MOTIVATIONAL ENHANCEMENT THERAPY (MET) FOR SUBSTANCE USE TREATMENT

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OBJECTIVES

1. Define Motivational Enhancement Therapy (MET) for substance use treatment, including program structure.
2. Explain accurate empathy related to substance use and the impact it has on successful client outcomes.
3. Describe the two major phases of motivation that can help inform intervention strategies.
4. Utilize gathered assessment battery information and determine how this information will direct treatment, keeping in mind the individual's potential problem and risk factors.

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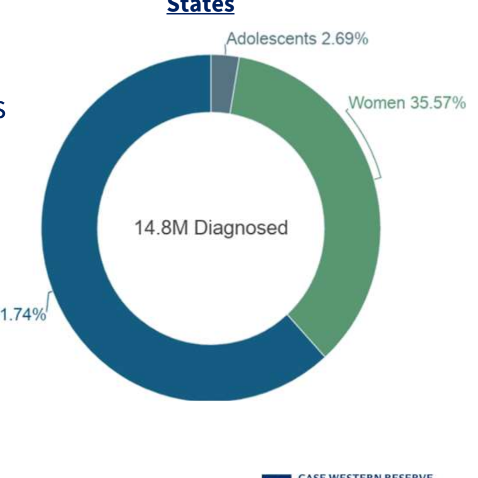
PREVALENCE AND IMPORTANCE

- Since the pandemic there has been a rise in binge drinking, seeing the highest percentage in 2021 (NIH, 2023).
- In 2023, 141,000 individuals died from the effects of alcohol (NCDAS, 2024).
- There were 5,739 total deaths in Ohio related to alcohol; 2.6% of which were under the age of 21 (NCDAS, 2024).
- Provisional data for 2023 in Ohio has indicated 4,591 overdose deaths due to opioids (Ahmad et al., 2024).

Alcohol Use Disorder in the United States



WHAT IS MOTIVATIONAL ENHANCEMENT THERAPY?*

- A systematic intervention that works to evoke change in a rapid and internal process.
- Time limited treatment modality.
- Works to rapidly employ motivational strategies for individuals to utilize their own change resources.
- Utilizes assessment battery to direct treatment.
- Developed for Alcohol Use Disorder but has been applied to other substances (Galloway, 2007).

Miller et al., 1992
https://www.niaaa.nih.gov/sites/default/files/match02.pdf

WHAT IS MOTIVATIONAL ENHANCEMENT THERAPY?

- **F** — **Feedback of** personal risk impairment
- **R** — Emphasis on personal **responsibility** for change
- **A** — Clear **advice** for change
- **M** — **Menu** of alternative change options
- **E** — Therapist **empathy**
- **S** — Facilitation of individual **self-efficacy** or optimism

MOTIVATIONAL ENHANCEMENT THERAPY (MET) WITH SUBSTANCE USE

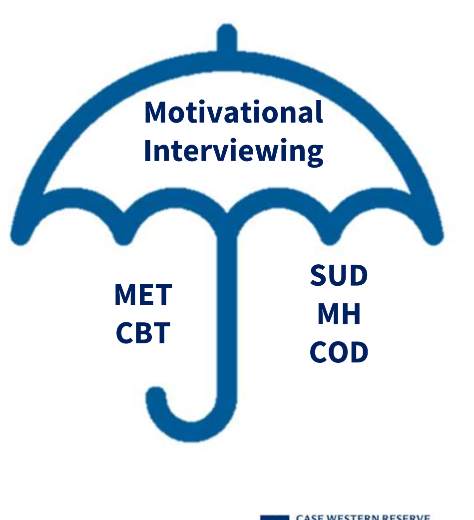
- Researchers saw an increase in self-efficacy and increase in successful outcomes for individuals utilizing MET in comparison to treatment as usual (TAU) (Kumar et al., 2021).
- Evidence suggests higher success rates initiating change conversations when the provider can develop a connection with the individual (Magill et al., 2016).
- MET techniques utilized within sessions were found to report higher levels of alliance with their treatment provider (Crits-Christopher et al., 2009).
- MET has been found to be as successful as 12 step programming and CBT for the treatment of alcohol use disorder (Buckner et al., 2008).

