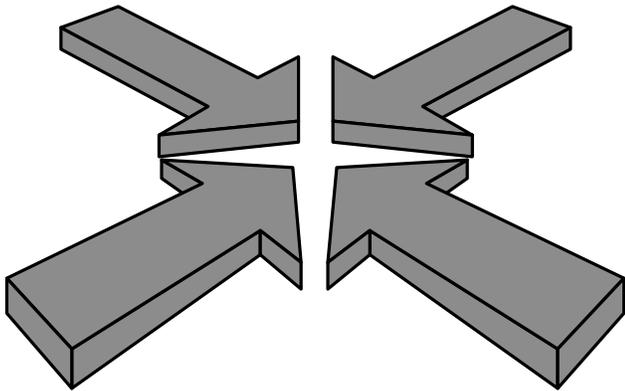


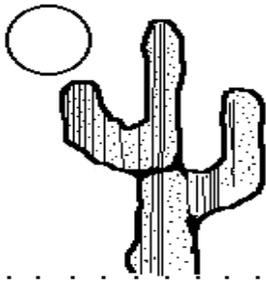
Motivational Interviewing Newsletter for Trainers

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New Perspectives



Notes From the Desert

Bill Miller

Steve and I have just returned from presentations to the American Academy of Family Physicians conference on patient education. Interest in MI seems to be growing rapidly among family practice and primary care practitioners. It struck me that we have come to think of education as the installation of knowledge. While there is clearly a place for information exchange, I think that both education and motivational interviewing work best through evocation. I am told that the etymological root - *e ducare* - literally means, "to draw out," reflecting Socratic origins.

The Newport MINT training brought our list of MINTies to over 200, at least until Dave starts enforcing annual dues. Welcome aboard, newly

minted MINTies! We're now gearing up for the January MINT training in Albuquerque.

Kaiser

Meanwhile, with help from Kathy Mount and other colleagues at Kaiser, we're analyzing the results of our first study on the effectiveness of training counselors in MI. I won't scoop the publication details, but I can give you a bottom line. There is good news and bad news. The good news is that there were statistically significant changes in counselor skillfulness in MI (reflected on audiotaped practice samples) that were not only in the right direction, but maintained 3 months after training. The bad news is that the changes in counseling practice were relatively small in magnitude (average effect size around .3) and appears not to have been large enough to make a difference in client behavior. That is, a one-shot two-day workshop did not (at least in our hands) result in a large enough increase in MI practice to make a difference to clients. So put on your creative thinking caps, MINTies. The question is, how do we need to train so that there *is* a large enough change in practice behavior to make a difference? I'm in the process of designing, with Carolina Yahne, a research proposal to study the efficacy of different training approaches.

One byproduct of the Kaiser study is a clearer sense of what good MI practice looks like. We're in the process of developing some summary measures that can be derived from audiotapes or videotapes. The Kaiser group coded up five segments of the MI training tapes - four MI models, and the one "how not to do it" segment, and now we also have pre-training and post-training levels on these variables. These norms are available to MINTies, but must be kept confidential because the training tapes will be used to calibrate new coders in future studies, and these represent the "right" answers in coding these segments. Here are a few of the summary indices of MI behavior:

Percent Therapist Talk Time. What percentage of the time, when someone is talking in the therapy dyad, is it the therapist who is talking? We found that this ran 60-70% in pretraining counseling, over 90% in the “how not to do it” demo, and around 40% for the MI models (Terri Moyers, Carolina Yahne, Steve and me on the training tapes). Goal: keep it under 50%; that is, *talk less than your client does.*

Reflection to Question Ratio. This is the ratio of the total number of reflections to the total number of questions asked during a session. In pretraining counseling practice it ran around .30 (more than 3 questions per reflection). The MI models averaged over 2.0 (two reflections per question). Goal: *on average, reflect twice for each question you ask.*

Percent Complex Reflections. The numerator is the number of reflections that were paraphrases (Level 3) or summary reflections. The denominator is the total number of reflections. What we found is that counselors tended to use a lot of low-level reflections, whereas the MI models had more than half complex reflections. *When you reflect, use complex reflections more than half the time.*

Percent Open Questions. The numerator is the number of open questions asked, the denominator the total number of questions asked (including closed questions). A target level based on the MI models is more than 70% open questions. *When you do ask questions, ask mostly open questions.*

Percent MI Consistent. Finally, we totaled counselor behaviors that are consistent with MI, and those inconsistent with MI. This percentage is the number of MI-consistent responses, divided by the sum of MI consistent and MI inconsistent. Each of the MI models hit 100% on this index, and a training target would be to get over 90% MI consistent. In clinical language: *Avoid getting ahead of your client's level of readiness (warning, confronting, giving unwelcomed advice or direction, or taking the “good” side of the argument).*

We're just getting started in the use of this coding system, but I think it will be a promising tool for understanding what happens in MI. I'll be glad to

share the coding system with MINTies who could use it.

Pros and Cons: Reflections on Motivational Interviewing in Correctional Settings

More than a decade ago, applications of motivational interviewing broke out of the addiction field and have been spreading into new and interesting areas: cardiovascular rehabilitation, diabetes management, family preservation, pain management, public health interventions, and the prevention of HIV infection. The most recent surge of interest, in North America at least, is coming from a field where I least expected it: the criminal justice system. We are receiving calls for training from jails and prisons, courts, probation and parole departments, community corrections, diversion and pre-release programs.

At first I was curious as to why this is happening. Now my sense is, “Why not?” I realize, too, that my own initial surprise and reluctance were based on inaccurate stereotypes. “Lock ‘em up and throw away the key” is rather opposite to the perspective that we seek to promote in MI. Yet the limitations of punishment and imprisonment are apparent to no one more than to those who work in correctional systems every day. More than the vast majority, who never set foot behind bars, they know first-hand that what American society is doing is simply not working. They understand well the passionate plea made in Karl Menninger's *The Crime of Punishment*. In training probation officers this year I met a group of profoundly patient and compassionate professionals who were doing their best, not to exact society's revenge, but to change behavior. Far from media fantasies of good guys versus bad guys, they work daily with the real people who are sentenced to temporarily restricted freedom.

I am, on reflection, particularly thankful that there seems to be interest and openness to a personally respectful MI approach within criminal justice settings. “Prisoners” and “criminals” are among society's most despised and rejected members. In the name of justice, they are routinely subjected in prisons to isolation, crowding, dehumanization, humiliation, terror, drug abuse, privation, and physical and sexual

violence. These conditions are widely known (even as a subject of TV comedian monologues) and are tolerated, as if they were “good for” offenders and for society. Among nations, America has one of the world’s highest rates of incarcerated citizens, ranking with the most oppressive societies; yet the building of new prisons remains a growth industry.

It reminds me of how things once were in the addiction treatment field in the United States. The boot camp atmosphere of Synanon. The in-your-face screaming of insults and obscenities. Denial busting. The hot seat, “tearing them down to build them up.” The surprise confrontational meetings that could feature on the front page of the *Wall Street Journal*, as exemplary practice, a physician shouting at an executive, “Shut up and listen! Alcoholics are liars, and we don’t want to hear what you have to say!” The “family week” where people were told they had the fatal disease of co-dependency by virtue of being related to an alcoholic, and that they were thereby out of touch with reality and required treatment. It seems like a bad dream now, but it was very common just two decades ago. There are far too many places where these things still occur.

Something happened in the addiction field. A punitive, moralistic, and arrogant stance that was common in U.S. treatment twenty years ago has given way to a much more respectful and collaborative approach. I’m not sure that motivational interviewing had anything to do with it, but the field’s amazing receptiveness to MI is at least a reflection of this profound change. In the 1970s it was acceptable, even laudable, to abuse “alcoholics” and “drug addicts” because it was good for them, it was what they needed, the only way to get through to them. It’s no surprise, given this treatment, that there arose the impression that defensiveness is a natural concomitant of substance use disorders. Something happened. In a relatively short period of time, treatment has changed.

Is it too much to hope, then, that the field of corrections could see a similarly major change in the next twenty years? Offenders are the last major group in our society whom it is generally acceptable to abuse because they “need” and “deserve” it - because it is good for them and for society, and is “the only language they can understand.” All evidence to the contrary, we

collectively imagine somehow that it makes them better, and makes us a safer and more just society.

What would happen if motivational interviewing became a routine part of the training of correctional workers? What if large numbers of volunteers were trained to go into prisons and listen to offenders in this way? How would it affect outcomes if offenders were generally seen as preparing for change (like those entering treatment), rather than as less-than-human cons? What if we assumed that the central purpose of correctional systems is not to enact vengeance, but to change behavior?

