

## From The Desert

Bill Miller

### Emotion, Reinforcement, and MI Reflections on Wagner and Ingersoll (2008)

One of the advantages of a large network like MINT is that there is always someone to remind us of what we are leaving out or overlooking. Allan Zuckoff, in his Albuquerque MINT Forum address, called for a reclaiming of the concept of self-esteem, which did indeed play a role in the conceptual model (and electrical diagram) in my original description of MI (Miller, 1983). There has been very little discussion of self-esteem in regard to MI since then. Chris Wagner and Karen Ingersoll (2008) similarly offered a persuasive call



for increased attention to the somewhat neglected role in MI of emotion in general, and of positive emotion in particular.

Their article began with a contrasting conception of MI as offering negative reinforcement—release from an aversive state. It's a bit of a straw man, but I did invoke Festinger when searching for relevant theoretical models in my first article, and thereby briefly awakened his sleeping concept of cognitive dissonance as an inherently aversive drive state. The ink on the article was barely dry when I had the opportunity, in early 1983, to discuss it with Albert Bandura at Stanford, during the

second half of that sabbatical. He aptly pointed out that there was no need to posit an aversive drive state, and that the more parsimonious concept of discrepancy would do just as well. Daryl Bem had also been looking for an alternative to Festinger's (1957) hypothetical drive state in interpreting social psychological findings that counter-attitudinal statements tend to lead to a shift in attitude, and sometimes behavior, toward the position that had been defended. That was what led to Bem's self-perception theory (Bem, 1967, 1972) which he has not pursued further in four decades. Steve's addition of the concept of *ambivalence* might be viewed as a

return to an implicit aversive drive state that is reduced by MI, although I'm not sure we ever thought of it in that light. I do believe that it's better to take Occam's advice and stick with the simpler descriptive concept of a goal/status discrepancy than to assume that we are reducing a hypothetical drive state. Self-regulation theory has from the beginning included status monitoring as one element of all self-controlling systems (Kanfer, 1970; Miller & Brown, 1991).

A sidebar here is that tolerance for ambivalence is a personality attribute on which there are wide indi-

### Editor's Choice

## A New Beginning

Allan Zuckoff

This issue of the *MINT Bulletin* marks an ending: it will be the last published in the current format, and the last for which I will serve as sole editor, producer, chief cook and bottle-washer. During the past several months, an international band of MINT members has convened as the *MINT Bulletin* Working Group, and out of their efforts has emerged a new, expanded structure for the *Bulletin*, as well as an editorial board to oversee its editorial transformation. Serendipitously, in the midst of this group's conversations, an opportunity arose to transform the *Bulletin's* production as well. The University Library System at the University of Pittsburgh, in collaboration with the University of Pittsburgh Press, offered to publish the *Bulletin* in an online, open access

format, at no cost to MINT. Using an OJS (open journal) software platform, they will provide us with a completely online editorial and production process and a searchable database of *Bulletin* content. MINT will continue to own and control the *Bulletin*, and authors will hold the copyright to their contributions under the Creative Commons license model, which allows non-commercial use and redistribution with appropriate attribution.


So this issue marks an ending, but also a new beginning. As a reader, you can expect to see the *MINT Bulletin* more regularly, in a user-friendly and accessible format, filled with a wider variety of articles from a broader range of contributors than ever before.

### In This Issue

*From the Desert*, Bill Miller considers the implications of a recent article by two MINT members who made a case for an expanded understanding of the role of emotions in MI in

*Emotions, Reinforcement, and MI: Reflections on Wagner and Ingersoll (2008).* **Grant Corbett** offers his thoughts on *What the Research Says... About the MI "Spirit" and the "Competence Worldview."* Then, four original articles: **Michael B. Madson, Emily E. Bullock, Alayna C. Speed, and Shirley A. Hodges** report on the *Development of the Client Evaluation of Motivational Interviewing*; **Trevor Manthey** offers reflections on his experience in *Training MI in a Vocational Rehabilitation Context*; **Maria Daly** describes the integration of MI into an educational setting in *Engineering Change: A Collaborative Action Research Project to Enhance Motivation Amongst Vocational High School Pupils*; **Iga Jaraczewska and Andrew Considine** provide a window on the early stirrings of awareness of MI in a new place in *Motivational Interviewing in Poland: A Polish-Irish Collaboration*. And we end with publication of a statement on MI training from the members and advisors of MINT's **Board of Directors**, *Information on Training in Motivational Interviewing*.

### Looking Forward

The new year will bring a new *MINT Bulletin*. In collaboration with my colleagues, I look forward to bringing you content long-promised (e.g., highlights of the proceedings of the 2008 and 2009 MINT Forums) and not yet conceived. With the infusion of new ideas from our multilingual, multinational editorial board, I feel certain that, for readers of the *MINT Bulletin*, the best is yet to come. 

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vidual differences. The Jungian dimension of Judging-Perceiving is in part about this, with ambivalence being more aversive to strongly Judging types (like me) and much more comfortable or pleasing to Perceiving types (like Steve). (Don't confuse this with being judgmental. In Jungian thought, J-P is an information processing style continuum.) It's just one more reason to avoid assuming that ambivalence or dissonance is inherently aversive.

I certainly concur that emotion is a vital dimension in MI. Chris and Karen associate it with "desire," which is a semantic universal (Goddard & Wierzbicka, 1994), and an evolutionarily early lower-brain function that (like harm avoidance) we share with animals. Inherent desire is the defining characteristic of *primary* reinforcement, and a discrepancy (deprivation) of a primary reinforcer is the quintessential, primal model of motivation. This is similar to the concept of intrinsic motivation in self-determination theory (Deci & Ryan, 2008). The *desire* aspect of change language taps most strongly into the affective components of motivation, and *need* is probably runner-up.

As for discrepancy, it can surely be in a "positive" or "negative" direction. We change (behavior) not only to avoid aversive outcomes but to approach pleasant ones, both of which involve moving toward a more desired state. Sales and advertising can be about protecting oneself against perceived risks (deodorant, insurance, prophylactic measures) or increasing the probability of positive outcomes (financial wealth, health, popularity, sexual attractiveness). These two (avoiding some things and approaching others) are often intertwined, as in the double approach-avoidance conflict. Addiction (like the concept of sin in Abrahamic religions) is the particular circumstance where pursuing a desired short-term outcome also incurs at least the risk of aversive consequences, if not their actuality. Discrepancies involve both affective (desire, need) and cognitive components (ability, reason). MI would ideally explore all motivations toward change, both escape/avoidance (negative reinforcement) and approach (positive reinforcement), again paralleling Rogers (1946).

Chris and Karen also highlighted another potentially overlooked aspect of positive emotions, which is their functional effects within MI. The evoking of positive emotions (hope, love, joy) and cognitions (self-efficacy, acceptance) does tend to open up or broaden the person's ability to consider and experience. Fear shuts us down, narrows attention, and fosters defense (fight or flight). It is not just the absence of negative interactions (like judgment, blame, criti-

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cism), but the presence of positive regard and acceptance that is profound in MI, and in person-centered approaches more generally. We can ask open questions that are likely to evoke positive (approach) as well as avoidance motivations, and both of these involve discrepancy.

What do you hope for in your future? Your family? Your community?

What interests you, motivates you, gets your attention?

What inspires you, lifts you up?

What do you enjoy? What particularly makes you happy and brings you joy?

What do you value; what do you care about most?

With negative discrepancy, the motivation is harm avoidance (I don't want to go there), which is itself a personality trait on which people vary widely. With positive/approach motivations, however, the discrepancy is something more like promise or hope: I'm here and I'd like to be there, in an even better place.

Carl Rogers strongly emphasized fostering therapeutic approach-motivation. He believed that people naturally grow in a positive direction, toward actualization of their innate nature and potential (Rogers, 1946, 1959). He also, and relatedly, attended in particular to emotional expression, reflecting the often unvoiced feelings within what people say.

MI is not simply cognitive restructuring. Whatever the internal processes during MI that inspire change and strengthen commitment, they surely involve the whole brain including our capacity for love, hope, interest, compassion and joy. MI is not merely, or even primarily about self-protection. As Soccer Mike said, "Now I'm going for something!" **MB**

## References

- Bem, D. J. (1967). Self-perception: An alternative interpretation of cognitive dissonance phenomena. *Psychological Review*, 74, 183-200.
- Bem, D. J. (1972). Self-perception theory. In L. Berkowitz (Ed.), *Advances in Experimental Social Psychology* (Vol. 6, pp. 1-62). New York: Academic Press.
- Deci, E. L., & Ryan, R. M. (2008). Facilitating optimal motivation and psychological well-being across life's domains. *Canadian Psychology*, 49, 14-23.
- Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford, CA: Stanford University Press.
- Goddard, C., & Wierzbicka, A. (1994). Introducing lexical primitives. In C. Goddard & A. Wierzbicka (Eds.), *Semantic and lexical universals* (pp. 31-54). Amsterdam: John Benjamins Publishing.
- Kanfer, F. H. (1970). Self-regulation: Research, issues, and speculation. In C. Neuringer & J. L. Michael (Eds.), *Behavior modification in clinical psychology* (pp. 178-220). New York: Appleton-Century-Crofts.
- Miller, W. R. (1983). Motivational interviewing with problem drinkers. *Behavioural Psychotherapy*, 11, 147-172.
- Miller, W. R., & Brown, J. M. (1991). Self-regulation as a conceptual basis for the prevention and treatment of addictive behaviours. In N. Heather, W. R. Miller & J. Greeley (Eds.), *Self-control and the addictive behaviours* (pp. 3-79). Sydney: Maxwell Macmillan Publishing Australia.
- Rogers, C. R. (1946). Significant aspects of client-centered therapy. *American Psychologist*, 1, 415-422.
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: The study of a science*. Vol. 3. Formulations of the person and the social contexts (pp. 184-256). New York: McGraw-Hill.
- Wagner, C. C., & Ingersoll, K. S. (2008). Beyond cognition: Broadening the emotional base of motivational interviewing. *Journal of Psychotherapy Integration*, 18, 191-206.

## What the Research Says ■■■

# ■■■ About the MI "Spirit" and the "Competence Worldview"

Grant Corbett

At the beginning of a presentation at the 2007 MINT Forum, I asked a question. "Are you finding it difficult to communicate the MI Spirit to trainees?" All but a few attendees raised their hands.

The MI Spirit involves collaboration, evocation and autonomy (Miller & Rollnick, 2002; pp. 33-34). We as trainers know that the foregoing requires the absence of persuasion, and a valuing of people, communicated by empathy, respect, and support.

