An Introduction of Motivational Enhancement

By
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(Day 1 Afternoon Session)

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Your own experiences of facing clients with low motivation

1. How are the clients with low motivation you have recently met?

a) What kinds of performance do they have which suggest that they lack motivation for change?

b) How do you handle them? How do they respond to you?

c) How did you feel and think about them?

2. Based on that experience, how do you understand your own theory of motivational enhancement?

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A. The Myths of Motivational Enhancement

A Conventional View

The lack of motivation of change is often manifested in addicts' resistance to treatment and rehabilitation and such resistance is regarded as:

1. Rooted in the addicts' pathological additive personality
2. Therefore a heavy-handed confrontational approach should be adopted

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The view of M.E

1. Lack of evidence of the existence of 'addictive personality'
2. Resistance to change is a normal state of a person before making any change, NOT limited to addicts
3. Resistance is the product of counselor—addict interaction and often induced by a confrontational approach

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The view of M.E (Cont.)

4. Counselor's proper skills can avoid addicts' resistance and enhance their motivation of change
5. M.E: To increase the possibilities of an addict to continuously adopt particular strategies to make changes

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B. The Features of M.E

1. Don't blame the addicts
2. Regarding M.E as a *relational process* in which a counselor plays a very important role to get the addicts to discuss their drug issues and take actions to change
3. Efforts should be made into producing a context conducive to the addicts' particular actions taken to make changes rather than into leading them to 'surrender' or 'confess'

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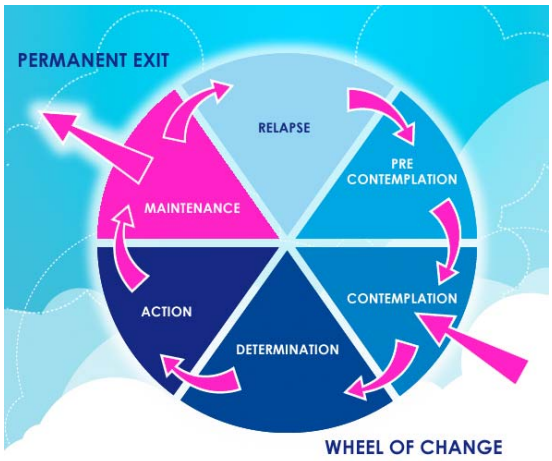
Wheel of Change

William Miller, the founder of Motivational interviewing, MI, depicts different stages of behavioral changes of human being through the wheel of change



Prochaska and DiClemente, 1982

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1. The entry of a more advanced stage requires a set of particular skills of M.E

2. If a counselor cannot apply proper skills, addicts may slip back to (a) previous stage(s)

3. The appearance of a new behavioral pattern often requires addicts to go through the wheel of change for many times

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C. Low Motivation

Small Group Discussion

- What kinds of statement did your clients with low motivation for change make when you discuss drug issues with them?
- Pls. list out what they say and categorize them in a group.

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C. Low Motivation

Suggested Categories of Low Motivation

1. Not-so-problematic

I just take drugs occasionally, it doesn't make any sense to discuss quit or not!

I think my drug-taking isn't a problem, no need to mention!

I am not addicted to any drugs, just take some with some friends!

All friends of mine take drugs, it is very common!

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2. Expert

You haven't taken any drugs, how can you know what I mean?

I have mastered how to use drugs, no problem!

There are different levels of taking drugs, yes, you would feel bad before you reach, but if you go on, you would become alright!

I feel I can be a 'pharmacist'!

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3. Give-up

It is me! Can it be so easy to change?!

At this stage, I don't want to move anywhere, let it be…

I have been trying to quit for many times, I'm hopeless

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4. Escape

It's okay, I know I have to quit it !

I know I have to quit it, just a bit late

Oh, how about others? How do they kick drugs?

'……' (Silence)

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D. Possible Factors Contributing to Low Motivation

Small Group Discussion

Why some addicts are so unmotivated to change?

