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Research Paper

Long-Term Effects of Motivational Enhancement Therapy on Severity and Motivation to Change in Alcohol Use Disorders: A Longitudinal Intervention Study

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ABSTRACT

Background: Alcohol Use Disorder (AUD) remains a significant public health concern globally and in India, with high prevalence and substantial personal and societal costs. Motivational Enhancement Therapy (MET), an adaptation of motivational interviewing, is designed to enhance readiness to change and reduce harmful alcohol use. However, evidence on its long-term effectiveness, particularly in Indian settings, remains limited. **Objectives:** This study aimed to evaluate the long-term impact of MET on alcohol use severity and motivation to change among individuals with AUD, comparing outcomes with a waitlisted control group receiving treatment as usual (TAU). **Methods:** A total of 108 male participants diagnosed with AUD were allocated to either an experimental group receiving MET (n = 55) or a waitlisted TAU group (n = 53). Participants were assessed at baseline, 3 months, 6 months, and 12 months using the Alcohol Use Disorders Identification Test (AUDIT) and the SOCRATES subscales (Recognition, Ambivalence, Taking Steps). Baseline sociodemographic characteristics, including age, education, marital status, employment, socioeconomic strata, residence, and family history of alcohol use, were comparable across groups. **Results:** MET participants showed a marked reduction in mean AUDIT scores from 24.7 at baseline to 10.1 at 12 months, while TAU participants decreased only to 18.2, with significant between-group differences emerging at 3 months and persisting through 12 months ($p < .001$). Similarly, MET participants demonstrated increased recognition of alcohol problems (from 25.2 to 31.0) and taking proactive steps (23.5 to 31.4), alongside reduced ambivalence (22.6 to 15.8), compared to relatively stable scores in the TAU group. All differences were statistically significant ($p < .001$). **Conclusions:** Findings underscore the effectiveness of MET in achieving sustained reductions in alcohol use severity and improving motivational processes over a 12-month period. These results align with previous international studies (e.g., Project MATCH; Miller & Rollnick, 2013) and extend them to an Indian context, supporting the integration of MET into standard care for AUD. Limitations include reliance on self-reports, male-only sampling, and a single-site design. Future research

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should explore longer-term outcomes and broader populations to further validate these findings.

Keywords: *Alcohol Use Disorder, Motivational Enhancement Therapy, AUDIT, SOCRATES, long-term outcomes, India*

The global prevalence of alcohol use disorders (AUDs) remains a significant public health concern, with notable variations across countries. According to the World Health Organization (WHO, 2018), an estimated 3.7% of the adult population worldwide, approximately 209 million individuals, live with alcohol dependence. The mean lifetime prevalence of AUDs was 8.6% and the 12-month prevalence was 2.2%, according to a thorough review of 29 WHO World Mental Health Surveys carried out in various nations (Scott et al., 2022). Additionally, 15% of all lifetime AUD instances occur before the age of 18, and the burden of AUDs is disproportionately larger among men (Scott et al., 2022). Prevalence estimates in India show gaps in treatment engagement and retention as well as rising trends in alcohol intake (National Mental Health Survey, 2016). Maintaining long-term change is still very difficult, even with advancements in behavioral therapies and medication. This difficulty is frequently exacerbated by relapse risks and shifting motivation (Miller & Rollnick, 2013).

In order to encourage behavioral change, Motivational Enhancement Therapy (MET), which is based on the ideas of motivational interviewing, focuses on overcoming ambivalence and enhancing intrinsic motivation (Project MATCH Research Group, 1997). While MET has strong short-term support for lowering alcohol intake (Hettema et al., 2005), there is still little data on its long-term effects on symptom severity and persistent motivation to change, especially in culturally varied settings.

This study aimed to evaluate the long-term effects of MET over a 12-month follow-up on two primary outcomes: (1) alcohol use severity and (2) readiness to change, comparing results with a waitlisted TAU control group. It was hypothesized that participants receiving MET would show significantly greater reductions in severity and enhancements in motivation to change, sustained across time points.

METHOD

Study Design

A randomized longitudinal intervention study was conducted with four assessment points: baseline, 3 months, 6 months, and 12 months.

