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Brief article

Motivational interviewing with significant other participation: Assessing therapeutic alliance and patient satisfaction and engagement

Molly Magill, (Ph.D.)[a,*], Nadine R. Mastroleo, (Ph.D.)[a], Timothy R. Apodaca, (Ph.D.)[a,b], Nancy P. Barnett, (Ph.D.)[a], Suzanne M. Colby, (Ph.D.)[a], Peter M. Monti, (Ph.D.)[a,c]

[a]*Center for Alcohol and Addiction Studies, Brown University, Providence, RI, USA*
[b]*Children's Mercy Hospital, University of Missouri-Kansas City School of Medicine, Kansas City, MD*
[c]*Providence VA Medical Center, Providence, RI, USA*

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Abstract

Inclusion of concerned significant others (SOs) in alcohol use treatment has demonstrated efficacy but has not been tested in the context of brief interventions. In this study, individual motivational interviewing (MI) sessions were compared with MI sessions including a significant other on within-treatment outcomes (alliance, fidelity, client satisfaction, and engagement). Participants ($N = 382$) were adult alcohol users recruited in a Level I trauma center. Perceived alliance did not differ across conditions, but patients and SOs reported higher alliance, satisfaction, and engagement than was perceived by the therapist. The occurrence of MI components, or discussion areas, was consistent across conditions. Higher baseline SO drinking was associated with lower patient engagement, whereas higher baseline SO acceptance of patient drinking was associated with lower SO engagement. Results suggest that individual MI sessions can be adapted to include an SO with minimal impact on patient acceptability and treatment fidelity. Research should, however, consider SOs' influence on participant outcomes and the relevance of specific SO characteristics.

Keywords: Alcohol treatment; Emergency department; Motivational interviewing; Significant others; Treatment fidelity

1. Introduction

Past studies have shown that motivational interventions delivered with hospital populations are effective in reducing alcohol use and associated consequences (e.g., Havard, Shakeshaft, & Sanson-Fisher, 2008; Longabaugh et al., 2001; Monti et al., 1999; Schermer, Moyers, Miller, & Bloomfield, 2006). To date, these interventions have been delivered almost exclusively in an individual format (Cordova, Zepeda-Warren, & Gee, 2001) despite the established efficacy of marital and family therapy alcohol treatment approaches (e.g., Edwards & Steinglass, 1995). Including spouses or partners in alcohol treatment can result in improved relationship functioning and reduced drinking (O'Farrell, 1993), but the acceptability of this approach by both patients and significant others (SOs) in brief treatment is not well studied. We also know little about whether brief treatments such as motivational interviewing (MI) can be delivered with fidelity when SOs are involved in sessions. Complicated relationship dynamics and SO characteristics may influence the therapy process, causing individually delivered and conjoint MI sessions to look quite different. These are essential implementation questions to examine if including an SO in brief alcohol treatment is to be considered a feasible adaptation with hospital populations.

1.1. SO involvement and intervention efficacy and acceptability

Social network members may be positive or negative influences on substance abuse treatment process and outcome. Reviews of the literature suggest that SO-involved interventions reliably increase the probability that an at-risk

* Corresponding author. Brown University, Box G-S121-5, Providence, RI 02912, USA. Tel.: +1 401 863 6557; fax: +1 401 863 6697.
E-mail address: molly_magill@brown.edu (M. Magill).

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alcohol user will initiate change (O'Farrell & Fals-Stewart, 2003) and aid general improvements in treatment retention and efficacy (O'Farrell, 1993). There is also evidence that intervention exclusively with the SO can result in reduced resistance to treatment in the drinking partner (Meyers, Apodaca, Flicker, & Slesnick, 2002). On the other hand, a drinker's social network may include other drinkers, which can negatively influence treatment engagement (Havassy, Hall, & Wasserman, 1991; Mohr, Averna, Kenny, & DelBoca, 2001) or increase risk of relapse (Havassy et al., 1991; McCrady, 2004). Alcohol-dependent men and women also often drink with their partners (e.g., Fernandez-Pol, Bluestone, Missouri, Morales, & Mizruchi, 1986). Therefore, there is support for involving an SO in MI sessions to enhance outcomes, but individual social network members may also hinder drinking reduction (McCrady, 2004).

