior in a non-judgmental and problem-solving manner to support the client's engagement in counseling. Take advantage of opportunities to discuss reasons for problematic behavior — they can help clients gain insights into their own motivation or beliefs. You can use noncompliant behavior as a signal to you that you need to get more information from your client or that counseling strategies need to be shifted.

All these approaches may contribute to strengthening the client's connection with you, the counseling program, and to a recovery process that could be the beginning of a better life.

Reframing. A good strategy to use when a client denies personal problems is reframing—offering a new and positive interpretation of negative information provided by the client.

Client: My husband is always nagging me about my drinking—always calling me an alcoholic. It really bugs me.

Clinician: It sounds like he really cares about you and is concerned, although he expresses it in a way that makes you angry. Maybe we can help him learn how to tell you he loves you and is worried about you in a more positive and acceptable way.

Siding with the negative. One more strategy for adapting to client resistance is to take the negative voice in the discussion. This is not "reverse psychology," nor does it involve the ethical quandaries of prescribing more of the symptom, as in a "therapeutic paradox." Siding with the negative is stating what the client has already said while arguing against changes, perhaps as an amplified reflection. The clinician should be cautious in using this too early in treatment or with depressed clients.

Client: Well, I know some people think I drink too much, and I may be damaging my liver, but I still don't believe I'm an alcoholic or in need of treatment.

Clinician: We've spent considerable time now going over your positive feelings and concerns about your drinking, but you still don't think you are ready or want to change your drinking patterns. Maybe changing would be too difficult for you, especially if you really want to stay the same. Anyway, I'm not sure you believe you could change even if you really wanted to.

Support self-efficacy and optimism:

Improving self-efficacy requires eliciting and supporting hope, optimism, and the feasibility of accomplishing change. This requires the clinician to recognize the client's strengths and bring these to the forefront whenever possible. Because self-efficacy is a critical component of behavior change, it is crucial that the clinician believe in the client's capacity to reach their goals.

Clients must ultimately come to believe that change is their responsibility and that long-term success begins with a single step forward. It is helpful for the clinician to talk about how other people in similar situations have successfully changed their behavior. Other clients can serve as role models and offer encouragement.

Education can increase the client's self-efficacy, a credible, understandable, and accurate information helps clients understand how substance use progresses to abuse or dependency as well as information about their mental illness.

Self-Reevaluation Self-Assessment (Contemplation Stage)

Here is a brief self-assessment to check your progress. Be honest and realistic. Fill in the number that most closely reflects how frequently you have used self-reevaluation in the past week to combat your (problem).

- 1 = Never
- 2 = Seldom
- 3 = Occasionally
- 4 = Often
- 5 = Repeatedly

Frequency

_____ I consider that my family and friends would be better off without my (problem) behavior.

_____ My tendency to give in to my (problem) makes me feel disappointed in myself.

_____ I reassess the fact that being content with myself includes changing my (problem) behavior.

_____ I get upset when I think about giving in to my (problem).

_____ = Score

Scores of 14 and higher indicate you have made sufficient use of self-reevaluation to be able to move from the contemplation stage to the preparation stage. Scores below 13 strongly suggest a need for a more cognitive and emotional reappraisal of your self in relation to your (problem). If you attempt to continue on in the cycle of change without such a reappraisal, chances are you are likely to relapse. Why not do you reappraisal now, instead of the second or third time you pass through this stage?

Precontemplation Stage of Change

Stage Description: The client does not think there is a problem and is unlikely to engage in a change process.

Goals: Raise awareness of risks and problems. Respect and empathize with the client's choices. Help the client engage in the counseling process and begin considering patterns and potential effects of his or her substance use and/or criminal behavior.

