

Matching Stages of Change and Treatment to Treatment Goal, Intervention and Technique

STAGE OF CHANGE/TREATMENT	TX GOALS	TYPES OF INTERVENTIONS, TECHNIQUES AND PRINCIPLES
<p>Stage of change: <u>Pre-contemplation</u></p> <p>Stage of treatment: <u>Pre-engagement</u> <u>/engagement</u></p> <p>Client Conflict:</p> <p>I don't see how my substance use warrants concern.</p>	<ul style="list-style-type: none"> ■ Establish working alliance ■ Increase awareness of the impact of substance use on the client's life. ■ Create client doubt about the commonly held belief that substance abuse is "harmless". ■ Lead to client conviction that substance abuse is having, or will in the future have, significant negative results. 	<ul style="list-style-type: none"> ■ Interventions <ol style="list-style-type: none"> 1. Outreach/relationship building 2. Crisis intervention 3. Interventions to address needs related to: safety/dangerousness, food, clothing, shelter, medical needs 4. Assessments: CRS ,Longitudinal ,Contextual/Functional Interview, Functional Analysis Summary & SATS 5. Motivational Counseling 6. Educate and support services to collaterals/significant others to enhance their skills in supporting client commitment to change 7. Self Help ■ Strategies used during the pre-contemplation stage <ol style="list-style-type: none"> 1. Establish rapport, and build trust <u>OARS</u> 2. Agree on direction and ask permission to address the topic of change 3. Explore the meaning of the events that brought the client to treatment or the results of previous treatments 4. Obtain the client's perceptions of the problem 5. Elicit, listen to, and acknowledge the aspects of substance use the client enjoys <u>Payoff Matrix</u> 6. Elicit description of a typical day 7. Provide constructive feedback to the client about the risks and benefits associated with their own substance use/abuse for each substance <u>Longitudinal Assessment, Functional Assessment</u> 8. Offer factual information about the risks of substance use 9. Create doubt and evoke concern about substance use <u>Payoff Matrix</u> 10. Provide personalized feedback about assessment findings <u>CRS, Longitudinal, Functional</u> 11. Assess readiness to change - <u>SATS, Importance Ruler</u> 12. Examine discrepancies between the client's and others' perceptions of the problem behavior 13. Express concern and keep the door open 14. Support the client's resolve to change the negative behavior pattern 15. Identifying the client's concrete and emotional obstacles to change 16. Identify the client's social and individual coping resources that lead to a substance-free lifestyle 17. Positively describe the steps used by the collaterals/SO that have been successful 18. Reinforce positive comments made by the collaterals/SO re: client's current change efforts 19. Discuss future ways the client might benefit from the collaterals/SO efforts to facilitate change
	<p>PRINCIPLES</p>	

STAGES OF CHANGE & TREATMENT	TX GOALS	TYPES OF INTERVENTION, STRATEGIES AND PRINCIPLES
<p><u>Stage of change:</u> <u>Contemplation</u></p> <p><u>Stage of treatment:</u> <u>Early persuasion</u></p> <p>Client Conflict: I can picture how quitting substance use would improve my self-esteem but I can't imagine ever shooting up again.</p>	<ul style="list-style-type: none"> ■ Create ambivalence regarding the need to continue as is or to change. (The ultimate purpose is to help clients recognize and weigh the negative aspects of substance use so that the scale tips toward beneficial behavior) ■ Acknowledge the extrinsic motivators pushing the client to change or that brought him/her to treatment. ■ Help the client discover intrinsic motivators, which typically move the client from contemplating change to acting. Intrinsic motivation often begins when clients recognize the discrepancies between “where they are” and “where they want to be”. <p>PRINCIPLES</p> <ul style="list-style-type: none"> ■ Maintain rapport ■ Express empathy ■ Develop Discrepancy ■ Avoid argumentation ■ Roll with Resistance ■ Support Self-Efficacy ■ Client is responsible for change 	<ul style="list-style-type: none"> ■ Assessment and Interventions <ol style="list-style-type: none"> 1. Outreach/relationship building 2. Crisis intervention, interventions to address immediate needs related to: 1) safety/dangerousness, 2) food, 3) clothing, 4) shelter & 5) medical needs 3. Assessment: Functional Analysis, SATS 4. Motivational counseling 5. Educate and support services to collaterals/significant others to enhance their skills in supporting client commitment to change 6. Practical skills training e.g. , Self help ■ Strategies used during the Contemplation Stage <ol style="list-style-type: none"> 1. Develop Discrepancy - This strategy is provided to help clients consider the plus and minus aspects of their substance to: a) Accentuate costs of the client’s substance use, b) Lessen, when possible, the perceived rewards of substance use, c) Make the benefits of change apparent & d) Identify and attenuate, if possible, potential obstacles to change use <u>Rating items in Pavoff Matrix, Functional Analysis, Values Cards</u> 2. Identify triggers, and identify confident situations 3. Focus on self-efficacy <u>Review past and present successes</u> 4. Assess readiness to change <u>Readiness to Change Measure</u> 5. Provide feedback on assessments (again) 6. Ask permission to give information and advice 7. Address perceived and realistic consequences of losing way of living and grief reactions/process 8. Emphasize Personal Choice and Responsibility 9. Goal setting <u>Values Cards, Hypothetical Change, Looking forward</u> 10. Reflective listening, asking open-ended questions to help client identify intrinsic motivators. For clients who were coerced into entering TX, identify and strengthen intrinsic motivation so that change can come from within, rather than from external threats. <u>Values Cards, Goal Setting, Hypothetical Change</u> 11. Reframing a client's negative statement about perceived coercion by re-expressing the statement w/ positive spin. 12. Elicit and summarize self motivational statements <u>Envisioning</u>

