

## ***Literature Review***

### ***Motivational Interviewing (MI) and applying MI within integrated care and military clinical contexts***

*Prepared by Onna R. Brewer, PhD*

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#### ***Motivational Interviewing seminal literature and learning references:***

**Miller, W. R., & Rollnick, S. (2023).** *Motivational Interviewing: Helping people change and grow* (4th ed.). Guilford Press.

- The gold standard text and reference for MI.
- Organizes practice around the four tasks (formerly processes): engaging, focusing, evoking, planning.
- Emphasizes autonomy, change talk, and healthcare/behavioral health integration.
- Frames MI as both a relational stance (spirit, empathy, partnership) and a technical method.

**Miller, W. R., & Rollnick, S. (2013).** *Motivational Interviewing: Helping people change* (3rd ed.). Guilford Press.

- Introduced the four-process model that defines MI today.
- Expanded how we think about change talk and sustain talk.
- Clarified MI's mechanisms of action while grounding it in humanistic roots.
- Provided psychotherapy-specific applications in more clinical detail than later editions.

**Rollnick, S., Miller, W. R., & Butler, C. C. (2022).** *Motivational Interviewing in Healthcare: Helping patients change behavior* (2nd ed.). Guilford Press.

- Practical guidance for applying MI in time-limited medical encounters.
- Tools like agenda mapping and guiding strategies for brief consultations.
- Addresses system-level challenges: chronic illness, burnout, organizational barriers.
- Positions MI as a way to make routine healthcare more collaborative.

**Miller, W. R., & Moyers, T. B. (2021).** *Effective Psychotherapists: Clinical skills that improve client outcomes.* Guilford Press.

- Summarizes decades of evidence on what therapists do that makes the biggest difference.
- Highlights eight specific, learn-able skills: accurate empathy, acceptance, positive regard, genuineness, focus, hope, evocation, and offering information and advice.
- Connects MI's relational and technical elements to the broader psychotherapy research base.
- A roadmap for building therapist effectiveness across modalities.

**Burke, B. L., Lundahl, B., & Arkowitz, H. (Eds.). (2023).** *Motivational interviewing in the treatment of psychological problems* (3rd ed.). Guilford Press.

- Comprehensive edited volume showcasing MI's application across a broad spectrum of psychological problems, including depression, anxiety, PTSD, eating disorders, and more.
- Provides both empirical reviews and practice-focused guidance, demonstrating MI's adaptability as a stand-alone intervention or adjunct to treatments like CBT. This edition updates the evidence base and expands clinical illustrations, making it a key resource for mental health professionals applying MI.

**Rosengren, D. B. (2017).** *Building Motivational Interviewing Skills: A practitioner workbook* (2nd ed.). Guilford Press.

- A structured workbook to practice MI skills through exercises and reflection.
- Widely used for training and self-study - MI is learned through practice and dialogue.
- Anchors learning in real-world application across health and behavioral health contexts.

**Mentha, H. (2021).** *Someone good to talk to: Reflections on motivational interviewing in practice.* Hachette Australia.

- Accessible essays capturing MI in everyday practice.
- Centers the relational spirit of MI — empathy, acceptance, and collaboration.
- Offers reflective insights rather than technical instruction.

**Miller, W. R., & Rollnick, S. (2024).** Why Motivational Interviewing is a person-centered approach. *Journal of Humanistic Psychology*, 64(4), 456–472.

- Explicitly ties MI to Carl Rogers' person-centered therapy.
- Reinforces that MI is more than techniques — it's an ethos of empathy and respect for autonomy.
- Positions MI within the broader family of humanistic psychotherapies.

**Moyers, T. B. (2021).** Is low therapist empathy toxic? *Psychology of Addictive Behaviors*, 35(5), 557–562.

- Shows that very low empathy can harm clients, not just reduce effectiveness.
- Empathy is validated as a core therapeutic mechanism, essential in MI.
- Underscores that “spirit” is not optional — it's integral to client safety and growth.

**Miller, W. R., & Rollnick, S. (2009).** Ten things that Motivational Interviewing is not. *Behavioural and Cognitive Psychotherapy*, 37(2), 129–140.

