Minuet

Motivational Interviewing Newsletter: Updates, Education & Training

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From The Desert

Bill Miller

Transcendent Moments

From time to time I receive comments from practitioners regarding distinctive, intense experiences that sometimes occur in the course of motivational interviewing. As a composite, I offer a description from the interviewer's perspective:

These experiences seem to happen unpredictably, unexpectedly. During the course of a counseling session, I gradually become aware of a qualitative shift in my consciousness. It is as though the boundaries between my self and this other self have dissolved, and for a brief period we are part of one consciousness. I do not experience this as a loss of identity; my own uniqueness remains, and yet for a moment it is also melded with this other. I am fully alert, not drifting or daydreaming, but intensely aware of this other human being with whom I am profoundly one. I am fully and literally present with the person. During this experience, brief as it is, time seems to stand still, and sometimes the physical surroundings appear to dissolve or fade into the background. My own concerns are suspended, and my whole loving attention is focused on the other, whom I experience with awe-filled respect. Then again, gradually, my consciousness pulls back from the other and I experience separateness again, but not quite so separate as before.

These experiences are by no means unique to MI. Carl Rogers described his own such experiences in this way:

"At those moments, it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present." (Rogers, 1980, p. 129).

Brian Thorne described similar moments in his client-centered counseling:

"From time to time, of course, many of us get whiffs of a world behind or beyond the one we normally accept as the context of our existence . . . For me, my confrontation with my mystical self has frequently come about through my work as a therapist. Both in individual counselling and in group work I have often experienced what I call "magic moments." Such moments signify a particular intensity of relating in which a new level of understanding is achieved and a sense of validating freedom experienced by both client and counsellor. The surge of well-being that follows such moments is almost indescribable. Outwardly situations probably remain unaltered and the client's problems, for example, may be as insoluable as ever. And yet everything is different because love has been tapped into and a new reality has been experienced." (Thorne, 1998, pp. 45-46).

What is happening here? One might pathologize this as a dissociative state, or dismiss it as an anomalous lapse. Like Thorne, however, I believe that something real is occurring; that for just a brief moment one taps into a connectedness that transcends and eludes "the normal context of our existence." This is, of course, a familiar topic within the psychology of religion. It seems to me related to what theologian Martin Buber characterized as an I-Thou relationship. Describing his own mystical experience, Buber (1965, p. 24) wrote: *"From my own unforgettable experience I know well that there is a state in which the bonds of the personal nature of life seem to have fallen away from us and we experience an undivided unity."*

I also perceive a link to Paul Tillich's (1948, p. 162) description of the transcendent experience of radical acceptance.

It is as though a voice were saying,

Editor's Choice

Welcome to the 'New' MINUET!

Allan Zuckoff

With this issue, the MINUET takes on a new look and a number of new features. In recent years, with the advent of the wildly successful, real-time, closed MINT listserv, questions have been raised about the viability and necessity of a thrice-yearly newsletter. As one who has never stopped looking forward to each issue — with its stimulating mix of early and informal access to Bill's current thinking, Steve's musings and provocations, reports from the steering committee, American and European editors' friendly "cups," and contributions from MINTies from around the world and across all terrains (practice, training, research) of our field — I feel lucky to have the opportunity to help the MINUET re-find its valued place in the life of our organization. And yet . . . alert readers will also have noticed the quotes around the word 'New' in the headline above. At its heart, the MINUET remains what it has always been: a forum where those who care about MI can informally yet thoughtfully present their ideas and experiences while they are still in the process of developing. Building on the legacy of my esteemed predecessors, **David Rosengren**, **Denise Ernst**, and **Ralf Demmel**, I hope that I can sustain in this newsletter, for the planned two years of my editorship, what has been warmly valued, and at the same time help to provide the conditions for its continued growth.

In This Issue

In this month's 'From the Desert,' **Bill Miller** ponders the nature of *Transcendent Moments* reported by MI practitioners, and asks the provocative question, *Do American and European Models of MI Differ?* Next, **Mark Farrall** continues his explorations of forensic applications of MI in *Taking Motivation Out of the Box: Creating a Para-therapeutic Environment in Custodial Settings through 'Motivational Interactions.'* We then present the first instantiations of several new, recurring features. In the *Training Corner*, **Charlotte Chapman** offers a much-in-demand description of *A Training Design: Group Role Plays*, and **Jonathan Krejci** shares his experience of training in Uzbekistan in *Tales from Tashkent*. **Maurice Dongier** inaugurates our *Theoretical Explorations* with his thoughts on Bill Miller's re-consideration of Socrates in *Socrates, Philosophy, and Motivational Interviewing*. And we conclude with the *Research Round-Up*, in which **Henny Westra** describes the development of a new scale for assessing change-expectancy in *Anxiety Change Expectancy: Nuisance Variable or Important Explanatory Construct?*, and **Denise Walker** and colleagues describe their pilot research on helping teenage marijuana users to change in *The Teen Marijuana Check-Up: A Brief Motivational Enhancement Intervention for Adolescent Marijuana Smokers*.

I am also pleased to note the aesthetic contributions of friend and non-MINTie Ira Friedman, who responded to my request for help in sprucing up the look of the MINUET by offering to redesign it and lay out this issue. I hope readers find the results as pleasing as I do.

Looking Forward

For those who might be considering whether their contributions would be welcomed, here are the recurring features I intend to include in issues to come:

- *Training Corner:* concrete, specific, and detailed descriptions of new exercises, variations on old favorites, or especially enlightening training experiences.
- *Adventures in Practice:* descriptions of clinical encounters in which a) an MI approach worked especially and/or surprisingly well, b) the boundaries of MI practice were advanced through clinical innovation, c) an MI approach unexpectedly failed.
- *Theoretical Explorations:* considerations of new ideas that advance the theory of MI.
- *Research Round-Up:* description of a planned or ongoing research project involving the use of MI and/or its adaptations.
- *Integration Station:* articles that explore the relationship between MI and other approaches or orientations to counseling, therapy, or behavioral medicine.
- *Multicultural Forum:* reports on non-English-language developments in MI. These could include official accounts by representatives of the Spanish, Italian, and French MINT groups, as well as more informal descriptions by members from countries in which MI has not spread widely enough to allow for the formation of a language-sharing community.
- *Virtual Symposia:* in which a number of commentaries on a core theme are presented.
- *The Future of MINT:* considerations of the nature and future of our organization, the directions in which it might develop, the challenges it might face, and the solutions that might be implemented.

