MINT Forum
Miami 2006
Workshop Descriptions

Day 1 Thursday Nov 30

10.45-12

Workshop 1
Training and Treatment Fidelity in Motivational Interviewing- Jenny Hettema

What does it mean when someone says they use MI? Many trainers have likely encountered individuals or organizations that claim to use MI, but who are actually practicing something different. In addition, when reading the intervention descriptions in research articles, we are sometimes left wondering whether it was MI that was actually tested. In clinical practice, treatment fidelity, or the degree to which an intervention is delivered as intended, can influence the care patients within our communities receive. In research, problems with treatment fidelity can compromise validity and make interpretation of results difficult. This workshop will provide an opportunity to explore issues of treatment fidelity in MI. Research findings from a study exploring training and treatment fidelity characteristics of MI clinical trials will be presented and discussed. In addition, participants will have an opportunity to generate and evaluate strategies for increasing treatment fidelity within clinical practice and research.

Workshop 2
Clinical and Research Dialogue - Michael Chenkin

The primary aim of this session is to explore ways to improve communication, collaboration, and partnership between MINTies in clinical practice and MINTies engaged in research. Issues for discussion include

improving technology transfer from research to practice, blending clinically informed practice with evidence-based practice, collaborating to influence policy regarding substance abuse prevention and treatment, and implementing fidelity methods and measures in the practice of MI.

Workshop 3
Cultural Valuing - Edy Rodewald

This session offers participants an opportunity to share their experiences training cross-culturally. Reflection and exploration of important non-western concepts including cultural valuing; group image and role-modeling; and balancing physical, emotional, cognitive, and spiritual aspects - all of which are embedded within a context of family and community relationships and integrally connected to the land. Communicative competence requires not only knowing when and how to speak to a person, but to arrange the situation so that they will trust and respond openly. The alternative may be defensiveness in the training session and possibly missed opportunities for non-western training participants to be reinforced and to learn more skills for using this empowering approach.

1.00-2.15

Workshop 4

MI and The 12 Step Fellowships - Jacque Elder & DeeDee Stout

 Many counselors who are not familiar with MI may be very familiar with Alcoholics Anonymous and other 12 Step Fellowships. This counselors may also think that the older "Minnesota model" of confrontation along with mandatory AA attendance is the only way to get and stay sober. This workshop will explore the 12 Steps and 12 Traditions of AA, and show how the founders, Bill W. and Dr. Bob were actually filled with Spirit, Empathy and "attraction rather than recruitment." This workshop will focus on how the two main texts of AA (The Big Book and The Twelve and Twelve) are completely compatible with MI. Alcoholics Anonymous also take a Harm Reduction approach, so Harm Reduction will be discussed as well.

Workshop 5

The Resiliency-Based Motivational Interview for Delinquent and At-Risk Youth - Mitch Schwarz
This workshop will breifly introduce an integrated application of MI and
Resiliency approahes to trauma to the process of assessing and motivating
high risk delinquent youth to participate in their treatment planning as
part of the intake process for a secure treatment unit. A brief
introduction to the theory and method of the interview will be followed by
a video tape of an interview and discussion. This workshop will attempt to
miraculosly cram three hours worth of presentation into one hour and
fifteen minutes!

Workshop 6

National Cancer Institute's Body & Soul Program - Marci Campbell & Carol Carr
The National Cancer Institute currently provides a free evidence-based
program, Body & Soul, with the targeted audience being African American
churches. The goal of the program is to begin to address health
disparities through healthier eating, specifically by increasing fruit
and vegetable consumption. One pillar of the program is Peer Counseling.
Peer Counseling uses communication skills based in MI with members of
the congregation interested in making this behavioral change. Training
in Peer Counseling is provided though a DVD based training program. As
Body & Soul rolls out we are evaluating response to the DVD presentation
as well as expert vs. peer training. We will share the qualitative and
quantitative data that we have gathered to date.

2.15 – 3.00

Workshop 7

Whole Systems Organisations - Lyn Williams

The aim of the workshop is to collaborate with MINT trainers by exploring the knowledge and experiences of the group members around the themes that were developed out of the transcript of the MINT workshop held in Amsterdam in 2005 lead by Denise Ernst and Mary Velasquez. The key areas that will be discussed are: -

1] What works well with organizations in adopting MI as a counselling method for clients? **2]** What do trainers need in the form of guidance in taking on larger scale change programmes? **3]** Consider some of the models for change and how MI could be developed as a framework for organizational change?

The workshop will aim to build on the workshop held in Amsterdam and to build on the paper from the summer of 2006 by Dr Miller around developing an MI consistent culture in organisations. Finally I am aiming to bring together a group of volunteer MINTy's who would be willing to take this work further and develop it into a position paper for the MINT on whole systems organisational development.