- Clears up persistent misconceptions: MI is not persuasion, confrontation, or just client-centered counseling.
- Defines MI as a collaborative, guiding style with unique processes and strategies.
- Serves as a conceptual checkpoint for both new learners and experienced practitioners.

**Wampold, B. E., & Imel, Z. E. (2015).** *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). Routledge.

- Argues that common relational factors (alliance, empathy, therapist qualities) drive much of therapy's effectiveness.
- Counters narrow focus on techniques, aligning with MI's spirit-centered foundation.
- Is consistent with evidence that MI's relational core is not just “nice” but central to therapeutic change.

### ***Selected randomized controlled trials and studies:***

**Agarwal, S. D., Kerwin, M., Meindertsma, J., & Wolf, A. M. (2018).** A novel decisional aid to encourage smoking cessation among patients at an urban safety net clinic. *Prevention of Chronic Disease*, 15, 180215.

- Developed a decision aid to support smoking cessation in underserved, urban clinic populations.
- Complements MI by providing structured tools that strengthen patient decision-making in primary care.

**Ambresin, A. E., Otjes, C. P., Patton, G. C., Sawyer, S. M., Thursiaingam, S., English, D. R., & Sancu, L. A. (2017).** Training general practitioners to detect probable mental disorders in young people during health risk screening. *Journal of Adolescent Health, 61(3)*, 302–309.

- Trained GPs to recognize probable mental health disorders in youth during routine screening.
- Demonstrated improved detection, showing how MI-style communication enhances integrated care.

**Aviram, A., & Westra, H. A. (2011).** The impact of motivational interviewing on resistance in cognitive behavioural therapy for generalized anxiety disorder. *Psychotherapy research: Journal of the Society for Psychotherapy Research, 21(6)*, 698–708.

- Studied whether MI could reduce resistance before and during CBT for GAD.
- Found MI reduced resistance, supporting its role as a preparatory intervention for structured therapies.

**Baglini, K., Bruns, D. P., & Hill, J. R. (2024).** Telemedicine as a referral bridge: A nurse practitioner-led intervention to increase initial psychiatric appointment attendance *The Journal for Nurse Practitioners, 20(7)*, 105068.

- Tested a nurse practitioner-led telemedicine intervention to increase psychiatric appointment attendance.
- Demonstrated better engagement in psychiatric care, showing MI-informed referrals can improve continuity.

**Bagøien, G., Bjorngaard, J. H., Ostensen, C., Reitan, S. K., Romundstad, P., & Morken, G. (2013).** The effects of motivational interviewing on patients with comorbid substance use admitted to a psychiatric emergency unit: A randomised controlled trial with two year follow-up. *BMC Psychiatry, 13*, 93.

- RCT testing MI for psychiatric emergency care patients with co-occurring substance use disorders.
- Showed improved outcomes at two-year follow-up, supporting MI's adaptability in high-acuity settings.

**Bahar, A. (2023).** Hopelessness and MI in depression with suicidal ideation. *Neuropsychiatric Investigations, 61(1)*, 12-18.

- Compared a sample of 43 depressive patients receiving three sessions of MI versus 46 depressive patients in a treatment as usual control group on the Beck Hopelessness Scale.
- Found MI may reduce hopelessness and improve engagement in this high-risk group.

**Baker, A. L., Kavanagh, D. J., Kay-Lambkin, F. J., Hunt, S. A., Lewin, T. J., Carr, V. J., & McElduff, P. (2014).** Randomized controlled trial of MICBT for co-existing alcohol misuse and depression: Outcomes to 36 months. *Journal of Substance Abuse Treatment, 46(3)*, 281–290.

- Longitudinal RCT of MI combined with CBT for co-occurring alcohol misuse and depression.
- Showed sustained benefits over 36 months, underscoring the durability of MI-informed integrative care.

**Borsari, B., Li, Y., Tighe, J., Manuel, J. K., Gökbayrak, N. S., Delucchi, K., Morasco, B. J., Abadjian, L., Cohen, B. E., Baxley, C., & Seal, K. H. (2021).** A pilot trial of collaborative care with motivational interviewing to reduce opioid risk and improve chronic pain management. *Addiction, 116(9)*, 2387–2397.

