



Introduction to Stages of Change and Change Talk in Motivational Interviewing

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Workshop Objectives

- Participants will be able to identify 3 key elements of motivational interviewing
- Participants will be able to define stages of change and discuss how this guides interactions
- Participants will be able to identify change talk and utilize means to encourage it



Background

- During his college years, psychologist James Prochaska, Ph.D., lost his father to alcoholism and depression. Prochaska discussed his father's mistrust in psychotherapy and his refusal to participate in counseling. Because of James' personal experiences, James has focused his research into substance abuse and the stages of change.
- Prochaska and DiClemente started their research by observing individuals who had overcome nicotine addictions. They discovered change occurred on a continuum and identified common stages that most individuals progressed through. Prochaska and DiClemente developed a model of therapy based upon these stages.

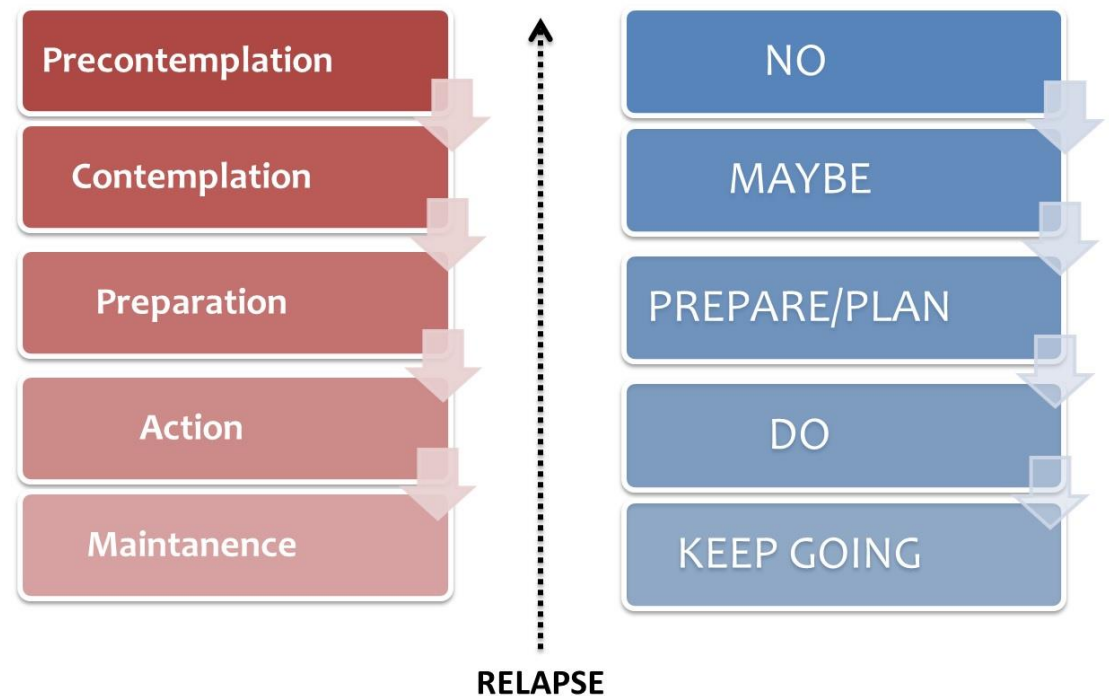
The model

- This model provides practitioners with a way in which to understand how clients change, as well as what motivates them to change.
- Prochaska and DiClemente argue that behavior change cannot be thought of as a specific event occurring at a specific point in time. Rather, change should be thought of as a process that may take months or even years.

Stages of Change

- Precontemplation
- Contemplation
- Preparation (previously determination)
- Action
- Maintenance
- Relapse

Transtheoretical Model Stages of change



Stages of Change

- It is important to note that the change process is cyclical, and individuals typically move back and forth between the stages and cycle through the stages at different rates. In one individual, this movement through the stages can vary in relation to different behaviors or objectives. In some situations, individuals can move through stages quickly. Sometimes, they move so rapidly that it is difficult to pinpoint where they are because change is a dynamic process. It is not uncommon, however, for individuals to linger, especially in the early stages.
- In general, precontemplation and contemplation take substantial amounts of time. Contemplation is generally very uncomfortable.
- Source: <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.61626>

For any behavioral concern at any point in time...