I'm also pleased to announce that **Grant Corbett** has accepted

"You are accepted, you are accepted, accepted by that which is greater than you, and the name of which you do not know. Do not ask for the name now; perhaps you will find it later. Do not try to do anything now; perhaps later you will do much. Do not seek for anything; do not intend anything. Simply accept the fact that you are accepted."

There are clear similarities to the classic components of mystical experiences that have been described for centuries, and to the subjective accounts of participants in our quantum change study. Are these interpersonal experiences? Only, perhaps, in the sense that they occur in the presence of another person. The client may not experience or notice anything different at the moment the interviewer is having this glimpse. Rogers believed that the occurrence of such moments is linked to "profound growth and healing," a testable (albeit challenging) hypothesis.

I have no better explanation for these moments, which I have experienced myself. I write this just to open the topic for discussion, and to suggest that it is a legitimate subject for personal and scientific reflection.

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Do American and European Models of MI Differ?

One of the reasons that I love to travel is that my assumptions get jostled. Around the ICTAB-10 meeting in Heidelberg I had time with both Joachim Körkel and Tom Barth to talk about MI and why people change. In the process I began to get a little clearer (at least I think so) about the whispered emerging differences between "American MI" and "European MI." It's not the whole enchilada of whatever differences may be emerging between American and European approaches over the years, but perhaps at least this is one of the chile peppers.

It grew out of discussion regarding the importance of asking ambivalent people to express the status quo or "resistance" side of their dilemma. My own clinical tendency has been to focus on eliciting the change-talk side of the ambivalence as best I can, and to have the client give voice to it. This doesn't seem to have deterred clients from expressing the other side, and when they do so I respond, but if they don't I'm not especially inclined to excavate the status quo side. Let sleeping dogs (or bears)

my invitation to write a regular column, entitled *Motivational Interviewing: What the Research Says,* in which he will explore MI practice and training through reviews of evidence in addictions, medicine, psychology and sociology. Next issue: *What the Research Says . . . about MI Skills*. Also in the next issue, **Dirk Gibson** will present his reflections on his experiences during 14 years as director of a large, hospital-based program in Montana and as an MI consultant with local Indian tribes.

The MINUET will be published, as in the past, thrice yearly, in January, May, and September. Deadlines for submission for the coming issues will be:

April 1, 2004 (May)
August 1, 2004 (September)
December 1, 2004 (January)

I will give my final words for this issue to Crete MINTie Maurice Dongier, who has graciously given me permission to quote a recent communication in which he expressed the feelings that made me leap at the chance to edit this newsletter — and also, I believe, the feelings of so many of our colleagues and friends:

> I must say that after 50 years or so of various teaching experiences, I have never found so much organized support from a group of trainers-colleagues (I mean the TNT, the collection of selected exercises, the MINUET and its archives, the listserv) . . . more to be grateful for than I could have imagined.

From The Desert ¦ continued

lie. The reason for this, of course, is my belief that behavior change is motivated in part by clients hearing themselves argue for change. The more DARN material (Desire, Ability, Reasons, Need) they express on the change side, the closer they move to commitment.

Paul Amrhein's data seem to bear this out. The emergence of DARN language predicts increasing strength of commitment, which in turn predicts higher probability of behavior change. One might argue that all of this is correlational — that "more motivated" people both voice stronger commitment and show more behavior change — but there are experimental findings as well. In between-group randomized designs, MI doubles the rate of client change talk and halves the rate of resistance within sessions. We also now know, thanks to Paul, that after EMMEE training, not only do health professionals show way more MI-consistent responding, but also their clients produce stronger commitment language in counseling sessions. Not every link of the causal chain is forged, but at least the pieces seem to be coming together.

Joachim, however, tells me that if clients don't express enough about the down side of their ambivalence, he asks for it, explores it, wants to hear about it. It is important, he believes, for clients to verbalize both sides of their dilemma, and he's not particularly concerned about the relative air time that the two sides receive. So said Tom Barth when we asked him about it. This American fixation with counting and rating client statements may be just so much superstitious mumbo jumbo. Just explore the ambivalence in a safe and empathic environment, and trust that the client will resolve it in the right direction. After all, within an empathic therapeutic context, clients naturally grow in a positive manner, don't they? Carl Rogers is beaming somewhere.

Fascinating. The two perspectives have much in common. Both emphasize the vital therapeutic role of empathy and acceptance. For both, ambivalence is a central construct, and its positive resolution is the goal of MI. Both are directive, collaborative, evocative, autonomy-honoring. Joachim correctly points out that what he describes (exploring both sides of ambivalence) is more specific, directive and strategic than Rogerian client-centered counseling. And yet there comes a procedural point of departure across the pond.

Consider an experiment that would test these two models against each other. The difference between treatments in this randomized trial is subtle. In EU-MI the interviewer always and intentionally explores both sides of the ambivalence, without differential attention to one side or the other. The point is to make sure that clients voice both sides, and to listen well with empathy and acceptance. In US-MI the interviewer seeks selectively to elicit the change-talk side of the dilemma, and particularly to evoke commitment language, without great concern about hearing the other side. If this experiment could indeed be done, here are the competing predictions.

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From The Desert ¦ continued

Hypothesis 1. EU-MI will be more effective (or at least no less effective) than US-MI in eliciting behavior change. If you've explored both sides of the dilemma, then when you transition to Phase 2 and ask a key question, you're more likely to hear commitment language, than if you had left the resistance side insufficiently explored. With US-MI, you're more likely to hit resistance when you ask the key question.

