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Motivational Enhancement and the Behavior Change Process

Carlo C. DiClemente, PhD, ABPP

Emeritus Professor of Psychology

U of Maryland, Baltimore County

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Carlo C. DiClemente, PhD, ABPP

Dr. Carlo DiClemente is an emeritus professor of psychology at the University of Maryland Baltimore County and director of several training centers. He is co-developer of the Transtheoretical Model of behavior change, and author of numerous scientific publications on motivation and health and addictive behavior change including Addiction and Change: How Addictions Develop and Addicted People Recover (2018). He is the 2019 recipient of the Alfred M. Wellner Lifetime Achievement Award from the National Register of Psychologists.

Disclosures/Conflicts of Interest

- None to declare

References/Citations

DiClemente, C.C. (2018) Addiction and Change: How Addictions Develop and Addicted People Recover. (Second Edition) New York: Guilford Press.

DiClemente, C.C., Corno, C.M., Graydon, M.M., Wiprovnick, A.E., & Knoblach, D.J. (2017) Motivational Interviewing, Enhancement, and Brief Interventions Over the Last Decade: A Review of Reviews of Efficacy and Effectiveness. *Psychology of Addictive Behaviors* Vol. 31, No. 8, 862–887.

Krebs, P., Norcross, J.C., Nicholson, J.M., Prochaska, J.O. (2018) Stages of change and psychotherapy outcomes: A review and meta-analysis. Journal of Clinical Psychology, 74, 1964–1979. https://doi.org/10.1002/jclp.22683

Miller WR & Rose, G (2009) Toward a theory of Motivational Interviewing. American Psychologist, 64, 6, 527-537

Learning Objectives

1. Identify key tasks of each stage of change and how they operate in the overall process of change.

2. Explain the differences between early and later stage processes of change.

3. Apply motivational interviewing, change reflection, and "sustain" talk to specific stages of change.

What is motivation?

- Not an on-off or dimmer switch but can be increased or decreased
- Multidimensional
- There are subtypes:
  - Intrinsic – internal - chosen
  - Extrinsic – external - imposed
- Part of the journey to intentional behavior change

Motivation
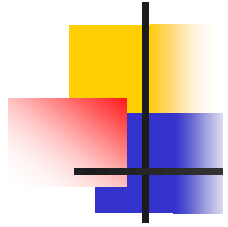
Client's readiness to engage in the tasks associated with where they are in the change process
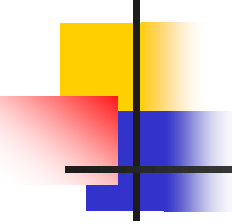
Everyone is motivated…

- …It is our challenge in change conversations to find out what they are motivated to do and what energizes/convinces/inspires them to change specific behaviors

- Motivation belongs to client; *however*…
  the environment and interactions with others can influence an individual's motivation

- You cannot be motivated for the client

- You can help increase readiness or resistance

How Do People Change?

- People change voluntarily only when
  - They Become ***interested in*** or ***concerned*** about the need for change
  - They Become ***convinced*** that the change is in their best interests or will benefit them more than cost them
  - They Organize a ***plan of action*** that they are ***committed*** to implementing
  - *They **take the actions*** that are necessary to make the change and sustain the change

Stages of Change: Client Tasks

STAGES	CLIENT TASKS
Precontemplation ◦ Not interested in change	**Gauge/increase interest and concern**
Contemplation ◦ Considering change	**Risk-reward analysis and decision making**
Preparation ◦ Preparing for change	**Commitment and creating an effective/acceptable plan**
Action ◦ Initial change	**Implementation of plan and revision as needed**
Maintenance ◦ Sustained change	**Consolidating change into lifestyle** **DiClemente, 2018; 2005**

See Handout for details
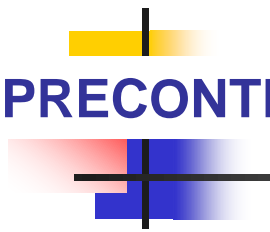
Different Patterns of Behavior Change

