

Evidence Summary:

The Effectiveness of Motivational Interviewing for Young People with Substance Use and Mental Health Disorders



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What are the issues and what is the evidence?

What is Motivational Interviewing?

Motivational interviewing (MI) is a psychological treatment that aims to enhance a person's motivation to change problematic behaviour by exploring and resolving their ambivalence about change (1). It has been used most extensively to treat substance use problems.

MI is a brief intervention that was developed in response to concerns about the confrontational approach traditionally used to treat people with addictions. In contrast, MI assumes that clients have "intrinsic motivation" (i.e. they want their behaviour to be different), but may be at different stages in their willingness to act to change their behaviour. The **main goal of MI is to increase the clients' readiness to change** and to help them plan for, make, and maintain that change (2).

MI focuses on collaboration with clients and affirms their choice and autonomy. It emphasises 'rolling with resistance' rather than arguing with it, as well as openness to working with people at various stages of change. Given this philosophy of MI, it may be considered a 'good fit' for young people with substance use problems (3).

Motivational Interviewing: Strategies & Spirit

Semi-directive strategies:

- explore discrepancies between substance use and clients' goals and values
- examine advantages and disadvantages of both using substance and stopping use ('decisional balance matrices')
- work to elicit 'change talk'
- provide advice to encourage change

Supportive spirit: → Using:

- | | |
|---|--|
| <ul style="list-style-type: none">• reflection• empathy• support clients' belief that things can change | <ul style="list-style-type: none">• open questions• summary statements• selective focus on 'change talk'• 'rolling with resistance' |
|---|--|

Is MI Effective? What's the Evidence?

Despite considerable research on the use of MI for substance use problems, wide variation in studies – including the 'type' of MI used and the methodological quality of the research – makes it difficult to draw definitive conclusions on its effectiveness. For example, studies vary in the 'dosage' of MI (ranging from 15-minute interventions to 9-month packages), the emphasis on different components of MI (such as focusing just on pros and cons of substance use, or incorporating the entire intervention), and whether MI is used alone or in conjunction with other treatments (such as cognitive-behavioural therapy: CBT). It is difficult to compare between 'MI' interventions and, if the treatment is beneficial, to establish which components are effective. Furthermore, it is also unclear how MI works; for example, it is unclear whether MI actually increases client readiness to change (4) or for whom it works best (4,5). Key components of MI are likely to include: providing feedback comparing the individual's levels of substance use with community norms, and psychoeducation on the negative consequences of the behaviour (1,4,5).

In adults, MI is most effective in reducing alcohol use (6), the purpose for which it was initially developed. **Research suggests that MI is most effective when used as a 'prelude intervention' before engaging specialist drug and alcohol services** (e.g. inpatient detoxification) than if delivered on its own (7). The effect of MI is most powerful in the short-term and does not generally persist beyond 3-6 months after the intervention has ended (8). There is inconsistent evidence on whether group MI is as effective as individual sessions (9-10). MI may take less time to deliver than other interventions to achieve the same outcomes (8,11) and therefore be more cost-effective, but this has not yet been systematically examined.

There is less research on MI as a treatment for co-occurring substance use and mental illness. A Cochrane systematic review found no benefit of MI over other psychosocial approaches among patients with severe mental illness and substance use problems, except possibly in increasing engagement with services (12). MI has also recently been suggested as potentially useful in treating mental disorders without co-occurring substance use. For example, in some conditions such as anxiety disorders there may be disagreement between clients and therapists about the ways that change can occur, and in these cases MI might help clients to stay engaged with

treatment (13). It may also assist in medication compliance (14,15). However, definitive conclusions on the effectiveness of MI in these situations are not yet possible.

What about in Young People? Is MI Effective?

Research to date indicates that MI is not effective as a stand-alone treatment for substance use problems in young people (14-18), including those who use stimulants as their drug of choice (19) or who have complex presentations such as homelessness (20). The effects of MI do not appear to last as long for young people as they do in older adults (10,15,21), perhaps because young people face stronger and more positive messages in their support networks about substance use (11). **MI is most effective when combined with CBT, especially in young people with cannabis abuse (22-24).**

Only one study has examined MI in younger people (aged 17-31 years) with co-occurring substance use and mental health problems. It found that an MI-style intervention reduced substance use, but other factors such as family support could also have been responsible for this result (14). There are no studies of MI for treating mental health problems such as depression and anxiety in young people.

What Does all this Mean about Using MI with Young People?

Existing research does not provide strong support for the effectiveness of MI in general, or specifically for young people. However, there have not been many well-conducted, high quality studies of MI in young people,



so more research is needed before firm conclusions can be drawn. However, MI is unlikely to cause any harm to clients, and individual studies suggest that it may sometimes be helpful. The 'spirit' of MI may also assist in engaging young people in pharmacotherapy and psychotherapy, regardless of their presenting problem and whether or not the full intervention is provided.

Using MI as an Intervention: The Need for Training

Developers of MI have recommended considerable training and support in order to develop the skills necessary for the technique. Self-guided or brief training is unlikely to provide adequate skills. Workshops in using MI need to be combined with written feedback from MI trainers and/or MI-specific 'coaching' (supervision) for longer-lasting skill development (17,18).

Reasonable evidence for:
[rigorous studies show some consistency in results]

- reducing alcohol abuse/dependence in adults
- reducing cannabis abuse/dependence in young people (when combined with CBT)
- increasing engagement with/attendance at services

Limited evidence for:
[rigorous studies show limited consistency in results or less rigorous studies show some consistency in results]

- other substance abuse/dependence in adults
- mental illness alone in adults

No evidence for:
[no rigorous studies or no consistency in less rigorous studies]

- reducing co-occurring substance abuse/dependence and mental illness in adults or young people
- mental illness alone in young people

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Evidence Summary Writers Clinical Consultants

Dr Catharine McNab
Dr Rosemary Purcell

Ms Kathryn Elkins
Prof Patrick McGorry

Orygen Youth Health
Research Centre

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