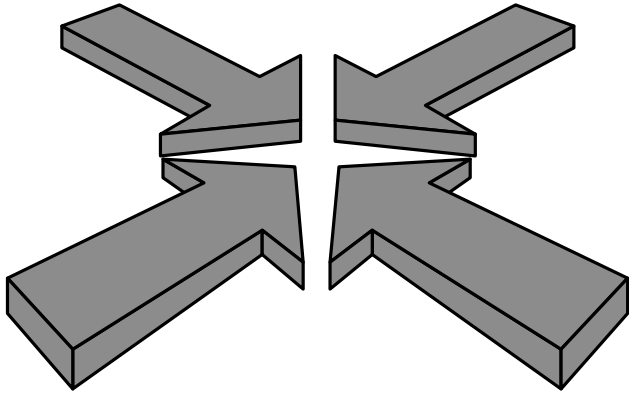


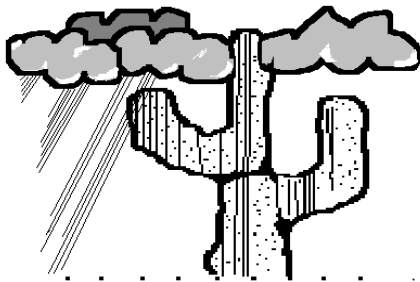
Motivational Interviewing Newsletter for Trainers

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New Perspectives



From the Wetlands

Bill Miller

I AM IT

My first reaction to the acronym IAMIT was an aversion to its barely latent egotism. "I am a MINTie and I AM IT!" Draw on your own culture for lingo to describe what "it" might be. The cat's pajamas. God's gift to the field. The crowning achievement of psychic evolution. Clearly these overtones do not capture the generous, collaborative, noncommercial spirit that seems to characterize MINTies international.

Then a better connotation found me, in the American phrase from the children's game of tag. One child who is "it" touches another and says,

"Tag, you're it," at which moment the role passes from one to the other. The new "it" player then is empowered to pass on that role through a simple touch contact. Now here is a metaphor with possibilities! The responsibility role is passed easily among players of equal status. This is reminiscent of tags that happen among counselors during the fishbowl (aquarium?) training exercise. There is also the playful evasion to avoid being tagged, mirroring resistance. The crucial touch that passes the focus often occurs through an adept, unexpected move. What resonates most for me in this metaphor, though, is the sense of responsibility involved in being "it." The role calls for alert activity, not passive observation. Our data show that the therapist's actions during a single session of motivational interviewing are strongly linked to clients' outcomes even one or two years later. How we relate to our clients can significantly increase (or decrease) their likelihood of changing life-threatening behavior. Talk about responsibility! We're not just playing games here. It makes a real difference what we do and say, how we are with others.

The paradox, of course, is that ultimately it is the client who chooses. It cannot be otherwise, and this is a cornerstone of the philosophical foundation of motivational interviewing. Yet the data also show rather clearly that how we comport ourselves - what we say and do with our clients - exerts a substantial influence on whether and how they decide. Both things are true.

And so it becomes for me another helpful metaphor, a wake-up reminder as I draw a deep breath and turn the doorknob to the counseling room. Tag! I am it.

MINT-5

As reflected in the last newsletter, the Malta MINT included a wonderfully stimulating parallel meeting of senior MINTies who exchanged ideas and perspectives from their ongoing experience. This initiative from Jeff Allison went so well that

we would like to repeat it at MINT-5, planned for October of 1998. Responding to requests from European MINTies, and to facilitate their participation when we meet in North America, we will be convening MINT-5 on the east coast. The meeting will be held in Newport, Rhode Island. It will immediately precede an NIAAA-funded one-day conference on motivational interventions with adolescents, organized by Peter Monti, for October 23 ["Adolescence, Alcohol, and Substance Abuse: Reaching Teens Through Brief Interventions"; for information about this meeting contact Tracy O'Leary at (401) 444-1845; fax (401) 444-1850]. For MINT, we have engaged the Hotel Viking, a charming old Victorian hotel on the mansion district hill (Bellevue Avenue) overlooking the Newport waterfront, at the reasonable room rate (at least for high season in Newport) of \$129 for single, \$144 for double occupancy.

We will accept a cadre of new MINT trainees for the 3-day trainer workshop with Steve and myself (October 20-22). What I suggest is that the parallel meeting of senior MINTies (the IAMIT) network extend over three days, two of which overlap with the new trainer training (October 19-21). This will allow Steve and me to participate with the senior MINTies before we start our 3-day workshop. (We propose to take no leadership or presentation role in the meeting, just to participate.) It might also give us the time and opportunity to do what we did not accomplish in Malta - to involve some senior MINTies creatively in the training of new MINTies.

