



## Understanding the Key Roles of Insight & Motivation for Engagement in Counseling

### *What Drives Change?*

As explained in the book, *Taking the Escalator: An Alternative to the 12 Steps*, the two key factors that influence positive change are *Insight* and *Motivation*. Insight is all about self-discovery, awareness, and recognition. Most people are in agreement with the fact that recognizing a problem is often the starting point for improvement and progress. Therefore, few would argue the essential value of insight as a key element of the change process. Motivation can be divided into two areas: Internal and External. Internal motivation is the more powerful and lasting form of motivation as it comes from within a person fueled by desire and inner drive. When the flames of motivation are figuratively lit within a person and that fire continues to burn, change is soon to follow. However, quite often when it comes to substance use issues, particularly in treatment settings, insight and internal motivation are often lacking early on in the treatment process. Therefore, the third element that drives change that must be considered is external motivation. External motivation is that push from the outside that is often the impetus for starting the change process when there is initial lack of insight or desire for change from the inside. If it weren't for issues such as family, work, legal, or financial pressure "pushing" a person to consider behavior change, then a lot fewer people would get started. That outside pressure is also often a key element in keeping someone engaged in the change process who otherwise may have given up. Finally, with time and progress, the goal is for external motivation to evolve into *support*. As a person gains internal motivation and insight, their external reasons for change are driven less by punitive sources and consequences (such as threat of incarceration, or threat of divorce or another external motivator). Instead, as a person gains insight (recognizing a need to change) and internal motivation (a sincere inner desire to change) then external motivation becomes more intertwined with internal motivation. For example, an internally motivated individual who has made some progress is likely to be more driven by a desire not to disappoint others who have expressed support and confidence and who have helped along the way. Therefore when progress is made then a healthy internal desire to cooperate and collaborate with external sources that once may have been viewed as coercive but can develop. Sources of external motivation then may become welcome partners, supports and mentors in the change process over time. The key role that others play as external supports is therefore essential with sustaining progress in the area of external motivation





- **Insight** - The capacity for understanding one's own or another's thoughts, feelings, motives, and problems - "Sight with the eyes of the mind," mental vision, understanding,"
  - Building insight is an ongoing process in everyone's daily life
  - *Different events in people's lives can build insight and increase awareness* – "Eye openers", consequences, self-realizations – can be very valuable moments for insight building.
  - Insight can be like a window that opens and closes with time. If someone gains insight today but they fail to nurture and build on that insight then one's mind can close the "window" of self-awareness.
  - Our mind can "shield" itself from reality, thus blocking insight. Ways one can do this is through excuse-making, blaming, etc. (For more information visit <http://www.takingtheescalator.com/therapy-tools> then find and click "Shielding")
  
- **Internal Motivation** – interest or drive
  - Internal motivation is the process that arouses, sustains and regulates human behavior
  - Developing then sustaining internal motivation is key to lasting change
  - Maintaining an appropriate level of internal motivation can be a challenge because internal motivation can decrease with time or decline when one becomes discouraged
  - True internal motivation comes from within, so even though someone may appear to be doing the right thing on the outside, they still may not be internally motivated. Internal motivation is in effect when one's innermost thoughts and feelings support and propel a sincere desire for positive change
  
- **External Motivation** – Incentive or inducement
  - It is important to identify who/what are our external motivators and supports
  - *Sources of external motivation push or pull us along life's path to make ourselves better*
  - *Sometimes external motivators are all we have so let's use them, especially earlier in the change process*
  - A person's internal view can change the value of EM. For example when someone internally increases sincere concern about consequences or disappointing others (such as parents) then sources of EM can further influence internal motivation in a positive manner
  - Support often takes over as a key aspect of EM with time and progress and as a relationship is developed with sources of EM



## Utilizing the Change Initiative as a Counselor–

In simple terms, an individual's *Change Initiative* (CI) is a basic measure for determining the role that insight, internal motivation and external motivation influence the overall change process. The change initiative guides a counselor's focus in treatment with challenging clients who are not be ready or fully willing to change. Since an individual's levels of insight, internal and external motivation change frequently, the need to assess and reassess a person's change initiative is often required.

