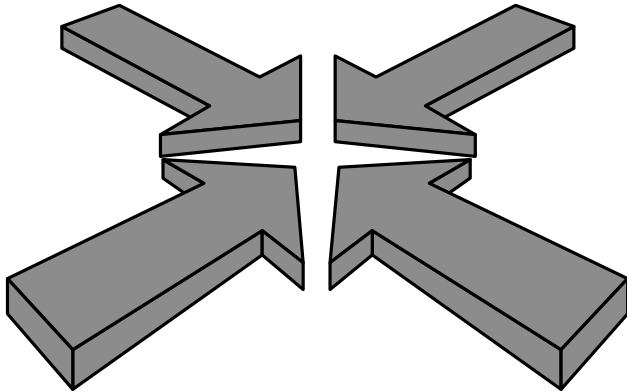


Motivational Interviewing Newsletter: Updates, Education and Training

April 1, 1999, Volume 6, Issue 2

A Publication of the Motivational Interviewing Network of Trainers



New Perspectives



Editor's Cup

David Rosengren

What's in a name (change)!

Okay, that's it. I'm doing it. I'm going to be American, fail to consult with my colleagues and delude myself into thinking I have some authority to do this, but I'm changing the names. I can't live with the humiliation of IAMIT anymore or the confusion of our many names and meetings. So from here out - and until I'm voted down by the Steering Committee, the general membership or both - I'm changing the name of IAMIT to **MINT** (Motivational Interviewing Network of Trainers) and the Newsletter will be known as **MINUET** (MI Newsletter: Updates, Education and Training) or the Newsletter.

In order to avoid further confusion (or add to what I've already created), I suggest we call the meetings for MINTies the **MINT Meeting** and the meeting for training new trainers **TNT**. (I can't stop laughing every time I think of Bill and Steve's reaction to that one.) I believe Tom Barth will think my audacity quite predictable actually.

Welcome to Subscribers

In Newport, RI, the MINTies agreed to open the Newsletter to subscribers. We have since added our first subscribers and I want to welcome you to the MINUET. We hope you'll find this little publication a welcome to addition to your reading. Our tone is decidedly casual, and the goal is simply to provide individuals interested in MI, and particularly training of MI, a forum for communication.

If you train people in MI, we invite you to consider participating in a MI Training for New Trainers event (**TNT**). There are several benefits to attendance, beyond the event itself. Participants automatically become members of the MINT and receive their first year of membership free, which includes the newsletter. You also receive access to the MINT List Serve, other Web resources, future MINT Training events and Training materials. These resources are made available only to MINTies.

This September, Barcelona will be the site for the 7th TNT event. There will be two parallel meetings conducted, one in English, the other Spanish. This parallel process is new and it should be quite interesting. As at all Trainer events, the atmosphere will be infused with the energy of people eager to learn and challenged by new ways of considering issues. If interested, contact Delilah Yao, University of New Mexico (). Don't delay though, these sessions fill quickly.

Welcome New MINTies

A welcome to the new MINTies from Albuquerque, 1999. It's a growing family to which you now belong. You are joining a group of 150 MINTies from more than 20 countries and who work on four continents.

Steering Committee Business

No new business to report.

Grandparenting into the MINT

Bill and Steve have begun the process of identifying and contacting people for grandparenting into the MINT. I am pleased to welcome Henck van Bilsen to the fold. He has been a very active researcher and writer in the use of MI methods with heroin users.

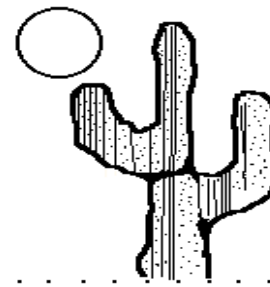
List Serve

This List Serve continues to be active, dynamic resource for finding resources, chewing on issues and connecting with other MINTies. I expect it will go through periods of quiescence, but for now it is growing and evolving. If you are a MINTie and not yet enrolled (sorry subscribers, this list is only open to MINTies), please contact Chris Wagner at ccwagner@vcu.edu for enrollment information.

The Future of the MINUET

The success of the List Serve does make me wonder what role the newsletter should now serve. Its' original goals were to maintain communication among the MINTies, provide updates on MI and to share training ideas. I think it has accomplished these goals. Its continued evolution in combination with the critical mass of MINTies has led to things like the MINT association and MINT meetings. Yet, in many ways, the listserve now accomplishes - for at least a proportion of the MINTies - the functions for which the Newsletter was started.

Obviously not all MINTies are online and so there remains a need currently for this vehicle. In addition, we now have subscribers who don't have the list serve available, but are obviously interested in MI and what is happening in the field. Further discussion is needed.



