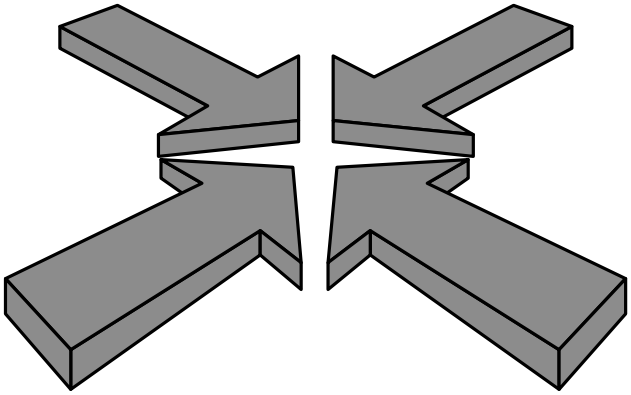
Motivational Interviewing Newsletter for Trainers

October 1 1994, Volume 1, Issue 4



New Perspectives

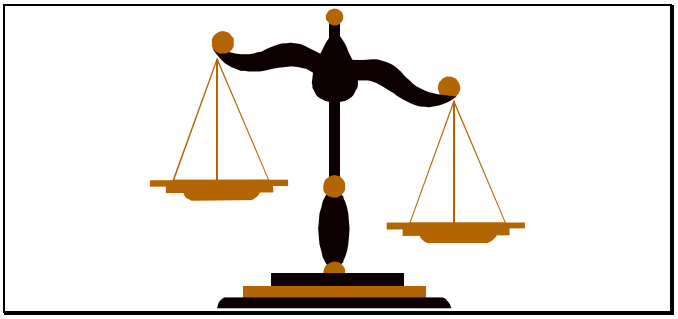
Word from the South

Delia Smith

It is with great pleasure that I open my newsletter and read it from beginning to end (something which I seldom do unless I'm on conference calls - they tend to be exceptionally boring). I am quite impressed with the level of motivational training worldwide. I would like to add a word from the South.

Here in Alabama, colleagues and myself have completed a pilot study using MI techniques to enhance adherence to a behavioral weight control program among older women with non-insulin dependent diabetes. I plan to present the results of this study at the upcoming meeting of the Association for Advancement of Behavior Therapy (AABT) in Nov. in San Diego and would enjoy the opportunity to talk to other "trainers" who might be at the conference. I am particularly interested in people's thoughts on how much motivational intervention to do and the timing of sessions if they are delivered within the context of other intervention activities.

My colleagues and I have also had the opportunity to conduct training sessions with diverse groups, ranging from psychologists to dietitians to substance abuse counselors, using the format of an introduction and Phase I skills in the first training event (usually about a 1/2 day session). Since these training venues are part of ongoing training, we will move to Phase II skills soon. Which means we'll have to get busy...we've become good at doing the reflective listening and summarizing exercises, but the more advance role-plays will need practice on our part.



To the Readers

As part of my general way of understanding people, I am often curious about not only what people think and why they think it, but also the factors which helped shape this process. In that light, I have been wondering about how Bill and Steve arrived at their treatment interests. I thought you might be interested as well. So, in addition to their usual contributions, I asked them a few questions. In the pages that follow are their answers. I found it fascinating. I hope you do as well. The Editor.

From Across the Pond

Steve Rollnick

Newsflash

"Did you know that Bill Miller is running a workshop in some small town in the north of England?", a call from Nick Heather, my colleague in Newcastle. "Blimey!", (as they say around here), I said to Nick, "Bill never told me he was coming over from the U.S. I feel offended. Are you sure about this?" So he read out the program details. Nick rang for further information, and was put through to Bill Miller, but not our man from Albuquerque. Some other guy. I'm sure he is not an impostor, but who else runs courses in the U.K.? My impression is that a lot of people do. We need to keep training standardized. Listen Bill, get yourself over here. As an afterthought, I can't resist a fantasy about a double bill workshop featuring Bill Miller and Bill Miller!

