Motivational Interviewing Newsletter for Trainers

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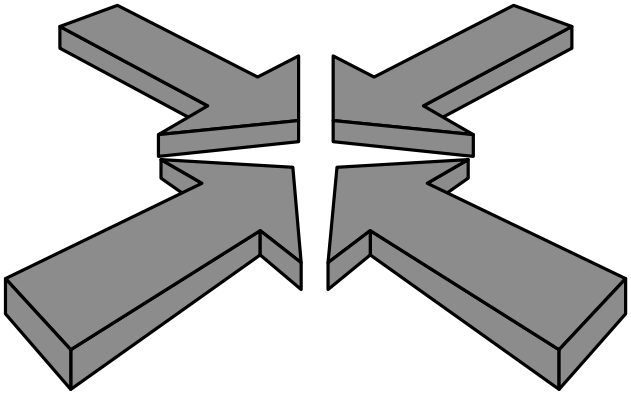


New Perspectives

A New Beginning

Rick Butler

Hello everyone. Karen and I are still remembering Santa Fe. The bright blue skies and yellow aspens against green mountains are nice memories as the cobalt gray of November sets into the Midwest. (It's not really that bad!)

I just completed a ninety minute workshop at the recent AMERSA (Association of Medical Education and Research in Substance Abuse) meeting in Bethesda, MD and I thought I might share with you some of our thoughts as we developed the final format. The workshop was cofacilitated by Bud Isaacson, MD who is a colleague of mine now working at the Cleveland Clinic.

Our initial conceptualization for the workshop was to start with a short didactic overview of the principles of behavior change and MI as a tool to promote change. Immediately after the didactic we planned on breaking the audience into triads to practice early reflective listening skills. We intended to practice hypothesis testing with the "do you mean ... " exercise. This was to be followed with personal statements of "something I feel two ways about" and reflective listening to explore the ambivalence. We had planned for about 15 minutes for each of these exercises. This was then to be followed with a role play case where individuals in triads would attempt to integrate the skills practiced earlier.

One hour before the workshop Bud and I began to have second thoughts about the format. Our big concern was that we would be teaching reflective listening without emphasizing other important listening skills such as nonverbal behavior and open-ended questioning. We were also concerned that the reflective listening skills would not seem integrated into a larger conceptualization of MI. We also knew that we wanted to model the principles of MI in our interactions with the workshop participants. In the same way that MI is client-centered, we needed to be learner-centered.

As we were looking at Rollnick's readiness ruler, we saw that as teachers we were setting up a situation where we would be to the right of the behavior gate in terms of integrating MI into our practices, while our learners may have been well to the left of the decision gate in their thinking about the utility of this model. We saw ourselves saying to the audience "Come to us. We have this great set of principles and techniques that you need to learn." We would be pulling them through the decision and behavior gates. This discrepancy may have resulted in learner resistance. We might have heard comments at the end of the workshop such as "this will never work with my patients."

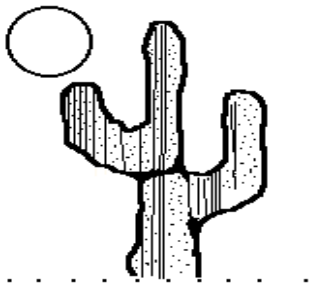
We decided to develop a format which would facilitate the integration of the principles and techniques of MI into the learners current practice problems. We began by having people identify difficulties they have been experiencing in their work with patients. Themes such as "some patients just aren't motivated", "patients will tell you things just to please you without any true intention of changing", and "it's difficult to help people who aren't willing to look at their problems" emerged. This set the stage for a 20 minute didactic presentation where I reviewed assumptions about substance abusers and contrasted these to the current research on substance abuse and behavior change. I drew on their comments during the talk. I then discussed the stage model of change and Rollnick's readiness ruler and talked about how the principles and techniques of MI fit into this scheme.

We then asked the group if someone had a difficult case that they would like to bring up for discussion. This again allowed us to draw on the experience of the group and meet the learners at their level of experience. After a short discussion about the case and identification of the difficult aspects of the case, we set up a role play in front of the entire audience. A volunteer came forward to play the patient. As we began to ask if someone in the group would like to take on the physician role, it occurred to me that if I played this role then I could create a clearer demonstration of the techniques involved. The group was pleased to have me come forward.

