

# ICMI 2010



Swedish National Institute  
of **Public Health**

## ICMI 2

Second International Conference  
on Motivational Interviewing

STOCKHOLM, SWEDEN, 7–9 JUNE 2010

**PROGRAM AND ABSTRACT BOOK**





# CONTENTS

2	Introduction
4	Conference organization
6	Conference program
11	Abstracts
	Parallel Sessions I 11
	Parallel Sessions II 27
	Parallel Sessions III 43
	Parallel Sessions IV 57
	Parallel Sessions V 71
	Parallel Sessions VI 87
	Parallel Sessions VII 99
108	Posters
117	Abstract authors, ICMI 2

# INTRODUCTION

**THE SWEDISH NATIONAL** Institute of Public Health has the pleasure of hosting the Second International Conference on Motivational Interviewing in Stockholm in 2010. The conference is held in different countries every two years and was held for the first time in Switzerland in 2008. This year's conference, ICMI 2010, will welcome 400 participants from 25 countries. The conference will offer an interactive, stimulating meeting place for researchers, healthcare providers and other practicing professionals, as well as policymakers with an interest in behaviour change. The program features invited international speakers as well as submitted symposia, oral sessions, poster submissions and research – and practitioner-oriented workshops. It will provide an excellent venue for learning and sharing knowledge about Motivational Interviewing (MI) and related topics.

The conference is supported by Karolinska Institutet, the Swedish Prison and Probation Service, the Swedish National Board of Institutional Care and the Stockholm Centre for Dependency Disorders. The founders of MI, Professor Emeritus William R. Miller and Professor Stephen Rollnick, as well as the international Motivational Interviewing Network of Trainers (MINT), are also providing their support to the conference.

Motivational Interviewing is a collaborative, person-centred counselling method to elicit and strengthen motivation to change and is used today in many lifestyle areas, such as alcohol, drugs, tobacco, food, overweight, physical activity, gambling and high-risk sexual behaviour. In recent years, MI has spread to areas such as the stress management, self-care for chronic diseases and treatment compliance as well as the social services and criminal justice arenas. It is also worth noting that MI is now part of Karolinska Institutet's training program for cognitive-behavioral psychotherapists.

Sweden is at the forefront of the field with regard to training and implementation of Motivational Interviewing. Youth counselling centres, dental care, addiction care, social services and criminal justice institutions are implementing MI. Following government initiatives for major educational efforts within the scope of the Swedish National Institute of Public Health, the Risky Drinking Project and the School Mission have led to current use of MI by many professionals in primary care, occupational health services, maternity and child healthcare and student healthcare. This effort has contributed to behaviour change among general practitioners and district nurses, among whom over 50 per cent now discuss smoking, physical activity, weight, alcohol and stress with their patients. At Karolinska Institutet, a laboratory has been built up to offer services for MI quality assurance in various

clinical trials of MI. In parallel, the laboratory serves as a vital part of the training and maintenance of MI competence for practitioners in many areas.

It is our hope that the conference will contribute to stimulating ongoing and future research, and the practice and distribution of MI in Sweden and other countries.

Östersund, June 2010

*Sarah Wamala*

Director-General

Swedish National Institute of Public Health

# CONFERENCE ORGANIZATION

## Planning Committee

*Barbro Holm Ivarsson*, MSc, Independent Consultant, Stockholm (Chair)  
*Anne H Berman*, PhD, Karolinska Institutet, The Center for Dependency Disorders in Stockholm (Chair, Scientific Committee)  
*Astri Brandell Eklund*, MD, Swedish National Institute of Public Health  
*Lisen Sylwan*, Swedish National Institute of Public Health  
*Lars Forsberg*, PhD, Karolinska Institutet, The Center for Dependency Disorders in Stockholm  
*Asgeir R. Helgason*, PhD, Karolinska Institutet  
*Carl Åke Farbring*, MSc, Swedish Prison and Probation Service  
*Peter Wirbing*, The Center for Dependency Disorders in Stockholm  
*Erik Knifström*, MSW, Independent Consultant, Malmö  
*Paul Amrhein*, PhD, Columbia University, Montclair University, USA

## Scientific Committee

### Local

*Anne H Berman*, PhD, Karolinska Institutet, The Center for Dependency Disorders in Stockholm (Chair)  
*Astri Brandell Eklund*, MD (Coordinator, Clinical Practice Contributions), National Institute of Public Health  
*Carl Åke Farbring*, MSc (Plenarys), Swedish Prison and Probation Service  
*Lars Forsberg*, PhD (Workshops) Karolinska Institutet, The Center for Dependency Disorders in Stockholm  
*Asgeir R. Helgason*, PhD (Oral sessions) Karolinska Institutet, Reykjavik University  
*Erik Knifström*, MSW (Co-coordinator, Clinical Practice Contributions), Independent Consultant, Malmö

### International

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*Mary McMurran*, PhD University of Nottingham, UK  
*William R. Miller*, PhD University of New Mexico, Albuquerque, USA  
*Terri Moyers*, PhD University of New Mexico, Albuquerque, USA  
*Sylvie Naar-King*, PhD, University of Michigan, Detroit, USA  
*Steve Rollnick*, PhD, University of Wales, Cardiff, UK  
*Sune Rubak*, MD, PhD, University of Aarhus, Denmark  
*Mary Velasquez*, PhD, University of Texas, Austin, USA  
*Chris Wagner*, PhD, University of Virginia, USA  
*Carolina Yahne*, PhD, University of New Mexico, Albuquerque, USA

## Conference sponsors

Swedish National Institute of Public Health  
Karolinska Institutet  
Swedish Prison and Probation Service  
The Swedish National Board of Institutional Care  
The Center for Dependency Disorders in Stockholm

# CONFERENCE PROGRAM






## Information





Only presenters’ names are included in the program overview;  
co-authors’ names are printed in the abstract book.



The oral sessions are indicated by color:



- Basic MI
- Criminal justice / Substance abuse
- Health applications / New arenas

SUNDAY JUNE 6			
	Room Musiksal Floor 4	Room 361 Floor 3	Room 357 Floor 3
12.00–1.30 pm	Registration of participants for the pre-conference workshops		
1.30–9.00 pm	Registration of participants for the conference		
1.30–3.30 pm	Pre-conference workshops		
	What’s new since MI-2? Update on MI WR Miller & S Rollnick	MI in a Nutshell S Andrew	Learning How to Improve MI Practice using the MITI Coding System D Ernst & T Moyers
3.00–3.30 pm	Coffee and fruit		
3.30-5.30 pm	Pre-conference workshops		
5.30-9.30 pm	Get-together for participants who registered for it, and conference registra- tion		

MONDAY JUNE 7					
	Room Aula Floor 3	Room Musiksal Floor 4	Room 361 Floor 3	Room 357 Floor 3	Room 353 Floor 3
8.30– 10.00 am	Registration and coffee				
10.00 am –12.00 pm	<b>PLENARY</b> <b>Welcome</b> AH Berman & CÅ Farbring <b>What's new in MI?</b> WR Miller & S Rollnick <b>Meta-analytic MI effects</b> B Lundahl <b>MI treatment mechanisms</b> T Apodaca				
12.00– 1.00 pm	Lunch break				
1.00– 2.30 pm	<b>PARALLEL SESSIONS I</b>				
	<b>Workshop I</b> <b>Change talk</b> C Yahne	 <b>Oral session 1</b> <b>Randomized controlled MI trials</b> A Sogaard ABG Hansen H Josephson  <i>Facilitator:</i> T Moyers	 <b>Oral session 2</b> <b>Marginalized groups, motivation to change and MI</b> Å Eriksson I Karton L Nordén P Berge  <i>Facilitator:</i> D Ernst	 <b>Oral session 3</b> <b>Teaching MI to GPs and medical students</b> P Nilsen J-B Daeppen U Grueninger  <i>Facilitator:</i> C Näsholm	<b>Workshop II</b> <b>Using videos in MI training</b> R Demmel
2.30– 3.15 pm	Coffee break				
3.15– 4.45 pm	<b>PARALLEL SESSIONS II</b>				
	<b>Symposium A</b> <b>Equipoise: Is MI without a target behavior MI?</b> A Zuckoff WR Miller DB Rosengren C Wagner A Zuckoff	<b>Symposium B</b> <b>MI in life crisis situations: Death &amp; life talk</b> A Helgason E Knifström B Skulason  S Rollnick, discussant	 <b>Oral session 4</b> <b>Current challenges and issues in MI research</b> J McCambridge C McLouth C Dickinson  <i>Facilitator:</i> R Demmel	 <b>Oral Session 5</b> <b>MI and the family: Obesity and mental health</b> K Andersson K Brogan L Lindhe Söderlund  <i>Facilitator:</i> S Naar-King	<b>Workshop III</b> <b>Problem-based interviewing</b> M Campiñez S Novo
7.00– 9.00 pm	Conference Reception at the City Hall for participants who have registered for it				

TUESDAY JUNE 8					
	Room Aula Floor 3	Room Musiksal Floor 4	Room 361 Floor 3	Room 357 Floor 3	Room 353 Floor 3
9.00 – 10.15 am	Registration and coffee				
	<b>PLENARY</b> <b>Be careful what you hear: Influencing client language</b> T Moyers <b>MI on the organisational level</b> V Keller				
10.15– 10.45 am	Coffee break				
10.45 am– 12.15 pm	PARALLEL SESSIONS III				
	<b>Symposium C</b> <b>MI and psychotherapies</b> C Wagner K Ingersoll H Harai A Zuckoff	<b>Workshop IV</b> <b>10-step MI trainer</b> S Cole	 <b>Oral session 6</b> <b>Change talk – from brain to behavior</b> T Moyers J Gaume L Glynn <i>Facilitator:</i> C Yahne	 <b>Oral session 7</b> <b>MI in innovative contexts</b> MJ Murphy J de Jonge G Biondi <i>Facilitator:</i> GP Guelfi	<b>Workshop V</b> <b>The manipulative patient</b> G Horridge
12.15– 1.15 pm	Lunch break				
1.15– 2.45 pm	PARALLEL SESSIONS IV				
	<b>Symposium D</b> <b>MI for medical students</b> S Wegener  S Cole L Mistler AH Berman & A Brandell Eklund J-B Daepfen & C Fortini S Rollnick, discussant	<b>Workshop VI</b> <b>MI and Acceptance and Commitment Therapy (ACT)</b> C Cole	 <b>Oral session 8</b> <b>MI variables and their relation to outcome</b> L Ehrling H Lindqvist E-M Lønvig GP Guelfi <i>Facilitator:</i> J McCambridge	 <b>Oral Session 9</b> <b>Substance abuse, and MI</b> K Sundqvist M Farrall K Tolonen <i>Facilitator:</i> K Ingersoll	<b>Workshop VII</b> <b>MI and ethical issues</b> L Forsberg
2.45– 3.30 pm	Coffee break				




