

Engaging College Students: Motivational Enhancement Strategies for Use in Brief Alcohol Interventions and Prevention Programming

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Purpose

This essay describes motivational strategies for engaging college students in brief interventions and in alcohol abuse prevention programs. It was written to provide BASICS (Dimeff, Baer, Kivlahan, & Marlatt, 1998; Baer, Kivlahan, Blume, McKnight, & Marlatt, 2001) and CHOICES (Parks and Marlatt, 2003) facilitators unfamiliar with Motivational Enhancement Therapy (MET) an overview of this important techniques as it applies to delivering brief interventions. While most of the article refers implicitly or explicitly to one-on-one contacts with students as is typical in BASICS delivery, a facilitator's style of interaction with participants in the CHOICES Program or other group or classroom prevention education sessions should also be guided by the principles and strategies used when applying MET with individuals.

The article begins by reviewing Prochaska and DiClemente's Stages of Change Model to assist CHOICES facilitators in understanding how students change their alcohol-related attitudes and drinking behavior in series of predictable stages. Next, Motivational Enhancement Therapy (MET) developed by Miller and Rollnick (1991) is presented. This style of interaction offers BASICS and CHOICES Program facilitators strategies and skills designed to increase student motivation, respond to student resistance to change, and help students ready to change take some initial steps toward reduced alcohol risk and harm. Finally, the article concludes with an overview the FRAMES model that has provided the ingredients and the recipe for numerous effective brief interventions such as the BASICS (Brief Alcohol Screening and Intervention for College Students) program (Dimeff, et al., 2001).

Conceptualizing Student Motivation and Change

"Motivation can be understood not as something that one has but rather as something one does. It involves recognizing a problem, searching for a way to change, and then beginning and sticking with that change strategy. There are, it turns out, many ways to help people move toward such recognition and action." William R. Miller, 1999, p. 8

Can college students change their drinking behavior and alcohol-related attitudes and beliefs? Why do college students change when they do? In the context of excessive college student drinking, what is motivation? Can a student's motivation to change his or her drinking behavior be modified? Do prevention program facilitators have a role in enhancing a student's motivation for participating in a prevention program? Can facilitators encourage students to

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The text was edited to focus on college students.

listen to prevention messages and really consider how the information and coping strategies might be applied to their drinking behavior?

In recent years, considerable research and clinical attention has focused on ways to better motivate college students and other youth to consider, initiate, and continue prevention programs that can reduce their risk of alcohol-related harm. This research represents a paradigmatic shift in the prevention field's understanding of the nature of student motivation and the role of program facilitators in shaping it to promote and maintain positive behavioral change. This shift parallels recent developments in the addictive behaviors treatment field, where a new therapeutic style - *motivational interviewing* - [or Motivational Enhancement Therapy (MET)] offers a fresh perspective on what intervention strategies may be effective at various points in the process of change from excessive, high-risk drinking to the moderate use of alcohol or abstinence from drinking altogether.

A New Look at Student Motivation

A lack of motivation has been used to explain the failure of students to begin, continue, comply with, and succeed in alcohol abuse prevention programs. Recently, the prevention field has begun to show an interest in student motivation as a *responsivity factor* that may influence program attendance, participation in sessions, and the completion of alcohol abuse prevention programs.

Until recently, motivation was viewed as a static trait or disposition that a student either did or did not have. If a student was not motivated for change, this was viewed as the student's fault and certainly not the responsibility of the program facilitator. However, if alcohol abuse prevention programs are to be successful, students will need considerable motivation and commitment. How else will they follow through on such tasks as evaluating their alcohol-related risks, learning the facts about how alcohol affects their behavior, and implement coping strategies to reduce the harm that drinking can cause to themselves and others.

A New Definition of Student Motivation

Effective brief alcohol abuse prevention programs for college students are based on the following assumptions about the nature of student motivation. We will look at each dimension in some depth.

1. Student motivation is *a key to change*.
2. Student motivation is *multidimensional*.
3. Student motivation is *dynamic and fluctuating*.
4. Student motivation is *influenced by social interactions*.
5. Student motivation *can be modified*.

6. Student motivation is *influenced by the facilitator or interviewer's style of interacting*
7. One of the program facilitator's tasks is to *elicit and enhance student motivation*.

1. Student motivation is a key to change

The first key to understanding motivation is to appreciate the dynamics of personal change in general. This area has been scrutinized by modern psychologists and theorists and is a focus of interest in the treatment of addictive behaviors, psychotherapy, offender rehabilitation, and alcohol abuse prevention programs for youth. The nature of student change and its causes, like motivation, is a complex and evolving field of study.

A useful framework for understanding motivation stems from the writings of Carl Rogers. In his humanistic view, a person's experience of the core inner *self* is the most important element for personal change and growth. Individuals, including college students, are continually involved in a process of *self-actualization* that prompts goal-directed behavior for enhancing the self. In this context, motivation is defined as purposeful, intentional, and positive—directed toward the best interests of the self.

Excessive, high-risk, or harmful drinking is seen as interfering with this self-actualizing tendency that in healthier individuals continues to evolve and has a lasting and beneficial impact on the student's life. For purposes of college student alcohol abuse prevention programming, motivation can be defined as "*the probability that a student will enter into, continue, and adhere to a specific change strategy designed to reduce his or her level of risk for alcohol-related harm*" (Miller, 1999, p. 12)

2. Student motivation is multidimensional

Motivation, in this new meaning, has a number of complex components. It encompasses the internal urges and desires felt by the student, external pressures and goals that influence the student, perceptions about risks and benefits of drinking to the student and others. It also includes a student's cognitive appraisals of situations in which excessive drinking might occur.

3. Student motivation is dynamic and fluctuating

Research and experience suggest that student motivation is a dynamic state that can fluctuate over time and in relation to different situations, rather than a static personal attribute. Student motivation can vacillate between conflicting objectives such as continued risky drinking or moderation and abstinence as alternatives. Student motivation also varies in intensity, falters in response to doubts about avoiding excessive drinking and increases as these challenges are resolved and goals incompatible with excessive alcohol consumption become clearer. So, motivation can be an ambivalent, equivocating state or it can be a resolute readiness to act—or not to act.

4. Student motivation is influenced by social interactions

A student's motivation belongs to one person, yet it can be understood to be strongly influenced by interactions with other people or by environmental factors. Although internal factors within the college student are the basis for change, external factors surrounding the student are often the conditions of change. A student's motivation to change can be strongly influenced by family, friends, and community support. Lack of social support for low risk choices such as excessive drinking peers and public perceptions that stigmatize students as drunken spoiled brats, can also affect a student's motivation to consider changing his or her drinking behavior.

