Finding effective methods of Enhancing Motivation for Change

Presented by
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This presentation has been developed using the SAMHSA TIPS: Enhancing Motivation for Change in Substance Abuse Treatment
Addiction Counselors are constantly trying to find ways, of developing the motivation our client’s need to be successful at changing addictive behavior. This presentation and discussion will focus on what is working with clients and how we can best implement these old and new techniques in our programs.
Learning Objectives

1. Identify three behavioral therapies that are working with your clients.

2. Evaluate the potential effectiveness of new ideas to enhance client motivation.

3. Formulate two new ideas you want to implement into your program.
motivation

**noun** mo·ti·va·tion \\
ˌmō-tə-'vā-shən \\
Popularity: Top 1% of lookups

**Definition of MOTIVATION**

1a  the act or process of **motivating** Some students need *motivation* to help them through school.

b  the condition of being motivated employees who lack *motivation*

2  a motivating force, stimulus, or influence: **INCENTIVE, DRIVE**

  The fear of failure was the *motivation* for his achievements.

Things that get in the way

- Lethargy
- Lack of education
- Unhelpful attitudes
- Misplaced common knowledge
- Learned failure
Assumptions of the Nature of Motivation

• Motivation is a key to change

The study of motivation is inexorably linked to an understanding of personal change—a concept that has also been scrutinized by modern psychologists and theorists and is the focus of substance abuse treatment. The nature of change and its causes, like motivation, is a complex construct with evolving definitions.

Assumptions of the Nature of Motivation

- **Motivation is multidimensional**

Motivation, in this new meaning, has a number of complex components. It encompasses the internal urges and desires felt by the client, external pressures and goals that influence the client, perceptions about risks and benefits of behaviors to the self, and cognitive appraisals of the situation.

Assumptions of the Nature of Motivation

• **Motivation is dynamic and fluctuating**

Research and experience suggest that motivation is a dynamic state that can fluctuate over time and in relation to different situations, rather than a static personal attribute. Motivation can vacillate between conflicting objectives. Motivation also varies in intensity, faltering in response to doubts and increasing as these are resolved and goals are more clearly envisioned. In this sense, motivation can be an ambivalent, equivocating state or a resolute readiness to act—or not to act.

Assumptions of the Nature of Motivation

• Motivation is influenced by social interactions

Motivation belongs to one person, yet it can be understood to result from the interactions between the individual and other people or environmental factors (Miller, 1995b). Although internal factors are the basis for change, external factors are the conditions of change. An individual's motivation to change can be strongly influenced by family, friends, emotions, and community support.

Assumptions of the Nature of Motivation

• Motivation can be modified
  • Distress levels
  • Critical life events
  • Cognitive evaluation
  • Recognizing negative consequences
  • Positive and negative external incentives

Motivation pervades all activities, operating in multiple contexts and at all times. Consequently, motivation is accessible and can be modified or enhanced at many points in the change process. Clients may not have to "hit bottom" or experience terrible, irreparable consequences of their behaviors to become aware of the need for change. Clinicians and others can access and enhance a person's motivation to change well before extensive damage is done to health, relationships, reputation, or self-image (Miller, 1985; Miller et al., 1993).

Assumptions of the Nature of Motivation

- Motivation is influenced by the clinician's style

The way you, the clinician, interact with clients has a crucial impact on how they respond and whether treatment is successful. Researchers have found dramatic differences in rates of client dropout or completion among counselors in the same program who are ostensibly using the same techniques (Luborsky et al., 1985). Counselor style may be one of the most important, and most often ignored, variables for predicting client response to an intervention, accounting for more of the variance than client characteristics (Miller and Baca, 1983; Miller et al., 1993).
Assumptions of the Nature of Motivation

• The clinician's task is to elicit and enhance motivation
  • Encouraging cognitive dissonance
  • Regard positive change to be in their best interest
  • To feel competent to change
  • To develop a plan for change
  • To begin taking action
  • Continue using strategies that discourage a return to the problem behavior

Although change is the responsibility of the client and many people change their excessive substance-using behavior on their own without therapeutic intervention (Sobell et al., 1993b), you can enhance your client's motivation for beneficial change at each stage of the change process. Your task is not, however, one of simply teaching, instructing, or dispensing advice. Rather, the clinician assists and encourages clients to recognize a problem behavior.

Miller and Rollnick, 1991
Motivation Calculator

\[ M = \frac{E \times V}{I \times D} \]

Motivation = Expectancy \times Value divided by Impulsivity \times Delay.