Notes From the Desert

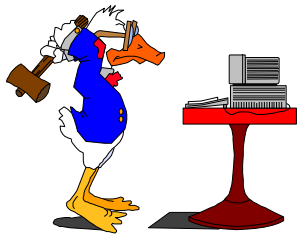
Menschenbild

Prof. Joachim Koerkel, a recent German visitor to CASAA, asked me whether I was familiar with the concept of *Menschenbild*. I could not find a single word in English to correspond to the concept, which is quite an interesting one from the perspective of motivational interviewing. As Dr. Koerkel explained it, the term refers to an individual's fundamental conception (picture) of the person, or more generally of human nature. It is in a way parallel to the more familiar *Weltanschauung* or worldview, except that *Menschenbild* refers specifically to one's understanding of the nature of people.

This got me to thinking, that in important ways MI in general, and the elusive "spirit" of MI in particular involve a particular *Menschenbild*. I've only begun the process of thinking through the fundamental components, and I would welcome MINTies' ideas on this. Certainly one would include individual autonomy, responsibility, ability to choose and change. My own view goes further than this, and is close to Carl Rogers' humanistic philosophy that people inherently move in the direction of positive growth when given the right climate. In moral language, one might say that this implies people are "inherently good," or at least have some built-in common core of "the good" as asserted by C. S. Lewis. It is surely a different view from the "Lord of the Flies" image conveyed in the psychoanalytic pleasure principle.

What are your thoughts? What is fundamental to the *Menschenbild* of motivational interviewing?

Bill Miller



Messages from Cyberspace

Chris Wagner established the MINT email listserve following the Newport, RI meetings. The listserve is intended to provide an easy means for MINTies to share information, discuss issues, ask questions, organize symposia and other plans, and generally keep in touch. It is a place to notify one another of new training events and techniques, current or future research projects, journal articles, book chapters, etc. It is intended to be a resources for increasing the quality of Motivational Interviewing/Enhancement training. The listserve is archived, so members may request a copy of previous messages from the server on which the list is kept. The list is limited to members of MINT and messages sent through the listserve should not be shared with non-members without permission. To subscribe to the listserve, email a request to Chris Wagner at ccwagner@vcu.edu

Listed below are some recent materials that have come over the list. The course listed immediately below has already begun, but there is a website to check for future offerings.

On-Line MI Courses

Due to the popularity of the New England Addiction Technology Transfer Center Online Education course "Motivational Interviewing", we will be offering another presentation on March 8, 1999. If you are interested please read the message below.

Short on time, low on budget, but in need of innovative treatment approaches? The Addiction Technology Transfer Center of New England, funded by the Center for Substance Abuse Treatment (CSAT), is offering an online program on Motivational Interviewing. A highly effective treatment approach, Motivational Interviewing techniques can help you assist individuals in recognizing present and potential problems, while creating an openness to the concept of change.

Richard L. Brown, MD will teach this program, MPH. Dr. Brown is a tenured Associate Professor in the Department of Family Medicine at the University of Wisconsin Medical School. His research, teaching, and publications reflect his longstanding interest in alcohol and drug abuse. In addition, Dr. Brown serves as a consultant to several managed care organizations providing assistance in the design of alcohol screening and intervention programs for managed health care systems.

This four week course which begins March 8, 1999, has been approved by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) for 8 educational credits. It is being provided by the Addiction Technology Transfer Center of New England, which is accredited as a NAADAC Approved Education Provider (#000151). Certificates will be mailed within two weeks to participants in the program for its duration who submit a completed evaluation. Please contact your local certification board to verify acceptance.

For additional information regarding this course offering, as well as a link to the Motivational Interviewing Registration page, please go to the following WWW site and read the Official Course Announcement.

<http://CAAS.caas.biomed.brown.edu/CED/Courses/021/announcement-021.html>

If you find that you have additional questions or concerns after reading the course announcement, please feel free to contact Monte Bryant at Monte_Bryant@Brown.edu or (401) 444-1862.

Addiction Exchange

MINTies,

Our Addiction Technology Transfer Center has developed a new product this year called "Addiction Exchange" that will be a method of communication among addiction clinicians and researchers. Part of the ATTC mission is to facilitate the exchange of empirically-supported techniques to the field and key field questions to the researchers. The Addiction Exchange will be a one page biweekly document that can be faxed, emailed, and website-posted. I enclose the third edition since it relates to MI; it is attached to the end of this newsletter. If after looking at this, you

would like to be included as a "subscriber" (free of course) to future issues, please email me directly (off list) and let me know, and you will be included. Unless future issues are MI-specific, I won't be posting them all to the list. Specify what method of receipt is preferable to you- via email attachment, fax, etc. Also, if you would like to contribute as a clinician or researcher to future issues, please let me know. Feel free to copy and distribute to colleagues or students who may find it useful. Thanks in advance!

