

# Quick Guide

## *For Clinicians*

Based on TIP 35

### *Enhancing Motivation for Change in Substance Abuse Treatment*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
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Based on TIP 35  
*Enhancing Motivation for  
Change in Substance  
Abuse Treatment*

This Quick Guide is based almost entirely on information contained in TIP 35, published in 1999 and based on information updated through April 1998. No additional research has been conducted to update this topic since publication of the original TIP.

## WHY A QUICK GUIDE?

This Quick Guide was developed to accompany *Enhancing Motivation for Change in Substance Abuse Treatment*, Number 35 in the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. This Quick Guide is based entirely on TIP 35 and is designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

The Guide is divided into 10 sections (see ***Contents***) to help readers quickly locate relevant material.

For more information on the topics in this Quick Guide, readers are referred to TIP 35.

## WHAT IS A TIP?

The TIP series, in production since 1991. The TIPs series provides the substance abuse treatment and related fields with consensus-based, field-reviewed guidelines on substance abuse treatment topics of vital current interest. TIP 35, *Enhancing Motivation for Change in Substance Abuse Treatment*

- Addresses concerns of a broad range of readers, including clinicians, social workers, medical personnel, mental health workers, program administrators, and policymakers
- Includes extensive research
- Lists numerous resources for further information
- Is a comprehensive reference for clinicians on applying these methods in substance abuse treatment

*See the inside back cover for information on how to order TIPs and other related products.*

## INTRODUCTION

Motivated clients succeed best in treatment, but what can treatment specialists do to improve motivation?

Until recently, motivation was viewed as a static trait or disposition that a client either did or did not have. Furthermore, motivation was often viewed as the client's responsibility, not the clinician's. However, new research suggests clinicians can successfully nudge clients along a continuum of willingness to change.

The approaches to enhancing motivation found in TIP 35 and this Quick Guide are based on the following assumptions about the nature of motivation:

- Motivation is a key to change
- Motivation is multidimensional
- Motivation is dynamic and fluctuating
- Motivation is influenced by social interactions
- Motivation can be modified
- Motivation is influenced by clinician's style
- The clinician's task is to elicit and enhance motivation

In this way of thinking, clients may not have to "hit bottom" to become aware of the need to change. Rather, clinicians and others can access and enhance motivation to change well before extensive damage is done to health, relationships, or self-image.

### ***Why enhance motivation?***

The benefits of employing motivational enhancement techniques include

- Inspiring motivation to change
- Preparing clients to enter treatment
- Engaging and retaining clients in treatment
- Increasing participation and involvement
- Improving treatment outcomes
- Encouraging a rapid return to treatment if symptoms recur

### ***Motivation and the clinician's style***

The way clinicians interact with clients has crucial impact on how they respond to treatment.

Research found that

- Establishing a helpful alliance and good interpersonal skills are more important than professional training or experience.

- The most desirable attributes for the counselor are nonpossessive warmth, friendliness, genuineness, respect, affirmation, and empathy.

**ATTENTION:** In one study, the more a clinician confronted a client, the more alcohol the client drank. Confrontational counseling in this study included challenging the client, disputing, refuting, and using sarcasm.

### *Increasing Motivation*

The clinician can help increase motivation by

- Focusing on client strengths
- Using empathy more than authority
- Recognizing co-occurring disorders
- Centering treatment on the individual
- Respecting the client's autonomy

*For more detailed information, see TIP 35, pp. xvi–1.*



## 'FRAMES' AND OTHER APPROACHES

To understand what prompts a person to reduce or eliminate substance use, investigators have searched for the critical components—the most important and common elements that inspire positive change—of effective intervention. The following are important elements of current motivational approaches:

- The FRAMES approach
- Decisional balance exercises
- Discrepancies between personal goals and current behavior
- Flexible pacing
- Personal contact with clients in treatment

**ATTENTION:** It is important to remember that even when therapeutic contact with a client is constrained to a relatively brief period, it is still possible to affect client motivation and trigger positive change.