**Expectancy.** That’s an awkward word for Confidence. You have to expect that you can bring your goal to life. You have to KNOW (!!!) that you can do it.

**Value.** If I were writing this equation, I’d start here. Before we ask ourselves whether or not we really think we can have it, we need to ask ourselves whether we really (!) want it.

*The Procrastination Equation,* by Piers Steel and as discussed in Brian Johnson’s blog *Optimize*
<table>
<thead>
<tr>
<th>Client's Stage of Change</th>
<th>Appropriate Motivational Strategies for the Clinician</th>
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</thead>
<tbody>
<tr>
<td><strong>Precontemplation</strong></td>
<td>• Establish rapport, ask permission, and build trust.</td>
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<td></td>
<td>• Raise doubts or concerns in the client about substance-using patterns by</td>
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<tr>
<td></td>
<td>Exploring the meaning of events, or the results of previous treatments</td>
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<td></td>
<td>Eliciting the client's perceptions of the problem</td>
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<td></td>
<td>Offering factual information about the risks of substance use</td>
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<td>Providing personalized feedback</td>
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<td>Exploring the pros and cons of substance use</td>
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<td>Helping a significant other intervene</td>
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<td></td>
<td>Examining discrepancies between the client's and others' perceptions of the problem behavior</td>
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<td></td>
<td>• Express concern and keep the door open.</td>
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The client is not yet considering change or is unwilling or unable to change.
Client's Stage of Change

• **Contemplation**

The client acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain.

Appropriate Motivational Strategies for the Clinician

• Normalize ambivalence.
• Help the client "tip the decisional balance scales" toward change by
  - Eliciting and weighing pros and cons of substance use and change
  - Changing extrinsic to intrinsic motivation
  - Examining the client's personal values in relation to change
  - Emphasizing the client's free choice, responsibility, and self-efficacy for change
• Elicit self-motivational statements of intent and commitment from the client.
• Elicit ideas regarding the client's perceived self-efficacy and expectations regarding treatment.
• Summarize self-motivational statements.
### Client's Stage of Change

**• Preparation**

The client is committed to and planning to make a change in the near future but is still considering what to do.

### Appropriate Motivational Strategies for the Clinician

- Clarify the client's own goals and strategies for change.
- Offer a menu of options for change.
- With permission, offer expertise and advice.
- Negotiate a change--or treatment--plan and behavior contract.
- Consider and lower barriers to change.
- Help the client enlist social support.
- Explore treatment expectancies and the client's role.
- Elicit from the client what has worked in the past.
- Assist the client to negotiate finances, child care, work, transportation, or other potential barriers.
- Have the client publicly announce plans to change.
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| **Action**              | • Engage the client in treatment and reinforce the importance of remaining in recovery.  
|                         | • Support a realistic view of change through small steps.  
|                         | • Acknowledge difficulties for the client in early stages of change.  
|                         | • Help the client identify high-risk situations through a functional analysis and develop appropriate coping strategies to overcome these.  
|                         | • Assist the client in finding new reinforcers of positive change.  
|                         | • Help the client assess whether she has strong family and social support.  

The client is actively taking steps to change but has not yet reached a stable state.
Client's Stage of Change

- **Maintenance**

  The client has achieved initial goals such as abstinence and is now working to maintain gains.

Appropriate Motivational Strategies for the Clinician

- Help the client identify and sample drug-free sources of pleasure (i.e., new reinforcers).
- Support lifestyle changes.
- Affirm the client's resolve and self-efficacy.
- Help the client practice and use new coping strategies to avoid a return to use.
- Maintain supportive contact (e.g., explain to the client that you are available to talk between sessions).
- Develop a "fire escape" plan if the client resumes substance use.
- Review long-term goals with the client.
Client's Stage of Change

- **Recurrence**

  The client has experienced a recurrence of symptoms and must now cope with consequences and decide what to do next.

Appropriate Motivational Strategies for the Clinician

- Help the client reenter the change cycle and commend any willingness to reconsider positive change.
- Explore the meaning and reality of the recurrence as a learning opportunity.
- Assist the client in finding alternative coping strategies.
- Maintain supportive contact.
Most Common Evidence Based Behavioral Therapies
Most Common Evidence Based Behavioral Therapies

- **Cognitive-Behavioral Therapy**
- Alcohol
- Marijuana
- Cocaine
- Methamphetamine
- Nicotine

Cognitive-Behavioral Therapy (CBT) was developed as a method to prevent relapse when treating problem drinking, and later it was adapted for cocaine-addicted individuals. Cognitive-behavioral strategies are based on the theory that in the development of maladaptive behavioral patterns like substance abuse, learning processes play a critical role. Individuals in CBT learn to identify and correct problematic behaviors by applying a range of different skills that can be used to stop drug abuse and to address a range of other problems that often co-occur with it.