Furthermore, I have a challenge to propose to senior MINTies who attend, should you choose to accept it. For several years there has been talk of assembling a trainer's resource notebook to be shared among MINTies. The basic idea is to assemble a loose-leaf notebook of training exercises, to be distributed to MINTies on a nonprofit basis. There could be a standard format by which each exercise is specified (time required, materials needed, format, contributor information, etc.). Free-form trainers' notes could be added to help in using the exercise. There are so many creative methods being used out there, that this collection could be a marvelous resource. Once the format is established and an initial notebook has been assembled, new exercises could be contributed by MINTies on an ongoing basis. Receipt of new exercises could be an

added benefit of IAMIT membership. A possible goal for the parallel MINTie meeting, then, would be to leave Newport with a first-draft MINT exercise notebook assembled, and a plan developed for how to distribute and update it.

If you're interested in adolescent populations, you are also encouraged to stay over for the NIAAA conference on October 23. It will be held at the Marriott Hotel, on the waterfront, a half mile walk from the Viking (maybe longer going back). Weekend room space is limited at the Viking, so it may be necessary to change hotels if you stay for the NIAAA meeting. Housing for the NIAAA conference will be at Vanderbilt Hall, which is between the Viking and the Marriott.

THE TAPES ARE READY

Motivational Interviewing:
Professional Training Videotape Series, 1998
William R. Miller & Stephen Rollnick
Directed by Theresa B. Moyers

This new series of six videotapes, produced at the University of New Mexico, is intended to be used as a resource in professional training, offering six hours of clear explanation and practical modeling of component skills. Because it is helpful to see how a method is practiced in various contexts, the tapes include clinical demonstrations of the skills of motivational interviewing, showing ten different therapists working with twelve clients who bring a variety of problems. I am deeply grateful to MINTie Terri Moyers, who volunteered many weeks of her time for the planning, directing, editing, and completion of these tapes.

A. Introduction to Motivational Interviewing. The introductory tape is a conversational interview with Bill Miller and Steve Rollnick, conducted in the summer of 1997 by Theresa Moyers. They review the background and current directions of motivational interviewing, explore its essential theoretical and conceptual underpinnings, and discuss its five basic principles. This is by no means a comprehensive introduction to motivational interviewing. Rather, it sets the context for the demonstration tapes that follow.

B. Phase 1: Opening Strategies. This is the most complex of the tapes, and spans two videocassettes. It is designed to illustrate the skills involved in the opening phase of

motivational interviewing. Phase I focuses on identifying and strengthening the person's intrinsic motivation for change. It begins with the first contact and continues until the transition into Phase II, illustrated on Tape 6.

C. Handling Resistance. Motivational interviewing includes a set of strategies for handling and decreasing resistance. The information presented in this videotape is particularly useful during Phase I, although the methods are applicable throughout counseling. The phenomenon of "resistance" is discussed, and various strategies are explained and demonstrated.

D. Feedback and Information Exchange. One context in which motivational interviewing has been widely practiced is the "check-up" or feedback of assessment information. This specialized application involves much more talking on the part of the therapist, in that more information is being imparted to the client. How does one take this more active, information-giving role and still be consistent with the spirit of motivational interviewing? That is the focus of this tape.

E. Motivational Interviewing in Medical Settings. A rapidly growing application of motivational interviewing is in general health care settings. Here it is often necessary to compress the process of counseling into a shorter period of time. This tape explores how the spirit of motivational interviewing can be applied in busy health care settings.

F. Phase 2: Moving Toward Action. How do you know when to move from Phase 1 (building motivation for change) into Phase 2 (consolidating commitment to a change plan)? What counseling methods are used in Phase 2, and how do they differ from the opening strategies of motivational interviewing? That is the focus of the final tape in this series.

The VHS (U.S. format) videotapes are available from Delilah Yao, Department of Psychology, University of New Mexico, Albuquerque, NM 87131-1161; 505-277-2805; dyao@unm.edu. The prices are:

Tape A. Introduction to Motivational Interviewing
\$25

Tape B. Phase 1: Opening Strategies (two cassettes) \$35
Tape C. Handling Resistance \$25
Tape D. Feedback and Information Exchange \$25
Tape E. Motivational Interviewing in Medical Settings \$25
Tape F. Phase 2: Moving Toward Action \$25

Or a Set of all six tapes \$120

Visa/Mastercard is now be accepted by the UNM office. MINTie Rik Bes, through the European Addiction Training Institute (EATI), will distribute the PAL (European format) videotapes.

