MODULE 3:
Motivation and Intervention

Preparation Checklist

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

❑ In addition to the materials listed in Getting Started, bring to the session the following:

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

Module 3 Overview

Module 3 Goal and Objectives

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

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

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

Content Timeline

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

5 minutes

OH #2-5

OH #3-1

Handout 3-1

Introduction

Welcome and Review

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

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

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

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

Module 3 Goal and Objectives

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

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

Briefly review the goal and objectives.

10 minutes

Handout 1-2

OH #3-2

30 minutes

Exercise: Readiness Ruler

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

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

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

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

Presentation: Elements of Effective Motivational Interventions, Part 1

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

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

OH #3-3

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

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

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

Display the newsprint you prepared titled Critical Elements.

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

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

The FRAMES Approach

Display the FRAMES newsprint page you prepared.

Refer participants to KAP Key 1, "The FRAMES Approach."

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

- ***F****eedback* about personal risk or impairment is given to the client following assessment of substance use patterns and associated problems.
- ***R****esponsibility* for change is placed squarely and explicitly on the client.
- ***A****dvice* about changing substance use is given clearly to the client by the clinician in a nonjudgmental manner.
- ***M****enus* of self-directed change options and treatment alternatives are offered to the client.
- ***E****mpathic counseling*—showing warmth, respect, and understanding—is emphasized.
- ***S****elf-efficacy* or optimistic empowerment is engendered in the client to encourage change.

Feedback

Note that—

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

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

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

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

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

Note that—

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

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

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

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

Responsibility

Note that motivational approaches—

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

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

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

Note responses on newsprint.

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

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

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

Advice

Explain that—

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

Emphasize that—

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

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

Explain that—

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

Note that—

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

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

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

Menu of options

Explain that—

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

Ask participants:

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

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

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

Ask participants:

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

Empathy

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

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

Emphasize that—

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

Explain that empathy usually entails—

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

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

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

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

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

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

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

Self-efficacy

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

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

Explain that, to succeed in changing, clients must—

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

Stress that clinicians help clients develop self-efficacy by—

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

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

15 minutes

Exercise: Reflective Listening

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

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

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

Explain that—

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

  For example:

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

  Clinician: Not remembering is kind of scary for you.

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

Explain that—

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

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

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

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

20 minutes

Presentation: Elements of Effective Motivational Interventions, Part 2

Ask participants to—

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

OH #3-4

Decisional Balance Exercises

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

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

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

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

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

OH #3-5

Discrepancies Between Personal Goals and Current Behavior

Explain that—

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

OH #3-6

Flexible Pacing

Explain that as discussed earlier—

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

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

Ask participants:

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

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

OH #3-7

Personal Contact With Clients Not in Treatment

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

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

Note that—

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

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

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

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

30 minutes

Exercise: Motivational Intervention and the Stages of Change

Introduction

OH #3-8

OH #3-9

OH #3-10

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

Note that clients in the—

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

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

Exercise Instructions

Tell participants that—

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

Divide the training group into three small groups.

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

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

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

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

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

Ask participants to work together in their groups to—

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

Once all the cards are attached to poster boards—

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

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

Ask whether participants have any questions or comments.

10 minutes

Summary and Review Brain Game

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

Ask them to stand together in a group.

Explain that—

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

Ask the following questions, throwing the ball each time:

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

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

Homework

Handout 3-2

Refer participants to Handout 3-2: Homework.

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

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

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

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

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

Reflective Listening Demonstration Script

Clinician: What else concerns you about your drinking?

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

Clinician: Too much for...?

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

Clinician: It messes up your thinking, your concentration.

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

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

Client: Well, I know it is sometimes.

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

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

Clinician: Wonder whether...?

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

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

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

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

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

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

Client: Yeah.

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

Motivational Intervention Cards

Support a realistic view of change through small steps	**Establish rapport, ask permission, build trust**
Summarize self-motivational statements	**Provide personalized assessment feedback**

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

Offer factual information about the risks of substance use	**Offer a menu of options for change or treatment**
Normalize ambivalence	**Negotiate a change plan and behavior contract**

Help the client enlist social support	**Help the client reenter the change cycle**
Help the client identify high-risk situations and develop coping strategies	**Help a significant other intervene**

Have the client publicly announce plans to change	**Express concern; keep the door open**
Maintain supportive contact	**Help the client practice and use new coping strategies**

Explore the pros and cons of substance use	**Explore the meaning and reality of recurrence**
Examine the client's personal values regarding change	**Elicit the client's perceptions of the problem**

Elicit self-motivational statements of intent and commitment	**Elicit the client's perceived self-efficacy and treatment expectations**
Elicit from the client change strategies that have worked in the past	**Develop a plan with the client for handling relapse**

Consider and lower barriers to change	**Commend any willingness to reconsider positive change**
Clarify the client's own goals and change strategies	**Help the client develop alternative coping strategies**

Affirm the client's resolve and self-efficacy	**Acknowledge the difficulties of change**
Support lifestyle changes	**Assist the client in finding new reinforcers of positive change**

Handout 3-1: Module 3 Goal and Objectives

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

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

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

Handout 3-2: Homework

Read

You can enhance your training experience by reading chapter 2 of TIP 35, particularly—

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

Practice

During the time between sessions, *consciously* use simple reflective listening with your clients.

Although you use reflective listening frequently, this exercise helps you become aware of how you use it, how effectively you use it, and how clients respond.

Jot down a few notes about your experiences to prepare for discussing them in Module 4.