Hypothesis 2. US-MI will be more effective than EU-MI in eliciting behavior change. After US-MI, when you get to the key question you're more likely to hear commitment language than would be the case with EU-MI, the reason being that commitment is driven by the extent to which the client has argued for change.

In thinking this through with Joachim and Tom, it occurred to me that no matter which way the experiment came out, I would be delighted. Whatever the outcome, we would have learned more about MI.

Now perhaps the apparent difference between EU-MI and US-MI is illusory. Maybe these ambivalence-exploring EU-MINTies are, in fact, differentially reinforcing change talk without realizing it. Or perhaps all this US-MINT imagining about differential reinforcement really just comes down to letting the client talk about both sides of a dilemma and coming to natural resolution.

The point, to me, is that we're beginning to clarify assumptions of theories of MI, which in turn should lead us to interesting and testable questions. There seems to be good support for the psycholinguistic theory of MI that is emerging from Paul Amrhein's work. At the same time, this is not the theory of MI! I would love to see other explications of why MI works, drawing on different theoretical perspectives (for example, self-determination theory). When we can derive theories that lead to contrasting predictions of behavior, then to me the science becomes really exciting.

Taking Motivation Out Of The Box

Creating a Para-therapeutic Environment in Custodial Settings through 'Motivational Interactions'

Mark Farrall

Previous articles in the MINUET have discussed criminal justice or forensic applications of Motivational Interviewing beyond its traditional home in substance misuse (see Farrall 2000, 2001). In the UK, Motivational Interviewing has for several years been considered a 'core skill' for main grade Officers in the National Probation Service, whose role in supervising offenders has encompassed a theme of general motivation and change in offending behaviour, not necessarily specifically related to substance misuse issues.

The UK Context

The application of the approach in such 'supervision' contexts still tends to be in the 'traditional' model of MI intervention, i.e., more formalised, interview-based one-to-one settings, and pressure of work can generate a feeling that there is not time to 'do MI' or that to do it is 'time consuming' (Middlesex Probation Service, 1998). Whilst under supervision, the majority of offenders in the UK are also very likely to be sentenced to attend some type of offending behaviour group work programme. This is a major thrust of the UK Home Office 'effective practice' initiative (Furniss, 1998), and a central criterion for programmes is that they should be based on 'a clear model of change' (JPPAC, 2001), the standard being the familiar Prochaska & DiClemente cycle; in addition, several programmes specify that the overall approach should be 'motivational'.

While the setting in groups is obviously not one-to-one interviews, this attention to 'motivation' matters because attrition is currently extremely high on many programmes. However, even though this setting is a move from the traditional paradigm of application, there still seems to be some misconception that 'motivation' is 'done' in a particular session on the programme rather than being a thematic concern all the way through (National Probation Directorate, 2003).

This question arguably matters even more when (as occurs in England and Wales at least) offenders are sentenced to a non-custodial punishment that involves service to the community such as building playgrounds, cleaning graffiti and so on. The salient point for this discussion is that these offenders are overseen by Community Service (CS) Officers whose main skill, training, and qualifications are essentially trades-based. These CS Officers are supervising groups of up to ten or twelve offenders for periods of up to eight hours a day for several weeks at a time; there is thus a massive potential for maximising rehabilitative work, if a way can be found to take the spirit and techniques of MI 'out of the box' of the formalised interview.

This brings me to the work recently undertaken by myself and a small team of Associates in the Australian State of Victoria (see also Farrall, 2003b) on just this theme. As said above, while it makes sense to have main grade Probation staff equipped with motivational skills, it seems to make even more sense that settings and staff who have frequent, long hours of contact with offenders in the everyday course of their job should be equipped with skills and understanding to maximise the rehabilitative potential of that contact. While this applies to Community Service Officers, it also applies, in spades, to custodial institutions and prison officers.

In Victoria, rather than build another prison to manage increasing rates of imprisonment (a situation with which the UK is also faced), the State has decided to spend the money on strengthening community corrections as an alternative to imprisonment and attempting to make the system as a whole more rehabilitative. Astrid Birgden, the forensic psychologist leading the rehabilitative aspect of the Victorian initiative, has applied the concept of 'therapeutic jurisprudence' (Birgden, in press), where the notion is of a 'psycholegal' use of the law to reduce reoffending and enhance individual well-being (and by extension the well-being of the wider community) as offenders are reformed. A central theme is that this cannot work without "...harnessing correctional staff as legal actors and potential therapeutic agents."

This conclusion was at least partially informed by a criticism of the prevailing atomistic model of analysis

of offender needs versus offender risk, which, incidentally, informs the UK 'what works' initiative. I would argue that the lack of a similar integrated or holistic perspective has been a major difficulty in the UK where (arguably) there has been just such a failure to harness staff in this way: the offending behaviour programmes were put in place in prison, but no consideration has really been given to getting prison staff 'on side', and thus the productive work in the group room is often undermined as soon as the offender steps back out onto the wing.

This is compounded by prison staff generally holding views of a more conservative nature than their counterparts in Probation — views that extend to the 'nature' of offenders and the likelihood of their being able to change, creating an institutional culture which is anti-rehabilitative and anti-therapeutic or even in the worst cases, systematically abusive (The Guardian, 2003).

To facilitate the required 'harnessing' of Victorian staff, our work in Australia was preceded by a wider training initiative requiring staff to consider 'why' prison and community corrections staff were working with offenders in the first place, and what their job was actually about. The intention was to create a shift in attitudes and institutional culture which would make 'dinosaur' attitudes in opposition to offender rehabilitation unacceptable. Discussion of how the values and techniques of the person-centred humanistic philosophy found in Motivational Interviewing can form a basis for an organisational structure can be found in Farrall, Emlyn-Jones & Jones (2002).