I know it is possible. Remarkable changes sometimes happen, in people and in systems, in a relatively short period of time. There are so many points in societal justice systems where motivational interviewing could be tried. Ed Bernstein, Morris Chafetz, Damaris Rohsenow and others have offered brief empathic interventions to people in hospital emergency rooms, in the midst of crisis. What if, upon arrest, someone besides a lawyer met with people at the police station, just to listen in an MI style? Follow them through the system: in the jail, meeting with their lawyer, pre-trial, pre-sentencing, post-sentencing, on probation, beginning and during incarceration, on work release, pre-parole, post-release, before and after the end of a term of sentence. There are so many points in the system where motivational interviewing could be done. One can imagine many obstacles and objections. Yet it is possible. Motivational interviewers belong behind bars.

Perhaps, just perhaps, in twenty years’ time we will look back on today’s criminal justice practices and ask in disbelief, “How could it ever have been so?” Who in the addiction field imagined, twenty years ago, that we would be looking back disapprovingly, even shamefully at the confrontational models of the 1970s? These days when I begin talks with my old slides on the confrontation-of-denial model, even U.S. audiences sometimes refuse to believe that these things would ever actually be done in practice, and they accuse me of manufacturing a straw man. Who would have believed it? The straw man is dancing!



A Message from Cyberspace

Chris Wagner

IAMIT Listserve Opened

An email listserv was recently opened for IAMIT members. The listserv is intended to provide an easy means for Motivational Interviewing Trainers to share information, discuss issues, ask questions, organize symposia and other plans, and generally keep in touch. It is an ideal place to notify one another of new training events and techniques, current or future research projects, journal articles, book chapters, etc. The listserv can be as active or as inactive as members wish to make it, but hopefully will be useful for all of us in our efforts to increase the quality of Motivational Interviewing/Enhancement training. The listserv is archived, so members may request a copy of previous messages from the server on which the list is kept. At the request of those in attendance at the recent Rhode Island training and IAMIT meeting, the list is "closed" to members of IAMIT and messages sent through the listserv should not be shared with non-members without permission. Currently, there are about fifty individuals subscribed to the list.

Headers of some of the topics discussed to date:
 Training Thoughts
 Training Challenges
 Perversion (?) of "motivational enhancement"
 Rollnick's 12 item readiness to change measure
 MET and behavioral medicine

To subscribe to the listserv, email a request to Chris Wagner at ccwagner@vcu.edu

MI Website Development

The CSAT-funded Virginia Addiction Technology Transfer Center will be hosting a Motivational Interviewing Website. This site should provide IAMIT members and the "world-at-large" internet-accessible information on Motivational

Interviewing and IAMIT training. We hope to open the site within the next couple of months.

The draft plan is presented below. Please contact Chris Wagner at ccwagner@vcu.edu with any suggested revisions or additions.

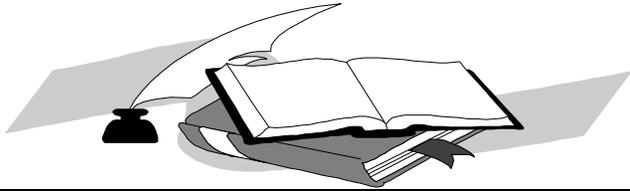
- (1) A Main/Welcome page
- (2) An "Overview/Intro" or "Clinical Issues" section
 - (a) Philosophy behind MI
 - (b) MI "principles"
 - (c) Overview of MI (techniques, staging issues, etc.)
 - (d) Applications to special populations (medical, juvenile, criminal justice, etc.)
 - (e) Special modes (?) (Non-specialist/primary care, groups, etc.)
- (3) Library/Resource Center
 - (a) Links to related web sites
 - (b) Journal/Chapter abstracts
 - (c) Bibliography (annotated ASAP)
- (d) Means to order CASAA (& other?) reprints & videos? (at a minimum, make CASAA list available online and have a link to order the MI book.
- (4) Training
 - (a) Upcoming Miller and/or Rollnick training of trainers
 - (b) IAMIT member list, contact info (perhaps several versions sorted by geography, specialty areas, etc.)
- (5) What's new?
 - (a) Upcoming training events
 - (b) Recent and/or pre-pub research findings
 - (c) Description of ongoing investigations
 - (d) Other news (e.g., findings from related studies on confrontation/empathy and so on, other SA outcome studies, etc.)
- (6) A discussion forum page (non-moderated)

Editor's Note:

Chris graciously offered his time, talents and resources to help make the Listserv and Website happen. I would like to offer a hearty "Thank You" on behalf of all MINTies.

Important MINT Dates

Submission	Publication
4/1/99	5/1/99
8/1/99	9/1/99
12/1/99	1/1/00



Correspondence

David –

I want to submit my dissertation abstract to the MINT newsletter. Bill had commented briefly on the outcome previously; I want to give the group a closer look. Bill and I are preparing a paper from this dissertation for journal submission (hopefully by the end of this month). I have a how-to paper coming out in Preventive Medicine (either 8/98 or 9/98) for using MI with adolescent smokers. In regards to the surfacing controversy (Gian Paolo v. Bill Miller) of whether change in behavior drives or follows change in attitude - yes, of course! Let's be flexible in our expectations of client change so we are not blinking when it happens! Some clients are happy to walk-the-walk and make the internal changes later; others refuse to change behavior until it "feels" right.

Lauren

Motivational Interviewing with Adolescents presenting for Outpatient Substance Abuse Treatment

Lauren Lawendowski Aubrey

Motivational Interviewing (MI) is a brief psychotherapeutic intervention to increase the likelihood of a client's considering, initiating and maintaining specific change strategies to reduce harmful behavior. MI is founded on principles of motivational psychology, client-centered therapy and stages of change in natural recovery from addiction. MI treatment includes components common to most brief interventions for addictive behavior that have been empirically tested (Bien, Miller and Tonigan, 1993). This paper presents research evidence for the efficacy of MI, a description of the methods and goals of MI, the rationale for MI as an appropriate brief intervention for adolescents, and a specific application of MI to an adolescent sample.

Seventy-seven youths (14 to 20 years old) presenting for outpatient substance abuse treatment at The University of New Mexico's Center on Alcoholism, Substance Abuse and Addictions (CASAA) Adolescent Treatment Program consented to participate in this study. After completing a lengthy assessment, participants were randomly assigned to receive or not receive personalized MI feedback of assessment results conducted in an empathic, nonjudgmental, objective and supportive manner. All participants, regardless of study condition, were strongly encouraged to attend at least one session with their assigned CASAA program counselor. Three-month follow-up interviews were completed for half of the study sample and CASAA records were reviewed for the entire sample. Participants receiving the MI feedback showed significantly better treatment engagement and outcome as well as significant decreases in substance use. These findings are consistent with previous research of MI with adult samples, and support the utility of this brief intervention with adolescents with substance use problems.

Notes from Newport

Tracy Simpson made available her notes taken from the most recent Training for Trainer's event in Newport, RI. These notes were posted on the Listserve the week of 12/21/98. If anyone would like a copy of these notes, but is unable to access the Internet please contact the Editor. The various methods for making contact can be found at the end of this newsletter.

To all of you who took notes during the IAMIT meeting: perhaps you could complete those and post those on the web as well?

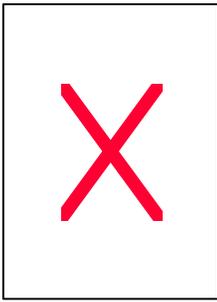
A Request

David -

I was referred to you by Dr. Hester at UNM. I am a pediatrician/adolescent medicine subspecialist and researcher who is looking into utilizing motivational interviewing techniques. He referred me to you because he said that your Newsletter might help me identify others who are using MI for counseling and changing contraceptive behaviors. Can you help me?

Melanie A. Gold, D.O.
magold+@pitt.edu

Live long and prosper.
Mr. Spock



MI in Zambia

Editor's note:

This is Part 2 of Angelica Thevos' Travelogue about her recent trip to Zambia. The reason for this visit was to implement a study evaluating water disinfection and storage methods. This portion of her Travelogue details the project launch, successes and failures, and some lessons learned along the way. Recapitulated below is her description of the study.

What follows are minimally edited email transmissions. These were communiques to Angelica's friends and colleagues. The tone is decidedly personal and reflects the range of emotions Angelica experienced in this adventure. I hope you enjoy this real time account of her time in Zambia as much as I did.

Angelica Thevos

The project used a simple, inexpensive, easy-to-disseminate and effective intervention to improve drinking water and hygiene. It has three elements: (1) point-of-use (or household level) disinfection with a sodium hypochlorite solution (the same as weak chlorine or bleach) produced locally with simple technology (using salt, water and electricity); (2) a 20-liter plastic storage vessel with a lid and a spigot; and (3) education about the causes and prevention of diarrhea and proper use of the intervention.

