

MODULE 7: From Contemplation to Preparation—Increasing Commitment

Preparation Checklist

- Review Getting Started (page 6) for preparation information.
- Preview Module 7, including handouts.
- Post on the training room wall the Class Rules and all the newsprint pages and posters generated during Module 6.
- Prepare newsprint titled Decisional Balancing Strategies, and list the following:
 - Summarize concerns;
 - Normalize ambivalence;
 - Reintroduce feedback;
 - Examine clients' understanding of change and expectations of treatment;
 - Reexplore values in relation to change; and
 - Explore specific benefits and costs.
- In addition to the materials listed in Getting Started, bring to the session the following:
 - Nine pieces of poster board (optional);
 - One package of colored construction paper;
 - Several glue sticks;
 - Copies of any forms the participants' program uses for decisional balance exercises (such as benefits and costs worksheets); and
 - A timer (optional).

Module 7 Overview

Module 7 Goal and Objectives

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

Objectives: Participants who complete Module 7 will be able to—

- Identify five strategies that help a client identify and strengthen his or her intrinsic motivation;
- Explain the concept of decisional balancing;
- Explain six decisional balancing strategies; and
- Describe the role of personal choice and responsibility in treatment.

Content Timeline

Introduction	15 minutes
Presentation: Tipping the Decisional Balance (from TIP 35, chapter 5, pages 86–90)	15 minutes
Exercise: Decisional Balancing—Benefits and Costs Worksheet	30 minutes
Small-Group Presentations: Emphasizing Personal Choice and Responsibility (from TIP 35, chapter 5, pages 90–95)	60 minutes
Total Time	2 hours



15 minutes



OH #7-1



Handout 7-1



15 minutes

Introduction

Welcome and Review

Welcome participants as they enter the room, and ask them to review Module 6 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 6.

Tell participants that they now will share the experiences they had with the practice homework assignments given in Module 6.

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.

Module 7 Goal and Objectives

Give participants Handout 7-1: Module 7 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.

Presentation: Tipping the Decisional Balance

Changing Extrinsic Motivation to Intrinsic Motivation for Change

Note that—

- Although extrinsic (external) motivators can be useful in bringing clients into treatment and increasing retention, intrinsic (internal) motivation is important for significant, lasting change.
- Intrinsic motivation often begins when clients recognize discrepancies between where they are and where they want to be.

Explain that—

- Helping clients change extrinsic to intrinsic motivation for change is an important part of helping them move from contemplating change to deciding to act.
- Untapped intrinsic motivation may be discovered even in clients who seem unlikely to become self-motivating.



OH #7-2

Ask participants: What are some examples of extrinsic motivations for change?

Note responses on newsprint.

Note that to help clients identify and strengthen their intrinsic motivation the clinician—

- Shows curiosity about clients and maintains this attention over time;
- Does not wait for clients to talk spontaneously about their troubles or capabilities but rather shows interest in the full range of concerns clients have about their lives, not just substance use;
- Identifies aspects of clients' lives in which they are particularly skilled or knowledgeable and asks how substance use affects these areas of their lives;
- Reframes clients' negative statements about perceived coercion by reexpressing their resentment with a positive connotation; for example, reinterpreting a client's hostility toward his wife who is threatening to leave him as a manifestation of his continued caring and investment in the marriage; and
- Starts with the client's current situation and finds a natural link between external and intrinsic motivators.

Decisional Balancing Strategies

Note that—

- In moving toward any decision, most people weigh the costs and benefits of the action being contemplated.
- In motivational enhancement approaches, these considerations are known as *decisional balancing*, a process of cognitively appraising or evaluating the "good" aspects of substance use—the reasons *not* to change—and the less good aspects—the reasons *to* change.

Explain that decisional balancing strategies can help—

- Accentuate the consequences of the client's substance use;
- Lessen the perceived rewards of substance use;
- Make the benefits of change apparent; and
- Identify and develop ways to alleviate, if possible, potential obstacles to change.

