Evaluating the Effectiveness of Motivational Interviewing Group Classes for Adult Males in a Residential Treatment Facility

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A thesis submitted to the School of Community Services in partial fulfillment of the requirements for the degree of Bachelor of Applied Arts in Behavioural Psychology

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Abstract

The use of motivational interviewing in a group classroom setting was hypothesized to increase participant’s motivation to stay sober. There were 11 male participants (N=11) taking place in the study. All participants were clients of Harbour Light Treatment Centre. The participants received four 1-hour group MI classes. The classes occurred over a four-week period. The participants change was measured using the Situation Intrinsic Motivational Scale (SIMS). The participants were measured on four aspects of motivation including intrinsic motivation, external motivation, identified regulation and amotivation. Each participant completed the assessment before the classes had begun (pre-test) and once all classes were administered (post-test). Four repeated measure t-tests (one-tailed) were used to determine if there was a statistically significant change in participants’ levels of motivation. Results indicated a moderate increase in levels of intrinsic motivation, but no increase in amotivation, identified regulation or external motivation. This indicates a positive trend that group based MI classes would increase participants’s motivation to remain sober.
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Chapter I: Introduction

Having the motivation to change is considered an important factor in distinguishing successful clients in treatment (Brown & Miller, 1993). Since drugs and alcohol are so widely abused, it is clear that effective treatment is available to prevent relapse and promote motivation to change negative addictive behaviours.

During the past decade, motivational interviewing (MI) has increased in application in the field of addictions treatment (Heather, 2005). MI integrates relationship-building principles used in humanistic therapy and cognitive behavioural strategies. This treatment approach addresses the stage of change that the client is in (Burke, Arkowitz, & Menchola, 2003). A stage of change is a phase that an individual goes through when attempting to change their behaviour. MI is a client-centered method utilized for increasing intrinsic motivation for change and resolving ambivalence towards change (Burke et al., 2003). MI increases problem recognition, as well as a client’s ability to enter recovery, continue with recovery, and compliance throughout treatment (Brown & Miller, 1993).

There are many research articles that support MI, but there are also many that do not, illustrating the controversy on this popular treatment. Applying MI to inpatient and outpatient treatment centre’s has been shown to be non-significant when supplemented instead of treatment as usual (Sobell & Sobell, 2003). In terms of comparing the effectiveness, MI was just as effective as other treatment options for reducing drug use and increasing motivation to stay sober (Burke et al., 2003). Although MI is considered by many to be an effective treatment approach, it is not universally accepted as the best practice to treat addiction. This study aims to evaluate the effectiveness of a group intervention using the principles of MI. This study will aid in if it is an effective approach that the Harbour Light can use when treating adult males with addictions. It is hypothesized that MI in a group setting will have a positive effect on the participant’s motivation to change.

Summary of the Project

The purpose of this project is to evaluate the effectiveness of using MI group classes in a residential treatment facility. All participants at the Harbour Light who are currently attending the residential treatment program and have a minimum of four weeks left (out of a possible eight) in their stay will be asked to participate in the study. The participants that choose to take part in the study will take part in the class once a week for four weeks. The student researcher will run the class using concepts and principles from MI. At the beginning of the first class and at the end of the last class the participants in the study will be asked to fill out the Situation Intrinsic Motivational Screening (SIMS; Guay, Vallerand, & Blanchard, 2000). The SIMS is a 16-item questionnaire that is used to measure intrinsic motivation, identified regulation, external regulation, and amotivation. The participants will also be able to fill out an evaluation form on if they thought the class was helpful or if they would take it again. Comparison of pre- and post-treatment scores on the SIMS will be used to measure program effectiveness. It is predicted that the participants’ motivation to change will increase. It is also
predicted that there will be a statistically significant difference in the participants’ pre- and post-test SIMS scores. The data that this project yields will be accessible to the Harbour Light as well as other agencies to help improve their programming. Each class agenda/program will be made available to Harbour Light after the study to use as the agency sees fit. The goal of the intervention is to have a positive effect on the participants’ motivation to change and for it to be strongly considered as a class that Harbour Light incorporates into regular programming.

**Paper Overview**
This paper will include five sections: introduction, literature review, methodology, results, and conclusion/discussion. The introduction will introduce the topic and purpose of the project. The literature review will consist of prior research studies including articles, books, etc. that summarize and evaluate other researched treatment options and if the current subject has been an effective treatment option thus far. The method will be a description of the participants, consent procedures, design, materials, methodology, and overall procedures. The results section will examine the baseline and intervention data results as well as appropriate analysis of the data. The discussion will summarize the data results and interpret the data to see if the study has had a positive or negative outcome.
Chapter II: Literature Review

Addiction is a societal problem that affects many people’s lives as well as the lives of their families, friends and the community around them. Addictive behaviour has the ability to elicit core cognitive processes including attention, memory, and decision-making in pursuit of an end goal, which is the alleviation of negative emotions through substance use (Ryan, 2013). The focus of addiction researchers over the last decade has shifted from whether people change to how they change (DiClemente, Schuldnt & Gemmell, 2004). Addictive behaviour is comprised of physiological and psychological dependence; the motivation and intentions of a person with an addiction represent a critical part of the recovery and healing process (DiClemente et al., 2004). Since motivation can play such a large role in a participant dealing with addiction in recovery, MI was chosen as the appropriate treatment method to use at Harbour Light for this thesis project.

Motivational Interviewing

The concept of MI came from original conversations between William Miller and Stephen Rollnick in 1982; this led to the 1983 journal article that originally described MI (Miller & Rollnick, 2013). Since the birth of MI in 1983, there have been several editions published and revised to improve the clinical techniques associated with this treatment method. Motivational Interviewing can be described as a collaborative, goal oriented form of communication that emphasizes the language of change. It is designed to heighten personal motivation and to affirm commitment to a specific goal by exploring a person’s own reasons for change surrounded by an environment of acceptance and compassion (Miller & Rollnick, 2013). MI is really a conversation about change used for strengthening a person’s motivation to change their behaviour. MI involves four central processes: engaging, focusing, evoking, and planning. Every therapeutic relationship must be built on a foundation of engagement, a process by which both the counselor and client form a connection and a relationship (Miller & Rollnick, 2013). Once engagement has been established, it leads to focusing on a particular agenda; usually during the course of a helping relationship a direction towards one or more change goals emerges (Miller & Rollnick, 2013). These goals usually involve some form of behaviour change but not always. As soon as one or more change goals have been focused on it is important to move to the next step, which is evoking. Evoking, considered the “heart” of the MI process, involves bringing out the client’s own motivation to change (Miller & Rollnick, 2013). Once a focus on a particular change has been decided on, it is imperative to harness the client’s own ideas about how and why they may go about changing (Miller & Rollnick, 2013). The final stage of MI is planning. Once an individual begins talking more about how they are going to change and less about why there is a need for change then the stage of planning can occur (Miller & Rollnick, 2013). Planning involves both developing commitment to change and creating a plan of action. It is important to understand when to go into the stage of planning and to explore its options. Just like the other stages progress it is something that needs to be revisited when the goals change or as change occurs within the client (Miller and Rollnick, 2013). Planning is not a process that is started and then finished, it is something that is continuously and like all other processes of MI, can be revisited.

