



# MOTIVATIONAL ENHANCEMENT THERAPY

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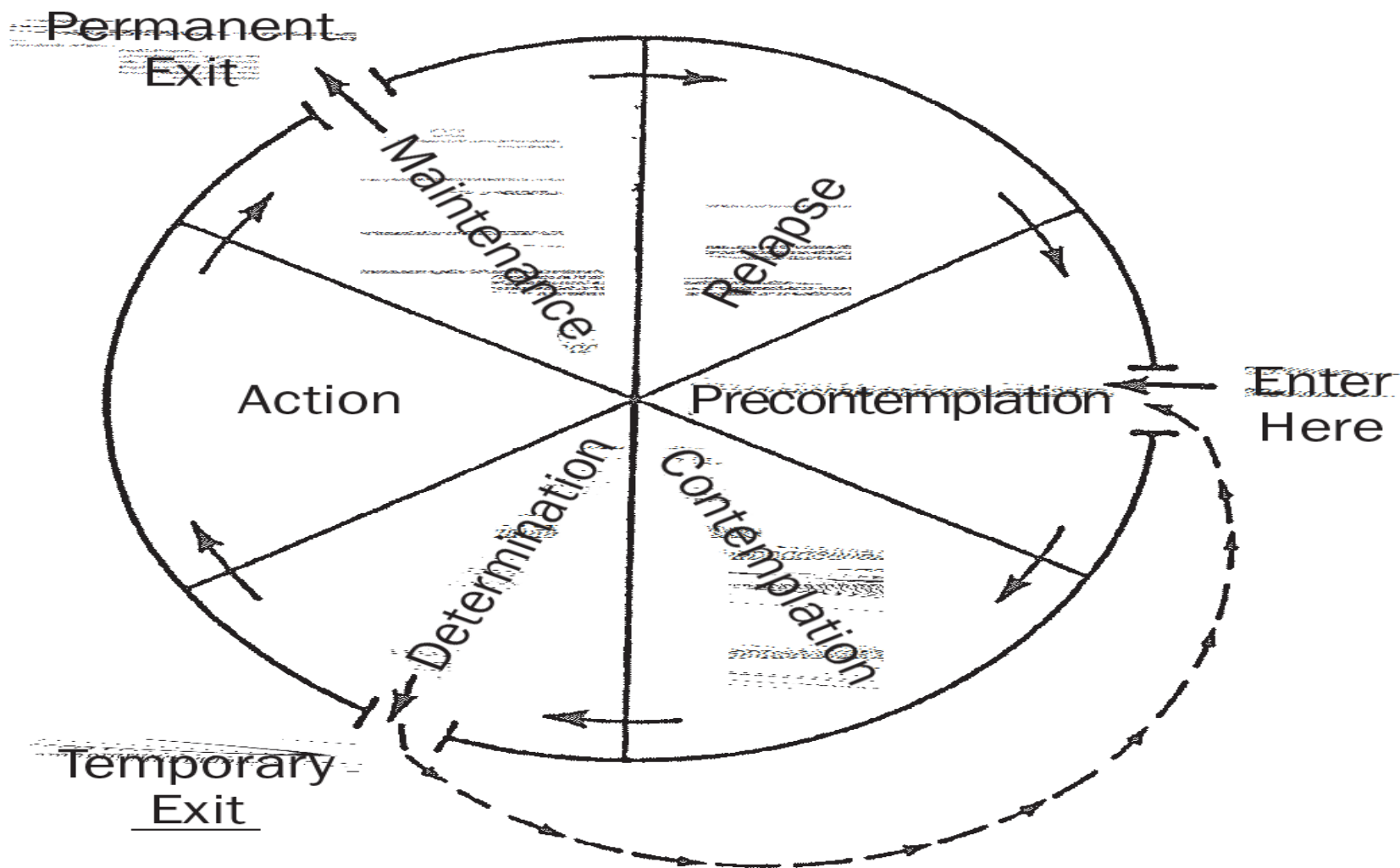


- MET was one of the (APPROACH) interventions tested in Project MATCH, A clinical trial of treatment options for those experiencing **alcohol addictions**, and an initiative of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in 1993.
- MET is based on the principles of motivational psychology.
- The main technique of this therapy is based on **Motivational Interviewing**, a counselling style developed by **William R. Miller and Stephen Rollick**.

