

Chapter 4

The Initial Building Block

Personal Interest and Concern for Change

All therapists have heard the dreaded words “The judge sent me,” “My wife says I need to be here,” “My employer says if I do not come to see you, I will lose my job,” and “The only reason for being here is that I am pregnant and need to quit.” There are a host of reasons why people try to make changes or seek help in changing health behaviors. Do not, however, mistake seeking help with being motivated to make a change. Many people have what is called extrinsic motivation at best and feeling coerced at worst. One example highlighting extrinsic motivation comes from a video of Terri Moyers from the University of New Mexico doing a motivational interviewing session with Jim, a person with an alcohol use disorder, who was sent by his lawyer for an evaluation (Miller et al., 1998). To paraphrase Jim:

“The only reason I am coming here is so I won’t go to jail, lose my job and my house, satisfy my lawyer, and get out of trouble. No need for me to lie to you unless you are going to tell everyone I am not motivated.”

In this example you can see that showing up, even with little or no intrinsic motivation, offers an opportunity to help the client shift from extrinsic to more intrinsic motivation. A sensitive interview using the spirit and skills of a motivational communication approach helped Jim move from an unwillingness to do any of this “stuff” to beginning an exploration of whether a change in his drinking habits might have some benefits for him.

An individual who experiences the consequences of their behavior and hears the concerns of others often moves from the precontemplation stage in the direction of exploring the possibility of change. However, sometimes they make a change attempt on behalf of someone else or make a change to escape current and avoid future consequences. These individuals are more pushed by external forces than pulled by internal goals and values. The flaws in this initial motivation are like those in building a house on a sandy beach. When winds and waves arrive—like the challenges of decision making, commitment, planning, and action—the foundation is not stable enough to survive the attempt at making a change. Relapse is often a failure of insufficient personal interest and concern for making the change rather than failing at action tasks.

Although interest and concern are related and similar in some ways, *interest* often has more to do with one's curiosity, thinking of future possibilities, or a potential investment in something new. *Concern*, on the other hand, often has more to do with worry, apprehension about consequences, anxiety, and sometimes fear. Interest and concern are two interactive paths toward considering the possibility of change. Helping develop and enhance interest involves selling the changer on the opportunity for and potential benefits of a possible change. Concern explores the unease and problematic aspects of the current behavior and the potential consequences for the future. In both cases, interest and concern driven by personally meaningful and internal considerations are generally more motivating in the long run than fear or concern and interest that are generated by external rather than internal influences.

WHY IS INTRINSIC MOTIVATION IMPORTANT FOR CHANGE?

The first step in the change process is a big one. In precontemplation there is little or no interest in making a change in the near term and a lack of significant concern about the current behavior pattern and its consequences. Individuals even engage in activities that help them avoid considering change. In the previous chapter, we pointed out how people stay in the precontemplation stage by finding ways to counter any interest and concern. Rationalization and harm minimization, rebellion, resistance to pressure to change, or becoming resigned to the impossibility of making a change all contribute to muting concerns and ignoring consequences (see Box 4.1).

Remember the five R's.

Motivational interviewing pays attention to client language to find what is called *change talk* and *sustain talk* (Miller & Rollnick, 2023). Miller and Rollnick (2023) identify language that includes statements

BOX 4.1. Five R's and How People Stay in Precontemplation

- **Reveling:** *"I like it the way it is."*
- **Reluctant:** *"Not now . . . not ever."*
- **Rebellious:** *"It's my life . . . mind your own business."*
- **Resigned:** *"The damage is done . . . there's no use."* (Hopeless; Helpless)
- **Rationalizing:** *"At least I'm not doing . . . XYZ."* (Harm minimization)

that reflect Desires, Ability, Reasons, and Need to change (DARN language) as indicators of some interest or concern. However, Miller and Rollnick also identify sustain talk as language that highlights the statements when a client argues against change. Often these statements can represent the same DARN categories, but they emphasize the *lack of* a desire or need to change, an inability to change, and the reasons for not changing.

