Chapter 5—From Contemplation to Preparation: Increasing Commitment

> The reasons for change need to be important and substantive enough to move the individual into deciding to make the effort to change. The task for individuals in Contemplation is to resolve their decisional balance consideration in favor of change. The decision to change marks the transition out of the Contemplation stage and into Preparation."
>
> —DiClemente, 2018, p. 29

KEY MESSAGES

- Clients in Contemplation begin to recognize concerns about substance use but are ambivalent about change.
- You can use motivational counseling strategies to help clients resolve ambivalence about change.
- When using a decisional balance (DB) strategy, you briefly reflect clients' reasons for continuing substance use (i.e., sustain talk) but emphasize clients' reasons for change (i.e., change talk).
- Motivational counseling strategies to enhance commitment to change move clients closer to the Preparation stage and taking steps to change.

Chapter 5 describes strategies to increase clients' commitment to change by normalizing and resolving ambivalence about change and enhancing clients' decision-making capabilities. Central to most strategies is the process of evoking and exploring reasons to change through asking open question and reflective listening. The chapter begins with a discussion of ambivalence, extrinsic (external) and intrinsic (internal) motivation, and ways to help clients connect with internal motivators to enhance decision making and their commitment to change. It then focuses on DB strategies—ways to explore the costs and benefits of change and clients' values about changing substance use behaviors. Chapter 5 also addresses the importance of self-efficacy in clients' decisions to change and provides strategies for enhancing commitment to change once clients decide to change. Exhibit 5.1 presents counseling strategies for Contemplation.

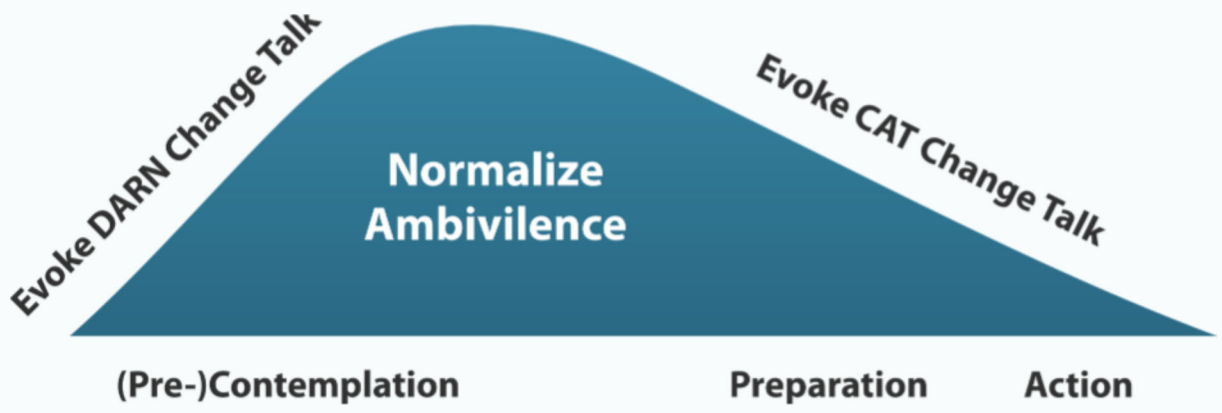
EXHIBIT 5.1. Counseling Strategies for Contemplation

CLIENT MOTIVATION	COUNSELOR FOCUS	COUNSELING STRATEGIES
• The client acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain. • The client begins to reflect on his or her substance use behavior and considers choices and options for change.	• Normalize and resolve client's ambivalence about change. • Help the client tip the DB scales toward change.	• Shift focus from extrinsic to intrinsic motivation. • Summarize client concerns. • Assess where the client is on the decisional scale. • Explore pros/cons of substance use and behavior change. • Reexplore values in relation to change. • Emphasize personal choice and responsibility. • Explore client's understanding of change and expectations of treatment. • Reintroduce feedback. • Explore self-efficacy. • Summarize change talk. • Enhance commitment to change.

Normalize and Resolve Ambivalence

You must be prepared to address ambivalence to help clients move through the Stages of Change (SOC) process. Ambivalence is a normal part of any change process. Ambivalence is uncomfortable because it involves conflicting motivations about change (Miller & Rollnick, 2013). For example, a client may enjoy drinking because it relaxes him or her but may feel guilty about losing a job because of drinking and putting his or her family in financial risk. Clients often have conflicting feelings and motivations (Miller & Rollnick, 2013). During Contemplation, ambivalence is strong. As you help clients move toward Preparation and Action, ambivalence lessens. Miller and Rollnick (2013) use the metaphor of a hill of ambivalence wherein clients move up the hill during Precontemplation/ Contemplation and then journey down the hill through the resolution of ambivalence, which moves them into Preparation and Action (Exhibit 5.2). Chapter 2 provides a thorough description of DARN CAT (**D**esire, **A**bility, **R**easons, **N**eed, **C**ommitment **A**ctivation, **T**aking steps) change talk.

EXHIBIT 5.2. The Motivational Interviewing (MI) Hill of Ambivalence



Source: Miller & Rollnick, 2013. Motivational Interviewing: Helping People Change (3rd ed.), p. 164. Adapted with permission from Guilford Press.

The two key motivational strategies you can use to resolve ambivalence in Contemplation are:

1. **Normalizing ambivalence.** As they move closer to a decision to change, clients often feel increasing conflict and doubt about whether they can or want to change. **Reassure clients that conflicting feelings, uncertainties, and reservations are common.** Normalize ambivalence by explaining that many clients experience similar strong ambivalence at this stage, even when they believe they have resolved their mixed feelings and are nearing a decision. Clients need to understand that many people go back and forth between wanting to maintain the status quo and wanting to change and yet have been able to stay on track by continuing to explore and discuss their ambivalence.

2. **Evoking DARN change talk.** DARN refers to clients' **d**esire, **a**bility, **r**easons, and **n**eed to change. During Contemplation, help clients move up the hill of ambivalence and guide them toward Preparation by evoking and reflecting DARN change talk. Use open questions: "How would you like things to change so you don't feel scared when you can't remember what happened after drinking the night before?" Exhibit 3.8 in Chapter 3 offers more examples of open questions that evoke DARN change talk. Use reflective listening responses to highlight the change talk. **Remember that the goal is to guide clients to make the arguments for change** (Miller & Rollnick, 2013). The key is to avoid jumping too quickly into evoking CAT (i.e., **c**ommitment, **a**ctivation, and **t**aking steps) change talk, solving problems in response to ambivalence, or making a plan of action. The client has to climb up the hill of ambivalence before easing down the other side.