Initiation, Modification, Cessation

EXCESS

Moderated and Self-Regulated Behavior Pattern

ABSENCE
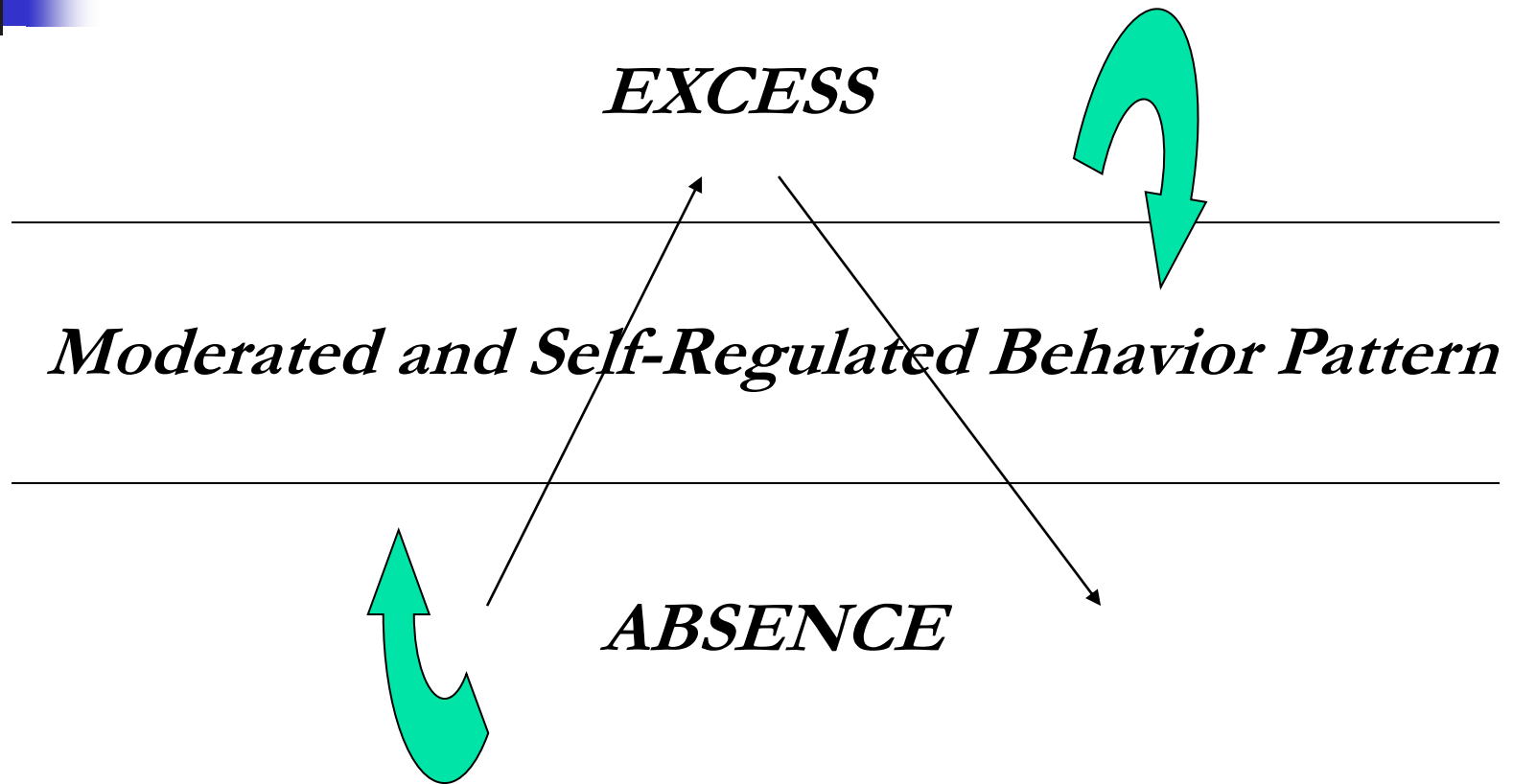
STAGES OF CHANGE & THERAPIST TASKS

