KeyStone Center

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PROVIDING HOPE THROUGH CARE

FALL 2007

Motivational Enhancement and the Stages of Change

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Motivational interviewing as developed by Miller and Rollnick (1991) is comprised of a set of counseling principles and strategies designed to simultaneously lower resistance and enhance motivation for change.

The stages of change (or Transtheoretical) model (Prochaska et al., 1992) of behavior change reflects a clinical trend toward treating the "addictive" disorders by focusing on treatment matching. The model provides an algorithm which guides clinical practice by matching clients to the developmental stage of their addictive disorder with a particular therapeutic approach. Awareness of the stages and associated processes of change assists clinicians in assessing their clients' "location" on the continuum of change thereby facilitating targeted treatment planning.

By linking both of these models, clinicians work to enhance clients' motivation by facilitating advancement toward the next developmental stage of change. Associated clinical outcome research indicates improved clinical outcomes through use of motivational enhancement strategies; these strategies appear to work by invigorating, rousing, inciting or otherwise augmenting client motivation for change.

A positive therapeutic alliance is deemed vital to the effectiveness of motivational enhancement strategies. This is brought about largely through acknowledgement and appreciation of ambivalence as a core component of addictive behavior. Clients are

understood as frequently being "of two minds" regarding their addictive behavior. The internal conflict and pain associated with the presence of two opposing beliefs, attitudes or emotions frequently results in the individual's use of denial and in the seeming refractory nature of the disorder.

By attending to the forces of ambivalence, clinicians are able to proffer a therapeutic approach which wholly accommodates individuals struggling with conflicting motives. Motivational interviewing strategies begin with the presumption that the degree of motivation needed to initiate and maintain change is insufficient. The model further presumes (supported by substantial clinical research) that the level of client motivation is within the experimental control of the counselor. Confrontational counseling styles tend to increase resistance and diminish motivation for change. By contrast, motivational approaches tend to diminish or avoid resistance while enhancing motivation for change.

By exploring with the client the perceived pros and cons of the apparently self-destructive pattern of behavior, the motivational counselor provides an atmosphere of acknowledgement and acceptance of the target behavior as the client's legitimate choice. This approach tends to "free up" the client to explore all of the perceived costs and benefits of the behavior. A thoroughgoing exploration of the client's ambivalence in the absence of advocacy for a particular course of action, gives patients less reason to resist clinical interventions. In the absence of this need, clients avail themselves of the freedom needed to explore the "reservoir of doubt" that exists for most who are shackled by ambivalence.

NEXT TIME:
The Transtheoretical Model and the importance of stage change concepts.

A Message from the CEO — Mike Salazar, CEO Psy.D, *CEO*

I hope you will enjoy our inaugural newsletter. I am eager to use this edition to share with you some of the exciting new developments at KeyStone Center. Although I am completing only my second year as CEO, I have worked at KeyStone for over 16 years. In my different roles, I have always been proud of the quality of clinical care afforded our patients, and that we have striven to maintain cutting edge, empirically sound treatment methodologies so that our patients could be assured of receiving the highest quality care available. As you will discover as you read this newsletter, this tradition continues with new developments in our clinical programming. In late summer, we will be unveiling a new clinical program that incorporates motivational interviewing, stage of change approaches, cognitive-behavioral interventions and relapse prevention strategies. We will also soon be offering Suboxone detoxification protocols for patients with opioid addictions. We continue to offer residential treatment for compulsive gambling and have expanded our staff of certified gambling addiction counselors. We have also developed an outpatient program specific to compulsive gambling treatment.

Those are just some of the highlights that I think are important for you to know about. With an unwavering dedication to service excellence, we remain committed to quality improvement so that we may continue to provide the best care for the individuals and families who pass through our doors seeking help. We will continue to collaborate with our providers, payers, and the community as we look for opportunities to make KeyStone Center the premier provider of behavioral health services in the region.

Key ANNOUNCEMENTS

- In the process of expanding detox capacity by 9 beds. Expectation for completion October 2007.
- Entering the final stages of state certification to add suboxone as part of the detox protocol for opiate dependent patients.
- Outcome studies will be attached to the clinical indicators to ascertain the quality and efficacy of the treatment being provided.
- The KeyStone Center will re-start a series of workshops to train clinicians to asses and treat Pathological Gambling. More information to follow.
- **Save the Date:** The KeyStone Extended Care Unit for treating Sexual Compulsivity and Trauma is pleased to announce the Annual Alumni Weekend to be held February 2008. More information to follow.
- An overall Patient Satisfaction score of 94%

As We Raise Our Head from Shame to Grace

Susan J. Campling, RN, Psy.D, *ECU Director*

Addiction is a brain disease that alters thought and behavior in addicted persons. In the beginning of the 12 step movement Bill W. battled against the moral position that addiction was a weakness of character. All the addicted person needed to do was choose not to drink. Today we understand that addiction is a disease in which the individual is powerless over the drug. The addicted person is unable to stop despite the loss of everything, including the loss of integrity. As a result of this brain disease, the addicted person struggles with poor judgment, impulsivity, compulsivity and memory. Often the addicted person suffers from mood disturbances such as depression and anxiety. They are often overwhelmed by fear and despair.

Today we understand the powerless the addicted person feels and have begun to recognize that the pleasure of addiction, the "high" can result from substances outside and inside of the person. Behaviors can trigger the release of internally produced chemicals that create the pleasure high and at least temporarily, alter mood. Sex, gambling, exercise, and shopping are only a few of the behaviors that can alter a person's mood. When the addicted person continues to engage in these behaviors despite negative consequences, we see the footprints of addiction.

Like other addicted persons, the sexually addicted person is often suffering from co-occurring disturbances of mood. Anxiety, fear, depression and despair can be immobilizing. Compulsive masturbation, sex with strangers, or any erotic fantasy or behavior that triggers the high and alters mood seems, at least temporarily, a better alternative to the pain of living. However, the relief is temporary and like many other addicted persons, profound shame arises as the reality of what the addicted person has done emerges. Despair and fear and hopelessness return and the addictive cycle continues.

Sixty years ago society viewed the alcoholic as a "drunk", a "bum", a "derelict". Today, it is no longer socially acceptable to laugh at the pain of alcoholism. Today we continue to glorify the sexual conquests of TV stars and pass judgment upon the "moral failings" of persons unable to stop their sexual acting out. We freely use words like "pervert", "nympho" and lecher. Perhaps it is our fear that diseases can happen to anyone and that we are all vulnerable that is intolerable. Instead of drunks or perverts, persons suffering from addiction, might be something else. They might be people worthy of our understanding and compassion. They might be us.

Key TRAININGS

The KeyStone Center is proud to offer a choice of trainings to providers in several specialty areas:

- Understanding Sexual Addiction
- Introduction to the Use of Motivational Interviewing
- Evidence Based Treatment: Outcomes and Efficacy
- Understanding and Treating Co-occuring Disorders
- Current Trends In the Assessment and Treatment of Gambling

If your organization is interested in one of the topics listed above please contact **Jennifer East,** *Dir. of Business Development,* at 484-490-1060 ext 21.

KeyStone Center

Residential Center for Behavioral Health and Recovery

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