### FRAMES Approach

Six elements of effective motivational intervention have been identified and were presented in brief clinical trials, and the acronym FRAMES was

coined to summarize them. These elements are defined as the following:

- *Feedback* regarding personal risk or impairment is given to the client following assessment of substance use patterns and associated problems.
- *Responsibility* for change is placed squarely and explicitly on the client (with respect for the client's right to make choices for himself).
- *Advice* about changing—reducing or stopping—substance use is clearly given to the client by the clinician in a nonjudgmental manner.
- *Menus* of self-directed change options and treatment alternatives are offered to the client.
- *Emphatic* counseling—showing warmth, respect, and understanding—emphasized.
- *Self-efficacy* or optimistic empowerment is engendered in the client to encourage change.

***Decisional Balance***

Individuals naturally explore the pros and cons of any major life choices such as changing jobs or getting married. In the context of recovery from substance use, the client weighs the pros and cons of changing versus not changing substance using behavior.

The clinician assists this process by asking clients to articulate the good and less good aspects of using substances and then list them on a sheet of paper. This process is usually called decisional balancing.

***Discrepancies Between Goals and Current Behavior***

One way to enhance motivation for change is to help clients recognize a discrepancy or gap between their future goals and their current behavior. The clinician might clarify this discrepancy by asking, "How does drinking fit in with having a family and a stable job?"

When an individual sees that present actions conflict with important personal goals such as health, success, or family happiness, change is more likely to occur.

***Flexible Pacing and Personal Contact with Clients Not in Treatment***

- The concept of pacing requires clinicians to meet clients at their levels and use as much or as little time as necessary with the essential tasks of each stage of change.
- Activities such as personal letters or telephone calls to clients have been shown effective motivation-enhancing interventions by researchers.

*For more detailed information, see TIP 35, pp. 13–36.*

## THE STAGES OF CHANGE

Motivation exists along a continuum of readiness. Clients progress through five stages in a spiral, not necessarily linear, manner. Relapse is an event, not a stage. Often, after relapse, a client returns to an earlier stage. This Quick Guide will describe typical client attitudes and actions at each stage and will suggest strategies and techniques clinicians can use to move clients from one stage to the next.

### Precontemplation

The client is unaware, unable, or unwilling to change. Counselor can

- Establish rapport
- Raise doubts about patterns of use
- Give info on risks, pros and cons of use

The client is likely to be wary of the counselor and of treatment. Counselor

- Should not rub the client the wrong way
- Should try to keep the interview informal. For example: "Let's talk. I hope I can be of help to you. How about telling me what happened that resulted in the fact that we're meeting?"

### Contemplation

The client is ambivalent or uncertain, considering the possibility of change. Counselor can

- Discuss and weigh pros/cons of using
- Emphasize client's free choice and responsibility
- Elicit self-motivational statements

At this stage, the client usually meets the counselor halfway, and is willing to look at the "cons" of using.

Reassure the client that no one can force him to change. Ask questions that prompt motivation. For example, "When you want to keep up your motivation for doing something, what are some of the things you say to yourself?"

### Preparation

The client asks questions, indicates willingness and considers options to make specific changes. Counselor can

- Clarify goals and strategies
- Offer menu of options
- Negotiate contract or plan

At this stage, the client shifts from "thinking about it" to "planning first steps." Counselor guides the

steps by offering help but not yanking the client forward.

For example, "What if we start with a small plan and see how it goes? The EAP officer would be pleased if you attended three AA meetings this week. Let's talk about how you might do that."

### Action

The client takes steps toward change, but is still unstable. Counselor can

- Negotiate action plan
- Acknowledge difficulties and support attempts
- Identify risky situations and coping strategies
- Help client find new reinforcers
- Support perseverance ("Sticking to the plan")

In this stage, clients are receptive to the full range of counselor techniques, but client motivation often can wax and wane along a spiral. If relapse occurs, the counselor "backs up" and applies techniques from an earlier stage. For example, "Relapse is an event, but it's not an act of magic, so let's look at what was going on right before you resumed using. Once we identify some of what you were thinking and feeling, we can devise some ways to choose differently."