To promote intrinsic motivation and overcome ambivalence about change, a provider skilled in motivational communication focuses on and reflects change talk statements and avoids concentrating on sustain talk. "How important is this change to you?" is another way to evoke and assess motivation. Intrinsic motivation is built on the personal relevance and importance of a particular change. The other approach that can help undermine sustain talk when an individual is resigned to their inability to change is to assess and increase their hope and confidence or self-efficacy. The key to this approach is that the change needs to be important to the individual and not viewed as impossible for them to engage effectively in the decision-making process.

Intrinsic motivation is built on personal relevance.

A willingness to seriously consider a need to change and delve into important reasons for it takes courage and openness to the possibility of change. As we described earlier, people can make modifications in behavior without intrinsic motivation, as we saw with pregnant women smokers. In our study, even though many women stopped smoking during pregnancy, the majority went back to smoking postpartum, even after months of not smoking (Stotts et al., 1996). In those cases, the women's motivation was almost 100% for the baby and not for their own health or welfare. Once postpartum blues, fatigue, and stress kicked in, that foundation (extrinsic motivation) could not sustain the change, especially since there were other ways to protect the baby besides quitting smoking.

So, as we can see, people can stop a behavior without changing it permanently. We see the same phenomenon with people who lose weight for a wedding or other significant event and then regain most or all the weight after the event is over. People on probation also can stop a problem behavior, and then, when free from the extrinsic motivation of monitoring, return to excessive drinking, driving under the influence, or another episode of domestic violence. Extrinsic motivation is powerful and can promote change. However, when the external forces, restrictions, or events no longer exist or are no longer relevant, the imposed changes lose their rationale. This situation can undermine the ability to sustain the change. Simply stopping or starting a behavior is not the same as intentionally and voluntarily changing a behavior. The latter needs intrinsic motivation.

Self-Determination Theory

In their self-determination theory, Ryan and Deci (2017) highlight the importance of intrinsic motivation in learning and behavior change. Many of the studies of this construct have demonstrated that intrinsic motivation creates more durable and lasting change as opposed to changes that were created using external reinforcement.

Many behaviorists believe that rewards and reinforcers are the main way to create and sustain behaviors. However, for rewards and reinforcements to have an impact, they must first be valued by the individual, and the value of reinforcers must then be internalized to sustain change. An individual can begin a physical activity regimen because their doctor recommended it to lower cholesterol and strengthen their heart and lungs. However, for the activity to last, at some point they need to develop some satisfaction, pleasure, or personal meaning from it. This intrinsic motivation will continue to enable them to overcome inertia and support long-term outcomes.

In an extensive review of studies on intrinsic motivation, DiDomenico and Ryan (2017) offer the following description of intrinsic motivation:

Intrinsic motivation refers to people's spontaneous tendencies to be curious and interested, to seek out challenges and to exercise and develop their skills and knowledge, even in the absence of operationally separable reward. . . . Experimental and field research guided by self-determination theory (SDT; Ryan and Deci, 2017) has found intrinsic motivation to predict enhanced learning, performance, creativity, optimal development, and psychological wellness. (p. 1)

It sounds like this kind of intrinsic motivation would be very important for achieving the level and depth of interest and concern that

can move people toward seriously considering change. Ryan and Deci also highlight studies showing that intrinsic motivation was associated with the dopaminergic valuing system in the brain. This is an emerging and interesting field of research. In an initial review of the neuroscience of motivation, Morris and colleagues (2022) concluded that preliminary evidence indicates that intrinsic motivation is associated with aspects of brain functioning that are different from extrinsic motivation. It appears that intrinsic motivation is associated with brain activities that are self-directed and related to autonomy and mastery. Thus, intrinsic motivation would be a potent force in moving individuals forward toward positive health behaviors and in modifying destructive addictive behaviors.