When I grow up...

When I grew up I wanted to be a lawyer. My fate was sealed, according to my parents, when they reprimanded me (at age 10) for arguing too much. Apparently I said, "Yes I know I am arguing, but I'm not arguing argumentatively." They were convinced I would be a lawyer. So what happened? I got a bit lost (ages 13-21), dropped out of university (22), became a nurse orderly in an alcoholism treatment unit (23), finished university (24) and left South Africa. Experience in the alcohol field was all I had to offer employers in Great Britain. I met Nick Heather when I was 26, and he gave me my first job. So I slid sideways into the alcohol field. More recently, I slid sideways into general medical consultations and brief interventions.

The common theme across law, the alcohol field, motivational interviewing and medical consultations? Argument. There are other themes, but I hesitate to become too self-engrossed. As for the future, I know not, other than I am becoming more interested in plants than people as I grow older. When I grow up properly I want to do horticulture. As for my seven year old son, I don't know what he'll be when he grows up. Right now, he's got a problem. Yes, you guessed it - he's started arguing.

Why addictive behaviors?

I fell accidentally into this field, or so it seems, 20 years ago. I worked as a nurse orderly on a geriatric ward, and asked for a transfer because I had difficulty coping with so much death and dying (a friend was dying in an upstairs ward at the time). I transferred to an alcoholism unit, and became immersed in inpatient activities. I then used this experience to get back into the university and obtain my first job in the U.K.

I had some formative experiences in that inpatient setting in 1974:

- A participant in my young alcoholics group went home from the group and shot his wife and himself. I was badly shaken, and worried about what had happened to him in that group. To this day I cannot answer that question, but I learned that dogmatism about clients and their well-being is simply not warranted.
- A patient once confessed to me while playing billiards, "They don't understand me here. They want me to get insight, and I find that insight makes me want to drink."
- I was visiting a famous old physician who I had nursed some months previously, and

who was dying. He told me, "The most important quality you need as a physician is to listen carefully".

Why brief interventions?

I have been working in health care centers with general practitioners since 1980, taking all kinds of referrals and doing training. Robin Room's (1980) chapter in the book edited by Griffith Edwards changed my thinking and practice. It remains an inspired piece of writing. He talks about the two worlds of problem drinking, that of the clinical alcoholic and that of problem drinkers in the community, who do not ask for help, but who often appear in doctors' consulting rooms.

In 1984, I began coordinating the British contribution to the World Health Organization brief alcohol intervention study (currently in press) and then went to Sidney, Australia to work on a more refined form of intervention (brief motivational interviewing) to be used in a matching study (also in press).

I was (and continue to be) struck by the failure of the research community to discuss the fact that recipients of brief intervention in medical settings have not asked for help in the first place. This leads to clinical and ethical problems in the consulting room (which is why I do not believe that giving all excessive drinkers "brief advice" is appropriate or a sufficiently respectful procedure). Hence, my interest in condensing the principles of motivational interviewing for use in this setting. This work continues.

Bill and I

I went to Sidney in 1989, on a visiting fellowship, with a plan to evaluate a brief form of motivational interviewing in a medical setting. A few weeks before I left the U.K. , I learned that Bill was to be there. I was a bit nervous because I was an enthusiast who had been teaching MI in the U.K.; however, I had found the seminal 1983 article in Behavioral Psychotherapy infuriating. It was full of fascinating ideas, but not easy to teach! Would I be honest with Bill about this? Lacking impulse control, I was - at our first lunch together. I also gave him some advice: write a book on the subject. It never occurred to me that we might do this together; I was just telling someone what I thought about his work. Then we did the book, and I missed many a swim in the beautiful Sydney sea because I was working on this project. It was quite a learning experience. Bill's productivity was daunting. I was like the assistant cook in this wildly creative kitchen.