Karen Ingersoll
Virginia Addiction Technology Transfer Center.
email: kingerso@hsc.vcu.edu.
Phone: 804-828-7456.
FAX: 804-828-9906.

Announcement and Call for Papers

Dear MINTies –

Please forward to interested friends. The call for papers is open to anyone - see details below. Feel free to edit and make announcements in your newsletters and list serves. Thanks a bunch.

Rick

E-mail: Pam_Democker@URMC.Rochester.Edu
<mailto:Pam_Democker@URMC.Rochester.Edu>
for conference brochure

Simply double click on this address, but note there is a _ after Pam in this address if you type in the address.

**Association of Behavioral Science and
Medical Education Conference
Savannah, Georgia Oct 2-5th 1999**

**PROMOTING HEALTHY BEHAVIORS: CHANGING
INSTITUTIONS, TEACHERS AND LEARNERS**

Good health is a result of many factors. However, healthy behaviors are the major determinants of health. The behaviors of individuals, healthcare organizations, and the wider society all interact to either promote health or produce disease. An organizational, interdisciplinary and population-based approach is needed to reduce the prevalence of risk behaviors and to address the behavioral aspects of disease management programs. To address these issues effectively, we first need to learn about changing:

- our institutions, teachers, and learners
- our health care organizations and practitioners before helping our patients change.

This conference will explore innovative ideas and approaches that address these key themes and training issues. Other key points: We are inviting educators working in other disciplines (nursing, public health, etc) so that we can learn from one another. We would be delighted if representations from the American Academy of Medical Colleges, The Health of the Public Group, Society of Behavior Medicine, and the American Nursing Association. When health care educators and practitioners learn to work across disciplines and organizational levels, we can begin to have a population-based impact in reducing the incidence and prevalence of risk behaviors.

The Health Behavior Change Institute (Co-directors: Rick Botelho and Professor Harvey Skinner, Chair of the Department of Public Health Sciences, University of Toronto.) will organize a full day pre-conference workshop "Unhealthy Behaviors: Motivating Resistant Patients to Change" on October 1st. Limited enrollment. Cost \$95 (includes the cost of videotapes and advanced reading materials)

CALL FOR PAPERS

We are now planning a special, collaborative issue of our two journals, to be published in the Fall of 2000. The theme of this special issue will be: "Enhancing Patients' Health Behaviors." We are interested in manuscripts that present project and research reports as well as provocative "Think Pieces." The focus of submissions for this special issue should be on achieving those changes needed in teachers, learners, and/or institutions for producing future health professionals who will be effective at helping their patients adopt and sustain healthy behaviors. The technical requirements and submission instructions for contributions for this special issue will be the same as those summarized in the EfH Instructions for Authors, which are available on the Education for Health web site at: www.uchsc.edu/CIS/EfHinfo.html
<<http://www.uchsc.edu/CIS/EfHinfo.html>> .

(Please copy the URL >exactly, as parts of it are case sensitive.)

Submission deadline October 31st 1999

Papers for this special issue of our respective journals will come from three potential sources: presentations made at the Fall, 1999 Annual Meeting of ABSAME in Savannah; presentations made at the Fall, 1999. Annual Meeting of the Network in Linkoping; and manuscripts submitted directly, without having been presented at either conference.

If you have specific questions, please contact me via email.

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Editor's note: I got a big laugh out of this post by Jeff and asked him if I could reprint it here.

A Cautionary Tale

Comrades

I've just started receiving THE LIST and I'm scared, very scared! Such unbridled enthusiasm; can it be healthy? Be warned I felt like this once, not so long ago, but something happened, something that made me come to my senses. "Get a firm grip, right now, Jeff, or all is lost!" I pleaded with myself. It's been a struggle, but I think I've got things back in perspective. I hope so. Every day, in every way, I get a little stronger. I still have to train, but I'm down to one workshop a week (Okay maybe two, but not every week, honestly.) Let me tell you what happened, but be warned, it's not a pleasant story.

