




Improving Treatment Retention for Women

Motivational Approaches

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Change is HARD for everyone!



Stages of Change



- **Pre-contemplation**
- **Contemplation**
- **Preparation**
- **Action**
- **Maintenance**

Regardless of approach or philosophy, there are service and intervention opportunities appropriate for each stage.

Stages of change from Prochaska and DiClemente, 1984.

Stages of Change



Pre-contemplation

"All people do is nag me about leaving him. If people would just leave us alone, we would be fine."

Contemplation

"I can't say clean if I stay in this relationship. I've got to find a way to get out on my own."

Preparation

"I think I can try this. I've called a few places and I have an appointment."

Action

"I went to my appointment and I am going to go again on Thursday."

Maintenance

"This is really scary. They say it will get better if I just hang in there."

Relapse

"I don't know why I keep doing this. I do okay for awhile and then I just feel bad and go back....."

Motivation



Motivation: n. The psychological feature that arouses an organism to action toward a desired goal; the reason for the action; that which gives purpose and direction to behavior.

Motivate: v. To give an incentive for action.

- **Motivation increases the probability a person will enter treatment**
- **Motivation enhancement is associated with better outcomes**
- **Motivation is a key to change**

Definitions from Wordnet, Princeton University, 2003

Motivation



- **Motivation is:**
 - **dynamic and fluctuates**
 - **multi-dimensional - multiple change needs, multiple motivations**
 - **interactive and relational**
- **People move back and forth between the stages of change.**

Enhancing Motivation



- **Distress levels**
- **Critical life events**
- **Cognitive evaluation or appraisal**
- **Recognizing negative consequences**
- **Positive and negative external incentives**


- **Clinician's task is to elicit and enhance motivation**

Source: SAMHSA TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment


Exercise 1: Personal Reflection




- Did you make a New Year's resolution or other self-promise to change?
 - Have you kept it?
 - If yes, has it been easy? If no, why not?
- Recall a major change you have made in your life.
 - What helped you make this change?
 - Do the stages of change apply to your experience?



You cannot force someone to change, but you can encourage and support them.



Life Complications that Challenge Success



- **No Self-Efficacy or Self-Esteem**
- **Current and/or Childhood Trauma and Violence**
- **Co-Occurring Mental Health Problems, PTSD**
- **Felony Convictions, Parole Requirements**
- **Grief**
- **Health Concerns, HIV status, Hepatitis C**
- **Low Literacy, Education, Job Experience**
- **Intergenerational Cycle**
- **Partners who Encourage Use**
- **No Healthy Role Models or People who Listen**

Other Challenges



- **Low Self-Efficacy, Self-Esteem, Self-Image**
- **Self-Loathing, Guilt and Shame**
- **Reactive Thinking – Do not see options and alternatives**
- **Poor Planning/Follow-Through – may have cognitive impairments**
- **Little Discipline Accompanied by an Expectation of Failure**
- **Manipulative Behavior and Lack of Trust**

Motivational Approaches



- **Motivational Interviewing**
 - A brief behavior-change intervention; evidence-based approach
- **Motivational Enhancements and Motivational Counseling**
 - Ongoing methods of integrating; motivation to enhance treatment outcomes; evidence-based approach
- **Strength-Based Case Management**
 - A comparable case management approach

Motivational Interviewing Skills

- **Express empathy through reflective listening**
- **Develop discrepancy between client's goals or values and their current behavior**
- **Avoid argument and direct confrontation**
- **Adjust to client resistance rather than opposing it directly**
- **Support self-efficacy and optimism**

Source: SAMHSA TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment

Listening

- For many clients, you are the only one they may talk to
- Put yourself in someone else's shoes
- Empathy is not the same as sympathy
- Non-judgmental
- Repeat what you hear (paraphrase)
- Nod, make statements like "Uh, huh"
- Be present
- Understand how the situation affects the participant. What affects one person may not affect another the same way. Help participant understand the available options
- Body language

Body Language

- Be aware of your facial expressions
- Be aware of tone, volume, cadence (i.e. "Is there something bothering you?" is a statement that could be said with caring and concern, or with an "attitude" which won't get you anywhere with client).
- Be aware of your posture and stance
- Do not fold arms or clench fists; this represents an authoritative position which might threaten the client
- Do not conceal your hands; an individual who is experiencing paranoia may believe that you are trying to conceal a weapon
- Personal space
- Avoid the challenge position which is eye-to-eye, toe-to-toe
- Maintain 2-3 feet between you and participant for safety

More on Communicating

- Ask open-ended questions. Encourage clients to find their own answers.
- Speak clearly, slowly and simply. People may experience confusion and have difficulty remembering or understanding what you are saying.
- Be direct, do not use jokes
- Avoid arguments about what the participant is experiencing, seeing, feeling. Arguments are counter-productive. Defending breeds defensiveness.
- Do not corner the client ... let the client discover validity of your suggestions on her/his own.
- Do not let client's feelings of overwhelm and multiple problems overwhelm you.
- Let the client be the expert on herself; repeat back what she says to be sure you understand (and let her hear that you heard her). Let her be resourceful in finding solutions. Offer a possible menu of solutions to client-defined problems.
- Affirm, re-enforce positive efforts.

