

# Training Curriculum on Drug Addiction Counseling



## Chapter 4

### Motivational Interviewing

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# TRAINING CURRICULUM ON DRUG ADDICTION COUNSELING

## TRAINER MANUAL





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# ACKNOWLEDGEMENTS

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Credit also goes to other members of the IDU Program Unit within FHI Vietnam, the drug addiction counselors in the field, and other trainees of training courses since training began in 2006.



# CHAPTER 4

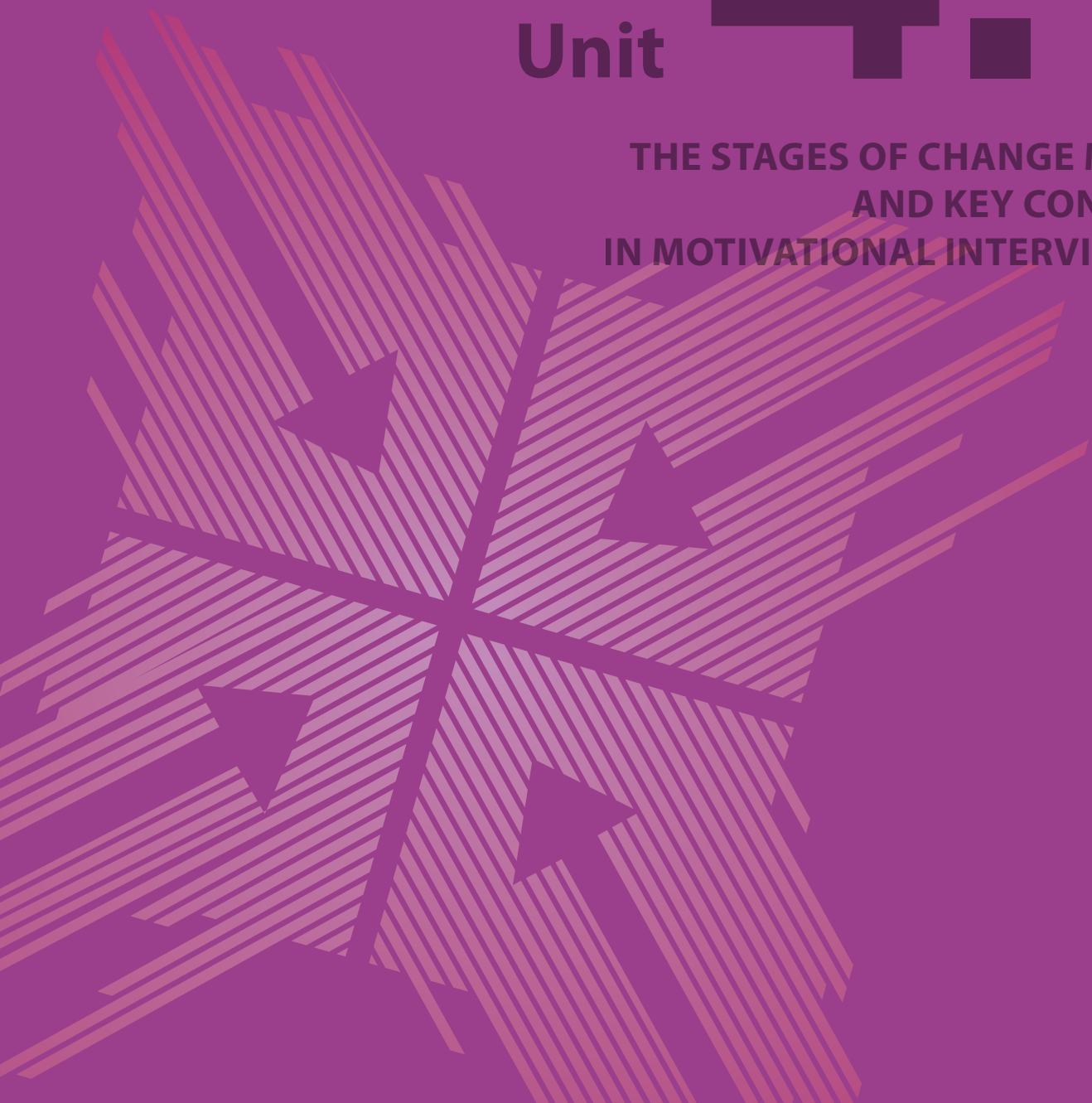
## MOTIVATIONAL INTERVIEWING

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# Unit 4.1

THE STAGES OF CHANGE MODEL  
AND KEY CONCEPTS  
IN MOTIVATIONAL INTERVIEWING



# OVERVIEW

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## I. Introduction

**1 Min**

Introduce the unit by explaining that you will discuss the Stages of Change Model and the key concepts of motivational interviewing.

## II. Presentation

**50 Min**

Use the PowerPoint slides to present the stages of change and how they link to the principles of motivational interviewing.

## III. Conclusion

**9 Min**

Review the key points of this unit and answer participants' questions (if any).

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## Unit 4.1 The Stages of Change Model and Key Concepts in Motivational Interviewing

**Goal:** Participants will understand the Stages of Change Model and will know how to link it to the principles of motivational interviewing.

**Time:** 60 minutes

**Objectives:** At the end of this activity the participants will:

- have a good understanding of the Stages of Change Model
- know of unhelpful assumptions that prohibit client behavior change
- understand the key concepts of motivational interviewing
- understand the rationale of motivational interviewing interventions
- appreciate the interplay between the Stages of Change Model to motivational interviewing

### Methodology:

- Presentation
- Group discussion
- Small group exercise
- Role-plays

### Teaching aids:

- PowerPoint slides
- Handout # 4.1: Stages of Change Model
- LCD projector
- Flipchart and paper
- Markers

# Slide 1



**👤 Say:** *I would like to discuss the stages of change and how they apply to addiction counseling. It is important that you have an understanding about why people come to treatment because it will help you to understand the best way to help them.*

*So, when you celebrate the Lunar New Year in Vietnam, do you customarily make promises about something you want to change in your life, something you want to do differently?*

*Can you remember what promises you made at the beginning of the New Year?*

**Teaching instructions:** Facilitate a large group discussion; allow respondents to provide answers to your question. The aim of the discussion is to get participants to realize that sometimes we all make commitments that we forget about, or choose not to uphold.

**👤 Say:** *Of those of you who remembered your commitments, how many of you were able to uphold them? How many of you are still committed wholeheartedly to making those changes you said you would make?*

**Teaching instructions:** Continue with the large group discussion, allowing participants to respond

**👤 Say:** *You see, when some people make a decision to change their behavior, they are able to stay committed to their goal. But some people have trouble sticking to their commitment; they either forget, or lose interest, or are derailed by other priorities. Most people think that changing behavior is like turning on a light; you just flick this switch and suddenly your life is changed. But actually, changing behavior is not like that. It's not like that for most of you, and it's not like that for drug users either.*

## Slide 1 (cont.)

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*To begin our discussion, let us consider that there are different stages of thinking that a person undergoes in committing to and making a decision to change something in his or her life. In this unit, we are going to learn about a model that describes these stages of thinking, what we will call the "stages of change". We will also learn about how to identify in which stage of change a person is likely to be. Understanding which stage a person is in will help you to determine which strategy is ideal for assisting him or her to achieve the change he or she wants to achieve. We will learn how to be detectives, how to determine how enthusiastic a person really is about changing his or her behavior. We will then learn how to respond in a way that encourages him or her to change his or her behavior.*

## Slide 2

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### LEARNING OBJECTIVES

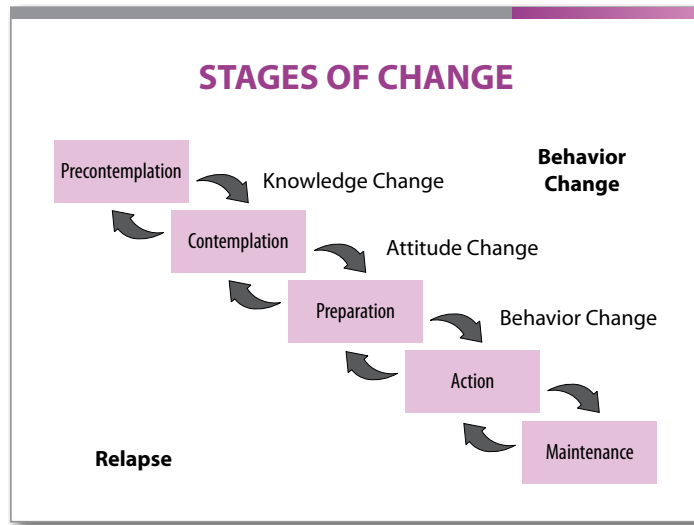
At the end of this unit participants will:


- have a good understanding of the Stages of Change Model
- know of unhelpful assumptions that prohibit client behavior change
- understand the concept of motivational interviewing
- understand the rationale of motivational interviewing interventions
- appreciate the interplay between the Stages of Change Model and motivational interviewing

**Teaching instructions:** Use the bullets on this slide to present directly to the participants.



## Slide 3



 **Say:** Now I am going to show you a diagram that outlines the stages of change, based on this model.

**FYI:** People in the **pre-contemplation** stage are not considering making any change in their drug use within the foreseeable future. They are often referred to as 'happy users'. Their focus is on the benefits they obtain from their drug use, and they discount or ignore any potential or existing problems. They may hear messages of concern, but they discount them. If **pre-contemplators** come for help, it is usually because of pressure by others - a spouse who threatens to leave, parents who threaten to disown them, or police who threaten to punish them.

In the **contemplation** stage, the person has become aware that a problem exists and is considering giving up or changing his/her substance use but still has not yet made a commitment to take action. People in the contemplation stage may be making statements to themselves like, "**I really should give up heroin**" or "**I think I need to cut down on my drinking**". They may stay stuck in this stage for a long period of time. It is not uncommon for a person to move back and forth between contemplation and pre-contemplation a number of times before moving on to the preparation stage. Contemplators may weigh the cost of their substance use against the benefits. They may also evaluate the benefits they obtain from their substance use against the amount of effort, time, and energy it will cost them to change their use. The contemplation stage is primarily characterized by serious consideration of the problem(s) coupled with ambivalence about change.

In the **preparation** stage, users begin to look at the costs of their use more critically. These costs may include financial, social, health and legal. They see the negative consequences of drinking or other drug use as outweighing the benefits. They may have already made some small behavioral changes such as delaying the time of their first cigarette in the morning. This is the time when clients need encouragement and assistance in setting

## Slide 3 (cont.)

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realistic goals and developing a plan of action. A client's goal may not be abstinence, but cutting down or controlling his/her substance use. This is a good time to discuss the range of possible strategies to achieve the client's goal(s).

In the **action phase**, the client is actively taking steps to change his/her behavior but has not yet reached a stable state. During this stage, you can begin to engage the client in treatment. This is a good time to support the client to consider realistic changes that he/she can achieve, small steps at a time. It is also important to acknowledge any difficulties your client faces in this early stage of behavior change. You will need to assist your clients to assess whether they have strong family and social support. Based on your joint assessment, you can then move forward with mobilizing potential support to help your clients achieve their goals. In the action phase, it is also important to help clients identify high-risk situations and develop appropriate coping strategies.

In the **maintenance stage**, the client has changed. He/she has maintained new behaviors for a relatively long period of time (at least six weeks). For example, individuals in this stage whose goal is abstinence are working hard to prevent relapse and have had relative success. They are working to maintain this success. It is important to reinforce the benefits of maintaining this change. It is important to help them to identify and enjoy non-drug sources of pleasure. It is also important to maintain support for these lifestyle changes. Through your regular sessions, you affirm their resolve for change and support their notions of self-efficacy. The maintenance stage is also a time to review and plan long-term goals with your clients.

The model described in this slide, developed by Prochaska and DiClemente, incorporates **relapse** as a part of the normal progression of change. If provided sound relapse prevention training, clients should be equipped to manage "slips" and/or reduce the risk of slips developing into full-blown relapse.

Few clients progress through the stages of change in a linear fashion. Counselors should expect clients to relapse many times during the recovery process and should avoid being upset with their clients for relapsing. A client may return to an earlier stage several times before achieving goal. For example, a client in the preparation stage may decide that "it is just too hard" and move back to being a "happy user" for a period of time. If clients do relapse, they may feel embarrassed, guilty and ashamed. They may feel like failures. However each time they will have gained new information based on their behaviors and will be able to use this information during subsequent attempts to change.

## Slide 3 (cont.)

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The most critical action counselors must make during this process is assessment. Knowing where a client stands in terms of the stages of change will assist greatly in providing the most appropriate strategies. Examples of strategies for each of the stages include the following:

**Pre-contemplators:** Advice/information (e.g. pamphlets/books), risk minimization strategies and commodities (condoms, new needles/syringes)


**Contemplators:** Problem assessment, education, increasing discrepancy

**Preparation:** Decision making, development of an action plan

**Action:** Problem solving, goal setting, feedback and support

**Maintenance:** Building resilience, self-monitoring, cognitive restructuring, identification of high-risk situations, feedback and support

**Relapse:** Maintaining support, normalizing relapse, information sharing, learning from relapse


 **Say:** *There is another interesting aspect of this diagram that I would like to discuss. Note on the right side of the diagram that the stages of change are also linked to changes in knowledge and attitudes (in addition to behaviors). You can't really change a behavior until you have sufficient knowledge about why you should change the behavior. You are also not likely to change a behavior until your attitudes around that behavior and/or its consequences also change. Finally, you will need certain requisite skills to make these changes.*

## Slide 4

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### MOTIVATIONAL INTERVIEWING - MI

- A style of counseling that aims to facilitate patient-driven decisions to change harmful behaviors
- Can be readily incorporated during the counseling process
- MI may be useful with a person who is 'contemplating' changing his/her behavior but may be experiencing ambivalence

 **Say:** *Motivational interviewing can be used to help support clients with varying degrees of motivation to achieve and maintain their goals. It is a directive, client-centered method of interacting aimed at helping clients to explore and resolve their ambivalence about their substance use, and progress through the stages of change. It is especially useful when working with clients in the contemplation stage, but the principles and skills are important at all stages.*

*Motivational interviewing is based on the understanding that:*

- *effective treatment is part of a natural process of change*
- *counselors can assist clients to become more motivated to change their behaviors*
- *the stylistic approach of an intervention will affect its outcome - e.g. an empathetic style in counseling is more likely to achieve a more positive treatment outcome than one that is not*

*Motivational interviewing can help support clients who are already highly motivated to achieve their goals.*

## Slide 5

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### MI TECHNIQUES ARE USEFUL BECAUSE...

