Appendix B: Motivational Enhancement Therapy in the Aftercare Setting

The manual to this point has focused on the application of the MET model to individuals presenting for treatment at an outpatient facility. The same principles and techniques can be applied effectively in the aftercare clinic. In the aftercare situation, the client has already completed a comprehensive abstinence-oriented inpatient treatment program, and the general focus of treatment will differ. Aftercare clients are more likely to be further along in the change cycle than clients first presenting for treatment. Many of these individuals will have thus far successfully negotiated the precontemplation, contemplation, and determination stages. They will have begun to take action at least in the hospital setting and possibly on several home visits. The real task for these clients is to return to their home environment and successfully sustain their abstinence from alcohol. They will need to transfer learning to be aware of possible pitfalls and remain committed to abstinence in the face of new and challenging situations. Although they can be assumed to be motivated to change if they have spent 14 to 28 days in the hospital, often the hospitalized client is unprepared for the posthospital environment and the challenge to their motivation that going home will provide.

While the basic principles and techniques of MET remain the same, the overall focus of treatment will be somewhat different. This section briefly outlines variations in the MET sessions when applied to aftercare clients.

Scheduling

Prior to discharge and before the first session, the Project MATCH client will have completed the initial screening, informed consent procedures, and the comprehensive assessment battery. Following completion of the assessment battery and before the client's discharge, project therapists contact the client to introduce themselves and schedule the first aftercare session. Regardless of the details of the particular research protocol being followed, it is desirable to schedule the first session as close as possible to the client's date of discharge.

As noted previously (see "Initial Session"), the therapist stresses the importance of having the spouse or significant other along to the first two sessions and also explains the importance of coming to appointments sober. In the aftercare setting, attempt to have the first appointment immediately prior to discharge so therapist and client will connect before leaving the hospital. This schedule may make spouse attendance problematic without adequate planning.

Structuring (see "The Structure of MET Sessions") the therapy sessions is particularly important for aftercare clients. These clients already have completed lengthy inpatient treatment and have well-developed expectations for what therapy sessions should be like. In most cases, these therapy expectations will differ considerably from the nondirective style of MET. Here is an example of what you might say to an aftercare client at the beginning of the first session:

> Before we begin, I'd like to talk a little bit about how we will be working together over the next 3 months. You've already successfully completed the treatment program here, and these aftercare sessions are aimed at helping you maintain the changes that you've begun during your stay in the hospital. Also, we'll be trying to help you deal with new problems that might come up in these first few months following your discharge.
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> My approach may be different from what you were used to during your stay in the hospital. For one thing, I'm not going to be *telling* you what you should or shouldn't do. I can help you to think about your present situation or new problems and consider what, if anything, you might want to do, but if there are any decisions to be made or any changing to be done, *you* will be the one doing it. When it comes right down to it, nobody can tell you what to do and certainly nobody can make you change. I'll be giving you a lot of information about yourself, and maybe some advice, but what you do with all of it is completely up to you. I couldn't change you if I wanted to. The only person who can decide whether or how to change is *you*. How does that sound? (Explore client's and significant other's reactions as previously discussed.)
>
> Now, you spent a lot of time completing tests and questionnaires for us just before you were discharged. I appreciate the time you spent on those. Today we are going to make good use of the information you gave to us. We'll be going over the results of some of those tests in detail. As you may know, this is the first of four sessions that we will be having. During these sessions, we will take a close look at your situation and help you adjust now that you're out of the hospital. I think you'll find these sessions interesting and helpful.

Reviewing Progress

Since the client has already completed a treatment program and presumably made some commitment for change, it is important to monitor the client's progress in meeting his/her goals. The client's judgment of progress can be assessed with an open-ended question such as, "Well, before we go any further, tell me how things have been going since you came to the hospital?" When asking this question, the therapist may want to look at both the client and the client's SO and allow either one to respond. Allow the client or SO to volunteer information. If the client answers only briefly (e.g., "Oh, fine"), ask for elaboration (e.g., "When you say fine, what do you mean?"). The therapist should use empathic reflection, affirmation, or reframing as discussed previously in responding to the client or SO. If the response of the client or SO does not touch on drinking or urges to drink, it is appropriate to ask direct questions or make statements to elicit this information. As with anything in the MET approach, however, these questions/statements should be asked in a nonjudgmental manner. For example, the statement, "You haven't mentioned anything about your plans for discharge, return to work..." will often prompt a reason.

