

Motivational readiness for alcohol/drug treatment is more about self-evaluation than consequences

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People entering treatment for alcohol or drug problems have different motivations for entering treatment and wanting to change their drinking habits. Those motivations have a significant effect on treatment attendance and drinking outcomes. New research has re-evaluated the University of Rhode Island Change Assessment Scale (URICA), finding that motivational readiness is much more self-reflective than merely trying to avoid the negative consequences of drinking.

Results will be published in the May issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"The initial [motivation](#) of clients is a critical issue for treatment and for changing their [drinking](#) behaviors," said Carlo C. DiClemente, professor of psychology and director of the MDQUIT Resource Center at the University of Maryland, Baltimore County. "Individuals differ on important dimensions of motivation for change and motivation for treatment in terms of their goals, intentions, attitudes, and changes in activities."

These differences have important consequences for both the patients as well as their therapists. "Differences in motivation and readiness to change often have an impact on client retention and engagement in treatment, changes in drinking as clients enter both psychosocial and pharmaceutical therapies, client and therapist perceptions of the

therapeutic relationship, and drinking outcomes at the end of treatment and at follow-ups that extend up to three years after the initial treatment," said DiClemente, who is also the study's corresponding author.

Researchers used data gathered from 1,383 adult participants (955 males, 428 females) in the COMBINE Study, a multi-site trial evaluating the relative efficacy of two different pharmacotherapy agents - naltrexone and acamprosate - administered individually and in combination along with two intensities of behavior therapies. The COMBINE data were used to evaluate psychometric properties of a URICA-derived measure, while looking at patient characteristics such as severity of drinking, drinking consequences, craving, quality of life, and psychiatric symptoms as predictors of motivation at intake.

"Findings indicated that motivation and readiness to change are not just a reflection of being overwhelmed or having a number of [negative consequences](#)," said DiClemente. "Readiness is, rather, an independent self-evaluation that is related to the perceived severity of the drinking problem and its consequences, and is also influenced by the drinker's sense of confidence to change, positive expectations about whether treatment can help, less stress, and an acknowledgement that the person needs to take responsibility for change."

DiClemente observed that many people seem to regard motivation as an "on-off" switch, which is simplistic. "These results challenge some of our views of what influences motivation," he said. "Instead, clinicians should avoid focusing simply on consequences to increase motivation. Researchers need to remember that motivation is complicated by a number of personal factors which need to be examined in greater depth."

Source: Alcoholism: Clinical & Experimental Research

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