MOTIVATIONAL ENHANCEMENT THERAPY (MET) WITH SPECIALIZED POPULATIONS

- The use of MET with individuals diagnosed with chronic Hepatitis C and Alcohol Use Disorder identified an increase in percentage of days of abstinence at the 6-month mark, in comparison to others who received TAU (Dieperink et al., 2014).
- While further investigation would be advantageous, studies indicate that integrating MET with other therapeutic approaches yields a favorable enhancement in co-occurring diagnoses (Buckner et al., 2008).
- MET research suggests an increase in retention rates of mental health and substance use treatment among African American women (Montgomery et al., 2011).

MOTIVATIONAL INTERVIEWING AND MET

- Motivational Interviewing (MI) is a method of communication focusing on language around change. MET utilizes brief interventions to increase motivation towards changing addictive behaviors.
- Combined, both MI and MET provide an evidence-based form of therapy shown to positively increase the motivational process. (Ball et al., 2007)
- MET can be effective in combination with other forms of treatment such as CBT (Buckner et al., 2008).



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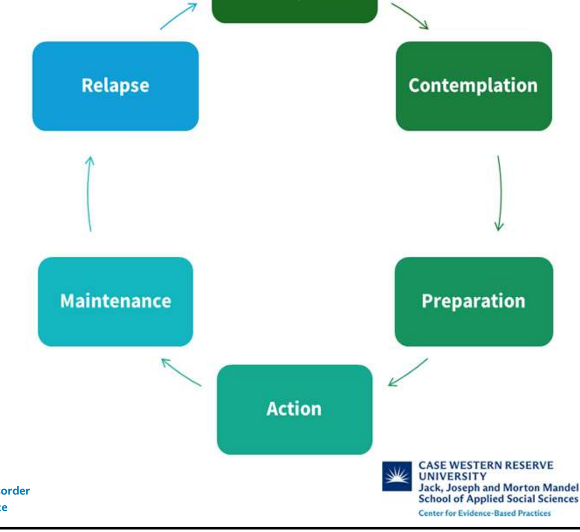
CONDUITS FOR CHANGE

- The Transtheoretical Model of Change (Stages of Change) is taken into consideration when providing treatment.
- Understanding contemplation and preparation stages of change are crucial for the ME therapist to understand ambivalence.
- Work to tip the decisional balance.
- Development of strong working alliance is key.



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FOCUS ON THESE 2 KEY FACTORS

How problematic is the behavior (pros & cons)?

If the individual is able to make the change and how it can impact their lives.

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THERAPEUTIC ENGAGEMENT

- The goal is to work as a team against the problem.
- Work to avoid confrontation.
- Reflective listening and empathy are necessary to build rapport.
- Therapeutic engagement is the precursor for all other clinical processes.

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FIVE BASIC PRINCIPLES OF ENGAGEMENT

- Express Empathy
- Develop Discrepancies
- Avoid Arguing
- Roll with Resistance
- Support Self-Efficacy

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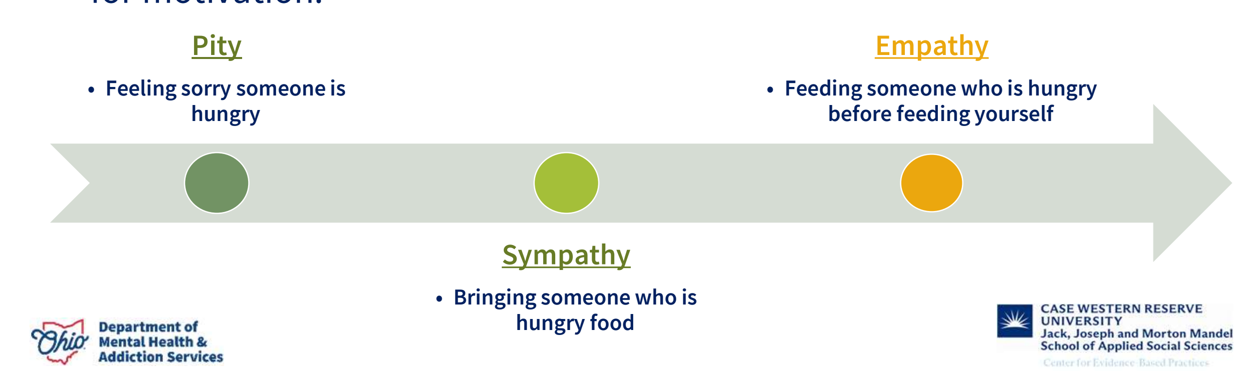
EXPRESS EMPATHY