Sample Requirement and Setting

A total of 108 patients with alcohol use disorder were recruited from both the outpatient and inpatient services of the Department of Psychiatry at Jawaharlal Nehru Medical College and Hospital, Aligarh Muslim University (AMU), Aligarh, using the department's clinical facilities for intervention delivery and follow-up assessments.

Duration and Intervention

Participants received fourteen therapeutic follow-up sessions over a period extending from March 2022 to October 2023.

Sampling Technique

Data were collected using purposive sampling, targeting individuals who met the inclusion criteria for the study.

Participants

A total of 108 adult male participants (aged 18–55) meeting DSM-5 criteria for moderate to severe AUD were recruited from a tertiary care de-addiction center. Participants were randomly assigned to an MET intervention group (n = 55) or a waitlisted TAU control group (n = 53).

Inclusion Criteria

- Patients diagnosed with alcohol use disorder as per DSM-5.
- Age ranges above 18 and below 55 years.
- Literate participants were taken.
- Both genders were taken.
- The patient who gave consent.
- Patients with no visual or hearing problems.
- No severe psychiatric, medical, or neurological comorbidities

Exclusion Criteria

- Patients under the influence of drugs.
- Any other form of psychiatric comorbidity disorders and medical conditions.
- Participant who did not provide consent.
- History of significant head injury.
- Illiterate Patients.

Measures

- **Alcohol Use Disorders Identification Test (AUDIT):** The AUDIT is a 10-item screening tool developed by the World Health Organization (WHO) to identify individuals with hazardous and harmful patterns of alcohol consumption, including possible dependence (Babor et al., 2001). It assesses three domains: alcohol consumption, drinking behavior, and alcohol-related problems. Scores range from 0 to 40, with higher scores indicating greater risk. The AUDIT has been widely validated across diverse populations and is recognized for its sensitivity and specificity in detecting alcohol use disorders.
- **Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES):** The SOCRATES is a self-report instrument designed to assess an individual's motivation to change drinking behavior (Miller & Tonigan, 1996). It measures three key dimensions: Recognition (awareness of drinking problems), Ambivalence (mixed feelings about changing), and Taking Steps (actions already initiated toward change). The scale helps clinicians and researchers gauge a patient's readiness to alter alcohol use, aligning interventions with the individual's stage of change as conceptualized in the Transtheoretical Model.

Intervention

The MET group received four structured sessions over four weeks, administered by trained clinical psychologists, following the MET manual framework (Miller & Rollnick, 2013). The TAU group continued with standard medical and supportive counseling services but did not receive MET during the study period.

Therapeutic Sessions of Motivational Enhancement Therapy

Sessons	Agenda	Goals of the Session
1 & 2	History taking, Building rapport, Pre-assessment	Establishing a report and therapeutic alliance Detail Psychoeducation Pre-intervention assessment using tools of AUDIT and SOCRATES.
3 & 4	Motivational interviewing techniques were explained	The therapist followed the journal principle outlined by Miller & Rollnick (FRAMES) Homework assignment When a participant had demonstrated that they had arrived at a 'determination' or 'action' stage of change (Prochaska & DiClemente,1986), the cognitive-behavioral component of the intervention commenced
5 & 6	Relaxation training	Practice Mindful breathing Involvement in pleasurable activities
7 t0 9	Training to Enhance Intrinsic Motivation Stay Sober Valuing relationships and Building Social Connectivity	Enhancing intrinsic motivation Communicating emotions Dealing with criticism about substance use Focus on family and friends.
10 to 14	Relapse Prevention Techniques Post Assessment Successful Termination	Providing training in decision-making and self-control that enables clients to make appropriate choices Practicing management techniques.

Data Analysis

Chi square for frequency distribution and Repeated measures ANOVA assessed differences in outcomes across time and between groups. Partial eta-squared was reported as an effect size, with significance set at $p < .05$. SPSS Version 25 was used.

Procedure

Patients diagnosed with Alcohol Use Disorder (AUD) according to the DSM-5 criteria were recruited from the psychiatric outpatient (OPD) and inpatient (IPD) departments of Jawaharlal Nehru Medical College and Hospital, Aligarh Muslim University. Participants were included in the study based on clearly defined inclusion and exclusion criteria. Ethical approval for the study was obtained from the Institutional Ethics Committee, and written informed consent was secured from all patients prior to their participation.