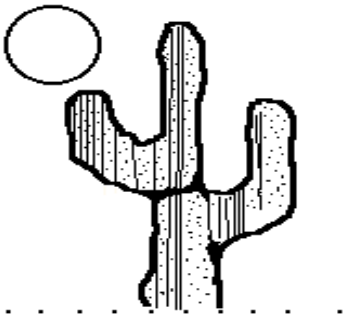
My favorite story about training

In Sydney, Australia, I was doing a motivational interviewing training for needle exchange workers. They had blankets on the floor in front of their chairs. Three participants had a siesta immediately after lunch. They just slid out of their chairs, and settled down!

Oh, how I would love to do this in my lunch hour at work. Actually, I do! To begin with I could not tell the receptionists in our health center that I was going into one of the consulting rooms to have a brief sleep (20 minutes), in case they had a telephone caller, "Yes, he is here - I'll see if I can wake him up!" One time I even caught myself saying to one of them, "I'm just going to have a brief relaxation in the consulting room." Then I decided to confess, and now I get remorselessly teased.

What might the readership be surprised by if they knew about me? (Editor's request).

I am a trained anti-aircraft gunner (from the days of my conscription in the decaying South African regime). I trained as a Flamenco dancer! I am a captain of a local pub cricket team. And I think I am going through a mid-life crisis (I'm not telling you why).



Notes From the Desert

Bill Miller

The second MI Training for Trainers promises to be as stimulating as the first! We already have more than 40 applicants, who come from a fascinating array of backgrounds, so soon the MINTies list will double. In addition to addiction professionals, the family preservation movement will again be well represented, and there is a clear reflection of the growing interest in MI from the primary health care field. I continue to receive regular requests for training, and to respond by sending out our list of trainers. I have also started to receive feedback from trainers, raising new issues and challenges. I appreciate this feedback, and have also consistently encouraged the sharing of such perspectives through this newsletter.

Recent Developments

A pleasant surprise came in the mail from Guilford Press, in the form of a letter telling us that *Motivational Interviewing* is being translated into Chinese! The Psychological Publishing Company of Taipei, Taiwan purchased the rights to translation. I know that there have also been inquiries about preparing versions in Dutch and Swedish, but this is the first official contract for translation.

The mail also brought a handsome Drinker's Check-up kit (in Dutch), designed by Drs. Gerard Schippers (co-organizer of ICTAB-7), L.C.H.M. Brokken, and Jeroen Otten. It is called *Doorlichting Voorlichting Alcoholgebruik* (DVA), which has some connotation of alcohol-use x-ray. It is a very nicely-prepared boxed kit for professionals, including printed interview protocols, client questionnaires, two introductory videotapes, a spiral-bound test manual, and a card sort. This Dutch MI group has really taken off! I wish we had something so well done in English.

Two of my doctoral students have submitted clinical trials of MI to NIAAA, in response to a new small-grant competition. Lauren Aubrey has proposed to test MI as a preparation for substance abuse treatment of adolescents, and Craig Noonan has proposed the first (far as I know) trial of a group therapy version of MI, working with our VAMC outpatient substance abuse treatment program.

Nick Heather, now settled in Newcastle, sent me a copy of a promotional flier announcing a course in *Motivational Interviewing* to be offered by William Miller at North Durham (UK) this past May. I have written to find out who my namesake is, because it could get a bit confusing if there are two of us teaching motivational interviewing. No reply yet.

I have a progress report from Mike Fleming (University of Wisconsin Medical School, Department of Family Medicine, 777 S. Mills Street, Madison, WI 53715-1896) for Project TrEAT (Trial for Early Alcohol Treatment). This NIAAA-funded program is the first large clinical trial in the U.S. to study the effectiveness of brief physician advice in reducing alcohol use in at-risk drinkers. It began in 1991, and has completed subject recruitment this year. The docs in the study are family practitioners in 10 rural and urban counties throughout southern Wisconsin. The preliminary data that Mike sent reflect a 50% reduction among 149 BI subjects (20 to 14 drinks/week), as compared with a 30% reduction among controls at 6 months. This directly parallels findings from our own BI studies, and is consistent with the Bien et al. review of BI effects.

