

# Developing Motivation for Treatment in Psychosocial Care of Drug Addicts

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## Abstract:

Drug addiction is considered a public health problem that requires special attention due to its harmful consequences on mental, physical, and social health. Through this analytical study, we emphasize the importance of developing motivation for treatment in psychological care of drug addicts, given the difficulty they face in adhering to therapeutic instructions. This is achieved through motivational interviewing, which is a targeted therapeutic approach aimed at increasing internal motivation for change, engaging in treatment with perseverance, quitting drug use, and improving the quality of life to make it healthier. In this way, the psychological specialist contributes to assisting addicts.

**Keywords:** Addiction, Psychological Care, Motivation Development, Abstinence

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## Introduction

The problem of drug abuse is among the primary public health concerns and holds great significance. In which there has been a consistent rise in medical and social problems associated with drug and alcohol use, resulting in severe physical diseases that can lead to premature death, as well as disruptions in social relationships and involvement with deviant groups and other complexities (Dubois & Broers, 2003).

The question of whether addiction is a disease or a deviant behavior has long been debated. In this regard, Ridouh (2003) pointed out that the term "toxicomania" combines two words: "toxico" meaning poisoning and "mania" meaning madness and agitation. Similarly, "addiction" refers to repeated behavior towards drugs, thereby implying that addiction is a disease. When an addict seeks treatment, they acknowledge, to some extent, that they are sick and in need of help, especially due to withdrawal symptoms and related inflammations. In the same context, Sueur

(2004) emphasized that addiction is a disease that requires special care, prevention, and treatment for the addicted individual.

In Algeria, statistics from the National Office for Drug Control and Addiction indicate a continuous increase in the number of individuals in misdemeanors and crimes related to possession, consumption and trafficking in drugs. The numbers have been on the rise, with 26,116 people arrested in 2015, rising to 37,614 in 2016, then further increasing to 42,432 in 2017, and 37,641 during the first nine months of 2018. Complete statistics on drug control and addiction by the National Office for Drug Control and Addiction are available on the Ministry of Justice website until 2023 (Ministère de la justice. Office National de Lutte Contre la Drogue et la Toxicomanie, 2015; 2016; 2017; 2018). In the same context, Law 18-04, dated December 2004 as amended, provides for the prevention of narcotic drugs and psychotropic substances, the suppression of their use, and illegal trafficking. Additionally, the law emphasizes the necessity of reducing demand by concentrating on assisting and treating drug users (Journal Official, 2004, p. 4).

To address this purpose, 30 specialized centers have been established for the treatment of addicts across the entire national territory, facilitating the efforts of practitioners in this field. These centers include mediation centers for treating addicts and detoxification treatment centers. Currently, the situation requires the training of psychological specialists in the fields of health and addiction, as well as the enhancement of epidemiological research to identify risk factors and develop suitable prevention and treatment programs to reduce the most serious health problems associated with addiction (Sail, 2016, p.136).

However, is suggesting or forcing addicts to undergo treatment enough to make them quit drug use? If this were an easy task, it would have helped many addicts abandon this unhealthy behavior. In advanced countries, there are specialized and qualified centers that strive to assist addicts, yet despite their tremendous efforts, most of them relapse after treatment, varying from one individual to another. Why is that? Researchers in the field of psychological treatment have delved the reality behind this issue and found that drug addicts lack motivation for treatment. Regardless of how they enter treatment centers, they do not possess sufficient motivation to persevere and maintain the results of their psychological treatment. As a result, when they encounter stressors, they relapse and become more entangled in medical, psychological, and social problems.

Motivation, or rather the loss of motivation for treatment, is a crucial and concerning issue in the treatment of drug addicts, both for practitioners and the addicts themselves. The continuous question remains: Why does an individual encounter numerous health, familial, and occupational problems related to drug use while having suitable conditions to change their behavior, and yet persist in their addiction? Why all this hesitation and ambivalence? These are

the questions we seek to shed light on through this research paper, to highlight an aspects of drug addiction that may hinder their successful recovery from addiction.