5. Student motivation can be modified

Motivation pervades all human activities in every individual. It operates in multiple contexts and at all times. Consequently, student motivation is accessible and can be modified or enhanced at many points in the change process. Students may not have to "hit bottom" or experience terrible, irreparable consequences of their drinking to become aware of the need for making a change. Professors, program facilitators, family, and others can enhance a student's motivation to change well before additional damage is done to his or her reputation, academic status, relationships, or health.

Although there are substantial differences in what factors influence an individual student's motivation, several types of experiences may have substantial effects, either increasing or decreasing student motivation. Experiences such as the following often prompt college students to begin thinking about making changes and to consider what steps are needed:

- *Distress levels* may have a role in increasing the motivation to change or a search for a change strategy. For example, many college students are prompted to change and seek help during or following episodes of severe anxiety or depression.
- *Critical life events* often stimulate the motivation to change. Milestones that prompt change range from spiritual inspiration through traumatic accidents or severe illnesses to deaths of loved ones, being fired, becoming pregnant, entering college, or getting married.
- *Cognitive evaluation or appraisal*, in which a college student evaluates the impact of drinking on his or her life, can lead to change. Research has shown that the weighing of the pros and cons of substance use accounts for 30 to 60 percent of the changes reported in the natural recovery from addictions. Perhaps a similar process occurs when students permanently desist from risky drinking practices on their own without intervention.
- *Recognizing negative consequences* and the harm or hurt one has inflicted on others or oneself helps motivate some people to change. Helping college students see the connection between their drinking and adverse consequences to themselves or others can be an important motivational strategy that has been used in several brief interventions.
- *Positive and negative external incentives* also can influence motivation. Supportive and empathic friends, rewards, or coercion of various types may

stimulate motivation for change. Peers can encourage change by expressing their caring and support and by modeling low risk behavior. Sanctions administered to “mandated” students might stimulate renewed commitment to behavior change especially if they include prevention programming as an option.

6. Student motivation is influenced by the program facilitator’s style

The way program facilitators interact with students has a crucial impact on how they respond and whether prevention programs are successful. Researchers have found dramatic differences in rates of client dropout or completion among different counselors in the same psychotherapy treatment program who are supposedly using the same techniques. Counselor style may be one of the most important, and most often ignored, variables for predicting client response to an intervention, more important than variations in client characteristics.

In a review of the literature on counselor characteristics associated with treatment effectiveness for substance users, researchers found that establishing a helping alliance and good interpersonal skills were more important than professional training or experience. The most desirable attributes for an effective counselor or facilitator include non-possessive warmth, friendliness, genuineness, respect, affirmation, and empathy. For CHOICES Program facilitators, these attributes must be balanced against those needed to assure fidelity to the prevention program’s content delivery.

A comparison of counselor styles suggested that a confrontational and directive approach might result in client resistance and poorer outcomes than a client-centered, supportive, and empathic style that uses reflective listening and gentle persuasion. In one study evaluating differences in counselor style, the more a client was confronted, the more alcohol the client drank. Confrontational counseling in this study included challenging the client, disputing, refuting, and using sarcasm. This research would seem to suggest that the outcome of this style would be similar for program facilitators who adopt a confrontational mode.

In fact, research with college students concerning the effects of confrontational prevention programs has been conducted. Bensley and Wu (1991) who found that college students expressed more intention to drink following a confrontational prevention message advocating alcohol abstinence, that they actually drank more alcohol in a laboratory taste rating task, and that this “reactance” effect was most pronounced in heavy drinking male students, those most in need of reducing their use.

7. One of the program facilitator’s tasks is to elicit and enhance student motivation

Change is the responsibility of the student and while some college students may be able to accomplish this on their own, program facilitators can *enhance* a student's motivation for change at each stage of the process. However, the task is not one of simply teaching, instructing, or dispensing advice. Rather, the CHOICES Program facilitator assists and encourages students to recognize a problem behavior, to see that positive change is in their best interest, to feel competent to change, to develop a plan for change, to begin taking action, and to

continue using strategies that discourage excessive drinking (Miller and Rollnick, 1991).

Why Enhance Motivation?

Research has shown that motivation-enhancing approaches are associated with greater participation in prevention programs and more positive attitudes towards the contents of the program. Motivational enhancement is also associated with positive treatment outcomes for psychotherapy and substance abuse treatment. Such outcomes include reductions in alcohol and drug consumption, increased abstinence rates, reduced client resistance, social adjustment, and successful referrals to treatment. Brief intervention for college students that foster a positive attitude toward change and a commitment to change are also associated with better outcomes.

The benefits of using Motivational Enhancement Therapy (MET) techniques in prevention contexts include:

1. Inspiring student's motivation to change.
2. Preparing students to enter prevention programs or treatment.
3. Engaging and retaining students in prevention programs.
4. Increasing student participation in prevention programs.
5. Improving prevention program outcomes.
6. Encouraging a rapid return to the change process, if a lapse occurs.

The Transtheoretical Stages of Change Model

Enhancing motivation among college students first requires a better understanding of how people change in general. Research by Prochaska and DiClemente (1992) has revealed that attitude and behavior change is usually a process, not a discrete event. One useful approach to enhancing motivation is to think of the change process as a sequence of stages through which college students typically progress as they think about, initiate, and maintain new drinking behaviors. This Stages of Change Model emerged from research by Prochaska and DiClemente (1992) examining 18 psychological and behavioral theories about how change occurs. In this sense, the resulting model is "transtheoretical."