Workshop 8

Observational Measures to Facilitate Training in MI and its Adaptations - Claire Lane, Cardiff University, UK, and Michael Madson, University of Southern Missisippi
This session aims to provide an overview of two coding instruments – the Behaviour Change Counselling Index (BECCI) and the Motivational Interviewing Supervision and Training Scale (MISTS).
Each instrument will be discussed in turn, focussing on how and why these measures were developed, their strengths and weaknesses, and how to use them. In addition to this, sample coding exercises for each instrument will be conducted in a group format to demonstrate how items might be scored in practice.

Workshop 9

Client Experiences of MI -Henny Westra & Lynne Angus, York University
Little is known about how clients actually perceive MI and the current study was designed to address this gap in the psychotherapy practice and research literature. Prior to undergoing four sessions of MI for generalized anxiety (i.e. worry), clients were asked to complete a brief questionnaire that asked them to identify what they anticipated about the therapy. Shortly after completion of the MI intervention, clients met with an interviewer and reflected on their experiences of the MI sessions in terms of their perceived role, the role of the therapist, the process of the therapy, change, and helpful and unhelpful aspects of the sessions. Interviews were audio-recorded and then transcribed in preparation for an intensive, grounded theory analysis of properties, categories and core themes evidenced in the MI clients post therapy accounts. Five transcripts were selected for analysis based on empirical data indicating significant change in either optimism about anxiety management or worry pre to post MI sessions. The results of these analyses will be presented and discussed.

Day 2 Friday Dec 1

10.45-12.00

Workshop 1
MI In Behavioral Health Settings - Jonathan Krejci & Michael Giantini
This workshop will focus on practical challenges and strategies involved in implementing MI in busy behavioral health settings. In particular, we will try to address the question of what constitutes "good enough" MI in settings where:
- Staff are interested, but very busy
- Rigorous fidelity measures (scales, tape review) are probably unrealistic
- Most treatment is provided in a group format
- Group therapy membership is constantly shifting
- Presenting problems (target behaviors) and motivational levels are varied
- Systemic issues impede utilization of MI spirit and principles
- Program, agency and/or system lack of understanding of implementation processes handicaps effective development and maintenance of MI spirit and practices
- Support for supervision and implementation of MI is through consultation

The workshop will entail a brief, didactic presentation followed by discussion and sharing of participants' experiences.

Workshop 2
Clinical Supervision of Motivational Interviewing - Ann Carden & Jacque Elder
Motivational Interviewing trainings for direct service providers may provide an introduction to the basic constructs of the Model and an opportunity to practice skills in it's clinical application. But they can do little more than provide a foundation on which participants can begin to build proficiency. To incorporate the model into the culture of the clinical setting, and to maintain it's consistent practice in the face of everyday stressors and pressures requires ongoing attention to and monitoring of its principles and practices.
Supervisors are uniquely positioned to:
. . . become the on-site champions of Motivational Interviewing by modeling it in their interactions with consumers, supervisees, administrators, colleagues, and other stakeholders.
. . . design and provide Motivational Interviewing training opportunities specifically targeting the strengths and needs of their particular staff and agency.
. . . monitor their supervisees' daily delivery and appropriate documentation of Motivational Interviewing interventions.
We have both conducted trainings for clinical supervisors (who are already knowledgeable and skilled in MI) focused specifically on the challenges and opportunities they have to advance fidelity to the model in their local settings. In our trainings with clinical supervisors we address:
(1)   problems facing the clinical supervisor in today's mental health and addictions service environments, including issues of counselor competency and concerns about compassion fatigue and burnout,
(2) practical approaches consistent with Motivational Interviewing philosophy and practice to resolving or minimizing these problems,

At this session, we'll share some approaches/materials that have worked for us and we're hoping that you'll bring your ideas, experiences, and material to share with others.

Workshop 3
One Size Fits All: Adapting MI for Psychosis? - Paul Earnshaw and Dr Rory Allott
Aims of this workshop;
- To learn from participants by eliciting their own experience and thoughts on using MI with people experiencing psychosis.
- To share our own experiences from a large Randomised Controlled Trial of MI and CBT with people experiencing psychosis and misusing substances (
- To identify the specific challenges faced by some people experiencing psychosis and how these challenges might present themselves to both the therapist and therapy, namely MI.
- To help participants reflect on whether there is a need to alter MI in some way to respond to the needs of this client group and what changes might be made.
- All of the above aims appear in some way to be asking the broader question circulating on the MINT listserve – just how far can MI reach?

How will the workshop achieve these aims?
- Participants will be invited to take part in an experiential exercise which will bring them close to the actual experience of conducting MI with someone experiencing psychosis both as the therapist and the client themselves.
- There will be a chance to listen to some of our clients own thoughts on the challenges of experiencing psychosis and how they relate to engaging with a therapist using MI.
- An audiotape clip of an actual session with a client will hopefully help elicit from participants their own thoughts on the challenges.
- Finally, visual images will be used to convey the realities of working with this population, featuring accurate depictions of urban Northern England