- Pilot trial of four sessions of collaborative care and MI (CCMI) by care teams with patients with chronic pain at risk of opioid misuse compared with attention control psychoeducation.
- CCMI reduced opioid risk and improved pain management at 12 weeks follow-up.

**Britton, P. C., Conner, K. R., Chapman, B. P., & Maisto, S. A. (2020).** Motivational Interviewing to Address Suicidal Ideation: A Randomized Controlled Trial in Veterans. *Suicide & life-threatening behavior, 50(1)*, 233–248.

- RCT testing Motivational Interviewing as an intervention for suicidal ideation among U.S. military veterans.
- MI with its emphasis on resolving ambivalence significantly reduced suicidal ideation and depressive symptoms, supporting MI as a brief, effective approach for suicide prevention in veterans.

**Gedney, C. R., Lundahl, B., & Fawson, P. R. (2020).** Sexual assault prevention: A randomized control trial of a standard military intervention and a motivational interview enhancement. *Violence and Victims, 35(2)*, 266–280.

- Compared standard prevention vs. MI-enhanced intervention for sexual assault in military settings.
- MI improved prevention attitudes and intentions, increasing engagement with sensitive topics.

**Keeley, R. D., Brody, D. S., Engel, M., Burke, B. L., Nordstrom, K., Morales, E., Dickinson, L. M., & Emsermann, C. (2016).** Motivational interviewing improves depression outcome in primary care: A cluster randomized trial. *Journal of Consulting and Clinical Psychology, 84*(11), 993–1007.

- Cluster RCT evaluating MI's role in depression care in primary care practices.
- Found MI significantly improved depression outcomes, supporting its transdiagnostic value.

**Kehle-Forbes, S. M., Chen, S., Polusny, M. A., Lynch, K. G., Koffel, E., Ingram, E., Foa, E. B., Van Horn, D. H. A., Drapkin, M. L., Yusko, D. A., & Oslin, D. W. (2019).** A randomized controlled trial evaluating integrated versus phased application of evidence-based psychotherapies for military veterans with comorbid PTSD and substance use disorders. *Drug and Alcohol Dependence, 205*, 107647.

- RCT testing integrated vs. phased approaches combining MI, CBT, and PE for veterans with PTSD and substance use.
- Both approaches reduced symptoms; no significant difference, suggesting flexible models can work.

**Malins, S., Biswas, S., Rathbone, J., Vogt, W., Pye, N., Levene, J., Moghaddam, N., & Russell, J. (2020).** Reducing dropout in acceptance and commitment therapy, mindfulness-based cognitive therapy, and problem-solving therapy for chronic pain and cancer patients using motivational interviewing. *The British Journal of Clinical Psychology, 59*(3), 424–438.

- Examined a brief MI telephone intervention to reduce dropout in ACT, MBCT, and problem-solving therapy among pain and cancer patients.
- MI reduced attrition, supporting its role in enhancing engagement across therapeutic modalities.

**Morton, K., Beauchamp, M., Prothero, A., Joyce, L., Saunders, L., Spencer-Bowdage, S., Dancy, B., & Pedlar, C. (2015).** The effectiveness of motivational interviewing for health behaviour change in primary care settings: A systematic review. *Health Psychology Review, 9*(2), 205–223.

- Synthesized evidence on MI across diverse health behaviors in primary care.
- Found MI broadly effective but variable, highlighting need for fidelity and high-quality training.

**Murphy, R. T., Thompson, K. E., Murray, M., Rainey, Q., & Uddo, M. M. (2009).** Effect of a motivation enhancement intervention on veterans' engagement in PTSD treatment. *Psychological Services, 6*(4), 264–278.

- First RCT of the MI-based PTSD Motivation Enhancement (PME) Group to boost combat veterans' engagement in VA PTSD treatment.
- PME improved readiness to change, perceived relevance, and attendance, underscoring the value of addressing readiness in PTSD care.

**Pollak, K. I., Nagy, P., Bigger, J., Bilheimer, A., Lyna, P., Gao, X., Lancaster, M., Watkins, R. C., Johnson, F., Batish, S., Skelton, J. A., & Armstrong, S. (2016).** Effect of teaching motivational interviewing via communication coaching on clinician and patient satisfaction in primary care and pediatric obesity-focused offices. *Patient Education and Counseling, 99*(2), 300–303.

