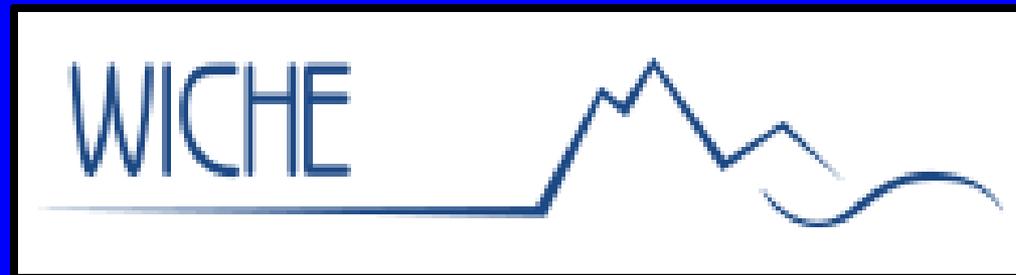


Engaging Clients by Helping Them Move Through Stages of Change

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Questions or thoughts from last week?



Our Collective Experiences with Change

Some Things We May Want to Change...

- Sleep patterns
- Being told what to do
- Financial stress
- Feeling unsafe
- Job status
- Difficulty concentrating
- Unhealthy behaviors
- Smoking cigarettes
- Feeling anxious
- Relationships
- Having a better place to live
- Feeling overwhelmed

What is one thing that we
“help” clients to do?

CHANGE

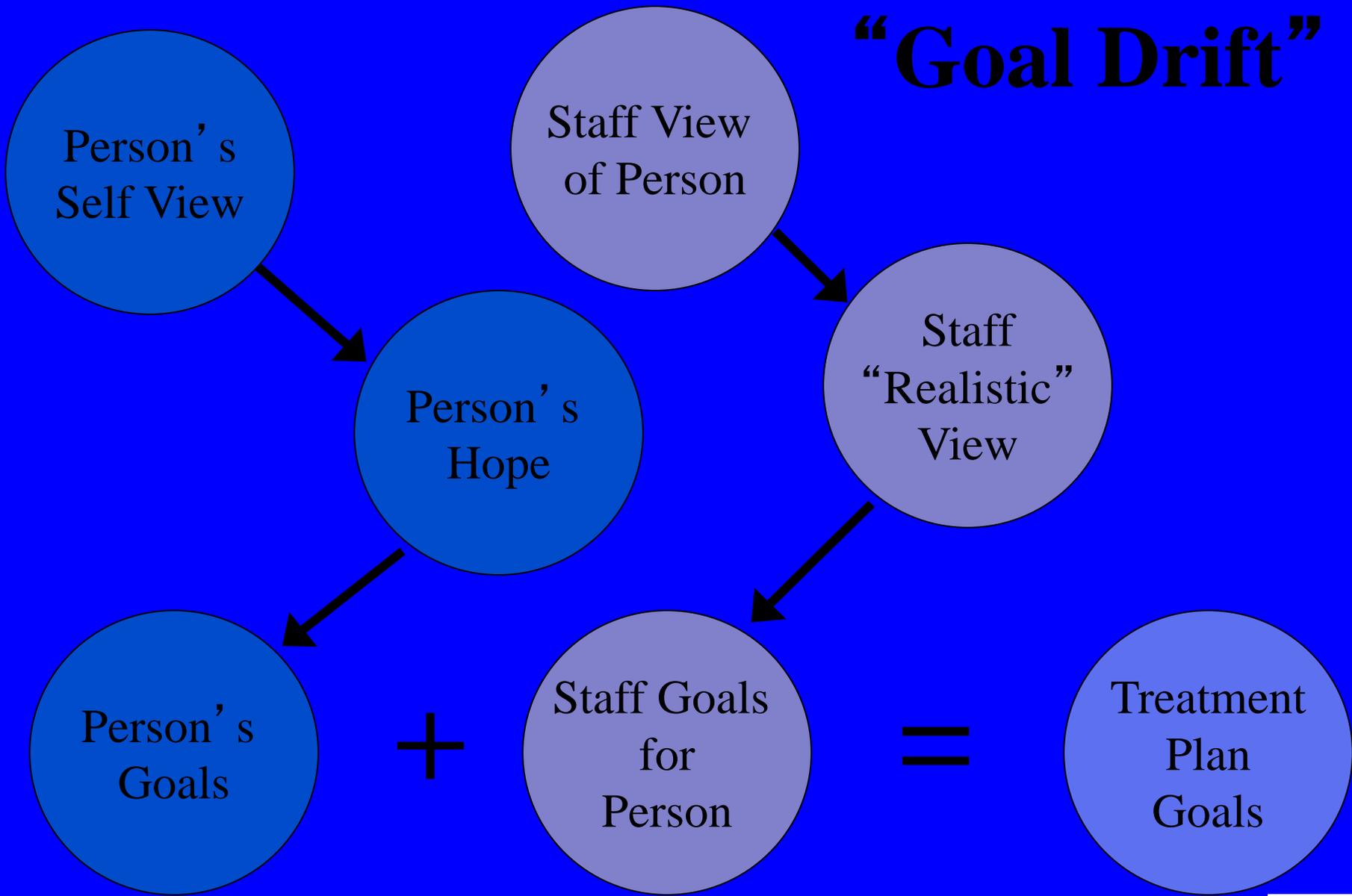
Some “things” clients may want to change?