Strategies:

- ✓ Establish rapport and build trust.
- ✓ Explore and "decontaminate" the referral process.
- ✓ Affirm client for willingness to attend and talk.
- ✓ Explore the meaning of the events that brought the client to treatment.
- ✓ Elicit the client's perceptions of his or behaviors and the larger situation.
- ✓ Offer factual information about the risks of substance abuse and/or criminal behavior.
- ✓ Provide personalized feedback about assessment findings.
- ✓ Explore the good things and less good things about substance use and/or criminal behavior.
- ✓ Express concern and "keep the door open."
- ✓ Raise doubts or concerns in the client about substance use and/or criminal behavior by helping a significant other intervene.
- ✓ Raise doubts or concerns in the client about substance use and/or criminal behavior by examining discrepancies between the client's and others' perceptions of the problem behavior.

Questions Helpful in Eliciting Change Talk:

- ✓ What would need to be different in your life for you to consider making a change?
- ✓ Let's suppose you're considering making a change. Why would you want to do it?
- ✓ What do you like about your current behavior? What do you dislike?
- ✓ What would have to happen to you for you to consider making a change? How could I help you get there?
- ✓ What things make you think that this is a problem?
- ✓ What difficulties have you had in relation to your drug use?
- ✓ In what ways do you think your using, drinking, and/or criminal behavior has harmed you or others?
- ✓ In what ways has this been a problem for you?
- ✓ What is there about your drinking, using and/or criminal behavior that you or others might see as reasons for concern?
- ✓ What worries do you have about your use and/or criminal behavior?
- ✓ What do you think will happen if you stay the same?
- ✓ Would you be interested in knowing more about _____?
- ✓ Have you ever thought about changing?

Contemplation Stage of Change

Stage Description: The client acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain.

Goals: Help the client see the "big picture" and discover discrepancies between his or her current behavior and his or her goals for the future. Assist the client to consider making some lifestyle change and build motivation and confidence to change.

Strategies:

- ✓ Normalize ambivalence.
- ✓ Help the client tip the decisional balance scales toward change by
 - Eliciting and weighing the pros and cons of continuing substance use and/or criminal behavior versus discontinuing or changing use and/or behavior patterns.
 - Examining the client's personal values in relation to change.
 - Imagining the future looking forward and looking back.
 - Emphasizing the client's free choice, responsibility, and self-efficacy for change.
- ✓ Elicit self-motivational statements of intent and commitment from the client.
- ✓ Summarize self-motivational statements.
- ✓ Assess client's sense of importance and confidence in changing.

Questions Helpful in Eliciting Change Talk:

- ✓ What are some things you like about your current behavior? Is there anything you dislike?
- ✓ What are some reasons you would want things to stay just the way they are now?
- ✓ What are some reasons for making a change?
- ✓ Imagine you decided to change. What would it be like? Why might you want to do it?
- ✓ Suppose some miracle happened, and you suddenly stopped your current behavior. How would you feel? How would your life be different? How would you handle difficult situations?
- ✓ When were you most successful in making a change? How did you do it?
- ✓ Where do we go from here? (Ask after spending sufficient time exploring ambivalence)

Preparation Stage of Change

Stage Description: The client is committed to change and is planning to make a change in the near future but is still considering what to do.

Goals: Help the client get ready to make a change by facilitating the development of a plan for change. Assist and guide the process by offering information and advice when requested by the client or when it best serves the client and his or her planning process.

Strategies:

- ✓ Clarify the client's own goals and strategies for change.
- ✓ Offer a menu of options for change or treatment.
- ✓ With permission, offer expertise and advice.
- ✓ Negotiate a change — or treatment — plan and behavior contract.
- ✓ Consider and reduce barriers to change.
- ✓ Help the client enlist social support.
- ✓ Explore treatment expectancies and the client's role.
- ✓ Elicit from the client what has worked in the past either for him/her or for others he/she knows.
- ✓ Assist the client to negotiate finances, child care, work, transportation, or other potential barriers.
- ✓ Have the client publicly announce plans to change.

