VOLUME B

Elements of Psychological Treatment
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
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

1. Approaches to change
2. Principles of Motivational Interviewing
3. How to use motivational skills in clinical settings
Pre-assessment
Icebreaker
Approaches to change

Workshop 1
Views and approaches to change
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.
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
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
“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.

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

3. You do not have the right to judge me. You don’t understand me!
Still confrontation, yet subtle – not easy to spot

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

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.

3. I hope things will be better this time. I’m willing to give it a try.
Common thoughts and outdated treatment approaches

“The problem with them is...”

<table>
<thead>
<tr>
<th>Our Old View:</th>
<th>Our Old Approach:</th>
<th>What we did…</th>
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<tbody>
<tr>
<td>They don’t see.</td>
<td>Sight Induction:</td>
<td>“Don’t you see____________?”</td>
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<td></td>
<td>If we can make people see, they will change.</td>
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<tr>
<td>They don’t know how.</td>
<td>Skill induction:</td>
<td>“Have you tried________?”</td>
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<td></td>
<td>If you teach people how to change, they will do it.</td>
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<tr>
<td>They don’t care.</td>
<td>Distress Induction:</td>
<td>“If you don’t________!”</td>
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<tr>
<td></td>
<td>If you make people afraid enough, they will change.</td>
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<tr>
<td>They don’t know enough.</td>
<td>Knowledge Induction:</td>
<td>“Let me explain__________.”</td>
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<tr>
<td></td>
<td>If people know enough, they will change.</td>
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<tr>
<td>Our old labels</td>
<td>Our old approach</td>
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<tr>
<td>• Manipulative</td>
<td>• Expert</td>
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<tr>
<td>• Combative</td>
<td>• Confrontation</td>
<td></td>
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<tr>
<td>• Angry</td>
<td>• Wrap around service</td>
<td></td>
</tr>
<tr>
<td>• Resistant</td>
<td>• Counsel</td>
<td></td>
</tr>
<tr>
<td>• Unmotivated</td>
<td>• Advise</td>
<td></td>
</tr>
<tr>
<td>• In denial</td>
<td>• Direct</td>
<td></td>
</tr>
<tr>
<td>• Incapable</td>
<td>• “Get them to__”</td>
<td></td>
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</tbody>
</table>
"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

- Pre-contemplation
- Contemplation
- Action
- Maintenance
- Relapse
- Determination/preparation
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
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

I’m willing to think with you and consider if I want to change, but have no interest in changing, at least not now.
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
People in this stage:

► Have made a change
► Are working on maintaining the change

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

<table>
<thead>
<tr>
<th>Stage</th>
<th>Action</th>
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<tbody>
<tr>
<td>Pre-contemplation</td>
<td>Empathy</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Explore and amplify ambivalence</td>
</tr>
<tr>
<td>Preparation</td>
<td>Clarify, plan and set goals</td>
</tr>
<tr>
<td>Action</td>
<td>Relapse prevention</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Monitor and set new goals</td>
</tr>
<tr>
<td>Relapse</td>
<td>Reframe and drop back</td>
</tr>
</tbody>
</table>
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


Thank you for your time!

End of workshop 1