Towards the end of last year I journeyed north to Scotland. Tom Frank had invited me to co-lead a 2-day MI workshop for criminal justice practitioners, and he invited Alison Bell to give a seminar the following day on MI applications with young people for senior social work practitioners. So far, so good. Nothing untoward happened and

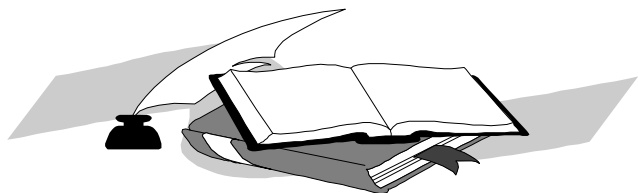
both events went fine. On the third evening, a group of us went out to eat. Sitting first in a bar in Edinburgh, the awful truth suddenly hit me: on the previous evening we had eaten in a restaurant called the Mussel Inn (MI) and, in a few minutes, we were about to walk across the road to eat in another restaurant called Mother India (MI). No, surely not. A coincidence? I don't think so. Foolishly, I mentioned this to the others in the party. A stunned silence was followed by hysterical laughter. And then it all got out of hand. We started, quite spontaneously to play a game, later entitled, "Magnificently Inconsequential!" (MI geddit?) In a round we shouted out meaningless phrases, all of which started with; yes, by now I think you get the picture ... Once we started, we just couldn't stop. There was always another. "Please, no wait, don't interrupt me, I've thought of something else!" yelled one. "For the love of God, please stop, I can't take any more!" yelled another. We'd start a different topic of conversation, and then, out the corner of my eye, I'd see a smile creep across someone's face as they lost interest in whatever was being discussed. Suddenly, the pressure would get too great, and with a self-satisfied maniacal high-pitched whine, someone would spring to his or her feet and, apropos of nothing, burst forth, "Mediocre Incandescence!" (Or some such nonsense.) The 'discharge' complete, she or he would sink back into their chair, take a long slug of beer, and rejoin the conversation. But it wasn't long before we'd have a Mighty Irrelevance or a Mournful Inadequacy, etc. etc. The true tragedy of it all was that, the best, or should I say wildest offerings, came from people who had never heard of motivational interviewing - it's that contagious. The evening ended in a messy indiscretion. Too much beer, I guess.

The next day I found myself looking through the Yellow Pages for more restaurants; was Mastication Inevitable? There's an old Hammer Horror movie called, "The Devil Rides Out." In it, as yet another incarnation of The Beast appears to taunt the hero and his pals, Christopher Lee screams, "Don't look at the eyes!" Well, it's not quite that simple, it's more a case of, "Don't look for the MI's! THEY'RE EVERYWHERE AND THEY'RE COMING FOR YOU."

Voices off-stage...

"Come on Mr. Allison, its time for your Monthly Injection."
 "Okay, Doc, I think I'm ready for it now."
 "And let's hear no more of this 'I used to be a trainer' nonsense."
 "Sorry doc, but I DID once go to Edinburgh, honestly."
 "Sure you did, I once went to New Mexico, doesn't mean I'm Bill Miller."
 "Who?"
 "Ah, I think you're on the mend."
 "Maybe.... Ingeniously."
 "What was that?"
 "Nothing. Can I watch those tapes again, doc, if I'm good?"

Jeff Allison



Publications

Daley, D.C., Salloum, I.M., Zuckoff, A., Kirisci, L., & Thase, M.E. (1998). Increasing treatment adherence among outpatients with depression and cocaine dependence: Results of a pilot study. *American Journal of Psychiatry*, 155, 1611-1613.

Daley, D.C., & Zuckoff, A. (1998). Improving compliance with the initial outpatient session among discharged inpatient dual diagnosis clients. *Social Work*, 43, 470-473.

Daley, D.C., and Zuckoff, A. (1999). Improving treatment compliance: Counseling and systems strategies for substance abuse and dual disorders. Center City, Minn.: Hazelden.

Handmaker, N., Hester, R., & Delaney, H. (1999). Videotaped training in alcohol counseling for obstetric care practitioners: A randomized controlled trial. *Obstetrics and Gynecology*, 93(2), 213-217.

Abstract

Objective. To determine the feasibility of videotaped training for obstetric care practitioners in motivational interviewing skills that could be used in a brief patient consultation on problem drinking.

Method. Thirty health care practitioners participated in a clinical trial to evaluate the feasibility using 20-minute videotape to provide instruction in motivational interviewing. Participants engaged in a pre-test role play with an actress assuming the role of a pregnant drinking woman. Those randomly assigned to the experimental condition watched the motivational interviewing videotape. Control condition participants watched a 20-minute docudrama of a pregnant problem drinker. Both groups then engaged in a post-test role play similar to the pre-test. Behavioral ratings of the role plays and participant evaluations of the motivational interviewing video constituted the outcome measures.

