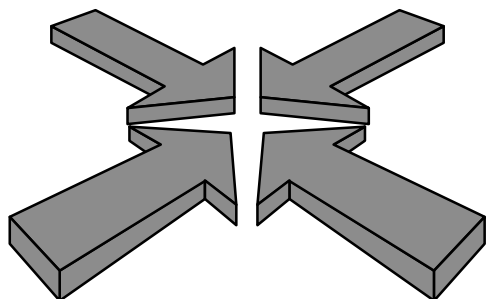


# Motivational Interviewing Newsletter: Updates, Education and Training

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## New Perspectives



## From the Desert

Bill Miller

### John Henry and Motivational Interviewing: Can a Computer Do It?

Some time ago I commented in this newsletter on a question I had received as to whether a computer could be programmed to deliver motivational interviewing. I stand by my answer that the spirit and style of MI cannot be manifested in a mechanical system. One of our global rating systems on the MISC, in fact, offers this description of a therapist low on genuineness:

*Therapists low on this scale do not appear to be responding honestly and openly to the client, and may appear unresponsive or phony. If they self-disclose, it may have the quality of talking about personal history rather than relating in the present. Their response may have a flat, closed, or technical-businesslike quality, or may appear to be rote or mechanical.*

It is a different and interesting question, however, whether computers could be programmed to deliver a motivationally-focused intervention that would exert an effect similar in magnitude to that of MI. It is quite possible, for example, that some of the therapist attributes that we have come to prize over the years (such as genuineness) are not necessary or even helpful in motivating change. Although we do not yet know which elements of MI comprise its "active ingredients," it is possible that software could be developed that would be *enough like* MI to yield a similar effect. Such attempts to simulate MI are reminiscent of the old Eliza program developed to approximate client-centered counseling. Though it made amusing gaffs (but then who doesn't), it did a reasonably good job of producing text in the spirit of accurate empathy. As far as I know, no outcome study was conducted to test Eliza's therapeutic prowess.

One could also abandon the idea of simulating MI, and instead take a different approach, asking what a computer *can* do that would be likely to influence motivation for change. The idea here is that, although a computer may not be able to get high marks on the MISC, perhaps it can be programmed to do something else that would be just as beneficial. An obvious candidate here is providing structured personal feedback, and colleagues like Harvey Skinner and Reid Hester have already developed elegant software to do exactly this. It won't be long, I am sure, before there is an MI vs. computer trial. We already know, from the work of Gina Agostinelli, that personal feedback alone (in this case, not computer generated) delivered by mail can significantly suppress heavy drinking in college students. Using a similar college population, Scott Walters has found that mailed feedback alone was

*more* effective than group MI in suppressing heavy drinking.

Also here at UNM, Patricia Juárez has just completed an important study as her masters thesis. She randomized heavy-drinking college students to receive or not receive personal feedback by mail, and also to receive or not receive an in-person motivational interview. This design allows one to examine the main effects of both feedback and MI, as well as their additive effect. She added as a fifth cell the traditional drinker's check-up (DCU), in which feedback was provided in person within an MI style. No single study is conclusive, of course. Her sample was small, non-clinical, and certainly not drinking at a level similar to our prior study samples at UNM. Nevertheless, all groups did show a significant reduction in drinking, including the control group (no MI, no feedback) who received only assessment. In contrast to our prior studies, there was no main effect of MI, nor was there an additive effect of MI + feedback. The feedback intervention, however, yielded a main effect among women: those who received feedback showed greater reduction in drinking.

It is plausible, therefore, that at least with some populations (such as college students), computer-delivered personal feedback may be at least as effective as in-person MI (or DCU). It is even quite possible that a computer-delivered motivational intervention could be *more* effective. One reason for this is the computer's complete consistency of style, its reliability in delivering an intervention with fidelity. From the classic clinical vs. actuarial prediction literature, it is clear that computer-based actuarial interpretation of assessment results is often superior to human clinical judgment. Give a computer a thousand MMPI profiles and the gold-standard outcomes, and it can develop empirical guidelines for predicting outcomes in future cases. Thereafter its accuracy of prediction with a new set of cases is virtually guaranteed to be superior to that of a human clinician interpreting assessment findings for the same cases. Lewis Goldberg demonstrated that this is true, even when the criterion information given to the computer (for the initial "learning" set of cases) is not the actual

ascertained diagnosis, but rather an expert clinician's judgment of diagnosis from the MMPI profile. In this case, the computer develops an algorithm of the clinician's judgment, and then applies it with perfect reliability to future cases, outperforming the very clinician on whose judgment the algorithm was based.

The model here is that of expert systems, a very highly developed computer technology. Given accurate outcome data on which to base judgment, a system could conceivably adjust or "match" interventions to attributes of the individual (such as stage of change). Of course the program will be no better than the decision rules that we give it, unless we allow it to develop its own decision rules. Imagine a computer system that conducts experiments. It collects assessment information (such as stage of change) from client-users, and then delivers a randomly selected motivational intervention, systematically varying parameters of the intervention. Then it receives 6-month follow-up data, which become the outcome criteria. Such a system could develop, from the experimental phase, algorithms to determine on an empirical basis which components or intervention should be delivered to which clients. Further, given ongoing feedback of outcomes, the system could continue to improve itself - to become a "better counselor."

So what is it that human counselors have to offer that cannot be captured, approximated, or at least rivaled by computer systems in producing behavior change? Computers will not love clients, form a bonded alliance, show genuineness of experiencing or, for that matter, develop countertransference. What is there in the human spirit that evokes and inspires change, which may not be achievable by a digital expert system? In the American psyche, this is reminiscent of the mythic-heroic railroad laborer John Henry, a symbol of the human challenge of the industrial revolution. New machinery was being introduced to drive steel spikes in the laying of track. John Henry challenged the engine to a duel, and at the end of the day he had laid more track with his sledge hammer than the steam machine could achieve in the same hours. (The folk song reminds us that he also, at the end of the day, laid down his hammer and died.)