**WARNING:** When enhancing motivation, if clinicians use strategies appropriate to a stage other than the one the client is in, the result could be treatment noncompliance. What's more, if clinicians push clients at a faster pace than they are ready to take, the therapeutic alliance may break down.

### Maintenance

Client has met initial goals, made changes in lifestyle and now practices coping strategies.

Counselor can

- Support and affirm changes
- Rehearse new coping strategies
- Review goals
- Keep in contact

In this stage, clients "keep on keeping on." The counselor reminds the client about new tools to maintain and reinforce recovery, such as

- Action plan
- Awareness of risky situations
- Coping strategies for each situation
- Participation in 12-Step programs
- Pursuit of hobbies and cultural activities



- Volunteer opportunities

The counselor reminds the client of progress. For example, "You've come a long way since we started. If you look ahead to the next 90 days, what do you see? Any big events or risky situations on the horizon? How will you apply what you've learned?"

*For more detailed information, see TIP 35, pp. 15–19.*

## PRECONTEMPLATION

Many clients are ambivalent about change. This ambivalence is expressed in several ways. Counselors can respond in ways that foster a client's motivation to move forward. When new clients are indecisive about change, they often will

- **Argue:** challenge or discount statements
- **Interrupt:** take over or cut off conversation
- **Deny:** blame, disagree, excuse, minimize
- **Ignore:** not respond, not pay attention

Instead of challenging the statement, the counselor should "reflect" it. That is, the counselor should "mirror" it back to the speaker, instead of being disturbed by it. Here are four useful techniques:

**Simple:** Rephrase the client statement, neutrally.

"I don't plan to quit drinking."

Response: "You don't think abstinence would work."

**Amplified:** Exaggerate statement without sarcasm.

"I don't know why my wife is worried."

Response: "So your wife is worried needlessly."

***Double-sided reflection:*** Acknowledge statement, but use contradictory information client reported earlier.

"I know you want me to give up drinking, but I won't."

Response: "You can see there are some real problems, but you're not willing to think about quitting entirely."

***Agreement with a twist:*** Agree, but change direction.

"Why are you and my wife so stuck on my drinking? You'd drink too if your family nagged you."

Response: "Good point. I agree, we shouldn't place blame because drinking problems involve the whole family."

### Questions to Stimulate Client Response

In addition to reflecting a statement, counselors can also ask questions. Open-ended questions can't be answered with a simple "yes" or "no." They require a particular response. They solicit information and encourage the client to talk.

- "Tell me what brings you here today." (NOT "So you're here because of your drinking, right?")
- "Tell me about your family." (NOT: "How many children do you have?")

- "Let's talk about the last time you had a drink."  
(NOT: "How long ago did you have your last drink?")

*For more detailed information, see TIP 35, pp. 46–51.*

## CONTEMPLATION

At this stage, the client is considering a change. The counselor can be much more straightforward. The following questions are useful examples of how a counselor can nudge a client toward making a decision.

### ***Help the client recognize the problem:***

- "What difficulties have you had regarding drinking?"
- "How has drinking stopped you from doing what you want?"
- "In what ways have other people been harmed by your drinking?"

### ***Help the client acknowledge concern:***

- "What worries you about your drinking?"
- "What do you think could happen to you?"
- "In what ways does this concern you?"

### ***Help the client generate intention to change:***

- "What reasons do you see for making a change?"
- "If you succeed and it all works out, what will be different?"

- "What things make you think you should keep on drinking?"

***Help the client develop optimism:***

- "What encourages you to think you can change?"
- "What do you think will work for you, if you decide to change?"
- "What's a positive example from your past of when you decided to do something differently?"

***Convey feedback:***

If the client has taken the URICA, Decisional Scale or other assessment instrument, the counselor can

- Engage client in the conversation: "What were your reactions?" "I'll need your help to interpret."
- Emphasize that the "test" is objective, neutral.
- Provide a written summary.
- Watch for non-verbal cues.
- Summarize risks/ problems/ reactions.

