

MODULE 2: Conceptualizing Motivation and Change

Preparation Checklist

- Review Getting Started (page 6) for preparation information.
- Preview Module 2, including handouts.
- Read pages 1–21 in TIP 35, Chapter 1, “Conceptualizing Motivation and Change.”
- Post on the training room wall the Class Rules and all the newsprint pages generated during Module 1.
- Prepare newsprint titled Motivation, and list six of the seven assumptions about the nature of motivation:
 - Is a key to change;
 - Is multidimensional;
 - Is dynamic and fluctuating;
 - Is influenced by social interactions;
 - Can be modified; and
 - Is influenced by the clinician’s style.

On a separate sheet of newsprint, write the seventh assumption:

 - The clinician’s task is to elicit and enhance motivation.
- In addition to the materials listed in Getting Started, bring to the session the following:
 - 12 pieces of poster board (optional); and
 - An overhead transparency marker.

Module 2 Overview

Module 2 Goal and Objectives

Goal: To provide an overview of the nature of motivation and a staged model of change.

Objectives: Participants who complete Module 2 will be able to—

- Articulate at least five of seven assumptions about the nature of motivation;
- List five benefits of using motivation-enhancing approaches;
- Explain natural change;
- List six stages of change; and
- Articulate two or three characteristics of clients in each stage of change.

Content Timeline

Introduction	5 minutes
Exercise: Personal Change	10 minutes
Presentation: Introduction to the Transtheoretical Model of Stages of Change (from TIP 35, chapter 1, pages 15–17)	5 minutes
Small-Group Presentations: Characteristics of Clients in the Five Stages of Change (from TIP 35, chapter 1, pages 17–19)	40 minutes
Exercise: Beliefs About Motivation and Change	15 minutes
Presentation: The Nature of Motivation (from TIP 35, chapter 1, pages 2–4)	30 minutes
Summary and Review	15 minutes
Total Time	2 hours



5 minutes



OH #2-1



Handout 2-1



10 minutes



OH #2-2



5 minutes



OH #2-3

Introduction

Welcome and Review

As participants enter the room, ask them to walk around the room and look at the newsprint pages posted on the wall to review the last module.

Begin Module 2 by welcoming participants back and commending them for taking the time to attend the training.

Ask whether anyone has any questions or thoughts about Module 1.

Module 2 Goal and Objectives

Give participants Handout 2-1: Module 2 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.

Exercise: Personal Change

Tell participants that today's session focuses on basic conceptualizations of change and motivation and that this exercise provides a personal frame of reference that can help them integrate the material.

Ask participants to—

- Think about a personal change they have made in their lives; and
- Write down everything they can remember about the process, using the questions on the overhead as a guide.

Tell participants that—

- No one will see their notes.
- They are free to share or NOT to share anything they write.

Allow 10 minutes for this exercise.

Presentation: Introduction to the Transtheoretical Model of Stages of Change

Natural Change

Explain that—

- Change occurs all the time:
 - In the natural environment;
 - Among all people;
 - In relation to many behaviors; and
 - Without professional intervention.

- This is also true of positive behavioral changes related to substance use, which can occur without therapeutic intervention or mutual-help groups.
- There is well-documented evidence of self-directed or natural recovery from excessive use of alcohol and use of cigarettes and drugs.

Note that understanding how people change without professional assistance helps researchers and clinicians develop and apply interventions to help clients change their behavior.

Introduction to the Stages-of-Change Model

Note that TIP 35 uses the stages-of-change model developed by Prochaska and DiClemente to organize and conceptualize ways to enhance clients' motivation to make substance use-related changes.

Review Prochaska and DiClemente's stages of change.

Emphasize (using a transparency marker on the slide to illustrate) that—

- The change process is cyclical, and people typically move back and forth between the stages and cycle through the stages at different rates.
- It is not uncommon for people to linger in the early stages.
- For most clients who use substances, progress through the stages of change is circular or spiral in nature, not linear.
- Recurrence of substance-using behavior is a normal event, and many clients cycle through the different stages several times before achieving stable abstinence.



OH #2-4



40 minutes



Small-Group Presentations: Characteristics of Clients in the Five Stages of Change

Tell participants that they now will work in small groups to put together brief presentations on the characteristics of clients in the six stages (including recurrence) of change.

Divide the training group into small groups.

Divide participants into as many small groups (up to six) as is feasible. If your group is not large enough for at least three small groups, have participants work in pairs or as one group. If participants work as one group, skip the small-group presentation portion of the exercise. If possible, create small groups that are balanced in terms of experience and expertise working with motivational enhancement techniques.

Assign each small group one or two stages of change. Give each group two pieces of poster board (or sheets of newsprint) for each stage of change.