The change initiative is explained in full detail in the Taking the Escalator full text. In brief terms, for the purpose of this book, the change initiative is simply an extremely simplified assessment of Insight, Internal Motivation and External Motivation using a simple three level score:

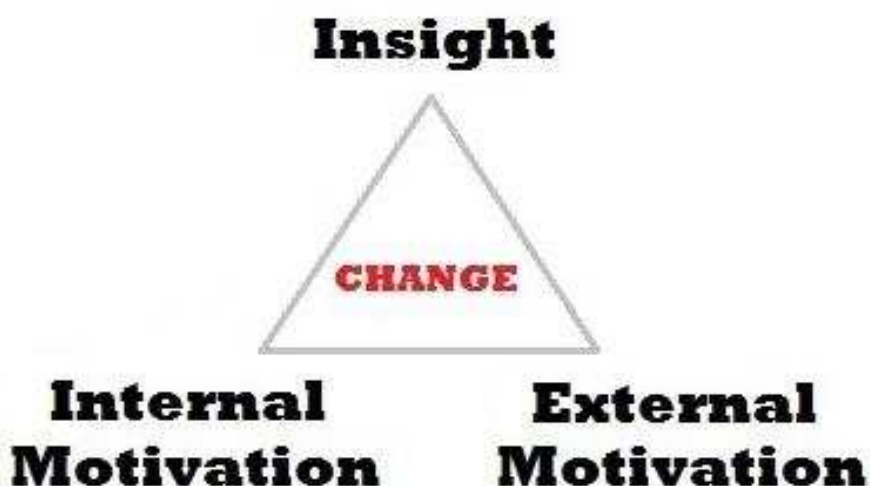
**A** = High

**B** = Moderate

**C** = Low

Therefore, in short assessing a change initiative involves determining whether insight, internal motivation, and external motivation levels are low, moderate or high. These levels can vary from session to session, and from day to day and week to week. The change initiative serves as a guideline for counselors with regard to the area needing the most focus in any given session, particularly with more resistant and challenging clients.

Perhaps the best way to fully explain how to use a change initiative when working with challenging clients is to review some examples. Keep in mind that the purpose of the change initiative is to help the counselor adjust the focus in the most effective way needed to engage a client to remain in treatment particularly in situations where insight or motivation levels (or both) may be lacking. To clarify once again consider the diagram below:





The previous diagram illustrates that the three main factors that drive change are Insight, Internal Motivation (IM), and External Motivation (EM), as explained earlier. Again, these three key areas are to be assessed at a level of A (High), B (Moderate) or C (Low). The following grid serves as a guideline for each change factor across the three levels:

	<b>A – High</b>	<b>B - Moderate</b>	<b>C - Low</b>
<b>Insight</b>	A noticeable level of self-awareness present. Sincere recognition of a problem openly expressed with little argument or defensiveness	Some awareness present but it is evident improvement needed. Client may recognize problem but still make some efforts to minimize, justify or make excuses on occasion	Self-awareness clearly lacking in one or more problem areas. Some denial and use of various defense mechanisms frequently present.
<b>Internal Motivation (IM)</b>	Client expressing what appears to be a sincere desire to change and address the problem. Client ready to take some action toward self-improvement.	Client may be expressing desire to change but actions may be somewhat inconsistent. Client may still lack readiness despite some inner drive	Client personal desire for change questionable or altogether absent. Client may outwardly express a desire not to change particularly if external pressure removed
<b>External Motivation (EM)</b>	There is a presence of relevant and meaningful factors and/or supports driving client toward change. (Family, Legal, Work pressure for example)	There may be external factors pushing client toward positive change however these factors may be limited in scope, power or influence or they may be limited with regard to importance to client	Little or no outside pressure or support for client to change behavior. Client may essentially be “on their own” with change process.

It is critical to always keep in mind that the change initiative is just a guideline and not a label. The change initiative is fluid and therefore clinicians needs to be flexible and adaptable in using and assessing change initiative. It is more of a framework for getting both clinicians and clients thinking in terms of insight and motivation as guiding principles in the change process, throughout the often fluctuating nature of that ongoing process. Once a clinician learns to think in terms of insight, internal and external motivation, the change initiative then lays the groundwork for engagement as discussed in the following section:



***A Change Initiative is a guideline, not a label***

Remember, the Change initiative is a three letter score with all three levels measured on this simple scale:

- C = Low**
- B = Moderate**
- A = High**

In addition, the order of the three letter score is always *insight level* first, then *internal motivation* second, then *external motivation* third. So for instance a person with High insight, Moderate internal motivation and Low external motivation would have a change initiative of **ABC**

Another issue to consider is that often, as the clinician, you may elect to use the Change Initiative Score inside your own head as an internal guideline, particularly when working with difficult clients. If you were to outright share your change initiative assessment with some more difficult or resistant clients it may actually increase their resistance. Later as it becomes clearer that a client has a degree of insight and motivation you may want to teach them how to assess their own change initiative, but early on in treatment settings it is more of an internal clinical guideline and mental tool for counselors to direct the course of treatment and engagement. A clinician's silent assessment of change initiative guides which engagement tools, strategies and exercises to be utilized to match client insight, internal and external motivation levels.



