Is there anything about your alcohol or drug use you would like to change?

- **Pre-contemplation**
  - “Maybe I do, maybe I don’t”

- **Contemplation**
  - “I don’t have a problem”
  - “I know I have a problem; I don’t know how to change”

- **Preparation**
  - I am actively using the tools for recovery

- **Action**
  - I am comfortable in my recovery

- **Maintenance**

---

When a person feels accepted for who they are and what they do – no matter how unhealthy – it allows them the freedom to consider change rather than needing to defend against it.
“People don’t care how much you know until they know how much you care.”

John Hanley

Spirit of Motivational Interviewing

- Motivations to change are elicited from within the client, not imposed from outside.
- It is the client’s task, not the counselor’s, to articulate and resolve his or her ambivalence.
- Direct persuasion is not an effective method for resolving ambivalence.
- Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.

Thinking About Change

- What change(s) are you considering?
- How important is it that you make this change?
- How confident are you that you are able to make this change?
- How ready are you to make this change?

Readiness Ruler

Not at all 1 2 3 4 5 6 7 8 9 Very
STAGE OF CHANGE & TX PLANNING

Stage of Change and Counselor Tasks

Precontemplation

**PRIMARY TASK:** RAISING AWARENESS

- Validate their lack of readiness
- Encourage self-exploration
- Increase client’s perception of risk and problems

**SKILLS**
- Sensitivity and empathy;
- Provide choices and options
- Instill hope;
- Explore barriers to change
- Develop discrepancy

Contemplation

**PRIMARY TASK:** EVOKE REASONS FOR CHANGE

- Tip the balance: no change / change
- Evoke reasons for change
- Help to understand risks of not changing
- Validate their position

**SKILLS**
- Client’s internal strengths
- Accentuate positive behaviors
- Explore problems with prior attempts to change
- Positively reframe relapses
**Clinician’s Tasks: Preparation (Recovery)**

**ID: UNPACKING STRENGTHS, MOTIVATION CHANGE**

- Praise the decision to change behaviors
- Work with client’s strengths
- Encourage social supports

**SKILLS**

- Encourage small initial steps
- Educate client about continual decision making process
- Define barriers to change and assist client in overcoming them

**Action Stage of Change (Recovery)**

**CHANGE STRATEGIES/COPING & IDENTIFY RELAPSE RISK**

- Practicing new behaviors For 3-6 months

**SKILLS**

- Focus on restructuring cues and social support
- Bolster self-efficacy for dealing with obstacles
- Combat feelings of loss and reiterate long-term benefits

**Maintenance Stage of Change (Recovery)**

**SUSTAIN OLD & DEVELOP NEW RECOVERY SKILLS**

- Continued commitment to sustaining new behavior
- 6 months to 5 years

**SKILLS**

- Plan for follow-up support
- Reinforce internal rewards
- Discuss coping with relapse
Relapse Stage of Change (Discovery or Recovery?)

Return to Use

REASSESS MOTIVATION & BARRIERS

SKILLS
- Determine readiness for change
- Evaluate triggers for relapse
- Plan stronger coping strategies

Jim, age 51, is enrolled in SCC NTP program receiving Methadone and has been abstinent from illicit opiates for over 2 years. He continues to smoke Marijuana to help him sleep at night and does not think his marijuana use is problematic at all.

Sandy has been taking her mental health medications consistently for 2 months now. Her MH symptoms are decreasing although she still has periods of anxiety and depression. She has developed a buddy system with a friend from the clinic; they call each other every day and check in. She meets regularly with her psychiatrist through SCC MH.
Linda knows that she needs to be more consistent with her blood pressure medications, but she keeps forgetting to take them when her life gets busy. When her blood pressure is elevated, she develops headaches. She hasn’t seen her doctor in over 10 months. Her mother also had high blood pressure and developed coronary artery disease.

Roger, age 29, feels like his drinking is getting in the way of his job but he really enjoys going out with his friends, who all drink a lot, and he likes to get “blasted”, particularly on the weekends. Last week, his co-worker told him he noticed that he smelled of alcohol. Roger assured him that he is just having fun.

Would your assessment of his stage of readiness change if the client drove a vehicle for a living?
### Readiness to Change Risk Ratings

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Willingly engaged in TX, proactive, committed to change</td>
</tr>
<tr>
<td>1</td>
<td>Willing to explore strategies for change, but ambivalent about the need for change</td>
</tr>
<tr>
<td>2</td>
<td>Reluctant to agree to enter TX. Able to articulate the negative consequences of use, but low commitment to change</td>
</tr>
<tr>
<td>3</td>
<td>Inconsistent follow through and shows minimal awareness of SU disorder or need for TX</td>
</tr>
<tr>
<td>4</td>
<td>Unable to follow through, has little or no awareness of SU problems or associated negative consequences. Sees no connection between substance use and his/her suffering</td>
</tr>
</tbody>
</table>

### TX PLAN ELEMENTS (Clinical Performance Measures)

- ✓ Problem identifies areas of impairment or distress of substance use
- ✓ Problem correctly matches the ASAM dimension
- ✓ Stage of Change correctly matches the problem statement
- ✓ Goal directly relates to the problem statement
- ✓ Goal matches the stage of change
- ✓ Action Steps are measurable (SMART)
- ✓ Action Steps help achieve the goal

**ACTION STEPS**

<table>
<thead>
<tr>
<th>S</th>
<th>SPECIFIC</th>
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<tbody>
<tr>
<td>M</td>
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<td>A</td>
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<td>R</td>
<td>REALISTIC</td>
</tr>
<tr>
<td>T</td>
<td>TIME BOUND</td>
</tr>
</tbody>
</table>

### DEFINITION: MEASURABLE

On the Action Step, the client is asked to:
- Write some information down, or
- Discuss it in group, or
- Talk about it with counselor, or
- The counselor would theoretically be able to contact someone for confirmation
**ACTION STEPS**

<table>
<thead>
<tr>
<th>S</th>
<th>SPECIFIC</th>
<th>Clients are given a specific task: “Call your Dr. to make an appt.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>MEASURABLE</td>
<td>“Make a note of the date &amp; time of your appt”</td>
</tr>
<tr>
<td>A</td>
<td>ACTION ORIENTED</td>
<td>“Read, ask, attend, talk to, call, write...”</td>
</tr>
<tr>
<td>R</td>
<td>REALISTIC</td>
<td>Is the task logical and within the client’s ability</td>
</tr>
<tr>
<td>T</td>
<td>TIME BOUND</td>
<td>TX Plan must include a (feasible) due date</td>
</tr>
</tbody>
</table>

**PROBLEM**

- Impairment
- Dimension matches problem (goal, action steps)
- Stage of Change Matches problem (goal, action steps)

<table>
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<tr>
<th>Dim</th>
<th>Risk</th>
<th>Prob</th>
<th>Goal</th>
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<tbody>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>Because of my alcohol and meth use, I skipped a lot of school; I might not graduate. Contemplation</td>
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**GOAL**

- Directly relates to the problem statement
- Goal matches the Stage of Change

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Explore how important it is to you to graduate.
**Action Steps**
- Action Steps are Measurable (SMART)
- Action Steps help achieve the Goal

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</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td></td>
<td>When I use alcohol and meth, I don't want to go to school; I might not graduate</td>
<td>Contemplation</td>
</tr>
</tbody>
</table>

- In group, ask if anyone did not complete HS. If so, what was that like for them? Did they have any regrets? Share in 3-1 with Cslr what you learned.
- Think of some ways having a diploma would benefit you. Ask peers for help. Write down a list of three reasons completing HS would help you. Share with Cslr.

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**PROBLEM**
- Impairment
- Dimension matches problem
- SOC Matches problem

- Goal matches the Stage of Change
- Directly relates to the problem statement

<table>
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<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>1</td>
<td></td>
<td>I just got on probation and need to turn in a negative drug test, but I don't want to stop</td>
<td>Precontemplation</td>
</tr>
</tbody>
</table>

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**DIMENSION CONFUSION**
<table>
<thead>
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<th>Risk</th>
<th>Prob</th>
<th>Goal</th>
<th>Act. Steps</th>
</tr>
</thead>
</table>
| 5   | 2    | The ups and downs of daily meth use (5 yrs) makes me angry and I yell and scream at my family and friends; I feel bad and want to use more | Learn how to not use alcohol and drugs when angry. | • Ask in group for ideas to not drink & use when angry. Make a list of at least two ideas that may work for you.  
• Volunteer in group to role play how you could do this. Ask grp members for feedback. |
| 3   | 2    | The ups and downs of daily meth use (5 yrs) makes me angry and I yell and scream at my family and friends; I feel bad and want to use more | Learn how to not direct your anger to family & friends | • Ask in group for coping ideas to not direct anger at loved ones. Make a list of at least two ideas that you can try.  
• Volunteer in group to role play how you could do this. Ask grp members for feedback. |

**SMALL GROUPS, PLEASE**

1. Make a Problem List, including
   - Dimensions
   - Risk ratings
2. Choose the most important issue
   - Write one Problem Statement
   - Goal
   - Action Step(s)
3. Include Stage of Change

When asked “would you rather work for change, or just complain?” 81% of the respondents replied, “Do I have to pick? This is hard.”