MODULE 6: From Precontemplation to Contemplation—Building Readiness

Preparation Checklist

- ❑ Review Getting Started (page 6) for preparation information.
- ❑ Preview Module 6, including handouts.
- ❑ Post on the training room wall the Class Rules and all the newsprint pages generated during Module 5.
- ❑ Review pages 57–64 and pages 80–82 in TIP 35 chapter 4.
- ❑ In addition to the materials listed in Getting Started, bring to the session the following:
  - 12 pieces of poster board (optional);
  - One package of colored construction paper;
  - Several glue sticks;
  - Copies (one for each participant) of all instruments the participants' program uses to assess client readiness for change;
  - Several copies of two or three pieces of literature the participants' program distributes to new clients (e.g., program brochure, educational materials); and
  - A timer (optional).

Module 6 Overview

Module 6 Goal and Objectives

Goal: To provide an overview of and practice using motivational enhancement strategies helpful for working with clients in the precontemplation stage of change.

Objectives: Participants who complete Module 6 will be able to—

- Identify three ways to engage a client who is in the precontemplation stage of change;
- Identify five ways to establish rapport and trust with clients;
- Explain four ways to explore effectively with clients the events that precipitated their entry into treatment;
- Explain two ways to establish rapport and trust with clients coerced into treatment; and
- Identify and describe five gentle strategies to use with precontemplators.

Content Timeline

Introduction	15 minutes
Presentation: Raising the Topic of Change (from TIP 35, chapter 4, pages 58–61). The "egg model" on page 197 is courtesy of Steven Gilbertson, M.A., LPC, CAC III.	20 minutes
Exercise: Engaging the Precontemplator—Role Play	30 minutes
Small-Group Presentations: Gentle Strategies To Use With Precontemplators (from TIP 35, chapter 4, pages 62–64)	55 minutes
Total Time	2 hours

15 minutes

OH #6-1

Introduction

Welcome and Review

Welcome participants as they enter the room, and ask them to review Module 5 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 5.

Tell participants that they now will share the experiences they had with the practice homework assignments given in Module 5.

Ask participants to review the paragraphs they wrote and to find partners.

Tell participants that they have about 10 minutes to talk with their partners about their experiences.

Encourage partners to use reflective listening as they listen to each other.

Handout 6-1

Module 6 Goal and Objectives

Give participants Handout 6-1: Module 6 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.

20 minutes

Presentation: Raising the Topic of Change

The Precontemplator

Note that, according to the stages of change model—

- Those who are not yet concerned about their substance use and are not considering change are in the precontemplation stage.
- This is true no matter how much and how frequently they use alcohol or drugs or how serious their substance use-related problems are.
- These people may remain in the precontemplation or early contemplation stage for years, rarely or never considering change.

Explain that, by definition, no one at the precontemplation stage willingly walks into a substance abuse treatment program without some reservations, but people who are at this stage are sent to or bring themselves to treatment programs.

Ask participants: What are some examples of situations that tend to bring clients in the precontemplation stage into your program?

Note the following situations (if not already mentioned) that might bring a person in this stage into a treatment program:

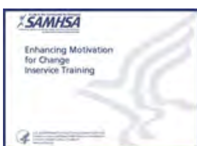
- A college coach refers an athlete for treatment after the athlete tests positive for cocaine.

- A wife is desperate about her husband's drinking and insists she will file for divorce unless he seeks treatment.
- A tenant is displaced from a Federal housing project for substance use.
- A driver is referred for treatment by the court for driving while intoxicated.
- A woman tests positive for substances during a prenatal visit to a public health clinic.
- An employer sends an employee whose job performance has deteriorated to the company's employee assistance program, and the employee subsequently is referred for substance abuse treatment.
- A physician in an emergency department treats a driver involved in a serious auto accident and discovers alcohol in the driver's system.
- A family physician finds physical symptoms in a patient that indicate alcohol dependence and suggests treatment.
- A mother whose children have been taken into custody by a children's protective services agency because they are neglected is told she cannot get them back until she stops using substances and seeks treatment.

Note that in each situation—

- Those with an important relationship to the person who uses substances have stated that the substance use is risky, dangerous, aberrant, or harmful to the person they care about or others.
- The responses of the person who uses substances depend, in part, on the person's perception of the circumstances as well as the manner in which the facts are presented.

Engaging the Precontemplation-Stage Client



OH #6-2

Note that in opening sessions with the precontemplation-stage client, it is particularly important that the clinician take time to—

- Establish rapport and trust;
- Explore events that precipitated treatment entry; and
- Commend the client for entering treatment.

Discuss each of the statements listed above.

Establish rapport and trust

Explain that, before raising the topic of change with people who are not thinking about it, the clinician needs to create a safe and supportive environment in which clients can feel comfortable.