- 40% in precontemplation
 - 40% in contemplation
 - 20% in preparation or action
-
- Prochaska and DiClemente, 1998



Precontemplation

Description	Techniques	Questions to ask
<p>Individual's in the precontemplation stage are often viewed as unmotivated clients who are not ready for change. They may not believe they have a problem and state they do not intend on making any changes in the near future (not within the next 6 months). Their lack of motivation to change may be as a result of failed prior attempts to change their high risk behaviors. It is also possible these individual's may not fully realize the negative consequences of their behavior. The goal of the precontemplation stage is to move the client into contemplation, i.e. to help client begin to think about negative consequences of their behavior and consider change as a possibility</p>	<ul style="list-style-type: none">• Validate clients feelings and thoughts regarding lack of readiness• Make client aware it is her/his decision whether or not to change.• Encourage re-evaluation of current behavior• Self exploration, not action, should be the goal• Raise awareness and doubt• Explain and personalize the risk	<ul style="list-style-type: none">• "What would have to happen for you to know that this is a problem?"• "What would you consider as warning signs that would let you know that this is a problem?"• "What things have you tried in the past to change?"

Contemplation

Description	Techniques	Questions to ask
<p>During the contemplation stage, individuals are ambivalent about changing. They are aware their behavior is resulting in negative consequences and may be considering making a change. However, no commitment has been made to take action. One could say these individuals are 'sitting on the fence'.</p> <p>Contemplation is characterized by ambivalence and feelings of being 'stuck'.</p>	<ul style="list-style-type: none"> • Make client aware it is her/his decision whether or not to change. • Encourage evaluation of pros and cons of behavior change with the goal of helping tip the balance toward change. • Identify and promote new, positive outcome expectations • Have client state their next step 	<ul style="list-style-type: none"> • "What are the pros and cons for not changing?" • What are the pros and cons (costs/benefits) for changing? • Why do you want to change at this time?" • "What would keep you from changing at this time?" • "What are the barriers today that prevent you from changing?" • "What things (people, programs and behaviors) have helped in the past?" • "What would help you at this time?"

Preparation

Description	Techniques	Questions to ask
<p>Individuals in the preparation stage intend to take action (within the next month) and may already have had previous failed attempts at trying to change. Some may have already 'tested the waters' by engaging in small changes, e.g. going without a drink for a night.</p> <p>Client may have an initial plan.</p>	<ul style="list-style-type: none">• Identify and assist in problem solving, e.g. identify barriers and brainstorm solutions• Help identify client resources such as social supports• Encourage and support small initial steps	<ul style="list-style-type: none">• What barriers do you see ahead, and how can you minimize or eliminate them?• Who can you turn to for support?• What kind of support do you feel you need the most, and where can you get this support?

Action

Description	Techniques	Questions to ask
<p>Individuals are actively changing their behavior and/or environment in a positive manner in order to address their problem(s). Client has changed behavior for less than 6 months.</p>	<ul style="list-style-type: none">• Focus on restructuring cues and social support• Bolster self-efficacy for dealing with obstacles• Combat feelings of loss and reiterate long-term benefits	<ul style="list-style-type: none">•What actions have you taken?•What has helped/not helped?•What might you do to replace things that have not helped?•The utilization of Homework and actual exercises to assist with reaching member's goals

Maintenance

Description	Techniques
Maintenance involves the individual proactively working to prevent relapse. Change is continuous, it does not end at Maintenance.	<ul style="list-style-type: none">• Conducting a Functional Analysis• Developing a Coping Plan• Plan for follow-up support