3.30– 5.00 pm	PARALLEL SESSIONS V				
	<b>Symposium E</b> <b>HIV-related behavior change and MI</b> S Naar-King J Parsons S Naar-King C Rongkavilit K Ingersoll  S Rollnick, discussant	<b>Workshop VIII</b> <b>3-phase model of MI for health behavior change</b> K Resnicow & M Greene	 <b>Oral session 10</b> <b>Teaching and learning MI</b> M Allicock K Marsh C Lane  <i>Facilitator:</i> <i>C Fortini</i>	 <b>Oral session 11</b> <b>MI in health care</b> A Søgaaard C Dickinson CL Lindhardt  <i>Facilitator:</i> <i>H Harai</i>	<b>Workshop IX</b> <b>Groups in prison</b> J Crawford S Paulsson K Ramberg  C Wagner, discussant
6.30– 9.30 pm	<b>Archipelago Boat tour with dinner</b> for participants who have registered for it				

WEDNESDAY JUNE 9					
	Room Aula Floor 3	Room Musiksal Floor 4	Room 361 Floor 3	Room 357 Floor 3	Room 353 Floor 3
8.15– 8.45 am	Optional meeting for participants with an interest in discussing ICMI 3. Room will be announced.				
9.00– 10.00 am	PLENARY Preparing challenging clients for treatment M McMurran				
10.00– 10.30 am	Coffee break				
10.30 am– 12.00 pm	PARALLEL SESSIONS VI				
	Symposium F Alcohol-E/ DUDIT-E: Ex- ploring motiva- tion to change AH Berman V Flygare P Lobmaier K Sinadinovic C Brisendal	Workshop X Web-based MI training J Elder A Recesso	 Oral session 12 Preventive issues in MI for adoles- cent populations M Mason J de Jonge E Lejelind  <i>Facilitator:</i> <i>S Naar-King</i>	Workshop XI Brief Action Planning in early phase II S Cole	
12.00– 1.00 pm	Lunch break				
1.00– 2.30 pm	PARALLEL SESSIONS VII				
	Symposium G Criminal justice M Hohman CÅ Farbring L Forsberg	Workshop XII Qualitative aspects of client exper- ience in MI M Farrall	 Oral session 13 The clinician's needs and per- spectives C Isenhardt D Catley K Green  <i>Facilitator:</i> <i>C Näsholm</i>	Workshop XIII Factors in imple- menting MI A Willander	
2.45– 3.15 pm	Closing session				
3.15 pm	Coffee				

ABSTRACTS

# PARALLEL SESSIONS I



MONDAY JUNE 7					
1.00– 2.30 pm	Room Aula Floor 3	Room Musiksal Floor 4	Room 361 Floor 3	Room 357 Floor 3	Room 353 Floor 3
	SESSIONS I				
	<b>Workshop I</b> <b>Change talk</b> C Yahne	 <b>Oral session 1</b> <b>Randomized controlled MI trials</b> A Søgaaard ABG Hansen H Josephson <i>Facilitator:</i> T Moyers	 <b>Oral session 2</b> <b>Marginalized groups, motivation to change and MI</b> Å Eriksson I Karton L Nordén P Berge <i>Facilitator:</i> D Ernst	 <b>Oral session 3</b> <b>Teaching MI to GPs and medical students</b> P Nilsen J-B Daeppen U Grueninger <i>Facilitator:</i> C Näsholm	<b>Workshop II</b> <b>Using videos in MI training</b> R Demmel

## WORKSHOP 1 – CHANGE TALK

Monday June 7, 1.00–2.30 pm, Room Aula, Floor 3

### Recognizing, Eliciting and Reinforcing Change Talk

**AUTHOR:** CAROLINA YAHNE

UNM CASAA (Retired), Albuquerque, New Mexico, USA

**WORKSHOP TOPIC:** Change talk refers to the client’s desire, ability, reason, or need to change a target behavior.

**METHODOLOGY:** Carolina will teach the topic by inviting participants to engage actively in change talk exercises.

The exercises may include “Change Talk Jeopardy”, “Drumming for Change”, “Change Talk Bingo”, Coding Change Talk, or Values Exploration. While examples of change talk will be in English, participants are encouraged to offer examples of how change talk may manifest in other languages as well.

**LEARNING OBJECTIVES:** Participants will use MI change talk skills to enhance their future clinical activities.

## Effect of “Motivational interviewing” on quality of care measures in screen detected Type-2-diabetes patients

### A one year follow-up of a RCT

**AUTHOR: SUNE RUBAK**

**PRESENTER: ANETTE SØGAARD**

Center for Medical Education, University of Aarhus  
Department of Paediatrics, University Hospital of Aarhus  
Odder, Denmark

**ADDITIONAL AUTHORS:** Sune Rubak<sup>(1,2)</sup>, Anneli Sandbæk<sup>(3)</sup>, Torsten Lauritzen<sup>(4)</sup>, Knut Borch-Johnsen<sup>(4,5)</sup> & Bo Christensen<sup>(3)</sup>

(1) Department of General Practice and Research Unit of General Medical Practice, Institute of Public Health, University of Aarhus, Aarhus,

(2) Department of Paediatrics, University Hospital of Aarhus, (3)Department of General Practice, Institute of Public Health, University of Aarhus, Aarhus,

(4) Steno Diabetes Centre, and

(5) The Faculty of Health Sciences, University of Aarhus, Aarhus, Denmark

**AIM:** To evaluate whether a course in MI for general practitioners (GPs) improves patient adherence to intensive treatment based on risk parameters and adherence to prescribed medication in people with type 2 diabetes detected by screening.

**METHOD:** A randomised controlled trial including 140 GPs and 628 type 2 diabetes patients. GPs were randomised to training in MI or not. Both groups received training in target-driven intensive treatment of Type-2-diabetes. The intervention consisted of a 1½-day residential course in MI with ½-day follow-ups twice during the first year. Blood samples, case record forms, national registry files and validated questionnaires from patients were obtained.

**RESULTS:** The response rate differences between 75% and 100% on data parameters. After one year significant improved metabolic status ( $p<0.01$ ) was achieved in both groups. Medication adherence was close to 100% within both treatment groups. There was no significant difference in metabolic status or medication adherence between the groups after one year. GPs in intervention-group did not use more than an average of 1.5 out of 3 possible MI-consultations.

**DISCUSSION:** The study showed significant improved metabolic status and excellent medication adherence after one year within both study groups. We found no effect of MI on metabolic status nor on adherence in people with screen detected Type-2-diabetes. An explanation may be that GPs in the control group may have

taken up core elements of MI, and that GPs trained in MI used less than 2 out of 3 planned MI-consultations. The results revealed that a large part of the patients in both groups had values (e.g. HbA1c, lipid-profile, blood pressure or BMI) that were, in fact, within the treatment goals from the beginning of the study. This left only little room for demonstrating an effect of MI due to the narrowness of the intervention field. The 5 year follow-up of this study will reveal if MI has an effect over a longer period.

## Brief Motivational Intervention in a Non-Treatment Seeking Population of Heavy Drinkers – a Randomized Controlled Trial

**AUTHOR:** ANDERS BLÆDEL GOTTLIEB HANSEN

National Institute of Public Health, University of Southern Denmark  
Center for Alcohol Research, Copenhagen K, Denmark

**ADDITIONAL AUTHORS:** Ulrik Becker\*, Anette Søgaard Nielsen\*, Morten Grønbæk\* & Janne Schurmann Tolstrup\*

\* Center for Alcohol Research, National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark

**BACKGROUND:** Heavy alcohol drinking has a significant impact on public health in most Western countries. Brief interventions are effective in decreasing alcohol consumption. In a Danish context, the feasibility and effectiveness of screening and subsequent brief intervention has been questioned.

**AIM:** To determine whether a brief motivational intervention resulted in lowering of self-reported alcohol use in a non-treatment seeking population of heavy drinkers.

**METHOD:** Before participating in a Danish Health Examination Survey study all participants completed a mailed questionnaire. Systematic screening of 12,364 adults led to inclusion of 772 heavy drinkers (defined as weekly alcohol consumption above the Danish safe drinking limits (168 grams of alcohol for women, 252 grams for men), who were randomized into a control (n=381) or an intervention (n=391) group.

The intervention consisted of a brief (approx. 10 minute) motivational intervention and two leaflets about alcohol. The control group received two leaflets about alcohol. Follow-up took place after 6/12 months on 670/612 persons. Outcome measure was self-reported reduction in alcohol consumption.

**RESULTS:** At 6 and 12 month follow-up, the difference in weekly alcohol use between the two groups was non-significant (1.4/0.8 standard drink,  $P=0.17$  /  $P=0.26$ ).

**DISCUSSION:** We found no evidence indicating that a brief motivational intervention could lead to a reduction in self-reported alcohol consumption.

## ORAL SESSION 1 – RANDOMIZED CONTROLLED MI TRIALS

Monday June 7, 1.00–2.30 pm, Room Musiksal, Floor 4

### Motivational interviewing versus cognitive behavioural group therapy in the treatment of problem- and pathological gambling: A randomized controlled trial

**AUTHOR: HENRIK JOSEPHSON**

Maria Ungdom-Stockholm and Karolinska Institutet, FORUM – Research Centre for Psycho-Social Health, Stockholm, Sweden

**ADDITIONAL AUTHORS:** Per Carlbring, Professor, Department of Psychology, Umeå University, Sweden, Jakob Jonsson, Clinical psychologist, Spelinstitutet, Stockholm, Sweden, Lars Forsberg, PhD, Department of Clinical neuroscience, Karolinska Institutet, Stockholm, Sweden

**BACKGROUND:** Pathological gambling is a widespread problem with major implications for society and the individual. There are effective treatments, but little is known about the relative effectiveness of different treatments. To test the effectiveness of motivational interviewing (MI) and cognitive behavioural group therapy (CBGT), the Swedish Public Health Institute started collaboration with an outpatient unit at Stockholm Dependency Centre.

**AIM:** The aim of this presentation is to describe the relative effectiveness of MI, CBGT and no treatment control, in the treatment of pathological gambling.

**METHOD:** A total of 127 primarily self-recruited patients suffering from problem gambling were randomized to 4 individual sessions of MI, 8 sessions of CBGT or a no treatment control. Gambling related measures derived from NORC DSM-IV Screen for gambling problems and time-line follow-back, as well as general levels of anxiety and depression was collected at baseline, post treatment, and at 6 and 12 months follow-ups.