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D. Some Possible (Interrelated) Factors Contributing to Low Motivation

1. Being not aware of / ignore the harmful effects of drugs on him/her
2. Though understand the harmful effects of drugs, s/he believes that s/he can master drug use (The pharmacist theory/ romanticization of drugs)
3. Fear of being sober

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D. Possible Factors Contributing to Low Motivation (Cont.)

4. Stick to the special functions of drugs, such as concentration, slim body, trouble-killer, ecstasy, peace-maker
5. Lack of alternative means to handle her/his current/underlying troubles/concerns
6. Peer influences

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E. Different Approaches of M.E

0. Counselor's Attitudes

a. Client's degree of motivation may fluctuate over time at different treatment stages, so adjust treatment goals accordingly

b. Set reasonable and achievable goals (harm-reduction philosophy)

c. Be optimistic and have a long-term perspective

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E. Different Approaches of M.E (cont)

1. Assertive Outreach Approach (Development of a collaborative working alliance)

a. Be practical in the help you offer

b. Offer some crisis intervention

c. Work toward symptom stability/ medication adherence

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E. Different Approaches of M.E (cont.)

2. Negative Effects Approach

a. What would happen which you're most afraid of, if you go on taking drugs?
b. What are the other addicts' worst situations which most impress you?
c. What have you been suffering since you take drugs? How do you think this suffering will worsen in the future?

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E. Different Approaches of M.E (cont.)

3. Positive Effects Approach

a. Seeking Motivational Hooks: searching something the client wants in life, such as job, making friends, going out socially
b. A thick description of the healthy and happy aspects of client's live before taking drugs

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E. Different Approaches of M.E (cont.)

4. Analytical Approach

a. Talk about the positive aspects of substance use followed by its negative aspects

b. Conducting a advantage-disadvantage analysis as follows:

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E. Different Approaches of M.E 4. Analytical Approach(cont.)

Advantages – Disadvantages Analysis

Name: _____

Date: _____

Behaviour: _____

	Ads (FOR)	Disads (AGAINST)
SHORT TERM		
LONG TERM		

Self-motivational Statements:
Concern: _____
_____
Intent to Change: _____
_____

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E. Different Approaches of M.E 4. Analytical Approach(cont.)

Advantages-Disadvantages Analysis

Name: Ray

Date: 10th November

Behaviour: Smoking crack-cocaine

	Ads (FOR)	DisAds (AGAINST)
SHORT TERM	• Enjoy the buzz it gives me • Makes me feel relaxed and light • Made new friends	• Can end up spending all my money on it • Dealers can be a bit rough if I can't pay them • Family don't like me smoking… causes arguments
LONG TERM	• ?Enjoy the buzz	• Health will get worse • Won't be able to buy anything else for myself • Will lose my family

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E. Different Approaches of M.E 4. Analytical Approach (cont.)

c. Start talking to your client about gain from changing

d. Ask the client what would be the downside if changed

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E. Different Approaches of M.E 4. Analytical Approach (cont.)

DECISION BALANCE SHEET

Name: Tony

Date: 18th July

Behaviour: Reduce drinking

	'PROS' (FOR)	'CONS' (AGAINST)
SHORT TERM	• Use money to buy things I want such as a radio/stereo • Learn how to drive • When I'm drinking I don't eat properly • Drinking can make me have hallucinations	• The friends I have and the people I live with all drink like I do • I have always enjoyed drinking with my mates
LONG TERM	• I'll be much healthier • I can look after myself better • Find a job	?