A Para-Therapeutic Environment

To return to the original theme of taking MI 'out of the box' of formalised interviews: Birgden had come across the concept of 'microburst' usages described in an earlier MINUET article (Farrall 2001), by which I had meant applying the spirit and techniques of MI in opportunistic, day to day, informal, brief interactions with offenders, such as conversations on the wing or in the exercise yard in responses to casual conversation. Birgden then developed the term 'Motivational Interactions'; in the wider Victorian context this extends to working with staff to develop appropriate attitudes to offender rehabilitation, but we felt it also described much more clearly the overall 'feel' of what I had struggled to describe. We then delivered training in the skills relating to this concept: a nice example of reciprocity and evolving practice.

The training involved a paradigmatic shift on our part as trainers, to communicate how Motivational Interactions formed an 'out of the box' approach and communication style which was intended to be used opportunistically as and when appropriate or possible. This meant paying particular attention to issues of Change Talk, so that custodial staff especially (although community corrections staff are not immune to this) could make the 'head shift' necessary, for example, to hear the motivational potential of prisoners complaining about their situation rather than hear it as 'moaning', or to consider possible role conflicts arising between the security function of a prison officer and the 'facilitator' function.

In Farrall (2001) I imagined the effect on an institution, and the increase in rehabilitative potential, if the dominant tone of interaction between offenders and inmates in custodial settings were characterised by the person-centred stance and specific techniques provided by MI rather than, at the very least, a lack of support for rehabilitative work and at worst active attempts to undermine it. The Victorian initiative is an attempt to operationalize such a vision, presenting the possibility that through the opportunistic use of 'micro burst' applications of MI skills embedded within an overall humanistic understanding of the process of human change, a para-therapeutic custodial environment can be created.

By this I mean that 'therapy' is not the focus of the prison officers, and not their qualification or primary skill, but that the cumulative application of this MI-based approach in its short form could create an institutional environment where the rehabilitative potential of every interaction is maximised, whilst still retaining the security function which is at the foreground of prison operations.

A key point is that the value set of MI, and the need for a more rehabilitative way of working, was not imposed in Victoria. Instead, we worked with a pre-selected group of staff, helping them through their own contemplation about this new way of working. The aim was to create a peer-influential nucleus of staff to 'spread the word' through what was effectively pro-social modelling of altered practice (see, for example, Trotter, 2000), and (we hoped) to begin the cultural shift necessary to develop and sustain the para-therapeutic environment.

A necessary precursor was the 'harnessing' of staff mentioned earlier, through training to 'set the scene' in terms of raised awareness of cognitive-behavioural techniques, the all-important consideration of just why the staff group has chosen to work with offenders, and how to behave ethically toward them and each other. Since we believed that the change in culture that would mean full support for this venture also needed to reach management levels, senior management attended this training. Eventually, the drive will probably have to encompass staff selection and recruitment.

As a side note, our insistence in the bid document for this project that in the training we would attempt always to embody the value system of MI and 'walk the talk' was initially dismissed as unimportant by the coordinator of the training. Later, after participating in the training, she felt that the congruency and modelling involved in 'practising what you preach' and embodying the ability to roll with staff resistance to the new ideas was crucial to the project's success — especially as the some of the very keen individuals in the staff group we trained appeared at risk of being rather evangelical in their support for the approach, potentially raising resistance among colleagues.

Thinking Broader Still

Innovative and radical as this project was, we still felt that the true potential had not been fully realised by the staff taking part: the project brief visualised 'Motivational Interactions' being used by correctional staff in prison and community settings to motivate offenders to make an initial engagement with the variety of offending behaviour programmes on offer. Clinicians would then deliver the actual cognitive-behavioural intervention (aided and abetted by correctional staff), and as Case Managers, correctional staff would attempt to maintain motivation throughout.

For prison officers on our training events, a major realisation was that their role did not 'end' with helping inmates through the Prochaska & DiClemente stages of precontemplation or contemplation to action (when the clinicians would 'take over'), but that custodial officers still retained a crucial role in developing and maintaining motivation for change, even

after the offender had theoretically moved to action, or even maintenance and lapse or relapse. Only, we felt, if officers were capable of responding appropriately to an individual offender at any stage of the cycle, would you truly be approaching the potential of a para-therapeutic environment. The applications within the more intimate level of interactions allowed by the 'personal officer' system, where each inmate is assigned an officer with a 'case worker' role, or within UK Prison Service 'close supervision units' for extremely difficult offenders, are obvious.

In conclusion, the really exciting thing about taking part in the Victorian project was the knowledge that it represented an attempt at a systemic shift in culture from the bottom up. There are many examples of individually excellent prison officers, sensitive and humane men and women operating as islands of humanistic practice (though they may not call it that) in a sea of counter-therapeutic, anti-rehabilitative practice. Our previous training efforts in the prison sector have often felt like limited attempts to humanise practice and guide staff toward effective working in the face of such iatrogenic systems. If the systemic thinking of penal institutions could evolve sufficiently to take on the concepts discussed here and implemented in Victoria, what potentials could be unlocked?

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Training Corner

A Training Design: Group Role Plays

Charlotte Chapman

In response to a discussion on the MINT listserv about how to facilitate role plays to teach group treatments in trainings, I mentioned an experience in a training event with Dr. Susan Sampl, where she was teaching participants a manualized group treatment approach using MET and CBT. Due to the numerous requests for more information on this training design, and with permission from Dr. Sampl, I am writing this article to describe it in further detail. I was a participant in this design and not the trainer, so I hope this makes sense. I will describe primarily the process, along with my editorial comments. As some of you try this, I hope there will be further discussion on the listserv as to its pros and cons, as well as other possibilities.

Background

The Center for Substance Abuse Treatment (CSAT) funded a research project called the Cannabis Youth Treatment Project. The purpose was to study five different approaches to treating adolescents with cannabis abuse as a primary diagnosis. For detailed information about this research please go to http://www.chestnut.org/li/cyt/

One of the approaches studied, which showed positive results, was a combination of Motivational Enhancement Therapy (2 individual sessions) and Cognitive Behavioral Therapy (3 group sessions), now known as MET CBT 5. Dr. Susan Sampl and Dr. Ronald Kadden developed this protocol and wrote the manual (Sampl & Kadden, 2001). Even though the group session focuses on a CBT approach, the group counselor is still expected to demonstrate the motivational interviewing spirit.