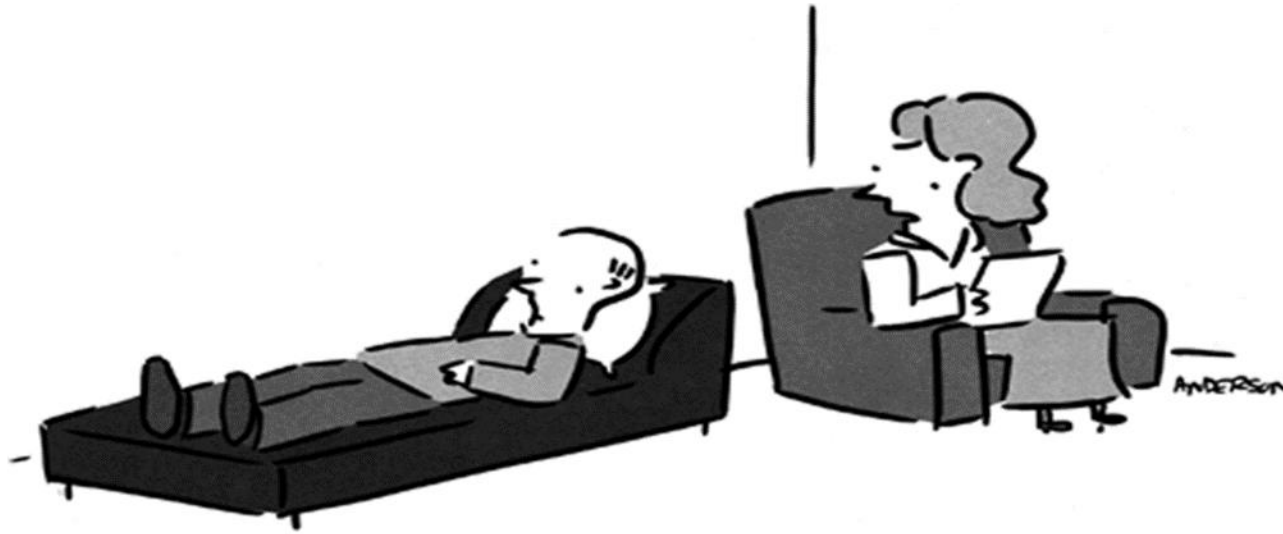
Vignette

- What stage of change would you guess?
- Maria wonders if all this stuff about how caffeine can hurt your baby is true. She has been drinking 5 cups of coffee a day for as long as she can remember, and it hasn't seemed to do anything to her before. Still she hasn't been able to sleep since she became pregnant and now her stomach gets upset after even one cup of coffee. She saw babies at the hospital that were really tiny, and the doctors says it's due to caffeine. "Maybe I should consider cutting down a little," she thinks.

Going from....

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"I haven't the foggiest what's causing this.
Just try to knock it off, OK?"

Going to...

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"And what would you like the forecast to be?"

So what does this have to do with Motivational Interviewing?

- Motivation plays an important role in people's decision to change or remain the same.
- Motivational interviewing raises an individual's consciousness about their own motivations and allows the member to make an informed decision.



Motivational Interviewing Basics

- Motivation is a state of readiness to change, which may fluctuate from minute to minute and situation to situation. For yourself, think about something you wanted to change and how this motivation fluctuated throughout the day. This state can be influenced by environment, people, emotional state, and things.
- Motivation for change does not reside solely within the client.
- People struggling with behavioral problems often have conflicting motivations for change (stay the same or change), also known as ambivalence. Ambivalence is a normal part of the change process and is NOT pathological

Motivational Interviewing Basics

- The counselor's style is a powerful determinant of client's actions and reactions. An empathic style is more likely to bring out self-motivational responses and will reduce resistance from the client
- Each person has powerful potential for change. The task of the counselor is to release that potential and facilitate the natural change process that is already inherent in the individual.



Motivational Interviewing Building Blocks

- As an outline, Rollinick described his RULE
- R- Resist the righting reflex
- U- Understand your client's motivation
- L-Listen to your client
- E- Empower your client
- Taken from Building Motivational Interviewing Skills- Rosengren, 2009



RULE

- R- Resist the righting reflex: This is the tendency to actively FIX problems in their client's lives which actually reduces the likelihood of client change. Examples include arguing with a client, telling clients how to change, trying to convince a client of something, warning the clients of the consequences of not changing
- U- Understanding your client's motivation: Motivational interviewing takes the stance that motivation comes from within the client. That is we do not motivate clients or install motivation in them, rather we help them find their own motivation
- L- Listen to your client: The basis of motivational interviewing is reflective listening and an attitude of acceptance of the client's feelings and perspectives. Try to understand the client's perception, this does not mean that you agree with it.
- E- Empower your client: Ultimately the change must come from the client. Support the client's beliefs that they are capable of change and encourage a "can do" attitude

How not to do Motivational Interviewing

- https://www.youtube.com/watch?v=kN7T-cmb_I0



How is this done?

