FROM: Miller WR, Zweben A, DiClemente CC, Rychtarik RG. Motivational Enhancement Therapy Manual: A Clinical Research Guide for Therapists Treating Individuals with Alcohol Abuse and Dependence. Project MATCH Monograph Series v. 2 (DHHS Publication No. (ADM)92-1894. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism (NIAAA), 1992.

Dealing With Special Problems

Special problems can arise during any treatment. The following are general troubleshooting procedures for handling some of the situations that may arise in delivering therapy in general as well as within a research context.

Treatment Dissatisfaction

Clients may report thinking that the assigned treatment is not going to help or wanting a different treatment. Under these circumstances, you should first reinforce clients for being honest about their feelings (e.g., "I'm glad you expressed your concerns to me right away."). You should also confirm that clients have the right to quit treatment at any time, seek help elsewhere, or decide to work on the problem on their own. In any event, you should explore the client's feelings further (e.g., "Whatever you decide is up to you, but it might be helpful for us to talk about why you're concerned"). Concerns of this kind that arise during the first session are probably reservations about an approach they have not yet tried. Typically, in randomized studies of multiple treatments, it is appropriate to assure the client that all of the treatments in the study are expected to succeed equally and that you will be offering all the help you can. No one can guarantee that any particular treatment will work, but you can encourage the client to give it a good try for the planned period and see what happens. You can add that should the problem continue or worsen, you will discuss other possible approaches.

If a client expresses reservations after two or three sessions, consider whether there have been new developments. Have new problems arisen? Did the plan for change that was previously developed with the client fail to work, and if so, why? Was it properly implemented? Was it tried long enough? Is there input or pressure from someone else for a change in approaches or for discontinuation of treatment? Is the client discouraged?

If the client's drinking problem has shown improvement but new problems, not previously identified, have appeared, these new problems can be discussed, following (and not departing from) the treatment procedures outlined above. The discussion of new problems and concerns, or a review of how prior implementation failed, can set the stage

for continuation in treatment. You can suggest that it may be too early to judge how well this approach will work and that the client should continue for the 12-week duration. After that, if the client still feels a need for additional treatment, he or she could certainly obtain it.

If other parties are concerned about this treatment and are pressuring the client, you can explore this problem by following the treatment guidelines outlined above. It is also permissible for you to telephone the concerned party (with written consent from the client) to discuss the concerns and provide assurances, along the same lines as those outlined above for similar client concerns.

In Project MATCH, a limit of no more than two additional "emergency" sessions may be provided at the therapist's discretion. These must remain consistent with the MET guidelines provided in this manual and can be viewed as an extension or intensification of MET. The SO may be included in these sessions if appropriate, but the SO may never be seen alone. All sessions, including any emergency sessions, must be completed within 12 weeks of the first session. After that date, therapists are no longer permitted to see the client for any session, even if MET has not been completed.

A plan to provide a specific referral and help the client make contact was devised in Project MATCH in case all attempts to keep the client in treatment fail. Additional treatment may not be provided by any project therapist. Referral is made to an outside agency or to a therapist within the same agency who has no involvement in Project MATCH. A good procedure for accomplishing the referral is to telephone the agency or professional while the client is still in your office and make a specific appointment. For Project MATCH, this is discussed with the project coordinator or project director, because it has implications for the client's continuation in the study. In any event, the client is urged to participate in followup interviews as originally planned.

Missed Appointments

When a client misses a scheduled appointment, respond immediately. First try to reach the client by telephone, and when you do, cover these basic points:

- Clarify the reasons for the missed appointment.
- Affirm the client—reinforce for having come.
- Express your eagerness to see the client again.
- Briefly mention serious concerns that emerged and your appreciation (as appropriate) that the client is exploring these.
- Express your optimism about the prospects for change.

- Reschedule the appointment.

If no reasonable explanation is offered for the missed appointment (e.g., illness, transportation breakdown), explore with the client whether the missed appointment might reflect any of the following:

- Uncertainty about whether or not treatment is needed (e.g., "I don't really have that much of a problem")
- Ambivalence about making a change
- Frustration or anger about having to participate in treatment (particularly with clients coerced by others into entering the program)

Handle such concerns in a manner consistent with MET (e.g., with reflective listening, reframing). Indicate that it is not surprising, in the beginning phase of consultation, for people to express their reluctance (frustration, anger, etc.) by not showing up for appointments, being late, and so on. Encouraging the client to voice these concerns directly may help to reduce their expression in future missed appointments. Use Phase 1 strategies to handle any resistance that is encountered. Affirm the client for being willing to discuss concerns. Then summarize what you have discussed, add your own optimism about the prospects for positive change, and obtain a recommitment to treatment. It may be useful to elicit some self-motivational statements from the client in this regard. Reschedule the appointment.

In all cases, unless you regard it as a duplication of the telephone contact that might offend the client, *also* send a personal, individualized handwritten note with these essential points. This should be done within 2 days of the missed appointment. Research indicates that a prompt note and telephone call of this kind significantly increase the likelihood that the client will return (Nirenberg et al. 1980; Panepinto and Higgins 1969). Place a copy of this note in the clinical file.

This procedure should be used when any of the four appointments is missed. Three attempts (new appointments) should be made to reschedule a missed session.

Telephone Consultation

Some clients and their SOs will contact you by telephone between sessions for additional consultation. This is acceptable, and all such contacts should be carefully documented in the client's file. An attempt should be made to keep such contacts brief, rather than providing additional sessions by telephone. All telephone contacts must also comply with the basic procedures of MET. Specific change strategies should not be prescribed. Rather, your approach emphasizes elicitation and reflection.

Early in a telephone contact, you should comment positively on the client's openness and willingness to contact you. Reflect and explore any expressions of uncertainty and ambivalence that are expressed with regard to goals or strategies discussed in a previous session. It can be helpful to "normalize" ambivalence and concerns; for example: "What you're feeling is not at all unusual. It's really quite common, especially in these early stages. Of *course* you're feeling confused. You're still quite attached to drinking, and you're thinking about changing a pattern that has developed over many years. Give yourself some time." Also, reinforce any self-motivational statements and indications of willingness to change. Reassurance can also be in order during these brief contacts, e.g., that people really do change their drinking, often with a few consultations.

Crisis Intervention

The Project MATCH protocol provides guidelines on actions to be taken if the therapist is contacted by the client or SO in a condition of crisis. Others using this manual can adopt these guidelines as needed for their own protocols. These guidelines permit offering up to two special emergency sessions with the client (and SO) within the 12-week treatment period.

If at any time, in the therapist's opinion, the immediate welfare and safety of the client or another person is in jeopardy (e.g., impending relapse, client is acutely suicidal or violent), the protocol instructs the therapist to intervene immediately and appropriately for the protection of those involved, with appropriate consultation from the therapy program supervisor. This may include your own immediate crisis intervention as well as appropriate referral. In Project MATCH, the therapist's involvement in crisis interventions cannot exceed two sessions above and beyond those prescribed by the treatment condition. If a client's urgent needs require more additional treatment than this, referral is arranged.

Cases where there appears to be a worsening of the drinking problems or evidence of other new and serious difficulties (e.g., suicidal thoughts, psychotic behavior, violence) are referred to the onsite Project MATCH study coordinator for further evaluation and consultation. Based on his/her own evaluation and the defined procedures of the study, the coordinator determines what action is warranted and whether the client should be continued in the study. If alternative treatments are warranted, the coordinator is involved in making this determination.