Training Design

This design was used to teach participants how to deliver the first of the group CBT sessions. Participants are divided into groups of five "clients" and one "counselor;" all groups are run at the same time, so the size of the training determines how many groups are needed. Five "clients" per group seems to be a manageable number for the role play. The trainer(s) meet with the participants selected to play counselors during a long break to review the purpose of the group and what is expected in the role play. They also have the exercise in written form, so the counselors can refer to it during the group session. The "clients" in each group are assigned numbers 1-5. The 1's, 2's, 3's, 4's and 5's each receive a different client profile, with each number corresponding to a specific stage of change (i.e., 1 = precontemplation, 2 = contemplation, etc.). For example: *You are a 16 year old who has been sent to treatment for testing positive for marijuana on a drug screen for the track team. You have been an average student and have run track for several years but recently have been spending more time with friends who smoke marijuana. You are in the contemplation stage of change.* (I would suggest that the profiles be put in a written handout as well.) The role play runs for thirty-minutes, followed by debriefing.

Commentary

What I liked about this design was that the counselor actually got to practice what he/she was trying to learn in the training, because role play participants didn't get carried away acting out transference issues with their own clients. Having the instructions in writing helped with performance anxiety and helped keep the role play on task. The counselor gets some feeling of competence that hopefully increases motivation, desire

and all that other good stuff to use this approach in practice. The feedback from the counselors after the role play was that it felt like a real group experience. As a "client" participant, I got the experience of what the approach feels like, which was valuable. This design also avoids asking people to talk about their own change issues when playing clients, which was especially good in this setting as supervisors were there with their clinical staff, some of whom had just been hired, and that could have been awkward.

The other aspect I liked about this design was that, since each "group" was comprised of similar clients, the entire group of trainees could debrief and learn from each others' experiences. In terms of planning, I would allow for time to discuss the role plays as a large group. The fact that the groups had members in different stages of change also made the exercise seem more realistic.

One concern I would have about this design is that not knowing the skill level of your counselor volunteers in advance could lead to problems. As has been discussed on the listserv, delivering MI in groups is especially complicated. Your participants need to have good group counseling skills in addition to knowledge about the stages of change and some skill level in whatever treatment modality you are teaching, such as MI and CBT. Another concern is that only a few of the participants get to practice as a counselor, unless you have a small training group and can run this exercise several times.

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Training Corner

Tales from Tashkent

Jonathan Krejci

Last year I was privileged to have been selected to be an MI consultant to the UN. I spent three days, from October 24-26, in Tashkent, Uzbekistan. Two days were spent in meetings with another international consultant and local trainers from Kazakhstan's Pavlodar Centre, reviewing and evaluating what I came to learn was the first psychosocial substance abuse training program ever offered in Central Asia. The third was spent attending the first day of the ten-day training and delivering a three-hour lecture on MI through translation to 27 Uzbeki medical professionals. Many thanks to Bill Miller for passing along this unique opportunity, and to Rik Bes, among others, who were kind enough to share their experiences with international training and consulting. As a small token of my gratitude I offer the following lessons gleaned from my experience.

Know Your Role

Since I was offered this opportunity on extremely short notice, some of the critical details of my assignment were unclear to me. It was not until I arrived that I learned that my role was an evaluative one; i.e., that I was charged with assessing the adequacy of the MI component of the training program and writing a report of my findings. Since the trainers from the Pavlodar Centre were (justifiably) fiercely proud of their training, it quickly became evident that, despite their graciousness and flowery compliments, they viewed my involvement with some trepidation.

Know Your Translator

There are two types of translation: simultaneous and consecutive. As the names suggest, the first involves concurrent translation (through headphones), which allows unbroken and spontaneous exchanges. The second requires speaking, waiting for the translator to translate, and then continuing. I was told that if I had requested it in advance, I could have arranged for simultaneous translation. As it was, I had no choice but to use consecutive translation.

For those who have never experienced consecutive translation, it is a disconcerting, almost surreal experience. It requires considerably modifying your syntax and cadence, forcing you to adopt a stilted and choppy manner of speech. It also approximately doubles the amount of time required to conduct a conversation or deliver a lecture. I found it helpful to emulate the style of my fellow international consultant, a Dutch psychologist named Cees Goos, who was vastly more experienced in international consultation than I. I noticed that he spoke in short, punchy sentences, paused often to allow time for translation, automatically shifted his syntax to more closely approximate Russian, avoided spontaneous interjections, and rarely used metaphor or figures of speech.

I am particularly thankful to Rik for a piece of advice which served me very well. At his suggestion, I reviewed my lecture with my translator in advance. This enabled me to assess her skills and to familiarize her with specific terms and phrases (one can only guess how "roll with resistance" might be translated by an unprepared translator!). This helped my lecture to proceed with relatively few misunderstandings. Nonetheless, there was one amusing moment. I was trying to use a familiar, homey example to convey the fruitlessness of coercing clients to change:

Me: "For example, if I tell my *daughter* that she has to take a bath, she will be angry with me"

Translator (speaking to me with a puzzled look, after translating to the audience): "But why would you tell your *doctor* to take a bath?"

I wince as I imagine how many similar errors may have passed through unnoticed. However, I think it was because I had established a solid rapport with her that my translator felt comfortable enough to bring her confusion to my attention.

Know Your Audience

Before I arrived I tried (with little success) to learn as much as I could about my audience. The more I learned, the more I realized how much there was to know. When speaking to American audiences, I can be reasonably assured that we share a roughly similar knowledge base and set of assumptions. When I arrived in Tashkent, I realized that I could assume nothing. Questions I would have liked to have answered in advance include:

- What is the nature of substance abuse treatment in this culture?
- What role do various professions play in substance abuse treatment?
- How is substance abuse understood in this culture?
- What words are used to describe people with substance abuse problems?