Results. Participant evaluations indicated that the training video was clear in explaining and demonstrating the principles and skills of motivational interviewing. Change in behavioral ratings from pre to post-test showed significant differences in motivational interviewing skills between the experimental and control groups. Obstetric care practitioners who viewed the training video were rated as showing greater empathy ($P < .01$), minimizing patient defensiveness ($P < .05$), and supporting patient's belief in her ability to change ($P < .01$).

Conclusion. Obstetric care practitioners can improve their alcohol intervention skills through the use of a 20-minute videotaped instruction in motivational interviewing. Clinicians who improve their skills in motivational interviewing can more effectively intervene with their pregnant drinking patients. Using motivational interviewing with this population holds promise for helping prevent alcohol-related health problems.

MINT Contributions

As a reminder, MINTies (and others interested in MI) are invited to submit pieces for the MINT. Remember that it doesn't have to be perfect. MINTies consistently state that hearing from other trainers is one of their greatest desires for this newsletter. So, send it on in.



European Blend



Tom Barth, Euro-Editor
Bergen, Norway

Greetings from the Europe-editor group! It is dark and cold up here in northern Europe. The light is returning, and by now I can see the sunrise while driving to work in the morning. Unfortunately, a combination of severe flu and extended domestic responsibilities has constricted our contribution this time. Both Steve and Peter will be back in strength next time!

So what we have is some comments on training tapes and norms for good MI practice. And a Interview. Tore persuaded Christina Näsholm from Sweden to respond to the questions, but she insisted on doing it in Swedish, and Tore agreed to translate... He regrets it! At the moment he is wandering around our offices, scratching his head off, trying to translate Swedish psychodynamic jargon into English.

Future of the Newsletter

We had a little discussion about this. Since the e-mail listserv is working out so well - do we really need the newsletter? What kind of announcements or discussions can be better in the newsletter than on the e-mail? I feel that most of our discussions (like my comments on "good practice") belongs on the listserv. How many MINTies do not have an email address? (Do you know, David?) Could we have some kind of regional service, distributing paper copies to those who are not connected? Should we have an editor for the listserv taking care of announcements and some informal chatting every

now and then? Comments anybody? Perhaps talk about this at the Barcelona-meeting?

Barcelona

The responsibilities have not quite been sorted out yet. I understand that two New Trainer-workshops and a MINT-meeting will be there in September. We (the Norwegians) have offered to take care of the programme for the IAMIT-meeting.

What I would like to do is to spend some time on "house-keeping matters", some time on evaluation of training, and have the rest organised as a trainer workshop where we take turns on demonstrating our strategies and exercises, - using the group as trainees. (Many meta-levels here.) Even if I haven't got an overwhelmingly positive response, I really believe it is a good idea. I think we have concluded our formal meetings with the feeling that "trying and showing" has been better than "talking about".

Training tapes and norms for "Good MI practice"

It is generally a problem in therapist and counsellor training that there is much too much "talking about" and much too few good models to follow. The MI-tradition has been better than many others, with frequent use of demonstrations and supervised practice in training. Good videotapes are very helpful, too. (Thank you all for spending time on producing them.) Even if there are some cultural differences and the language barrier, the American tapes are helpful for many training groups in Scandinavia as well. (In that respect, we are lucky up here, with a Norwegian tape, a Swedish tape, and support from the English-language tapes)

Another important effect of exposing oneself on a tape, in meetings, or in mutual training across the borders (I still think the First European MI Summer School in Cardiff was great!) is that we can see different styles of Motivational Interviewing. I'm sure Bill and the others will agree that the training tapes do not show the one and only authorised version of good practice in Motivational Interviewing.

What worries me a little bit, is establishing norms for good, quality MI. Bill has been thinking and talking and writing about this lately - for example

in the last issue of this newsletter. I especially have trouble with one of the summary indices : "percent complex reflections", where Bill suggests that "When you reflect, use complex reflections more than half the time". I would say, "That depends...." I know from observing my own practice that I use many more simple reflections (level 1 & 2) and single-word reflections, and I encourage trainees in my workshops to do that, too. When watching Bill work with "Marihuana-Joe" on the training tape, I keep feeling Bill is pushing him too hard, and too fast, and not giving him enough time to reflect upon what he is revealing. The trouble with that being one can get a "backlash" when the client leaves the atmosphere of the counselling room. This is the same as one of our dilemmas in the discussions on resistance: How much can we push and direct people in order to encourage behaviour change, and at the same time respect their uncertainty and anxiety and reluctance to change?