An Update and Rim Shot

MINTies may also be interested to know that a major pharmaceutical is preparing to market a new medication that may eliminate the need for motivational interviewing, because it is designed to resolve ambivalence. It is called Vascilline.

Bill Miller

Important MINT Dates	
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Submission	Publication
8/1/98	9/1/98
12/1/98	1/1/99
4/1/99	5/1/99

All MINTies (and others interested in MI) are invited to submit pieces for the MINT. Information does not have to be researched-based or written as for a journal. Our members have consistently stated that hearing what other MINTies are doing is one of the most interesting aspects of this publication. Don't be shy.

Pieces for the newsletter may be faxed or mailed to me at the addresses and numbers listed at the end of the newsletter. Email has become an increasingly common way for people to send information and actually makes my job easier.

MINTie Biographies

Member Biography

Name: Paul Delaney

Location: Dublin, Ireland

Training Interests: Training drug workers to use MI – Training community workers, hostel workers and others to use brief interventions with drug users

Training Language(s): English

How did you become interested in MI? Originally through my work as an addiction counsellor and a realisation of the effectiveness of MI with my client groups.

What sorts of things are you doing now with MI? Struggling with my teaching of it to extremely busy practitioners who often feel there must be some catch because of its clarity and lack of “psychobabble”.

What is your favorite story about training? Beginning a session by teaching the trainees the six “P’s”: Proper planning prevents piss-poor performance” and then having to own up to forgetting the OHP [Overhead Projector].

What would people be surprised to know about you? When I was seven years old I won a medal at school for singing in Irish. It was after that I developed discrepancy!

People reach Paul at:

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Email: COAIMPAUL@MSN.COM

Name: **Chris Dunn**

Location: Harborview Injury Prevention and Research Center

Training Interests: Teaching physicians, residents, and medical students to do Brief

Interventions with their patients, teaching social service providers MI,
Training Language: English

How did you become interested in MI?

Out of desperation, and while working in the Seattle VA's Pain Clinic as an intern, I read Prochaska's American Psychologist article on stages of change in smokers. It made immediate sense to me, and it also offered me a release from the push to get people into action immediately.

What sorts of things are you doing now with MI?

I'm using it on my boss. He wants to call our 2-year NHTSA grant to train docs to do brief interventions, "Project SIR" (Screen, Intervene, Refer). But I'm the guy who has to go in there and train all those women physicians as a representative of Project SIR, and try to undo any unpleasant impressions this acronym may have created. I think we need a less sexist acronym, but I don't sense even an ounce of ambivalence on his part.

I recently left a job after a year of supervising chemical dependency counselors in an abstinence oriented addiction program that treats lots of drunk drivers.

What is your favorite story about training?

We have a female boxer with a terrible under-bite, whose tongue is too large to fit in her mouth. Her name is Ethel, and she photographs magnificently. I have 6 training slides of Ethel (available for an obscene fee), each one a face shot of a VERY different expression, each one representing a different stage of change (or is it five?). I've done about 100 MI workshops since 1995, and have just about worn out the slides. No matter how bad things are going, I can always put Ethel up there, and people howl. After awhile, I began opening up workshops with slides of Ethel (always lead with your strengths), by asking before each slides goes up, "do any of you have patients who feel this way about changing?" I think this is called "bottom up" learning, versus "top-down", where you start with concrete examples of what you want to teach (that's the bottom), and let the audience think up the categories or abstractions (that's the top) which the examples illustrate. Anyway, as far as I can tell, Ethel's average rating on your basic

evaluation questionnaire is off the charts. Modal comment: "nice workshop, LOVED ETHEL!"

What would people be surprised to know about you?

I once high jumped over a bar that was 7'3 1/2". I feel this makes me a better therapist.

You may reach Chris at:

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(206)-521-1244
cdunn@u.washington.edu



Editor's Cup

David Rosengren

Next Adventures

Blair Beadnell, Lois Downey and myself are beginning a three phase developmental grant (funded by NIAAA) to evaluate the use of a MI intervention to reduce HIV/AIDS risk behaviors among gay men as they enter substance abuse treatment. The focus is on sexual, as well as substance use behaviors. Phase I will elicit information from men who have sex with men (MSM) to determine what elements the intervention and assessments should incorporate. Phase II involves developing and testing measures, in addition to piloting the intervention. Phase III is a feasibility test of the intervention versus standard care. This is a small-scale study, but our belief is the intervention will show promise. If our faith is sustained we will pursue a more comprehensive evaluation. If not... know anyone looking for a slightly used psychologist?