Self-Disclosure

Dave Rosengren sent to Steve and me a list of personal questions, a sort of in-absentia interview, in the thought that our answers might be of interest to MINTies. Here goes.

When I grow up...

I'm still growing up and deciding what I want to be. If you are asking about my first vocational vision, however, it arose in my early teens and was the clear sense that I was headed into pastoral ministry. I grew up in a small Appalachian coal mining town that few left for college. It was this call to ministry that put me on a track for a college education, and I applied to only one place - Lycoming College in Williamsport, PA. They accepted me, and I received a marvelous life-awakening liberal arts education there.

Why human services?

My call to ministry felt more generally like the desire to devote my life in service to others. I majored in psychology at Lycoming, in part for this reason and in part with the hope of understanding myself better. I had some remarkable mentors in the psychology department there - in particular George Shortess and Cliff Smith. I worked for George, an experimental psychologist interested in visual physiology, and spent quite a few hours placing frogs on jumping stands to choose which of two apparent-movement slides to avoid. It was all new for me, and George patiently taught me scientific method. Cliff was a clinical psychologist who had trained at Lycoming and then Stanford (with Ernest Hilgard). It was Cliff who first gave me a vision of the work of a clinical psychologist.

I had something of a mid-college, faith crisis. The fundamental Protestantism with which I had been raised gave me a solid foundation, but I needed to break free of it and find my own reconciliation of mind and spirit. I got as far as earning a local preacher's license in the Methodist Church, but became disenchanted with institutional religion. At the same time I found I really enjoyed psychology and was fairly good at it, at least in the classroom. So I decided, in the midst of the Vietnam war, to go to graduate school. I started at the University of Wisconsin, but my lottery number was low and I was drafted after my first summer. I spent two years working in alternative service as a conscientious objector at Mendota State Hospital in Madison. By the time I was ready to go back to graduate school, there had been a shake-up in the psychology department at Madison, and I transferred to the University of Oregon where I earned my Ph.D.

Why addictive behaviors?

A: I must be one of the few people in this field with no personal history around addictions. My folks were teetotalers; my German grandfather, in whose house we lived, made his own wine, but I never once saw anyone in my family intoxicated. I'm not even the adult cousin of an alcoholic. I didn't start drinking until my early 20's, by which time it was almost too late to develop a really good drinking problem. I drank too much for my own good for a while, but can't say it ever got me in trouble.

Anyhow, during my second year in graduate school I was supported by a traineeship from the Veterans Administration hospital system. At that time, the VA training slots belonged to universities rather than to hospitals, and so one chose the hospital at which to spend a summer. Kathy and I had met in Wisconsin, and decided we'd like to go back for some bratwurst (though I never had developed a taste for beer). I worked out a summer traineeship with the Wood VA hospital in Milwaukee. The Director of Psychology there told me that I could choose the ward where I wanted to spend my time. I had had enough of inpatient psychiatry at Mendota, and had already been doing outpatient therapy. I

wasn't yet interested in neuropsychology, though that did become an interest later. There was an alcoholism ward directed by a clinical psychologist named Bob Hall, whose wife Sharon is also an addictions researcher. Bob took me under his wing, and the staff strongly encouraged me to spend the summer there. I began interviewing the patients and felt a kind of natural chemistry - I had a sense of understanding them, and it seemed easy to establish a working relationship.

Bob also asked me to look into a new study that was just gaining publicity then, in 1972 - a study on controlled drinking done by people named Sobell. I obtained the preliminary report from California, and found it fascinating. Here was a piece of well-designed psychological research, addressing what was obviously a major health-threatening problem. We tried out some of the clinical methods on the inpatient ward that summer, and came to the conclusion that this wasn't going to be a miracle cure for chronic alcoholics. But the idea stayed with me, and I began thinking about how these methods might be applied with problem drinkers, as a kind of secondary prevention. There was one study of the kind at that time, by Syd Lovibond in Australia. It fit with my Oregon training in self-control strategies, and eventually it developed into my dissertation. There was no one at Oregon working with alcohol or drugs of abuse, but Ed Lichtenstein was well-established as a smoking researcher, so he agreed to chair my dissertation. We put together a research team, and found interesting results that in turn raised further questions. I didn't know it, but I was already hooked.

