

Motivational Enhancement Cheat Sheet

Defining Characteristics:

- Feelings: Ambivalence, uncertainty, confusion, frustration, mixed emotions.
- Thoughts: Yes/butting. I know I should but I'm not sure I want to change; changing will be too hard; if it gets worse maybe I will have to change; it's not me that needs to change, it's others; I have tried before and it doesn't work.
- Behavior: Reacts strongly to unsolicited advice, does not take steps towards change; take steps but then pulls back; agrees to change steps but doesn't follow through, drops in and out of therapy, doesn't do homework.

Key Features:

Client recognizes that there is a problem to some degree, but is on the fence about taking consistent active steps to change, takes half hearted steps, or expresses doubts or is discouraged about the results of change efforts. Ambivalence is usually "discovered" in clinical settings; it is not a presenting concern. Clinicians can be alert for signs of ambivalence about active change and shift to a motivational enhancement mode after making an internal assessment that ambivalence is present.

Assessment:

Initial clinical interview:

Clues that ambivalence is present:

Client/caregiver expresses uncertainty about engagement in active therapy ("I know I should deal with what happened but I'm not sure I want to talk about it, it upsets me"; "Yes, something has to change, but I am really stressed and overwhelmed, I can't take any more pressures"; I want my kids to behave better, but I don't agree with what you people say I need to do"). Client/caregiver does not agree with the referral or identified problem but is coming because of outside pressure or requirement ("CPS is making me come"; "my friends say I need to change, but I am not sure about that"). Client/caregiver identifies problem as someone else's behavior that ought to change ("my child is misbehaving and you need to make him straighten up"; "those kids are the ones bothering me so why should I have to change").

In ongoing therapy:

Clues that ambivalence is present:

Client begins to lag in attendance or completion of homework or starts giving many reasons why an intervention strategy will not work or is not the right way to go.

*****Once ambivalence is noticed, immediately shift gears into a motivational enhancement stance.

Clinical Stance:

Be empathic and non-judgmental (no matter what!).

Do not try to persuade, convince or talk into changing.

Roll with resistance (aka don't argue).

Approach:

★**OARS** [**O**pen-ended questions, **A**ffirmations, **R**eflections, **S**ummarize]. Use more reflections than questions (shoot for a 3:1 ratio). Be open-ended [“tell me what it is like at home”; “what happens when you are reminded of the trauma?”]. Try to summarize, paraphrase or reflect as often as possible [“you are really stressed right now and it seems like nothing is working”; “you want those people to get off your back, but you don’t agree with what they are saying”; “you have been trying, but it is really hard work”; “sounds like you are having a hard time, but you are not sure about what you can do”; “you really tried to do the homework but it was hard to stay with it”].

Build discrepancy between where the client is and where they want to be [“right now you say it is pretty unpleasant at home with all the conflict between you and your child; you would like to be more like a normal family where people get along most of the time”; “those memories are really bothering you and you would like to be able to be reminded without getting so upset”].

Attend to change talk (e.g., pay attention to, remark on; reflect any statements about considering change. [“So you think it might be worth trying, tell me more about that”; “Sounds like you are willing to take some steps, what did you have in mind?.”]

*****Do not move too quickly to planning change steps; wait until client is there.

Clinical Components:

1. Provide feedback from assessment, especially standardized tests (because they show scores in relationship to others). Solicit reactions, thoughts. [“Your score on the PTSD scale shows that you have a lot more distress than other kids, what do you think about that?” “Your child has significantly more behavior problems than other children his age, does that seem right to you?”]
2. Address ambivalence through decisional balance inquiries:
 - Why would **you** want to make these changes?
 - What benefits do **you** think there are to changing?
 - What have **you** thought about making this change?
 - What would persuade **you** to make the change?
3. Use change ruler to rate importance and confidence about making a change on 10 point scale. Draw scale from 1 to 10 for importance and confidence about the change and ask the client to rate. Ask why a lower number wasn’t given, what it would take to raise that number. [“You rate the importance of lowering your PTSD as a 6. Tell me why you gave your confidence level a 6 instead of a 4”]
4. Ask permission to provide info. [“Can I share what we know about what keeps depression going?”; “Would you be interested in some information about the causes of children’s behavior problems? “]
5. End on good terms [“Thank you so much for talking with me today”]