Shift the Focus From Extrinsic to Intrinsic Motivation

To help clients prepare for change, explore the range of both extrinsic and intrinsic motivators that have brought them to this point. Many clients move through the Contemplation stage acknowledging only the extrinsic motivators that push them to change and that brought them to treatment. External motivators may pressure clients into treatment, including a spouse, employer, healthcare provider, family member, friend, or the child welfare or criminal justice system. **Extrinsic motivators can help bring clients into and stay in treatment, but intrinsic motivators are important for significant, long-lasting change** (Flannery, 2017; Kwasnicka, Dombrowski, White, & Sniehotta, 2016; Mahmoodabad, Tonekaboni, Farmanbar, Fallahzadeh, & Kamalikhah, 2017).

You can help clients develop intrinsic motivation by assisting them in recognizing the discrepancies between "where they are" and "where they want to be":

- Invite clients to explore their life goals and values, which can strengthen internal motivation. In searching for answers, clients often reevaluate past mistakes and activities that were self-destructive or harmful to others.
- Encourage this exploration through asking open questions about client goals: "Where would you like to be in 5 years?" and "How does your substance use fit or not fit with your goals?"
- Highlight clients' recognition of discrepancies between the current situation and their hopes for the future through reflective listening. Awareness of discrepancy often evokes desire change talk, an essential source of intrinsic motivation.

Sometimes, intrinsic motivation emerges from role conflicts and family or community expectations. For example, a single mother who lost her job because of substance use may have a strong motivation to get and keep another job to provide for her children. For other clients, substance misuse has cut their cultural or community ties. For example, they stop going to church or neglect culturally affirmed roles, such as helping others or serving as role models for young people. A desire to reconnect with cultural traditions as a source of identity and strength can be a powerful motivator for some clients, as can the desire to regain others' respect. Positive change also leads to improved self-image and self-esteem.

EXPERT COMMENT: LINKING FAMILY, COMMUNITY, AND CULTURAL VALUES TO A DESIRE FOR CHANGE

Working with a group of Latino men in the Southwest who were mandated into treatment as a condition of parole and had spent most of their lives in prisons, we found that as these men aged, they seemed to tire of criminal life. In counseling, some expressed concerns about losing touch with their families and culture, and many reported a desire to serve as male role models for their sons and nephews. They all wanted to restore their own sense of pride and self-worth in the small community where many of their families had lived for generations.

Newly trained in MI, we recognized a large, untapped source of self-motivation in a population that we had long before decided did not want help. We had to change our previous beliefs about this population as not wanting treatment to seeing these men as requesting help and support to maintain themselves outside the prison system and in the community.

Carole Janis Otero, M.A., Consensus Panel Member

Helping clients shift from extrinsic to intrinsic motivation helps them move from contemplating change to deciding to act. Start with clients' current situations, and find a natural link between existing external motivators and intrinsic ones that they may not be aware of or find easy to describe. Through compassionate and respectful exploration, you may discover untapped intrinsic motivation.

Along with MI techniques presented in Chapter 3, use these strategies to identify and strengthen intrinsic motivation:

- **Show genuine curiosity about clients.** Show interest in their lives at the first meeting and over time. Because clients' desire to change is rarely limited to substance use, they may find it easier to talk about changing other behaviors. Most clients have concerns about several areas of their lives and wish to reconnect with their community, improve their finances, find work, or fall in love. Many are highly functional and productive in some aspects of their lives and take great pride in special skills, knowledge, or other abilities they do not want to lose.
- **Do not wait for clients to talk spontaneously about their substance use.** Show interest, and ask how their substance use affects these aspects of their lives. Even with clients who do not acknowledge any problems, question them about their lives to show concern and strengthen the counseling alliance.
- **Reframe clients' negative statements about external pressure to get treatment.** For example, help clients reframe anger expressed toward their spouse who has pressured them to enter treatment as seeing their spouse as caring and invested in the marriage.
- **Identify and strengthen intrinsic motivation of clients who have been mandated to treatment.** Emphasize personal choice and responsibility with these clients. Help clients understand that they can freely choose to change because doing so makes good sense and is desirable, not because negative consequences will happen if they choose not to change.

Summarize Client Concerns

As you evoke DARN change talk and explore intrinsic and extrinsic motivations, you gather important information for helping the client resolve ambivalence about change. You have a working knowledge, and perhaps even a written list, of issues and areas about which the client has conflicting feelings and which are important intrinsic motivators for changing substance use behaviors. **A first step in helping the client to weigh the pros and cons of change is to organize the list of concerns and present them to the client in a careful summary that expresses empathy, develops discrepancy, and shifts the balance toward change.** Because you should reach agreement on these issues, the summary should end by asking whether the client agrees that these are his or her concerns about the substance use. You might ask, "Is this accurate?" or "Did I leave anything out?"

Help Tip the Decisional Balance Toward Change

For any decision, most people naturally weigh costs and benefits of the potential action. In behavioral change, these considerations are called "decisional balancing." This is a process of appraising or evaluating the "good" aspects of substance use—the reasons **not to change** (expressed through sustain talk)—and the "less-good" aspects—the reasons **to change** (expressed through change talk). DB originated with Janis and Mann (1977) as a motivational counseling strategy. It is used widely in substance use disorder (SUD) treatment to explore benefits and costs of continued substance use and of changing substance use behaviors. Research on DB in SUD treatment has shown that DB is associated with increased motivation to change in diverse client populations and favorable client outcomes (Elliot & Carey, 2013; Foster & Neighbors, 2013; Hennessy, Tanner-Smith, & Steinka-Fry, 2015).

Motivation to reduce or stop substance use increases when the costs of use outweigh the benefits and when the pros of changing substance use outweigh the cons (Connors, DiClemente, Velasquez, & Donovan, 2013). **Your task is to help clients recognize and weigh negative aspects of substance use to tip the scale in favor of change.**

Assess Where the Client Is on the Decisional Scale

Start by getting a sense of where the client is with regard to the decision-making process. The Alcohol Decisional Balance Scale and the Drug Use Decisional Balance Scale in Appendix B are validated instruments that ask clients to rate, on a scale of 1 to 5, the importance of statements

like "Having to lie to others about my drinking bothers me" in making a decision about changing substance use behaviors (Prochaska et al., 1994). The scores give you and the client a sense of where the client is with regard to reporting more pros versus more cons for continued substance use. You can also explore specific items on the measure on which the client scores high (e.g., "Some people close to me are disappointed in me because of my drug use") as a way to build discrepancy between the client's values and substance use, thus evoking change talk.

