

Reexplore Values in Relation to Change

Use DB exercises as opportunities to help clients explore and articulate their values and to connect these values with positive change. Clients' values influence their reasons for and against change. For example, an adolescent involved in drug dealing with a neighborhood gang may say that leaving the gang is not possible because of his loyalty to the other members. Loyalty and belonging are important values to him. Relate them to other groups that inspire similar allegiance, such as a sports team or scouting—organizations that create a sense of belonging and reflect his core values. A young woman with a family history of hard work and academic achievement may wish to return to those values by finishing high school and becoming financially independent.

Hearing themselves articulate their core values helps clients increase their commitment to positive change. If they can frame the process of change within the larger context of values shared with their family, community, and culture, they may find it easier to contemplate change.

Emphasize Personal Choice and Responsibility

In a motivational approach to counseling, you don't "give" a client a choice. The choice is not yours to give; rather, it is the client's to make. Your task is to help the client make choices that are in his or her best interest and that align with his or her values and goals. Consistently emphasize the client's responsibility and freedom of choice. The client should be used to hearing you make statements such as:

- "It's up to you to decide what to do about this."
- "No one can decide this for you."
- "No one can change your drug use for you. Only you can."
- "You can decide to go on drinking or to change."

Explore the Client's Understanding of Change and Expectations of Treatment

In working toward a decision, understand what change means to clients and what their expectations of treatment are. Some clients believe that quitting or cutting down means changing their entire life—moving from their neighborhood or cutting ties with all their friends, even their family. Some believe they have to change everything overnight. This can be overwhelming. Tell clients who have never been in treatment before about the level of motivation and openness required to get the most from their treatment experience (Raylu & Kaur, 2012).

In exploring these meanings and expectations with the client, you will get a sense of which actions the client might consider and which he or she will not. For example, a client might state that she could never move from her neighborhood, a well-known drug market, because her family is there. Another says he will not consider anything but cutting down on his drinking. A third client may just as strongly state that total abstinence and a stay in a therapeutic community are the only options, as all others have failed.

By exploring treatment expectations with clients, you introduce information about the benefits of treatment and can begin a discussion about available options. When clients' expectations about treatment match what actually happens and they have positive expectations about treatment, they have better outcomes (Kuusisto, Knuuttila, & Saarnio, 2011). It is never too soon to elicit clients' expectations about treatment through reflective listening. Show that you understand their concerns, and provide accurate information about your treatment program and the benefits of treatment using motivational strategies like Elicit-Provide-Elicit (described in Chapter 3).

Reintroduce Feedback

Use personalized feedback after assessments to motivate clients. Continue to use assessment results to influence clients' decisional considerations. Objective medical, social, and neuropsychological feedback prompts many clients to contemplate change. Reviewing assessment information can refocus clients on the need for change. Reintroducing objective assessment data reminds clients of earlier insights into the need for change.

For example, a client may be intrinsically motivated to stop alcohol misuse because of health concerns yet feel overwhelmed by fear that quitting is impossible. Reintroducing feedback from the medical assessment about the risk of serious liver damage or a family history of heart disease could add significant additional weight to the DB and tip the balance in the direction of change.

Explore Self-Efficacy

By listening for self-efficacy statements from clients, you can discover what they feel they can and cannot do. Self-efficacy is a critical determinant of behavior change—it is the belief that they can act in a certain way or perform a particular task. Even clients who admit to having a serious problem are not likely to move toward positive change unless they have some hope of success. Self-efficacy can be thought of as hope or optimism, but clients do not have to have an overall optimistic view to believe a certain behavior can be changed.

Statements about self-efficacy could include the following:

- "I can't do that."
- "That is beyond my powers."
- "That would be easy."
- "I think I can manage that."