## 1. Determining Motivation for Treatment

Motivation is an internal process that initiates and sustains behavior, which is chosen either automatically or wilfully to achieve a goal. There are two types of motivation: extrinsic motivation, driven by external factors, and intrinsic motivation, linked to will and desire.

Since the past decades, researchers have shown keen interest in the concept of motivation, which has garnered significant attention in the field of psychology, spanning various domains such as education, social relationships, and psychotherapy. The Self-Determination Theory of (Deci & Ryan, 1985) identifies different types of motivation, distinguishing the level of self-determination underlying behavior into three main categories: intrinsic motivation [IM], extrinsic motivation [EM], and amotivation [AM].

Intrinsic motivation [IM] is defined as the orientation towards engaging in an activity for pleasure and satisfaction, and it is necessary for the fulfilment of that activity, not solely driven by external rewards or constraints that may be associated with it (Deci, 1975). A person is internally motivated when they engage in an activity voluntarily or with interest, falling within the framework of the organic perspective of human motivations. According to assumptions made by (White, 1959; deCharms, 1968; Maslow, 1943; & Deci & Rayan, 1980) the core motivation arises from the human need to experience a sense of self-actualization and competence in their interactions with the environment and social surroundings (Boisvert, 2006, p. 13). Thus, clients seek therapy to foster change, improve coping with life circumstances, problem-solving, achieve recovery, and more.

While extrinsic motivation [EM] refers to behaviors performed for material purposes, in which the activity is practiced with the aim of obtaining desirable results or avoiding disturbing ones once the activity ends (Deci, 1975; Kruglanski, 1978), as quoted from Boisvert (2006, p. 16) in this sense, the client is enthusiastic and externally motivated when seeking treatment solely to satisfy their relatives, and there is no self-determination.

The concept of amotivation [AM], according to (Deci & Ryan, 1985), refers to the individual's experience of a lack of motivation, while being unable to anticipate and interpret the results of their behavior, they do not realize the connections between their actions and the resulting consequences (Boisvert, 2006, p. 18). In the context of treatment, this reminds us of learned helplessness. The client does not expect that their efforts will yield positive results; therefore, they do not strive to change their behavior and life, and they do not seek satisfaction or pleasure from change, as they lack self-identification, and consequently, they abandon treatment.

Through clinical practice at the addiction treatment center in Blida, it was found that many addicts approach seeking treatment as a way to avoid problems with the police, obtain a disability card, evade expulsion from school, or avoid imprisonment. As a result, we find that they do not adhere to the treatment instructions and relapse as soon as they leave the center. They persistently request medical prescriptions to satisfy their needs for psychiatric medications. This, however, does not negate the fact that some of them genuinely seek treatment to recover and abstain from drug use, and treatment often succeeds with these patients.

Researchers have been concerned with developing therapeutic programs and assessment techniques for drug addiction behavior, primarily based on cognitive and behavioral techniques that help individuals develop motivation for treatment, abstain from drugs, and change their behavior by learning appropriate lifestyle patterns. This lifestyle emphasizes maintaining health, coping with stressful life events, and solving social problems as a way of dealing with daily pressures. It is worth noting that the positive treatment outcomes depend on the addict's willingness, internal motivation, and desire for improvement, as well as their ability to endure withdrawal symptoms and persevere in resisting relapse with the assistance of professionals such as psychologists and physicians working in addiction treatment centers.

In the field of drug and alcohol addiction treatment, problems related to treatment adherence, early discontinuation of treatment, and recurrent relapses are common and well-known. These challenges often arise at the beginning of treatment process. As it is widely acknowledged, treatment success relies on maintaining and continuing it, as mentioned by (McLellan, Alterman, Metzger, Grissom, Woody, Luborsky et al., 1994; Simpson, Joe, Brown, 1997). Based on this data, it appears essential to encourage treatment interventions that support treatment continuity while respecting the patient's request and autonomy, relying on fostering their motivation.

