

# VOLUME B

## Elements of Psychological Treatment

Treat  net

# VOLUME B

## MODULE 1

### Drug dependence and basic counselling skills

Biology of drug dependence

Principles of drug dependence treatment

Basic counselling skills for drug dependence treatment

Special considerations when involving families in drug dependence treatment

## MODULE 2

### Motivating clients for treatment and addressing resistance

Approaches to change

Principles of Motivational Interviewing

How to use motivational skills in clinical settings

## MODULE 3

### Cognitive behavioural and relapse prevention strategies

Basic concepts of cognitive behavioural therapy and relapse prevention

Cognitive behavioural strategies

Methods for using cognitive behavioural strategies

The background features several white Scrabble tiles. The top row shows tiles for 'D', 'R', 'E', 'A', and 'M'. The bottom row shows tiles for 'D', 'U', and 'G'. A green rectangular box is overlaid on the center of the image, containing the text 'MODULE 2 MOTIVATING CLIENTS FOR TREATMENT AND ADDRESSING RESISTANCE' in white, bold, sans-serif font.

**MODULE 2**  
**MOTIVATING CLIENTS**  
**FOR TREATMENT AND**  
**ADDRESSING**  
**RESISTANCE**

# Training goals

- ▶ Increase knowledge of motivational interviewing strategies and resources for treatment of drug use disorders
- ▶ Increase skills in using motivational strategies and resources
- ▶ Increase application of motivational strategies

# Module 2

## Motivating clients for treatment and addressing resistance



**Approaches to  
change**



**Principles of  
Motivational  
Interviewing**



**How to use  
motivational skills  
in clinical settings**

# Pre-assessment



# Icebreaker





# Workshop 1

## Approaches to change



**Views and  
approaches to  
change**

# Training objectives

**At the end of this workshop, you will be able to:**

- ▶ Understand how beliefs about changing behaviours have evolved
- ▶ Identify the Six Stages of Change and explain what happens on each stage
- ▶ Explain the spiralling process of change
- ▶ Describe the process of relapse, clinician's acceptance and turning the recurrence of symptoms into a learning experience
- ▶ Match each of the six stages of change to the therapeutic goals



# Before we begin

Let's start with exploring, discussing and offering opinions of these questions:

- ▶ What does “Motivational Interviewing” (MI) mean to you?
- ▶ What have you heard about MI?
- ▶ What words have you learned that are related to MI like person-centred or open-ended questions, or empathy, etc.?
- ▶ If you have been using the skills of MI, what have you already been practising?
- ▶ What do you hope to learn about MI?
- ▶ How do you think MI might help you in the work you do with others?

# Motivating clients: Definition

Motivational Interviewing is a client-centred style of interaction aimed at helping people explore and resolve their ambivalence about their substance use and begin to make positive changes.

## However...

People who engage in harmful drug or alcohol use often say they want to stop using, but they simply **don't know how**, are unable to or are not fully ready to stop.

### Understanding how people change: Models

- ▶ Traditional approach
- ▶ Motivation for change

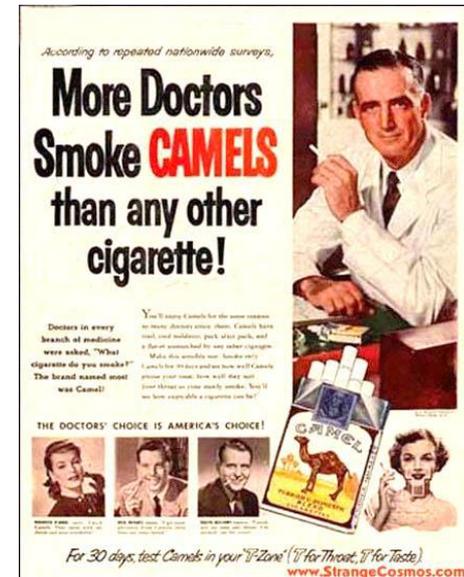
# Not wrong – just not Motivational Interviewing

- ▶ In the next slides you will see the words “old” or “outdated” and “less helpful”
- ▶ That does not mean that these views are wrong
- ▶ It just means that some viewpoints about change are not consistent with MI
- ▶ It also means that certain approaches, like confrontation, are also not consistent with MI



# Old beliefs

Over the years we have changed our views in many,...