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Goals

Are they Recovery-
Oriented Goals?

“Goal Drift”



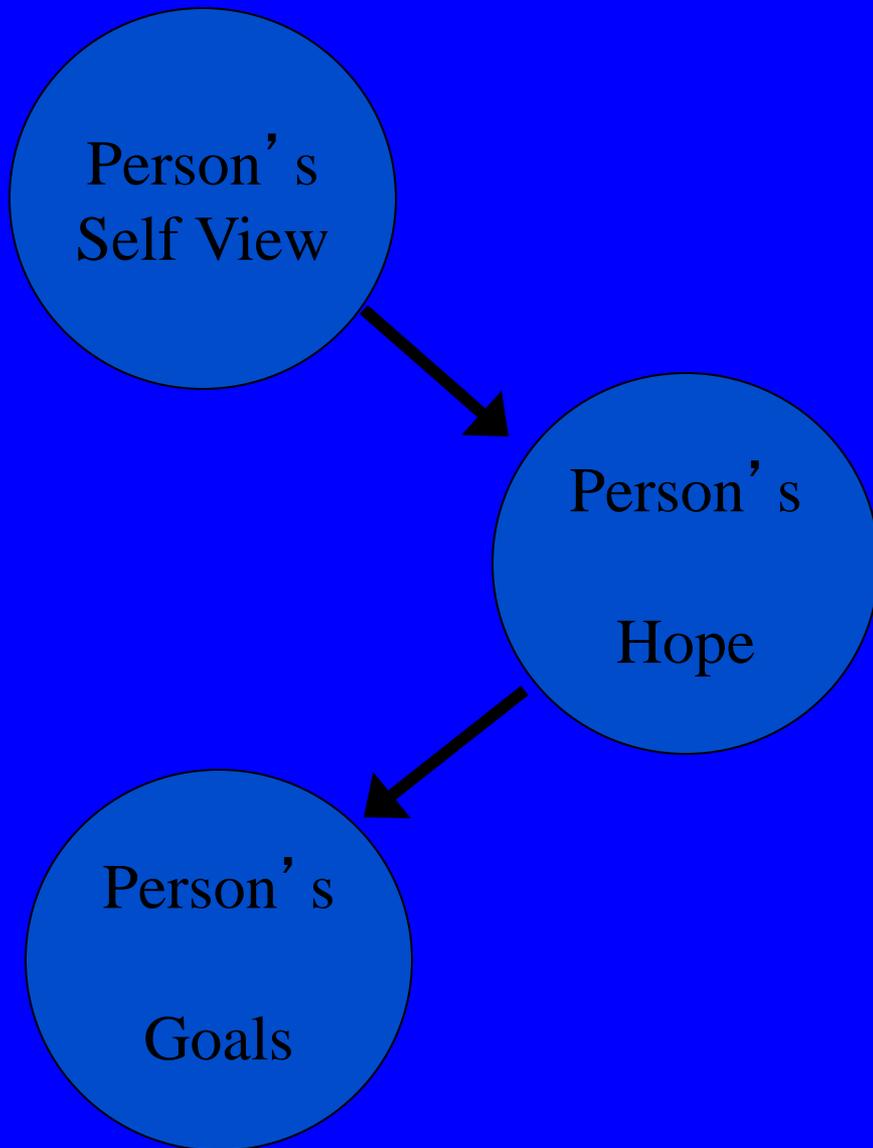
Quiz Question

- What words do “we” use to describe people who are not working on “our” goals for them?
- “Resistance is the extent to which clients do not follow our goals for them.”

