



MOTIVATIONAL ENHANCEMENT THERAPY

Nursing

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ABSTRACT

Motivational Enhancement Therapy (MET) is a kind of counseling approach that helps individual to resolve their fluctuation about engaging in treatment and helping to stop their pattern of drug use. MET can be used regardless of an individual's commitment level. It is particularly effective when an individual has a strong resistance to change or is not strongly motivated to change. This therapy consists of an initial assessment like battery session, followed by two to four individual treatment sessions with a therapist; the priority goal is to help individuals overcome their ambivalence or resistance to behavior change. Motivational Enhancement Therapy is based on five motivational principles that are designed to guide the therapist's work with an individual in therapy. This approach has been highly successful with people addicted to alcohol and it's aided to improve their engagement in treatment and reduce their problem drinking pattern. The results of MET are mixed for people abusing other drugs (e.g., heroin, cocaine) and for adolescents who tend to use multiple drugs. In general, MET is highly successful and more effective for engaging drug abusers in treatment than for producing changes in drug use.

KEYWORDS

Motivational Enhancement Therapy (MET), Empathy, Discrepancy, Self-efficacy

INTRODUCTION

- Motivational Enhancement Therapy is an approach that helps individuals deal with their fluctuation about undergoing treatment and stopping their drug use.
- This therapy aims to stimulate rapid and internally motivated change, not by guiding the patient stepwise process through the recovery pathway.
- Those who hold in self-destructive behaviors may often be uncertain or have little motivation to change such behaviors, regardless of acknowledging the negative impact of said behaviors on health, family life, or social functioning.
- This therapy consists of an initial assessment session, followed by two to four individual treatment sessions with a therapist.
- A therapist trained in MET can often help an individual to feel behaviors more objectively, and through MET, an individual may become authorized to begin the process of change.
- Motivational enhancement therapy is a directive, person-centered approach to therapy that focuses on refining an individual's motivation to change.

GOALS

- Help individuals to overcome their fluctuation or struggle to change behavior.
- To increase inbred motivation by raising awareness of a problem, adjusting any self-defeating thoughts regarding the problem, and increasing confidence in one's ability to change.
- To encourage a person and to make self-motivating statements those display a clear understanding of the problem and a resolve to change.

PRINCIPLES

MET is based on five motivational principles that are designed to guide the therapist's work with an individual in therapy:

Express empathy: Supportive environment is created by the therapists in order to help an individual feel accepted and respected, and they engage in reflective listening rather than direct confrontation. The therapist role is to listen to what an individual is saying and after listening reflect it back, with slight but deliberate modifications. The modification done by the therapist makes the individual to feel that he has heard and understood and encourage the individual to elaborate

Develop discrepancy: In MET, the therapist directs attention toward the discrepancy (difference/deviation) between an individual's desired state of being and that individual's actual state of being. This discrepancy may help in recognizing the ways that current behaviors obstruct one from achieving goals, and it can also provide a strong impulse for behavior change.

Avoid argumentation: Here the therapist tries to avoid criticizing an individual or an individual's behavior, as this is thought to result in

defensiveness and resistance. Other, gentler methods are used to raise awareness of any problems, and any statements regarding a need for change should come from the individual, not the therapist.

Roll with resistance: Instead of directly confronting any resistance on the part of the individual, the therapist tries to defuse it, often through reflective listening or by simply going along with what an individual is saying. This approach may seem counterintuitive, but it decreases the odds of further defensiveness and may make it more likely that an individual will remain in therapy and benefit from other aspects of the intervention.

Support self-efficacy: One's motivation to change typically depends not only on the reasons for modifying behavior but also on the belief that one is able to perform the tasks required for change. One aspect of a therapist's role is to help individuals become aware of their ability to successfully undertake the actions needed for change.

MOTIVATIONAL ENHANCEMENT THERAPY SESSION

- This therapy consists of an initial assessment battery session, followed by two to four individual treatment sessions with a therapist.
- In the first treatment session, the therapist provides feedback to the initial assessment, stimulating discussion about personal substance use and eliciting self-motivational statements. Motivational interviewing principles are used to strengthen motivation and build a plan for change. Coping strategies for high-risk situations are suggested and discussed with the patient.
- In the following sessions, the therapist supervises change, reviews cessation strategies being used, and continues to encourage commitment to change or sustained abstinence.
- Patients sometimes are encouraged to bring a significant other to sessions.

PROCESS IN MET

During the session, the therapist will likely encourage the person in therapy to address and explore any concerns they may have about a particular issue they are experiencing, including any observations that others have made about the person in therapy's behavior.

The therapist may also ask an individual about short-term and long-term goals and evaluate any ways that a problem behavior may interfere with those goals.

Once a person in therapy has clarified any concerns, the therapist may focus on the options available for addressing those concerns. Treatment options are not prescribed; rather, they are elicited from the individual. For example, a therapist may ask, "What do you can do about this problem?" The therapist then works with an individual to create a change plan. This plan outlines desired changes, the reasons change is desired, and the steps the individual will take in order to

achieve change. Some of this work might be carried over to the second session, which builds on the initial progress made. A significant other, such as a close relative or friend, may be included in the first few sessions. The last two sessions are intended to reinforce progress and further encourage an individual's efforts.

MET is both non-confrontational and nonjudgmental. Diagnostic labels that convey a sense of powerlessness over the problem are avoided, while personal choice and control are emphasized. Instead of guiding an individual through a process of change and teaching specific skills, in MET, a therapist typically assumes that the individual already has the resources needed for change and works instead to help an individual mobilize these resources in order to achieve the desired outcome.

BENEFITS

Research has consistently demonstrated the efficacy of MET in increasing one's readiness to stop drug use, reducing the severity of substance use, and in lengthening periods of abstinence.

Preliminary evidence also indicates that MET may be useful in enhancing the treatment of other conditions, such as anxiety, eating disorders, and problem gambling.

Studies further suggest that MET can help stimulate positive changes in health-risk behaviors among youth living with HIV.

MET can be used regardless of an individual's commitment level.

It has been shown to be particularly effective when an individual has a strong resistance to change or is not strongly motivated to change. An example of this is in the case of substance abuse, as individuals who abuse drugs and alcohol may often find it difficult to stop using due to the reinforcing effects of these habits.

MET's focus on the rapid change, also makes it suitable for cases where the therapist has only limited contact with an individual. The non-confrontational and nonjudgmental style adopted by therapists also makes MET an effective approach in the treatment of adolescents who may be experiencing identity issues and/or trying to assert their independence.

CONCLUSION

- Research on MET concludes that its effects depend on the type of drug used by the person
- This has been highly successful in people addicted to alcohol to both improve their engagement in treatment and reduce their problem drinking.
- MET has also been used successfully in marijuana-dependent adults, when combined with cognitive-behavioral therapy, constituting a more comprehensive treatment approach.
- The results of MET are different for people abusing other drugs (e.g., heroin, cocaine) and for adolescents who use multiple drugs. In general, MET seems to be more effective for engaging drug abusers in treatment than for producing changes in drug use.

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