During the second through the fourth sessions, in response to either reports of drinking or reports of abstinence in the time since discharge, the therapist should attempt to explore the clients' own attributions regarding their behavior. For example, in response to a report of no drinking, the therapist might say, "Well, Joe, it sounds as though you've been doing extremely well. I was wondering what you see yourself doing differently now that's helped you to remain sober?" To the client's response, the therapist should use empathic reflection, affirmation, and reframing as a means of exploring and reinforcing changes the client has made. As noted previously, the goal here is to enhance the attitude of self-responsibility, reinforce effort, and support the client's self-esteem.

In response to a report of drinking since discharge, it is important for the therapist to remain nonjudgmental. At the same time, however, the therapist should explore more carefully the circumstances surrounding the slip or relapse and the client's feelings about it. For example, "Can you tell me more about what was happening at the time you decided to take a drink? How were you feeling?" or "What led up to you deciding to take a drink?" Again, the therapist should use empathic reflection and reframing in discussing the relapse episode. Overall, the therapist should encourage the client to discuss the circumstances leading up to the relapse, the relapse, and how the client felt afterward. The therapist should also explore what the client should do differently in the future to reduce the risk of relapse. For example, "Joe, given this experience you had, what do you think you would do differently in the future to prevent this from happening?" As is basic to the self-motivational approach, the goal here is to allow the client to generate and decide on self-change strategies.

The exploration of relapse situations may lead into several relevant areas of further discussion and exploration. For example, for individuals experiencing considerable guilt over a relapse, the therapist can offer supportive statements and information. "It is not unusual for people to have a slip when they first get out of the hospital. What is important is that they try to evaluate what happened and what changes they need to make to reduce the risk of it happening again. You deserve a lot of credit for catching that slip before it got too far out of hand." Discussion of a relapse episode may also unveil a client's uncertainty over abstinence as their intended goal. In such instances, the therapist should emphasize that while we advise and encourage abstinence as a goal, it is ultimately up to the client to decide (see "Emphasizing Abstinence"). A related issue may be slips in which the client consumes light or moderate levels of alcoholic beverage. In these cases, it is important to reinforce the client's restraint but also, where appropriate, advise the client of the potential risk of even moderate consumption levels. Finally, exploration of relapse situations may reveal considerable resistance (see "Handling Resistance"). It is very important that the therapist not be seen as a judge so the client would be willing to return to talk about the frustrating and embarrassing experience of slipping or relapsing.

Generating Self-Motivational Statements

The discussion of relapses (or abstinence) during the time since discharge provides a gateway into discussing the client's motivation for wanting to change (see "Eliciting Self-Motivational Statements"). For abstinent clients or clients functioning well with respect to drinking, the therapist can elicit the perceived differences they have noted in their life now compared to when they were drinking. This discussion can lead to the client's reviewing reasons for wanting to change. Clients who are doing well sometimes become overconfident, and a review of negative events which occurred before they quit drinking and positive events occurring since quitting can make their initial motivations for change more salient. In most cases, eliciting self-motivational statements from aftercare clients may be easier than eliciting statements from individuals first presenting for treatment.

For individuals who have relapsed, the generation of self-motivational statements is particularly important. In fact, some of these individuals may have reverted to (or never left) the precontemplation or contemplation stage in the cycle of change. Self-motivational statements to bring the client back to the determination and action stages should be elicited (see "Eliciting Self-Motivational Statements").

Providing Personal Feedback

Once the therapist has reviewed the client's progress and elicited self-motivational statements, attention should be turned to giving feedback from the client's predischarge assessment (see "Presenting Personal Feedback"). The personal feedback form and the assessment

battery used in Project MATCH is provided in appendix A, with suggestions on how it may be modified to fit the needs of other research protocols. Rather than being abrupt, the therapist should try to make a smooth transition and may want to incorporate feedback with the elicitation of self-motivational statements. For example, in responding to a client's reasons for wanting to quit, the therapist may say, "That's very consistent with what you were telling us on the tests and questionnaires that you completed. Maybe this would be a good time for us to discuss the results of those now." Another transition statement might be, "I think it is important to discuss changes which you think you need to make to prevent a relapse from happening again. In doing that, it might be helpful for us to review the results of the tests and questionnaires you completed just before discharge. This might give you some perspective on where you're at now and maybe what you want to work on."