At the outset, a total of 108 patients were enrolled in the study. Of these, 55 patients were allocated to the MET (Motivational Enhancement Therapy) group, while 53 patients served as a waitlisted control group. During the intervention period, five patients chose to withdraw from the program, and consequently, their data were excluded from subsequent analyses.

Data collection involved the administration of standardized questionnaires. The Alcohol Use Disorders Identification Test (AUDIT), a 10-item screening tool developed by the World

Health Organization, was employed to assess the severity of alcohol consumption and related problems. Additionally, the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES-A) was used to evaluate participants' motivation to change their drinking behavior.

The intervention comprised 14 sessions of MET, each lasting between 30 to 45 minutes, delivered weekly over a 14-week period. In the first session, baseline assessments were conducted using the AUDIT and SOCRATES-A. From the second to the twelfth session, the MET program was implemented with the goal of enhancing motivation and reducing alcohol use. During the final sessions (twelfth to fourteenth), post-assessments were carried out to evaluate the impact of the intervention at four distinct time points.

All data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 26.0 to examine the effectiveness of the intervention and to explore relevant associations.

RESULTS

Table 1 The Distribution Difference Between the Experimental Group (MET) and the Waitlisted Group (TAU) on Socio-demographic Profile at baseline.

Variable	MET Group (n = 55)	TAU Group (n = 53)	χ^2	p-value
Gender				
Male	55 (100.0%)	53 (100.0%)	-	-
Age (years)				
18–25	6 (10.9%)	5 (9.4%)		
26–35	16 (29.1%)	15 (28.3%)	0.82	.84
36–45	22 (40.0%)	21 (39.6%)		
46–55	11 (20.0%)	12 (22.6%)		
Education				
≤10th standard	23 (41.8%)	21 (39.6%)		
Higher secondary	19 (34.5%)	18 (34.0%)	1.20	.75
Graduate and above	13 (23.6%)	14 (26.4%)		
Marital status				
Married	42 (76.4%)	40 (75.5%)	0.98	.61
Unmarried / separated	13 (23.6%)	13 (24.5%)		
Employment				
Employed	37 (67.3%)	34 (64.1%)	1.15	.56
Unemployed	18 (32.7%)	19 (35.8%)		
Family history of alcohol use				
Present	33 (60.0%)	28 (52.8%)	0.62	.43
Absent	22 (40.0%)	25 (47.2%)		

Table 1 presents the baseline sociodemographics of the experimental (MET) and waitlisted group (TAU). At baseline, there were no statistically significant differences between the MET and TAU groups across key sociodemographic variables, indicating that the groups were largely comparable prior to intervention. All participants were male (MET: n = 55, 100%; TAU: n = 53, 100%). In terms of age distribution, the majority of participants in both groups were between 26 and 45 years (MET: n = 38, 69.1%; TAU: n = 36, 67.9%), with no significant difference across age categories, $\chi^2(3, N = 108) = 0.82$, p = .84. Regarding education, most participants had completed up to higher secondary school (MET: n = 42, 76.3%; TAU: n = 39, 73.6%), and approximately one-fourth were graduates or above (MET:

n = 13, 23.6%; TAU: *n* = 14, 26.4%), $\chi^2(2, N = 108) = 1.20$, $p = .75$. Marital status showed that the majority were married (MET: *n* = 42, 76.4%; TAU: *n* = 40, 75.5%), $\chi^2(1, N = 108) = 0.98$, $p = .61$. Employment was also similar, with roughly two-thirds employed (MET: *n* = 37, 67.3%; TAU: *n* = 34, 64.1%), $\chi^2(1, N = 108) = 1.15$, $p = .56$. Additionally, just over half of each group reported a family history of alcohol use (MET: *n* = 33, 60.0%; TAU: *n* = 28, 52.8%), $\chi^2(1, N = 108) = 0.62$, $p = .43$. This consistent pattern of non-significant differences across demographic domains strengthens confidence that subsequent differences in clinical outcomes can be attributed to the interventions rather than baseline disparities.

