

Improving Outcomes for Alcohol Interventions: Integrating Motivational Interviewing Into Assessment

A review of the video



Assessing Alcohol Problems Using Motivational Interviewing

with Linda Carter Sobell and Mark Sobell

Washington, DC: American Psychological Association, 2008. American

Psychological Association Psychotherapy Video Series III, Item No.

4310845. \$99.95

Reviewed by

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Two master clinicians and researchers in the field of evidence-based treatment of alcohol-related problems, Linda Carter Sobell and Mark Sobell, have created a video demonstration of self-guided change in the assessment of alcohol

problems. *Assessing Alcohol Problems Using Motivational Interviewing* is less than two hours in length but offers the basic ideas needed to revamp the process and content of assessment of the problematic use of alcohol across the nation. The videographer did great work on this video (showing both Linda and the patient in some frames). The conversation between the Sobells and commentator Jon Carlson is easy and free-flowing yet provides a penetrating look at longstanding and minimally useful concepts in traditional alcohol assessment, such as labeling the person as an alcoholic and describing defensive reactions as denial.

The format of the video lends itself to instructing students. During the demonstration, numbers appear in the bottom right corner. Without being a distraction, the numbers can help students identify points they want to discuss and/or help a professor plan viewing breaks in conjunction with skill training. In the third segment of *Assessing Alcohol Problems Using Motivational Interviewing*, clips of the video are interspersed with questions posed by Carlson. These clips could be used as stimuli for role plays with new students who are not yet ready for patients but need supervised practice in the use of the flexible strategies and individualized interventions characteristic of self-guided change.

The Sobells' rendition of cognitive-behavior therapy and motivational interviewing for alcohol assessment is practical, positive, and comprehensible. The exercises that underlie self-guided change have commonsense names—decisional balance sheets (“good” reasons to drink and “less good” reasons to drink), deploying discrepancy, and scaling readiness for change. The often more

familiar cognitive behavioral strategies include identifying triggers, teaching skills (e.g., relaxation), and implementing effective problem solving. While offered as assessment techniques, they are also powerful clinical interventions. In self-guided change, every effort is made to make the client the master of his or her own ship, a master capable of speaking thoughtfully and listening thoughtfully. Forms supporting this creative, evidence-based approach are available (free) at www.nova.edu/gsc (Nova Southeastern University, n.d.) and thus make for a complete assessment package ready for implementation by any number of professionals tasked with providing alcohol assessments. Further, the video and forms, when coupled with one or more of several possible texts (for example, Klingemann & Sobell, 2007; Rollnick, Mason, & Butler, 1999; Rollnick, Miller, & Butler, 2008), would make for a rich course for new students in the field. Another feature of this video worthy of praise is the demonstration of world-class therapeutic skills by Linda Carter Sobell. She has a female “Colombo” approach that is energized by genuineness, care, and respect. All aspiring female therapists could benefit from watching her flexible, present-moment approach that communicates clearly to Michael, the client in the demonstration, her belief in his ability not only to address his alcohol problem but also to create the life he wants for himself as a provider and a loving father and husband. She does all of this in under 45 minutes, and I hope that we will soon see a 30-minute version from Sobell. Then we will have a video that behavioral health consultants (Robinson & Reiter, 2007) working in primary care clinics can use to back up detection by primary care providers on a same-day basis, not under the guise of

specialty drug and alcohol treatment but as a part of usual, holistic, health-promoting primary care.



To address alcohol problems, better and earlier detection is necessary but not sufficient. Assessment methods that promote interest in behavioral change must follow detection and assessment services and be offered in contexts that minimize the pervasive stigma of "being an alcoholic." At present, most alcohol-related assessments occur not on the basis of self-identified needs but as the result of concerns of others and, all too often, only after serious legal, interpersonal, and work-related problems arise; these assessments occur in specialty settings separated from the continuous care opportunities available in primary care settings.

Mark Sobell wisely quotes Mark Twain's advice, "Quitting is easy, I've done it a thousand times," to highlight the fact that long-term success in addressing alcohol use problems requires sustained behavior changes. Maintenance of change can be enhanced by provision of follow-up in the context of positive, collaborative relationships with health-care providers (including medical and behavioral health providers) practicing in one-stop-shopping or medical home settings.

The Sobells offer a product with broad appeal for a variety of health-care providers, not only drug and alcohol counselors. Family practice residents, medical students, and psychology and social work residents and students will be better prepared after viewing the video to provide services to the thousands of people in our country who struggle with alcohol problems. This video can have a

radical impact on current alcohol and drug treatment services, as it surely will appeal to the large number of current providers of alcohol assessments who are ready to follow the empirical evidence and put on “the blanket of empathy” during self-initiated and mandated assessments of alcohol problems and join the large and growing group of pioneers in the reform of alcohol abuse assessment.

References

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PsycCRITIQUES

January 28, 2009, Vol. 54, Release 4, Article 9

1554-0138

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