The topic of motivation for treatment has garnered significant interest at the annual therapeutic evaluation meeting of the Addiction Care Center (Act Info FOS). The motivation for treatment or change is identified as a key aspect in organizing the treatment process. The results of a survey conducted in 2010 revealed the following:

14% of clients discontinued treatment within the first month.

32% of clients discontinued treatment within the first three months. Although treatment success cannot always be solely attributed to motivation.

To determine the importance of motivation in treatment, a questionnaire was administered to clients who enrolled in the center for internal treatment, in order to understand the reasons that led them to seek help. From the survey results, it was found that:

79% stated that their reason for seeking treatment was to attain a meaningful life.

76% aimed for a conscious life.

71% were convinced that drugs were not a solution to their problems. Other reasons were mentioned at the end of the list, with less than 10% of respondents attributing their request for treatment to parental pressure or the influence of a spouse, a shock resulting from a friend's death due to an overdose, religious experiences, problematic situations, fear of contracting AIDS, and other reasons (Schaof, Grichting, 2012, pp. 4-5).

From these results, it becomes evident that motivation is often intrinsic. Despite what addicts may state as reasons for seeking treatment, many of them relapse. This may also be related to their return to previous life circumstances and exposure to the same situations that trigger drug use and hinder effective problem-solving. Therefore, the desired change not only involves altering thoughts but also adjusting lifestyle patterns within the social environment.

## **2. Developing motivation through health education to reduce addiction risks**

Patient education primarily concerns adopting healthy behaviors, avoiding diseases related to the effects of illness on the patient's profession and life projects. These effects are linked to lifestyle changes and treatment-related behaviors, aiming to prevent potential complications and relapses (Thomas, 2003; Van Ballekom, 2008).

Through health education, addicts become aware of the physical, emotional, psychological, and social consequences of drug misuse or abuse on themselves and their immediate and distant environment. Such misuse is not solely related to the quantity used in a single instance or the frequency of moderate or controlled drug use. The risks refer to the specific danger of the substance and its impact on health and social outcomes.

Health risks: Misuse occurs when it leads to the deterioration and complication of health, including specific diseases, especially premature death.

Social risks: These are risks associated with daily life situations where drug misuse leads to dangerous situations and negative consequences for both oneself and others.

Health education is based on a comprehensive vision of health and illness, aligned with the concept of public health culture (Thomas, 2003; Van Ballekom, 2008). It covers a broad scope, encompassing disease, healthy behaviors, and the lifestyle of the patient.

This is done within the framework of a partnership between individuals, their relatives, and the interventionists involved in the treatment process. The educational intervention should focus on the projects of the individuals and their families. It is a continuous mutual learning process where these individuals are perceived as complete, unique, and complex individuals who cannot be excluded from their world. The intervention is an interactive activity aimed at achieving well-being for the individuals and their families, taking into account their values, beliefs, and convictions. They participate in the treatment project if it aligns with their own views and reality, becoming agents of their health and partners with the medical team on an equal professional

footing. The collaboration involves addressing difficulties and improving their adaptation, helping them to change the trajectory of their lives. The treatment center revolves around the individual patient and their relatives.

The health education for addicts (Sueur, 2004) involves providing specific means of knowledge to the addict about their addictive state, the health consequences of their intoxication, the risks related to their health, the specific characteristics of the substances they use, and the conditions in which consume. It aims to prevent and reduce risks and the negative effects associated with intoxication, as well as enabling the possibility of change to overcome withdrawal and gain control over the dynamics of p intoxication through treatments that facilitate achieving change.

The education of the addict revolves around the danger of drugs and psychoactive substances on their health, particularly the risk of lethal overdose, physical diseases related to addiction, and its association with mental illnesses, deviance, social disintegration, and marginalization. The danger lies within the legal context and the risky behavior induced by addiction. An overdose occurs when the body cannot tolerate a certain quantity of the substance the individual consumes, and it may lead to fatal consequences. There is also a risk of contracting infectious diseases, such as AIDS and hepatitis, through the use of non-sterile injecting practices (a dangerous practice).