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F. Four strategies help to tip the motivational balance

a. Eliciting self-motivational statements (SMS)

1. Expressed concern:
   'I'm afraid that I will….'
2. Intention to Change:
   'I can't go on like this'

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F. Four strategies help to tip the motivational balance (Cont.)

b. Identify “Distortions” in the positive beliefs your clients holds about his/her drug use

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(MODIFIED) DECISION BALANCE SHEET

Name: Tony

Date: 18th July

Behaviour: Reduce drinking

	PROS (FOR)	CONS (AGAINST)
SHORT TERM	• Use money to buy things I want such as a radio/stereo • Learn how to drive • When I’m drinking I don’t eat properly • Drinking can make me have hallucinations	• (This was an all-or-nothing statement)… Some of the friends I have and the people I live with drink like I do, but I do know some people who only drink occasionally. • (This was an overgeneralisation and an all-or-nothing statement)…I have NOT always enjoyed drinking with my mates. After a two-day binge I feel awful and have no money, and we sometimes end up in fights.
LONG TERM	• I’ll be much healthier • I can look after myself better • Find a job	?

Self-motivational statement

Intent to change: I can see that if I make some changes in my drinking I’m going to have more money in my pocket and feel a lot better.

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F. Four strategies help to tip the motivational balance (Cont.)

c. Modify and Re-evaluate the positive reasons for use

d. Provide educational information about the effects of substance use and possible links to the problems identified

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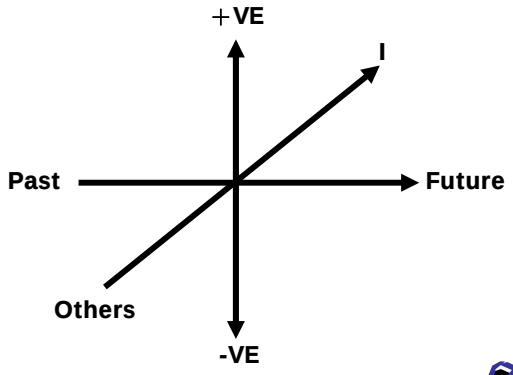
G. Questions Often Used for M.E



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I – Future - +VE

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b) I – Future - -VE

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c) I – Past - +VE

33

d) I – Past - -VE

34

e) Other – Future - +VE

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f) Other – Future - -VE

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g) Other – Past - +VE

37

h) Other – Past - -VE

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H. Principles of Using the Questions

a. Avoid conflicts and roll with the resistance
b. Empathy
c. Discrepancy
d. Maintain self-esteem/self-efficacy

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Identifying social networks supportive of change

Some helpful references: Drake, Bebout and Roach (1993), Galanter (1993), Galanter and Kleber (1999).

Your aim for this part of the treatment is to:

1. Identify who is in your client's social network.
2. Help your client see the importance of having network support for change.
3. Invite one or more key members of your client's network to become involved in the treatment.
4. Minimise the influence of network members supportive of continued use of substances.

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Exercise: Steps to drawing a social network map:

1. Ask your client to think of all the people in his/her social network. Try to include as many people as possible to start with. Do not engage in a detailed discussion about each individual member too soon, as the initial emphasis is on having as many of the network members represented as possible.
2. Once you have identified a number of people, you could try to discuss issues such as whether the person uses drugs; how often your client sees him/her; what the person thinks about your client's use of drugs.
3. Identify those people who may be supportive of change and those people who are supporting or encouraging of the continued use of substances.

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As a rule, remember that network members need to:

- Have a positive relationship with your client
- Be in a agreement about his/her aim in relation to substance use
- Be prepared to be firm but kind, encouraging your client to continue with the treatment
- Not have a drug problem themselves
- Not be under the age of sixteen
- Not have any hidden agenda of their own aside from supporting your client in his/her efforts to change

So remember,

- Your client will find it easier to disengage from people who support and encourage the continued use of substances if alternative sources of positive support are available

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Pulling it all together: Harnessing Motivation for Change

1. Emphasise the importance and achievability of life goals.
2. Summarise and whenever possible make links between current concerns/problems and substance use. Emphasise the role of beliefs about drug use and social networks in maintaining problematic substance use.
3. Breaking the vicious circle: build on importance and confidence to modify drug use behaviour and remind the client to use his/her self-motivational statements concerning change.

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