Explore the Pros and Cons of Substance Use and Behavior Change

Weighing benefits and costs of substance use and change is at the heart of DB work. To accomplish this, **invite the client to write out a list of positives and negatives of substance use and changing substance use behaviors.** This can be a homework assignment that is discussed at the next session, or the list can be generated during a session. Putting the items on paper makes it seem more "real" to the client and can help structure the conversation. You can generate a list of the pros and cons of substance use and a list of pros and cons of changing substance use behaviors separately or use a grid like the one in Exhibit 5.3.

EXHIBIT 5.3. Decisional Balance Sheet for Substance Use

Reasons to Continue Substance Use (Status Quo)	Reasons to Change Substance Use (Change)
Positives of substance use	Negatives of substance use
Negatives of changing substance use	Positives of changing substance use

Source: Connors et al., 2013.

Presenting to clients a long list of reasons to change and a short list of reasons not to change may finally upset the balance and tip the scale toward change. However, the opposite (i.e., a long list of reasons not to change and a short life of reason to change) can show how much work remains and can be used to prevent premature decision making.

Recognize that many clients find that one or two reasons to change counterbalance the weight of many reasons not to change and vice versa. Therefore, it is not just the number of reasons to change or not change but the strength of each reason that matters. **Explore the relative strength of each motivational factor, and highlight the weight clients place on each change factor.** Reasons for and against continuing substance use, or for and against aspects of change, are highly individual. Factors that shift the balance toward positive change for one person may barely matter to another. Also, the value or weight given to a particular item in this inventory of pros and cons is likely to change over time.

Whether or not you use a written worksheet, **always listen carefully when clients express ambivalence.** Both sides of ambivalence, expressed through sustain talk and change talk, are present in clients at the same time (Miller & Rollnick, 2013). You may hear both in a single client statement—for example, "I get so energized when I snort cocaine, but it's so expensive. I'm not sure how I'll pay the bills this month." Although discussing with clients what they like about drinking or using drugs may establish rapport, increasing expressions of sustain talk is associated with negative client outcomes (Foster, Neighbors, & Pai, 2015; Houck & Moyers, 2015; Lindqvist, Forsberg, Enebrink, Andersson, & Rosendahl, 2017; Magill et al., 2014).

In DB, explore both sides of ambivalence, but avoid reinforcing sustain talk, which can be counterproductive (Krigel et al., 2017; Lindqvist et al., 2017; Miller & Rose, 2013). Once a client decides to change a substance use behavior, a DB exercise on the pros and cons of change may increase commitment to change (Miller & Rose, 2013). Carefully consider your own intention and the client's stage in the SOC before using a structured DB that explores both sides of client ambivalence equally.

Exhibit 5.4 describes other issues that may arise as clients explore pros and cons of change.

EXHIBIT 5.4. Other Issues in Decisional Balance

Loss and grief	Giving up a way of life can be as intense as the loss of a close friend. Many clients need time for grieving. They have to acknowledge and mourn this loss before they are ready to build a strong attachment to recovery. Pushing them to change too fast can weaken determination. Patience and empathy are reassuring at this time.
Reservations or reluctance	Serious reservations about change can be a signal that you and clients have different views. As clients move into the Preparation stage, they may become defensive if pushed to commit to change before they are ready or if their goals conflict with yours. They may express this reluctance in behaviors rather than words. For example, some will miss appointments, sending a message that they need more time and want to slow the process. Continue to explore ambivalence with these clients, and reassess where they are in the change process.
Premature decision making	DB exercises give you a sense of whether clients are ready for change. If clients' description of pros and cons is unclear, they may express goals for change that are unrealistic or reflect a lack of understanding of their abilities and resources. Clients may say what they think you want to hear. Clients who are not ready to decide to change will let you know. Allowing clients to set themselves up for failure can result in them stopping the change process altogether or losing trust in you. Delay the commitment process, and return to Contemplation.
Keeping pace	Some clients enter treatment after they have stopped using substances on their own. Others stop substance use the day they call the program for the first appointment. They have already made a commitment to stop. If you try to elicit these clients' concerns or conduct DB exercises, you might evoke sustain talk unnecessarily and miss an important opportunity to provide the encouragement, incentives, and skills needed to help action-oriented and action-ready individuals make progress. Move with these clients immediately to create a change plan and enter the Action stage, but be alert for ambivalence that may remain or develop.
Free choice	Clients may begin using drugs or alcohol out of rebelliousness toward their family or society. Substance use may be an expression of continued freedom—freedom from the demands of others to act or live in a certain way. You may hear clients say that they cannot change because they do not want to lose their freedom. Because this belief is tied to some clients' early-forged identities, it may be a strong factor in their list of reasons not to change. However, as clients age, they may be more willing to explore whether "freedom to rebel" is actually freedom or its opposite. If you address this issue, you can reframe the rebellion as reflection of a limitation of choices (i.e., the person must do the opposite of what is expected). As clients age, they may be more open to making a choice that represents real freedom—the freedom not to rebel but to do what they truly choose.

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.

Envisioning

Helping clients visualize their life after change can be a powerful motivator and an effective means of strengthening their commitment. In addition, stories about how others have successfully achieved their goals can be excellent motivators. An exercise for envisioning change is to ask clients to picture themselves after a year has passed, during which time they have made the changes they desire in the areas of their lives most hurt by their substance use. Some clients may find it valuable to write a letter to themselves that is dated in the future and describes what life will be like at that point. The letter can have the tone of a vacation postcard ("Wishing you were here!"). Others will be more comfortable describing these scenes to you. Chapter 3 provides more information MI strategies to strengthen commitment.

Conclusion

To help clients move from Contemplation to Preparation, explore and resolve ambivalence about change. Help clients climb the MI Hill of Ambivalence and journey down the other side toward commitment and change. DB exercises can help clients explore ambivalence, clarify reasons to change, and identify barriers to change (e.g., reasons to continue substance use). When tipping the balance in favor of change, emphasize reflections of change talk, minimize the focus on sustain talk, and use motivational strategies to enhance commitment and facilitate clients' movement into Preparation.