What could be the difficulty then in conveying the MI Spirit? Most clinicians would say that they are empathetic, respectful and ready to "help".

One answer is "the righting reflex" (Miller & Rollnick, 2002; p. 20). This is the tendency clinicians have to want to fix problems. That is, to ask questions to determine causes of the person's concerns, and to attempt to "install" solutions. The alternative is to reflect and affirm, and to "evoke" change talk from the individual. The latter, of course, is consistent with the MI approach.

As you know, when triggered, the "righting reflex" generally leads to attempts to persuade and to disregard (rather than "accept") the person's ability to resolve an issue. This normal human response, then, is a barrier to the MI Spirit.

So, I asked Forum participants, how do we explain to clinicians that clients may not feel valued (resulting in resistance, if not non-adherence to treatment), if attempts are made to motivate behavior change through persuasion? How do we demonstrate how the MI style is different from their usual approach?

I believe that the answer is to describe two worldviews (Corbett, 2006). Bill Miller and Theresa Moyers (2006) describe the first of these worldviews this way:



## What the Research Says... ; continued

When clients are viewed primarily from a deficit perspective (e.g., being in denial; lacking insight, knowledge, and skills), it makes little sense to spend time eliciting their own wisdom. Instead, the counsellor would be inclined to confront denial, explain reality, provide information, and teach skills. Within this perspective, consultation is clinician-centered: it revolves around the counsellor providing what the client lacks: 'I have what you need.'

This "deficit" worldview, common to educational and advice-giving approaches, leads to the clinician wanting to fill the client with knowledge, beliefs, and skills. The word "deficit" is not a judgment; rather it is the belief that a person's problems are the result of something that he or she is missing. These deficits, it is assumed, are the responsibility of the clinician. The client has the problem; we have the answers.

I propose that the MI spirit presumes a "competence" worldview. When we believe that people are competent, we assume that they have self-knowledge, attitudes, and capabilities that can effect change. From this perspective, our role is to evoke and guide this competence, to motivate change. However, this can be a challenging shift for clinicians. Miller and Moyers (2006) describe the difficulty this way:

It can be quite a cognitive jump from this expert stance [i.e., the 'deficit worldview'] to MI, wherein the counselor instead communicates a respect for the client's own perspectives and autonomy. The MI counselor seeks to evoke the client's own motivations for change ('You have what you need') rather than installing them. A willingness to entertain this client centered perspective is a starting point in learning MI.

A metaphor for this difference in worldviews is whether we see clients or patients as an "empty glass," or as a glass with water. The "deficit" worldview assumes that the person is lacking what we have, and thus we need to pour in advice and knowledge for change to occur. The "competence" worldview assumes that persons have water in their glass, and that we need to draw it out to support change. This does not mean that information is never wanted or needed by the client or patient. Within MI, advice and education may be offered, but only under specific conditions that value the individual's autonomy to decide.

Can people feel valued and motivated when they are perceived as deficient? I believe that is less likely

than with the evoking, and autonomy-supportive style of MI. Consider the following differences. In MI we:

- Ask open-ended questions (which seek to support clients to share *their* story, as opposed to those that seek answers to questions we have);
- Listen without interruption (rather than interjecting to ask a question, for which we want an answer, or to provide advice);
- Affirm client attitudes and behaviors in the direction of change (as opposed to asking people to agree with, or validate, *our advice* to them);
- Reflect the content and feelings of what people say to facilitate *their* resolving their ambivalence (rather than just listening long enough to diagnose and prescribe a solution);
- Evoke preparatory and commitment language (as opposed to advising the person to commit);
- Ask permission before offering information and advice.

Do we have evidence that clinical practice, driven by a belief that deficits are the problem, is less effective than valuing people as competent? Yes. Here are two examples, one from review of randomized controlled trials (RCTs), the other from a qualitative study.

Rubak and colleagues (2005), in a systematic review and meta-analysis of 72 randomized controlled trials that compared advice-giving to MI, concluded:

...motivational interviewing in a scientific setting effectively helps clients change their behaviour and it outperforms traditional advice giving in approximately 80% of the studies... (Abstract)

I asked Dr. Sune Rubak if the two worldviews could help explain the effectiveness of MI over advice-giving, as reported in his paper:

...[Y]ou have a good point...my meta-analytic review indirectly showed in comparing outcomes from MI vs. advice-giving studies,...motivational rather than educational interventions improve medication adherence and patient self-management. (Personal communication, December 20, 2007)

A UK study offers additional evidence. Secker and colleagues (2005) held focus groups of staff in Health Development Agency pilot projects about their assumptions, or theories of change, for developing programs. Staff in all pilot projects assumed "that providing information will increase clients' knowledge, that increased knowledge will engender a sense of empowerment, [and] that a sense of empowerment will enable people to take action..." (p. 396).

The results did not support these "deficit" worldview assumptions:

Overall, evidence to support the projects' theory that providing information would lead to knowledge gain is not strong... Clearly, increased or reinforced knowledge does not necessarily lead to behaviour change... few people...reported behaviour changes."(pp. 397-8)

What did project clients indicate was their motivation for participation? Secker et al (2005) report:

...the sense of being neglected...was a key motivating factor for many of the pilots' clients...the projects were addressing the needs of an age group participants felt was generally neglected. (p. 397)

Feeling valued, not knowledge, was a primary motivator of program participation.

## The Strength-Based Approach

The "competence worldview" is a term I conceived from my work in

### What the Research Says... | continued

MI and looking at what differentiates effective and less effective (or ineffective) behavior-change programs. However, Social Work has used the term, "the strength-based approach," since the 1990's (c.f., Saleebey, 2006). Thus, Social Workers and other clinicians may say that they are practicing from the "competence worldview".

While the two can overlap, they are distinct. To explain, let me begin with a published definition of the strength-based approach:

A strengths-based approach operates on the *assumption that people have strengths and resources* for their own empowerment. Traditional teaching and professional development models concentrate on deficit based approaches, ignoring the strengths and experiences of the participants. In a strengths-based approach *the focus is on the individual* not the content. Drawing on appreciative inquiry, strengths based methodologies do not ignore problems. Instead they shift the frame of reference to define the issues. By *focusing on what is working well*, informed successful strategies support the adaptive growth of organizations and individuals.

([http://www.icvet.tafensw.edu.au/resources/strengths\\_based.htm](http://www.icvet.tafensw.edu.au/resources/strengths_based.htm)) (emphasis added)

Thus, the strength-based approach, at a minimum, focuses on the individual, assumes people have strengths and resources, and targets what is working well (i.e., identifies strengths and experiences to help resolve the presenting problem).

The "competence worldview" differs, as it:

- Focuses on the professional, in particular their ability to perceive clients or patients as competent, and to act in alignment with this belief;
- Assumes that people are motivated by a perception that they have resources (i.e., have social value and are not a burden). The foregoing is conceptually different from the clinician perceiving that change results from focusing on strengths and resources, and on what is working well;
- Targets interacting with an individual, group or system to affirm (or validate) the foregoing. Note that my use of the terms "affirm" and "validate" do not refer only to verbalized affirmations or validations, but to written, non-verbal and other messages that affect a client's self-esteem (which is a marker for perception of social value or burden in a given context; Allen & Badcock, 2003).

I have found that any approach, or intervention, can be implemented from either a deficit or competence worldview (including MI). The foregoing is one

of the barriers to training deficit-educated clinicians in MI, which is most effective I believe when practiced from the "competence worldview."

Here is an example. Assume that you know two professionals, both of whom who say they use the strengths-based approach. The first practices from the "deficit worldview" (which again is not a judgment, but a statement of how he sees the client; that is, as lacking in knowledge, beliefs or capabilities). This clinician might say:

*Yes, I believe that my clients have strengths and resources, they just aren't using them, and they need education or advice to implement them [note the assumption of deficit]. So, I need to help them identify and use their network and what they know, and provide what they are missing [again, there is an assumption of deficit in the ability to identify or use strengths and resources, or of a gap in the foregoing].*

The other professional, who operates from the "competence worldview," might say:

*Yes, I assume that my clients have strengths and resources, and I believe that they know what they want and how to get there. So, I can help by evoking, reflecting and affirming their desires, abilities, reasons and needs for change, their ideas for action steps, and their commitment to the foregoing.*

There is no assumption of deficit, but rather of being present in a way that supports change. The latter example does not assume that the person is deficient (and even if you offer information, this is done with respect for the person's ability to decide its usefulness). Rather, there is a focus on ensuring that the helping environment values (and does not devalue) a person and does not

communicate that he or she is a burden.

To end, I believe that you will achieve your desired outcomes, for others and yourself, if you practice the Spirit of MI (i.e., collaboration, evocation, and autonomy) from a competence, rather than deficit worldview. **MEB**

### References

- Allen, N. B., & Badcock, P.B. (2003). The social risk hypothesis of depressed mood: Evolutionary, psychosocial, and neurobiological perspectives. *Psychological Bulletin*, 129, 887-913.
- Corbett, G. (2006). What the research says about Motivational Interviewing Training; Part II. *MINT Bulletin*, 13.2. Located online at: <http://motivationalinterviewing.org/mint/MINT13.2.pdf#page=14>
- Miller, W. R., & Moyers, T. B. (2006). Eight stages in learning motivational interviewing. *Journal of Teaching in the Addictions*, 5, 3-17.
- Miller, W.R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: The Guilford Press.
- Rubak, S., Sandbæk, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: A systematic review and meta-analysis. *British Journal of General Practice*, 55, 305-312.
- Saleebey, D. (Ed.) (2006). *The strengths perspective in social work practice* (4th edition). New York: Longman.
- Secker, J., Bowers, H., Webb, D., & Llanes, M. (2005). Theories of change: What works in improving health in mid-life? *Health Education Research*, 20, 392-401.

# Development of the Client Evaluation of Motivational Interviewing

Michael B. Madson, Emily E. Bullock, Alayna C. Speed, & Shirley A. Hodges

The popularity and development of MI continues to grow as evidenced by increases in the study of MI (Hettma, Steele, & Miller, 2005) as well as an increase in requests for training from many different professions. Unique features of the MI community are its emphases on studying the training environment (Madson, Loignon, & Lane, in press) and answering the call to ensure that MI is implemented faithfully.