- People come to counselors for a variety of reasons
- BUT many patients do not link their substance use to issues they wish to discuss
- MI can provide motivation for people to contemplate their substance use and build resolve for change
- MI can help clients understand their reasons for wanting to change
- MI can help counselors link appropriate interventions to clients, based on their stage of change


**FYI:** MI techniques are useful for the following reasons:

- People come to counselors for a variety of reasons; MI techniques enable clients to feel more comfortable disclosing relevant information.
- Many clients are not aware of how their substance use may be linked to some of the problems that they are facing that have led them to seek counseling. MI techniques help clients to distinguish between their current behavior (use of substances) and their issues of concern (i.e. how it may be affecting their ambitions, goals and values). Linking MI with “developing discrepancy”, a means of enabling your client to see that where he/she is and where he/she would like to be are not the same, can be especially effective.
- MI can provide motivation for people to contemplate their substance use and build resolve for change. The focus of motivational interviewing is on eliciting clients' intrinsic motivation for change. MI implies no judgment about extrinsic approaches, which can be quite effective in modifying behavior. MI may even work with those who initially come for counseling as a result of extrinsic pressure (such as being forced by parents or local police).
- Motivational interviewing differs from motivational strategies that are intended to impose change through extrinsic means, such as legal sanctions, punishment, social pressure, financial gain, etc.

## Slide 6

### MI: 8 UNHELPFUL ASSUMPTIONS

1. The client ought to change behavior
2. The client wants to change
3. Health is the client's primary motivator
4. The intervention has failed if the client doesn't choose to change
5. Clients are either motivated to change, or not
6. Now is the right time to choose to change
7. A tough approach is the best approach
8. The counselor is the expert; the client must follow the counselor's advice

 **Say:** *Here are some dangerous assumptions you may feel compelled to make that will interfere with your ability to apply motivational interviewing and may reduce the likelihood that the client will change his/her behavior.*

*The first is if you believe that clients should change their behavior. It is also unhelpful to believe that all clients really want to change and are all very enthusiastic about changing. If you make this assumption, you might begin by thinking 'Oh, this will be very easy if my clients are clear about what they need to do.' If you think that everybody is enthusiastic about making changes, then you will be very disappointed. Many clients are pre-contemplators.*

*It is also dangerous to assume that the main reason that people want to change their behavior is to become healthier. Maintaining good health is often not a major priority for many people. It is critical to identify what is important to your clients, not what is important to you.*

*It will not be helpful if you think every time your clients do not succeed that you have failed. Remember, you are trying to help them. But in addition to your efforts to counsel and support, your clients must be the ones who work at making changes. Motivating someone to change is not like turning on a light switch. There are degrees of motivation; we will learn how to determine how motivated someone is in order to assist him/her to change.*

*It is not helpful to assume that your clients must change right now. Sometimes people are not ready to make a change; it might take more time and it will be unhelpful to insist they must do it now. It's also unhelpful to think that you have to be tough with your clients, that if you are not tough they will not change their behaviors. This may have an adverse effect and increase their resistance to change. Finally, it will not be helpful for you to assume that your clients know nothing and that you know what is best for them. A good counselor listens to his/her clients and learns from them as well.*

## Slide 7

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### MOTIVATIONAL INTERVIEWING USES

- Applies to most behaviors
- Assesses the client's stage of change
- Enhances the client's resolve to change
- Provides clarification to problems and mechanisms to resolve those problems
- Helps to assess goals

**FYI:** Motivational Interviewing techniques can be applied to assist with behavior change on a variety of problematic behaviors.

#### **Assesses client's stage of change**

Motivational interviewing can be used at any stage of change. As discussed, assessing a client's stage of change is crucial in determining appropriate interventions to progress with treatment. MI can raise client awareness during the pre-contemplation stage. It can help with decision making during the contemplation phase. During the action and maintenance phases, it can remind clients of their resolution to change. Following relapse, it is a vehicle for reassessment. It is often used most successfully during the contemplation stage, a time during which clients experience significant ambivalence.

#### **Enhances client resolve to change**

MI provides an opportunity for clients to review the costs and benefits of specific decisions. This weighing exercise may assist some clients to move into the action stage, or to maintain certain behaviors when the going gets tough.

#### **Provides clarification**

In addition to helping clients increase their resolve to change, MI may help clients clarify costs and benefits of their substance use, and identify goals for the future.

## Slide 7 (cont.)

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### **Assessment**

As clients identify the costs and benefits of what they are doing and where it is leading them, their life goals and consideration for subsequent goals become clearer. MI helps clients to uncover information that both the client and counselor can use to move things forward.

### **When clients decide not to change**

In the precontemplation stage, clients may be happy to keep using drugs. In order for MI to be used as a valid decision making tool, counselors must accept a client's decision to continue using drugs. However, using MI during the precontemplation stage, regardless of a client's decision to keep using, will still assist the counseling process later on when the client has moved to the contemplation stage. MI attempts to move them forward in the future.



## Slide 8

### KEY ELEMENTS OF MOTIVATIONAL INTERVIEWING

- Self-confrontation
- Psychological principle: “I learn what I believe as I hear myself speak”
- Respect for client's right to choose


#### FYI: Self-confrontation

Self-confrontation is one of the most important elements in MI. Traditional approaches tend to use direct confrontation in order to overcome client denial. These approaches can yield even greater resistance. Through MI, clients are able to discover some of the costs and benefits of their actions on their own. As they hear themselves speak about their own problems, they are less defensive. They are also more likely to come to their own conclusions and support next steps than if they were told what to do.

#### Psychological principle: “I learn what I believe as I hear myself speak”

Motivational interviewing takes advantage of the psychological principle that suggests that people learn about themselves when they hear their own voice vocalize what they think and feel. They also tend to increase their commitment to do things when they hear themselves say them out loud. While this does not mean they will do anything, it is likely to increase the chances of their acting on their own volition. Verbalizing commitment is an important step in making a decision. Before you make a commitment, merely talking about what you are going to do increases the likelihood that you will do it.

**Teaching instructions:** Ask the participants why they think that talking about a future commitment makes it more likely that it will happen. Facilitate a brief group discussion on this topic, and then return to the material below.

 **Say:** *If you don't vocalize your commitment, your brain may cleverly minimize the gravity of the problem and its consequences. It may not address the various details and individuals concerned. But when you vocalize your concerns and the potential consequences of your behaviors, you force your brain to listen, and you are likely to make discoveries. In fact, you can*

## Slide 8 (cont.)

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*actually surprise your brain. You may discover that vocalized thoughts take on a new shape that they did not formerly have while inside your head, and that the communication between your mouth and your ears enhances your ability to examine problems, make decisions, and commit to desired outcomes.*

**FYI:** Clients have the right to choose

Rather than deciding what is best for the client, the MI approach encourages clients to make decisions for themselves. The counselor only assists the client to come to his or her own conclusion that change is necessary.

## Slide 9

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### SUMMARY – MOTIVATIONAL INTERVIEWING

#### **The process of change is a continuum**

- Strategies for various interventions are linked to the stages of change
- Pre-contemplation stage: client does not consider giving up
- Contemplation stage: client begins to think about doing something
- Action stage: client attempts to quit or reduce intake
- Maintenance stage: client succeeds in giving up and wants to maintain status
- Lapse stage: client resumes use (a normal part of the change process)

**Teaching instructions:** Use the bullets in this slide to present the points directly. See the FYI notes on the following page for additional points.

## Slide 10

### SUMMARY CONTINUED

- MI is a style of counseling that aims to facilitate patient-driven decisions to change harmful behaviors
- MI may be useful with a person who is “contemplating” changing his/her behavior but may be experiencing ambivalence
- When people hear their own words they are more likely to commit to desired changes

**Teaching instructions:** Review the key messages of this unit.

**FYI:** The process of change is a continuum

- Not everyone goes through every stage.
- In pre-contemplation stage the user is not considering giving up.
- During contemplation stage the user begins to think about doing something.
- In action stage the user attempts to quit, or reduce intake.
- During maintenance stage, the user has succeeded in giving up and wants to remain that way.
- In lapse stage, after trying hard to give up, most users resume use. This should be seen as part of the change process.
- Strategies for interventions are linked to a client’s specific stage of change.
- Accurate assessment of a client’s stage of change will assist the counselor to target interventions appropriately.
- MI is a style of counseling that aims to facilitate patient-driven decisions to change harmful behavior.
- MI may be useful with a person who is “contemplating” changing his or her behavior but may be experiencing ambivalence.
- When people hear their own words or their thoughts, they are more likely to be motivated to make changes.

**Teaching instructions:** Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

## Slide 10 (cont.)

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### Sources:

1. Mason, P. 1997, *Respecting Choice: Brief Motivational Interviewing*, National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide.
2. McDonald, J., Roche, A.M., Durbridge, M. & Skinner, N. 2003, Peer Education: From Evidence to Practice. An Alcohol and Other Drugs Primer, National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide.
3. Miller, W.R. and Rollnick, S. (2002). (2nd edition). *Motivational Interviewing – preparing people to change*. London: The Guildford Press.

# Handout 4.1

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## Stages of Change Model

### 1. The Pre-Contemplation Stage:

In this stage, the user is not considering giving up drugs. You should use this time to develop a relationship with your client and try to raise his/her awareness of the consequences of drug use, including on him/her, his/her family, and the community. Avoid pushing your client too hard! Remember that you must build a solid relationship and assist your clients to begin thinking about making life changes. How do you help? Form a relationship!

#### Some useful questions:

- How will you know when it is time to think about changing?
- What signals will tell you to start thinking about changing?
- What do you like most about yourself?
- What do you think you do best?
- What is the connection between those qualities and your drug use?
- Picture what your life was like before you began using drugs. How do you feel about that picture?
- Imagine what your life would be like if you continued the way you are going now. How does that make you feel?
- Picture what your life would be like if you changed. What does that image looklike to you?
- What are the good things about your drug use? Let's make a list.
- What are the not-so-good things about your drug use?
- Let's add these to the other side of your list. What would be the worst things that could happen if you changed (e.g. if you gave up drugs)?
- What would be the best thing that could happen to you if you kept going the same way as you are now (i.e. using drugs)?
- Let's make a list on this side of the "good things" about giving up drugs.
- Let's list make a list on this side of the "not-so-good things" about giving up drugs.
- What comes to your mind when you look at these lists?

### 2. The Contemplation Stage

In the contemplation stage, the user begins to think about doing something about his/her drug use, but has not yet reduced his/her level of drug use. They are usually ambivalent about change. "Contemplation" is often induced by someone or something external. When your client is in this stage, your job is to help him/her by discussing the advantages and disadvantages of reducing use and/or quitting (via motivational interviewing). Make observations and provide information, but avoid arguing. How do you help?

## Handout 4.1 (cont.)

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During this stage, you may want to one or more of the following:

- Continue to raise awareness of perceived risks of continuation of behavior
- Assist clients to make informed choices (using motivational interviewing techniques)
- Offer continued support, assistance and encouragement
- Acknowledge the “pleasant effects” of substance use and discuss what could be beneficial if the client reduced use
- Avoid too much focus on “action”
- Try to tip the balance in favor of change

### **Some useful questions:**

- What happened that make you think that you need to make some changes in your life?
- What are some of the good things about the way you are currently trying to change? Let’s make a list.
- What are some of the not-so-good or harder things? Let’s add them to the other side of your list.
- What will your life will be like if you make the changes you want to make?
- It’s great that you are thinking about changing. What do you need to help you make the changes you want to make?

### **3. Preparation for Change**

When the client is prepared, behavioral change begins with a change in pattern/level of use. This is the time to make and institute a plan. Prior to developing a plan, you will need to make full assessment of the client’s situation.

### **It is important to know the following:**

- Which drugs your client using
- How much he/she is using
- The frequency of his/her drug use (e.g. daily, 3 times per day, weekly)
- The route of administration (injection, inhalation, oral) and if the client has changed route of administration (also how and why)
- Whether the drug use is experimental, functional, harmful, or because of addiction
- If and how your client has tried to give up or reduce use in the past
- What function your client’s drug use is serving (what needs are being met by his/her drug use)
- The kinds of support your client has
- How he/she is paying for his/her drugs
- Whether your client uses drugs alone, with company or both

## Handout 4.1 (cont.)

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### Some useful questions/suggestions:

- What are some of the barriers to making the changes you want to make?
- Pick one of the barriers to changing and list some of the things that could help you overcome these barriers.
- Can you choose one of these possible solutions and try it out?
- What made you decide on that possible solution?

### Part of a counselor's tasks might be to:

- provide feedback
- support self-efficacy
- undertake a full assessment
- advise on options
- assist the client in making a plan
- assist in maintaining motivation
- assist in skill development and use of appropriate strategies
- provide practical assistance
- teach relapse prevention skills

## 4. The Action Stage

During the action stage, the client attempts to quit or reduce her/his drug use. You can be more active at this stage by helping the client to learn skills and develop strategies that are needed to reduce drug use or live a substance-free life. The client will need to conduct an informal self-assessment to determine what factors are influencing her or his drug use. Clients ought to consider people, places, emotions, stressors...etc. Counseling and support are crucial during this stage.

How do you help? Help by teaching life skills and coping strategies. Be supportive!

Once the client has identified some of the factors that prompt him/her to use drugs, he/she can begin trying to reduce and/or eliminate these from his/her life. For some, this may mean throwing away injection equipment. For others, it may mean finding a job to avoid boredom. Other people may have to avoid friends who are still using drugs. The client may need to talk about the past, or work with his/her family or other people who play a significant role in his/her life. It may also mean changing employment.

Many of these interventions are commonly used in counseling to address problematic behaviors. During this stage the client initiates and tries to maintain her/his new behaviors, working to keep from (re) lapsing. Many of these interventions are commonly used in counseling to address problematic behaviors. During this stage the client initiates and tries to maintain her/his new behaviors, working to keep from (re) lapsing.



## Handout 4.1 (cont.)

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### Part of a counselor's task might be to:

- provide reinforcement during difficult times
- assist the client to maintain his/her status
- teach self-reinforcement skills
- monitor relapse prevention skills
- teach self-monitoring skills
- refer clients to self-help groups as appropriate

### Some useful questions:

- Congratulations! What has worked for you in taking these steps?
- What could help to make the process better?
- What else would help?
- Can you break these larger steps you have identified into smaller, easily achievable steps?
- Is there anything I can do to assist you?

## 5. The Maintenance Stage

A client in the maintenance stage is usually abstaining from substance use and wants to remain that way. Your role is to help the individual develop a healthy lifestyle, which might include moving to a neighborhood where drugs are less prevalent, finding activities that keep him or her off the streets and away from users and dealers, and spending free time with non-users only. Most importantly, individuals in this stage must learn to monitor themselves and recognize when they are entering into risky situations. It may be very difficult to maintain change. Clients will likely feel that the drugs they took were helpful to them in many ways. They may grieve the loss of the drugs, like the death of a good friend.

It is important for counselors to keep in mind why their clients used drugs in the past and what they may be missing (i.e. pleasant hallucinations, good feelings). Clients may also be suffering from painful memories, anxiety or depression as a result of abstaining from drugs. How do you help? Try to understand your client's feelings, what he/she could be missing, and be as supportive as possible.