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Chapter 6—From Preparation to Action: Initiating Change

> The Preparation stage of change entails developing a plan of action and creating the commitment needed to implement that plan. Decisions do not translate automatically into action. To change a behavior, one needs to focus attention on breaking the old pattern and creating a new one. Planning is the activity that organizes the environment and develops the strategies for making change."
>
> —DiClemente, 2018, pp. 29–30

KEY MESSAGES

- During the Preparation stage, clients are considering possible paths toward changing substance use behaviors and beginning to take small steps to reach the final change goal.
- You can support clients' movement from Preparation to Action by exploring client change goals and helping them develop a change plan.
- You can maintain a client-centered focus by eliciting clients' change goals and not imposing goals on them.

Chapter 6 describes the process of identifying and clarifying change goals. It also focuses on how and when to develop a change plan with the client and suggests ways to ensure a sound plan by offering the client a menu of options, contracting for change, identifying and lowering barriers to action, and enlisting social support. This chapter also describes your tasks while the client moves into the Action stage, like helping the client initiate the plan and evaluating the effectiveness of the plan.

In earlier stages of the Stages of Change (SOC) approach, you use motivational strategies to increase clients' readiness. **In Preparation, you use motivational strategies to strengthen clients' commitment and help them make a firm decision to change.** Clients who commit to change and believe change is possible are prepared for the Action stage. Clients who are actively taking steps to change substance use behaviors have better long-term outcomes after treatment than clients who have not reached this stage of the SOC (Heather & McCambridge, 2013).

Your task is to help clients set clear goals for change in preparation for developing a change plan. Changing any longstanding behavior requires preparation and planning. Clients must see change as being in their best interest before they can move into the Action stage. Developing a change plan that is accessible, acceptable, and appropriate for each client is key. The negative consequences of ignoring the Preparation stage can be a brief course of action followed by rapid return to substance use. By the end of the Preparation stage, clients should have a plan for change that guides them into the Action stage.

Exhibit 6.1 presents counseling strategies for Preparation and Action.

EXHIBIT 6.1. Counseling Strategies for Preparation and Action

SOC	CLIENT MOTIVATION	COUNSELOR FOCUS	COUNSELING STRATEGIES
Preparation	The client is committed and planning to make a change in the near future but is still considering what to do.	• Explore client change goals. • Develop a change plan.	• Clarify the client's own goals. • Sample goals; encourage experimenting. • Elicit change strategies from the client. • Offer a menu of change options. • Negotiate a behavioral contract. • Explore and lower barriers to action. • Enlist social support.
Action	The client actively takes steps to change but is not yet stable.	• Support the client's action steps. • Evaluate the change plan.	• Help the client determine which change strategies are working and which are not. • Change the strategies as needed.

Explore Client Change Goals

Once the client has decided to make a positive change and the commitment is clear, goals should be set. Setting goals is part of the exploring and envisioning activities in the early and middle parts of the Preparation stage. Having summarized and reviewed the client's decisional considerations, you should now be prepared to ask about ways in which the client might want to address some of the reasons to change listed on the positive side of the decisional balance sheet. **The process of talking about and setting goals strengthens commitment to change.**

Clarify the Client's Goals

Help the client set goals that are as realistic and specific as possible and that address the concerns he or she described earlier about substance use. The client may set goals in multiple areas, not just substance use. He or she may work toward goals such as regaining custody of children, getting a job, becoming financially independent, leaving an abusive relationship, and returning to school. The client who sets several goals may need help deciding which to focus on first.

Early on, goals should be short term, measurable, and realistic so that clients can begin measuring success and feeling good about themselves as well as hopeful about the change. If goals seem unreachable to you, discuss your concerns. Use OARS (**O**pen questions, **A**ffirmations, **R**eflective listening, and **S**ummarization) to help clients clarify their goals, decide on which goal to focus first, and identify steps to achieving their goals. For example, if one goal is to get a job, you can start with an open question: "What do you think is the first step toward meeting this goal?" The goal is the vision, and the steps are the specific tasks that clients perform to meet the goal.

Setting goals is a joint process. The counselor and client work together, moving from general ideas and visions to specific goals. Seeing how the client sets goals and the types of goals he or she sets provides information on the client's sense of self-efficacy, level of commitment, and readiness for change. The more hopeful a client feels about the future, the more likely he or she is to achieve treatment goals.

Make identifying and clarifying treatment goals a client-driven process. Doing so is consistent with the principles of person-centered counseling and the spirit of motivational interviewing (MI). It is up to the client to decide what actions to take or treatment options to seek to address a substance use problem. Matching the client to the preferred substance use disorder (SUD) treatment options can help reduce alcohol consumption and improve drug-related outcomes (Friedrichs, Spies, Härter, & Buchholz, 2016). In a systematic review, brief motivational alcohol interventions for adolescents had significantly larger effects on alcohol consumption if they included goal-setting exercises (Tanner-Smith & Lipsey, 2015).

Your task is to help clients identify their preferred change goals and to enhance their decision making by teaching them about their treatment options. (See Chapter 3 for more information about and strategies for identifying change goals using MI.)

Remember that the client's preferred treatment goals may not match what you prefer. A client might choose a course of action with which you do not agree or that is not in line with the treatment agency's policies. A decision to reduce but not completely stop substance use, for example, may go against the agency's policy of zero tolerance for illicit substance use. Exhibit 6.2 offers some strategies for addressing these types of situations.

EXHIBIT 6.2. When Treatment Goals Differ

What do you do when the client's goals differ from yours or those of your agency? This issue arises in all behavioral health services but especially in a motivational approach, where you listen reflectively to a client and actively involve him or her in decision making. As you elicit goals for change and treatment, a client may not choose goals that you think are right for him or her.

Before exploring different ways of handling this common situation, try to clarify how the client's goals and your own (or your agency's goals) do not match. For a client, goals are by definition the objectives he or she is motivated (ready, willing, and able) to work toward. If the client is not motivated to work toward it, it is not a goal. You or your agency, however, may have specific plans or hopes for the client. You cannot push your hopes and plans onto the client. This situation can become an ethical problem if you focus too much on trying to get a client to change in the direction of your or the agency's goals (Miller & Rollnick, 2013).

