

Motivational Interviewing

Review 2

Burke, B. L., Arkowitz, H., & Menchola, M. (2003). The efficacy of motivational interviewing: A meta-analysis of controlled clinical trials. *Journal of Consulting and Clinical Psychology*, 71(5), 843–861. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/14516234>.

Objectives	Investigate adaptations of motivational interviewing (AMIs) focused on five main objectives: present basic characteristics of the AMIs; evaluate the efficacy of AMIs across clinical problem areas, as compared with control groups or other treatments; report evidence of sustained efficacy; clarify the clinical impact of the AMIs; and identify moderator variables that might account for differences in findings.
Studies Included	Thirty U.S. and international studies published from 1988 to 2001
Participants in the Studies	Male and female adults, college students, adults with eating disorders, and adults at risk for HIV
Settings	Veterans Administration hospitals, substance abuse clinics, hospitals, hospital emergency rooms, trauma centers, college campuses, employee assistance programs, general medical practices, outpatient clinics, hospital dietary clinics, eating disorder clinics, prenatal clinics
Outcomes	Alcohol or drug use, abstinence, cigarette consumption, HIV risk-taking behaviors, physical activity, medical outcomes related to diet and exercise (cholesterol, BMI, blood pressure, glycemic control), frequency of binge eating/vomiting, and treatment adherence
Limitations of the Studies	Outcome measures of improvement and abstinence were not uniformly defined across studies. Most of the studies did not describe or standardize training procedures or integrity checks.

Results

AMIs produced the strongest evidence for efficacy in the alcohol and drug abuse areas, moderate results in diet and exercise, and no significant effects for smoking cessation or HIV-risk behaviors. However, it is difficult to draw any firm conclusions about the efficacy of MI in the areas of HIV-risk behaviors and smoking cessation since only two studies were evaluated for these areas. 11 of the 30 studies included in this review produced at least 1 statistically significant effect size in favor of the AMI intervention. AMIs were equivalent to other treatments but in some cases achieved these same effects in less time. This review also found the effects of MI did not fade over time and the percentage of people who improved with MI was significantly greater than the

percentage who improved with either no treatment or treatment as usual. AMIs demonstrated clinical impact on rates of improvement, reductions in drinking, sustainability of changes, and social impact measures.