In fact, several measures have been developed to address concerns about MI fidelity and competence. For example, Miller, (2000) developed the Motivational Interviewing Skill Code (MISC) to encode MI interactions between client and therapist. In an attempt to facilitate teaching of MI, Barsky & Coleman (2001) designed the Motivational Interviewing Process Code (MIPC) to help trainers identify skills consistent and inconsistent with MI and requires one review of the session to make global ratings. Moyers, Martin, Manuel, Hendrickson, & Miller (2005) developed the Motivational Interviewing Treatment Integrity Scale as a less complex version of the MISC that included two global ratings and seven behavioral counts. Also in 2005, Lane, Huws-Thomas, Hood, Rollnick, Edwards, and Robling developed the Behavior Change Counseling Index (BECCI) for use with a derivative of MI - Behavior Change Counseling. To assist in the training and supervision of MI practice, Madson and colleagues developed the Motivational Interviewing Supervision Scale (MISTS). In 2007, Nicolai, Demmel, Hagen, developed the Rating Scales for the Assessment of Empathic Communication in Medical Interviews aimed at evaluating empathy and confrontation in physician patient interactions. More recently, as part of the NIDA and SAMSHA blending initiative Martino, Ball, Nich, Frankforter, and Carroll (2008) developed a series of MI supervisory tools called Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MI-STEP) to assist supervision of MI.

Clearly, significant progress has been made in developing measures to evaluate MI and facilitate MI training. However, the assessment of MI fidelity is still in its infancy and problems with psychometrics and clinical utility (i.e., lengthy processes, intense

training requirements) justify caution when using these MI measures for evaluation in training, supervision, and research in community settings (Allsop, 2007; Madson & Campbell, 2006). Further, these measures are observational measures in which the clinician, a trained rater or supervisor uses the measure while observing a session. As such the measures place most of the emphasis on what the observer sees the counselor doing and some emphasis on the client's observable behavior. Therefore, little attention is placed in these assessments in the client's perception of the counselor's in session behavior.

Given that a central theme of MI is that counselor behavior has an impact on client response (Moyers & Martin, 2006) it seems important to assess the client's perception of counselor in session behavior as another source of data to help aid training and fidelity assessment (Orwin, 2000). In an attempt to address this important gap we developed the Client Evaluation of Motivational Interviewing (CEMI). The purpose of the CEMI is to assess the client's perception of the counselor's consistency with the spirit and principles of MI. The purpose of the following is to provide an in-depth description of the development of the CEMI, present initial reliability information, and discuss preliminary face and content validity estimates.

## Method

### *Development of the CEMI*

The CEMI was developed using a rational-empirical approach. The development team consisted of an

expert in MI, an expert in test construction, and two graduate students trained in MI. Criteria and definitions were developed for thirteen spirit, principles, and techniques of MI (i.e., questions, reflections, affirming, summarization, engaging in intervention, elicit change talk, ambivalence, roll with resistance, collaborating, support self efficacy, instill hope, acceptance, and respect) based on the MI literature (e.g., Miller & Rollnick, 2002). These principles and techniques are consistent with the global items and skill definitions found on a sister instrument, Motivational Interviewing Supervisor Training Scale (MISTS; Madson et al 2005).

The initial item pool resulted in 66 items. The total items included a combination of items that the team identified as either consistent or inconsistent with MI. For example, *my counselor shows me that he/she believes in my ability to change my behavior* was considered by the team as consistent with MI while *my counselor focused only on my weaknesses* was considered inconsistent with MI. The test development team reviewed items for clarity and consistency and then sought expert feedback.

Upon development of an initial item pool we engaged in several processes to revise, amend and/or remove items from the pool and to estimate preliminary content and face validity. First we sought expert feedback on the items from five members of the Motivational Interviewing Network of Trainers (MINT). Following expert review, we conducted a card sort activity with 8 graduate students who completed 6 hours



## Development of the CEMI ; continued

of MI training as part of an alcohol and drug abuse counseling class. Results from these two processes are described in detail below.

## Results

### Preliminary Content and Face Validity

To further develop the CEMI while addressing content validity issues, five individuals with expertise in MI and who were members of the Motivational Interviewing Network of Trainers (MINT) reviewed the pool of 66 items. The mean number of years experience with MI was 12 (SD = 6.78). All experts had experience developing MI related measures and have published works on MI in some fashion (journal articles, chapters, books). Experts reviewed the items with the explicit instruction to *rate each item to the degree you feel this item reflects a construct important to motivational interviewing*. Experts were also asked to provide comments on item clarity, any confusion they encountered in items, and to provide suggestions for rewording or construct omission. The experts rated these items as consistent, somewhat consistent, or not consistent with MI. Percent agreement among experts ranged from 25% (e.g., *my counselor talked about my strengths but also talked about my weaknesses*) to 100% (e.g., *my counselor helped me to feel confident in my ability to change my behavior*). They also provided qualitative commentary on the wording and clarity of the items. Experts provided comments on items they found confusing, provided wording suggestions and gave recommendations for construct inclusion (e.g., autonomy). Most notable though, experts recommended the removal of items related to skills (e.g., reflection, summary) stating that it is likely that clients will have difficulty recognizing these differences and rating counselors on these dimensions. Revisions were made to items based on this feedback which included rewording items, addition of autonomy items, and deletion of all items relating to specific skills.

Simultaneously as the expert review we conducted a card sort activity with a group of eight graduate students who received six hours of MI training. These students were given cards with a CEMI item written on each card. The students were also provided a card with definitions of 13 constructs related to MI spirit (e.g., supporting self efficacy), principles (e.g., rolling with resistance), and specific skills (e.g., reflection). The students were asked to place the card in one of the 13 categories based on the appropriateness of that item for that category. Student agreement ranged from 13% agreement (e.g., *my counselor focused only on my problems*) to 100% (e.g., *my counselor changed the topic when I became upset about changing my behavior*).

Students were also asked to provide information about items that were unclear or confusing.

Following the expert review and card sort the development team reviewed the results of to determine which items may need revising or clarification to assure it addressed the content area originally intended and would be clear for clients to understand. This review process including (a) modifying items by replacing vague language with more clear and descriptive language (e.g., changed “my counselor does not respect my experience to my counselor does not respect my point of view”) (b) removal of all skill specific items (e.g., questions, reflections), (c) restructuring of the measure to make it easier to use. The restructuring included instructions that read “please rate each response on the scale below relating to your **most recent session** with your counselor,” the response scale, and single question that asks “*In your session, how much did you counselor...*”

Items were removed if there was great variability in responses of experts and card sort participants in relation to the consistency with MI or construct the item sought to measure. As a result, 31 items were removed. This process resulted in the current version of the Client Evaluation of Motivational Interviewing (CEMI).

### The Current Version

The current version of the CEMI is a 35-item measure aimed at evaluating a counselor’s display of the spirit of principles of MI from a client’s perspective. The CEMI is intended to be session specific and can be completed after each session in which MI was an aspect of the session. Clients respond to 35 statements on a 4-point scale ranging from (1) *Not At All* to (4) *A Great Deal*. Clients rate their counselor on items such as “*help you recognize the need to change your behavior*”, “*makes judgments*

*about you*”, and “*help you feel confident in your ability to change your behavior.*” The CEMI can be completed in approximately 10 minutes. The higher the rating on an item the more closely the counselor performed in an MI consistent manner. The measure includes some negatively worded items that are reversed scored in the final calculation of a score. The CEMI total score ranges from 35 (low MI consistency) to 140 (high MI consistency).

### Participants

To begin a study of the instrument’s reliability, the revised, 35-item version of the CEMI was administered to 21 men at a community homeless shelter that provides substance abuse treatment as contingency of seeking shelter in Milwaukee, WI. All of the clients were male, 81% were African American, and the average age was 43.30 (SD = 12.12). Seventy-six percent of clients completed high school or above. Half of the clients were receiving treatment for a dual diagnosis. The average length of time clients were in treatment was 4.83 months (SD = 4.76).

### Counselors providing MI

Services were provided by therapists who were trained and supervised in MI. These therapists used MI as part of their general services and for various research projects such as the MET and Significant Others Project. Counselors providing services included eight females and two males. Four of the counselors were staff at the clinic and six counselors were doctoral-level students in counseling psychology. Two of the counselors were African American, seven were White, and one was an East Indian American. All counselors providing services had a minimum of a bachelor’s degree, three had a master’s degree, and four held substance abuse treatment credentials.

## Procedure


After receiving institutional review board approval the first author met with counselors at a staff meeting to provide an overview of the project, explanation of the CEMI, details on the data collection procedures, and to answer counselors questions about data collection. Counselors who agreed to administer the CEMI were provided with sufficient copies of the CEMI, demographic surveys, informed consent forms, and a detailed description of the CEMI administration instructions. Specifically, counselors were instructed to inform the client of the project, ask the client to participate, and provide clients who agreed to participate with the demographic form and the CEMI. Counselors were asked to administer the CEMI at the completion of subsequent session. Instructions were provided for how counselors could reintroduce the CEMI to clients at subsequent sessions. Guidelines were also provided for how to administer the CEMI to clients who were illiterate. Participants completed the measure on multiple occasions after counseling sessions, which resulted in a total of 60 completed CEMIs.

## Results and Discussion

Based on the development and examination process discussed above it appears as though the CEMI shows potential as a valid and reliable measure of client perception of counselor adherence to MI principles and spirit. For instance, initial results suggest that the CEMI can provide reliable data based on a preliminary analysis of internal consistency ( $\alpha = .83$ ,  $N = 60$ ), using the sample described above. In addition our efforts to establish face and content validity through expert review and card sort appear to have helped enhance the confidence that the CEMI is measuring counselor adherence to MI spirit and principles.

However, limitations call for caution in interpreting these results. Specifically, our sample was all males seeking substance abuse treatment thus limiting the generalizability of the results to other groups. As such the CEMI should be examined with various populations seeking counseling for an array of clinical issues. In addition, while face and content validity procedures are important more sophisticated estimates of construct validity are needed to ensure confidence in the validity of the measure. Procedures to estimate convergent and divergent validity should be employed as well as examination of the factor structure CEMI. Further development could also include calculations of internal consistency on a larger, more diverse group. Clearly, additional investigation is required prior to widespread use of the CEMI.

Although there is additional work required on the CEMI the measure has potential for application in several ways. First, the CEMI provides another option researcher can use to assess counselor fidelity to MI in research studies. As mentioned earlier the measures available at this time rely on ratings by a trained observer or the counselor. The CEMI could supplement these measures by providing an additional view of the counselor in session behavior (i.e., the client view). These data could help further our understanding of the relationship between how the client views the counselor and variables such as outcome, within session change talk, engagement in treatment and the working alliance.