There is of course no simple or correct answer to these questions. I have, however, reflected on some "guidelines for possible answers".

- Stage

Are we early or later in the counselling process? In early stages I will be inclined do more simple reflections, until I think I understand the client's point of view, and until I think the relationship can hold the frustration of more serious ambivalence or even the self-confrontation that might follow a level 4 reflection. In a later stage, perhaps, when I'm not exploring very much any more, but rather pushing towards a decision, I may use more complex reflections.

- Client self-efficacy

Clients with willingness to change which is higher than their "able-ness" need to be treated carefully. They do not need more insight, ambivalence or reasons to change. They need support, need to move slowly and to build self-efficacy through experiencing success at reaching small goals. A laid-back counselling style with plenty of simple reflections can communicate support and empathy without pushing to hard.

- Personality

I guess I work with many clients that have personality disorders. They often do not have ego-strength (or what ever you choose to call it) to integrate complex reflections. They would get

confused, unstable, and perhaps hostile in that kind of a conversation. Like the group above, they need much more support, but that does not mean that MI is not good for them.

Come to think of it, perhaps we need a training tape with somebody doing good Motivational Interviewing and not getting anywhere. Most of our tapes show results, within a time span of maximum 20 minutes!

(Has anybody been to a workshop with Jay Haley or one of those guys, where they show videos of themselves working with patients, and you walk out thinking "That was fantastic, but I don't think I can ever do it...")

"...because I love to dance."

MINTerview with Christina Näsholm
Tore Børtveit European Co-editor

Christina Näsholm is an experienced psychologist and psychotherapist from Gothenburg, Sweden. For several years she worked in an addiction treatment service, and one of the main interests in her work was women's issues in the drug and alcohol-scene. About three years ago, she created her own little "thing"; The Symposium, a one-woman organisation that offers training, supervision and education. Together with her colleague Ann Gerd Melin, Christina has written a book about matching and treatment of addiction problems. The book was republished last year and this second edition contained a brief description of MI. Christina was trained as a MI-trainer at Malta, October 1997.

Tore: Christina you are trained as a therapist with an orientation towards psychodynamic theory and principles. What is it with the MI that triggers your appetite?

Christina: .. A personal answer to this... it's because I love to dance....or more serious. I am much more comfortable when I am working on the "dance-end" of Jeff Allison's magnificent metaphor the "dancing wrestling-scale". The reason for this is that "wrestling" never appealed to me as a method in helping people change... Or it may be that I'm just uncomfortable with conflicts... (?).

Many parts of MI appeal to me. Some of them were obvious to me in my first meeting with MI, others I have discovered as my relationship to MI grows deeper. The most important parts for me are the following:

- The combination of following the client's moves and at the same time being directive towards certain goals. This gives me the opportunity to work with both insight / understanding – and action / behaviour change – processes. Both are central conditions in facilitating change among clients.
- The "spirit" of MI fits well with my view that a client's defenses represent important protection for her and calls upon deep respect and carefulness in counselling. Behind the client's "brickwall" of different psychological defense mechanisms are, as I see it, insight, knowledge of some sort, and some degree of consciousness. Our task, as counsellors, is to reach in to the client and create a dialogue with her that facilitates development. Behind the wall exists pain, shame, and guilt. It's important, together with the client, to dismantle this wall – the protection – stone by stone.
- I quite like the way MI puts weight on the importance of warmth, acceptance, and empathic understanding in counselling. We know that in some degree confrontation is a goal in MI and this includes a process of disillusion. The client has to accept to no longer believe in the illusion that the target behaviour is a realistic option for her.
- The quite sophisticated exploration of different themes that clients feel ambivalence towards. MI has helped me in sharpening tools I use in working with ambivalence.
- Strategies in meeting and resolving ambivalence contains different parts according to MI: The exploration of pros & cons in a systematic manner, helping the client understand her problems, behaviours, symptoms, meanings and functions. Exploring and resolving ambivalence means as I see it, to offer the client a dialogue in what Winnicott has called the "transitional area".

According to Bion, the therapist lends out her thinking and containing capacities to the client. The client can, through this, develop an ability for self-reflectiveness and the capacity to place herself in reflective positions. MI has several other self-developing, self-strengthening effects as I see it. In accordance to psychodynamically based theory of development, ambivalence is a capacity or ability, to integrate what was previously separate and incompatible on a cognitive and emotional level. Many clients have limited capacities to bear ambivalence. We don't know whether they never were able to, or if it's due to regression. However, the strategies in MI, to explore, resolve and integrate ambivalence often means to help clients get a new and different way to integrate what was insoluble for them before. In this process, meaning and concordance are created. Exploring and resolving ambivalence offers an interaction that facilitates self-development.