Stage	Therapist Task
PRECONTEMPLATION	**Raise doubt - Increase the client's perception of risks and problems with current behavior**
CONTEMPLATION	**Tip the decisional balance - Evoke reasons for change, risks of not changing; Strengthen client's self-efficacy for behavior change**
PREPARATION	**Help the client to determine the best course of action to take in seeking change; Develop a plan**
ACTION	**Help the client implement the plan; Use skills; Problem solve; Support self-efficacy**
MAINTENANCE	**Help the client identify and use strategies to prevent relapse; Resolve associated problems**
RELAPSE	**Help the client recycle through the stages of contemplation, preparation, and action, without becoming stuck or demoralized because of relapse**

Example:
Stage of Change for Substance Use & Harm-Reducing Behaviors

Behavior	Stage of Change				
	PC	*C*	*PA*	*A*	*M*
Quitting Cigarettes			✖		
Carrying Narcan					✖
Quitting Heroin		✖			
Quitting Alcohol	✖				
Using Sterile Syringes				✖	

Behavior change is behavior and goal specific: Be clear about client goal

TASK COMPLETION AND MOVEMENT BETWEEN STAGES
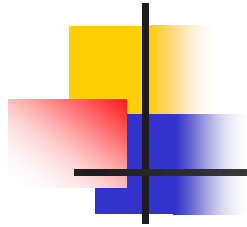
INTEREST CONCERN

RISK/REWARD DECISION

COMMMITMENT PLANNING PRIORITIZING

IMPLEMENT THE PLAN REVISE

LIFESTYLE INTEGRATION AVOID RELAPSE

PC → **CON** → **PREP** → **ACT** → **MAIN**
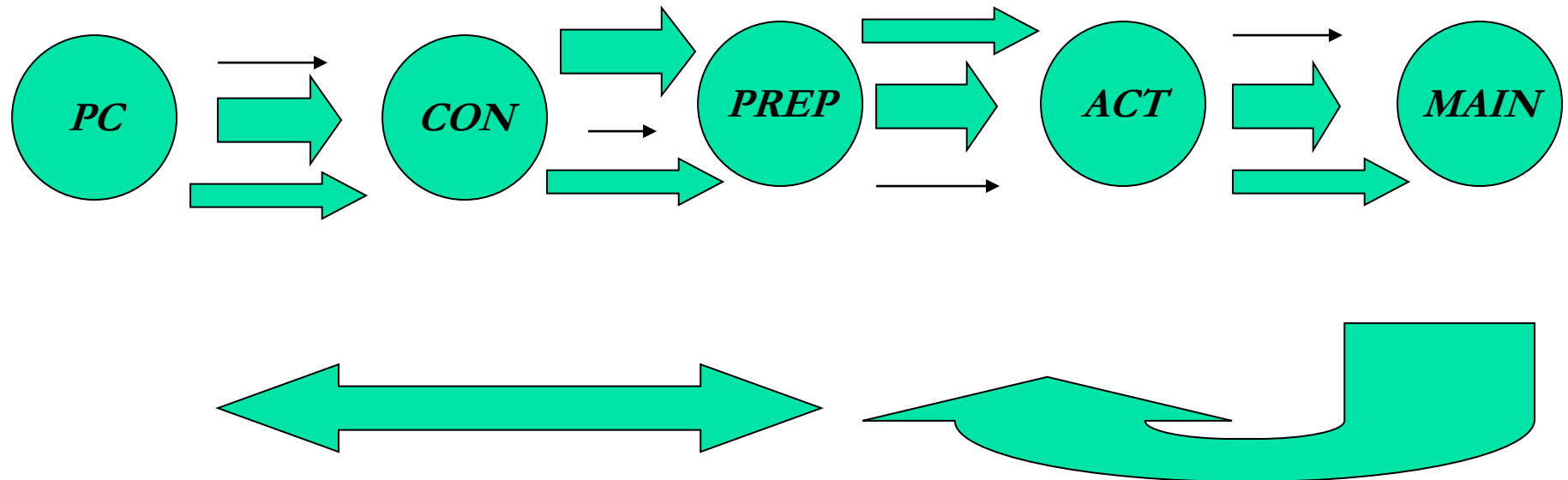
Must be accomplished adequately to support successful movement & change