**See also: *Change Initiative Exercise*** – First, keep in mind that the activity is written for clients using the Taking the Escalator method themselves but as a counselor in this case, you should read the activity from the standpoint of learning how to assess your clients change initiative yourself

- **CLICK <http://www.takingtheescalator.com/therapy-tools> (Them scroll to Floor 1 and click “Assessing Your Change Initiative”)**

### **Change Initiative and Engagement:**

Once you have become comfortable with using the concept of a change initiative you should be adept at thinking in terms of the interactive triangle of insight, internal motivation (IM) and external motivation (EM). These three key change factors then provide an ongoing frame of reference for clinicians working to actively engage difficult clients in the change process. The incredibly simple process is as follows:

- First, start with areas of strength (This is the primary focus of early stage engagement later to be referred to as “the hook”)
- Later, as progress has been made (and engagement increased) work on areas of weakness

When engaging a difficult client, starting with strengths is critical. Often in substance use treatment settings, the clinician may have limited time and opportunity to effectively help a resistant client engage in the change process. Often, there may be only one area of strength to work with especially early on in the treatment process and often that one area of strength may even be uncertain or questionable. To illustrate let’s consider some common scenarios that may come up in a substance use treatment situation and then look at how to use areas of strength for engagement.

#### **Example 1:** *Chris – 20 year old, Substances of choice: alcohol and marijuana*

Chris is what would be often considered to be a “mandated client”. Chris got arrested for drunk driving and he is court ordered to 16 weeks of outpatient treatment. Chris has already completed his intake/assessment and now you are working with him in outpatient treatment for the next 16 weeks. After reviewing his assessment beforehand, you see that Chris is showing some signs of a possible substance use issue as he has a history of some excessive substance use that seems to be adversely affecting his life. However, at the first session with you, Chris makes two things quite clear: First, he makes it known that he does not believe he has a substance use issue at all and that his arrest was unfair and not his fault. Second, he does not want treatment and he is only attending to get his license back. However getting his license back is of extreme importance to Chris as he needs to be able to drive in order to maintain his job. In addition, Chris reveals to you that he works for his family business so his parents are both invested in him resolving this issue soon so he can get back to work. Other than that, Chris is not giving you much else to work with

As his clinician, you internally assess his current change initiative as **CCA**

- **Insight is low – C**
- **Internal Motivation is low – C**
- **External Motivation is high - A**



So the first move with using change initiative for engagement is to *start with areas of strength*. Often, when working with a client who is not giving you much to work with (as it is in this case with Chris) the area of strength can be referred to as “the hook”. When a client like Chris is in your treatment setting, your “hook” may be all you have to keep this client connected with treatment. The goal of using your “hook” is to increase the level of engagement and participation with the ultimate goal of doing your best to make sure that client comes back with as positive of an attitude toward working with you as possible. This builds rapport which will help open doors to working in more challenging areas later (Which in this case of Chris, would be his lower insight and internal motivation levels)

So in the case of Chris, your clear area of strength is external motivation. Chris seems to have low insight and he is not expressing that he wants to change for any internal reason so internal motivation is low as well. Getting his license back is key for Chris and it also seems that there may be something to look into with his family as well because they seem to be providing some external pressure for change. Therefore, for now, your “hook” or area of strength is clearly external motivation. To put things in perspective with a client like Chris, if he were to miraculously get a letter in the mail saying somehow his legal case was dropped and he was getting his license back immediately, the odds are astronomically high that you would not be seeing Chris again for treatment at this time. External motivation, (which is in this case your “hook”) is really the only thing keeping this kid coming back.

Also consider if you went against this perspective and instead, as Chris’s counselor you immediately began challenging his lack of insight, for example. Without a rapport and some level of engagement first, how do you imagine that would go over? If immediately you focused on trying to get Chris to see that he has a problem, without first **Taking the Time to Engage\*** then it is quite possible you will get off on the wrong foot with Chris. In fact, if you think about a client like Chris, it is very likely he came prepared to defend his beliefs that he does not have a problem and that he does not need to change, even if in reality you as his counselor know these beliefs to be inaccurate. The goal of engagement is to establish rapport and common ground, and not argue or debate.