- Evaluated MI training delivered with communication coaching in primary care and pediatric obesity clinics.
- MI-trained settings show increased satisfaction for clinicians and patients, and decreased burnout for clinicians compared with control clinics, demonstrating relational and provider benefits of MI beyond patient outcomes.

**Rau, J., Ehlebracht-König, I., & Petermann, F. (2008).** [Impact of a motivational intervention on coping with chronic pain: results of a controlled efficacy study]. *Schmerz (Berlin, Germany), 22*(5), 575–585.

- Controlled study of MI for patients with chronic pain.
- Showed improved cognitive coping and emotional adjustment, reducing pain-related disability.

**Rodriguez, L. M., Neighbors, C., Walker, D., & Walton, T. (2020).** MI mechanisms and moderators for soldiers with alcohol use disorder. *Journal of Consulting and Clinical Psychology, 88*(2), 137–148.

- Studied mechanisms and moderators of single-session MI compared with education control for untreated alcohol use disorder in soldiers.
- Found outcomes varied by baseline severity and perceived military norms, highlighting context-sensitive effects and implications for MI in context.

**Sellinger, J. J., Rosen, M. I., Lazar, C. M., Gilstad-Hayden, K., Dziura, J., Li, F. Y., Mattocks, K., Weede, A., Sullivan-Tibbs, M., Rose, L., Garcia Vassallo, G., Manhapra, A., Turner, A., Vogt, D., Woodward, E. N., Hartmann, C. W., Haskell, S. G., Mohammad, A., & Martino, S. (2024).** Screening, brief intervention, and referral to treatment for pain management for veterans separating from military service: study protocol of a hybrid type 2 study testing implementation facilitation versus training-as-usual. *Pain Medicine, 25*, S99–S106.

- Study protocol comparing implementation facilitation vs. training-as-usual for SBIRT in pain management for veterans separating from service.
- Focused on embedding MI-informed SBIRT in large health systems.

**Severson, H. H., Peterson, A. L., Andrews, J. A., Gordon, J. S., Cigrang, J. A., Danaher, B. G., Hunter, C. M., & Barckley, M. (2009).** Smokeless tobacco cessation in military personnel: a randomized controlled trial. *Nicotine & Tobacco Research, 11*(6), 730–738.

- RCT of MI-based intervention for smokeless tobacco cessation in service members.
- Found significant quit rates, showing MI's impact potential for cessation in military populations.

**Walker, D. D., Walton, T. O., Neighbors, C., Kaysen, D., Mbilinyi, L., Darnell, J., Rodriguez, L., & Roffman, R. A. (2017).** Randomized trial of motivational interviewing plus feedback for soldiers with untreated alcohol abuse. *Journal of consulting and clinical psychology, 85*(2), 99–110.

- RCT evaluating Motivational Interviewing plus personalized feedback for soldiers with untreated alcohol abuse.
- MI reduced drinking and alcohol-related problems compared to control, showing MI with feedback is effective for addressing alcohol misuse in military populations.

### ***Selected MI Applied, Conceptual & Learning studies:***

**Apodaca, T. R., & Longabaugh, R. (2009).** Mechanisms of change in motivational interviewing: A review and preliminary evaluation of the evidence. *Addiction, 104*(5), 705–715.

- Comprehensive review evaluating proposed mechanisms of change in MI.
- Found strongest support for client change talk as a mediator; highlighted need for more rigorous causal testing.

**de Roten, Y., Zimmermann, G., Ortega, D., & Despland, J. (2013).** Meta-analysis of the effects of motivational interviewing training on clinicians' behavior. *Journal of Substance Abuse Treatment, 45(2)*, 155–162.

- Meta-analysis assessing the impact of MI training on clinician behaviors across multiple studies.
- Training reliably improved MI-consistent behaviors compared with nontrained professionals, but further research is needed.

**Frey, J. J., Navarro, M. A., Kettle, C. M., & Collins, D. A. J. (2020).** Mechanisms of motivational interviewing: A conceptual framework to guide practice and research. *Patient Education and Counseling, 103(4)*, 699–705.