The CEMI also has potential as a training tool. For instance, the CEMI could be a valuable tool in clinical supervision of counselors using MI. In addition to reviewing session tape, a supervisor and supervisee could review CEMI ratings to see how they relate to session observation highlighting areas of convergence and divergence between observers and clients view of the session. This comparison process may help supervisees become more aware of their in-session behavior and how their view of implementing MI may be similar and dissimilar with how their client perceives them. Thus, in supervision and training for that matter, the CEMI can be a tool to raise awareness and facilitate skill development (Bernard & Goodyear, 2006). 

## References

- Allsop, S. (2007). What is this thing called motivational interviewing? *Addiction*, *102*, 343-345.
- Barsky, A., & Coleman, H. (2001). Evaluating skill acquisition in motivational interviewing: The development of an instrument to measure practice skills. *Journal of Drug Education*, *31*, 69-82.
- Bernard, J. M., Goodyear, R. K. (2004). *Fundamentals of clinical supervision* (3rd ed). New York: Allyn & Bacon.
- Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational interviewing. *Annual Review of Clinical Psychology*, *1*, 91-111.
- Lane, C., Huws-Thomas, M., Hood, K., Rollnick, S., Edwards, K., & Robling, M. (2005). Measuring adaptations of motivational interviewing: The development and validation of the behavior change counseling index (BECCI). *Patient Education and Counseling*, *56*, 166-173.
- Madson, M. B., & Campbell, T. C. (2006). Measures of fidelity in motivational enhancement: A systematic review of instrumentation. *Journal of Substance Abuse Treatment*, *31*, 67-73.
- Madson, M. B., Campbell, T. C., Barrett, D. E., Brondino, M. J., & Melchert, T. P. (2005). Development of the Motivational Interviewing Supervision and Training Scale. *Psychology of Addictive Behaviors*, *19*, 303-310.
- Madson, M. B., Loignon, A. C., & Lane, C. (2009). Motivational interviewing training: A systematic review. *Journal of Substance Abuse Treatment*, *36*, 101-109.
- Martino, S., Ball, S. A., Nich, C., Frankforter, T. L., & Carroll, K. M. (2008). Community program therapist adherence and competence in motivational enhancement therapy. *Drug and Alcohol Dependence*, *96*, 37-48.
- Miller, W. R. (2000). *Motivational interviewing skill code (MISC): Coder's manual*. Unpublished manual: University of New Mexico.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed). New York: Guilford Press
- Moyers, T. B., & Martin, T. (2006). Therapist influence on client language during motivational interviewing sessions. *Journal of Substance Abuse Treatment*, *30*, 245-251.
- Moyers, T., Martin, T., Catley, D., Harris, K. J., & Ahluwalia, J. S. (2003). Assessing the integrity of motivational interviewing interventions: Reliability of the motivational interviewing skill code. *Behavioural and Cognitive Psychotherapy*, *31*, 177-184.
- Nicolai, J., Demme, R., Hagen, J. (2007). Rating scales for the assessment of empathic communication in medical interviews (REM): Scale development, reliability, and validity. *Journal of Clinical Psychology in Medical Settings*, *14*, 367-375.
- Orwin, R. G. (2000). Assessing program fidelity in substance abuse health research. *Addiction*, *95*, s309-s327.



# Training MI in a Vocational Rehabilitation Context

Trevor Manthey

With the downturn in the economy it is likely that demand for vocational rehabilitation (VR) and other employment services are going to increase (Waghorn et al., 2009). There has also been a push to increase the use of evidence based practices (EBP) within VR services (Chan, 2003, 2009; Law, 2002). Motivational interviewing as an EBP seems to be a natural choice for VR services, especially given the recent meta-analytic findings (Hettema, et al., 2005; Rubak, et al., 2005) indicating that MI is effective for a broad range of behavior change issues.

While there is compelling research which supports the use of motivational interviewing in employment programs there have been few studies to date that have directly tested whether MI in vocational rehabilitation settings produces similar positive outcomes to those it has delivered in other behavior change arenas. The few studies that have been completed are encouraging (Larson, et al., 2007; Leukfeld, et al., 2003; Rose, et al., 2005; Sawatzky, et al., 2008).

There is supporting research suggesting that motivation is an important aspect in returning to work (Finch, et al., 2005; Lane, et al., 1970; Panzano, et al., 2005; Roessler, 1989; Salmone, 1972, Tan, et al., 1997). For individuals with disabilities there are many additional motivational issues involved in attaining, continuing, or returning to employment (Aronoff & Feldman, 2000; Sbordone, 2001; Tan, et al., 1997). Therefore it is not surprising that many researchers have suggested that MI fits well within a vocational counseling context (Brooks, Drebing, et al., 2004; Graham, et al., 2008; Larson, et al., 2008; Loyd, et al., 2008; Miller, 2008; Muscat, Parks, 2007; Rollnick, 2007; Wagner, et al., 2004). One article geared towards drawing relevant implications for the future of rehabilitation counselor training programs singled out motivational interviewing as fitting nicely into the employment seeking paradigm (Fraser, et al., 2004).

For the past two years The Department of Vocational Rehabilitation in Washington State has contracted for motivational interviewing training. This has included not only an initial intensive training

series but also follow-along supports through coaching and audio-tape coding to increase competency. Other systemic interventions were made to increase the likelihood that the MI skills learned could be fostered through attempting to create an MI friendly organization—organizations such as those described in a previous edition of this publication (Miller, 2006). Currently, the full model is being written up for publication.

After our second training we adjusted all of our exercises to include VR situations; this included rescuing change talk scenarios, reflections exercises, and others. We also interviewed a VR customer who had been hospitalized due to a bipolar disorder and also had a substance use history who was looking for employment. We video taped the session and (with permission from the customer) used it to help train.

In consultation with VR administrators, a monthly MI integration team meeting was instituted. Early adopters of MI within the VR system from across the State of Washington would meet to discuss ways in which MI could be adopted into their system more readily. This team discussed how to make MI trainings more accessible and relevant, how to increase other VR employees' interest in MI, what policies might need to be adjusted to make the system more MI friendly, and how to possibly adjust VR culture.

Anecdotally, teaching MI to vocational rehabilitation counselors (VRC's) was similar in many respects to training other popula-

tions in MI. In general, modeling the spirit of MI and utilizing MI principles and skills helped to diffuse concerns more effectively than answers to the specific issues brought up. However, there were some concerns verbalized that might be helpful to review for other MINT members who begin training in employment settings. Depending on the populations you train, some of these may sound familiar. Descriptions of these concerns and potential ways to address them are provided.

## “We’re Not Therapists”

Often VRCs reported a desire to avoid interactions that could be construed as therapy. They reported that periodically customers want to utilize a VRC as a therapist. VRC's are trained to rebuff these types of conversations in order to avoid practicing outside their scope of work. Many vocational counselors are not trained as therapists and, for the most part, don't want to be utilized as one. If VR counselors misperceive MI as a type of therapy there can be pushback.

An attempt to frame the training in a way that emphasizes that MI is more a “way of being with people” (Miller & Rollnick, 2002) helps to mitigate this reaction. Spending time in activities that help trainees grasp the spirit of MI and highlighting that MI has been used to help individuals address behavior change in a variety of settings, not just therapy, has also been helpful.

This concern has been echoed by others who have specifically

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recommended that vocational rehabilitation employees be cognizant of using MI within their scope of practice (Lloyd, 2008; Scales, 2008). Processing with vocational counselors how to utilize MI skills and concepts to help transition customers to other more appropriate venues for therapy has also assisted in addressing this issue.

### **“We Don’t Have Enough Time”**

The VRC’s trained in Washington were under pressure to get customers into a plan for employment within 120 days. This pressure to perform creates heightened anxiety, increasing the likelihood that VR employees will fall into the “premature focus” trap (Miller & Rollnick, 2002). In other words, there is a tendency for VRC’s to spend a lot of time problem solving and pushing people into plans in order to meet the deadline. When this occurs confrontations and other miscommunication issues abound.

Emphasizing that MI has been successfully utilized in brief settings such as in healthcare (Rollnick, et al., 2008) helped to increase buy-in from trainees and increased their willingness to experiment with using MI. Developing discrepancy by comparing the time VRC’s have with a customer to the time a general practitioner has with a patient (maybe 5-10 minutes) helps illustrate this.

Facilitating brief activities that help the VR trainee to personalize the MI process and to “feel it” from the customer’s point of view also helped reduce this issue. Reflecting back to VRC’s how helpful they personally found a specific activity (despite the short time frame) enabled many of them to switch positions from saying that “they didn’t have enough time to do MI” to indicating “that they didn’t have enough time to *not* do MI.”

### **“But What If They Choose Not To Change?”**

Lloyd and colleagues (2008) described this as the “I fail” syndrome: if a customer does not decide to make the change or succeed in accomplishing change, then the VRC feels like a failure.

We often addressed this issue by spearheading conversations about “not getting attached to the outcome.” In other words, we helped trainees to focus more on developing their MI skill-set and less on trying to control the result for each customer. As VRC’s began becoming more proficient in using MI they began reporting that even though the economy had started to fail, and they therefore had a larger case load, they felt less burnt out, were having more fun, and felt like they could go home and sleep at night

instead of taking work home with them. They reported that this was because they were becoming more skilled at their jobs and were emphasizing for themselves and for their customers that the customer was ultimately in control of their life. Qualitatively, VRC’s also started reporting a greater proportion of their caseload achieving positive outcomes. This is consistent with the observation by Carl Rogers that acceptance facilitates change, while perceived expectation of change generates resistance. As VRC’s stopped wrestling their customers to an outcome, their customers became less resistant to change.

### **“I Already Do All This Stuff”**

Sometimes trainees reported that they already possessed the skills described in the MI trainings, making statements like “I learned to use reflections when I was in college” or “I am already good at empathy.” It was important to roll with these statements and not confront them, instead utilizing analogies to develop discrepancy for individuals in the group. One common analogy used was a description of “Grandma’s Cookies” as a means to discuss fidelity to an evidence based practice. A simple form the analogy is stated as follows:

Many of us have Grandmas who make the best cookies. No one makes cookies like grandma. She uses just the right recipe. At the same time all of us know how to make cookies. We all have skills that help us relate to people, we wouldn’t be in the helping professions if we didn’t. However, if we don’t follow grandma’s recipe they simply aren’t grandma’s cookies. They can look similar but often don’t taste the same. The closer we follow grandma’s recipe the better the cookies taste. The closer

we are to EBP fidelity the better the outcomes we are going to have. With fidelity to motivational interviewing we are taking some of the skills we already possess and building on them, tweaking them, or weaving them together in different ways to create a recipe that can facilitate better outcomes—such as using a specific type of empathy at specific times to reduce resistance or using different types of reflections strategically to get different results.