### Some appropriate responses would be to:

- continue to be supportive
- reinforce gains - do not assume all is lost if there is a lapse
- keep the client linked to appropriate services and encourage him/her to access additional services that may be of help
- bring the client back in for a refresher session or a full intervention

## Handout 4.1 (cont.)

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### Some useful questions:

- Congratulations!! What do you think is working to keep you in control of your life?
- Is there anything you can think of that may help to make things better for you?
- What else might help?
- Can you break these things that you have identified into smaller, more easily achievable steps?

### 6. The Relapse Stage

After trying to abstain, most users go through a stage where they resume taking substances at the same or a slightly reduced dosage as before. This should not be considered failure: relapse is a common part of the recovery process. You need to prepare your client in advance for this stage and then help him/her to get through it. Try to help your client figure out what caused him/her to resume drug use. Not all change strategies work for all users. When your client is ready to try to quit again, you can help him/her develop a more effective plan of action.

How do you help? Assure her/him that lapse and relapse are part of the change process. Help him/her find out why the lapse occurred. When she/he is ready again, be there for her/him.

When an individual returns to use (lapse) or previous pattern of use (relapse), it may be one-off or continued use.

### A counselor's tasks might include the following:

- Preparing the client for this stage in advance by explaining that lapse and relapse are commonly part of the process of change
- Assisting the client to reframe his/her experience
- Assisting the client to distinguish between a 'lapse' and 'relapse'
- Helping minimize harm from (re)lapse
- Supporting the client to renew his/her resolution to change
- Supporting the client to identify and try different strategies

### Some useful questions:

- Was there anything that worked for a while?
- Why do you think it worked for a while?
- What happened that made it difficult for you to maintain your status?
- What did you learn from this?
- Did you think of some other ways of maintaining the change?

## Handout 4.1 (cont.)

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- What happened that made these not work for you?
- What did you learn from this?
- Let us try to think of some things that you might try to see if you can get things moving again so that you are more in control of your life. Let's make a list.
- Can you break these things that you have identified into smaller, more achievable steps?
- Is there anything that I can do to assist you?

### Summary

- The process of change is a continuum: clients move from one stage to another.
- At the pre-contemplation stage, the client does not consider giving up his/her substance use.
- During the contemplation stage, the client begins to think about doing something about his/her substance use.
- During the action stage, the client attempts to quit, or reduce his/her drug use.
- After trying hard to give up their substance use, most users tend to resume use. This is the lapse stage. Lapse and relapse should be seen as part of the change process, and should not be seen as failure.
- During the maintenance stage, clients have usually succeeded in giving up their reliance on substances and want to maintain their status.

### Sources:

Mason, P. 1997, *Respecting Choice: Brief Motivational Interviewing*, National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide.

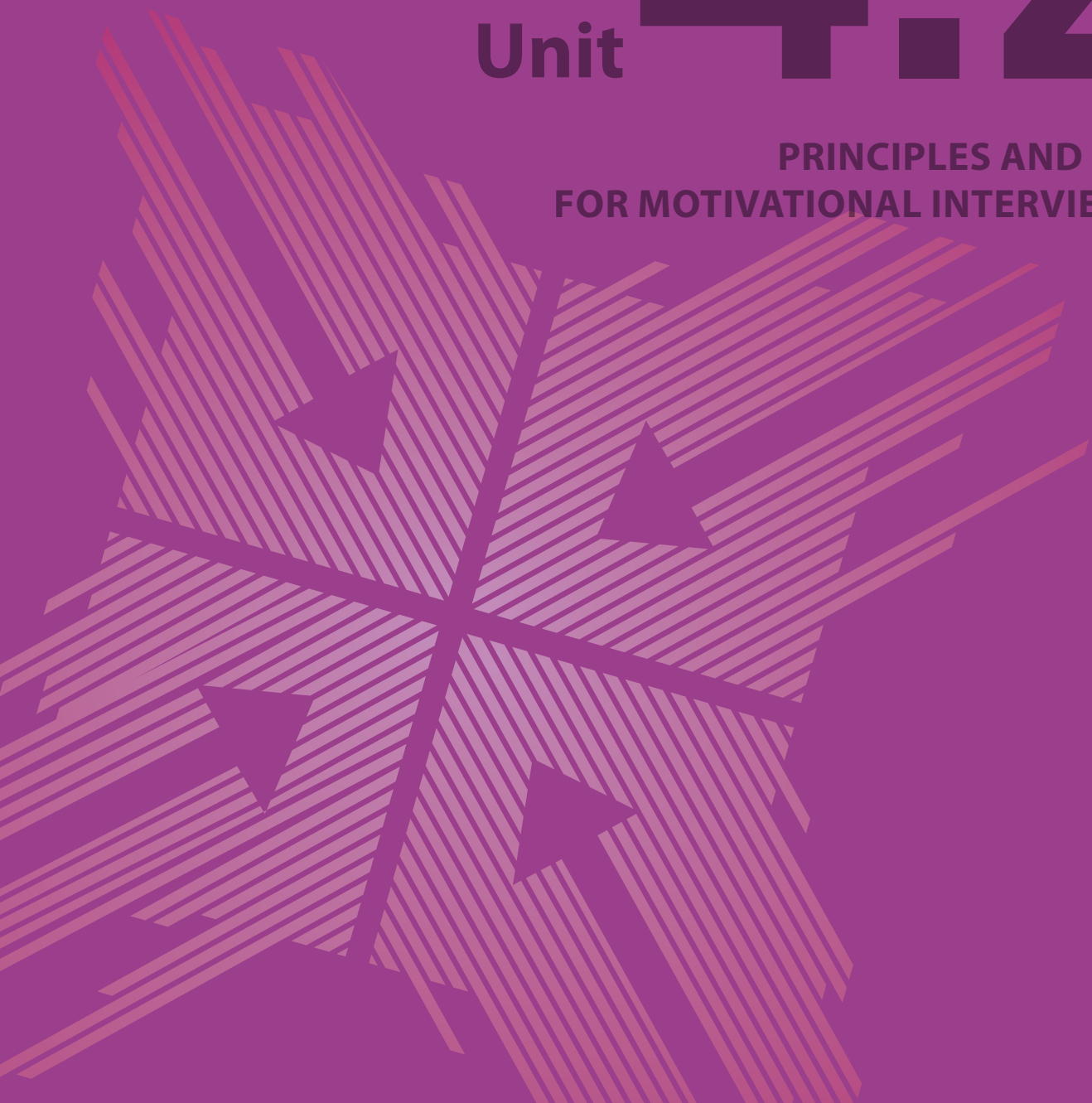
John Howard, 2006. *A Toolkit for Building Capacity For Community-based Treatment and Continuing Care of Young Drug Abusers in The Greater Mekong Subregion*. The United Nations Economic and Social Commission for Asia and the Pacific.

William R. Miller, 1999. 'Enhancing Motivation for Change in Substance Abuse Treatment' Treatment Improvement Protocol (TIP) Series 35. Center for Substance Abuse Treatment (CSAT). Substance Abuse and Mental Health Services Administration's (SAMHSA). U.S. Department Of Health And Human Services

At: <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.61302>

# Unit 4.2

PRINCIPLES AND STEPS  
FOR MOTIVATIONAL INTERVIEWING



# OVERVIEW

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## I. Introduction

**1 Min**

Review the basic principles of motivational interviewing and introduce the key concepts of this unit.

## II. Presentation and practice

**95 Min**

Use the slides to present the steps of MI and how to apply MI in the provision of counseling services.

## III. Conclusion

**14 Min**

Principles and steps for motivational interviewing

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## Unit 4.2: Principles and Steps for Motivational Interviewing

**Goals:** To provide the key principles and steps for motivational interviewing and to train participants understand how to integrate MI techniques into counseling.

**Time:** 110 minutes

**Objectives:** At the end of this unit participants will:

- have a good understanding of the basic principles of motivational interviewing
- understand the steps of a motivational interviewing intervention session
- have had an opportunity to practice these new skills in role-plays
- have learned how to apply motivational interviewing approaches in counseling services

### Methodology:

- Presentation
- Group discussion
- Small-group exercises
- Role-plays


### Teaching aids:

- PowerPoint presentation slides
- Handouts 4.2-1 – 4.2-8

# Slide 1

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 **Say:** *This unit links directly to the previous unit, which introduced the basic concepts for motivational interviewing.*

## Slide 2

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### LEARNING OBJECTIVES

At the end of this unit participants will:

- have a good understanding of the basic principles of motivational interviewing
- understand the steps in a motivational interviewing intervention session
- have had an opportunity to practice motivational interviewing skills in role-plays
- have learned how to apply motivational interviewing approaches in counseling services

**Teaching instructions:** Use the bullets on this slide to present directly.

## Slide 3

### MI: 5 KEY PRINCIPLES

- Express empathy
- Reduce ambivalence & develop discrepancy
- Facilitate self-motivational statements
- Avoid or “roll with” resistance
- Use counseling skills to elicit discussion about change
  - Open-ended questions
  - Affirmations
  - Reflective listening
  - Summarizing

**FYI:** In employing motivational interviewing techniques, it is critical to be **empathic**, to show your concern. People will feel more confident about disclosing personal information and more confident talking to you about what is happening in their lives if you show concern. You also need to assist your client to move from contemplating change to changing behaviors. As discussed in previous units, a person who is contemplating behavior change says to himself, “there are things that I like about taking drugs, but there are also problems associated with my drug taking”. This is called ambivalence; these individuals are **ambivalent** about their change. Good counselors help clients to recognize the **discrepancy** between what their clients are currently doing and what their clients would like to do. In addition, if an individual feels more confident about the change that he seeks, he will feel more enthusiastic about making that change. Counselors need to assist clients to develop **self-motivation** and the confidence to proceed with change.

Some clients will be resistant to changing their behavior. They may lack confidence in their ability, and therefore lack motivation. One way to deal with this resistance is to avoid confrontation entirely: **roll with resistance**. It is not effective to insist that they change or to confront them with questions like: “Are you are crazy, why are you doing that?” The more you try to force behavior change on your clients, the more they are likely to resist it.

Remind participants that you have discussed different **counseling skills** that can be used, including open-ended questions, reflective listening affirmations, and summarization of what clients have said. These are all ways to help slow things down to help clients think about what they are doing and whether or not they really want to continue doing it. When combined, these skills can help to initiate discussions about change with your client.

**Teaching instructions:** Tell participants that they can refer to Handout# 4.2-1 5 Key Principles of Motivational Interviewing for more information on MI techniques.



## Slide 4

### STEPS IN MOTIVATIONAL INTERVIEWING

1. Assess the client
2. Explore the good & not-so-good things
3. Summarize and help the client make a decision (using the Decision Matrix)
4. Help set goals

 **Say:** *There are 4 main steps in using MI techniques.*

#### **Step 1: Assess the client**


*Comprehensive client assessment will be discussed in Unit 5.1. Usually, a thorough assessment is not completed in one counseling session. Rather, it is an ongoing process. For the purpose of using MI techniques to elicit change, it may be useful to conduct a preliminary assessment to provide you with direction on where to proceed with your MI intervention.*

#### **Step 2: Explore the good and no-so-good things about current behaviors**

*Clients usually expect you to ask them about the bad things associated with their drug use. They do not expect you to show interest in knowing about the things they enjoy about drug use.*

*Why should a counselor be interested in knowing what their clients enjoy about using drugs?*

**Teaching instructions:** *Allow some time for participants to provide answers to your question.*

 **Say:** *It is important to encourage clients to begin communicating between their mouths and their brains, so that they can hear the things they like and the things they don't like. It will help you to understand whether they are pre-contemplators, contemplators, or in the action phase. It will also help you to understand what is important to them, and what is not important. The things that your client identifies as benefits from drug use will be the focal points of your interview later on. Let's try a role-play, and you will start to see why.*

## Slide 4 (cont.)

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**Teaching instructions:** Conduct a role-play with a volunteer participant. Ask the volunteer to choose a behavior, not necessarily related to drug use. You play the counselor, and the participant plays the client. The purpose of the role-play is to get the client to discuss the good and the not-so-good things about that behavior. For an example of a role-play, go to Handout #4.2-1: Example of a counseling session on exploring the good things and not-so-good things about a behavior (sleeping habit - staying up late). There is also a sample table of good things and not-so-good things about substance use in Handout # 4.2-4.

 **Say:**

### **Step3: Help the client make a decision (using the Decision Matrix)**

*One way to help your client make a decision is to use the Decision Matrix. Your client may have competing motivations because there are benefits and costs associated with a certain behavior (e.g. drinking alcohol,) or a behavior they want to adopt (e.g. exercise). We will get to the Decision Matrix in a few slides.*

### **Step4: Help set goal(s)**


*Right after your client decides that he/she will make a change; you need to take advantage of the momentum to set goals with your client to make sure that some action will be undertaken after the counseling session. It may be helpful to assess the degree of importance that he/she places on moving forward and the degree of confidence she/she has in doing it. In order to assess this, you might ask him/her what would be needed to move to the next level.*

## Slide 5

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### ASSESSING THE PATIENT

- Establish rapport
- Show empathy
- Take a drug use history (typical day)
- Provide results and feedback on the assessment
  - Be objective

 **Say:** *Before launching into a motivational interview, it will help to conduct a brief client assessment. In assessing your client, you will need to establish a good rapport at the outset, show empathy during the assessment, take a drug use history (which means get an idea of what kinds of drugs the client takes and how much on a given day), and provide feedback on the assessment in an objective manner. We will discuss how to take a drug and alcohol assessment in more detail in a later unit.*

## Slide 6

### EXPLORING THE GOOD THINGS ABOUT DRUG USE

- What are some of the good things about \_\_\_\_?
- People usually use drugs because they help in some way - how have they helped you?
- What do you like about the effects of \_\_\_\_?
- What would you miss if you weren't taking \_\_\_\_?
- What else?
- NOTE: Be sure to give praise & support self-efficacy

**👤 Say:** *Once you have taken a history of your client's substance use, the next step is to explore the things that he/she likes about taking drugs. The questions in the slide are examples of ways you can approach this exploration. It is not uncommon for people to be surprised with these questions and reluctant to provide insight into the things they enjoy about their drug use. They may be concerned or confused by your motivation. However, it is important to discuss these benefits, as they will be the starting points for future interventions in your motivational interviewing.*

*After summarizing the benefits from your discussion, ask if there are any other benefits, to ensure that nothing is missed. You may also want to rank each of the benefits from the client's perspective. Don't assume that when something is mentioned first it is the most important. You can ask questions like "which of these benefits is the most important to you? Which is the least?" Also ensure that you give praise and support your client's attempts to change. Providing acknowledgement and thanking your client for coming and considering change, an important first step, will help encourage your client to feel more confident about the changes that he/she is trying to make.*


## Slide 7

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### EXPLORING THE NOT-SO-GOOD THINGS ABOUT DRUG USE

- Can you tell me about the downside of taking\_\_\_\_\_?
- What are some aspects that you are not so happy about?
- What are the things you wouldn't miss?
- If you continued as before, where do you see yourself 3 years from now?
- What else?