... many areas, especially health care.

# Old beliefs about changing behaviours

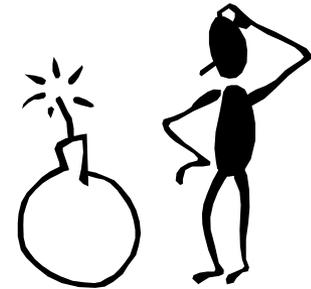
## You would think...

- ▶ That having had a heart attack would be enough to persuade a man to quit smoking, change his diet, exercise more, and take his medication
- ▶ That time spent in the dehumanizing privations (hardships) of prison would dissuade (prevent) people from re-offending
- ▶ That hangovers, damaged relationships, an auto crash, or memory blackouts would convince a woman to stop drinking

# Old beliefs about changing behaviours

## It can seem surprising...

that people don't simply stop using drugs, considering that drug addiction creates so many problems for them and their families.



## And yet...

Harmful drug and alcohol use persist despite overwhelming evidence of their destructiveness



# Old beliefs about changing behaviours

## Change is motivated by discomfort

- ▶ If you can make people feel bad enough, they will change
- ▶ Corollary (effect or outcome): People don't change if they haven't suffered enough
- ▶ People have to “hit bottom” to be ready for change
- ▶ Common thoughts:
  - “How can I get her/him to \_\_\_\_\_?”
- ▶ Or: “If they would only \_\_\_\_\_.”

## Beliefs about why people don't change

Q

What we have learned about the “right reason” with “less helpful” approaches?

A

Our approaches are typically based on our beliefs and views about individuals with alcoholism, addiction and substance use disorders

# Beliefs about why people don't change



# Outdated beliefs and approaches of “denial” and “confrontation”

▶ “They don’t change because they are in denial...”

- people who did not acknowledge they had a problem (especially the problems that seemed so obvious to their families, court, and counsellors) were believed to be in denial



▶ And typically we have been taught to deal with denial by breaking it!

- according to traditional approaches, the best way to “break through” the denial is direct confrontation and/or punishment

# Example of confrontation

**Very obvious and easy to spot**



You must admit you are  
an alcoholic or drug  
addict.

You better!  
Or else!

# Breaking denial with confrontation

- ▶ Emphasis on acceptance of self as having a problem; acceptance of diagnosis seen as essential for a change to occur
- ▶ Tends to underscore personality “pathology” (the conditions and processes of a disease), the use of which can reduce a client’s perceived choice, judgment, and control
- ▶ Professional helper presents perceived evidence of problems in an attempt to convince the client to accept the diagnosis

# Breaking denial with confrontation

- ▶ “Resistance” (now considered an outdated, ineffective, and actually a misperception by professionals of the condition of the client) to “help” or to change may be viewed as denial, a characteristic seen as in need of confrontation
- ▶ “Resistance” by client was typically met with argumentation and correction by the professional helper
- ▶ A client in denial is viewed as being incapable of making such decisions
- ▶ The professional helper mostly prescribes goals of treatment & strategies for change

# Example of confrontation – obvious and very common

1 I do not want to stop drinking...as I said, I do not have a drinking problem...I want to drink when I feel like it.

3 You do not have the right to judge me. You don't understand me!

2 But, Anna, I think it is clear that drinking has caused you problems.



# Still confrontation, yet subtle – not easy to spot

1

I am wondering if you can help me. I have failed many times. . .

3

I hope things will be better this time. I'm willing to give it a try.

2

Anna, I don't think you have failed because you are still here, hoping things can be better. As long as you are willing to stay in the process, I will support you. You have been successful before and you will be again.