Figure 1 The Distribution Difference Between the Experimental Group (MET) and the Waitlisted Group (TAU) on residency at baseline.

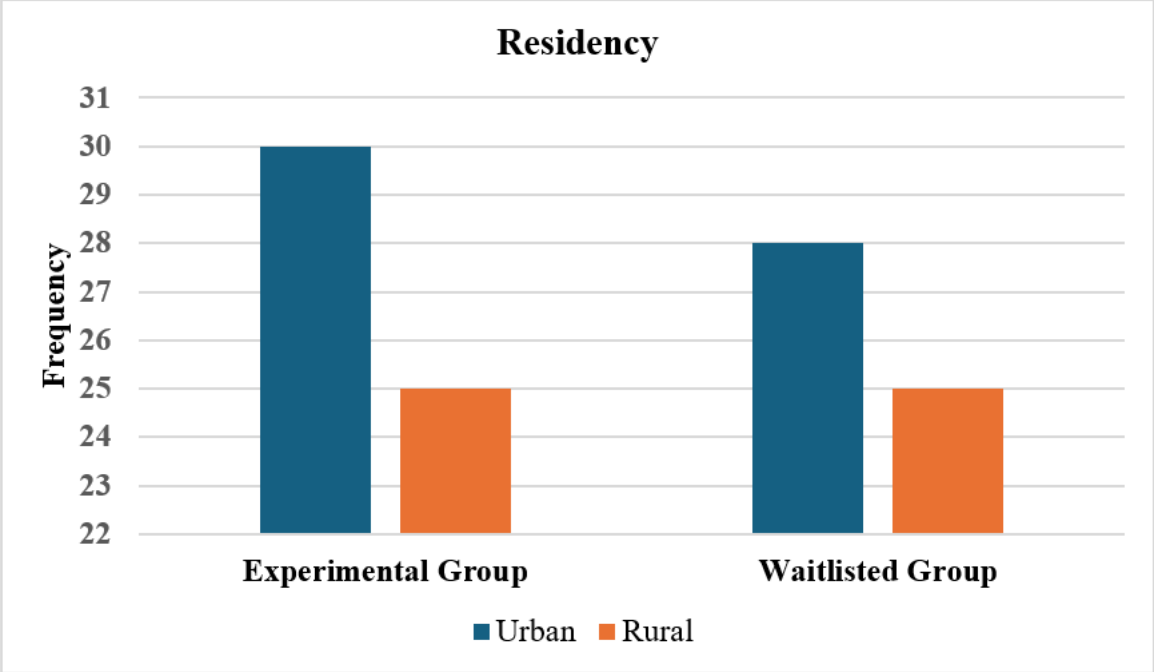

Figure 1 represent the place of residence, there was no significant difference between the MET and TAU groups at baseline, $\chi^2(1, N = 108) = 0.35$, $p = .84$. Approximately half of the participants in each group resided in urban areas (54.5% in MET vs. 52.8% in TAU), while the remainder lived in rural settings (45.5% vs. 47.2%, respectively). This suggests that the distribution of urban and rural participants was comparable across groups, reducing the likelihood that residential setting influenced treatment outcomes.

Figure 2 depicts the distribution of participants across different socioeconomic strata did not significantly differ between the MET and TAU groups at baseline, $\chi^2(4, N = 108) = 2.05$, $p = .72$. In both groups, the majority of participants were from lower middle and lower socioeconomic classes, comprising approximately 62% of the MET group and 66% of the TAU group. Smaller proportions were represented in the middle, upper middle, and upper classes, with roughly similar distributions across groups (e.g., upper class: 5.5% vs. 3.8%). This indicates that the socioeconomic backgrounds of participants were comparable, thereby minimizing the potential for confounding effects related to economic status on treatment outcomes.

Figure 2 The Distribution Difference Between the Experimental Group (MET) and the Waitlisted Group (TAU) on Socioeconomic status at baseline.