Since 1990, the number of scientific publications that reference MI has doubled every three years (Miller & Rollnick, 2013). There are over 200 randomized clinical trials in a variety of different settings on MI as well 1,200 publications on this treatment method. The 1,200 have
demonstrated a variety of results with a variety of populations. Today MI is considered to be a valid treatment option for substance abuse (Miller & Rollnick, 2013).

Addiction has long fascinated researchers and theorists who come from a wide variety of scientific backgrounds (Ryan, 2013). Since addiction is a field that affects multiple dimensions of society, it is evident that more treatment for addictive behaviour is needed. Due to the fact that addiction treatment is a field that is always changing, it is important to always be exploring new treatment options. A meta-analysis examining controlled clinical trials of adaptations of MI conducted by Burke and colleagues (2003) showed 51% improvement rates as well as a 56% cutback in client drinking, illustrating the effectiveness of MI as a treatment approach. This adaptation of MI was a promising approach and yielded moderate effects on reducing clients drug use and increasing their motivation to stay sober (Burke et al., 2003). In a study conducted by Carroll et al. (2006), a sample of 423 participants with current substance use was examined in outpatient treatment across five community settings. The study found no significant effects for MI on substance abuse at both the 28- and 84-day check in periods (Carroll et al., 2006). In a study conducted by Brown & Miller (1993), 28 participants were admitted to a private psychiatric hospital and were randomly assigned to receive two sessions of MI or the standard treatment procedure (Brown & Miller, 1993). Clients who received MI treatment participated more during the treatment process and demonstrated less alcohol consumption at three-month check in. Sobell and Sobell (2003) found that MI was helpful in increasing compliance, reducing client resistance, decreasing dropouts, and yielding better treatment options for all types of alcohol abusers (both severe and mild-moderate). MI was developed to enhance change and it has yielded strong empirical results across a variety of substance abuse populations (Carroll et al., 2006).

A number of important issues that have not been addressed in regards to MI’s effectiveness in non-treatment, there have been difficulties amongst populations that use different substances (Carroll et al., 2006). Some studies have had great success with MI-based interventions while other studies have shown no effect. A study by Heather (2005) indicated that even though there is a large bulk of research on how effective MI-based interventions are, more research is urgently needed. In light of the gap within the current research, this study aims to increase the literature on MI as an effective technique for treating substance abuse.

A clients “need” is a form of change talk that expresses a severe need for change without any particular reason (Miller & Rollnick, 2013). Motivation change talk is a type of language to elicit change that expresses or infers with actions to change, including commitment, activation language, and also taking steps (Miller & Rollnick, 2013). Intrinsic motivation describes a particular disposition and orientation towards action that is consistent with internal personal values and goals (Miller & Rollnick, 2013). A change goal is a specific target for change that a client identifies during motivational interviewing, typically a behaviour change is specific but it can be a broader goal such as controlling diabetes (Miller & Rollnick, 2013).

Defining Key Terms

There will be several key terms that will be used in this study. Key terms in this study include Motivational Interviewing (MI), substance abuse, need, motivation change talk, intrinsic motivation, and change goals. Substance use disorder in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition defines substance use disorder as: “A cluster of cognitive,
behavioural, and physiological symptoms indicating that the individual continues to use the substance despite significant substance related problems, a pattern of repeated self-administration that usually results in tolerance, withdrawal, and compulsive drug taking behaviour.” (American Psychiatric Association, 2013, pp.13). MI is a conversation style that is collaborative and is used to strengthen an individual’s own motivation and personal commitment to change (Miller & Rollnick, 2013). A clinician or practitioner would define MI as a client-centred counselling style to address common problems and deal with ambivalence regarding change (Miller & Rollnick, 2013). The technical definition of MI is as a collaborative, goal-oriented form of communication that emphasizes the language of change. It is designed to heighten personal motivation and to affirm commitment to a specific goal by exploring a person’s own reasons for change surrounded by an environment of acceptance and compassion (Miller & Rollnick, 2013).

Substance use is defined as taking a drug into the body with the desire to experience its effects (Dennin & Little, 2012). Substance abuse is when an individual uses drugs or alcohol, and as a result experiences negative consequences. These negative consequences can be very difficult when trying to reduce substance abuse patterns (Dennin & Little, 2012).

Alcoholics Anonymous/ Twelve Step Program

One of the most dominant approaches in residential treatment programs today is an abstinence-based approach. It is common to pair abstinence-based approaches with a 12-step program, such as Alcoholics Anonymous (AA) meeting or Narcotics Anonymous (NA) meetings. Since the beginning of AA in the 1930s in Ohio and New York, it has become an international organization with massive influence (Kelly, Magill, & Stout, 2009). There are millions of individual members in 180 countries. Twenty-eight million “big books,” the main AA/NA text, have been sold around the globe (Kelly et al., 2009). The program at Harbour Light follows an abstinence-based model that is paired with both AA/NA and a 12-step approach. Twelve step fellowships including AA and NA provide those recovering from addiction the ability to develop and maintain resources and relationships to stay abstinent (Majer, Droege, & Jason, 2012). According to Majer et al., (2012) there are positive relationships between 12-step meeting attendance and outcomes of sobriety. A variety of research studies have shown that engagement in 12-step activities such as having a sponsor, being involved in services, and working on the 12 steps have been linked to gains and improvements in developing meaning in life, self efficacy and abstinence (Majer et al., 2012). Twelve-step activities serve a protective function for those fighting against relapse by increasing the individual’s resources such as support from peers and the community (Majer et al., 2012). Many empirical research studies have been conducted on AA, with results illustrating that participation in AA is helpful for many types of clients in their recovery from alcohol dependence.