There are many other parallels that can be drawn from this analogy and as with most analogies it has its strengths and weaknesses and can only be carried so far. It was helpful to follow up this analogy with the oars skills ratios (which can look a little like a recipe). Also following up with concepts like eliciting change talk, in that even if the ratios are close to what you want for MI fidelity, if you are “rowing with your OARS” only toward sustain talk, it’s not quite Grandma’s cookies yet. This is an analogy that can be helpful to refer back to during all eight of the stages of learning MI (Miller & Moyers, 2008).

After responding to this concern in an MI adherent way and utilizing analogies similar to the one illustrated above, often those who were the ones most adamant about their MI skills were the same ones who then brought up the next concern.

### **“I Need Practice”**

During initial phases of coaching and training some VR employees reported a lack of confidence in their ability to do MI, even if they reported that they understood MI concepts. Adding the monthly feedback and supervision portions to the training workshop series increased VRC’s self reported confidence in their ability to do the

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skills, which was also reflected in higher scores on the Motivational Interviewing Treatment Integrity Scale 3.0 (MITI 3.0) (Moyers, et al., 2007). It seems to make sense that adding practice opportunities with feedback and coaching after trainings helps to increase confidence in one's ability to do the skills. This is consistent with MI training research which suggests that MI trainings which include enrichments like additional audio tapings and supervision might potentially be more effective (Bennett, et al., 2007; Heaven, et al., 2006; Miller & Mount, 2001; Miller, et al., 2004; Miller, et al., 2006; Moyers, et al., 2008).

### “I Have To Tell Them About The VR Process”

The VR process can sometimes be a complicated one, with many aspects to describe, assessments to complete, deadlines to meet, and “rules” that need to be adhered to. VRC's often spend significant amounts of their time explaining the process and what can and can't happen. Frequently, the information being provided by VRC's turns into advice giving. When the advice is absent, giving VR process information to customers can be beneficial and can occur in MI consistent ways. However, the sheer amount of information shared can sometimes create a sense of disempowerment for the customer. In addition, when customers disagree with aspects of the VR process described by the VRC the interaction can become confrontational.

The concepts behind elicit, provide, elicit (EPE) have helped in these types of VR situations. The utilization of EPE provided an aid for VRC's in establishing understanding while potentially generating a greater menu of options. Coaching VRC's in using EPE affirmed for them that as MI trainers we accepted their need to describe certain VR processes. It also gave VRC's a way to provide information and expand choice for consumers without creating a power differential. EPE is described here:

**Elicit:** VRC's elicit from the customer to determine sought after information, such as the customer's main concern, information the customer already knows about the VR process, how they want to proceed, etc.

**Provide:** VRC's potentially then respond with a reflection or summary and add relevant information (with permission). The information they provide can be in the form of a menu of options.

**Elicit:** The VRC's then allow the customer to respond or directly ask how about how the customer is responding to the information provided.

Using EPE has helped VRC's with agenda setting, understanding what the customer already knows, what gaps in knowledge might exist, and avoiding behaviors like prescribing, directing or advising. Determining (in MI adherent ways) what a customer already knows helps to cut down on the unnecessary information provided.

When providing a menu of options it was helpful to coach VRC's to include options that might be outside of the services of VR. This allowed the conversation to include the legitimacy of leaving VR service, while making it clear that they could always come back to VR if they decided later. It also allowed customers to feel like they were still empowered to influence the VR process. A simple version of beginning this conversation might look like this:

VRC: I have some information regarding the VR process that might be helpful, may I share this with you?

Customer: Sure, go ahead.

VRC: Vocational rehabilitation has helped individuals in similar situations to the one you have described attend education programs in a variety of ways, depending on what your needs are, what gets approved, and how it relates to your ultimate employment. A lot of it depends on what you decide and what the system restraints are. Sometimes VR helps with tuition, books and other peripheral expenses of an education. Sometimes VR just helps with buying books and the person funds the other expenses through other resources. Sometimes it isn't just funding support that people really want, they just want career and employment counseling. And sometimes individuals find that VR isn't right for them and they

decide to go through other routes like government grants or loans. There are lots of options. What are your thoughts about this?

### “I Am A Steward Of State Dollars”

It was commonly described by VRC's that customers come into the VR system not to obtain work but to obtain material goods. They reported that the “word on the street is that VR pays for things.” VRC's described how some individuals will enter services just wanting VR to purchase them a computer or a car, without any real intention to return to work. This perception by VRC's has led to an implied “prove it to me” culture where customers have to justify to the VRC why they should receive the resources they are asking for. Interactions then become a wrestling match of wills. Customers begin trying to justify why they deserve certain resources and the VRC incredulously attempts to determine if purchasing the requested good / service will really lead to employment. Because of this situation, VRC's will express the concern that if they use MI they will end up wasting a lot of state resources because they'll end up funding everything.

One way that this concern has been mitigated has been through using the Moyers' description of MI as the “royal marriage between empathy and direction” (Moyers, 2008, October). This portrayal of MI helped VRC's to grasp that just because they were being empathic to customers did not mean that there was a lack of direction or boundaries. Rather, the direction being provided was not confrontational. This helped spur conversation about how MI might be used to help individuals understand the realities of the VR system and



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while the VRC remains empathic.

Interestingly, some of the first feedback we got from VRC's as they became more competent in using MI was that many customers in the situation described above began deciding to close their VR file, unemployed and without the resources requested, but happy about it. The VRC's describing this phenomenon were astounded. They indicated that they believed this occurred because they were helping customers become clear about their ultimate goals and values. It was then easier for the VRC's to develop discrepancy between what it was the customer really wanted and what the VR system could provide. Customers then would leave content and empowered to attempt to achieve their goals in other venues. Traditionally, customers in this situation would become angered when their file was closed and might even complain about the VRC involved to upper management.

### “If They Would Just Listen to Me”

Assuming the expert role is a common challenge faced by practitioners when learning MI in vocational rehabilitation or any other setting. VR employees often offered their solutions or advice on how to fix customers problems. VRC's also commonly fell into using the “righting reflex” (Miller & Rollnick, 2002).

Rollnick and colleagues (2008) recommended several behaviors practitioners can use to avoid the expert role which have been helpful in the VR setting: avoid arguing for change when the service user is not ready, do not assume VRC's have to offer all the solutions for change; do not assume the service user ought to change, wants to change or that his/her employment is the prime motivator for them to change. Facilitating conversation during trainings regarding these types of behaviors helped to reduce this issue.

### “But The Assessment Says...”

Often customers who go through the VR process are required to participate in extensive assessments. There can be disagreement between VRC's and the customers regarding the assessment results or recommendations.

When this concern was brought up we simply asked participants about what their ideas might be to resolve this issue in an MI adherent way. One suggestion brought to us from a VRC who was struggling with this concept was to utilize the VR assessments, not as the gospel truth about a person, but as a “giant reflection.” If a practitioner is slightly off in a reflection and the customer disagrees with it, the

customer will correct the practitioner. The trap to avoid here is trying to explain how the reflection was actually accurate, or to further describe what they really meant. Instead the practitioner accepts what the customer states. Rolling with resistance, expressing empathy and developing discrepancy then become helpful. The same can be done when relating assessments. Rather than portraying the assessment results as the absolute truth about a person's work ability, utilizing them as a launching point for conversation while avoiding justification of the results.

### Closing Thoughts

While the above adjustments helped in addressing concerns brought up by VR employees they are only suggestions based on our training experience. They are certainly not the only ways to address these concerns. It is hoped that this article may be helpful as a launching point for others who begin training in VR settings. **MB**

### References

- Aronoff, G.M., & Feldman, J.B., (2000). Preventing disability from chronic pain: A review and reappraisal. *International Review of Psychiatry*, 12, 157-169.
- Bennett, G., Moore, J., Vaughan, T., Rouse, L., Gibbins, J., Thomas, P., James, K., & Gower, P. (2007) Strengthening Motivational Interviewing skills following initial training: A randomised trial of workplace-based reflective practice *Addictive Behaviors* 32, 2963-2975
- Brooks, K. (2005). “You would think...”: Applying motivational interviewing and career coaching concepts with liberal arts students. *Journal of Career Planning and Employment*, 65, 28-36.
- Chan, F., Miller, S., Pruet, S., Lee, G., & Chou, C. (2003). Rehabilitation research. In D. Maki & T Riggat (Eds.), *Handbook of Rehabilitation*

*Counseling* (pp. 159-170). New York: Springer.

- Chan, F., Tarvydas, V., Blalock, K., Strauser, D., & Atkins, B., (2009). Unifying and elevating rehabilitation counseling through model-driven, diversity sensitive evidence-based practice. *Rehabilitation Counseling Bulletin*, 52, 114-119
- Drebing, C., Van Ormer, A., Schutt, R., Krebs, C., Losardo, M., Boyd, C., Penk, W., & Rosenheck, R., (2004). Client goals for participating in VHA vocational rehabilitation: distribution and relationship to outcome. *Rehabilitation Counseling Bulletin*. 47, 162-172.
- Finch, J., Nofziger, B., Panzano, P., Seffrin, B., Weaver, N., & Bunt, E., (2005). The effect of motivation on job search and work outcomes and the demand for supported employment services. *New Research In Mental Health 2004-2005 Biennium*, Ohio Department of Mental Health, 17, 57-65.
- Fraser, R., Vandergoot, D., Thomas, D., & Wagner, C., (2004). Employment outcomes research in vocational rehabilitation: Implications for rehabilitation counselor (RC) training. *Journal of Vocational Rehabilitation*, 20, 135-142.
- Graham, V., Jutla, S., Higginson, D., & Wells, A. (2008). The added value of motivational interviewing within employment assessments. *Journal of Occupational Psychology, Employment and Disability*, 10, 43-52.
- Heaven, C., Clegg, J., & Maguire, P. (2006). Transfer of communication skills from workshop to workplace: The impact of clinical supervision. *Patient Education and Counseling*, 60, 313-325.
- Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational Interviewing. *Annual Review of Clinical Psychology*, 1, 91-111.
- Lane, J.M., Jr., & Barry, J.R. (1970). Client motivation. *Rehabilitation Research and Practice Review*, 1, 5-26.
- Larson, J. (2008). User-friendly motivational interviewing and evidence-based supported employment tools for practitioners. *Journal of*