How much can behavior change be motivated by computer systems, which have the obvious advantage of wide dissemination? Where does a human touch make a unique contribution? Motivational interviewing may be an ideal ground on which to study this fascinating question.



## Cross Cultural Training

Mary Valesquez

Fellow Minties,  
Some time back I submitted a query to the Listserve as I was preparing to conduct a training in Athens, Greece. I received several very helpful (and encouraging) responses, and posted a compilation to the Listserve. Some folks have asked me to also put something together for the newsletter, so here goes!

The trip went very well. I have fallen in love with the Greek people. Our hosts were extremely warm and welcoming. We ate some incredible food and drank wonderful Greek wine (and raki...I think that's how you spell it!)

The training went well, but was very challenging. The first day (opening ceremony) was held in the National Research Center in Athens and it was very "high tech," with a professional doing simultaneous translation and headphones for all so it was pretty easy for folks to follow me, and for me to follow them. The four subsequent days were at the headquarters of KETHEA, a nation-wide (very impressive) substance abuse program. During that time a translator was doing sequential translation, and much more primitive. Although she was very good, she was not a professional translator, nor was she familiar with many the terms or concepts I was using. I also did more

role-plays and demos during that time. That part of it was very challenging. The most disconcerting thing for me was when the participants were discussing among themselves (not quietly, as you can imagine.) The first few times I would ask the translator what they were saying (thinking they were unhappy for some reason), and she said "oh, they're just discussing what you said." They informed me "We are Greek, we like to discuss!" After a bit it became much easier and we all loosened up. After the first day, we laughed and joke and communicated in ways other than words as well.

Angelica had advised me that the Greek people tend to be sensitive about Americans coming in and telling them what to do (and Stephanie warned not to make them mad!) This advice helped me approach the training with more sensitivity than I might have had, and it turned out to be quite true. I saw some resistance at first, especially when talking about the way "we" have used confrontation in the past. One of the trainees reminded me that we may have been much more confrontational in America in the past and that the European countries have traditionally been somewhat more tolerant in this area. (Point well taken, and my sensitivity raised!)

Most of my time was spent with our hosts and the trainees, so I got to see a side of their lives that I would never have seen as a tourist. We were taken to excellent restaurants, and each day, were treated to homemade food that the mothers of the folks in the treatment programs had prepared! They were wonderful people and made sure we were taken care of at every turn. (My husband, Jerry accompanied me and was treated equally well...he had a wonderful time.)

KETHEA has about 100 different programs throughout the country (all government funded!). They have treatment, education, and secondary prevention programs that we could only dream about having. The most impressive is the family involvement. The parents of the "addicts" (that's a term it will be hard for them to give up) are involved at every step. They even build or remodel the buildings used by the programs. The programs appear to be fairly non-confrontational

and very supportive. They are also mostly all non-residential, meaning that the person stays within the family unit and at home. We have a lot to learn from them!

Many of the trainees knew quite a bit about the Transtheoretical Model, and some had been trained in MI prior to my workshop. This helped a lot since they could assist with demonstrations in Greek. It also made it challenging, since the background and skills of the participants were so varied. It was particularly important for me to pay a lot of attention to the interaction, tone of voice, etc. I also had to get used to the fact that the culture is one in which they like to discuss everything, so I had to keep a balance there. It was very important for the participants to have a lot of interaction, and I tried to be very respectful of that, yet needed to bring them back into focus so we could move on.

Unfortunately, Jerry & I did not get far out of Athens since the work was so intensive and we didn't have much time on either end. We did make it to Cape Sounion and then did a touristy thing and went to Aghia, Poros, and Hydra. BUT.... we ditched the tour and rented a motorbike on Aghia. We had an amazing time, found hot springs, secluded beaches, and went through the hills back into the communities. We had a wonderful conversation with a woman who was washing her lace tablecloths in a bucket at a quaint hotel (I'm not sure we knew what she was saying, but lots of gesturing and smiles!) That day was enough of a teaser that we will definitely get back to the islands.

With their permission, here is a compilation of the responses I received from Angelica Thevos, Rik Bes, Steve Rollnick, Stephanie Ballasiotes, David Rosengren, Doug Fisher, Chris Wagner & Barbara McClellan.

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Welcome to the world of cross-cultural training! If you have translators, particularly ones with either a social science or health background, you are in good shape so don't worry too much. The two biggest problem areas are demos and exercises. For the exercises, you can pretty much guess what is going on from all the nonverbals

and the amount of talking between and among the trainees. Stay very tuned in to what is going on in the interaction (who is talking, the tone of voice, expressions and responses, etc), and pay attention to the energy that is created/changed. Then, after the exercise), check out with the translator what you think you saw happening. Demonstrations can be very hard. Use a lot of role play and then when you hit a trouble spot, ask for a verbatim translation. Then ask the translator to "say exactly what I say (or as close to it as a translation will allow), in the exact way that I say it". If the translation is not exact, ask that they "rephrase or try to get closer to what I am saying." It is not ideal, needless to say, but enough of the material seems to get through. Again, demonstrations are the hardest. Sometimes, it is helpful to offer another way or a different response after the demonstration, again working with the translator. Of course, the translator is KEY. Be assertive that they translate everything you say. Some translators are passive or reluctant to interrupt when an exercise is obviously going awry. And remember to stop OFTEN to allow for a decent translation. Even professional interpreters can only retain a sentence or two at once.

The relationship between trainers and translators is very important. Try to give them all your materials well in advance so they can tune in to the material. Check with them during every break to find out if there are 'cultural' issues, which, besides the language, can interfere with the process and content of the training.

Even if you have sent your handouts ahead of time, do not assume that the handouts will be translated (or translated accurately).

In some cases, trainers might require that participants speak their language. If you require this, do not assume that their command of the language will be as good as you hope. In these cases, creative solutions are called for! Ask those participants who are strong speakers in the language in which you are training for help in translating key words and bits of theory, and to help with demonstrations.

Regularly ask participants if they want to discuss among themselves the items you have introduced. Then walk around between the groups, with a translator, and answer any questions they might have. Even when you cannot monitor exercises, body language gives useful clues. Modeling the exercise you is also helpful.