Note that to foster rapport the clinician can—

- Show respect for clients when bringing up the topic of change;
- Explain that the clinician will not tell clients what to do or whether and how to change;
- Tell clients that the clinician will be asking them to do most of the talking and to give their perspective about both what is happening in their life and how clients feel about it;
- Invite comments about what clients expect or hope to achieve; and

- Tell clients something about how the clinician or the clinician's program operates and how the clinician and clients can work together. For example, the clinician can—
  - State how long the session will last and what the clinician expects to accomplish both now and over a specified time;
  - Specify what assessments or other formal arrangements will be needed, if appropriate;
  - Discuss confidentiality issues, telling clients which information will be kept private, which can be released with permission, and which must be sent back to a referring agency; and
  - Try not to overwhelm new clients at this point with all the rules and regulations of the program.

Explore the events that precipitated treatment entry

Note that clients referred to treatment—

- Exhibit a range of emotions associated with the experiences that brought them to counseling—an arrest, a confrontation with a spouse or employer, or a health crisis; and
- Enter treatment shaken, angry, withdrawn, ashamed, terrified, or relieved—often experiencing a combination of feelings.

Emphasize that strong emotions can block change if the clinician does not acknowledge them through reflective listening.

Present the egg model. To explain this concept, draw an egg shape on newsprint and—

- Explain that the egg represents a person's capacity for change.
- Shade (with your marker) the hollow space inside the egg almost to the top.
- Explain that the filled-in portion represents emotional content and the space at the top represents the person's remaining capacity for logical decisionmaking.
- Explain that reflective listening drains the egg to create more capacity for the person to hear outside and internal information that can help lead to change.
- Draw another egg and shade it a little less than halfway.

Note that—

- The situation that led an individual to treatment can increase *or* decrease defensiveness about change.
- It is important that initial dialog be grounded in the client's recent experience and that the clinician take advantage of opportunities to increase motivation. For example,
  - An athlete is likely to be concerned about his or her continued participation in sports and athletic performance.
  - An employee may want to keep his or her job.
  - An arrested driver probably is worried about the possibility of losing driving privileges, going to jail, or injuring someone.
  - A pregnant woman wants a healthy child.

Note that clients—

- Sometimes blame the referring source or someone else for coercing them into counseling; and
- Often believe that this individual or agency does not view the situation accurately.

Emphasize that to find ways to motivate change, the clinician needs to ascertain what the client sees and believes is true.

- Example 1
  - If a client's wife has insisted he begin treatment and the client denies any problem, the clinician might ask the client, "What kind of things seem to bother your wife?" or "What do you think makes her believe there is a problem associated with your drinking?"
  - If the wife's perceptions are inconsistent with the client's, the clinician may suggest that the wife come to treatment so that differences can be understood better.
- Example 2
  - If a client thinks a probation officer is the problem, the clinician can ask, "Why do you think your probation officer believes you have a problem?"
  - This sort of question—
    - Allows the client to express the problem from the perspective of the referring party; and
    - Provides the clinician with an opportunity to encourage the client to acknowledge any truth in the other party's account.

Remind participants that, to establish rapport, it also is important to use all the strategies for early sessions described in Module 5:

- Ask open-ended questions;
- Listen reflectively;
- Summarize;
- Affirm; and
- Elicit or reinforce self-motivational statements.

Commend clients for entering treatment

Note that clients referred for treatment may feel they have little control in the process.

Emphasize that whatever clients' expectations, the clinician needs to affirm clients' courage in coming by saying, "I'm impressed you made the effort to get here."

Note that the clinician can—

- Praise clients' demonstrations of responsibility, increasing their confidence that change is possible;
- Intimate that coming to counseling shows that clients have some investment in the topic and an interest in change—
  - For example, the clinician can commend a mother's decision to come to treatment rather than risk losing custody of her child by saying, "You must care very much about your child."

Emphasize that such affirmations subtly indicate to clients that they are capable of making good choices in their best interest.

Coerced Clients: Special Considerations

Emphasize that, although generalizations are difficult to make from a number of separate studies (see page 80 in TIP 35 for references),

- Legal status at treatment entry does not seem to be related to treatment success.
- Mandated clients generally respond as well as those who are self-referred.
- The clinician's challenge is to engage coerced clients in the treatment process.

Note that—

- Coerced clients arrive with particularly strong emotions as a result of the referral process and the consequences they will face if they do not succeed in changing behavior they may not believe is a problem.
- The clinician must keep in mind that the client's perceptions may be accurate.
- In spite of these obstacles, coerced clients are at least as amenable to a motivational counseling style as any other client.