What are your clinical options when goals differ? You can choose from the following strategies:

- **Negotiate** (i.e., figure out how to work out the differences)
  - Rework the agenda and be open about your concerns as well as your hopes for the client (Miller & Rollnick, 2013).
  - Find goals on which you and the client can agree, and work together on those.
  - Start with areas in which the client is motivated to change. Women with alcohol or drug use disorders, for example, often come to treatment with a wide range of other problems, many of which they see as more pressing than making a change in substance use.
  - Start with the problems that the client feels are most urgent, and then address substance use when its relationship to other problems becomes obvious.

- **Approximate** (i.e., try to find an agreed-on goal that is similar)
  - Even if a client is not willing to accept your recommendations, consider the possibility of agreeing on a goal that is still a step in the right direction. Your hope, for example, might be that the client would eventually become free from all psychoactive substance use. The client, however, is most concerned about cocaine and is not ready to talk about changing cannabis, tobacco, or alcohol use.
  - Rather than dismiss the client for not accepting a goal of immediate abstinence from all substances, focus on stopping cocaine use, and then consider next steps.

- **Refer**
  - If you can't help the client with treatment goals even after trying to negotiate or approximate, refer the client to another provider or program.
  - Work within state licensing and professional ethical codes to avoid suddenly ending treatment.
  - Offer a menu of options, and take an active role in linking the client to other treatment and community-based services.
  - Be open in a nonjudgmental and neutral way about the fact that you cannot help the client with his or her treatment goal (Moyers & Houck, 2011).

Sample Goals and Encourage Experimenting

You may need to help some clients sample or try out their goals before getting them to commit to long-term change. For instance, some clients benefit from experimenting with abstinence or cutting down their substance use for a short period. The following approaches to goal sampling may be helpful for clients who are not committed to abstinence as a change goal:

- **Sobriety sampling.** This trial period of abstinence is commonly used with clients who (Boston Center for Treatment Development and Training [BCTDT], 2016):
  - Are not interested in abstinence as a treatment goal.
  - Express significant need or desire to address misuse but are not ready to commit to abstinence.
  - Have had many past unsuccessful attempts at moderate use.

  A successful trial of sobriety sampling can enhance clients' commitment to a goal of abstinence. Even a 2-to-3–week period of abstinence before treatment can lead to positive client outcomes, including reductions in alcohol misuse (Gueorguieva et al., 2014). However, longer periods of trial abstinence may give clients more of an opportunity to experience the benefits of abstinence, like clearer thinking, a better ability to recognize substance use triggers, and more time to experience the positive feeling of living without substance use (BCTDT, 2016).

- **Tapering down.** This approach has been widely used with people who smoke to reduce physical dependence and cravings before the quit date and is an option for some substances like alcohol or cannabis. This approach consists of setting increasingly lower daily and weekly limits on use of the substance while working toward a long-range goal of abstinence. The client keeps careful daily records of consumption and schedules sessions with the counselor as needed. **Tapering off opioids, benzodiazepines, or multiple substances should be done under medical supervision.**

- **Trial moderation.** Trial moderation (i.e., clients try to reduce substance use with careful monitoring) may be the only acceptable goal for some clients who are in Precontemplation. Don't assume that clients will fail at moderation; however, if the moderation experiment fails after a reasonable effort, try to get clients to reconsider abstinence as a change goal. Clients can gain insight into their ability to reduce their substance use, and many will ultimately decide to abstain if they cannot reduce their use without negative consequences. Research indicates that clients whose goal is moderation have larger social networks of people who drink daily (Gueorguieva et al., 2014). Therefore, you should address clients' drinking social network as a potential barrier to moderation as a long-term goal.

Develop a Change Plan

Your final step in readying the client to act is to work with him or her in creating a plan for change. (Chapter 3 provides a summary of MI-specific strategies for developing a change plan.) Think of a change plan as a roadmap for the client to reach his or her change goals. A solid plan for change enhances the client's self-efficacy and provides an opportunity to consider potential barriers and the likely outcomes of each change strategy. As mentioned in Chapter 3, some clients need no structured change plan.

Use these strategies to work with clients to create a sound change plan:

- Elicit change strategies from the client.
- Offer a menu of change options.
- Negotiate a behavioral contract.
- Explore and lower barriers to action.
- Enlist social support.

Elicit Change Strategies From the Client

Work with clients to develop a change plan by eliciting their own ideas about what will work for them. This approach is a particularly helpful if clients have made past attempts to address substance use behaviors or have been in treatment before. For example, you might begin with a reflection of commitment talk and follow with an open question: "You clearly think that giving up cocaine is the best thing for you right now. What steps do you think you can take to reach this goal?"

Help clients create plans to match their concerns and goals. Plans will differ among clients:

- The plan can be very general or very specific and can be short term or long term.
- Some clients can commit only to a very limited plan, like going home, thinking about change, and returning on a specific date to talk further. Even a small, short-term plan like this can include specific steps for helping clients avoid high-risk situations as well as identifying specific coping strategies.
- Some plans are very simple, such as stating only that clients will enter outpatient treatment and attend an Alcoholics Anonymous (AA) meeting every day.
- Other plans include details (e.g., transportation to treatment, new ways to spend weekends).
- Many plans include specific steps to overcome anticipated barriers to success (Exhibit 6.3). Some plans lay out a sequence of steps. For example, working mothers with children who must enter inpatient treatment may develop a sequenced plan for arranging for child care.

EXHIBIT 6.3. Change Plan Worksheet

The most important reasons I want to make this change are:
My main goals for myself in making this change are:
I plan to do these things to reach my goals: Specific action — When?
The first steps I plan to take in changing are:
Other people could help me in changing in these ways: Person — Possible ways he or she can help
These are some possible obstacles to change and ways I could handle them: Possible obstacles to change — How to respond
I will know that my plan is working when I see these results:

Source: Miller & Rollnick, 2002. Motivational Interviewing: Preparing People for Change (2nd ed). Adapted with permission from Guildford Press.

