

Working with Precontemplation

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RAAM Counsellor/Outreach Worker Conference Call

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Agenda

- Discuss precontemplation and its origins
- Discuss types of precontemplators and strategies
- Discuss strategies to build and assess readiness

Change must start from the individual
and the individual **MUST** want and feel
ready to make such change...

- Efrat Cybulkiewicz

What is precontemplation?

- Based on Stages of Change (DiClemente & Prochaska, 1998)
- Initial stage towards change
- Others often call to attention the issue
- 5–10% of people with active SUD are in treatment or self-help group at any one time (Stanton, 1997)
- 80% in precontemplation/contemplation stage (DiClemente & Prochaska, 1998)

How do clients present?

- Often people in this stage are sent to or bring themselves to treatment programs
- What are some examples of what brings people to treatment in this stage?
 - Probation mandated, physician driven, employers, after hospitalization...
- Important people in the person's life have stated their use is risky, dangerous or harmful to self or others
- People who use substances often respond to overt persuasion with some form of resistance (Rollnick et al., 1992)

Build readiness to change

- Some people coming into treatment may not be aware that their use is dangerous or problematic (even though they may be at any point on continuum of severity, health and/or social problems)
- Check your assumptions around change
- Start with the client's motivation and readiness for change

Assessment of motivation and readiness

- Use a motivational interviewing approach (MI)
- Ask open-ended questions, reflective listening, affirm, summarize, elicit self-motivational statements
- Opening sessions:
 1. Establish rapport and trust
 2. Explore events that precipitated treatment entry
 3. Commend clients for coming

Establish rapport and trust

- Create safe and supportive environment
- Ask for permission to address the topic of change
- Share how you and the program operate and how you and the client could work together
- Invite client to share what is happening and how they feel about it, their expectations and hopes
- Ask client why they have come today or chose a topic which may be of interest to the client which you could link to substance use; lead naturally to questions like “How does your use of...fit into this, affect your health?”
- You are trying to determine the context of the client’s use and their readiness for change

Explore events

- Clients will exhibit a range of emotions around experiences that brought them to treatment: people will enter shaken, angry, withdrawn, ashamed, terrified, or relieved
- Strong feelings can block change if not acknowledged; ensure you acknowledge feelings with reflective listening
- Initial dialogue is grounded in their recent experience; find opportunities to increase motivation, e.g., driver worried about losing license, job, hurting someone
- Sometimes client blames the referring source; ascertain what client sees and believes is true, e.g., client's partner insisted they come for treatment → ask “What things seem to bother them? What do you think makes them believe your use is a problem?”
- Introduce alternative viewpoints in nonthreatening ways: “Why do you think...?”

Commend clients for coming

- Referred clients may feel they have little control of the process
- May expect to be blamed, criticized, you will cure them, or problems can be solved without much effort
- Affirm: “I’m impressed you made the effort to get here”
- Praising their demonstration of responsibility increases their confidence that change is possible
- They have an investment in the topic and an interest in change
- Indicates to clients they are capable of making good choices in their own best interest

Strategies to increase readiness

- Agree on direction; collaborate on a pathway that is acceptable to the client
- “I’d like to tell you about what you could do here...would that be all right?”
- Let them know you will be supportive even with a different viewpoint
- Not necessary at this early stage in the process to agree on treatment goals; client has the choice

Types of precontemplators

Reluctant	Lacks sufficient knowledge; they often respond to sensitive feedback about how SU is affecting their lives
Rebellious	Afraid of losing control and have a large investment SOC; challenge to help shift energy to positive choices, emphasize personal control
Resigned	Feels hopeless about change and overwhelmed, may have tried to quit many times; explore specific barriers that impede new beginnings
Rationalizing	Have all the answers, SU problem for others, use double-sided reflection, acknowledge what they say, but add qualms they may also have expressed

Assessing readiness (1)

- Readiness ruler or 1 to 10 scale
 - On a scale of 1 to 10, how **important** is it to you to make a change?
 - On a scale of 1 to 10, how **confident** are you that you can make a change?
 - On a scale of 1 to 10, how **ready** are you to make a change?
- Further exploration...
 - If you are a 5, why are you a 5 and not a 3?
 - If you are a 5, what need to happen for you to go to a 7?
 - How could I assist you in getting to a 7?

Assessing readiness (2)

- Start with “Let’s spend some time going through a typical day, beginning to end.”
- Explore SU in a non-pathological framework; helps to understand context of client’s use
- Elicit behaviour and feelings; learn what SU means to client and how hard it may be to give up, learn about healthy coping, sleep, eating, social connections
- Is it an identity? Do chemical/biological changes drive use? Does SU mask trauma, lubricate friendships, offer excitement?
- Avoid suggesting “problems” or “concerns”
- Continue to ask “What happens?”
- Be curious
- Keep hypothesis to yourself

Discussion

- What experiences have you had in your RAAM clinic with precontemplative clients?
 - Alternative perspective on use from loved ones who attend with the client
- What strategies have you found to be helpful for these clients?
 - Daily monitoring/tracking use, discuss in next session, help client identify patterns
 - Discussion of pros and cons of use
 - Discussion of past successes

Thank
you

Reference

Centre for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD); Substance Abuse and Mental Health Services Administration (US); 1999 (Treatment Improvement Protocol (TIP) Series, No. 35.) Chapter #4 “From Precontemplation to Contemplation; Building Readiness Workbook

<https://www.ncbi.nlm.nih.gov/books/NBK64968/>