- Empathy resolves tension.
- Empathy works to "sacrifice one's own understanding, needs and ego in order to" connect to others.
- Empathy is a conduit for connection, which is absolutely necessary for motivation.



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DEVELOP DISCREPANCIES

- Individual can recognize a difference between where they are and where they want to be.
- May be necessary to raise awareness of problem behavior and identify consequences to increase change potential.
- Explore the values and goals of the individual. How do their behaviors align?
- Utilize open ended questions, decisional balance, readiness ruler (importance and confidence).

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AVOID ARGUING

- Arguing and confronting elicit resistance and defensiveness.
- It is not the goal to convince individual of their problem.
- Arguing and confronting will reduce engagement and thusly the change process.
- Individual receiving services should be the one presenting reasons for change, not the other way around.

ROLL WITH RESISTANCE

- MET strategies do not meet resistance directly, instead the clinician navigates the momentum.
- Work to subtly reshape the individuals' perceptions throughout the counseling process.
- New perspectives on problem-solving are welcomed without imposition, encouraging re-working.
- Ambivalence is a normal part of the change process.
- Solutions to problem behaviors are evoked from the individual instead of being provided by the clinician.

SUPPORT SELF-EFFICACY

- The ability for the individual to identify that they can make changes for themselves.
- Working towards their own identified goal.
- Necessary for an individual to move throughout the change process.

- Set Realistic Goals
- Provide Positive Feedback
- Offer Skill Development
- Provide Supportive Resources
- Encourage Reflection and Growth

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"Motivational counseling can be divided into two major phases: building motivation for change and strengthening commitment to change."

(Miller & Rollnick, 1991)

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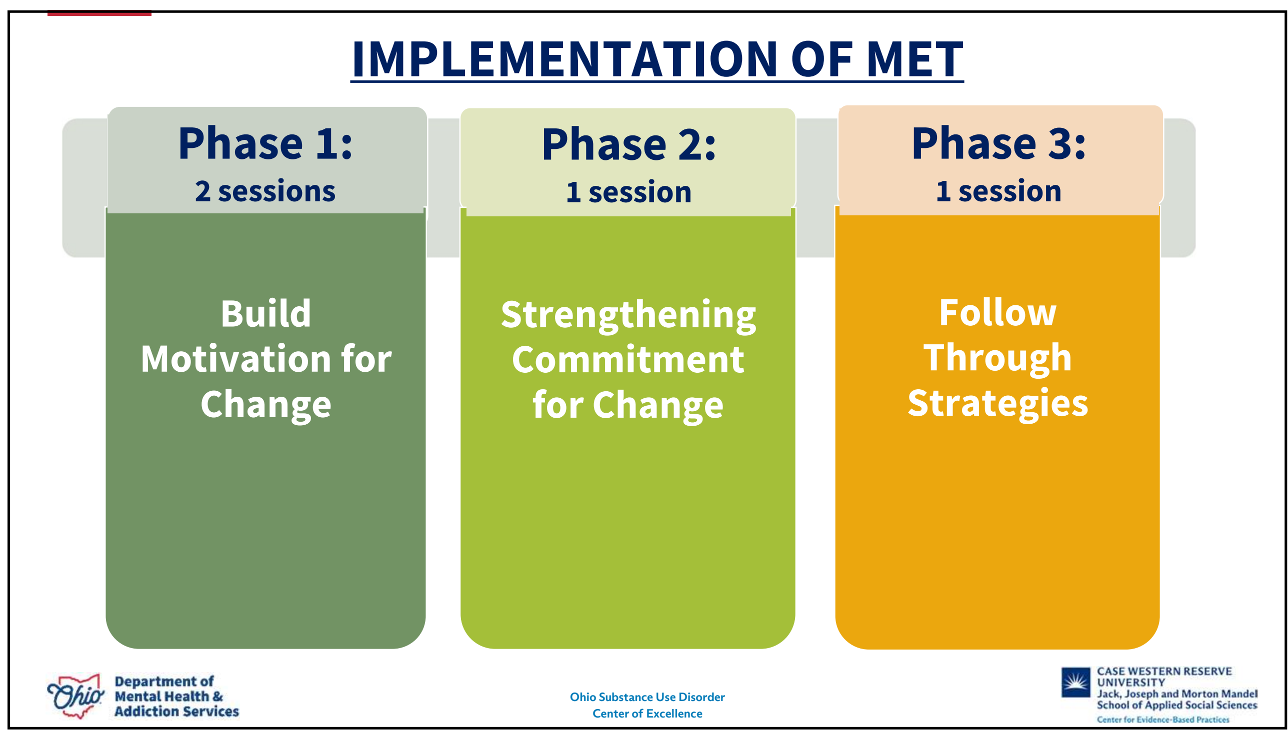