Betsy Wells is on the precipice of beginning additional research on interventions with street-based stimulant users. As you may recall, Betsy had some interesting findings, in a developmental grant, about the utility of a MI-based intervention with out-of-treatment users. This would be the

R01 to follow-up on those findings. Betsy also has other MI things percolating, including a proposal for methamphetamine users and MI.

Existential Angst and Stages of Change Measurement

We have been thinking a fair amount about Stages of Change (SOC) measurement as part of this HIV/AIDS developmental grant. Quite frankly, none of the available measures has been entirely satisfactory as an assessment tool in our research. The Readiness Ruler is a quick and easy clinical method of getting some information about readiness to change, but I believe even Steve has said this measure has questionable reliability. The SOCRATES consistently reflects a three-factor solution. The URICA profile analysis is not intuitively obvious. The Change Score method has been used by the folks in Houston with some success, but — and I may be a little slow to understand the reasoning behind the method — I still wonder if what we are looking for is five stages, why we are arriving at a single score. It seems to me that this is a Readiness to Change score not a Stage of Change score, two things that seem pretty different to me. Perhaps Mary Velasquez, a cherished colleague, friend and MINTie from Houston, could set my wagon straight. In my muddled thinking, I wonder if our inability to identify a measure that consistently reflects the five stages in a straightforward manner indicates either our devices are inadequate or SOC is really a useful heuristic, with only limited empirical truth. Much more erudite thinkers have raised the latter point before, so it's not even an original question on my part. It makes me wonder if we've been going about this all wrong.

An issue that has been bothering me is our measures are unidimensional. However, Prochaska, DiClemente and other's write about levels of readiness, reflecting the multidimensional nature of most behavior change efforts. So, our interventions are multidimensional, but our measures assess global constructs. In the case of uncomplicated behavior (sun screen use) we may be able to get by with that, but when we're inquiring about something as complex as safer sex, that dog isn't going to hunt.

So, if you follow my rather concrete thinking, what we need is a new measure. One that asks about

the context of the change effort, readiness to change on dimensions of potential importance in a change effort, and something about their confidence in their ability to enact those changes — all done in relatively brief amount of time. Or conversely, we just ask someone what their goals are and how confident they are they can achieve these goals. Laugh, but one of strongest outcome predictors from the START research has been client answers to straightforward questions about their confidence in entering treatment and staying sober in three months.

ICTAB – 8

I attended ICTAB-8 in Santa Fe and had a great time. Unfortunately, my partner came down with a particularly virulent form of the flu and so I spent a fair amount of time, shuttling back and forth to the room to push fluids and check on her well being. Still, I had a chance to make the acquaintance of several MINTies who I knew only by name. It was fun to hear about what they were doing, as well as the interesting things others are doing with MI, including analyzing language content and using MI with adolescents. Steve managed to shake up the Americans in his MI in medical settings workshop, by his interpretation of the Project MATCH results. I even visited Los Alamos (where the Atomic bomb was built in WWII) and Bandelier National Park (a Native American Ruins) in the same afternoon. Talk about juxtaposition. All in all, it was an interesting and entertaining conference. My hat is off to Bill and his colleagues in putting it all together. Well done!

A Web Page

The MINT Web Page is still on hold. This is a matter of too many things on too many plates. If someone out there has expertise and interest, I would be happy to enlist your support in this effort. The same can be said of our jazzing up the MINT.

Correspondence

Hi David,

I attended the MI trainers workshop in Santa Fe in October 1994 and work in the Division of Behavioral Medicine at Miriam Hospital in

Providence, RI. I have been involved in several research grants using motivational interviewing to deliver smoking interventions to hospitalized patients, high risk pregnant women, and mothers of newborns.

In addition, I am a consultant to numerous projects that are also using MI to deliver smoking interventions to various target populations. In this role, I am often asked to provide some quality assurance of the interventions. I currently listen to cassette tapes of the intervention and provide the interventionist with feedback to help ensure that they are doing lots of reflective listening, providing empathy, developing discrepancy, etc., as well as adhering to the intervention protocol. My evaluation is rather qualitative, and I worry that it may not be scientifically rigorous. Do you know of any evaluation tools out there that are relatively easy to use in a research setting? I was also wondering if perhaps we could pose this question in an upcoming MINT newsletter in order to generate a discussion about quality control. I would appreciate some feedback on this.

Thanks!

Jacki Hecht
email: jhecht@lifespan.org

Dear David,

I wasn't sure what I've sent you lately about our MI activities here at the Research Division for the MINT.