The intervention used MI to promote long term behavior change in safe water handling practices. The idea was to augment the educational component of the project with MI behavioral change methods. The study compared a standard Education Only intervention with a Motivational Interviewing intervention. Local Neighborhood Health Committee members (NHCs) from the community of Ipusukilo were trained in basic MI theory and practice. The focus was to influence the use of chlorine in the treatment and safe storage of household water in the project population.

Zambian Travelogue – Part II

Transmission 5

The launch of the project on Tuesday was another incredible experience. It went wonderfully. The mayor and all kinds of high level people were there. The Clinic was all spiffed up with a platform, canopy over it, and pretty flowers (all in containers of course, so they could be transported to the next event when needed). The exam rooms, where we were keeping our special water vessels for distribution following the festivities, all smelled of that "special smell" of Africa: newly sprayed pesticide. The grass and plants were all watered. The chlorine machine was cranked up and "cooking" sodium hypochlorite for all to see. Nothing like visuals to keep the media and the dignitaries happy. The NHC members were everywhere, buzzing about. The sense of excitement and life was unmistakable, almost carnival-like. And we even had drums!

Peter Kalenga, one of the most competent people here who is notable by not needing direction, being dependable, and getting the job done, had worked all weekend and hooked up a PA system. The two major newspapers and a radio station covered the event. Tony and JA got a ride in a real car on the way back to the GuestHouse and heard constant coverage on the radio. Both of the newspapers (the Times of Zambia and the Daily Mail) ran stories the next day.

The singing and dancing by the women was fantastic! At one point, they put a traditional skirt on me and coaxed me into their circle to dance and play the drums. It was tremendously flattering! What fun! It was an exceptionally warm and great experience! I felt accepted and very appreciated. I got some of the songs on a microcassette recorder, where the quality is not great, but it suffices to rekindle the experience some for me. They sang a song that Peter translated for us as: "They have come from their homeland, far away.... to bring us life." How rich....

After all was said and done (a lot was said too, given all the speeches!), we ended up selling 51 of the water vessels for the "special low price" of 2000 Kwacha, which is just over \$1.00. Remarkable since the annual income for the

people of Ipusukilo is \$93 (data fresh off our baseline survey analyses). The proceeds will go mostly to the Health Clinic to buy needed supplies and services, to the NHCs who sell chlorine, to the machine operators and to cover the materials to produce the chlorine (salt and electricity). Everyone in our study is eligible to receive free chlorine for the duration of the study (which is until the middle of June). It is the chlorine that really counts. Non-study participants have to pay 500 Kwacha for the first bottle; refills will be about 200-300 Kwacha. As a basis for comparison, buying just a small pile of charcoal, which is sold and used everywhere for cooking, costs 200 Kwacha and that is only enough to boil water once. Even then, it is often stored in a tainted open bucket or other container, which negates all the boiling anyway since it recontaminates the water immediately. Not to mention that the water must be cooled down before it can be used for drinking. In contrast, one bottle of chlorine (250 mls) will last about a month, enough to treat about 35 20-liter containers.

The special vessels, which we brought with us for sale to study participants, are very "sexy" and people really want them. Unfortunately a great many do not have the money to buy them. The vessels are perfect for storing water. They have a narrow opening (so that you can not introduce a hand and cup to scoop out the water and contaminate it) plus a neat spigot. They sure beat the Jerry cans, buckets, 5-liter plastic jugs, 2.5-liter old milk containers, or clay pots that many people use. But the chlorine in a closed vessel does the trick to disinfect the water. Many of the Jerry cans and jugs have lids and will suffice. That is what we are after. (I have a joke that the lids, which are often missing, are in lid heaven... along with all those "other" socks!).

The mayor did a smart political move and announced that he would purchase 40 bottles of chlorine for those who were not in the study. Then of course, the President of the Rotary club had to best that and bought 50 more (it's a guy thing, I think). So almost everyone there was able to get free chlorine for the first time anyway. YES! We were thrilled. Stayed up very late that night, sharing impressions, laughing, feeling great, and not wanting the day to end.

As I have mentioned in other notes, we are working hard to establish a partnership with

Japan, Zambia, and the US Rotary Clubs to bring a mold here to manufacture the vessel within the country. Rob did a similar thing with Rotary in Bolivia and they now produce and sell the vessel cheaply for distribution there. It was a worthwhile effort. It looks very promising here, too. Almost everything is imported to Zambia. And that translates to expensive. We have to get this "tool" to people cheaply, just as we do the technology to make chlorine.

Rob and Akiko left today, a very sad (and scary!) thing. We worked late and hard every day and that was with three of us. Now it is all up to me, and there is what feels right now to be a staggering amount of things to keep track of. In addition to the fact that Rob is one of my oldest and dearest friends and Akiko quickly became a fine companion and colleague. For the entire time I have been here, we have been together and Tony, JA, and I really miss them.

I will be working all weekend with the nurses and NHCs as the behavior change intervention gets going full steam next week. So, we are all entering a new phase of this challenging and always exciting experience here. Wish us Mwende Bwino....

Angelica

Transmission 6

The phone at the GuestHouse has been out for almost a week. Of course, Peter and Modi, the owners, received daily assurances that it would be fixed "today". After almost 7 "todays", I came back after being in the field all day and heard a wonderful sound: the phone was ringing! Great news. This meant that we had an Email connection again!

I couldn't wait to take my post-field shower and check my Email messages. Got all undressed, grabbed my towel, went into the shower room and....no water. Oh, well. At least we got the phone fixed. That is the way you have to look at it when in Zambia.

A day in the field is special. I always look forward to it, but it is very tiring. This week was the first week of chlorine sampling. So we go to every household in the study and test the water for chlorine. Monday was the first day and we were

scheduled to be in St. Theresa's zone, a place with lots of taverns and, as Rachel one of the nurses likes to say, "lots of confusion". St. Theresa's has no logical order to the house numbers. They just numbered the houses this year - and one house could have three completely different numbers painted on the side, with two crossed out. St. Theresa's is home to a lively market area that we must walk through to reach the area where we are doing the study. The market is much less scary to me now. In fact, I look forward to walking through it. I got some pictures of it this week, and as always, as soon as the camera comes out, everybody wants a "snap" and crowds around. There is very little variety for sale in the market. You can buy tomatoes, peanuts, cassava leaves, pumpkin leaves, sweet potatoes, sweet potato greens, beans, paraffin, salt, cooking oil, and a few other essentials. As many as thirty people or more could be selling tomatoes. All at the same price. I often wonder how someone chooses to buy from one person rather than another. Some sell their wares from the ubiquitous stands they construct out of old wood, but most simply spread everything out on the ground on a cloth or on ripped apart "mealie meal" sacks. Those who are without a stand use umbrellas or a cloth over their heads for shade. It is hot, and it is vibrant.

The taverns are another story. Men here get drunk a lot. The women are the ones who do almost all of the work. The taverns are impossible to miss. They blare music at every hour (powered with charged up car batteries). I have walked into the village as early as 7:30 and that music is still incredibly loud. It is cranked up to distortion. Some of it would not be bad at all at more tolerable volumes. Every once in a while you might catch a little Bob Marley and the Wailers or even some rap music. Most often it is what they call African rumba. And this morning I heard "Sittin' on the Dock of the Bay"-- only sung with a deep Bemba accent. They sell cheap beer called Chibuku. Some households brew their own beer for sale (called Kichasu). It is potent. I have seen them cooking it over open fires in these big drums. All of the equipment that they use looks very dirty. I guess the cooking process kills some of the germs but still.... no one I know would go near the stuff. It doesn't even smell like anything I would want to try.

St. Theresa has more than their per capita share of taverns. We have always been a little skeptical of using that particular zone as a study site. When we did chlorine sampling there earlier this week, the only people who were using chlorine were the ones who had bought our special vessels. That was disconcerting since we want people to use the chlorine in ANY kind of closed container. Most people can not afford to buy the fancy vessel. They use old 20 liter "Jerry cans" for water which are plastic jugs imported from Singapore that originally held cooking oil. Or they use 5 liter or 2.5 liter plastic jugs recycled from other uses. As long as there is a lid, the chlorine is effective in decontaminating the water. This is essential.

Especially in light of the results we got from our water testing (which I am having the Neighborhood Health Committee members use as motivational interviewing "feedback"). We sampled for E. Coli in the water (essentially translate that as fecal contamination) in 25% of all the households in both of our intervention zones: St. Theresa and St. Max. Everyone uses a shallow well, either their own or shared with a neighbor or two (which is often quite near an open pit latrine). The researcher part of me must share these astounding data with you all. We used the E. Coli count guidelines established by the World Health Organization. Out of 60 households tested, there were 28 houses with "grossly polluted" levels (> 50 colonies of E.Coli/100ml -- often 20,000 or higher!) and 17 houses with "unacceptable" levels (11-50 colonies). A total of 13 houses were rated as "at risk". Only two samples were free of E. Coli. Makes me appreciate the piped, treated water that is in every town in the US. Even the piped water here is contaminated. In 1992, there was a severe cholera outbreak here and the people with the highest mortality rates were the ones with piped water! By the way, we tested the Guest House piped water for chlorine: no detectable levels of chlorine. Bummer! Boy, are we glad that the kitchen staff boils water for drinking!