**RESULTS:** Treatment showed superiority in some areas over the no treatment control in the short term, including the primary outcome measure. No differences were found between MI and CBGT at any point in time. Both MI and CBGT produced significant within-group decreases on most outcome measures up to the 12 month follow-up. However, there was a clear difference in the cost of treatments. MI was four times as cost-effective as the CBGT treatment.

**DISCUSSION:** Both forms of intervention are promising treatments, but MI as a short term individual treatment seems to be superior in terms of cost effectiveness.

## ORAL SESSION 2 – MARGINALIZED GROUPS, MOTIVATION TO CHANGE AND MI

Monday June 7, 1.00–2.30 pm, Room 361, Floor 3

### Problem insight and willingness to participate in treatment among the “triply troubled”

**AUTHOR:** ÅSA ERIKSSON, PHD

Karolinska Institutet, Dept of Clinical Neuroscience, Huddinge, Sweden

**ADDITIONAL AUTHORS:** Charlotte Alm, PhD, Karolinska Institutet, Anne H Berman, PhD, Karolinska Institutet, Clara H Gumpert, PhD, Karolinska Institutet, Tom Palmstierna, Associate Professor, Karolinska Institutet, Marianne Kristiansson, Senior Lecturer, Karolinska Institutet

**BACKGROUND:** Through Motivational Interviewing (MI) the clinician attempts to increase the client’s understanding of his or her problems and to increase the motivation to change. A further development would be to use MI among offenders with substance use problems and mental health problems, i.e., the “triply troubled”. A first step would be to explore their understanding of their current problem load and their willingness to participate in treatment.

**AIM:** The aim of the present study was to explore problem awareness and willingness to participate in treatment among the “triply troubled”.

**METHOD:** The present study consists of a subsample of participants from a large follow-up project who have currently been followed up at three occasions (n=32). They were interviewed with the ASI-6 and completed a semi-structured brief interview on insight, developed at Karolinska Institutet and designed for individuals with mental health problems and substance use problems.

**RESULTS:** Three distinct insight subgroups emerged: 1) denies problems, does not want help (n=6), 2) admits problems, does not want help (n=5), 3) admits problems, wants help (n=21). Participants’ own comments on the questions and quantitative data from the ASI-6 further validated the results. In total, six participants probably misclassified themselves.

**DISCUSSION:** The participants’ understanding of problems and willingness to seek treatment appeared to be fairly good. Individuals who despite problem recognition still are reluctant to seek treatment may benefit from MI. The Karolinska Institutet brief interview on insight into dual disorders may be of value in clinical and research settings.

## ORAL SESSION 2 – MARGINALIZED GROUPS, MOTIVATION TO CHANGE AND MI

Monday June 7, 1.00–2.30 pm, Room 361, Floor 3

### Motivational Interviewing and the Personality of Motivators in the Estonian Correctional System

**AUTHOR: INGA KARTON**

Estonian Public Service Academy, University of Tartu, College of Public Administration, Institute of Psychology, Tallinn/ Tartu, Estonia

**ADDITIONAL AUTHORS:** Sigrid Jalasto, Ms, Estonian Public Service Academy, College of Justice

**BACKGROUND:** MI is a useful skill in working with prisoners, but a skill alone does not work – it needs a worker as a tool for this job. One important thing that influences the effectiveness of the tool is the nature of the user, his/her personality.

**AIM:** The aim of the present study was to retest the previous study on the effectiveness of MI and to open the background of MI practitioners from the point of view of their personality aspects, by comparing those, who had undergone MI training with those who had not. We assumed that there may be some differences in the personality structure of the two groups.

**METHOD:** The study was conducted via the internet among all the Estonian correctional system workers. Among all the respondents the final sample consisted of 257 workers; 93 of them had undergone MI training and 164 had not. Participants received a three part questionnaire; the first two consisted of background data and eight questions about the outcomes of MI. The third part of the questionnaire consisted of the Estonian version of the International Personality Item Pool NEO (EPIP-NEO; Möttus, Pullmann, & Allik, 2006).

**RESULTS:** The conducted MI training was negatively correlated with the number of conflicts per day. The correctional workers, who had learned MI had a higher score in EPIP-NEO Agreeableness [ $F(1,154) = 4.86; p=.03$ ]. Agreeableness was also a predictor of the level of conflicts or acquiring MI.

**DISCUSSION:** People may have a set of skills, which emanate from their personality and probably their personality has an effect on the choices they make about learning new skills. Based on this research we may claim that more social correctional workers (with a higher level of Agreeableness) have fewer conflicts in their work life and they are more likely to acquire a useful set of communication skills such as MI.

## ORAL SESSION 2 – MARGINALIZED GROUPS, MOTIVATION TO CHANGE AND MI

Monday June 7, 1.00–2.30 pm, Room 361, Floor 3

### Risk behavior change with MI

**AUTHOR:** LILLEBIL NORDÉN, PHD

Karolinska Universitetssjukhuset, Infektionskliniken, Stockholm, Sweden

**ADDITIONAL AUTHORS:** Simon Steinmo, nurse, Mona Moore, nursing assistant, ward I54, Division of infectious diseases, Karolinska University Hospital.

**BACKGROUND:** A study conducted in the division of infectious diseases at Karolinska University Hospital in Huddinge pointed towards a risk behaviour regarding blood-borne infections among injecting drug users (Nordén & Lidman, 2005). The same study suggested individualized counselling as a way to reduce risk behaviour.

Ref: Nordén, L. & Lidman, C. (2005) Differentiated risk behaviour for HIV and hepatitis among injecting drug users (IDUs). *Scandinavian Journal of Infectious Diseases*, 2005; 37: 493–496.

**AIM:** To assist the patient to reduce their risk behavior, this is in order to prevent contracting or spreading a blood-borne infection by injection or sexual intercourse.

**METHOD:** Motivational Interviewing (MI) constituted as the basis for conversations between inpatients at I54 (a division of infectious diseases that specializes in drug addiction and abuse) and caregivers trained in MI. The conversations focuses on the patients' habits and knowledge concerning injecting drug-use, blood-borne infections and how to take steps to prevent them.

**RESULTS:** The project has not yet been fully evaluated.

Some impressions from the caregivers that have conducted the interviews are:

- The conversations have resulted in improved connection and trust between patient and caregiver.
- Knowledge about the specific habits and culture of this patient group has greatly improved among the caregivers.
- The patients have contemplated the risks of contracting/spreading a blood-borne infection and have shown interest in taking steps to change their behavior in a health-oriented direction.
- The patients have gained knowledge about blood-borne infections that hopefully also reaches other drug-users outside the clinic.

## ORAL SESSION 2 – MARGINALIZED GROUPS, MOTIVATION TO CHANGE AND MI

Monday June 7, 1.00–2.30 pm, Room 361, Floor 3

### MI in Swedish Prison and Probation service

**AUTHOR: PIA BERGE**

Swedish Prison and Probation Services, Stockholm, Sweden

**ADDITIONAL AUTHORS:** Jeanette Ymen Johansson, Helena Edberg, Anders Jönsson, Program leaders and BSF-supervisors

Pia Berge, Karin Ny Lind, Charlotte Rollsbj, National Program Trainers in MI and BSF

**BACKGROUND:** In 1998 The Swedish Prison and Probation Service started to implement Motivational Interviewing. Almost all staff participated in a 3-day workshop in MI during 2001–2007. In order to implement MI, to help practitioners to increase their skills in MI and to increase probability of influencing clients to change, a manual and a workbook were written and presented by Carl Åke Farbring and Pia Berge under the name BSF (Behavior – Interview – Change) 2003. This manual became an official program in Swedish Probation and Probation service. Since then selected practitioners are trained to be program leaders in BSF. Implementation is upheld by a network of peer review groups and a system for certification.

**AIM:** This oral presentation with a clinical practice focus will hopefully give you a picture of manual-based MI in a large national organisation such as the Swedish Prison and Probation service. There are pros and cons with BSF and things to improve. The presentation will describe clinical experiences, facts and results.

**METHOD:** Through the semi-structured program BSF the client is offered an interview with the goal to strengthen motivation to change. The program leader audio tape their sessions and get support in learning MI through feedback, coaching, peer support and training.

**RESULTS:** About 3000 clients participate in BSF every year. There are about 90 local peer review leaders. 2009 the Swedish Prison and Probation Services trained 160 program leaders. The program is undergoing evaluation.

**DISCUSSION:** Since 1998 the Swedish prison and probation service has worked with implementation of MI. We have achieved a lot and there are still things to improve e.g. manual-based MI, the quality of peer support groups etc.

## ORAL SESSION 3 – TEACHING MI TO GPS & MEDICAL STUDENTS

Monday June 7, 1.00–2.30 pm, Room 357, Floor 3

### A systematic review of motivational interviewing training for general health care practitioners

**AUTHOR: PER NILSEN**

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Lena Lindhe Söderlund, MD and PhD-student, Linköping University, Department of Medical Health Sciences, 581 83 Linköping, Sweden

**AIM:** This article systematically reviews empirical studies that have evaluated different aspects of motivational interviewing (MI) training for general health care professionals.

**METHOD:** Studies were obtained from several sources, including databases and the MI Network of Trainers Web site. To be included in the review, the training had to be focused on MI or adaptations of MI and be provided specifically for general health care practitioners for use in their regular face-to-face counselling. The training outcomes had to be linked to the MI training. Training content was categorized according to the eight stages for becoming competent in MI and training outcomes were classified into four levels.

**RESULTS:** Ten studies were found. Most studies were set in primary care. Physicians and nurses were the most common professional categories. MI was used for many issues, with diabetes being the most common. The median length of the training was 9 h. The most commonly addressed training components were basic MI skills, the MI spirit, recognizing and reinforcing change talk, and rolling with resistance. Most studies involved follow-up training sessions for longer time periods. The training had a significant effect on many aspects of the participants' daily practice. However, the studies were heterogeneous, which made it difficult to draw unambiguous conclusions regarding some aspects of the training.

The generally favourable training outcomes suggest that MI can be used to improve client communication and counselling concerning lifestyle-related issues in general health care.

## ORAL SESSION 3 – TEACHING MI TO GPS & MEDICAL STUDENTS

Monday June 7, 1.00–2.30 pm, Room 357, Floor 3

### Teaching Motivational Interviewing to Medical Students

**AUTHOR:** JEAN-BERNARD DAEPPEN

CTA, Community Medicine and Health, Lausanne, Switzerland

**BACKGROUND:** Scientific evidence for the efficacy of motivational interviewing (MI) assists Government agencies in recommending a generalization of the use of MI in medical practice. Research indicates there are barriers to implementing MI among physicians, thus the right time to start such training might be during medical school. A few studies suggested that medical students training improved MI skills, but no randomized controlled study addressed the effectiveness of such training.