***Significant Others***

Involving significant others (SOs) can help motivate clients. SOs can

- Provide feedback about costs and effects of use
- Support client to change negative patterns
- Identify obstacles to change
- Alert the client to available resources
- Reinforce the client's efforts to change

The SO does not monitor the client's behavior.

The client makes decisions and choices.

Confidentiality guidelines apply to client, SO and counselor.

### Advanced Techniques

Clinicians can

***Help clients see a difference.*** Discuss the difference between "Where I am now in my life?" and "Where would I like to be?"

***Show curiosity about client strengths.*** Explore how those skills and competencies may be negated by drinking.

***Reframe negative statements.*** "My wife really jammed me up when she called the cops."  
Response: "Your wife probably cares a lot about your marriage."

***Help clients conclude that the reasons to change outweigh the reasons not to change.***  
Counselors can

- Summarize concerns
- Explore specific pros and cons (client can write out lists in two columns)
- Allow client to explain benefits
- Assure client conflicting feelings are normal
- Review feedback from assessment
- Find out what client expects from treatment
- Provide info
- Help client connect core values to committing to treatment

### ***Strengthen the client's personal choices.***

- Nudge the client to make positive choices.
- "No one can decide this for you. You can choose."
- Help the client set goals and take steps.
- Provide feedback.
- Remind client of "triggers," including negative emotions (anger), social pressures (peers), physical concerns (headache) and extended withdrawal symptoms (craving).

### ***Reinforce the client's commitment. Ask***

- What do you think has to change?
- What are you going to do?



- How are you going to do it?
- What are some benefits of making a change?
- How would you like things to turn out, ideally?

*For more detailed information, see TIP 35, pp. 54–92.*

## PREPARATION

Once instigation to change occurs, an individual enters the preparation stage, during which commitment is strengthened.

The counselor helps the client to get ready to take action by

- Negotiating a plan
- Offering a menu of options
- Developing a behavior contract
- Identifying and lowering barriers
- Enlisting social support

The client indicates readiness when he or she

- Stops arguing, interrupting, denying
- No longer asks questions about the problem, but more about how to change
- Appears calm, peaceful
- States openness to change ("I have to do something")
- Expresses optimism ("I can beat this")
- Talks about how life will be after the change
- Experiments between sessions (e.g., attends 12-Step meetings, reads self-help book)

## Worksheet for a Sample Plan

(Client fills out; counselor cues are in brackets.)

*The changes I want to make are:*

[Positive: to increase, to improve. Negative: to stop, to avoid]

*The most important reasons I want to make these changes are:*

[Benefits; positive payoffs]

*My main goals for myself in making these changes are:*

[Positive: likely consequences. Negative: sanctions]

*I plan to take these specific steps toward my goals:*

### Action

### Completion Date

*The initial steps I will take are:*

[What? How? With whom? When? Where?]

*Some things that could interfere with my plan are:*

[Events? Problems? What might go wrong?]

*Other people who might help me work my plan:*

### Person

### Possible Way to help

*My plan will have these positive results:*

[Specific, concrete; not wishful thinking]

**Contracts:** The clinician and the client can negotiate specific changes in behavior.

- WHO are the parties involved in this contract? Just the client? Client and counselor? Client and SO?
- WHAT does each party promise to do? To what extent? How is it measured?
- HOW is success rewarded? Vouchers? Food? Ritual? [Example: Buy new item of clothing after attending 20th AA meeting; trip to favorite place after 5th week of abstinence.]

**Barriers** may impede completion of the plan or contract. Clinicians can help the client overcome barriers if they

- Ask what has gone wrong in the past
- Find out if clients anticipate problems
- Provide all necessary information

Sources of barriers may include

- Family relations: Spouses and children not adjusting easily to new behaviors [Rx: Hold family meeting in counselor's office]
- Health problems: Chronic conditions, pain [Rx: Schedule check-ups, ongoing care]
- Depression or other negative feelings [Rx: Make referral]

- Bureaucracy: Waiting lists, paperwork, law, finances [Rx: Resolve internally, refer when necessary]

**Social Support Systems:** Help the client overcome barriers and complete plans to fulfill contracts.

Old friends who drink and/or use illicit drugs are no longer appropriate. The client can find new non-using friends in 12-Step programs. These peers often share how they faced problems and lived with uncomfortable feelings without using.