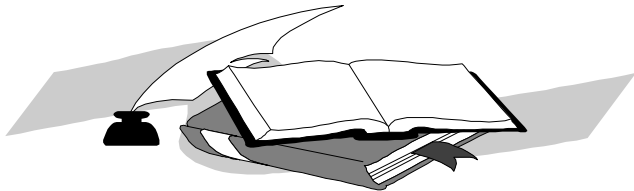
Perhaps I've told you that we've finished our FAS prevention MI videotape training project and clinical trial (and found significant results). We've submitted an abstract to Obstetrics & Gynecology, the abstract is on our web site and I can email copies of the manuscript to interested readers.

We've also translated the MI slide presentation into Power Point (PP) as PP now seems to be more popular than Harvard Graphics. Info about it's also available from our web site.

Warmest regards,

Reid K. Hester, Ph.D.
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Publications

Rollnick, S. (in press) Readiness, importance & confidence: Critical conditions for change. In W. Miller & N. Heather (Eds) Treating Addictive Behaviours (2nd Edition). New York: Plenum.



From Across the Pond

Stephen Rollnick

Dear Bill – A Letter from Steve

Dear Bill:

There's no music in brief medical consultation? "Whoa" is that somewhat helpless cry I've heard in the South African hills when the animals run wild. Anyway, Bill, whoa! You ran away with yourself in the last newsletter. Are you drinking weird river water on your sabbatical in Portland? You said this: "...the task of computerising motivational interviewing is a bit like Steve's efforts to develop brief negotiation strategies that can be used in routine health care settings... in

some important sense, they are not motivational interviewing, and the difference is in the music".

Your point about computers being unable to replicate motivational interviewing is well taken. But are you saying that general health care practitioners cannot approach the music of motivational interviewing, or was it just the brief strategies you were dismissing? These are two separate questions. Whoa, man. Let's start with the first question, the more important one.

General healthcare practitioners produce musical consultations every day. I've had some wonderful experiences with medical students and simulated patients. They achieve this because some of them are outstanding individuals, and because the huge volume of literature on patient-centred medicine and related subjects has influenced them. This patient-centred music is hard to distinguish from the music of motivational interviewing. Two people, avoiding conflict, exploring the patient's understanding of a problem...

Yesterday, I came across a study of patients' understanding of chronic illness in which the work of Mezirow was cited. Apparently this approach is used to explore the meaning of illness, using "reflective dialogue" to achieve "perspective transformation". Closer to home, it was MINTie Rick Botelho who first drew my attention to the potential of "negotiation" as a framework for describing the consultation. Then there's the work of Moira Stewart from Canada on patient-centred medicine... Our challenge is not to see how healthcare practitioners can change their practice to absorb motivational interviewing, but to find a way of integrating motivational interviewing into the existing patient-centred model of practice. To this end, MINTies might want to take a look at Stewart's work?

So Bill, what about the second question? The brief strategies, which are a tiny contribution against the background described above, can their use nurture the music we are talking about? Surely, the answer is obvious: without grounding in patient-centred practice, the music will be hard to hear. With it, the strategies are merely devices for structuring a conversation about behaviour change in which resistance is not reinforced. Alison Bell and I developed these strategies in response to the learning preferences of

practitioners we encountered. They said it helped them to avoid getting lost. Practitioners do not either have, or not have, listening skills. They vary. Think of a continuum, if you like! Most are in the middle. My intuition is that a little structure helps them. In the right hands, they can provide a platform for sublime movement; in the wrong hands, a stage for clumsy clog dancing. Haven't you heard this said before about many other frameworks?

Best wishes,

Your mate Steve.

P.S. Here is a reference: Stewart M, Stewart M, Belle Brown J et al (1995). Patient-centred medicine. Transforming the clinical method. Sage Publications, Thousand Oaks.

Resisting Resistance

I used to find the subject of resistance a real pain in training. It always got left to the end of the course, by which time everyone was tired. Now I start with it. What a difference this makes.

The Videos

I have started using them in training. A wonderful aid. One thing I notice is that I demonstrate less than I used to, because I just switch on the video. Less stressful, but is this a good idea? I never felt more satisfied than when a demonstration went well. EuroMINTIES, you will be mailed as soon as they are ready for distribution. We also need to consider video material in Euro languages. Please contact Rik Bes or me if you have an interest in this. (Rik: Fax: 00-31-35-642-1502)

European Training

3-day workshops in Brussels, Amsterdam and Paris are being planned (Fax EATI: 00-31-20-676-4591). Also, the first European Summer School in Motivational Interviewing is being planned for 4-6 November in Cardiff, under the creative eyes of MINTies Rhoda Emlyn-Jones & Jeff Allison, for people who have an understanding of the basics, but who want more. Rik Bes (Fax: 00-31-35-642-1502) can provide the details.