The Transtheoretical Model of Intentional Behavior Change

STAGES OF CHANGE

PRECONTEMPLATION → CONTEMPLATION → PREPARATION → ACTION → MAINTENANCE

PROCESSES OF CHANGE

COGNITIVE/EXPERIENTIAL

Consciousness Raising
Self-Revaluation
Environmental Reevaluation
Emotional Arousal/Dramatic Relief
Social Liberation

BEHAVIORAL

Self-Liberation
Counter-conditioning
Stimulus Control
Reinforcement Management
Helping Relationships

CONTEXT OF CHANGE

1. Current Life Situation
2. Beliefs and Attitudes
3. Interpersonal Relationships
4. Social Systems
5. Enduring Personal Characteristics

MARKERS OF CHANGE

Decisional Balance   Self-Efficacy/Temptation

Transtheoretical Model: Experiential Processes of Change

Consciousness Raising: Gaining information increasing awareness about the current habitual behavior pattern or the potential new behavior

Emotional Arousal: Experiencing emotional reactions about the status quo and/or the new behavior

Self –Revaluation: Seeing when and how the status quo or the new behavior fit in with or conflict with personal values

Environmental Reevaluation: Recognizing the effects the status quo or new behavior have upon others and the environment

Social Liberation: Noticing and increasing social alternatives and norms that help support change in the status quo and/or initiation of the new behavior

Transtheoretical Model: Behavioral Processes of Change

Self Liberation: Accepting responsibility for and committing to make a behavior change

Stimulus Control: Creating, altering or avoiding cues/stimuli that trigger or encourage a particular behavior

Counter-Conditioning: Substituting new, competing behaviors and activities for the "old" behaviors
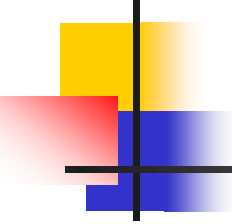
Reinforcement Management: Rewarding sought after new behaviors while extinguishing (eliminating reinforcements) from the status quo behavior

Helping Relationships: Seeking and Receiving support from others (family, friends, peers)

Theoretical and Practical Considerations Related to Movement Through the Stages of Change

Ready   **Willing**   **Able**

Motivation   **Decision Making**   **Self-efficacy**

Precontemplation → Contemplation → Preparation → Action → Maintenance

Personal Concerns   Environmental Pressure   Decisional Balance   Cognitive Experiential Processes   Behavioral Processes