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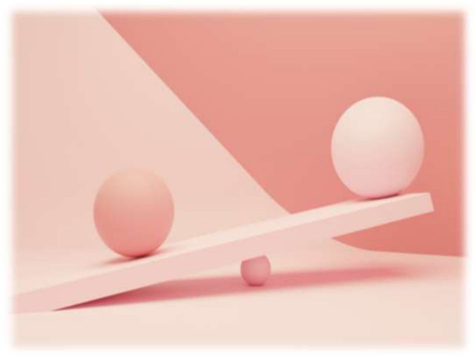
PHASE 1: BUILD MOTIVATION FOR CHANGE



- Providers need to remember that everyone comes to therapy at a different stage of change.
- This phase focuses on tipping the motivational balance.
- Assist individuals in recognizing their problem behavior and identifying motivational statements that lead towards change.

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PHASE 1: BUILD MOTIVATION FOR CHANGE

- **Elicit self-motivational statements-** Statements that boost confidence, reinforce positive beliefs and promote action.
- **Listen with empathy-** The ability to understand and share the feelings another individual is experiencing.
- **Questioning-** Fundamental technique used by therapists to help clients explore their thoughts, feelings, and behaviors.

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PHASE 1: BUILD MOTIVATION FOR CHANGE

- **Affirming the individual-** Recognizing and validating qualities, strengths and efforts to support self-esteem.
- **Presenting Personal Feedback-** An opportunity to review information gathered from the assessment battery and provide a written copy to the participant.
- **Handling Resistance-** An individuals conscious or unconscious defense mechanism that hinders the therapeutic process.

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PHASE 1: BUILD MOTIVATION FOR CHANGE

- **Reframing-** A powerful tool that can assist an individual in developing new perceptions and insight about a situation.
- **Summarizing-** Providing a comprehensive overview of the main points of conversation. It works to identify the core points of the original content to convey the primary message in a clear and concise manner.

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STAGE 2: STRENGTHENING COMMITMENT FOR CHANGE

- **Recognizing change readiness-** Knowing when to begin moving towards change. This is evident when the balance of contemplation has tipped in favor of change.
- **Discussing a plan**- The provider and individual work together to shift the focus from all the reasons for change to occur, to creating a plan to implement changes.

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STAGE 2: STRENGTHENING COMMITMENT FOR CHANGE

- **Communicating free choice**-The ability for individuals to make decisions and take actions based off their own preferences, desires and/or beliefs without the influence of coercion.
- **Information and advice**- Information is when factual knowledge is provided to the individual. Advice involves providing suggestions, recommendations and/or guidance to the individual that they could consider implementing.
- **Consequences of action and inaction**- Looking at the situation from both perspectives and determining what potential outcomes may occur.