**AIM:** To examine the effectiveness of MI training on medical students' skills in counselling patients to change health behaviors, such as smoking, excessive drinking, lack of exercise, and unhealthy diet.

**METHOD:** All 140 fourth-year students from Lausanne University Medical School will be randomized into an experimental and a control group. A week after the 8-hour training workshop of the experimental group, each of the 140 students will meet with two standardized patients during 15 minutes. Encounters will be tape-recorded and MI skills will be assessed using the Motivational Interviewing Treatment Integrity 3.0 (MITI). MITI scores of the experimental group will be compared to the scores of the control group. Students will also complete a questionnaire assessing personal characteristics, professional projects, and their perception of the importance of prevention in medical practice.

**RESULTS:** Analyses will be completed and available by May 2010. This study intends to demonstrate that a MI training workshop provides a MI beginning proficiency level to medical students. It will also specify how students' characteristics are associated with MI performance.

## ORAL SESSION 3 – TEACHING MI TO GPS & MEDICAL STUDENTS

Monday June 7, 1.00–2.30 pm, Room 357, Floor 3

### "Coaching for Health": Motivational Interviewing to facilitate health behavior counseling in primary care physicians' offices

**AUTHOR:** ULRICH GRUENINGER, M.D.

Swiss College of Primary Care Medicine (SCPCM), Bern, Switzerland

**ADDITIONAL AUTHORS:** Ruedi Hoesli, M.P.H. (SCPCM), Margareta Schmid, M.D. (SCPCM), Stefan Neuner, M.D., M.P.H. (SCPCM)

**BACKGROUND:** Health behavior is important for health outcomes. Health behavior counseling therefore has a potentially high impact upon the health of individuals. Physicians in primary care see most members of the population within behaviorally relevant intervals, and they are in a position to improve individuals' health. However, this potential is still vastly underutilized.

**AIM:** "Coaching for Health" was developed by the Swiss College of Primary Care Medicine to facilitate office-based counselling for health behaviors in prevention and health promotion, and also in clinical care.

**METHOD:**

"Coaching for Health" ...

- uses philosophy and tools from Motivational Interviewing to give the patient the active role and assign the physician the role of a coach, thus operationalizing concepts like empowerment, shared-decision-making and health-literacy.
- offers simple counselling algorithms to assist the patient in developing awareness and motivation for choosing a target behavior, preparing and implementing a personal health project.
- uses blended learning for physician training: self-assessment; self-guided learning through web-based resources; skills training (with MINT-trainers and standardized patients); self-awareness sessions; practice visits with on-site training; and expert supervision.

**RESULTS:** The program currently undergoes extended field-testing with formative and summative evaluation for acceptance, feasibility and resource use (12 months, 20 primary care offices, approx. 4000 patients; started november 2009); the starter-package focusses on nutrition, weight, physical activity, alcohol, tobacco and stress.

**DISCUSSION:** Compared to traditional medical practice, "Coaching for health" means a significant re-distribution of roles (and power) between patient and doctor. Motivational Interviewing facilitates this transition.

## WORKSHOP II – USING VIDEOS IN MI TRAINING

Monday June 7, 1.00–2.30 pm, Room 353, Floor 3

### Using Videos in MI Training

**AUTHOR: RALF DEMMEL**

Twelve years ago, Moyers, Miller and Rollnick created a series of six videotapes demonstrating the skilful practice of motivational interviewing. These videotapes have been proven to be extremely useful when training practitioners in the use of motivational interviewing. Since then, a number of additional training videos have been made available by researchers, trainers, and publishers. While some of these videos focus on the treatment of specific populations such as college drinkers and pregnant women, respectively, others provide a broader introduction to the theory and practice of motivational interviewing.



The purpose of the present workshop is to provide some examples of training videos and to suggest different ways to use these videos as an add-on to training workshops.



ABSTRACTS

# PARALLEL SESSIONS II



MONDAY JUNE 7					
	Room Aula Floor 3	Room Musiksal Floor 4	Room 361 Floor 3	Room 357 Floor 3	Room 353 Floor 3
3.15– 4.45 pm	PARALLEL SESSIONS II				
	<b>Symposium A</b> <b>Equipoise: Is MI without a target behavior MI?</b> A Zuckoff WR Miller D B Rosengren C Wagner A Zuckoff	<b>Symposium B</b> <b>MI in life crisis situations: Death &amp; life talk</b> A Helgason E Knifström B Skulason  S Rollnick, discussant	 <b>Oral session 4</b> <b>Current challenges and issues in MI research</b> J McCambridge C McLouth C Dickinson  <i>Facilitator:</i> <i>R Demmel</i>	 <b>Oral Session 5</b> <b>MI and the family: Obesity and mental health</b> K Andersson K Brogan L Lindhe Söderlund  <i>Facilitator:</i> <i>S Naar-King</i>	<b>Workshop III</b> <b>Problem-based interviewing</b> M Campiñez S Novo

SYMPOSIUM A – EQUIPOISE:  
IS MI WITHOUT A TARGET BEHAVIOR MI?

Monday June 7, 3.15–4.45 pm, Room Aula, Floor 3

## MI in Equipose: Is MI without a target behavior MI? Oxymoron or New Frontier?

**CHAIR: ALLAN ZUCKOFF**

University of Pittsburgh, Psychology and Psychiatry, Pittsburgh, USA

**BRIEF DISCUSSION OF SYMPOSIUM FOCUS:** Absent a directive or goal-oriented intention to enhance motivation for change, and the technical strategies designed to elicit and strengthen change talk in the service of this intention, motivational interviewing has been viewed by its developers as indistinguishable from client-centered counseling. Yet there persists a view that MI can make a unique contribution where the counselor is in equipose, or without intention to guide the client towards a particular behavioral outcome or specific resolution of ambivalence. We will present four papers exploring whether MI in equipose is a contradiction in terms or a valuable expansion of MI practice.

### **Presentation 1: Equipose and Equanimity in Motivational Interviewing**

*William R. Miller, PhD, Emeritus Distinguished Professor of Psychology and Psychiatry, The University of New Mexico, Albuquerque, NM, USA*

The spirit of MI bespeaks a kind of equanimity as a general characteristic of MI practice. This desirable counselor quality is quite distinct from the conscious choice of counselor aspiration: whether to strategically move toward a particular change target, or to intentionally maintain neutrality with regard to change goal (the latter being referred to as equipose). Both choices would involve equanimity, and both require intentional, conscious and skillful attention to the interpersonal dynamics of change talk that have been elucidated through the development of and research on MI.

### **Presentation 2: Splitting Hairs or Parsing Concepts, Fuzzy Thinking or Fuzzy Categories – Where Does MI End and Client-centered Therapy Begin?**

*David B. Rosengren, PhD, Director, Research and Evaluation Services, Prevention Research Institute, Lexington, KY, USA*

Can a practitioner remain neutral about a goal and still be practicing MI? Neither the definition nor the principles of MI have ever included identification of a specific behavioral goal by the clinician. A lack of data, a nascent theory of how MI works, fuzzy thinking and fuzzy categories contribute to confusion in the debate regarding the boundaries of MI. It is both possible and consistent with MI orthodoxy that

a practitioner could exemplify the two components of MI (spirit and techniques), elicit and reinforce change, and remain neutral about the outcome other than assisting the client in resolving ambivalence.

### **Presentation 3: Client-centered Direction: No Dichotomy, No Oxymoron**

*Christopher C. Wagner, PhD, Associate Professor of Rehabilitation Counseling, Virginia Commonwealth University, Richmond, VA, USA*

Change is broader than behavior, and often starts before a goal or plan is conceived, with clients first opening up to the vague possibility of betterness. Collaboration is a hallmark of MI spirit, and therapeutic direction can be developed collaboratively in MI through the process of evoking client values, desires, needs, hopes, and goals. Counselors may initially aspire to help clients find better lives, and narrow the focus to discrete change goals when specific client behaviors are collaboratively identified as obstacles to achieving a better life, or when absence of behaviors is identified as inhibiting progress toward it.

### **Presentation 4: Research on MI in Equipoise: The Case of Living Organ Donation**

*Allan Zuckoff, PhD, Lecturer in Psychology and Psychiatry, University of Pittsburgh, Pittsburgh, PA, USA*

Residual ambivalence prior to live organ donation has been shown to predict worse physical and psychological outcomes for the donor following surgery. We are studying whether MI can help individuals who have agreed to become living organ donors to resolve residual ambivalence about their decision. In this situation, ethical practice demands that the counselor take up a stance of equipoise, equally welcoming of strengthened resolve to donate or a decision not to do so. This paper will describe our adaptations of MI for this unique application and our initial observations of MI in equipoise with living organ donors.

## SYMPOSIUM B – MI IN LIFE CRISIS SITUATIONS: DEATH & LIFE TALK

Monday June 7, 3.15–4.45 pm, Room Musiksal, Floor 4

### MI inspired methods in life crisis situations – “death talk”–“life-talk”

**CHAIR: ASGEIR HELGASON**

**MODERATOR: STEPHEN ROLLNICK**

**SYMPOSIUM AIM:** To assess the applicability of MI inspired methods in clinical work with dying people and clinic based suicide prevention.

#### **Presentation 1: Evocating “death talk” in palliative care**

*Bragi Skulason, PhD-student, Reykjavik University, School of Education and Public Health, Reykjavik, Iceland (presenting author), Asgeir R. Helgason*

**BACKGROUND:** It is important for most dying patients to know that the health care personnel is comfortable talking about death and dying. The aim of the present project was to assess to what extent a simple MI inspired intervention may enhance the prevalence of “death talk”.

**STUDY POPULATION:** The study population comprised all patients receiving palliative care at the University Hospital in Reykjavík, Iceland during 2006–2008, being attended by one of the authors (BS).

**RESULTS:** During the data collection period a total of 195 interviews meeting the inclusion criteria were conducted by BS at the University Hospital, comprising 114 men and 81 women. The majority of the women 80%, initiated death talk with chaplain, compared with 30% of the men. The intervention enhanced death talk to approximately 65% for the men and 90% for the women.

**CONCLUSIONS:** The prevalence of death talk may be significantly increased and gender differences reduced by using simple MI inspired evocation methods.

#### **Presentation 2: The evocation of “life-talk” with suicidal individuals.**

*Erik Knifström, BAB Konsult, Malmö, Sweden*

**BACKGROUND:** A challenge to clinicians is how to talk with individuals with suicidal thoughts and/or suicidal attempts that make them to choose life instead of death.

**AIM:** The aim is to see if the use of MI can improve clinical work with this population and guide them to verbalize statements for life and increasing hope for their future.

