

9.7 Initial motivational session improves alcohol treatment retention and outcomes

Findings Two promising induction procedures for improving treatment retention and outcomes [have been directly compared](#) at a US outpatient alcohol service. Motivational interviewing emerged as preferable to 'role induction'.

126 callers to the service were eligible for the study (dependent on or abusing alcohol but not recently in treatment) and agreed to participate. They were randomly assigned to a control group simply given an appointment for their first therapy session, or to one of two 90-minute preparatory sessions. The motivational session aimed to bolster commitment to drinking reductions using written feedback on the client's drinking and related risks. The role induction session included information on what to expect from the therapy and how to get the most from it, and forewarned the client of possible negative feelings. All but a few clients attended their assigned sessions.

Only the motivational interview significantly improved attendance and drinking outcomes. Clients assigned to this subsequently attended 12 out of 24 therapy sessions compared to eight for the controls. During therapy and the 12-month follow-up they drank heavily on under two days a month compared to five for the controls, used other drugs less often, and felt better physically, effects which did not fade with time. The motivational interview seemed to promote attendance by helping clients to rapidly control their drinking. In turn, attending regularly may have helped them maintain this control. Surprisingly, the interview did not improve attendance at the very first therapy session. Neither were there any measurable added benefits in terms of alcohol-related problems or psychological well-being.

In context Previous research has also found that preliminary motivational interventions enhance treatment attendance and/or outcomes, while role induction improves initial rather than long-term attendance. However, when instability and lack of resources rather than lack of motivation are the main obstacles, motivational interventions have little impact.

What the featured study adds is a direct comparison between two popular approaches. Confidence in its results is boosted by a high follow-up rate and multiple, convergent outcomes. One complication is that in effect both intervention groups had shorter waiting times than the controls, but this cannot explain why only the motivational interview improved on normal procedures. Other measures might have raised attendance to the point where either preparatory session would have made little difference. For example, the resources put into these sessions could have been used to accelerate treatment entry and to prevent clients missing sessions by contacting them shortly before, reminding them of the time, and motivating attendance.

Such initiatives commonly improve not just retention but also substance misuse outcomes, sometimes even when attendance is unaffected. As well as helping ensure that the client receives the services they need, possibly they deepen their commitment to therapy by demonstrating concern, responsiveness, and preparedness not to let them slip through the net. Similar responsiveness, but demonstrated in the early stages of therapy itself, has been found to be an important retention-enhancing factor.

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Practice implications Alcohol counselling services should consider integrating a motivational interview into the initial contact to improve retention and outcomes. At the same time an assessment could be made of whether the client, despite being motivated to attend, may be blocked by lack of stability or resources or by social pressures or obligations. These clients may need intensive, practical assistance to clear away the obstacles. Sometimes this work (as in the featured study) is undertaken by specialist staff, but there is a strong argument for skilling all case workers to undertake these roles with their clients. Potential benefits include continuity for the client, an early start to forging a therapeutic relationship, and eliminating communication breakdowns between staff. Other means to improve attendance, retention and outcomes include pre-appointment reminders and reducing delays between initial contact and starting therapy.

Featured studies Connors G.J. *et al.* "Preparing clients for alcoholism treatment: effects on treatment participation and outcomes." *Journal of Consulting and Clinical Psychology*. 2002, 70(5), p. 1161–1169. Copies: apply Alcohol Concern.

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