Why brief interventions?

In that first study (Miller, 1978), we had an unexpected finding. We randomly assigned people to receive or not receive a self-help manual at the *end* of treatment. I didn't expect any effect, I was just being careful because it was my dissertation. To our surprise, those who received the self-help manual continued to show reductions in their drinking during the follow-up period, whereas those without the manual stayed at post-treatment levels of consumption. Was it an accident?

We designed a second Oregon study (Miller, Gribskov, & Mortell, 1981) in which problem drinkers were randomly assigned to receive outpatient self-control training from a therapist, or a take-home self-help manual only. To my surprise and horror, we found that both groups showed substantial reductions in their drinking by 3 months, with no between-group differences at all.

Meanwhile I had completed my internship at Palo Alto VAMC and had to find a real job. I hadn't decided what kind of job I wanted, but I did look at a few academic openings in clinical psychology that year. I wound up accepting an Assistant Professorship out in the wilderness at the University of New Mexico, far from any place I had ever been. I still just didn't believe what I had found in Oregon, so I repeated the study with a few modifications - twice! (Miller & Taylor, 1980; Miller, Taylor, & West, 1980). Both times we found the same thing, this time in a very different population culturally. Finally, around 1981, my denial was starting to crack, and we had to do the properly controlled trial including untreated controls (published as Harris & Miller, 1990 - obviously I don't always get things written up right away). Again the therapist-treated and manual-only groups showed the same significant reductions, but neither control group (waiting list or self-monitoring only) showed any change. The critical conditions for change did not lie in just presenting for treatment, being assessed, or self-monitoring. That which triggered change lay somewhere between there and what we had been doing with the self-help manual. That, I think, was the seed of motivational interviewing.

Editor's Cup

David Rosengren

A special thanks to Bill and Steve. I hope it wasn't too impertinent to ask the questions, but I feel richly rewarded by the responses you gave (which means I'm likely to do it again). The reader's may wish to note that Bill's "interview' will be concluded in the next issue. I guess then we'll find out Bill's version of the lunch in Sydney. (I feel like Oprah). And now, other things.

Delia's interest in getting together with other MI trainers at AABT started me thinking (I know, its dangerous) about using the newsletter as a vehicle for connecting people at professional meetings. The consistent message I hear is people would like to chat with other trainers, compare notes, and get input about issues they have been struggling with. My suggestion is you notify the newsletter about upcoming meetings and, if interested, volunteer to be a contact person. This information would then be published in future issues.

Along those lines, and in musing about the upcoming training event, I began to wish for an opportunity to gather as a group. I began to think about how nice it would be to see all of you, share ideas, talk shop, and develop some things that we hadn't considered in the first go around. Blessed with impulse control problems like Steve makes reference to, I thought, "let's just do it". My saving grace (in this instance) is this a print medium; therefore I had a chance to think about it before pushing ahead. So, with a little bit of apprehension, I am volunteering to organize something if there is sufficient interest to go forward. My suggestion is a one or two day workshop in Seattle in May of 1995. It hardly ever rains here - really. My vision (or hallucination) is presentations about settings, populations, and providers, as well as recent research. The workshop would blend these didactics with discussion groups and practice sessions where ideas can be developed and techniques refined. So, please send a fax, drop a note, call, flash an e-mail or put a note in a coke bottle and throw it overboard, but somehow let me know yes or no about interest and ideas for such an event by November 1, 1994 at the latest. Cost will be determined by interest. I did begin lobbying Dennis Donovan for ADAI sponsorship.