## Vocational Rehabilitation † continued

- Rehabilitation*, 74, 18-30.
- Larson, J.E., Boyle, M.G., Barr, L.K., Glenn, T.L., & Kuwabara, S.A. (2007). Process and outcome analysis of a supported employment program for people with psychiatric disabilities. *American Journal of Psychiatric Rehabilitation*, 10, 339-353.
- Law, M. (2002). *Evidence-based rehabilitation: A guide to practice*. Thorofare, NJ: SLACK.
- Leukfeld, C., McDonald, H., & Staton, M., (2003). An employment intervention for drug-abusing offenders. *Federal Probation*, 67, 27-31.
- Lloyd, C., Tse, S., Waghorn, G., & Hennessy, N., (2008). Motivational interviewing in vocational rehabilitation for people living with mental ill health. *International Journal of Therapy and Rehabilitation*, 15.
- Miller, W. R., & Mount, K. A. (2001). A small study of training in motivational interviewing: Does one workshop change clinician and client behavior? *Behavioural and Cognitive Psychotherapy*, 29, 457-471.
- Miller, W. R., Sorensen, J. L., Selzer, J., & Brigham, G. (2006). Disseminating evidence-based practices in substance abuse treatment: A review with suggestions. *Journal of Substance Abuse Treatment*, 31, 25-39.
- Miller, W. R., Yahne, C. E., Moyers, T. B., Martinez, J., & Pirritano, M. (2004). A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology*, 72, 1050-1062.
- Miller, W.R. (2006). Can organizations be MINTy? *MINT Bulletin*, 13.2, 1-4.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.
- Miller, L. G. (2008). Using motivational interviewing for career and/or college major choice. Kent State University. <http://unx1.shsu.edu/~piic/spring2008/miller.html> accessed Jan 10, 2009.
- Miller, W. R., & Moyers, T. B. (2006). Eight stages in learning motivational interviewing. *Journal of Teaching in the Addictions*, 5, 3-17.
- Moyers, T. (2008, October). Plenary discussion. MINT Forum, Motivational Interviewing Network of Trainers, Albuquerque, NM.
- Moyers, T., Manuel, J., Wilson, P., Hendrickson, S., Talcott, W., & Durand, P. (2008). A randomized trial investigating training in motivational interviewing for behavioral health providers. *Behavioural and Cognitive Psychotherapy*, 36, 149-162.
- Moyers, T., Martin, T., Manuel, J., Miller, W., & Ernst, D. (2007). *Motivational Interviewing Treatment Integrity 3.0*, Center on Alcoholism, Substance Abuse and Addictions.
- Muscat, A., (2005). Ready, set, go: The transtheoretical model of change and motivational interviewing for "fringe" clients. *Journal of Employment Counseling*, 42, 179-192.
- Panzano, P., Seffrin, B., Chaney-Jones, S., & Weaver, N. (2005). Work and recovery: Motivational job design explains important work, developmental and recovery-related outcomes for adults with severe mental disabilities, *New Research In Mental Health 2004-2005 Biennium*, Ohio Department of Mental Health, 17, 66-77.
- Parks, R. (2007). The importance of reflexive practice within the context of life-long career development for rehabilitation counsellors. *Australian Journal of Rehabilitation Counselling*, 13, 20-31
- Roessler, R.T. (1989). Motivational factors influencing return to work. *Journal of Applied Rehabilitation Counseling*, 20, 14-17
- Rollnick, S. (2007). Motivational interviewing: An effective approach to vocational rehabilitation. Motivational Interviewing Conference. Adelaide, South Australia.
- Rollnick, S., Miller, W., & Butler, C., (2008). *Motivational Interviewing In Health Care: Helping patients change behavior*. The Guilford Press: New York.
- Rose, J., Saunders, K., Hensel, E., & Kroese, B., (2005). Factors affecting the likelihood that people with intellectual disabilities will gain employment. *Journal of Intellectual Disabilities*, 9, 9-23.
- Rubak, S., Sandboek, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: A systematic review and meta-analysis. *British Journal of General Practice*, 55, 305-312.
- Salmone, P.R. (1972). Client motivation and rehabilitation counseling outcome. *Rehabilitation Counseling Bulletin*, 16, 11-20.
- Sbordone, R.J. (2001). Limitations of neuropsychological testing to predict the cognitive and behavioral functioning of persons with brain injury in real-world settings. *Neurorehabilitation*, 16, 199-201.
- Sawatzky, R., & Swibaker, K. (2008). Stages of Change: An employment development project. Interim Report - August 2007 to January 2008. Opportunities for Employment, Human Resources and Social Development Canada: Pan Canadian Innovations Initiative, Manitoba Competitiveness: Training and Trade Research and Innovation.
- Scales, R. (2008) Commentary: Motivational interviewing in vocational rehabilitation for people living with mental ill health. *International Journal of Therapy and Rehabilitation*. 15.
- Tan, V., Cheatle, M.D., Mackin, S., Moberg, P.J. & Esterhai, J.L., Jr. (1997). Goal setting as a predictor of return to work in a population of chronic musculoskeletal pain patients. *International Journal of Neuroscience*, 92, 161-170.
- Waghorn G., Chant D., Lloyd C., & Harris M. (2009) Labour market conditions, labour force activity and prevalence of psychiatric disorders. *Social Psychiatry and Psychiatric Epidemiology*, 44, 171-178.
- Wagner, C. & McMahon, B. (2004). Motivational interviewing and rehabilitation counseling practice, *Rehabilitation Counseling Bulletin*. 47, 152-161.

# Engineering Change

## A Collaborative Action Research Project to Enhance Motivation Amongst Vocational High School Pupils

*Maria Daly*

Widening participation in higher education in the UK has been a major policy thrust since prior to the election of the current administration in 1997. The Higher Education Funding Council (HEFCE) encouraged institutions to increase access to and maximize the achievement for all who could benefit from higher education. A significant impetus to widen participation in higher education was the introduction of additional funding for higher education institutions to recruit and retain students “from poorer backgrounds” (HEFCE, 1998) a population subsequently re-defined as “disadvantaged backgrounds” and identified by geodemographics. (HEFCE, 1999). Such funding became known as the “postcode premium” as it was based on correlations between levels of deprivation in localities and participation in higher education.

There is currently a national target in the UK that by 2010, 50% of those under 30 years of age enter higher education (Morris, 2001). It is recognised that to achieve this target there would need to be an increase in those staying on in post-compulsory education at age 16. There would also need to be an increase in the numbers entering higher education through a vocational route rather than through the traditional academic route. (DFES, 2003).

The research project upon which this article is based formed part of the HEFCE Excellence Fellowship programme launched to provide an opportunity for teachers and lecturers in schools and further education colleges to spend time working with a higher education institution to examine ways of raising the aspirations of school pupils from disadvantaged backgrounds.

The project leader was a lecturer in a further education college in Liverpool. The higher education institution was a University in Liverpool.

The University had recruited three graduates to become Graduate Advocates working with schools and further education colleges locally. Their job role was described as “enabler, encourager and supporter” to school pupils. Their posts were fixed term for a period of one academic year. These were new posts

within the University. The Graduate Advocates (GAs) were given scope to develop their roles. The average age of the GAs was 22 years. The GAs had been selected on criteria including that they had been the first in their own families to experience higher education.

The further education college was based in one of the most deprived areas in the UK. The College was working with a cohort of pupils from a group of schools in the local education authority to enable pupils to study a range of vocational General Certificates in Education (GCSE's) at the College. The cohort selected for the project were a group of 13 young men (aged between 15 and 16 years of age) who attended the further education college from a variety of schools. The mode of attendance was two half days per week. They were studying for a GCSE in Engineering. A national car manufacturer of prestige vehicles was also involved in supporting the cohort through their studies as part in industry education links locally. The cohort were white, male and predominantly had been identified as low achievers academically within their school curriculum. Some were resentful attending the vocational course at the College. Some described feeling “emptied out” of school as they were unlikely to achieve the benchmark of securing 5 academic GCSE subjects at grades A-C including English and math. Others were happy to be outside the school environment.

For the most part the cohort

enjoyed the practical element of their College curriculum based in engineering workshops. They generally disliked the academic elements of the curriculum incorporating engineering concepts. The curriculum also required learners to build a portfolio of evidence of coursework which they described as boring. There was spasmodic low level disruption during classroom sessions including use of mobile phones and play-fighting.

Government viewpoints are that successful long term strategies to widen participation in further and higher education depend upon collaborative partnerships at local level to raise aspiration and increase motivation of students from deprived areas.

The project sought to train the University GAs in a syllabus designed to enhance their skills in supporting the pupils on a one to one basis and in groups. The GAs would also work with the college tutors and car manufacturer staff in supporting pupils during classroom sessions and in organising a range of activities at the University and at the car manufacturer plant.

The GA syllabus was drawn up by the project manager in association with senior managers within the University. It included sessions on motivational interviewing, learning theory, educational management, organisational culture and safeguarding children procedures. The training was delivered by the project manager who was a qualified lecturer in teacher education, law and human resource management. The project manag-



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er had been trained in motivational interviewing in 1998 and had attended a TNT in 1999. She had subsequently worked with post-16 students at risk of dropping out of College.

### Research Questions

The significant research questions were:

1. How effective were the training and development activities in assisting the GAs to fulfil their role to enhance pupil motivation to achieve educationally?
2. In what ways did the project appear to impact on pupil motivation to achieve within their current curriculum and pursue education post-16?

The initial task was to get all parties on board and gain some agreement to the project.

The GAs participated in a one day introductory session with the project manager and later they were provided with a questionnaire seeking their views on whether or not they wished to study the syllabus; work with the cohort and commit to a relatively long term project. All three were extremely keen to become involved.

The cohort were approached as a group and asked if they wished to take part in the project. The cohort members asked many pertinent questions. They pointed out that they would want concrete help and support from the GAs and not just the type of mentoring they had experienced to date which was variously described as “people nagging at them” or “a sit off” (slang for doing nothing constructive). It was proposed to invite all parents/carers of the cohort to the College to explain the nature of the project. The cohort were extremely reluctant for this to occur. They felt variously that they would be embarrassed or that their parents would be reluctant to attend. One pupil indicated privately that his father would like to attend such a meeting. The project manager met with the father who showed a great deal of interest in his son pursuing both further and higher education. All other parents were contacted by letter to secure their consent for their child to take part.