DEVELOPING PERSONAL INTEREST AND CONCERN

Often an individual's interest and concern about a particular change is generated by actual or potential negative consequences, entreaties by loved ones, public policies based on societal concerns, financial incentives, and social media. The occurrence and impact of these messages and events awaken what has been labeled *latent motivation*. At some level, most people know in their heart of hearts that a problematic behavior is not healthy or good for them. Many messages, even though they may be ignored, may have made an impression, even subliminally. This is precisely why individuals in precontemplation use the strategies in Box 4.1 to counter and quiet these concerns.

To understand how to turn this latent concern and interest into actionable intrinsic motivation, we must look to the cognitive-experiential processes of change. When individuals stop working to rationalize the experienced consequences and minimize the concerns of others, then they are more open to the processes and activities that can motivate them toward change. In this early stage of change, they begin to seek information and become educated and informed about the problem behavior and the potential change (the process of consciousness raising). They can also begin to reevaluate the negative impact of staying the same and to realize some personal benefits for themselves and others (self and environmental reevaluation). They may begin to experience emotional responses to the events and messages about the status quo and the prospective behavior change (emotional arousal). These activities and experiences help turn latent interest and concern into overt extrinsic and intrinsic motivation. The more open and able a person is to explore and shift attitudes and perspectives about the behavior and the change, the greater the probability intrinsic motivation can emerge.

What Does Not Work

We also know a bit about what can keep individuals locked in precontemplation and undermine the emergence of personal interest and concern. We use the acronym CANT to describe this lack of forward movement. Confronting, Arguing, Nagging, and Threatening (CANT) approaches can alienate, provoke resistance and rebellion, and disrespect the person and their change process. Consequences can teach about the risks of not changing and the benefits of change, and sometimes what is called “tough love” can get through to an individual. However, CANT approaches often backfire and create anger and pushback. The same messages presented in an empathic and compassionate manner can more effectively and efficiently reach the person and activate critical change processes to develop intrinsic motivation. CANT approaches can undermine the change as well as alienate the potential changer from important sources of encouragement and support.

The entire movement to educate providers in Screening, Brief Intervention, and Referral to Treatment (SBIRT) is designed to empower providers to sensitively screen for problems and respectfully and empathically offer objective feedback and messages of concern. This approach has been effective in promoting change with drinking and some substance use problems (DiClemente et al., 2017), as well as with other types of health threats and conditions (DiClemente & Crisafulli, 2022).

By acknowledging that there are some problems in current behavior patterns and using a motivational communication approach, patients often feel freer to explore current behaviors and develop some concern. For example, the smoking cessation research on even very brief advice from a doctor or health professional, such as “Quitting smoking is the most important thing you can do to improve your health,” was found to be an effective prompt, leading to more attempts to quit and more abstinence at 6 months (Cheng et al., 2024). Although brief advice does not always immediately translate into abstinence, it does seem to be a significant prompt to arouse concern in individuals in precontemplation and heightens reasons for change for those who are in contemplation.

Patience, Persistence, and Respect

Many of the messages that reach people in precontemplation are like seeds that are sown that may take a while to germinate. Interventions may not yield immediate change outcomes. Change is a process. When we are working with health care professionals to teach brief interventions, it is important to emphasize that simply prescribing and mandating behavior change is counterproductive (Miller & Rose, 2009; Miller

et al., 1993). Providers who want or demand action are frustrated by their clients' procrastination and reluctance to follow the "wise choice." However, patience and persistence are needed since provider advice often does not lead to action—at least not immediately. Nevertheless, many household and population surveys have indicated that the efforts of health care professionals do contribute to the individual making a positive change (Cheng et al., 2024). Planting the seeds that foster interest and concern and lead to movement through the pre-action stages to successful action takes time and involves multiple messages delivered in a collaborative and respectful manner.

You will have noticed that the word *respect* keeps coming up in this discussion of how to promote interest and concern. In promoting change, showing respect for the person conveys that they are valued and regarded with an appreciation of their agency and autonomy. Empathy and a focus on resilience and past achievements provide a solid foundation for respect and a positive and protective relationship in which to foster personal interest and concern.

