

Motivational Interviewing / Motivational Enhancement Therapy for Illicit Drug Abuse

Program description:

Motivational Interviewing is a client-centered approach to counseling that helps clients overcome their ambivalence or lack of resolve for behavioral change. In a collaborative and supportive setting, counselors elicit motivation to change from the client rather than through direction or persuasion. Motivational enhancement therapy incorporates structured assessments and follow-up sessions for personal feedback regarding assessment findings.

Typical age of primary program participant: 30

Typical age of secondary program participant: N/A

Meta-Analysis of Program Effects

Outcomes Measured	Primary or Secondary Participant	No. of Effect Sizes	Unadjusted Effect Sizes (Random Effects Model)			Adjusted Effect Sizes and Standard Errors Used in the Benefit-Cost Analysis					
			ES	SE	p-value	First time ES is estimated			Second time ES is estimated		
						ES	SE	Age	ES	SE	Age
Other illicit drug abuse or dependence	P	27	-0.08	0.06	0.15	-0.06	0.06	30	-0.06	0.06	40

Effect size adapted from Lundahl et al., 2010.

Benefit-Cost Summary

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2011). The economic discount rates and other relevant parameters are described in Technical Appendix 2.	Program Benefits					Costs	Summary Statistics			
	Parti- pants	Tax- payers	Other	Other Indirect	Total Benefits		Benefit to Cost Ratio	Return on Invest- ment	Benefits Minus Costs	Probability of a positive net present value
	\$477	\$593	\$454	\$499	\$2,023	-\$207	\$9.78	188%	\$1,816	97%

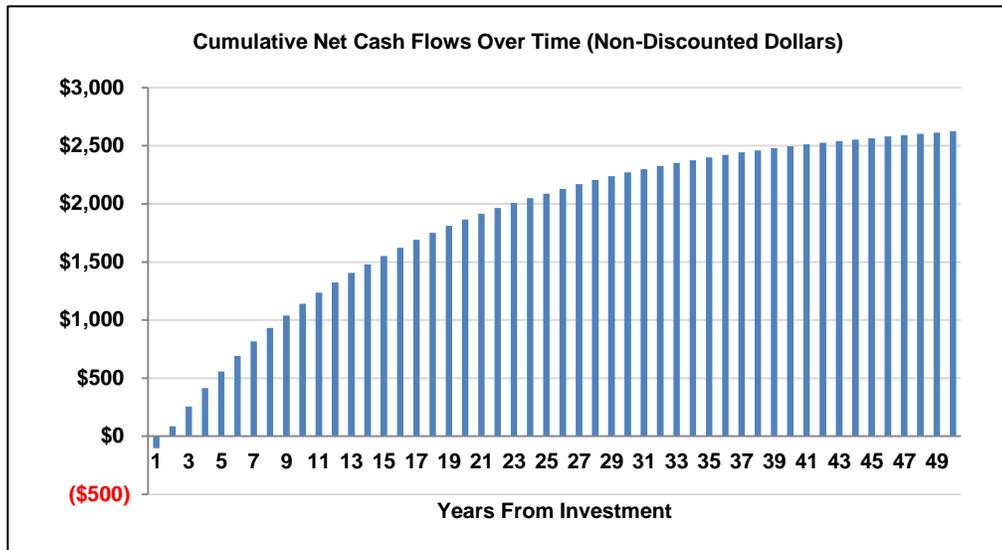
Detailed Monetary Benefit Estimates

Source of Benefits	Benefits to:				Total Benefits
	Parti- pants	Tax- payers	Other	Other In- direct	
Earnings via illicit drug disorder	\$297	\$109	\$2	\$254	\$662
Health care costs for illicit drug disorder	\$111	\$483	\$324	\$246	\$1,165
Property loss from illicit drug disorder	\$69	\$0	\$128	\$0	\$197

Detailed Cost Estimates

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The uncertainty range is used in Monte Carlo risk analysis, described in Technical Appendix 2.	Program Costs			Comparison Costs			Summary Statistics	
	Annual Cost	Program Duration	Year Dollars	Annual Cost	Program Duration	Year Dollars	Present Value of Net Program Costs (in 2011 dollars)	Uncertainty (+ or - %)
	\$155	1	1997	\$0	1	1997	\$206	10%

Source: Costs are based on an average of 110 minutes of counseling by a trained therapist per intervention. The length of the motivational intervening intervention is the average number of minutes reported in the meta-analyzed studies. The hourly rate was reported in Office of Applied Studies. (2004, June). Alcohol and drug services study (ADSS) cost study. Rockville, MD: Department of Health & Human Services, Substance Abuse and Mental Health Services Administration, Author, p. 23. Another 12 percent was added to costs for administration.



Multiplicative Adjustments Applied to the Meta-Analysis

Type of Adjustment	Multiplier
1- Less well-implemented comparison group or observational study, with some covariates.	0.5
2- Well-implemented comparison group design, often with many statistical controls.	0.5
3- Well-done observational study with many statistical controls (e.g., IV, regression discontinuity).	0.75
4- Random assignment, with some RA implementation issues.	0.75
5- Well-done random assignment study.	1.00
Program developer = researcher	0.5
Unusual (not "real world") setting	0.5
Weak measurement used	0.5

Studies Used in the Meta-Analysis

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Golin, C. E., Earp, J., Tien, H. C., Stewart, P., Porter, C., & Howie, L. (2006). A 2-arm, randomized, controlled trial of a motivational interviewing-based intervention to improve adherence to antiretroviral therapy (ART) among patients failing or initiating ART. *Journal of Acquired Immune Deficiency Syndromes, 42*(1), 42-51.

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Helstrom, A., Hutchison, K., & Bryan, A. (2007). Motivational enhancement therapy for high-risk adolescent smokers. *Addictive Behaviors, 32*(10), 2404-2410.

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Studies Used in the Meta-Analysis

- and drug risk among homeless adolescents. *Psychology of Addictive Behaviors*, 20(3), 254-264.
- Rosenblum, A., Foote, J., Cleland, C., Magura, S., Mahmood, D., & Kosanke, N. (2005). Moderators of effects of motivational enhancements to cognitive behavioral therapy. *The American Journal of Drug and Alcohol Abuse*, 31(1), 35-58.
- Saunders, B., Wilkinson, C., & Phillips, M. (1995). The impact of a brief motivational intervention with opiate users attending a methadone programme. *Addiction*, 90(3), 415-424.
- Schneider, R. J., Casey, J., & Kohn, R. (2000). Motivational versus confrontational interviewing: A comparison of substance abuse assessment practices at employee assistance programs. *The Journal of Behavioral Health Services & Research*, 27(1), 60-74.
- Stotts, A. L., Schmitz, J. M., Rhoades, H. M., & Grabowski, J. (2001). Motivational interviewing with cocaine-dependent patients: A pilot study. *Journal of Consulting and Clinical Psychology*, 69(5), 858-862.
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