

## Motivational interviewing to engage children in mental health treatment

### Children's Mental Health: Other

Literature review updated August 2017.

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 method of communication intended to increase participants' motivation for change. In clinical practice, motivational interviewing can be used with the goal of increasing engagement in treatment.

This analysis includes studies that use motivational interviewing with the goal of improving treatment engagement in mental health services for children and adolescents. In the included studies, participants have been diagnosed with mood or anxiety disorders or have been identified as "at risk" of developing a disorder. Participants in the intervention group received motivational interviewing in addition to being offered psychotherapy (such as cognitive-behavioral therapy). In this collection of studies, the motivational interviews typically lasted about 50 minutes and were provided by clinicians at outpatient mental health centers. Participants in the comparison condition were offered psychotherapy without motivational interviewing.

### 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
Major depressive disorder	1	39	0.011	0.304	16	0.011	0.970
Engagement/Retention	2	89	0.505	0.202	16	0.505	0.013

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

Dean, S., Collings, S., Britt, E., Bell, E., Bell, E., & Stanley, J. (2016). Motivational interviewing to enhance adolescent mental health treatment engagement: A randomized clinical trial. *Psychological Medicine*, 46(9), 1961-1969

- Van Voorhees, B.W., Fogel, J., Pomper, B.E., Marko, M., Reid, N., Watson, N. . . . Domanico, R. (2009). Adolescent dose and ratings of an internet-based depression prevention program: A randomized trial of primary care physician brief advice versus a motivational interview. *Journal of Cognitive and Behavioral Psychotherapies : the Official Journal of the International Institute for the Advanced Studies of Psychotherapy and Applied Mental Health*, 9(1), 1-19.
- Van Voorhees, B.W., Vanderplough-Booth, K., Fogel, J., Gladstone, T., Bell, C., Stuart, S., et al. (2008). Integrative internet-based depression prevention for adolescents: A randomized clinical trial in primary care for vulnerability and protective factors. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 17(4), 184-196.

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