**METHOD:** Data was retrieved from the literature of treatment of suicidal behavior and the literature of MI. Moreover, a content analysis was applied to identify which kind of MI-skills stimulates life talk with suicidal individuals.

**RESULTS:** The presentation will describe a clinical case example with a suicidal individual and, with using specific MI-skills show how the clinician can guide a suicidal individual from verbalizing Death Talk to Life Talk in a brief intervention. Also, it will show how the research of client language in other areas can give a greater understanding and improve the clinical work with this population.

**CONCLUSIONS:** The application of MI in treatment of suicidal behavior could reduce risk of further self-harm. However, more studies are needed to demonstrate the efficacy of MI with suicidal individuals.

## ORAL SESSION 4 – CURRENT CHALLENGES AND ISSUES IN MI RESEARCH

Monday June 7, 3.15–4.45 pm, Room 361, Floor 3

### Does research participation motivate behaviour change and does it matter if it does?

**AUTHOR:** JIM MCCAMBRIDGE

LSHTM, Public Health & Policy, London, UK

**BACKGROUND:** Randomised controlled trials are central to the evidence-base on the effectiveness of Motivational Interviewing (MI). Concerns have emerged about how people actually behave in behaviour change trials and whether they may “react” to being studied.

**AIM:** To evaluate the potential for inadvertent effects of trial design and conduct which may impact on participants and introduce bias, in part through the application of MI perspectives on behaviour change.

**METHOD:** Participation in a MI trial involves a sequence of interpersonal contacts and activities. Existing evidence on research reactivity will be summarised. A research participant centred view of the potential for unintended influence on behaviour will be elaborated to generate new hypotheses.

**RESULTS:** In the alcohol field “assessment reactivity” has been the subject of 9 trials and a systematic review and this phenomenon has also been actively studied recently within health psychology. Other parts of the research process may also influence thinking and behaviour. You are invited to consider what is involved for someone to take part in a MI trial. What impact might being invited to participate in a study to change your behaviour have on you if you were ambivalent about it? What about agreeing to allow chance to decide what actually happens to you? Signing a form making a series of commitments, including to repeatedly provide personal and sensitive information? And this is only the beginning...

**DISCUSSION:** Possible implications for the interpretation of the existing literature on effectiveness and for the design of future MI trials will be explored.

## ORAL SESSION 4 – CURRENT CHALLENGES AND ISSUES IN MI RESEARCH

Monday June 7, 3.15–4.45 pm, Room 361, Floor 3

### Increasing follow up response rates of substance abuse therapists in a randomized controlled trial of motivational interviewing training

**AUTHOR:** CHRISTOPHER MCLOUTH

University of New Mexico, Center on Alcoholism, Substance Abuse, and Addictions, Albuquerque, United States

**ADDITIONAL AUTHOR:** Theresa B Moyers, Ph.D., University of New Mexico CASAA

**BACKGROUND:** As empirically based treatments have become more widely used, interest regarding the best methods to disseminate these treatments to substance abuse counselors has increased. Recent randomized controlled trials (RCT's) to investigate methods for training clinicians in motivational interviewing have yielded encouraging findings. Studies have shown that counselors typically improve MI skills modestly after workshop training and that improvement is enhanced with training enrichments such as coaching calls and objective review of work samples (e.g. coding of session tapes with objective behavioral observation). One methodological flaw apparent in this line of research is the poor follow-up rate for counselor work samples after initial training. Follow-up rates range from 27–72%, diminishing with the number of months after training. Low follow up rates make conclusions about the duration of training effects problematic and lessen the dissemination value of these complex research projects.

**AIM:** This paper focuses on Project ELICIT, a NIDA funded study to train substance counselors using two different methods of learning motivational interviewing. We describe strategies for increasing follow up rates in two different groups of counselors trained identically but one year apart.

**METHOD:** For counselors trained in the second year (WAVE 2) of the project, the following methods for increasing follow up rates were instituted: 1) all counselors received a personal call from the PI emphasizing the importance of the follow up work samples at the time of enrollment in the research project; 2) reminder letters were mailed prior to the due date; 3) research assistants made personal contact with the counselors during the training to establish a relationship prior to follow up due dates; 4) magnets including the project name and contact number were given to the counselors as a reminder of their participation in the study; 5) individual research assistants were assigned to specific counselors for consistent follow up contact; and 6) incentives were used to motivate research assistants to gather late tapes once the deadline for submission had passed.

**RESULTS:** We are currently gathering data for WAVE 2 and plan comparison with WAVE 1 to assess the impact of these procedures on the rate of return for work samples.

**DISCUSSION:** We will focus on the value of these findings to increase the scientific value of dissemination research in motivational interviewing, as well as other empirically-based treatments. Our discussion will fit within the larger context of other research findings regarding the training of therapists in motivational interviewing.

## ORAL SESSION 4 – CURRENT CHALLENGES AND ISSUES IN MI RESEARCH

Monday June 7, 3.15–4.45 pm, Room 361, Floor 3

### Using Motivational Interviewing to Understand the Motives of Doping in Sport

**AUTHOR:** Corrine Dickinson

James Cook University, School of Medicine and Dentistry, Townsville, Australia

**ADDITIONAL AUTHORS:** Dickinson, C. W. & Quirk, F. H., James Cook University

**BACKGROUND:** Very little research has explored the motivation of athletes engaging in doping behaviour. Health psychology theories of behaviour change and techniques that explore motivations and decisions involved with behaviour change may be useful to guide doping in sport research.

**AIM:** Constructs relevant to both the Health Action Process Approach (HAPA) and Motivational Interviewing (MI), such as ambivalence, outcome expectancies, and self-efficacy were explored in identifying issues surrounding compliance and non compliance with anti-doping policy.

**METHOD:** Participants (n=234) were provided with scenarios about an athlete and asked to rate components of motivation for how willing, able, and ready they believed the athlete was to use a performance enhancing drug or method (PED), and to identify on a decisional balance sheet (DBS) the advantages and disadvantages for athletes of complying or not complying with anti-doping policy.

**RESULTS:** Motivation ratings revealed multiple factors that were believed to influence athlete's doping behaviour, including previous PED use or recreational drug use, awareness of others using PEDs, and when chance of team selection is unknown. DBS results revealed that being healthy and achieving success based on personal skill or merit were advantages for not using PEDs; achieving greater success and gaining an edge over other competitors were advantages for using PEDs; and the fear of being caught and negative consequences involved were disadvantages of using PEDs.

**DISCUSSION:** A novel application of MI has identified factors that may be involved in doping decisions. More targeted research and programs that address motivation for doping in sport should eventuate.

## ORAL SESSION 5 – MI AND THE FAMILY:

### OBESITY AND MENTAL HEALTH

Monday June 7, 3.15–4.45 pm, Room 357, Floor 3

## Motivational interviewing as treatment in sessions with obese children and their parents

**AUTHOR: KARIN ANDERSSON**

Angereds Närsjukhus, Barn och ungdomsspecialistcentrum, Göteborg, Sweden

**BACKGROUND:** In treatment of child obesity, motivated parents and children are necessary. This study is about motivating interviewing as a method in meetings with overweight / obese children and their parents in Sweden. The family is called for an initial mapping to a team consisting of a doctor, a nurse and a psychologist. During the meeting with the family the team discuss the family's motivation and attitude toward child's obesity using the method, motivational interviewing. The family decides whether they are motivated to start a treatment or not. Those who are motivated will sign a contract saying they are obliged to participate in treatment sessions. Those families that are unmotivated or deny treatment will be called after six months to evaluate if they are more motivated or can be motivated again.

**AIM:** To describe the family's attitude toward motivation and participation in treatment of child overweight/ obesity.

**METHOD:** Four individuals were interviewed in our pilotstudy and the data is analyzed through a phenomenografic method.

**RESULTS:** The results show that parents and children have many valuable views on the participation and motivation which may be used by health professionals during treatment sessions. Many of the families have tried various treatments such as diets without achieving any success in the past. They desired support from the staff to find new methods.

**DISCUSSION:** Motivation and opportunity to be involved in the treatment process is important for parents and teenagers. They described that without motivation, they did not think that the treatment would produce results.

## ORAL SESSION 5 – MI AND THE FAMILY:

### OBESITY AND MENTAL HEALTH

Monday June 7, 3.15–4.45 pm, Room 357, Floor 3

## Development of a motivational enhancement program for weight loss targeting African American adolescents and their primary caregiver

**AUTHOR:** KATHRYN BROGAN, RN, PH.D.

Wayne State University School of Medicine

Carman and Ann Adams Department of Pediatrics, Detroit, USA

**ADDITIONAL AUTHORS:** Karen MacDonell, Ph.D.; Sylvie Naar-King, Ph.D.; Deborah Ellis, Ph.D., Robert Kender, LLP, MA (also all Wayne State University School of Medicine, Pediatrics)

**BACKGROUND:** Pediatric obesity is an issue in developed countries and has higher prevalence in African American adolescents (AAA) in the US. Motivational Interviewing (MI) has been used successfully in this age group for treatment of health behaviors. The inclusion of a parent in treatment may help to improve adolescent weight outcomes by addressing the family behaviors (social ecological theory); however few studies have described this combination using an MI approach. Use of a registered dietitian (RD) offers realistic delivery in a clinic-based setting

**AIM:** To adapt an individual motivational enhancement therapy manual originally targeting HIV health behaviors in AA youth to address motivation for weight loss among obese AAA and their primary caregiver (CG).

**METHOD:** Five obese AAA (BMI = 95th%tile) and their CG enrolled in a feasibility study for weight management. Four sessions (S1-S4) over 3 months was administered by a RD trained by a MINT member

**RESULTS:** S1 and S2 discussed nutrition or physical activity, per AAA preference, with movement toward a formal change plan. AAA and CG worked separately with the RD during S1 and S2 to address motivation around weight loss and AAA autonomy. S3 and S4 included elements of family education interests and adjustment of change plans. AAA time alone was kept in all sessions, however when the relationship allowed, CG time alone was eliminated. All sessions ended with AAA and CG together. Four of the five families attended all sessions.

**DISCUSSION:** Analyses of post-treatment variables and client satisfaction from pilot RCT are underway.

## ORAL SESSION 5 – MI AND THE FAMILY:

### OBESITY AND MENTAL HEALTH

Monday June 7, 3.15–4.45 pm, Room 357, Floor 3

## Applying Motivational Interviewing in Counselling Obese and Overweight Children and Parents in Swedish Child Health Care

**AUTHOR:** LENA LINDHE SÖDERLUND

Linköpings University, Department of Medical Health Sciences, Linköping, Sweden

**ADDITIONAL AUTHORS:** Janna Malmsten, Master of Public Health, Linköping University, Department of Medical Health Sciences, 581 83 Linköping, Sweden, Preben Bendtsen, Professor, Linköping University, Department of Medical Health Sciences, 581 83 Linköping, Sweden, Anna-Karin Schöld, Master of Public Health, Landstinget i Östergötland, Närsjukvårdens FOU-enhet, Linköping, Sweden, Per Nilsen, Associate Professor, Linköping University, Department of Medical Health Sciences, 581 83 Linköping, Sweden

**BACKGROUND:** Sweden has a comprehensive system of public child health care (part of primary health care), which reach almost all children in early years, providing a chance to detect and intervene with pediatric overweight and obesity early. Motivational Interviewing (MI) has emerged as a communication style to support many types of behaviour changes.