Recycling

Relapse
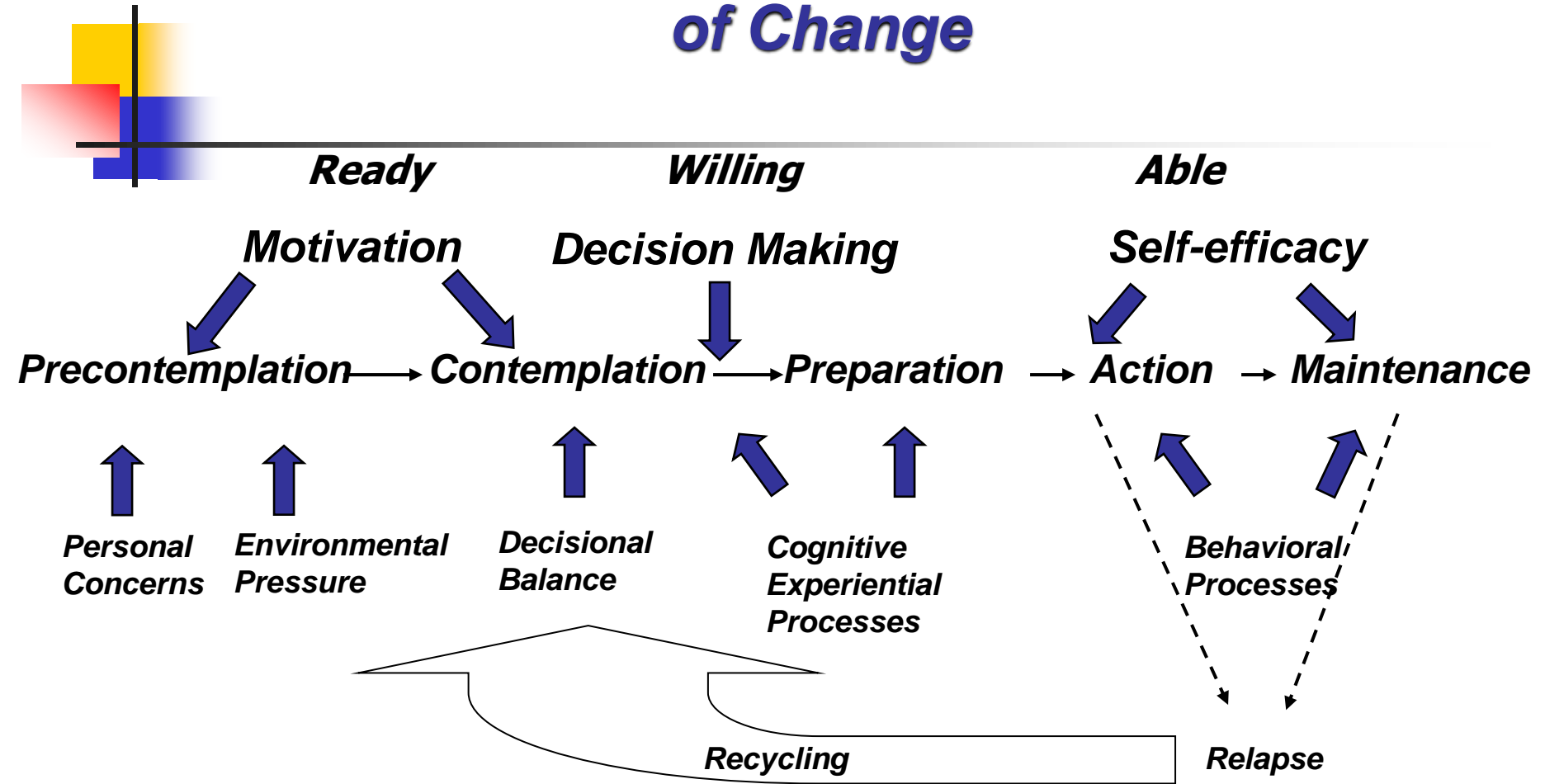
What would help or hinder completion of the tasks of each of the stages and deplete the self-control strength needed to engage in the processes of change needed to complete the tasks?

Helping clients move successfully through stage tasks

- Address the task at hand – tailor conversation to stage tasks

- Use strategies that activate appropriate processes of change

- Change approach if you do not see engagement

- Don't jump ahead or lag behind the client's change process

How do You Judge When a client is motivated?

- Agrees with me or my viewpoint
- Accepts self-label or view of self as "sick"
- States desire for help
- Shows distress
- Complies with some treatment recommendations
- Post Hoc: Has a successful outcome!
- None of the above?

Motivating Movement through the Early Stages of Change

- Critical tasks of the early stages are
    - eliciting concern,
    - dealing with ambivalence regarding change,
    - decision-making,
    - creating commitment, careful and comprehensive planning.
- Motivational Interviewing/Enhancement approaches are important strategies to engage and work with clients helping them successfully complete early stage tasks.

Key to Motivational Enhancing Communication

Motivational Interviewing (MI)

DEFINITION

- A collaborative, conversational style that enhances motivation for change by helping the client resolve ambivalence about behavior change
- It is a <u>way of being</u> with clients; "meeting clients where they are"

GOALS

- Create & amplify discrepancy between present behavior and broader goals
- Create awareness of difference between where client <u>is</u> and where client <u>wants to be</u>

EFFECTIVENESS

- Based on motivational psychology and client-centered counseling
- Developed from several areas of research:
    - Motivational Psychology
    - Client-centered Counseling
    - Brief Interventions
    - Stages of Change Model
- True and promising effects for a range of health behaviors

Effectiveness of Motivational Interventions

Three major factors contribute to a client's motivation for change:

- ❖ **The client feels that behavior change is a personal choice**

- ❖ **The encounter between the client and the therapist is positive**

- ❖ **The client has adequate self-confidence about his or her ability to make recommended behavior changes.**