- Proposes a framework linking MI's relational (spirit, empathy, alliance) and technical (change talk, strategies) mechanisms to outcomes.
- Helps practitioners understand why MI works and researchers test its active ingredients, emphasizing the role of MI in increasing the proportion of client change talk versus sustain talk and avoiding behaviors that damage the relationship evoke sustain talk (e.g., confrontation, persuading without permission, poor listening and low empathy).
- Articulates areas for potential bridges between theory, research, and practice.

**Hallgren, K. A., Dembe, A., Pace, B. T., Imel, Z. E., Lee, C. M., & Atkins, D. C. (2018).** Variability in motivational interviewing adherence across sessions, providers, sites, and research contexts. *Journal of Substance Abuse Treatment, 84*, 30–41.

- Examined adherence to MI practices across multiple studies and settings.
- Found substantial variability in fidelity, underscoring challenges in sustaining consistent MI delivery in practice and research.

**Madson, M. B., Loignon, A. C., & Lane, C. (2009).** Training in motivational interviewing: a systematic review. *Journal of Substance Abuse Treatment, 36(1)*, 101–121.

- Systematic review of MI training research across professional disciplines and settings.
- Training consistently improved practitioner MI skills, but evidence showed variable retention, emphasizing the importance of ongoing feedback and supervision.

**Magill, M., & Apodaca, T. R. (2009).** The route to change: within-session predictors of change plan completion in a motivational interview. *Alcoholism: Clinical and Experimental Research, 33(1)*, 112A.

- Investigated session-level predictors of whether clients complete change plans during MI.
- Identified within-session client language (change talk) as predictive of completing change plans.

**Moyers, T. B., Martin, T. (2006).** Therapist influence on client language during motivational interviewing sessions. *Journal of Substance Abuse Treatment, 30*(3), 245–251.

- Explored how therapist behaviors influence client speech in MI sessions.
- Therapists' MI-consistent behaviors increased change talk, supporting the technical hypothesis of MI.

**Moyers, T. B., Rowell, L. N., Manuel, J. K., Ernst, D., & Houck, J. M. (2016).** The Motivational Interviewing Treatment Integrity code (MITI 4): rationale, preliminary reliability and validity. *Journal of Substance Abuse Treatment, 65*, 36–42.

- Introduced the MITI 4 coding system, an updated tool for assessing MI fidelity, competence, and quality in practice and research.
- Demonstrated preliminary reliability and validity, positioning MITI 4 as a standard for evaluating MI delivery in training and clinical settings.

**Moyers, T. B., Rowell, L. N., Manuel, J. K., Hendrickson, S. M., Tonigan, J. S., & Houck, J. M. (2009).** From in-session behaviors to drinking outcomes: a causal chain for motivational interviewing. *Journal of Consulting and Clinical Psychology, 77*(6), 1113–1124.

- Tested links between therapist behavior, client change talk, and drinking outcomes in MI.
- Found evidence for a causal chain: therapist MI-consistent behaviors → client change talk → reduced drinking.

**Schwalbe, C. S., Oh, H. Y., & Zweben, A. (2014).** Sustaining motivational interviewing: a meta-analysis of training studies. *Addiction, 109*(8), 1287–1294.

- Meta-analysis reviewing studies of MI training outcomes over time.
- Showed initial training improved skills, but without follow-up support skills often decayed, highlighting need for ongoing supervision and coaching.

### ***Selected MI Effectiveness Meta-Analyses and Systematic Reviews:***

**Alperstein, D., & Sharpe, L. (2016).** The efficacy of motivational interviewing in adults with chronic pain: A meta-analysis and systematic review. *The Journal of Pain, 17(4)*, 393–403.

- Synthesized evidence for MI with adults living with chronic pain.
- Demonstrated small to moderate improvements in pain outcomes and psychological functioning, supporting MI as a useful adjunct in pain management.

**Calomarde-Gómez, C., Jiménez-Fernández, B., Balcells-Oliveró, M., Gual, A., & López-Pelayo, H. (2021).** Motivational interviewing for cannabis use disorders: A systematic review and meta-analysis. *European Addiction Research, 27(6)*, 413–427.

- Reviewed controlled studies of MI for cannabis use disorders.
- Found reductions in cannabis use and increased readiness to change, though effects were modest and often short-term.