# Common thoughts and outdated treatment approaches

## “The problem with them is...”

<b>Our Old View:</b>	<b>Our Old Approach:</b>	<b>What we did...</b>
They don't see.	Sight Induction: If we can make people see, they will change.	“Don't you see _____?”
They don't know how.	Skill induction: If you teach people how to change, they will do it.	“Have you tried _____?”
They don't care.	Distress Induction: If you make people afraid enough, they will change.	“If you don't _____!”
They don't know enough.	Knowledge Induction: If people know enough, they will change.	“Let me explain _____.”

# Labels result in less helpful approaches

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## Our old labels

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- Manipulative
  - Combative
  - Angry
  - Resistant
  - Unmotivated
  - In denial
  - Incapable
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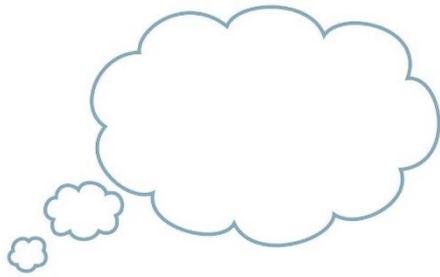
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## Our old approach

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- Expert
  - Confrontation
  - Wrap around service
  - Counsel
  - Advise
  - Direct
  - “Get them to\_\_\_”
-

# A thought...



"People are not resistant to change; they resist being changed."

*Kevin Eikenberry*



# Let's reflect!



## Outdated beliefs and viewpoints

- ▶ What labels for individuals with substance use disorders have you heard?
- ▶ What experiences have you had personally or heard about of confronting individuals?
- ▶ How do these viewpoints affect how we approach individuals with substance use disorders?
- ▶ What other thoughts or opinions or experiences can you share?

# Where are we so far?

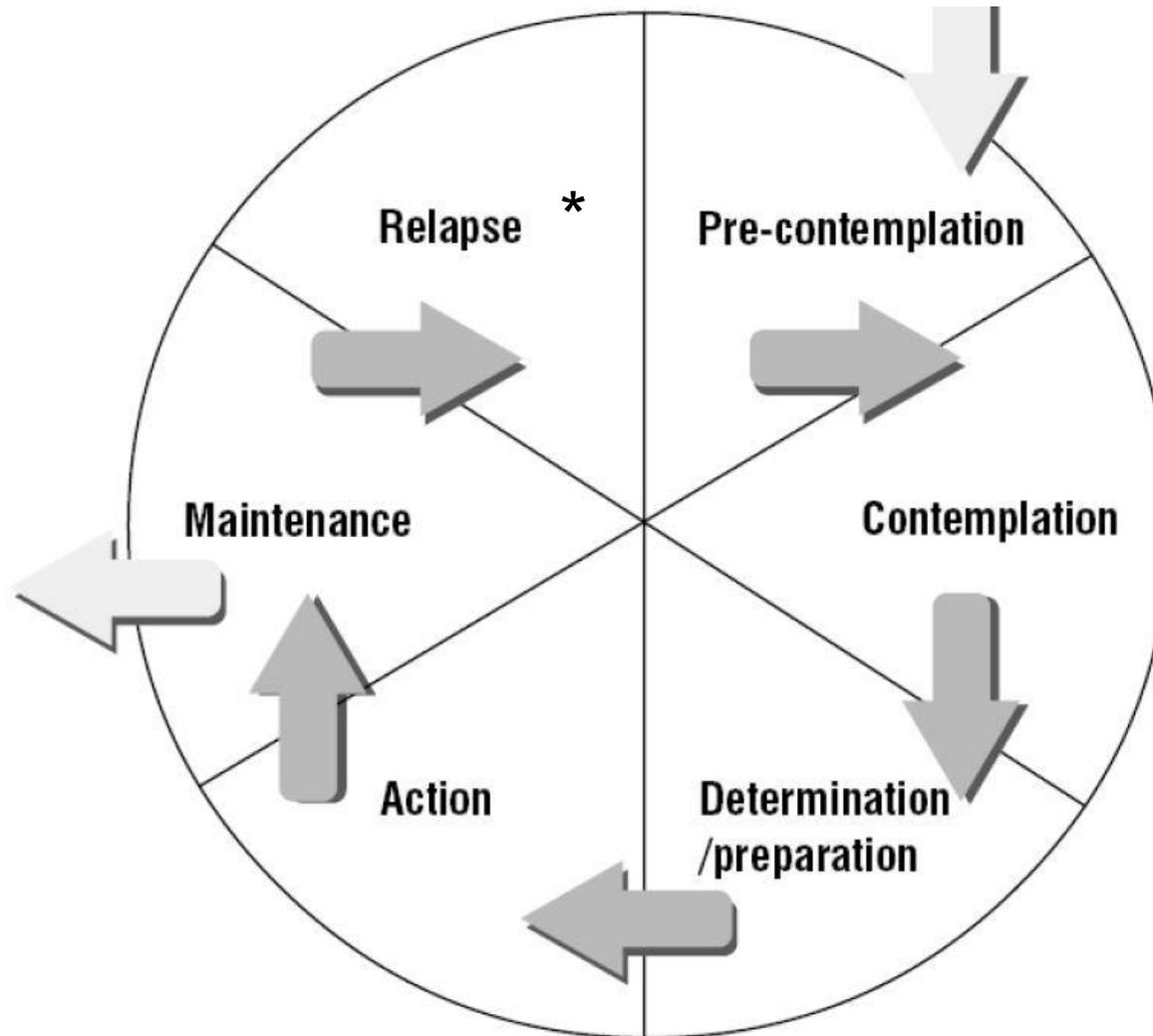
- ▶ Why use icebreakers and when?
- ▶ Give some examples of how views changed in health care.
- ▶ What is the relation between “denial” and “confrontation” in outdated approaches to treatment?





