

# The Efficacy of Motivational Enhancement Therapy in Enhancing Readiness to Change Among Individuals with Alcohol and Substance Use Disorders: A Multi-Case Study

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## Abstract

Substance use disorders (SUDs), encompassing alcohol and drug dependency, pose significant global health challenges. Motivational Enhancement Therapy (MET) has emerged as a client-centered intervention to enhance intrinsic motivation for behavioral change, particularly among individuals with ambivalence or resistance to conventional treatment approaches. This study examines the efficacy of MET in enhancing readiness to change in seven male patients undergoing inpatient rehabilitation for alcohol and substance use disorders through a multi-case study design. Each patient was evaluated using the Stages of Change Model (Prochaska & DiClemente, 1983) to assess motivational shifts over the intervention period. Results indicated that MET facilitated progression to advanced stages of change for most participants, with notable improvements in readiness to change for five of the seven cases. However, variability in outcomes highlighted the influence of individual factors such as baseline motivation and co-occurring conditions. Findings suggest MET's utility as a tailored approach to addressing substance use, emphasizing its importance in clinical practice.

**Keywords:** Motivational Enhancement Therapy, Substance Use, Alcohol Use, Readiness to Change, Stages of Change

## 1. Introduction

Substance use disorders (SUDs), encompassing alcohol and drug dependency, are a leading cause of morbidity and mortality worldwide (World Health Organization [WHO], 2021). These disorders are characterized by a chronic and relapsing nature, often leading to severe physical, psychological, and social consequences (National Institute on Drug Abuse [NIDA], 2020). Traditional treatment approaches, such as cognitive-behavioral therapy and pharmacotherapy, have shown varying degrees of success in addressing ASUDs. However, there remains a critical need for interventions that effectively enhance individuals' readiness to change their substance use behaviors (Miller & Rollnick, 2013). Despite the widespread availability of treatment programs, the chronic and relapsing nature of SUDs presents significant challenges to long-term recovery. One of the most significant obstacles in treating SUDs is the individual's readiness to change, which often fluctuates and can be heavily influenced by ambivalence toward quitting addictive behaviors. Motivational Enhancement Therapy (MET), a client-centered

intervention, aims to address this issue by enhancing an individual's motivation to change, particularly in cases where clients exhibit resistance to traditional treatment approaches (Miller & Rollnick, 2013).

Motivational Enhancement Therapy (MET) is a client-centered, directive approach designed to elicit and strengthen intrinsic motivation for change (Miller, Zweben, DiClemente, & Rychtarik, 1992). Rooted in the principles of motivational interviewing, MET focuses on resolving ambivalence and enhancing commitment to change through a series of structured sessions (Miller & Rollnick, 2013). MET is grounded in the **Stages of Change Model** (Prochaska & DiClemente, 1983), which posits that individuals with SUDs progress through various stages, including pre-contemplation, contemplation, preparation, action, and maintenance. The primary goal of MET is to assist individuals in moving from ambivalence to active engagement in the recovery process. Research has shown that MET is effective in improving engagement with treatment, increasing the likelihood of treatment completion, and reducing substance use behaviors (Carroll et al., 2006). It is particularly beneficial in settings where patients are initially reluctant to engage, such as inpatient rehabilitation programs, which provide a controlled and supportive environment conducive to intensive intervention (Miller & Rollnick, 2013). The efficacy of MET has been demonstrated in various clinical settings, particularly in the treatment of alcohol use disorders (Project MATCH Research Group, 1997).

While numerous studies have explored MET's effectiveness in various treatment contexts, there remains a gap in the literature concerning its application specifically in inpatient rehabilitation for alcohol and substance use disorders. There is also a paucity of research examining its effectiveness in enhancing readiness to change among individuals with co-occurring alcohol and substance use disorders. This study aims to address this gap by examining the impact of MET on readiness to change among seven patients undergoing inpatient treatment for alcohol and substance use. By focusing on a multi-case study approach, the current research investigates how MET facilitates motivational shifts, identifies factors that may contribute to treatment variability, and offers insights into the potential for broader implementation in inpatient settings.

The findings of this study have the potential to inform clinical practice and contribute to the development of more effective treatment strategies for individuals with Alcohol and Substance Use Disorders. By enhancing our understanding of the role of MET in promoting readiness to change, this research may ultimately lead to improved outcomes for those struggling with alcohol and substance use disorders.