The Centre for Motivation & Change

Rik Bes and Steve Rollnick have set this up as a non-profit Foundation, to co-ordinate the work of so many talented MINTie trainers in Europe. Rik will provide you with more details separately.

MINT '99

Being planned. Will happen. In Europe. Will be good!

MALTAMINT- A NOTE FROM THE ORGANIZATIONAL HEART

Rik Bes

Thinking about MINT '97 in Malta, different memories come to mind: The songs and stories after dinner; meeting old and making new friends; the plans and ideas for future cooperation; the help we got in organising the event from the sponsors; the creativeness of Jeff, Tore, Tom and Peter in organising the parallel meeting. It has been great fun, but also a lot of work to organise the event. I could not have done it without Iris, who has put in a lot of energy to let things run smoothly; thanks again! Next years' MINT will probably be held somewhere in the USA and will most likely be combined with a parallel meeting of experienced Minties. But that is still hidden in the not so near future. Meanwhile, Steve Rollnick and I are thinking of ways to support especially the European Minties in their initiatives on training, material development, networking etcetera. We will get in touch with you soon with some ideas to help each other realise these initiatives. Last but not least: thank you all for being in Malta and making the event a success!

Hello Everybody!

Imagine that it's October and you've arrived at a lovely 5-star hotel in Malta. You've flown in from the wet, cold city of Bergen, which lies between the mountains and the North Sea on the western coast of Norway, and now you're talking with Steve Rollnick. It may be that you're by the pool, or maybe you're at the local restaurant. You're feeling quite mellow, not surprising, considering the environs, enthusiastic colleagues, interesting discussions and exciting plans for the future. You may just possibly be under the beneficial mood effects of a rising blood alcohol level.

Something about the whole situation lowers your defenses. And Steve asks if you could be Euro-editor for the next MINTie newsletter. Since you've never done this before, you ask him what exactly this implies. *"Mostly getting in contact with people and asking them to contribute to the newsletter."* He may have mentioned other tasks in a somewhat vague way, but that's something you can't quite remember. Since the next newsletter is such a long time away, and work and responsibility seem to lie lightly on your mind, you say: "Yes".

And then you don't think about it that much until Steve e-mails, a few weeks before the deadline for the next publication. No longer in Malta and with a BAC level at zero, you try to grapple with the chore at hand. We decided to present of some of the MI-things we're doing here in Bergen.

We're very fortunate that five of the staff at our outpatient clinic have been to MINTie trainer workshops. When it comes to training, the more experienced try to buddy up with the less experienced so as to spread competence. All in all, there are eleven of us who have held MI workshops.

We have a steady stream of requests for workshops. One of the more interesting trends is an increasing demand for training from traditionally confrontational Therapeutic Communities. Apparently MI has been evaluated by the TC movement and found to be a helpful approach. There also seems to be a growing interest in MI outside the drug and alcohol treatment field. We've done workshops for health insurance employees who are engaged in a project to motivate patients with lower back pain to try a gradual return to work (called "Active Sick Leave"). We've held two workshops for high school counselors and have received a request for training from the Norwegian Dentist Association. We've also used MI in the direction of what could be called Community-MI and Organization-MI. We are a bit surprised by this turn of affairs, since we only advertise workshops for drug and alcohol services. It seems that workshop participants find the approach so useful that they recommend it to other people.

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PRAMER: MI training stretched out. A pilot study

Tore Børtveit & Arild Opheim

The Bergen Clinics Foundation

This winter we experimented with a somewhat different way to teach social workers MI skills. Following a brief presentation of the training program, we discuss some of the preliminary results from our evaluation of this training program.

The Question

MI training is well received among Norwegian health care professionals and social workers. Evaluation forms suggest that trainees are very satisfied with the training in the format of a 3-day workshop. They find the MI principles, strategies and communication skills useful and relevant in their work. This positive evaluation seems to last for at least two years after training takes place. What we don't know much about is whether trainees (in this case, social workers) actually learn the skills. Does MI training result in acquisition of MI skills? In an effort to answer this question, we put together a pilot evaluation study.

The Program

We named the training: PRAMER (*PRA*ksisbasert *Metodeopplæring- Endringsfokusert Rådgivning*). PRAMER sounds like an acronym, but it has absolutely no meaning in Norwegian - so far! This is MI training designed to use participants actual work experiences in the training sessions.