Most Common Evidence Based Behavioral Therapies

- **Contingency Management Interventions/Motivational Incentives**
  - Alcohol
  - Stimulants
  - Opioids
  - Marijuana
  - Nicotine

Research has demonstrated the effectiveness of treatment approaches using contingency management (CM) principles, which involve giving patients tangible rewards to reinforce positive behaviors such as abstinence. Studies conducted in both methadone programs and psychosocial counseling treatment programs demonstrate that incentive-based interventions are highly effective in increasing treatment retention and promoting abstinence from drugs.

Most Common Evidence Based Behavioral Therapies

- **Community Reinforcement Approach Plus Vouchers**
  - Alcohol
  - Cocaine
  - Opioids

Community Reinforcement Approach (CRA) Plus Vouchers is an intensive 24-week outpatient therapy for treating people addicted to cocaine and alcohol. It uses a range of recreational, familial, social, and vocational reinforcers, along with material incentives, to make a non-drug-using lifestyle more rewarding than substance use. The treatment goals are twofold:

- To maintain abstinence long enough for patients to learn new life skills to help sustain it; and
- To reduce alcohol consumption for patients whose drinking is associated with cocaine use.

Motivational Enhancement Therapy (MET) is a counseling approach that helps individuals resolve their ambivalence about engaging in treatment and stopping their drug use. This approach aims to evoke rapid and internally motivated change, rather than guide the patient stepwise through the recovery process. This therapy consists of an initial assessment battery session, followed by two to four individual treatment sessions with a therapist.

Most Common Evidence Based Behavioral Therapies

• The Matrix Model
• Stimulants

The Matrix Model provides a framework for engaging stimulant (e.g., methamphetamine and cocaine) abusers in treatment and helping them achieve abstinence. Patients learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, and become familiar with self-help programs. Patients are monitored for drug use through urine testing.

Most Common Evidence Based Behavioral Therapies

- **12-Step Facilitation Therapy**
- Alcohol
- Stimulants
- Opiates

Twelve-step facilitation therapy is an active engagement strategy designed to increase the likelihood of a substance abuser becoming affiliated with and actively involved in 12-step self-help groups, thereby promoting abstinence. Three key ideas predominate:

1. Acceptance, which includes the realization that drug addiction is a chronic, progressive disease over which one has no control, and that abstinence is the only alternative;
2. Surrender, which involves giving oneself over to a higher power, accepting the fellowship and support structure of other recovering addicted individuals;
3. Active involvement in 12-step meetings and related activities.

Most Common Evidence Based Behavioral Therapies

- **Family Behavior Therapy**
- **All Drugs**

Family Behavior Therapy (FBT), which has demonstrated positive results in both adults and adolescents, is aimed at addressing not only substance use problems but other co-occurring problems as well, such as conduct disorders, child mistreatment, depression, family conflict, and unemployment. FBT combines behavioral contracting with contingency management.

Most Common Evidence Based Behavioral Therapies

- **Behavioral Therapies Primarily for Adolescents**
  - Multisystemic Therapy
  - Multidimensional Family Therapy
  - Brief Strategic Family Therapy
  - Functional Family Therapy
  - Adolescent Community Reinforcement Approach
  - Assertive Continuing Care

Adolescents

Drug-abusing and addicted adolescents have unique treatment needs. Research has shown that treatments designed for and tested in adult populations often need to be modified to be effective in adolescents. Family involvement is a particularly important component for interventions targeting youth.