The case was a young woman who had recently had a myocardial infarction and was continuing to smoke. I started the role play with attempting to persuade her to stop smoking. This resulted in a nice persuasion exercise where the patient became more entrenched in defensiveness. We debriefed the role play for about 10 minutes. I then replayed the case using several of the early strategies of MI After about 5 minutes we stopped and debriefed this role play. It went superbly. It allowed people to see and contextualize what I had talked about in the didactic presentation. If we had had more time, we could have video taped the role play and then debriefed it with the tape. This would have allowed the group to clearly see nonverbal listening skills, open ended questioning, affirming, and the various types of reflective listening.

We were concerned that my doing the role play may have resulted in the learners being passive, but for a short workshop this model was very well received. I think that if one has the opportunity to work with people for a full day there is a benefit with starting with a demonstration. Then when you move into specific skills exercises the learners will have developed some sense on where they are heading, what the total package will look like. I think that this is a successful model for a 90 minute workshop, which unfortunately is a common format at many national meetings. I look forward to hearing others' comments and thoughts about this or other formats for this time frame.

Karen and I hope that all our new friends and acquaintances are doing well. Karen is doing well with her pregnancy. She has now entered that truly uncomfortable stage of pregnancy and is beginning to develop the cognitive dissonance which allows her to start looking forward to labor! We will be sure to keep in touch.



Notes From the Desert

Bill Miller

Steve and I

Our meeting was fortuitous, really. Kathy and I were on sabbatical at the National Drug and Alcohol Research Centre in Sydney, and Steve and his family were also in Australia that year, while Steve was coordinating a research program. We quickly became friends, and I was quite surprised to hear from Steve how influential motivational interviewing had become in Britain. It was becoming standard practice in the addictions field there, which I expect was due in no small part to Steve's own extensive training efforts. I had no idea that this was so. Steve pointed out, in his gentle, understated way, that I had written just this one crummy little article on the method, and that I had a moral obligation to say more about exactly how MI is done and how it should be trained. As we compared notes on training, I discovered several things. First, Steve had fundamental conceptions and intuitions about MI that were very similar to my own. Secondly, he had some superb fresh insights derived from his own practical experience, particularly in primary care settings. Finally, he had some very clever ideas and methods for training MI, that he had evolved despite his severe cultural isolation on the British isles. I suggested that we might co-author a book together, and asked him what would be the good things about doing so. Half a year later we had a completed manuscript and a contract for publication.

How did motivational interviewing evolve?

I owe the description of this method to the way psychologists are trained in Norway. We spent part of our first sabbatical (1982-83) at the Hjellestad Clinic near Bergen, during which I met regularly with a group of bright young psychologists, fresh out of training and working with alcoholics in this pristine setting - a modern clinic nestled (as is most everything in Norway) in the forest near a fjord. As I explained and demonstrated how I counseled alcoholics, they asked wonderful probing questions about why I said what I did, what I was thinking, and why I pursued one line and not another. Through subsequent contact with Norwegian psychology professors like Jan Smedslund, I've come to appreciate the style of training that teaches this kind of inquiry. In any event, they coaxed from me a specification of what I was doing and why. I wrote this down in a somewhat long and rambling manuscript, which I shared with a few colleagues. I no longer recall how this manuscript found its way to Ray Hodgson, but he wrote and asked me to revise and submit it to *Behavioural Psychotherapy*, which he edited. By the end of the year it was in print. It's one of the few articles I had written with absolutely no data in it whatsoever, and it turned out (along with *Adult Cousins of Alcoholics*) to be one of the most widely read.

Partly out of curiosity, and partly out of embarrassment with how rapidly this approach was being disseminated, I began to conduct research on MI. A series of five clinical trials convinced me that we had a fairly potent brief intervention method, and I'm still trying to figure out why in the world it works at all. Working with Steve provided the encouragement and help I needed to describe MI in more detail, so that it could be used by clinicians and trainers. From there Steve and I began training in a more integrated and consistent way, which in turn led to our work with all of you!

