

Motivational Interviewing

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Brief Description

Motivational Interviewing (MI) is a **person-centered counseling technique** for promoting behavior change. Initially developed for working with people with substance use disorders, it is now used in reducing risky behaviors and enhancing protective factors across a wide range of health and social care contexts. Examples include physical activity promotion, weight loss, medication adherence, engagement with interventions, cancer self-care, sexual health promotion, gambling addiction treatment, and suicide prevention. The Substance Abuse and Mental Health Services Administration (SAMHSA) also recommends MI as an **outreach strategy** in connecting with communities reluctant to engage in services, such as [people experiencing homelessness](#).

Is It a Good Fit for My Agency?

MI is a practice style and a conversational strategy rather than a program per se. Any community-based organization employing health or social service providers who routinely interact with service users on a one-on-one basis will benefit from some level of staff training in MI. Trainings provide skills that empower people to set individualized goals and draw out their strengths to help them meet those goals. All services that support people in avoiding risky behaviors and making healthy life decisions will benefit from this person-centered approach. Trainings of varying modality and intensity are available for a broad spectrum of practitioners ranging from specialized clinical treatment providers to diabetes educators, probation officers, and community outreach workers. MI has also been an effective tool in addressing [vaccine hesitancy](#).

Cultural Adaptability

The central tenet of MI is teamwork between the person who uses services and providers. Practitioners are trained to first learn about the person's situation and cultural context. This ensures services are effectively tailored to the person's needs and strengths through interactions that empower them to make their own decisions. In other words, successful MI implementation relies on cultural responsiveness. [Research](#) suggests that the approach, when implemented with fidelity, has been successful in serving individuals of all ages, gender identities, sexual orientations, health status, functional or cognitive abilities, races, ethnicity, and history of trauma.



How Does It Work?

By its nature, MI works differently depending on the type of service, the specific conditions of the service recipient, and the broader sociocultural context. All implementations share a set of four processes. First, the practitioner establishes rapport and forms a partnership with the person. Second, the practitioner collaborates with the person to set an agenda and identify goals. Third, MI skills are used to identify an individual's strengths and reflect them back to help the person move toward his or her goals. Fourth, once the person has decided to effect change in their lives, the practitioner helps them plan action steps toward behavior change.

All interactions are guided by principles of respect for the person's right to self-determination, empathy, compassion, and affirmation of strengths and worth. A [study](#) reviewing the effects of MI on older adults suggests that this combination of strategies and values has proven effective in moving people from reluctance to—or ambivalence toward—changing their behavior to recognizing the need to change and acting on a plan for change.

How to Learn More

There are a large number of [textbooks](#), [toolkits](#), and [multimedia resources](#) on MI, including [brief videos](#) that describe its core principles. [The Motivational Interviewing Network of Trainers](#) (MINT) is a good source for training materials, online and in-person trainings, and for finding onsite trainers for organizations.

Adopting and Financing Motivational Interviewing

Training Costs

In line with the variety of contexts where MI is utilized and with the range of practitioners who use the approach, there are multiple modalities and levels of training intensity with differing price points. Trainings range from [online self-study materials](#) to expert guided intensive multi-day courses and train-the-trainer strategies. A [cost-effectiveness study](#) comparing three different strategies for training clinicians in community-based substance use disorder treatment programs calculated **fixed costs plus variable costs for 8 clinicians** as follows (original amounts in 2006 dollars updated to 2021 dollars based on [32.44%](#) inflation):

- ❖ **Self-study** (textbook, videos, treatment manual, and a one-hour meeting with an expert): **\$8,133**
- ❖ **Expert-led** (self-study materials, 15-hour workshop, and audiotaped practice sessions with expert feedback): **\$37,111**
- ❖ **Train-the-trainer** (two clinicians from the organizations attend the expert-led training, additional 15-hour workshop to learn clinical supervision and conducting MI workshops, and 3 monthly consultation calls): **\$65,185**

All three strategies are feasible options depending on the size of the organization, type of services, and level of behavior change needed. For example, an organization with a large number of clinical practitioners and frequent staff turnover may find train-the-trainer to be the best option. For an organization with a relatively stable, small-to-moderate-size workforce providing non-clinical services such as health education, case management, or community outreach, self-study probably makes better sense.

There are multiple organizations, some of them commercial, that provide high-quality trainings. In addition to MINT mentioned earlier, several professional associations (e.g., [American Psychological Association](#)) and national organizations (e.g., [National Council on Mental Wellbeing](#)) offer trainings of varying intensity. Some [online trainings](#) offer discounted rates for organizations training multiple staff.

Value of MI in Reducing Risk Factors

MI is a powerful tool in helping community-based organizations establish and maintain a person-centered service philosophy. There are hundreds of studies assessing the effectiveness of MI in addressing a variety of behaviors in multiple population groups. For example,

- ❖ A [review of studies](#) testing its success among older adults with acute and chronic health problems found evidence of effectiveness in reducing multiple risk factors, including: weight loss and improved adherence to weight loss programs; increased frequency and duration of physical exercise; decreased sodium intake; improved glucose control; decreased blood pressure; and smoking cessation. Reducing these risk factors are effective strategies for preventing [metabolic syndrome](#) which is associated with the leading causes of death.
- ❖ A [meta-analysis](#) of the impact of MI interventions on substance use disorders, conducted by the Washington State Institute for Public Policy (WSIPP) found statistically significant improvements in treatment engagement, alcohol use disorders, illicit drug use disorders, and opioid use disorders.

Costs and Benefits

- ❖ MI is an effective tool in lowering the risk of metabolic syndrome: A two-year study¹ of over 170,000 people with and without metabolic syndrome found that the average healthcare costs of those with the syndrome were 1.6 times higher than those without the syndrome. Each additional risk factor increases overall costs by 24%.
- ❖ In addition to the meta-analysis of program effectiveness, WSIPP also conducted a [benefit-cost analysis](#) of MI implementation. The results indicate that addressing substance use disorders with MI interventions is highly cost-effective: A dollar per participant spent on MI is associated with a reduction of \$23.05 in total social costs, including costs to the participant, to taxpayers, and indirect costs.

¹Boudreau et al. (2009). Health care utilization and costs by metabolic syndrome risk factors. *Metabolic Syndrome and Related Disorders*, 7(4). DOI: 10.1089/met.2008.0070