The news from my field chlorine testing at St. Max today was better. I sampled lots of containers that had chlorine in them, and they were not all our "special vessels". Peter had the same outcome in the other half of St. Max. We were always more hopeful about St. Max: fewer taverns, an actual rationale to the house

numbering, and many of the people are working - sewing, crocheting, making bamboo mats, selling charcoal or other produce.

But there is still penetrating sadness. Many of the children are at home "alone" -- a 9-year-old may be responsible for as many as 5 other children while the parents work. There continues to be an unbelievable rate of malaria. I would say that almost half of the people are suffering from malaria - or at least it seems like it. And many are dying. Last week, Rachel urged a Mom to take a one-year-old to the Clinic for chloroquine treatment. Apparently Mom did not go, she went too late, or the child did not respond - they buried the child today. We went past the house and there were about 30 people with black scarves around their heads for the funeral. Then, only three houses later, we encountered a sad group of 4 adults and one of the women told us she buried her daughter yesterday. I am beginning to understand that funerals here - many of them - are a daily occurrence. My God, how do these people tolerate it? Or, rather, what choices do they have? None. This week I have been to houses of many gravely ill people. One man is dying of Kaposi's sarcoma (one leg was 2-3 times the size of the other and he complained of diarrhea lasting over a month). A woman had a huge tumor on the side of her neck that had evidence of several previous "surgeries". Children are clearly malnourished with huge bellies and big eyes, and many children have worms. One woman, feverish and seriously ill with malaria told us she could not afford the 650 Kwacha (about 50 cents or less) it would cost to go to the Clinic and get a course of chloroquine. She is so typical. They wait until they get so sick they have to be taken to the Clinic in a borrowed, handmade wheelbarrow. Then it is often too late. They certainly can not pay for hospitalization. Or they never go to the Clinic at all and die anyway. These people bear these burdens with a dignity (and fatalism) which is palpable - and very disturbing to a Westerner.

The training of the NHCs and nurses in Motivational Interviewing is continuing. This is the first week that they are in the field, filling out ratings, and in some cases getting monitored for integrity of the intervention techniques. But the training is not completed. I am very busy and there is so much to do!! I am working all the time into late at night, which is not unusual I guess.

But there is not enough time. I have not even reviewed any of the diarrhea data yet. And Tony and JA are helping out a lot, running copying errands and doing artwork everyday.

Tony just completed a poster today to track the sale of chlorine and to pump up competition so that the NHCs will sell as much as they can (the good old American way). It looks just like the familiar United Way thermometer (without the thermometer but instead just a bar, since most here do not know what a thermometer is). The response we both have here: do all that we can with those that we can, yet be fully aware that the need is immense and far more than can be impacted by us or even be imagined...

Angelica

Transmission 7

I have looked into the eyes of Death and Illness in Africa. Luckily for me it is only a glance, in a short while, I can leave it behind. The people here have no escape. Too many mothers and fathers know the loss of a child; in fact more do than don't. Loss and Sickness are everywhere.

In the last two weeks, I have heard about or known people who have died from illnesses that are completely preventable and/or treatable in the developed world. Here, countless deaths are from "unknown" causes. Today a woman explained that she buried her two and a half-year-old daughter on Monday. She had no idea what brought about her death. Yet another woman today explained that she was now raising her 2 month old granddaughter, because she had buried her 23 year old daughter a couple of weeks ago. Her daughter had died six weeks after giving birth. They think it was malaria, but are not certain. It took only a few days of sickness and this new mother was gone. A worker here at the Guest House was gone a few days. When she returned I asked her where she had been, that we had missed her. She related that she was at the funeral of her brother, age 30. He had been having a "headache", that was the best diagnosis she could offer. He is her second sibling to die. These are only the most immediate examples that come to mind right now.

Death is everywhere here. And the people bear it with unbelievable acceptance and resignation. They go on, doing what they can and what they must. There is no outrage, processing of circumstances and events, security in the knowledge that all was done that could be done, or the luxury of knowledge. There is only quiet capitulation.

So it is with Disease. The people who I work with often miss appointments due to sickness, either their own or someone in their immediate family. They also repeatedly miss meetings because of funerals. Malaria is pervasive. Those who can afford treatment mostly recover. Some have been treated so often, however, that they are now resistant to first- and second-line drugs. Others simply wait too long to seek help. And others are in such poor health due to malnutrition or other concurrent disease that they too die. Tuberculosis is the "disease of the week" for me. I have met at least five people of all ages that are suffering with it. They are so weak they cannot get off their mats to talk to us. Again, there are those who can scrape together enough to pay for the needed treatment. The tragic thing is that many do not follow the medication regimen correctly; or do not have the money to follow through with refills of meds over the weeks that are required for cure.

AIDS is another story. Africa has two-thirds of the world's AIDS cases, and from what I have been told, Zambia ranks third in incidence rates on the continent. But I have seen only one or two individuals that I believe have AIDS. In this shanty village, anyway, it does not appear to be so prevalent. I have no idea of the HIV rates.

There are food for work projects that organizations like World Vision sponsor. These are projects to improve the village. They include hard labor like repairing the roads by leveling out low spots washed out by the floods during the rainy season, and then filling them with heavy stones. They also dig deep trenches along the sides of the roads for the rain to run off and to provide an outlet for stagnating water from streams and wells (mosquito abatement). As far as I have seen, this work is done exclusively by the women. Early in the morning you encounter large groups of them wielding hoes and pickaxes and pushing heavy wheelbarrows full of large stones (with babies on their backs and toddlers

sitting nearby). They are amazing. What is more astounding is that they do this in order to receive a 10 pound bag of mealie-meal and a small amount of beans --- as payment for 10 days of this back-breaking work!

Nutrition clinics are run by the health centers, not only to teach mothers about creative ways to cook nutritious meals with the few ingredients available, but also simply to get kids fed. Scores of women come to these afternoon clinics where different kinds of porridges are prepared. They come with their children and a bowl and spoon and they feed their children together, sitting on the ground. This meal is frequently the only one that the children will receive that day.

So as these tales relate, the pictures and legends we hear about Africa are only too true. The force of poverty and powerlessness here continually strikes me.

Now on to some of the other sides. I had the unique experience of riding on one of the numerous minivans here. An amazing experience! They are much smaller than the typical family van we know, and in terrible mechanical and physical shape as would be expected. They have installed seats everywhere so there are no "aisles", and room between the rows is scanty. They crowd NINETEEN people into these things which go fast whenever possible. As soon as someone gets off, they stop to pick another up. And they do not leave their originating station until it is almost full. So you wait. That is another reason why everyone is so late for meetings. Transportation is an immense problem in this country.

But that leads me to one of the things that Zambians and I have in common. These people are walkers! Everywhere, at all times, in all places, on every trail, small road, and highway, large numbers of people are walking, walking, walking. Sometimes it is impossible to determine where they could be going since there is nothing in sight and no obvious destination. But there they are, barefooted, with loads on their heads, babies on their backs, and moving at a steady, but not fast pace. In fact, as I stride by in my power-walking mode, people often yell while laughing, "You are busy woman!". I sometimes answer in Bemba, "ninchelwva", which means, "I'm late". However, I know only too well that there is no "late" in Zambia!

Another high this week was lunch at one of the nurse's homes, in the middle of the compound. We (three nurses and myself) had traditional shima (ground maize in patties), pounded cassava leaves with groundnuts, and dried fish. They eat with their fingers, no utensils in sight except for serving spoons for the cassava mixture. It was delicious! And a real treat to share a meal with my new friends. They were delighted that I went for seconds.

There is great admiration for the President of the country, Frederick Chiluba. His picture hangs all over. The people seem to have great hope in his efforts towards multiparty elections and privatization, despite the fact that the latter has resulted in a precipitous drop in the value in the Kwacha. When we arrived the exchange rate was 1600 to \$1.00. Now, two months later, it is 1850 to 1. In other words, it takes more and more Kwacha to buy basics because the prices are not dropping in relation to inflation. The amount of money they have is worth less by the day, and their buying power is likewise diminishing.

An exciting hope for the economy right now, at least for the Copperbelt where we are, hinges on the sale of the copper mines to a European consortium. This seems likely although it has been off and on since we arrived. Another hopeful sign is that the owners of Sun City in South Africa, home of one of the most prestigious golf tournaments in the world, have purchased a large tract of land here in Kitwe, which was formerly a zoo. This group has plans for the building of a resort/golf course. Realization of the plans will probably be contingent on the sale of the mines, however. The Sun City people have been heavily investing in other parts of Zambia as well. So this country feels like it may be on the verge of a turnaround economically. It certainly has incredible resources that are untapped, particularly in agriculture and tourism.

