Motivational Interviewing

Review 1

Apodaca, T. R., & Longabaugh, R. (2009). Mechanisms of change in motivational interviewing: A review and preliminary evaluation of the evidence. *Addiction, 104*(5), 705–715. PubMed abstract available at http://www.ncbi.nlm.nih.gov/pubmed/19413785.

Objectives	Evaluate which within-session MI constructs and variables provide the most mechanism of change in alcohol or other drug use disorders.
Studies Included	Nineteen U.S. and international studies published from 1993 to 2007
Participants in the Studies	Male and female adults and adolescents
Settings	Hospital emergency rooms, methadone programs, outpatient mental health centers, day treatment, universities, primary care facilities
Outcomes	Mechanisms of change in MI sessions, client and clinician behaviors in MI sessions, substance use
Limitations of the Studies	The small number of studies on this topic area, the large number of constructs differentially defined, and noncomparability of instruments measuring mediating variables make it difficult to draw inferences about effects.

Results

The authors state that most of the studies reviewed only examined single links in the causal chain of mechanisms of change. However, findings suggest MI implementation was predictive of MI therapist behaviors, which were then associated with in-session client behaviors, and both these variables were predictive of substance use outcomes, with in-session client behaviors being a stronger predictor than therapist behaviors. Two in-session client behaviors (change talk and experience of discrepancy) led to better outcomes. Greater client engagement was associated with therapists who exhibited lower levels of MI-inconsistent behavior. Higher levels of MI-inconsistent behaviors were associated with within-session client behaviors such as higher levels of resistance.

Studies evaluating the relationship between client readiness to change (a central goal of MI) and substance use outcomes showed that MI failed to show an increase in readiness, or it was less effective than standard care or other treatments but resulted in increased readiness when compared to a placebo condition.

Some therapist techniques such as decisional balance, feedback, responsibility, and change options were predictive of substance use outcomes with decisional balance techniques offering the strongest results.