Significant others, family of origin, the client's own family, supportive friends and members of the clergy also can provide support and encouragement.

Clients help themselves by avoiding or discarding the image of the Self-Sufficient Loner.

**ATTENTION:** When helping clients to enlist social support, be particularly alert for those who have poor social skills or scant social networks. Some clients may have to learn social skills and ways to structure leisure time, and such small steps be incorporated into the change plan.

*For more detailed information, see TIP 35, pp. 98–108.*

## ACTION

At the end of the preparation stage, clients make a plan for change to guide them into the action stage. The first step is engagement; avoiding premature termination of treatment. Counselors help when they

***Explore expectations.*** Find out about past experiences, hopes, and fears regarding

- Confrontation. "Will this counselor impose goals? Criticize me?"
- Costs; in money; in changed behavior. "Can I afford to change?"
- Family involvement; shame, guilt. "How can I face them?"
- Medications; will have to withdraw. "I'll get real shaky."
- Rules; too strict, no "wiggle room." "I don't need boot camp."
- Understanding; helping when no one will support the client's recovery. "Nobody I know will help."

***Immunize against difficulties:*** Help clients continue even when they disclose more than they planned, react emotionally, or find the process of counseling and/or help-seeking hard.

***Resolve barriers to treatment:*** Help arrange logistics such as transportation and childcare. Provide information on audio- or videotape for poor readers. Remind client of action plan, behavior contract.

### ***Increase motivations***

- Help the client to see the value of both internal and external motivating factors
- Suggest to the client that external coercions are compatible with the client's best interests
- Support signs of internal motivation

### **Examine and interpret noncompliant behavior**

Noncompliant behavior is a thinly veiled expression of dissatisfaction with treatment or the therapeutic process. For example, clients miss appointments, arrive late, fail to complete required forms, or remain mute when asked to participate.

Any occurrence of such behavior provides an opportunity to discuss the reasons for the behavior and learn from it. The significance of the event must be established in terms of precipitating emotions or anxieties and ensuing consequences.

**ATTENTION:** There are several options for responding to a missed appointment. A clinician can make a telephone call, write a personal letter, make a personal visit or contact a referral source.

*For more detailed information, see TIP 35, pp. 112–117.*



## MAINTENANCE

Prochaska and DiClemente wrote that "Maintenance is not an absence of change, but the continuance of change."

To maintain a client's progress, the clinician can **form a plan**. Discuss events, situations, and people who prompt the use of drugs and alcohol. Explore the negative outcome (the consequences of using) in health, money, relationships and the self.

Then, help the client specify particular people, places, events and circumstances—in other words, triggers—that tend to lead to using. For each trigger, help the client identify the effect. Then, guide the client to devise an appropriate coping strategy.

### ***—Elicit the information.***

- "Tell me about a situation where you were most likely to use."
- "Were there particular people you used with? At which events? In what places?"

### ***—Listen reflectively to the responses.***

Write them down in one column:

#### **Triggers**

- My cousin
- Corner of 3rd & D

- Family gatherings

***–Find out the perceived benefits.***

- "Tell me what you enjoyed about drinking."

***–Write down the responses:***

- Lose troubles
- Feel relief
- Enjoy laughing

***–Select one trigger and match it with one effect.***

- Ask the client to connect the rest. It is not necessary to pair all entries. Help the client recognize patterns.

***–Use the matches to discuss coping strategies.***

- "When your cousin comes over, what can you do instead of using drugs?" (e.g., ask cousin not to visit for a while, or ask another person to be present).

