

2014-07

Motivational interventions may have greater sustained impact if they trained imagery-based self-management

Kavanagh, DJ

<http://hdl.handle.net/10026.1/12686>

10.1111/add.12507

Addiction

Wiley

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.

Motivational interventions may have greater sustained impact if they trained imagery-based self-management

A response to McCambridge and Rollnick (2013)

Authors' copy of a paper published as:

Kavanagh, D.J., Andrade, J., May, J. & Connor, J.P. (2014) Motivational interventions may have greater sustained impact if they trained imagery-based self-management. *Addiction*, 109(7), 1062-1063

David J. Kavanagh

Institute of Health & Biomedical Innovation and School of Psychology & Counselling,
Queensland University of Technology

Jackie Andrade & Jon May

Department of Psychology, Cognition Institute, Plymouth University

Jason P Connor

Discipline of Psychiatry and

Centre for Youth Substance Abuse Research, The University of Queensland

No conflicts of interest are declared

790 words

Key words: Motivational interviewing, Brief intervention, Alcohol, Hazardous drinking, Alcohol dependence, Imagery

McCambridge and Rollnick (1) argue that increased benefits from brief motivational interventions (MIs) for alcohol abuse may be obtained if they more directly addressed patients' concerns, especially in severe dependence and primary care. We agree, but take the idea a step further.

Recent research on comorbidity has illustrated the power of simultaneously addressing multiple issues in an integrated manner, especially when these changes have synergistic effects (as typically occurs with psychosis and substance use (2)). Integrated MI for comorbidity can even be used productively in a single-session format (3). This idea may have wider application. Recent work in remote Indigenous Australian communities has highlighted the benefits of a broad-ranging discussion of key relationships, activities and resources that confer strength, as well as aspects that worry them or cause dissatisfaction (4). If excessive drinking is present, its impact on other life areas is reviewed, as in standard MI. However, it is considered alongside other highly valued goals. While the approach has demonstrated effects on both alcohol use and mental health (5), its impact is only restricted by the range of goals that are selected.

MIs for excessive drinking have always encouraged a wide-ranging audit of ways that alcohol has affected the person's life, and these discussions often identify additional goals that may later be addressed. The Indigenous and comorbidity examples highlight potential advantages of adopting the person's own priorities, and supporting simultaneous adoption of more than one behavioural goal. We contend that people can successfully pursue multiple goals without overwhelming their coping resources, especially if they are unified by a coherent and highly valued objective, such as 'becoming healthy'. Explicitly embedding

alcohol control within a broader objective allows drinking to be addressed with reduced stigma. Simultaneous efforts to address multiple concerns often also encompasses emotional and contextual triggers for excessive drinking as well as problems it has previously caused (1). Supporting an individual's commitment to valued functional objectives is highly consistent with the spirit of MI. We contend that the relative impact of a sole focus on alcohol versus a broader personal change agenda should be more systematically examined in research.

The current status of MI—both in primary care and in other settings—raises other issues. As McCambridge and Rollnick note, sustained average effects of brief interventions are small, especially in severe dependence (6, 7). Why might this be?

Among other reasons, MIs may not sufficiently transfer to habitual behaviours in everyday life. While core values and past successes are typically rehearsed in sessions, training MI as a self-management skill is not standard. Maintaining routine use of MI strategies in temptation situations may require cueing, by association with frequent behaviors or other reminders, until it becomes habitual. Thematic applications of MI elements in primary care consultations offer further opportunities to consolidate its use by patients. When MIs are solely focused on initial engagement in change, expected advantages to change are essentially hypothetical, and recalled successes may not be recent or convincing. Emphasising actual successes and improvements in repeated consultations may refresh and help maintain MIs' effects.

Further benefits from MIs may be obtained if they apply recent advances in the understanding of motivation and desire (8-11), which emphasize the importance of multisensory imagery. Elaboration of dysfunctional imagery is impeded and craving attenuated by concurrent visuospatial tasks, including other imagery (12). Conversely,

functional desires can be strengthened using imagery (12), and imagery adds to the behavioural impact of action plans or implementation intentions (13). An imagery-based approach to supporting behavior change also encourages covert rehearsal of coping strategies (14), using imagery for problem solving, and replaying memories of successful alcohol control in the past.