Feedback for aftercare clients will be similar to that described in previous sections of the manual. Reviewing the level of addiction, quantity/frequency of drinking, patterns of use, and consequences of drinking can be quite helpful in motivating continued commitment to change. Some clients may only now, after several weeks of sobriety, be capable of understanding their destructive pattern of drinking. This information can also be important for helping them develop a solid postdischarge plan. Feedback on family history of drinking and neuropsychological assessments can provide additional information for discussion with client and significant other.

The focus of the feedback with the aftercare client is not so much the need for change as it is the need for continued effort. It would be important to tie in the work and progress the client has made during the hospital stay. In fact, reviewing hospital progress can be a valuable additional topic during the first session of treatment. However, be careful not to get into a discussion that is simply a critique of the hospital or some staff. Encourage them to bring up complaints to the hospital staff if necessary. Keep the focus on the discharge and where do we go from here.

Developing a Plan

With few exceptions, most of the aftercare clients will have already made some commitment for change and have a plan for change. Reviewing this plan in concert with their progress since discharge is important. Once the personal feedback has been provided, the therapist should summarize the main points (see "Summarizing") for the client and elicit the client's perceptions of the information provided (if this has not been done already). For example,

> Just to summarize what we've been talking about, Joe, you indicated that one of your main reasons for seeking treatment was your concern about your health. Certainly, this appeared to

be a wise decision since, as we saw, your liver tests were elevated way above normal when you entered the hospital. Your drinking was negatively affecting your liver and could have led to permanent damage. This is common for individuals with moderate to severe alcohol problems and, as we saw, you seem to fit in this group. We also saw that with abstinence during your time in the hospital your liver tests basically returned to normal. This is very encouraging and indicates that if you remain off alcohol, your health will continue to improve or, at least, not deteriorate further. You also indicated in the tests that one of your most difficult situations with respect to drinking is when you find yourself at home with nothing to do and feeling lonely. This appears to be the problem you ran into last weekend in which you said you had a strong urge to have a drink. You also express some difficulty turning down drinks when you're around some of your old buddies. Based on your discussion here, it certainly sounds like you are committed to staying off alcohol. In fact, since discharge you have been doing extremely well. At this point then, it may be helpful for us to talk about what you feel you need to do or need to continue doing in order to maintain the important change you've already made.

Although it is not necessary to complete the plan for change by the end of the first session, some plan elements should be completed in order to give closure to the first session.

In the second and subsequent sessions, the therapist should complete the plan for change, if it has not been done already. The majority of these sessions will be spent reviewing progress as discussed above, reinforcing the client's change and modifying the plan for change as needed.

The first two sessions of MET are scheduled to occur within a week of each other. Feedback and spouse involvement are scheduled during these sessions. If significant others cannot come in during these sessions, they can be invited to later sessions.

The final two sessions are times when clients can check in and reflect on their progress and problems. If they have lost momentum or have encountered serious problems, this is the time to reflect, empathize, summarize, and offer advice. Followthrough on the plans and modifying plans would be a major focus of these sessions. In Project MATCH, as with the other therapies, ME therapists have available up to two emergency sessions to use if there are crises for the client. These would be used similarly to those in the outpatient condition.

Integrating MET Aftercare With Inpatient Programing

Experiences with Motivational Enhancement Therapy in the aftercare setting have been quite positive. Many patients view the support for *taking personal responsibility* for their aftercare plan to be quite helpful. Although this message may be somewhat at variance with the information given during the inpatient stay, clarification of the MET philosophy and perspective can be an important first step to engaging the patient. The focus on discharge and life after hospitalization is critical for the aftercare patient. Focus not only on the plans for sobriety, which may have been heavily influenced by inpatient staff and other patients, but also on plans for establishing routines and goals postdischarge. Several key issues can arise in this context.