Finally, it hardly seems possible, but I am at the end of my year commitment as editor of the newsletter. This has actually turned out to be one of the most enjoyable things that I do. One of the best parts is receiving your letters. The warmth with which you write and the positive feelings that you express for what you are doing are truly infectious. Or maybe that's my kids that are infectious. Anyway, I'm periodically bitten by the MI bug, and this position has been a great way for me to keep the fever going. (Man, Dennis Donovan has left his imprint on me). So, like your second cousin that comes unannounced, stays for a month, and doesn't take the hint when you put his suitcases in the street, I'd like to stay just a wee bit longer. Y'all been so darn hospitable, it'd be impolite to leave just now. Dissenters may contact Bill and Steve to arrange eviction.

The next deadline for inclusion of information in the MINT is December 1, 1994. As always, send mail.

Publications

The New Mexico Group took a few days off. I think they earned it.

Odds - 'n' - Ends

Fax Numbers

Could the following people, please send me their fax numbers (or that they don't have them)? E-mail addresses would also be welcome. Ways of contacting me are listed at the end of this newsletter. Thanks, David.

Amrod, Jai
Armendariz, Jonathan
Bailey, Diane
Bentley, Stephen
Bien, Thomas
El-Bassel, Nabila
Hope-Habbe, Nancy
Houston, Cindy
Jackson, Kathleen
Jasiura, Fran
McMillen, David
Medland, Patrick
Molchon, Andrew
Moyers, Theresa
Obert, Jeanne
Packard, Michele
Rhode, Robert
Smith, Delia
Stephens, Nanette
Willoughby, Frederick
Wyman, Tracey

A Group Adaptation of MET

Fred Willoughby, Ph.D., from the Olin E. Teague Veterans Center in Temple, TX, is currently using a group-based Motivational Enhancement Therapy (a form of MI intervention developed for Project MATCH). Below is a copy of the session contents. Fred also indicates that trainers may write to him for copies of the protocol. His mailing address is:

Fred Willoughby, Ph.D.
1901 S. First Street
Psychology Service (116B)
Temple, TX, 76504.

Motivational Enhancement Group Outline

1. Philosophy of and Purpose of Group/ Member Role
   Personal Feedback Report
   Completion of *Socrates*
   Distribution of *Understanding Your Personal Feedback Report*

2. *Personal Feedback Report* (continued)
   Distribution of *Alcohol and You*

3. Discussion of *Alcohol and You*
   Self-evaluation of Drug Use
   Decision Matrix

4. Exploring Values and Goals

5. Exploring Control Over One's Life

6. Exploring Family Life

7. Exploring Trust

8. Re-administration of the Stages of Change Scale and Socrates
   Explanation of Readiness to Change Ruler

9. Exploring Trust

10. Exploring Responsibility

11. Exploring Self-Confidence

12. Exploring Concerns

13. Farewell Letter

14. Farewell Letter

15. Developing A Change Plan Worksheet

16. Developing A Change Plan Worksheet

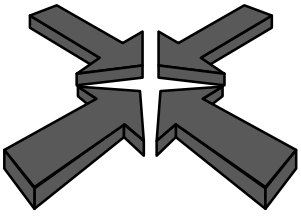
Letters

Dear Readers:
I have a problem. I gushed earlier about fever and this whole MI thing. I volunteered to do this newsletter another year. They're signs, I know it. Oh, God - I'm a MI groupie! Next thing you know I'll be talking about the Woodstock94 reunion, looking for tie-dye, and remarking about the good-old days when Steve and Bill were young and good-looking. Then I'll want to write a book about my recovery from doing confrontational therapy and entitle it Adult Counselors of Alcoholics. Do you know anyone that can help me?
The Editor

Upcoming Events

Association for the Advancement of Behavior Therapy (AABT) is meeting in November, 1994 in San Diego. Delia Smith, Birmingham, Alabama will be attending and would like to meet with other trainers that may also be attending.

TRAINING FOR TRAINERS SCHEDULED!
The second training-for-trainers workshop is scheduled for October 10-12, 1994 in Santa Fe, New Mexico.



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Tel: 206-543-0937 Fax: 206-543-5473
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