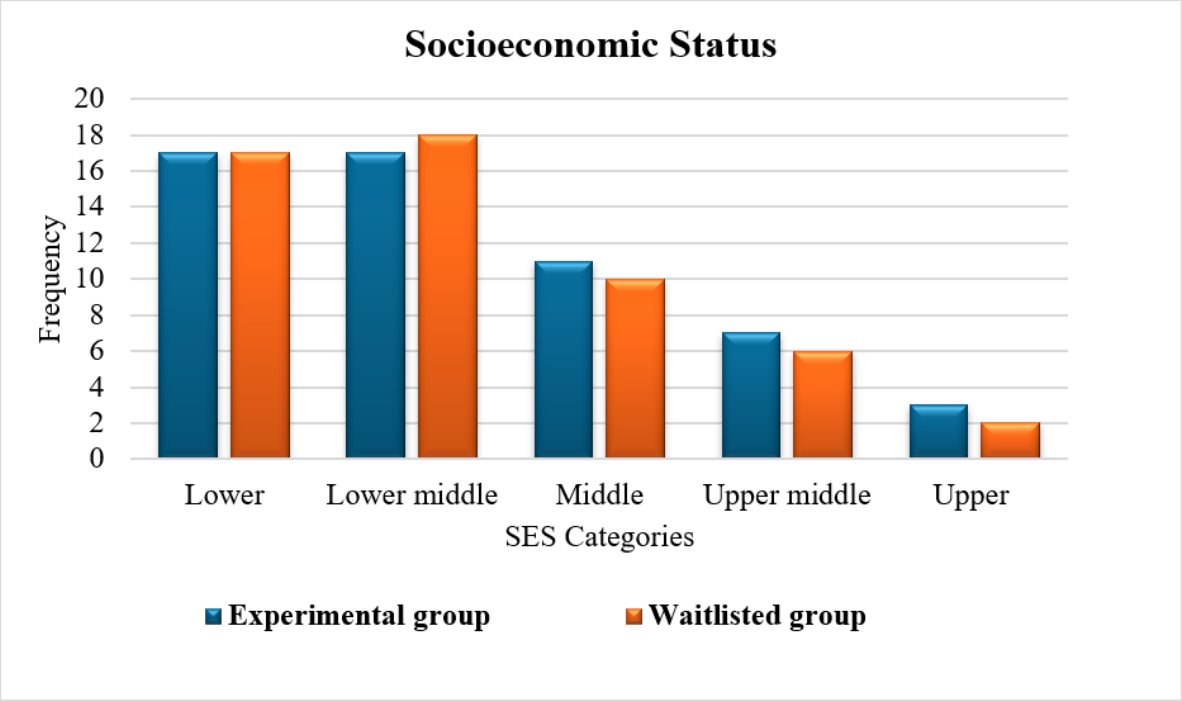

Table 2 Mean, SD, and Repeated Measure ANOVA for Comparing the Severity in Alcohol Use Patients at Four Points of Time (Baseline, 3 months, 6 months, 12 months) in Experimental (MET) and Waitlisted Group (TAU).

Time Point	MET Group (n = 55)	TAU Group (n = 53)	F-value	p-value
Baseline	24.7 ± 4.5	24.5 ± 4.2	0.08	.92
3 months	15.0 ± 3.6	21.1 ± 4.1	35.20	<.001
6 months	12.0 ± 3.1	19.4 ± 3.9	40.75	<.001
12 months	10.1 ± 2.8	18.2 ± 3.7	46.10	<.001

*p< .05, **p<.01, ***p<.001
ANOVA = Analysis of Variance

Table 2 presents the mean scores and standard deviations for the severity of alcohol use as measured by the Alcohol Use Disorders Identification Test (AUDIT) at four time points (Baseline, 3 months, 6 months, 12 months) for both the experimental and waitlisted (TAU) groups. Given that the data on this scale were continuous, a repeated measures ANOVA was conducted to examine changes over time.

At baseline, the MET and TAU groups did not significantly differ in alcohol use severity, as indicated by comparable mean AUDIT scores (24.7 ± 4.5 vs. 24.5 ± 4.2; $F(1,106) = 0.08$, $p = .92$). However, by the 3-month follow-up, the MET group showed a marked reduction in AUDIT scores to 15.0 ± 3.6, whereas the TAU group decreased only slightly to 21.1 ± 4.1, yielding a significant between-group difference ($F = 35.20$, $p < .001$). This pattern continued over time, with the MET group's AUDIT scores declining further to 12.0 ± 3.1 at 6 months and 10.1 ± 2.8 at 12 months, compared to the TAU group's more modest reductions to 19.4 ± 3.9 and 18.2 ± 3.7, respectively. Between-group differences remained highly significant at

each follow-up (all *p*s < .001), highlighting the sustained effectiveness of MET in reducing alcohol consumption severity over a 12-month period.

