Abstract

It has long been a goal of substance abuse treatment research to predict which clients among those receiving an intervention will be successful in bringing about adaptive behavior change. Miller and Rollnick (2002) have proposed that client resistance to change will be negatively associated with substance abuse treatment outcomes. Consequently, specific methods are prescribed when using motivational interviewing in order to minimize the occurrence of in-session resistance. This study investigated the hypothesized relationship between in-session client resistance and subsequent substance use, using 20 client-therapist pairs from a RCT investigating the effectiveness of CRAFT and TSF therapies (Miller, Meyers and Tonigan, 1999). Client resistance behaviors were evaluated using the Motivational Interviewing Skills Code (MISC). Resistance language at intake significantly predicted abstinence one year later, $\beta = .42, t = 2.30, p = .034$. Employment status was not a significant predictor of abstinence at one year, $\beta = .265, t = 1.47, ns$.

Methods

- 20 client-therapist pairs were selected from a RCT comparing the Community Reinforcement Approach (CRAFT) and Twelve-Step Facilitation Therapy (TSF) (Miller, Meyers, and Tonigan, 1999).

- Video tapes of one early (sessions 1-4) treatment session per pair were coded using the Motivational Interviewing Skills Code (MISC).

- From MISC, the frequency of client speech expressing resistance to behavioral change (RES) was calculated for each client, and used to predict outcome. MISC measures of client resistance focus on statements indicating arguments for the status quo, enjoyment of substances, minimizing need/reasons to change and hopelessness about change. Raters were blind to treatment condition and the ICC for RES was .845.

- Additional predictors used because of their likely relationship to treatment outcome and resistance included employment status measured at intake as well as self-reported percent days of abstinence from all drugs for 90 days prior to intake (ABS1).

- The outcome measure used was self-reported percent days abstinence from all substances at the 12 month follow up (ABS2).

Results

The regression model was statistically significant, $F(3,17) = 4.72, p = .014, R^2 = .358, SE = .284$.

- Resistance language at intake significantly predicted abstinence one year later, $\beta = .42, t = 2.30, p = .034$.

- Abstinence from all substances at intake significantly predicted abstinence one year later, $\beta = .43, t = 2.37, p = .03$.

Discussion

As predicted, in-session resistance language predicted abstinence one year later. Specifically, more resistance language during an early interview predicted fewer days of abstinence. In fact, in-session client resistance language was a more robust predictor of treatment outcome than employment status and as good a predictor as intake level of substance use. These findings are consistent with a growing body of evidence indicating the importance of accounting for client resistance in substance abuse treatment outcomes. More specifically these data suggest that reducing client resistance during treatment sessions is likely to be associated with better client outcomes. Given previous research (Miller, Benefield, and Tonigan, 1993) indicating that specific therapist behaviors (confrontation and warning) are associated with increases in client resistance during treatment sessions, these data suggest proscriptions against a confrontational approach for ambivalent substance-abusing clients, at least during initial sessions.

References

