



Handout 3.1: STAGES OF CHANGE

Pre-Contemplation

The person is unaware, unwilling, too discouraged to change within the next 6 months.

Contemplation

The person is thinking about changing behavior within the next 6 months.

Determination

The person is seriously considering and planning to change a behavior within 30 days and has taken steps toward change.

Action

The person is actively doing things to change or modify behavior.

Relapse

The person returns to patterns of behavior that s/he has begun to change and thus returns to one of the first three stages of change.

Maintenance

The Person continues to maintain behavioral change for at least 6 months until it becomes permanent.



Handout 3.2: WHAT MOTIVATES PEOPLE TO TAKE ACTION TO

CHANGE? (Developed by Laura Williams, California Department of Social Services, Adoption Initiative, August 2000. Based on Motivational Interviewing by William Miller and Stephen Rollnick)

Strategies and Research Findings

Giving Advice

- Advise and assessment
- Single counseling session at hospital ER for alcohol related illnesses/injuries increased return for treatment from 5% to 65%¹ and from 6% to 78%²
- Physician advise to stop smoking increased non-smoking from .3% to 3.3%³
- 3 hour assessment and 1 hour advise session as effective as full treatment (AA, medication, outpatient counseling, and inpatient care as needed) at both 12 and 24 month follow-up⁴
- 3 hour assessment and 1 hour advise session as effective as therapist directed treatment⁵

Removing Barriers

- Attendance at aftercare meetings could be predicted from the distance a person had to travel in order to attend⁶
- 100% of clients who had barriers removed [therapist call AA member while client in office, client talked to AA member who offered transportation and to accompany to AA meeting, AA member gave reminder call] attended AA meeting while 0% who only received encouragement attended.⁷

Providing Choices

- Number of treatment alternatives increased treatment acceptance and overall success rate⁸
- Client selection of abstinence versus moderation as a goal increased patient compliance. 68% of those choosing abstinence didn’t drink compared to 37% of those who were told that abstinence was the goal.⁹

¹ Chafetz 1961; Chafetz et. al 1962 as quoted in *Motivational Interviewing* by William R. Miller and Stephen Rollnick, 1991

² Chafetz 1968; Chafetz et al 1964 1962 as quoted in *Motivational Interviewing*

³ Russell, Wilson, Taylor, and Baker (1979) as quoted by William R. Miller in *Psychological Bulletin*, 1985, Vol. 98, No 1. “Motivation for Treatment: A Review With Special Emphasis on Alcoholism”

⁴ Edwards et al, 1977 as quoted in “Motivation for Treatment: A Review With Special Emphasis on Alcoholism”

⁵ Miller, Gribskov, and Martell, 1981; Miller and Taylor, 1980; Miller, Taylor, and West, 1980 as quoted in “Motivation for Treatment: A Review With Special Emphasis on Alcoholism”

⁶ Prue, Keame, Cornell and Foy, 1979 as quoted in *Motivational Interviewing*

⁷ Sission and Mallams (1981) as quoted in *Motivational Interviewing*

⁸ Kissin, Platz, and Su (1971) as quoted in *Motivational Interviewing*

⁹ Thorton, Gotth
eil, Gellens, and Alterman (1977) as quoted in *Motivational Interviewing*



Decreasing **Desirability**

- Aversive counter conditioning is effective in treating alcohol abuse¹⁰

Practicing **Empathy**

- A empathic therapeutic style is associated with greater long term behavior changes¹¹

Providing **Feedback**

- Self-dissatisfaction is predictive of effort expended to reduce the discrepancy between the present and desired state, but only in the presence of feedback.¹²
- Change in verbal behavior resulting from observation occurred only in the presence of feedback¹³
- **But**, negative feedback such as showing a client a videotape of himself while intoxicated or distressed couples before martial therapy is ineffective¹⁴

Clarifying **Goals**

- Feedback in the absence of a provided goal was ineffective in increasing exercise while a goal plus feedback resulted in marked behavior change.¹⁵
- The addition of a goal to feedback resulted in significant weight loss when feedback alone resulted in a slight weight gain¹⁶

Active **Helping**

- Receipt of a hand-written personal letter of concern following alcohol screening reduced self-referral from 31% to 50% with those getting the letter coming in sooner and more sober.¹⁷
- When a primary care worker sent a hand written follow-up note when an appointment was missed, the treatment drop out rate decreased from 51% to 28%¹⁸
- 44% of those who received a follow-up telephone call returned for treatment within one week while on 8% of the uncalled group returned¹⁹
- 82% of referrals are completed when the counselor placed the call versus 35% when the responsibility was left to the client.²⁰

¹⁰ Kanfer, 1980 as quoted in "Motivation for Treatment"

¹¹ Miller and Soveerign, 1989; Miller, Taylor, and West, 1980; Patterson and Forgatch, 1985; Valle, 1981 as quoted in *Motivational Interviewing*

¹² Bandura and Cervone (1983) as quoted in *Motivational Interviewing*

¹³ Richards, Anderson, and Baker (1978) as quoted in *Motivational Interviewing*

¹⁴ Bailey and Sowder, 1970; Baker, Udin, and Volgler, 1975; Faia and Shean, 1976; Feinstein and Tamerin, 1972; Paredes et al., 1969, 1971; Weiss and Summers (1983) as quoted in "Motivation for Treatment"

¹⁵ Bandura and Cervone (1983) as quoted in "Motivation for Treatment"

¹⁶ Bandura and Simon (1977) as quoted in "Motivation for Treatment"

¹⁷ Koumans and Muller (1965) as quoted in "Motivation for Treatment"

¹⁸ Panepinto and Higgins (1969) as quoted in "Motivation for Treatment"

¹⁹ Nierenbery, Sobell, and Sobell (1980) as quoted in "Motivation for Treatment"

²⁰ Kogan (1957) as quoted in "Motivation for Treatment"