Favorite story about training?

There are so many. I'll tell you a nightmare story and then a humorous one. Soon after I published the 1983 article, I was invited by the Addiction Research Foundation in Toronto to demonstrate this new clinical method. I accepted readily, not fully appreciating what I had agreed to do. If you have ever visited ARF, you may be familiar with their auditorium, which is designed something like the Roman Coliseum. There is a pit at the bottom in which the visiting victim stands. The seats rise vertically, so that one is looking up at a circular bank of eminent scholars and clinicians. The place was packed. I was invited to hold forth for a while on the essential tenets of motivational interviewing. Then a door opened at the side of the pit and there emerged four ARF staffers in armor, primed to role-play clients from hell. I honestly have no idea what the audience thought of my presentation that day. I was riding mostly on primal survival instincts, as the impossible scenarios evolved: "Deal with this one, wise guy!" I did learn something that day about how *not* to structure training.

The second story is actually from my training of graduate clinical students here at UNM. I have always emphasized a Rogerian-evocative style in training, and that year I had responsibility for teaching basic clinical skills to the first-year students. We went through many of the exercises for teaching reflective listening that are described in *Motivational Interviewing*. I also taught basics like screening for suicide potential. "If a client gives you any indication of suicidal thought, or even seems generally depressed, be sure to find out whether he or she has been considering suicide." Some weeks later I was sitting behind a one-way mirror observing one of these students in an initial interview with a client. The client was obviously dejected, slumped forward in his chair and talking mostly to the floor. "I'm a lousy father... Nothing I do ever turns out right...I'm no good at work any more...Sometimes I wonder if it's all worth it." Suddenly a light went on in my trainee's eyes, and he leaned gently forward to ask the question exactly as I had taught him: "Well, have you considered suicide?"

What might the readership be surprised by if they knew about you?

Since I'm a profound introvert (Myers-Briggs type INFJ) not readily disposed to self-disclosure, probably most anything significant about myself might be surprising. My first publication on motivation was about turtle racing. I'm an avid Trekker - my regular exercise is riding a stationary bicycle while watching reruns of *Star Trek, TNG, or DS9*. I entered college to prepare for seminary and a career in pastoral ministry. Instead I evolved into a long-haired hippie radical, and edited an underground newsletter. I love poetry, particularly Robert Frost and some less-known poets like Donald Justice, Mary Oliver and George Garrett, and have published a bit myself. At one point in my life I was choosing between graduate school in psychology and a career in performing music (guitar/vocal), and I think I made the right choice. My closest friend, by the way, was making the same choice at the same time, and took the other path. We met seven or eight years later, and our friendship has let each of us live out the road we didn't choose. Music is my therapy, and I've done some choral composing and arranging, most recently a setting of Frost's *Take Something Like a Star*, which is one of my favorite poems. My spiritual side is where I really live and am rooted. Contact with reality is a grudging compromise, and were it not for Kathy I probably would have floated off into the ethos some time ago. I teach Sunday School to 3rd to 5th graders, and just finished writing the 35-year history of our congregation and an advent daily meditation guide. My current avocation is storytelling, a skill that I hope to keep developing in the years ahead. I plan to retire from the university early, in ten years or so, to pursue some of these other interests.

From Across the Pond

Steve Rollnick

Medical Matters Matter More Than Somewhat

I heard the term "medical motivation interviewing" being used in the 2nd MINTies workshop! You Yanks coin terms with much greater ease than we tend to across the pond! This is a fast growing field, not without conceptual and clinical difficulties. Medical MINTIES in the Santa Fe workshop had some interesting discussions. Geoff Williams and I even carried on a debate about advice-giving by fax! Where are you Geoff? Why don't we have the debate in this newsletter?

My three worries about this field are: the use of jargon, the lack of a simple intervention framework (I am working on this, still), and whether it is possible to train health practitioners to work with ambivalent patients in a brief encounter. This third issue is particularly challenging, not just in medical settings. Practitioners either push the ambivalent patient into premature decision making, or back off altogether. My message to them when in this situation is: slow down, stay with it, look after the patients but don't rescue them, let them express the pros and cons, and wait for their guidance about the next step.

