Original Article

Motivation Enhancing Therapy in Alcoholism

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Introduction

MET is a systematic intervention approach for evoking change in problem drinkers based on principles of motivational psychology. Treatment is preceded by an extensive pre-assessment battery. The first treatment session (week 1), the second session (week 2), two follow through sessions at week 6 and week 12, is completed within 90 days. It is an effective outpatient treatment strategy requires fewer therapist directed sessions and useful in situations where contact with problem drinkers is limited to few or infrequent sessions. Motivational intervention yielded comparable outcomes even when compared with longer, more intensive alternative approaches.

Stages of Change

People who are not considering change in their problem behavior are described as **precontemplators**. **Contemplators** stage entails individuals beginning to consider both that they have a problem and the feasibility and cost of changing that behavior. As individuals progress, they move on to the **determination** stage, where the decision is made to take action and change. Once the individuals begin to modify the problem behavior, enter the action stage, which normally continues for 3-6 months. After successfully negotiating the action stage, individuals move to **maintenance** stage. If these factors fail, a relapse occurs, and the individual begins another cycle. Ideal path is directly from one stage to the next until maintenance is achieved. The process involves several slips or **relapses** which represent failed action or maintenance. Most who relapse go through the cycle again and move back into contemplation and the change process. Contemplation and determination stages are most critical. Tipping the balance of the pros and cons of drinking toward change is essential for success. In the determination stage, clients develop a firm resolve to take action.

Rationale and Basic Principles

The responsibility and capability for change lie within the client. The therapist's create a set of conditions that will enhance the client's own motivation for and commitment to change. Five basic motivational principles are-

1.Express Empathy

Therapist's role is a blend of supportive companion and knowledgeable consultant. Much

of MET is listening. Reflective listening communicates an acceptance of clients as they are, while also supporting them in the process of change.

2.Develop Discrepancy

Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be. Develop such discrepancy by raising clients' awareness of the personal consequences of their drinking.

3.Avoid Argumentation

Unrealistic attack on drinking behavior tends to evoke defensiveness and opposition and suggests that the therapist does not really understand.

4.Roll with Resistance

How the therapist handles client "resistance" is a crucial and defining characteristic of MET. New ways of thinking about problems are invited. Ambivalence is viewed as normal; and is explored openly. Solutions are usually evoked from the client rather than provided by the therapist.

5.Support Self-Efficacy

self-efficacy" is a critical determinant of behavior change, the belief that one can perform a particular behavior or accomplish a particular task. In this case, clients must be persuaded to change their own drinking and thereby reduce related problems.

Practical Strategies

Phase 1: Building Motivation for Change

ME therapist elicit from the client certain kinds of statements that can be considered to be self-motivating via open-ended questions.

- I assume, from the fact that you are here, that you have been having some concerns or difficulties related to your drinking. Tell me about those.
- Tell me a little about your drinking. What do you like about drinking? What's positive about drinking for you? And what's the other side? What are your worries about drinking?

Listening With Empathy

Listens carefully to what the client is saying, then reflects it back to the client, often in a slightly modified or reframed form.

Advantages: (1) Unlikely to evoke resistance (2) Encourages the client to keep talking and exploring the topic (3) Communicates respect and caring 4) Clarifies for the therapist exactly what the client means (5) Can be used to reinforce ideas expressed by the client.

THERAPIST: What else concerns you about your drinking?

CLIENT: Well, I'm not sure I'm concerned about it, but I do wonder sometimes if I'm drinking too much.

T : Too much for . . .

C : For my own good, I guess. I mean it's not like it's really serious, but sometimes when I wake up in the morning I feel really awful, and I can't think straight most of the morning.

Reflective listening

Reflective listening requires continuous alert tracking of the client's verbal and non-verbal responses and their possible meaning. Optimal reflective listening suspends advice, agreement, disagreement, suggestions, teaching, warning and questioning in favor of clients own processes.

DOUBLE-SIDED REFLECTIONS

- You don't think that alcohol is harming you seriously now, and at the same time you

are concerned that it might get out of hand for you later.
- You really enjoy drinking and would hate to give it up, and you can also see that it is causing serious problems for your family and your job.

Questioning

An important therapist response. Asks clients about their own feelings, ideas, concerns, and plans.

Presenting Personal Feedback (PFR)

It includes feedback to the client from the pretreatment assessment. Go through the PFR step by step, observe the client and explain each item of information. Allow time for the client (and significant other) to respond. Respond reflectively to resistance statements, perhaps reframing them in a double-sided reflection. Often a client will respond nonverbally, a sigh, a frown, a slow sad shaking of the head, a whistle, a snort, or tears can communicate a reaction to feedback.

Affirming the Client

Seeking opportunities to affirm, compliment, and reinforce the client is helpful in a number of ways including (1) strengthening the working relationship (2) enhancing the attitude of self-responsibility and empowerment (3) reinforcing effort and self-motivational statements and (4) supporting client self-esteem.

Example:
- I appreciate your hanging in there through this feedback, which must be pretty rough for you.

