Motivational Enhancement Therapy & Stages of Change
Learning Objectives

Participants will be able to:

1) Identify the stages of change and how they can be implemented
2) Describe the principles of MET
3) List the tools of MET (OARS) and how to implement them
Old School vs. New School

- Enhancing motivation is our job
- Focus on client competencies
- Individualized and client centered
- A shift away from labeling
- Therapeutic partnerships for change
- Use of empathy, not authority and power
- Focus on earlier interventions
Stages of Change

- De-stigmatizes the change process
- Can we relate? Who made New Year’s Resolutions? Has anyone not followed through with their resolution?
- Who has tried to lose weight? Did it work the first time?
In the precontemplation stage, people are not thinking seriously about changing and are not interested in any kind of help. People in this stage tend to defend their current behavior(s) and do not feel it is a problem. They may be defensive in the face of other people’s efforts to pressure them to change. They do not focus their attention on changing and tend not to discuss their behavior with others. Some times this stage is paralleled with “denial” but it may be that in this stage people just do not yet see themselves as having a problem.
In the contemplation stage people are more aware of the personal consequences of their behavior and they spend time thinking about their problem.

In this stage, people are on a teeter-totter, weighing the pros and cons of modifying their behavior. Although they think about the negative aspects of their behavior and the positives associated with changing, they may doubt that the long-term benefits associated will outweigh the short-term costs.
Contemplation

- Their motivation for changing may be reflected by statements such as: “I’ve got to do something about this” or “This is serious. Something has to change. What can I do?”

- People are more open to receiving information about their behavior, and more likely to actually use educational interventions and reflect on their own feelings and thoughts concerning their behavior in this stage.
Preparation

- When an individual begins to believe that the imagined advantages of change and adverse consequences of substance use outweigh the benefits of continued use and not making change, they start to lean towards change and will begin to prepare.

- This is sort of a research phase: people are now taking small steps toward change. They are trying to gather information about what they will need to do to change their behavior. For example, they may call around for treatment facilities, trying to find out what strategies and resources are available to help them in their attempt. A key feature of this phase is the setting of goals, perhaps with a professional.
Action

- This is the stage where people believe they have the ability to change their behavior and are actively involved in taking steps to change their behavior by using a variety of different techniques.

- The amount of time people spend in action varies. It generally lasts about 6 months.

- People in this stage make overt efforts to change their behavior and are at greatest risk for relapse.
Action

- Mentally, they review their commitment to themselves and develop plans to deal with both personal and external pressures that may lead to slips.
- They may use short-term rewards to sustain their motivation, and analyze their behavior change efforts in a way that enhances their self-confidence.
- People in this stage also tend to be open to receiving help and are also likely to seek support from others (a very important element).
Maintenance involves being able to successfully avoid any temptations to return to the old behavior. The goal of the maintenance stage is to maintain the new status quo.

People in this stage tend to remind themselves of how much progress they have made. People in maintenance constantly reformulate the rules of their lives and are acquiring new skills to deal with life and avoid relapse.
**Maintenance**

- They remain aware that what they are striving for is personally worthwhile and meaningful. They are patient with themselves and recognize that it often takes a while to let go of old behavior patterns and practice new ones until they are second nature to them.

- Even though they may have thoughts of returning to their old behaviors, they resist the temptation and stay on track.
Relapse

- As we know, along the way to permanent change, most people experience relapse. In fact, it is much more common to have at least one relapse than not.
- Relapse is often accompanied by feelings of discouragement and seeing oneself as a failure. While relapse can be discouraging, the majority of people who successfully change do not follow a straight path to a lifetime free of self-destructive habits. Rather most people cycle through the stages several times before achieving a stable life change.
A Motivational Strategy for Every Stage...

- Clients need different types of motivational support depending on which stage they are in.
- Using a stage-inappropriate intervention will likely result in resistance or noncompliance.
Stage: Intervention Needed

- Precont: Must have their awareness raised
- Cont: Require help choosing positive change over status quo
- Prep: Need help identifying potential change strategies and choosing the most appropriate one for them
- Action: need help to carry our and comply with change plan
Stage: Intervention Needed

- Maintenance: Clients may have to develop new skills for maintaining recovery and a lifestyle without substance abuse (or mental health symptoms or violence or whatever they are trying to change)
- Relapse: Assisted to recover as quickly as possible to resume the change process
Motivational Enhancement

- Motivational interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence
- We become a helper in the change process
- Express acceptance of the client
- Builds on Carl Rogers’ optimistic and humanistic theories; developed by Drs. Miller and Rollnick
Ambivalence

- What is ambivalence?
- Is it normal?
- Have you ever experienced it?
- Not denial or resistance
Principles of MET

1. Express Empathy
   - Specifiable and learnable skill for understanding another’s meaning
   - Communicates respect for and acceptance of client and their feelings
   - Encourages a non-judgmental, collaborative relationship
   - Allows you to be a supportive and knowledgeable consultant
Empathy