The Style and Spirit of Motivational Communication

- **Partnership/Collaboration**
  - Clinical intervention as a partnership
  - Honors patient's expertise & perspective
- **Evocation**
  - As opposed to "imparting"
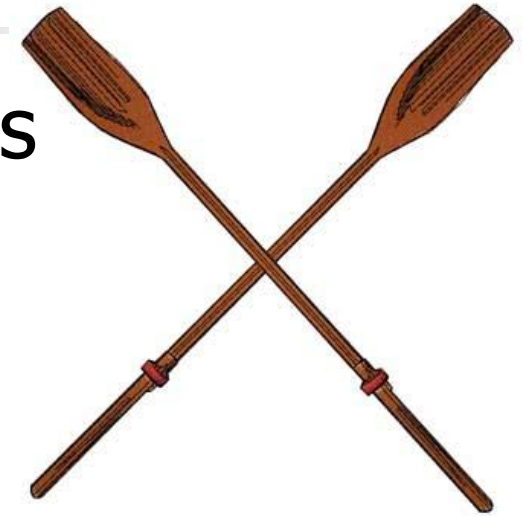 - Drawing out patient's intrinsic motivation for change
- **Acceptance**
  - Absolute worth, Autonomy
  - Affirmation, Accurate Empathy
- **Compassion**
  - Benevolently seek and value the well being of others
  - Commitment to pursue welfare and best interests of others

Basic MI Skills: OARS

- **O** – Open Ended Questions
- **A** – Affirmations
- **R** – Reflective Listening
- **S** – Summarize

See Handout for details

OARS help to:

- Engage a client
- Lead client to self-motivational statements

Reflective Listening Skills

- Listen carefully to what the client is saying—verbally and non-verbally

- Think and respond quickly—reflections should keep pace with what the client has just said

- Have a genuine curiosity about what is being said and the client's experience

- Use, but do not impose, your experiences to help build a reflection and not create an assumption

What to Reflect/Summarize

- The statements or pieces of conversation you reflect should not be random!

- Reflections are a crucial tool to enhance motivation, particularly when you reflect the client's **change talk** rather than sustain talk
  - *It is normal to hear <u>change</u> and <u>sustain</u> talk intertwined*

- Reflections help manage the conversation and explore motivation and stage tasks

Change Talk

- **Definition:** Self expressed language that is arguing *for* change

- Categories of Change Talk:

Precontemplation

Contemplation

Preparation

Action

Maintenance

In early stages change talk generates interest, concern, & considerations for decision making – desires, abilities, reasons, needs

moves forward to planning and implementation of change –commitment language and implementation planning

Need to shift to Action oriented, behavior change processes and strategies – counterconditioning, reinforcement, skills

Sustain Talk

- Comments and utterances that reflect considerations that argue against change

- Reflect desires, inability, needs, reasons **not** to make a change

- Comments would state a commitment, activation, or taking steps to **avoid change**

- Arguing to continue current behavior

Elicit Change Talk:
Change Talk vs. Sustain Talk

Change Talk: *A person's own statements that favor change*	*VS.*	**Sustain Talk:** *A person's own arguments for not changing, for maintaining the status quo*

- When someone is ambivalent, you often hear both types of talk occurring naturally, even within the same sentence:

  - "I need to do something about my smoking but I've tried quitting and it never lasts. I mean, I know I need to quit because of my health, but it just helps me deal with things."

Motivational Enhancing Style of Offering Information:
Recognizes Expertise - How Can It be Heard

Ask permission to provide information, give advice, make suggestions

Ask:

