

Motivational Interviewing–Based Compliance/Adherence Therapy Interventions to Improve Psychiatric Symptoms of People With Severe Mental Illness: Meta-Analysis

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Abstract

BACKGROUND: Nonadherence is the leading cause of relapse in mental illness. No quantitative synthesis of multiple studies has been conducted to determine the effect of motivational interviewing (MI)–based compliance/adherence therapy (CAT) interventions on people with severe mental illness. **OBJECTIVE:** To synthesize the studies that examined the effectiveness of MI-based CAT interventions to improve psychiatric symptoms. **DESIGN:** Quantitative meta-analysis. **RESULTS:** Sixteen primary studies were retrieved ($N = 1267$ participants). MI-based CAT interventions significantly improved psychiatric symptoms with a moderate effect size (ES) of .45. Longer sessions and higher intervention doses showed significantly greater ESs than shorter sessions and lower doses. ESs were significantly lower when participants were older and when there was a longer period between the intervention and outcome measurement. **CONCLUSIONS:** These findings support the effectiveness of MI-based CAT interventions. Session length and dose effect should be considered when tailoring MI to clients.

Keywords

motivational interviewing (MI), meta-analysis, mental illness, adherence, psychiatric symptoms

Introduction

People who suffer from severe mental illness (i.e., schizophrenia, schizoaffective disorder, bipolar disorder, and major depressive disorder) often manifest a combination of disturbing or dysfunctional thoughts, emotions, behaviors, and relationships with others. They may display a wide range of symptom features and manifestations, such as psychosis, depression, anxiety, and substance abuse, including side effects of antipsychotic agents (e.g., weight gain, hypertension, cardiovascular disease, metabolic syndrome, and diabetes mellitus) that are unwanted consequences of psychopharmacotherapy (Correll, Detraux, De Lepeleire, & De Hert, 2015). The adverse effects of antipsychotic agents make the morbidity and mortality rates of people with severe mental illness high (Correll et al., 2015; Rao, Raney, & Xiong, 2015).

People with severe mental illness are more likely than others to have poor dietary intake with high fat and low fiber consumption, use tobacco and other addictive substances, and lack adequate exercise and physical activity, all of which predispose them to poor physical health and

comorbidity (Yasamy, Cross, McDaniel, & Saxena, 2014). Not only are physical health problems exacerbated by an unhealthy lifestyle but also psychiatric symptoms are unavoidably affected. Those with uncontrolled, more severe psychiatric symptoms tend to have more medical health problems than the general population (Bradshaw & Mairs, 2014; Correll et al., 2015; Rao Raney, & Xiong, 2015; Yasamy et al., 2014).

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