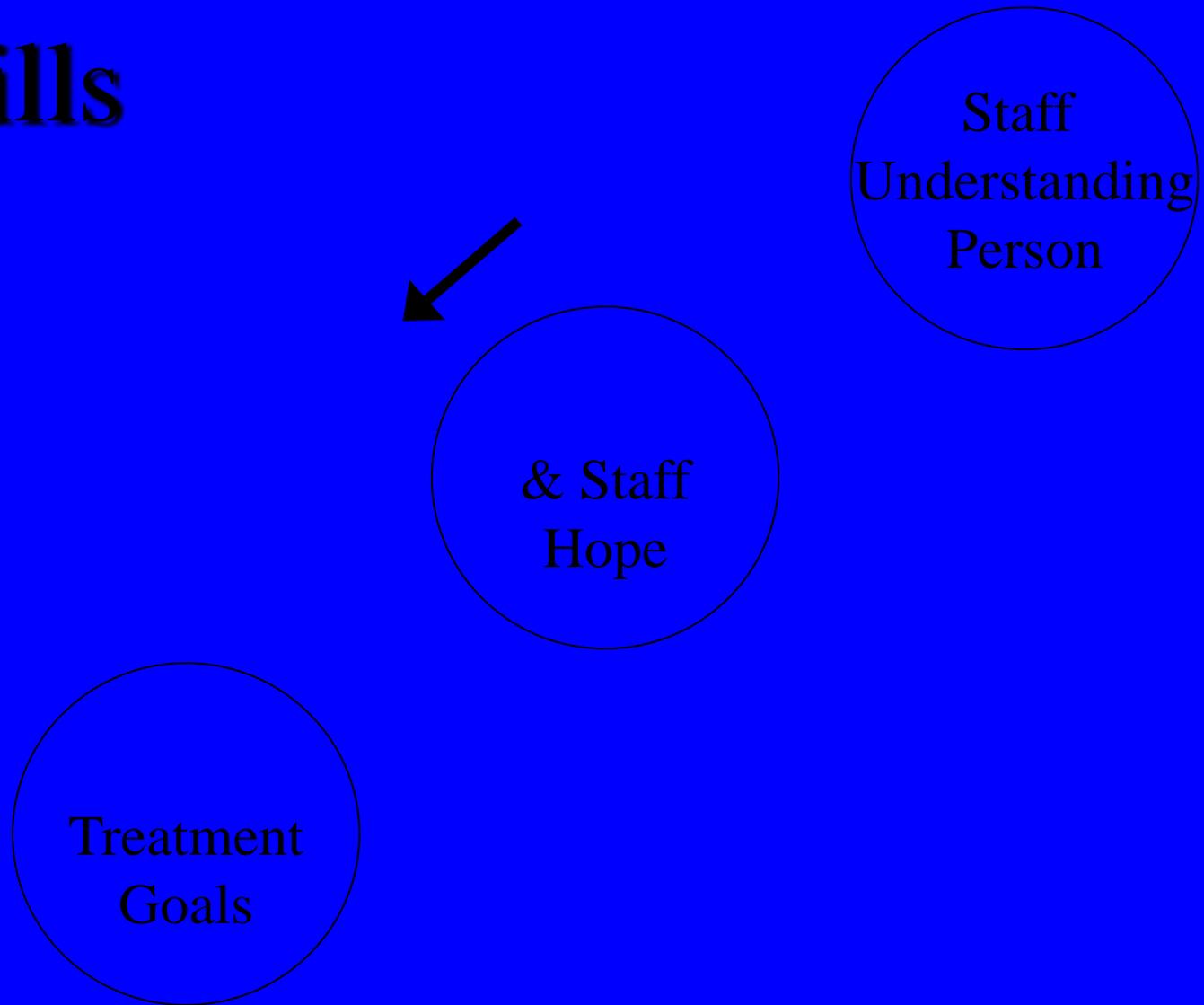
Reframing Resistance

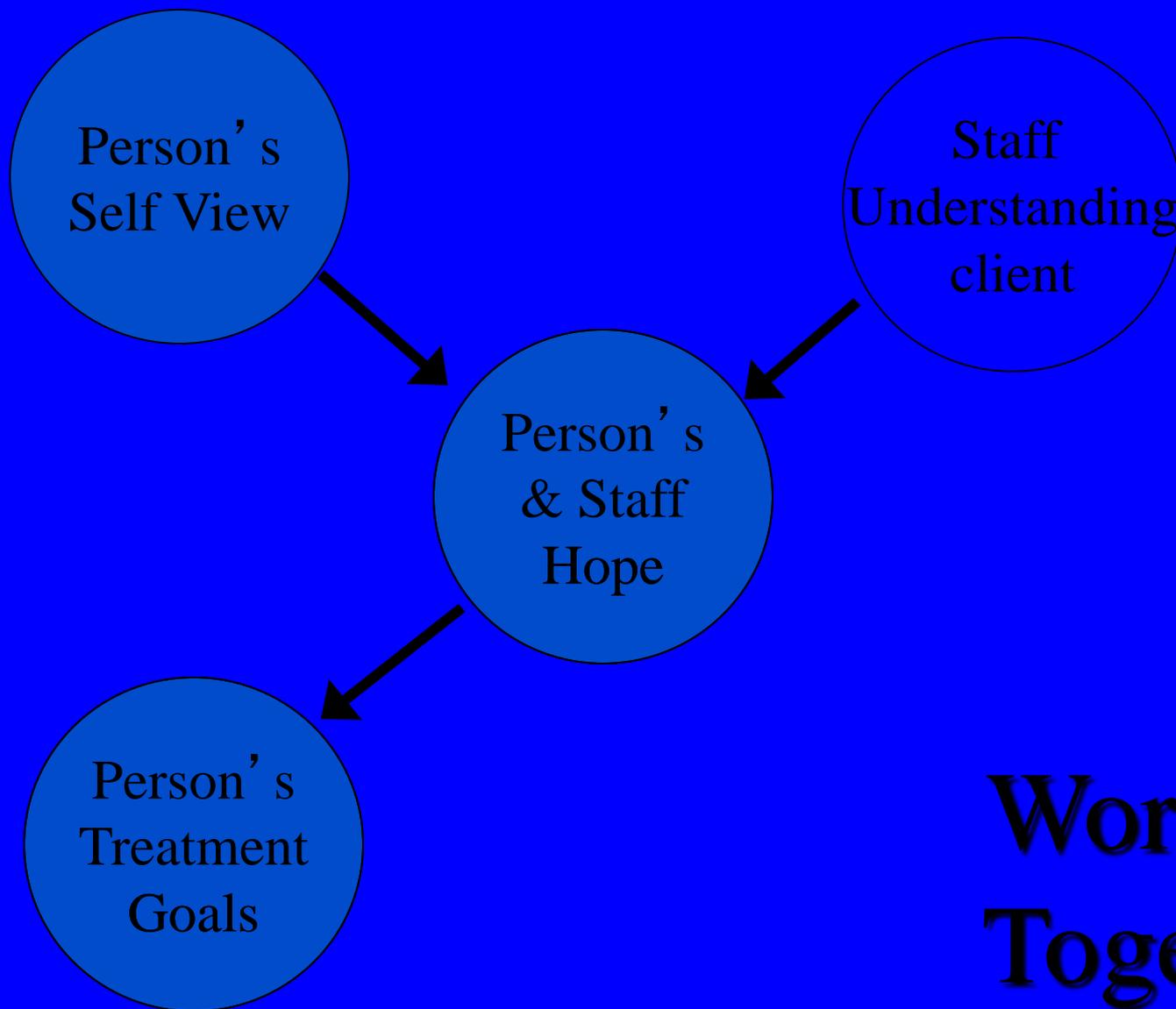
- Motivational Interviewing describes “resistance” as clients not being ready to work on the things that we want them to work on.