**\*Take Time to Engage** is Rule #1 of the Tools of Engagement

So in this case, we have determined that external motivation is the area of strength to start with. How does a clinician go about addressing that area? When addressing external motivation it is important to consider it from the perspective of empathy (See Tool of Engagement #4: Empathy is Your Lifeline, Never Let it Go later in this publication). Therefore, coming from a perspective of empathy and using external motivation as the area of strength, as Chris’s counselor some areas of focus could be, for example:

- Let Chris explain his thoughts and feelings about being in his predicament. Align with Chris in the engagement process using empathy by showing him how you understand his level of frustration with being mandated to treatment.
- Have Chris understand that you are on his side and you want to see him get his license back and get back to work and that your goal is to help him with this process. Chris should be able to feel that you are on his “team” in the sense that you both want the same thing for him which is to do well and get his license back (even if you and Chris currently have different viewpoints with regard to how this should be achieved)



Of course, as Chris' counselor, you need to be clear about the expectations for successful completion of treatment (such as attendance expectations, urine testing, etc., based on situational guidelines, referral source expectations and your agency's philosophy and rules) Ultimately however, using your "hook", the level of engagement with Chris can be increased if he leaves session with you knowing you are going to work together on his primary objective to get his license back.

As rapport is built through working first with strengths, then the next move would be to carefully introduce work on areas of need and weakness. The Escalator Method provides specific counseling tools for helping with areas of need which in the case of Chris would be insight-building and increasing internal motivation. Interestingly as well in Chris's situation, there may be an added way to enhance his external motivation by getting his family to come to future sessions. It may be a good idea to at least attempt this as Chris's parents, who want him to get his license back, may have even more to say about his drinking and marijuana use that could open some other doors in areas of insight and internal motivation, if handled carefully. Chris's parents likely may be a positive source of external motivation and support which can later help Chris build internal motivation with time.

**Example 2:** *Denise – 40 years old, substances of choice: crack and heroin*

Denise came to your office at the urging of her best friend. Denise has been using heroin and crack cocaine on and off for over 20 years causing severe life impairment. She also is aware that she has Bipolar Disorder as she has experienced severe mood swings and both manic and depressive episodes since her late teens. Denise got kicked out her apartment because of failure to pay the rent due to spending too much money on drugs. Denise showed up at her best friend's house in desperation but her friend told Denise she can only stay if she goes to detox then enters a program. Denise completed 8 days of detox and now she is in your program reporting she is over a week clean. At assessment, Denise tells you she has had several successful sober periods in her life for up to 6 months at a time usually when she is involved in some kind of treatment and while she is taking her psychiatric meds and abstaining from heroin and crack. Denise has no problem explaining to you the amount of damage that her addiction and untreated co-existing mental health issues have caused in her life including multiple incarcerations, multiple psychiatric hospitalizations, as well as significant family, social, financial, and employment problems related to these significant issues. Denise also admits to you that despite knowing that her substance use is such a problem for her, she really does not want to stop except that she has too in order to be able to stay at her friend's place. Denise has been homeless before but her felony conviction record excludes her from the local shelter and right now it is way too cold for her to try to be on the street. Denise also tells you that she has stayed with this friend before and she knows from experience that her friend is too busy with her own problems to really keep an eye on her. Therefore, other than providing a couch to sleep on, Denise isn't usually much more of a help. Other than this one friend who has not given up on Denise, she otherwise has no other support system left.

As her clinician, you assess Denise's current change initiative as **ACC**

- **Insight is high - A**
- **Internal Motivation is low – C**
- **External Motivation is low - C**