Recipe from Rollnick: A 3/4 Hour Resistance Exercise

I stumbled across this exercise, then refined it a bit at the next workshop. Works like a dream. Particularly useful if time is limited.

1. Set up a fishbowl, and make the mistake of fighting against resistance. For example, fall into argument and a blaming trap with client who complains about a nagging spouse. Do this by asking about the spouse's concerns, thereby being seen to side with the spouse. Prompt the client beforehand to disagree with you and the wife! (15 minutes)

2. Take a few overheads on resistance, and go through them.(15 minutes)

3. Go back to the same fishbowl, and ask the trainees to help you get it right. Identify the strategies you have used. (15 minutes)

Hints: Use a responsive and cooperative client.

Additional Ingredients: If time is available, ask trainees to join you in getting it right, or set up a fishbowl for them to work within.

Recipe from Rollnick: Look Forward, You Schmuck!

In medical and other settings, there is a tendency to LOOK BACK with a patient over recent weeks, particularly over difficult times. Specialist addiction counselors, particularly those trained to use Marlatt's relapse prevention framework, also make this mistake. Mistake? Possibly. In supervising doctors and nurses I have found them getting stuck in unconstructive analysis of what went wrong in the past. So this is what I say to them: "When you start a consultation, try, if possible, to leave the past alone. Look forward. Ask about how things are now, and what might work in the future. Past experience can help to work this out, but a heavy emphasis on past problems can be draining on both parties."

As Time Goes By

Richard J. Botelho

I can't believe it has been nearly two years since I attended the first MI course, Train the Trainers. For those of you working with physicians in medical settings, I would like to inform the network that I have just submitted two articles, "Alcohol Risk and Harm Reduction in Medical Settings: I. Understanding Patient Resistance", "Alcohol Risk and Harm Reduction in Medical Settings: II. Using Brief Motivational Interventions", to the Canadian Medical Association Journal. I served as a consultant to the Alcohol Risk Assessment and Intervention Project, organized by the College of Family Physicians of Canada. I decided to send these articles to this Canadian journal because of my work with the College. If anyone is interested in these articles, please do not hesitate to contact me.

The mailing list for trainers does work. I have been invited to give a presentation to the State Academy of Physicians in North Carolina. Thanks to the organizing skills of Bill and Steve. I am interested in maintaining contact with people who are involved in maintaining contact with people who are involved in training physicians and other health care professionals in primary care.

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Editor's Cup

David Rosengren

Run Over by Santa's Reindeer

Holiday Greetings. I hope the season has brought you cheer. I'm afraid my attempts to juggle the extra demands of the season and the necessities of life have left me a bit frazzled. This was especially evident as I sat down to write something coherent for this issue of the newsletter. In fact, I resolved my ambivalence by giving up coherence as a goal. What follows is a grab-bag of the meaningful and the mundane.

Welcome

To begin with a hearty congratulations and a warm welcome to all of the new trainers. (Of course as the newcomers on the block, it is customary that you bring donuts to our next gathering, esprit de corps and such things.) I have spoken with some of you and look forward to a chance to make the acquaintance of the rest. The word is Santa Fe was a great success. I'd expect no less given the principals involved, but I am still curious to hear from you what was particularly helpful about this training event. I would also be interested in hearing from Steve and Bill what changes were made from the previous training and how these seemed to work. In honor of Bill's admission of being a Trekkie, perhaps we can refer to this group as MINTies II: The Next Generation.

On-line (Again?)

One of the ideas expressed at the training was the possibility of an interactive dialogue among trainers using either the Internet or some similar mechanism. Robert Ferguson is investigating options and will hopefully have

an update for an upcoming newsletter. For historical purposes, MINTies II might be interested to know that Reid Hester did establish an electronic bulletin board following the first training event. At that time, most of us were lost without a map on the information superhighway and so the BBS died a quiet death. However, it may that a critical mass is now available to make this an ongoing proposition.

