Enhancing Patient Motivation for Entering Substance Abuse Treatment
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Understanding Motivation

Motivation:

• The act or process of giving someone a reason for doing something: the act or process of motivating someone

• The condition of being eager to act or work: the condition of being motivated

• A force or influence that causes someone to do something
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.

Miller, 1995
Paradigm Shift in Understanding Client Motivation

A client’s motivation to change has often been the focus of both clinical interest and frustration.

- Historically, motivation has been described as a prerequisite for treatment, without which the clinician can do little
- Lack of motivation has been used to describe individuals non-compliance and treatment failures
- It has been viewed as a static trait or disposition that a client either did or did not have
Paradigm Shift in Understanding Client Motivation

- Motivation for treatment meant a willingness to go along with a clinician’s or program’s particular prescription of recovery.

- A client who seemed amenable to clinical advice or accepted the label of “addict” was considered to be motivated.

- A client who resisted a diagnosis or refused to adhere to the treatment suggestions was deemed unmotivated.

Motivation historically was viewed as the client’s responsibility, not the clinician’s.
Motivation is a Key to Change
- Few of us take a completely deterministic view of change
- Reasoning, problem solving as well as emotional commitment can promote change

Motivation is Multidimensional
It encompasses the internal urges and desires felt by the client, external pressures and goals that influence the client, perceptions about risks and benefits of behaviors to the self, and cognitive appraisals of the situation.

Motivation is Dynamic and Fluctuating
Motivation can vacillate and vary in intensity, faltering in response to doubts and increase as these are resolved and goals are more clear and envisioned.

Motivation is Influenced by Social Interactions
- Although internal factors are the basis for change, external factors are the conditions of change.
- Motivation to change can be influenced by family, friends, emotions and community support.
  - Lack of support can effect motivation.

What Motivation Truly Is
What Motivation Truly Is

Motivation can be Modified
- Can be modified or enhanced at many points in the change process.
- Client’s may not have to hit “rock bottom” to become aware of the need to change.

Motivation is Influenced by the Clinician’s Style
- Counselor style may be one of the most important and most often ignored variables for predicting client response to an intervention.
- Establishing a helping alliance with good interpersonal skills is more important than professional training or experience (Najavits and Weiss, 1994).

The Clinician Task is to Elicit and Enhance Motivation
- Change is the responsibility of the client, clinicians can assist and encourage clients to recognize problem behavior.
- We can also assist to regard positive change to be in their best interest, to help the client feel competent to change, to begin taking action and to continue using strategies that discourage a return to problem behavior.
How Do We Know When Clients Need Treatment?

- Continued use despite negative consequences:
  - Frequency of use and amount of use
  - Hiding or lying about use
  - Paraphernalia
  - Health problems
  - Legal involvement
  - Employment problems
  - Relationship/Family Discord
  - Loss of Appetite
  - Sleep Disturbance
  - Stated use doesn’t match the evidence
MYTH 1
Overcoming addiction is simply a matter of willpower. You can stop using drugs if you really want to.

Prolonged exposure to drugs alters the brain in ways that result in powerful cravings and a compulsion to use. These brain changes make it extremely difficult to quit by sheer force of will.
Addiction and Treatment Myths

MYTH 2
Addiction is a disease; there’s nothing you can do about it.

Most experts agree that addiction is a brain disease, but that doesn’t mean you’re a helpless victim. The brain changes associated with addiction can be treated and reversed through therapy, medication, exercise, and other treatments.
Addiction and Treatment Myths

MYTH 3
Addicts have to hit rock bottom before they can get better.

Recovery can begin at any point in the addiction process—and the earlier, the better. The longer drug abuse continues, the stronger the addiction becomes and the harder it is to treat. Don’t wait to intervene until the addict has lost it all.
Addiction and Treatment Myths

MYTH 4
You can’t force someone into treatment; they have to want help.

Treatment doesn’t have to be voluntary to be successful. People who are pressured into treatment by their family, employer, or the legal system are just as likely to benefit as those who choose to enter treatment on their own. As they sober up and their thinking clears, many formerly resistant addicts decide they want to change.
Addiction and Treatment Myths

MYTH 5

Treatment didn’t work before, so there’s no point trying again.