Display the Decisional Balancing Strategies newsprint page, and read through the list.

Describe the strategies.

Summarize concerns

Explain that—

- The clinician gains important information for influencing a client's decisional balance by successfully eliciting the client's concerns while providing personalized feedback after an assessment or while exploring intrinsic and extrinsic motivations.



OH #7-3

- A first step in helping the client weigh the benefits and costs of change is to organize the client's concerns and present them to the client in a careful summary that—
 - Expresses empathy;
 - Develops discrepancy; and
 - Weights the balance toward change.
- The clinician should conclude the summary by asking clients whether they agree that their concerns are identified.

Normalize ambivalence

Emphasize that clients engaged in decisional balance exercises often feel themselves moving closer than they ever may have ventured to a decision to change longstanding behavior and, therefore, closer to inner conflict and doubt about whether they can or want to change.

Note that important strategies to normalize ambivalence at this point are to reassure the client that—

- Conflicting feelings, uncertainties, and reservations are common.
- Many former clients have experienced similar strong ambivalence at this stage, even when they believed they had coped with most of their mixed feelings and were nearing a decision.
- Many other people who have reached this point and seemed suddenly to lose their nerve have been able to recover their impetus by continuing to explore and discuss their concerns.

Reintroduce feedback

Explain that—

- It is important for the clinician to continue to use assessment results to influence clients' decisional considerations.
- Objective medical, social, and neuropsychological feedback from the assessment prompts many clients to contemplate change.
- By reintroducing objective assessment data, the clinician reminds clients of their earlier insights into the need for change.
- For example, a client may be motivated intrinsically to stop excessive drinking because of health concerns, yet be overwhelmed by fear that quitting will prove impossible. Reintroducing feedback from a client's medical assessment about the risk of serious liver damage or a family history of heart disease could add significant weight to the "change" side of the client's decisional balance.

Examine clients' understanding of change and expectations of treatment

Emphasize that it is important to understand what change means to clients and what their expectations of treatment are.

Note that—

- Some clients believe that quitting substance use means changing their entire lives—moving from their neighborhood or severing ties with all their friends and, in some cases, even their family.
- Some believe they have to change everything overnight—an overwhelming prospect.
- Some may think treatment involves stays of several weeks in an inpatient program or even longer sojourns in a residential treatment facility or confrontation by the leader of a therapy group to “break them down,” as in boot camp.
- Other clients have been in numerous treatment programs and the very idea of treatment—of another attempt to change—connotes failure.

Ask participants: What expectations about change or treatment have your clients expressed?

Note that clients in this stage may—

- Become defensive if pushed to commit to change before they are ready or if their goals conflict with the clinician’s; and
- Express resistance in behavior rather than words, for example, by missing appointments.

Emphasize that resistant behavior signals the clinician to evaluate whether the clinician and the client have different perspectives or goals.

Emphasize that listening carefully to the client’s ideas about change can give the clinician an idea of which movements toward change might be negotiable and which are not at this time. For example, a client might state strongly that he—

- Could never move from his neighborhood, a well-known drug market, because his family is there;
- Will not consider attending Alcoholics Anonymous meetings; and
- Will consider getting treatment only in a therapeutic community because all other options have failed in the past.

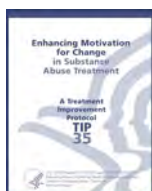
Note that exploration of treatment expectations provides the clinician with an opportunity to

- Introduce information about treatment; and
- Begin a preliminary discussion with clients about available options.

Note that when clients’ expectations about treatment correspond to what actually happens in treatment, they have better outcomes (see pages 88–89 in TIP 35 for reference).