Tomorrow we leave for South Luangwa National Park, a game park in the eastern part of the country, near the town of Chipata, about 570 kilometers from Lusaka. We will be taking a flight from Ndola (about a half an hour from Kitwe) to Lusaka, and another flight from Lusaka to Chipata. There will be day drives and night drives. The night drives, we have heard, are very exciting because that is when the predators are

out like lions, hyenas, and leopards to name a few. We will be "DEETed up" and clamoring for who gets to use our one pair of binoculars first. We could all use the change of pace and this mini-vacation. We could not visit Africa without doing this.

That's it for now. Ishta Imbi (see you later)

Angelica

Transmission 8

"I will make this beautiful land better known to man that it may become one of their haunts. It is impossible to describe its luxuriance."

David Livingstone

Safari in Africa! All of what we can conjure up from what we learned in school or have seen in pictures can not come close to the real experience! It will be a jewel of a memory for the rest of our lives. The abundance of wildlife was wondrous, breathtaking, and almost unimaginable.

Every day, we jumped in an open Land Cruiser and did six exciting hours of game drives, two hours of which were at night. The staff awaken you at 5:30 a.m. and you are on your way by 6, fresh animal dung steaming in the cold morning air. Newly laid tracks of so many different animals that it astounds the mind. There is a midmorning break in the middle of the wilderness with cold drinks and hot coffee or tea. When you return to the Lodge at about 10:00, a delicious brunch is waiting on a dining platform over a lagoon filled with loudly snorting hippos and a dense canopy of lush tropical trees - and resident baboons.

The day drives and night drives are so different. The gorgeous day drives have none of the tension and suspense that saturate the night drives. During the day, there is dazzling wilderness landscape and dense wildlife as far as the eye can see. The entire time you are bathed in the rich odors of animal, dung, and earth. In the morning and evening dew adds another special dimension to the smells and sights. Different whiffs come at each moment, vaguely similar yet at the same time very unlike, the concentrated, determined, almost civilized smell of a farmer's

newly fertilized field. This is The Wild, no other word for it. Night drives began at "16 hours" when the heat dissipates, after a long midday nap and a snack of cake and coffee. The mid-drive break would always be at a sensational sundown spot complete with Mosi beer and roasted nuts. As I have mentioned before, the Zambian sky is consistently magnificent. Our night safari memories will include an almost-full moon and sparkling stars (sometimes the moonrise here shows off a splendid brilliant orange moon). During the last part of the night drives our spotter, Keffus, sat perched on the passenger seat with an enormous spotlight hooked into the car battery. The bright light would scan the vast expanses, dancing across iridescent yellow, gold, and sometimes green eyes by the hundreds.

We learned how to interpret the animals "talking", knowing that when the puku, impalas, or baboons are making a racket it means leopard, lion or some other predator is around. I can not list all the animals we saw. Providing you with a partial roster might suffice: zebras, giraffes, elephants, impalas, puku, baboons, owls, lions, hippos, bush bucks, genets, storks, crocodiles, porcupines, warthogs, hyenas, eagles, guinea fowl, buffalo, kudu, cranes, bee-eaters, lovebirds, starlings, and even a glimpse of a leopard.

The South Luangwa National Park is bounded in the West by the Muchinga escarpment (which we could see in the distance) and to the East (where we were) by a gentle, hilly landscape and the Luangwa River. It is a branch of Africa's Great Rift, part of the 6,000-km long fault system that cuts the entire eastern flank of the continent from North to South. The language there is not Bemba, but Nyanja. (There are 73 different languages in Zambia alone!)

There are sunbaked mudflats. There are "sand rivers" during the dry season, which began about a month ago, that are wide and long - and dry. One constantly hears the loud snorting of cavorting hippos, especially during the long night. There are over 400 species of birds. We took a photograph of a colossal 1,000-year-old baobab tree.

We stayed at Kapani Lodge, a place with large, simple rooms and a great feeling of space - almost American Southwestern with lots of white stucco inside, painted fabrics, tiles, and ceiling

fans. It was very rustic, with thatched roofs and all natural materials. It has an enchanting atmosphere. Norman Carr who passed away almost a year ago founded the place. He is a legend and is widely regarded as the father of conservation in Zambia. He started the first walking and photographic safaris and convinced Chief Nsefu of the Chewa people (a major tribe) that the region would benefit from setting aside tribal land as a private game reserve. His first primitive camp was started in 1954; many more have since followed.

They have a school project at Kapani that sponsors children to go to primary and secondary school. There are 4 teachers to over 300 students, one blackboard and no electricity. More qualified teachers could be available but the requirement for placement is housing, which they do not have. The village community just recently brought the fourth teacher by providing homemade bricks and labor to construct another house. The local people there are wonderful and they clearly appreciate that to get a better chance to succeed and contribute to the future of Zambia, the children must be educated. Most do not have the money to send them however. The annual fees and a very simple uniform, which are required, come to about \$16 a year per student for the primary grades of 1 through 7; secondary school costs much more since there are none in the area and children must board there. These amounts are out of reach for most. People there live in huts with straw roofs in small family communities of about 6 - 10 huts each. Students hoe fields of cotton for the school in order to provide a cash crop to help with school expenses like general maintenance of the buildings. A Rotary Club of Canada recently contributed a borehole and a hand pump for water; previously water was hauled up from the stream. Kapani pays the fees and provides netballs and footballs for the kids. They are currently funding about 48 students in the primary school and 41 in secondary. They also sponsor a Jr. Conservation Club to encourage appreciation of the wildlife that is all around them. They take groups of local children on game drives a couple of times a month. This is part of the legacy of Norman Carr. Very beautiful. I was really impressed.

Obviously I think you can tell that the entire adventure was extraordinary and unforgettable. Now that I have been back to the project and my

study, things have been accelerating. I can not believe that we are leaving here in less than one week. I have fit in another behavior change study, which will require another training of NHCs in a different compound on my last two days here, to try to get as much as I can data-wise. I have learned a great deal, mostly what I would do differently had I to do it over again. I certainly have identified a few of the key ingredients needed in training, as well as some other issues requiring attention in order to do research in the developing world. An invaluable education.

I will be debriefing several NGOs and USAID in Lusaka at the beginning of next week on my part of the study, even though I have no results yet. It will be an interim report of progress to date. I also will be meeting again with one or two other members of Parliament. The Minister of Health is keenly interested in our project and the MI piece in particular since it has so many applications to other areas of health promotion. We have decided to take a minivan there to try to see more of the countryside. Plus we have booked a lodge, which is just outside the city that has a small gamepark (we're hooked!). Even though it only has "DLTs" - deer like things, no predators - it will still be fun and rekindle a little of South Luangwa Park. A fitting ending to what continues to be a fantastically penetrating experience....

Angelica

Prologue

The results of this pilot study have not yet been fully analyzed but preliminary findings are encouraging. Overall rates of chlorine use were outstanding and much was learned regarding implementing a behavioral intervention, including the training issues involved. An additional study is currently ongoing which incorporated adjustments made evident by the pilot work. The results of these studies will (hopefully) be reported soon in the public health literature.

MINT Contributions

As a reminder, MINTies (and others interested in MI) are invited to submit pieces for the MINT. 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.



European Blend



Tom Barth, Euro-Editor
Bergen, Norway

It is dark and cold up here in northern Europe. Some people try to keep depression away with artificial light therapy, others with the memories of happy meetings in the "MI-family".

Some of us were fortunate to join the Americans in Newport. We had a very stimulating meeting in the IAMIT-group - sharing ideas and materials. I have already used several of the exercises with great success. We were all very optimistic when we left, and promised to send our material to the of the resource manual. Then, of course, things take more time than expected, but we have not forgotten! We have a plan here in Bergen. The plan is that Peter does it all, before his new (number 3) child is born in the middle of January, and he has agreed! Please, everybody else: make plans for yourselves too! It would be great if we could get the manual together.

There has also been the great event of the "First European Summer School on Motivational Interviewing" in Cardiff in November. (Nobody has explained to me why it was called a summer school, but I am just a simple Norwegian boy....) It was a fantastic experience, with six trainers from different countries, and a very experienced and motivated group of trainees. Working together with so many competent people really gives you a drive to get through the winter! (I hope Jeff gets his report ready in time for this newsletter.) Now the next great event to look forward to is in Granada, Spain. Hope to see many of you there....



Peter Prescott,
European Co-Editor, Expectant Father and
Designated Workhorse

My colleagues and I have had interesting discussions about motivation, Motivational Interviewing, and cognitive and behavioral change. I would like to take this opportunity to present them for MINTies.