The training will take much longer than usual when it is being translated. This is a decision to think about: cover less, but go into the detail you are used to or cover all, but with less detail.

When you are fortunate enough to work with simultaneous translation, there are still some pitfalls. The downside of this system is the technique; the microphones and headsets limit your movements as trainers. It also requires that the participants be confined to their table and chairs.

It can be helpful to demonstrate with translators standing behind the trainers as the “alter ego.” This works well if you have two trainers and excellent translators! Socializing with the participants is also important. Lunches and dinners together can help trainers to get in touch with those participants who do not speak up during the sessions.

Conduct role-plays in trainees’ language, using a “reporter” to debrief from each group. Your hosts and a few participants will probably have the best solution if you speak to them beforehand.

Training cross-culturally can be quite fascinating because it forces you to be very clear and thoughtful in your statements and to consider carefully what are the essential elements of a concept that needs to be communicated. In terms of doing exercises, watch people to get a sense of how things are going. Body posture, facial expression, talk time and degree of engagement all provide clues about how people are doing. If people became stuck, then use the translators to help move participants forward. Allot plenty of time for questions and laugh about concepts that don’t translate well. It can be great fun!

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Thanks to all who shared their experiences and offered advice. This experience brought home to me how tremendously lucky we are to have the diversity of cultures, backgrounds, experience, and willingness to share that exists in our impressive group of Minties!

Efharisto (!)

Mary



**Theme-Centered Interactional (TCI)  
Group Leading and the Workshop  
Institute for Living-Learning W.I.L.L.  
An Overview.**

Kathleen Sciacca

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**Background:**

At the MINT meeting in Quebec City, the topic of groups was discussed and in particular Theme-Centered Interactional (TCI) Group Leading. It was suggested that I write an overview of this model for the newsletter.

I became involved with the TCI method in the early 1970’s as the administrator of the Workshop Institute for Living-Learning (W.I.L.L.), as a trainee, and a graduate and trainer of the method. At about this time the founder of TCI and of W.I.L.L., Ruth C. Cohn was in the process of moving from New York City to Switzerland to found and develop W.I.L.L. International. She reassigned her executive role to a director’s committee, and the training institute continued. Completing TCI training required approximately three years of evening courses, several weekend courses and a week-long intensive training

workshop. Certificates were granted as well as graduate-leader status (trainer at the institute). The training was experiential, and in keeping with Ruth's pioneering work which is to bring experiential dynamics into education and task oriented groups.

About four weeks ago, a visitor to my web site noticed that TCI was among the training I offered. She is a W.I.L.L. graduate (1976) living in Germany. She brought me up to date on W.I.L.L. International which appears to be a large thriving organization in various countries in Europe and offers the complete certificate program. The program is also growing in India. (W.I.L.L. USA began to dissipate in the late 1970s and early 1980s and it seems that it became integrated, with regional status, into W.I.L.L. International.) She has offered to take me to visit Ruth C. Cohn who is now 88 years old and living most of the time in Dusseldorf. When Denise called for newsletter articles, I decided to write the article in the form of an overview of the guidelines, rules, and principles.

After searching for some of Ruth's papers, reading and reviewing some of her discussions, my feelings were stirred up and entered into this process. Ruth wrote about a variety of topics, some personal, yet written within the context of her experiential living-learning professional pursuits. I feel now that it is not simply a model that I am setting out to write about, but that the life experiences that Ruth shared eloquently, and in some instances, painfully, entwined throughout her work. Some of her commentaries include discussions about reconnecting her German speaking youth with her American/English speaking adulthood. In some cases she describes how the results or aftermath of conducting TCI workshops led her to personal exploration, growth, and change.

It is approximately twenty-seven years since my time spent with Ruth. I have just taken the time to learn things about her that I had not known in such detail. In doing so, this paper has taken on a greater significance and responsibility for me. The articles and commentaries date back to 1955, with the bulk of them in the mid to late 1960s and early 1970s.

What I did know about Ruth was that she had a very powerful presence. When she conducted

TCI workshops, they began and ended on a higher and deeper level than most others. Feelings were always acceptable.

### **Theme-Centered Interaction (TCI) and W.I.L.L.**

In 1970, Ruth discussed her fascination with the fact that most group therapy patients described their therapy as "the most important learning experience of my life." So many students in academic settings seemed to count the days until their escape to freedom. Ruth explored the elements of group therapy that are responsible for promoting passionate involvement. She concluded that feelings are respected as man's inalienable right, whether they relate to his or her realistic or illusionary vision of this world. The expression of emotions and the validation of the deepening of communication were the root of passionate involvement in group therapy patients, these were hardly paralleled in classrooms and seminars. Could one create educational settings that would allow teachers and students to experience and exchange feelings in the classroom and yet remain related to the "theme under study?"

It is noted that the first TCI workshop took place in 1955 with students in a private psychoanalytic training group. The method was borrowed from group therapy where the respect for resistances and the explicit concern with feelings is an important ingredient of all learning. In contrast to psychotherapy, feelings were not the main theme to be explored but were accepted as an important element of all learning processes. When any individual's feelings became so disturbing to him/her as to interfere with his/her participation, attention was given to the disturbance. The rule became "disturbances take precedence." This corresponded to the psychoanalytic maxim of "giving precedence to resistance."

This private training encouraged Ruth to modify the method for applications in industry and agencies for improved communication. It was a relatively small step to convert the training into a general education and communication method.

## **Philosophy and Structure:**

Ruth discusses her view of man as a psychobiological unit, experiencing him or herself as both autonomous (making choices – determining) and conditioned (being determined and perishable). A social being, interdependent and in the steady flow of give and take with things and people. “Growth occurs as people become more aware and more effective in using their autonomy and interdependence. We mature as our choices become more and more realistic and relevant to our own fulfillment in this world, and the reality of human bondage which ties each individual’s own fulfillment to the fulfillment of all others.”

A person makes choices through default (apathy) or by distortion (by transference) doing what he/she feels like (autistic vs. autonomous). A person learns to shed these immature ways and develops realism about his autonomy and interdependence. This philosophy is expressed in the Theme-Centered Interactional rules for participants and group leaders.

