

Motivational interviewing is a client-centered, goal-oriented approach to counseling, with the objective to increase a person's intrinsic motivation for behavior change through the exploration and resolution of ambivalence (Miller & Rollnick, 2002). The aims of motivational interviewing are to increase a person's motivation for behavior change and to strengthen that commitment to change. The spirit of this approach emphasizes collaboration over confrontation, evocation over education, and autonomy over authority (Miller & Rollnick, 2002). The technique has four guiding principles (Miller, 1996):

- Expressing empathy
- Developing discrepancy
- Rolling with resistance
- Supporting self-efficacy

Through reflective listening the counselor establishes a collaborative relationship with the client, evoking a client's intrinsic motivation and commitment to change. A number of brief interventions have been adapted from motivational interviewing. Motivational enhancement therapy, for example, is a four-session intervention that is designed to promote intrinsic motivation. This brief intervention combines motivational interviewing with client feedback derived from standardized assessment tools (Miller et al., 1992).

A number of measures have been developed to assess the fidelity of motivational interviewing. The Motivational Interviewing Skill Code (MISC) developed by Miller and Mount (2001) uses a three-coding system: (1) one pass for global skill ratings of the interview; (2) one pass for therapist and client behavior; and (3) one pass for therapist and client talk time. Following experience with the MISC, categories were refined and the Motivational Interviewing Skill Code (MISC) Version 2.1 was developed. The MISC Version 2.1 eliminated the third coding pass for therapist and client talk time (Miller et al., 2008). Another coding system, the

Motivational Interviewing Treatment Integrity (MITI) behavioral coding system, was developed to reduce time; it focuses on therapist behavior (Moyers et al., 2005).

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Evidence Base

Substance Abuse

Motivational interviewing was designed to reduce alcohol use (Miller, 1983). The approach is often combined with other interventions and techniques; the methodologies together have been found to be more effective than alone (Burke, Arkowitz, & Menchola, 2003; Hetttema, Steele, & Miller, 2005). Several systematic reviews (Noonan & Myers, 1997; Dunn, DeRoo, & Rivara, 2001; Burke, Arkowitz, & Dunn, 2002) of adaptations of motivational interviewing (where it is the core but not the sole technique used to enhance motivation for behavior change) have found support for its effectiveness addressing substance abuse, particularly where the intervention was focused on reduced use of drugs and/or alcohol and adherence with intensive substance abuse treatment.

A meta-analysis by Burke, Arkowitz, & Menchola (2003) of 30 controlled clinical trials of motivational interviewing found significant, small to moderate effect sizes of motivational interviewing in the areas of alcohol use, drug use, diet and exercise, and social impact (problems related to the target behaviors, for example the number of workdays missed because of substance use) when compared with control groups that received no treatment. Overall, motivational interviewing was found to be effective.

Research on motivational interviewing has also examined its effectiveness in reducing substance use and improving treatment engagement and adherence

among people with mental illness. A randomized, control group study (Martino et al., 2000) of people with co-occurring disorders admitted to a partial hospital program found that participants who received a single session of motivational interviewing as part of the admission process were more likely to participate in treatment and to stay in the program longer than those who only received the standard preadmission interview. Swanson, Pantalon, and Cohen (1999) found support for a brief motivational intervention on outpatient treatment adherence. Barrowclough and colleagues (2001) found similar results in a study of people with co-occurring schizophrenia and substance use who received motivational interviewing, cognitive behavior therapy, and a family intervention compared with people who received only standard care. Kemp and colleagues (1996) employed a modified form of motivational interviewing—compliance therapy—among people with acute psychosis in an inpatient facility. The therapy increased medication compliance by 25 percent, an improvement that was maintained six months after discharge. A follow-up study also found improvement in terms of insight, compliance, social functioning, and hospitalization risk (Kemp et al., 1998).

In a review of treatments for people with co-occurring disorders, Drake and colleagues (2004) found that motivational interviewing and related techniques were employed principally as short-term approaches. In general, the studies found improvements in treatment engagement, substance use, symptoms, and other measures (outcome measures varied by study).

Justice Involvement

Research on the effectiveness of motivational interviewing for the criminal justice population is relatively limited. Wexler and colleagues (1999) studied a prison-based therapeutic community with an aftercare component, using random assignment, that incorporated motivational interviewing into the treatment process, but the specific treatment effect of motivational interviewing is unclear. Harper and Hardy's study (2000) of British probation officers found those trained in motivational interviewing achieved greater gains in probationer motivation. Clark and colleagues (2006), likewise focusing on probationers, found motivational interviewing employed by probation officers to be important as a tool for handling resistance, focusing on change,

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changing what is talked about during interactions with probationers, and for enforcing the conditions of supervision. The Crime and Justice Institute (2004) named motivational interviewing as the second of eight evidence-based principles for effective interventions in community corrections. According to the Institute: "The current research on offender rehabilitation and behavioral change is...sufficient to enable corrections to make meaningful inferences regarding what works in our field to reduce recidivism and improve public safety." In 2007, the National Institute of Corrections commissioned a guide for the delivery of motivational interviewing: *A Guide for Probation and Parole: Motivating Offenders to Change* (Walters, et al., 2007). As a clinical practice for promoting behavior change among criminal justice populations, motivational interviewing has been identified as central to treatment responsivity (Harper & Hardy, 2000; Scott, 2008; McMurrin, 2009).

To date no studies of motivational interviewing for justice-involved people with mental illness have been published.

Implications

Motivational interviewing is an effective approach for changing behavior related to substance use and promoting engagement with and adherence to treatment among people with mental and co-occurring substance use disorders. The approach has been used with justice-involved populations and is considered an evidence-based practice in community corrections. There is no direct evidence that motivational interviewing is effective with justice-involved people with mental illness. Given indirect evidence, motivational interviewing may be an effective precursor or adjunct to treatment for justice-involved people with mental illness. However, the lack of research on the application of motivational interviewing to this specific population is cause for hesitancy. ■

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