The Situational Motivation Scale (SIMS)

The Situational Motivation Scale (SIMS; Guay et al., 2000) is a 16-item questionnaire designed to measure intrinsic motivation, identified regulation, external regulation and amotivation. The theory of self-determination states that different types of motivation can explain human behaviour (Guay et al., 2000). Self-determination involves making choices, the idea of doing, of making the choice about doing what you want to do. One part of this is intrinsic motivation, which refers to engaging in behaviours for one’s own sake, or for the
pleasure and satisfaction derived from doing them (Guay et al., 2000). External regulation occurs when behaviour is regulated by some kind of reward or in order to avoid negative consequences (Guay et al., 2000). Amotivation is a process that occurs when intrinsic or external processes do not motivate an individual. Amotivated behaviours are the least self-determined out of the three categories because there is no purpose, no expectation, no possibility of external reward and no possibility of changing events.

The SIMS is able to overcome some traditional measures of situational motivation (Guay et al., 2000). It overcomes the free choice period, and also touches on the difference between intrinsic and external motivation (Guay et al., 2000). The SIMS also begins to illustrate the idea that not all behaviour is intrinsically motivated, that motivation comes from other sources such as external motivation and amotivation as well. Developing the SIMS was made up of five studies. Several studies were conducted by the instruments creators to determine the validity and reliability of this measure. During the first study 195 students (both male and female) were asked to answer 50 items geared to the four motivational constructs and generated by a panel of experts (Guay et al., 2000). Twenty-four items were deleted after the first study because they were not in line with the operational definitions of the four constructs of motivation (Guay et al., 2000). The results of the first study indicated that when the SIMS was evaluated by three correlation analysis methods that adequate construct validity was demonstrated (Guay et al., 2000). The first study also confirmed factor analysis was used. During the second study 907 students (both male and female) completed the SIMS. The goal of this study was to have a larger sample size and to assess the variance amongst participant scores accounted for by gender (Guay et al., 2000). The results of the second study suggested that the SIMS is adequately able to assess the motivational constructs for both male and female participants (Guay et al., 2000). The purpose of the third study was to assess if the scale within the motivational model had construct validity (Guay et al., 2000). One hundred and forty five students (both male and female) were selected to participate in the study. The results of the third study indicated that the internal consistency of the study was valid across different activities such as the various psychometric tests the subjects participated in (Guay et al., 2000). The fourth study involved 150 athletes from different college basketball teams (both male and female). The results of this study provided validation for this study even with individual’s motivation changing (Guay et al., 2000). During the fourth study four regression analyses were also performed (Guay et al., 2000). They provided even further construct validity for the SIMS (Guay et al., 2000). During the fifth and final study, the SIMS was moved from a correlation to an experimental approach (Guay et al., 2000). Participants were 40 male college students (Guay et al., 2000). The results of the fifth study, along with all the other studies provided construct validity for the SIMS (Guay et al., 2000). Overall after examining all of the data on the SIMS it is evident that it is both a reliable and valid measure.

Treatment as Usual (TAU) at Harbour Light Treatment Centre

Every client that enters the Residential Treatment Program at the Kingston Harbour Light Centre must be a male between the ages of 18-65, and have a diagnosed substance use disorder. They must be referred via an external assessment from an agency such as The Detox Centre or Frontenac Community Mental Health. Once clients arrive at Harbour Light they must participate in several assessments including the Alcohol and Drug Abuse Tools for Residency and several
others. Clients must also submit a life story, which is a detailed description of the chronological events in their lives that have led them to where they are as of right now. For the first week of the program all clients are confined to the centre. Once they have submitted their life stories and completed all their required assessments they are allowed to leave the property outside of class hours. The drug and alcohol treatment program at Harbour Light lasts for eight weeks. If required, clients can stay for up to 12 weeks if they think they would benefit from the additional support. The residence is an 18-bed facility and the centre will accept new clients on a regular basis until the centre is full.

The program operates on an 8-week schedule meaning that there are different classes every week. There are on average 10 classes a week and 89 classes in an 8-week cycle. The centre is focused on a holistic approach, which embodies taking a deeper look into the emotional, spiritual, physical, mental, and social aspects of an individual’s life as well as their recovery. Some of the classes at Harbour Light include: Honesty, Nutrition, Depression, Anger, Addiction Processes, Trust, Balanced Recovery, Denial, Attitude, Risks & Triggers, Constructive Criticism, Post Traumatic Stress Disorder, Relationship with Self, Refusal Skills, Surrender, Fears, Emotions, Basic Needs, and Building Confidence. There is a mandatory Cognitive Behavioural Therapy (CBT) group that is run every morning. The aim of group counselling is to allow clients to bring issues or problems forward in a confidential setting where they are able to seek out peer support, advice, and resources. Individual counselling sessions also take place once a week with a counsellor. Individual counselling sessions provide an opportunity for clients to explore further any issues or problems that they are dealing with in a safe and supportive environment.

The Harbour Light has a strong focus on spirituality that is incorporated into daily routine at the centre. Devotions occur every morning and it is mandatory for clients to attend. Clients must attend church services every Sunday. Finally, clients must also attend two AA or NA meetings weekly at the centre. The centre has had the same treatment practices for the last decade. Before that the Harbour Light was abstinence based 12-step program.

Summary

The need for effective treatment in the area of substance abuse warrants further investigation around motivation, as it is an important aspect of remaining abstinent. Even after examining other methods of treatment for substance abuse such as AA/NA/12 step meetings, there is a clear need to explore the effectiveness of MI. Evaluating the effectiveness of MI in a group setting to treat addiction and increase motivation is an important treatment option to explore. This study will aim to demonstrate that MI can be an effective treatment method in a group setting for treating addiction. This study will explore the effects of MI classes on motivation. Clients will be measured based on four different levels of motivation, intrinsic motivation, external motivation, amotivation and identified regulation, as measured by the SIMS. Measuring these aspects of motivation is essential to this study because it shows what aspect of motivation the class taught the participants. Furthermore, the four types of motivation also can give some insight into what kind of motivation best suits the clients needs for future treatment options. The SIMS will measure the reliability and validity of this study. The SIMS will also be
used to measure any changes in motivation. It is anticipated that the classes using MI will have a statistically significant positive effect on the client’s motivation. Results will be examined using independent t-tests. It is also predicted that the study will increase all four categories levels of motivation to stay clean and sober amongst participants.