I have some information that may be important in terms of decisions you make. May I take a few minutes to share it?
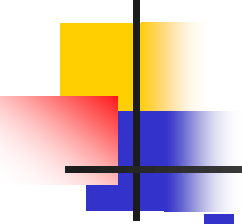
Turn dialogue back to the client – ask for thoughts, perspectives, reactions to information
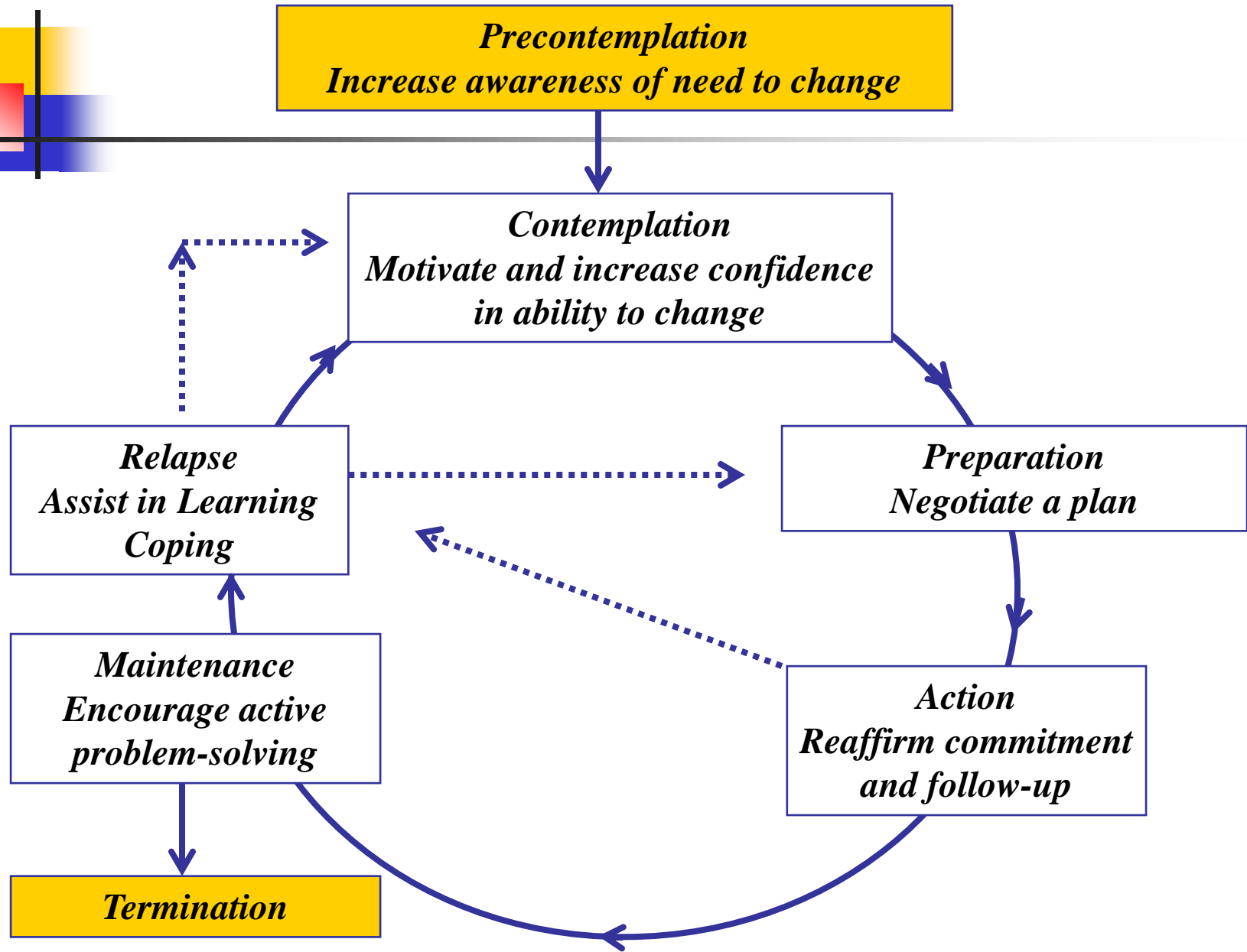
Ask:

What stands out most for you; What do you make of that?

ELICIT – PROVIDE- ELICIT (EPE)

The Role of Treatment in the Process of Change

- Treatment interacts with the process of self-change and seems to be a time limited event in the course of a larger self-change process

- The role of MI/E is to facilitate self-change just as the role of medicine is facilitate the natural healing process

- Trial and failure and success are part of the successive approximation learning that is part of all of our lives.

Stages of Change Model

Precontemplation
Increase awareness of need to change

Contemplation
*Motivate and increase confidence
in ability to change*

Preparation
Negotiate a plan

Relapse
*Assist in Learning
Coping*

Action
*Reaffirm commitment
and follow-up*

Maintenance
*Encourage active
problem-solving*

Termination

Q&A

- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.

- Due to time constraints, we will not be able to address every question asked.