Ask participants to turn to page 17 in TIP 35. Tell them to use the TIP (pages 17–19) as their source of information and ask them to—

- Create posters that illustrate the characteristics of clients in the stage of change assigned to the group; and

- Generate two or three real-world examples; explain that examples could include things clients have said or behavior that indicates clients' stage of change. Explain that examples can be briefly acted out (no more than 1 minute) to give participants the "feel" of each stage.

Ask each group to select one person to present the posters and examples to the large group.

Allow 20 minutes for groups to create their posters and generate examples. Walk around and observe. If group members have difficulty coming up with examples, model a motivational approach and help them find an example.

After 20 minutes, ask each group to present its posters and examples. After each group has finished presenting, ask the large group whether anyone has other examples of behavior clients in each stage might exhibit.

Ensure that the groups listed all the characteristics discussed on pages 17–19 of TIP 35.

Stand the posters up along the wall (or post newsprint pages on the wall; remove the Module 1 newsprint pages if necessary).

Ask participants whether they have any questions before moving on.

Exercise: Beliefs About Motivation and Change

Draw a line down the center of a piece of newsprint.

Throughout this exercise, ask clarifying questions as needed and model active listening; do not evaluate participants' responses.

Ask participants: What kinds of things, internal and external, do you think motivate change in yourself and others?

Suggest that they think back to the first exercise, writing about personal change, for some examples.

Write responses on the left side of the newsprint page, using additional sheets as needed. Elicit as many responses as possible.

Ask participants: In general, how has the substance abuse treatment field traditionally tried to motivate people to change their substance use behavior?

Write responses on the right side of the newsprint page.

Note similarities and differences on the two sides of the chart.

Tape the pages to a wall.

Refer back to the lists of real-world examples as you continue the module.



15 minutes





30 minutes



Presentation: The Nature of Motivation

Explain that, until recently, motivation often was viewed as an “either-or”:

- Clients were considered motivated if they—
 - Agreed to participate in a program’s course of treatment;
 - Were compliant with treatment activities; and
 - Accepted the label of “alcoholic” or “drug addict.”
- Clients were considered unmotivated if they—
 - Resisted a diagnosis; or
 - Refused to adhere to a program’s treatment protocol.

Display the first newsprint page you prepared before the session listing six of seven assumptions about the nature of motivation.

Explain that motivational enhancement techniques are based on a different, more fluid view of the nature of motivation that can be described using the first six of the seven basic assumptions:

- Motivation is a key to change.
- Motivation is multidimensional.
- Motivation is dynamic and fluctuating.
- Motivation is influenced by social interactions.
- Motivation can be modified.
- Motivation is influenced by the clinician’s style.

Display the second prepared newsprint page and explain that the seventh assumption about motivation is also the core assumption and purpose of this training:

- The clinician’s task is to elicit and enhance motivation.

Discuss the seven assumptions.

Motivation Is a Key to Change

Refer participants to the newsprint from the last exercise, and comment on all the different factors that can influence change.

Note that—

- Social norms and roles can influence diverse behaviors (e.g., community standards, gangs, trends).
- Reasoning and problemsolving as well as emotional commitment can promote change.

Emphasize that motivation can be seen as the probability that a person will enter into and adhere to a specific change strategy.

Motivation Is Multidimensional

Note that motivation encompasses—

- Internal urges and desires felt by the client;
- External pressures and goals that influence the client;
- The client's *perceptions* about risks and benefits of behaviors; and
- Cognitive appraisals of the situation (what clients *think* about their situation).

Motivation Is Dynamic and Fluctuating

Ask participants: What do you think this means?

Explain that 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 (ask participants for examples of this);
- Can vacillate between conflicting objectives (ask participants for examples of this); and
- Varies in intensity, faltering in response to doubts and increasing as doubts are resolved and goals are envisioned more clearly.

Emphasize that motivation can be an ambivalent, equivocal state or a resolute readiness to act—or not to act.

Motivation Is Influenced by Social Interactions

Explain that—

- Motivation belongs to one person, yet it can result from the interactions between the individual and other people or environmental factors.
- Internal factors are the *basis* for change, but external factors are the *conditions* of change.

Ask participants: In what ways do you think motivation could be influenced by social factors?

Emphasize (if not already mentioned by participants) that an individual's motivation to change (or a client's motivation to participate in treatment) can be influenced strongly by—

- Family;
- Friends;
- Emotions; or
- Community support.

Explain that a *lack* of community support also can affect an individual's motivation.

Ask participants: What are some examples of lack of community support that could influence a client's motivation for change? Ensure that examples include—

- Barriers to health care;
- Lack of employment or housing; and
- Negative public perceptions of substance use disorders.

Motivation Can Be Modified

Explain that motivation—

- Pervades all activities, operating in multiple contexts and at all times;
- Is accessible and can be modified or enhanced at many points in the change process; and
- Can vary greatly among potential behavior changes (example: clients' motivation to quit smoking crack cocaine may be very high, whereas their motivation to quit drinking alcohol may be very low).

