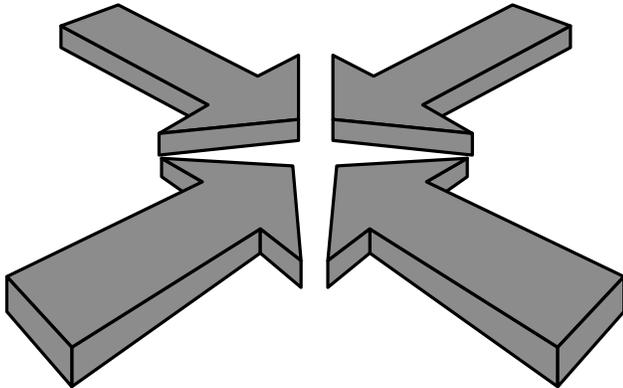


# Motivational Interviewing Newsletter for Trainers

April 1, 1994, Volume 1, Issue 2



Sharing new perspectives

Editor's Cut

David Rosengren

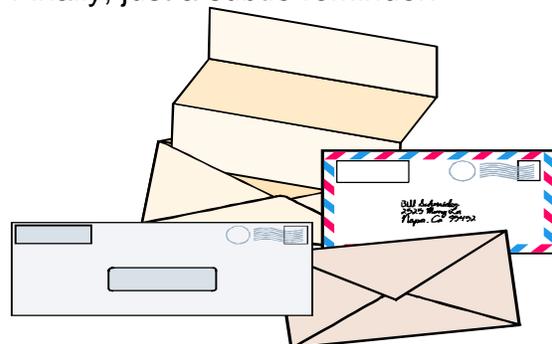
Like a second therapy session, I am wondering what to do with this second issue of the newsletter. It's that sense of, "OK, what next?" There have been a few things I have been thinking about.

Since I am in the midst of preparing, with Carl Rimmele, to present a workshop on MI, I have spent a lot of time thinking about critical elements in brief (four hour) training formats. I am concerned about trying to do too much while at the same time providing an adequate foundation for the trainees. Even though we have considerably pared things, I have this fantasy, actually it's more a nightmare than fantasy, of people walking away, scratching their heads and going "huh". Steve Rollnick addresses part of this issue while discussing the "spirit-technique distinction" in this newsletter. Still, I find myself thinking about what has to be covered and what can be optional. It would be interesting to hear your collective wisdom about what the essential elements are for a brief workshop.

I have also been thinking about the issue of fees. It was something that we touched on briefly in Albuquerque but I had not revisited since that time. What prompted this deliberation was a request for a proposal that I received. The request had little lead time before the deadline and requested a number of elements, including fees. At the time I was neck-deep in quicksand trying to finish a grant proposal so I responded quickly to the request and listed the rate for consultants we have used in our grant submissions. My first intimation that this might have given the agency sticker shock was when the requester's assistant called to see if that was American or Canadian dollars. I share this in the hopes you avoid my mistake of not having considered this issue well before needing to provide fee quotes.

I am curious about what is happening out there with you trainers. I feel a bit of kinship with that country-western song that goes, "Since the phone ain't ringing, I assume it still ain't you calling." The level of correspondence has led me to wonder whether a less frequent publication of this newsletter might not be appropriate. It may be that the amount of newsworthy activity can be captured in a twice yearly fashion. Any thoughts?

Finally, just a subtle reminder.



## From Across the Pond

Steve Rollnick

### **The Spirit-Technique Distinction**

Here is some good news! It's easy to convey the spirit of motivational interviewing when training. Get participants to role-play overt confrontation, for example. Describe the traps they fell into. Demonstrate yourself. Show them a videotape of yourself and someone else, and so on. Tell them about the distinction between spirit and technique, and that the former is fundamental.

We can only speculate about how many people enter a workshop needing to absorb the spirit before they work on technique. Among health care people, it can be as many as 80%; if I only have brief training time, I tend to leave out a lot of technique teaching.

Teaching technique is the problem. The closer one keeps to the clinical reality, the less specific one can be and, I suspect, the lower is the rate of skill acquisition. The more concrete one is, the greater the risk of oversimplification. I think I have found the right balance when teaching general health care interventions.

### **Training the Health Care Generalist**

Trainees in health care settings often have glazed eyes when I teach them. It's taken awhile to understand why. Thankfully, it has little or nothing to do with me personally. They get bombarded by specialists. "Do more of this and less of that. Look out for 'x'" and then, in addition to everything else you do, use this specialist technique...!" Our jargon is the killer. In fact, one consequence of poor quality, specialist teaching is to "de-skill" the generalist.