The stringent structure of the method is usually not apparent to the novice, yet it is the stable directedness through philosophy and rules which primarily differentiates the TCI method from free group process groups.

Ruth identified essential purposes and goals of most groups be they therapy groups, teaching, organizational development, or other. She proceeded to identify various processes that get in the way of accomplishing those goals, and processes that foster or enhance the accomplishment of these goals.

## **Overview of TCI principles, rules and guidelines:**

Note: This overview includes the work of Ruth C. Cohn, Barry Sherman USA W.I.L.L. faculty, and the author’s work as coordinator of the training workshops, as group leader and trainer of TCI.

### **The Theme:**

Theme-centered groups always include an explicit or implicit theme. One may state the theme a formal way, for example:

Today our theme is: “Learning about the Stages of Change.” A less formal way of stating the theme is to adhere to the theme setting principles (below) and simply state the theme in a conversational manner. Today as part of our meeting we are going to be “Learning about the Stages of Change.”

The theme must be specific to the group’s needs or interests. The group atmosphere has to be accepting and non-critical if the theme is to be in balance as a partner in the triad (dynamic balancing). If the group climate were basically negative, especially in the beginning, participants would have a hard time working on any other theme than their hurt feelings, rage, taking sides, etc. It is preferable that a group leader react to every statement, including hostility toward him/herself in a receptive way.

Guidelines for setting themes include the following:

### **1. Theme setting and identification.** **Incorrect Ways to set themes.**

#### **a. Do not set themes in negative terms.**

Ruth cited a group she was running for participants who had writers block. If the words “writers block” were part of the theme participants did not make progress or resolve writers block. If the theme was stated as “Freeing My Creativity in Writing “ there was progress and success.

When developing themes around various problems it is best to state the theme in a positive way such as Exploring Solutions for Networking, etc... rather than the “Problems with Networking, etc.

#### **b. Do not set themes in the form of questions.**

Questions fall flat and do not generate discussion. For example if the group is going to explore the need for new Social activities to avert substance abuse a theme such as “How Can I Make New Friends?” would probably cause participants to ponder. Gee how could I do that? Whereas a theme such as “Developing New Social Networks.” includes an activity that will generate discussion.

## Principles for setting themes.

- c. **Always include an active verb.**  
This creates an activity for the group to become involved in. Examples: Learning; Exploring; Finding; Developing; Coping; Understanding etc.. Active verbs generate group activity and more discussion.
- d. **Always set themes with positive terms.** Solving; Creating; Getting; Helping, etc.

## 2. Identifying emerging themes.

While discussing a planned or stated theme new themes may emerge. For example, the group may be learning about chemical addiction and cocaine and the discussion may shift to the fact that all of one's friends, neighbors, and activities include the use of this drug. The theme has now shifted to the need to develop new social networks. It is best for the leader to acknowledge that the theme has shifted and ask the group how they would like to proceed, i.e., finish with the learning theme and set another time for the new theme or go on to the new theme and return to the original theme at a later time.

## 3. Dynamic Balancing:

The TCI workshop can be seen graphically as a triangle within a globe (circle):

The **circle** is referred to as the globe. It includes many aspects. Examples: Where people are coming from; why they are there; the environment; the time; other activities that may be occurring during the same time, etc.

TCI gives equal importance to the three basic points of the triangle, their relationships and keeps the "globe" in mind. The **triangle** is defined by its points as "**I**" "**We**" and "**It**"

"**I**" refers to each individual in the group.

"**We**" refers to the group as a whole, the interrelatedness of the group's members.

"**It**" refers to the theme, goal or purpose of the group.

Balancing these factors is referred to as "**Dynamic Balancing.**"

## **Equal time and attention are given to the individual I, the group as a whole We, and the Theme It.**

Dynamic balancing is the responsibility of the group leader who is the "guardian" of the method. He or she structures the group according to time, place, environment:

The "**I**": assuring that each individual in the group is attended to and has the opportunity to express her/his needs, thoughts and feelings.

The "**We**": assuring that attention is paid to the group as a whole and the interrelatedness, cohesion, and goals of the group.

The "**It**": shifting to the theme, goal and/or purpose of the group and relatedness of the I and We.

Dynamic balancing entails that the leader shift gears from a particular individual to the group as a whole particularly at strategic times when the process may be going out of balance and/or shift to the theme. The leader may also build in participation from each group member to assure that the "**I**" is attended to. This is also part of the directive process. For example, if a group member is discussing or identifying adverse effects of a behavior or substance (self motivational statements SMS) the leader shift to the group to ascertain whether or not others have had such an experience (elicit SMS), or to ask other members to provide feedback to the participant (elaboration).

The balance between I, We, and It, is never perfect but must shift in a dynamic forward direction. The group leader's job is to employ his/her weight always toward the unused pedal. That is from I to We, from Them to I, from We to Them. Timing is important. Also important, is whether the leader neglects or over protects and individual or goes along with unrelated group interaction, or remains with a theme while group cohesion gets lost. It is important to maintain group cohesion. This is established when all participants, in their unique individual ways, are rallying around a sub-theme.

Balancing further encompasses feelings and intellect. Both are equally important. Dynamic balancing means observing the correct timing with regard to the emotional and intellectual needs of individuals, the total group, and their willingness to work with the theme.



## 5. **Be your own chairperson.**

Here group members are encouraged and empowered to make decisions about how their time and the group's time will be spent and to speak up in the discussions. To give and get from the group what one wants, to be a self-leader. The leader is geared toward sensitizing the participants toward recognizing their autonomy and interdependence.

## 6. **Disturbances take precedence:**

Group disturbances and individual disturbances are encouraged to the foreground to be dealt with *as briefly as possible*, until full group is relating to the theme. Disturbances do not become a central focus of the group. The leader may identify an issue, example a hostile participant, or an out of character depressed or desponded participant, a boisterous participant, etc. Rather than the leader deciding to spend time exploring any given problem or issue he or she might ask the group about it and/or get permission from the group. For example, a participant is complaining with some hostility that he or she does not want to participate in a planned group activity. The leader would ask other group members whether or not they would like to spend time exploring what this about with the participant. The leader might also recommend a set time limit, "I wonder how the group would feel about spending the first ten, fifteen minutes of our session discussing this with..." Group members would reply individually and agree or disagree and an exploration would ensue or the group member might decide to skip that meeting or to stay.