Chapter III: Methodology

Participants
To be eligible for this study participants must be a client of Harbour Light attending regular daily program and have four weeks left in their eight-week program. Four weeks allow time for participation in the four classes on MI. The population for this study from Harbour Light was selected based on an opportunity sampling method. Participants from the target population were selected based on who was available and who wanted to participate. Participants were considered ineligible to participate if they had less than four weeks remaining in their program or if they were not active participants in program. All clients meeting this criteria for participating were given the opportunity to participate.

Once the individual expressed interest in participating in the program, the informed consent procedure was reviewed (Appendix A). At the start of the first class the informed consent form was distributed to the participants and they were encouraged to ask any questions they had with regards to the informed consent. The participants were made aware of all risks and benefits of participating in the study. It was explained and clearly emphasized that if they did not want to participate, they had the option of withdrawing from the study at any time. If the participant withdrew from the study, he was made aware that all information collected as part of the study would be shredded and his data would not be used in the results of the study. The participant was also made aware that he would not receive any penalties from the treatment centre for withdrawing from the study. Signed copies of the informed consent were collected and locked in a filing cabinet at Harbour Light for the duration of the placement. The participant will not be identified by name in any reports, publications, or presentations resulting from this project. Each participant was assigned a coded number when filling out the SIMS; a separate glossary sheet was kept so that the student researcher could identify which coded numbers responded with which participants’ identity. The data will be kept stored in a filing cabinet under lock and key during the placement. After the placement is completed the files will be kept in a locked filing cabinet for seven years at Harbour Light in accordance with St. Lawrence College and Harbour Light policy. This study was approved by the St. Lawrence College, Research Ethics Board.

Design
This study will use a pre-test post-test design. The independent variable in this study is the motivational interviewing class; the dependent variable will be the client’s SIMS score before and after the class. The $t$-test is dependent because the same group of participants is measured during the pre and post conditions. These tests were chosen to determine statistical significance. The tests will statistically confirm or reject the hypothesis that the group classes on MI will help increase clients motivation in recovery as measured by the SIMS.

The purpose of this study is to evaluate if providing group MI classes in addition to the regular treatment program at Harbour Light will increase participants motivation to remain substance free. An increase in motivation will have occurred if the client rates himself higher on
the SIMS at the time that the classes end in comparison with his baseline levels of motivation on the SIMS.

**Setting and Apparatus**

This study will take place at the Harbour Light; a classroom space will be utilized to teach all classes. The office spaces will be utilized in order to do all prep for classes including photocopies, printing, and reading over class outline. Materials needed include the MI worksheets (pros and cons change sheet, “what motivates you” worksheet, goal setting worksheet) the class outlines, the informed consent procedure, and the SIMS assessment sheet.

**Measures**

The SIMS, which is part of the MI class one (Appendix B) and four (Appendix E) is used to determine what kind of motivation a participant has (amotivation, intrinsic motivation, external motivation) as well as how motivated a participant is in that particular category. The SIMS will be used to measure the independent variable of this study; it will be administered during class one and class four in order to evaluate the effectiveness of the intervention.

**Procedure**

Once the consent form has been signed and returned to the student, the study will begin. During the first class the SIMS will be handed out and administered to all who are participating in this study. During the last class the SIMS will be re-administered to obtain a measure post-treatment. There were four 45-minute sessions that took place once a week. The student researcher facilitated theses sessions. The treatment took place once a week on Monday-Thursday (depending on the week and Harbour Light class schedule and will consist of a 45-minute group session. There will be four sessions in total. Sessions will examine all aspects of motivation and work on motivation to change. During the first class, introductions will be completed and clients will work on answering what motivates them to change, be sober, and why they have made it as far as they have in treatment. A worksheet will be completed involving what motivates the clients to stay sober. The worksheet will be broken down into categories in accordance with the holistic approach of Harbour Light. During the second class (Appendix C), participants will start the process of goal setting with MI, talking about goals, explaining why they chose these goals, what motivated them to choose these goals, etc. During the third class (Appendix D) the clients will begin to explore how they are going to be motivated to change and also how they will stay motivated to make changes and accomplish the goals they have set. The fourth class will focus on planning for the future, how all the clients can plan to achieve their short, medium, and long term goals and they will also be asked to give feedback on how they think the class went. It is hypothesized that these MI group classes will have a positive effect on client’s motivation to change during treatment.
Chapter IV: Results

There was a total of fourteen (N=11) participants taking part in the study. The participants were between the ages of 22-54 with a mean age of 38.6. All the participants that were involved in the study were male. The purpose of this study was to see if teaching MI in a group classroom setting would change participant’s motivation to become clean and sober. The aspect of motivation was measured by the SIMS.

Four repeated measures t-tests (one-tailed) were conducted to test the hypothesis that the treatment condition would result in a positive change to all four aspects of motivation. The following results were obtained for each of the categories: intrinsic motivation t(10) = 1.805, p=0.051, external motivation t(10)= 1.473, p>0.05, identified regulation t(10)=1.473, p>0.05 and amotivation t(10)=1.264, p>0.05. Based on these results, the hypothesis for this study was only confirmed for the category of intrinsic motivation. The independent t-tests for the other three aspects of motivation (identified regulation, amotivation, external motivation) did not reveal statistical significance (please refer to Table 1 for results). If an independent t test were to be done for all aspects of motivation combined, it would not yield statistical significance.

The following results were obtained regarding the mean score of each category during the pre-test; intrinsic motivation M=4.77, external motivation M= 3.84, identified regulation M=6.57, and amotivation M=2.25. The highest mean during the pre-test was identified regulation and the lowest was amotivation. The results for the mean for each category during the post-test were as follows; intrinsic motivation M=5.36, external motivation M=3.48, identified regulation M=6.25, and amotivation M=2.86. The greatest difference between the mean score during pre-test and post-test was intrinsic motivation 0.59 and amotivation 0.61. For the categories of external motivation and identified regulation both had an average difference of -0.32. The results for the standard deviation of all categories were as follows; intrinsic motivation SD=1.21, external motivation SD=1.57, identified regulation SD=0.71, and amotivation SD=1.77.