Create a change plan using a joint process in which you and the client work together. One of your most important tasks is to ensure that the plan is realistic and can be carried out. When the client offers a plan that seems unrealistic, too ambitious, or not ambitious enough, use shared decision making to rework the plan. The following areas are often part of such discussions:

- **Intensity and amount of help needed.** Encourage participation in community-based recovery support groups (e.g., AA, Narcotics Anonymous [NA], SMART Recovery, Women for Sobriety), enrolling in intensive outpatient treatment (IOP), or entering a 2-year therapeutic community.
- **Timeframe.** Choose a short-term rather than a long-term plan and a start date for the plan.
- **Available social support.** Discuss who will be involved in treatment (e.g., family, Women for Sobriety members, community members), where it will take place (e.g., at home, in the community), and when it will occur (e.g., after work, weekends, twice a week).
- **The order of subgoals and strategies or steps in the plan.** For example:
  1. Stop dealing marijuana.
  2. Stop smoking marijuana.
  3. Call friends or family to tell them about the plan.
  4. Visit friends or family who know about the plan.
  5. Learn relaxation techniques.
  6. Use relaxation techniques when feeling stressed at work.
- **Ways to address multiple problems.** Consider legal, financial, and health problems, among others.

Clients may ask you for information and advice about specific steps to add to the plan. You should:

- Ask permission to offer advice.
- Use the Elicit-Provide-Elicit (EPE) approach to keep the client in the center of the conversation (see the section "Developing discrepancy: A values conversation" in Chapter 3).
- Provide accurate and specific facts, and always ask whether they understand them.
- Elicit responses to such information by asking, "What do you think about this?"

The last step in EPE is key to completing the information exchange between you and the client.

How specific should you be when clients ask what **you** think they should do? Providing your best advice is an important part of your role. It is also appropriate to share your own views and opinions, although it is helpful to "soften" your statements and give clients permission to disagree. For example, you might soften your suggestion by saying, "This may or may not work for you, but a lot of people find it helpful to go to NA meetings to meet others who are trying to stay away from cocaine." Other techniques of MI, such as developing discrepancy, empathizing, and avoiding arguments, also are useful during this process.

The Change Plan Worksheet in Exhibit 6.3 helps clients focus their attention on the details of the plan, increase commitment to change, enlist social support, and troubleshoot potential roadblocks to change.

Use the Importance and Confidence Rulers in Exhibit 3.9 and Exhibit 3.10 to determine the client's readiness and self-efficacy about each change goal. These tools can help you and the client determine which goals to address first and which strategies to begin with. Ideally, the top goal will be one with higher ratings on both importance and confidence. If the client rates one goal as high in importance and low in confidence, focus on exploring self-efficacy and evoking confidence talk to prepare the client for taking action.

Offer a Menu of Change Options

Enhance clients' motivation to take action by offering them a variety of treatment choices. Choices can be about treatment options or about other types of services. For example, clients who will not go to AA meetings might be willing to go to a Rational Recovery, SMART Recovery, or Women for Sobriety group; clients who will not consider abstinence might be willing to

decrease their consumption. **Encourage clients to learn about their options and make informed choices to enhance their commitment to the change plan.**

EXPERT COMMENT: TREATMENT OPTIONS AND RESOURCES

In our alcohol treatment program, I found that having lists of both community resources and diverse treatment modules helps counselors and case managers engage clients, offer individualized programming, and meet clients' multiple needs. The following are some options we offer our clients:

Treatment Module Options

- Values clarification/decision making
- Social-skills training (e.g., assertiveness, communication)
- Anxiety management/relaxation
- Anger management
- Marital and family therapy
- Adjunctive medication (i.e., disulfiram, naltrexone, or acamprosate)
- Problem-solving groups
- Intensive group therapy

Community Treatment Resources

- Halfway houses
- Support groups (e.g., AA, NA, Rational Recovery, SMART Recovery, Women for Sobriety)
- Social services (e.g., child care, vocational rehabilitation, food, shelter)
- Medical care
- Transportation
- Legal services
- Psychiatric services
- Academic and technical schools

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Know your community's treatment facilities and resources. This helps you provide clients with suitable options and makes you an invaluable resource for clients. Offer clients information on:

- Specific contact people.
- Program graduates.
- Typical space availability.
- Funding issues.
- Eligibility criteria.
- Program rules and characteristics.
- Community resources in other service areas, such as:
  - Food banks
  - Job training programs
  - Special programs for clients with co-occurring medical and mental disorders
  - Safe shelters for clients experiencing intimate partner violence

In addition, knowledge about clients' resources, insurance coverage, job situation, parenting responsibilities, and other factors is crucial in considering options. Initial assessment information also helps establish treatment options and priorities.

When discussing treatment options with clients, be sure to:

- Provide basic information in simple language about levels, intensities, and appropriateness of care.
- Avoid professional jargon and technical terms for treatment types or philosophies.
- Limit options to several that are appropriate, and describe these, one at a time, in language that is understandable and matches clients' concerns.
- Describe the purpose of a particular treatment, how it works, and what clients can expect.
- Ask clients to wait to make a decision about treatment until they understand all the options.
- Ask clients if they have questions, and ask their opinions about how to handle each option.

- Review the concept of the SOC; note that it is common for people to go through the stages several times as they move closer to maintaining substance use behavior change and stable recovery.
- Remind clients that not completing a treatment program and returning to substance use are not failures, but opportunities to reevaluate which change strategies are working or not working.
- Point out that, with all the options, they are certain to find some form of treatment that will work.
- Reassure clients that you are willing to work with them until they find the right choice.

Exhibit 6.4 provides a change-planning strategy for situations with many possible change options.

EXHIBIT 6.4. Mapping a Path for Change When There Are Multiple Options

- **Confirm the change goal.** If there are action steps to meet the change goal, decide which step to take first. For example, the client's goal might be to stop drinking completely. Some action steps might include talking with a healthcare provider about medication, going to an AA meeting, and telling a spouse about the decision. Which step does the client think is most important?
- **Make a list of the change options available to the client** (e.g., inpatient treatment, community-based recovery support groups, IOP treatment, a sober living house or therapeutic community, medication-assisted treatment).
- **Elicit the client's feelings, preferences, or both on the best way to proceed.** For example, ask, "Here are the different options we have discussed that might work for you. Which one do you like the most?" You can also discuss the pros and cons of different options (i.e., perform a decisional balance).
- **Summarize the plan and strengthen commitment.** Summarize the action steps and change goal, then evoke and reflect CAT (Commitment, Activation, and Taking steps) change talk.
- **Troubleshoot.** Explore barriers to taking steps; raise any concerns about how realistic the plan is. Avoid the expert trap (see Chapter 3), and elicit the client's own ideas about how to manage barriers to change.