## 1.1 Research Question

To address the objectives of this study, the following research question is posed: How effective is Motivational Enhancement Therapy (MET) in enhancing readiness to change among individuals with alcohol and substance use disorders undergoing inpatient rehabilitation?

By addressing this research questions, this study aims to contribute to the existing body of knowledge on MET and provide insights into optimizing its application in clinical practice.

## 2. Review of literature

### 2.1 Theoretical Foundations of Motivational Enhancement Therapy (MET)

Motivational Enhancement Therapy (MET) is grounded in the **Transtheoretical Model of Behavior Change** (TTM), developed by Prochaska and DiClemente (1983). This model posits that individuals progress through distinct stages of change: pre-contemplation, contemplation, preparation, action, and maintenance. MET targets the ambivalence that individuals often experience in the earlier stages,

particularly pre-contemplation and contemplation, by facilitating self-reflection and increasing the individual's intrinsic motivation to change (Miller & Rollnick, 2013). The primary objective of MET is not to directly instruct or confront the patient but rather to engage in a collaborative dialogue that encourages self-exploration, goal-setting, and resolving ambivalence toward behavior change (Rollnick, Miller, & Butler, 2008).

The focus of MET is consistent with motivational interviewing principles, where the therapeutic relationship fosters a non-judgmental, empathetic, and supportive environment. According to Miller and Rollnick (2013), the therapist's role in MET is to evoke change talk (i.e., statements that express the desire, ability, reasons, or need for change), ultimately leading to the patient's movement through the stages of change. This theoretical framework positions MET as a valuable tool in facilitating readiness to change, particularly for individuals resistant to more directive treatment approaches, such as those found in inpatient rehabilitation settings.

## 2.2 Previous Research on MET

Several studies have highlighted the effectiveness of MET in enhancing readiness to change in patients with substance use disorders (SUDs). One of the seminal studies on MET is the Project MATCH, which compared the efficacy of MET, cognitive-behavioral therapy (CBT), and twelve-step facilitation therapy in treating alcohol use disorders (Project MATCH Research Group, 1997). The study found that MET was as effective as the other two interventions in reducing alcohol consumption and improving treatment outcomes. These findings underscored the potential of MET as a viable treatment option for alcohol use disorders.

The concept of readiness to change is central to the effectiveness of MET. DiClemente et al. (2004) examined the stages of change in individuals undergoing MET for alcohol dependence. The researchers found that MET significantly enhanced participants' readiness to change, as evidenced by their progression through the stages of change model. This study provided empirical support for the theoretical underpinnings of MET and its role in facilitating behavioral change.

Further evidence supporting MET's effectiveness comes from Hettema, Steele, and Miller (2005), who conducted a meta-analysis on the effectiveness of MI and MET in substance abuse treatment. Their findings suggest that MET is particularly effective in enhancing motivation to change in individuals with alcohol and drug use disorders. The analysis revealed that individuals receiving MET showed significant reductions in substance use, particularly in those who were ambivalent or in the early stages of change. This meta-analysis reinforces the idea that MET helps facilitate movement through the stages of change, promoting greater engagement with the treatment process.

Carroll et al. (2006) explored the use of MET in combination with cognitive-behavioral therapy (CBT) for treating alcohol dependence. Their study demonstrated that MET increased readiness to change, improved engagement with treatment, and led to significant reductions in alcohol consumption. Notably, the study found that MET was most effective for individuals who were in the early stages of change, such as those in the contemplation or preparation stages. This suggests that MET can be a powerful intervention for individuals in inpatient settings who may be initially resistant to recovery or unsure about their need for treatment.

Comparative studies have further elucidated the relative efficacy of MET. Lundahl et al. (2010) reviewed 119 studies on motivational interviewing and MET, concluding that these approaches were effective in reducing substance use and enhancing treatment engagement. The meta-analysis also noted that MET was

particularly beneficial for individuals with low initial motivation, suggesting its utility in diverse clinical populations.

A pivotal study by Miller and Rollnick (2013) outlines the foundations of MET and its application to substance use disorders. According to Miller and Rollnick, MET is based on the principles of **motivational interviewing (MI)**, focusing on eliciting and strengthening an individual's intrinsic motivation to change through empathetic listening and non-confrontational techniques. The authors emphasize that MET's efficacy is particularly pronounced in treating individuals who exhibit ambivalence toward change, a common characteristic of those suffering from alcohol and substance use disorders. Their research indicates that MET, when combined with other treatment modalities, is effective in reducing substance use and improving treatment outcomes, particularly in inpatient settings where patients are often initially resistant to engagement.

