NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

Motivational Interviewing

Review 16

Vasilaki, E. I., Hosier, S. G., & Cox, W. M. (2006). The efficacy of motivational interviewing as a brief intervention for excessive drinking: A meta-analytic review. *Alcohol and Alcoholism*, *41*(3), 328–335. PubMed abstract available at http://www.ncbi.nlm.nih.gov/pubmed/16547122.

Objectives	Examine the efficacy of MI to reduce alcohol consumption when compared to other interventions or no intervention.
Studies Included	Fifteen U.S. studies published from 1988 to 2003
Participants in the Studies	Female and male heavy drinkers
Settings	Colleges, outpatient community settings, emergency rooms, substance abuse treatment centers
Outcomes	Changes in alcohol consumption, readiness for change
Limitations of the Studies	In most studies, MI was delivered by psychology graduate students rather than clinicians working in real-world settings. Some of the studies had problems with attrition, short follow-up assessment, or follow-up assessment was not blinded. Although the majority of studies included data on participants' gender, only one study assessed how gender interacts with treatment outcomes.

Results

The 15 studies included in this review were divided into 2 categories of comparison: studies evaluating the efficacy of brief MI compared to another active treatment (standard care, brief advice, directive-confrontational counseling, educational intervention, skills-based intervention, cognitive behavioral treatment), and brief MI compared to no treatment. Nine of the studies supported the efficacy of MI in reducing alcohol reduction when compared to a no-treatment control. Specifically, effects were greater at a follow-up period that was under 3 months among hazardous drinkers who received approximately 87 minutes of MI. Five of the studies assessed the efficacy of MI compared to other active interventions. Findings suggest that approximately 53 minutes of brief MI may be more efficacious than other treatments but not indicative of its superiority over any one of the other treatments alone.

Of the 15 studies reviewed, 10 included a nontreatment-seeking population, and 5 involved a treatment-seeking population. When MI was compared to other interventions, MI appeared to be more efficacious in reducing alcohol use with treatment-seeking populations. Differences in studies assessing readiness to change make it difficult to draw firm conclusions about whether MI enhances readiness to change alcohol consumption.