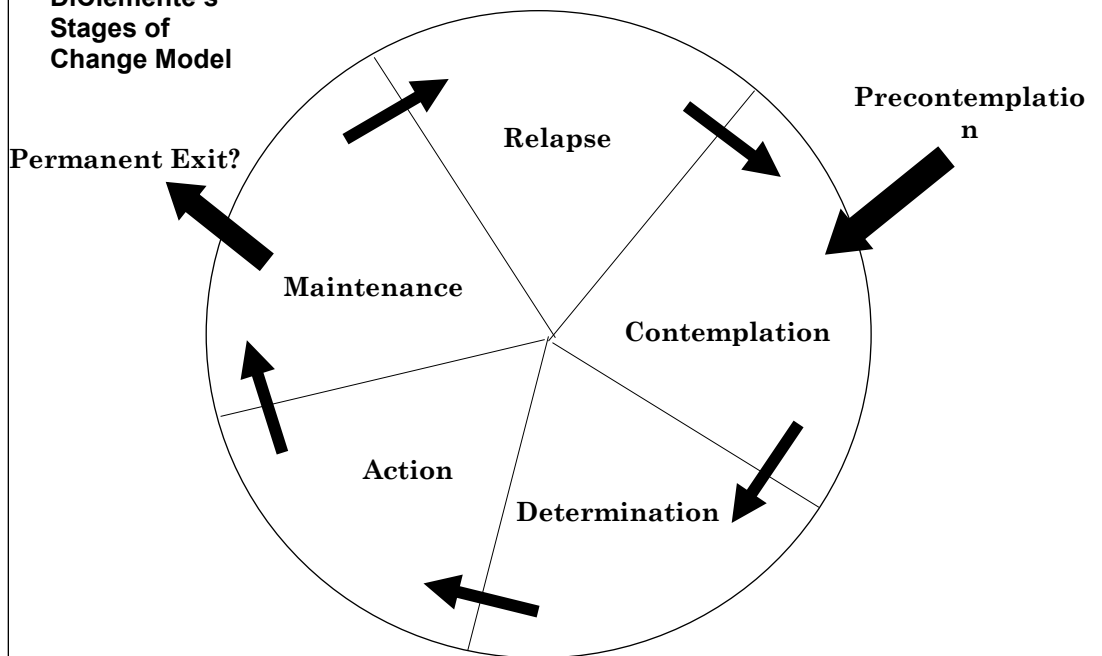
In the behavior change process, some highly motivated and skilled students move through stages quickly. Sometimes, they move so rapidly that it is difficult to pinpoint where they are because change is a dynamic process. It is not uncommon, however, for many college students to linger in the early stages of change called "Precontemplation" and "Contemplation." These two stages are the beginnings of change where a problem with drinking is recognized and accepted and then, a student wrestles with his or her ambivalence about whether or not to change, and if so, how. For most college students, progress through the stages of change is circular or spiral in nature, not linear. In the Stages of Change Model, relapse is not an unexpected event because errors and setbacks are considered a natural part of the change process. Even with lapse or relapse, change can still

occur when college students cycle through the stages several times and over time, finally achieve stable change or “maintenance” in their drinking habits.

Stages of Change

The stages of change can be visualized as a wheel with four to six parts, depending on how specifically the process is broken down. The wheel of change presented in this article has six parts with one stage outside the wheel and a final exit to enduring change conceived as the maintenance stage of the process (Figure below). It is important to note that the change process is cyclical, and students typically move back and forth between the stages and cycle through the stages at different rates.

Prochaska & DiClemente's Stages of Change Model



1. Precontemplation

During the precontemplation stage, students are not considering change and do not intend to modify their drinking behavior in the foreseeable future, even though they may be mandated to do so. They may be partly or completely unaware that the problem of alcohol-related risk exists, that they will have to make changes in how drink, or that they may need help from others in this endeavor. Alternatively, some students may be unwilling or too discouraged to attempt to change past drinking behavior.

Students in the precontemplation stage of change may not have experienced negative consequences yet, or they may have discounted the adverse consequences to themselves and the harm caused to others by their past drinking. They may be convinced, through various cognitive distortions or thinking errors, that their former pattern of drinking was not severe or that they are not at high-risk for relapse now. More antisocial students may still be “playing the game” of justifying their unique status as rule breaking thrill-seekers who are above the

underage drinking laws and college rules that regulate the behavior of everyone else, including other students.

2. Contemplation

As students become aware of their alcohol-related risks, they begin to perceive that there may be cause for concern and reasons to change past drinking behavior. This may be due to violations of underage drinking laws or university rules or to an intrinsic change in the student's attitudes or perceptions concerning their pattern of drinking and its consequences.

Typically, students at the contemplation stage are ambivalent about changing, simultaneously seeing reasons to change their drinking and reasons not to change. Students in this stage may still be considering continued excessive drinking, but they are also considering the possibility that they will change drinking behavior to more moderate levels or will abstain from alcohol altogether. At this point, students may seek relevant information, to reevaluate their drinking behavior, or seek help to support the possibility of changing their drinking related attitudes and behavior. Students in the contemplation stage spend considerable time and effort weighing the positive and negative aspects of making a change in their drinking habits. It is not uncommon for students to remain in this stage for extended periods even with outside pressure. They may comply with campus rules and obey the law, but only because they are monitored and fear getting caught and being punished.

3. Preparation (Determination)

When a student perceives that the adverse consequences of excessive drinking outweigh the advantages of continuing to drink in that way, the balance tips in favor of change. Once instigation to change occurs, a student enters the preparation stage during which his or her commitment to change is strengthened. Preparation entails more specific planning for change, such as making choices about what social events to attend or whether or not to hang out with friends who tend to drink excessively. Preparation also entails an examination of the student's perceived capabilities—or self-efficacy—for change. Students in the preparation stage may still have occasional episodes of excessive drinking, but these experiences and their negative consequences often provide even more evidence that moderation or abstinence from drinking are worth trying. Students in the preparation stage of change may begin to set new goals and make firm commitments to avoid excessive drinking, often telling close friends or family members about their plans to modify their drinking behavior.

4. Action

College students in the action stage choose strategies for change and begin to pursue them. At this stage, students are engaged in actively modifying their thoughts, behavior, or environment. To avoid excessive drinking, students may need to employ a combination of coping strategies all aimed at maintaining a pre-set drinking limit or at remaining abstinent even if others are drinking. Changing habitual drinking behavior will require sustained action and mistakes are likely,

especially in the first few days or weeks of the action stage. When a student drinks more than they intended on a give occasion, that event can be considered a lapse or a slip which rather than being discouraging, can be used to understand how to succeed in moderate drinking or abstinence the next time. Frequent slips that gradually lead to a resumption of the former pattern of excessive drinking are usually thought of as a relapse. To prevent relapse, students may have to make some lifestyle changes concerning their friends and social life, difficult choices to make for most college students who drink excessively. Students in the action stage will likely be faced with several challenging situations where the temptation of lapses due to peer pressure or other factors is high. Success in the action stage is not measured by an absence of mistakes or slips, but by persistence and continued commitment to change despite the obstacles and setbacks.

5. Maintenance

During the maintenance stage, efforts are made to sustain the gains achieved during the action stage. Maintenance is when students work to sustain their usually hard won drinking behavior changes and prevent relapse to old habitual patterns of excessive drinking. Extra precautions may be necessary at the maintenance stage to keep from lapsing by reverting to past drinking attitudes and behaviors.