Recovery from drug addiction is a long process that often involves setbacks. Relapse doesn’t mean that treatment has failed or that you’re a lost cause. Rather, it’s a signal to get back on track, either by going back to treatment or adjusting the treatment approach.
Understanding Defense Mechanisms

• Denial
  – Blocking external events from awareness
  – “I don’t have a problem”

• Projection
  – This involves individuals attributing their own unacceptable thoughts, feelings and motives to another person
  – “I am not the problem, you are the one with the problem”

• Rationalization
  – Explaining an unacceptable behavior or feeling in a rational or logical manner, avoiding the true reasons for the behavior.
  – “I have a problem because of .....(fill in the blank) so it is not my responsibility”
Common Mistakes Professionals and Families make:

– **Arguing**
  - Aggressively “breaking through” or “tearing down” using authoritarian or adversarial approaches
  - When clinicians use adversarial confrontational techniques with substance-using clients, they are less likely to change*
  - Trying to convince a client that a problem exists could precipitate more resistance.

– **Extrinsic Motivation**
  - Motivation and commitment must come from within (internal pressure) rather than in order to effect and remain in recovery **
  - Intrinsic motivation begins when client recognizes the discrepancies between “where they are” and “where they want to be”.
  - Helping clients change from extrinsic motivation to intrinsic motivation is an important part of helping them move from contemplating change to deciding to act.

*(Miller et al., 1993)  
**(Leukefeld and Tims, 1988).
What DEFINITELY Doesn’t Work

— Not discussing the Pro’s and only focusing on the Con’s of use

- In moving towards any decision most people have to weigh the costs and benefits of the action being contemplated.
- In behavioral change, these considerations are known as decisional balancing, a process of evaluating the “good” aspects of substance abuse-the reasons not to change, and the less good aspects-the reason to change.
- Talking about both the pro’s and con’s of using opens up the door for the counselor to subtly lessen the perceived rewards of substance abuse by helping the client see the costs.
- Allowing us to assist the client in their own perspective of making the benefits for change apparent.
So What Works?

Motivational Interviewing……

Is an effective way
of talking with people

About

CHANGE
“Effective” Means

EVIDENCE – BASED
“EVIDENCE-BASED” means

THERE ARE NOW OVER 1200 PUBLISHED STUDIES OF MI’s USE IN:

- alcohol treatment
- drug abuse treatment (including, harm reduction and needle exchange)
- dual disorder treatment (substance use and mental illness)
- brain injury rehabilitation
- chronic pain management,
- diabetes risk reduction and treatment
- dietary change (e.g., eating disorders)
- domestic violence prevention
- problem gambling
- marital counseling
- mental health treatment (such as anxiety, bipolar disorder, depression, post traumatic stress disorder [PTSD], schizophrenia)
- oral health care
- speech/vocal therapy
- weight loss

...and more!
What is Motivational Interviewing (MI)?

- Not a technique but a philosophy of respect and concern, along with a collection of skills
- Can help resolve ambivalence and help elicit a person’s own motivation to change.
The SPIRIT of MI

**PARTNERSHIP**
Work collaboratively & avoid the “expert” role.

**ACCEPTANCE**
Respecting the client’s autonomy, potential, strengths, & perspective.

**COMPASSION**
Keep the client’s best interests in mind.

**EVOCATION**
The best ideas come from the client.

Gateway Foundation
Alcohol & Drug Treatment Centers

RecoverGateway.org
877-505-HOPE (4673)
Benefits of Employing 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 symptoms recur
Understanding the Stages of Change

- The change process has been conceptualized as a sequence of stages through which people typically progress as they think about, initiate, and maintain new behaviors*

- The model we will see in the next slide is “transtheoretical” in that it emerged from an examination of 18 psychological and behavioral theories about how change occurs, including components that compose a biopsychosocial framework for understanding addiction.

- As a clinician, you can be helpful at any point in the process of change by using appropriate motivational strategies that are specific to the change stage of the individual.