Based on the above considerations, we have developed a new motivational intervention, Functional Imagery Training (FIT), which applies the format and spirit of MI, but uses imagery throughout, and encourages the development of self-management skills, whose use is cued in brief ongoing contacts and by pairing with a frequent behaviour. Participants take photos or select pictures from online libraries to remind them of improvements and successes in control, and progress graphs of successful control offer additional material for productive imagery. Pilot trials on its effects on alcohol misuse and other behavioural goals are currently underway.

We agree with McCambridge and Rollnick that additional focus is needed on addressing patients' functional problems in brief MIs for excessive drinking. Even greater impact may be achieved by training motivational approaches as self-management skills, generating vivid imagery about improved futures, training people to incorporate imagery practice into their daily routines, and rehearsing imagery in brief repeated contacts. We see these strategies as highly compatible with primary care and with patients' priorities, and expect their application to result in stronger and more sustained changes across the spectrum of hazardous and dependent drinking.

References

1. MCCAMBRIDGE, J. & ROLLNICK, S. (2013) Should brief interventions in primary care address alcohol problems more strongly?, *Addiction*.
2. KAVANAGH, D. J. & MUESER, K. T. (2007) Current evidence on integrated treatment for serious mental disorder and substance misuse, *Journal of the Norwegian Psychological Association*, 44, 618-637.
3. BAKER, A., KAVANAGH, D. J., KAY-LAMBKIN, F. J. et al. (2011) RANDOMISED CONTROLLED TRIAL OF CBT FOR CO-EXISTING DEPRESSION AND ALCOHOL PROBLEMS: 6-, 12-, 24- AND 36-MONTH OUTCOMES, *Drug and Alcohol Review*, 30, 5-5.
4. NAGEL, T., KAVANAGH, D., BARCLAY, L. et al. (2011) Integrating treatment for mental and physical disorders and substance misuse in Indigenous primary care settings, *Australasian Psychiatry*, 19, S17-S19.
5. NAGEL, T., ROBINSON, G., CONDON, J. & TRAUER, T. (2009) Approach to treatment of mental illness and substance dependence in remote Indigenous communities: results of a mixed methods study, *Australian Journal of Rural Health*, 17, 174-82.
6. SMEDSLUND, G., BERG, R. C., HAMMERSTRØM, K. T. et al. (2011) Motivational interviewing for substance abuse, *Cochrane Database of Systematic Reviews*.
7. VASILAKI, E. I., HOSIER, S. G. & COX, W. M. (2006) The efficacy of mtivational interviewing as a brief intervention for excessive drinking: A meta-analytic review, *Alcohol & Alcoholism*, 41, 328-335.
8. ANDRADE, J., MAY, J. & KAVANAGH, D. J. (in-submission) The goal in mind: An Elaborated Intrusion theory of motivation.
9. KAVANAGH, D. J., ANDRADE, J. & MAY, J. (2005) Imaginary relish and exquisite torture: The elaborated intrusion theory of desire, *Psychological Review*, 112, 446-467.
10. KAVANAGH, D. J., MAY, J. & ANDRADE, J. (2009) Tests of the elaborated intrusion theory of craving and desire: Features of alcohol craving during treatment for an alcohol disorder, *British Journal of Clinical Psychology*, 48, 241-254.
11. CONNOR, J. P., KAVANAGH, D. J., ANDRADE, J. et al. (in-press) Alcohol consumption in young adults: the role of multisensory imagery, *Addictive Behaviors*.
12. ANDRADE, J., MAY, J. & KAVANAGH, D. J. (2012) Sensory imagery in craving: From cognitive psychology to new treatments for addiction, *Journal of Experimental Psychopathology*, 3, 127-145.
13. KNÄUPER, B., MCCOLLAM, A., ROSEN-BROWN, A. et al. (2011) Fruitful plans: adding targeted mental imagery to implementation intentions increases fruit consumption, *Psychology & Health*, 26, 601-617.
14. CORBIN, C. B. (1967) The effects of covert rehearsal on the development of a complex motor skill, *Journal of General Psychology*, 76, 143-150.