In the maintenance stage, students must learn how to prevent lapses and ultimately relapse by detecting and guarding against dangerous high-risk situations where excessive drinking is likely. In most cases, students attempting long-term behavior change do slip or lapse at least once and revert to an earlier stage in the cycle of change. As in substance-abuse treatment, within a prevention context, relapse or a recurrence of symptoms can be viewed as part of the learning process. However, the potential for harm to self or others caused by even a single instance of excessive drinking makes it difficult for students, for their peers, for their families, or for the larger community to take lightly any failure to prevent excessive drinking on the part of a student. Sustained maintenance requires continued vigilance and prolonged behavioral change to remain aware of situations where excessive drinking is likely and to be prepared with effective coping skills to maintain abstinence or safer drinking practices.

6. Relapse

Unfortunately, many students do not sustain the changes in drinking behavior they are attempting to make. Just as a return to substance use after a period of abstinence is the rule rather than the exception in alcohol and drug treatment populations, relapse in high-risk students drinkers occurs all too often. Relapse is an event that can trigger a student's return to earlier stages of change and hopefully motivate the student to recycle through the change process rather than give up all efforts to maintain abstinence or safer drinking practices.

In a lapse episode, students may learn that certain goals are unrealistic or that certain strategies are ineffective or that some environments are not conducive to successful change such as parties or other social events. Many

students will require several revolutions through the stages of change to achieve successful maintenance of change in their drinking attitudes and behaviors. We also know that some students will never achieve the stable maintenance of change required to reduce their drinking risks and will unfortunately go on to develop more serious alcohol-related problems.

Relapse, the recurrence of a habitual pattern of excessive drinking, is a very serious matter. It may cause severe harm to the student and to others and is a circumstance that can occasion sanctions from law enforcement or school authorities with serious social, academic, legal, or medical consequence. Even if such adverse events occur, the relapse prevention approach would encourage a student to begin a new cycle of change with the hope of succeeding in the next revolution around the wheel.

Triggers to Change

The multidimensional nature of motivation is captured, in part, in the popular phrase that a person is *ready*, *willing*, and *able* to change. This expression highlights three critical elements of motivation—but in reverse order from that in which motivation typically evolves. *Ability* refers to the extent to which the student has the necessary knowledge, skills, resources, and confidence (self-efficacy) to carry out a change in drinking behavior. One can be able to change, but not willing. The *willing* component involves the importance a student places on changing—how much a change is wanted or desired. (Note that it is possible to feel willing yet unable to change.) However, even willingness and ability are not always enough. You probably can think of examples of students who are willing and able to change, but not yet ready to change. The *ready* component represents a final step in which the student finally decides to change a particular behavior, to enter the action stage of change. Being willing and able but not ready can often be explained by the relative importance of this change compared with other priorities in the student's life. To instill motivation for change is to help the college student become ready, willing, and able. The approach a program facilitator takes with a student can be guided by deciding which one or combination of these three needs bolstering.

“Phased Interventions” Based on a student’s Stage of Change

For effective alcohol abuse prevention, students need different kinds of motivational support according to which stage of change they are in and into what stage they are moving. If a program facilitator uses strategies appropriate to a stage of change beyond the one the student is in, the result could be resistance, noncompliance, or even, rebellion. It is safe to assume that most students attending the CHOICES Program are either in the Precontemplation or contemplation stage. That is, they either lack recognition that they are at risk for drinking problems associated with excessive consumption or they are ambivalent about changing their drinking habits even if they are aware of the negative consequences involved. The CHOICES Program is designed for nonconfrontational exploration and presents material in a straightforward way followed by the question, “what does this mean to you.” No right answers are imposed and all points of view are acknowledged.

When a CHOICES Program facilitator interacts with an individual student, he or she can listen for problem recognition or ambivalence, and estimate that student’s stage of change regarding alcohol use. For example, if a college student is at the contemplation stage, weighing the pros and cons of change versus continued drinking, and the program facilitator pursues change strategies appropriate to the action stage, the student will predictably resist. The simple reason for this reaction is that the program facilitator has taken the positive (change) side of the argument, leaving the student to argue the other (no change) side; this results in a standoff regarding motivation to change.

Phased Interventions: “Doing the Right Thing at the Right Time”

1. **Pre-contemplation Stage** - requires raising awareness:
2. **Contemplation Stage** - requires help choosing positive change over their current situation.
3. **Preparation Stage** - requires help identifying potential change strategies and choosing the most appropriate one for their circumstances.
4. **Action Stage** - requires help to carry out and comply with selected change strategies.
5. **Maintenance Stage** - students may have to develop new skills for community reintegration and for creating a sustainable lifestyle free of crime.

Motivational Enhancement Therapy (MET)

Basic Principles of Motivational Enhancement Therapy

Motivational Enhancement Therapy (MET), sometimes also called Motivational Interviewing (Miller & Rollnick, 1991) is designed to help people moves through the stages of change until they are ready to take action. The MET approach begins with the assumption that the responsibility and capability for change lie within the student. The program facilitator's task is to create a set of conditions that will enhance the student's own motivation for and commitment to change. Rather than relying upon underage drinking laws or campus rules as the primary locus of change, the program facilitator seeks to mobilize the student's inner resources, as well as those inherent in the student's natural helping relationships. MET seeks to support intrinsic motivation for change, which will lead the student to initiate, persist in, and comply with behavior change efforts both on their own and those offered as part of an alcohol abuse prevention program.

Miller and Rollnick (1991) have described five basic motivational principles underlying the MET approach:

1. **Express Empathy**
2. **Develop Discrepancy**
3. **Avoid Argumentation**
4. **Roll with Resistance**
5. **Support Self-Efficacy**

1. Express Empathy.

The CHOICES Program facilitator using MET endeavors to communicate respect for the student. Communications that imply a superior/inferior

relationship between program facilitator and student are avoided. The student's freedom of choice and self-direction are respected. Indeed, in this view, it is only the college student who can decide to change and carry out that choice. The program facilitator seeks ways to encourage rather than belittle, to build up rather than tear down. A great deal of the MET approach to student change is listening rather than talking. Attitude change attempts are gentle, subtle, always with the assumption that change is up to the student.

Expressing empathy is not just a style or an attitude, but it is a skill that can be learned, and if practiced, can be refined into a powerful motivational enhancement tool. Carl Rogers called reflective listening "accurate empathy". It is a key skill in Motivational Enhancement Therapy because it sets the tone for the overall relationship between the CHOICES Program facilitator and the student and it creates an atmosphere where the student is more likely to open up about his or her true feelings and intentions. It communicates an acceptance of college students as they are without condoning their past drinking behavior and while also supporting them in the process of change toward safer drinking habits or abstinence.