NOTE: Be sure to give praise & support self-efficacy


 **Say:** *These are some sample questions that you can use to explore the not-so-good things about drug use with your client. Just as you did with the benefits, be sure to develop a ranking of least to most significant. There is an example of a 5-minute counseling session with feedback and exploration of the pros and cons of heroin use in Handout #4.2-5.*

## Slide 8

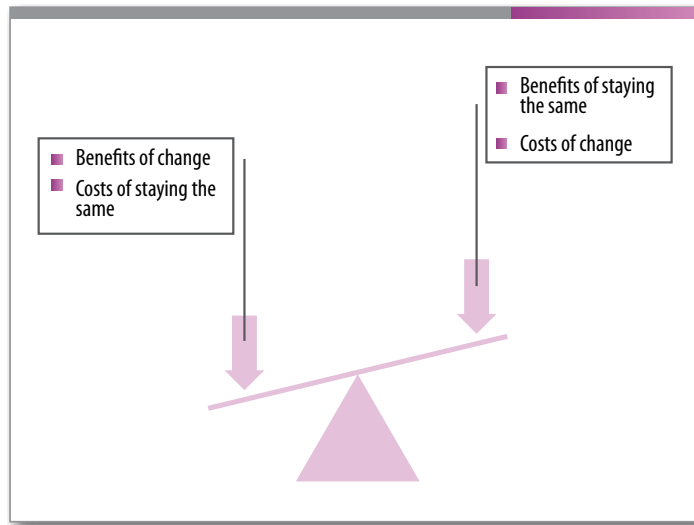
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### MI: SUMMARIZING

- Summarize the good things
- Summarize the not-so-good things (problems)
- Summarize how your clients compare drug use to their life goals
- Summarize, summarize, summarize
- If you get stuck say things like, "So, let's see, so far you have said...."

 **Say:** *It is very important to summarize after each step. This helps you to be sure that you have understood your client correctly, and enables your client to affirm what he/she has said. It may help you take brief notes during the process and use them to summarize what has been said. Summarization can also help clients to sort out and indicate which things are most important to them. Remember to ensure that your summary gives emphasis to the things your client finds most important.*


## Slide 9



**Say:** *The main purpose of summarizing the costs and benefits of your clients' drug use is to help them weigh the costs and benefits to determine how to make a decision. By nature of their coming to you for counseling, your clients may have already begun to realize that they want to make a change in their lives. They may still be ambivalent. The summarization and prioritization process may help them move from their ambivalence. Remember: whether or not they take action must be their choice.*

# Slide 10

THE DECISION MATRIX			
	Short-term	Long-term	Score
Benefits			
Costs			

 **Say:** An alternative way of helping clients make a decision about change is by using a decision matrix. The decision matrix helps you to weigh the benefits and costs of a given behavior by scoring them and comparing scores. You can change the parameters to suit your client's situation. Ask your client to fill in the boxes with various benefits and costs, in the short- and long-term, and then ask your client to score each on a scale of 1-10, based on their relative importance (higher scores mean greater importance). If the score for the benefits of change is higher than that of the costs of change, your client will hopefully recognize that changing his/her behavior may be ideal. However, if the score for costs is higher, then that may mean that your client is not willing to make a change at this time.

**FYI:** Below is an example of a filled decision matrix that weighs the costs and benefits of getting drunk on alcohol.

	Short-Term	Long-Term	Scores
Benefits	Helps me relax (6) Enjoy drinking with friends (7)	Forget my problems (4)	17
Costs	Could lose my family (8) Bad example for my children (8) Damaging my health (3) Spending too much money (3)	Impairing my mental ability (3) Might lose my job (5) Wasting my time/life (2)	32



# Slide 10 (cont.)

From this example it is clear that the costs outweigh the benefits. A client with this decision matrix might decide that the costs of his/her drinking are too high, and may choose to reduce or stop consuming alcohol.


The example below weighs the costs and benefits of exercising daily in the morning.

	Short-Term	Long-Term	Scores
Benefits	Benefits Look good, fit, can wear beautiful clothes (6) Loved more by partner (4)	Live a long healthy life, physically (7) and psychologically (6)	23
Costs	Difficult to wake up early for exercise (4) Need to reduce responsibilities that require late nights (5) Might need to give up other hobbies: watching movies (3) Miss the warmth and comfort of the bed early in the morning (3)	Might injure myself (1)	16

In this example, the scores show that the desired behavior (exercising daily in the morning) is more beneficial than not exercising. While thinking about these issues alone may not be effective for your client to make changes, putting his/her thoughts down on paper may.

## ASK FOR A DECISION

- Restate the dilemma or ambivalence:
  - "You were saying that you were trying to decide whether to continue or cut down on \_\_\_\_\_"
  - "After this discussion, are you more clear about what you would like to do?"
  - "So have you made a decision?"

 **Say:** *Generally, you should limit any further input at this stage. Clients may be suffering from both information and emotional overload. At this point, ideally, they should "know" what is the best course for them to take.*


*This is not the time to discuss the "how" component of any decision making. If concern about the "how" arises in your conversation, simply reassure your clients that they have made great strides in making a decision to change. You will get to the "how" one step at a time.*

## Slide 12

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### GOAL SETTING

- What will be your next (first) step now?
- What will you do in the next 1 or 2 days (week)?
- Have you already been doing something to achieve this? If so, can you do more of this?
- Who will be helping you on this?
- On a scale of 1-10 how confident are you that you will do this next step?
- NOTE: Be sure to provide praise and support self-efficacy

 **Say:** *Right after your client decides to make a change, you need to take advantage of the momentum to set goals. This will help to ensure that some action will be undertaken after the counseling session.*


*Remember SMART goal setting (Specific, Measurable, Attainable, Realistic, Time-bound). Initially the steps will be small.*

*Goal setting is required to translate a decision into action. Goal-setting techniques will be discussed in more detail in a later unit (Unit 5.3). Remember that gaining commitment for change is important. The greater the confidence, the more likely your clients will follow through.*

### THE 5-MINUTE ASSESSMENT

1. Readiness ruler
  - How important is your drug use to you?
    - On a scale of 1-10
    - (1 = not important, 10 = very important)
2. Confidence ruler
  - How confident are you about changing?
    - On a scale of 1-10
    - (1 = not confident, 10 = very confident)
  - Why did you score yourself so high/low?
  - What would help to move you higher on the scale?
3. How high on the scale would you need to be to change?

**Teaching instructions:** In order to assist participants to understand the scales in the notes below, you may want to draw a Readiness Ruler and a Confidence Ruler on flip chart paper. You can then refer to them when you discuss them using the guidance below.

 **Say:** Sometimes it helps for clients to be able to visualize where they stand in terms of making a change.

**FYI: The Readiness Ruler**

A simple way to find out how important the client thinks it is to reduce their substance use is to use the ‘readiness ruler’. This is just a scale with gradations from 1 to 10, where 1 is “not at all important” and 10 is “extremely important”. Clients can be asked to rate how important it is for them to change their substance use.

You might ask, “How important is it to you to cut down or stop your substance use? On a scale of 1 to 10, where 1 is not at all important and 10 is extremely important, how would you rate yourself?”

1	2	3	4	5	6	7	8	9	10
Not at all important					Extremely Important				

The readiness ruler can be used at the beginning of a counseling session to help gauge the client’s stage of change, or it can be used during the intervention as a way of encouraging the client to talk about reasons for change.

# Slide 13 (cont.)

## The Confidence Ruler

The same sort of scale can also be used to assess how confident clients are that they are able to cut down or stop their substance use. The confidence ruler can be used with clients who have indicated that it is important for them to make a change, or it can be used as a hypothetical question to encourage clients to talk about how they would go about making a change.


You might ask, “How confident are you that you can cut down or stop your substance use if you decide to do it? On a scale of 1 to 10, where 1 is not at all confident and 10 is extremely confident, how would you rate yourself?”

1	2	3	4	5	6	7	8	9	10
Not at all confident							Extremely Confident		

It is not necessary to use this visual tool, but it may be helpful, especially for clients with low literacy or innumeracy. For some clients, it may be enough to describe the scale using words. Having asked the scaling question, if they answer 7 or below, ask about the things that may prevent them from taking their next step. Ask what would have to be different for them to take action.

**Teaching instructions:** You may want to get participants to practice the steps for motivational interviewing here by breaking participants into clients and counselors and having them conduct role-plays.

FRAMES APPROACH	
Feedback	Assessment & evaluation of the problem
Responsibility	Emphasis of client's personal responsibility and that alcohol/drug use is his/her choice
Advice	Provision of explicit advice to change or to seek further treatment
Menu	Offer alternative strategies: personal choice, goals & control
Empathy	A potent determinant of client motivation & change - counselor role is critical
Self-efficacy	Instill optimism - chosen goals can be achieved

 **Say:** *The FRAMES approach can be used to ensure that critical elements are included during the motivational interview. FRAMES is an acronym, and it stands for Feedback, Responsibility, Advice, Menu of alternative change strategies, Empathy and Self-efficacy.*

**FYI:**

**Feedback**

The provision of relevant, personal feedback is critical in individual drug counseling and generally follows a thorough assessment of drug use and related problems. Feedback can include information about the individual's drug use and problems, information about personal risks associated with current drug use patterns, and general information about substance-related risks and harms. If the client's problems are likely related to substance use, it is important to inform the client about this potential link as part of the feedback session. In providing feedback, you might compare the client's substance use and associated problems to others who have similar experiences.

**Responsibility**

It is important for clients to acknowledge that they are responsible for making decisions about their own behaviors and that they can make choices about their substance use. Counselors should provide messages like "What you do with your substance use is up to you" and "Nobody can decide for you" to enable clients to retain personal control over their behavior and associated consequences. Clients who have this sense of control will be more motivated to make changes and will be less resistant to change.

## Slide 14 (cont.)

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### Advice

Provision of clear advice regarding the harm associated with continued drug use is fundamental in effective counseling. Clients are often unaware that their current patterns of substance use could lead to health or other problems, or make existing problem worse. Providing clear advice that cutting down or stopping substance use will reduce their risk of future problems will increase their awareness of personal risk and provide reasons to consider changing their behaviors. The decision matrix can be helpful a helpful tool for this element.

### Menu of alternative change options

Effective interventions provide clients with a range of alternative strategies to cut down or stop their substance use. This allows clients to choose the strategies that are most suitable for their situations and that they feel will be most helpful. Providing choices reinforces clients' sense of control, responsibility and motivation for making changes. Ideally, clients' choices will be linked to their stage of change. You might want to assist clients to choose and conduct 1 or more of the following:

- Keep a diary of substance use (where, when, how much, with whom, and why)
- Help clients to prepare substance use guidelines for themselves
- Identify high-risk situations and strategies to avoid them
- Identify other activities instead of drug use - hobbies, sports, clubs, gymnasias, etc
- Encourage clients to identify people who could provide support for the changes they want to make
- Provide information about other self-help resources and written information
- Encourage clients to put aside the money they would normally spend on substances for something else

### Empathy

Effective interventions employ a warm, reflective, empathic and understanding approach. These qualities will ensure that clients feel comfortable and welcome. They will also increase the likelihood that clients will remain in counseling and treatment, therefore increasing positive counseling and treatment outcomes.

### Self-efficacy (confidence)

It is critical to help build clients' confidence that they are able to make changes to their substance use. People who believe that they are able to make changes are much more likely to do so than those who feel powerless or helpless. Counselors should assist clients to make self-efficacy statements; they are more likely to believe what they hear themselves say, rather than what they hear someone else tell them.


# Slide 15

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## RECOGNIZE RESISTANCE

When patients:

- argue
- interrupt
- fail to link (problems to use)
- ignore problems
- fail to engage

 **Say:** *When clients do not want to change their behavior, they will show their resistance through these kinds of behaviors. They may argue with you and/or disagree with what you say. When you are trying to say something, they may interrupt you because they don't want to hear your words.*


*They may tell you that their problems have nothing to do with their drug use. Or they may completely ignore their problems as if they don't exist. Finally, they may choose not to talk to you or come to you anymore. This is called denial.*



# Slide 16

## REDUCE RESISTANCE

- Roll with resistance
- Shift the focus
- Reframe
- Emphasize personal choice and control
- Stop providing solutions

 **Say:** *There are many methods for responding to resistance that may help to reduce it. They include rolling with resistance, shifting the focus, reframing, emphasizing personal choice and control, and stopping providing solutions.*

### FYI:

#### 1. Roll with resistance

Rolling with resistance was previously discussed as one of the counseling skills in Unit 2.4.

Counselors face resistance when clients argue, interrupt or negate counselors' suggestions. It is important not to strengthen the resistance by continuing to disagree. Rolling with resistance means not confronting the client's position. There are a variety of techniques that can be used. For example, you might say, "You don't appear to be ready to change your behavior at the moment". This simply reflects a client's point of view.

Double-sided reflection involves acknowledging the client has stated both sides of an ambivalent equation. You might say, "I can see that this must be confusing for you. On the one hand, you are concerned about your drug use, but on the other hand you feel that you don't take more drugs than your friends and they don't appear to be having problems". The purpose of rolling with resistance is to get them to consider new information and perspectives about their substance use.

#### 2. Shift the focus

Shifting focus means moving the focus of the discussion away from what has lead to a roadblock to some sort of progress. This kind of detouring can be a good way to address,

## Slide 16 (cont.)

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or at least postpone dissonance when you encounter a particularly difficult issue. In order to shift focus effectively, you need first to defuse the initial concern, and then direct attention to a more readily workable issue.

### 3. Reframe

Another way of dealing with resistant behavior is to reframe what the client is saying. This approach acknowledges the validity of the person's opinions and offers a new meaning or interpretation. Critical issues are recast and viewed in a different light to make it easier to consider ways of changing behavior. Reframing was also discussed as one of the counseling skills in Unit 2.4.

### 4. Emphasize personal choice and control

Resistance sometimes arises from the phenomenon of psychological reactivity. When people perceive that their freedom of choice is being threatened, they tend to react by asserting their liberties (e.g. "Nobody tells me what to do!"). This is a common and natural reaction to a threatening loss of choice. One solution is to assure the client of what is certainly true: in the end, the client determines what happens. An early assurance of this kind can diminish reactivity. Below is 1 example:

**Client:** *What if I tell you I like smoking and I don't want to quit?*

**Counselor:** *You're free to do as you please; it's your choice. I couldn't make that decision for you even if I wanted to.*

### 5. Stop providing solutions


If you have tried a variety of methods to reduce resistance but to no avail, then you need to stop providing solutions.