Some of my basic rules are:

- Don't teach health care workers if you don't understand how they work. Stated positively, find out about their

environment before you teach. Ask about average consultation time, their main priorities, the current mental health of their profession, and so on.

- "De-jargonize" or die.
- Don't knock their traditional working styles. Build on them.
- Give them lists of "do's and don'ts"
- Give them concrete guidelines whenever possible, e.g., a readiness to change ruler, a balance sheet.
- Pay attention to the good quality design of materials.
- Be brief and be simple.
- Don't assume they will role-play!

Unstated thus far is what technique to teach them. My preference is for a general method which can be used with any behavior change problem. I have developed a new practitioners manual which is in press and will be happy to distribute this, along with the trainers guidelines, when it comes out of the printer's shop

### **Did You Know?**

Two recent papers emerged in the British Medical Journal reporting no clear benefits of lifestyle counseling to general practice patients. A debate has erupted. Motivational interviewing principles or techniques were not evaluated.

Dr. Karen Emmons (Miriam Hospital, Providence, RI) is nearing the completion of an evaluation of brief motivational interviewing among hospitalized smokers. Watch this space.



## Notes From the Desert

Bill Miller

### Inquiries about MI with Youth

I have been receiving calls from people interested in any ongoing work in applying motivational interviewing with adolescents for risk reduction in substance abuse, HIV exposure, etc. If any of you know of projects and applications in this area, please share the information through this newsletter.

### New Assessment Tools

As part of our development process for a recent center grant application, we upgraded some assessment tools, or extended them to apply to drug abuse more generally. Copies of the following new instruments are enclosed for the information and use of trainers in the network:

- HOW I SEE MY DRUG USE
- WHAT I WANT FROM TREATMENT
- WHAT I GOT FROM TREATMENT
- DECISIONAL BALANCE MEASURE
- SELF-EVALUATION OF DRUG USE

Feel free to make use of these in your work, and pass along to me any findings or suggestions for improvements.

### Happenings in the Field

Lots of exciting things are happening in this field! Here are some interesting people doing work in the area of motivational intervention:

F. Daniel Duffy, M.D. Professor and Chair, Department of Internal Medicine, University of Oklahoma. 918-838-4675. Doing exciting work on training motivational intervention skills to physicians in general practice.

Robert Senft, M.D. Center for Health Research, Kaiser Permanente Portland Oregon. 503-335-2400. Heading up an

NIAAA study of brief intervention for alcohol problems in primary health care.

Jill Kinney, Ph.D. Executive Director, Homebuilders, Federal Way, WA (Participated in the training workshop - she's in your directory). Writing a NIDA grant proposal with Alan Marlatt and John Baer to blend family preservation services and behavioral drug treatment. This group is also working on developing motivational modules for dealing with drug problems within the context of family preservation services.

Craig Love, Ph.D. Brown University Center for Alcohol and Addiction Studies. Working with "Worcester Fights Back" program to use motivational enhancement therapy as a preparation for treatment services among troubled employees within EAP settings.

Frances Cotter, Ph.D. NIAAA. Staffing a panel that is developing practice guidelines for physicians in screening for and intervening with alcohol problems in general health care. The group (which includes Tom Babor, Allen Zweben, Peter Anderson, Michael Fleming, Richard Fuller, John Allen, David Buchsbaum, Nick Heather, Judith O'Kene, Yedi Israel, and Jonathan Chick) is well along in drafting "How to Help Your Patients Who Drink Too Much: A Physician Guide."

College of Family Physicians of Canada, Mississauga, Ontario 905-629-0900. This group has developed practice materials including a patient workbook and office handouts as part of an "Alcohol Risk Assessment and Intervention" project.

Craig Noonan, doctoral student, University of New Mexico. Designing a clinical trial of group motivational check-up intervention as a part of aftercare in alcoholism treatment.

## Electronic Bulletin Board

As promised the Electronic Bulletin Board, a.k.a. the Motivator's BBS, was up and running beginning November 1, 1993. Limited participation led to its being discontinued early in 1994. Reid Hester does indicate this service could be resumed at some later date if there was sufficient interest. On behalf of the trainers, thanks for your efforts Reid, but it seems most of us are still figuring out how to get on the on-ramp to the information superhighway.

## Presentation Materials

Reid Hester has finished the slides for MI training events. If you are interested in overhead transparencies, slides or slide show presentations, you may contact him at: 505-884-3002 (voice) or 884-6619 (fax). His address is : 4300 San Mateo NE, Suite B-385, Albuquerque, NM 87110.

