

Styles/Guiding Principles to Facilitate Treatment

Consider using Motivational Interviewing strategies when assessing/intervening with an individual.

Motivational Interviewing (MI)

(Excerpt from NIAAA Motivation and Treatment Intervention Document)

Motivational Interviewing is a critical element for facilitating treatment adherence and outcomes. Mounting evidence suggests a strong, positive relationship between treatment adherence and treatment outcome (Zweben & Zuckoff, 2002). In the field of substance abuse treatment, significant relationships have been found between treatment retention and symptom improvement, life functioning and patient well-being (Westerberg, 1998). In short, among substance abusing patients, the chances of success in both pharmacological and psychotherapy interventions are higher for those who adhere to the treatment regimen. For these reasons, alcohol treatment providers have increasingly given systemic and administrative attention to moderating adherence problems.

Motivational interviewing (MI) techniques have been shown to be effective in addressing adherence problems in individuals with alcohol problems. MI addresses both drinking and adherence by employing strategies aimed at producing motivational readiness. More specifically, MI attempts to modify unrealistic treatment expectations, resolve client ambivalence, and enhance client self-efficacy, in order to ensure and maintain participation in the treatment situation.

MI is a general concept or style of working with a client, not a specific set of techniques. MI has been employed both as an add-on to treatment and as an intermittent co-therapy with pharmacological intervention (Pettinati, Volpicelli, Pierce, & O'Brien, 2000) or conventional alcohol treatments (Brown & Miller, 1993). In these cases, MI has been shown to facilitate treatment retention and participation along with changing drinking behavior. MI has also been used as a stand-alone treatment specifically designed to address drinking problems (Project MATCH, 1997).

MI employs certain strategies to improve alcohol treatment adherence. These include issues of interview style that are culturally competent and appropriate, such as:

- Asking open-ended questions
- Conducting empathetic assessments
- Discovering the client's beliefs
- Reflective listening (rather than asking for more information)

MI techniques also include strategies for motivating individuals toward making changes in their alcohol use practices:

- Normalizing client uncertainties
- Amplifying client doubts

- Deploying discrepancy (fostering cognitive dissonance)
- Supporting self-efficacy
- Reviewing past treatment experiences
- Providing relevant feedback (e.g., results of own tests motivates people)
- Summarizing and reviewing potential sources of non-adherence
- Negotiating proximal goals (i.e., opportunity to achieve "quick successes")
- Discovering potential roadblocks
- Displaying optimism
- Involving supportive significant others

Brown, J. M., & Miller, W. R. (1993). Impact of motivational interviewing on participation and outcome in residential alcoholism treatment. *Psychology of Addictive Behaviors*, 7, 211-218.

Pettinati, H. M., Volpicelli, J. R., Pierce, J. D., & O'Brien, C. P. (2000). Improving naltrexone response: An intervention for medical practitioners to enhance medication compliance in alcohol dependent patients. *Journal of Addictive Diseases*, 19, 71-83.

Project MATCH Research Group. (1997). Matching alcoholism treatment to patient heterogeneity: Project MATCH posttreatment drinking outcomes. *Journal of Studies on Alcohol*, 58, 7-29.

Westerberg, V. S. What predicts success? (1998). In W. R. Miller, & N. Heather (Eds.) *Treating addictive behaviors: Processes of change*, 2nd ed. (p. 301-315). New York: Plenum Press.

Zweben, A., & Zuckoff, A. (2002). Motivational interviewing and treatment adherence. In W. R. Miller, & S. Rollnick (Eds.) *Motivational interviewing (second edition), Preparing people for change*. New York: Guilford Press.