OH #6-3

Explain that the clinician may have to spend the first session with a coerced client "decontaminating" the referral process; some clinicians say explicitly, "I'm sorry you came through the door this way."

Note that important principles to keep in mind include—

- Honor the client's anger and sense of dehumanization;
- Avoid assumptions about the type of treatment needed; and
- Make it clear that the clinician will help the client derive what the client perceives is needed and useful out of their time together.

Emphasize that a critical requirement in working with coerced clients is establishing what information will be shared with the referring agency. The clinician should—

- Formalize confidentiality arrangements with both the client and the referring agency through a written consent for release of information that adheres to Federal confidentiality regulations;
- Inform clients about exactly what information (e.g., attendance, urine test results, treatment participation) will be released and to whom;
- Ensure that clients understand what choices they have about the information to be released and what choices are not the clinician's or clients' to make (e.g., information related to child abuse or neglect); and
- Take into account the role of the client's defense attorney (if any) in releasing information.

Ask participants for comments and questions regarding working with coerced clients, and facilitate discussion.

Allow sufficient time for discussion; it is important to address the seeming contradictions between the spirit of motivational approaches and the realities of working with coerced clients.

---

30 minutes

Handout 6-2

Exercise: Engaging the Precontemplator—Role Play

Client scenarios are provided for this exercise. If you have the time, you could allow participants to create their own scenarios. This would allow them to practice with scenarios that may be more consistent with their particular client population.

Divide the training group into small groups of three participants each.

Refer participants to Handout 6-2: Engaging Precontemplators—Role Play.

Review the instructions with participants.

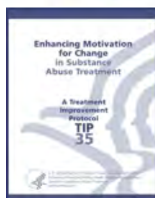
Allow the groups several minutes to decide who will play which role and to review the client scenarios.

Walk around the room and observe the role plays, providing assistance when it is needed.

Keep time and announce each 5-minute increment (using a timer will free you to observe the role plays without fear of losing track of time).

When groups have completed their role plays, ask participants to share with the whole group any thoughts they have or anything they learned.

55 minutes



Small-Group Presentations: Gentle Strategies To Use With Precontemplators

Divide the training group into four small groups (if necessary, dyads will work).

Refer participants to pages 62–64 in TIP 35, “Gentle Strategies To Use With the Precontemplator,” and tell them that they will create group presentations on the strategies.

Give each group three or four pieces of poster board (or newsprint), and put the construction paper, glue sticks, and colored makers in a central location.

Assign each group one of four strategies:

1. Agree on Direction;
2. Assess Readiness To Change;
3. Provide Information About the Effects and Risks of Substance Use **combined with** Use Motivational Language in Written Materials; or
4. Create Doubt and Evoke Concern.

Tell participants to work as a group to put together a presentation on their topic, using the TIP as their resource.

Give group members working on Assess Readiness To Change (strategy 2) copies of instruments the participants’ program uses to assess client readiness (as additional resources for their presentation).

Give group members working on strategy 3 copies of program materials. Ask them to review the materials for motivational (or nonmotivational) language as part of their presentation.

Encourage the groups to be creative and, in addition to creating posters, to design brief (1- to 2-minute) role plays illustrating their topic.

Tell participants that they will have 30 minutes to create their presentations.

Walk around the room and observe, providing assistance when it is needed and affirming participants whenever you hear comments consistent with motivational enhancement.

After 30 minutes, ask each group to make its presentation.

Encourage the whole training group to ask questions and make comments.

Summarize the presentations.

Homework

Handout 6-3

Refer participants to Handout 6-3: Homework.

Ask participants to read

- Pages 81–82 in TIP 35, "An Opening Dialog With a Coerced Client"; and
- Pages 71–79 in TIP 35, "Intervene Through Significant Others."

Ask each participant to complete the following practice exercises before the next session.

Assignment 1

- Conduct first sessions with two new clients, using appropriate motivational strategies.
- Audiotape or videotape the sessions, and then review the tapes with a supervisor (or use live supervision).
- Write brief paragraphs about each experience.

Note: If it is not possible to audiotape or videotape sessions, write a more extensive description of one session and review it with a supervisor as soon after the session as possible.

Assignment 2

- Arrange with a supervisor to observe and then discuss two sessions (conducted by a clinician experienced in motivational enhancement techniques) that include a client's significant other.
- Write brief paragraphs about each experience.

Handout 6-1: Module 6 Goal and Objectives

Goal: To provide an overview of and practice using motivational enhancement strategies helpful for working with clients in the precontemplation stage of change.

Objectives: Participants who complete Module 6 will be able to—

- Identify three ways to engage clients who are in the precontemplation stage of change;
- Identify five ways to establish rapport and trust with clients;
- Explain four ways to explore effectively with clients the events that precipitated their entry into treatment;
- Explain two ways to establish rapport and trust with clients coerced into treatment; and
- Identify and describe five gentle strategies to use with precontemplators.