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STAGE 2: STRENGTHENING COMMITMENT FOR CHANGE

- **Emphasizing abstinence**- The promotion of abstaining from alcohol or other substances/ behaviors.
- **Dealing with resistance**- The conscious or unconscious opposition to thoughts and/or behaviors.
- **Recapitulating**- Summarizing and re-stating the main points of conversation. Assists in reinforcing understanding.

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STAGE 2: STRENGTHENING COMMITMENT FOR CHANGE

- **Change plan worksheet**- Assists in delineating a precise action plan.
- Questions areas include identifying the changes that the individual would like to make, the steps that they are able to take, how things could interfere with their plan etc.
- Information for the form should be gathered through motivational conversation as discussed so far.
- Provider is encouraged to ask more in-depth follow up questions to gather a better understanding of the situation.

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STAGE 2: STRENGTHENING COMMITMENT FOR CHANGE

- **Asking for commitment**- The individual being able to dedicate themselves to a particular course of action. A consistency in behavior towards a certain goal or value.
- Implemented through the use of the change plan worksheet

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STAGE 2: STRENGTHENING COMMITMENT FOR CHANGE: INVOLVING SIGNIFICANT OTHER (SO)

- Inclusion of SO can amplify motivational disparity and foster commitment to change.
- Individual is asked to bring SO to the first two sessions.
- Emphasis on individual and SO to collaborate and work together towards identified goal.
- Ask what the benefits are that they can think of as to why to include the SO.

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STAGE 2: STRENGTHENING COMMITMENT FOR CHANGE: GOAL FOR SO INVOLVEMENT

- Establish rapport between SO and professional.
- Raise awareness of SO's understanding of the problem.
- Strengthen the SO's commitment to help individual overcome the problem.
- Strengthen SO's belief in the importance of their own contribution in the change process.
- Promote higher levels of marital/family cohesiveness and satisfaction.

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STAGE 2: STRENGTHENING COMMITMENT FOR CHANGE: EXPLAINING SO'S ROLE

- Only invite SO to the first session and determine if appropriate to include at the second session.
- Have a conversation with the individual about how SO could be helpful.
- SO cares about the individual and the changes that will have a direct impact on their lives.

Look for these factors:

- SO's input will be valuable in setting the treatment goals and developing strategies.
- SO may be directly helpful by working with the individual to resolve the problem.

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PHASE 3: FOLLOW THROUGH STRATEGIES

- **Reviewing Progress-** Identification of progress that has been made throughout treatment thus far.
- **Renewing Motivation-** Working to revitalize and renew the individual's drive for change and commitment to their identified goal. A conscious effort of the individual to direct their energy towards addressing setbacks and challenges.
- **Redoing Commitment-** Revisiting the individual's dedication towards working on their identified goal.