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Negotiate a Behavioral Contract

Develop a written or oral contract to help clients start working on their change plans. A contract is a formal agreement between two parties. Clients may choose to make a signed statement at the bottom of the Change Plan Worksheet or may prefer a separate document. Be sure to:

- Explain that others have found contracts useful at this stage, and invite them to try writing one.
- Avoid writing contracts for clients. **Composing and signing it is a small but important ritual of "going public" that can enhance commitment** (Connors, DiClemente, Velasquez, & Donovan, 2013).
- Encourage clients to use their own words.
- Be flexible. With some clients, a handshake is a good substitute for a written contract, particularly with clients who have challenges with reading and writing or whose first language is not English.

Establishing a contract raises issues for discussion about the client's reasons for change. What parties does the contract involve? Some contracts include the counselor as a party in the contract, specifying the counselor's functions and responsibilities. Other clients regard the contract as a promise to themselves, to a spouse, or to other family members.

Contracts are often used in treatment programs that employ behavioral techniques, such as contingency management (CM). For many counselors, contracts mean contingencies (i.e., rewards and consequences), and programs often build contingencies into the structure of their programs. For example, in many methadone maintenance programs, take-home medications are contingent on substance-free urinalyses. Rewards or incentives have been shown to be highly effective external reinforcers. For instance, CM rewards are effective in reducing use and misuse of a range of substances including alcohol, tobacco, cannabis, and stimulants, as well as polysubstance use (Aisncough, McNeill, Strang, Calder, & Brose, 2017; Litt, Kadden, & Petry, 2013; Sayegh, Huey, Zara, & Jhaveri, 2017).

Clients may decide to include contingencies, especially rewards or positive incentives, in the contract. Rewards can:

- Be highly individual.
- Include enjoyable activities, favorite foods, desired objects, or rituals and ceremonies, all of which can be powerful objective markers of change and reinforcers of commitment.
- Be tied to length of abstinence, quit-date anniversaries, or achievement of subgoals. For instance:
  - A client may plan an afternoon at a baseball game with her son to celebrate a month of abstinence.
  - One client might go out to dinner with friends after attending his 50th AA meeting.
  - Another client may light a candle at church.
  - Still another client might hike to the top of a nearby mountain to mark an improvement in energy and health.

Explore and Lower Barriers to Action

One category in the Change Plan Worksheet in Exhibit 6.3 addresses possible obstacles to change and ways to handle them. Identifying barriers to action is an important part of the change plan. Potential roadblocks to taking action on change goals might include:

- A lack of non-substance–using social supports.
- Unsupportive family members.
- Co-occurring medical or mental disorders.
- Distressing side effects from medication-assisted treatment or psychiatric medications.
- Physical cravings or withdrawal symptoms.
- Legal issues, money-related problems, or both.
- Lack of child care.
- Transportation issues.
- A lack of cultural responsiveness of some agencies, programs, or services.

Clients can predict some barriers better than you can, so **allow them to identify and discuss possible problems.** Specifically:

- Do not try to predict everything that could go wrong.
- Focus on events or situations that are likely to be problematic.
- Build alternatives and solutions into the plan.
- Before offering advice, explore clients' ideas about how they might handle issues as they arise.
- Explore the ways clients may have overcome these or similar barriers in the past. This is a way to open a conversation about their strengths and coping skills.

Some problems are evident immediately. For instance, a highly motivated client may plan to attend an IOP treatment program 50 miles away 3 times a week, even though this requires bus and train rides and late-night travel. Explore the pros and cons of this part of the change plan with the client, and brainstorm alternative solutions, like finding a program closer to home or a family member, case manager, peer support specialist, or program volunteer who can drive the client to the program. **Remember, the change plan should include strategies that are accessible, acceptable, and appropriate for each client.**

You may need to refer clients to another treatment program or other services following initial consultation or evaluation, but this too is another common barrier to action. When you refer clients:

- Ensure they have **information** about how to get to the program, whom and when to telephone, and what to expect on the call (e.g., what type of personal information may be requested).
- Give them any **"insider information"** you have about the program or provider, which can reduce clients' anxiety and makes the process easier. For example, you may know that the receptionist at the program is a friendly person or that many people get lost by entering the building on the wrong side or that a nearby diner serves good food.
- Use **active linkage and referral interventions,** which enhance client engagement and retention in SUD treatment and ancillary services and improve outcomes (Rapp, Van Den Noortgate, Broekaert, & Vanderplasschen, 2014). Strategies for active referral procedures include:
  - **Helping the client make the telephone call to set up the intake appointment at the chosen program.** Some clients may want to make the phone call from your office; others might wish to call from home and call you later to tell you that they made an appointment. Some clients prefer to think things over first and make the call from your office at the next session.
  - **Following up with clients and the program,** if possible and with client permission, to ensure that clients are connected to the new service.
  - **Offering a "warm handoff,"** if possible, which involves introducing clients to the new provider.
  - Linking clients to a case manager, peer recovery support specialist, program alumnus, or community-based recovery support group volunteer to act as a liaison and actively engage clients in treatment programs; social, legal, or employment services; or community-based recovery support programs.

Enlist Social Support

Help clients enlist social support and build or enhance social networks that support recovery from SUDs. Positive social support for substance use behavior change is an important factor in clients' initiating and sustaining behavior change (Black & Chung, 2014; Fergie et al., 2018; Rhoades et al., 2018).

As a counselor, you are a central support for clients, but you cannot provide all the support they need. In general, a supportive person is someone who will listen and not be judgmental. This supportive person should have a helpful and encouraging attitude toward clients. Ideally, this person does not use or misuse substances and understands the processes of addiction and change. The Change Plan Worksheet (Exhibit 6.3) includes space for listing supportive individuals and describing how they can help. As discussed in Chapter 4, concerned significant others can offer support by learning some MI skills (e.g., offering simple reflective listening responses, becoming effective partners in change).

