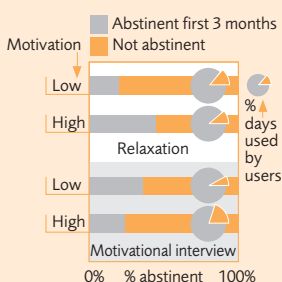


12.5 Match motivational interviews to the client

- Findings** An initial motivational interview can help ambivalent patients make the most of the treatment to follow but, unless adapted, risks impeding the recovery of those committed to change.
- This was the implication of a [study](#) of 165 cocaine-dependent admissions to a US private hospital day programme. Two-thirds were employed and nearly 90% white. Over 7 in 10 smoked crack and on average they took cocaine and drank alcohol on one day out of three.
- Half were randomly allocated to a motivational interview, the other half spent the same time in meditation/relaxation sessions which were not expected to constitute an active treatment. Both were conducted by the same therapists in two sessions, typically on the third and fourth days of an average eight-day stay. Therapists were trained and supervised by the research team, ensuring adherence to the motivational manual, though they could vary the emphases based on individual motivation and response. Among the tasks prescribed by the manual were an exploration of the pros and cons of cocaine use, of how use or non-use fitted with the patient's goals, and feedback of a prior assessment of their drug use and its risks and consequences.



As a whole, over the following year patients dramatically curbed their cocaine use with no differences between the motivational interview and the 'inactive' alternative. This was not because the interview itself was inactive, but because it had opposing impacts on different patients. Outcomes were analysed for patients in the top and bottom halves on a measure of how far they saw themselves as actively tackling their cocaine use rather than still thinking about it. As intended, the relaxation sessions seemed a non-intervention, leaving

- the more advanced motivational state of the taking-action patients to express itself in reduced drug use, but the reverse was the case after the motivational interviews – the 'more motivated' patients did worse.
- This pattern was evident in terms of abstinence, the intensity of remaining cocaine use, and in the total number of days on which cocaine was used. There was also a similar pattern with drinking.
- In context** In hindsight it seems predictable that raking over the pros and cons of one's cocaine use would represent a backward step for people already changing to a cocaine-free life, while helping less advanced patients more forward. Left to their own devices, therapists might have divined this and adjusted accordingly, but it was important for the study to standardise their inputs. Similar effects have been seen among drinkers and in another study of cocaine users who, in contrast to the featured study, were mostly black and unemployed.
- The same processes might explain why standardised motivational interviews given to highly motivated patients, or to patients who have already worked through much of the main treatment, have proved ineffective. Despite these setbacks, starting treatment with a motivational interview generally improves retention and outcomes. However, most of the research has been done in the USA where treatment clients and objectives are often very different from those in the UK.

- Practice implications** Ensuring that therapists follow a detailed manual is important for research purposes but departs from the person-centred ethos of motivational interviewing. Approaches which effectively presume that the patient is ambivalent about ending dependent substance use may counterproductively take non-ambivalent patients back over decisions already taken. It seems particularly risky to encourage such patients to rehearse the good things about their drug use. Services should employ or develop skilled therapists who can adapt to the patient and encourage them to do so, possibly using motivation-testing questionnaires as a guide. In such hands, an initial motivational interview can be an effective way to improve treatment uptake and outcomes. Because they are also brief therapies in their own right, an added benefit is that patients who quickly drop out will still have received potentially effective help.

Featured studies Rohsenow D.J. *et al.* "Motivational enhancement and coping skills training for cocaine abusers: effects on substance use outcomes." *Addiction*: 2004, 99, p. 862–874.

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Thanks to Mike Blank of Surrey Alcohol and Drug Advisory Service for his comments.