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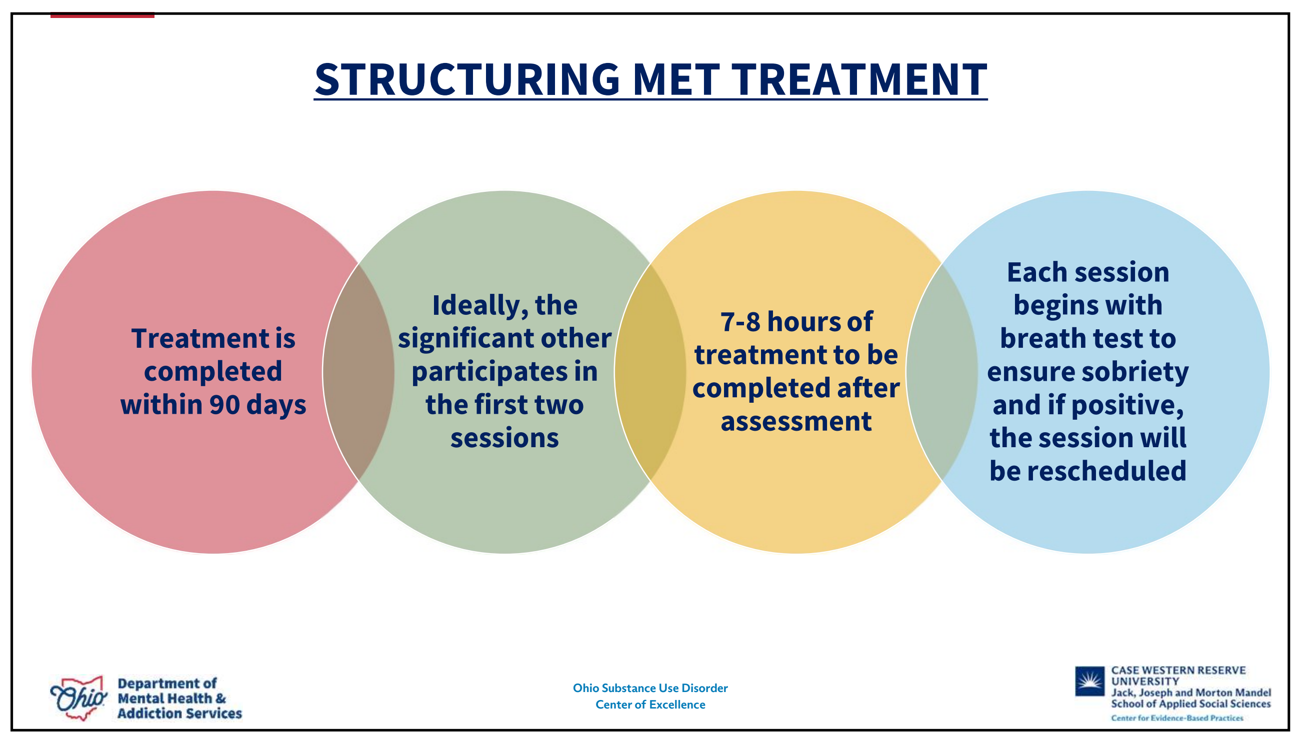
STRUCTURING MET TREATMENT



PREPARATION FOR FIRST SESSION

- Individuals participate in the completion of extensive assessment battery instruments. Ideally SO is also involved in initial assessment process.
- Although assessment batteries can vary, it is important to select measures that identify various potential problems and risk domains.
- Utilize assessment batteries to gather information and provide a more comprehensive understanding for treatment.

ASSESSMENT BATTERIES

The specific batteries utilized in the initial implementation of MET included (Miller et al., 1992).

AUDIT score from the Quickscreen

- Simplified version of the AUDIT
- Designed to quickly identify individuals who may be at risk of alcohol-related problems
- Consists of a few key questions from the full AUDIT

Form 90-I (Initial Intake)

- A standardized tool used to gather information about individual's alcohol and substance use
- Often used in clinical settings to monitor use over time and assess effectiveness of treatment

MacAndrew Scale Score

- Psychological assessment tool used to identify individuals who may be prone to alcohol or substance use disorders
- Part of the Minnesota Multiphasic Personality Inventory (MMPI), a widely used personality assessment.

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DRINC Questionnaire

- Self-report tool designed to assess the negative consequences of alcohol use in an individual's life
- Identifies various domains where alcohol use has had an impact
- Provides valuable information for both clinical and research settings

Serum Chemistry Profile

- Common laboratory test that measures various substances in the blood
- Assesses overall health and function of organs and systems in the body
- Provides information about metabolic functions and is used to diagnose and monitor a variety of medical conditions

Neuropsychological Test Results

- Evaluates cognitive functioning
- Helps diagnose and monitor neurological conditions, cognitive impairments, and mental health disorders
- Results provide detailed insights into an individual's cognitive strengths and weaknesses

Alcohol Use Inventory

- Self-report questionnaire
- Assesses individual's patterns and consequences of alcohol use
- Assists the clinician in understand the psychological, social, and physical aspects of alcohol consumption

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PREPARATION FOR FIRST SESSION

- Contact the individual and suggest that a SO accompanies them.
- Ask that the individual attend the first session in a sober state. A breath test will be administered. The blood alcohol level should be no higher than .05. If higher, inform the individual that the session will need to be rescheduled.
- Provide an explanation to the individual about what they can expect within the sessions. It is important to identify that the individual will be making their own decisions throughout the process.