Other Keys to Success

- Remember that substance using women usually have many areas of their lives they want to change. They may feel overwhelmed.
- Develop trust and rapport ... keep people coming back
- Build awareness of consequences
- Help clients enlist social support, remove barriers to change, move into action
- Clients are valuable resources in finding solutions to problems
- A discrepancy between present behavior and important goals will motivate change
- Let clients present the arguments for change
- Offer new perspectives but do not impose
- Elicit and summarize self-motivating statements and commitments

Support Self-Efficacy

- **Belief in the possibility of change is an important motivation**
- **The client is responsible for choosing and carrying out personal change**
- **There is hope in the range of available alternative approaches**

Source: Source: Miller & Rollnick 1991

“We will love you until you can love yourself.”

Success begets success.

Clinical Tasks

- **Pre-contemplation** Raise doubt – increase the client’s perception of problems with current behavior. “Plant seeds.”
- **Contemplation** Tip the balance – evoke reasons to change, risks of not changing; strengthen client’s self-efficacy for change of current behavior.
- **Preparation** Help the client to clarify goals and determine the best course of action to take in seeking change.
- **Action** Help the client take steps toward change.
- **Maintenance** Help the client identify and use strategies to prevent relapse, support lifestyle changes.
- **Relapse** Help the client renew the processes of contemplation, determination and action without becoming stuck or demoralized.

Clinician Strategies

- **Opening questions**
 - *How can I help you?*
- **Reflective Listening**
 - *Did I get that right?*
- **Develop Discrepancy/Consequences**
 - *Let’s look at the positives and negatives of your use.*
 - *It sounds like you’re a really good mom.*
- **Avoiding Arguments**
 - *It sounds like you're very angry.*

Clinician Strategies

- **Roll with Resistance** (arguing, ignoring, denying, interrupting)

Client will recognize changes that need to be made

- **Support Self-Efficacy**

It sounds like you really want to change...

- **Options**

Discuss and allow client to decide

- **Summarizing**

Let's go over what we discussed today

Exercise 2: Responding to Resistance

Counselor: It sound like you have a number of concerns, then, about your marijuana and alcohol use. What do you think is you need to do about all that has happened?

Client: Well, I don't think that I need to quit drinking. I'm not an alcoholic. Marijuana is an herb, but it is illegal. I guess as long as I have to pee test I have to stay away from the pot.

Counselor: So you've been thinking a lot about your kids and the fact that CPS has been to your house. You can see that something needs to be done.

Client: I just don't think anything will really help. I think probably once everybody decides you're a bad mom they will keep picking until they trip me up.

Counselor: What concerns do you have about your use of drugs?

Client: I'm not concerned, really. Some people go to the heavy stuff but I just enjoy how I feel. They make me relaxed and a better mom.

Counselor: I can see this must be difficult for you.

Client: How could you know? You've never had CPS after you. You don't know.

Exercise 2: Responding to Resistance

- **What stage of change is this client in?**
- **What might be on her menu of options?**
- **What is the desired outcome for this session?**
- **Break into groups and role play this scenario.**
- **How did the counselor employ motivational interviewing techniques?**

Using Motivational Enhancements

- **Personal Relationships**
- **Contingency Management**
- **Individualized Incentives**
- **Do-able Goals and Objectives, Visible Results and Celebrations**
- **Resolving Problems (warrants, increased visitation, speaking with sister)**
- **Avoiding Negative Consequences – parole violations, sanctions, termination of parental rights**

Motivational Enhancements Using the FRAMES Approach

- **Feedback:** Risk is given to individual
- **Responsibility:** For change is placed with individual
- **Advice:** About changing is clearly given in a non-judgmental manner
- **Menu:** Of self-directed change options and treatment alternatives
- **Empathetic Counseling:** Showing warmth, respect, and understanding; uses reflective listening
- **Self-Efficacy:** Optimistic empowerment is engendered to encourage change

Source: SAMHSA TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment

Exercise 3: Using FRAMES

Strength-Based Case Management

- **ASSESS * PLAN * LINK * MONITOR * ADVOCATE**
(Joint Commission of Accreditation of Healthcare Organizations, 1979)

- **Assess client strengths and assets, not just needs and deficiencies**
- **Acknowledge strengths and summarize strengths for clients**
- **Let clients identify their needs and priorities; use motivational approaches to address issues while building on client goals.**
- **Be clear about the role of the case manager, what you can and cannot do; keep commitments; don't make promises**
- **Provide structure and guidance; listen**
- **Support and encourage participants in their endeavors**
- **Keep tasks simple; acknowledge and celebrate accomplishments**
- **Do not assume clients know what to do; offer to demonstrate**
- **Remove barriers to client success; know what resources are available**

Source: The Werner Hartman Group, 2004

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