

Motivational interviewing to enhance treatment engagement for serious mental illness

Adult Mental Health

Literature review updated September 2016.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: Motivational interviewing is a brief, several-session treatment given prior to another form of psychotherapy in order to increase treatment effectiveness. Motivational interviewing seeks to resolve subject ambivalence to treatment and increase the likelihood that the subject will adhere to the treatment plan by positively engaging the subject through exploratory questioning. Motivational interviewing has been used with a variety of populations; however, in this review we examine the impact of motivational interviewing on treatment of subjects with severe psychosis.

Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
			ES	SE	Age	ES	p-value
Anxiety disorder	1	25	-0.656	0.357	34	-0.656	0.066
Global functioning	1	39	0.235	0.390	34	0.235	0.546
Psychiatric symptoms	1	39	-0.242	0.390	34	-0.242	0.534
Engagement/Retention	2	89	0.767	0.202	34	0.767	0.001

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

Citations Used in the Meta-Analysis

- Kemp, R., Kirov, G., Everitt, B., Hayward, P., & David, A. (1998). Randomised controlled trial of compliance therapy. 18-month follow-up. *The British Journal of Psychiatry: the Journal of Mental Science*, 172, 413-419.
- Swanson, A.J., Pantalon, M.V., & Cohen, K.R. (1999). Motivational interviewing and treatment adherence among psychiatric and dually diagnosed patients. *Journal of Nervous and Mental Disease*, 187(10), 630-635.

Westra, H., & Dozois, D. (2006). Preparing clients for cognitive behavioral therapy: A randomized pilot study of motivational interviewing for anxiety. *Cognitive Therapy and Research*, 30(4), 481-498.

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