**AIM:** The aim of this paper was to evaluate how an MI training course for child health care nurses influenced their work with pediatric overweight and obesity issues, with regard to the nurses' use of MI in clinical practice, their attitudes to MI, and their self-rated ability to influence children's weight.

**METHOD:** Eighty-nine nurses who had participated in the MI training course were approached one year after the course (which was held in 2008) to answer a telephone-administered questionnaire. The response rate was 82%.

**RESULTS:** The nurses' attitudes to MI were positive, especially regarding their perception of MI being consistent with their values and being better than traditional advice-giving approaches. Nearly half of the nurses had changed their discussions regarding pediatric weight issues one year after the course. The nurses perceived support from their colleagues and the leadership and felt that they had sufficient time to use MI. Most nurses believed their ability to influence children's weight was "good", yet there were no statistically significant associations between this ability and any of the other study variables.

**CONCLUSION:** MI training can substantially impact child health care nurses' clinical work with pediatric weight issues.

## WORKSHOP III – PROBLEM-BASED INTERVIEWING METHODOLOGIES

Monday June 7, 3.15–4.45 pm, Room 353, Floor 3

### Using Problem Based Interviewing to give feedback in MI

**AUTHOR: MANUEL CAMPINEZ**

Spanish society of family physicians communication and health group,  
Barcelona, Spain

**ADDITIONAL AUTHORS:** Jesús Manuel Novo Rodríguez. Family physician. Member of the Spanish family physicians society and the communication and health group (conductor of the group in Galicia).

**WORKSHOP TOPIC:** We will describe and teach the Problem Based Interviewing (PBI) methodology, that we have widely used for a long time to give feedback to health professionals by analyzing a videotape of a clinical interaction. In these sessions, a colleague brings to a small group of other professionals a videotape recording of a consultation (usually, though, we have also analyzed other settings, like the process of teaching, for example).

We start by remembering the rules of participation (we'll talk about communication facts only – unless the colleague wants to receive feedback about a clinical issue-, in a constructive manner, and with the control of a moderator who conducts the interventions in a certain way). Then the person who brings the tape explains his agenda (he asks the group for help in a specific task or with an specific problem he has had in this consultation), and the group helps him to establish it. We go through the watching of the tape and stop it whenever a person in the group wants to point at something that has happened, giving the option first to talk to the person who brings the tape and helping him all the way, and finally the conductor makes a summary of the things we have learned in the process.

**WORKSHOP METHODOLOGY:** As we may find people who have never heard of the PBI methodology along together with people who may be experienced in PBI and want to learn how to conduct a group, we want to offer the possibility of learning “how it works” and “how to teach it” together.

To do this, we will follow the same structure as if we were in an usual PBI session, but when the teacher sees a learning topic he will stop the session with an specifically taught signal (like putting on and taking off a hat) and tell the group now it's time for teaching instead of conducting and will ask the group what has been going on in the group and why has the conductor acted as he has acted, what has he been asking and why, how can it help in the process of learning, maybe giving a “theory pill”, etcetera, so that the group can find out why the conductor acts as he acts and what his teaching purpose is.



**LEARNING OBJECTIVES:** The objectives would be, then, on one hand that the learners “live” a PBI session and learn MI while giving feedback to a colleague. On the other hand, that they learn how to conduct a group so that they can reproduce the process of a PBI session in their own settings.



ABSTRACTS

# PARALLEL SESSIONS III



TUESDAY JUNE 8					
	Room Aula Floor 3	Room Musiksal Floor 4	Room 361 Floor 3	Room 357 Floor 3	Room 353 Floor 3
10.45 am– 12.15 pm	PARALLEL SESSIONS III				
	<b>Symposium C</b> <b>MI and psycho-</b> <b>therapies</b> C Wagner K Ingersoll H Harai A Zuckoff	<b>Workshop IV</b> <b>10-step MI</b> <b>trainer</b> S Cole	 <b>Oral session 6</b> <b>Change talk –</b> <b>from brain to</b> <b>behavior</b> T Moyers J Gaume L Glynn <i>Facilitator:</i> C Yahne	 <b>Oral session 7</b> <b>MI in innova-</b> <b>tive contexts</b> MJ Murphy J de Jonge G Biondi <i>Facilitator:</i> GP Guelfi	<b>Workshop V</b> <b>The manipula-</b> <b>tive patient</b> G Horridge

## SYMPOSIUM C – MI AND PSYCHOTHERAPIES

Tuesday June 8, 10.45 am–12.15 pm, Room Aula, Floor 3

### Intra- and interrelated meta-issues concerning MI itself and other therapies and theories

**CHAIR: CHRIS WAGNER**

Virginia Commonwealth University, Rehabilitation Counseling, Richmond, VA, USA

**CO-PRESENTERS:** Christopher C. Wagner, PhD, Associate Professor of Rehabilitation Counseling, Virginia Commonwealth University, Richmond, VA, USA

Karen Ingersoll, PhD, University of Virginia, Psychiatry and Neurobehavioral Sciences, Charlottesville, VA, USA

Hiroaki Harai, MD, Nagoya Mental Clinic, Kikuchi National Mental Hospital, Psychiatry, Nagoya, Japan.

#### **Presentation 1: Treatment Processes within Seven Brief Therapies for Addiction**

*Christopher C. Wagner, PhD, Associate Professor of Rehabilitation Counseling, Virginia Commonwealth University, Richmond, VA, USA*

**BACKGROUND:** Most treatments for addiction yield similar good outcomes when carefully delivered. However, it is unclear to what extent treatment processes are common or unique among treatments for addiction.

**AIM:** The purpose of this study was to compare treatment processes within different psychological therapies for addiction.

**METHOD:** We evaluated seven sessions of master therapists in the videotape series “Brief Therapies for Addictions.” Therapies included Motivational Interviewing, Cognitive, Harm Reduction, Stages of Change, Reality, 12-Step Facilitation, and Solution Focused. Videos were rated by five coders with high inter-rater reliability on a coding system that included measures developed in the Motivational Interviewing (MI), Psychotherapy, and Interpersonal fields. Coders rated each session across two passes. First pass measures included items from the MITI-3, MISC-2, Psychotherapy Q Sort, MI Traps checklist, MISTS, and Checklist of Psychotherapy Transactions. Second pass measures included items that represented best practice of each treatment, drawn from the Yale Adherence and Competence Scales and expert-generated checklists. Client ratings included cooperation, disclosure, engagement, client benefit and client change talk including importance, confidence/ability, commitment, and taking steps.

**RESULTS:** Therapist behaviors varied considerably across the seven therapy approaches. Reflective listening was the predominant communication method in MI, while questioning was the most common method in all other therapies. Client self exploration was high in MI, Cognitive, Stages of change, and Solution Focused therapies. Direction was highest in Reality, Solution Focused, and Cognitive therapies. Empathy was higher in MI than other approaches. Treatments differed in their interpersonal behaviors, with MI characterized by therapist affiliation, Reality therapy characterized by therapist dominance, and the remaining approaches characterized by a mix of affiliation and dominance.

**DISCUSSION:** Expert demonstration videotapes differed across therapeutic approaches. These differences could be explored further as potential mediators of outcome in clinical samples.

## **Presentation 2: Relational and Technical Processes of MI, Cognitive, and Client-Centered Therapies in Demonstration Videos**

*Karen Ingersoll, PhD, University of Virginia, Psychiatry and Neurobehavioral Sciences, Charlottesville, VA, USA*

**BACKGROUND:** MI fosters change with fewer sessions than other evidence-based treatments. MI and client-centered therapy share a humanistic perspective and techniques such as reflective listening. MI and cognitive therapy emphasize providing direction and strategies such as change planning. Recently Miller & Rose (2009) conceptualized MI as having a relational element, including MI spirit and empathy, and a technical element, including specific techniques and strategies. How much does MI share these qualities with other approaches?

**AIM:** The purpose of this study was to compare the relational and technical processes of Motivational Interviewing (MI), Cognitive Therapy (CT), and Client-Centered Therapy as shown on demonstration videotapes recorded by “master” therapists using a set of reliable and validated coding measures from the MI, psychotherapy, and interpersonal fields.

**METHOD:** We coded a complete demonstration video of a single session for each treatment. Therapists were Carl Rogers (Client-centered), Bill Miller (MI), and Judith Beck (Cognitive Therapy). Five coders achieved good inter-rater reliability on reliable instruments. Coders measured MI fidelity, therapist behaviors, traps, strategies, and client participation, change talk, time orientation, problem focus characteristic psychotherapy qset items, and interpersonal behaviors.

**RESULTS:** As predicted, MI fell between client centered and cognitive therapy on MI Spirit, Direction, Empathy, and Client Self-exploration, and on specific ratios of therapist behaviors such as reflection to question. The 3 treatments differed in the patterns of PQS rankings. Therapists using these three techniques differed on the Interpersonal Circumplex, with Client-centered the warmest and most submissive,

MI warm and neutral in dominance/submission, and Cognitive warm and dominant.

**DISCUSSION:** These findings provide evidence that MI is distinct from CT and Client Centered therapy and for the hypothesis that MI is more directive than Client Centered and more empathic than Cognitive therapy. The integration of relational and technical processes in MI may represent a unique combination responsible for its robust findings. Attention to interpersonal constructs can deepen an understanding of relational processes in treatment.

### **Presentation 3: Functional analysis of MI: Contributions of modern learning theories**

*Hiroaki Harai, MD, Nagoya Mental Clinic, Kikuchi National Mental Hospital, Psychiatry, Nagoya, Japan.*

**BACKGROUND:** Though, MI was originated from the efficacy studies of behavior therapy (BT) for addictive disorders and it is common for practitioners to use both MI and BT concurrently, little attention has been paid to the theoretical link between MI and BT. Recent advances of the application of modern learning theories, rule governance and choice and behavior momentum in particular, make it feasible to re-conceptualize MI as one of BT.