As Denise's counselor, right away you sense that you may have limited time with her because she is telling you right from the start that she does not want help herself at the moment, despite knowing deep inside that she needs it. Starting with first with strengths, Denise is giving you a potential "hook" to get her engaged in treatment. Denise has a significant level of insight into both her substance use





and mental health issues. Using this strengths-first engagement approach the goal of early counseling sessions would be encourage Denise to keep expressing her insight. The more she talks openly about how much she needs help the greater the likelihood she can actually convince herself she needs to remain in treatment. The Escalator method provides specific tools to help get clients with insight to start talking about what they like about being clean as well as really identifying the benefits of making positive changes on a personal level by identifying and expressing internal motivators for change. The goal here using her strength area of insight transitions nicely with the secondary aspect of using her change initiative to later introduce working on areas of weakness once strengths are addressed initially. As you establish rapport using Denise's high insight levels, as her counselor you can use her insight to gently "fan the flames" of internal motivation which may only be a spark at first but with skillful use of the right tools and techniques, that spark can ignite the fire of internal motivation. In addition, perhaps this friend may be of help with external motivation. It may be a good idea to see if Denise would permit inviting the friend to a future session together where you, as the counselor, can see what you can do to help get her more involved as a form of external motivation and support. Again, the key here is first using Denise's strength of insight for engagement (the "hook") initially then building momentum in the weaker areas of internal motivation and external motivation in order to increase Denise's "buy in" into the overall treatment process

## Change Initiative Review

In summary, it is important to remember the following key principles when using the concept of a Change Initiative (CI) in the Engagement process with difficult clients:

- **The Change Initiative is a "real time" measure only.** In other words, as a counselor, your assessment of someone's CI can (and often will) change quickly and frequently. For example, someone with high internal motivation can one day come in discouraged or depressed for some reason and their internal motivation can go from high to low in short time period. The same holds true for insight and external motivation. Using insight, for example, the day after your client gets arrested for drug possession he or she may swear they are done getting high for good as they realize they have a problem, then a week later, his or her opinion can completely change by the client telling you that getting high is not the problem, they just need to be smarter about not getting caught. In summary, since insight, internal motivation, and external motivation levels fluctuate, your use of the Change Initiative concept needs to be flexible and adaptable from session to session, and sometimes even changing within the same session.
- **The Change Initiative is just a guideline –** Concepts such as insight, internal motivation, and external motivation can be abstract and challenging to accurately assess for even the most skilled clinician. In addition, these three concepts can be misinterpreted by our clients. That is why the CI just needs to be viewed as a *guideline* that is fluid and adjustable. With experience, clinicians can increase in their accuracy of assessing change factors in the CI but no one gets it right all the time. As long as the counselor is flexible and ready to adapt with our client's often changing circumstances, attitudes and life situations, the CI remains a useful guiding measure for selecting tools and strategies for engagement and for adjusting counselor focus in challenging sessions
- **If you, as the counselor, are unsure of any aspect of the Change Initiative in your own private estimate of the CI, round down –** Simply put, the general rule is that if the counselor is torn between assessing a change factor as high or moderate, go with the lower and choose



moderate. The same would hold true if unsure if a level is moderate or low, just go with low. Client's tend to overestimate or overemphasize insight and motivation levels so when in doubt round down to the lower level when using the CI as counselor (\*However if a client is assessing their own CI, let them go with their own estimates even if you believe they may be assessing too high as you do not want to discourage a client's positive self-assessment by telling them that they are overestimating their own strengths)

- **As CI fluctuates and changes, so should counselor interventions and approach.** The escalator method is about using the right tools at the right time. Therefore, it is important to be ready to use a variety of tools in all kinds of counseling sessions including group, individual and family therapy. Once again, it cannot be understated, the importance of being adaptable, and flexible using this client-centered methodology. As the clients give us different things to work with, we as counselors need to be prepared to adapt our interventions accordingly based on client needs.
  
- **Always give attention to coexisting issues and how they factor into motivation and insight levels.** Coexisting mental health concerns, physical health concerns (such as pain issues and medical concerns) housing and employment, and many other life areas can have a great impact on motivation and insight. The escalator method emphasizes the critical need to integrate all relevant coexisting issues into a counselor's intervention with their clients. It is essential to look at substance use and abuse issues through the "lens" of coexisting issues with a view to considering how these concurrent concerns factor in to the change process for each client
  
- **Finally, again, the formula for using the Change Initiative is:**
  - **Use the CI as a general, adaptable guideline**
  - **Carefully and skillfully start with areas of strength in the engagement process**
  - **Then steadily move into areas of need or weakness in a non-confrontational manner**
  - **ALWAYS give attention to coexisting issues**
  - **Other factors to consider and keep in mind:**
    - **Values** – What is important to your client?
    - **Spirituality** – Even if you client has no specific beliefs what is their idea of purpose and meaning in life?