- What is the predominant attitude of this culture towards people with substance abuse problems?
- What is seen as curative - is the idea of triggering change by enhancing internal motivation coherent, much less accepted as valid?

Perhaps the most memorable moment of my visit (except perhaps for the pre-training warm-up exercise, during which I found myself giving a back rub to Uzbekistan's Deputy Health Minister) occurred half way through my three-hour talk. I felt that I was doing a good job; that I was clear and succinct and making good use of interesting clinical examples. However, the audience was relatively impassive and unresponsive. I found the silence deafening, and their unblinking stares somewhat unnerving. During the break I spoke with a young Canadian student serving an internship through the UN. He told me emphatically that he thought my talk was going very well, that lecturers are very highly esteemed in Uzbeki culture, and that asking uninvited question would be seen as rude. He suggested that I continue to pause to ask for questions, and predicted (accurately) that the audience would warm up if I continued to invite them to participate. Accustomed to more exuberant and spontaneous American audiences, I had misinterpreted their respect as lack of interest. (I should add that the audience was extremely receptive to MI, and hungry for knowledge from the West. I ended up fielding many questions after the end of my presentation, forcing my overworked translator to work overtime).

For those with a taste for high adventure, debilitating jet lag and unspeakable airline food, I recommend such an experience without reservation. I enjoyed myself immensely, and undoubtedly learned more than I taught. However, as with most training assignments, a little advance preparation will pay off handsomely.

Theoretical Explorations

Socrates, Philosophy, and Motivational Interviewing

Maurice Dongier

The unexamined life is not worth living.
Socrates

Greece is the undisputed mother of philosophy. Some of us present at the TNT / MINT meeting in Crete (June, 2003) found there a stimulation to think, and exchange, about some basic philosophical assumptions underlying MI. This is a report on some amateurish conversations, as none of us, to my knowledge, had formal philosophical training.

There are always latent philosophical attitudes behind any thought or human behaviour. Is conscious philosophizing, namely attempting to elicit these attitudes, important? Maybe more if this effort is related to experience (as in existential philosophy) rather than to intellectual elaboration (as in analytical philosophy or dialectic reasoning). It might even (who knows?) help us in our effort to clarify what remains mysterious in the intersubjective process of our dialogues…

Socrates (471-399 BC) has been considered a possible forerunner of MI. Bill Miller first likened MI to a Socratic communication style. Recently (Miller, 2003), Bill reconsidered this affiliation after reading I. F. Stone's *The Trial of Socrates*. I had never heard about this book, and Bill's thoughtful comments prompted me to read it. I am now of two minds, impressed by Stone's erudition, but unsure about whether his projections are more credible than those of Plato!

Socrates left no writings. To build a representation of his character, ideology, and strategies, we are limited to the reports of a few of his contemporaries, mostly Plato, Xenophon, and Aristophanes. Their opinions are divergent, so that we are led to view Socrates as a composite mythical figure rather than an historical one. What is more interesting for us may be to begin to identify and summarize what, in our composite image of Socrates, is seemingly MI-adherent and M.I. non-adherent. This can be a point of departure to attempt a reflection on subsequent developments in philosophy, especially in the last century.

Is it possible that modern philosophers, inspired or not by the Greek heritage, could be more related to the MI philosophy than is the "Socratic" thinking?

But first let's go back to Socrates and have fun in rating some of his reported behaviours. Some are seemingly MI adherent:

- the *maieutic*: his specific strategy, imitating his mother, a midwife, of facilitating the emergence of individual truth in his pupils through a constructive conversation, avoiding suggestions, in a quietly constructive way. *Gnothi seauton*, "know thyself," is his motto: the refinement of self-knowledge is the essential pursuit of the philosopher and of his teaching, entirely left in the hands of the pupil.
- his anti-dogmatic attitude and proclaimed modesty: "My sole knowledge is that I do not know."
- his acceptance of ambivalence as a constant in human behaviour: we live in the midst of contradictions and are torn in individual and social dilemmas. As such, Socrates might be considered a forerunner of existential phenomenology…
- his conviction that knowing what is Good will lead to Virtue, the basis of his ethics, may have some relationships with the *Menschenbild* of MI In other words, it seems that Socrates and MI share the view of Jean-Jacques Rousseau (1712-1778): normal, undisturbed psychological development leads naturally to an appropriate perception of Good and Bad and to virtuous behaviour, rewarded by more pleasure. The fact that this positive assumption is not constantly confirmed may be related to other factors than the environment in the targeted changes. Two centuries later, we have learned now that, for instance, genetics and neurobiology also play their role in antisocial behaviour, but also that interactions, exemplified in MI, can interfere with gene expression and change neurobiology! This is what Francisco Varela appropri-

ately coined neurophenomenology.[1]

Some other traits are clearly MI non-adherent, as noted by Bill in his MISC coding of the dialogue with Euthyphron:

- the use of closed or rhetorical questions designed to lead the "client" to contradict himself.
- the "expert" attitude reported by Xenophon: "I far excelled the rest of humanity," Socrates tells the court in his self-defense at his trial.
- the *negative dialectics*, basis of the skill he demonstrates in arguments. My understanding of negative dialectics (non-guaranteed interpretation!) is that it is a Hegelian concept: instead of the classical sequence thesis-antithesis-synthesis, the supporter of the antithesis aims at the destruction of the thesis, rather than at the progress towards a synthesis, which is the chosen "direction" of MI.
- his insistence on logic and precise definitions, which he tends to impose in discussions. This is in reaction against the presocratic philosopher Heraclitus, for whom change, inescapable and perpetual, was a central theme: "One can never step twice in the same river." Aristotle gives credit to Socrates for being the first philosopher to concentrate on definitions, but they are definitely, in his hands, a dialectic weapon.

Twenty-four centuries later, even though Plato's dialogues are an eternal contribution, let's select some other philosophical schools and ask ourselves whether they can compete with the Greeks in helping us think about MI and possibly contribute to transdisciplinary research protocols.