In my work with dual disorders, mental health symptoms are not considered disturbances. For example if a client is hearing voices while the group is learning about cocaine addiction the fact that the participant is not able to focus is intervened with respectfully and is not considered a disturbance or cause for group decision. One might simply acknowledge that the member is having difficulty focusing at this time and come back later.

Here we are learning first hand about various symptoms and disabilities and they are treated as such and normalized within the group process.

## 7. **Focused Discussion:**

Within the TCI method other models may be integrated. For example, one can explore a theme by using Virginia Satir's Family Sculpturing as a means of exploration.

Themes are also exclusively verbal discussions. Within this realm the leader may opt to take the theme further than the stated over-all theme. Sub-themes that include silence to allow for participants to think about them before discussing them is the strategy used here. In educational groups sub-focusing may be done with literature, an exercise, in the Motivational Interviewing model with the stage of change wheel for example. In dual diagnosis groups one may use videos, fact sheets, guest speakers, etc. Within the verbal model (without materials) the process would go something like this. Note this process would be used with well-motivated, cohesive groups.

Progression of sub-focus strategies:

- a. Think about the theme and remember experiences related to it.
- b. To be aware of experiences and feelings, perceptions and sensations in the present group.
- c. To direct attention to a specifically designed task, this should include the participant's immediate experience to the given theme. This is essential. The living-learning hypothesis proposes that all learning takes place in the here and now.

Example:

Theme: "Developing New Social Networks"

Sub-focus

- a: Relate to theme. "I would like everyone to think about a friend you have had in your life: "How did you meet that person?" "What made that person special or different from other people you have met?" Members may focus with eyes open or closed and then be asked to discuss their special friend.
- b. Be aware of your experiences of yourself and others in the group right now.

d.Task. Now look around the room. Who is it in this group that you experience to be most like your special friend?

Replies to “a” illuminate some of the following: Everyone no matter how disabled or addicted has had a friend in their life (this is within the realm of possibility for most, if not all participants.) People meet their good friends in many different ways, i.e., at the soda machine; on the telephone; at school, at work; etc.. Some people identify people they have not thought about as their friend as a friend. Some of the qualities they find in their special friends often include an ease in communication, trust, admiration, similarities, and endurance.

Note: One can use the sub themes in “a” alone and not proceed to “b” and “c.”the theme has now moved from abstract to personal and can go deeper *depending on the group and the judgment of the leader*. Replies to “b” essentially include how the person feels right now, what he or she is experiencing “c” brings the theme to life “living-learning” in the here and now.

### **8. Balancing Cognition and Experience:**

Number 6 above is an example of the exploration of ideas and experiences. In education groups such as those designed for dual disorders leaders are trained to employ this educational strategy. For example participants are “critics” rather than students of the information provided. In their role as critic they are usually asked about the information being presented from an experiential perspective. Example: A participant may read from a fact sheet: “Marijuana can cause panic attacks.” The leader may pose the exploration of this statement by asking about related experiences: “Does anyone know anyone this has happened to?” Or a more advanced (less denial) group may be asked; “Has this ever happened to anyone here?”

Here we usually find participants validating the information from personal experience, which moves them along the continuum of problem recognition and self motivation.

### **9. Speak for I**

Here Ruth notes that it is easier for people to speak for “we” and more risky to speak for “I.”

Participants are reminded to speak for I. If it seems to early or premature in the life of the group to impose this rule the leader may go around to group members and ask for their individual input and opinions about the “we” statement.

### **10. Statements Behind Questions:**

Whenever I teach this principle I am reminded about reflective listening and the many years ago that Ruth looked at this from another perspective.

According to Ruth behind every question there is a statement. Questions are easier and less risky than statements. Therefore a group member may ask another participant or the leader a series of questions when he/she would really like to make a statement. For example a participant interacts with another participant as follows:

Didn't you tell us that your father saw you in that bar a few weeks ago? Didn't you say you and your father had a big fight? Here the participant may simply wish to state: “I am very surprised that you went to that bar again, you told us that your father saw you in that bar and you had a big fight over it.”

In TCI the leader would encourage the participant to make the statement in an effort foster more direct communication.

### **11. Direct Interaction with other group members.**

Very often group members respond to the leader rather than to the participant. Here one participant may discuss some thing and the leader may shift from I to We to elicit feedback for the speaker. The participant who responds may direct his/her reply to the leader rather than the participant. The leader would re-direct: “Why don't you tell that to Joe?”

### **12. Only One person can speak at a time.**

Control of the floor. Ruth puts it this way: “When several people speak at the same time, they shall speak to each other.” Or “side-conversations” which are against the rules are brought out in the open so that everyone can participate in the discussion.

TCI is compatible with many different treatment models. One of the courses included

with TCI training was models of intervention. Here a host of models were taught and experienced within the structure of TCI. Applying TCI group leading principles assures that groups of all kinds remain focused, and that individuals and the group as a whole are attended to. As with most other methods, one can utilize it as a structural method for group leadership guidance, or take it to the depths that Ruth did, where eventually the TCI method was acclaimed as a form of therapy in itself. This choice would hopefully be contingent upon the clinical expertise of the group leader.

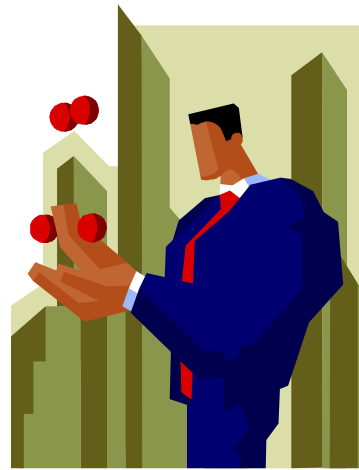
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### Reflections on the Values Card Sort

Carol DeFrancesco

We have been using the card sort in our research project with fire fighters. In the paragraphs that follow I will give a brief description of our project, explain how we are using the card sort and share some experiences that have resulted from using this tool.