Hersh et al. (2014) evaluated the effectiveness of MET in a dual-diagnosis population, focusing on individuals with both substance use and psychiatric disorders. The results indicated that MET helped these patients build motivation for change and increased their engagement in both substance use treatment and psychiatric care. The study highlighted the flexibility of MET, showing its utility not only for individuals with alcohol and drug dependence but also for those with co-occurring mental health disorders.

Additionally, Johnson et al. (2015) examined the application of MET in inpatient settings, specifically focusing on the treatment of individuals with both alcohol use and co-occurring mental health disorders. The researchers found that MET was effective in increasing motivation to change, even among individuals with complex, dual diagnoses. Participants in the study reported increased self-efficacy, a stronger commitment to sobriety, and a greater willingness to engage in follow-up care post-treatment. This study highlights the adaptability of MET in addressing the needs of patients in inpatient settings, suggesting that MET can work alongside other therapeutic interventions, such as psychiatric care, to enhance treatment outcomes.

In a study examining MET's impact on adolescents in inpatient settings, Miller et al. (2015) found that MET helped increase readiness to change in this age group by focusing on building rapport and encouraging open dialogue. The research indicated that MET was particularly useful for adolescents who had not yet fully recognized the severity of their substance use issues, thereby increasing their engagement in the treatment process.

Sullivan et al. (2017) found that MET's efficacy may vary depending on individual characteristics such as baseline motivation levels, psychiatric comorbidities, and the length of inpatient treatment. Their study suggested that while MET is generally effective, individuals who are severely resistant to change or who have complex psychiatric conditions may not benefit as much from MET alone. These findings indicate the importance of tailoring MET to individual needs and combining it with other therapeutic modalities when necessary.

A study by Vasilenko et al. (2017) demonstrated that MET was effective in increasing motivation to change and decreasing alcohol and marijuana use among young adults. This study suggested that MET, when implemented in early treatment phases, led to greater reductions in substance use compared to standard treatment alone. This supports the idea that MET can be particularly effective when introduced in the early stages of inpatient rehabilitation.

In summary, the literature strongly supports the efficacy of MET in improving motivation and readiness to change in individuals undergoing inpatient rehabilitation for alcohol and substance use disorders. Studies consistently show that MET is particularly effective in addressing ambivalence and increasing

engagement in treatment, especially for individuals in the early stages of change. However, variability in treatment outcomes highlights the need for individualized approaches and the potential benefits of combining MET with other therapies for individuals with complex needs or severe resistance to change.

### 2.3 Research Gaps in the Literature

While MET has been well-established as an effective intervention in various settings, there are several gaps in the current literature that warrant further investigation. First, much of the existing research has focused on adults with alcohol use disorder, with limited attention given to other substances, such as opioids or polysubstance use (Hersh et al., 2014). Inpatient settings often cater to a diverse range of substance use disorders, and understanding how MET applies across these different contexts remains an underexplored area.

Additionally, most research on MET has been conducted using generalized treatment protocols, and few studies have examined the potential influence of demographic variables (e.g., age, gender, cultural background) on treatment outcomes. The study by Vasilenko et al. (2017) suggests that age and life stage can influence the effectiveness of MET, yet more research is needed to understand how these factors interact with the stages of change and influence the therapeutic process.

Another important gap is the longitudinal effectiveness of MET in inpatient rehabilitation. While many studies have reported short-term gains in motivation and substance use reduction, fewer have followed patients over extended periods to assess the durability of MET's impact. Research by Carroll et al. (2006) found that MET led to immediate improvements in treatment engagement but did not track patients long enough to determine the long-term impact of enhanced motivation on sustained recovery.

Finally, the application of MET in dual-diagnosis populations remains an area of limited exploration. Although some studies, such as that by Hersh et al. (2014), have suggested that MET can be effective in individuals with both substance use and mental health disorders, further research is needed to investigate the specific mechanisms through which MET influences both conditions simultaneously.