Motivation/Ambivalence/Resistance

It's sometimes difficult to see motivation, ambivalence and resistance as separate entities. When holding workshops, I still deal with them as different phenomena. In my clinical work, however, I perceive them as being so interrelated, that it's hard to think about one of them without immediately, more or less automatically, thinking about one of the other. Some of the ways they are linked together:

- **Ambivalence** can be seen as a state of conflicting **motivation** (or to be more precise, conflicting views, motives or intentions).
- In Motivational Interviewing interventions and counselor skills geared towards eliciting self-**motivational** statements and handling/reducing **resistance** go hand in hand.
- In my mind, **motivation** for change is almost always accompanied by **resistance** to change, in one way or another. It's difficult to separate the factors that influence change and the factors that impede it. Motivation and resistance to change define each other. Looking at only one of them at a time leaves you in a conceptual vacuum. As Christina Näsholm from Gøteborg, Sweden puts it: *"Resistance is the shadow of motivation."*
- Another example of their interrelatedness can be found in the idea that some forms of resistance, if handled "correctly", can be utilized as a force for behavior change.

Stages of change

Is change a process that usually passes through discrete stages? On the one hand, as David Rosengren pointed out it in the Newsletter of May 1, the SOC-model is a very useful tool in teaching professionals and clients about behavior change. With some clients the model fits like hand in

glove: Your therapy goals, and ways of reaching them, are guided by an evaluation of the client's present stage of change. This evaluation leads to clear and well-defined objectives: Increase awareness of negative consequences, explore ambivalence or focus on decision making, planning, competence and self-efficacy.

With others clients, the focus is divided between all of these issues. This is often the case with people who have made several serious attempts at changing, but relapsed. I find that they often express characteristics of all the different stages simultaneously. They can vacillate considerably, and within a short time span: From expressing serious concern for negative consequences of their behavior to gross minimization. Their ambivalence is manifest. They can make decisions and plan renewed effort, but then express uncertainty about the necessity or their ability to change.

Another challenge is explaining why some people who are "precontemplative" can change very quickly. They may come to their first counseling session very resistant, but leave quite dedicated to change. How do we press an observation like this into the stage model of change, where movement through discrete stages is divided by time? Should we call these clients "pseudo-precontemplators"? On the surface resistant, but deep down really ready to take action? What if the client comes back to the next counseling session minimizing and resistant, should they then be considered to be precontemplators or contemplators? And what if they again become determined to change during the session, what stage are they in then?

I may be overdoing my point, but the main conclusion is that these observations are hard to press into the SOC-model. A possible explanation is that the underlying psychological dimensions represented by the stages already coexist in a person's psyche. The salient characteristics of different stages of change seem to exist simultaneously and are probably there when the person walks in through the door. What may happen in counseling is that the counselor sometimes activates or deactivates existing thoughts, attitudes, values and feelings. Maybe comparable to icons on a Windows screen: Double-click and they pop up. The similarity to

the idea of schema in cognitive therapy is apparent.

Reflection and persuasive communication

Reflection seems to fulfill at least two purposes:

1. Expressing an understanding of the client's internal experience and thereby creating an atmosphere of empathy which may reduce the unpleasantness of looking at negative aspects of one's behavior.
2. Reflection is also used as a more direct instrument for change. Selective reflection of "self motivational statements" is one example. Another is found in reflections of meaning, where the counselor sometimes attempts to "stretch" and elaborate the client's way of looking at things. When reflecting underlying meaning, we sometimes nudge a bit. Reflection used in this manner is similar to theories of persuasive communication in attitude change. When attempting to change a person's attitude, the persuasive message can't be too close or too far away from the recipient's existing attitude. If it's too similar, no change in attitude will occur, because there is no experienced difference between the message and the attitude. If the message is too far away, it will be rejected and no change results in this case either. When persuading (or reflecting) one must gauge and formulate the message with right amount of discrepancy to the person's attitude.

There are several problems in the theory of persuasive communications, one of the more relevant is that attitudes are "elastic": When stretched by persuasive communication, they tend to snap back to their original position, attitude change doesn't always last that long. Seem familiar to clinical experience: *"How many times do I have to go through this with my client?"*

Is some of the resistance we perceive in alcohol and drug counseling just a variant of a general resistance inherent in all attitude change? I don't mean to simplify resistance, but if elasticity is normal in attitude change, then this may be another alternative explanation of the "abnormal and pathological" resistance in clients with alcohol/drug problems. If "unwillingness" or inability accept a different view (i.e. denial) is a

symptom of a disease, it seems that everybody is more or less afflicted. Again, it is the intertwining of change and resistance.

Intention or motivation?

I have an ambivalent relationship to intentionality. On the one hand I believe it to be a useful concept. It seems self-evident that almost every instance of drug taking and alcohol use is intentional behavior. With the exceptions of being surreptitiously drugged by someone, comatose, intoxicated or psychotic, the use of substances entails some sort of decision. On the other hand an emphasis on intentionality can lead to simplifications like *"Just say no!"*. For some people *"Just say no"* is both appropriate and effective, for many others it is both unfair and moralistic.

What is the distinction between motivation and intention? Motivation can be defined as a state resulting from factors that initiate, give direction and intensity to and maintain behavior. This definition opens up for a multitude of factors that can influence behavior. These factors are more or less under our conscious control (e.g., genetic/biological, "unconscious", conditioning, cognitive, social/group and macrosocietal). The relative strengths of these motivational factors vary, between individuals, and in an individual at different times and in different situations. Biological and conditioning factors become more prominent and influential if a person uses drugs/alcohol in large amounts over long periods of time.

Motivational factors are transformed into behavior through intentional decisions. Decision-making is under our conscious control, but the different motivational factors that influence our intentions aren't always. Behavior is under intentional control, but what influences our intentions isn't always.

Decisions about behavior change: Driven by rationality or feelings?

One of the standard procedures in counseling is to explore the pros and cons of alcohol and drug use. In our workshops we teach the decisional balance as a way of doing this. The decisional balance is easy to understand and implement. On the surface it appears to be an exercise clearly within the sphere of rationality,

but is the rational review of positive and negative consequences the primary influence of decisions? Indeed, this sometimes happens, especially with resourceful and flexible clients. If rationality drives decision making, then exploring ambivalence would simply be a mechanical procedure that almost anyone could do after attending a workshop in MI.

However, it seems that other processes are activated in the decisional-balance intervention. Discussion of positive and negative consequences in a matter-of-fact manner lowers resistance, but it is the emotional impact of this evaluation that is the main trigger for decision-making. In other words, the “**punch**” is in the guilt and shame of not living up to one’s values, the unpleasant thoughts about negative consequences that have occurred, or the fear of what might happen in the future. There is also considerable punch in feelings activated by thoughts about changing, pride, satisfaction and hope.

Is this an illustration of the difference between spirit and technique in MI? Doing the decision-balance exercise with a client can be a matter of technique. Understanding what this means to the client - being empathic with the emotions that follow, is more a question of spirit.

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Steve Rollnick

What happened to the crisis in treatment?

I’m confused. I thought that there would be a crisis in the addictions field after the results of Project Match came out. What crisis? Nothing has changed. Yet how can we continue to make confident distinctions between different treatments?

Twenty years ago it was clear that cognitive behavioural treatment was going to be the “answer”, or so I believed. Why is the evidence for its effectiveness not much stronger? Only yesterday I got a call from an important purchaser in primary health care wanting to buy big amounts of counselling in general practice. He said, “I don’t want counsellors, I want cognitive behavior therapists.” When I said that there were not many of those around, but plenty of counsellors, with supportive evidence to boot, he said, “Oh leave it then, I’ll go somewhere else”. What vested interests have been served in the preservation of cognitive behavior therapy?

And motivational interviewing? Why are we not making sure that a paradigm shift occurs? “Because”, as a kind friend told me the other day, “paradigm shifts are not made, they happen”. Of course this is true, according to Kuhn’s analysis of this process, but I want it now! A single model of treatment. Now, on my conscience, is the likelihood that Bill & I will do a second edition of the MI book. How will he keep me to task? Good luck, mate!

Resistance: On the way out

It’s coming to a head. There are rumblings around. We should get rid of the concept of resistance. Bill Miller tells me that it implies that we are blaming the patient. Tom Barth, from Bergen in Norway, gave an excellent overview at the recent 1st European Summer School in MI in Cardiff. Got my head spinning. We should get the video of his talk distributed. Bill suggests using “counter motivational” as an alternative, I

think? I have been talking about damaged rapport. My problem is that healthcare practitioners love the term resistance, not because they love to blame patients, but because, presented clearly, it helps them understand that itchy experience of not getting anywhere with patients.