Evidence Based Behavioral Therapies
Evidence Based Behavioral Therapies

- **Motivational Interviewing**
  - Empathy, reflective listening
  - Respect and acceptance
  - Nonjudgmental, collaborative relationship
  - Supportive, knowledgeable consulting
  - Positive focus
  - Listening, not telling
  - Change is up to the client
  - Support
  - Helping the client recognize discrepancies between goals and behavior
  - Avoiding confrontation
  - Adjusting to client resistance
  - Supporting the client’s self-efficacy and optimism

Key Skills – Motivational Interviewing
- Open-ended questions
- Reflective listening
- Affirmations
- Summarizing
- Eliciting self-motivational statements
  - Problem recognition
  - Concerns
  - Intention to change
  - Optimism

University of Arizona, MethOIDE online education.
• **Self-Efficacy**

Psychologist Albert Bandura has defined self-efficacy as one's belief in one's ability to succeed in specific situations or accomplish a task. One's sense of self-efficacy can play a major role in how one approaches goals, tasks, and challenges.

• Past Performance. Bandura stated that the most effective way of developing a strong sense of efficacy is through mastery experiences.

• Modeled Behavior.

• Social Persuasion or Feedback from Others.

• Physiological Responses.

To succeed in changing, clients must believe they are capable of undertaking specific tasks and must have the necessary skills and confidence (Bandura, 1989; Marlatt and Gordon, 1985). One of your most important roles is to foster hope and optimism by reinforcing your clients' beliefs in their own capacities and capabilities (Yahne and Miller, 1999). This role is more likely to be successful if you believe in your client's ability to change (Leake and King, 1977). You can help clients identify how they have successfully coped with problems in the past by asking, "How did you get from where you were to where you are now?" Once you identify strengths, you can help clients build on past successes. It is important to affirm the small steps that are taken and reinforce any positive changes.


Evidence Based Behavioral Therapies

• **FRAMES**  Six keys to Motivation for Change

A particularly interesting literature focuses on brief interventions that have been found to be surprisingly effective in changing drinking behavior. These studies conducted in more than a dozen different nations have tested a variety of counseling strategies (including motivational interviewing) lasting from one to several sessions. In examining the content of interventions found to be effective, we noticed that there seemed to be at least six common elements (Bien, Miller, & Tonigan. 1993; Miller & Sanchez, 1994). These can be remembered via the acronym FRAMES: Feedback, Responsibility, Advice, Menu, Empathy, Self-efficacy.


| **Feedback** | • Personal Feedback about ways in which alcohol is harming the individual does seem to have a motivational effect. Kristenson and colleagues (1983) |
| **Responsibility** | • An emphasis on the client’s personal responsibility and freedom of choice. Rather than giving restrictive messages, the counselor acknowledges that ultimately it is up to the client whether or not to change. |
| **Advice** | • A simple strategy to increase motivation for change is to give the client clear and direct advice as to the need for change and how it might be accomplished. |
| **Menu** | • In order to perceive that one has a choice, there must first be alternatives from among which one can choose. An effective counseling method would be to offer a variety of alternative strategies for change. |
| **Empathy** | • An empathic counselor maintains a client-centered approach, listening to and reflecting the client's statements and feelings. Empathic counselors are characterized as warm, supportive, sympathetic, and attentive. |
| **Self-efficacy** | • Without some degree of optimism that change can be achieved, there is no motivation. Fear of negative consequences in itself is not enough: the person must also believe that he or she CAN change. |
Evidence Based Behavioral Therapies

• **SMART Goals**

Your values are your ideas about what is most important to you in your life —what you want to live by and live for. They are the silent forces behind many of your actions and decisions. The goal of "values clarification" is for you to become fully conscious of their influence, and to explore and honestly acknowledge what you truly value at this time in your life.

Values are fine things to have, but what we are doing in SMART is changing behavior – so what you might like to do is to translate your personal values into your intended changes in behavior.

Your values may be reflected in your life, in which case your goal might be to keep things going along steadily. Or you may feel that your life doesn’t reflect your values too well, in which case you would probably want something different to happen. What you want to happen is a GOAL.

http://www.smartrecovery.org/resources/library/Tools_and_Homework/Other_Homework/Values_and_Goals_Clarification.pdf
Evidence Based Behavioral Therapies

• **Commitment Contracts**

  We all have goals...
  
  Yet, most of us struggle to achieve our goals. That’s because there’s a big difference between having a goal and achieving a goal—Online Aps work by helping people eliminate this gap by using, what we call, a Commitment Contract.

  A Commitment Contract is a binding agreement you sign with yourself to ensure that you follow through with your intentions—and it does this by utilizing the psychological power of loss aversion and accountability to drive behavior change.

