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Q: What is motivational enhancement therapy?

A: Motivational enhancement therapy (MET) is a time-limited, manualized treatment that employs motivational interviewing (MI) with assessment feedback (Miller, Zweben, DiClemente, & Rychtarik, 1992). The goal of MET is to increase a patient’s motivation to change a problematic behavior which, in the case of alcohol use disorder (AUD), is alcohol consumption. MET comprises four treatment sessions over 12 weeks. In the first two sessions, the therapist uses results from an initial assessment battery to provide feedback to the patient about their alcohol consumption and the consequences of their drinking. The therapist then helps the patient devise a personal change plan and concurrently builds on their inherent motivation and commitment to change. The last two sessions are “booster” sessions in which a patient’s progress is encouraged and reinforced, their motivation is renewed, and their commitment to change is confirmed.

Q: What is the treatment model underlying MET?

A: Motivation has been noted as an important predictor of and mechanism of change (DiClemente, Corno, Graydon, Wiprovnick & Knoblach, 2017). This focus on motivation is rooted in the transtheoretical model of change (Prochaska & DiClemente, 1984) and subsequent work by the originators of motivational interviewing (Miller & Rollnick, 1991). MI, in turn, informed the development of MET, which supports the premise that motivation to change is inherent and that positive change often can occur without treatment. Consequently, MI-informed treatment generally endeavors to facilitate this naturally occurring process (Miller & Rollnick, 1991). The MI techniques employed in MET include listening empathetically, affirming the patient, and helping resolve ambivalence to change. Unlike most active treatments, in MET, the provider does not prescribe a course of action but collaborates with the patient to build a plan for change (Miller et al., 1992).

Q: Is MET recommended as a treatment for AUD in the Military Health System (MHS)?

A: Yes. The *2021 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* gives a “weak for” recommendation for MET in the treatment of patients with alcohol use disorder. *The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.*

Q: Do other authoritative reviews recommend MET as a treatment for AUD?

A: No. Other authoritative reviews have not substantiated the use of MET as a treatment for AUD.

Other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. Most notable of these organizations is Cochrane – an international network that conducts high-quality reviews of healthcare interventions.

- Cochrane: Although there were no systematic reviews directly examining the effectiveness of MET for treating AUD, a 2020 systematic review suggests Alcohol Anonymous/12-step programs are more effective. Specifically, results showed that such programs most often produced higher rates of continuous abstinence of a large magnitude when compared to other interventions such as cognitive behavioral therapy and MET (Kelly et al., 2020).

Q: What conclusions can be drawn about the use of MET as a treatment for AUD in the MHS?

A: The 2021 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders suggests MET for the treatment of AUD. Clinicians should consider several factors when choosing a treatment for their patient, including availability, provider competence, and patient preference that might influence treatment engagement and retention.

References

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