Tore: Any MI or SOC related issues you want to discuss?

Christina: Resolving ambivalence is a powerful strategy in teasing out or creating the energy of change, but I also see some risks when you create or amplify ambivalence. I think we must be aware of the need to be careful when we are applying these strategies with clients that cannot bear to experience the insoluble aspects of ambivalence. Clients can for many reasons have limited tolerance of the unpleasantness and anxiety that resolving ambivalence may provoke when it's done in accordance to MI.

In counselling, especially in the beginning of counselling I think it's important to focus on issues or topics that are rather small and have to do with behaviour and not identity. Different externalisation techniques can help in getting a distance to the issues and can make them less threatening. Sorting in positive and negative aspects can reduce a sense of chaos, can help the client to get an overview and make self-control more possible.

We are already discussing the SOC (Stages of Change) model along different lines. I would like to discuss this model in a gender perspective. When it comes to change on different levels, the

"change-work" starts according to the model on a symptom/behaviour level. After some time the interpersonal level is involved. In my clinical work with women, I have learned that women hardly ever separate behaviour/symptom from relationships. In clinical work with women, we almost immediately move to the level of relations and stay there. For example in exploring ambivalence, women always take into consideration what impact the problems or change of problems have on other relations as a central and very important part.

Tore: In philosophical moments you have described resistance as "the shadow of motivation". Tell me what you mean by this metaphor?

Christina: The shadow metaphor... I don't know if this is a good metaphor, but it's an effort to describe how resistance has a natural place in motivation. It's just like our shadow, it's always there, connected to us, follows us everywhere. Perhaps you can see resistance as the **shadowed side** of motivation or just as one of many possible directions of a force called motivation. It is seldom a clear uni-directional force.

We all know the historical background and context in which MI was (is) developed and that MI has offered a different view and understanding of resistance. Using the concept resistance has certain advantages but also considerable limitations. There is a need for re-conceptualising. I'm pleased with the ongoing stimulating discussions about what resistance is, and how to use the concepts in counselling, treatment and training.

Tore: How is MI received in Sweden?

Christina: My picture is that there is a lot of interest, and it's growing. It's growing also because different new areas or fields adopt MI. I think what has happened in Sweden mirrors what has happened in other countries. First, some interest for MI emerged within the addiction treatment services and in the primary health system, then it spread to other areas. The groups I'm training are mostly from addiction services and primary care. However I also train probation officers, socialworkers and people engaged in work-rehabilitation. Teams that consist of

different disciplines ask for MI-training to have some common platform for their work. Requests for training and education in MI are increasing significantly.

Tore: You once mentioned that some kind of network of MI-trainers was about to happen in Sweden - any thing new on this ?

Christina: Yes- we've just gone through the "decision gate" and are in "preparation", getting closer and closer to "action". Some MINTies in Sweden, with Sven Andreasson in front, have taken an initiative and got hold of some "governmental funding". The first meeting will take place near the end of April this year. I hope all the MINTies in Sweden will be able to be there.

Tore: Thank you!

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Important MINT Dates

Submission	Publication
8/1/99	9/1/99
12/1/99	1/1/00
4/1/00	5/1/00



Barcelona TNT and MINT Meetings

These are the plans for the TNT-7 and the parallel MINT meeting in Barcelona. The current plan is for TNT-7 to be held at a seaside hotel near Barcelona on September 16-18. We plan to have two side-by-side training for trainers events, one in English and one in Spanish (maximum of 40 registrants each). MINT would meet starting on September 15, which would allow Steve and me to participate that day. The meeting could continue for 2 or 3 days, as you wish, and we would most likely draw on MINTies again to assist with some of the exercises with newly minted MINTies.

Tentative plans: Registrations for the English TNT-7 will be done through Delilah in our office here at UNM. Antoni Gual in Barcelona will handle registrations for the Spanish TNT-7. Registrations for the MINT meeting will be handled by UNM. Approximate daily hotel cost, including lunch and breakfast: US\$85 (depending on exchange rates).

The Bergen group will organize the MINT Meeting. Tom discussed the format as follows in a recent email.

What we want to do is to structure it as a trainer workshop, where we take turns being teachers, and use the group as a workshop to demonstrate our exercises and agendas. I believe the experience from the last meetings has been that the actual demonstrations are more valuable than the discussions. For example:

- Peter & I can start it out, comment on the meta-levels of training (how the workshop in it

self should be a meta-demonstration of the process of MI), and then run the persuasion exercise in our way.