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WEEK 1 SESSION

- Provide structured feedback from assessment and provide individual with a Personalized Feedback Report.
- Work to identify problem behaviors, level of consumption and symptoms, decisional considerations, future and building motivation for change.
- Ideally includes participation of significant other/spouse.
- MI strategies are utilized to attempt to increase motivation and commitment to change (Lenz et al., 2016).
- Skills utilized by clinician: elicit self-motivating statements, respond to resistance, reframing (Lenz et al., 2016).
- A copy of the "Alcohol and You" form (or other substance) will be provided at the end of the session (Miller et al., 1992).

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WEEK 2 SESSION

- Continue with motivation enhancement.
- Work towards consolidating commitment to change.
- Occurs 1-2 weeks after initial session.
- Begins with summary of last session including
- individual's main concerns, common themes
- and the plan that has been determined.
- Provider skills to utilize: Communicate free choice, provide information and advice, "emphasize abstinence" and ask for commitment, ideally including SO (Lenz et al., 2016).

WEEK 2: PERSONALIZED FEEDBACK REPORT (PFR)

- If not completed within the first session, continue to discuss the PFR with the individual.
- Provide the individual with a copy of "Understanding Your Personal Feedback Report" and allow them to take it home to review only after having reviewed fully within the session.
- The PFR consists of two pages of data from the assessment as well as information gathered from the Alcohol Use Inventory Profile.
- Providers must be familiar with each scale to provide accurate information to the individual.

FOLLOW THROUGH SESSIONS

- Between this session and week 2, send a handwritten letter to maintain connection. This letter can include affirmations, reflections, summary, highlights, statements of hope and a reminder of the next session.
- Weeks 6 (3rd session) and 12 (4th session) therapist continues to attempt to encourage progress and maintain change process.
- Continue to review progress, renew motivation and re-commit.
- Review cessation strategies that are being utilized to maintain change.
- All therapy will be completed within 90 days of first sessions.
- SO does not attend these sessions unless they had not already previously attended.

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FOLLOW THROUGH SESSIONS

- Do not assume that ambivalence is not still present.
- Discuss specific events that have occurred since the last session including those in which the individual participated in substance use and those in which they refrained from use.
- Identify how these events took place and remain empathetic. Utilize this information as a launching point to renew motivation.
- If crisis arises throughout treatment, 2 special emergency sessions can be conducted within the 12-week period.

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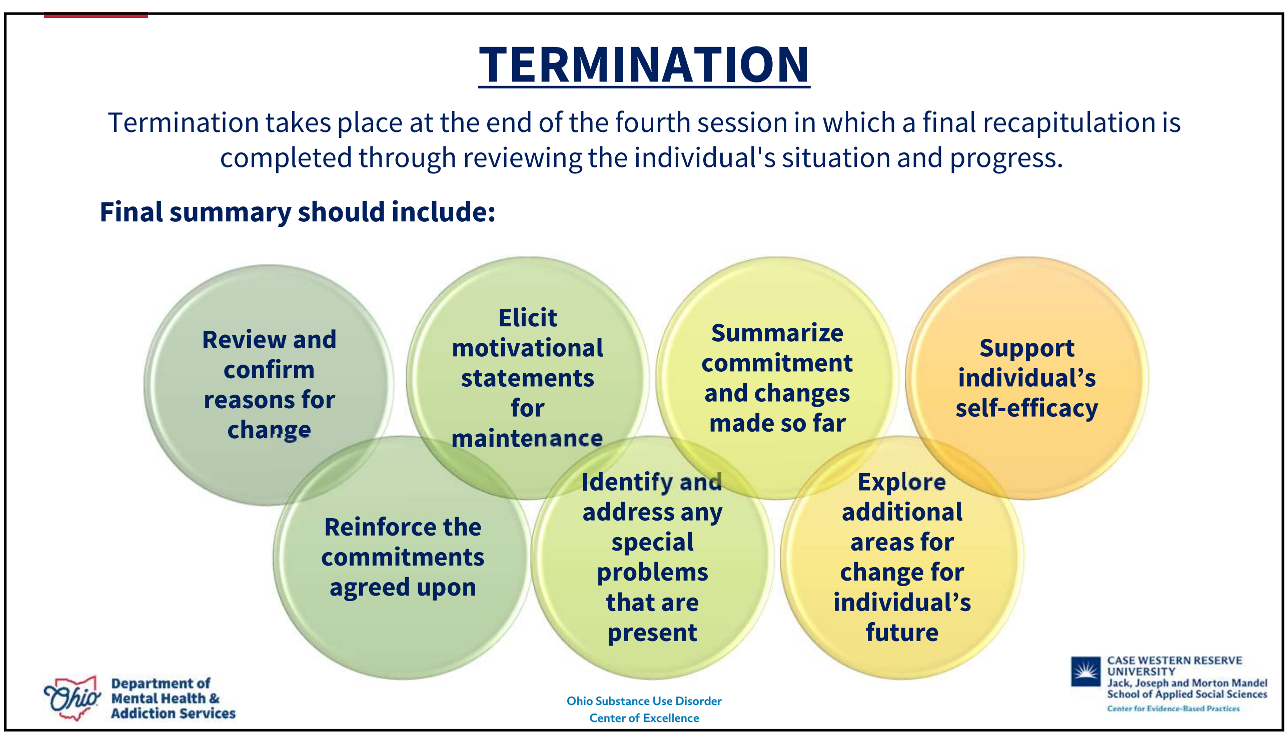
TERMINATION