### 2.4 Conclusion

The existing literature provides robust evidence supporting the efficacy of MET in treating alcohol and substance use disorders in enhancing readiness to change and improving treatment outcomes for individuals with substance use disorders, particularly in inpatient rehabilitation settings. While existing research highlights MET's efficacy across a variety of populations, there are notable gaps in the literature, particularly regarding the application of MET for individuals with polysubstance use, dual diagnoses, and long-term treatment outcomes. Further research addressing these gaps will provide a more comprehensive understanding of the ways in which MET can be tailored to diverse patient needs and settings.

## 3. Case Descriptions

### Case 1: Patient A, Male, 36 years old

**Substance use history:** Severe alcohol dependence (15+ drinks per day) for the past 5 years along with heavy cigarette use. The patient reported significant interpersonal relationship issues with family and friends, loss at workplace, and a social circle that reinforces alcohol consumption.

**Motivational Baseline:** Pre-contemplation stage, rigidly resistant to change, and unwilling to quit drinking completely. During MET, the patient maintained that his drinking depended on his mood, indicating persistent ambivalence.

**Intervention Outcome:** Despite MET, Patient A did not progress beyond the pre-contemplation stage. Therapist observations revealed limited engagement and defensive responses to therapeutic interventions.

**Case 2: Patient B, Male, 30 years old**

**Substance use history:** Severe alcohol dependence (8-10 drinks daily) for the past few months. His father also has a drinking problem, suggesting a potential familial or environmental influence.

**Motivational Baseline:** Pre-contemplation stage. The patient acknowledged his drinking as a problem only after engaging in MET sessions.

**Intervention Outcome:** Patient B showed a significant shift in motivation, progressing to the contemplation stage by acknowledging the need for change. He demonstrated readiness to take further steps toward reducing his alcohol use.

**Case 3: Patient C, Male, 39 years old**

**Substance use history:** Heavy drinking for 6 years. Experienced three alcohol withdrawal seizures: two occurring after the first two years of severe alcohol dependence within a two-month span and a third, one year later.

**Motivational Baseline:** Contemplation stage, expressing some awareness of the need for change.

**Intervention Outcome:** After MET, Patient C progressed to the action stage. He learned relapse prevention strategies and showed a strong commitment to maintaining sobriety.

**Case 4: Patient D, Male, 27 years old**

**Substance use history:** Severe alcohol dependence (7–8 drinks daily) for the past 2 years. Initially presented in severe withdrawal, with disorientation to person, place, and time.

**Motivational Baseline:** Contemplation stage, showing some readiness to address his drinking problem.

**Intervention Outcome:** Following MET and group therapy sessions, Patient D achieved significant progress, reaching the action stage. He successfully learned relapse prevention strategies to help him maintain sobriety post-treatment.

**Case 5: Patient E, Male, 60 years old**

**Substance use history:** Display of binge drinking pattern, where the patient drinks continuously for a week but can abstain for months in between (alternates between prolonged abstinence and week-long binges). The patient reported exhibiting aggressive behavior after drinking and strained relationship with family.

**Motivational Baseline:** Pre-contemplation stage, reluctance in admitting to a drinking problem and rationalizing his behavior as enjoyment.

**Intervention Outcome:** Patient E transitioned to the action stage after engaging in MET. He acknowledged the need for change and demonstrated improved self-awareness and motivation to avoid binge episodes.

**Case 6: Patient F, Male, 44**

**Substance use history:** Daily marijuana use for the past 6 months with chronic alcohol dependence (50+ drinks per week)

**Motivational Baseline:** Pre-contemplation stage, with a high level of resistance to treatment and denial of the severity of his addiction.

**Intervention Outcome:** Patient F showed no significant progress. Despite MET sessions, he remained ambivalent and resistant to discussions about change. He displayed continued defensive behavior and limited engagement with treatment activities.

#### **Case 7: Patient G, Male, 38**

**Substance use history:** Opioid use (in the form of heroin) for the past 4 years and alcohol use on a daily basis from past 3 months. The patient has tried to quit in the past but has been unsuccessful.

**Motivational Baseline:** Preparation stage, with a strong desire to quit following a recent hospitalization.

**Intervention Outcome:** Patient F achieved complete abstinence from both substances and displayed sustained motivation for recovery. He exhibited high engagement during MET sessions and proactive planning for post-discharge support, including regular participation in peer support groups.

