Motivational Interviewing
Motivational Enhancement Therapy

Principal Investigator: William R. Miller, Ph.D.
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Motivational interviewing (MI) is a client-centered, directive approach to enhance intrinsic motivation for behavior change by working with and resolving ambivalence (Miller & Rollnick, 2002; Rollnick & Miller, 1995). Originally developed to work with problem drinkers (Miller, 1983), MI has now been used and tested with a broad range of health behaviors (www.motivationalinterview.org).

Our early clinical trials combined MI with personal assessment feedback to form a Drinker's Check-up (Miller & Sovereign, 1989). Self-referred problem drinkers who received assessment and the Check-up showed significant reductions in alcohol use (Miller, Sovereign & Krege, 1988). In a second study, problem drinkers self-referred from the community were assigned at random to a waiting list control group, or to an immediate Check-up with assessment feedback given in either an MI or a confrontational style (Miller, Benefield & Tonigan, 1993). Substantial reductions in drinking were observed following the check-up, as compared to those waiting for feedback. Drinking outcomes are 12 months were strongly predicted by counselor style: the more the counselor confronted, the more the client drank. Random assignment to counseling styles also strongly predicted the degree of client resistance (higher with confrontation) and expressed motivation for change (higher with MI).

Next we tested the Check-up as a prelude to treatment for alcoholism. In an outpatient treatment program, those randomly assigned to receive a Check-up (MI style) at intake showed substantially higher rates of abstinence, compared to those receiving the same treatment program without a Check-up (Bien, Miller & Boroughs, 1993). Similarly, patients entering a private 21-day residential alcoholism treatment program were assigned at random to receive or not receive a Check-up at intake (Brown & Miller, 1993). Abstinence rates were doubled (57% vs. 29%) 3 months after discharge for those who had received the Check-up. Program therapists, who were unaware of group assignment, rated those who had received the Check-up as significantly more motivated for change, participating more fully in treatment, and more likely to remain sober.

The same design was used to study the impact of a Check-up at admission to outpatient treatment of adolescents for polydrug abuse (Aubrey, 1998). Those randomly assigned to receive a Check-up at intake remained in treatment twice as long (20 sessions vs. 8), and at follow-up showed less than half the percentage of days with illicit drug use (26% vs. 59%).

In a small randomized trial with pregnant drinkers, women showed substantial reductions in their subsequent drinking (during the remainder of pregnancy) with or without MI. Secondary analyses revealed that among the heaviest drinkers, reductions in alcohol use were greater with MI (Handmaker, Miller & Manicke, 1999).

The Drinker's Check-up was modified to a 4-session intervention known as Motivational Enhancement Therapy (MET; Miller, Zweben, DiClemente & Rychtarik, 1992), and was tested in the largest alcoholism clinical trial ever conducted: Project MATCH (1997a, 1997b). Clients were assigned at random to one of three treatment methods: 12 sessions of Twelve-Step Facilitation Therapy, 12 sessions of Cognitive-Behavior Therapy, or 4 sessions of MET. All three groups showed substantial and statistically equivalent reductions in drinking at follow-up as long as 3 years later (Project MATCH Research Group, 1998). At all follow-up points, outpatients high in anger showed differentially better outcomes with MET, as compared with the other two treatment approaches (Project MATCH Research Group, 1997b; Waldron, Miller & Tonigan, 2001).

In a large clinical trial, we assigned clients entering treatment for drug abuse (primarily amphetamines, cocaine and/or heroin) to receive or not receive MET at intake (Miller, Yahne & Tonigan, in press). To our surprise, and contrary to the findings of other groups, we found absolutely no effect of MET on subsequent drug use outcomes. Subsequent process analyses of sessions suggests that we erred by forcing MET into a single manual-guided session, in which certain components (e.g., assessment feedback and development of a change plan) were required to be introduced regardless of whether clients showed indications of readiness or resistance (Amrhein et al., 2003). In an extension of this study, Yahne et al. (2002) evaluated the feasibility of MI with commercial sex workers who also use illicit drugs.

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