***–Enlist the help of others to work the plan.***

### ***Developing Reinforcers***

Three Cs help counselors recall categories of reinforcers:

**Competing:** Any source of satisfaction that's an alternative to using. Choices should be attractive, explicit, available immediately. Examples: 12-Step programs, exercise, hobbies.

**Contingent:** IF client does this, THEN he receives that. Some treatment programs offer vouchers, scrip, or "points" that can be exchanged for goods, clothing, trips, etc. Counselors can apply the technique to individual clients.

- Example: "When you were using, you spent at least \$15 when you stopped off on the way home from work. So, why not set that amount aside and put it toward a new car?"
- Example: "You might want to negotiate with your significant other. Find out if he'll cook that chicken dish you like if you attend five AA meetings."

**Community:** Community Reinforcement Approach (CRA) finds natural reinforcers in the client's daily life at home, work, or in the neighborhood. The client receives sincere praise and positive feedback.

- Example: Counselor offers praise for completed action. "Glad to see you were able to find a sponsor in AA."

- Example: Counselor prompts employer to commend the client, when appropriate. "As his supervisor, you can probably catch him at doing something well."

Another aspect of Community Reinforcement Approach is teaching skills so the client can improve abilities to accomplish key tasks such as socializing, solving problems, scheduling time, acting assertively, or finding a job. The counselor can assist this process by demonstrating a new behavior, rehearsing it with the client, or providing a short written script.

*For more detailed information, see TIP 35, pp. 119–132.*

## MEASURING COMPONENTS OF CLIENT MOTIVATION

This section spotlights two instruments that have proven effective in helping clients through the stages of change. The first is a screening instrument designed to help identify a client's place along the stages of change, the second is a decision-assistance tool to help the client weigh the costs against the benefits of a change in behavior.

### The University of Rhode Island Change Assessment Scale (URICA)

URICA asks the client to rate 31 items on a continuum from Strongly Disagree (1) to Strongly Agree (5). The URICA can be given several times to track a client's change in motivation.

#### **Instructions** (Read to client)

Make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem," answer in terms of problems related to your drinking and illegal drug use. There are five possible responses to each item.

For each question, circle the number that best describes your response:

1—Strongly Disagree

2—Disagree

3—Undecided

4—Agree

5—Strongly Agree

1. As far as I'm concerned, I don't have any problems that need changing.

1—2—3—4—5

2. I think I might be ready for some self-improvement.

1—2—3—4—5

3. I am doing something about the problems that had been bothering me.

1—2—3—4—5

4. It might be worthwhile to work on my problem.

1—2—3—4—5

5. I'm not the problem one. It doesn't make much sense for me to consider changing.

1—2—3—4—5

6. It worries me that I might slip back on a problem I have already changed, so I am looking for help.

1—2—3—4—5

7. I am finally doing some work on my problem.

1-2-3-4-5

8. I've been thinking that I might want to change something about myself.

1-2-3-4-5

9. I have been successful in working on my problem, but I'm not sure I can keep up the effort on my own.

1-2-3-4-5

10. At times, my problem is difficult, but I am working on it.

1-2-3-4-5

11. Trying to change is pretty much a waste of time for me because the problem doesn't have to do with me.

1-2-3-4-5

12. I'm hoping that I will be able to understand myself better.

1-2-3-4-5

13. I guess I have faults, but there's nothing I really need to change.

1-2-3-4-5

14. I am really working hard to change.

1-2-3-4-5

15. I have a problem, and I really think I should work on it.

1-2-3-4-5

16. I'm not following through with what I had already changed as well as I had hoped, and I want to prevent a relapse of the problem.

1-2-3-4-5

17. Even though I'm not always successful in changing, I am at least working on my problem.

1-2-3-4-5

18. I thought once I had resolved the problem, I would be free of it, but sometimes I still find myself struggling with it.