Table 1 (Statistics Table)

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Number of Participants</th>
<th>Mean - PRE</th>
<th>Mean - POST</th>
<th>Average Difference</th>
<th>Standard Deviation</th>
<th>Median</th>
<th>t-critical</th>
<th>t-observed</th>
<th>Accept or Reject Null Hypothesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrinsic Scale</td>
<td>N = 11</td>
<td>M = 4.77</td>
<td>M = 5.36</td>
<td>0.59</td>
<td>SD = 1.21</td>
<td>5.13</td>
<td>1.81</td>
<td>1.80</td>
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</tr>
<tr>
<td>External Scale</td>
<td>N = 11</td>
<td>M = 3.84</td>
<td>M = 3.48</td>
<td>-0.32</td>
<td>SD = 1.57</td>
<td>4</td>
<td>1.81</td>
<td>1.47</td>
<td>Accept</td>
</tr>
<tr>
<td>Identified regulation Scale</td>
<td>N = 11</td>
<td>M = 6.57</td>
<td>M = 6.25</td>
<td>-0.32</td>
<td>SD = 0.71</td>
<td>6.5</td>
<td>1.81</td>
<td>1.47</td>
<td>Accept</td>
</tr>
<tr>
<td>Amotivation Scale</td>
<td>N = 11</td>
<td>M = 2.25</td>
<td>M = 2.86</td>
<td>0.61</td>
<td>SD = 1.77</td>
<td>2.13</td>
<td>1.81</td>
<td>1.26</td>
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Table 2 (Summary of Results)

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<th>Assessment</th>
<th>Number of Participants</th>
<th>Mean - PRE</th>
<th>Mean - POST</th>
<th>SD - PRE</th>
<th>SD - POST</th>
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<table>
<thead>
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<th>M</th>
<th>M</th>
<th>SD</th>
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<td>Intrinsic Scale</td>
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Chapter V: Conclusion/Discussion

The eleven (N=11) participants that took part in the study went through four classes on MI. The results of this study indicated that the participant’s levels of motivation did not increase for the categories of external motivation, identified regulation, and amotivation. However, the one-tailed t-test indicated that the levels of motivation changed for the SIMS intrinsic category of motivation. It can be concluded from this data that although there was not a statistically significant difference in some categories of motivation, there was a statistically significant increase in intrinsic motivation among participants.

Current Literature

The current literature has indicated mixed results about the success of MI. Some professionals agree that MI is effective in increasing client’s motivation to change. They also say that it can be an effective option when treating clients dealing with substance abuse. Other professionals and critics of MI argue that it is just as effective as any other treatment option. Using MI in a group classroom setting to enhance clients’ motivation has led to an increase in the category of intrinsic motivation to maintain sobriety and set goals on how to live an abstinence-based lifestyle.

Strength and Limitations

A strength of this study is that it can be generalized amongst different substances. The sample population included individuals who struggled with different types of substance abuse disorders (e.g. alcohol, cocaine, etc). Therefore, there is good evidence to suggest MI can be applied to individuals with different drugs of choice. It can be assumed that this treatment program can be effective when transferred across different addictions.

One other strength of this program was how useful the information was to the participants. Feedback from the participants indicated that MI was a class that could be put onto the regular programming schedule. All of the participants found the program informative/educational, and many of them said they learned new things not only about themselves but also about others.

One strength of this study is that the results can implicate that since intrinsic motivation was the only level that increased, the class taught participants that their motivation comes from within them and they are staying sober from themselves. It is implicated that since the levels of extrinsic motivation decreased that the participant’s got motivated less from others around them and more motivated from themselves. The results may imply that that the clients learned more to be motivated by themselves (e.g., personal desire to do well) as opposed to motivated from each other or what they get from the environment (e.g., pleasing family).

A limitation of this study was the small sample size (N=11) that made it difficult to assume if it would be successful with larger populations. Another part of this study that was a limitation was the lack of control group. Unfortunately because of working at such a small centre, there were not enough participants to do so. The data that was collected will not be an accurate representation of all individuals struggling with substance abuse and who are looking for treatment. Another point to note is that having only one group was an issue. This was an issue to lack of participant familiarity with each other. If the sample size was larger there may have been new participants’ in the study, which may have affected learning outcomes and there for potentially participants scores on the SIMS.
Another limitation of this study would be the lack of follow up data that could be collected. Although the study included both a pre-test and post-test a follow up was not able to occur. If a long-term follow-up were to occur it may have yielded better results. Due to time constraints, mainly the length of the practicum, a follow up to see if the treatment had lasting effects could not be completed. Also with such a large turnover rate at Harbour Light it may not have been possible to complete a follow up even if time constraints allowed. No data could be collected if the clients were able to stay sober after the completion of the program, only if the clients felt motivated to remain clean and sober.

A final limitation of the study was that the behavioural psychology student developing this study was not an expert in MI. Due to the fact the student conducting the study was not an expert in the field of addiction as well as MI it can be confirmed that the participants’ received the most educational sessions involving MI. For future studies the administrator should consider taking additional courses in MI so that the treatment can be conveyed with the best possible application.

**Multilevel Challenges to Service Implementation**

There were various challenges that were encountered during the study. One challenge of this study was that all of the participants were male. Since Harbour Light is a male residential treatment facility there was not an opportunity to include female participants in the study. If this study were to be replicated, it would be important to include female participants in the study.

One other challenge of this study was that the MI classes might not have been the best treatment options for all of the clients. Since every client is different, treatment options that may be suitable for one type of client may not be suitable for another. Making sure that clients receive a variety of treatment options is an important aspect of working in addictions.

A challenge at the program level was that some clients did not want to be in treatment. Some participants were court ordered and others were given ultimatums by family members. If the group would have been held in a non-residential treatment facility on a voluntary basis it could have generated better learning outcomes and yielded more positive results.

One challenge not only from a societal level but also from an organizational level was the large turnover rate. For example there were times when two clients would be discharged and two new clients would start program in a day. Due to attrition in the field of addictions it was hard to maintain stability throughout the centre. It was also difficult for clients to build rapport amongst each other with such a high turnover rate.

**Contributions to the Behavioural Psychology Field**

The findings of this study contribute to the literature on MI and demonstrate that MI is an effective treatment option for increasing internal motivation in individuals dealing with substance abuse issues. This study also contributes to the literature on MI and its effectiveness. MI has shown to be an effective treatment option to increase client’s motivation and to help them stay clean and sober.