Public Messaging

In our society there are many proponents of social engineering for and against change. Advertisers and public relations professionals attempt to influence choices of everything from what beer to drink to how to begin betting on sports events, from which clothes to buy and which foods to eat, to what cars to purchase and what medicines to use. Public health messages are used to convince people to get screenings and vaccinations, access health care, not drive when impaired by substance use, and how to address a drug overdose.

Do these communication efforts change people's behaviors? Unquestionably, they do. Anyone who stood in line to get the COVID vaccine at the first availability can attest to the impact of messaging about the seriousness of the dangers of the virus and the benefits of getting the vaccine. Many individuals listened to the messages about the seriousness of COVID and became motivated to take action. However, this messaging did not work for people who were unconvinced of the dangers of the virus or of the value of the vaccine. In fact, there was a subgroup that resisted messaging and vaccines throughout the pandemic and remained in precontemplation for getting vaccinated and using masks, despite continual messaging and information about the risks of the infection. Belief systems are particularly difficult to overcome in promoting change. Even social pressure from peers and leaders did not move those in precontemplation to get vaccinated.

The challenge of advertising and public health messaging is to first get the attention of the individual. An example can be seen in watching television. If we mute or channel surf during commercials, or think the message does not apply to us, the message cannot get through.

The second challenge is to ensure that the message and the messenger are credible and convincing to a variety of individuals. The emphasis on credibility is the reason that advertisers use a diversity of messengers in ads. The goal is to persuade as many people as possible that people like them need a particular product.

Finally, education is necessary; however, education alone is not sufficient to bring about change. In most cases, motivation is also needed. In order to be effective, messages must engage the cognitive-experiential processes of change to empower the individual to move forward to engage in contemplation stage tasks where they will assess the risks and benefits of the status quo, compared to the suggested change. To move out of pre-contemplation effectively, an individual must develop interest and concern and ultimately the intrinsic motivation needed to seriously consider making a change.

Education alone is not sufficient
to bring about change.

Public Policy

Public policies have an effect similar to public health messaging on motivating people to make changes in behavior. Most cars in the United States did not even have seat belts in the 1960s, but today you cannot buy a car without them. Easy and universal access is critical to support interest, concern, and adoption of an innovation. But accessibility is only a first step. Laws and policies have strongly supported seat belt use, and their accompanying enforcement has convinced most of the population that it is in their best interest to “buckle up.”

The National Highway Traffic Safety Administration reported in 2019 that over 90% of drivers and passengers in the United States used seat belts. There were still some differences between those seated in the front or rear seats (front, greater use), men and women (women, greater use), and younger versus older individuals (older, greater use). The rates of use are also higher in places that have more proactive seat belt laws. There are, however, still people who do not use them. A recent news report detailed the deaths of six people in a van that ran off the road. The only survivor was someone who had been wearing a seat belt.

We have also seen public policy fail to stimulate intrinsic motivation. Many drug prevention initiatives and laws have not produced significant

changes in the use of substances among segments of the population. We have new ways to screen for lung cancer among heavy smokers, but it has been difficult to get these current or former heavy smokers interested in accessing the screening. Many people do not want to know about or are reluctant to make the connection between their current or former smoking and lung cancer. “No news is good news” seems to be the mantra for these individuals.

Social Media

The role of social media is also significant in influencing change—though often not for the better. Some social influencers offer information and motivation against adopting some healthy behaviors, and others encourage adoption of risky ones. Social persuasion is alive and well, especially among the young. Take the case of vaping: a fringe activity when it was first introduced that was then adopted by many young people and has since become a common problem among our youth. Interestingly, there was a marked decrease in vaping during the pandemic, when schools closed and the avenues of access and influence were curtailed. Influence, access, modeling, and persuasive advertising have often spurred interest and led to the adoption of risky behaviors.

The important point for those of us involved in promoting the health and well-being of individuals in our care, as well as people in our nation and the world, is to remember that the forces of social persuasion, advertising, public policy, and social influence can be used to promote intrinsic motivation for adopting risk behaviors or avoiding healthy choices. However, they can just as easily be used to influence motivation to adopt healthy and safe behaviors and quit risky behaviors.