All of the 5 school headteachers were supportive as long as the project did not involve their staff in too much extra work. The respective Heads of Year were invited to a meet with the project manager to explain the project and identify where its aims and objectives would dovetail into school activities in relation to achievement and pursuit of further education post-16. Two Heads of Year were particularly keen to become involved and join the pupils and GAs on trips to the University and to the car manufacturer plant. These two schoolteachers were particularly helpful in supporting the project manager with the

necessary consent forms and risk assessments which needed completing for every activity conducted within the project. Many of the activities planned included physical pursuits and outdoor tasks. Detailed risk assessments were needed for all organisations involved. All those working with the cohort closely were required to have clearance from the Criminal Records Bureau in relation to their suitability to work with young people.

The College engineering tutors were keen to be part of the project. They had no training in motivational interviewing and working with a pre-sixteen cohort was new to them. They were open to any support available. The University engineering lecturers were also happy to be part of the project. The staff of the car manufacturing plant agreed to be part of the project. A view was expressed that the cohort were in need of a strong discipline to equip them for the world of work. They agreed to take part in the spirit of providing a collaborative approach.

### Training the GAs in MI

During the first term of the project the GAs received one day of training per week at the University. Four of these days were given over to training in motivational interviewing. Questionnaires were issued at the end of each day of training which sought to enable the GAs to reflect on the training, to identify ways of improving the training and to determine how successful they perceived the training to be in imparting skills and knowledge.

The major findings from the review and evaluation of training provision indicated that initial time taken exploring the spirit and ethos of motivational interviewing (MI) bore great dividends for the GAs, who considered that the overarching framework of principle

contextualised subsequent skills development. Active learning methods were favoured by GAs who were happy to supplement skills development with directed reading in their own time. All GAs were issued with a copy of *MI2*, some journal articles and referenced to the MI website. Video-clips were found to be useful in skills demonstration, particularly when an extract was shown twice and incorporated a simple coding exercise on the second occasion. GAs felt confident that they could transfer the skills observed in non-educational backgrounds to their own field. The project manager also used some home-made videotapes using adolescents in an educational context and invited GAs to critique these tapes. Simulations were initially used for skills development, particularly as the GAs were new to each other. As the GAs developed into a cohesive group they were happier to use real-plays for skills development. The GAs conducted videotaped dialogues which they then critiqued and discussed with the project manager and each other. The areas reported most difficult to master included complex reflections and eliciting change talk. The in-session work was supplemented by GAs practicing their skills within their wider job role within the University prior to their meeting with the cohort. GAs were new to working within a partnership of institutions and expressed the view that learning MI was straightforward compared with negotiating their way through the politics of a variety of organisations.

During this term the project manager sat in on some of the GCSE engineering classes being conducted at the further education college, maintained a reflective journal noting group and individual pupil behaviour and delivered some sessions on portfolio

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building. The project manager worked with some pupils on a one-to-one basis, supporting the engineering tutor. The purpose of this was to ensure that the students became accustomed to her presence and develop some rapport with the pupils prior to their introduction to the GAs the following term. The pupils were eagerly anticipating meeting the GAs by the end of the first term. They were also keen to visit the University and the car manufacturing plant.

## Putting the Syllabus into Action

The first meeting between the group and the GAs took place at the University. Each GA had been allocated four pupils (one pupil had dropped out by this stage) and was given a one hour slot with the four pupils. The GAs agreed that the topic for conversation would be based around the pros and cons of further education. They used interactive games based on TV shows to work with the cohort. The session sought to explore their existing knowledge of what was available to them within the further and higher education system and their views on progression. The project manager and engineering tutors sat in on each group but did not participate.

The GAs were happy that their sessions went well and felt that their training had supported them positively. One remarked “the group sauntered into the University. They appeared very loud, witty, very sure of themselves and extremely close-knit. I was shocked by some of their comments. I thought that they were going to run rings around me. I then realised that I was labelling and stereotyping even before I had got to know them. Once I began to relax and listen to their views on learning I began to develop more confidence and enjoy the day”.

The GAs spent the rest of the day working with the pupils in the Engineering Department on engineering tasks devised by the University lecturers. They remained in their four to one “teams” and worked competitively on the tasks. The group reported back the following day that the GAs were “sound” and they were ready to work with them for the rest of the academic year.

The following months the GAs spent working with the group in the classroom, supporting them with their coursework and providing assistance to the engineering tutor. They wrestled with the demands of coursework and learned along with the cohort. They also organised two more trips to the University and participated in the trip to the car manufacturer plant. Three one-to-one dialogues were scheduled to discuss progress. Some of the pupils had “swapped” GA and gravitated towards the GA with whom they felt most rapport. The GA and the pupil would agree

the agenda for the dialogue. Mostly the pupils wished to discuss their future progression although occasionally they would wish to discuss particular elements of their school work, relationships with others, engineering course work or behavioural issues. The project manager sat outside the room when dialogues were in progress. She was within earshot and eyeline and took notes to feedback to the GA. The GA would make his or her own notes following the dialogue and these would be discussed as soon as reasonably practicable but always the same day.

GAs felt that they were developing some confidence and competence in motivational interviewing but that they still had some way to go. They reported generally that their skills in reflective listening – particularly “continuing the paragraph” had improved. They felt that they had developed their skills in rolling with resistance and seeking change talk. They noted that their conversations with pupils focused more on behaviour change needed to secure their qualification in engineering as the date of the examination moved nearer. Pupils expressed reasons and need to obtain the qualification in order to secure a place on an engineering course post-16. The GAs all noted that dialogue was on the shorter term behaviour changes needed (e.g. studying, completing their portfolio) to work towards their longer term aims and objectives. Some pupils expressed commitment language but others lacked the confidence in their ability and felt they had “left things too late”. All pupils expressed a desire to continue with their education post-16 and conversations moved towards taking active steps. Some pupils began applying to the host College and to other colleges locally to pursue vocational courses including mechanical engineer-

ing, plumbing and joinery.

## Outcomes: GAs

The final questionnaire to GAs sought their responses in relation to their confidence in using MI, the usefulness of the process and their overall professional development achieved as a result of the project.

GAs felt that their confidence in employing MI had increased over the length of the project and one described it as similar to learning to drive: “You have to keep focusing on the brake, the clutch and the indicators as well as knowing where you are going”.

GAs reported that pupil behaviours can often indicate apathy to education within the group setting. In a one-to-one dialogue they are more open to express their ambivalence towards education and focus on their longer term aspirations.

Pupils responded positively to genuineness and an empathic approach within the spirit of MI. Affirmation of achievement was appreciated by pupils only insofar as it was perceived as a genuine complement and not as a method of developing rapport through insincere or patronising flattery.

GAs observed that the most productive 1:1 dialogues took place when GAs and pupil were ostensibly ‘doing something else’ such as working on the computer, walking to the football pitch, riding in the bus or drawing out an engineering design. This was labelled by them informally as “motorvational” interviewing—talking whilst moving around. They observed that adolescents are not always that keen to make eye contact and that some would pull up their hoods or cover their eyes with a baseball cap during a one to one dialogue in an effort to avoid eye contact. They felt that overall brief conversations within informal sessions bore fruit.

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GAs observed that it was relevant to recognise that pupils may not be ambivalent about their future education plans. They may have made a decision that post-16 is not an option they wish to pursue. GAs noted that it is ethically correct to respect an informed choice. In these circumstances they felt that their role was to elicit the views of the learner and seek permission to give information to ensure that the pupil is aware of all the opportunities available. They felt comfortable that they did not have any particular vested interest in trying to exhort the pupils to take up educational opportunities and could remain “relatively disinterested practitioners”. Discussion did take place upon whether it was ethical to use MI in an area where organisations have a financial interest in the recruitment of post-16 learners.

## Outcomes: Pupils

The cohort of pupils and project manager engaged in a two-hour session at the end of the project to explore the impact of the GA input upon their motivation. All pupils agreed to their responses being printed. GAs were not present at this session.

All pupils present felt that the experience had been positive. Pupils remarked that the GA support had included encouragement, enthusiasm, optimism and a genuine interest in them as individuals. Pupils indicated that they had gained benefit from being able to discuss many aspects of their life with GAs. This had helped them contextualise educational challenges within their wider personal development. Pupils appreciated the level of commitment demonstrated by the GAs including their efforts in planning and implementation of a range of activities at the University, their time management skills and their ability to provide a range of support including exploring career aspirations, relationship problems and practical help.

Pupils were asked what characterised their interactions with GAs. The major features of the relationship appeared to be mutual respect, adult-adult interaction, non-judgmental attitude of GAs, commonality of interest in music and sport, pragmatism and realism, avoidance of labelling or stereotyping, humour and professionalism. Pupils felt that the GAs had guided them well to make their own decisions and contrasted this with more prescriptive approaches adopted by other professionals. Pupils appreciated the ability of GAs to set boundaries and use only appropriate self-disclosure. One commented “behind all the banter we knew how far we could go”.

A final pupil questionnaire asked about their self-development over the period they had been based

within the College. 77% of pupils felt their behaviour had improved over the period, 55% felt that they had improved self-management of emotions and 44% felt they had improved in maturity. All pupils with the exception of one felt that their commitment to achieve in their GCSE's had risen over the period with 66% of the opinion that their commitment had risen considerably. The factors which contributed to this increase in commitment included workshop activities (88%), the support of GAs (77%) and the support of tutors (77%). Informal reports from schools reported some positive behaviour change including stronger work ethic and behavioural improvements.

## Follow-Up

The GAs moved on at the end of their tenure. Two continued working within the Aimhigher UK organisation designed to promote learners to enter higher education and one took a gap year teaching in South Africa.

Destination data from the College indicates that all the cohort (100%) continued in full-time post-16 education compared with a local authority average of 72%. Nine pupils within the cohort enrolled on full time courses within the College of which six opted to study engineering.

While this hard data reveals that all learners did in fact stay on post-16 it is possible that this was a natural result of the limited horizons for action of learners rather than because of individual motivation to continue in full time education. The description of ideal futures expressed by some pupils such as entering the RAF as a trainee flight pilot or becoming a professional footballer was often juxtaposed with a pragmatic approach to the possibilities available to them without the requisite high school qualifications or talent.

Thus it is highly likely that these transitions would have occurred without the support of the GAs. Nevertheless the cohort appeared to benefit from spending a year where they worked across four educational institutions with one trusted adult in “a climate of mutual commitment at an emotional level and of caring as the basis of the relationship”. (Wexler, 1992).