**Recommendations for Future Research**

It is evident through examining the limitations that further research is needed in order to support results of this study on a larger scale. Due to time constraints, small sample size, lack of follow up data, an all male population, and lack of expertise on MI it is imperative that more research be conducted in order to address these limitations. It is recommended that future studies have a larger number of participants, and take time to include a 3-month and 6-month follow up to collect data. It is also recommended that female participants be included in the study due to the fact that this may influence results. It is also suggested that a control group be included in
future studies. Finally, it is strongly suggested that the administrator of the study is very well versed in the counselling style of MI as this can impact results as well.
References
Appendix A: Informed Consent

Project title: The “Motivation Station” Program: Evaluating the Effectiveness of Motivational Interviewing Group Classes for Adult Males in a Residential Treatment Facility

Principal Investigator: Rory Stever
Name of supervisor: Michelle Neljak
Name of Institution: St. Lawrence College
Name of part partnering institution/agency: Harbour Light

Invitation
You are being invited to take part in a research study. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at the Harbour Light. As a part of this placement, I am completing a research project (called an applied thesis). I would like to ask you for your help to complete this project. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before you decide if you want to take part.

Why is this study being done?
This study is being done in order to increase clients motivation to change and to help them deal with their substance abuse issues. A group class will be taught and will take place over a 4 week period. It will be like any other class that you take at Harbour Light and will based on aspects of a common addictions treatment method called Motivational Interviewing. You will be required to fill out a questionnaire at the start and end of the class as well as a feedback form to evaluate me. We believe this group will be useful in helping men struggling with addictions acquire or increase their motivation to change. We want to know what aspects of Motivational Interviewing can be applied to the Harbour Light program that could possibly be incorporated in the future.

What will you need to do if you take part?
If you choose to take part in this study you will be asked to take part in 4 sessions over a 4 week period. The sessions will be held twice a week for 45 minutes at a time at Harbour Light. At the first sessions, you will be asked to fill out an assessment form to rate your motivation. At the end of the 4 weeks you will be asked to fill out the same questionnaire to see if it has changed. You will also be required to fill out a evaluation form to evaluate myself. It will take about 20 minutes to complete.

What are the potential benefits of taking part? (if applicable)
Benefits of taking part in this research study include you may feel more motivated to complete your treatment plan. You may gain some insight as to what motivates you to make changes in your life. You may develop of a connection and a sense of understanding with your group members who may be motivated by the same things you are. You may also aid others who come to Harbour Light in the future by seeing if this study is something that could help others to deal
with their substance abuse issues.

**What are the potential benefits of this research study to others? (if applicable)**
The potential benefits of this research study to others includes the information and feedback received can help improve this program in the future. Also if this practice is a treatment option that would work at Harbour Light.

**What are the potential disadvantages or risks of taking part?**
Risks from taking part in this research study are minimal but may include being mentally stressed by having to examine some things that motivate you. As well as loss of time from other classes will occur.

**What happens if something goes wrong?**
If you experience a feeling or trigger that you are not familiar with or have a strong reaction to the material you may seek the help of both of the counsellors or myself.

**Will my information you collect from me in this project be kept private?**
We will make every attempt to keep any information that identifies you strictly confidential unless required by law. Your name will not be submitted on the questionnaires. The consent forms and completed questionnaires will be kept in a locked filing cabinet. Any information on the computer will be password protected. You will not be identified by name in any reports, publications, or presentations resulting from this project. The data will be kept stored in a filing cabinet under lock and key. It will be kept stored there for the duration of the placement. After the placement is done the files will be kept for 7 years in accordance with St. Lawrence College policy.

**Do you have to take part?**
Taking part is voluntary. It is up to you to decide whether or not to take part in this research project. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part in this research project, you are still free to withdraw at any time, without giving any reason, and without incurring any penalty, or negative effects.

**Contact for further information**
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Michelle Neljak, my supervisor from St. Lawrence College. I really appreciate your cooperation and if you have any additional questions or concerns, feel free to ask me, Rory Stever (rstever21@sl.on.ca). You can also contact my College Supervisor Michelle Neljak, Michelle.Neljak@cse-scc.gc.ca or you may also contact the Research Ethics Board at reb@sl.on.ca.

**Consent**
If you agree to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency [and in a secure location at St. Lawrence College, if applicable].
By signing this form, I agree that:

- The study has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions I have about the study.
- I have been told that my personal information will be kept confidential.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.

I hereby consent to take part.

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Appendix B: MI Class 1

MOTIVATION CLASS (MI) #1

Complete the SIMS Questionnaire (16 items) 10 Min

Opening Question:

Why are we here? What keeps us from just walking out the door? 10 Min

- Our physical health, we feel like we might die if we go back to being in active addiction
- Is it our mental health, dealing with underlying mental illness or issues that are keeping us here: (Depression, anxiety, etc) Do we want help dealing with our mental state and that’s what keeps us here?
- Is it our spiritual connections, did we have a spiritual awakening, we know god wants us to be here, we have lost our relationship with our higher power through active addiction and we want it back
- Our emotional pain or suffering might be too much for us to deal with out there, we don’t have the tools to deal with it yet, our emotions may have become too much to handle and we are seeking treatment for it, or other peoples emotions have been causing us to use (ex. My wife is always angry at me so I drink) and we want help with tools to cope
- Is it that we have become so antisocial or isolated in our addictions? We have burned so many bring and are tired of hurting others? Is is that all of our friends or family use and we finally want to do it differently and get help? Do we like the social aspect of Harbour Light with the other residents?

**ALL OF THESE ANSWERS ARE YOUR UNDERLYING MOTIVATION BEHIND BEING HERE TODAY, THE ANSWER TO WHY YOU DON’T JUST WALK OUT THE DOOR**

What is motivation? 5 Min

-Motivation is a theoretical construct, used to explain behavior. It is the scientific word used to represent the reasons for our actions, our desires, our needs, etc. Motives are hypothetical constructs, used to explain why people do what they do. A motive is what prompts a person to act in a certain way or at least develop an inclination for specific behaviour.

-For example, when someone eats food to satisfy the need of hunger, or when a student does his/her work in school because they want a good grade. Both show a similar connection between what we do and why we do it.

How does motivation affect us?

- The driving force behind our actions, explains our behaviours, especially during active addiction. During active addiction we were motivated by drugs and alcohol the vast majority of the time
- Ex. If I get through this day of work I can go home and get drunk tonight. Getting drunk becomes your motivation for getting through the workday.
- Can someone think of other possible scenarios where their motivation for their addiction has affected them?
Motivation is essentially everything we do, even if we examine something like getting up in the morning to go to work, why do we do it? Most people do it to earn money, which pays for food, housing, water, our children etc. It is important to ask yourself what motivates you?