Useful teaching device, but conceptually flawed. Why? We need to ask not what strategies are we using with clients, but also what strategies are they using with us? The answer to the latter question has remained buried beneath dogma about treatment approaches. Herein lie the seeds of the paradigm shift. The concept of resistance is not the only one that needs reviewing. Ambivalence too.

I want this, and you want that

Many of our conversations take this form, inside and beyond the addictions field. Each party wants to get something out of the meeting. Needs are often not congruent. Sure, we might want to help the client examine ambivalence, but what do they want? Is treatment the right word to describe this kind of interaction? What makes us think that motivational interviewing and reflective listening are so important? (Sorry, Ed, it just slipped out). Did Project MATCH tell us this? Did it?

From the bottom up: Conversation analysis

We have all talked about the expert trap in interviewing. The forms it takes in training are equally diverse. Fantasies of the magic bullet abound, and there appears to be no shortage of suckers happy to ask for it, and shmucks willing to offer it! If we are to turn the counselling session upside down, and move away expert driven treatment, what about training?

Enter conversation analysis as one method for guiding us. We had a lecture on this topic at the Summer School. The analysis starts with a detailed investigation of what people actually say to each other in counselling. We are going to get together for a day with either David Silverman or Clive Seale, from Goldsmiths College in London, for a seminar. In the morning we will listen to observations about a transcript of a MI session

which will have been submitted to conversation analysis beforehand. In the afternoon we will see how some of these methods can be used in training. Please let me know if you would very much like to attend. Date undecided. The goal is to work from the bottom up, and see where we end up. Will we still like MI? (Sorry Ed, it slipped out again).

Newport MINT Training

This was quite an event. IAMIT members were in and out of the basic trainers meeting. What an inspiration this was. And when not helping Bill & I, they apparently got quite creative. A web page emerged? Thanks to Chris Wagner. That will help with keeping up to date with references, and much more. David Rosengren keeps going, sorting out the newsletter, membership, and delinquency. A committee was formed. In the MINT meeting, Bill & I almost swapped roles, he less structured, me craving organisation. I got quite frightened sometimes. Bill just shrugged his shoulders and whispered, "Don't worry..." I am frankly amazed by the creativity and talent that exists in IAMIT.

Getting Bigger

We are getting bigger as a group of trainers. The web page (initiated in Newport) is a good example of what we can do. CMC in Europe (Centre for Motivation & Change). IMC in North America (Institute for Motivation & Change). Italians, Spaniards & Norwegians developing national initiatives. What next? Please no licencing or centralised control over how MI is practiced. If it has value, it will survive without this. Indeed, efforts at controlling training and practice will kill whatever value MI has. The more it is marketed, the shorter will be its shelf life. It was good to have these observations confirmed in discussions in Newport.

Granada MINT

The next MINT meeting will be in Granada, we hope. A parallel IAMIT trainers meeting will also take place, along with a Spanish training meeting. Post-modern stuff. We will build on the experiences of Malta and Newport, where MINTies will increasingly be involved in training the trainers. Rik Bes and I are working with

Antoni Gual Sol from Barcelona to set up the Granada meeting. If we can get some funding support, the basic MINT training will have a much smaller number of participants.



Editor's Cup

David Rosengren

Reflections

I started to write this piece the day the IAMIT meeting ended, but as so often happens I was interrupted and didn't return to it until almost a month later. I had so many thoughts at the time that it's good that some time has passed. With a little distance, I can prioritize my thoughts a bit better.

To begin, a big thanks to all of the MINTies who attended. And to those of you who didn't make it, I wish you could have been there. It was truly a great thing to behold. We had some structure, but the process was clearly one that unfolded and evolved. The session facilitators took the baton, and each, in their own style, ran with it. The sessions took on this parallel aspect, entirely unintended, with what was occurring in the New Trainer's Meeting. So, we would be chewing on an issue, and then Steve or Bill would pop in to ask if someone "would like a go" on a similar topic. I learned a lot, laughed frequently and only occasionally held my breath. I came away with new skills, a deeper appreciation of our diversity and talents, and renewed enthusiasm for this work. All in all, a great success and I heartily endorse attendance at the next IAMIT meeting.

Big Doings

Lest I paint too rosy a picture, I must admit the group survived a near death experience when we discussed the road ahead for the MINT, IAMIT and IAMIT meetings on the afternoon of our first day. We struggled mightily with issues about

inclusion and exclusion, purpose and goals. After much slogging about in this quagmire, and some masterful direction by Tom Barth, we decided the best way to manage these issues was to appoint a Steering Committee who could grapple with the issues in a smaller group.

The Steering Committee met twice for breakfast meetings and then brought recommendations back for the whole meeting to vote on during the last day. The full meeting accepted all of the recommendations. Appended to this newsletter you will find minutes from that meeting and I urge all of the membership to read these minutes carefully. Counter to the spirit of MI, let me offer some unsolicited advice: Never hold an organizational meeting on the first day!

Recommendations

1. The MINT should be self-sustaining.
2. The MINT should be inclusive.
3. The IAMIT should be an organization for trainers who've complete a Training for Trainers
4. IAMIT would not certify trainers.
5. IAMIT meetings have a function and should be encouraged to continue.
6. The Centre for Motivation and Change (CMC) and Institute for Motivation and Change (IMC) had roles that were different, but complementary to the IAMIT.
7. A standing committee should be established that addresses the business of the IAMIT between IAMIT meetings.

Dues

We might as well get this out of the way. The IAMIT and MINT have not been self-sustaining. For the MINT and IAMIT to pay it's own way dues need to increase from \$5 a year. Meeting attendees decided that \$25 a year would meet the financial needs of the organization without being prohibitively expensive. CMC will be responsible for collecting the dues of European MINTies, IAMIT the dues of all others.

In order to avoid chaos in the ranks and allow you time to save your pennies, this policy will be instituted in Year 2000. For new MINTies, you have a free membership for the first year in a blatant effort to woo your involvement in IAMIT.

Certification

This was one of the most hotly debated topics of the meeting. After much soul-searching, we decided that it was not our place to decide who was and wasn't a certified trainer. However, we believed that recognizing other entities as providing certification was within our purview. This is a role that CMC and IMC could take on, as could other organizations.

Mission

This is really astounding to me and actually I chuckle every time I think about it. The beginnings of the IAMIT are humble. The IAMIT came about as I tried to figure out how to handle the issue of dues and opening a business checking account for the MINT. The State of Washington decided I was running a business and needed to pay taxes. My accountant told me to form an organization that distributed a newsletter as a benefit of membership. Taxes were supposedly no longer an issue (tell that to Washington State Dept of Revenue), but we had an organization without an identity or structure. It was a unique opportunity, if not exactly an inspired beginning.

In trying to wrestle with the weighty issues discussed at the IAMIT meeting, we decided that it would help to know what this organization was about. The group identified the following as potential elements in a mission statement.

The IAMIT exists for the benefit of its members. Its goal is to enhance the quality of training in MI through such activities as networking, sharing of resources, training opportunities, peer mentoring and encouraging shared research activities.

This was not meant to be a definitive statement, but rather a work in progress that our fellow MINTies could shape and refine.

Organization

So, what sort of structure does this organization contain? A fine question that deserves an answer and as soon as one becomes available, I'll be

happy to pass it along. There was general consensus that we were growing

The group felt there was one important structurally activity to be done: set-up a committee that guided the growth of IAMIT. We invited all IAMIT members at Newport to participate. We also recognized that others not in attendance might also like to participate. So, this is your opportunity to join. Because we are doing business via email, you need to have ready email access, and this part is important, regularly read and respond to it. Please email me at dbr@u.washington.edu if you are interested.

It is the charge of this committee to come up with some ideas about how to develop an organization as diverse, far-flung and quirky as ours. Updates will be provided here.

A Resource Manual

One of the goals of the IAMIT Meeting was to develop a resource manual for all MINTies. This would be a repository for a variety of training ideas, techniques, resource materials, etc. Bill devised a form to provide a uniform method for cataloguing this information. The MINTies, of course, felt it was important to make changes in the form and so we now have a new and improved form. We have two MINTies, Jacki Hecht and Mary Velasquez, who've graciously offered their time and talents to collate this thing. We've discussed using the web to distribute it. The only problem is we need your stuff to make it work!

So, this is a gentle reminder to get your ideas written up and distributed to Mary or Jacki. If you need a form contact them directly or check the Listserve. As Tom Barth noted, resolve was strong at meeting adjournment but time and distance has a way of dissipating that commitment. This will be a great tool. Perhaps we could all contemplate sending our favorite training technique as a New Year's Resolution.

Regional IAMIT Meetings

Interest was expressed in developing regional meetings for MINTies. This would be less costly than cross country trips and could provide a vehicle for developing connections among local trainers and new learning opportunities. Because the distribution of MINTies was uneven, it was felt

that these meetings should be posted in the MINT so that others could attend if interested.

