Motivational Enhancement Therapy Manual	
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GUIDELINE OVERVIEW: The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is making efforts to rigorously test the patient-treatment matching approach to the clinical management of alcoholism. This guideline is primarily intended for clinicians involved in evaluating and caring for patients with alcohol abuse and dependance.

Clinical Considerations	Motivational Enhancement Therapy (MET) is a systematic intervention approach for evoking change in individuals with alcoholism. MET is based on principles of motivational psychology and its focus is to produce rapid, internally motivated change. This treatment strategy attempts to employ motivational strategies to mobilize the client's own change resources. The MET approach describes transtheoretical models of how people change addictive behaviors, with or without formal treatment. In a transtheoretical perspective, individuals move through a series of stages of change as they progress in modifying problem behaviors. Each stage requires certain tasks to be accomplished and certain processes to be used to achieve change. The six stages of changes are: 1. **Precontemplation.** People who are not considering change in their problem behavior. 2. **Contemplation.** People at this stage has started to consider that they have a problem behavior and look at the cost of changing that behavior. 3. **Determination.** At this stage, the individual has decided to act and change. 4. **Action.** It is the stage where the individual begins to modify the problem behavior. 5. **Maintenance**. Once the individual has successfully worked in the Action stage, they move to Maintenance. 6. **Relapse**. Occurs when the individual's efforts to remain in maintenance fail. Though individuals move through the cycle of change in their own ways, it is the same cycle.
Practical Strategies	**Phase I: Building Motivation for Change:** The early phase of MET focuses on developing clients' motivation to make a change in their drinking. Most clients are likely to enter the treatment process somewhere in the contemplation stage. Although they may already be dabbling with taking action but still need consolidation of motivation for change. There are eight strategies MET clinicians should always consider: 1. Elicit Self-Motivational Statements 2. Listen with Empathy 3. Questioning 4. Presenting Personal Feedback 5. Affirm the Client 6. Handle Resistance 7. Reframe 8. Summarize **Strengthening Commitment to Change** It is important to consolidate the client's commitment to change. Toward the end of the commitment process, as you sense that the client is moving toward a firm decision for change, it is useful to offer a broad summary of what has transpired. The following strategies are to be considered by the MET clients: 1. Recognize Change Readiness 2. Discuss a Plan 3. Communicate Free Choice 4. Consequences of Actions and Inactions 5. Information and Advise 6. Emphasizing Abstinence

	7. Dealing with Resistance 8. Create The Change Worksheet 9. Ask the Client for Commitment 10. Involve Significant Others
The Structure of MET	MET is structured to address issues involving planning and conducting the four specific sessions: 1. **The Initial Session:** Before treatment begins, clients are given an extensive battery of assessment instruments; the results are used as the basis for personal feedback in the first session. This phase proceeds toward the confirmation of a plan for change, and you should seek to obtain whatever commitment you can in this regard. 2. **Follow Through Sessions:** During the second session it is important to proceed toward Phase 2 strategies and commitment to change if this was not completed in the first session. If no commitment to change has been made, indicate that you will see how the client is doing at the follow up in 4 weeks and will continue the discussion at that point. Sessions 3 and 4 are to be scheduled for weeks 6 and 12, respectively. They are important as "booster" sessions to reinforce the motivational processes begun in the initial sessions. It can be helpful during sessions 3 and 4 to discuss specific situations that have occurred since the last session. 3. **Termination:** Formal termination should be acknowledged and discussed at the end of the fourth session. This is generally accomplished by a final recapitulation of the client's situation and progress through the MET sessions.
Appendix A: Assessment and Procedures	The basic idea is to assess a range of dimensions, with particular emphasis on those likely to reflect early problems or risk. As heavy drinking continues, life problems tend to accumulate. Some counting of such accumulation is a common measure of problem severity. Measures such as the Michigan Alcoholism Screening Test (MAST; Selzer 1971) combine life problems with other factors such as alcohol dependence symptoms and help seeking. There're several elements to consider while working with patients with substance abuse: 1. Alcohol Related Problems 2. Alcohol Dependance 3. Physical Health 4. Neuro-psychological Functioning 5. Risk Factors 6. Motivation to Change 7. Comprehensive Assessment Approaches There are several assessment tools used to work with individuals with alcohol problems: 1. **Form 90:** Form 90 is a tool for assessing alcohol treatment outcomes. At this time, the tool will be published when final protocols and initial psychometric data are available." 2. 3. **DRINC:** The DRINC was designed as a survey schedule for evaluating the occurrence of negative consequences related to drinking during a particular period of time. 4. McAndrew Scale: The MacAndrew Scale is a subscale of the original Minnesota Multiphasic Personality Inventory. 5. **Addiction Severity Index:** The Addiction Severity Index is a research instrument tool under ongoing development. 6. **AUDIT:** The Alcohol Use Disorders Identification Test was developed for a large collaborative study of brief intervention conducted by the World Health Organization.