Handout 6-2: Engaging Precontemplators—Role Play

Introduction

In this small-group exercise, you will spend 5 minutes in each of three roles:

- Clinician;
- Client; and
- Observer.

After each 5-minute role play, you will spend 5 minutes processing the experience.

Choose a “client” scenario from the three below.

Instructions: Part 1

In this part of the exercise, the “clinician” greets and spends 5 minutes with a new “client” in a way the “clinician” thinks will guarantee that the two will *not* establish rapport and trust. Have fun with this.

After each 5-minute role play, process the experience as follows:

The “client” shares—

- Any feelings that arose in response to the “clinician”; and
- His or her level of engagement and desire to continue treatment (as the “client”).

The “observer” shares—

- “Clinician” behaviors observed that seemed to ensure that the clinician would *not* develop rapport with the client, and why;
- What responses from the “client” the “observer” observed; and
- Any other observations about the process.

The “clinician” shares any observations about the process.

Instructions: Part 2

In this part of the exercise, the “clinician” greets and spends 5 minutes with the “client” in a manner that will establish rapport and trust and engage the “client” in the process.

After each 5-minute role play, process the experience as follows:

The “client” shares—

- Any feelings that arose in response to the “clinician”; and
- His or her level of engagement and desire to continue treatment (as the “client”).

The “observer” shares—

- What appeared to be particularly effective;
- What responses from the “client” were observed; and
- Any other observations about the process.

The “clinician” shares any observations about the process.

Use reflective listening and affirming in processing.

Client Scenarios

Scenario 1: Sam

You are 35 years old and married to Molly; you have one child, Sara. You work full time in what you consider a stressful but rewarding profession. You have been spending increasing amounts of time drinking in clubs with your friends and have experienced blackouts on occasion. You tried cocaine for the first time 3 months ago and have been using it more and more frequently. You have been late to work several times and have started staying home “sick” 1 or 2 Mondays a month. You and Molly have been fighting more and more over your alcohol use and “partying” although she doesn’t know that you’ve been using cocaine. She had threatened several times to leave you because of your alcohol use. She actually took Sara and went to her sister’s house last month and is refusing to come back until you get help for your drinking. You think that your wife is overreacting to your “having fun” with your friends and relaxing, but her leaving scared you into making an appointment at a local treatment program. You think treatment is ridiculous, and you are angry about being here, but your family is very important to you, and you don’t know what you’d do if you lost them.

Scenario 2: Maria

You are 17 years old and living at home with your mother and your stepfather. You started smoking marijuana at age 14, when your parents divorced. You have continued smoking regularly and started drinking this year. You have been arrested for shoplifting beer and are now on probation. You started staying out all night on occasion this past year, and your mother is frantic. Your stepfather has “had it with you,” and you fight with him constantly. You think that what you do with your friends is none of his business. Your family is very religious, and everyone goes to church together on Sundays. You tested positive for marijuana at your last probation visit, and your probation officer referred you to a treatment program. You really don’t think you need treatment, but your mother is very upset, and your probation officer has threatened detention, so you agreed to go.

Scenario 3: Darryl

You are 45 years old and divorced, with two teenaged sons whom you rarely see. You were just arrested for your second driving while intoxicated charge, with a blood alcohol level of 0.29. The first time you were arrested, you attended an alcohol education program but continued to drink. This time, you were involved in an accident, lost your driver’s license, and have been court ordered into treatment. After the accident, you were treated for minor injuries in the emergency room, and doctors noticed that you had an enlarged liver. Since then you have been seen in a local medical clinic and were told that you have some liver damage, most likely related to your drinking. You don’t think that’s a big deal; you feel just fine. Anyway, all of your friends and most of your relatives drink, and quitting is just not anything you want to consider.

Handout 6-3: Homework

Read—

- Pages 81–82 in TIP 35, "An Opening Dialog With a Coerced Client";
- Pages 71–79 in TIP 35, "Intervene Through Significant Others."

Complete the following practice assignments before the next session.

Assignment 1

- Conduct first sessions with two new clients, using appropriate motivational strategies.
- Audiotape or videotape the sessions, and then review the tapes with a supervisor (or use live supervision).
- Write brief paragraphs about each experience.

Note: If it is not possible to audiotape or videotape sessions, write a more extensive description of one session, and review it with a supervisor as soon after the session as possible.

Assignment 2

- Arrange with a supervisor to observe and then discuss two sessions (conducted by a clinician experienced in motivational enhancement techniques) that include a client's significant other.
- Write brief paragraphs about each experience.