The PHLAME (Promoting Healthy Lifestyles: Alternative Models' Effects) study is a 4-year project designed to evaluate two intervention strategies to improve exercise and dietary behaviors. Fire fighters (FF) were randomly assigned, by station, to: 1) team-based peer-facilitated interactive learning activities, 2) a one-on-one intervention using motivational interviewing (MI), or 3) control condition. The study goals are to eat less than 30% of calories as fat, eat five or more servings of fruits and vegetables per day, exercise an average of 30 minutes per day and achieve a normalized percent body fat.

The one-on-one intervention employs MI plus feedback from extensive health tests. The MI protocol consists of 3-4 visits (up to 60 minutes in duration) with a health counselor, optional physician input and follow-up contact negotiated with the FF.

Midway through the first meeting we give the FF the option of participating in the card sort activity. We use the full 72-card version. The card sort can

serve as a respectful or gentle way to encourage the FF to talk about what values they hold most deeply. Gentle because the process does not depend on a line of questioning. The value sort is presented as an option. If they choose to go through the exercise, they sort through the cards on their own. We allow them time to think, identify and evaluate. The counselor serves as a reflecting pond - standing by as a careful observer or witness. When the FF has distilled the cards down to their five or six most important again we ask permission of them to elaborate on what they have chosen. This careful asking of permission at each step of the exercise helps create an atmosphere of sharing not probing.

We ask the FF how they see their health goals (or the one health goal that they have identified as most important) fitting in with the values they have identified from the card sort. When the FF sees connections between their deeply held values and their health goal(s) this is an opportunity to strengthen commitment around the goal(s).

Sometimes the FF does not see a connection between their deeply held values and their health goal(s). This too is an opportunity to explore this dissonance between the values and the goal and possibly re-evaluate the goal.

Here is a real life example: I had an initial session with a FF where early in the session he identified losing weight as his most important health goal. When we got to the value sort and I asked him how he saw losing weight fitting in with the six values he identified as most important, he said he did not see a connection. At first I thought I hadn't framed the question right and he simply didn't understand me – so I tried again and still no connection.

Then I thought eekkkks this is backfiring. So, as always, when in doubt reflect. I said, “So you don't see losing weight being connected to your value of family for instance.” I was still hoping that when presented with a reflection he would correct me and identify a connection. Surprisingly, he simply agreed. Then I began to think well may be this isn't backfiring may be there is something here that would be helpful to

talk about more extensively. So I encouraged him to expand and he said "No it is not connected - in fact every value I chose has nothing to do with losing weight, losing weight is way down on list, but being healthy is very closely connected to my values . . .” He continued, "Boy may be that's why I haven't been very successful at weight loss.” He went on to redefine what was most important to him about his health. He decided that it is important for him to be active and eat right and if the weight loss follows then that's fine but his body weight is not as important as he thought it was.

In the next session he had even more clarity. He saw healthy eating and exercise as the foundation to health. Weight loss was one possible outcome. He said that this time around he was determined to lay a good foundation, work on lifestyle change, not just jump for a quick fix. He connected this philosophy (laying a good foundation) to other areas of his life. He identified additional reasons to make lifestyle changes (be a good example for his kids, live to see is grandchildren etc.).

The interactions left me with the impression that the value card sort is an excellent way to further evaluate the importance of a health goal. It provides opportunities to weed out health goals that may be less important than the client initially thinks or strengthen commitment around truly important goals. The card sort provides an opportunity for the FF to view their health goals within the context of their identity and life goals. In this instance it helped explain this FF's ambivalence around weight loss and illuminate some reasons why he has not been as consistent with weight maintenance as he would like to be.

The card sort can also be beneficial in later counseling sessions. I had been seeing a FF that kept things on the surface level. He was in good health and did not see how our meetings could be helpful. Generally, he was pressed for time and seemed reluctant to discuss deeper personal motivations for health. In response, I did not push to deepen our discussions.

In our third session, I decided to bring in the card sort. The FF had already identified his health

goals and how to continue working toward them. With his goals already identified, I asked permission to introduce the card sort as a way to help him think about what was important to him and how that related to his health goals. The card sort brought up many values and current issues that he had not shared with me until that point. The FF was able to make some connections about why it was important to make changes and the impact these changes would have in his life both now and in the future. It gave me an understanding of his life and why these changes were important. In this case, the card sort was useful in opening up a 'closed' client by giving him the opportunity to talk about his values in a structured environment.

We have been using the full version of the card sort – all 72 values. Our experience is that it is not too time consuming and has some important benefits. Using the full version helps create an atmosphere of acceptance. The more cards presented to a person gives them permission to be who they really are. The more cards presented, the less we implicitly define what are acceptable answers. It is a way of saying there are a whole lot of things you might find important, choose whatever you want. We are not in the business of defining people's values for them. Whittling the value options puts us in the choosing role. The full version allows for minimal interruptions by the counselor. The counselor sets up the exercise then listens and asks a couple questions at the end (would you tell me about what you chose, how do these fit in with your health goal(s)). Fewer questions creates a more egalitarian dialogue; again, it furthers acceptance, warmth and understanding.

The card sort is an excellent opportunity to reevaluate, reflect and define how health goals fit into the context of the person and uncover connections between health goals and values that may be obscured. Even if no connections are made, self-knowledge is advanced and the client is likely to have a better understanding of his own efforts at behavior change.

## The MI Website Update

Chris Wagner

The Motivational Interviewing website has now surpassed 28,000 "hits" on its main page, from around the globe. I am excited that our website is listed first on most major web search engines.

I'd like the website to be as useful as possible and am still looking for willing MINTies to offer brief summaries of the use of MI with any of the following populations or issues:

Binge Drinking Among College Students  
Alcohol Abuse Among Individuals with  
Traumatic Brain Injury  
Drinking among Pregnant Women  
Smoking  
Diet/Exercise  
Medication Compliance  
Cardiovascular Rehabilitation  
Dual Diagnosis

\_\_\_\_\_ (Insert your favorite topic here!)

