| Figure 2-2 | | |
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| Appropriate Motivational Strategies for Each Stage of Change | | |
| Client's Stage of Change | Appropriate Motivational Strategies for the Clinician | |
| Precontemplation The client is not yet considering change or is unwilling or unable to change. | Establish rapport, ask permission, and build trust. Raise doubts or concerns in the client about substance-using patterns by Exploring the meaning of events that brought the client to treatment or the results of previous treatments Eliciting the client's perceptions of the problem Offering factual information about the risks of substance use Providing personalized feedback about assessment findings Exploring the pros and cons of substance use Helping a significant other intervene Examining discrepancies between the client's and others' perceptions of the problem behavior Express concern and keep the door open. | |
| Contemplation The client acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain. | 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. | |
| Preparation The client is committed to and planning to make a change in the near future but is still considering what to do. | Clarify the client's own goals and strategies for change. Offer a menu of options for change or treatment. 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. | |

| Figure 2-2 (continued) Appropriate Motivational Strategies for Each Stage of Change | |
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| Client's Stage of Change | Appropriate Motivational Strategies for the Clinician |
| Preparation (continued) | Elicit from the client what has worked in the past either for him or others whom he knows. Assist the client to negotiate finances, child care, work, transportation, or other potential barriers. Have the client publicly announce plans to change. |
| Action The client is actively taking steps to change but has not yet reached a stable state. | 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. |
| Maintenance The client has achieved initial goals such as abstinence and is now working to maintain gains. | 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. |
| Recurrence The client has experienced a recurrence of symptoms and must now cope with consequences and decide what to do next. | 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. |

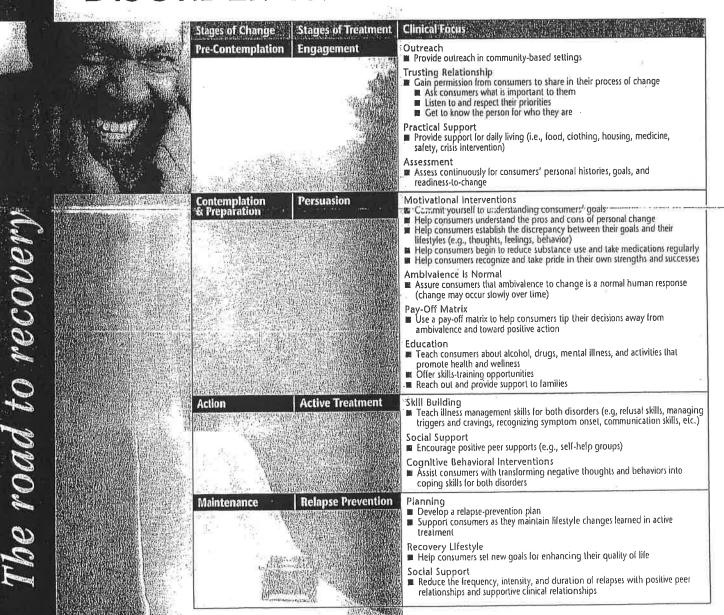
individuals with coexisting substance use and psychiatric disorders (Carey, 1996; Noonan and Moyers, 1997; Ziedonis and Fisher, 1996). Populations that have been responsive to

motivational interventions include persons arrested for driving under the influence and other nonviolent offenders, adolescents (Colby et al., 1998), older adults, employees, married CASE WESTERN RESERVE UNIVERSITY

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COMMENDED RESOURCES

Him T. Mayeer, Douglas L. Nosraby, Robert E. Drake, and Unity Fox (2003). Integrated Instance for Dael Directors & Guide to Uterior Practice. New York: The Guilland Press.

Getard J. Connors, Dennis M. Donovan, and Carlo C. DiCtemente (2001). Souteness insure transers and the Stages of Change. Selecting and Francisco Interface, New York: The Guillent Press, www.chiosanticoe.care-challibrary/emailienautec.clm?resourceld-91