Although effective, SO-involved interventions typically require multiple sessions, which presents a barrier to delivery in "opportune settings," such as hospital emergency departments or trauma centers. Most often, the patients in these settings are recruited following a screening for alcohol risk, and brief motivational interventions are delivered in the moment, capitalizing on the emotional charge of the hospital experience (e.g., Longabaugh et al., 1995). With SO involvement, a provider must build rapport with not one, but two patients in the course of a single session. It is unknown whether this would negatively impact treatment acceptability, patient satisfaction, and engagement and therefore progress toward change-related goal setting.

There is good theoretical rationale for including an SO in MI sessions; SOs represent one form of natural support that can facilitate patient's intrinsic movement toward change (Miller & Rollnick, 2002). Created for Project MATCH, Motivational Enhancement Therapy (MET; see Miller, Zweben, DiClemente, & Rychtarik, 1992) suggested including an SO in one or two of the early treatment sessions to help the patient explore and resolve ambivalence regarding change in drinking behavior. The SO participants, actively involved in MI sessions, can describe alcohol-related consequences, offer supportive statements, and identify possible change options that may be more easily received than if offered by the therapist. In Project MATCH, however, only 17% of outpatient and 13% of aftercare MET participants elected SO involvement (Carroll et al., 1998). Further, in an MI study guided by the Project MATCH manual, participants in the MI group requested that an SO participate in only 2 of 104 cases (Miller, Yahne, & Tonigan, 2003). Project COMBINE delayed SO involvement until after the delivery of feedback and achieved a higher percentage (30%) of clients with SO involvement in one or more treatment sessions (Longabaugh, Zweben, Locastro, & Miller, 2005). Given these findings, potential barriers to SO participation and the nature of SO influence in MI sessions warrants further consideration. To our knowledge, no past studies have included random assignment to SO-involved (SOMI) or individual (IMI) MI sessions. Therefore, examining the comparative acceptance of and fidelity to the intervention may have important implications for adaptation and implementation within opportune hospital settings.

1.2. MI fidelity

Evaluating the relationship between patient outcomes and clinician competence in MI delivery is a key emerging area of research (Apodaca & Longabaugh, 2009; Burke, Arkowitz, & Dunn, 2002; Moyers, Martin, Manuel, Hendrickson, & Miller, 2005). Collaboration between therapist and patient, as well as empathy, acceptance, genuineness, and egalitarianism expressed by the therapist, have been noted as important elements of the "spirit" of MI (Miller & Rollnick, 2002). These qualities, well established in the general psychotherapy literature, have been linked with improved outcomes in MI (Moyers, Miller, & Hendrickson, 2005). Past research has also identified good adherence to MI components (e.g., pros and cons of alcohol use, personalized feedback, change plan) in individually delivered MI sessions, which have resulted in reduced drinking behaviors (e.g., Barnett, Murphy, Colby, & Monti, 2007; Borsari & Carey, 2005; Wood et al., 2010). We are not aware of any past studies that have examined therapist fidelity to MI components when also including an SO. Given the brief nature of MI, the addition of a concerned family member or friend may have implications on therapists' abilities to complete all discussion areas while also adhering to MI principles and spirit.

The purpose of this study was to examine treatment implementation and characteristics in individual and significant other MI sessions conducted in an opportune hospital setting. Of particular interest was whether treatment processes differed when romantic partners, family, or concerned friends are involved in an MI session. Specifically, we sought to (a) describe the general characteristics of SOs that may be seen in this setting; (b) assess whether treatment alliance, satisfaction, and engagement differed across therapist, patient, and SO reports; (c) examine differences in specific MI components across IMI and SOMI sessions; and finally, (d) determine whether specific characteristics of patients and SOs involved in SOMI sessions were associated with patient and SO satisfaction and engagement in the session.

2. Method

2.1. Sample

This study was conducted with baseline and treatment process data from a randomized controlled trial that compared the efficacy of an individual MI session to an MI session that included a concerned significant other (SOMI). Participants in this study (N = 382) were adult emergency and trauma department patients from a Level I