Access: Motivator or Deterrent

Several years ago, a student’s dissertation focused on physical activity, using an environmental lens to study accessibility as a change influencer (Lee, 1998). The bottom-line finding was that people who lived near parks, walking trails, and other outdoor venues engaged in physical activity more than those who did not have access to these opportunities. Access can also influence interest, concern, and motivation.

In another study of an approach to get house and maintenance painters to quit smoking and have access to respirators and clean air, researchers learned that the painters found the use of respirators to be quite burdensome. Try having a hose connected to a clean air supply on your back while spray-painting a water tower. The burden of making this change was horrendous on any day, and especially when it was hot.

Even when offered respirators by the contractors, many painters refused to use them. They needed a more functional option.

Engineering new technology and more user-friendly and accessible options is critical for getting people interested in making a change. Anytime we can make the change easier, more accessible, and more attractive, we have an opportunity to increase motivation and promote change. That is why so many advertisements make a point that a change is easy. Only one pill a day, one shot every month or every 4 months, easy-to-use glucose monitoring, and colonoscopy screening delivered to your door are all examples of highlighting the ease and accessibility of the desired action. New approaches, products, and technology can intrigue and interest target populations and drive significant interest and concern and even influence decisional considerations and initiate behavior change. Diet medications are a case in point. Innovations can influence even the most resistant individual to take another look. Newer medications like buprenorphine for opiate addiction can promote interest in accessing help for an addiction while promising some relief for withdrawal. However, it is critical that the interest generated by innovations leads to decision making and commitment to use the product.

Making change easier,
accessible, and attractive
increases the motivation to do it.

WHAT CAN GO WRONG

As you can see, there are many ways that the personal interest and concern for starting, stopping, or modifying a behavior can be influenced or undermined. Imposed changes and external rewards or the removal of punishments can be useful. Often, they can produce only temporary modification of a behavior and not an intentional, chosen change. When the stakes are high and the costs significant, many people will try to get relief—although such extrinsic motivations are often unstable and ephemeral. Unless the threats to things the individual values are ongoing, enforced changes create behaviors that may be difficult to sustain.

Daniel Pink (2009) has written an intriguing book entitled *Drive: The Surprising Truth About What Motivates Us*. He reviewed some studies by Harry Harlow, who studied animals; Edward Deci, who studied puzzle solving among university students; and multiple studies of economists who focused on how best to motivate workers. The conclusions are that both extrinsic and intrinsic motivation can be helpful for different tasks. For more routine tasks or activities, extrinsic motivation can work to increase speed, persistence, and productivity.

However, intrinsic interests and motivation are more effective when tasks are more complex and require creativity, figuring out solutions, sustaining interest, and greater autonomy. Moreover, there is some evidence that extrinsic motivation may have some detrimental effects in undermining long-term outcomes, as we mentioned in the study of pregnant women smokers.

Addiction treatment provides an interesting example of the differences between intrinsic and extrinsic motivation. Contingency management (CM) approaches are often used to increase recovery behaviors. In CM, individuals with substance use disorders are given monetary rewards when they provide substance-free urines. The incentives are given for each substance-free test and a larger one for each sequential negative test. This approach has increased the number of negative tests among individuals in the program. The hope is that as the individual's experience of sobriety becomes more intrinsically reinforcing, the external reinforcer can be faded out and the drug-free behavior continued. Often, however, elimination of the rewards results in return to use and more positive tests, and other interventions may need to be combined with these approaches (Epstein, 2003).

Extrinsically motivated shifts in concern affect decision making in the contemplation stage. With extrinsic motivators, the pros for making a change are focused primarily on risk reduction or escape from consequences and not life enhancement. It can be like sending your teenager to their room. They go reluctantly but always believe that the punishment is unfair and whatever prompted it was not that bad.