**Stages of change**

# Stages of change



## The stages of change are about...

- ▶ Recognising and understanding that change doesn't happen all at once
- ▶ It usually takes time and patience
- ▶ Acknowledges that people go through a series of “stages” as they begin to recognise that they have a problem

# Stages of change

## So what did we find out the problem is NOT?

- ▶ It is not them
- ▶ It is not that they don't want to acknowledge they have a problem
- ▶ It is not that they are in denial and need to be confronted
- ▶ It is not that they don't care about the consequences of drug use

# Stages of change

What is going on if the problem is not them...  
what are the facts?

- ▶ It is that they are in the early stages of change and when approached in an empathetic way – the potential for change can take place
- ▶ Yet we need to always remember that a person always has the right to decide not to change

# Stages of change

## Helping people change

Helping people change involves increasing their awareness of their need to change and helping them to start moving through the stages of change.

- ▶ Start “where the client is” at this time
- ▶ Positive approaches are more effective than confrontation – particularly in an outpatient setting

# How do people change?

## Natural change

- ▶ In many problem areas, positive change often occurs without formal treatment
- ▶ Stages and processes by which people change seem to be the same with or without treatment
- ▶ Treatment can be thought of as facilitating a natural process of change

# Pre-contemplation stage of change

People at this stage:

- ▶ Are unaware of any problem related to their drug use
- ▶ Are not too concerned about their drug-use (not making a connection between their drug use and the consequences)
- ▶ Ignore anyone else's belief that they are doing something harmful



*You may think this is an issue, but I don't, and even if I do, I don't want to deal with it, so don't bug me.*

# Contemplation stage of change

People at this stage are considering whether or not to change:

- ▶ They enjoy using drugs, but...
- ▶ They are sometimes worried about the increasing difficulties the use is causing
- ▶ They are constantly debating with themselves whether or not they have a problem

2



*I'm willing to think with you and consider if I want to change, but have no interest in changing, at least not now.*