It is also quite possible that the relationships which developed between the GAs and the cohort would have worked equally effectively without the training in motivational interviewing. The enthusiasm of young men and women, caring for and about their pupils appeared to be a powerful lever for improvement of partnership working and opened many doors for future local co-operation and collaboration both inter and intra-organisation. It may well be that the spirit of MI in which the GAs worked collaboratively with the young person, evoking their own motivations for change and respecting their autonomy was a critical factor in the project. **MB**

## References

- HEFCE (1998). *Widening Participation in Higher Education: Funding Proposals*, Publication Reference 98/39, London, HEFCE
- HEFCE (1999). *Widening Participation in Higher Education: Funding Decisions*. Publication Reference 99/24, London, HEFCE
- DFES (2003). *Consultation on Key Issues relating to Fair Admissions to Higher Education*, London, Admissions to Higher Education Steering Group.
- Morris, E. (2001). *Key Challenges for Higher Education*, Speech by Estelle Morris, Secretary of State for Education, London Guildhall University, 22.10.01  
[www.dfes.gov.uk/speeches/search/detail.cfm?ID=13](http://www.dfes.gov.uk/speeches/search/detail.cfm?ID=13)
- Wexler, P., (1992) *Becoming somebody: Toward a social psychology of school*. London, Falmer.



# Motivational Interviewing in Poland

## A Polish-Irish Collaboration

*Iga Jaraczewska & Andrew Considine*

Motivational interviewing in Poland is, at present, a very much under-developed therapeutic model within the professional health care community. Until recently, the only MI specialists available in Poland were the first author, Iga, and a few close, supportive professional colleagues who she had introduced to and trained in MI. In order to increase awareness of MI in Poland, Iga invited the second author, Andrew, to Poland to collaborate in presenting an international MI workshop. This article tells the story of our experience of making this workshop happen and the further steps we hope to take to increase the spread of MI in this country.

### MI in Poland before the International Workshop

Iga is a clinical psychologist, CBT therapist, and supervisor who was introduced to MI in Scotland over 20 years ago. Since that time she championed the cause and evolution of MI in Poland with little more to rely on than her own belief and passion.

Iga has been involved in teaching MI within the Polish National Health Service, as well as the Social and Educational Services, through formal lectures, seminars, workshops and much informal teaching. Iga's MI work has included consultations and supervision of therapy programmes with elements of MI carried out by other professionals. She uses MI principles during her work as a supervisor to multidisciplinary teams that are concerned with the delivery and development of their services.

However, Iga observed that, regardless of who she taught, most of her course participants had never heard and never experienced this type of work with clients. In fact, they seemed to have been taught a completely different perspective, i.e., a combination of a medical model and confrontational approach (particularly obvious within the addiction services but also within the general mental health area).

### Preparing the International MI Workshop

The direct inspiration for the MI workshop was Iga's and Andrew's attendance at the 2007 MINT

Training of New Trainers (TNT) in Sofia, Bulgaria, and especially the support of TNT leader Rik Bes. Rik has played a huge part in disseminating MI in this part of the world and from the beginning encouraged our plans to continue the MI movement in Poland. He has truly been integral in supporting the growth of MI in Poland and we hope he will visit Poland one day to see what has grown from that support.

To appreciate the nature of the challenge of bringing this collaborative workshop together, one must start by understanding that culturally, Poland, like many other mid-European countries, can often be very closed to outside ideas and skeptical towards embracing that which may challenge tradition and thus the status quo—and that the health care system in Poland is not at all beyond such skepticism.

So before the workshop took place in Warsaw, there was a need for much background and behind-the-scenes work. This work included advertising through the internet, displaying posters at universities and schools of Psychology, and the presentation of an MI seminar and workshop at the annual Congress of the Polish Psychological Society by Iga and her psychiatrist colleague Olga Olszewska.

Despite these efforts, the term "motivational interviewing" as a title for the workshop proved to attract little interest, possibly due

to lack of familiarity. It was decided to rename the workshop 'How to Motivate Yourself and Others,' which proved to be more appealing as shown by increased interest from prospective participants. Interestingly, though perhaps unsurprisingly, the title seemed to attract people who not only desired to improve their skills in effecting change within others, but also some who hoped to learn how to be more effective in changing themselves.

We decided to have Andrew Considine lead the workshop, with simultaneous translation into Polish. The introduction of a trainer from outside of Poland was thought to be a key factor in the furthering interest in MI in Poland, because it became apparent that the inclusion of an international facilitator placed a greater importance on the topic by demonstrating that 'others' were taking an interest in the Polish social care system. The added advantage of inviting Andrew to Poland was that Andrew had a good knowledge of mid-European culture due to the fact that his wife is Lithuanian. Thus the understanding of the socio-political and historical cultural differences which beset any mid-European society shared by Iga and Andrew gave legitimacy to Andrew's role in providing training to Polish practitioners and made both very much aware that presenting MI to the Polish health care community would have its own challenges.

## Conducting the Workshop

The 2 day workshop was attended by 24 psychologists, social workers, and psychiatrists. Introducing MI within a social care culture that had been so accustomed to other methods and modes of creating change for the client proved to be challenging at times. All of the participants were trained in the belief that they were in charge, they knew the answers, and they were responsible for making their clients better—for that is why they had to study so hard and become ‘the professional.’

During the first part of the first morning we spent time exploring the area of ‘Prejudices and Value Judgments.’ One participant remarked, “I thought I had cleared myself of professional judgments and prejudices – how wrong I was,” to which we replied, “How aware you are.” The workshop was strong on the interactive, with the goal of training the participants in using the skills of the OARS as well as coming to a theoretical and practical understanding of Darn-C. We believed that to present a workshop on only OARS would have led the participants to leave their clients in a state of continued ambivalence, so we considered it to be important for the participants to experience the ability to elicit change in the other and experience the reception of a what Steve Bergsmith calls a ‘pearl message.’

As the workshop progressed, participants reflected on how the experience of MI was surprisingly embracing, compassionate, skillfully challenging and yet at the same time non-threatening towards the client who was being helped to consider change—and on the fact that the counsellor did not have to have the answers, which was the client’s privilege and responsibility. It was as if a huge sigh of relief came over the participants. We could see the expressions on their faces, as if to say: ‘You mean we don’t have to make them change?’ This was the point where Andrew daringly introduced a little humour by asking the group, “How many psychologists does it take to change a light bulb?” With the group looking back with blank faces and desperately waiting for the answer, Andrew replied. “None, the light bulb has got to want to change!” Humour can be a wonderful teacher, but trying this within a culture different than one’s own can be risky. Fortunately, after a delay attributable to the need for translation, on this occasion the ‘light’ went on with an outburst of laughter.

To sum up the impact of this MI workshop, we share the following statement, which was communicated by a participant who for 15 years has been the

director of a day care center caring for underprivileged youth. This participant manages a staff of sixteen, most of whom are psychologists. When receiving the certificate of completion, the participant said: “This workshop on MI has been such a revelation for me, that tomorrow morning I will go into work and re-evaluate with my colleagues our therapeutic approach as to how we work with our young people.”

## After the MI Workshop

It was wonderful to experience how many (mainly young) participants in the collaborative workshop expressed how attractive and liberating the model of MI was and how attracted they were towards these ideas of motivation and change. No doubt, with some formal support, MI could become more and more widely spread throughout Poland and neighbouring countries.

A request for further training led to plans to offer another workshop to take place in Warsaw in March 2009, which is now being advertised to a wider audience of interest. Andrew has also made contact with an addiction service in Lithuania and has invited a representative to attend the next Polish workshop.

Although MI in Poland is still very much in its infancy, interest is growing. The participants in the first workshop were mainly Warsaw specialists, but there were some people from different regions. This means that, shortly, MI will have pioneers across the whole country. The teaching of MI will involve liaising with and collaboration with various treatment centres, teaching centres, residential hostels etc. We believe that MI workshops should be offered not only to psychologists and psychia-

trists but also extended to other groups such as probation workers, the alcohol field (which at present is almost exclusively based on AA philosophy in Poland), psychiatric hostel staff, post-graduate psychology students, couples with relationship problems, adolescents, politicians, business people etc. MI principles could, perhaps, also be taught in some ways to the general population to use in everyday life.

## Request for Support

We have chosen to share this experience as away of affirming the great support we have received through our TNT training and in the hope that this one experience will help and inspire all, especially those who live and work in countries where MI is not yet a familiar model.

We believe it is time to widely teach MI on this side of the world. So, let us visualize and feel the potential for creating a new and liberating opportunity for our potential clients in mid-Europe. Let us now pool our resources, wisdom, and skills in support of this new and exciting journey. The invite now formally goes out to anyone interested in helping us to disseminate MI in Poland. Contact can be made through Iga at [ij.akademia.motyvacji@gmail.com](mailto:ij.akademia.motyvacji@gmail.com).

Please get in touch; any initiatives that you can come up with that you think could be of assistance would be gratefully welcomed.

To the on-going journey of healing and well-being! **MB**

# Information on Training in Motivational Interviewing

*The following statement was endorsed by MINT's Board of Directors and their Advisors, and ratified by the membership of MINT in September, 2009.*

The Motivational Interviewing Network of Trainers (MINT Incorporated) was organized to promote quality in the practice and training of motivational interviewing (MI). Membership in MINT is obtained by completing a Training of New Trainers (TNT) sponsored or endorsed by MINT. Admission to a TNT requires submission of an application that documents the applicant's achievement of proficiency in the practice of MI as well as prior experience as a trainer or supervisor. MINT members are eligible to attend the organization's annual international meeting and to participate in an active listserv dedicated to sharing knowledge and experience related to MI training, practice, and research. MINT does not currently certify trainers, and MINT trainers may not legitimately represent themselves as certified, registered, or licensed by MINT.

MINT Incorporated does not restrict or prescribe the form, length, or content of training offered by its members. However, based upon published research on training in MI, as well as extensive experience in providing such training, MINT does provide the following consensus guidelines regarding best training practices:

Workshop training can introduce participants to the spirit, concepts, and methods of MI, but should not be expected to provide competence in the practice of MI.

Proficiency in MI is typically gained over time through feedback, coaching, or supervision based on observed practice.

Any judgment or certification of proficiency should be based on direct observation using a recognized metric.

Prior to training others in MI, trainers should have themselves demonstrated proficiency in the practice of MI.

MINT trainers cannot confer MINT-certified status on participants in their training, nor can they admit trainees to MINT. MINT trainers may provide participants with certificates of completion of a workshop or other training experience. They may also choose to offer their personal certification of trainees' achievement of competence in MI practice based upon trainees having met proficiency standards, as measured by available recognized metrics. Certification of proficiency is to be based on meeting practice competence criteria, and should not be given based merely upon completion of a particular amount of training, although a sequence of structured training experiences may contribute to trainees' achievement of proficiency. 