Does educating the addict change their behavior towards better self-control that reduces the risks associated with addiction? While it is not possible to entirely eradicate the phenomenon of addiction, it is possible to educate addicts and provide them with knowledge about the dangers of their addictive behavior, which may result in various risks, including the potential of sudden death. Therefore, they are taught ways to reduce risks, enabling them to maintain some level of control over their substance use. This can involve providing them with sterile needles and prescribing substitute medications like methadone to avoid using drugs that are illicitly sold on the black market and are not controlled in their composition (such as ecstasy, codeine, buprenorphine, and other diverted opioids). External social monitoring should also be practiced to assist the addict in exercising self-control over their addiction and substance use (Sail, 2016, p.138). Through this approach, we help the addict develop his motivation to seek treatment and avoid the negative consequences that could lead to more complex health problems than before.

### **3. Developing Motivation through Therapeutic Education for Addicts**

Therapeutic education is a set of practices aimed at accompanying and assisting the patient in acquiring skills to actively manage their own illness with the help of specialists (Ministère de la Santé et des Services Sociaux Québec, 2006). Therapeutic education fosters interest in various treatment methods and self-monitoring of biological factors and preventive measures to avoid complications (Thomas, 2003). Its goal is to empower the patient to actively contribute to preserving or improving their quality of life. Among its benefits is delaying the onset of disease

complications to the maximum extent possible, reducing dependence on therapists, and learning to cope with the new circumstances on a daily basis.

In the field of drug addiction treatment, (Miller & Rollnick, 2002, p. 25) developed Motivational Interviewing [MI], which is a patient-centered therapeutic approach aimed at enhancing internal motivation for change through exploring and resolving ambivalence. The researchers refer to a therapeutic method to indicate that this interview is neither a form of treatment nor a technique, but rather a patient collaboration approach inspired by Carl Rogers, with the goal of bolstering internal motivation and altering maladaptive behavior by focusing on the client. It is based on five dimensions:

- Showing empathy: Attempting to understand the client's experiences without preaching, showing empathetic presence to encourage openness and self-disclosure.
- Eliciting Discrepancy: Discussing outcomes and helping the client become aware of conflicting feelings and perceived discrepancies between their current situation and the desired state, which may lead to positive consideration for change.
- Avoiding argumentation: Refraining from presenting arguments as they can be unproductive and may reinforce resistance and denial.
- Dealing with resistance: If the client strongly resists suggestions or interpretations, it is important to avoid confrontation, as opinions may change over time.
- Encouraging Self-Efficacy: Encouraging a sense of personal competence, highlighting the client's efforts, successes, areas of mastery, and the positive impact of their thoughts and actions.

Prochaska, Norcross, and Di Clemente (1994) as reported by (Center Dollard Cormier, 2014) identified change mechanisms from various therapeutic approaches, which are:

- Awareness
- Emotional flow
- Supportive context for change
- Personal commitment
- Helpful relationships
- Self-evaluation
- Reinforcement

- Environmental control
- Substitute activities

Although these researchers do not explain the source of addictive behavior, why and when some people change and others do not, their approach has taken an important turn in therapeutic intervention compared to the old motivational approach. Therefore:

- The therapeutic intervention should focus more on the individual's strengths and skills rather than emphasizing their difficulties and limitations.
- Treatments should be tailored to individual needs, rather than applying standardized methods.
- Therapists should adopt a more humane and empathetic stance instead of a controlling position of authority and discipline.
- The individual seeking help actively participates in the therapeutic process, shaping its goals and strategies, rather than merely accepting suggestions from the therapist.