- Through the OARS
 - Open ended questions
 - Affirmations
 - Reflections
 - Summaries



When do you use the OARS

- The OARS can be utilized in all stages of change but are most useful in pre-contemplation and contemplation stage of change.
- The OARS represent the spirit of Motivational Interviewing



Reflective Listening

- Reflective listening is key to accurate empathy.
- Reflective listening is a fundamental skill to motivational interviewing.
- Reflective listening can be used by a clinician to determine if the clinician is moving ahead of the member which can create resistance.



Different Kinds of Reflective Listening

- Paraphrasing: Therapist makes a guess at the unspoken meaning and reflects this back in new words. This is also known as a complex reflection
- Reflection of feeling: Paraphrase the content of what the client stated which emphasizes the emotional content of the consumer's statement. (Not an interpretation.)



Reflection

- Simple reflection- stays very close to what the client said:
 - Client: I don't have anything to say.
 - Counselor: You are not feeling like talking today.
- Amplified Reflection- Pushes on an absolute statement:
 - Client: I won't take my medications because it would be such a hassle.
 - Counselor: Taking your medications interferes with everything in your life.

Reflection

- **Complex Reflection:** Goes well beyond what the person has said and may not use the same words, often cognitively reframes the material, infers greater meaning and may include affect.
 - Client: But I can't quit using. I mean, all of my friends use!
 - Counselor: There is a fear that if you stop using you will be all alone.

Double Sided Reflection

- Double – sided reflection:
 - Client: I think I would feel so much better about myself if I were in better shape, but it's so hard to stick to a workout plan.
 - Counselor: On the one hand, trying to work out consistently is challenging, and at the same time, you think your self-esteem would improve if you lost weight.

Reflective Listening Example

- <https://www.youtube.com/watch?v=SZ-IH-V7oJ4>



Change Talk

- Change talk can be found at any stage of change but is most prevalent at contemplation, preparation, and action.



Change Talk

- Change talk is made up of four elements:
 - Change talk represents statements about change. Basically speaking, these are client statements indicate that they have the desire or ability to change, see the benefits of change, observe the difficulties of their current situation, are committed to change or are taking steps to change.
 - Change talk is linked to a specific behavior or set of behaviors. Change talk is linked to a goal.
 - Change talk typically comes from the client, not the clinician, but it does not have to come from the client.
 - Change talk is typically phrased in the present tense.

Change Talk

- Change talk is measured by DARNs
 - Desire: Desire to Change
 - Ability: Ability to Change
 - Reasons: Reasons for Change
 - Need: Need to Change or Problems with Status Quo



Eliciting Change Talk

- Ask for Elaboration – especially as change talk emerges – ask for more detail:
- How, specifically, has _____ impacted your health? (life/family/leisure?)
- In what ways have you thought of changing?
- Tell me what you dreamed of doing instead

Eliciting Change Talk

- Exploring Goals
- What things do you see as most important?
- What sort of person do you want to be?
- In what ways will this assist in reaching your goals?



Eliciting Change Talk

- Looking Back

- Do you remember a time when things were going well? What has changed?
- What are the differences between the you of 10 years ago and the you of today?
- What did you envision for your life when you were young?

Eliciting Change Talk

- Looking Forward

- If nothing changes, what do you see happening in 5 years from now? If you decide to change, what will it be like?
- What are your hopes for the near future?
- How would you like things to be different?

Eliciting Change Talk

- Evocative Questions

- In what ways does this concern you?
- If you decided to make a change, what makes you think you could do it?
- How would you like things to be different?
- How would things be better if you changed?