## **4. Methods**

### **4.1 Design**

This study used a multi-case study design to explore the effectiveness of MET in enhancing readiness to change among individuals with alcohol and substance use disorders undergoing inpatient treatment. The data collection relied on qualitative methods, including structured interviews, therapist observations, and participant self-reports. Each participant was assessed individually to understand their unique experiences and responses to therapy. The approach allowed for an in-depth analysis of individual outcomes within a controlled inpatient setting.

### **4.2 Participants**

The sample included seven male patients (aged 27–60) admitted to an inpatient rehabilitation facility for treatment of alcohol and/or substance use disorders. Participants were selected based on their initial ambivalence or resistance to change, as determined by motivational assessments conducted at intake.

### **4.3 Data Collection**

1. **Structured Interviews:** Weekly interviews were conducted to assess participants' perceptions of therapy, changes in motivation, and drinking behaviors.
2. **Therapist Observations:** Detailed notes were taken on participants' engagement, verbal and non-verbal indicators of readiness to change, emotional responses, and progress towards treatment goals during therapy sessions.
3. **Structured Interviews:** Weekly interviews with participants focused on their perspectives on change, treatment goals, and challenges encountered during the recovery process.
4. **Self-Reports:** Participants provided qualitative feedback about their experiences with MET, including their perceptions of motivation, confidence, and challenges to maintaining sobriety.

### **4.4 Analysis**

Thematic analysis was conducted on interview transcripts and therapist notes focusing on identifying key patterns and shifts in motivation and engagement level over time. Behavioral changes were also

documented, focusing on treatment milestones such as substance use reduction and participation in recovery activities.

**5. Results**

The findings of this multi-case study demonstrate the varied efficacy of Motivational Enhancement Therapy (MET) in enhancing readiness to change among individuals with Alcohol and Substance Use Disorders (ASUDs). Five of the seven participants demonstrated progression to more advanced stages of change (e.g., contemplation or action), while two participants remained in the pre-contemplation stage. Participants’ motivational shifts, progression through the Stages of Change, behavioral outcomes, and challenges associated with the pre-contemplation stage are have been described in further details.

**5.1 Motivational Changes and Outcomes:**

<b>Patient</b>	<b>Initial Stage</b>	<b>Substance use history</b>	<b>Final stage</b>	<b>Key Outcomes</b>	<b>Therapist observation</b>
<b>A</b>	Pre-contemplation	Severe alcohol dependence	Pre-contemplation	Persistent use, no reduction	High resistance, defensive behaviours
<b>B</b>	Pre-contemplation	Alcohol dependence	Contemplation	Recognized problem, willingness to change	Moments of self-reflection, increased openness
<b>C</b>	Contemplation	Severe alcohol dependence, withdrawal seizures	Action	Strong commitment to sobriety, relapse prevention	Articulated goals, improved self efficiency
<b>D</b>	Contemplation	Severe alcohol dependence	Action	Sustained sobriety, learned coping strategies	High engagement, proactive behaviour
<b>E</b>	Pre-contemplation	Binge drinking	Action	Reduced binges, acknowledgement of issues	Gradual increase in motivation, active participation
<b>F</b>	Pre-contemplation	Marijuana and chronic alcohol use	Pre-contemplation	Continued substance use, minimal engagement	Denial, minimal ‘change talk’



G	Preparation	Opioid and alcohol use	Maintenance	Sustained sobriety, sustained recovery	High motivation, active planning
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**Table 1. Motivational Changes and Outcomes**

Across the seven cases, MET yielded a spectrum of motivational changes ranging from no significant progress to full engagement in recovery. Patients in the pre-contemplation stage often displayed resistance to acknowledging their substance use issues, while those in the contemplation or preparation stages demonstrated more willingness to engage with the intervention.