2. Develop Discrepancy

Motivation for change occurs when college students perceive a discrepancy between where they are and where they want to be. The MET approach seeks to enhance and focus the student's attention on such discrepancies with regard to excessive drinking and its negative consequences. In certain cases such as the "precontemplators" in Prochaska and DiClemente's stages of change model, it may be necessary first to develop such discrepancy by raising the student's awareness of the adverse personal consequences of his or her drinking. Such information, properly presented, can precipitate a crisis (critical mass) of motivation for change. As a result, the individual may be more willing to enter into a frank discussion of change options, in order to reduce the perceived discrepancy and regain emotional equilibrium. In other cases, the student enters prevention program in a later "contemplation" stage, and it takes less time and effort to move that student along to the point of determination for change. The CHOICES Student Journal contains several pages of information designed to highlight the negative consequences of excessive drinking as they relate to a student's personal goals in college.

3. Avoid Argumentation

If handled poorly, ambivalence and discrepancy can develop into defensive coping strategies that reduce the student's discomfort but do not alter excessive drinking and related risks. An unrealistic (from the student's perspective) attack on his or her drinking tends to evoke defensiveness and opposition, and suggests that the program facilitator does not really understand. The MET style explicitly avoids direct argumentation, which tends to evoke resistance. No attempt is made to have the student accept or "admit" to anything regarding their level of risk for alcohol-related harm or their past drinking. The program facilitator does not seek to prove or convince by force of argument. Instead, the program facilitator employs other strategies to assist the student to see accurately the consequences of excessive drinking, and to begin devaluing the perceived positive aspects of

that high-risk behavior. When MET is conducted properly, it is the student and not the program facilitator who expresses the arguments for change (Miller & Rollnick, 1991).

4. Roll with Resistance

How the program facilitator handles student "resistance" is a crucial and defining characteristic of the MET approach. MET strategies do not meet resistance head-on, but rather "roll with" the momentum, with a goal of shifting student perceptions in the process. New ways of thinking about problems are invited but not imposed. Ambivalence is viewed as normal, not pathological, and is explored openly. Solutions are usually evoked from the student rather than provided by the program facilitator. This approach for dealing with resistance will be described in more detail later

5. Support Self-efficacy

Even if a student is persuaded that he or she has a serious problem with excessive drinking, they will still not move toward change unless there is hope for success. Stanford social learning theorist, Albert Bandura has described self-efficacy as a critical determinant of behavior change. According to Bandura, self-efficacy is the belief that one can perform a particular behavior or accomplish a particular task. In this case, the college student must be persuaded that it is possible to change his or her own excessive drinking and thereby reduce alcohol-related problems. In everyday language, this might be called hope, optimism, or even self-confidence, though it is not an overall optimistic nature that is crucial here. Rather, it is the student's specific belief that he or she can change the habit of excessive drinking. Unless this element is present, a discrepancy crisis is likely to be dealt with by defensive coping such as rationalization or denial that usually reduces discomfort, without changing future excessive drinking behavior. This is a natural and understandable protective process for college students and others as well. If a student has little hope that things can change, there is little motivation to face the issue of excessive drinking and try to resolve it.

Motivational Enhancement Therapy (MET) Strategies

MET Phase One: Building Motivation for Change

Motivational Enhancement Therapy (MET) can be divided into two sequential phases: (1) Building motivation for change, and (2) Strengthening commitment to change (Miller & Rollnick, 1991). The first phase of MET focuses on developing the student's motivation to make a change in his or her excessive drinking. Students will vary widely in their readiness to change. Some may come to the CHOICES Program largely decided and determined to change, but the following processes should nevertheless be pursued in order to explore the depth of such apparent motivation, and to begin consolidating commitment. Others will be reluctant or even hostile at the outset of any relationship with a program facilitator who is discussing college drinking.

Most college students who drink excessively, however, are likely to be

somewhere in the contemplation stage. They may already be dabbling with taking action to change their excessive drinking, but still need consolidation of their motivation for change. This may be thought of as the tipping of a motivational balance teeter-totter. One side of the seesaw favors status quo (e.g., continued excessive drinking as before), whereas the other favors change. The former side of the decisional balance is weighed down by perceived positive benefits from excessive drinking and feared consequences of change. Weights on the other side consist of perceived benefits of changing one's drinking, and feared consequences of continuing unchanged. The CHOICES Program facilitator's task is to shift the balance of weight in favor of change.

MET Phase One Motivational Strategies

1. Eliciting Self-Motivational Statements

There is truth to the saying that we can "talk ourselves into" a change.

Psychological studies of motivation have consistently demonstrated that when people are subtly enticed to speak or act in a new way, their beliefs and values tend to shift in that direction. This phenomenon has sometimes been described as "cognitive dissonance." Another way of looking at it is to say, "As I hear myself talk, I learn what I believe." That is, the words which come out of a college student's mouth are likely to be more persuasive to that student than words spoken by another such as a parent, program facilitator, or even a friend. The logic of this phenomena might go something like this, "If I say it, and no one has forced me to say it, then I must believe it. If this is so, then the worst persuasion strategy is one that evokes defensive argumentation from the student.

Head-on confrontation is rarely an effective sales technique in any context. It is a flawed approach not only because it evokes hostility, but also because it provokes the student to verbalize precisely the wrong set of statements. An aggressive argument that "You're a binge drinker or a drunk and you had better shape up and go straight" will usually evoke a predictable set of responses: "No I'm not, and no I don't." Unfortunately, program facilitators and student counselors are sometimes trained to understand such a response as student "denial" of responsibility and to push all the harder. The likely result is a high level of student resistance.

The positive side of the coin here is that the MET oriented program facilitator seeks to elicit from the student certain kinds of statements that can be considered, within this view, to be "self-motivating." Self-motivating statements include:

- **Problem Recognition** that are characterized by being open to input about excessive drinking and its negative effects on the student and others.
- **Expressing Concern** about excessive drinking by acknowledging real or potential problems related to past drinking and future alcohol-related harm to oneself or others.

- **Intention to Change** characterized by expressing a need, desire, or willingness to change excessive drinking habits.
- **Optimism about Change** characterized by statements that express the belief that changes in excessive drinking are possible and are in fact likely to occur.