Handling Resistance

It is a legitimate concern. Examples:
- Interrupting—cutting off or talking over the therapist
- Arguing—challenging the therapist, discounting the therapist's views, disagreeing, open hostility
- Sidetracking—changing the subject, not responding, not paying attention
- Defensiveness—minimizing or denying the problem, excusing one's own behavior,

Certain kinds of reactions by the therapist are likely to exacerbate resistance which include-

- Arguing, disagreeing, challenging
- Judging, criticizing, blaming
- Warning of negative consequences
- Seeking to persuade with logic or evidence
- Interpreting or analyzing the "reasons" for resistance
- Confronting with authority
- Using sarcasm or incredulity

Summarizing

It is useful to summarize periodically during a session, particularly toward the end of a session. Elements of client's self-motivational statements, reluctance or resistance may also be included in the summary, to prevent a negating reaction from the client.

Phase2: Strengthening Commitment to Change

Recognizing Change Readiness

Some changes you might observe are
- Client stops resisting and raising objections
- Client asks fewer questions
- Client appears more settled, resolved, unburdened, or peaceful.
- Client makes self-motivational statements indicating a decision or openness to change ("I guess I need to do something about my drinking")

- Client begins imagining how life might be after a change.

The shift from contemplation to action may be a gradual, tentative transition rather than a discrete decision.

Discussing a Plan

The key shift for therapist is from focusing on reasons for change (building motivation) to negotiating a plan for change.

Consequences of Action and Inaction

To ask the client (and SO) to anticipate the result if the client continues drinking as before. What would be likely consequences?

What are the advantages of continuing to drink as before?

Information and Advice

Often the client will ask for key information as important input for their decisional process.

- Do alcohol problems run in families?
- Does the fact that I can hold my liquor mean I'm addicted?

Emphasizing Abstinence

Every client should be given, a rationale for abstinence from alcohol. Advise against a goal of moderation if the client appears to be deciding in that direction. Reasons for advising against a goal of moderation

- Medical conditions
- Psychological problems
- Diagnosis of idiosyncratic intoxication
- Strong external demands on the client to abstain.
- Pregnancy.
- Use/abuse of medications

Dealing with Resistance

The principles used for defusing resistance in the first phase of MET also apply here using gently paradoxical statements.

- Maybe you'll decide that it's worth it to you to keep on drinking the way you have been, even though it's costing you.
- I wonder if it's really possible for you to keep drinking and still have your marriage intact.

The Change Plan Worksheet (CPW)

To be used during Phase 2 to help in specifying the client's action plan. Give the original to the client and retain the copy for the file.

- 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…
- I will know that my plan is working if…..
- Some things that could interfere with my plan are…...

Recapitulating

Towards the end of commitment process, once the client is moving toward a firm decision for change, offer a summary which include repetition of the reasons for concern uncovered in Phase 1, client's self-motivational statements, SO's role, the client's plans for change, and the perceived consequences of changing and not changing.

Asking for Commitment

In essence, the client is to commit verbally to take concrete, planned steps to bring about the needed change. If willing, ask him/her to sign the CPW and give the client the signed original, retaining a copy for your file. If clients are unwilling and remain ambivalent, ask them to defer the decision until later. A specific time should be agreed upon to reevaluate and resolve the decision.

Involving a Significant Other (SO)

Involvement of a SO (spouse, family member, friend) can enhance motivational discrepancy and commitment to change and gives an opportunity for firsthand understanding of the problem to provide input and feedback in the development and implementation of treatment goals. SO provide further examples of negative effects of drinking on the family, such as not showing up for meals, missing family celebrations such as birthday parties, embarrassing the family by being intoxicated. The SO can comment favorably on the positive steps undertaken by the client to make a change in drinking. In some cases, SO involvement could become an obstacle in motivating the client to change and could even lead to a worsening.

Follow-up Note

Prepare a handwritten note as a personalized message to be mailed to the client.

Follow through Sessions

The second session is scheduled 1 to 2 weeks after session 1 and should begin with a brief summary of first session. Next two sessions will be with the client alone. Sessions 3 and 4 scheduled for weeks 6 and 12, respectively. They are important as "booster" sessions to reinforce the motivational processes. Sessions 3 and 4 do not include the SO, unless the SO has not already attended two sessions. Send the client a handwritten note or telephone the client a few days before the scheduled appointment.

Drinking Situations

How it occurred. So what does this mean for the future?" "I wonder what you will need to do differently next time?"

Nondrinking Situations

What they did to cope successfully in these situations. Praise clients for small steps, even minor progress.

Treatment Dissatisfaction

If the client is dissatisfied with the treatment reinforce clients for being honest about their feelings, encourage the client to give it a good try for the planned period and see what happens.

In MET a limit of no more than two additional "emergency" sessions may be provided. The SO may be included in these sessions but never be seen alone. Additional treatment may not be provided by any project therapist.

Missed Appointments

Respond immediately by telephone. Clarify the reasons for the missed appointment and affirm the client—reinforce for having come. Handle such concerns in a manner consistent with MET (e.g., with reflective listening, reframing). Send a personal, individualized handwritten note with these essential points within 2 days of the missed appointment.

Telephone Consultation

SOs will contact you by telephone between sessions for additional consultation. This is acceptable, and all such contacts should be carefully documented in the client's file.

Crisis Intervention

Intervene immediately and appropriately. Crisis intervention cannot exceed two sessions. Suicidal thoughts, psychotic behavior, violence are referred to the onsite for further evaluation and consultation.