The main idea, integrating trainees' "real life" experiences with the different aspects of the MI-

training, was accomplished by “stretching out” the training. That is, we divided the regular workshop into 10 two-hour sessions and spread them out over a period of 6 months. We had training sessions about once a fortnight. We gave the trainees homework assignments for between the sessions and soon discovered people often will not do what they are told to do. Sound familiar?

Every training session started with a discussion of the homework. We then used the homework material as starting points for role-plays and further discussion. This was followed by a short session with lecturing and demonstration of new material and skills. The trainees practiced the new skills in a role-play / discussion manner. Each training session concluded with a new homework assignment.

Twelve social workers employed in or around Bergen participated. The majority had recently completed social work training. Three had received some previous MI training. All saw alcohol and drug addicted clients at least weekly.

Each session had an agenda:

1. Basic communication skills and the role of empathy in facilitating change;
2. Reflective listening skills;
3. Open-ended questions, reflective listening and summaries (“the melody”);
4. The concept of Readiness to Change and the Stages of Change Model;
5. Ambivalence and double sided reflections;
6. Motivation;
7. Building motivation for change and preparing for decision making;
8. Resistance - Identifying, understanding and handling;
9. Addressing alcohol or drug issues when the client doesn’t ask for it, and negotiating change; and
10. Discussing and practicing MI, and closing the groups.

The Results: Did they learn it?

We collected different types of data, including self-report questionnaire, self-report interview and “objective” pre - post videotape recordings.

The participants appreciated the PRAMER program. Their confidence in working with

drug/alcohol issues increased significantly. The trainees report feeling more competent, and find working with clients’ drug and alcohol problems more interesting and rewarding after training. It seems that they liked IT and had an interesting experience. But did they learn IT?

So far (as of April 5, 5:00 p.m. and 5 days over deadline for the MINTies newsletter) we’ve done only a few analyses on our material. But, based on preliminary analyses, it seems they learned IT!!!!

Pre and post video recordings with the trainees in a simulated client counseling session were evaluated by experienced MI clinicians (MINTies Tom Barth and Kirsten Mageroy). With fairly good inter-rater reliability, we find trainees ask fewer closed questions, increase the frequency of open ended questions, and make more reflective listening statements and summaries after training. Due to lack of time we can not present our data in detail now, but the results will be presented at the Liverpool Conference on April 20 (The 11th International Conference on Alcohol). As we say in Norwegian - so far so good.

Euro MINTerview

By European co-editor Tom Barth.

The Mint family includes many personalities. In Genova, Italy we have Gian Paolo Guelfi, who has composed answers to the following questions together with MINT-colleagues Maurizio Scaglia and Valter Spiller. Gian Paolo is a medical doctor, specialized in Nervous and Mental Diseases at the University of Siena. He was actually in the middle of the wave of radical Italian psychiatry – the largest mental health “field experiment” in the world. (This may not be very well known i Northern America, but they closed down (most of) the psychiatric hospitals, in order to treat the patients in the community. The experience was not entirely successful, but has inspired European mental health planning very profoundly.) He has also gone through a four year training in Milano-school family therapy. (In the next interview I’ll ask him to discuss differences and similarities between the Milano-school circular questioning and MI . – *can they be integrated, Gian Paolo ?*)

Gian Paolo is the "Direttore" of SERT (Servizio Tossicodipendenze) in Genova.

E-mail gpguelfi@iol.it , and in return for friendly e-mail messages he sends vivid weather- and season reports from Figure.

Tom: From a broad background in radical psychiatry, biological psychiatry and family therapy, you are (one of) the people who has brought MI to Italy. How and why did MI catch your interest ?

Gian Paolo: I first read "the book" in 1992. MI caught my attention because I realised that it fits perfectly with the need to overcome the attitude of 'fighting' with clients - confronting them sharply to "break denial". The metaphor of "dancing or wrestling" that Jeff Allison uses in his training course is clear-cut: with MI we dance, wrestling is of no use. I met MI when I was professionally "mature", and yet still I hadn't found an answer to the problem of building a therapeutical relationship with so-called "poorly motivated" clients. MI seemed to me to provide such an answer. My colleagues in Italy, Maurizio Scaglia, Valter Spiller and I started talking about MI after I first met Stephen in Cardiff (1992) and Bill in Santa Fe at ICTAB 6 (1993) and found a lot of interest in the Italian professional field.

Tom: Italians are supposedly in many ways different from the "Northern Europeans". How does this effect the practise of MI ? Are there significant cultural differences ?