Emphasize that clients may not have to experience terrible, irreparable consequences of their behaviors to become aware of the need for change.

Note that certain types of experiences often prompt people to begin thinking about changing and to consider what steps are needed.

Ask participants: What are some examples of situations or experiences that might prompt a person to begin thinking about changing?

Fill in responses with the following, if necessary:

- Distress levels (e.g., episodes of severe anxiety or depression);
- Critical life events, such as—
 - Spiritual inspiration or religious conversion;
 - Traumatic accident or severe illness;
 - Death of a loved one;
 - Being fired;
 - Becoming pregnant; or
 - Getting married;
- What one thinks about the effect of substances on his or her life;
- Recognition of the harm or hurt one has inflicted on others or oneself;
- Positive and negative external incentives, such as—
 - Supportive and empathic friends;
 - Rewards; and
 - Coercion of various types (e.g., mandates from the legal system).

Ask participants whether anyone can add any other types of experiences or examples, based on the personal change exercise.

Motivation Is Influenced by the Clinician's Style

Ask participants: What do you think "clinician style" means?

Explain that—

- Clinician 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.
- A review of the literature on clinician characteristics associated with substance abuse treatment effectiveness found that the ability to establish a helping alliance and good interpersonal skills were more important than a clinician's professional training or experience.

Note that research has identified some of the most desirable attributes for a clinician working with people with substance use disorders:

- Nonpossessive warmth;
- Friendliness;
- Genuineness;
- Respect;
- Ability to affirm; and
- Empathy.

Note that Module 5 addresses counseling style in more depth.

Emphasize that a study comparing counseling styles suggests that a confrontational and directive approach may precipitate more immediate client resistance and poorer outcomes than a client-centered, supportive, and empathic style that uses reflective listening and gentle persuasion.

Ask participants: What do you think “reflective listening” means?

Ensure that participants mention that reflective listening involves the counselor—

- Making a reasonable guess as to what the client means; and
- Making a statement back to the client that reflects what the counselor thinks he or she heard.

Note that “confrontational counseling” in this study included—

- Challenging;
- Disputing;
- Refuting; and
- Using sarcasm.

Refer participants to the homework assignment for Module 1, read page 10 in TIP 35, “What About Confrontation?”

Ask participants for their thoughts on this material, particularly Miller’s redefinition of the term “confrontation.”

The Clinician’s Task Is To Elicit and Enhance Motivation

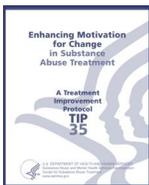
Display the newspaper page with the seventh assumption.

Explain that clinicians can enhance their clients’ motivation for change at each stage of the change process.

Note that the clinician does this by assisting and encouraging clients in—

- Recognizing behavior that is not in their best interest;
- Regarding positive change to be in their best interest;
- Feeling competent to change;
- Developing a plan for change;
- Beginning to take action; and
- Continuing to use strategies that discourage a return to the old behavior.

Note that EMCIT covers all these elements.





Why Enhance Motivation?

Ask participants: What is the value of a clinician enhancing a client's motivation?

Write responses on newsprint.

Add the benefits listed below to the newsprint as you speak. Post the newsprint during every subsequent session to remind participants of why they are participating in training.

Explain that research has found that motivation-enhancing approaches are associated with—

- Greater participation in treatment;
- Positive treatment outcomes such as—
 - Reductions in consumption of substances;
 - Increased rates of abstinence from substances;
 - Positive social adjustment;
 - Successful referrals to treatment; and
 - A positive attitude toward change and a commitment to change.

Emphasize that the benefits of using motivational enhancement techniques include—

- Inspiring motivation to change;
- Preparing clients to enter treatment;
- Engaging and retaining clients in treatment;
- Increasing participation and involvement;
- Improving treatment outcomes; and
- Encouraging a rapid return to treatment if substance use recurs.

Explain that the multidimensional nature of motivation is captured, in part, in the popular phrase that a person is *ready, willing, and able* to change.

Note that this expression highlights three critical elements of motivation—but in reverse order from that in which motivation typically evolves:

- *Ability* refers to the extent to which the person has the necessary skills, resources, and confidence to carry out a change.
- *Willingness* involves the importance a person places on changing—how much a change is wanted or desired.
- *Readiness* represents a final step in which the person decides to change a particular behavior.

Emphasize that the process of enhancing motivation helps the client become ready, willing, and able for change.



OH #2-5



15 minutes



Handout 2-2



Handout 2-3

Summary and Review

Pass out Handout 2-2: Module 2 Review and Learning Assessment.

Ask participants to review the session by discussing in their group the questions in the handout.

Tell participants to feel free to walk around the room and look at the posters and newsprint as needed.

Allow 10 minutes.