# PRIMARY GOALS OF MET



- ❖ To overcome one's ambivalence or resistance to Behaviour change.
- ❖ To increase intrinsic motivation by raising awareness of a problem.
- ❖ Adjusting any self-defeating thoughts regarding the problem.
- ❖ encourages a person in therapy to make self-motivating statements that *display a clear understanding of the problem and A plan of action.*
- ❖ It can also be used as a pre-treatment to motivate an individual enough to start a more intensive and structured therapy e.g.: cognitive behavioural therapy.



Stages Of Change In Addictions By Prechovaska And Diclemente (process Of Natural Discovery. They Described A Trans theoretical Model Of How People Change Addictive Behaviours, With Or Without Formal Treatment



# FIVE MOTIVATIONAL PRINCIPLES

- **Express empathy:** to create a supportive environment and engage in reflective listening rather than direct confrontation.
- **Develop discrepancy:** to direct attention towards the discrepancy between an individual's desired state of being and that individual's actual state of being in order to aid in recognizing current behaviours that hinder achieving goals.



- **Avoid argumentation:** avoid attacking an individual's behavior, as this may result in defensiveness and resistance. need for change should come from the individual, not the therapist.
- **ROLL WITH RESISTANCE:** “roll with” the momentum, with a goal of shifting client perceptions in the process. New ways of thinking about problems are invited but not imposed. Ambivalence is viewed as normal, not pathological, and is explored openly.
- **Support self-efficacy:** Encouraging the belief that one is able to perform the tasks required for change. Making one aware of their own abilities.

# MILLERS CONTRAST IN APPROACHES



## CONFRONTATION-OF-DENIAL APPROACH

- Heavy emphasis on acceptance of self as “alcoholic”.
- Emphasis on disease of alcoholism which reduces personal choice and control.
- presents perceived evidence of alcoholism in an attempt to convince the client of the diagnosis.

## MOTIVATIONAL-INTERVIEWING APPROACH

- De-emphasis on labels acceptance of “alcoholism”
- Emphasis on personal choice regarding future use of alcohol and other drugs.
- conducts objective evaluation but focuses on eliciting the client’s own concerns.
- Resistance seen as an interpersonal behavior pattern.
- Resistance is met with reflection.



## COGNITIVE BEHAVIOURAL APPROACH

- ✓ *Assumes The Client Is Motivated.*
- ✓ *Seeks To Identify And Modify Maladaptive Cognitions.*
- ✓ *Prescribes Specific Coping Strategies.*
- ✓ *Teaches Coping Behaviours Through Instruction, Modelling, Directed Practice, And Feedback.*
- ✓ *Specific Problem-solving Strategies Are Taught*

## MOTIVATIONAL ENHANCEMENT APPROACH

- ✓ *Employs specific principles and strategies for building client motivation.*
- ✓ *Explores and reflects client perceptions without labelling or “correcting”.*
- ✓ *Elicits possible change strategies from the client and significant Other.*
- ✓ *Responsibility for change methods is left with the client.*
- ✓ *Natural problem-solving processes are elicited from the client and significant other.*





## NON DIRECTIVE APPROACH

- ❖ Allows the client to determine the content and direction of counselling.
- ❖ Avoids ENFORCING the counsellor's own advice and feedback.
- ❖ Empathic reflection is used Non contingently.
- ❖ Explores the client's conflicts and emotions as they are currently.

## MOTIVATIONAL ENHANCEMENT APPROACH

- Systematically directs the client toward motivation for change.
- Offers the counsellor's own advice and feedback where appropriate.
- Empathic reflection is used selectively to reinforce certain point.
- Seeks to create and amplify the client's discrepancy in order to enhance motivation for change.



- MET is both non confrontational and non judgmental.
- Diagnostic labels that convey a sense of powerlessness over the problem are avoided, while personal choice and control are emphasized.
- 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.



Thank you ...