# Pre-contemplation and contemplation stages

## Why we may not like working with people in the pitfalls at pre-contemplation or/and contemplation stages of change:

- ▶ Our tools don't work with their stage of change
- ▶ They don't do what we suggest
- ▶ We tend to experience anger, frustration and/or impatience
- ▶ We tend to feel relieved when they don't show for their appointment
- ▶ We feel impotent, incapable, or ineffective

# Preparation stage of change

- ▶ People at this stage are deciding how they are going to change
- ▶ They may be ready to change their behaviour
- ▶ They are getting ready to make the change
- ▶ It may take a long time to move to the next stage (action)



*I'm ready to start changing but I haven't started, and I need some help to know how to begin.*

# Action stage of change

People at this stage:

- ▶ Have begun the process of changing
- ▶ Need help identifying realistic steps, high-risk situations, and new coping strategies

**Early Action:** *I've begun to make some changes, and need some help to continue, but I'm not committed to maintenance or to following all your recommendations.*

**Late Action:** *I'm working toward maintenance, but I haven't gotten there, and I need some help to get there.*



# Action stage of change

## Why we typically like working with people in the action stage of change

- ▶ It can be easier for clinician to work with clients going through this stage because:
- ▶ Our tools fit well with their stage of change
- ▶ They cooperate and typically do what we suggest
- ▶ We tend not to experience anger, frustration and impatience
- ▶ We tend to feel disappointment when they don't show for their appointment

# Maintenance

People in this stage:

- ▶ Have made a change
- ▶ Are working on maintaining the change

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*I'm stable and trying to stay that way, as life continues to throw challenges in my path.*