Remember that punishment suppresses behaviors. Jim Prochaska often recounted the story of treating an autistic child who was seriously injuring herself with her head-banging behaviors. Mild shock was used to prevent the behavior. To be successful, the shock had to be consistently applied whenever the head-banging behavior was evident. In a residential treatment unit, she was observed and consistently shocked at the onset of the behavior. The decrease in head banging was dramatic, with reductions to almost zero. However, this child was taken to school by bus each day. Since there was no one to monitor her on the bus, the head banging resumed until the treatment could be continued in that setting.

Or consider Jonathan, a man with an alcohol use disorder who stopped drinking because his wife threatened to leave him. After several months sober, his wife asked for a divorce. He was angry and thought that this was unfair since he had made a radical change in his drinking behavior. Once he realized he could not save the marriage, he decided to give up on his sobriety and returned to drinking. His relapse was a casualty of relying on extrinsic motivation and not having transformed the extrinsic to some intrinsic reasons for his change.

Another example of extrinsic motivation is highlighted in a strategy to get people to stop smoking. The participants were encouraged to quit with a buddy, with each of them putting some money into a kitty that would go to the person who was able to sustain abstinence the longest. Often, however, this plan resulted in individuals hiding their smoking from their buddy. Interestingly, the one who was caught smoking admitted it and offered the money to the buddy, only to find out that the buddy had been sneaking smokes as well. This dynamic can also occur when spouses enter competitions to lose weight, adhere to dietary or alcohol consumption restrictions, or engage in a certain amount of exercise. Competition and failing to achieve the targeted result often lead to secret behavior and concealment of any slips and lapses. One of the flaws in the carrot-and-stick approach to motivation, according to Daniel Pink, is that it can lead to cheating, shortcuts, and unethical behaviors.

EXAMINING RELAPSE EPISODES FOR SOURCES OF INTEREST AND CONCERN

The desire to change is personal. In exploring a person's motivations, it is important to emphasize autonomy and self-determination, show empathy and compassion, and listen carefully to the story behind this attempt to change. This is the reason that the motivational interviewing spirit and the skills outlined in Miller and Rollnick's approach (2023) for evoking motivation are so important in working toward eliciting the interest and concern that are intrinsically driven. A provocative question about motivations can be: What pushes you and what pulls you to make this change?

What pushes you and what pulls you to make this change?

The story of motivation and motivators may be different when exploring different attempts to change and the experiences of various interventions or sources of support during those change attempts. Providers should honor their clients' extrinsic motivators and concerns and at the same time search for internal and intrinsic motivations. The goal is not to eliminate extrinsic motivators but rather to increase the importance of intrinsic motivators.

Sometimes just listening to the story of a change attempt can lead to understanding the weakness in the person's interest and concern prior to making a change in behavior. In our earlier example, it is likely that Jonathan would still be angry and blame his spouse for the relapse. Lack of appreciation for the efforts to modify a behavior on the part of family or friends often can be used as the reason for giving up on the change.

This line of thinking can be a clear indicator that there may be a problem with the initial motivation.

Another indicator of a problem with motivation can be the intensity of the “love affair” with the problem behavior. Addictions have often been compared to love–hate relationships. If the person continues to idealize, fantasize, or dream about the former pattern of behavior, it is likely that they have not found the personal reasons and satisfactions on which to build intrinsic motivation for their interest and concern. Helen Rose Fuchs Ebaugh (1988), a sociologist colleague at the University of Houston, wrote *Becoming an EX: The Process of Role Exit*. The central message was that successfully becoming an EX would require transforming or leaving behind the former role identity as a smoker, substance user, or spouse. The secret of being a successful EX is finding a new view of oneself that moves beyond the former identity and behaviors (see Box 4.2). Focusing on building a satisfying future is a much better strategy for successfully separating oneself from a “smoker,” “drug addict,” or “overweight person” negative self-identity than simply trying to escape the past.

When debriefing a relapse with a client, it is important to check how their motivations have changed over time. What begins as imposed change often can shift into chosen change and the development of intrinsic motivation over the course of the change process. As we detail in the next chapter, examining the decisional balance and the pros and cons of change can help us untangle motivations and how they change over time. In a skillful and short motivational interview, Jim, the person we described at the beginning of this chapter, moved toward personal considerations for change after being focused only on relief from the costs and consequences associated with his drinking.