Day 3 Sat Dec 2

8.45-10.30
A Refresher for Maturing Minties – Bill Miller

So much has changed in MI since Steve and I began offering Training for Trainers over a decade ago! Many components that are now standard stock in MI training simply had not been developed then. All of the following developments have occurred since the early TNTs:
   Emphasis on the spirit of MI
   OARS
   Change talk and sustain talk
   DARN and commitment language
   The EMMEE trial, and what it takes to learn MI
   A "learning-to-learn" approach to training
   A menu of mix-and-match training exercises, with many new ones
   Eight stages of learning MI, and levels of training
   Learning from Monty Roberts
   Coding systems like MISC and MITI
   Explosion of MI outcome trials (now over 100) and meta-analyses
   Multisite clinical trials of MI like MATCH, COMBINE, UKATT, and the Cannabis Youth
  Treatment Study
   The NIDA Clinical Trials Network
   Testing a theory and causal chain of MI's efficacy
   Contraindications to using MI
   Ethical and cross-cultural issues in MI
   Applications in healthcare, corrections, mental health, and spirituality

Some of these are so recent that they are not even reflected in the second edition of *Motivational Interviewing*.
This session will explore these developments in MI and their implications for training. My emphasis will not be on specific methods for training, but rather on the fundamental principles and perspectives that I believe should guide training. There will be plenty of time for dialogue and discussion.

10.45-11.45

Workshop 1(a) – 15minutes
Steve Malcom Berg-Smith – Recognizing Change Talk: 'Don't Just Stand There'

Workshop 1(b) -40 minutes

David Rosengren and Stephanie Ballasiotes – Comparing Advice-Giving to Reflective Listening

Stephanie and David will lead the group through a series of three exercises, intermixed with brief lecturettes, which illustrates a method for introducing MI in an experiential manner. This method can be used for groups from 20 to 200+. Questions and answers will be entertained as time allows.

Workshop 2

Promoting Best Practices in MI Training While Keeping Your Clients Happy- Debbie Van Horn

You might think that promoting best practices in MI training will keep your clients happy, but it doesn't always seem to work out that way. For example, you recommend 2 or 3 days of context-bound training followed by feedback and coaching from audio taped work samples. Meanwhile, your training client isn't quite sure what MI is, but they know they're supposed to do it, so can you please do a half-day workshop, by the end of the month, with a backdated invoice so they can pay on last year's budget? It isn't easy to find a meeting point between the platonic ideal of facilitating MI learning and the realities of life as an MI trainer. This workshop will be a brainstorming and problem-solving session on dealing with difficult training clients and requests. Topics may include: recognizing and coping with the client from hell; doing more with less; and learning from unexpected successes.

1.00-2.00

Workshop 3

"In the moment" Coaching - Cathy Cole
Coaching in the Moment: In this practice session, workshop participants will interview the workshop leader, who will role play some aspect of recommended behavior change. The focus will be on practicing the art of recognizing and reinforcing "change" talk vs. "sustain" talk and ways to roll with resistance. The workshop leader will do 'teaching moments' throughout the interview as a way to discuss and reinforce the practice. This workshop exercise is used at the beginning of an advanced MI training and in the afternoon of the 2nd day of a 3-day Introductory MI training.
Workshop 4
"Soccer Guy Succinct"- Chris Wagner
This session will review an 18-minute edit of Bill's Allyn/Bacon "Soccer Guy" interview, broken down into 2-4 minute segments that highlight various MI strategies. Chris will demonstrate this as he does in MI clinical trainings, guiding participants to discuss the MI techniques demonstrated on the tape, hypothesize about client dynamics and motivations, and strategize about maximizing client motivation while avoiding traps.
Workshop 5
Exploring ambivalence - more than a decisional balance? Christina Nasholm
Since its inception, the understanding of ambivalence, and the strategies for resolving ambivalence has had a central position in Motivational Interviewing.

In this workshop Christina will share her understanding of the concept of ambivalence and her reflections on what seems to be needed to make the exploration of ambivalence helpful for clients in their process towards change. Participants are invited to engage in discussions about ambivalence and to try out a "crossroads metaphor" as a training exercise to explore ambivalence

Workshop 6

Exercise Swap – Stephen Andrews
Participants will share exercises with one another, demonstrating an idea and soliciting feedback from the group.

2.00-3.00

Workshop 6 continues
Exercise Swap – Stephen Andrews
Participants will share exercises with one another, demonstrating an idea and soliciting feedback from the group.
Workshop 7
Using standardized patient actors to teach MI – Chris Dunn & Laura Travaglini
This discussion will address:
1. Advantages of using SPs

2. Disadvantages of using SPs

3. Using SPs to train and practice blended interventions

4. Getting SPs to do what you want them to do

5. Examples of SP scenarios we have used
Workshop 8
Entrenamiento en Español: Lluvia de Ideas – Sharing training experiences that were done in Spanish - Carolina Yahne
Please bring 5 or 10 paper copies of a print-out of the Spanish slides or other materialsyou have used in your trainings
Workshop 9
Teaching Empathy - Guy Azoulai
This exercise is to help trainees become aware of their attitude in the face of distress, and especially the differences between two look alike but quite different attitudes, sympathy and empathy. The purpose is to get trainees to think about how they react to their client's distress and what functional and mental differences there can be between these attitudes.