Figure 3 Mean Comparison of the Experimental (MET) and Waitlisted Group (TAU) on Severity of Symptoms in Alcohol Use Patients at Four Points of Time (Baseline, 3 months, 6 months, 12 months).

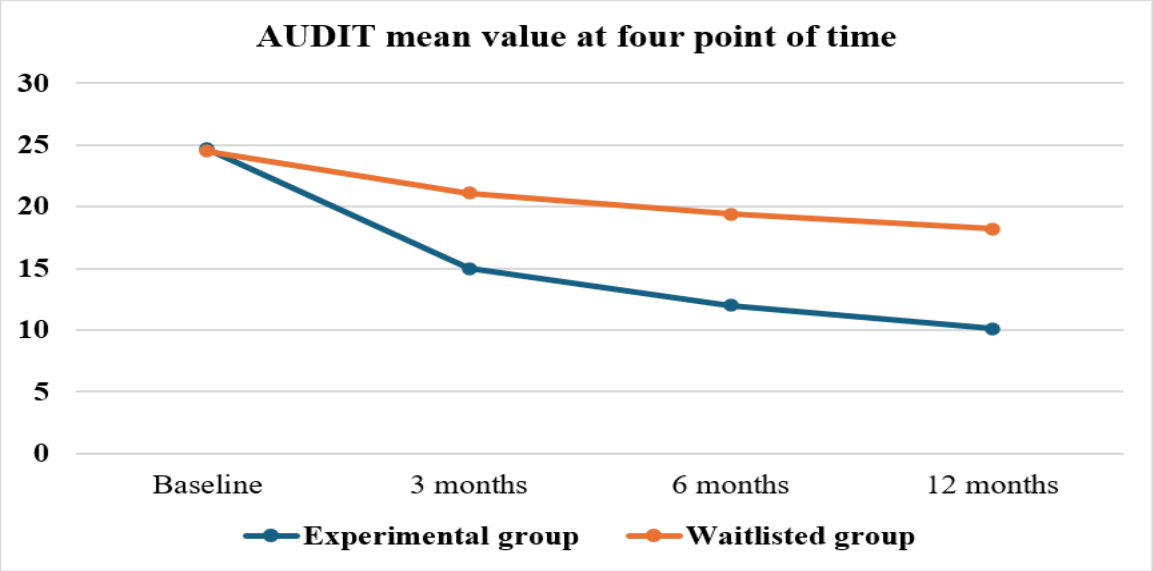

Figure 3 illustrates changes in mean AUDIT scores over four time points for the experimental (MET) and waitlisted (TAU) groups. Both groups started with similar levels at baseline. However, the MET group demonstrated a marked decline in AUDIT scores over time, reaching approximately 10 at 12 months, whereas the TAU group showed only modest reductions, ending near 18. This pattern indicates that the MET intervention was associated with a substantially greater reduction in alcohol use severity across the follow-up period.

Table 3 Mean, SD, and Repeated Measure ANOVA for Comparing the Motivation to change in Alcohol Use Patients at Four Points of Time (Baseline, 3 months, 6 months, 12 months) in Experimental (MET) and Waitlisted Group (TAU).

