

MODULE 9: From Action to Maintenance— Stabilizing Change

Preparation Checklist

- Review Getting Started (page 6) for preparation information.
- Preview Module 9, including handouts.
- Post on the training room wall the Class Rules and all the newsprint pages and posters generated during Module 8.
- Prepare newsprint titled Potential Natural Competing Reinforcers. List one or two of the following categories of activity on each sheet of newsprint, leaving space for notes after each category:
 - Volunteer work;
 - 12-Step or other mutual-help group activities;
 - Setting goals to improve work, education, health, or nutrition;
 - Spending more time with family, significant others, and friends;
 - Participation in spiritual or cultural activities; and
 - Learning new skills; improving abilities in sports, art, or music; and taking up hobbies.
- Create a resource table in the training room with—
 - Guides to local community activities;
 - Adult education announcements;
 - Local newspaper cultural sections or papers such as *City Papers*;
 - Guides to local volunteer activities; and
 - Announcements or schedules of local 12-Step or other mutual-help group social activities (clubhouses, sober dances, and so on).
- In addition to the materials listed in Getting Started, bring to the session the following:
 - 9 to 12 pieces of poster board (optional);
 - One package of colored construction paper;
 - Several glue sticks; and
 - A timer (optional).

Overview of Module 9

Module 9 Goal and Objectives

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

Objectives: Participants who complete Module 9 will be able to—

- Articulate reasons why a motivational counseling style remains useful for clients in the action and maintenance stages of change;
- Describe the steps involved in conducting a functional analysis of a client's substance use and developing coping strategies;
- Articulate effective ways of helping clients ensure family and social support;
- Name six categories of potential natural competing reinforcers; and
- List eight strategies a clinician can use with a client who has experienced a recurrence of substance use.

Content Timeline

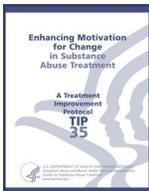
Introduction	20 minutes
Small-Group Presentations: Planning for Stabilization (from TIP 35, chapter 7, pages 118–123)	60 minutes
Presentation: Developing and Using Reinforcers (from TIP 35, chapter 7, pages 123–127)	10 minutes
Exercise: Natural Competing Reinforcers—Local Resources	25 minutes
Presentation: Motivational Counseling During Maintenance (from TIP 35, chapter 7, pages 132–133)	5 minutes
Total Time	2 hours



20 minutes



OH #9-1



Handout 9-1



60 minutes



Introduction

Welcome and Review

Welcome participants as they enter the room, and ask them to review Module 8 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 8.

Tell participants that they now will share the experiences they had with the homework assignments given in Module 8.

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.

Conduct a brief discussion of the pages 111–118 in TIP 35 reading assignment, particularly the section titled “Engaging and Retaining Clients in Treatment.” Ask questions such as—

- Which strategies do you already use in your practice?
- In what ways would you tailor strategies to meet the needs of your particular population?
- What questions did the reading raise?

If appropriate, use the case scenarios in Handout 6-2 to facilitate discussion and/or demonstrate points from the reading assignment.

Module 9 Goal and Objectives

Give participants Handout 9-1: Module 9 Goal and Objectives.

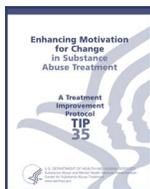
If you prefer, give participants both handouts for this module now rather than one at a time.

Briefly review the goal and objectives.

Small-Group Presentations: Planning for Stabilization

Note that—

- The motivational counseling style is used most often with clients in the precontemplation through preparation stages as they move toward initiating behavioral change.
- Many clinicians believe that formal treatment is a different domain where motivational strategies are no longer required.



Emphasize that the latter statement is not true because—

- Clients still need a surprising amount of support and encouragement to stay with a chosen program or course of treatment.
- Many clients arrive at treatment in a stage of change that actually precedes action or they vacillate between some level of contemplation—with associated ambivalence—and continuing action.
- Clients who do take action suddenly are faced with the reality of stopping or reducing substance use, which is considerably more difficult than just contemplating action.
- Even after a successful discharge from treatment, clients need support and encouragement to—
 - Maintain the gains they have achieved; and
 - Handle crises that may return them to problem behaviors.

