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COUNSELING FOR MOTIVATION

What is Motivation?

'Motivation' is creating the desire to change one's own dysfunctional behavior and 'motive' is the energizing condition that directs the individual to achieve that goal. Motivating the addict to accept help thus forms the first phase of treatment.

We can understand motivation as consisting of five stages — pre-contemplation, contemplation, preparation, action and maintenance (Prochaska and Diclemente, 1984).

Pre-Contemplation (Stage 1)

The client is not yet considering change or is unwilling or unable to change.

Strategies for the Clinician/ Counselor

- Establish rapport and build trust
- Raise doubts or concerns in the client's mind about substance use by
 - exploring the nature of events that brought the client to treatment or the results of previous treatments
 - eliciting the client's perception of the problem
 - offering factual information about the risks of substance use
 - providing feedback about assessment findings

- helping significant others (relatives, friends, employer) intervene
- examining discrepancies between the client's and others' perception of problem behavior
- Express concern and keep the door open, ensuring support anytime it is solicited.

Contemplation (Stage 2)

The client acknowledges the problem, considers the possibility of change but is ambivalent and uncertain.

Strategies

- Help the client realize the need for change by
 - eliciting and weighing the pros and cons of substance use and change
 - examining the client's personal values in relation to change
 - emphasizing the client's responsibility for change
- Elicit self-motivational statements of commitment from the client
- Elicit ideas regarding the client's expectations from treatment
- Summarize self-motivational statements.

Preparation (Stage 3)

The client is committed to and planning to make a change in the near future but is still considering what to do.

Strategies

- Clarify the client's own goals and strategies for change
- Offer a list of options for change or treatment
- If willing, offer expertise and advice
- Negotiate a change or treatment plan in detail
- Help the client enlist family and others' support
- Explore treatment expectancies and the client's role
- Elicit from client what has worked in the past either for him or for others he knows
- Assist the client in dealing with potential barriers related to entering treatment — finances, leave etc.
- Have the client openly express to family and significant others his plans to change.

Action (Stage 4)

The client is actively taking steps to change but has not yet reached a stable state.

Strategies

- Reinforce the importance of remaining in treatment
- Support a realistic view of change through small steps
- Acknowledge difficulties experienced by the client in early stages of change
- Help the client identify high-risk situations and develop appropriate coping strategies to overcome them

- Assist the client in finding new reinforcers (new non-drug taking friends, improved relationships with family members) of positive change.

Maintenance (Stage 5)

The client has achieved initial goals such as abstinence and is now working to sustain gains.

Strategies

- Help the client identify alternative methods of enjoyment (games, gardening, rearing pets)
- Support lifestyle changes
- Affirm the client's resolve and his efforts
- Help the client practice and use new coping strategies to avoid a return to use
- Maintain supportive contact (self-help programs and contact with clinician)
- Review long-term goals with the client.

KEY COMPONENTS OF MOTIVATIONAL COUNSELING

The key components of motivational counseling are a non-paternalistic, non-judgmental attitude on the part of the counselor, an orientation that accepts patients as they are, and techniques that encourage and reinforce patient's self-responsibility. The five basic principles of motivational counseling are as follows.

Express Empathy

In providing counseling for a patient in recovery from addiction, the counselor

needs to express empathy in order to convey acceptance of the patient's current situation. Acceptance does not mean agreement with, or approval of, the patient's behavior. Rather, it is the respectful desire to understand the patient's frame of reference. It acknowledges that changing behavior is difficult and involves feelings of ambivalence.

Respectful listening and reflection of feelings are two key communication skills for this task. For example, the counselor might say the following:

So, it seems like you think you should stop using drugs at some point, but you're afraid that quitting would be too hard.

Identify Discrepancy

This is accomplished by identifying and amplifying incongruities between the patient's present behavior and his stated personal goals. Using skillful questioning to help the patient clarify goals and explore consequences, the counselor can often get the patient to present his own reasons for needing to change. This approach can be much more effective than subjecting the patient to another lecture, because it allows the patient to think about his behavior without feeling pressured and coerced. The following remarks could accomplish this goal:

I know that you are interested in giving up drugs. That is why you have come to the treatment center. Your unwillingness to get admitted as I perceive it, is due to withdrawal symptoms you may experience in giving up drugs. Would you like to know the treatment which would be given to bring down withdrawal symptoms?

Avoid Arguments

Arguing with a patient tends to evoke resistance. As a result, both the counselor and the patient are likely to come away feeling dissatisfied and more entrenched in their own positions. While motivational counseling is confrontational in its goals, it is not confrontational in style. Resistance by the patient is a signal to the counselor to change strategies:

I can see that you're just not ready to try quitting right now. I would ask that you give some thought to what we have talked about, and let me know if and when you're ready. I'd like to help.

Move Along with Resistance

The counselor can also 'move along with resistance' by using the momentum of the patient's resistance to shift his perspective. Turning a question or problem over to the patient is an excellent way to do this. This approach encourages the patient to use his own resources to solve the problem. For example, the counselor might use the following statements:

Taking drugs is the main way that you cope with stress, and you're worried about giving it up. That's understandable. Let us explore other methods to deal with your stress.

Support Self-Efficacy

This is the only possible path to change. The concept of self-efficacy can be difficult, because it requires a shift in perception that often seems at odds with professional ethics and values. Most counselors understand that they cannot force patients to change their behavior.

However, they feel inadequate or frustrated when they are unable to persuade patients to do what is best for them.

The counselors are encouraged to respect the patient's right to take decisions about his own behavior. At the same time, counselors are encouraged to define for themselves what they need to do in order to feel as if they have fulfilled their professional responsibilities. Letting go of the responsibility for change often frees the counselor to listen more empathetically and to assume a less authoritarian position. Using this approach, the counselor can make statements such as the following:

You're not ready to make any plans to quit right now, but I'm glad we've had a chance to talk about it. You've shown good judgment in making an appointment to see a counselor. We both know these things take time.

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Thus, motivational counseling employs techniques that encourage and reinforce the patient's self-responsibility. ■

**Reference — Miller. W.R. Enhancing Motivation for Change in Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 35, U.S. Department of Health and Human Services, USA, 1999.*