The prevailing contemporary religion is scientism, exemplified in neurophilosophy, the philosophy of mind of Francis Crick, of Patricia and Paul Churchland, or of Jean-Pierre Changeux. The rigour of scientific research is based entirely on objectification, the knowledge of objects, and for instance the conviction that mind is reducible to the computations carried out by neuronal networks .

Contrasting with the knowledge of objects (including the human brain) is the knowledge of self. The Socratic "Know thyself" gave rise to a kind of practical philosophy whose bearing is ethical and individual. This trend is preserved in classical eudaimonism, scepticism, and diverse spiritual traditions such as Buddhism, Sufism, or Orthodox Christianity. Among the contemporary philosophies we may single out phenomenology, founded by Edmund Husserl at the beginning of the twentieth century, and to which a number of continental philosophers have contributed, including Jean-Paul Sartre, Maurice Merleau-Ponty, Karl Jaspers, and Martin Heidegger. Husserl's goal was to create a science of consciousness with philosophical rigour grounded in subjective experience. Could we tentatively consider that there are convergences between phenomenology and MI?[2]

- For instance, is there a relationship between the suspension of the asymmetrical relationship client-therapist in MI and the *epoche* that is an essential feature of the "phenomenological reduction"? It is basically an interruption, a suspension of the continuous flow of object-related cognition: this "bracketing" allows moments of a superior form of consciousness, possibly related to the one achieved in various types of meditation.
- Phenomenology, like MI, is purely intersubjective and free from nosological preoccupations and from the dichotomy normal/abnormal.
- The emergence of the subject's "intentionality" (a buzzword in phenomenology) is crucial in both fields.
- Affects and relations are viewed as pre-existing to the construction of meaning in human development, and there is posited a prereflective affective substrate to cognition.

My personal acquaintance with phenomenology is superficial and is mostly second-hand, through phenomenologically-oriented psychiatric colleagues. From a more "basic science" viewpoint, there is a growing body of work being carried toward a phenomenological cognitive neuroscience or neurophenomenology (Varela & Shear, 1999).

The efforts of M.I. researchers to code intersubjective events using objective methods such as the MISC are genuine attempts to bring first-, second-, and third-person methodologies together, which may be of interest to scholars of applied phenomenology. It might be an interesting development to enlist trained, instead of amateurish, philosophers to help us develop genuine transdisciplinary studies, namely bringing different disciplines in the construction of hypotheses and innovative methodologies.

Footnotes

[1] Varela & Shear (1999) has been for me an invaluable source of information about contemporary phenomenology.

[2] I am indebted to Allan Zuckoff's presentation in Crete for the link between MI and phenomenology, particularly Merleau-Ponty, which struck me as implicit in his lecture.

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Anxiety Change Expectancy: Nuisance Variable or Important Explanatory Construct?

Henny A. Westra

Treatment outcome expectancies have an interesting history in psychotherapy research and have been discussed in the context of placebo effects and common factors across therapies. The work of Irving Kirsch and colleagues has suggested that expectancies partially account for the substantive beneficial effects (estimates of up to 50% of psychotherapy efficacy) of placebo administration (Kirsch, 1990). In the area of anxiety, measures of treatment credibility have been developed, but with the intent of 'controlling' or ensuring equivalence across treatment groups on this factor, rather than elucidating the potentially powerful role of expectancies in contributing to treatment outcome. Expectancies have often been regarded pejoratively and are likely under-investigated as a result, as researchers have been more concerned with demonstrating the unique effectiveness of specific treatment techniques. For example, in commenting on the powerful impact of credible psychological placebos, one researcher noted "we can conclude that there is a sucker born every minute."

Jerome Frank (1973) outlined an important role for optimism or positive expectations about change in many forms of healing, and Miller and Rollnick have similarly discussed the importance of optimism about change as desirable in preparing individuals for treatment. As interest in motivational models grows in the area of anxiety treatment (as it definitely has), and Cognitive Behavioral Therapy (CBT) has established a firm footing as an important treatment for anxiety, expectancies for change may be recast as important constructs to be measured and understood in relation to CBT, rather than as nuisance variables.

Our research group recently developed a 20-item instrument that was designed to assess anticipation of anxiety reduction. This was driven by a desire to develop an outcome measure specific to anxiety which could be used in studies on MI applications to anxiety disorders. The Anxiety Change Expectancy Scale (ACES; Dozois & Westra, 2003) is intended to measure individual differences in *change-expectancy* (e.g., how much do you think you can improve your anxiety?) rather than treatment-expectancy (e.g., how credible do you think CBT is?).

Let me report on a series of studies using this measure (currently in various stages of publication) that reflects what we have learned so far about anxiety change-expectancy and CBT outcomes in anxiety. First, the ACES shows excellent internal consistency across three different anxiety samples (undergraduates, community, and clinical samples) with coefficient alphas ranging from .89 to .91 and three week test-retest reliability of .97. Second, the ACES showed strong relationships with Beck Hopelessness Scale scores, with higher general hopelessness related to lower expectancy for changing anxiety. However, despite this, ACES scores pre-CBT were stronger predictors of change from pre- to post-CBT than general hopelessness and baseline symptoms for individuals with generalized anxiety disorder. Third, we also found that a higher number of previous treatments (medications, counselling trials) was associated with lower expectancies for anxiety change. This may suggest that individuals more pessimistic about anxiety change seek out more treatment and/or that more trials of treatment negatively impact change expectancy.

We also used the ACES in a pilot study of Motivational Interviewing (3 individual sessions) as a prelude to group CBT for a heterogeneous group of anxiety disorders. We found that the MI group showed significant increases in expectancy for anxiety change from baseline to pre-CBT compared to a no-pretreatment group who showed essentially no change in anxiety change expectancy. The effect size for this difference was large at .77. We also included a measure of homework compliance in this study, and found that higher anxiety change expectancy was related to greater homework compliance in CBT, which was in turn related to more positive CBT outcomes. Consistent with our speculation, analyses showed that higher homework compliance mediated the relationship between change-expectancy and outcome in CBT. That is, higher change expectancy influences CBT outcome through the mechanism of greater homework compliance. This is consistent with Brian Burke and colleagues (in press) and others, who have suggested that expectation of benefit (an aspect of motivation) may induce clients to comply with treatment procedures such as exposure to anxiety-provoking situations, thereby enhancing outcome.