Note that clinicians can use motivational approaches in the action stage of change to—

- Help clients plan for stabilization in their recovery; and
- Develop and use behavior reinforcers.

Tell participants that they now will work in small groups to create presentations about ways clinicians help clients plan for stabilization.

Divide the training group into three small groups.

Refer participants to pages 118–123 in TIP 35.

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:

- Conducting a functional analysis;
- Developing a coping plan; or
- Ensuring family and social support.

Tell participants to work as a group to put together a presentation on their topic, using the TIP.

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

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

Walk around the room, and assist the groups if assistance is 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.



10 minutes

Presentation: Developing and Using Reinforcers

Note that—

- Abstaining from substances is an abrupt change and often leaves a large blank space to fill.
- After clients have planned for stabilization, they still have to build a new lifestyle that will provide sufficient satisfaction and compete successfully against the lure of substance use.
- As the motivation for positive change becomes harder to sustain, clients need strong reasons for overcoming the challenges they will face.
- A broad spectrum of life changes must be made if the client is to maintain lasting abstinence.
- These changes must be extensive and pervasive enough to supplant the client's former substance-using lifestyle.

Emphasize that the clinician can support this change process by helping the client develop natural competing reinforcers and by using external contingent reinforcers in the early phases of treatment.

Natural Competing Reinforcers

Explain that a *competing reinforcer* is any source of satisfaction for the client that can become an alternative to drugs or alcohol.

Explain that—

- The essential principle in establishing new sources of positive reinforcement is to get clients to generate their own ideas.
- It is important to examine all areas of clients' lives and to consider their cultural milieu when helping them identify new reinforcers.
- Reinforcers should come from multiple sources and be of various types so a setback in one area can be counterbalanced by a positive reinforcer in another area.

Note that the clinician guides clients toward behavioral reinforcements by developing a list of common pleasurable activities.

Display the Potential Natural Competing Reinforcers newsprint page you prepared.

Explain that the clinician can work with the client to develop reinforcers in a number of categories.

Read through the newsprint list. For each category, ask participants how that category of reinforcer benefits clients and for general examples of reinforcer activities within the category.

Write responses on the newsprint for each category.

Attach each page to the wall as it is filled.

Emphasize that clients do not have to make a big commitment or investment in any one activity right away; they can sample a variety of options.



OH #9-2



External Contingent Reinforcers

Note that, in addition to using natural reinforcers, some programs also use temporary external contingency reinforcers to change substance use, such as voucher incentive programs.

If the participants' program uses a voucher incentive or other type of contingency reinforcement plan, discuss the plan instead of presenting the brief description below.



OH #9-3

Explain that *contingency reinforcers* are rewards provided to clients when they demonstrate a desired behavior, such as abstinence (*if clients do this, then they receive that*).

Note that some treatment programs use voucher (sometimes called “scrip” or “points”) programs:

- A voucher program is a type of contingency reinforcement system.
- The rationale is that an appealing external motivator can be an immediate and powerful reinforcer to compete with the reinforcing effects of drug or alcohol use.
- Vouchers are slips of paper showing points the client has earned for abstinence or other recovery behavior (such as submitting a drug-free urine sample).
- Each point has a cash value.
- The voucher acts as an IOU from the program.
- In a typical voucher system, clients trade in their points for goods and services.
- Because it may take some time to establish the other new behaviors, these programs probably should be in place a minimum of 3 to 6 months.

Note that the technique also can be used with individual clients.

Example: “When you were using, you spent at least \$15 when you stopped off on the way home from work to buy beer. So why not set that amount aside and put it toward the new car you want?”

Example: “You might want to negotiate with your husband. Find out whether he’ll cook that chicken dish you like if you attend five Alcoholics Anonymous meetings.”