**Discussion Question:** 5 Min

**Are there different kinds of motivation?**

- **Intrinsic Motivation:** Which refers to engaging in behaviours for one’s own sake, or for the pleasure and satisfaction derived from doing them. This is a perfect example for something like addiction, sex, drugs etc. We get pleasure out of doing these activities so we choose to do them because they are reinforcing to us. Can someone give me an example?

- **Extrinsic Motivation:** External regulation occurs when behaviour is regulated by some kind of reward or in order to avoid negative consequences. The difference between this and intrinsic motivation is that it still benefits you but it is essentially a means to an end, an example is withdrawal, we take the drugs because they make us feel good but the reward is that the withdrawal symptoms go away. More of a contingency. Can someone give me an example of this?

- **Amotivation:** Is when you do a behaviour based on no contingency or no reward. Basically you do the behaviour just for the sake of doing it, or there is no underlying motivation behind doing the behaviour. Can someone give me an example of this?
Appendix C: MI Class 2

MOTIVATION CLASS #2

What is the difference between Motivation and Change? ** Write a chart on the board
10 Min

What does it mean to change?

- Change is going with a different behaviour pattern in an attempt to make different choices/actions that will lead to a different desired outcome

- Change is a often the most difficult part of recovery and many people resist change.

- Getting and staying MOTIVATED is essential in recovery. Understanding the challenges and knowing what to expect during the process increases a person’s ability to manage required changes.

- People can change their behaviour. It is possible and can be done every time, some people change their addictive behaviour after one treatment, others take more, it is still possible to change our behaviour. People change their behaviour everyday from the foods they eat, to things such as quitting smoking.

- The ability to make change, set goals, understanding and building motivation is an essential part of going through recovery.

Stages of Change:

Precontemplation:
- The cost of the problem behaviour (such as using drugs or alcohol) have not yet been recognized, in other words you cannot see the negative effects it is having.
- You are in denial and you are not considering changing your behaviour
- You may have made previous attempts to change but have always given up

Contemplation
- During contemplation there is ambivalence about change. In other words you are still hesitating about if you want to change your behaviour.
- Since you are hesitant about it your behaviour continues.

Preparation
- The individual ha decided to make a change and begins to consider how they are going to do it
- Minor adjustments in your behaviour might be made during this stage

Action:
- Action is taken in order to stop the problem behaviour
- This step involves reaching out for help and taking steps to avoid triggers and temptations
Maintenance:
- The changes that are made during the action stage are maintained
- Some challenges may be faced when going through the maintenance stage

Relapse:
- After making changes many individuals return to the same behaviours they were exhibiting before (such as relapsing in their addiction
- It can take several attempts of going through the stages before permanent results are seen.

** MANY PEOPLE JUMP THROUGH MULTIPLE STAGES AND GO BACK AND FOURTH, IT IS NOT A CONTINOUS CYCLE

So how do we stay motivated? Keep our lives going in the right direction?
- Positive affirmations, most of you guys have them as some sort of homework but they can be extremely helpful with keeping us motivated.
- Self-talk is another good one, self talk involves taking those motivations, or your thoughts that motivate you and repeating them to yourself in your head. An example of this would be constantly repeating to yourself “I can make it through this” or “I can do this”
- One other good strategy for staying motivated that all of you guys already engage in is motivations or as we call them “the gratitude list” if the gratitude list is something that you think really helps keep you motivated, I would suggest doing one before you go to bed as well.
- Something that I find works very well for me is motivational quotes, something that you can actually visualize or something that inspires me to get on with my day. Here are some examples:
- Failures are part of life, if we don’t fail we never learn, and if we never learn we don’t change
- Being honest might not always get you a lot of friend, but it does always get you the right ones- John Lennon
- No matter how you feel, get up, show up, and never give up.
- What are some things you guys use to stay motivated?
Appendix D: MI Class 3

MOTIVATION CLASS (MI) #3

Opening Question: How are we motivated holistically?
What motivates us physically, socially, spiritually, emotionally, and mentally?

**Physically:**
* Our physical health, we feel like we might die if we go back to being in active addiction
* We feel like we want the physical health we used to have back
* Is it that we are making a transition to become healthier and want to get into good physical shape? Is that why we are in recovery?
* Make changes such as quitting smoking

**Socially:**
* Is it that we have become so antisocial or isolated in our addictions?
* Do we not know how to make friends or form positive relationships and do we want help with that?
* Do we only have negative friends or relationships and want help letting go of that lifestyle

**Spiritually:**
* Is it that we want to form a new relationship with our higher power
* Did our higher power bring us here?
* Have we come here to ask God for forgiveness for our actions during our active addiction?

**Emotionally:**
* We have developed the ability to lock down our emotions and do not open up how we feel to anyone?
* We are so emotional that our emotions get the best of us and cause us to use
* Do we use other people as an excuse to get emotional and to set us off?

**Mentally:**
* Have we become mentally exhausted from our addiction?
* Do we need help learning how to focus on the future?
* Do we need help with learning new things?

**ALL OF THE REASONS BEHIND YOU COMING TO TREATMENT ARE THINGS THAT MOTIVATE YOU. ALL THESE MOTIVATIONS AND THEIR DIFFERENT ASPECTS CAN BE TURNED INTO CHANGE**

**WORKSHEET: WHAT MOTIVATES YOU HOLISTICALLY**
Below I would like you to state some reasons you came to treatment for different aspects of your recovery. It is important to discuss what motivates us in different ways and why we came to treatment. I would like you to give one reason for each category. We will discuss as a class after. *For example, physically my motivation is to get back in the shape I used to be in before my addiction, I want to do this because I know I will be more confident about how I look.*
Physical Motivation:

Reason Why:

Emotional Motivation:

Reason Why:

Spiritual Motivation

Reason Why:

Mental Motivation

Reason Why:

Social Motivation

Reason Why

What does it mean to change?
- Change is going with a different behaviour pattern in an attempt to make different choices/actions that will lead to a different desired outcome
- Change is often the most difficult part of recovery and many people resist change.
- Getting and staying MOTIVATED is essential in recovery. Understanding the challenges and knowing what to expect during the process increases a person’s ability to manage required changes.
- People can change their behaviour. It is possible and can be done every time, some people change their addictive behaviour after one treatment, others take more, it is still possible to change our behaviour. People change their behaviour everyday from the foods they eat, to things such as quitting smoking
- The ability to make change, set goals, understanding and building motivation is an essential part of going through recovery.