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<p><u>Stage of change:</u> <u>Preparation</u></p> <p><u>Stage of treatment:</u> <u>Late persuasion</u></p> <p>Client Conflict: I am feeling good about setting a quit date, but I am wondering if I have the courage to follow through.</p>	<ul style="list-style-type: none"> ■ Strengthen clients commitment to change make a firm decision to change ■ Help client develop self-efficacy e.g. the client shows optimism that he/she can take action to change substance use behavior. ■ Identify potential change strategies and choose the most appropriate one for their circumstances. ■ Formulate steps to reach goals 	<ul style="list-style-type: none"> ■ Interventions <ol style="list-style-type: none"> 1. Crisis Interventions 2. Assessment and assessment feedback, Critical Assessment tool, Functional Analysis, SATS 3. Goal-setting: this is the exploring and envisioning activities characteristic of the early and middle preparation stage. The process of talking about & setting goals strengthens commitment to change 4. Motivational counseling 5. Educate, support services to collaterals/family/peers/significant others to enhance skills in supporting client commitment to change 6. Practical skills training related to goal setting and self-efficacy 7. Persuasion group 8. Self help ■ Strategies used during the preparation stage <ol style="list-style-type: none"> 1. Reinforce self efficacy/enhance confidence 2. Clarify the client's own goals and strategies for change Change Plan Worksheet 3. Discuss the range of different treatment options and community resources available to meet the client's multiple needs 4. With permission, offer expertise and advice 5. Identify & lower barriers to change by anticipating possible family, health, system problems, e.g. finances, child care, work, transportation or other potential barriers problems 6. Help the client enlist social support (e.g., mentoring groups, churches, recreational centers) 7. Help the client engage in meaningful or pleasurable non substance related activities 8. Educate about treatment, their role in treatment and their expectations 9. Elicit from the client what has worked in the past either for him or others whom he know 10. Have clients publicly announce their change plans to significant others in their lives 11. Identify specific, measurable changes that signal client is ready to change. Client's recognition of important discrepancies in their lives is too uncomfortable a state to remain in for long, and unless change has begun, they can retreat to using defenses such as minimizing or denying to decrease the discomfort. 12. Create sober rituals
	<p style="text-align: center;">PRINCIPLES</p> <ul style="list-style-type: none"> ■ Maintain rapport ■ Express empathy ■ Develop Discrepancy ■ Avoid argumentation ■ Roll with Resistance ■ Support Self-Efficacy ■ Client is responsible for change 	

