

Motivational Enhancement Therapy

What is Motivational Enhancement Therapy (MET)?

The aim of motivational enhancement therapy (MET) is to help understand the function of an eating disorder for the individual and work on their personal motivation to affect change.

Many people entering an eating disorders unit are either resistant or ambivalent to change. If they are not ready and willing to change, a structured treatment programme can actually have a negative impact on their overall outcome.

MET shows warmth, empathy and respect towards the client. Motivational work is essential for people with eating disorders and can be combined with other therapeutic programmes.

Why is MET helpful in the treatment of eating disorders?

We can be in two minds over an issue – wanting to change our behaviour but also needing that behaviour.

People with eating disorders can be unsure about whether to change their behaviour and the results of that change. For example, a young person who restricts her food may need the sense of control this provides.

This may result in uncertainty and lack of motivation to change. By using MET with people who have eating disorders, we are better able to assess their readiness for change and develop their personal motivation to make that change more effective.

MET is very helpful with young people, who can be very distrustful of and resistant to older authority figures. MET aims to break down this mistrust, by working with them in a collaborative, empathetic way.

Motivational work is an essential component when working with individuals with an eating disorder.

How is MET used?

A therapist might ask someone to think about the advantages and disadvantages of their behaviour.

People respond to psychological therapies on an individual basis and while one form of therapy may be effective for one person, another may be better suited to an alternative approach.

A young person with anorexia may feel attached to and proud of her ability to be thin. The therapist will work with the young person to help them recognise the advantages and disadvantages of their behaviour.

However, while this motivational work is underway, all young people at Newbridge House must accept and abide by our “non-negotiables” of eating and gaining weight.

Our first responsibility is to ensure our young people remain safe, while they progress through therapeutic programmes to meet their individual needs.

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Motivational Enhancement Therapy in practice: a case study

Louise is a 17-year-old who has had anorexia for three years. Louise says anorexia is the only part of her life in which she has any control. She had a difficult transition to secondary school and her parents divorced when she was 12. Louise is intelligent and was successful at school before her eating disorder developed. She is a good writer and had hoped to become a journalist. The therapist helps her to explore her desire to use her abilities and accept that in order to realise her ambitions for the future, she must overcome her eating disorder. The therapist helps her to find other means of realising control, other than through anorexia.

This case study has been developed by Dr Elsworthy to illustrate how CMT can be applied in practice. It is based on real clinical details, but is an amalgamation of different individuals, in order to protect patient confidentiality.

References and background information

Motivational Enhancement Therapy (MET) is based on the principles of Motivational Interviewing (MI). MI was initially introduced as a person-centred approach to help clients resolve any ambivalence towards change. MI is a collaborative approach that utilises a clients own values, abilities and resources. MET has an addition of clinical feedback (Miller & Rollnick, 2002). It believes that clients have the power to bring about change and that resistance is not a trait but rather a characteristic of an interpersonal process (Miller & Rollnick, 2002).

Research has shown that motivation and readiness scores predict clinical outcome in adolescents and adults (Geller et al, 2001; Geller, Drab-Hudson, Whisenhunt & Srikameswaran, 2004). Thus it is essential to obtain an accurate picture of both the readiness to change and an individual's motivation.