*(Prochaska and DiClemente, 1984).
Stages of Change

Precontemplation → Contemplation → Preparation → Action → Maintenance

PROGRESS

RELAPSE

RecoverGateway.org

877-505-HOPE (4673)
Understanding the Stages of Change

Precontemplation Stage
• Unaware a problem exists
• May be in denial

Contemplation Stage
• Beginning to acknowledge there is a problem
• Begin thinking of solutions
• Contemplators have not yet made a decision to change
Understanding the Stages of Change

Preparation Stage
- Begin to focus less on the past and more on the future
- Have made the decision to change
- Alternatives and solutions are the primary concern
- Some anxiety about change may still persist

Action Stage
- Committed to change
- Involved in implementing plans for change
- Focus at this stage is effective countering (finding healthy alternatives to old ways)
- Problem-solving tough situations and focusing on the benefits of change
Understanding the Stages of Change

Maintenance Stage

• Practice new behaviors
• Concentrate on relapse prevention

Relapse/Recycling

• If relapse occurs, identify what stage the individual cycled back to and move forward from there.
Appropriate Motivational Strategies for Each Stage of Change

Precontemplation
The client is not yet considering change or is unwilling or unable to change

- Establish rapport, ask permission, and build trust.
- Raise doubts or concerns in the client about substance-using patterns by
  - Exploring the meaning of events that brought the client to treatment or the results of previous treatments
  - Eliciting the client's perceptions of the problem
  - Offering factual information about the risks of substance use
  - Providing personalized feedback about assessment findings
  - Exploring the pros and cons of substance use
  - Helping a significant other intervene
  - Examining discrepancies between the client's and others' perceptions of the problem behavior
- Express concern and keep the door open.
### Contemplation

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

- Normalize ambivalence.
- Help the client "tip the decisional balance scales" toward change by
  - Eliciting and weighing pros and cons of substance use and change
  - Changing extrinsic to intrinsic motivation
  - Examining the client's personal values in relation to change
  - Emphasizing the client's free choice, responsibility, and self-efficacy for change
- Elicit self-motivational statements of intent and commitment from the client.
- Elicit ideas regarding the client's perceived self-efficacy and expectations regarding treatment.
- Summarize self-motivational statements.
Appropriate Motivational Strategies for Each Stage of Change

**Preparation**

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

  - 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 lower 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 or others whom he knows.
  - Assist the client to negotiate finances, child care, work, transportation, or other potential barriers.
  - Have the client publicly announce plans to change.
### Action

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

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<td>Engage the client in treatment and reinforce the importance of remaining in recovery.</td>
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<td>Support a realistic view of change through small steps.</td>
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<td>Acknowledge difficulties for the client in early stages of change.</td>
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<td>Help the client identify high-risk situations through a functional analysis and develop appropriate coping strategies to overcome these.</td>
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<td>Assist the client in finding new reinforcers of positive change.</td>
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<td>Help the client assess whether she has strong family and social support.</td>
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Appropriate Motivational Strategies for Each Stage of Change

**Maintenance**

The client has achieved initial goals such as abstinence and is now working to maintain gains.

- Help the client identify and sample drug-free sources of pleasure (i.e., new reinforcers).
- 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 use.
- Maintain supportive contact (e.g., explain to the client that you are available to talk between sessions).
- Develop a "fire escape" plan if the client resumes substance use.
- Review long-term goals with the client.
### Recurrence/Relapse

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

- 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.
Recognizing Readiness in Clients

• Decreased Resistance
  – The client stops arguing, interrupting, denying or objecting.

• Fewer Questions about the Problem
  – The client seems to have enough information about his/her problem and stops asking questions.

• Resolve
  – The client appears to have reached a resolution and may be more peaceful, calm, relaxed, unburdened, or settled. Sometimes this happens after the client has passed through a period of anguish or tearfulness.
Recognizing Readiness in Clients

- **Self-Motivational Statements**
  - The client makes 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**
  - The client asks what he/she could do about the problem, how people change once they decide to, and so forth.

- **Envisioning**
  - The client begins to talk about how life might be after a change, to anticipate difficulties if a change were made, or to discuss the advantage of change.
Recognizing Readiness in Clients

• **Experimenting**
  
  – If the client has had time between sessions, he may have begun experimenting with possible change approaches (ex. Going to an AA meeting, reading a self-help book, stopping substance use for a few days)*

When you conclude that a client is becoming committed to change, determine what is needed next by asking a key question. You may ask, “I can see you are ready for a change. How would you like to proceed?” If the client indicates that she wishes to pursue treatment with your help, you can begin negotiating a plan for change.