- Somebody could show how s/he teaches ambivalence. (Perhaps even two versions from different people)
- Somebody else shows SOC or teaching resistance
- Vaughn can demonstrate his two-hour workshop for medical doctors.
- Jeff has a session with "more magnificent materials"
- Tore might want to show a (summary of) a one-day workshop.

Fees are yet unclear. However, Bill recently indicated there may be a reduction in fees for MINTies. The hotel contract is being finalized. Here is what is known about the TNT:

Date: September 16, 17, 18, 1999

City: Tarragona, Spain

Hotel: Imperial Tarraco Hotel

+34 977 23 30 40 (phone)

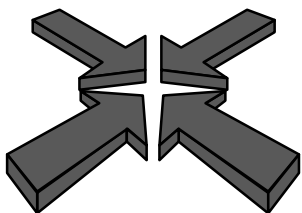
+34 977 21 65 66 (fax)

The final bit of information I have is that Steve offered to revive his flamenco steps as part of the Barcelona gathering. Watch the listserve for additional information or contact Delilah Yao at Delilah Yao, Department of Psychology, University of New Mexico, Albuquerque, NM 87131-1161; 505-277-2805; dyao@unm.edu.

Regional MINT Meetings

Northwest (US) MINT Meeting, April 17, 1999, 9:30 – 4 p.m., Seattle, WA. Contact David Rosengren at either dbr@u.washington.edu or 206-419-3472 for details.

Please let us know if you are holding a regional MINT meeting.



Inquiries and submissions for this newsletter should be forwarded to:
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ADDICTION EXCHANGE

Feb. 15, 1999, 1(3)

News from the worlds of clinical practice and research

Brought to you by FAX, email, and on the web by the
Virginia Addiction Technology Transfer Center, part of the Mid-Atlantic ATTC
A CSAT-funded Center

Welcome to *Addiction Exchange*, a forum for the exchange of clinical practice and research information among clinicians, scientists, educators, and administrators in the area of addiction. Today's topic is **Introduction to Motivational Interviewing**. Motivational Interviewing (MI, Miller & Rollnick, 1991) is a type of brief therapy for addictive problems that was developed to help people work through their ambivalence about changing substance use, primarily through the use of gentle feedback techniques and reflective listening. Although MI is client-centered, it is also directive and designed to help clients enhance their readiness for and motivation for change.

MI provides an alternative to confrontational approaches that are sometimes seen in "traditional" substance abuse treatment programs by focusing on keeping the relationship between the counselor and the client respectful and collaborative. The MI counselor avoids an "expert" or hierarchically superior role in order to maximize the client's trust and willingness to explore issues honestly. Clients with addictive problems are not viewed as naturally resistant or in denial; rather, these characteristics are seen as cues that the therapist has elicited these responses, and should change tactics. In order to minimize resistance and maximize the exploration of ambivalence, MI borrows heavily from person-centered counseling techniques. For example, techniques of MI include extensive use of reflective listening, selective attention to provide direction, summarizing, and eliciting the client's own motivations for and against change. Core assumptions of MI include:

- The responsibility for change lies with the client, but the counselor can facilitate or hinder change
- Feedback to the client about his or her personal risks, psychological and social status, and thoughts about the addictive problem can be used to facilitate the client's decision for change
- Therapeutic advice for change can be effective
- Offering a menu of therapeutic options, rather than funneling clients into lockstep treatment programs, will respect the client's personal freedom while addressing treatment needs
- Communicating empathy for the client, expressed sincerely, facilitates the client's willingness to explore his or her situation in the therapeutic interview
- Therapists can and should support the client's belief that they can make a change, also known as the client's self-efficacy, by affirming and supporting these beliefs through selective reinforcement.
- The client should be the one to voice the reasons for change. By making "self-motivational statements," the client hears him or herself arguing FOR change. The therapist should remain neutral, or even explore the potential reasons AGAINST change, to enable to client to take on the role of explaining why change would be important now.

Reference: Miller, W.R., & Rollnick, S. (1991). *Motivational Interviewing: preparing people to change addictive behavior*. New York: Guilford Press.

Thanks to Dr. Chris Wagner for contributing portions of the text for today's topic. We hope you find *Addiction Exchange* useful in your work. Please let us know about your information needs by emailing the editor of *Addiction Exchange*, Dr. Karen Ingersoll, at kingerso@vcu.edu, or discuss your training needs by calling us at (804)-828-9910, or contacting the VATTC office at vattc.vcu.edu. VATTC's website address is <http://views.vcu.edu/vattc/>.

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colleagues and students!!!!