2. Eliciting self-motivational statements from college students.

Ask for them directly, via **open-ended questions**. Some examples of such questions are:

- “Have you been having any concerns or difficulties related to your drinking? Tell me about those.”
- “Tell me a little about your drinking. What's positive about drinking for you? And what's the other side of the coin? How have you been harmed and harmed others by drinking excessively? What are your worries about returning to excessive drinking in the future?”
- “Tell me what you've noticed about your drinking since arriving on campus. How has it changed over time? What things have you noticed that concern you, that you think could be problems in the months and years to come?”
- What have other people told you about your drinking? What are other people worried about?
- What makes you think that you may need to make a change in your drinking?

Once this process is rolling, simply keep it going by using *reflective listening* (see below), by asking for examples, by asking “What else?” etc. The journaling questions in the CHOICES Student Journal are designed to be open-ended and can be used to get a discussion going with the group. In general, the best strategy for eliciting self-motivational statements is to ask for them: “Tell me what concerns you about your drinking” or “Tell me what your drinking has cost you” or “Tell me why you think you might need to make a change to prevent alcohol-related problems in the future?”

3. Listening Reflectively (with Empathy)

The strategies to elicit student self-motivational statements just discussed are likely to evoke some initial offerings, but it is also crucial how you respond to students' statements. The interpersonal skill of accurate empathy (sometimes also called active listening, reflection, or understanding) is the optimal response within an MET approach to student engagement. In popular conceptions, empathy is thought of as “feeling with” a person, or having an immediate understanding of their situation by virtue of having experienced it or something similar oneself. The creator of client-centered therapy, Carl Rogers, however, introduced a new technical meaning for the term “empathy”, using it to describe a particular skill and style of reflective listening.

In this style of reflective listening, the program facilitator attends carefully

to what the student is saying, and then reflects it back to the student, often in a slightly modified or reframed form. Acknowledgment of the student's expressed or implicit feeling state may also be included. This way of responding offers a number of advantages: (1) it is unlikely to evoke student resistance; (2) it encourages the student to keep talking and exploring the topic; (3) it communicates respect and caring, and builds a working therapeutic alliance; (4) it clarifies for the program facilitator exactly what the student means; and (5) it can be used to reinforce ideas expressed by the student. This latter characteristic is an important one. You can reflect quite selectively, choosing to reinforce certain components of what the student has said, and passing over others. In this way, students not only hear themselves saying a self-motivational statement, but also hear you saying that they said it. Further, this style of responding is likely to encourage the student to elaborate the reflected statement.

4. Summarizing

It is useful to summarize periodically during an interview or a prevention program session particularly toward the end of a session. This amounts to a longer summary reflection of what the students have said. It is especially useful to repeat and summarize the students' self-motivational statements. Elements of reluctance or resistance may be included in the summary, to prevent a negating reaction from the students. Such a summary serves the function of allowing the students to hear their own self-motivational statements yet a third time, after the initial statement and your reflection of it. Along the way during a session, shorter "progress" summaries can be given:

MET Phase Two: Strengthening Commitment to Change

Recognizing Change Readiness

The strategies outlined above are designed to build motivation, and to help tip the student's decisional balance in favor of change. A second major process in MET is to consolidate the student's commitment to change, once sufficient motivation is present (Miller & Rollnick, 1991). It may seem paradoxical to discuss willingness or commitment to change in student populations because college students have a reputation for resisting prevention messages and sometimes aggressively asserting their right to drink. However, MET strategies employed skillfully while delivering the CHOICES Program will move some contemplating students toward preparation and will consolidate the resolve of those students already prepared to make a change.

In strengthening a student's commitment to change, timing is a key issue - knowing when to begin moving toward a commitment to action. Within the Prochaska and DiClemente Stages of Change Model, this is the stage of preparation (determination), when the ambivalence of contemplation stage has tipped the balance in favor of change, and the student is ready for action that is self-initiated and not just a form of compliance or rule following. Such a shift is

not irreversible. Once the balance has tipped, then, it is time to begin consolidating the student's decision.

There are no universal signs of crossing over into the preparation stage. These are some changes you might observe (Miller & Rollnick, 1991):

- The student stops resisting and raising objections
- The student asks fewer questions about the problem
- The student appears more settled, resolved, unburdened, or peaceful
- The student makes self-motivational statements indicating a decision (or openness) to change. "I guess I need to do something about my chances drinking excessively in future" or "If I wanted to prevent excessive drinking, what could I do?"
- The student begins imagining how life might be after a change in drinking habits has occurred

For many students, there may not be a clear point of decision to change, preparation, or determination. Often college students begin considering and trying change strategies while they are in the later part of the contemplation stage. For some, their willingness to decide to change depends in part upon trying out various strategies until they find something that is satisfactory and effective. Then some students will commit to change.

Thus the shift in student readiness to change excessive drinking from contemplation to action may be a gradual, tentative transition rather than a discrete decision. It is also important to remember that even when a student appears to have made a decision and is taking steps to change, ambivalence is still likely to be present. Avoid assuming that once the student has decided to change, there is no longer any need for Phase One MET strategies. Likewise you should proceed carefully with college students who make a commitment to change too quickly or too emphatically. Even when a person seems to enter a prevention program already committed to change, it is useful to pursue some of the above motivation-building and feedback strategies before moving into commitment consolidation.

In any event, a point comes when you should move toward strategies designed to consolidate commitment. The following strategies are useful once the initial phase has been passed, and the student is moving toward change.

Asking Key Questions

One useful strategy in making the transition from Phase One to Phase Two of MET is to provide the kind of summary statement described earlier, summing up all of the reasons for change that the person has given, while also acknowledging remaining points of ambivalence. At the end of this summary, ask a key question such as:

- What do you make of all this?
- Where does this leave you in terms of your risk of future drinking?

- What's your plan to reduce the likelihood excessive drinking in the future?
- What are you thinking you will do to be successful?
- I wonder what you're thinking about your drinking at this point.
- Now that you're this far, I wonder what you might do about these concerns.

Discussing a Plan for Change

The critical shift for the program facilitator is from focusing on reasons for change (MET Phase One; building motivation) to strengthening commitment and negotiating a plan for change (MET Phase Two). The student may initiate this transition by stating a need or desire to change, or by asking what he or she could do. Alternatively, you may trigger this transition with a key question such as the one on page 16 of the CHOICES journal that ends session one of the program. Your goal during MET Phase Two is to elicit from the student some ideas and ultimately a plan for what to do about the student's risks for alcohol-related harm. It is not your task at this point to prescribe a plan for how the student should achieve these changes or to teach students specific skills for doing so. Specific strategies for reduced risk drinking are presented on pages 13 to 15 of the CHOICES Student Journal. The overall MET message during Phase Two near the conclusion of the CHOICES Program is: "Only you can change your drinking, and it's up to you." Further questions may help: "How do you think you might do that? What do you think might help?" Reflecting and summarizing continue to be good therapeutic responses as more self-motivational statements and ideas are generated.