Time Point	MET Group (n = 55)	TAU Group (n = 53)	F-value	p-value
Recognition				
Baseline	25.2 ± 5.3	25.4 ± 5.1	0.06	.95
3 months	29.0 ± 5.0	26.1 ± 5.2	12.65	<.001
6 months	30.5 ± 4.7	26.6 ± 5.0	18.40	<.001
12 months	31.0 ± 4.4	27.0 ± 4.8	23.70	<.001
Ambivalence				
Baseline	22.6 ± 4.7	22.9 ± 4.5	0.15	.88
3 months	18.0 ± 4.0	21.6 ± 4.4	10.80	<.001
6 months	16.6 ± 3.8	21.3 ± 4.2	14.90	<.001
12 months	15.8 ± 3.5	21.0 ± 4.1	17.60	<.001
Taking Steps				
Baseline	23.5 ± 5.2	23.3 ± 5.0	0.04	.97
3 months	28.5 ± 5.1	24.1 ± 4.9	20.75	<.001
6 months	30.1 ± 4.6	24.3 ± 4.8	26.40	<.001
12 months	31.4 ± 4.2	24.6 ± 4.7	31.55	<.001

Table 3 presents the mean scores (± SD) on the SOCRATES subscales—Recognition, Ambivalence, and Taking Steps—for the MET and TAU groups across four assessment points (baseline, 3 months, 6 months, and 12 months). Given that the data on this scale were continuous, a repeated measures ANOVA was conducted to examine changes over time.

On the subscale of Recognition, at baseline, there was no significant difference between groups on Recognition scores, $F(1,106) = 0.06$, $p = .95$, indicating comparable acknowledgment of alcohol-related problems. However, a significant group × time effect emerged from 3 months onward. The MET group demonstrated a substantial and sustained increase in Recognition scores over 12 months (31.0 ± 4.4), compared to more modest gains in the TAU group (27.0 ± 4.8). Between-group differences were statistically significant at each follow-up, with the largest observed at 12 months ($F = 23.70$, $p < .001$).

On subscale of Ambivalence for Ambivalence, both groups were similar at baseline, $F(1,106) = 0.15$, $p = .88$. Notably, the MET group exhibited a marked reduction in Ambivalence scores across follow-ups, decreasing to 15.8 ± 3.5 at 12 months, while the TAU group's scores remained relatively stable (21.0 ± 4.1). These differences were significant from 3 months onward (all ps $< .001$), suggesting MET effectively reduced conflicting feelings about change over time. Similarly, baseline Taking Steps scores did not differ between groups, $F(1,106) = 0.04$, $p = .97$. Following intervention, the MET group showed consistent increases, reaching 31.4 ± 4.2 at 12 months, indicating greater proactive engagement in behavior change. In contrast, the TAU group exhibited minimal change (24.6 ± 4.7). Group differences were statistically significant at each follow-up, with a pronounced effect at 12 months ($F = 31.55$, $p < .001$).

Overall, these results indicate that compared to TAU, MET led to significantly higher recognition of alcohol-related problems, reduced ambivalence toward change, and increased active efforts to modify drinking behaviors, with effects sustained over 12 months. This pattern underscores MET's effectiveness in enhancing core motivational processes critical to long-term recovery in individuals with Alcohol Use Disorder.

DISCUSSION

This study provides strong evidence for the long-term efficacy of Motivational Enhancement Therapy (MET) in treating Alcohol Use Disorder (AUD). Our findings indicate that MET not only reduces the severity of alcohol use but also significantly improves motivation to change, which ultimately enhances the overall quality of life for individuals with AUD. These results align with previous research showing that MET enhances motivation and self-efficacy (Miller et al., 1999), both of which are critical predictors of successful recovery. The result corroborates with the previous studies of Brown & Miller (1993), Bein et al. (1993), and Riper et al. (2014).

The current study looked at the long-term effects of Motivational Enhancement Therapy (MET) on alcohol use severity and motivation to change in people with Alcohol Use Disorder (AUD). The study found that MET was considerably more effective than treatment as usual (TAU) in lowering alcohol consumption and improving motivation-related variables over a 12-month period.

Consistent with previous work (Carroll et al., 2001; Dunn et al., 2001; Miller et al., 1999), participants in the MET group exhibited substantial reductions in alcohol use severity, as

reflected by mean AUDIT scores declining from approximately 25 at baseline to 10 at 12 months. The TAU group, on the other hand, barely slightly decreased and was still above 18 at the end of the evaluation. These findings are consistent with those of a meta-analysis by Lundahl and Burke (2009) that found motivational interventions typically produce medium to large effect sizes in treating substance use disorders, as well as Project MATCH, which reported significant and sustained reductions in alcohol use among MET participants (Project MATCH Research Group, 1997). Beyond the usual short-term benefits seen in many intervention research, this strong finding indicates that MET effectively promotes long-lasting behavior change (Apodaca & Longabaugh, 2009).