The Person's Goal



Practitioner Skills





**Working
Together**

Person vs. Non-Person Centered Goals

Non-Person Centered Goals

1. Do the goals state what the provider/agency wants the person to do?
2. Are the goals stated in mental health jargon?
3. Do the goals state what the practitioner wants the person to do?
4. Do the goals focus on symptom reduction?

Non-Person Centered Goals

5. Do the goals focus on stopping substance use?
6. Do the goals describe what someone else wants for the person?
7. Do the goals describe behaviors in treatment?
8. Do the goals describe compliance or adherence to treatment regimens?

Non-Person Centered Goals

9. Do the goals state things that the person has already asked to rule out?
10. Do the goals describe medical necessity?
11. Do the goals protect the person from taking any risks?

Non-Person Centered Goals

12. Do the goals describe how the person should behave based on the views of others?
13. Do the goals describe things the person does not understand?
14. Do the goals describe things the person is not able to agree to do?

Person Centered Goals

1. Are the goals meaningful to the individual person?
2. Are the goals in the person's own words?
3. Do the goals fit with the person's view of recovery?
4. Are the goals understandable by the person?

Person Centered Goals

5. Are the goals clearly described so that the person understands them?
6. Are you able to picture the person achieving the goal (from a tangible perspective not from a capability perspective)?
7. Are the goals focused on the person's own individual desired accomplishments outside of services?

Person Centered Goals

8. Do the goals address important life roles and valued roles for the person?
9. Do the goals incorporate the hopes and dreams of the person?
10. Do the goals describe behaviors or accomplishments in the person's community?

Person Centered Goals

11. Do the goals describe attaining meaningful things rather than avoiding undesired things?
12. Do the goals describe the person taking meaningful and important risks?
13. Are the person's goals developed over a significant period of time so the person has time to think about them?

Person Centered Goals

14. Are the goals reviewed together and changed frequently?
15. Are the goals stated in a way that the person can observe their own progress towards the goals?
16. Is progress towards the goals celebrated and explored regularly?

Whose Goals ?

- “Attend monthly psychiatric appointments”
- “Having a better relationship with my family”
- “Abstinence from substance use”

Whose Goals?

- “Client will improve his coping abilities and increase his ability to function age appropriately”
- “Client will abate acute, reactive psychotic s/s [signs and symptoms] and will return to normal level of functioning”

Whose Goals?

- Learning how to use the bus system to get around the city
- Being compliant with the conditions of court orders
- Find clean and sober people that I can do things with after work
- To get a part-time job

Motivational Strategies

Motivation

- “Motivation can be understood not as something that one has, but as something that one does. It involves recognizing a problem, searching for a way to change, and then beginning and sticking with that change strategy.”
– William Miller, 1995

D.A.R.N.

- Desire to Change
- Ability to Change
- Reasons to Change
- Needs to Change

Motivational Interviewing Principles

- Express empathy
- Establish personal goals
- Develop discrepancy
- Roll with resistance
- Support self-efficacy

Empathy

- Reflect back what you heard
- Acceptance not agreement
- Use good “active listening skills”: eye contact, facial expression, body orientation
- Try to understand the client’s world from their perspective
- Respect

Establishing Personal Goals

- Goal: To establish personal, meaningful goals that the client is willing to work on
- Talk with clients about their
 - Aspirations; past, present & future
 - Desires for how things could be different
 - Fantasies

Establishing Personal Goals

- Get to know what the person was like in the past
 - Preferred activities
 - Admired people
 - Personal ambitions
- Don't discourage ambitious goals
 - Help to break them down into small incremental goals and objectives

Developing Discrepancy

- Explore client's goals
- Consider steps that need to be taken to achieve goals
- Ask client to describe their view of any possible consequences of not changing
- Use reflective listening selectively to reinforce the person's own recognition that not changing interferes with goal attainment

Client Goal Statement

“When I turn my music up to drown out neighbors, they call the police. I want the police to stop harassing me.”