Please lend us your expertise in these areas, or on other topics as you see fit. For those of you in academia, although writing a piece for the website does not carry the prestige of publishing in a journal, and probably cannot be used as currency for promotion, it is quite likely that more people will read your piece here than in many of the scholarly journals! And for those among us who are primarily trainers, every bit of visibility counts!

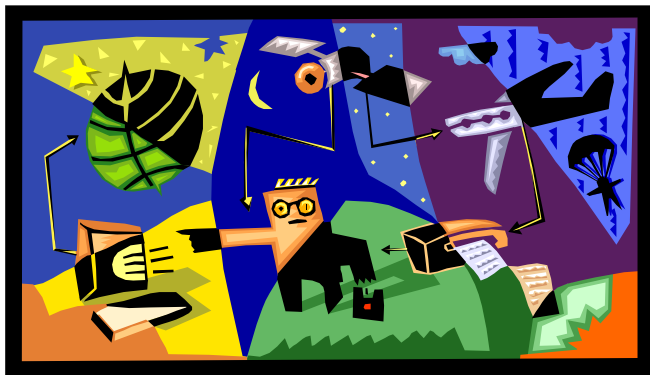
So be bold, be brave - step up and show that MINTy spirit!

If you would like thoughts on possible ways to structure your information, please contact Chris Wagner at [cwagner@vcu.edu](mailto:cwagner@vcu.edu)

Looking back: The primary recent change in the website has been the removal of the discussion section. Although the section produced a range of inquiries about MI, we were unable to monitor it sufficiently to assure that inquiries received responses in due time and had concerns about the

organization being perceived as non-responsive.

Looking forward: One task for this summer is to add brief video segments to the website demonstrating the principles and opening strategies. Of course, there will be new MINTies to add, and we will engage in our first trimming down of the list to those who remain involved in MINT.



## A Training for Trainers in Sweden

Carl Åke Farbring

Swedish National Prison and Probation Administration in November last year decided to launch a 3-year project for implementing Motivational Interviewing with all client-related prison- and probation staff. As the only trainer within our organisation I had been lobbying for MI for years, also as member of our National Programme Group. The main rationale was that if clients are not really ready to use social or problem solving skills there is not much use in teaching and delivering manual based programmes, however effective according to meta analysis – in fact it is likely to cause resistance. I was appointed leader of the project with a budget of about \$ 200.000 per year; the target population is some 3000 staff within our organisation – prison and probation officers. A steering group exerts control and makes decisions on legal matters.

It was clear at the outset that this had to be an internal affair for obvious pecuniary reasons. Experienced consultants may initially deliver

training of superior quality but are expensive and do not stay and follow up what happens after the training. We decided on a long-term model relying mainly on internal trainers. My first initiative was to contact Bill and Steve and ask them to deliver a local Swedish TNT for probation officers who had received initial training in MI and had an interest to become trainers. Some had been trained by external consultant MINTie Christina Näsholm mainly on the west-coast and the rest by myself mainly on the east side of the country. Bill sent some material that was helpful but found the trip too long to squeeze it in. Steve was delighted and accepted and chose Jeff Allison as co-trainer. Steve thought the initiative was “ground breaking”. I exchanged numerous e-mails with Steve and had a long telephone conversation with Jeff among other things about the need for a manual for trainers like the ones that Bill and Steve present for their annual international TNTs. However Steve wanted to try another approach, to go into the training and build on needs – in a way a method that is often referred to as “MI-true” training. To tell the truth this made me a little nervous since “my” trainers had not been thinking about MI from that perspective and were not – I thought - aware of their needs as trainers.

Steve and Jeff arrived already on Sunday 18<sup>th</sup> March in a sunny but cold Stockholm. Jeff had offered free training on a voluntary basis already on Sunday and much to my surprise 13 of 20 participants showed up from all over Sweden for this extra opportunity. The main purpose of the Sunday exercise was to break ice and overcome the language barrier. Monday was the first day for serious training. I think a little to Steve’s and Jeff’s surprise the group did not demonstrate much of Ingmar Bergman’s melancholy or shyness. Just after a few minutes one of the trainees stopped the workshop and asked for clarifications; he felt that Steve had used words that might have hurt Jeff in the interplay. Introductions took some time and the experience of the trainers was assessed. Later on Steve would also ask for a rating of confidence; there was no perfect correlation between length of previous training and confidence. When Jeff was demonstrating Steve would write on his laptop what would emerge as guidelines and as

introduction to a Swedish Trainers Manual; on the overhead we could watch a couple dancing for hours – Jeff’s metaphor of MI. Not all topics were covered. Lots of time was devoted to doing exercises on ambivalence – how to teach by illustration; Jeff in turn showed a video on ambivalence from a man who had decided to parachute from a plane but hesitated. Reflective listening was thoroughly covered. Illustrating what elicits resistance was time consuming but a lot of fun. I was very busy trying to cover all exercises that went on in our group rooms – the trainers were working in Swedish so there was not very much for Steve and Jeff to do there. There was no resistance at all to role playing and a lot of learning about training went on. As a matter of fact one could watch increments of confidence almost by the hour – this group was even more competent than I had hoped. Even Jeff and Steve asked me about a couple of trainers that impressed them.

Tuesday evening we relaxed and had dinner together. The third and last day was devoted to what trainers would put in a 3-day workshop. Steve discussed the  $I + C = R$  equation and made the trainers assess themselves.

Some final words from the guidelines: do not teach MI out of context! (Works best with a homogenous group like probation officers.) Let people bring their everyday practice into the workshop. Ask for positive examples. What are people doing when it works...

Well, this approach worked as well and the trainers were more than happy afterwards. I had enthusiastic e-mails many days after the training. This had really been a boost for their confidence and very important for their career as trainers. In conclusion Steve said he was impressed by what he had seen and he promised membership of the MINT-group. (So please welcome twenty new trainers to the MINT!) In stead of flowers I thought it best to hand over something that would be useful on the British Isles – umbrellas with our logo.

