What is Motivational Enhancement?

The main component of motivational enhancement therapy is that it allows substance abuse treatment staff to influence change by developing a therapeutic relationship that respects and builds on the client’s autonomy and, at the same time, makes the treatment clinician a partner in the change process.

In substance abuse treatment, clients' motivation to change has often been the focus of clinical interest and frustration. Motivation has been described as a prerequisite for treatment, without which the clinician can do little (Beckman, 1980). Similarly, lack of motivation has been used to explain the failure of individuals to begin, continue, comply with, and succeed in treatment (Appelbaum, 1972; Miller, 1985b). Until recently, motivation was viewed as a static trait or disposition that a client either did or did not have. If a client was not motivated for change, this was viewed as the client's fault.

The new approach of Motivational Enhancement Therapy is based on the following assumptions about the nature of motivation:

- Motivation is a key to change.
- Motivation is multidimensional.
- Motivation is dynamic and fluctuating.
- Motivation is influenced by social interactions.
- Motivation can be modified.
- Motivation is influenced by the clinician's style.
- The clinician's task is to elicit and enhance motivation.

Why Enhance Motivation?

Using motivational enhancing techniques are associated with increased participation in treatment and positive treatment outcomes such as reductions in consumption, higher abstinence rates, better social adjustment, and successful referrals to treatment. The benefits of employing motivational enhancement techniques include:

- Inspiring motivation to change
- Preparing clients to enter treatment
- Engaging and retaining clients in treatment
- Increasing participation and involvement
- Improving treatment outcomes
- Encouraging a rapid return to treatment if symptoms recur
The way that the clinician interacts with clients has a crucial impact on how they respond and whether treatment is successful. Researchers have found dramatic differences in rates of client dropout or completion among counselors in the same program who are seemingly using the same techniques (Luborsky et al., 1985). Counselor style may be one of the most important, and most often ignored, variables for predicting client response to an intervention, accounting for more of the variance than client characteristics (Miller and Baca, 1983; Miller et al., 1993).

Although change is the responsibility of the client and many people change their excessive substance-using behavior on their own without therapeutic intervention (Sobell et al., 1993b), the clinician can enhance an individual’s motivation for beneficial change at each stage of the change process. The clinician’s role is not to simply teach, instruct, or dispense advice. The clinician can also assist and encourage individuals to recognize a problem behavior. Clinicians can act as change agents by using appropriate motivational strategies that are specific to the stages of change individuals usually go through.

**Stages of Change**

The stages of change model can assist the clinician in conceptualizing ways that can enhance a clients’ motivation to progress to the next state. The clinician and families of substance users should be aware that change occurs in cycles and that individuals typically move back and forth during the change process. Of course this represents a series of tasks for both the clinician and the client that they will have to work through together. The five stages of change are:

**Precontemplation:** During the precontemplation stage, substance-using persons are not considering change and have no intent to change behaviors in the near future. They may be partly or completely unaware that there is a problem, that they need to make changes, and that they may need help to do so. They may also be too discouraged to change their behavior. Individuals in this stage usually have not experienced negative consequences or crises because of their substance use and often are not convinced that their pattern of use is problematic or even risky.

**Contemplation:** As these individuals become aware that a problem exists, they begin to notice that there may be cause for concern and reasons to change. Typically, they are uncertain or having conflicting feelings about reasons to change and reasons not to change. Individuals in this stage are still using substances, but they are considering the possibility of stopping or cutting back in the near future. At this point, they may seek relevant information, reevaluate their substance use behavior, or seek help to support the possibility of changing behavior. They typically weigh the positive and negative aspects of making a change. It is not uncommon for individuals to remain in this stage for extended periods, often for years, wavering between wanting and not wanting to change.

**Preparation:** When an individual begins to envision the advantages of change and the adverse consequences of substance use they begin to see that continuing to use substances is far outweighed by the positive features of stopping. Once this occurs, the scales begin to tip toward change. At this point, an individual enters the preparation stage, during which commitment is strengthened. Preparation entails more specific planning for change, such as making choices about whether treatment is needed and, if so, what kind. Individuals in the preparation stage are still using substances, but typically they intend to stop using very soon. They may have already attempted to reduce or stop use on their own or may be experimenting now with ways to quit or cut back (DiClemente and Prochaska, 1998). They begin to set goals for themselves and make commitments to stop using, even telling close associates or significant others about their plans.

**Action:** Individuals in the action stage choose a strategy for change and begin to pursue it. At this
stage, clients are actively modifying their habits and environment. They are making drastic lifestyle changes and may be faced with particularly challenging situations and the physiological effects of withdrawal. Clients may begin to re-evaluate their own self-image as they move from excessive or hazardous use to nonuse or safe use. For many, the action stage can last from 3 to 6 months following termination or reduction of substance use. For some, it is a honeymoon period before they face more daunting and long-standing challenges.

**Maintenance:** During the maintenance stage, efforts are made to sustain the gains achieved during the action stage. Maintenance is the stage at which people work to sustain sobriety and prevent recurrence (Marlatt and Gordon, 1985). Extra precautions may be necessary to keep from reverting to problematic behaviors. Individuals learn how to detect and guard against dangerous situations and other triggers that may cause them to use substances again. In most cases, individuals attempting long-term behavior change do return to use at least once and revert to an earlier stage (Prochaska et al., 1992). Recurrence of symptoms can be viewed as part of the learning process. Knowledge about the personal cues or dangerous situations that contribute to recurrence is useful information for future change attempts. Maintenance requires prolonged behavioral change—by remaining abstinent or moderating consumption to acceptable, targeted levels—and continued vigilance for a minimum of 6 months to several years, depending on the target behavior (Prochaska and DiClemente, 1992).

Families of substance users should be aware that most people do not immediately sustain the new changes they are attempting to make, and a return to substance use after a period of abstinence is the rule rather than the exception (Brownell et al., 1986; Prochaska and DiClemente, 1992). These experiences contribute information that can facilitate or hinder subsequent progression through the stages of change. **Recurrence**, often referred to as relapse, is the event that triggers the individual’s return to earlier stages of change and recycling through the process. Individuals may learn that certain goals are unrealistic, certain strategies are ineffective, or certain environments are not conducive to successful change. Most substance users will require several revolutions through the stages of change to achieve successful recovery (DiClemente and Scott, 1997).

After a return to substance use, clients usually revert to an earlier change stage—not always to maintenance or action, but more often to some level of contemplation. They may even become precontemplators again, temporarily unwilling or unable to try to change soon. Resuming substance use and returning to a previous stage of change should not be considered a failure and need not become a disastrous or prolonged recurrence. A recurrence of symptoms does not necessarily mean the individual has abandoned a commitment to change.

**In Conclusion**

Motivational interviewing was originally developed for problem alcohol drinkers in the precontemplation and contemplation stages. However, benefits were reported with severely substance-dependent populations, polydrug-abusing adolescents, and users of heroin and marijuana. In Project MATCH, the largest clinical trial ever conducted to compare different alcohol treatment methods, a four-session motivational enhancement therapy yielded long-term overall outcomes virtually identical to those of longer outpatient methods. The other good news is that this type of therapy appears to be easily applied across cultural and economic differences and is being used by clinicians across the country to motivate clients in making the decision to stop using drugs.
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