BOX 4.2. Stages of Role Exits and Creation of a New Identity as a Successful “EX”

1. Disillusionment with a particular identity marked by a constellation of behaviors
2. Searching for alternative roles and a different set of behaviors
3. Turning points that trigger a final decision to exit
4. Creation of a new identity as an EX and establishing a new sense of self

Note. Adapted from Fuchs (1988).

Another avenue for exploring sources of interest and concern is to examine how extensively the behavior to be changed is woven into the fabric of the person's social network. The Important People and Activities Questionnaire developed by Longabaugh and colleagues (Clifford et al., 1992) examines the ubiquity of drinking in interpersonal, social, and work contexts as well as among significant others. The more extensively the behavior to be changed is embedded in these contexts, the more difficult it is to find and hold onto intrinsic motivations to support an interest in and concern for changing. Extrinsic social pressure and influence can undermine personal motives.

Extrinsic Motivation, Shame, and Personal Planning for Success

Dolores, a 65-year-old woman with chronic pain, was recommended to lose weight and exercise by her cardiologist. She had recently retired and decided that she would go to the gym with her husband every morning. Her sporadic visits to the gym and a follow-up visit with her much-respected cardiologist led not only to shame, but also to marital conflict as her husband encouraged her each day to accompany him. Her failure to develop a "consistent" exercise routine resulted in fewer and fewer visits to the gym. She had proceeded along the stages of change with an extrinsic motivation rather than an intrinsic one, and failed. Her wish to be a good patient out of respect for the cardiologist and to follow her husband's plan, rather than tailoring one that worked best for herself, was only recognized after failure.

In reflecting on her daily experience, she was able to add valuable elements to her plan. She realized it was important not to follow her progress using a scale. The scale only intensified her feelings of shame and disappointment around her slow progress and was another way that her attention was diverted from her commitment to exercise. In looking at her postexercise energy and feeling of success and drawing attention to these feelings after exercising, she continued to create a plan that worked for her. With these changes, she strengthened her commitment to exercise, and her commitment was based more on her intrinsic motivation to change.

Due to her chronic pain issues, she sometimes did not sleep well and realized that the morning was not the best time for exercise on those days. She knew that she needed a plan that allowed for exercise later in the day and told her husband she was going to walk instead of going to the gym on those days. This change reduced the environmental stressor of the marital conflict and allowed her to feel like she had another part of the plan that worked for her. With the added preparation of making sure she had clothing for walking in the cold and rain, she was able to exercise the 5 out of 7 days she

set as her goal. It became normal to exercise 5 days a week. Having a realistic goal and having the flexibility to exercise in a way that increased her intrinsic motivation and decreased her shame helped her to maintain the change.

Thus, part of debriefing the motivations that the client had in their last or most successful attempt to change involves having conversations that explore the external pressures to change and promote environmental reevaluation. This exploration can help individuals see how the status quo is creating some negative consequences that concern others. At the same time, the conversation should focus on “what is in it for me” to generate some concerns and interest that go beyond pressure and arouse important personal reasons and goals that can be linked to making the potential change in behavior. As Jim, whom we discussed in the earlier example, complained, “So far, I have had to pay my lawyer, pay for the fine and car repairs from the DUI, pay to come here for this evaluation, and there is nothing in it for me.” There need to be some important reasons or benefits to change for the changer to move forward to seriously consider making the change.

KEY TAKEAWAYS

1. The first step toward change is generating the interest and concern that moves a person from precontemplation to contemplation and the serious consideration of change.
2. That interest and concern can come from extrinsic motivators like avoidance of consequences, threats, and benefits for others. Though they are extrinsic or external, even these concerns can provide access to more personal concerns and an intrinsic interest in change.
3. It is also important to learn how to counter the various ways that clients or patients avoid recognition of a need for change.
4. The most potent driver of motivation for change comes from intrinsic motivation that focuses on autonomy, mastery, and self-determination.
5. Important questions can be what is pushing you and what is pulling you to make this change.