The Prepackaged Plan

Most aftercare patients will have a postdischarge plan that is developed during the hospital program. At times, these plans are rather standardized, depending on the type of inpatient program, and can include AA, group therapy, or disulfiram. They often include messages about employment, relationships, leisure, exercise, and a variety of other activities or life situations. *Exploring this plan* is a critical first step in assisting clients in developing their own unique plan to which they can commit. It is important to explore which elements the clients really believe will work and will fit with their unique situation. *Be careful to have clients be as specific as possible in discussing the plan.* Elicit the details of the plan and how it will work.

In some cases, the discharge plan may not be well formulated or may change as the client leaves the hospital. It is important to check with the *client about how the plans are developing.* From one week to the next, the client's plan can undergo substantial revisions. This would be particularly true during the time between the final two MET sessions.

Should the prepackaged discharge plan serve as the action plan of Motivational Enhancement Therapy? In each case, the MET therapist works with the client to answer this question. In the aftercare condition, the therapists help the clients evaluate prehospital problems, the feedback, and the hospital discharge plan to develop a unique action plan. This plan can include all or part of the prepackaged plan if the motivation elicited during the first sessions focuses on these elements. However, as clients consider their particular situation and address personal issues and situations, the MET action plan can be quite different from the prepackaged plan.

Disulfiram

Some clients will be discharged from the hospital on disulfiram, which must be taken regularly. There are several important considerations about disulfiram and ME therapy. Disulfiram can be a very helpful aid in promoting sobriety in clients who are impulsive and may need some built-in delays and deterrents to drinking. However, clients can see disulfiram as the sole cause of their sobriety. This can undermine

self-motivation and self-efficacy. If clients are planning to use disulfiram as part of their postdischarge plans, it is *important to explore how the disulfiram will help* and *what role it will play in sobriety.* It is also helpful to elicit self-motivational statements that make clients the agents in the use of disulfiram. It is their decision to take disulfiram and their evaluation of the need for disulfiram that will help them to follow through with the prescription that makes disulfiram work. Ownership of the disulfiram plan and daily commitment to the prescription can certainly be a valuable part of the MET action plan and promote successful sobriety. Do not be afraid to include disulfiram in the plan, but only include it if the client endorses it and has a personal commitment to it. Often, disulfiram is the decision of the doctor and not the client. In this case, it is important not to undermine or sabotage the inpatient prescription but not to endorse or push it if the client does not demonstrate any commitment to the disulfiram. Focus your attention on other behaviors and ideas that can engage the client's interest and commitment.

Alcoholics Anonymous

It will be difficult, if not impossible, for any client to complete an inpatient stay without having a prescription to attend AA or to participate in the 12-Step recovery process. AA involvement is often a major element in the discharge plan prepared in the hospital and part of the hospital regimen. Thus, in the aftercare condition, it would be impossible to simply ignore AA involvement. However, because of the overlap with other treatment conditions, you need to be careful not to become an independent promoter of AA involvement. In the MET condition, it seems best to handle AA involvement the same as other aspects of the client's plan. Therapists do not originate or promote any one measure or method of achieving sobriety. Therapists do help clients to explore and evaluate both problems and solutions as indicated by the client or the feedback information.

Specifically, this approach would mean that AA involvement is examined if it is proposed by the client or has been a part of the client's experience. In this examination, the therapist explores the specifics, uses reflective listening, elicits motivational statements, and summarizes the client's plans and commitment with regard to AA involvement and 12-Step work. Some clients may simply be reflecting a party line, others may be convinced of the value of meetings, and still others may be committed to working with a sponsor and completing each of the 12 Steps of recovery. Understanding the client's level of understanding and commitment is the first step. If any level of AA involvement is included as an integral part of the action plan postdischarge, it needs to be monitored and examined as the therapist would do with any other method or measure decided by the client.

Motivational Enhancement Therapy attempts to identify motivations and maximize the client's commitment to a personal, individual plan of action. For clients who identify AA as a viable part of their plan, the

task of MET is to enhance the personal motivation and commitment to follow through with that part of the plan. From this perspective, there is no conflict between AA involvement and MET. In fact, they can be quite compatible, particularly in the aftercare condition where the social support and philosophy of AA, if freely chosen by the client, can provide substantial assistance in achieving the goal of sobriety.