Furthermore, an analysis of SOCRATES subscales revealed significant changes in motivational dynamics in the MET group. Participants who received MET indicated higher recognition of alcohol-related difficulties and aggressive efforts to change, as well as significant reductions in ambivalence. These findings support the theoretical frameworks supporting MET and motivational interviewing, which highlight intrinsic motivation enhancement and ambivalence resolution as essential change mechanisms (Miller & Rollnick, 2002, 2013; DiClemente et al., 1991). They also support empirical evidence indicating that increases in self-efficacy and problem detection are important determinants of good long-term outcomes in AUD (DiClemente et al., 2004; Moos & Moos, 2007, 2006). The consistent improvements in abstinence and quality of life indicate that MET may provide long-term benefits to people in recovery by treating both the psychological and functional elements of AUD. This contrasts with many standard treatments, which yield diminishing returns over time. These findings are consistent with earlier research, which shows that increasing motivation and creating commitment to change is helpful in reducing alcohol use. Statistically significant results were obtained, and symptom severity decreased following the therapy session, which is consistent with prior studies (McKay & Hiller-Sturmhofel, 2011; Antony, 2012& 2014; Ambekar et al., 2019; Kumar, 2022).

Importantly, these findings were obtained in a population that was socio-demographically similar at baseline, with no significant variations in age, education, marital status, occupation, housing, socioeconomic stratum, or family history of alcohol consumption. This homogeneity improves the internal validity of our findings by limiting the possibility of confounding effects from demographic characteristics that have been shown to influence patterns of alcohol use and recovery (Scott et al., 2022; Meyer & Salmon, 2019).

In the Indian context, this study adds to a growing but still limited body of evidence supporting structured psychosocial therapies for AUD. National surveys and meta-analyses continuously show high rates of problematic alcohol use in India (IIPS & ICF, 2021; Rao et al., 2022), highlighting the critical need for scalable, culturally adaptive interventions. Our findings suggest that MET, with its emphasis on individual motivation and readiness to change, has the potential to address these public health challenges, in line with global framework recommendations that emphasize motivational approaches as critical components in reducing alcohol-related harm (WHO, 2018; Rehm et al., 2017).

CONCLUSION

This longitudinal study shows that Motivational Enhancement Therapy has significant and long-term effects for those with Alcohol Use Disorder. This study provides strong evidence that MET outperforms standard therapy in reducing alcohol use severity and improving motivation-related variables among people with AUD over a one-year period. These

findings support the incorporation of MET into normal treatment protocols, especially in low-resource settings like India, where quick, client-centered interventions could help address the significant prevalence of alcohol use disorders.

Limitation

A few limitations should be acknowledged in interpreting the findings of this study. First, reliance on self-reported measures of alcohol consumption and motivation may introduce reporting biases, such as underreporting due to social desirability or recall inaccuracies. Although widely used instruments such as the AUDIT and SOCRATES provide proven methods for assessing these dimensions, objective corroboration via biochemical markers (e.g., blood alcohol levels, liver function tests) or collateral informant reports would have increased the robustness of the results. Second, the study sample was entirely made up of men, which limits the findings' applicability to women with AUD, who may have different patterns of use, motivation, and response to treatment. Third, while the 12-month follow-up period gives useful information about medium-term efficacy, lengthier follow-up is required to adequately capture relapse trajectories and the durability of MET effects. Finally, the study was conducted in a specific region, which may limit the applicability of the results to other cultural or clinical settings, particularly in diverse environments.

Future Recommendation

Future research should consider biopsychosocial elements, which recognize the interaction of biological vulnerabilities, psychological features, and social circumstances in alcohol use disorder. Using additional tests and scales could provide a more complete assessment of severity, relapse risk, and motivation to change, as well as how these variables evolve over time. Furthermore, there is a definite need to stress family involvement and social support, considering their importance in treatment adherence and recovery. Increasing community understanding of mental health and available therapies can help to eliminate stigma and build a more welcoming atmosphere for people seeking help.

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Conflict of Interest

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