**AIM:** Searching for possibilities of re-conceptualizing MI.

**Method:** The subjects were a client with generalized anxiety disorder and a behavior therapist with MI skills. A session in which the client changed her attitude to her worries was analyzed with two methods; MISC coding and functional analysis of verbal behavior. For the latter analysis, we developed a new coding tool based on modern learning theories.

**RESULTS:** Both analyses explain well the change in the client's attitude and the contribution of the therapist's counseling style. Open questions functioned as free operant procedure. Repeated reflective listening to sustain talk functioned as exposure to verbal cues for apprehension. Summaries functioned as time out or selective non-responding to non-desired verbal behavior, worries in particular.

**DISCUSSION:** It is possible to re-conceptualize MI in the framework of modern learning theories. This new view of MI may enable researchers to establish better coding tools and training methods. At the same time, unfamiliarity with the terminology of learning theories might hamper their usefulness.

### **Presentation 4: The Phenomenology of Motivational Interviewing**

*Allan Zuckoff, University of Pittsburgh, Psychology and Psychiatry, Pittsburgh, USA*

**BACKGROUND:** The efficacy of motivational interviewing and the processes through which it achieves its desired outcomes have been investigated using positivistic, quantitative methodologies almost exclusively. While the resultant body of research

amply demonstrates the capacity of MI to facilitate behavior change and elucidates a limited number of its presumptive mechanisms of action, a comprehensive, empirically grounded theoretical account as to why MI is effective and how it exerts its effects remains to be articulated.

**AIM:** To utilize the empirical and theoretical tools of existential phenomenology to further the development of an understanding of the nature and effects of MI.

**METHOD:** A qualitative study of MI in the context of HIV risk reduction in men who have sex with men was conducted, employing empirical-phenomenological analysis of participants' descriptions of their experience of MI upon listening to an audio recording of their MI session. Implications of this analysis for the theory and practice of MI are explored in the context of an existential framework.

**RESULTS:** Essential constituents of MI are revealed to include the rapid establishment of psychological safety and the exploration of the focal behavior in the context of participants' central life dilemma. Facilitation of these constituents was found to result in experiences of healing validation, enhanced self-acceptance, and explicit appropriation of lived intentions and choices.

**DISCUSSION:** Existential constructs including free will, human finitude, and life projects as the ground against which any specific ambivalence must be resolved provide a theoretical basis for understanding the process and effectiveness of MI.

## WORKSHOP IV – 10-STEP MI TRAINER

Tuesday June 8, 10.45 am–12.15 pm, Room Musiksai, Floor 4

### Teaching with Role-Play: A 10-Step “Train-the-Trainer” Structured Approach

**AUTHOR: STEVEN COLE**

Stony Brook University Medical Center, Psychiatry, Stony Brook, USA

**WORKSHOP TOPIC:** This intermediate-to-advanced workshop presents, demonstrates, and offers participants the opportunity to practice (with feedback) a 10-step structured approach for teaching with role play. Role-play offers a uniquely versatile tool that is often under- or inadequately utilized in communication skills training programs. This 10-step structured approach was first published in Lipkin M et al: *The Medical Interview*, 1993 and has been utilized in train-the-trainer programs and academic meetings in the US and internationalTly (Switzerland, China, Amsterdam, Chile).

**WORKSHOP METHODOLOGY:** This workshop represents a repeat with revisions of a successful workshop presented at the First International Conference on Motivational Interviewing in Interlaken, Switzerland in 2008. Each step of the 10-Step Approach will be explained and demonstrated using micro-counseling MI skills selected by participants. After each demonstration, the process will be discussed in the group as a whole. Participants will practice using the 10-Step Approach in a fishbowl, followed by small group practice with peers. Emphasis will be placed on how to give feedback along with how to provide trainees opportunities for re-practice until mastery.

**LEARNING OBJECTIVES:** At the conclusion of this workshop, participants will be able to:

1. Describe the 10-Step Structured Approach to Teaching with Role-Play;
2. Explain the theory of effective feedback and the importance of providing opportunities for immediate re-practice; and
3. Flexibly utilize the 10-Step Approach to “Train-the-Trainer”

## ORAL SESSION 6 – CHANGE TALK – FROM BRAIN TO BEHAVIOR

Tuesday June 8, 10.45 am–12.15 pm, Room 361, Floor 3

### Brain activity underlying change talk in motivational interviewing

**AUTHOR:** JON HOUCK, **PRESENTER:** THERESA B. MOYERS

University of New Mexico, Center on Alcoholism, Substance Abuse, and Addictions, Albuquerque, NM 87106

**ADDITIONAL AUTHORS:** Theresa B. Moyers, University of New Mexico CASAA, Claudia D. Tesche, University of New Mexico CASAA

**BACKGROUND:** Within psychotherapy, little study has been made of the neural processes underlying successful talk therapies. Those studies that have evaluated talk therapies have generally not evaluated the processes that occur during the therapy session itself. As an empirically supported treatment for substance abuse, motivational interviewing (MI) is a strong candidate for such a study. A growing body of evidence indicates support for a specific mechanism of action, change talk, in MI.

**AIM:** The present study is a preliminary exploration of the brain activity underlying participants' perception of their own change talk from an MI session using magnetoencephalography (MEG), a technique that uses superconducting sensors to infer the timing and location of electrical activity within the brain.

**METHOD:** Participants were individuals who expressed ambivalence about their substance use. This dataset is a subset of the planned sample for this study, which is ongoing. Each participant had a recorded MI session with a licensed psychologist. The precise time of each change talk and counter-change talk utterance was noted, and these utterances were extracted from the recording. During the MEG scan approximately 200 repetitions of each utterance type were presented in a random order with a random inter-trial interval. Brain activity was measured using a 306-channel whole-cortex MEG array (Elekta Neuromag). Data were sampled at 1000 Hz and co-localized to the MRI of each subject. Artifacts were removed off-line. Waveforms were averaged off-line over trials and band-pass filtered (1-45 Hz).

**RESULTS:** Analyses are ongoing.

**DISCUSSION:** Results will be discussed.

## ORAL SESSION 6 – CHANGE TALK – FROM BRAIN TO BEHAVIOR

Tuesday June 8, 10.45 am–12.15 pm, Room 361, Floor 3

### Does change talk during brief motivational interventions with young men predict change in alcohol use?

**AUTHOR:** JACQUES GAUME

Lausanne University Hospital, Alcohol Treatment Centre, Lausanne, Switzerland

**ADDITIONAL AUTHORS:** Nicolas Bertholet, Cristiana Fortini, Mohamed Faouzi, Gerhard Gmel, Jean-Bernard Daeppen.

Alcohol Treatment Centre, Department of Community Medicine and Health, Lausanne University Hospital, Lausanne, Switzerland for all authors

**BACKGROUND:** Client change talk (CT) during motivational interviewing (MI) and brief motivational interventions (BMI) has been described as a predictor of behavior change but this link has not been clearly established among young people.

**AIM:** To test which of several CT dimensions measured during BMI with 20-year old men are predictive of change in alcohol use.

**METHOD:** We coded 127 BMIs using the Motivational Interviewing Skill Code (MISC) 2.1. Each CT utterance was categorized as Reason, Ability, Desire, Need, Commitment, Taking steps, or Other, and was given a strength between -3 (strongly away from change) and +3 (strongly towards change). Ability, Desire, and Need were grouped afterwards since these codes were too scarce to conduct analyses. We introduced the averaged strength of each CT dimension in negative binomial regression models to predict alcohol use (1° drinks per week, 2° binge drinking [6+ drinks] episodes per month) at 6-month follow-up, adjusting for alcohol use at baseline.

**RESULTS:** The Ability/Desire/Need dimension was strongly related with the drinks per week outcome (Incidence rate ratio [IRR]=.84,  $p=.001$ ); Taking steps was also significant (IRR=.86,  $p=.04$ ). Regarding the binge drinking outcome, the Ability/Desire/Need dimension was strongly significant (IRR=.82,  $p=.001$ ). All other CT dimensions were not significantly related with the outcomes.

**DISCUSSION:** As expected in the MI literature, the CT was associated with better drinking outcome in young men. Expressing ability, desire, and need to change during BMI seems to be an important predictor of change in drinking among young men. Eliciting such speech might thus be a goal worth pursuing for clinicians.

## ORAL SESSION 6 – CHANGE TALK – FROM BRAIN TO BEHAVIOR

Tuesday June 8, 10.45 am–12.15 pm, Room 361, Floor 3

### Relating Change Talk to Racioethnic Background and Acculturation

**AUTHOR:** LISA GLYNN

University of New Mexico, Department of Psychology, Albuquerque, USA

**ADDITIONAL AUTHORS:** Lisa H. Glynn, M.S, Theresa B. Moyers, Ph.D., Steven P. Verney, Ph.D., University of New Mexico, USA

**BACKGROUND:** Previous research has revealed stronger treatment effects of Motivational Interviewing (MI) in clients of color than in White clients (e.g., Hettema, Steele, & Miller, 2005; Villanueva, Tonigan, & Miller, 2007). If, as hypothesized, reduced power differentials are responsible for differentially beneficial treatment outcomes for racioethnic-minority clients (Venner, Feldstein, & Tafoya, 2008), then perhaps they lead these clients to offer more change talk as well.

**AIM:** The goal of the present study was to explore relations between in-session percentage change talk (% CT) and racioethnic background or level of acculturation. Specifically, this study examined whether White and non-White participants would: 1. show differential % CT in response to therapist use of elements of MI, and 2. show differential associations between % CT and level of acculturation.

**METHOD:** Participants were 47 U.S. undergraduates who had reported concerns about their alcohol use. After completing measures of acculturation, drinking, and ambivalence, clients engaged in a 48-minute treatment session; here, therapists alternated at 12-minute intervals between use of elements of MI and elements of functional analysis (FA). Percentage change talk was calculated using the MISC 1.1 (Glynn & Moyers, 2009). Participants were classified as White or non-White, and acculturation scores were obtained from the Scale of Ethnic Experience (Malcarne, Chivara, Fernandez, & Liu, 2006).

**RESULTS:** Results and therapeutic implications will be discussed.

## ORAL SESSION 7 – MI IN INNOVATIVE CONTEXTS

Tuesday June 8, 10.45 am–12.15 pm, Room 357, Floor 3

### Practicing and reflecting on Motivational Interviewing (MI) leads students to explore key concepts central to health care delivery

**AUTHOR: MARY J MURPHY**

University College Dublin, Nursing, Midwifery & Health Systems, Dublin, Ireland

**BACKGROUND:** Student nurses take a module called Promoting Health in the 4th year of their BSc Nursing degree programme. An introduction to MI theory and practice is included in this module. Many of the key concepts both within this module and within MI theory are central to contemporary health care delivery and therefore have been discussed in various modules throughout the programme. Therefore when teaching the module at stage 4 it is difficult to know to what extent these concepts have been internalised by students.