There was great enthusiasm among the Northwest MINTies for such a meeting, and so in a wave of unfettered good feeling engendered by Newport, I agreed to coordinate the inaugural Meeting of the Northwest MINTies. The meeting has been tentatively set for Saturday, April 17, 1999. Don't tell Stephanie (now a fellow MINTie), but I offered to have it at our house. The starting and ending time will be set by the travel needs of the group, but it will be an all day affair. All are welcome.

What's in a name?

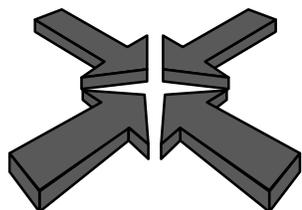
I feel an admixture of pride and embarrassment approaching this issue: I like the name MINT and dislike IAMIT, and I'm responsible for both. MINT was born of some thought. IAMIT came into being as I stared dumbly at a State of Washington Licensing clerk who requested the organization's name. IAMIT seemed to be the only words my brain could form under such unrelenting pressure as a disinterested clerk can generate. So, I believe its time for a name change, if nothing else so I can let go of my intense embarrassment at such a miserable failure in preparedness when I approached that clerk.

Here's what I suggested to the Steering Committee. IAMIT is renamed MINT (Motivational Interviewing Network of Trainers). The newsletter is renamed the MINUET (Motivational Interviewing Newsletter: Updates, Education and Training). When I placed this before the Steering Committee via email, the response was underwhelming. No one seemed to care! Of those who did respond, there was general favor expressed for the MINT change. Less support was evident for MINUET. Perhaps this can be a Listserve discussion item. For now, I'll just have to bear up.

A Season of Change

These are exciting times for MI. The MINT is maturing. The IAMIT is becoming an organization. MI Centers are cropping up. The IAMIT meetings hold great potential for future interactions. Training for Trainers has evolved in truly remarkable ways. The Newport Training for Trainers was a completely different event from the one I attended in Albuquerque back in 1993. (Could it be that long ago?) The interaction between MINTies and New Trainers was a great training vehicle – for both parties – and really seemed to bind the groups together. There was discussion of a “mentor” program between New Trainers and MINTies. The Listserve and Website are tremendous new vehicles for communication. Heck, there is even a MI course being offered on-line. So, it seems an appropriate time to look forward to what happens next with the MINT.

The Steering Committee discussed changes in the Editorship of the MINT while at IAMIT. I expressed my firm ambivalence about continuing. I love this job and it has grown in size and responsibility over time. The group felt that rotating the Editorship of the MINT among the various MINTies made good sense and I agreed. However, the committee also believed that this was not the time to make this change. So, I will continue for a year while the IAMIT works its way through its growing pains. Denise Ernst expressed interest in the Editorship. If others have an interest, please let me know. I like the way our European MINTies have done editorship by committee. It may make sense to have multiple editors in the US. We could still use someone to update us about happenings “Down under”. Is their editor-in-waiting from that part of the world?



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This newsletter is a free publication made available to members of the International Association of Motivational Interviewing Trainers.

IAMIT/MINT Organizational Issues

Ad Hoc Committee Meeting Minutes

10/20/98

Present: Mary Ellen McCann, Vaughn Keller, Mary Velasquez, Tom Barth, Carolina Yahne, Denise Ernest, Kathy Jackson, Rich Saitz, Jacki Hecht, & David Rosengren (recorder)

David opened the meeting with a statement reviewing the purposes of the meeting. He suggested the group act as though it had a broad mandate and trust the larger IAMIT group to let us know if we overstepped these bounds.

IAMIT

Structure

The group began with a consensus that IAMIT as an entity had potential value, but that some level of organization was now required. The group agreed on several points:

- IAMIT should be a separate entity from either IMC or CMC
- Encourage IMC, as well as CMC, to take on certain roles
- A steering committee or central group was needed to continue the development begun at Newport and to address the business of IAMIT between meetings
- IAMIT would recognize specific entities as providers of Training for Trainers, including Bill and Steve, CMC, and IMC. If other groups wished to be recognized they could be.
- IAMIT should have a mission statement, or like indicator, that specified its reasons for being.

Mission

The group identified the following as potential elements in a mission statement. The IAMIT's goal is enhance the quality of training in MI through networking, sharing of resources, training opportunities, and encouraging shared research activities.

Membership

The group agreed upon a two-tier system for IAMIT membership with members and subscribers (Friends of IAMIT). Subscribers would pay a \$10 yearly MINT subscription fee and this would be the limit of their IAMIT involvement. Members would pay a \$25 yearly fee.

The committee decided that though it did not want to be protective, a boundary for the IAMIT was appropriate. Therefore, only people who completed a Training for Trainer's

workshop would be permitted to join. However, the committee recognized that there are people who ought to have an opportunity to grandparent into the IAMIT. It was thought that Bill and Steve were the individual's most qualified to identify such people. Once identified, an invitation to join IAMIT would be extended for a limited time. If people did not join in that time, they would be required to complete a recognized Training for Trainers.

It was agreed that certification may be a worthwhile goal, but at this point there was no accrediting body in North America to serve this role. It was felt that the IAMIT was not the appropriate body to provide this service. The committee encouraged the IMC, like the CMC, to consider this role and training of trainers in the future.

Current Benefits of Subscription

- Receipt of the MINT newsletter

Current Benefits of Membership

- Receipt of the MINT newsletter
- Access to materials
- IAMIT meetings
- Networking
- Co-training possibilities

Steering Committee/Central Group

The group agreed that all the issues raised could not be adequately addressed during the time available in Newport. It was agreed that we would continue to discuss these issues via email. One of the goals of this ongoing discussion will be how members come to serve on the IAMIT Steering Committee, how issues get decided for the organization, etc.

MINT

Editorship

The group suggested that with the changes projected in IAMIT that there not be a change in editorship of the MINT. David agreed to stay on for the present. It was also recommended that a co-editor be identified and who could serve for a specific period of time before taking over the editorship. The issue of Euro-editors was not addressed in this discussion.

Subscription

The group agreed the MINT should be self-sustaining, but fees should be lower for subscriptions. No amount was set.

Content

The group generally liked the format and content of the MINT. Concern was expressed about losing its informal and intimate tone with a broader membership. No clear resolution was reached on the intimacy issue, though David noted the tone would not change with this decision. (He's rigid!) David also reported that pent-up demand was probably limited, so circulation was unlikely to grow dramatically. Information on IAMIT events would continue and could encourage subscribers to become members.

Next

The group agreed to meet again on 10/21 to further address these issues, review the notes and prepare to bring this information to the full meeting body.

IAMIT/MINT Organizational Issues

Ad Hoc Committee Meeting Minutes

10/21/98

Present: Mary Ellen McCann, Vaughn Keller, Mary Velasquez, Tom Barth, Carolina Yahne, Denise Ernest, Kathy Jackson, Rich Saitz, Jacki Hecht, & David Rosengren (recorder)

Minutes were reviewed and concerns were raised.

Structure

About who could provide Training for Trainers: IAMIT will recognize organizations to provide training for trainers. Concern was raised about whether we had endorsed the IMC and CMC as providing Training for Trainers. The group was split about this decision and as a solution suggested that a recognition committee of IAMIT members be formed. This committee would recognize programs as providing Training for Trainers, which would then permit its participants to join IAMIT. This committee would comprise Bill, Steve and two additional IAMIT members. The Steering Committee suggests that one member be European and North American. The group nominated Vaughn Keller and Tom Barth, but believes that Steve and Bill should be part of this selection process.

Mission

It was felt that the statement should be revised to clarify that the elements are referring to IAMIT members, not the broader populace. The statement was revised as follows:

The group identified the following as potential elements in a mission statement. The IAMIT exists for the benefit of its members. It's goal is to enhance the quality of training in MI through such activities as networking, sharing of resources, training opportunities, peer mentoring and encouraging shared research activities.

Steering Committee

The Steering Committee will provide an opportunity for other IAMIT members to join through the next MINT. The Steering Committee will continue to meet via email. A quorum will be necessary to pass votes and two-thirds will constitute a quorum. A simple majority would rule within this quorum. David will send the first email to begin this process.

The Steering Committee is encouraged to meet in Granada. It was suggested that an additional half-day be added to the beginning of this meeting to complete the business of the Steering Committee.

IAMIT Meetings

The group would like to see the IAMIT meeting continue and endorsed sessions in conjunction with the Training for Trainer's Workshop.

Encourage development of regional IAMIT meetings.

IAMIT/MINT Organizational Issues

Full Meeting of IAMIT Members present in Newport - Minutes 10/21/98

David Rosengren (Recorder)

The notes from the two meetings of the Ad Hoc group were reviewed. The recommendations made by this committee were agreed to without changes. David agreed to publish these minutes in the next issue of the MINT.