Eliciting Change Talk

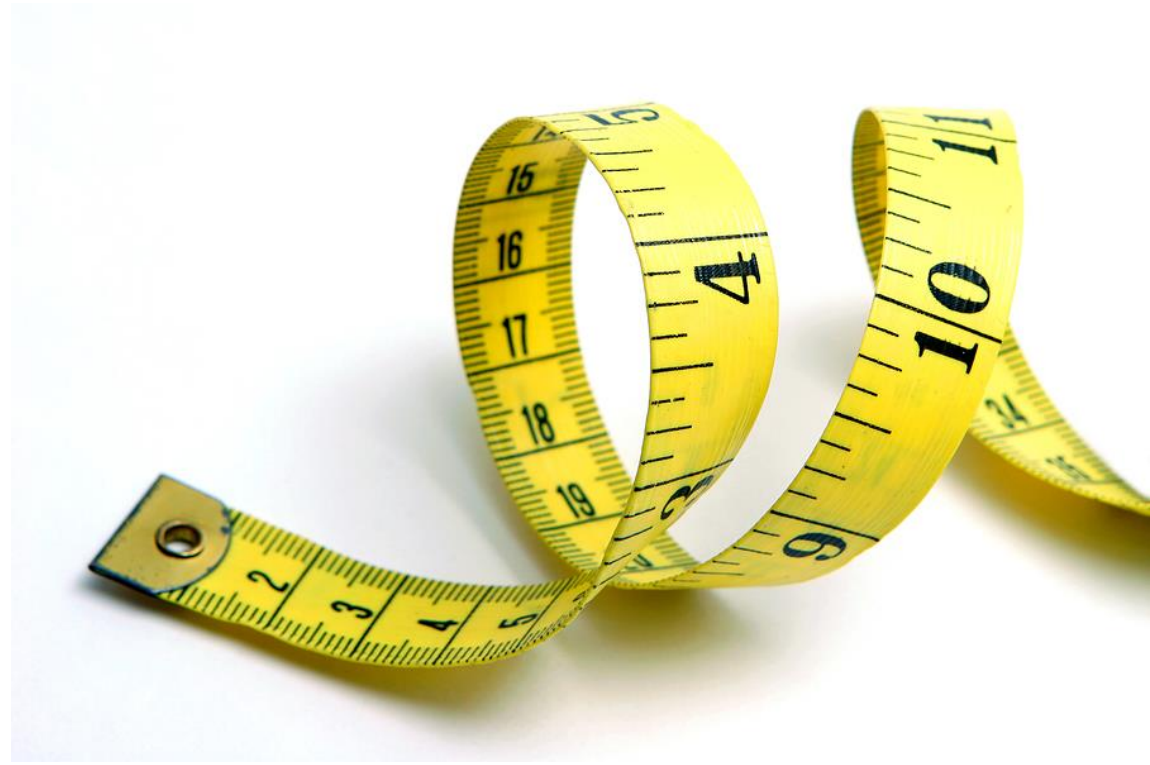
- Elaboration
- Tell me about a recent time when XXXX happened- tell me more about it.
- You said things were better then, tell me about it...

Eliciting Change Talk

- Using Extremes
 - So it does not concern you at all.
 - What concerns you the most?
 - What is the worst things that could happen?
 - What would a perfect outcome look like?

Readiness Rulers

- Readiness to change is measured by 3 items
 - Willing: The importance of change
 - Able: Confidence for change
 - Ready: A matter of priorities



Rulers

- Willing: The importance of change
 - How willing are you to change at this time?
 - On a scale of 1-10 how willing are you to change and why?
 - What would you need to get you from the number you are to one number higher?
 - Why aren't you one number lower?
- Able: Confidence for change
 - How able are you to change at this time?
 - On a scale of 1-10 how able are you to change and why?
 - What would you need to get from where you are now to one number higher?
 - Why aren't you one number lower?

Rulers

- Ready: A matter of priorities
 - How willing are you to change at this time?
 - On a scale of 1-10 how willing are you to change and why?
 - What would you need to get you from the number you are to one number higher?
 - Why aren't you one number lower?
 - Can use Readiness Rulers (Likert scales) to assess readiness and perceived abilities to change.
 - This can increase change talk

How does this look in therapy?

- <https://www.youtube.com/watch?v=U32rGyGrd90>

You don't
have to have
it all figured
out to move
forward

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Questions?



Thank you

