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TABLE DS1 Studies of motivational interviewing in eating disorders

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| --- | --- | --- | --- | --- | --- | --- |
| **Year of study** | **Researchers** | **Sample size** | **Diagnosis** | **Number and type of sessions** | **Main outcomes** | **Completion rates** |
| 1999 | Treasure et al | 125  | Bulimia nervosa | 4 weekly individual MET sessions *v*. 4 weekly CBT sessions | Substantial improvements in eating disorder symptoms and in motivation for the whole sample | 67% (MET group) and 76% (comparison group) |
| 2001 | Feld et al | 27  | Various eating disorders (mainly anorexia nervosa) | 4 weekly group MET sessions (each of 1 h) | Substantial improvements in motivation, depression, self-esteem, interpersonal distrust. No changes in eating disorder symptoms | 70% |
| 2004 | Gower & Smyth | 42 (adolescents)  | Anorexia nervosa | 1 individual AMI session (as an introduction to intensive out-patient programme) | Substantial improvements in motivation and engagement in later out-patient programme | 79% |
| 2006 | Dunn et al | 90  | Various eating disorders | 1 individual 90 min MET session *v*. 1 individual 45 min interview session with focus on usage of self-help handbook | Substantial improvements in symptoms and motivation to change; compensatory behaviour for all patients and for the MET group; improvements in bingeing abstinence and motivation to change bingeing | 66% for both groups |
| 2007 | Dean et al | 42  | Various eating disorders | 4 weekly group MET sessions *v*. CBT-oriented group | Improvement in eating disorder symptoms and overall motivation; functional avoidance and urge to thinness improved substantially for the CBT group compared with the MET group | 73% (MET group) and 58% (CBT, comparison group) |
| 2008 | Cassin et al | 128  | Binge eating disorder | 1 individual 80 min AMI session as an introduction to a self-help handbook *v*. self-help handbook group only | Significant improvements in eating disorder symptoms, self-esteem and depression for both groups, although with a slight advantage for the AMI group; satisfaction with study as well as substantial improvement in motivation also occurred in the AMI group; no discrepancies between groups on self-rated goals | 89% (AMI group) and 85% (comparison group) |
| 2010 | Wade et al | 47  | Anorexia nervosa | 4 AMI sessions with novice therapist added to TAU | No differences between groups, but increase in ANSOCQ motivation in 2 week of treatment noted to predict lower ED psychopathology at 6-week follow-up; those in AMI group with low readiness (ANSOCQ) at start of study far more likely to move to high readiness than those in TAU group | 83% for all |
| 2010 | Katzman et al | 225  | Bulimia nervosa (with ED-NOS and subtypes of bulimia) | 4 randomised AMI sessions or 4 CBT sessions, followed by individual or group CBT | No differences in bingeing, laxative use or vomiting between CBT group and MET group in first phase; MET was no better than CBT at reducing drop-out or sustaining adherence | 59% |
| AMI, adapted motivational interviewing; ANSOCQ, Anorexia Nervosa Stage of Change questionnaire; CBT, cognitive–behavioural therapy; ED, eating disorder; NOS, not otherwise specified; MET, motivational enhancement therapy; TAU, treatment as usualSource: [Knowles *et al* (2013](#b15)) |

TABLE DS2 Trials of motivational interviewing for patients with HIV

| **Study** | **Sample size** | **Diagnosis** | **Duration and type of intervention** | **Adherence outcome and results** | **Clinical outcome** |
| --- | --- | --- | --- | --- | --- |
| Pradier *et al* (2003) | 202  | HIV positive | Intervention lasted 6 months and consisted of 3 sessions in person: medical consultation every 2–3 months for the control (C) group and 3 MI sessions for the intervention (I) group | At 6-month follow-up: I: 75%; C: 61% (*P* = 0.04) | Viral load: comparing baseline and 6-month follow-up gave significant discrepancy in mean difference of viral load for intervention group mean difference in intervention group: −0.22 log, *P* = 0.013; mean difference in the control group: +0.12 log, *P*= 0.014 |
| Samet *et al* (2005) | 151  | HIV positive (with history of alcohol problems) | Intervention lasted 3 months and consisted of 3 visits in person; control group received standard care for HIV patients; intervention group received MI sessions with a follow-up home visit | No significant differences (*P* > 0.25) | CD4 count, viral load, alcohol consumption: also showed no significant differences (*P* > 0.25) |
| Golin *et al* (2006) | 141  | HIV positive | Intervention lasted 2 months and consisted of 2 visits in person, audiotape, workbook and a mailed booster; educational audiotape and workbook with 2 educational sessions for the control (C) group and behavioural workbook and audiotape with 2 MI sessions for the intervention (I) group | After 2 months: I: 76%; C: 71% (*P* = 0.62), no significant differences | Change in viral load, coping: no significant differences; n/a for viral load, *P* = 0.0629 for coping |
| Parsons *et al* (2007) | 143  | HIV positive (with hazardous drinking) | Intervention lasted 3 months and consisted of 8 visits in person; control group received educational program (8 sessions); intervention group received 8 MI sessions | Increase in percentage dose adherence (*P* < 0.05) and percentage day adherence (*P* < 0.05) for intervention group | Viral load, CD4, drinking behaviour: decreased viral load at 3-month follow-up for intervention group; increased viral load in control group (difference not sustained at 6-month follow-up), *P* < 0.02 at 3 months; CD4 count increased at 3 months for intervention group and significantly higher than in the control group, *P* < 0.02 at 3 months; statistical significance not achieved at 6-month follow-up; no differences in drinking behaviours for both groups |
| Dilorio *et al* (2008) | 326  | HIV positive | Intervention lasted 3 months and consisted of 5 sessions in person with a 10-month follow-up period; control group received standard care for HIV patients; intervention group received individual MI sessions | Intervention group > control group: doses patients took on time were much greater in percentage for intervention group (*P* = 0.05) | Viral load, CD4 count: no significant differences; viral load at 6-month follow-up: I: 58; C: 47 (*P* = 0.410); mean CD4 count at follow-up: I: 227; C: 262 (*P* = 0.937) |
| MI, motivation interviewing; n/a,  |

TABLE 3 Use of motivational interviewing with offenders

| **Study** | **Sample size** | **Participants** | **Study aim and method** | **Main outcomes** |
| --- | --- | --- | --- | --- |
| Harper & Hardy (2000) | Treatment group: 36 (19 at final follow-up); control group: 29 (16 at final follow-up) | 85% adult male probationers with alcohol and drug problems | To change participants’ attitude towards offending and substance use they were put into either treatment group of offenders and MI trained probation officer; or control group of offenders and non-MI-trained probation officer; follow-up length: 16.5-months | Substantial decrease of substance use in subjects; MI group improved more on CRIME-PICS II scales (questionnaire for examining and detecting changes in offenders’ attitudes to offending) scales |
| Sinha *et al* (2003) | Treatment group: 28; control group: 37 | 93% adult male marihuana users; participants were referred to out-patient treatment by probation services | To improve treatment attendance participants were put into one of two groups: group 1 received 3 sessions of MET; group 2 received 3 sessions of MET + contingency management; follow-up length: 1 month | Participants from group 2 attended more sessions and more completed treatment; both groups showed improved motivation and reduced marijuana use and other problems |
| Stein *et al* (2006*a*) | Treatment group: 65; control group: 65 | 90% juvenile male prisoners and substance misusers (drinkers or marijuana users). | To enhance participants’ engagement in subsequent substance misuse treatment they were put into one of two groups: treatment group received 90 min of MI; or control group received 90 min of relaxation training; follow-up length: 2 months | Staff ratings of engagement in substance misuse treatment: treatment group showed less negative engagement |
| Miles *et al* (2007) | 19 | Mentally disordered, adult offenders referred to substance use treatment programme. | To reduce participants’ craving for cannabis and to change their beliefs about problems and ability to change they were put into a 12-week MI group + 12-week psychoeducation group; follow-up length: 6 months | 15 participants became drug free  |
| MI, motivational interviewing. |

TABLE 4 Reports from four contrasting meta-analyses and reviews of MI

| **Study/Review** | **Study design and/or type** | **Type and duration of intervention** | **Outcome** |
| --- | --- | --- | --- |
| Moyer *et al* (2002) | Meta-analysis of 34 controlled trials | Comparing brief interventions (fewer than five sessions) with non-treatment-seeking patients | Brief interventions were moderately effective, particularly in patients with less severe alcohol problems (effect sizes of 0.14–0.67). |
| Rubak *et al* (2005) | Meta-analysis of 72 RCTs | Motivational interviewing (MI) for variety of life-style problems; MI typically took 1 h. | A significant effect was demonstrated in 40% of studies with one counselling session, compared with a significant effect in 87% of studies with more than five sessions; these studies had an estimated median follow-up period of 12 months (range 2 months to 4 years); three-quarters of the studies showed a positive response |
| Bertholet *et al* (2005) | Reports of 19 primary care trials involving 5639 participants | Brief interventions were associated with a statistically significant reduction in alcohol consumption of 38 g (4–5 units) a week at 1 year compared with controls who typically received assessment only, treatment as usual or written information | Study reported no significant additional benefit of longer interventions compared with brief ones; however, this review contained just one trial that directly compared three differing intensities of brief intervention |
| Vasilaki *et al* (2006) | Meta-analysis of 15 studies involving 2767 participants | Motivational interviews typically took 87 min; 10 of the studies involved non-treatment-seeking patients | Overall effect size of 0.18, although this was greater with shorter follow-up periods (less than 3 months; d = 0.6). |
| RCT, randomised controlled trial. |

# References in Tables DS1–DS4

Knowles L, Anokhina A, Serpell L (2013) Motivational interventions in the eating disorders: what is the evidence? *International Journal of Eating Disorders*, **46**: 97–107.

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