Tell participants that they will have a chance to learn more about external contingent reinforcers in their homework reading assignments.

Exercise: Natural Competing Reinforcers—Local Resources

Divide participants into three or four small groups.

Ask each group to select one person to write ideas.

Ask each group to take 25 minutes to brainstorm specific activities for a list of natural competing reinforcers that could be used as a guide for clients.

Tell the groups to use the general categories of activities on the posted newspaper pages as a guide and the items on the resource table to identify specific activities.



25 minutes



Tell participants that you will create a master list of activities from their work and will give each of them a copy at the next session.

Walk around, and assist groups if assistance is needed.

Collect each group's list after 25 minutes.



5 minutes

Presentation: Motivational Counseling During Maintenance

Emphasize that a motivational approach can be useful in counseling clients during the maintenance stage.

Note that the most likely reason for a clinician to see a client after action-oriented treatment has concluded is a recurrence of substance use and related problems.

Emphasize that—

- Recurrence of use in a way constitutes a return to an earlier stage of change.
- The same strategies useful for helping precontemplators and contemplators can be used with a client who has experienced a recurrence of substance use.

Note that—

- The reasons a client has for not considering change may be different the second or even fifth time around.
- These reasons may have more to do with discouragement, low confidence in the ability to change, or a defensive rationalization of resumed use than a client's initial reasons.
- The clinician's job is to help the client not get stuck at this point but to move back into preparation and action.

Explain that the clinician can—

- Ask clients for their perceptions and reactions to resumed substance use;
- Review with clients their change plans and evaluate what worked and what didn't work;
- Elicit from clients self-motivational reasons for change, the reasons to get back on track;
- Explore what can be learned from the experience; for example, conduct a functional analysis of the process of resuming use;
- Normalize the experience of resumed substance use as a common and temporary part of the cycle of recovery;
- Assess the client's current stage of readiness for change;
- Encourage the client to talk about the advantages of abstinence;
- Use plenty of reflective listening, not just a string of questions;
- Explore the client's values, hopes, purpose, and goals in life;
- Reframe the client's "failure" as a partial success, emphasizing what the client *did* accomplish and learn; and
- Ask a key question—what does the client want to do now—and move on toward a plan for renewed change.



OH #9-4



Ohs #9-5
through 9-8



Handout 9-2

Homework

Refer participants to Handout 9-2: Homework.

Ask participants to read—

- Pages 125–127 in TIP 35, “External Contingent Reinforcers”;
- Pages 127–132 in TIP 35, “Community Reinforcement Approach”; and
- Pages 147–157 in TIP 35, Chapter 9, “Integrating Motivational Approaches Into Treatment Programs.”

Ask participants to review carefully Handout 1-1: Practice Integration Worksheet before Module 10.



Module 9

From Action to Maintenance— Stabilizing Change



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Competing Reinforcer



Any source of satisfaction for the client
that can become an alternative
to drugs or alcohol

Contingency Reinforcers



Rewards provided to clients when they demonstrate a desired behavior, such as abstinence

Recurrence



The clinician's job is to help the client not get stuck at this point but to move the client back into preparation and action.

After Recurrence the Clinician Can...



- Ask clients for their perceptions and reactions to resumed substance use
- Review with clients their change plans and evaluate what worked and what didn't work
- Elicit from clients self-motivational reasons for change, the reasons to get back on track

After Recurrence the Clinician Can...



- Explore what can be learned from the experience; conduct a functional analysis
- Normalize the experience of resumed substance use as a common and temporary part of the cycle of recovery
- Assess clients' current stage of readiness for change

After Recurrence the Clinician Can...



- Encourage the client to talk about the advantages of abstinence
- Use plenty of reflective listening, not just a string of questions
- Explore the client's values, hopes, purpose, and goals in life

After Recurrence the Clinician Can...



- Reframe the client’s “failure” as a partial success, emphasizing what the client *did* accomplish and learn
- Ask a key question—what does the client want to do now—and move on toward a plan for renewed change