- Patient A and F (Pre-contemplation Stage): These patients exhibited entrenched resistance to change. Persistent denial and defensiveness limited therapeutic engagement, as observed in their reluctance to discuss substance use behaviors openly. Therapists noted a lack of meaningful “change talk” and minimal progression despite multiple MET sessions. Behavioral outcomes for these patients included continued substance use, reinforcing the difficulty of addressing deeply rooted ambivalence at this stage.
- Patient E (Binge Drinking): Initially resistant, this patient demonstrated a gradual transition from pre-contemplation to the action stage after consistent MET sessions. The patient’s acknowledgment of the social and emotional consequences of binge drinking marked a significant motivational shift. The therapist observed increased engagement during sessions, as evidenced by active goal-setting and participation in discussions about coping strategies.
- Patient B (Pre-contemplation to Contemplation): This patient progressed from pre-contemplation to contemplation after acknowledging the adverse effects of his drinking. MET facilitated self-reflection, leading the patient to express a willingness to explore treatment options. The therapist observed moments of cognitive dissonance, where the patient began reconciling his substance use behaviors with their consequences.
- Patient C (Contemplation to Action): Starting in the contemplation stage, this patient demonstrated significant progress by committing to actionable goals for sobriety. Through MET, the patient articulated strong “change talk,” reflecting enhanced intrinsic motivation. Behavioral outcomes included active participation in relapse prevention strategies, and the therapist noted an improvement in self-efficacy.
- Patient G (Preparation to Maintenance): This patient entered treatment with a high degree of motivation and transitioned from preparation to sustained abstinence. MET sessions reinforced his commitment to change, and the patient demonstrated proactive engagement in creating post-discharge support systems. Therapist observations highlighted his openness, consistent planning for recovery, and willingness to seek peer support.

## 5.2 Progression in Stages of Change

Patients exhibited varied progression through the Stages of Change model. Two patients (Patient A and F) remained in the pre-contemplation stage, demonstrating the challenges of engaging highly resistant individuals. Two patients (Patient B and E) progressed from pre-contemplation to contemplation or action stages, highlighting the potential of MET to address ambivalence in this transitional phase. Three patients (Patient C, D, and G) achieved significant motivational and behavioral milestones, progressing to the

action or maintenance stages. These individuals benefited most from MET, as they were more receptive to identifying and implementing strategies for sustained change.

### 5.3 Therapist Observations

Therapists noted clear differences in patient engagement and responsiveness based on their initial stage of change.

- **Pre-contemplation Resistance:** Patients in pre-contemplation (Patient A and F) frequently rationalized their substance use, expressed minimal problem recognition, and avoided self-reflective discussions. Sessions often involved defensive behaviors, such as justifying their actions or redirecting conversations away from personal responsibility.
- **Breakthrough Moments:** For patients transitioning to the contemplation stage, therapists observed moments of cognitive dissonance where individuals began acknowledging the discrepancy between their goals and current behaviors. These breakthroughs often occurred during reflective exercises that emphasized personal values and future aspirations.
- **Commitment to Change:** Patients who progressed to the action or maintenance stages demonstrated increased accountability and confidence. They actively sought guidance on relapse prevention and showed a deeper understanding of the triggers underlying their substance use.

### 5.4 Behavioral Outcomes

Behavioral changes varied by case. Patients A and F showed limited progress, with no significant reduction in substance use. Continued ambivalence posed a barrier to meaningful behavioral outcomes. Patients B and E exhibited gradual reductions in substance use, alongside improvements in self-awareness and willingness to explore coping mechanisms. Patients C, D, and G achieved substantial reductions or complete abstinence. Behavioral improvements included proactive engagement in treatment, adherence to relapse prevention strategies, and establishment of support networks post-discharge.

### 5.5 Challenges with Pre-Contemplation

Patients in the pre-contemplation stage posed the greatest challenge for MET. Patients frequently downplayed or denied the severity of their substance use, often citing external factors (e.g., stress or social pressure) as justification. Attempts to explore ambivalence were met with argumentative or dismissive & defensive responses, limiting the therapist's ability to foster self-reflection. Resistance often led to superficial participation in sessions, with little evidence of internalization of therapeutic goals. Therapists emphasized the importance of patience and persistence when working with pre-contemplation patients, as initial sessions often served as groundwork for eventual breakthroughs.

## 6. Discussion

This study investigated the effectiveness of Motivational Enhancement Therapy (MET) in promoting readiness to change among individuals with Alcohol and Substance Use Disorders (ASUDs). By examining motivational shifts, behavioral outcomes, and the progression through the Stages of Change, the results provide nuanced insights into the dynamics of MET. The findings highlight its potential, limitations, and broader implications for therapeutic practices and future research.

### 6.1 Interpretation of Results

The results underscore the variability of MET's impact across different stages of readiness to change. Patients in pre-contemplation exhibited the most resistance, often characterized by defensiveness, denial, and minimal engagement. This aligns with prior research indicating that individuals in the pre-contemplation stage are often unaware of or unwilling to acknowledge the consequences of their substance use (Miller & Rollnick, 2013). In contrast, patients in contemplation, preparation, and action stages displayed greater responsiveness to MET, with noticeable improvements in motivation and behavioral outcomes.