Emphasize that the clinician needs to be aware of clients’ feelings of loss and grief for several reasons:

- Giving up a way of life can be a loss as intense as the loss of a close friend; many clients need time for grieving.
- Clients have to acknowledge and mourn this loss before they are ready to move on and build a strong attachment to abstinence.
- Pushing clients too fast toward change ultimately can weaken their determination.
- Patience and empathy are reassuring at this time.
- The clinician can help clients believe that their losses will be replaced by gains.



Reexplore values in relation to change

Note that decisional balance exercises help clients explore and articulate their values and connect these values to positive change.

Emphasize that clients' values are reflected in both their reasons for changing and their reasons for not changing. For example,

- A young woman who comes from a family of high achievers with a work ethic may wish to return to those values by finishing high school and becoming financially independent.
- An adolescent involved in drug dealing with a gang in his neighborhood may see the option of leaving the gang as nonnegotiable because of his loyalty to the other members. Loyalty and belonging are important values to him, and the clinician can relate them to other groups that can inspire similar allegiance—such as a sports team—organizations that create a sense of belonging and reflect his core values.

Note that—

- Hearing themselves articulate their core values helps clients increase their commitment to positive change.
- Framing the process of change within the larger context of values shared with their family, community, and culture may make it easier for clients to contemplate change.

Explore specific benefits and costs

Emphasize that weighing benefits and costs of substance use and of change is at the heart of decisional balance work.

Note that—

- Some clinicians ask clients to write the benefits and costs in a two-column list.
- Compiling this list can be assigned as homework and discussed during the session, or the list can be generated during a session.
- Some programs use a worksheet for listing benefits and costs of both changing and not changing. The clinician files the original for use in a later session and gives the client a copy of the list to take home.

Give participants a copy of their program's benefits and costs worksheet or Handout 7-2: Decisional Balancing—Benefits and Costs Worksheet.

Explain that—

- A written list helps some clients quantify the factors in the decision.
- Seeing a long list of reasons to change and a short list of reasons not to change may motivate them to change.
- However, a long list of reasons not to change and a short list of reasons to change can indicate how much work still must be done and can avert premature decisionmaking.



Handout 7-2

Emphasize that—

- Quantity is not the only determinant.
- Many clients find that one or two reasons not to change counterbalance the weight of a dozen reasons to change, creating powerful ambivalence.
- It can be helpful to ask clients to mark their most important reasons for and against change.
- Knowledge about the strength of each opposing force is important.
- The reasons for and against continuing substance use—or the negative and positive aspects of change—are highly individual and emotional rather than rational.
- Factors that shift the balance toward positive change for one person may scarcely matter to another.
- The value or weight given to a particular item in this inventory of benefits and costs is likely to change over time.

Note that encouraging clients to clarify and state openly their attraction to substances can be useful because—

- They seldom have a chance in treatment programs to examine what they like or enjoy about substance use.
- Asking clients to express what they like about substance use establishes rapport and reassures the client of the clinician's nonjudgmental perspective and that the clinician is knowledgeable about substance use.
- Starting with positive aspects of substance use also seems to lead clients spontaneously to discussing what is *less good* about substance use.

Note that information about why substance use is attractive also is helpful for judging the client's degree of commitment and sense of self-efficacy. For example,

- Some clients may enjoy little about substance use, and their ambivalence stems from a strong belief that they cannot change.
- The approach taken with such a client will be different from that taken with a client who describes substance use in highly attractive terms and has few reasons to change.

Emphasize that although a client may initially list few reasons for wanting to change—

- Each reason is important and should be explored and addressed.
- Reviewing the client's intrinsic motivators may elicit more items for the positive side of the balance sheet.

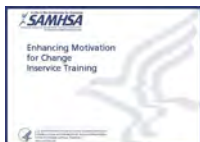
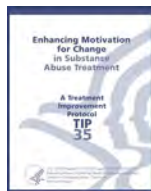
Summarize

Refer participants to page 91 in TIP 35, Figure 5-2: Recapitulation.

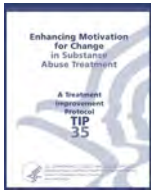
Explain that it is important to summarize for the client after decisional balance exercises.

