

(B) Examination:

(i) Assessing motivation

It is strongly recommended that workers should make reference to the book:
Miller, W., and Rollnick, S. (1991). Motivational Interviewing.

Useful model for understanding motivation is Prochaska and DiClemente's model of change (1982, 1983).

Stages include

- a. Pre-contemplation: lack of problem recognition and no intention to change
- b. Contemplation: individual aware of the existence of problem, weighing equally the positive and negative aspects of behaviors
- c. Preparation: decision to take action within the next month, person makes immediate, small behaviour change
- d. Action: change in behavior, environment or experience in order to cope with the problem
- e. Maintenance: steps taken in relapse prevention and continue behavioural change

(I) Assessing Motivation or Readiness for Change

- Assess the stated reason for change from the patient.
- Assess the previous quit attempts and how the patient perceives the failure and lapses.

Domains to consider

(1) External vs Internal Reason:

- Why do you want to change?
- What are the most important changes you've been looking forward to after cut-down/quitting?
- Rating based on a scale of 0 to 10, how much do you want to change at this moment?

External factor include pressure from authority, legal order

- Have there been recent happenings that lead you here for a change?
- Do you come here for a change because someone else (e.g. family, spouse, significant others, close friend) expected/wanted you to do so?
- Do you come here for a change because of a legal order?
- Would there be any negative consequences if you don't change?

External factor may be related to less commitment to change

Internal factors include personal reason, health reason, significant meaning to oneself, factors that may touch the individuals

- Do you want to change because you are sick of your life being controlled by drugs?
- Do you want to change because you could no longer stand the negative consequences that substance use has brought?
- Do you want to change because you want to get rid of health consequences related to drugs?
- Do you want to change because you want to repair the relationship with someone important to you?

(2) Previous quit attempts:

Nature, number of attempts, longest abstinence period, reason for recent lapses

- Have you ever attempted quitting? If yes, where and how?
- Which attempt(s) were successful/unsuccessful?
- If you look back, what have you done to make the attempt(s) successful/unsuccessful?
- Was there any help from others that meant a huge support to you?
- What was your longest abstinence period? How could you keep that so long?
- At what situation(s) did your relapse occur?
- What were your inner conversations/how did you feel right before and right after the relapse?
- Rating based on a scale of 0 to 10, how much confidence do you have to succeed in the current attempt?

Consider factors that reflect higher probability of adhering to detoxification or treatment programme, too much failures/ attempts may reflect poorer outcome and low expectancy of success

(3) Actual behavioural change taken

Consider what the individual has taken to change his behavior, both in present and future

- Since the time you've decided to change, what action(s) have you taken to change? (e.g. avoiding high risk situations, stay away from drug-using friends, restriction on spending, etc)
- What are the actions that you're going to take to change your behaviour?

(4) Weighing of cost and benefit of quitting

Consider what the abuser weigh in the cost and benefit of quitting

Cost includes health, family, relationship, finance

- What would you have to give (i.e., your cost) in order to quit?
- Rating based on a scale of 0 to 10, how important are these costs to you?
- Do you believe you can gain them back through means other than drugs?

Benefit includes immediate vs future benefit

Consider superficial vs genuine reasons

- What would you gain immediately after quitting?
- What would be your long-term benefit of quitting?
- Rating based on a scale of 0 to 10, how important are these gains to you?

(5) Self-efficacy

Awareness and acknowledgment of one's weakness and strength

Realistic estimation of the course of treatment

- What are the barriers that you would expect during the course of treatment?
- Are there other factors (your weaknesses) which you think may hinder your treatment?
- What do you think are your strengths which could help you cope with specific difficulties of treatment?

(II) A reference of assessing motivation on a contemplation ladder

Based on the stage of motivation of Miller & Rollnick (1991)

Contemplation ladder (Biener & Abrams, 1991)

Rating based on the stated thought from the patients:

- 0 : No thought at all
- 1 : Think I need to consider quitting or cutting down someday
- 2 : Think I should quit or cut down but not quite ready
- 3 : Starting to think about how to change
- 4 : Taking action to quit or cut down