  **Online Commitment Aps**
  
  – StickK [https://www.stickk.com/](https://www.stickk.com/)
  – Coach.me [https://www.coach.me/habit-tracker](https://www.coach.me/habit-tracker)
Evidence Based Behavioral Therapies

- **Sobriety Models – other than 12 Step Programs**
  - LifeRing Secular Recovery (Rochester, MN)  [http://lifering.org/](http://lifering.org/)
  - SOS (Secular Organizations for Sobriety)  [http://www.sossobriety.org/](http://www.sossobriety.org/)
  - Quest 180  [https://eaglebrookchurch.com/next-steps/find-support/addiction--recovery/](https://eaglebrookchurch.com/next-steps/find-support/addiction--recovery/)

**Alcoholics Anonymous – USA 2017**

- 61,258 Groups, 1,276,165 Members

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.
Evidence Based Behavioral Therapies

• Mindfulness

1. the quality or state of being conscious or aware of something.
2. the practice of maintaining a nonjudgmental state of heightened or complete awareness of one's thoughts, emotions, or experiences on a moment-to-moment basis; also: such a state of awareness

To be mindful you have to put aside your worries about the future and regrets about the past (at least temporarily). This can be really liberating since much of what upsets us is in other time periods than the present. Being mindful contributes to greater effectiveness in the here and now. If you get all of the worries and regrets out of your mind, it is easier to focus on the things you want to do in the present.

Meditation Programs for Psychological Stress and Well-being: A Systematic Review and Meta-analysis

Findings After reviewing 18,753 citations, we included 47 trials with 3515 participants. Mindfulness meditation programs had moderate evidence of improved anxiety ... and low evidence of improved stress/distress and mental health–related quality of life. We found low evidence of no effect or insufficient evidence of any effect of meditation programs on positive mood, attention, substance use, eating habits, sleep, and weight. We found no evidence that meditation programs were better than any active treatment (ie, drugs, exercise, and other behavioral therapies).


SMART Recovery website: http://www.smartrecovery.org/resources/library/Articles_and_Essays/Rational_Thinking/mindfulness.htm
Evidence Based Behavioral Therapies

• Decisional Balance Exercises

The concept of exploring the pros and cons—or benefits and disadvantages—of change is not new and is well documented in the literature (Colten and Janis, 1982; Janis and Mann, 1977). Individuals naturally explore the pros and cons of any major life choices such as changing jobs or getting married. In the context of recovery from substance use, the client weighs the pros and cons of changing versus not changing substance-using behavior. You assist this process by asking your client to articulate the good and less good aspects of using substances and then list them on a sheet of paper. This process is usually called decisional balancing. The purpose of exploring the pros and cons of a substance use problem is to tip the scales toward a decision for positive change.


Evidence Based Behavioral Therapies

• **Flexible Pacing**

Every client moves through the stages of change at her own pace. Some will cycle back and forth numerous times between, for example, contemplating change and making a commitment to do so. Others seem stuck in an ambivalent state for a long time. A few are ready to get started and take action immediately. Therefore, assess your client’s readiness for change. By determining where the individual has been and is now within the stages of change, you can better facilitate the change process. The concept of pacing requires that you meet your clients at their levels and use as much or as little time as is necessary with the essential tasks of each stage of change.


Evidence Based Behavioral Therapies

• Exercise

Health benefits from regular exercise that should be emphasized and reinforced by every mental health professional to their patients include the following:

• Improved sleep
• Increased interest in sex
• Better endurance
• Stress relief
• Improvement in mood
• Increased energy and stamina
• Reduced tiredness that can increase mental alertness
• Weight reduction
• Reduced cholesterol and improved cardiovascular fitness

EXERCISE PREFERENCES OF PATIENTS IN SUBSTANCE ABUSE TREATMENT

In conclusion, these study findings underscore the importance of developing tailored approaches for incorporating exercise into substance use recovery.

• Patients in substance abuse treatment exhibit low rates of physical activity
• There is high interest in beginning an exercise program in early recovery
• Male and female substance abusing patients have different exercise preferences
• Using preferences to tailor interventions may aid the effectiveness of future work

Evidence Based Behavioral Therapies

- Personal contact with clients not in treatment

Motivational interventions can include simple activities designed to enhance continuity of contact between you and your client and strengthen your relationship. Such activities can include personal handwritten letters or telephone calls from you to your client. Research has shown that these simple motivation-enhancing interventions are effective for encouraging clients to return for another clinical consultation, to return to treatment following a missed appointment, to stay involved in treatment, and to increase adherence.


Additional Treatment Therapies

What do you find works for your clients to enhance their motivation for change?
THANK YOU!

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