1-2-3-4-5

19. I wish I had more ideas on how to solve my problem.

1-2-3-4-5

20. I have started working on my problem, but I would like help.

1-2-3-4-5



21. Maybe someone or something will be able to help me.

1-2-3-4-5

22. I may need a boost right now to help maintain the changes I've already made.

1-2-3-4-5

23. I may be part of the problem, but I don't really think I am.

1-2-3-4-5

24. I hope that someone will have some good advice for me.

1-2-3-4-5

25. Anyone can talk about changing; I'm actually doing something about it.

1-2-3-4-5

26. All this talk about psychology is boring. Why can't people just forget about their problems?

1-2-3-4-5

27. I'm struggling to prevent myself from having a relapse of my problems.

1-2-3-4-5

28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.

1–2–3–4–5

29. I have worries, but so does the next guy. Why spend time thinking about them?

1–2–3–4–5

30. I am actively working on my problem.

1–2–3–4–5

31. I would rather cope with my faults than try to change them.

1–2–3–4–5

### ***Using the Results of the URICA***

- Counselor can compile the responses and note where the client marks 1 and 5.
- Counselor can help the client understand that some extreme responses indicate an exaggerated belief or attitude.
- "Help me understand your choice on this first statement. You strongly agree that you don't have any problems that need changing. But your employer has sent you here for counseling. Those two things seem to cancel each other out. Are they both true?"

- "You strongly disagree with item 14 that says 'I am really working hard to change.' I'm not clear on what you mean. Tell me how you are working to change and how it is hard for you."
- "I see that on item 28 you strongly agree that it's frustrating when you think you've resolved something and then it comes back. Let me share some information with you about that attitude. I've worked with lots of people who are trying to improve their lives, but none of them make progress in an unbroken, straight line. That's why we talk about stages of change. It's very difficult to solve a problem once and for all."

*For more detailed information, see TIP 35, pp. 226–229.*

### The Alcohol (and Illegal Drugs) Decisional Balance Scale

The Alcohol (and Illegal Drugs) Decisional Balance Scale asks clients to rate 30 items along a continuum from 'Not important at all' to 'Extremely important.'

#### **Instructions** (read to client)

We would like to know how important each statement is to you at the present time in relation to making a decision about your using alcohol

(and/or drugs). Please circle the number that represents the best choice.

1 = Not important at all

2 = Slightly important

3 = Moderately important

4 = Very important

5 = Extremely important

1. My drinking (or drug use) causes problems with others.

1-2-3-4-5

2. I like myself better when I am drinking (using drugs).

1-2-3-4-5

3. Because I continue to drink (use drugs), some people think I lack the character to quit.

1-2-3-4-5

4. Drinking (drug use) helps me deal with problems.

1-2-3-4-5

5. Having to lie to others about my drinking (drug use) bothers me.

1-2-3-4-5

6. Some people try to avoid me when I drink (use drugs).

1-2-3-4-5

7. Drinking (drug use) helps me to have fun and socialize.

1-2-3-4-5

8. Drinking (drug use) interferes with my functioning at home and/or at work.

1-2-3-4-5

9. Drinking (drug use) makes me more of a fun person.

1-2-3-4-5

10. Some people close to me are disappointed in me because of my drinking (drug use).

1-2-3-4-5

11. Drinking (drug use) helps me loosen up and express myself.

1-2-3-4-5

12. I seem to get myself into trouble when drinking (using drugs).

1-2-3-4-5

13. I could accidentally hurt someone because of my drinking (drug use).

1–2–3–4–5

14. Not drinking (using drugs) at a social gathering would make me feel too different.

1–2–3–4–5

15. I am losing the trust and respect of my co-workers and/or spouse because of my drinking (drug use).

1–2–3–4–5

16. My drinking (drug use) helps give me energy and keeps me going.

1–2–3–4–5

17. I am more sure of myself when I am drinking (using drugs).

1–2–3–4–5

18. I am setting a bad example for others with my drinking (drug use).

1–2–3–4–5

19. Without alcohol (illegal drugs), my life would be dull and boring.

1–2–3–4–5

20. People seem to like me better when I am drinking (using drugs).

1-2-3-4-5

### ***Scoring***

Ten items measure the pros of drinking (drug use) and ten measure the cons.