Rolling with Resistance

- Rather than oppose it explore it
- Reframe
- Avoid arguing with the client
- This is a signal for you to respond differently

Client Statement

“This is a really hard change to make in my life. I would like to see you try this. You are lucky, you have a good job and lots of support in your life!”

Supporting Self-Efficacy

- Clinician's belief in the person's own ability to change
- The person's belief in possibility of change is important motivator
- Express confidence that change is possible
- Explore how person has achieved other changes in the past
- Instill hope while acknowledging past frustrations with change attempts

Client Statement

“I don’t think I can do this, meeting new people is just too hard for me. I don’t want to start over again.”

Resistance

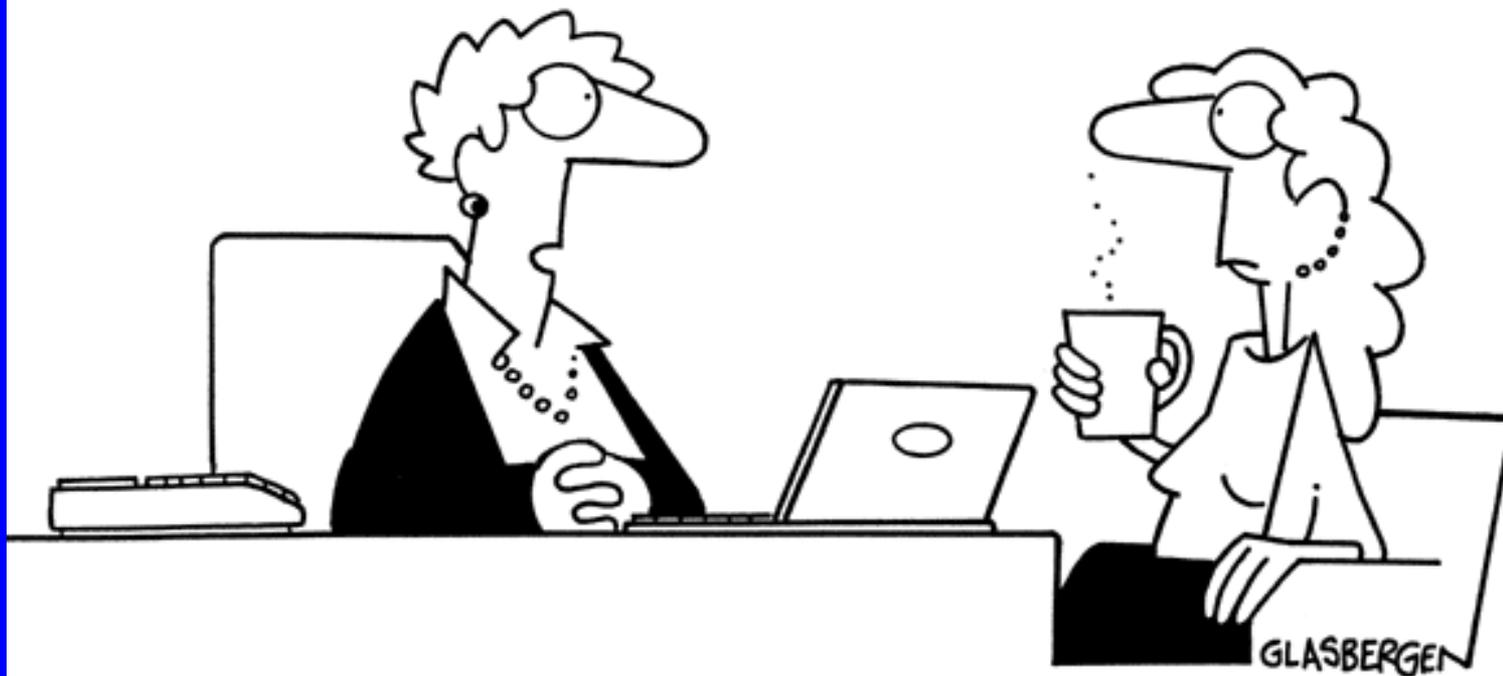
- Resistance -- client's behavior that is a signal of dissonance in your work together
- Change Talk -- the opposite of resistance reflects movement of person toward change
- Good Motivational Interviewing fosters change talk from the client

O.A.R.S.