Self-efficacy is not a global measure, like self-esteem. Rather, it is behavior specific. Underlying any discussion of self-efficacy is the question "Efficacy to perform what specific behavior?" There are five categories of self-efficacy related to SUDs (DiClemente, Carbonari, Montgomery, & Hughes, 1994; Glozah, Adu, & Komesuor, 2015):

- **Coping self-efficacy** is dealing successfully with situations that tempt one to use substances, such as by being assertive with friends or talking with someone when upset rather than using the substance.
- **Treatment behavior self-efficacy** involves the client's ability to perform behaviors related to treatment, such as self-monitoring or stimulus control.
- **Recovery self-efficacy** is the ability to recover from a recurrence of the addictive behavior.
- **Control self-efficacy** is confidence in one's ability to control behavior in risky situations.
- **Abstinence self-efficacy** is confidence in one's ability to abstain despite cues or triggers to use.

Explore clients' sense of self-efficacy as they move toward Preparation. This may help you determine more specifically whether self-efficacy is a potential support or obstacle to change. Remember, you can enhance client self-efficacy by using the Confidence Ruler (see Exhibit 3.10) and eliciting confidence talk (see the section "Evoking hope and confidence to support self-efficacy" in Chapter 3).

Summarize Change Talk

As the client transitions from Contemplation to Preparation, you will notice that the client has moved to the top of the MI Hill of Ambivalence (see Exhibit 5.2 above) and is expressing less sustain talk and more change talk. This is a good time to offer a recapitulation summary, as described in Exhibit 5.5.

EXHIBIT 5.5. Recapitulation Summary

At the end of DB exercises, you may sense that the client is ready to commit to change. At this point, you should summarize the client's current situation as reflected in your interactions thus far. The purpose of the summary is to draw together as many reasons for change as possible while pointing out the client's reluctance or ambivalence. Your summary should include as many of the following elements as possible:

- A summary of the client's own perceptions of the problem
- A summary of the client's ambivalence, including what remains positive or attractive about substance use
- A review of objective evidence you have regarding the presence of risks and problems
- Your assessment of the client's situation, particularly when it aligns with the client's own concerns
- A summary of the client's change talk, emphasizing desire, ability, reasons, and need to change

Remember to recognize the client's sustain talk (i.e., reasons for staying with the status quo), but emphasize client change talk to tip the balance in favor of change.

Enhance Commitment to Change

You should still reinforce the client's commitment to change even after the client has decided to change and has begun to set goals. You should expect client indecision at any point in the change process. Additional strategies that enhance commitment at this point include asking key questions, taking small steps, going public, and envisioning.

Asking key questions

After the summary, ask a key question—for example, "What do you think you will do now?" (see the section "Asking key questions" in Chapter 3)—to help the client move over the top of the MI Hill of Ambivalence toward Preparation. Key questions will elicit CAT change talk. One of the main signs that the client is intending and committed to taking steps is an increase in CAT change talk (Miller & Rollnick, 2013). The client is making statements of **commitment** (e.g., "I will call the treatment facility to set up an intake"), **activation** (e.g., "I am willing to stop smoking marijuana for a month), and **taking steps** (e.g., "I looked up the schedule for Narcotics Anonymous meetings on its website") (Miller & Rollnick, 2013). **Reinforce CAT change talk through reflective listening and summarizing.**

Taking small steps

You have asked the client key questions such as "What's next?" and have presented options to emphasize the client's choice to change and to select areas of focus. Remind the client that he or she has choices and can control the change process to reinforce commitment. **Reassure the client who is overwhelmed by thinking of change that he or she can set the pace and begin with small steps.** Some clients respond well to stories of others who made large, seemingly impossible life changes one step at a time. Don't underestimate the value of such stories and models in enhancing motivation.

Going public

Sharing a commitment to change with at least one other person besides the counselor can keep clients accountable. Telling a significant other about one's desire to change usually enhances commitment to change. "Going public" can be a critical step for a client who may not have been ready to tell others until this point. Alcoholics Anonymous (AA) has applied the clinical wisdom of public commitment to change through use of the "white chip." An attendee at an AA meeting who has an intention to quit drinking can pick up a white chip. The white chip is also called a Beginner's Chip or Surrender Chip and is a public acknowledgment of the person's intention to start recovery.