Appendix B: Motivational Enhancement Therapy in the Aftercare Setting	In an aftercare situation, the client has already completed a comprehensive abstinence-oriented inpatient treatment program, and the general focus of treatment will differ. Aftercare clients are more likely to be further along in the change cycle than clients first presenting for treatment. Few important steps are necessary to prepare member for aftercare setting: 1. Scheduling: Prior to discharge and before the first session, the Project MATCH client will have completed the initial screening, informed consent procedures, and the comprehensive assessment battery. Regardless of the details of the protocol being followed, it is desirable to schedule the first session as close as possible to the client's date of discharge. 2. Reviewing Progress: Since the client has already completed a treatment program and presumably made some commitment for change, it is important to monitor the client's progress in meeting his/her goals. 3. General Self-Monitoring Statements: In most cases, eliciting self-motivational statements from aftercare clients may be easier than eliciting statements from individuals first presenting for treatment. Self-motivational statements to bring the client back to the determination and action stages should be elicited. 4. Providing Personal Feedback: Once the therapist has reviewed the client's progress and elicited self-motivational statements, attention should be turned to giving feedback from the client's predischarge assessment. The focus of the feedback with the aftercare client is not so much the need for change as it is the need for continued effort. It would be important to tie in the work and progress the client has made during the hospital stay. 5. Developing a Plan: At this stage most of the aftercare clients will have already made some commitment for change and have a plan for change. Reviewing this plan in concert with their progress since discharge is important. **Integrating MET Aftercare with Inpatient Programming:** The focus on discharge and life after hospitalization is critical for the aftercare patient. Focus not only on the plans for sobriety, which may have been heavily influenced by inpatient staff and other patients, but also on plans for establishing routines and goals post-discharge. Several key issues can arise in this context: 1. **The Prepackaged Plan:** Most aftercare patients will have a post-discharge plan that is developed during the hospital program. At times, these plans are rather standardized, depending on the type of inpatient program, and can include AA, group therapy, or disulfiram**.** It is important to explore which elements the clients really believe will work and will fit with their unique situation. Be careful to have clients be as specific as possible in discussing the plan. Elicit the details of the plan and how it will work. In the aftercare condition, the therapists help the clients evaluate prehospital problems, the feedback, and the hospital discharge plan to develop a unique action plan. This plan can include all or part of the prepackaged plan if the motivation elicited during the first sessions focuses on these elements. 2. **Disulfiram:** Some clients will be discharged from the hospital on disulfiram, which must be taken regularly. Disulfiram can be a very helpful aid in promoting sobriety in clients who are impulsive and may need some built-in delays and deterrents to drinking. 3. **Alcoholics Anonymous:** AA involvement is often a major element in the discharge plan prepared in the hospital and part of the hospital regimen. 4. **Feedback:** It is important for therapists to clarify specific issues, to acknowledge when they do not know an answer, and to obtain an answer for the next session or refer clients to the physician in charge of their case in the hospital. Issues of credibility and accuracy of information are important considerations in the feedback process. 5. **Ambivalence and Attribution:** It would be important to continue to connect psychosocial problems with drinking whenever this can clearly be done. Understanding how the post-discharge plan will address both drinking and other lifestyle, relationship, and employment issues can be a fruitful avenue of discussion.