- Sincerely compliments rather than denigrates
- Listens rather than tells
- Gently persuades, with the understanding that the decision to change is the clients’
- Provides support throughout the recovery process
- Does not include ultimatums, not conditional
Principles of MET

2. Develop Discrepancy
   - Develop a discrepancy between a client’s goals or values and their current behavior.
   - One of the goals of MET is to create and amplify a difference between present and past behavior and future goals.
   - Examine the consequences of continued substance use (PRO / CON).
Discrepancy

- Developing awareness of consequences helps clients examine their behavior.
- A discrepancy between present behavior and important goals motivates change.
- The client should present the arguments for change.
- Columbo Approach
Principles of MET

3. Avoid Argumentation
   - Has anyone ever argued with a client?
   - How did that work out for you?
   - Power differential…
   - Arguing is counterproductive and requires a winner and a loser.
Avoiding Arguments

- Tempting to argue or correct
- Creates more resistance
- “Righting reflex”
- Try to “walk” clients through the process rather than “drag” them
- Example of client in TC who wanted to use the phone
Principles of MET

4. Roll with Resistance
   - Resistance is a legitimate concern because it is predictive of poor treatment outcomes and lack of involvement in the treatment process
   - Resistance is a signal to change direction, listen more carefully, or in some way change your technique
Rolling with resistance

- Hand-in-hand with avoiding argumentation
- How can we creatively “roll” with the client rather than pushing our agenda
- If they say all they want to do is stay out of jail, can we help them?
- Can we start where they are and then move forward?
Principles of MET

5. Self-efficacy

- Belief in the possibility of change is an important motivator
- Self-check: What subtle signs do we give that we think they can’t change?
- Fan vs. cheerleader: A fan is there for the team when they are losing. A cheerleader doesn’t praise error but focuses on the next move (i.e., “Let’s get the ball back!”)
Support self-efficacy

- Client is responsible for their own changes so we want to include them in the means and methods to do so
- Remind them of choices; people resist when their freedom is threatened
- Builds confidence (strength based), hope, and optimism
How do I utilize the MET principles?

There is a simple way to remember the tools that are associated with MET:

- Imagine you are in a boat with the client and you need a way to steer the boat to where you want to go, you will need to use your OARS.
OARS: The Tools

O: Open ended questions

- Engaging client and allowing them to share their experience.
- Not simply asking yes or no questions as required by the paperwork.
Open Ended Questions

- Helps you understand your client’s point of view
- Elicits their feelings about a given topic or situation
- Helps move communication forward
- Help us avoid making premature judgments
Open Ended Questions

**Examples:**

**Open Ended**
- So, what brings you here today?
- What are some of the ways that substance use affects your life?”
- What kinds of differences have you noticed in…?

**Closed**
- Do you use marijuana? When was the last time you used?
- Can you tell me how heroin affects you?
- Your wife thinks you are addicted to cocaine. Are you?
OARS: The Tools

A) Affirm

- Affirmations can be great rapport builders
- Affirm small decisions and success (examples?)
- This reinforcement will increase the likelihood that the client will continue to move toward change.
- Affirmations must be genuine and congruent, if a client thinks you are insincere, then the relationship will be damaged.
Affirmations

- Supports and promotes self-efficacy
- Acknowledges the difficulties your client has experienced
- Validating client’s experiences and feelings
  - “I appreciate how hard it must have been for you to come here. You took a big step.”
  - “I think it’s great that you want to do something about this problem.”
  - “That must have been very difficult for you.”
OARS: The Tools

R) Reflecting – tell the client what you are hearing…

- Simple reflection
- Double sided reflection
- Shifting focus
- Agreement with a twist
- Reframing
Reflecting, some examples…

- **Amplified reflection: Exaggerated form**
  - Client: I don’t know why my wife is worried. I don’t drink more than any of my friends.
  - Clinician: So your wife has no absolutely no reason to worry.

- **Double-sided reflection: Acknowledging what the client has said but also stating contrary things s/he has said in the past**
  - Client: I know you want me to stop using all drugs but when I get off papers, I am going to smoke pot again.
  - Clinician: You can see that there some real problems here, but you’re not willing to think about quitting completely.
OARS: The Tools

S) Summarize

- Summaries are an effective way to communicate your interest in a client, build rapport, to call attention to important elements and shift attention or direction of the session.
The structure of the summary is straightforward:

- Announce you are going to summarize
- Summarize selected elements
- Invite the client to correct missed information
- End with open-ended question to continue session
- The client is encouraged to evaluate and supply the meaning, or identify
Wrapping up…

You should now be able to:

- Identify the stages of change and how they can be implemented
- Describe the principles of MET
- List the tools of MET (OARS) and how to implement them
Questions, comments, concerns?

- Free resources:
  - TIP 35: Enhancing Motivation for Change in Substance Use Disorder Treatment
    - [http://motivationalinterview.org/](http://motivationalinterview.org/)