Note that the purpose of the summary is to—

- Draw together as many reasons for change as possible; and
- Acknowledge the client's reluctance or ambivalence.



OH #7-4



30 minutes



Note that the recapitulation should include the elements listed in Figure 5-2 (review the elements).

Ask participants to turn to page 92 in TIP 35, Figure 5-3: Key Questions, and discuss the questions listed in the figure.

Exercise: Decisional Balancing—Benefits and Costs Worksheet

Tell participants that they now will complete Handout 7-2: Decisional Balancing—Benefits and Costs Worksheet.

Ask participants to find partners.

Explain that the partners will take turns assisting each other in completing the worksheet.

Ask participants to think of an area of their life in which they have been contemplating making a change. For example,

- Starting a diet or exercise program;
- Going back to school; or
- Moving to a new home.

Caution participants *not* to use work-related or personal situations, such as considering separation from a spouse.

Tell participants that, if they are uncomfortable using a real situation, they can make one up.

Give participants 3 or 4 minutes to think of a change situation, then tell them that each person will have 10 minutes in each role.

Tell participants that the person assisting the other should use motivational skills as appropriate, such as—

- Reflective listening;
- Eliciting self-motivational statements;
- Normalizing ambivalence; and
- Summarizing.

Walk around the room and observe, providing assistance when it is needed and affirming participants as appropriate.

Keep time and announce each 10-minute increment (using a timer will free you to observe without losing track of time).

When the partners have completed the exercise, ask participants to share with the whole group thoughts they have or what they have learned.



60 minutes

Small-Group Presentations: Emphasizing Personal Choice and Responsibility

Explain that—

- Consistent messages throughout motivational enhancement approaches are the client’s responsibility and freedom of choice.
- The clinician’s role is to *help* clients make choices that are in their best interests.

Note that by the contemplation stage the client should be accustomed to hearing from the clinician statements such as—

- “It’s up to you what to do about this.”
- “No one can decide for you.”
- “No one can change your drug use for you. Only you can.”
- “You can decide to continue drinking or to stop.”

Emphasize that the clinician’s tone is critical:

- These types of statements must be made sincerely.
- Any hint of sarcasm will negate the desired effect.

Tell participants that they now will prepare small-group presentations on elements of motivational enhancement in which personal choice and responsibility are particularly relevant.

Divide the training group into three small groups.

Refer participants to pages 90–95 in TIP 35, “Emphasizing Personal Choice and Responsibility.”

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 three topics:

- Exploring and setting goals;
- Goal sampling and experimenting; or
- Enhancing commitment in the late preparation stage.

Tell participants to work in their groups to create a presentation on their topic, using the TIP as their resource.

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

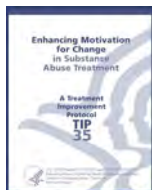
Tell participants that they will have 30 minutes to create their presentation.

Observe and assist the groups as needed.

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

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

Summarize the presentations.





Handout 7-3

Homework

Refer participants to Handout 7-3: Homework.

Ask participants to read—

- Page 93 in TIP 35, “When Goals Collide”; and
- Pages 95–96 in TIP 35, “The Importance of Self-Efficacy.”

Ask participants to complete the following assignments before the next session.

Assignment 1

Participants arrange with their supervisor to—

- Observe (if possible) a counseling session conducted by an experienced clinician using decisional balancing strategies; and
- Write a summary of the session and discuss it with their supervisor.

Assignment 2

Participants—

- Consult with their supervisor to identify a client on their caseload who is in the appropriate stage of change for decisional balancing exercises; and
- Conduct a session with the client (with live supervision), and use decisional balancing strategies, including a benefits and costs worksheet.

If live supervision is not an option, participants do one of the following:

- Audiotape or videotape the session and review the tape with their supervisor; or
- Write a detailed summary of the session and review it with their supervisor as soon after the session as possible.