Deadlines & Commitments

Given the demands on everyone's time and the number of submissions for inclusion in the newsletter, I believe it makes sense to switch our publication rate to three times a year. I have set the dates so they do not coincide with grant submission deadlines. Unfortunately, this means they do bump-up against some other dates of interests. The dates for submission and publication are listed below.

Submission Due By	Publication Dates
April 1, 1995	May 1, 1995
August 1, 1995	September, 1, 1995
December 1, 1995	January 1, 1996

Seen, Heard, Said

MINTie does good! Congratulations to Michele Packard on her series of upcoming MI Training's. The brochure I received was nicely done and the programs looked interesting. Please give us an update of what you learn.

MY MI! What Are You Doing Here?

Finally, since I keep requesting folks (aka nagging) to send updates on what they've been doing, I thought it was only fair that I offer what I have been doing with MI lately as a model for others who might be contemplating a similar action. To begin with, I am serving as a MI consultant for two grants. Roger Roffman is investigating the use of a confidential phone intervention with perpetrators of domestic violence. The goal is to move contemplators not yet in treatment or the legal system into seeking treatment. A variation of MET (Motivational Enhancement Therapy) will be used in both individual and group formats. Meanwhile Betsy Wells is investigating the use of MET with street people using cocaine. This will be an initial efficacy trial to see if MET can be adapted by street workers for use in nontraditional settings. In addition to the consultant work, I am coordinating a grant for Dennis Donovan that is investigating the benefits of using a MI approach to prevent attrition among drug abusers waiting for state sponsored treatment. Carl Rimmele and I are doing a 2 day workshop in February. Finally, my grant application for use of MI principles as part of anger management intervention for an alcohol treatment program received good reviews and a lousy priority score so its back to the drawing board. That's all my news.

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
Jackson, Kathleen
Jasiura, Fran
McMillen, David
Molchon, Andrew
Moyers, Theresa
Obert, Jeanne
Packard, Michele
Rhode, Robert
Smith, Delia
Stephens, Nanette

Willoughby, Frederick
Wyman, Tracey

Letters

Dear Bill and all MINTIES,

Thanks for all your hard work, and friendship, in Sante Fe. No thanks to you manic joggers and power walkers who flipped me into a mid-life crisis on my early morning waddles through the streets of Sante Fe. I felt quite a weight of responsibility over the three days, and then left with newly-formed friendships hanging in a vacuum. I regret not eliciting proper feedback from participants. However, I really hope that you found the workshop stimulating? Bill and I decided to write a brief paper called: "What is Motivational Interviewing?", in order to clear up some problems of definition, and to clarify the spirit of motivational interviewing. We'll keep you posted about its progress.

Steve Rollnick

Dear Editor:

I ran a small 3-day course for a highly specialized group of therapists who work with sexual offenders. Can they join the MINTIES network, and receive the newsletter?

Steve Rollnick

Dear Steve:

My understanding of the original agreement among the MINTies was to limit the direct mailing to those individuals that completed the Training for Trainers. We also agreed that it is fine for the trainers to copy and distribute this newsletter to other interested parties. I would be interested to hear from these folks and will gladly include correspondence in the newsletter as I receive it. We can of course revisit this distribution issue. It is important to recognize that the University of New Mexico has been graciously covering costs for reproduction and distribution and as this network of trainers grows the burden becomes greater. As to joining the Network, I believe that is a decision for you and Bill to make about who is included on the mailing list. Editor

Dear Editor:

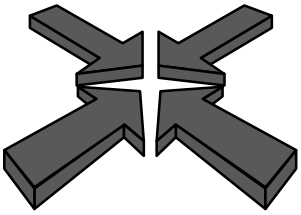
Last week I got the worst client from Hell I ever encountered in training. On a course for therapists who work with sex offenders, we decided to have a leisurely evening demonstration from Rollnick. The role play client came up with a serial rapist! How's that for a delicate little after dinner lesson in the practice of accurate empathy?

Steve Rollnick

Dear Bill and all MINTIES,

Why doesn't someone write a paper on the state of motivational interviewing training? A good first step would be to send a questionnaire to all MINTIES. Anybody got the urge, or a student who might want to do this?

Steve Rollnick



Inquiries and submissions for this newsletter should be forwarded to:
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