Feedback

Even after an inpatient stay, clients appear genuinely interested in the results and can gain information, insight, and motivation from the specific feedback given to them about their condition. Several cautions need to be heeded in giving feedback in the aftercare condition that may differ from the outpatient condition.

At times, the feedback on liver functioning and neuropsychological functioning will appear to be nonproblematic. This can be interpreted by a client as a sign that there are no problems or no damage. It is important to remember that the tests given provide only gross indicators and are not designed to assess subtle signs of damage or dysfunction. In other words, these tests do not give the client a clean bill of health and, if negative, need to be contrasted with the significance of the problem that needed hospital treatment. Having few indicators of damage can also be reframed to convey the message that the client is fortunate to not yet be showing gross symptoms. This message can be used to increase motivation for sobriety, since sobriety can ensure protection from any further alcohol-related damage.

Clients may be quite interested in having additional information and explanation of their physical condition. Since they are coming from a hospital setting, they may address the therapist as one who is well versed in medical conditions and problems. It is important for therapists to clarify specific issues, to acknowledge when they do not know an answer, and to obtain an answer for the next session or refer clients to the physician in charge of their case in the hospital. Issues of credibility and accuracy of information are important considerations in the feedback process.

Ambivalence and Attribution

ME therapists in aftercare settings should not be surprised to find ambivalence about drinking, and particularly about abstinence, among their clients. Many individuals who enter hospital treatment are motivated by external pressures or by current problems or concerns at the time of the hospitalization. The hospital stay can be a time of respite and even one of eroding motivation as the pressures or concerns recede. Therefore, it is critical not to assume motivation for sobriety postdischarge. Often, clients are motivated not to go back to the hospital, never to get to that prehospital state again, and not to have as many problems that drove them to drink. If you listen care-

fully, you will hear that these are not motivations about drinking but about the problems drinking caused.

In exploring the drinking problem, it is often helpful to get a clear understanding of what led to the prehospital pattern of drinking and the reason for hospitalization. It would be important to continue to connect psychosocial problems with drinking whenever this can clearly be done. Understanding how the postdischarge plan will address both drinking and other lifestyle, relationship, and employment issues can be a fruitful avenue of discussion. Listen carefully for what abstinence from drinking will mean for this client and what it will entail. Many of these clients have been living in alcohol-saturated environments. In fact, this may be part of the reason for hospitalization. Discharge from the protected setting of the hospital will severely test plans and ideas about abstinence. Even a firmly motivated stance during the first session in the hospital can be shaken to the foundations at the second session after the client is discharged. The first few weeks can be quite volatile with respect to motivations about sobriety and plans for using certain coping measures to ensure sobriety. Aftercare ME therapists need to be aware of these issues, probe for the ambivalence, and listen carefully to the client. Using reflective listening, supportive and empathic statements, and accurate, sensitive feedback will be particularly needed to handle the ambivalence of the aftercare client.

The hospital setting provides a safe environment for helping clients initiate an alcohol-free existence. The restricted setting, however, can have a deleterious effect on client attributions of success. Since access to alcohol cues is quite limited during detox and hospital stays, clients have to attribute some of their successful abstinence to external control. Part of the task of the aftercare ME therapist is to assist the client in retributing the success to internal causes. After all, the client chooses to enter and stay in the hospital and must choose the level of participation in the program as well as the level of commitment to sobriety. Thus, although it is true that the restricted setting is helpful, attribution to personal goals, effort, and achievement is important to increase self-efficacy. Since MET puts the responsibility for sobriety squarely on the client, it would be helpful to explore and assist in the attribution of success to the client rather than the hospital. This is an ongoing process that becomes more salient as the client is discharged and during the later sessions of MET.

Motivational Enhancement Therapy can be an effective aftercare treatment for clients discharged from various types of inpatient treatment. This aftercare approach can enhance the work accomplished by the clients during their inpatient program and can assist them in developing a solid plan for achieving and maintaining sobriety.