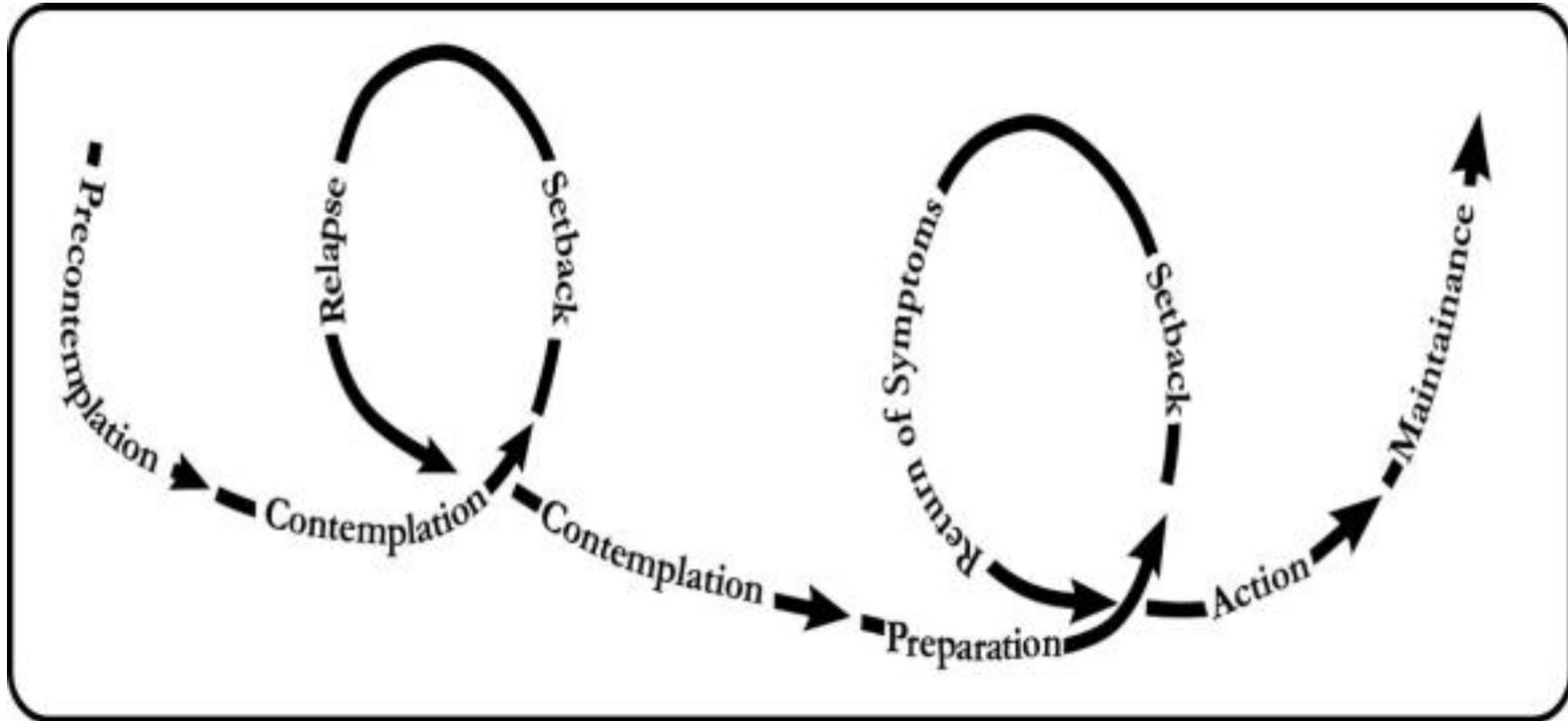
# Relapse

- ▶ People at this stage have reinitiated the identified behaviour
- ▶ Relapse is not actually a stage of change
- ▶ It is a reinitiating of the identified target behaviour
- ▶ People may make several attempts to quit before being successful
- ▶ The process of changing is rarely the same in subsequent attempts. Each attempt incorporates new information gained from the previous attempts.