Ask participants whether they have any questions or comments about the module material.

Homework

Refer participants to Handout 2-3: Homework. Ask participants to—

- Read page 30 in TIP 35, “Catalysts for Change”;
- Review page 33, Figure 2-3: Ten Effective Catalysts for Change, and page 34, Figure 2-4: Catalysts and the Stages of Change, in TIP 35; and
- Read page 35 in TIP 35, “Cultural Appropriateness.”

Suggest that participants read chapter 1 in TIP 35, particularly pages 4–8, “Changing Perspectives on Addiction and Treatment”; pages 8–10, “Myths About Client Traits and Effective Counseling”; and pages 11–14, “Changes in the Addictions Field.”



Handout 2-2: Module 2 Review and Learning Assessment

Discuss the following questions with your group. Feel free to walk around the room and use the posters and newsprint as needed.

1. What are some assumptions about the nature of motivation?

2. Why use motivation-enhancing approaches?

3. What are some of the characteristics of clients in each of the six stages of change?

4. What questions do you still have about the nature of motivation and change?



Module 2

Conceptualizing Motivation and Change



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
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Personal Change Exercise

- What change did you make?
- How did you decide to make this change?
- What people or events influenced your decision?
- What steps did you take to make the change?



Natural Change



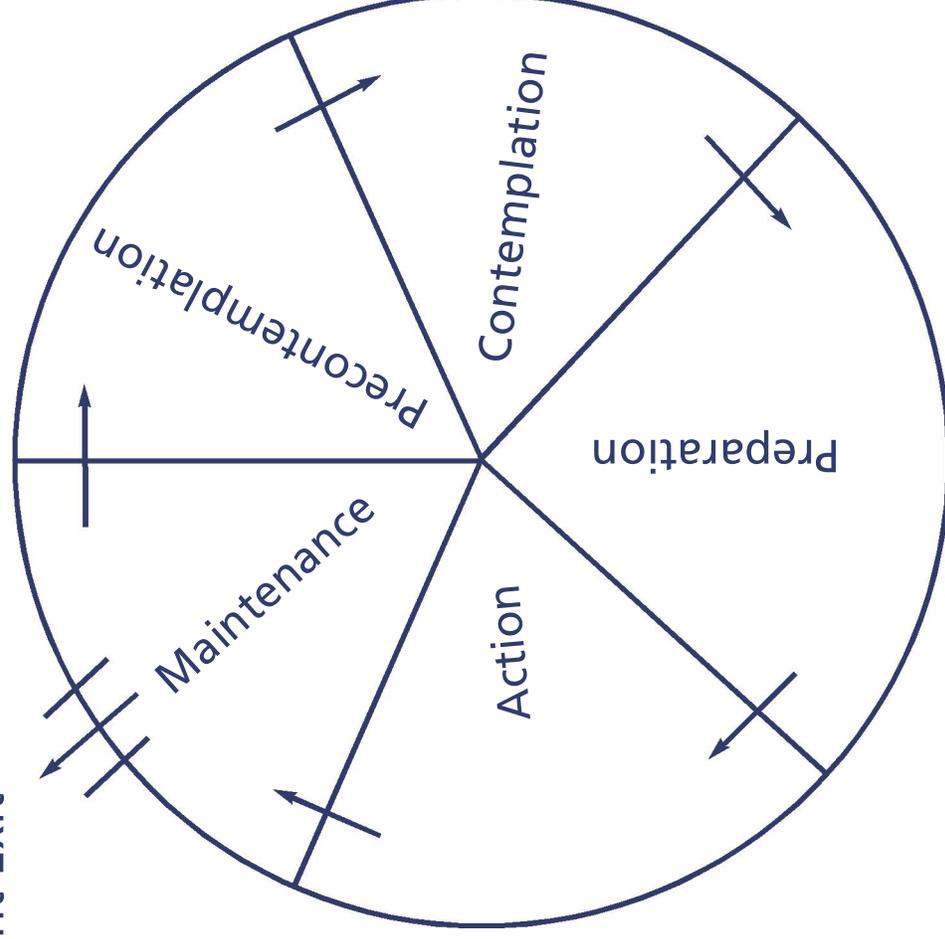
Change occurs

- In the natural environment
- Among all people
- In relation to many behaviors
- Without professional intervention

Transtheoretical Model: Stages of Change



Permanent Exit



Clients may move into *recurrence* from action or maintenance, then back into any other stage of change.

Adapted for TIP 35 from Prochaska, J., Norcross, J., and DiClemente, C., *Changing for Good*, New York: William Morrow and Company, 1994.

Benefits of Using Motivational Enhancement Techniques



- Inspiring motivation to change
- Preparing clients to enter treatment
- Engaging and retaining clients in treatment
- Increasing participation and involvement
- Improving treatment outcomes
- Encouraging a rapid return to treatment if substance use recurs