The change occurs through stages defined by researchers, and the therapist can take appropriate actions to assist the addict in the process of change and acceptance of treatment according to the stage in which he is present, as follows:

**Precontemplation stage:**

- Build a trusting relationship
- Identify the individual's self-awareness and drug use perception
- Helping the individual to question and doubt his problem-free perception
- Trying to identify the person's life portrait outside the problematic behavior
- Avoid confrontation that reinforces resistance and rejection

**Contemplation stage:**

- Develop the client's awareness
- Instil optimism in them towards change and identify fears of failure
- Gather as much information as possible about the pros and cons of drug use
- Assist the client in overcoming this ambivalence

**Preparation stage:**



- Enhance motivation
- Provide opportunities for success and change

**Action stage:**

- Reinforce new behaviors
- Support motivation towards coping with challenging changes such as loneliness, friends loss, negative responses from the environment, loss of pleasure, etc.
- Facilitate the process rather than testing motivation

**Maintenance stage:**

- Reinforcing changes and enhancing new habits in life
- Preventing relapse
- Use relapses as a learning experience
- Reframe triggering events during the relapse stage

Developing motivation in addicts during treatment has become crucial for their success and ensuring abstinence through motivational interviews, steering away from lecturing by following the aforementioned steps.

#### **4. Developing Motivation to Prevent Relapse**

Marlatt and Gordon proposed the relapse model, pointing out the factors that trigger a return to drug use after treatment. These are cognitive indicators or pressures referred to as 'high-risk situations', which are defined as any situation that threatens an individual's ability to control and increases the risk of relapse (Sail, 2016, p.143).

The relapse is associated with the individual's response to their initial experience with drugs. If their involvement in drug use is attributed to failure or loss of control, their expectation of successfully resisting high-risk situations diminishes in the future. Moreover, emotional responses colored by self-reproach or guilt reinforce continued drug use associated with the initial drug-taking (Myers, Brown, & Mott, 1993).

Certainly, a drug addict is undoubtedly an individual who suffers from psychological and behavioral disorders that dominate and govern their daily life. After detoxification, it requires patience, perseverance, and exercising control over their inclinations, problems, and social environment to avoid returning to drug and relapse. Once they leave a drug addiction treatment center or complete outpatient medical treatment, they re-engage with an environment that

presents various pressures. These pressures can act as stimuli that push some individuals predisposed to drug use.

Marlatt and Gordon (1985) examined numerous studies and clinical investigations, and they found that dichotomous reasoning or the self-attribution made by addicts increases the likelihood that any slip or new lapse in drinking or drug use will result in a total relapse. Ellis termed this relapse phenomenon as the "abstinence violation effect," as cited by (Bandura, 2003).

Marlatt's relapse model points to social and emotional stimuli that facilitate a return to drug use. Some researchers have added factors related to situations, including the framework of memories associated with previous drug use (Heather & Stallard, 1989).

The addict may be exposed to internal triggers, such as emotions (like anxiety, depression, frustration, boredom, anger, and loneliness), physical sensations (like pain, fatigue, hunger, withdrawal), as well as external triggers present in the environment, including conflicts with others, easy access to preferred drugs, accomplishing tasks (using drugs to celebrate occasions), and the influence of drug-using peers, contacting drug dealers, or visiting certain areas of the city. These factors accelerate the addict's return to drug use. It is essential for the addict to recognize and control these triggers to maintain abstinence. This process is undoubtedly not easy, but with the help of professionals and seeking social support, the addict can protect themselves, maintain balance, and overcome substance abuse.

## Conclusion

Through this presentation, we aimed to highlight the importance of motivation in the treatment of drug addicts, with the objective of helping mental health professionals working in the addiction field to identify this process in their patients and work on its development. Additionally, we sought to help drug addicts in their treatment journey towards positive transformation, emphasizing the significance of their mental and physical health, taking into consideration potential health complexities, continuously encouraging motivation, and providing support during times of need and potential life crises to avoid relapse. To achieve this goal, practitioners in the field of addiction treatment should persist in suggesting all appropriate approaches to accompany and support addicts in maintaining abstinence, especially not abandoning their assistance during the early stages of addiction. Addiction, like any chronic disease, poses a continuous threat to the addict throughout their life.

To identify the reasons for seeking treatment among drug addicts in Algeria, a study can be conducted to assess treatment motivation in order to determine suitable approaches to assist them in adhering to treatment outcomes and managing their lives away from drug use while enjoying proper health. Furthermore, training can be provided to professionals working in

addiction treatment centers to apply motivational interviewing with addicts, as it is easy to implement and requires professional training.

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