Termination takes place at the end of the fourth session in which a final recapitulation is completed through reviewing the individual's situation and progress.

Final summary should include:



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MISSED APPOINTMENTS

- If an individual misses an appointment, outreach them immediately. Speak with the individual to determine the reason, express optimism and discuss concerns as appropriate.
- When a reasonable explanation is not made, utilize Phase 1 tactics and normalize ambivalence about making a change. Attempt to obtain a recommitment for change.
- Send a personalized letter within 2 days of the missed appointment.
- Three attempts to schedule a new appointment should be made.

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SPECIAL CONSIDERATIONS

When someone expresses dissatisfaction with their treatment:

1) Commend them for sharing their concerns.
2) Explore specific reservations and any recent changes.
3) Recommend completing the full 12-week course and, if interest continues, consider additional treatment options.

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SPECIAL CONSIDERATIONS

- The MET therapist is unable to offer any alternative forms of treatment. If further or additional treatment is required, a referral must be arranged.
- If crisis arises throughout treatment, 2 special emergency sessions can be conducted within the 12-week period.
- Increases in problem behaviors or suicidal ideation would warrant a referral to the MET coordinator for additional assessment and determination if alternative treatment is needed.

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MOTIVATIONAL ENHANCEMENT THERAPY (MET) IN AFTERCARE

- Same principles can be applied in an aftercare setting but the focus changes.
- Individuals in this setting are more often further along in their change process.
- If the individual is in the hospital, it is ideal to begin therapy prior to discharge to begin developing rapport.
- Focus on the following areas: Reviewing progress, generating self-motivational statements, providing personal feedback, developing a plan.

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DOCUMENTATION

- Show how the Evidence Based Practice (EBP) was utilized through use of language and interventions.
- Include the topic of the session as well as a description of the individual's progress towards their identified goal.
- Document the individual's response to interventions used.
- Include reflective listening statements, open ended questions, affirmations used and a summary of the events of the session.

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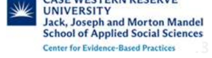

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LIMITATIONS OF MET

- Short-term and time-limited service.
- Mixed success rates with other substances outside of alcohol.
- On its own, MET is not as beneficial in working with individuals diagnosed with severe mental illness due to the extensive evaluation, assessment, testing and feedback provided throughout treatment.
- Newer research supports that the use of motivational techniques being used throughout prolonged and ongoing treatment is more beneficial.

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SUMMARY

- MET utilizes a motivational approach when working with individuals, focusing on the individuals goal related to reduction in substance use and developing insight.
- Therapeutic rapport and accurate empathy are necessary to move throughout the change process in a time limited manner.
- Information gathered from previous assessments direct the sessions, focusing on overall risks and problem severity.
- Emphasis is placed on the individual’s self-efficacy and developing insight that the individual has freedom of choice to make or not make changes towards the identified problem behavior.

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