CSAT's Knowledge Application Program

KAP Keys

For Clinicians

Based on TIP 35

Enhancing Motivation for Change in Substance Abuse Treatment

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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Introduction

These KAP Keys were developed to accompany the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. These KAP Keys are based entirely on TIP 35 and are designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

For more information on the topics in these KAP Keys, readers are referred to TIP 35.

Other Treatment Improvement Protocols (TIPs) that are relevant to these KAP Keys:

TIP 25, *Substance Abuse Treatment and Domestic Violence (1997)* **BKD139**

TIP 26, *Substance Abuse Among Older Adults (1998)* **BKD250**

TIP 27, *Comprehensive Case Management for Substance Abuse Treatment (1998)* **BKD251**

TIP 34, *Brief Interventions and Brief Therapies for Substance Abuse (1999)* **BKD341**

The FRAMES Approach

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To understand what prompts a person to reduce or eliminate substance use, clinicians have searched for the critical components of effective interventions; the most important and common elements that inspire positive change. The acronym **FRAMES** was coined to summarize the following six key elements:

Feedback regarding 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 (and with respect for the client's right to make choices for himself).

Advice about changing--reducing or stopping--substance use is clearly given 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.

Source: Miller and Sanchez 1994.

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Appropriate Motivational Strategies for Each Stage of Change 2

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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.
- Eliciting self-motivational statements of intent and commitment from the client.
- Eliciting ideas regarding the client's perceived self-efficacy and expectations regarding treatment.
- Summarizing self-motivational statements.

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.

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- 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.

- Engage the client in treatment and reinforce the importance of remaining in recovery.
- 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 she has strong family and social support.

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: 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.

- **Consciousness raising** is increasing information about the problem. Interventions could include observations, interpretations, and bibliotherapy.
- **Self-reevaluation** involves assessing how one feels and thinks about oneself with respect to problem behaviors. Interventions could include clarifying values and challenging beliefs or expectations.
- **Self-liberation** means choosing and committing to act or believing in ability to change. Interventions could include commitment-enhancing techniques, decisionmaking therapy, and New Year's resolutions.
- **Counterconditioning** involves substituting coping alternatives for anxiety caused by substance-related behaviors. Interventions could include relaxation training, desensitization, assertion, and positive self-statements.
- **Stimulus control** means avoiding or countering stimuli that elicit problem behaviors. Interventions could include avoiding high-risk cues and removing substances from one's environment.
- **Reinforcement management** is rewarding oneself or being rewarded by others for making changes. Interventions could include contingency contracts and overt and covert reinforcement.
- **Helping relationships** are created by being open and trusting about problems with people who care. Interventions could include self-help groups, social support, or a therapeutic relationship.
- **Emotional arousal** and dramatic relief involve experiencing and expressing feelings about one's problems and solutions to them. Interventions could include role-playing and psychodrama.
- **Environmental reevaluation** is the process of assessing how one's problems affect the personal and physical environment. Interventions could include empathy training and documentaries.
- **Social liberation** involves increasing alternatives for nonproblematic behavior. Interventions could include advocating for the rights of the oppressed and policy interventions.

Source: Adapted from DiClemente and Scott 1997.

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Four Types of Client Resistance 4

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Arguing: The client contests the accuracy, expertise, or integrity of the clinician.

- *Challenging*. The client directly challenges the accuracy of what the clinician has said.
- *Discounting*. The client questions the clinician's personal authority and expertise.
- *Hostility*. The client expresses direct hostility toward the clinician.

Interrupting: The client breaks in and interrupts the clinician in a defensive manner.

- *Talking over*. The client speaks while the clinician is still talking, without waiting for an appropriate pause or silence.
- *Cutting off.* The client breaks in with words obviously intended to cut the clinician off (e.g., "Now wait a minute. I've heard about enough").

Denying: The client expresses unwillingness to recognize problems, cooperate, accept responsibility, or take advice.

- *Blaming.* The client blames other people for problems.
- *Disagreeing.* The client disagrees with a suggestion that the clinician has made, offering no constructive alternative. This includes the familiar "Yes, but...," which explains what is wrong with suggestions that are made.
- *Excusing.* The client makes excuses for his behavior.
- *Claiming impunity.* The client claims that she is not in any danger (e.g., from drinking).
- *Minimizing.* The client suggests that the clinician is exaggerating risks or dangers and that it really isn't so bad.
- *Pessimism.* The client makes statements about himself or others that are pessimistic, defeatist, or negative in tone.
- *Reluctance.* The client expresses reservations and reluctance about information or advice given.
- *Unwillingness to change.* The client expresses a lack of desire or an unwillingness to change.

Ignoring: The client shows evidence of ignoring or not following the clinician.

- *Inattention*. The client's response indicates that she has not been paying attention to the clinician.
- *Non-answer*. In answering a clinician's query, the client gives a response that is not an answer to the question.
- *No response.* The client gives no audible verbal or clear nonverbal reply to the clinician's query.
- *Sidetracking*. The client changes the direction of the conversation that the clinician has been pursuing.

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Source: Miller and Rollnick 1991. Adapted from a behavior coding system by Chamberlain et al. 1984. Reprinted with permission.

Change Plan Worksheet

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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. 1995.

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Changing

Benefits:

- Increased control over my life
- Support from family and friends
- Decreased job problems
- Financial gain
- Improved health

Costs:

- Increased stress/anxiety
- Feel more depressed
- Increased boredom
- Sleeping problems

Not Changing

Benefits:

- More relaxed
- More fun at parties
- Don't have to think about my problems

Costs:

- Disapproval from friends and family
- Money problems
- Could lose my job
- Damage to close relationships
- Increased health risks

Source: Sobell et al. 1996.

Ordering Information

TIP 35

Enhancing Motivation for Change in Substance Abuse Treatment

Easy Ways to Obtain Free Copies of All TIP Products

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**.
2. Visit CSAT's Website at **www.csat.samhsa.gov**

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