Overall, this early data bodes well for the potential of the ACES to capture an important component of treatment response potential. Clinically, this could be potentially useful in identifying individuals who may be less likely to respond to CBT before they enter treatment. From a research perspective, we hope that this work will stimulate others to reconsider those annoying 'nonspecifics' and challenge the field to better understand the mechanisms through which expectancies exert their powerful effects on outcome. Another set of intriguing questions involves identifying the personal, interpersonal or environmental factors contributing to expectancies for change, to help us better understand how to set people up for maximum treatment benefit or, even more ambitiously, how to engage the vast number of people with anxiety not yet seeking treatment.

If you are interested in obtaining a copy of the ACES or being put on a list for preprints of publications using the measure as they emerge, just drop me an email at henny.westra@lhsc.on.ca.

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The Teen Marijuana Check-Up: A Brief Motivational Enhancement Intervention for Adolescent Marijuana Smokers.

Denise Walker, Roger Roffman, & Robert Stephens

Few interventions have been developed to intervene with adolescents who are frequently using marijuana. Effective interventions that are available are formal treatment programs (Dennis, Godley, et al., under review) and treatment outcome studies that largely sample participants who are coerced into treatment (e.g., by the juvenile justice system, parents, schools). However, the majority of adolescents who might benefit from substance abuse treatment do not choose to access these services (Titus & Godley, 1999). Adolescents who do present to treatment are typically referred. Motivation and less severe substance use pre-treatment have been identified as key elements in successful treatment outcome for adolescents (Williams & Chang, 2000).

So how do you reach adolescents who are regularly smoking marijuana? That is one question our research group has been wrestling with for several years. We have received funding from the National Institute on Drug Abuse to develop and preliminarily evaluate a technique to do just that. Identifying and attracting adolescents who are using marijuana regularly presents a variety of obstacles. Common roadblocks to treatment entry, such as lack of access to treatment services and fear of labeling, are often exaggerated among adolescents. Not having their own health insurance or independent income, needing to rely on parents for transportation, and fear of adverse consequences if parents find out about their marijuana use can all serve as barriers to treatment. In addition, many adolescents who are using marijuana may be experiencing mild consequences that do not necessarily warrant an intensive treatment exposure. We thus developed the Teen Marijuana Check-Up (TMCU) as a brief intervention to attract voluntary participation from adolescents who may be ambivalent about their use of marijuana.

The TMCU is a brief motivational enhancement intervention based on Miller's Drinkers Check-Up (Miller, Sovereign, & Krege, 1988). The TMCU seeks to engage participants in a candid and in-depth self assessment of their marijuana use. For those whose use has become problematic, the TMCU seeks to increase motivation for change and support self-efficacy. Key elements include: an advertising strategy that appeals to teens in the precontemplation and contemplation stages of change; assessment and personalized feedback of results; the use of a Motivational Interviewing counseling style; and an opportunity to take stock of one's behavior with no pressure to quit. Barriers to participation were reduced by offering the program in high schools during the school day, not requiring parental consent (made possible by specific statutes in state law), and maintaining participant confidentiality.

Participants were recruited through advertisements, referrals from counselors and school personnel, and an in-class educational presentation on marijuana. The goal of the educational presentation was to provide teens with facts about marijuana, model a non-confrontational and objective style, elicit discussion about the positive and negative consequences associated with marijuana use, and introduce the TMCU service. Students could confidentially indicate an interest in learning more about the project by adding their names to the otherwise anonymous presentation evaluation form completed by all students at the end of the program.

The 3-session intervention involved 1 session of assessment and 2 sessions of personalized feedback delivered with a Motivational Interviewing style. Assessment data were used to construct the personalized feedback report. Feedback included the following sections: history of marijuana use and current patterns of use; frequency of alcohol and other drug use; marijuana expectancies; pros and cons of use; problems related to marijuana use; costs and benefits of reducing marijuana use; situational confidence in avoiding marijuana use; social support; and life goals.

We recently evaluated the TMCU in a randomized pilot study. Eligibility criteria were minimal; participants needed to be 14-19 years old, in grades 9-12, and to have smoked marijuana on at least 9 of the last 30 days. We recruited 97 participants who smoked marijuana regularly (45% were using nearly daily) from four Seattle, Washington high schools. Eligible participants were randomized to receive the intervention immediately or after their 3-month follow-up assessment (delayed control group). With nearly 100 eligible participants recruited, findings indicate that this intervention could attract heavy marijuana-using teens to complete this intervention (89% of participants completed the first feedback session). Overall, participants decreased their marijuana use between baseline and the 3-month follow-up, with no differences between groups. However, among participants in the earlier stages of change (precontemplation/contemplation), there was a tendency for those who received the intervention immediately to make larger reductions in their use than did those who were placed on the waiting list, whereas participants in the later stages of change (preparation/action/maintenance) reduced their use regardless of condition. Small sample sizes within these motivational subgroups and substantial within-group variability prohibited finding significant differences. A more detailed report of this study is in preparation.

Overall, the TMCU was developed to adapt a motivational enhancement intervention to the needs of adolescents who regularly used marijuana, but who were neither self-initiating change nor interested in seeking treatment. To this end, the TMCU demonstrated success in attracting this population. Participation in the program resulted in decreases in marijuana use across conditions, suggesting perhaps that either pre-existing motivation for change or reactive effects of the assessment battery were a factor.

We have plans to conduct a full trial of this intervention with a sample size that will allow us to evaluate these alternative explanations for the preliminary findings. We also intend to employ longer follow-up periods and investigate the potential effect of the TMCU on substance abuse treatment engagement as an outcome. In addition, we plan to include a no-assessment control group to assess the potential for reactive effects of our assessment process. M

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