**Lawrence, P., Fulbrook, P., Somerset, S., & Schulz, P. (2017).** Motivational interviewing to enhance treatment attendance in mental health settings: A systematic review and meta-analysis. *Journal of Psychiatric and Mental Health Nursing, 24(9–10)*, 699–718.

- Examined the use of MI to improve attendance in mental health treatment.
- Demonstrated significant increases in session attendance and adherence, highlighting MI's utility for engagement.

**Lundahl, B., & Burke, B. L. (2009).** The effectiveness and applicability of motivational interviewing: A practice-friendly review of four meta-analyses. *Journal of Clinical Psychology, 65(11)*, 1232–1245.

- Summarized findings from four MI meta-analyses involving substance use outcomes, health behavior change, diverse populations and settings, and controlled designs.
- Confirmed MI's effectiveness across diverse health and behavioral health contexts, emphasizing its adaptability and the importance of considering individual factors.

**Lundahl, B. W., Kunz, C., Brownell, C., Tollefson, D., & Burke, B. L. (2010).** A meta-analysis of motivational interviewing: Twenty-five years of empirical studies. *Research on Social Work Practice, 20(2)*, 137–160.

- Reviewed 25 years of MI research across multiple domains.

- Found consistent effectiveness for substance use and health behavior change, with stronger outcomes in brief interventions.

**Lundahl, B., Moleni, T., Burke, B. L., Butters, R., Tollefson, D., Butler, C., & Rollnick, S. (2013).** Motivational interviewing in medical care settings: A systematic review and meta-analysis of randomized controlled trials. *Patient Education and Counseling, 93(2)*, 157–168.

- Analyzed MI interventions conducted in medical and primary care contexts.
- Reported improvements in health outcomes and behavior change, though effect sizes varied by condition and setting.

**Marker, I., & Norton, P. J. (2018).** The efficacy of incorporating motivational interviewing to cognitive behavior therapy for anxiety disorders: A review and meta-analysis. *Clinical Psychology Review, 62*, 1–10.

- Examined the integration of MI with CBT for anxiety disorders.
- Reported enhanced engagement and outcomes compared to CBT alone, particularly among clients with ambivalence.

**Mifsud, J. L., Galea, J., Garside, J., Stephenson, J., & Astin, F. (2020).** Motivational interviewing to support modifiable risk factor change in individuals at increased risk of cardiovascular disease: A systematic review and meta-analysis. *PLoS One, 15(11)*, e0241193.

- Reviewed MI interventions targeting cardiovascular risk factors.
- Identified positive but small effects on lifestyle behaviors such as diet, exercise, and smoking cessation.

**Palacio, A., Garay, D., Langer, B., Taylor, J., Wood, B. A., & Tamariz, L. (2016).** Motivational interviewing improves medication adherence: A systematic review and meta-analysis. *Journal of General Internal Medicine, 31(8)*, 929–940.

- Synthesized studies testing MI for improving medication adherence.
- Found consistent improvements in adherence across chronic conditions, supporting MI as a strategy for treatment maintenance.

**Romano, M., & Peters, L. (2015).** Evaluating the mechanisms of change in motivational interviewing in the treatment of mental health problems: A review and meta-analysis. *Clinical Psychology Review, 38*, 1–12.

- Reviewed mechanisms of change in MI for mental health disorders.

- Supported change talk as a mediator of outcomes, though evidence across studies was mixed.

**VanBuskirk, K. A., & Wetherell, J. L. (2014).** Motivational interviewing with primary care populations: A systematic review and meta-analysis. *Journal of Behavioral Medicine, 37(4)*, 768–780.

- Examined MI interventions implemented in primary care populations.
- Found small-to-moderate effects on health behaviors, with variability depending on the target outcome.

**Vasilaki, E. I., Hosier, S. G., & Cox, W. M. (2006).** The efficacy of motivational interviewing as a brief intervention for excessive drinking: A meta-analytic review. *Alcohol and Alcoholism, 41(3)*, 328–335.

- Reviewed MI as a brief intervention for excessive alcohol use.
- Found significant reductions in drinking relative to controls, particularly in short-term follow-up periods.