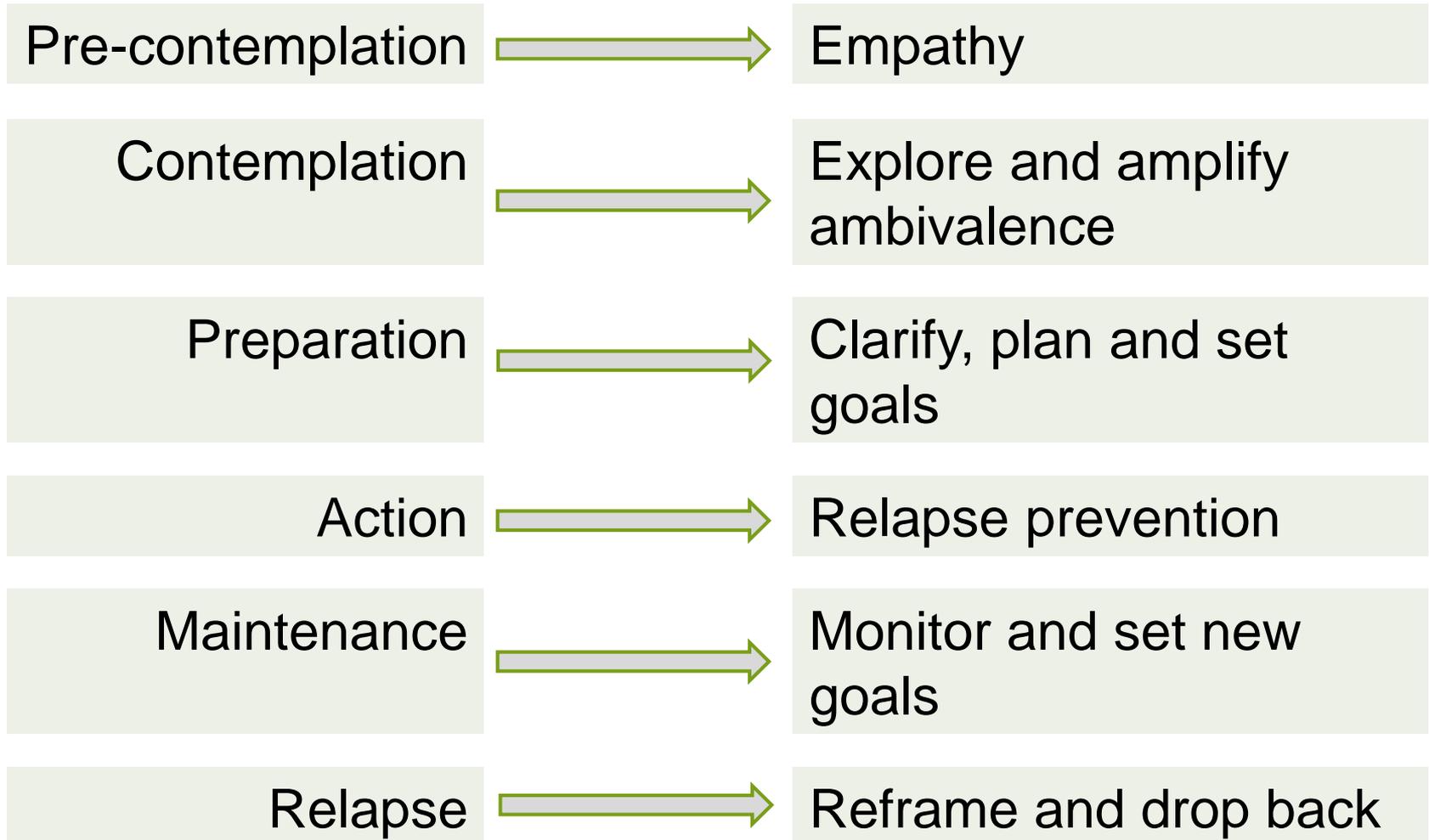
# Relapse

- ▶ Someone who has relapsed is NOT a failure!
- ▶ While some people say that a relapse is part of the “recovery process” – that is not accurate
- ▶ Relapse is actually a part of the “disease process”
- ▶ Setbacks are common with all chronic diseases, disorders, and illnesses
- ▶ Yet a relapse or a setback or a return of symptoms is an opportunity to regroup and take a look at what might be missing in a person’s treatment or recovery plan
- ▶ A relapse signals a learning opportunity

# The spiralling process of the stages of change



# Matching therapy goals to stages



# Wrap-up

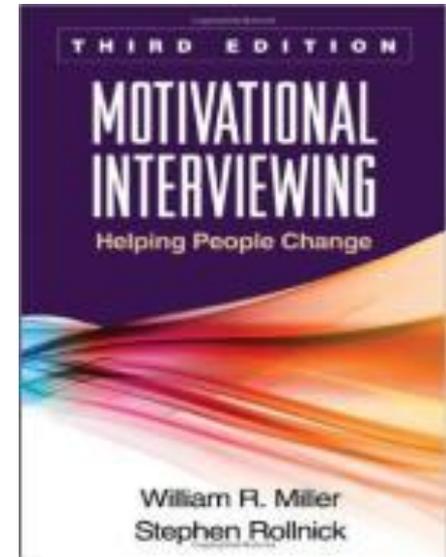


- ▶ What are the stages of change?
- ▶ Why is process of change spiralling?
- ▶ How can working with clients be easy or difficult for a clinician depending on the stage of change?
- ▶ What is relapse? How can a clinician turn the recurrence of symptoms into a learning experience?
- ▶ How do stages of change match to the therapeutic goals?

Any  
Questions

# Sources

- ▶ William R. Miller & Stephan Rollnick. THIRD EDITION MOTIVATIONAL INTERVIEWING Helping People Change, 2013; Guilford Press; New York, NY
- ▶ William R. Miller & Stephen Rollnick, 2002. Motivational Interviewing, Preparing People for Change: Second Edition. New York, NY: The Guilford Press.
- ▶ William R. Miller & Stephen Rollnick, 1992. Motivational Interviewing, Preparing People To Change Addictive Behavior. New York, NY: The Guilford Press.



Thank you for your time!

End of workshop 1

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