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### IF NO COMMITMENT TO CHANGE IS MADE


- Accept it
- Empathize that ambivalence can be difficult
- Ask if he/she can manage the consequences of not making a decision
- Ask if there is anything else that will help with the decision (i.e. having more time or information...etc)

 **Say:** *If the client decides to make no decision now, it is important to accept the client's decision. You need to empathize with the client's difficulty in feeling ambivalent. You might want to ask your client if he/she has a plan to manage the consequences of not making a decision. You might also ask your client if there is something that he/she needs to make a decision, such as more time, more information, or more support.*

### REMEMBER

- Leave the door open.....

*"In summary, it seems that at the moment you don't want to change this behavior, but if you want to talk about it further at some stage, or if you decide that it is starting to cause you problems, please feel free to come and see me again and we can discuss this further..."*

 **Say:** *However - make sure that you always leave your door open.*

## Slide 19

### CONCLUSION - MOTIVATIONAL INTERVIEWING

- Client-centered decision making
- Uses counseling skills to elicit discussions about change
- Helps to identify clients' stage of change
- Links interventions to clients' motivations
- Creates discrepancy between where clients are and where they would like to be

**Teaching Instructions:** Use the bullet points to present directly. Additional notes are provided below for more discussion on motivational interviewing and its limitations.

### **FYI: Considerations and limitations of motivational interviewing**

While the effectiveness of motivational interviewing has been studied widely in a number of different populations and been found to be one of the most effective approaches to treating addiction, there are limitations that must be considered (Burke, Arkowitz, & Dunn, in press; Noonan & Moyers, 1997). First, MI should not be thought of as a panacea for the comprehensive treatment of addiction. Instead, MI represents a focused response to ambivalence, and may be an appropriate initial strategy. Because MI is primarily intended to work through ambivalence, the use of many of its techniques may serve to impede or frustrate an already motivated client who is ready to engage in the change process. In such cases, MI should be used only to address issues of ambivalence, should they occur.

Like any clinical skill, proficient use of MI will require far more than simply reading through these guidelines. Additionally, MI should be thought of not as a programmed, point-by-point treatment approach, but rather as a flexible style of clinical interaction. As a result, the acquisition of proficient Motivational Interviewing skills requires both extended study and practice. There is a thorough resource section at the end of this guideline for more information. These resources should serve as useful references in your effort to become more skilled in both the science and the art of motivational interviewing.

## Slide 19 (cont.)

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**Teaching instructions:** Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

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# Handout 4.2-1

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## Five Key Principles of Motivational Interviewing

Motivational interviewing is directive in that the counselor has certain goals in mind when conducting the interview. These goals are formulated with an awareness of the underlying principles of motivational interviewing. When strategizing an intervention, the MI counselor should employ the following strategies.

### Express empathy

In the clinical setting, empathizing means employing an accepting, non-judgmental approach, with efforts to understand the client's point of view and avoidance of the use of labels such as "alcoholic" or "drug addict". It is especially important to avoid confronting, blaming or criticizing the client. Skilful reflective listening, which clarifies and amplifies the client's experience, is a fundamental part of expressing empathy. Engaging with empathy will increase positive counseling outcomes.

### Reduce ambivalence/Develop discrepancy

People are more likely to be motivated to change their substance use behavior when they recognize the discrepancy between their substance use and related problems, and the way they would like their lives to be. The greater the difference between a client's most important goals and his/her current behavior, the more likely the client will be able to change. Motivational interviewing will help to create and amplify this discrepancy from the client's point of view. It is important for the client to identify his/her own goals and values, and to express his/her own reasons for wanting to change.

### Facilitate self-motivational statements

The counselor should assess the client for:

- willingness to receive information
- acknowledgement of harm associated with behaviors
- a desire/need to change

Eliciting self-motivational statements from the client is one goal of motivational interviewing. It is critical for clients to believe in the possibility of change and to know the range of alternatives. Remember, the client is responsible for recognizing his/her choices and making changes. This is a strategy for helping the client to resolve ambivalence and is aimed at enabling the client to identify arguments supporting the change.

## Handout 4.2-1 (cont.)

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There are 4 main categories of discussions on change:

- Recognizing the disadvantage of staying the same
- Recognizing the advantage of change
- Expressing an intention to change
- Expressing optimism about change

There are a number of ways of eliciting a discussion about change.

- Ask direct, open-ended questions; for example:
  - "What worries you about your substance use?"
  - "What do you think will happen if you don't make any changes?"
  - "What might be some good things about cutting down on your substance use?"
  - "How would you like your life to be in 5 years?"
  - "What do you think would work for you if you decided to change?"
  - "How confident are you that you can make this change?"
  - "How important is it to you to cut down on your substance use?"
  - "What are you thinking about your substance use now?"
- Use the importance and confidence rulers. Miller and Rollnick suggest using the ruler to obtain the client's rating and then ask the following 2 questions:
  - "Why are you at (e.g. 3) and not at 1?" This gets the client to justify, or defend out loud their position, which may motivate the client to change.
  - "What would it take you to go from a (e.g. 3) to a (e.g. 6) (a higher number)? This gets the client to verbalize possible strategies for change and gets him/her to start thinking more about change.
- Probe the decision balance by encouraging the client to talk about the benefits of change and the costs of staying the same.
- Ask the client to clarify or elaborate on his/her statements. For example, you might say the following to a person who reports that one of the not-so-good things about using cocaine is having panic attacks:
  - "Describe the last time it happened."
  - "What else?"
  - "Give me an example of that."
  - "Tell me more about that."
- Ask the client to imagine the worst consequences of not changing or the best consequences of changing.
- Explore the client's goals and values to identify discrepancies between the client's values and his/her current substance use. For example, ask:
  - "What are the most important things in your life?"



## Handout 4.2-1 (cont.)

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***Examples of self-motivational statements are provided in Handout 4.2-2***

### **Avoid or roll with resistance**

Counselors face resistance when clients argue, interrupt or negate counselors' suggestions. It is important not to strengthen the resistance by continuing to disagree. Reframing client statements can increase motivation without eliciting resistance. A key principle of motivational interviewing is to accept that ambivalence and resistance to change is normal and to invite the client to consider new information and perspectives about their substance use. When the client expresses resistance, counselors should reframe or reflect it, rather than oppose it. It is particularly important to avoid arguing in favor of change, as this puts the client in the position of arguing against it.

Rolling with resistance means not confronting the client's position. There are a variety of techniques that can be used. For example, you might say, "You don't appear to be ready to change your behavior at the moment". This simply reflects a client's point of view.

Another technique is double-sided reflection. This involves acknowledging that the client has stated both sides of an ambivalent equation. You might say, "I can see that this must be confusing for you. On the one hand you are concerned about your drug use, but on the other hand you feel that you don't take more drugs than your friends, and they don't appear to be having problems". The purpose of rolling with resistance is to get them to consider new information and perspectives about their substance use.

A number of clients believe that drug detoxification can cause harmful damage to the inner organs of their body and can kill them. They believe this because they have seen many of their friends die during or following drug detoxification. Therefore, they think that they need to continue to use drugs in order to prolong their lives, despite the fact that drug use has been causing them so many problems. When you have clients who have a strong belief in this myth, you should not argue with them, as they may begin to resist your opinion and might not want to continue the discussion.

In this situation, you might want to say something like this:

**Simple reflection:** "I understand why you think that way, given many other drugs users also think the same".

**Double-sided reflection:** "From what you have said, I understand that you are very scared of drug detoxification, since many drug users believe that drug detoxification might kill them. However, I think that you are also aware that there are many other drug users who have been successful in stopping drug use after detoxification. Is that right?"

## Handout 4.2-1 (cont.)

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### Counseling skills

Motivational interviewing makes use of 4 specific skills. These skills are used together to encourage clients to talk, to explore their ambivalence about their substance use, and to clarify their reasons for reducing or stopping substance use. The skills are often known by the acronym OARS - , Affirmation, Reflective listening, and Summarizing. The fifth skill is “eliciting discussion about change” and involves using the OARS to guide the client to present the arguments for changing his/her substance use behavior.

### OARS

#### Open-ended questioning

Open-ended questions are questions that require a longer answer, and open the door for the person to talk. Examples of open-ended questions include:

- “What are the things you enjoy about your substance use?”
- “Tell me about the not-so-good things about using\_\_\_\_\_?”
- “You seem to have some concerns about your substance use; tell me more about them.”
- “What concerns you about that?”
- “How do you feel about\_\_\_\_\_?”
- “What would you like to do about that?”
- “What do you know about\_\_\_\_\_?”

### Affirming

By including statements of appreciation and understanding, you will help to create a more supportive atmosphere, and build rapport with your client. Affirming the client’s strengths and efforts to change helps build confidence, while affirming self-motivating statements (or discussions about change) encourages readiness to change. Examples of affirmation include:

- “Thanks for coming today.”
- “I appreciate that you are willing to talk to me about your substance use.”
- “You are obviously a resourceful person to have coped with those difficulties.”
- “I can see that you are a really strong person.”
- “That’s a good idea.”
- “It’s hard to talk about.... I really appreciate your keeping on with this.”

# Handout 4.2-1 (cont.)

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## Reflective listening

A reflective listening response is a statement that attempts to guess what the client means. It is important to reflect back the underlying meaning and feelings the client has expressed, as well as the words he/she has used. Using reflective listening is like being a mirror for the client so that he/she can hear the counselor say what they have communicated. Reflective listening shows the client that the counselor understands what is being said, or can be used to clarify what the client means. Effective reflective listening encourages the client to keep talking; enough time should be allowed for this to happen.

In motivational interviewing, reflective listening is used to highlight the client's ambivalence about their substance use, to steer the client towards a greater recognition of his/her problems and concerns, and to reinforce statements indicating that the client is thinking about change. Examples include:

- "You seem surprised that your score shows that you are at risk of problems."
- "It's really important for you to keep your relationship with your boyfriend."
- "You're feeling uncomfortable talking about this."
- "You're angry because your wife keeps nagging you about your substance use."
- "You would like to cut down your substance use at parties."
- "You really enjoy your substance use and would hate to give it up, and you can also see that it is causing some financial and legal problems."

## Summarizing

Summarizing is an important way of gathering together what has already been said, and preparing the client to move on. Summarizing adds to the power of reflective listening, especially in relation to concerns and discussions about change. First, clients hear themselves say it, then they hear the counselor reflect it, and then they hear it again in the summary. The counselor chooses what to include in the summary and can use it to change direction by emphasizing some things, and by not emphasizing others. It is important to keep the summary succinct.

An example of a summary appears below:

*"So on one hand, you really enjoy using heroin at parties and you don't think you use any more than your friends do. But on the other hand, you have spent a lot of more money than you can afford on drugs, and that really concerns you. You are finding it difficult to pay your bills. Your partner is angry and you really hate upsetting her. You have also noticed that you have trouble sleeping and you're finding it difficult to remember things."*

# Handout 4.2-2

## How to recognize self-motivational statements

Self-motivational Statements	Counter-motivational Assertions
I guess this has been affecting me more than I realized.	I don't have any problem with marijuana.
Sometimes when I've been using, I just can't think or concentrate.	When I'm high, I'm more relaxed and creative.
I wonder if I've been pickling my brain.	I can drink all night and never get drunk.
I feel terrible about how my drinking has hurt my family.	I'm not the one with the problem.
I don't know what to do, but something has to change.	No way am I giving up heroin.
Tell me what I would need to do if I went into treatment.	I'm not going into a hospital.
I think I could become clean and sober if I decided to.	I've tried to quit, and I just can't do it.
If I really put my mind to something, I can do it.	I have so much else going on right now that I can't think about quitting.

## Handout 4.2-3

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Sample Counseling Session: Exploring the good things and the not-so-good things about a behavior (staying up late)

**Trainer:** Please take your seat. So I understand that you like to stay up late?

**Participant:** Yes.

**Trainer:** Can you tell me why you like doing that?

**Participant:** I stay up late because it is very quiet, I can think more clearly and I can do a lot of things during a short period of time. That's why I stay up late.

**Trainer:** So it helps you to think better?

**Participant:** Yes.

**Trainer:** Hmm, is there any other reason you like staying up late?

**Participant:** When I stay up until 11 or 12 o'clock, it gets very difficult for me to sleep, so I just go on and stay up.

**Trainer:** Hmm, so if you stay up late, it seems increase your ability to stay up even later. Can you tell me about any other benefits of staying up late?

**Participant:** You know, when I was at university, I found it very easy to perform very difficult tasks during the nighttime. I could do them very quickly, very efficiently. I still can.

**Trainer:** So it is very efficient for you to work at night. It sounds like this was pretty important for you when you were in school. That worked well for you. Can you tell, are there any problems associated with your staying up late?

**Participant:** Last night I stayed up very late and today when I had to go to work, I was exhausted. I have been having some trouble getting things done at work. I always feel tired. But I usually catch up on my sleeping on the weekend. I could sleep all day long on a weekend day.

**Trainer:** Oh. OK. Is there a problem with that? Can you explain to me why it's a problem?  
**Participant:** You know, when I sleep all daylong, I feel very tired. I can't really get anything done on those days. I'm pretty dysfunctional on those days.

**Trainer:** OK. There seem to be a few problems that you have just outlined just now, including problems you have with thinking clearly, working efficiently and feeling tired during the day and especially on the weekends. So on one hand, you say that you are pretty accustomed to staying up late because you think it's a more efficient way of getting your thoughts organized and getting work done. This worked back when you were in university, when it didn't seem to

## Handout 4.2-3 (cont.)

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*be much of a problem. But I get the idea that these issues you raised about thinking clearly, working efficiently and being tired on the weekends, are of concern to you now. So there are some things that you like about staying up late, and there are also some things that are problematic with this sleep pattern. I am curious, how important are these problems to you? Are they small, or are they serious?*

**Participant:** *You know, sometimes I think about this a lot. I'm pretty sure that staying up late is not a healthy behavior, and in the long-term, it might not be a good strategy. But you know, it's like a habit, and it's difficult to change.*

**Trainer:** *Well, I notice that you have a longer list of the problems than the list of what you like about staying up late. And I can hear in your voice sounds that you are worried about the problems. Maybe we can work together, and I can help you to think of some things you can do to try to avoid staying up too late.*

### Debrief

This is an example of an interview with somebody who is in the contemplation phase. The counselor started by asking about the things that the client likes about staying up late. The counselor insisted that the client provide a long answer that could be probed for more reasons. In a real interview, the counselor might continue probing until all possible reasons are exhausted. The counselor would also write these things down and repeat them back. The client would then both see and hear during the process, and would have a chance to affirm what was said.

In a real counseling session, the counselor should ask about the importance of each reason. For those that are very important, the counselor should make a special mark, because those are the ones that will require special attention later. Note that the counselor did not assume that there were any problems, but asked if there were any, and then reaffirmed when the client stated there might be. Note also that the counselor did not assume that any were more important than the others, but rather asked if they were important, and then how important. Counselors should also affirm whether or not there are any other problems by asking, "Are there any other problems?" They should then make a longer list of all the problems identified by the client.