- O** Open ended questions- what brought you here, what would you like to discuss
- A** Affirm- compliments or statements of appreciation and understanding, I enjoyed working with you today
- R** Listen Reflectively- make a guess at what the person means
- S** Summarize- summary statements can be used to link together and reinforce material that has been discussed and next steps

Break

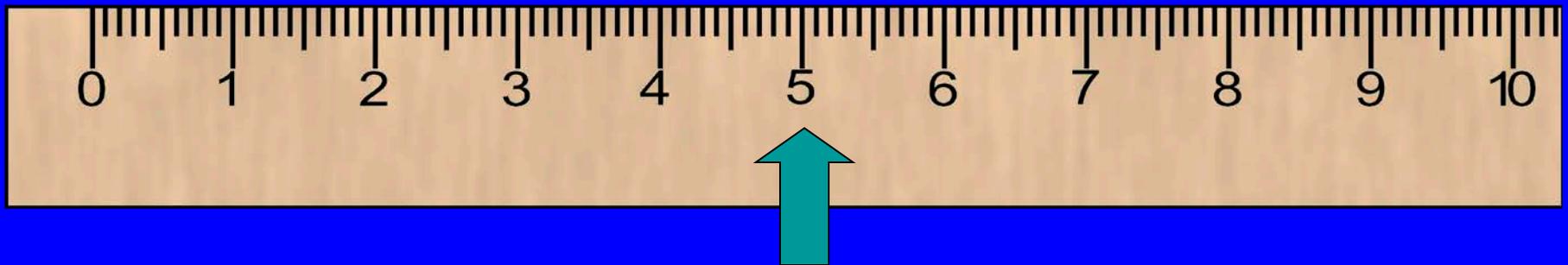
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“You know we strongly discourage any sort of office romance. Someone heard you whisper ‘I love you’ to the coffee machine.”

Importance Ruler

- On a scale of 0 to 10 how important is it to you to make the change?



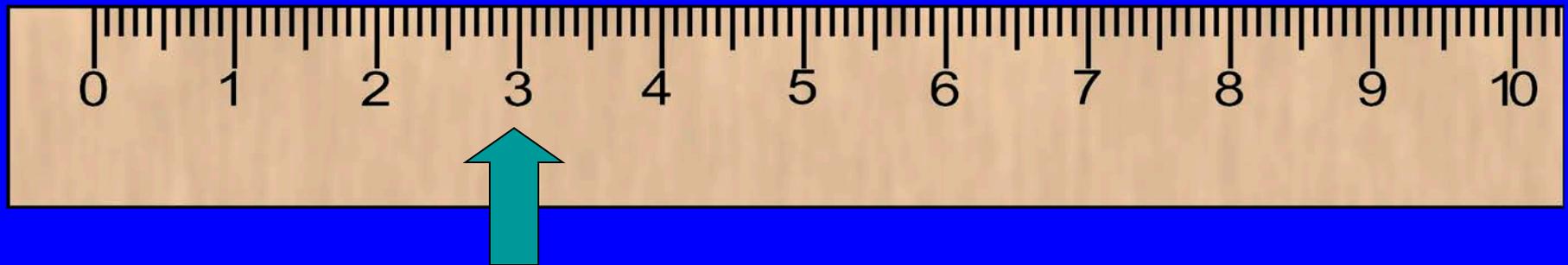
- What are the reasons that this is a 5 on importance for you instead of a 2 or a 3?
- What would it take for your importance score to move up to a 6 or a 7?

Client Statement

“On a scale of 1 to 10, I would say this is about a 5 on importance for me.”