The findings suggest that MET is particularly effective for individuals who exhibit some degree of ambivalence about their substance use. For example, Patient B's transition from pre-contemplation to contemplation highlights MET's capacity to facilitate cognitive dissonance, a critical component in motivational change. Additionally, cases such as Patients C, D, and G demonstrate that MET can enhance self-efficacy, strengthen commitment to sobriety, and support sustained behavioral change.

However, the lack of significant progress among patients in the pre-contemplation stage (e.g., Patients A and F) suggests that MET alone may be insufficient for highly resistant individuals. This observation aligns with critiques of MET that highlight its reliance on the patient's readiness to engage in self-reflection (Apodaca & Longabaugh, 2009).

The findings demonstrate that MET is effective for patients in the contemplation stage (Patients C and D), helping them progress to action and maintain sobriety. For patients in the pre-contemplation stage (Patient A, B, E and F), MET's success depended on their willingness to engage. Patient A and F highlight the challenge of treating resistant patients, while Patient B's gradual shift underscores the potential for MET to resolve ambivalence over time.

### 6.2 Implications for practice

The challenges observed with pre-contemplation patients emphasize the need for adjunctive strategies. Integrating MET with other therapeutic approaches, such as psychoeducation or contingency management, could enhance engagement among resistant individuals. Therapists should also employ techniques that emphasize empathy, active listening, and validation to build trust and reduce defensiveness (Westra, 2012).

Therapist observations indicate that patient responsiveness often hinges on the clinician's ability to elicit "change talk" and address ambivalence effectively. Enhanced training programs that emphasize the use of open-ended questions, reflective listening, and personalized feedback could improve MET's efficacy.

The findings from Patient G and D highlight the importance of post-discharge planning. Encouraging patients to establish robust support networks and participate in relapse prevention programs can reinforce the gains made during MET sessions.

### 6.3 Limitations

The study's findings are based on seven cases, which limits the generalizability of the results. Larger studies are needed to validate these observations. The exclusion of female participants limits understanding of gender-specific responses.

The study primarily examined the efficacy of MET in relation to the Stages of Change model. However, individual differences, such as personality traits or co-occurring mental health conditions, were not thoroughly explored.

The results reflect short-term outcomes, and the long-term sustainability of changes was not evaluated. Future studies should include follow-up assessments to understand relapse rates and recovery trajectories. Differences in therapist experience and communication styles could have influenced patient outcomes, introducing potential bias. Lack of quantitative measures to supplement qualitative data may reduce the precision of outcome assessments.

#### 6.4 Future Research

Future research should investigate the efficacy of combining MET with complementary approaches for pre-contemplation patients. For example, integrating MET with cognitive-behavioral therapy (CBT) or mindfulness-based interventions could address resistance more effectively. Studies should explore how therapist characteristics, such as communication style and rapport-building skills, influence patient outcomes. This could provide valuable insights into optimizing MET delivery.

Long-term follow-up studies are needed to assess the sustainability of motivational and behavioral changes facilitated by MET. Understanding the factors that predict relapse or sustained recovery could inform more comprehensive treatment models. Research involving diverse demographic and clinical populations, including younger individuals, those with co-occurring disorders, and culturally specific groups, could enhance the generalizability of MET findings. Future studies should also assess the role of familial and environmental factors, such as Patient B's familial history of drinking, in influencing therapy outcomes.

#### 7. Conclusion

This study highlights Motivational Enhancement Therapy (MET) as a promising intervention for promoting readiness to change among individuals with Alcohol and Substance Use Disorders (ASUDs) in inpatient treatment settings. The findings demonstrate that MET is most effective for patients in the contemplation, preparation, or action stages, where ambivalence can be addressed through reflective dialogue and personalized feedback. Patients in the pre-contemplation stage, however, often require additional strategies to overcome resistance and denial.

The results underscore the importance of tailoring interventions to the patient's stage of change and providing comprehensive therapist training to maximize engagement and therapeutic outcomes. While MET has proven efficacy in fostering motivational and behavioral changes, its limitations with highly resistant individuals suggest the need for integrative approaches.

Future research should focus on refining MET protocols, exploring adjunctive therapies, and assessing long-term outcomes across diverse populations. By addressing these gaps, clinicians can enhance the efficacy of MET and its application in addiction treatment settings.

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