The counselor then created a sense of discrepancy by saying, "There seem to be a few problems that you have outlined just now, including problems you have with thinking clearly, working efficiently and feeling tired during the day (and especially on the weekends). So on one hand, you say that you are pretty accustomed to staying up late because you think it's a more efficient way of getting your thoughts organized and getting work done." The client is then left to decide whether or not there exists a discrepancy.

Do not assume that because the list of problems is long, and benefits short, that the balance means that something must be done. One issue may be more important than many others combined. The value of this exercise is that your client has identified these

## Handout 4.2-3 (cont.)

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issues, and you have written them down. The client is looking at the list and seeing the benefits and problems simultaneously. This may be the first time in the client's life that he/she has seen such a list on paper. This can have remarkable impact on bringing about change.

Sometimes it is difficult for the brain to take all of these things in at one time. Your client may still be confused and may leave needing to think about what you have discussed. Do not be concerned if your client cannot make a commitment right then - it may take a day or 2 for your client to realize "I have to do something about this". At the same time, do not be concerned if, on seeing a long list of problems, your client still wishes to use. For those who are still pre-contemplators, there are other interventions that you can provide. These specific motivational interviewing techniques assist mainly those who are contemplating moving into the action phase.

# Handout 4.2-4

## Good things and not-so-good things about substance use

Using a table, such as the one below, can be helpful in assisting clients to explore their substance use and to identify issues that may become the focus of their treatment.

Good things about using Drugs	Not-so-good things about using Drugs



## Handout 4.2-5

### Example of a Counseling Session

*Providing feedback and exploring the pros and cons of heroin use - 5 minutes*

On completing an assessment questionnaire with Khang (counselor), Tuan (client), an 18-year-old man who lives with his wife and their young child, has scored low-risk for all substances with the exception of heroin, placing him in the moderate risk category.

Techniques and MI strategies that the counselor uses are in brackets and **boldface font**.

**Khang.** *OK. Thanks for going through this questionnaire with me. Would it be fair to say that heroin is the drug that you use the most at the moment? (affirmation)*

*Tuan. Yeah. Pretty much.*

**Khang.** *What do you enjoy about using heroin - I mean what are the good things about it? (open-ended question - exploring pros and cons)*

**Tuan.** *Well, it makes me relax, especially after coming home from work. It really helps me to unwind and forget the day. It's also good when you are out with friends or at a party or something over the weekend, because you enjoy yourself more.*

**Khang.** *How much do you inject, say on an average day? (taking a brief history)*

**Tuan.** *Um. About 2 times a days; I don't really know how much but it costs about 30,000 Dong for one dose.*

**Khang.** *Is that the amount you usually use on the weekends? (taking a brief history)*

**Tuan.** *Yeah... Probably a bit more actually... maybe 3 times, I don't know, sometimes I lose track (laughs).*

**Khang.** *What are the not-so-good things about using heroin? (open-ended question - exploring pros and cons)*

**Tuan.** *Ask my wife. She is always nagging me about it (laughs). I guess probably the worst thing about it for me is that it seems to affect my memory and concentration at work. Sometimes after using the night before, the next day at work I am a bit hazy and I feel really tired. I feel really bad sometimes - I won't go into work that day.*

## Handout 4.2-5 (cont.)

**Khang.** So using heroin helps you relax and unwind after work, but it also makes you forgetful and tired, and sometimes you miss work because of it. You also said your wife doesn't like you using it - why do you think that is? (**reflective listening, refocus, open-ended question**)

**Tuan.** She doesn't like me getting 'high' all the time because she says I don't do anything except sit around and watch TV and that I'm always forgetting to do stuff. She says I don't do enough around the house and that she's always left to do all the work and look after the baby. But, I mean, I work and bring home a salary every month...

**Khang.** And it's hard for you because using heroin helps you relax, but at the same time you're not lending a hand around the house because you are 'high', and sometimes you forget to do things that she is relying on you to do. (**summary, empathy**)

**Tuan.** Yeah.

**Khang.** Would you like to see the results of the questionnaire that you did? (elicit)

**Tuan.** Yes.

**Khang.** From your answers it appears that your scores for most of the substances we asked about are in the low-risk range, so you are unlikely to have any problems from those substances. However, your score for heroin was high, which means that you are at risk of experiencing health and other problems related to your heroin injecting at your current levels. (provide feedback)

You said you've experienced some of these problems with your memory and concentration and motivation...

**Tuan.** (interrupts) Yeah, but that could be because I'm always tired because I don't always sleep well if the baby cries at night. (resistance)

**Khang.** So it seems to you that the only reason you're forgetting things and finding it hard to concentrate and help your wife after work is because you don't get enough sleep? (roll with resistance - amplified reflection)

**Tuan.** Well, that's part of it anyway. I guess part of it could be from using heroin too much. (ambivalence)

**Khang.** How concerned are you about the way using heroin affects you? (**open-ended question, elicit self-motivating statement of concern**)

## Handout 4.2-5 (cont.)

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**Tuan.** Yeah... I don't know... I mean... I suppose that it is a bit worrying that it's doing this to my brain... I don't know. (**dissonance**)

**Tuan.** Yeah... I don't know... I mean... I suppose that it is a bit worrying that it's doing this to my brain... I don't know. (dissonance)

**Khang.** Listen Tuan, you do have many options available, and it's up to you to decide what is best for you. Can I give you some pamphlets about substance use that you can take home with you? They just explain more about the effects that heroin and other drugs can have and provide information about how to cut down, or stop using heroin, if you decide to (hands Tuan written materials). If you want, we could talk about your options more at another time. (written advice, menu, emphasis on personal choice and control)

**Tuan.** Ah... OK... thanks... I'll have a think about it.

(A longer session could focus on the importance of the relationship between Tuan and his wife and child).

# Handout 4.2-6

Four Types of Client Resistance
<p><b>Arguing</b></p> <p>The client contests the accuracy, expertise, or integrity of the clinician.</p> <ul style="list-style-type: none"><li>■ <i>Challenging.</i> The client directly challenges the accuracy of what the clinician has said.</li><li>■ <i>Discounting.</i> The client questions the clinician's personal authority and expertise.</li><li>■ <i>Hostility.</i> The client expresses direct hostility toward the clinician.</li></ul>
<p><b>Interrupting</b></p> <p>The client breaks in and interrupts the clinician in a defensive manner.</p> <ul style="list-style-type: none"><li>■ <i>Talking over.</i> The client speaks while the clinician is still talking, without waiting for an appropriate pause or silence.</li><li>■ <i>Cutting off.</i> The client breaks in with words obviously intended to cut the clinician off (e.g., "Now wait a minute. I've heard about enough").</li></ul>
<p><b>Denying</b></p> <p>The client expresses unwillingness to recognize problems, cooperate, accept responsibility, or take advice.</p> <ul style="list-style-type: none"><li>■ <i>Blaming.</i> The client blames other people for his/her problems.</li><li>■ <i>Disagreeing.</i> The client disagrees with a suggestion that the clinician has made, offering no constructive alternative. This includes the familiar "Yes, but...", which explains what is wrong with suggestions that are made.</li><li>■ <i>Excusing.</i> The client makes excuses for his behavior.</li><li>■ <i>Claiming impunity.</i> The client claims he/she is not in any danger (e.g., from drinking).</li><li>■ <i>Minimizing.</i> The client suggests that the clinician is exaggerating risks or dangers and that it really isn't so bad.</li><li>■ <i>Pessimism.</i> The client makes statements about himself or others that are pessimistic, defeatist, or negative in tone.</li><li>■ <i>Reluctance.</i> The client expresses reservations and reluctance about information or advice given.</li><li>■ <i>Unwillingness to change.</i> The client expresses a lack of desire or an unwillingness to change.</li></ul>
<p><b>Ignoring</b></p> <p>The client shows evidence of ignoring or not following the clinician.</p> <ul style="list-style-type: none"><li>■ <i>Inattention.</i> The client's response indicates that he/she has not been paying attention to the clinician.</li><li>■ <i>No answer.</i> In answering a clinician's query, the client gives a response that is not an answer to the question.</li><li>■ <i>No response.</i> The client gives no audible verbal or clear nonverbal reply to the clinician's query.</li><li>■ <i>Sidetracking.</i> The client changes the direction of the conversation that the clinician has been pursuing.</li></ul>
<p>Source: Miller and Rollnick, 1991. Adapted from a behavior coding system by Chamberlain et al., 1984. Reprinted with permission.</p>

# Handout 4.2-7

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## **Motivational interviewing**

Motivational interviewing is a client-centered style of interaction that directs people to explore and resolve their ambivalence about their substance use (the good things versus the not-so-good things) and move through the stages of change. It is especially useful when working with clients in the pre-contemplation and contemplation stages, but the principles and skills are important at all stages. Motivational interviewing is based on the understanding that effective treatment is part of a natural process of change, and that counselors can assist clients to become self-motivated to change.

### **Create discrepancy and ambivalence using open-ended questions**

People are more likely to be motivated to change their substance use behavior when they recognize the discrepancy between their substance use and related problems, and the way they would like their lives to be. The greater the difference between a client's most important goals and his/her current behavior, the more likely the client will be able to change. Motivational interviewing will help to create and amplify this discrepancy from the client's point of view. It is important for the client to identify his/her own goals and values, and to express his/her own reasons for wanting to change.

One of the ways that clients can be encouraged to express their own reasons for change is for the counselor to ask them open-ended questions. This technique, often used in motivational interviewing, gets clients to start thinking and talking about their substance use. Asking open-ended questions also reinforces the notion that the client is responsible for the direction of the intervention, and of their substance use choices.

### **Roll with resistance**

A key principle of motivational interviewing is to accept that ambivalence and resistance to change is normal and to invite the client to consider new information and perspectives on his/her substance use. When the client expresses resistance, counselors should reframe or reflect it, rather than oppose it. It is particularly important to avoid arguing in favor of change, as this puts the client in the position of arguing against it.

### **Specific skills**

Motivational interviewing makes use of 4 specific skills. These skills are used together to encourage clients to talk, to explore their ambivalence about their substance use, and to clarify their reasons for reducing or stopping substance use. The skills are often known by the acronym OARS - Open-ended questioning, Affirmation, Reflective listening, and Summarizing. The fifth skill is "eliciting discussion about change" and involves using the OARS to guide the client to present arguments for changing his/her substance use behavior.

## Handout 4.2-7 (cont.)

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### Open-ended questions

Open-ended questions are questions that require a longer answer, and open the door for the person to talk. Examples of open-ended questions include:

- "What are the things you enjoy about your substance use?"
- "Tell me about the not-so-good things about using\_\_\_\_\_?"
- "You seem to have some concerns about your substance use; tell me more about them."
- "What concerns you about that?"
- "How do you feel about\_\_\_\_\_?"
- "What would you like to do about that?"

### Affirmation

By including statements of appreciation and understanding, you will help to create a more supportive atmosphere, and build rapport with your client. Affirming the client's strengths and efforts to change helps build confidence, while affirming self-motivating statements (or discussions about change) encourages readiness to change. Examples of affirmation include:

- "Thanks for coming today."
- "I appreciate that you are willing to talk to me about your substance use."
- "You are obviously a resourceful person to have coped with those difficulties."
- "I can see that you are a really strong person."
- "That's a good idea."
- "It's hard to talk about\_\_\_\_\_, I really appreciate your keeping on with this."

### Reflective listening

A reflective listening response is a statement that attempts to guess what the client means. It is important to reflect back the underlying meaning and feelings the client has expressed, as well as the words he/she has used. Using reflective listening is like being a mirror for the client so that he/she can hear the counselor say what he/she has communicated. Reflective listening shows the client that the counselor understands what is being said, or can be used to clarify what the client means. Effective reflective listening encourages the client to keep talking; enough time should be allowed for this to happen.

## Handout 4.2-7 (cont.)

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In motivational interviewing, reflective listening is used to highlight the client's ambivalence about his/her substance use, to steer the client towards a greater recognition of his/her problems and concerns, and to reinforce statements indicating that the client is thinking about change. Examples include:

- "You seem surprised that your score shows that you are at risk of problems."
- "It's really important for you to keep your relationship with your boyfriend."
- "You're feeling uncomfortable talking about this."
- "You're angry because your wife keeps nagging you about your substance use."
- "You would like to cut down your substance use at parties."
- "You really enjoy your substance use and would hate to give it up, and you can also see that it is causing some financial and legal problems."

### Summarize

Summarizing is an important way of gathering together what has already been said, and preparing the client to move on. Summarizing adds to the power of reflective listening, especially in relation to concerns and discussions about change. First, clients hear themselves say it, then they hear the counselor reflect it, and then they hear it again in the summary. The counselor chooses what to include in the summary and can use it to change direction by emphasizing some things, and by not emphasizing others. It is important to keep the summary succinct.

An example of a summary:

"So on one hand, you really enjoy using heroin at parties and you don't think you use any more than your friends do. But on the other hand, you have spent a lot of more money than you can afford on drugs, and that really concerns you. You are finding it difficult to pay your bills. Your partner is angry and you really hate upsetting her. You have also noticed that you have trouble sleeping and you're finding it difficult to remember things."

### Eliciting discussion about change

Eliciting self-motivational statements from the client is 1 goal of motivational interviewing. It is critical for clients to believe in the possibility of change and to know the range of alternatives. Remember, the client is responsible for recognizing his/her choices and making changes. This is a strategy for helping the client to resolve ambivalence and is aimed at enabling the client to identify arguments supporting the change.

There are 4 main categories of discussions on change:

- Recognizing the disadvantage of staying the same
- Recognizing the advantage of change

## Handout 4.2-7 (cont.)

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- Expressing an intention to change
- Expressing optimism about change

There are a number of ways of eliciting a discussion about change.

- Ask direct, open-ended questions; for example:
  - “What worries you about your substance use?”
  - “What do you think will happen if you don’t make any changes?”
  - “What might be some good things about cutting down on your substance use?”
  - “How would you like your life to be in 5 years time?”
  - “What do you think would work for you if you decided to change?”
  - “How confident are you that you can make this change?”
  - “How important is it to you to cut down on your substance use?”
  - “What are you thinking about your substance use now?”

### More on FRAMES

The FRAMES approach can be used to ensure that critical elements are included during the motivational interview. FRAMES is an acronym, and it stands for Feedback, Responsibility, Advice, Menu of alternative change options, Empathy and Self-efficacy.

### Feedback

The provision of relevant, personal feedback is critical in individual drug counseling and generally follows a thorough assessment of drug use and related problems. Feedback can include information about the individual’s drug use and problems, information about personal risks associated with current drug use patterns, and general information about substance-related risks and harms. If the client’s problems are likely related to substance use, it is important to inform the client about this potential link as part of the feedback session. In providing feedback, you might compare the client’s substance use and associated problems to others who have similar experiences.