Encourage clients to include social support strategies in their change plans. These include:

- **Engaging in activities with friends that don't involve substance use.** Social support often entails participating in non-substance use activities, so close friends with whom clients have a history of shared interests other than substance use are good candidates for this helpful role. Members of social groups who drink and use drugs are not likely to offer the support clients need in recovery.
- **Repairing or resuming connections with supportive family members and significant others.** Clients can find supportive people among their family members and close friends as well as in faith-based and spiritual organizations, recreational centers, and community volunteer organizations. To make these connections, encourage clients to explore and discuss a time in their lives before substance use became a central focus. Ask them what gave meaning to their lives at that time.

- **Participating in AA or other recovery support groups.** Recovery groups provide clients with social support for behavior change, positive role models of recovery, recovering friendship networks, and hope that recovery is possible. Research confirms that participation in AA is associated with positive alcohol-related, psychological, and social outcomes (Humphreys, Blodgett, & Wagner, 2014).
- **Connecting with addiction-focused peer support.** Peer recovery support specialists can be recovery role models and an important source of social support for clients. Client participation in peer recovery support services with a peer specialist leads to positive social support and improved substance use outcomes, including decreased alcohol use and hospitalizations as well as better adherence to treatment goals after discharge (Bassuk, Hanson, Greene, Richard, & Laudet, 2016). Oxford Houses and similar sober living housing options have built-in social support systems.
- **Connecting clients with a case manager.** For some clients, especially those with chronic medical or serious mental illness, case management teams provide a sense of safety, structure, and support. A case manager can also actively link clients to community-based social services, federal and state financial assistance, and other ancillary services that support clients' recovery efforts.

When helping clients enlist social support, be particularly alert for clients who have limited social skills or social networks. Some clients may have to learn social skills and ways to structure leisure time. Add social skill-building steps into the change plan. Some clients may not be connected to any social network that is not organized around substance use. Furthermore, addiction may have so narrowed their focus to the point where they have trouble recalling activities that once held their interest or appealed to them. However, most people have unfulfilled desires to pursue an activity at some time in their lives. Ask about these wishes. One client may want to learn ballroom dancing, another to learn a martial art, or still another to take a creative writing class. Planning for change can be a particularly productive time for clients to reconnect with this desire to find fulfilling activities, and seeking such activities provides opportunities for making new friends.

Clients with a carefully drafted change plan, knowledge of both high-risk situations and potential barriers to getting started, and a group of supportive friends, family members, or recovery supports should be fully prepared and ready to move into the Action stage.

Support the Client's Action Steps

DiClemente (2018) describes four main tasks for client in the Action stage of the SOC:

1. Breaking free of the addiction using the strategies in the change plan
2. Continuing commitment to change and establishing a new pattern of behavior
3. Managing internal/external barriers to change (e.g., physical cravings, lack of positive social support)
4. Revising and refining the change plan

Your role is to continue using motivational counseling approaches to support the client in completing these tasks and moving into the Maintenance stage and stable recovery. To support clients in breaking free of substance use behaviors:

- Encourage clients to set a specific start date for each behavior change (e.g., a smoking quit date, date to enter an inpatient addiction treatment program). Setting a start date increases commitment.
- Help clients create rituals that symbolize them leaving old behaviors behind. For example, some clients may make a ritual of burning or disposing of substance paraphernalia, cigarettes, beer mugs, or liquor. Support clients in creating personally meaningful rituals. As mentioned previously, picking up a chip at an AA meeting is a ritual that supports clients' action steps toward abstinence and a new lifestyle.

To reinforce clients' commitment to change:

- Continue to evoke and reflect CAT change talk in your ongoing conversations with clients.
- Use reflective listening, summaries, and affirmations.
- Manage barriers to change by identifying those barriers (as described above in the section "Explore and Lower Barriers to Action"), working with clients to brainstorm personally relevant strategies for lowering or reducing the impact of those barriers, and offering a menu of treatment options. For example, if a client experiences intense alcohol or drug cravings, you might explore the possibility of referring the client to a medical provider for a medication evaluation, encouraging participation in a mindfulness meditation group, or both.
- Evaluate, revise, and refine the change plan as the final step in the Action stage.

Evaluate the Change Plan

Your goal of this stage of the change cycle is to help the client sustain successful actions for a long enough time that he or she gains stability and moves into Maintenance (Connors et al., 2013). It is not likely that you and the client will be able to predict all of the issues that will come up as the client initiates the change plan. The client's circumstances likely will change (e.g., a spouse might file for divorce), unanticipated issues arise (e.g., the client's drug-using social network might put pressure on the client to return to drug use), and change strategies may not turn out to work well for the client (e.g., the client loses his or her driver's license and has to find alternative transportation to NA meetings). These unanticipated issues can become a barrier to sustaining change plan actions and may require revisions to the change plan (Connors et al., 2013).

Your task is to work with the client at each encounter to evaluate the change plan and revise it as necessary. Ask the client, "What's working?" and "What's not working?" Miller and Rollnick (2013) suggest that counselors think about this process as "flexible revisiting." The same strategies used in the planning process of MI apply to revising the change plan, including confirming the change goal, eliciting the client's ideas about how to change, offering a menu of options, summarizing the change plan, and exploring obstacles (see Chapter 3). Some strategies for change may need to be removed, whereas others can be adjusted. For example, one client's goal is to quit drinking, and her action steps include attending three AA meetings a week, including one women's meeting. The client stops going to the women's meeting because one of the regular attendees is a coworker who likes to gossip, and the client is afraid that the coworker will break her anonymity at work. Your first step is to identify the issue, and then elicit the client's ideas about what else might work for her.

Open questions to start this process if a change strategy is not working include (Miller & Rollnick, 2013):

- "What now?"
- "What else might work?"
- "What's your next step?"

Avoid jumping in too quickly with your own ideas. Adjusting a change plan, like creating the initial change plan, is a joint process between you and the client; the client's own ideas and resources are key (Miller & Rollnick, 2013). Finally, summarize the new change strategy and explore how the client might respond to any new obstacles that might come up while initiating the revised change plan (Miller & Rollnick, 2013).

Conclusion

As clients move from contemplating change into preparing for change, your task is to continue to reinforce clients' commitment to change and take action. You can support clients to take this next step by working together to develop a change plan, imagining possible barriers to change that might occur, and enlisting social support for taking action. Change plans are client driven and based on clients' own goals. Continue to use motivational counseling strategies to help clients identify and clarify their change goals, develop a change plan, and refine and revise the change plan as needed. Your role is to help clients sustain their goals for change, gain stability, and move into the Maintenance stage of the SOC.