*(Everyone needs to find their porpoise in life)*



## Some CI Practice Cases:

### Directions:

Read each example

- 1) Assess three letter Change Initiative (CI) (*Insight - Internal Motivation - External Motivation*)
- 2) Think about areas of strength to start,
- 3) Then consider areas of need to follow based on CI

### Example 1 – Nelson

Nelson is a 35 year old married man who came to you for treatment after an incident where he nearly lost his job due to his drinking and prescription drug abuse. Nelson reports that he was able to make up an excuse that got him out of trouble with work but in spite of that he reported that the incident kind of woke him up to the need to change his lifestyle because Nelson loves his job and makes a good amount of money. Nelson's wife does not want him to use but he is an expert at hiding things from her so he admits she barely knows how much he really is using and she tends to look the other way anyway. Nelson insists that for him turning 35 plus recently almost losing his highly valued position at work has him fired up about trying to work on his drinking for sure, however he still has some expressed doubts about the need to be 100% sober. Nelson wants to do it on his own without the 12 steps. Nelson's group of friends all drink regularly and he does not want to stop associating with them.

### Example 2 – Mara

Mara is a 20 year old female with a daily heroin habit. She just completed detox and is now abstinent 7 days on Suboxone. She has not started smoking yet but she is honest about her desire to resume using marijuana as soon as her parents let her go back out of the house socially. Currently Mara is not allowed to leave home without her parents who are taking turns watching her, even bringing her to their work if they have too. Mara has extended family in recovery who are also helping her and her parents with this current issue. Mara admits she is willing to participate in treatment with you but ultimately it is her parents who are the ones pushing her. Mara has a history of depression so she admits that she has some goals but no desire to do anything about them. She tells you that she realizes heroin has caused problems in her life but she loves the way it makes her feel and it's hard for her to imagine never feeling that way again. She was mandated to 12 step meetings as a teenager and now resents going and has promised herself she will never go back.

### Example 3 –

Lenny

Lenny is a 17 year old who calls himself a "garbage head" as he will use anything he can get his hands on. Lenny uses multiple substances just about every day including marijuana, alcohol, pills and coke and when he can get his hands on some hallucinogens that is his absolute favorite. Lenny tells you he has been able to avoid consequences for two main reasons: First he is a genius and he is one of those less common people who can excel at school despite his extensive drug use. Second, his parents are wealthy and they smoke marijuana themselves so they have not put too much pressure on him and they have hired him lawyers whenever he was arrested for drug possession which is also why he is on unsupervised probation which brings with it a requirement to complete outpatient treatment for 2 months. Lenny tells you that he knows for sure that the life course he is on is going to lead him to a very bad place as he knows he has lost control of his use, however he figures he still wants to try to have more fun before he really has to do anything serious about changing.



## **ANSWERS EXPLAINED BELOW:**

### **Example 1 – Nelson**

#### **Change Initiative – B A C**

- 1 - Strengths – IM – Build on his current internal desire to change. His IM may only be temporary but for now it is his strongest presenting area; (your hook)– He is getting older and had a recent wake up call; probe more into that
- 2 – Areas of need: EM/Support – Look into getting his wife involved – Find him some support. If not AA then something else? Be clever and help him come up with ideas he is willing to try to get away from the drinking.

### **Example 2 – Mara**

#### **Change Initiative - B C A**

- 1 – Strengths– EM – Try to get family involved as this is greatest area of current strength for sustaining treatment. Include extended family too if possible. Establish lines of communication. Even though family may be going about this the wrong way, they are behind the current primary push for treatment
- 2- Areas of Need – Internal Motivation – What can we do to get at her heart and build up her IM? If you can keep her coming back in, use strategies to help her build her own desire to keep coming for herself.

### **Example 3 – Lenny**

#### **CI – A C B**

- 1- Strengths – Insight – He realizes it's a problem even though he doesn't want to do anything about it. As a counselor, how can we turn insight into motivation. Help Lenny explore his thoughts and feelings and then help use that to build a bridge toward him taking action.
- 2- Needs – Internal Motivation – This is a huge challenge – How can we help him build a desire for change now (or at least soon) rather than wait until he gets in trouble again. He is on probation which is the only reason why his EM is a B and not a lower C. Work with Lenny's insight and intelligence to help put 2 and 2 together and figure out for himself that change is needed sooner rather than later.

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**When you think you have failed, remember that each time that you have tried is just another brick in your WALL of SUCCESS...So keep on trying and you will keep on building upward...  
...regardless of what happens today**