### Responsibility

It is important for clients to acknowledge that they are responsible for making decisions about their own behaviors and that they can make choices about their substance use. Counselors should provide messages like “What you do with your substance use is up to you” and “Nobody can decide for you” to enable clients to retain personal control over their behavior and associated consequences. Clients who have this sense of control will be more motivated to make changes and will be less resistant to change. Using language with clients such as “I think you should...”, or “I’m concerned about your (substance) use” is likely to create resistance and motivate them to maintain and defend their current substance use patterns.



## Handout 4.2-7 (cont.)

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### Advice

Provision of clear advice regarding the harm associated with continued drug use is fundamental in effective counseling. Clients are often unaware that their current patterns of substance use could lead to health or other problems, or make existing problems worse.

Providing clear advice that cutting down or stopping substance use will reduce their risk of future problems will increase their awareness of personal risk and provide reasons to consider changing their behaviors. The decision matrix can be helpful tool for this element. Advice can be delivered via simple statements such as “the best way you can reduce your risk of (e.g. depression, anxiety) is to reduce or stop using \_\_\_\_\_”. The language used to deliver this message is critical: statements such as “I think you should stop using \_\_\_\_\_” or “I’m concerned about your use of \_\_\_\_\_” do not exemplify targeted, objective advice.

### Menu of alternative change options

Effective interventions provide clients with a range of alternative strategies to cut down or stop their substance use. This allows clients to choose the strategies that are most suitable for their situations and that they feel will be most helpful. Providing choices reinforces clients’ sense of control, responsibility and motivation for making changes. Ideally, clients’ choices will be linked to their stage of change. You might want to assist clients by doing 1 or more of the following:

- Encourage clients to keep a diary of substance use (where, when, how much, with whom, and why)
- Help clients to prepare substance use guidelines for themselves
- Identify high-risk situations and strategies to avoid them
- Identify other activities instead of drug use - hobbies, sports, clubs, gymnasias, etc
- Encourage clients to identify people who might be able to support the changes they want to make
- Provide information about other self-help resources and written information
- Encourage clients to put aside the money they would normally spend on substances for something else

### Empathy

Effective interventions employ a warm, reflective, empathic and understanding approach. These qualities will ensure that clients feel comfortable and welcome. They will also increase the likelihood that clients will remain in counseling and treatment, therefore increasing positive counseling and treatment outcomes. In a clinical situation, empathy comprises an accepting, nonjudgmental approach that tries to understand the client’s point of view and avoids the use of labels such as ‘drug addict’. It is especially important

## Handout 4.2-7 (cont.)

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to avoid confrontation, blaming or criticizing the client. Reflective listening clarifies and amplifies the client's own experience and meaning. Empathetic counselors will have more positive outcomes amongst their clients.

### **Self-efficacy (confidence)**

It is critical to help build clients' confidence that they are able to make changes in their substance use. People who believe that they are able to make changes are much more likely to do so than those who feel powerless or helpless. Counselors should assist clients to make self-efficacy statements; they are more likely to believe what they hear themselves say, rather than what they hear someone else tell them.

# Handout 4.2-8

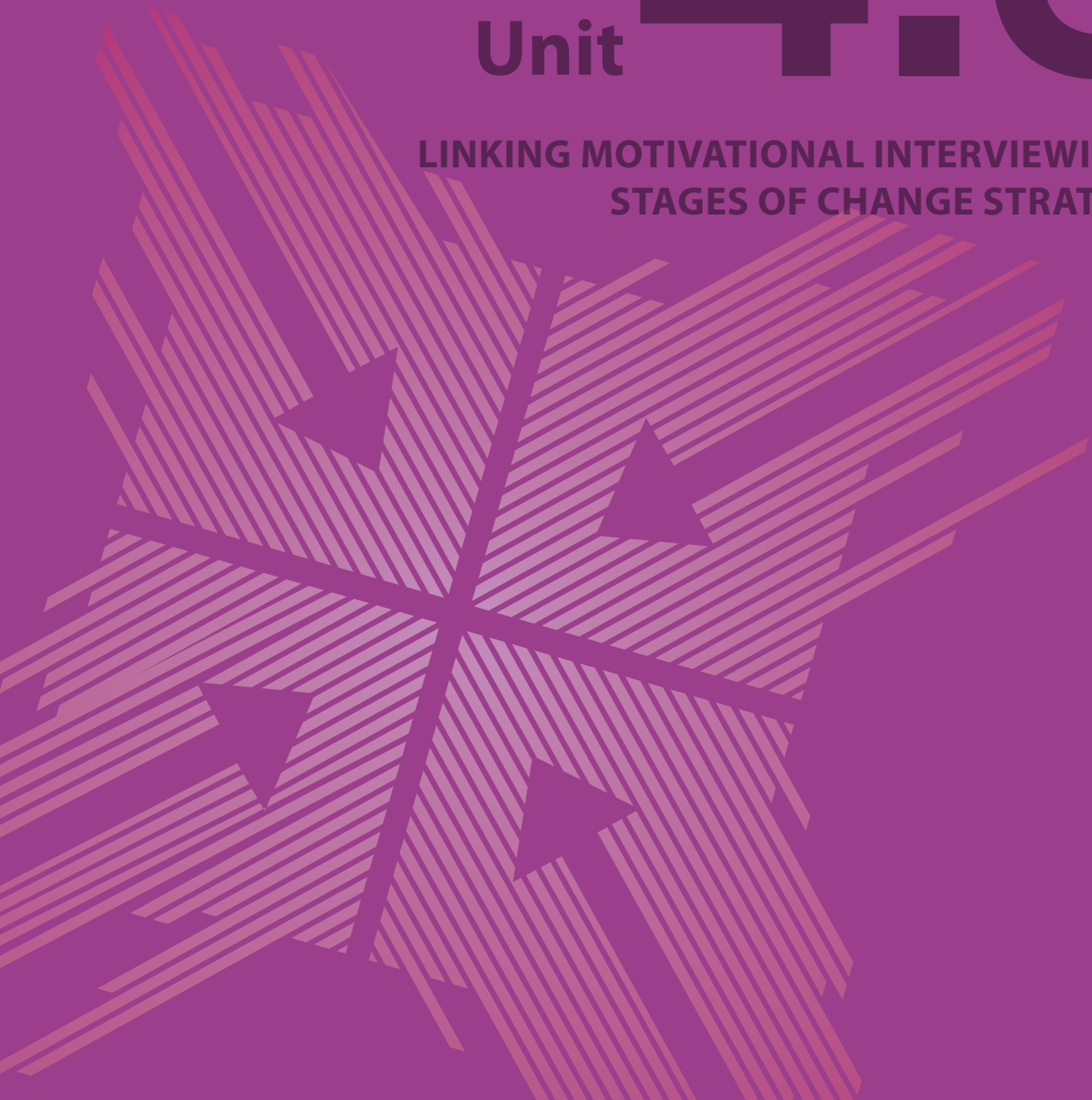
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## Motivational interviewing: Summary of techniques

1. Listen, build rapport - be respectful of the client's values and choices
2. Recognize your agenda and the client's agenda - remember that motivational interviewing is about collaboration
3. Focus on a **specific behavior**
4. Assess importance and confidence
  - a. "How important is \_\_\_\_\_ to you, on a scale from 1 to 10?"
  - b. "Why so high/low?"
  - c. "What would help you move higher up on the scale?"
  - d. "How high on the scale would you have to be to make a change?"
  - e. "How confident are you about changing, on a scale from 1 to 10?" (etc.)
5. Work on **importance**
  - a. "What are the good things about this behavior?"
  - b. "What are some of the not-so-good things about it?"
  - c. Share information about risks; don't push information - ask what the client already knows, whether he/she wants to know more; allow the client to make links between behaviors and outcomes
  - d. Manage resistance: shift focus, express empathy, emphasize the client's control, summarize his/her position
  - e. Summarize the pros and cons
6. Build confidence
  - a. "Is there anything you've found helpful in your previous attempts to change?"
  - b. "Is there anything you can learn from any of the problems you faced the last time you tried?"
  - c. "Do you know other people who have successfully changed? What worked for them?"
7. Summarize both importance and confidence with "**where does that leave you now?**"
  - a. I'm not interested in changing
    - "As your counselor/specialist I am concerned about [counselor's agenda]. If you want to discuss this again, I'm here."
  - b. I want to do it!
    - Talk about how (practical aspects)
  - c. I've got to think about it
    - Encourage reflection/monitoring: diary; pros & cons

# Unit 4.3

LINKING MOTIVATIONAL INTERVIEWING TO  
STAGES OF CHANGE STRATEGIES



# OVERVIEW

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## I. Introduction

**1 Min**

Review the importance and function of linking motivational interviewing (MI) to strategies that can be applied at the different stages of change.

## II. Presentation and practice

**50 Min**

Use the slides to present the stages of change, and appropriate strategies for each stage.

## III. Conclusion

**9 Min**

Review the key points of this unit and answer participants' questions (if any).

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## Unit 4.3: Linking Motivational Interviewing to Stages of Change Strategies

**Goals:** To help participants understand the Stages of Change Model so that they can apply motivational interviewing in developing appropriate strategies and plans to work with clients at varying stages of change.

**Time:** 60 minutes

**Objectives:** At the end of this activity the participants will:

- have good understanding of the Stages of Change Model
- understand which intervention strategies/plans are most likely to work with clients at different stages of change
- learn how to apply motivational interview approaches to the Stage of Changes Model
- demonstrate knowledge and skills in role-plays

### Methodology:

- Presentation
- Large group discussion
- Small group exercises
- Role-plays

### Teaching aids:

- PowerPoint slides
- Flipchart and paper
- LCD projector
- Markers

# Slide 1

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**👤 Say:** *In this unit we will discuss the most appropriate motivational interviewing style to be applied in a counseling session, based on a client's stage of change. You will also have an opportunity to demonstrate what you have learned through role-plays.*

## Slide 2

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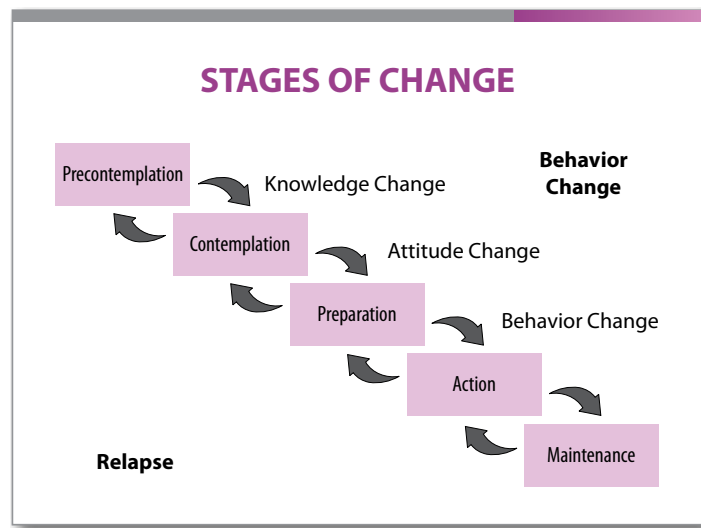
### OBJECTIVES

At the end of this unit participants will:

- have good understanding of the Stages of Change Model
- understand which intervention strategies/plans are most likely to work with clients at different stages of change
- learn how to apply motivational interview approaches to the Stage of Changes Model
- demonstrate knowledge and skills in role-plays

**Teaching instructions:** Use the bullets on the slide to present directly.

## Slide 3



**👤 Say:** You may recall the Stages of Change Model that we discussed in Unit 4.1. The premise of the model is that one stands at a different stage of preparedness to change a behavior, depending on his/her perception and understanding of the pros and the cons of that behavior. Although there are debates related to the interplay between stages of change and motivational interviewing, one thing is clear: health/addiction researchers and counselors have found both of these approaches to be helpful when assisting clients to modify their drug use behavior. Counselors have also found these useful in extending the range of interventions to assist clients to move from the pre-contemplation to maintenance phase. Motivational interviewing approaches also enable counselors to support clients to motivate themselves to change -an empowering revolution in treatment modalities.



## Slide 4

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### SMALL-GROUP EXERCISE

#### Divide into 3 groups

- Discuss and develop intervention strategies for 3 categories of clients:

- Pre-contemplators
- Contemplators
- Clients in the maintenance phase

- 20 minutes


#### Large-group discussion:

- How do you determine a client's stage of change?
- What is the difference for clients in each stage?
- What are the differences in intervention approaches?

**Teaching instructions:** Divide the participants into 3 smaller groups. Ask the small groups to work independently to identify different approaches to intervene with the different client types according to the slide (pre-contemplators, contemplators and those in the maintenance phase). Consider requesting one of the groups to conduct a role-play for the larger group. One option is to assign each group a client type.

After the discussions and role-play, facilitate a large group discussion that identifies the key differences in approaches and the content of the interventions, based on a client's stage of change.

PRE-CONTEMPLATION STAGE	
Client is	Intervention strategy
<ul style="list-style-type: none"><li>■ 'happy' using</li><li>■ unconcerned</li><li>■ not aware of a problem</li><li>■ not showing any indication of wanting to change</li><li>■ doesn't want to consider change</li></ul>	<ul style="list-style-type: none"><li>■ Raise doubts</li><li>■ Increase patient perception of potential risks and problems</li><li>■ Risk reduction</li></ul>

 **Say:** We are now going to discuss the strategies and interventions that are most likely to be effective for the different stages of change.

