

Three “M” Approaches for Treating Addictive Behaviors

According to the transtheoretical model (TTM) [1], addictive behaviors change involves five stages – precontemplation, contemplation, preparation for action, action, and maintenance. Substance users in each stage have different psychological states and need different interventions to treat the addictive behaviors [1, 2].

In the TTM, the motivational interviewing and behavior therapy are integrated to deal with the addictive behaviors from the precontemplation stage to the maintenance stage [1]. Recently, the mindfulness-based relapse prevention is also useful to treat the addictive behaviors [3].

Considering the process and stage of the TTM [1], We propose a framework for psychotherapy for treating patients with addictive behavior. This framework has three psychological interventions – motivational interview, mindfulness-based relapse prevention, and modified of lifestyles (Table 1).

Three “M” Approaches for Psychological Interventions

According to this three “M” model, people in different stages of addict behaviors can be treated through specific interventions to facilitate their movement to the next stage of change. In this section, three psychological interventions are introduced, and how the patient process changes in stages of the three-M model is discussed in the future perspective.

In the three “M” model, the first “M” stands for motivational interviewing, which is a client-centered counseling style designed to help people make behavioral changes, ranging from reducing substance use to increasing exercise [2, 4]. When patients are conscious of their addictive behavior with decision balance or feedback, they move on from the precontemplation stage to contemplation and preparation for the action stage [1]. The motivational interviewing enhances one’s consciousness and enables people to face their addictive behavior without resistance.

The second “M” stands for mindfulness-based intervention. From the contemplation to the action stage, drug abusers self-re-evaluate their addictive behavior and face cravings, withdrawal, and lapses. In the action stage, drug abusers may benefit more from mindfulness-based practices. In a meta-analysis, mindfulness intervention was discovered to affect depression, smoking, and addictive behavior [3]. Mindfulness is nonelaborative awareness of present-moment

experiences [5]. Furthermore, people with substance use can learn alternative skills to cope with cravings and withdrawal symptoms, such as adopting a nonjudgmental attitude and awareness. Through mindfulness-based practices, people can effectively regulate negative emotions resulting from withdrawal or cravings. They have more confidence in resisting relapses and remaining sober for longer.

The third “M” stands for modified of lifestyles with behavior therapy. Walsh identified eight aspects of lifestyle related to mental health – exercise, good nutrition and diet, time spent in nature, favorable relationships, recreation, relaxation and stress management, religious or spiritual involvement, as well as service to others [6]. Based on the incremental theory of well-being, people with lifestyles that are beneficial to mental health have greater well-being and functioning [7]. When people change from the preparation stage to the maintenance stage, therapist can help substance users to modify unhealthy lifestyle with behavior therapy [1]. If the people engage in those mental health lifestyle, they will keep the mental health state [7] and stay in the maintain stage of TTM [1].

Future Perspective

In the three “M” model, therapists use motivational interviewing to enhance one’s consciousness with feedback, teach mindfulness skills for facing cravings, and modify lifestyles that facilitate good mental health in patients, enabling patients’ self-efficacy to more easily remain in the maintenance stage. With the three “M” model, interventions are matched to the patient’s stage of change and process patients transition from the pre-contemplation to the maintenance stage. In the future, the three “M” model can be used for treating addictive behavior, and empirical research needs to be conducted to verify its effectiveness.

The proposed ideas in this editorial, is purely based on theories. We need to test all those proposed ideas on patients with addictive behaviors.

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Conflicts of Interest

The author declares no potential conflicts of interest in writing this editorial.

Table 1. Three “M” approach for psychological interventions

Stage	Precontemplation	Contemplation	Preparation for action	Action	Maintenance
Three M model		Motivational interviewing		Mindfulness-based intervention	Modified of lifestyles

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