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<p><u>Stage of change:</u> <u>Action</u></p> <p><u>Stage of treatment:</u> <u>Early treatment /late treatment</u></p> <p>Client Conflict: Staying clean for the past few weeks really makes me feel good, but part of me wants to celebrate by getting loaded.</p>	<ul style="list-style-type: none"> ■ Carry out change strategies. ■ Provide support and encouragement to maintain gains achieved ■ Reduce ambivalence in transitions from thought to action. <p style="text-align: center;">PRINCIPLES</p> <ul style="list-style-type: none"> ■ Maintain rapport ■ Express empathy ■ Develop Discrepancy ■ Avoid argumentation ■ Roll with Resistance ■ Support Self-Efficacy ■ Client is responsible for change 	<p>TREATMENT</p> <ul style="list-style-type: none"> ■ Interventions <ol style="list-style-type: none"> 1. Crisis Interventions 2. Motivational counseling 3. Educate and support services to collaterals/family/peers/significant others to enhance their skills in supporting client commitment to change 4. Practical skills training related to goal setting and self-efficacy, 5. Persuasion group 6. Self help 7. Medication therapy 8. Family problem solving 9. Cognitive behavioral skills training/counselor ■ Strategies used during action phase <ol style="list-style-type: none"> 1. Encourage and reinforce previous accomplishments 2. Further investigate and resolve barriers to treatment 3. Continue to educate clients into their role in the treatment process 4. Explore what clients expect from treatment and determine discrepancies 5. Prepare clients so that they know there may be some embarrassing, emotionally awkward, and uncomfortable moments but that such moments are a normal part of the recovery process 6. Increase congruence between intrinsic and extrinsic motivation 7. Examine noncompliant behavior in the context of ambivalence or dissatisfaction with treatment 8. Reach out to demonstrate continuing personal concern and interest to encourage clients to remain in the program 9. Help clients to recognize stressful situations <u>Stress management</u> 10. Engage clients in treatment and reinforce the importance of remaining in recovery 11. Track positive changes 12. Generate ideas for self-rewards 13. Support a realistic view of change through small steps 14. Acknowledge difficulties for clients in early stages of change 13. Help the client identify high-risk situations and develop appropriate coping strategies <u>revisit functional analysis , refusal skills</u> 14. Assist the client in finding new reinforcers of positive change

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<p><u>Stage of change:</u> <u>Maintenance</u></p> <p><u>Stage of treatment:</u> <u>Relapse prevention</u></p> <p>Client Conflict: These recent months of abstinence have made me feel that I'm progressing toward recovery, but I'm still wondering whether abstinence is really necessary.</p>	<p>Reinforce new skills that help maintain recovery and a healthy lifestyle</p> <p>PRINCIPLES</p> <ul style="list-style-type: none"> ■ Maintain rapport ■ Express empathy ■ Develop Discrepancy ■ Avoid argumentation ■ Roll with Resistance ■ Support Self-Efficacy ■ Client is responsible for change 	<ul style="list-style-type: none"> ■ Interventions <ol style="list-style-type: none"> 1. Crisis Interventions 2. Continued goal-setting: 3. Motivational counseling 4. Continue educate and support services to collaterals/family/peers/significant others 5. Practical skills training related to goal setting and self-efficacy, 6. Persuasion group 7. Self help 8. Medication therapy 9. Family problem solving 10. Cognitive behavioral skills training/counselor 11. Services to expand recovery to other areas 12. Develop relapse prevention plan, continuing skill training ■ Strategies used during maintenance stage <ol style="list-style-type: none"> 1. Clinicians can help this change process by using competing reinforcers. (A competing reinforcer is anything that clients enjoy that is or can become a healthy alternative to drugs or alcohol as a source of satisfaction. 2. Help the client identify and sample substance-free sources of pleasure – i.e., new reinforcers that will win out over substances over time. 3. Support lifestyle changes. 4. Affirm the client's resolve and self-efficacy. 5. Help the client practice and use new coping strategies to avoid a return to substance use 6. Maintain supportive contact 7. Identify risky situations <u>Relapse prevention plan</u> 8. Find their sources of support 9. Review and document progress towards long-term goals
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<p><u>Stage of change:</u> <u>Reoccurrence</u></p> <p><u>Stage of treatment:</u> <u>Relapse prevention</u></p>	<p>Get help to recover as quickly as possible and reenter the change process.</p>	<p>Review relapse prevention plan, continuing skill training, expanding recovery to other areas Help climbing interchange cycle and commend commitment towards positive change, explore experience and view as learning opportunity, assist in development of alternative coping strategies, maintain support of contact</p>