*Pre-contemplators are considered happy users. They generally do not link their substance use to any problems and are generally unconcerned by their drug use or related consequences. The client is not yet considering a change or is unwilling to change.*

*As with all motivational intervention strategies, it is critical for the counselor to develop rapport and trust with the client. This necessitates an empathic approach and adopting an active listening style. It is important to raise doubts or concerns about the substance use patterns. This can be done in a variety of ways. It may be helpful to explore the events that brought the person to treatment or examine the results and outcomes of previous treatment.*

*Ask them if they are able to identify any problems associated with their substance use and their perceptions of those problems. To help focus on these issues, you may want to provide factual information about the risks of substance use and personalized feedback about your client's assessment findings.*

*Motivational interviewing strategies involve exploration of both the pros and cons of substance use and development of discrepancies between a client's current behaviors and future ambitions/goals. If your client is resistant to change, it is important to raise issues around risk reduction to reduce the adverse consequences of substance use, until the client chooses to change his/her behavior. We will discuss risk reduction in another session.*

## Slide 6


### CONTEMPLATION STAGE

#### Client

- acknowledges concerns
- is considering possibility of change
- may still be ambivalent and uncertain

#### Intervention strategy

- 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
- Elicit ideas of client's perceived self-efficacy and expectations of treatment
- Summarize self-motivational statements

 **Say:** *In the contemplation phase, the client acknowledges concerns and is considering the possibility of change, but is still ambivalent or uncertain about that change.*

*It is important to normalize these feelings of ambivalence and help the client tip the decision balance scale towards change. This can be done by a variety of strategies which include: eliciting and weighing the pros and cons of substance use and change; and, moving the push to change from external forces to internal forces. Clients often come for assistance because of concerns expressed by other people, and have little internal motivation to change. You can determine this by assessing the client's personal values, ambitions and goals.*

*It is also important to emphasize that the client is free to choose what he/she wants to do, and that the responsibility lies within. In order to enhance client self-efficacy, you may want to reinforce any efforts your client has made to change his/her behavior in the past, and any optimism he/she has for the future. Try to elicit self-motivating statements and commitment from your client to change. By summarizing, eliciting self-motivating statements, and assessing self-efficacy and expectations of treatment outcomes amongst your clients, you can help them move to the next stage of change.*

# Slide 7

PREPARATION STAGE	
Client	Intervention strategy
<ul style="list-style-type: none"><li>■ intending to take action</li><li>■ making small behavioral changes</li><li>■ considering options to assist change</li></ul>	<ul style="list-style-type: none"><li>■ make client aware of benefits and consequences of behavior change</li><li>■ assist client to develop strategies to cope with consequences</li><li>■ provide practical advice on how to change</li></ul>


**👤 Say:** *In the preparation phase, the client intends to take action and is making small steps towards change. He/she is also considering what will help to enable the change. The client is committed to and is planning to make a change in the near future but is still considering the “how”.*

*At this stage, counselors should clarify the client’s goals and strategies for change. Offering a menu of options for treatment will empower clients in the decision-making process. Counselors should also be prepared to provide guidance on how best to proceed. In doing this, counselors should consider ways to lower individual barriers to change and help the client to enlist support for that change. The counselor can explore things that have worked in the past to help the client change behaviors, or identify things that they are aware of that have helped others. There may be structural barriers to change, such as financial, childcare, work, transportation or other potential barriers. You may need to work with the client to overcome those barriers as well.*

*If your client is able to verbalize an intention to change, he/she will be much more likely to make a change.*

# Slide 8


ACTION STAGE	
Client	Intervention strategy
<ul style="list-style-type: none"><li>■ is actively taking steps to change</li><li>■ has not yet reached a stable state</li></ul>	<ul style="list-style-type: none"><li>■ Engage client in treatment</li><li>■ Support realistic view of change through small steps</li><li>■ Acknowledge difficulties in early stages of change</li><li>■ Help identify high-risk situations &amp; develop coping strategies</li><li>■ Assist in finding things that reinforce positive changes</li><li>■ Help client to assess if he/she has strong family / social support</li></ul>

 **Say:** *In the action stage the client is actively taking steps to change, but has not yet reached a stable state. This stage usually takes a few weeks.*

*There are motivational strategies that a counselor can implement to help maintain gains. It is important to engage the client in the treatment process and reinforce the importance of staying off of drugs. It is also critical to support the client’s understanding that change takes place through small steps. Help clients maintain a realistic view by acknowledging that encountering difficulties in the early stages of change is expected and normal.*

*Conduct an analysis of risks and develop appropriate strategies to overcome these potential pitfalls. It will also help to assess the quality of family and other social support structures. Supportive families/peers can help to assist and maintain behavior change. However, apply caution in situations where the family does not have a stable relationship with the client. This topic will be covered in another unit.*

MAINTENANCE STAGE	
Client	Intervention strategy
<ul style="list-style-type: none"><li>■ has changed / stopped unwanted behavior for a relatively long period (over 6 weeks)</li><li>■ is working to prevent relapse</li><li>■ is consolidating gains</li></ul>	<ul style="list-style-type: none"><li>■ prepare the client for the possibility of lapse / relapse</li><li>■ reinforce the benefits of continued change</li></ul>


 **Say:** *In the maintenance phase, the client has changed his/her drug use behavior for a relatively longer period of time. He/she is working on relapse prevention strategies and consolidating gains.*

*In this phase, counselors should help the client to identify sources of pleasure that are not reliant on drug use. It is also important to support lifestyle changes and affirm clients’ resolve to maintain abstinence. Clients may also need to practice and use new coping strategies to avoid returning to drug use.*

*It is critical to identify high-risk situations and techniques to prevent relapse. You should also develop a rescue or safety plan if the client resumes substance use. As the client remains in treatment for a longer period of time, it is will be important to review long-term goals and develop new ways of maintaining a drug-free lifestyle as needed.*

# Slide 10

RELAPSE STAGE	
Client	Intervention strategy
<ul style="list-style-type: none"><li>■ has experienced relapse</li><li>■ must now cope with consequences</li><li>■ must decide what to do next</li></ul>	<ul style="list-style-type: none"><li>■ Help client reenter change cycle - commend any willingness to reconsider change</li><li>■ Explore meaning and reality of relapse as a learning opportunity</li><li>■ Assist client to find alternative coping strategies</li><li>■ Maintain supportive contact</li></ul>

 **Say:** *Not all recovering drug users are able to stay drug-free for the rest of their lives.*

*Some who return to substance use during treatment will end up relapsing back into heavy use, while others may lapse back into substance use, recognize the problems and dangers, and recover. In the relapse stage, the client must now cope with the consequences of returning to drug use. He/she also needs to decide what to do in the future. In the session on relapse prevention, we will discuss in greater detail the differences between slips, lapses, and relapses.*

*Appropriate motivational strategies for the counselor in this stage include helping the client to re-enter the change cycle, and commending him/her for any willingness to reconsider positive changes. You will also need to explore the reasons for your clients’ recurrent drug use as a learning opportunity. By assisting your clients to find alternative coping strategies while maintaining supportive contact with them, you will help them to re-establish a drug-free life.*

## SUMMARY – MOTIVATIONAL INTERVIEWING

### The process of change is a continuum

- Strategies for various interventions are linked to the stages of change
- Pre-contemplation stage: client does not consider giving up
- Contemplation stage: client begins to think about doing something
- Action stage: client attempts to quit or reduce intake
- Maintenance stage: client succeeds in giving up and wants to maintain status
- Lapse stage: client resumes use (a normal part of the change process)

**Teaching instructions:** Review the key messages of this unit.

**FYI:**

### Process of change is a continuum:

- Accurate assessment of clients' stage of change will assist counselors to target interventions
- Strategies for interventions are linked to the stages of change
- Not everyone goes through every stage
- In the pre-contemplation stage, the client is not considering giving up
- During the contemplation stage, the client begins to think about doing something
- In the action stage, the client attempts to quit, or reduce intake
- During maintenance stage, the client has succeeded in giving up and wants to remain that way
- Most users resume use after making attempts to give up - this lapse stage is part of the change process

**Teaching instructions:** Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.



# FHI Addictions Counseling Training Manual - Glossary of Terms

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
abstract thinking	thinking that is not based on a particular instance; theoretical	the ability to think about something from a range of different perspectives
addiction		the overpowering physical or emotional urge to continue alcohol/drug use in spite of an awareness of adverse consequences; there is an increase in tolerance for the drug and withdrawal symptoms sometimes occur if the drug is discontinued; the drug becomes the central focus of life
addiction counseling		professional and ethical application of basic tasks and responsibilities which include clinical evaluation; treatment planning; referral; service coordination; client, family, and community education; client, family, and group counseling; and documentation
affirmation	the act of stating something as a fact; asserting strongly	agreeing with what a client is saying in a supportive way
ambivalence	the state of having mixed feelings or contradictory ideas about something or someone	
arguing	exchanging or expressive diverging or opposite views, typically in a heated or angry way	
attending		listening to verbal content, observing non-verbal cues, and providing feedback that assures you are listening
autonomy	freedom from external control; independence	respecting a client’s ability to think, act and make decisions for him/herself
behavior modification	the application of conditioning techniques (rewards or punishments) to reduce or eliminate problematic behavior, or to teach people new responses	

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
behavioral counseling	counseling that is based on the premise that primary learning comes from experience	an approach that views counseling and therapy in learning terms and focuses on altering specific behaviors
big deep moments		moments in a conversation that have significant impact on a person's thinking and commitment for change
burnout	physical or mental collapse caused by overwork or mental stress	depletion of motivation, interest, energy, resilience and often effectiveness of counselors caused by overwork or mental stress
case conferencing		a structured meeting between professionals to discuss relevant clinical aspects of a client
cliché	a phrase or expression that is overused and betrays a lack of original thought	
client		individuals, significant others, or community agents who present for alcohol and drug use education, prevention, intervention, treatment, and consultation service
client-centered	conducted in an interactive manner responsive to individual client needs	an approach to counseling that allows clients to retain ownership of their issues and building on their abilities to change behavior
closed question	question with more than one possible answer from which one or more answers must be selected	
cognitive counseling	counseling that is based on the belief that our thoughts are directly connected to how we feel	an approach to counseling which focuses on improving clients' ability to test the accuracy and reality of their perceptions
collusion	secret or illegal cooperation or conspiracy	clinical collusion: conspiring with another individual against a client's interest; remaining silent/not intervening when a client says or does something that (the counselor) knows is morally/legally wrong
competency		the requisite knowledge, skills, and attitudes to perform tasks and responsibilities essential to addiction counseling
confidential	intended to be kept secret	intended to be kept secret for the protection and safety of the client

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
confronting	compelling (someone) to face or consider something	expanding (or challenging) a client's awareness via reflections and questions focused on actual and potential inconsistent and illogical ways of thinking and communicating
continuum of care		the full array of alcohol and drug use services responsive to the unique needs of clients throughout the course of treatment and recovery
corrective feedback	information about reactions to a person's performance/ behavior intended to modify or improve the behavior	
counseling	provision of advice, especially formally	an interactive exchange process between counselor and clients to help clients condentially explore their problems and enhance their capacity to solve their own problems
counselor	a person trained to give guidance on personal, social or psychological problems	counselors are similar to therapists in that they use a variety of techniques to help clients achieve stronger mental health. (one of the most commonly understood methods involves a one-on-one exploration of a client's inner beliefs and background (psychotherapy) or a similar exploration in a group setting (group therapy).)
craving	a powerful desire for something	
denial	the action of declaring something to be untrue	failure to accept an unacceptable truth or emotion or to admit it into consciousness; used as a defense mechanism
directive	involving the management or guidance of something	
disagreeing	having or expressing a different opinion	
discrimination	the unjust or prejuducial treatment of different categories of people or things, usually based on race, sex, gender...etc	
double-sided reflection		reflecting both the current, resistant statement, and a previous, contradictory statement that the client has made

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
empathy	the ability to understand and share the feelings of another	
exploration	thorough analysis of a subject or theme	
extrinsic	not part of the essential nature of someone or something; coming or operating from outside	something that comes from the outside; an outside feeling or point of view
goal	the object of a person's ambition or effort; an aim or desired result	
goal-centered	based on the short-, intermediate- and/or long-term goals of an individual or group	working toward achieving specific implicit or explicit objectives of counseling
harm	physical injury (especially that which is deliberately inflicted)	any event or stimulus that causes a negative outcome
harmful use		patterns of use of alcohol or other drugs for non-medical reasons that result in health consequences and some degree of impairment in social, psychological, and occupational functioning for the user
interpreting	understanding an action, mood or way of behaving as having a particular meaning or significance	
intervention	action taken to improve a situation	
intoxication	of alcohol or a drug, the state of losing one's control over one's faculties/ behaviors	
jargon	special words or expressions that are used by a particular profession or group and are difficult for others to understand	
judging	forming an opinion or conclusion about something	forming an opinion about something and projecting it on to other people

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
lapse	a temporary failure of concentration, memory or judgement	the reuse of drugs after a period of stopping
moaralizing	commenting on issues of right and wrong, typically with an unfounded air of superiority	
motivational interviewing	a client-centered, semi-directive method of engaging intrinsic motivation to change behavior by developing discrepancy and exploring and resolving ambivalence within the client	
nonjudgmental	avoidal moral arguments	
open-ended question	question whose answers have no determined limit or boundary	
ordering	commanding or giving instruction authoritatively	
over interpreting		placing too much emphasis on a specific client response (verbal or nonverbal)
paraphrasing	expressing the meaning of something someone has written/said using different words, especially to achieve greater clarity	
personal resilience	ability to withstand or recover from difficult situations on one's own	
prevention		the theory and means for delaying or denying uptake of drug use in specific populations. prevention objectives are to protect individuals prior to signs or symptoms of substance use problems; to identify persons in the early stages of substance abuse and intervene; and to end compulsive use of psychoactive substances through treatment
principle	a fundamental source or basis of something	

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
probing		asking for more information and/or clarification about a point that you think is important
procedure	an established or official way of doing something	
psychoactive substance		a pharmacological agent that can change mood, behavior, and cognition process
rapport	a close and harmonious relationship in which the people or groups concerned understand each others feelings or ideas and communicate well	
reflective listening		to listen carefully to what the client has said and repeat back what was said in a directive way
reframing	framing or expressing words, concepts or plans differently	
relapse	to suffer deterioration after a period of improvement	the return to the pattern of substance abuse as well as the process during which indicators appear prior to the client's resumption of substance use
reliability	the degree to which something is consistently good in quality or performance	
resistance	the refusal to accept or comply with something	any feeling thought and communications on part of the clients that prevent them from participating effectively in counseling.
resourcefulness	having the ability to find quick and clever ways to overcome difficulties	
respect	a feeling of deep admiration for someone or something elicited by their qualities, abilities or achievements	
risk	a situation involving exposure to danger	
rolling with resistance		meeting resistance to change from a client by moving in the direction he/she is headed with a response that is intended to diffuse the resistance

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
self-efficacy		belief in a client's own ability to undertake a task(s) and/or fulfill goals
self-responsibility	(responsibility for one's self) - the state or fact of having the duty to deal with one's self	
significant others		sexual partner, family member, or others on whom an individual is dependent for meeting all or part of his or her needs
simple reflection		to repeat or rephrase what the client has said
skill	the ability to do something well; expertise	
sobriety		the quality or condition of abstinence from psychoactive substance abuse
stage of change theory	a theory that espouses that behavior change does not happen in one step, rather, people tend to progress through different stages on their way to successful change; each progresses through the stages at his/her own rate	
substance use		consumption of low and/or infrequent doses of alcohol and other drugs, sometimes called "experimental," "casual," or "social" use, such that damaging consequences may be rare or minor
summarizing	giving a brief statement of the main points of (something)	
supervision	observation and direction execution of a task, project or activity	the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing counselor performance
sympathizing	agreeing with a sentiment or opinion	
sympathy	understanding between people; a common feeling because you have experienced the same or similar event.	

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
technique	a way of carrying out a particular task	
therapeutic alliance		the relationship between a mental health professional and a client it is the means by which the professional hopes to engage with, and effect change in, a client
threatening	causing someone to be vulnerable or at risk	
voluntary	done, given or acting of one's own free will	







