

Motivational Enhancement Therapy

For Alcohol and Other Substance Use Disorders



What is Motivational Enhancement Therapy?

Motivational Enhancement Therapy (MET) is an evidence-based treatment for alcohol and other substance use disorders (SUDs). It is a more structured version of Motivational Interviewing (MI). MI is essentially a conversation between a Veteran and provider that tries to identify and strengthen the Veteran's motivation and commitment to change a targeted behavior. The approach is grounded in an assumption that both the potential and the responsibility for change lie with the client. MET begins with a brief assessment followed by a series of sessions aimed at helping the Veteran decide what changes, if any, to make in alcohol or other substance use.

MI was first discussed in the 1980s and MET has a significant evidence-base dating back over 15 years. MET has demonstrated efficacy in reducing alcohol and substance use and increasing retention in treatment. It can be provided as a prelude to, or be integrated with other interventions and is effective as a standalone treatment. MET, when compared to other active interventions (e.g., Cognitive Behavior Therapy), works as well to reduce substance use but with less time commitment (i.e., 100 minutes or less).

How does MET work?

MET helps individuals explore their motivation and ability to make changes in their alcohol or substance use. MET has been shown to help individuals remain in treatment longer thereby increasing the likelihood that they will follow through with making desired changes. The therapy uses a collaborative, empathic style to assist Veterans in addressing any ambivalence about engaging in treatment or about reducing their drug use. Based on motivational psychology, it employs strategies to draw out the client's own change resources, evoking intrinsic motivation to change rather than imposing it from external demands.

What are Alcohol and other Substance Use Disorders (SUDs)?

Individuals with a SUD can present with very different symptom profiles. Some may have a hard time controlling the amount of time they spend consuming alcohol or other drugs or struggle to control the quantity they consume. Some may want to try to reduce or stop their use altogether but their past efforts were unsuccessful. Additional symptoms of SUD may include:

- Spending a lot of time acquiring, using, or recovering from drinking alcohol or using substances
- Having cravings and urges to drink alcohol or use other substances
- Not following through with responsibilities at home, work or school because of alcohol or substance use
- Continuing to drink alcohol or use substances, even when it causes or worsens problems in social relationships
- Missing out on significant social, occupational, or recreational activities because of alcohol or substance use
- Continuing to use alcohol or other substances, even when it is considered physically hazardous or when there is a medical or psychological condition that is caused or made worse by use
- Experiencing tolerance (i.e., needing more alcohol or other substances to get the desired effect)
- Experiencing withdrawal symptoms



Who can benefit from MET?

MET may be helpful for Veterans at many stages of treatment, particularly when first contemplating making changes. MET is also helpful for those who: do not recognize the severity of their condition; are unsure about making changes; or who want to determine their goals and how well they are functioning.

If you are working with a Veteran who is using alcohol or substances at an unsafe level, and is unsure about what treatment options (if any) to pursue, MET might be a good first step.

What does MET involve?

MET generally consists of 2-4 individual sessions which take place over a few months. Each session is 45-90 minutes depending on the nature of the treatment session.

- A clinician engages the Veteran in the MET process using a skillful MI style. The clinician then works with the Veteran to complete a computerized assessment in order to gather information about the nature of the potential SUD, including:
 - the quantity and frequency of alcohol and substance use
 - risk factors for SUDs
 - consequences related to alcohol or substance use
- In Session 2, the clinician and Veteran review the detailed assessment report that was generated from information gathered in Session 1. The MI style is employed to reflect and elicit any contemplation around making a change in the Veteran's alcohol or substance use. The function of the assessment report is to serve as a stimulus for this conversation. Using an MI style, the clinician avoids simple education. Clinicians and Veterans then work together to determine what the goals of treatment will be.
- In Sessions 3 and 4, the clinician and Veteran follow up on discussions initiated during the first two sessions. The clinician continues in the MI style and respects where the Veteran is in the change process. The clinician supports the Veteran and respects the Veteran's autonomy to make decisions.



How do I discuss MET with a Veteran?

MET is only one of many treatments available for the treatment of SUDs. If you have concerns that a Veteran is drinking alcohol or using substances in an unhealthy manner, it may be helpful to have an open, collaborative, non-confrontational discussion about the use of these substances. Employing an MI approach (being respectful of a Veteran's autonomy, showing empathy, and maintaining a collaborative working relationship) may also be helpful in facilitating this discussion. You may want to introduce the computerized assessment as a means to explore the function of a Veteran's alcohol or substance use and to engage the Veteran in the treatment planning process. You may also want to refer the Veteran to a trained MET provider.

How do I get more information?

Consult with your treatment team, Local Evidence-Based Psychotherapy Coordinator, or any of the trained MET providers in your area. Visit the MET SharePoint site for additional information and materials (<https://vaww.portal2.va.gov/sites/mentalhealth/met/default.aspx>).



References

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