Confidence Ruler

- On a scale of 0 to 10 how confident are you that you will be able to make this change?



- What are the reasons that this is a 3 on confidence for you instead of a 2 or a 1?
- What would it take for your confidence score to move up to a 4 or a 5?

Client Statement

“On a scale of 1 to 10, I would say I am about a 3 on confidence to make this change. If I was already able to do this, I would have done it.”

Enhancing Confidence

- Importance and confidence are key to change.
- Strengthening confidence
 - Evocative questions about ability to change
 - Confidence ruler
 - Reviewing past successes
 - Personal strengths and supports that could help with this change

How You Know You Have It Right

- You have prepared in advance
- The pace of the meeting is slowed down from business as usual
- You are speaking slowly
- The client is talking more than you

How You Know You Have It Right

- The person is talking about their own reasons for change
- You are listening carefully and directing at appropriate moments
- The person seems to be working hard and realizing things for first time
- The person is seeking information

Stages of Change

Prochaska and DiClemente 1982,1984,1992

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

SOC Assessment

- People move from one stage to another and back again
- Need to continually assess what stage each person is at
- Ways to assess stage of change
 - Listen
 - Ask open-ended questions
 - Check your perceptions- summarize
 - Review stages regularly

Precontemplation

Precontemplation

- No intention to change currently
- Unaware that behavior is a problem (or if aware unwilling to change)
- Said to be in “denial”

Characteristics of Person in Precontemplation

- Defensive-in denial
- Resistant to suggestions around change
- Uncommitted or passive to treatment
- Consciously or unconsciously avoiding steps to change their behavior
- No awareness of problem
- Often pressured by others to seek treatment
- Feeling coerced by significant others

Clinical Strategies for Precontemplation

- Providing information about the problem
- Exploring how the problem affects the person
- Exploring how the problem affects the people and situations in the person's life
- Practicing empathy
- Providing feedback

Contemplation

- Considering changing
- Thinking about the pros and cons of change
- Distressed over the problem behavior
- Ambivalent

Characteristics of Person in Contemplation

- Distressed
- Depressed
- Passive
- Thinking about making a change
- Trying to understand and evaluate behavior
- Evaluating pros and cons of behavior
- Not yet ready to change
- Have made attempts to change in the past

Characteristics of Person in Contemplation

Ambivalent

Clinical Strategies for Contemplation

- Decreasing desirability of behavior
- Removing barriers
- Developing a pay-off matrix
- Examining and clarifying personally desired goals
- Providing real choices

Preparation

- Ready to change
- Intending to change soon
- Have incorporated previous tries at change

Characteristics of Person in Preparation

- Intending to change behavior
- Ready to change in both attitude and behavior
- Engaged in the change process
- Making or having made the decision to change

Clinical Strategies for Preparation

- Active helping
- Develop specific action plan
- Skills training for skills needed to implement action plan
- Support self-efficacy around previous tries at behavior change

Action

- Change has begun
- Need skills to implement change
- Learn ways to prevent relapse
- Commitment to change

Practitioner Question

“What do we do now? The person listed more reasons not to change.”

Characteristics of Person in Action

- Decided to make a change
- Verbalized or demonstrated a commitment to change
- Willing to follow suggested strategies for change
- Steps are being taken to change

Clinical Strategies for Action

- Acknowledge difficulties encountered in early stages of change
- Support change through small, successive steps
- Use functional analysis to evaluate high-risk situations and develop appropriate coping strategies
- Assist in finding new positive reinforcers of positive change

Maintenance

- Begins after 6 months of problem-free action
- Sustain and further changes made
- Avoid relapse of previous behaviors

Characteristics of a Person in Maintenance

- Working to sustain change
- Attention focused on avoiding slips or relapses
- May be fearful or anxious regarding relapse
- May experience cravings

Clinical Strategies for Maintenance

- Help identify substance-free reinforcers
- Support lifestyle change
- Support self-efficacy
- Help develop new coping strategies to avoid return to substances
- Maintain supportive contact

**Questions /
Discussion?**

Next Training

Tuesday May 31st, 2016

12:00-3:00 Central

Co-Occurring Disorders