Gian Paolo: In our view (Maurizio's, Valter's and mine) the main difference between the Italian and Anglo-Saxon stances on motivation, and more generally on psychology, is the issue of thought as opposed to behaviour. Basically, in Italy we feel that thought comes first then behaviour, and we refer to this primacy with a range of terms from "humanistic" to "idealistic". So, when teaching, we find ourselves discussing what we feel is the "spirit" of MI (positive regard, empathy, respect, curiosity, etc.) in preference to the "techniques". Probably others do the same, but we feel this is a big point in our

country, and the reason why at the end of our training workshops we witness such enthusiasm. One of our trainees told us, "You taught motivational strategies and techniques ... we learned a motivational view of the world".

Tom: Outside the Norwegian city of Trondheim, there is a little place called Hell, where we had a workshop once. Do you have a similar place in Italy, and how is MI spreading in Italy ?

Gian Paolo: We have more than one Hell in Italy (the Italian word for Hell is "inferno"). And the life is often "un inferno" for people using drugs in our country. The start of MI training in Italy, conversely, came from the Training for Trainers workshop led by Bill and Stephen in Santa Margherita - a paradisiacal place "de nomine et de facto" and not a hell at all. Since then, we started giving training seminars around Italy, and there is a waiting list of agencies requesting more. One limiting factor in the development of a larger MINTie group in Italy is the problem of the English language: I feel that we should run a training for trainers event in Italy, but in Italian. So MINTies, please take classes in Italian!

Tom: In the last Mint Newsletter, Bill Miller has some comments on whether behaving "as if" one were empathic is as effective as being "genuinely empathic and caring". What are your thoughts about this ?

Gian Paolo: I think it's hard to pretend to be empathic while 'looking down' upon the client. Behaviour, underlying thought and emotions should be consistent: it is not a matter of playing. In this issue, behaviourism helps. Bill told us in Santa Margherita, "If you practice reflective listening you become empathic". He didn't say "you look" empathic, but "you become" empathic, which is very "behavioural", and very true. It helps me to be empathic with unpleasant clients the awareness that their behaviour is probably the better compromise they could possibly achieve in their lives.

Tom: About the future, what do you hope to see related to MI development ? And what about the MINT network ?

Gian Paolo: We have more training courses scheduled, and we are working to organize a kind of residential course in Genova, at least three times a year. A connection with other Italian speaking Minties from abroad (at present I know at least three) could be of help. The MINT network could be a cornerstone of this programme.

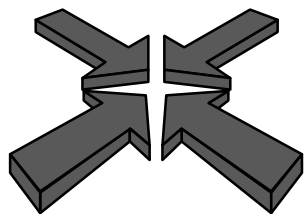
A short comment from Tom:

I really hope we can develop the discussion of whether practicing reflective listening will make you become empathic. Do I understand you correctly, Gian Paolo, that you believe that thought (and emotion) has a primacy over behaviour, so empathic behaviour will be the natural result of empathic attitudes? And that trying to act empathically without thinking and

feeling it just won't work because of the incongruence ? I guess that teaching the techniques and strategies of reflective listening in a way assists your empathic attitudes in being more efficient ?

I have been thinking a lot about training MI after watching Tore and Arild's tapes. (Described elsewhere in this newsletter.) One of their trainees had a very empathic (and efficient) technique of combining closed questions and short pieces of information-giving. I am not sure whether her quality went up after training, when she tried to do reflective listening in stead. Once more I wonder about the circular questioning.....

I hope to have a real client – centered counsellor for the next MINTerview.
Let's see what she thinks.....



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IAMIT Network Meeting
(For trainers who have completed the MINT training)

Dates: October 19, 20, and 21 (concluding at noon on the 21st)

Place: The Hotel Viking, One Bellevue Avenue, Newport, Rhode Island, USA

Name:	
Affiliation:	
Mailing Address:	
Telephone:	
Fax:	
E-mail:	

Registration Fee: Early Birds (first 20) ___US\$100 Others: ___US\$150

The subsidized registration fee includes a reception on Monday evening, three breakfasts, coffee breaks, three lunches, and one dinner (Tuesday evening).

___ U.S. bank check or money order enclosed
___ charge my credit card: ___ Visa or ___ Mastercard

Number: _____ Expiration: _____

Signature: _____

___ Yes ___ No I would be willing to participate in training of the new MINTies attending

___ Yes ___ No I would like to participate in constructing an IAMIT handbook of training exercises during this meeting

___ Yes ___ No I would be willing to help organize this IAMIT network meeting

Other suggestions for IAMIT activities during this meeting:

Send registration form to: Delilah Yao, Registrar, Department of Psychology, The University of New Mexico, Albuquerque, New Mexico, USA 87131-1161.

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