## Grant Submissions

David Rosengren has submitted a FIRST Award grant application to NIAAA that investigates subtypes of angry alcoholics. Phase III of this project will evaluate a treatment intervention that includes motivational interviewing as a component.

David Rosengren is also part of a team of researchers led by Roger Roffman that have submitted a R01 grant proposal as part of a larger Center Grant that will do research and training on issues related to violence. Dr. Roffman's group will be evaluating the efficacy of a confidential telephone counseling service to domestically violent individuals. Motivational Interviewing and a "Drinker's Check-up" style intervention are primary components of this research. Part of

the challenge of this model will be integration of MI into a group format.

## Training Events

**TRAINING FOR TRAINERS SCHEDULED!**  
The second training-for-trainers workshop has been scheduled for October 10-12, 1994 in Santa Fe, New Mexico. Bill and Steve will offer this in the same format as the first workshop last year. A brochure is being prepared and should be ready for mailing in late March.

David Rosengren and Carl Rimmele will be providing a four hour workshop for the King County Substance Abuse Training Consortium on March 17, 1994 at the Seattle VA Medical Center.

## Publications

Some publications from the New Mexico Group.

- Bien, T. H., Miller, W. R., & Boroughs, J. M. (1993). Motivational interviewing with alcohol outpatients. Behavioural and Cognitive Psychotherapy, 21, 347-356.
- Bien, T. H., Miller, W. R., & Tonigan, J. S. (1993). Brief interventions for alcohol problems: A review. Addiction, 88, 315-336.
- Brown, J. M., & Miller, W. R. (1993). Impact of motivational interviewing on participation and outcome in residential alcoholism treatment. Psychology of Addictive Behaviors, 7, 211-218.
- Markham, M. R., Miller, W. R., & Arciniega, L. (1993). BACCuS 2.01: Computer software for quantifying alcohol consumption. Behavior Research Methods, Instruments, and Computers, 25, 420-421.

- Miller, W. R. (1993). Behavioral treatments for drug problems: Lessons from the alcohol treatment outcome literature. In L. S. Onken, J. D. Blaine, & John J. Boren (Eds.), Behavioral treatments for drug abuse and dependence (pp. 167-180). NIDA Research Monograph Series, No. 137. Rockville, MD: National Institute on Drug Abuse.
- Miller, W. R. (1993). Introduction to special section: Motivation and addictive behaviors. Experimental and Clinical Psychopharmacology, 1, 5-6.
- Miller, W. R. (1993). What I would most like to know: What really drives change? Addiction, 88, 1479-1480.
- Miller, W. R., Benefield, R. G., & Tonigan, J. S. (1993). Enhancing motivation for change in problem drinking: A controlled comparison of two therapist styles. Journal of Consulting and Clinical Psychology, 61, 455-461.
- Moyers, T. B., & Miller, W. R. (1993). Therapists' conceptualizations of alcoholism: Measurement and implications for treatment. Psychology of Addictive Behaviors, 7, 238-245.
- Cervantes, E. A., Miller, W. R., & Tonigan, J. S. (1994). Comparison of timeline follow-back and averaging methods for quantifying alcohol consumption in treatment research. Assessment, 1, 23-30.
- Miller, W. R., & C'deBaca, J. (1994). Quantum change: Toward a psychology of transformation. In T. Heatherton & J. Weinberger (Eds.), Can personality change? (pp. 253-280). Washington, DC: American Psychological Association.

- Miller, W. R., Jackson, K. A., & Karr, K. W. (1994). Alcohol problems: There's a lot you can do in two or three sessions. EAP Digest, 14, 18-21, 35-36.

### Letters to the Editor

Dear Editor:

I think I may have a problem. I spent a lot of time, may be more than I should have, watching the Saga of Nancy and Tonya. In fact, I found myself doing "it" daily instead of other things, sometimes even while driving my car, operating machinery and using knives. I even came in late to work because I stayed up late watching it. Now that it's gone, I find myself thinking about it and being a little shaky, even to the point where others might notice that I'm still talking about it. I've even programmed my VCR for the upcoming world championships in the hopes someone may pull a double-gillooly instead of a triple-axle. Do you think I have a problem?

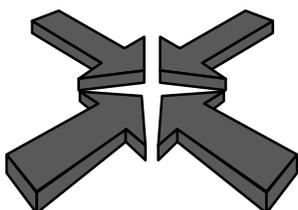
Clueless in America

Dear America:

CBS doesn't think so, but you're not so sure. You may not be ready for this but perhaps you'd like to consider alternatives. Some people have found short-track speed skating or World Federation Wrestling to be enjoyable alternatives.

The Editor

*(The Editor reserves the right to edit all letters to support his point of view).*



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