Christina Näsholm and myself has offered our teaching material – a lot more than 100 pages of overheads and exercises – as a menu for the

trainers to help them to get started. The project will finance an extra period for putting material into a 3-day workshop.

The trainers were divided into three geographical teams; within these teams everyone is ready to train with any other member of the team. I have written to the heads of the different organisations to which they belong and asked them to plan training periods so that it will be possible to employ substitutes; the trainers explicitly said that they would not accept an overloaded desk upon return to their ordinary job.

The group will meet within their geographical units but also a couple of times per year as a whole to an encounter with invited trainers from the international MINT-scene; different perspectives of training are not only useful but necessary. Steve said he would persuade Bill to come to Stockholm.

So what do we hope to achieve in our prisons and probation services? A change of culture as we know it? Well, yes of course and to make clients more ready to participate in evidence based programmes. In the long run we hope to reduce recidivism. We hope to give employees tools for understanding and working with the change process and just enjoy going to work a little more. Maybe we can set an example for other Scandinavian countries; just a few days after our MI-training we had a visit by six people from the Justice Department of Norway and we agreed on mutual further development of treatment, building on network contacts on a number of issues.

A conflicting issue is that of the Probation Board, administrative and other rules that often call for immediate actions and quick fix plans and solutions to drug problems and misconduct. Can we hope for a better understanding even from legal administrators within our service on how the change process works?

Well, let me get back to that in about 3 years.

## MINUET Contributions

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

## Important MINT Dates

Submission	Publication
8/1/01	9/1/01
12/1/01	1/1/02
4/1/02	5/1/02

## Regional MINT Meetings

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



## From the Editor, in the deep south

Denise Ernst

For the last couple of months there has been a discussion on the listserve about what the optimal training should look like, including number of trainees, length of training, and presence or absence of follow-up sessions. The discussion has included horror stories about monster trainings and a mock competition for who got the most time with the fewest people. As usual, the stimulating discussion got me thinking. In many ways, the discourse parallels that of our examination of the differences between full blown MI and the briefer version, still searching for a name. The questions that the group is struggling with (“What needs to be present to call it a training?” “What,

realistically, can we teach in 2 hr/4 hr/8 hr/2 day training?” “Whom can we teach it to?” “What is the best method to use given the time and audience?”) mirror the questions posed to illuminate the key ingredients of MI and when and where to apply those ingredients effectively.

Having done a lot of work with the briefer versions of MI, I have always believed that we can use any amount of time with a client/patient/participant to be more effective or more likely to increase change talk rather than decrease it. I believe that the same is true with training/teaching/inspiring. We can make any amount of time in virtually any setting worthwhile. The trick, as many of you have mentioned, is knowing what it is that can be done in that time frame and what is the best way to do it. During the last year, I have been asked to do many things as a trainer. I have done the one-hour talk at a professional meeting, the four-hour orientation to MI, the one-day and two-day generic (“fly-bys” as I think of them) trainings, the trainings tailored to a specific group or project, follow-up coaching with extensive feedback (both from tapes and observation), and protocol development and review. With a few exceptions, these have all been well received and the evaluations indicated that trainees thought they had learned something they could apply to their work.

I have learned a few things about myself as a trainer in this process. As I get more experience, particularly with the deeper levels of training and coaching, the briefer trainings/talks are less satisfying. I find myself wanting to prepare more, to learn more about the setting of the participants, to understand the models they already use, and to practice the delicate art of weaving MI into those models. Recently, I had a couple of experiences that highlighted the discrepancy between where I was as a trainer and where my customer was. I was asked to do a straightforward one-day training in MI for a research project that I was familiar with. I was given a few hours of prep time to “tailor” the training and do a brief needs assessment but not enough to do the prep job I would have liked. I had to work very hard to not do more than I was asked to do. I was so

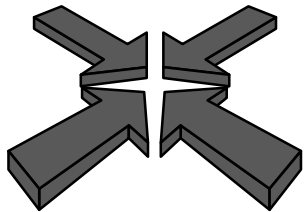


unsuccessful at this that the group felt bad and asked if I would like more money. In another case, I had a trainee (a nurse-practitioner) express to me that while she believed in the model, what I was demonstrating was “too much like therapy.” She couldn’t see herself doing that in her setting. I now find myself having to “back out” of my skills to demonstrate something useful for new, non-counselor trainees. This did not happen five years ago. Restraining myself in these ways was frustrating and used up a lot of energy.

Perhaps the struggle stood out more because it contrasted with my deeper level work with trainees in several research projects which includes ongoing coaching, feedback, and training. This work is immensely rewarding for me. I get to watch skills grow and have relationships with the trainees that are meaningful, long term, and professionally nurturing. This work also gives me an opportunity to grow and develop as a teacher, coach, and facilitator. It gives me the time and the reason to do the integrative intellectual work that is most satisfying and thoroughly enjoyable. And, it allows me to be where I am as a trainer and as a learner.

It seems that there is a need for all levels of trainings, from the one-hour inspirational lecture

to the “fly-by” one-day to the in-depth one-on-one coaching. I still believe that, as a trainer, I can do something of value in each of these. But I also see that my strengths, weaknesses, skills, experience, and knowledge have evolved over time. Perhaps there are some key questions to ask ourselves as we further the discussion about optimal training. Questions such as “What are my strengths/weaknesses as a trainer? Who do I work well with? How do I work best? What areas do I feel knowledgeable and comfortable in? What areas should I avoid? What can I do in the amount of time given that draws on my strengths? When is it time to refer them on? When and how do I say no?” We have seen that the feedback from trainees will not always give us the answers to these questions, they remain satisfied for the most part and don’t know what they are missing. Maybe we’ll discover that the optimal training is one where the needs and desires of the trainees is a good match with the strengths/knowledge/skills of the individual trainer. And just maybe my own sense of satisfaction and connection is a good indicator of a good match. I think I’ll focus on coaching. For now.



Inquiries and submissions for this newsletter should be forwarded to:

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