Questions Helpful in Eliciting Change Talk:

- ✓ What are your main reasons for making this change?
- ✓ What do you think needs to change? What do you think would work?
- ✓ What are your ideas for making a change?
- ✓ If you gaze into the future after you have made the change, what kinds of things will you see yourself doing?
- ✓ There are probably a lot of things you could do. What do you think would really work for you?
- ✓ I can tell you what has worked for others in your situation, but what do you think would work best for you?
- ✓ What roadblocks might you encounter in making this change? How would you handle them?
- ✓ What kind of support do you have (family, friends, others) that can help you with your plan?

Action Stage of Change

Stage Description: The client is actively taking steps to change but has not yet reached a stable state.

Goals: Assist the client in implementing their plan for change. Assist in resolving any barriers toward change, problem solve, and revise change plans as needed.

Strategies:

- ✓ Engage the client in treatment and reinforce the importance of remaining in the change process.
- ✓ Support a realistic view of change through small steps.
- ✓ Acknowledge difficulties for the client in early stages of change.
- ✓ Help the client identify high-risk situations through a functional analysis and develop appropriate coping strategies to overcome these.
- ✓ Assist the client in finding new reinforcers of positive change.
- ✓ Help the client assess whether he or she has strong family and social support.

Questions Helpful in Eliciting Change Talk:

- ✓ What barriers have you encountered as you have taken steps toward change?
- ✓ How have you managed those barriers? What solutions have worked?
- ✓ Have you experienced a resurgence of ambivalence since you started working on your plan?
- ✓ What successes do you feel especially pleased about or proud of?
- ✓ What parts of your plan do you think need to be adjusted or eliminated for you to be successful at reaching your change goals?
- ✓ Is there anything you encountered while completing your process of change that you would like more information about?
- ✓ Is there an area in which you would like more support from others?

Maintenance Stage of Change

Stage Description: The client has achieved initial goals and is now working to maintain gains.

Goals: Reinforce the client's successes. Establish and reinforce coping plans to handle triggers and the client's new lifestyle changes.

Strategies:

- ✓ Help the client identify new reinforcers for behavior change.
- ✓ Support lifestyle changes.
- ✓ Affirm the client's resolve and self-efficacy.
- ✓ Help the client practice and use new coping strategies to avoid a return to old behaviors.
- ✓ Maintain supportive contact (for example, explain to the client that you are available to talk between sessions).
- ✓ Develop a "fire escape" plan if the client returns to old behavior.
- ✓ Review long-term goals with the client.

Questions Helpful in Eliciting Change Talk:

- ✓ When you look back on your recent success in accomplishing your plan, how would you describe your success to yourself or others?
- ✓ If you have experienced urges to resume your old behaviors, what coping strategies have proven to be useful?
- ✓ If you have experienced a recurrence of your old behaviors, how have you worked with it so that you do not lose the gains you already made?
- ✓ What do you consider the most valuable skills you have learned from this experience?
- ✓ Are there other changes you would like to pursue as a result of experiencing this current change? If so, what are they?
- ✓ How would you describe your present sense of confidence in your ability to make further changes now that you have succeeded in this experience?

Maintenance – Relapse and Recycling

Stage Description: The client has experienced a recurrence of symptoms and must now cope with consequences and decide what to do next.

Goals: Assist client in relapse prevention or processing a relapse.

Strategies:

- ✓ Help the client reenter the change cycle and commend any willingness to reconsider positive change.
- ✓ Explore the meaning and reality of the recurrence as a learning opportunity.
- ✓ Assist the client in finding alternative coping strategies.
- ✓ Maintain supportive contact.

Questions Helpful in Eliciting Change Talk:

- ✓ What led you to experience a return to the old behavior patterns?
- ✓ How did you manage to get back to where you want to be?
- ✓ How would you describe what you have learned from this experience?
- ✓ How would you describe your desire to continue to address the changes you identified?
- ✓ How would you describe your need to continue to address the changes you identified?
- ✓ What would you say are your reasons for continuing to address the changes you identified?
- ✓ How would you describe your confidence in your ability to continue to address the changes you identified?
- ✓ As you think about where you initially started and what you have learned through your process of making changes, what would you like to tell others in similar positions?
- ✓ How did you recapture your hope for change?