**HOW DO WE CHANGE?**
- We think positively
- We use peer support
- We talk to somebody
- We practice forgiveness
- We set goals
- What are some of the tools you have used to change?

**GOALS:**
- What does it mean to set a goal?
- Why is it important to set goals?
- What kind of goals can we set? (Short, medium, long)
- Why is it important to set many different kinds of goals, for example if we put all our eggs in one basket, we may be very disappointed if it doesn’t work out
- Short term goal: A weekly goal that is achievable ex. Like what we do in group, for example my short term goal for the week is to do 100 push ups in a week
- Medium term goal: A monthly goal that may be a little harder to achieve. Ex. In these next 3 months I am going to find part time employment
- Long term goal: A yearly or lifetime goal that is not easy to achieve. Ex. Stay clean and sober for the next year

**WORKSHEET: GOAL SETTING**

Based on what we have learned today and our previous worksheet I would like you to decide on a short term, medium term, and long term goal. They can be based on any category such as physically, emotionally, spiritually etc. I would like you to give a reason behind why you picked this goal and where it will lead you, i.e what is the next step afterwards. *For example, my short term goal could be doing 100 push ups in a week, my reason why is because I want to get stronger, where this going will lead me is that I will be able to play sports better and be more competitive.*

**Short term goal:**
**Reasons why:**
Where it is going to lead you:

Medium term goal:
Reasons why:
Where it is going to lead you:

Long term goal:
Reasons why:
Where it is going to lead you:
Appendix E: MI Class 4

MOTIVATION CLASS #4

Opening Question: How do we stay motivated? How do we achieve our goals?

- By thinking positively
- By surrounding ourselves with positive influences
- By not procrastinating
- We set our short term goals that can lead to long term ones
- By realizing our motivations, what is really behind us setting these goals
- By believing in ourselves
- By increasing our self esteem
- By identifying what motivates us
- By planning for the future

When it comes to relapse I would argue that relapse is a failure of motivation. When you are here on program you get a glimpse of what a life of sobriety feels like, you get help with short term motivation well you are here. Maintaining this long term motivation can be much more difficult. So how do we stay motivated to maintain this lifestyle? How to do we maintain it and keep it going long term?

- We realize what it is that actually motivates us
- We learn to get rid of our past resentments that we still hold onto
- We stay motivated by the people, places and things that are positive in our lives
- We learn to find a healthy balance in our lives and not just replace one addiction with another
- We develop a healthy self esteem
- There are many ways we can maintain our motivation long term, what do you guys think are some ways we can do that?
In the past we have discussed why motivation is so important, it is the driving force behind everything we do, during past classes we have discussed why you are here? What motivates you? And what motivates you holistically? We have set goals and discussed why these goals are important to set. During our active addiction we use for relief or to avoid pain, stress, anxiety etc. we use to increase confidence, euphoria, self-esteem etc. In our past lives the only thing that motivated us was drugs and alcohol. I now want us to discuss the future, where do you want to go from here? What is going to motivate you going forward?

- Family?
- Friends?
- Community support (AA, NA)
- Your friends at the centre
- Authority (court appointed)
- Self Esteem
- Being happy?
- Learning to develop relationships with people?
- Learning to control our emotions
- Expressing how we feel
- Developing our relationship with our higher power
- The improvement of our physical health, is that important to us?
- Being a functioning member of society

WORKSHEET: EXPLORING FUTURE MOTIVATION

Below I would like you to write down some things that you think will motivate you going forward. In recovery it is crucial to maintain both short term and long term motivation
and it is also important to set recovery goals. Please state some things that will be considered “future motivations” for you and list why this is something that motivates you for the future. We will discuss and share afterwards as a class. *Example: One future motivation for me could be the new friendships I have made during this recovery program, I would like to keep these friendships so staying clean to me is an important part of maintaining those friendships.*

**Future Motivation:**

**Reason Why:**

**Future Motivation:**

**Reason Why:**

**Future Motivation:**

**Reason Why:**

Name:
CLASS FEEDBACK FORM

Please fill out the questions below on the paper provided, if you require additional space please feel free to use the back side of the paper. If you have any additional comments you would like to say, please write them after you have answered all of the questions to the best of your abilities.

1. What did you think the teacher greatest strengths were?
2. What do you think the teacher could improve upon?
3. Overall what did you think of the material presented?
4. Did you find the class relevant and helpful to your recovery?
5. Do you think this is a class that could be included to regular program?
Appendix F: Situational Intrinsic Motivational Scale

The Situational Motivation Scale (SIMS)

Directions: Read each item carefully. Using the scale below, please circle the number that best describes the reason why you are currently engaged in this activity. Answer each item according to the following scale: 1: corresponds not all; 2: corresponds very little; 3: corresponds a little; 4: corresponds moderately; 5: corresponds enough; 6: corresponds a lot; 7: corresponds exactly.

Why are you currently engaged in this activity?

1. Because I think this activity is interesting
   1  2  3  4  5  6  7
2. Because I am doing it for my own good
   1  2  3  4  5  6  7
3. Because I am supposed to do it
   1  2  3  4  5  6  7
4. There may be some good reasons to do this but I don’t see any
   1  2  3  4  5  6  7
5. Because I think this activity is pleasant
   1  2  3  4  5  6  7
6. Because I think this activity is good for me
   1  2  3  4  5  6  7
7. Because it is something I have to do
   1  2  3  4  5  6  7
8. I do this activity but I am not sure if it is worth it
   1  2  3  4  5  6  7
9. Because this activity is fun
   1  2  3  4  5  6  7
10. By personal decision
    1  2  3  4  5  6  7
11. Because I don’t have any choice
    1  2  3  4  5  6  7
12. I don’t know: I don’t see what the activity brings to me
    1  2  3  4  5  6  7
13. Because I feel good when doing this activity
    1  2  3  4  5  6  7
14. Because I believe this activity is important
    1  2  3  4  5  6  7
15. Because I feel that I have to do it
    1  2  3  4  5  6  7
16. I do this activity, but I am not sure it is a good thing to pursue it
    1  2  3  4  5  6  7