

The Change Plan¹

Upon having summarized the personalized feedback report or conversation and reflecting the possible goals that the client has shared, therapists can ask the client what current goals for their substance use they would like to include in their change plan. Once the change(s) that the client wants to make are clarified, therapists are to seek to clarify why they want to make the change(s) they've specified and what steps they plan on taking to make these changes. As appropriate, the therapist is also to initiate discussion concerning specific coping strategies in managing the challenges of making changes to substance use, as well as dealing with high-risk situations.

The Change Plan Worksheet (see below) itself may be used as a format for taking notes of the client's plan as it emerges, though it should not be given to the client to start this section. Rather, the change plan should emerge organically from the preceding motivational dialogue, with a copy being given to the client at the end, as well as a copy being added to their file.

When completing the "steps" portion of the change plan, the steps may include the client's plans for incremental decreases/changes in use or the strategies they will use to cut down or quit their substance use. Though abstinence is generally the goal the therapist holds, it must be kept in mind that the client must come to the conclusion of their goals on their own. Though abstinence from substance use may be commended, the therapist must not prescribe it or impose it upon the client. If the client seeks to set a goal of moderating their substance use rather than abstinence, this is their choice; however, the therapist should express concerns they may have around this in a non-imposing manner, giving the client the opportunity and autonomy to come to their own conclusions. The therapist's expression of concerns may be more important if the client is suffering from a severe substance use disorder and/or significant harm or risk of harm stemming from their substance use. Use of factual information related to failing to adequately cut back the substance use can be very powerful for this.

The client can be helped in thinking about people from whom they can seek and obtain support while going through this change. If appropriate, the therapist can consider inviting the client to try role-playing approaches to asking for support.

Example scripts:

- *"Would you feel comfortable asking [person] for support if you are feeling like engaging in [substance use]?"*
- *"How would you like the person to respond to you in a way that you will respect and appreciate? What type of support may they be able to offer that would be helpful?"*
- *"Would you feel comfortable asking [person] to remind you when you have engaged in [substance use] a certain amount?"*
- *"How would you like [person] to remind you in a way that you will respect and appreciate?"*

A useful strategy here can also be for the therapist to draw on previous successful experiences with quitting or reducing substance use in order to identify strategies that might be helpful this time. If appropriate, the therapist can also discuss (and perhaps role-play) ways of handling emergency situations.

¹ Content for this handout has been adapted from the Project MATCH *Motivational Enhancement Therapy Manual*.

The client may ask for specific information when trying to create a viable change plan. Some such questions may involve specifics related to the biological and behavioural underpinnings of substance use, as well as potential dangers associated with them. The number of possible questions is too large to conceivably plan answers for all of them, and the therapist should try to provide accurate and useful information to the client, with follow up to ensure it was clearly conveyed and to establish the thoughts and feelings the client may have around the new information. Clients may ask for information that the therapist does not know, and it is perfectly acceptable for the therapist to express that they do not know, but that they will research the question and get back to the client at the next session or by email. Indeed, this is vastly preferable to providing inaccurate information.

The client may also ask for the therapist's advice. It is appropriate for the therapist to share their advice, provided it is framed as being an opinion and with room and permission for the client to disagree. However, it may be useful to turn this back to the client, with the therapist expressing that they do indeed have an opinion, but that it is up to the client to form their own based on the facts provided to them. Specific instructions should not be given, and skills should not be trained; any questions seeking such advice should be turned back to the client to see what their thoughts are on how they could achieve the result they are asking about.

Therapists are encouraged to conclude this discussion of the client's change plan by summarizing the conversation and checking the accuracy of the summary with the participant. If time allows, therapists are encouraged to ask clients about their level of confidence in the Change Plan.

- *How confident are you, on a scale from 0-100%, that you will make the change that we have been discussing?*
- *It's great that you report being ____ confident. What would it take to increase that number or why is that number not lower?*

If time permits, therapists are also encouraged to explore with the participant what they can do to increase their level of confidence.

Addressing challenges

i. Opportunity to discuss challenges and/or worries

Through the course of developing the change plan, the therapist and client will have discussed things that could interfere with them achieving their goals. If the therapist feels that there may be more challenges or barriers to the client achieving their goals, they may take the opportunity here to ask about any other challenges they foresee or any worries they may have that they have not yet spoken about that could inhibit their success. The therapist can then work with the client to problem-solve ways to address those challenges or worries. As discussed above, it may be helpful here to have the client think about other instances in which they have cut down or quit substance use and the barriers that they faced at that time.

ii. Providing coping skills and relapse education

The therapist should also work with the client to identify potential triggers that could increase the client's susceptibility to substance use, as well as seek to establish and discuss individualized coping strategies for each potential roadblock. The therapist is encouraged to draw on their existing training and knowledge from working with substance use and addictive behaviours to determine appropriate coping skills and relapse prevention strategies. The therapist may also refer to the resources provided in the asynchronous portion of this course for more information on potential interventions based on coping and relapse prevention skills training.

Change Plan Worksheet

The Change Plan Worksheet (CPW) is to be used during to help in specifying the client's action plan. You can use it as a format for taking notes as the client's plan emerges. The information needed for the CPW should emerge through the motivational dialogue. This information can then be used as a basis for your recapitulation (see below). Use the CPW as a guide to ensure that you have covered these aspects of the client's plan:

- *"The changes I want to make are..."* In what ways or areas does the client want to make a change? Be specific. It is also wise to include goals that are positive (wanting to begin, increase, improve, do more of something) and not only goals that could be accomplished through general anesthesia (to stop, avoid, or decrease behaviors)
- *"The most important reasons why I want to make these changes are..."* What are the likely consequences of action and inaction? Which motivations for change seem most impelling to the client?
- *"The steps I plan to take in changing are..."* How does the client plan to achieve the goals? How could the desired change be accomplished? Within the general plan and strategies described, what are some specific, concrete first steps that the client can take? When, where, and how will these steps be taken?
- *"The ways other people can help me are..."* In what ways could other people (including the significant other, if present) help the client in taking these steps toward change? How will the client arrange for such support?
- *"I will know that my plan is working if..."* What does the client hope will happen as a result of this change plan? What benefits could be expected from this change?
- *"Some things that could interfere with my plan are..."* Help the client to anticipate situations or changes that could undermine the plan. What could go wrong? How could the client stick with the plan despite these problems or setbacks?

Preprinted Change Plan Worksheet forms are convenient for MET therapists. Carbonless copy forms are recommended so you can write or print on the original and automatically have a copy to keep in the client's file. Give the original to the client and retain the copy for the file.

The Change Plan Worksheet

The changes I want to make are:

The most important reasons why I want to make these changes are:

The steps I plan to take in changing are:

The ways other people can help me are:

Person	Possible ways to help
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I will know that my plan is working if:

Some things that could interfere with my plan are: