


DRUG & ALCOHOL FINDINGS *Research abstract*

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► [Randomized trial of intensive motivational interviewing for methamphetamine dependence.](#)

Polcin D.L., Bond J., Korcha R. et al.

Journal of Addictive Diseases: 2014, 33, p. 253–265.

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Evidence that nine sessions of intensive motivational interviewing may help alleviate psychiatric problems among people with methamphetamine dependence.

SUMMARY [Motivational interviewing](#) is a counselling style which though not explicitly directive is intended to lead the client themselves to commit to a plan to change their drinking or drug taking behaviour. There is a large bank of evidence on the effectiveness of motivational interviewing in the treatment of substance use problems, but almost exclusively as a *preparation* for more intensive treatment. Much of this evidence describes motivational interviewing as a single or short-term intervention – relatively little is known about the utility of motivational interviewing over a longer period of time, or over a greater number of sessions.

In this US study researchers tested the effectiveness of nine sessions of intensive motivational interviewing compared with a single session of standard motivational interviewing (padded out to the same length with educational sessions on nutrition) for treating methamphetamine dependence. Also assessed were co-occurring psychiatric symptoms. They presumed that intensive motivational interviewing would give the “client and therapist more time to address implementation of the change plan, including obstacles and barriers that emerge as the plan is enacted”, and predicted that it would reduce the number of days of methamphetamine use, overall drug use severity, and psychiatric severity more than standard motivational interviewing. The intensive intervention was initially piloted with 30 methamphetamine dependent people, and was associated with reductions in the number of days of methamphetamine use and the number of positive urine screens (compared to pre-treatment levels).

217 methamphetamine dependent individuals were randomly assigned to one of the two interventions, alongside which all received standard outpatient group treatment three times a week.

Both groups showed significant decreases in methamphetamine use and drug severity scores. However, only clients in the intensive motivational interviewing group showed reductions in psychiatric severity scores and days of psychiatric problems during the past 30 days.

The authors concluded from this that standard motivational interviewing may be equally beneficial as intensive motivational interviewing in reducing methamphetamine use and problem severity, but intensive motivational interviewing may help alleviate co-occurring psychiatric problems which remain unaffected by shorter motivational interviewing interventions.

FINDINGS COMMENTARY Most of the sample responded to ads and other publicity, rather than being recruited after seeking treatment in the normal way. For this reason and because so many did not join the study they may be unrepresentative of treatment populations.

The study findings indicate that there were reductions in severity of psychiatric problems (in general) and depression (in particular), though only reaching levels of statistical significance for psychiatric problems (not depression). Participants in the intensive motivational interviewing intervention had more severe psychiatric

problems at the start of the study than corresponding participants in the standard motivational interviewing group. Given this, it is possible that the reductions found in the intensive motivational interviewing group were a case of *regression to the mean* – the statistical tendency for ‘extreme’ cases to become less extreme (move towards the average) when re-assessed.

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