Communicating Free Choice

An important and consistent message throughout MET is the student's responsibility and freedom of choice to obey the rules of the university or college and to comply with laws against underage drinking, or not. Students are also responsible for choosing whether and how to drink. This message is balanced by a clear statement of the rewards of either abstaining from drinking or engaging in safer, less risky drinking practices. Reminders of this theme should be included during the commitment-strengthening process at the end of the CHOICES Program:

- It's up to you what you do about this.
- No one can decide this for you.
- No one can change your drinking for you. Only you can do it.
- You can decide to go on drinking excessively just as you have been and pay the consequences, or you can decide to make a change.

MET Strategies for Handling Student Resistance

Student resistance is a legitimate concern. Failure to comply with a program

facilitator's instructions, and resistant behaviors within sessions (e.g., arguing, interrupting, denying a problem) are responses that predict poor outcomes. What is resistance? Here are some student behaviors that have been found to be predictive of poor outcomes of prevention programs and other brief interventions:

- **Interrupting** - cutting off or talking over the program facilitator
- **Arguing** - challenging the program facilitator, discounting the program facilitator's views, disagreeing, hostility
- **Sidetracking** - changing the subject, not responding, not paying attention
- **Defensiveness** - minimizing or denying the problem, excusing one's own behavior, blaming others, rejecting the program facilitator's opinion, unwillingness to change, alleged impunity, pessimism

What too few program facilitators realize, however, is that the extent to which such student "resistance" occurs during a program session is powerfully affected by the facilitator's own style of interaction with the students. Research in the addictive behaviors field by William Miller and his colleagues found that when problem drinkers were randomly assigned to two different therapist styles (given by the same therapists), one confrontational-directive and one motivational-reflective, those in the former group showed substantially higher levels of resistance, and were much less likely to acknowledge their problems and need to change. These client resistance patterns were, in turn, predictive of less long-term change. Similarly, other researchers had family therapists switch back and forth between these two styles within the same therapy sessions, and demonstrated that client resistance and noncompliance went up and down markedly with therapist's behaviors.

The picture that emerges is one in which the therapist dramatically influences client defensiveness, which in turn predicts the degree to which the client will change. This is in contrast with the common view that alcoholics and drug addicts are resistant because of pernicious personality characteristics that are part of their condition. Denial is often regarded to be a trait of "chemical dependency." In fact, extensive research has revealed relatively few consistent personality characteristics among drug addicts, alcoholics, or excessive student drinkers, nor do studies of defense mechanisms suggest any unique pattern associated with addictive or drinking behavior.

This suggests that people with alcohol and drug problems do not, in general, walk through the therapist's door or into the prevention program already possessing high levels of denial and resistance. These important client behaviors are more a function of the interpersonal interactions that occur during treatment, although they may result in part from the context in which therapeutic contact occurs. These same principles hold for the behavior of the facilitator in the context of delivering prevention programs. An important goal in MET, then, is to avoid evoking student resistance (anti-motivational statements). Said more bluntly, student resistance is a program facilitator problem.

How facilitators respond to resistant behaviors is one of the defining characteristics of a MET approach to engaging students. A first rule of thumb is never meet resistance head-on. Certain kinds of reactions are likely to exacerbate resistance, back the student further into a corner, and elicit anti-motivational statements from the student. These program facilitator responses include:

- Arguing, disagreeing, challenging
- Judging, criticizing, blaming
- Warning of negative consequences
- Seeking to persuade with logic or evidence
- Interpreting or analyzing the "reasons" for resistance
- Confronting with authority
- Sarcasm or incredulity

Even direct questions as to why the student is "resisting" (e.g., Why do you think that you don't have a problem with excessive drinking?) only serve to elicit from the student further defense of the anti-motivational position, and leave the facilitator in the logical position of counter argument. If you find yourself in the position of arguing with the student to acknowledge a drinking problem and the need for change, shift strategies. Remember that you want the student to make self-motivational statements (basically, "I have an alcohol problem" and "I need to do something about it"), and if you defend these positions yourself it may evoke the opposite from the student. Here are several strategies for deflecting resistance (Miller & Rollnick, 1991):

- **Simple reflection.** One strategy is simply to reflect what the student is saying. This sometimes has the effect of eliciting the opposite, and balancing the picture.
- **Amplified Reflection.** A modification is to reflect, but exaggerate or amplify what the student is saying to the point where the student is likely to disavow it. There is a subtle balance here, because overdoing an exaggeration can elicit hostility.
- **Double-Sided Reflection.** Double-sided reflection is another way to deal with resistance. If a student offers a resistant statement, reflect it back with the other side (based on previous statements).
- **Reframing** is a strategy whereby the program facilitator invites the student to examine his or her perceptions in a new light, or a reorganized form. New meaning is given to what has been said. Reframing can be used to help motivate the student to deal with drinking. In placing current problems in a more positive or optimistic frame, the program facilitator hopes to communicate that the problem is solvable and changeable.
- **Rolling With Resistance** instead of opposing it. There is a paradoxical element in this, which often will bring the student back to a balanced or opposite perspective. This strategy can be particularly useful with students who present in a highly oppositional manner, and who seem to reject every idea or

suggestion.

Brief Interventions: The FRAMES Approach

In the addiction field, more than 50 research studies have demonstrated the effectiveness of brief interventions using motivational enhancement strategies to eliminate or reduce alcohol or other drug misuse and related negative consequences for the user and others. Many of these studies such those on the BASICS (Brief Alcohol Screening and Intervention for College Students) program (Dimeff et al. 1999; Baer et al., 2001) have involved brief interventions with college students. Six elements have been identified that were present in most of the successful brief clinical trials, and the acronym FRAMES was coined by Miller and Sanchez to summarize them. These elements of effective brief intervention are defined as follows:

1. **Feedback** regarding personal risk from excessive drinking and the potential harm resulting from continuing this pattern is given to the student in a straightforward, yet empathetic manner.
2. **Responsibility** for change is placed squarely and explicitly on the student emphasizing the right of the student to make choices for himself or herself regarding the risks and harm of excessive drinking.
3. **Advice** about changing personal, social, and environmental factors likely to reduce the risk and harm associated with excessive drinking is clearly given to the students by the program facilitators in a nonjudgmental manner.
4. **Menus** of effective coping strategies to avoid excessive drinking or to abstain from alcohol are offered for students to consider.
5. An **Empathic** style of interaction in which showing acceptance, respect, and understanding are emphasized.
6. **Self-efficacy** or optimistic empowerment is engendered in the student to encourage change.