Items that favor drinking (using drugs):

2-4-7-9-11-14-16-17-19-20

Items that measure negative aspects:

1-3-5-6-8-10-12-13-15-18

To calculate an index, add up the positive items and divide by 10. Repeat with negative items.

"Ten of the items focused on perceptions that drinking and drug use have positive outcomes, such as dealing with problems, having fun, gaining confidence and so forth. Your overall score on these items was 4.5, that is between 'Very important' and 'Extremely important.' Let's talk about a few of these."

"For example, number four, which says drinking helps me deal with problems. Some might say that drinking is causing you problems instead of

solving them. Can you give me some examples of how your drinking is a problem-solver?"

"Ten of the items attempted to measure some of the negative aspects of drinking and drugging, such as having to lie, having people avoid you and experiencing problems at work. Your average score on these items was 1.5, which is somewhere between 'Not important' and 'Slightly important.'

"So, I'd like to go over your responses to a few of these, so I can understand better. Let's start with item 5. You responded it's not important that you have to lie and that the lying bothers you. Can you elaborate on that a little more?"

### ***Other Instruments***

The Consensus Panel who oversaw TIP 35 suggests a number of additional instruments for motivational enhancement goals. Samples of the instruments and ordering instructions are in Appendix B of the TIP (p. 185).

*For more detailed information, see TIP 35, pp. 189–191.*



## INTEGRATING MOTIVATIONAL APPROACHES

In the age of welfare reform, clinicians are being asked to do more—create better treatment outcomes, treat more clients—with less funding and time. A review of cost-effectiveness of treatment for alcohol use disorders concluded that brief motivational counseling ranked among the most effective treatment modalities, based on weighted evidence from rigorous clinical trials.

### Applications of Motivational Approaches in Specific Treatment Settings

Some of the ways in which motivational interventions have been used are as

- A means of rapid engagement in the general medical setting to facilitate referral to treatment
- A first session to increase the likelihood that a client will return and to deliver a useful service if the client does not return
- An empowering brief consultation when a client is placed on a waiting list, rather than telling a client just to wait for treatment
- A preparation for treatment to increase retention and participation

- A help to clients coerced into treatment to move beyond initial feelings of anger and resentment
- A means to overcome client defensiveness and resistance
- A stand-alone intervention in settings where there is only brief contact
- A counseling style used through the process of change

### Other Things to Remember

- Often there is a relatively short period of time in which the clinician can make a beneficial impact on the client
- The average length of stay in substance abuse treatment is very short
- If clinicians do not make an impact in the first session or two with clients, they may not be able to make an impact at all
- It is wise to make the best use of the first contact with a client
- Despite the practical demands of a clinical setting in which paperwork must be done, it is usually a mistake to start a session with filling out forms
- Clinicians should take some time at the very beginning just to listen to clients, understand them, and enhance motivation for change

- Research shows that even a single session of motivational interviewing does make a difference

*For more detailed information, see TIP 35, pp. 148–150.*



# Ordering Information

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## TIP 35

### *Enhancing Motivation for Change in Substance Abuse Treatment*

#### TIP 35-Related Products

**KAP Keys for Clinicians based on TIP 35**

**Illustrated Booklet for Consumers**

**Consumer Fotonovella (Spanish-language)**

**Training Video for Clinicians**

**Training Video Discussion Guide**

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#### Easy Ways to Obtain Free Copies of All TIP Products

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**
2. Visit CSAT's Website at **[www.csat.samhsa.gov](http://www.csat.samhsa.gov)**



## Other Treatment Improvement Protocols (TIPs) that are relevant to this Quick Guide:

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**TIP 34**, *Brief Interventions and Brief Therapies for Substance Abuse (1999)* **BKD341**

**TIP 27**, *Comprehensive Case Management for Substance Abuse Treatment (1998)* **BKD251**

**TIP26**, *Substance Abuse Among Older Adults (1998)* **BKD250**

**TIP 25**, *Substance Abuse Treatment and Domestic Violence (1997)* **BKD139**

See the inside back cover for ordering information for all TIPs and related products.