Where Do I Go From Here?

• Obtain an assessment to determine level of care most appropriate

  – Client will obtain a comprehensive assessment that looks at a number of different dimensions of life. Then, treatment will be tailored to individual needs.

  – Used to determine proper diagnosis as well as other physical/emotional problems that need to be treated.
Eight major domains considered comprehensive in scope for assessing clients with primarily alcohol-related problems have been suggested:

1. **Substance Use Patterns**
   - Quantity consumed, frequency of use, mode of use, history of escalation, previous treatment and last use.

2. **Dependence Syndrome**
   - Demonstrated by the need for increased amounts of the substance to achieve the same effects over time, withdrawal symptoms, pursuit of substance despite serious consequences, prolonged and increased pattern of use over time, excessive time spent using or trying to obtain the substance, persistent and unsuccessful attempts to cut down or stop use.

3. **Life Functioning Problems**
   - Marital problems, employment problems, legal problems, financial problems, etc.
   - Problems do not necessarily have to be related to substance use.

(Miller and Rollnick, 1991)
Content of an Assessment

4. Functional Analysis
   • Examining the relationships among stimuli that trigger use and consequences that follow.

5. Biomedical Effects
   • The effects that drug and alcohol use have/had on physical health.

6. Neuropsychological Effects
   • Assessing for impaired memory or other cognitive effects that may be either temporary or permanent consequences of alcohol and drug use.
7. Family History
   • Risk for substance abuse and dependence is, in part, influenced by genetic factors, a complete family history of relatives on both sides who have experienced substance-related problems can be illuminating.

8. Other Psychological Problems
   • Depression, anxiety, antisocial personality, sexual problems and social skills deficits.
   • Symptoms of intoxication or withdrawal from some substances can mimic or mask symptoms of psychological problems.
   • A proper assessment of these issues should be done once the client has had a period of abstinence.
   • Some of these psychological disorders respond well to different types of prescription medications, and it should be determined whether your client has a coexisting disorder that can benefit from simultaneous treatment.
Providing Feedback

• After the assessment is completed, providing feedback on clients’ level of alcohol or drug use compared with norms, health hazards associated with their level of use, cost of use at the current level and similar facts—is sometimes sufficient to move pre-contemplators through a fairly rapid change process.

• Feedback provided in a motivational interviewing style also enhances commitment to change and improves treatment outcomes.
Negotiating a Plan for Change

Creating a plan for change is a final step in readying your client to act.

- A solid plan for change enhances your client’s self efficacy and provides an opportunity to consider obstacles and outcomes of each change strategy before embarking.
- A sound plan for change can be negotiated with your client by the following means:
  - Offering a menu of change options
  - Developing a behavior contract
  - Lowering barriers to action
  - Enlisting social support
  - Educating your client about treatment
Change Plan Worksheet

The changes I want to make are:

The most important reasons I want to make these changes are:

My main goals for myself in making these changes are:

I plan to do these things to reach my goals:

*Plan of Action -*

*When -*

The first steps I plan to take in changing are:

Some things that could interfere with my plan are:

Other people could help me in changing in these ways:

*Person -*

*Possible ways to help -*

I hope that my plan will have these positive results:

I will know that my plan is working if:

Sources: Miller and Rollnick, 1991; Miller et al., 1995c.
Educating Your Client About Treatment

• Explore your clients’ expectations to search for any misunderstandings or misinformation they may have.

• Educate clients about treatment and preparing them to participate fully and obtain what they need. (Role Induction)

• Ask them to anticipate feelings they might have when they attend group therapy or a self-help meeting.

• Role induction brings the expectations of the client in line with the realities of treatment and reduces the probability of surprises.

• Research consistently demonstrates that retention in treatment has a strong positive relation with a client’s expectancy and that role induction prevents early dropout (Zweben and Li, 1981).
Resources

• SAMHSA TIP 35
  http://www.ncbi.nlm.nih.gov/books/NBK64967/
Questions?

Thank you for your participation and time!