Since the FRAMES construct was developed, further clinical research and experience have expanded on and refined elements of this motivational enhancement model. The FRAMES components have been combined in different ways and tested in diverse settings and cultural contexts. Consequently, additional building blocks or tools are now available that can be tailored to meet a student's unique needs.

Feedback

Providing constructive, non-confrontational feedback to a student about this or her risk of excessive drinking and its consequences may be particularly valuable. This type of feedback, drawn from self-monitoring or drinking or other assessment data, compares a student's risk with normative data from a general population of students or from selected groups of similar students, such as other

high-risk students. A respectful, nonjudgmental manner when delivering feedback to a student is crucial. A confrontational or judgmental approach may leave the student unreceptive and resistant to further supervision or programming.

Do not present feedback as evidence that can be used against the student. Rather, offer the information in a straightforward, respectful way, using easy-to-understand and culturally appropriate language. The point is to present information in a manner that helps the student recognize the existence of their risk factors for excessive drinking and the need to change past or current attitudes and behavior related that risk.

Reflective listening and an empathic style on the part of the facilitator or interviewer helps the student understand this information and interpret its meaning. Students then can gain new perspectives about the past and future impact of their excessive drinking, can begin to express concern, and ultimately, may begin to consider changing from the inside out.

Not all students respond in the same way to feedback. One student may be alarmed to find out his or her high-risk status. Another may be concerned only about doing the minimum. Still others may not be impressed at all by a high level of risk for alcohol-related harm and deny that excessive drinking is a significant problem for them at all.

Responsibility

College students have the choice of continuing their excessive drinking behavior or changing their drinking habits in order to reduce their risk. A motivational enhancement approach allows students to be active rather than passive by insisting that they participate and are accountable for choices regarding they make about drinking in college. Ultimately, in this approach, students take most of the responsibility for changing their own attitudes, feelings, and behavior.

Initially, do not impose views or goals on students; instead, engage them in a discussion of the change process and invite them to consider the implications of the information in CHOICES Student Journal for their own well being. If college students believe their feelings and attitudes are important and are being considered, they will feel less need to resist or dismiss the ideas presented in the Journal or by the CHOICES Program facilitator.

Advice

The simple act of giving respectful and honest advice can promote positive behavioral change in some students. As with feedback, the *manner* in which program facilitators advise students determines how the advice will be used. It is better not to *tell* students what to do— *suggesting* while making consequences of different choices clear, usually yields better results.

A motivational enhancement approach to offering advice may be either directive (making a suggestion) or educational (explaining information). The educational advice presented in the CHOICES Program is based on credible scientific evidence supported in the literature. Facts that relate to the student's conditions, such as overall level of alcohol-related risk and harm can be presented most effectively in a non-threatening way.

Effective advice may begin with, "Can I tell you what I've seen in the past in these situations with other students?" Such questions and statements provide a nondirective opportunity to share your knowledge about excessive drinking, alcohol's effects, and the prevention of alcohol-related harm.

If the student requests direction, clarify what is wanted rather than giving your own advice immediately. Any advice you give should be simple, not overwhelming, and matched to the student's risk level, psychological characteristics, level of understanding and readiness, the urgency of the situation, his or her culture, etc. This style of giving advice requires patience. The timing of any advice is also important, relying on your ability to "hear"—in the broad sense—what the student is requesting and willing to receive.

Menu of Options

Implementation of behavior change strategies is enhanced when students choose—or perceive that they can choose— even from a limited menu of options. Thus, motivation for participating in prevention efforts is heightened by giving students some choices regarding appropriate goals (moderation and abstinence) and types of strategies needed.

In the substance abuse field, offering a menu of options helps decrease dropout rates and resistance to treatment and increases overall treatment effectiveness. As you describe alternative approaches to reducing excessive drinking and its associate risks that are appropriate for a student, provide accurate information about each option and a best guess about the implications of choosing one particular path. Ask the students what they think might be effective or what has worked for them in the past.

Providing a menu of options is consistent with the motivational principle for making choices and taking responsibility for choices. Your role as a program facilitator is to enhance a student's ability to make informed choices consistent reducing their alcohol-related risks. When students participate in decisions, even to a limited degree, they are likely to be more committed to them.

Empathic Style

Empathy is not specific to motivational interventions, but rather applies to many types of therapies. It has not always been recommended as an appropriate attitude of program facilitators with students. However, several recent studies have demonstrated impressive outcomes in student cooperation, attitude change, and program participation when program facilitator conducted their interventions in an empathetic manner. An empathic style of interaction with students has been interpreted to include characteristics such as acceptance, respect, caring,

commitment, and active interest. Empathy usually entails reflective listening—listening attentively to each student statement and reflecting it back in different words so that the student knows you understand his or her meaning.

The student does most of the talking when a program facilitator uses an empathic motivational interviewing style. It is important to create a safe environment that encourages a free flow of information from the student. Your implied message to the student is "I am not here to judge you," or "Only you can decide the right path for your future."

The assumption is that, with empathic support, many college students will naturally move in a healthier direction. Let this process unfold, rather than direct or interrupt it. Although an empathic style appears easy to adopt, it actually requires careful training and significant effort. Surprisingly perhaps, this style can be particularly effective with students who seem angry, resistant, or defensive while they are attending the program session.

Self-efficacy

To succeed in changing their excessive drinking, students must believe they are capable of undertaking some specific tasks and must have the necessary skills and confidence to do so. An important role for the program facilitator is to foster hope and optimism by reinforcing a college student's beliefs in his or her own capacities and the support available on campus, in the community, or from the parents and other family members. This role is more likely to be successful if you believe in a student's ability to change.

Program facilitators can help students identify how they have successfully coped with problems in the past by asking, "How did you think, feel, and act when you have experienced success?" Once you identify strengths or protective factors, you can help students build on past successes. It is important to affirm small steps and reinforce any positive changes.

Summary

Common sense tells us that engaging college student in the alcohol abuse prevention activities and in making informed choices about their drinking behavior will produce better outcomes than forcing compliance. Research supports this. The methods of motivational enhancement bring CHOICES Program facilitators specific tools for understanding the change process and techniques for supporting it through each stage. CHIOCES Program facilitators can increase their effectiveness by using these strategies and incorporating them into their work with college students.

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