**AIM:** The aim of the study is to describe the ancillary learning that student nurses describe as a result of self-reflection on a digital recording of themselves applying the principles of MI to a simulated case scenario.

**METHOD:** Students completed a scenario to practice applying the key principals of MI. Students critiqued the recording in relation to the key principals of MI. Retrospective documentary analysis of these assignments was completed using thematic analysis to identify any ancillary learning that occurred

**RESULTS:** The ancillary learning described by the students is divided into 5 themes  
A need to

- (a) change practice to ‘patient centred care’
- (b) respect ‘autonomy’
- (c) being ‘self aware’
- (d) develop ‘communication skills’
- (e) review the meaning and place of ‘health education/information giving’

**DISCUSSION:** Practicing and reflecting on MI may results in promoting the internalization of other key concepts central to health care delivery and previously taught within BSc Nursing degree programme.

## ORAL SESSION 7 – MI IN INNOVATIVE CONTEXTS

Tuesday June 8, 10.45 am–12.15 pm, Room 357, Floor 3

### Motivational Interviewing with learning disabled

**AUTHOR: JANNET DE JONGE**

Verslavingszorg Noord Nederland, Research, Groningen, The Netherlands

**BACKGROUND:** The prevalence of substance use in learning disabled is lower than in the general population. However, substance use can more rapidly develop into substance abuse, which has a devastating impact on various life areas (McGillicuddy, 2006; Taggart, McLaughlin, Farlene et al, 2007). Motivational interviewing is a promising treatment for learning disabled (Mendel & Hipkins, 2002). Because of their cognitive impairments motivational interviewing techniques need adaptation. Next, the transfer of a basic training in motivational interviewing is low.

**AIM:** The objective of this study is to develop and evaluate an advanced training motivational interviewing for future and current social workers with learning disabled.

**METHOD:** Expert substance abuse counselors for learning disabled and an expert in motivational interviewing discussed adaptations of motivational interviewing techniques. A literature study gave an overview of substance abuse treatments in learning disabled. Next, an advances training was developed. In 2009 a pilot training for social workers of a residential treatment centre for learning disabled with behavioral problems was evaluated, and the training manual was subsequently improved. In the spring of 2010 a second pilot training will be held and evaluated to refine the final training manual.

**RESULTS:** The trainees pre-training level of motivational interviewing was lower than anticipated, and the training was too dense. Training of reflective listening skills focussed more on reflecting nonverbal behavior and real-life videotaped consultations were evaluated. The results of the second training will be presented.

**DISCUSSION:** Motivational interviewing skills can be adapted for treatment in learning disabled. The focus should be on reflecting nonverbal behavior. The interactions should be short and the content concrete, visual and often repeated. In a future study, the effect of motivational interviewing for learning disabled should be evaluated.

## ORAL SESSION 7 – MI IN INNOVATIVE CONTEXTS

Tuesday June 8, 10.45 am–12.15 pm, Room 357, Floor 3

### TheNextMind. An MI based group process for teams or communities

**AUTHOR:** GIOVANNI BIONDI

CMC Italia, Direttivo, Venafrò, IS, Italy

**BACKGROUND:** The Continuum Group was developed as a technique for teaching MI core skills as installed and instinctive responses during conversation. This basic tool was integrated with Theory of Narrative Nodes (presented at ICMI2008) to form a complete pathway to personal growth and self knowledge as well as a very specific and atheoretical (phenomenological) therapeutic tool.

**AIM:** To inform the MI community of an important development or offshoot of MI.

**METHOD:** A full immersion experience where group members are reinforced through the use of red or green cards for their use of each of three Skills (green) or three Kills (red). Group members learned to perform a continuum monitoring of their own and other members' responses (MITI-live). The conditioning leads to prefer Reflections, Open Questions and Speaking from Own State and to avoid Judging/Labeling, Advice/Solutions and Interrupting/Reassuring.

The reinforced use of MI Core Skills during a group conversation leads to a sense of presence and acceptance in group members and this is further reinforcement for the learning and its generalization. The occasional and persistent use of Kills (Advice/Solutions, for instance) indicates the presence of an Unfathomable Dimension and its related Narrative Node. These resistances are explored and mined for latent content. Sounding of the Unfathomable Dimension leads to dissolution of the Narrative Node.

**RESULTS:** This ability to contain affects previously held as intolerable becomes a structure within the individual group member and modifies his/her choices, increasing his/her possibilities and capacity for change.

## WORKSHOP V – THE MANIPULATIVE PATIENT

Tuesday June 8, 10.45 am–12.15 pm, Room 353, Floor 3

### Motivational Interviewing and the Manipulative Patient

**AUTHOR: GRAEME HORRIDGE**

Alcohol Treatment Center, Tamaris, Prilly, Switzerland

**ADDITIONAL AUTHORS:** Daniela Dunker-Scheuner, Alcohol Treatment Center.

**WORKSHOP TOPIC:** It is often said that alcoholics are manipulators and that drug addicts are even worse. In this workshop we will examine the (contaminating) effect that labeling a client as manipulative can have on our therapeutic interactions.

The workshop will deal with questions concerning the therapists' beliefs and reactions in situations where manipulation may be present:

- How do we react to those we believe will manipulate us?
- How do we act when we believe we are being manipulated?
- How do we act with contaminating elements?
- How can we decontaminate the environment?

**WORKSHOP METHODOLOGY:** Sharing of experiences of the participants

Exercise to experience the influence our beliefs can have on our actions

Role plays to practice different ways of reacting in possible manipulative situations

Presentation of various “theories around manipulation”



**LEARNING OBJECTIVES:**

- Identify our own beliefs concerning manipulation and manipulators.
- Understand the influence our beliefs can have on our therapeutic actions.
- Discover constructive ways of interpreting and dealing with so-called manipulative behavior.

ABSTRACTS

# PARALLEL SESSIONS IV



TUESDAY JUNE 8						
	Room Aula Floor 3	Room Musiksal Floor 4	Room 361 Floor 3	Room 357 Floor 3	Room 353 Floor 3	
1.15– 2.45 pm	PARALLEL SESSIONS IV					
	<b>Symposium D</b> <b>MI for medical students</b> S Wegener  S Cole L Mistler AH Berman & A Brandell Eklund JB Daepfen & C Fortini S Rollnick, discussant	<b>Workshop VI</b> <b>MI and Acceptance and Commitment Therapy (ACT)</b> C Cole	 <b>Oral session 8</b> <b>MI variables and their relation to outcome</b> L Ehrling H Lindqvist E-M Lønvig GP Guelfi  <i>Facilitator:</i> <i>J McCambridge</i>	 <b>Oral Session 9</b> <b>Substance abuse and MI</b> K Sundqvist M Farrall K Tolonen  <i>Facilitator:</i> <i>K Ingersoll</i>	<b>Workshop VII</b> <b>MI and ethical issues</b> L Forsberg	

## SYMPOSIUM D – MI FOR MEDICAL STUDENTS

Tuesday June 8, 1.15–2.45 pm, Room Aula, Floor 3

### MI Training In Undergraduate Medical Education

**CHAIR: STEPHEN WEGENER**

Johns Hopkins School Medicine, Physical Medicine and Rehabilitation, Baltimore, USA

**CO-CHAIR:** Steven Cole, MD, Professor of Psychiatry and Head, Division of Medical and Geriatric Psychiatry, Stony Brook University Medical Center

**BRIEF DISCUSSION OF SYMPOSIUM FOCUS**

There is considerable interest in developing physician's ability to assist patients in changing health behaviors. MI is a useful tool to assist physicians in this role. This symposium will 1) present data from recent survey on explicit and implicit teaching of MI spirit and skills in undergraduate medical education; 2) present information on two MI training programs used in the medical school curriculum; 3) have discussant comment on these developments; 4) provide opportunity for interaction between presenters and attendees on this topic.

#### **Presentation 1: MI in Undergraduate Medical Education: Survey Results**

*Lisa A. Mistler MD MS, Assistant Professor of Psychiatry University of Massachusetts Medical School, Steven Cole, MD*

**BACKGROUND:** MI-MED self-launched in November 2009 to study and disseminate MI training for physicians.

**AIM:** Gather information on MI training in undergraduate medical education.

**METHODS:** An online survey was developed and posted on the MINT listserv to gather information on explicit and implicit MI training.

**RESULTS:** Preliminary findings based on 14 respondents from 4 countries indicate all were using explicit MI training (vs. MI-aligned implicit training): 14 used demonstrations, 11 lectures, 6 practice. Additional data will be presented.

**CONCLUSION:** In addition to implicit MI training, explicit MI programs are included in medical student curriculum.

#### **Presentation 2: One-day MI training for 5<sup>th</sup> year medical students**

*Anne H. Berman, Astri Brandell Eklund, Karolinska Institutet, Stockholm, Sweden*

**AIMS:** This presentation uses the P-R-A-C-T-I-C-A-L consultation framework as a backdrop for describing a one-day MI training given to 5<sup>th</sup> year medical students between 2005 and 2010.

**METHODS:** The one-day training introduces basic MI skills via lecture and group work. Skills and strategy are reinforced in role play with professional actors playing patients.

**RESULTS:** Changes over time occurred in self-reported skills for exploring ambivalence, listening reflectively and other MI parameters.

**CONCLUSIONS:** Maintaining communication skills as the linchpin of the patient-physician encounter is a challenge for educators. Resistance to learning MI is, in our experience, a continual concern in teaching advanced medical students; nonetheless, they express appreciation for this introduction to MI.

### **Presentation 3: Teaching Motivational Interviewing to Medical Students to Improve Behavior Change Counseling Skills – program description**

*Jean-Bernard Daeppen, Cristiana Fortini, Alcohol Treatment Centre, Lausanne University Hospital, Lausanne, Switzerland*

**BACKGROUND:** The Lausanne University Medical School promotes communication skills training in its curricula. After a pilot study in 2007, 2010 will be the year for implementing a training in Motivational Interviewing for all 5th year medical students.

**AIM:** To train 5th year medical students in Motivational Interviewing, in order to improve their skills in helping patients to change health-related behaviors, such as smoking, excessive drinking, lack of exercise, unhealthy diet, medication compliance, etc.

**METHODS:** All 120 5th year students from Lausanne University Medical School will receive an 8-hour interactive MI training. The training consists of two four-hour sessions. The first session focuses on MI style and communication skills. The second session, which aims at integrating these concepts, focuses on developing change talk and reducing resistance. Training material include videos demonstrations, real-plays, role-plays, discussions. Students will also receive a DVD and exercise book to further develop and consolidate their acquired skills.

### **Presentation 4: Discussant**

*S Rollnick, Professor of Healthcare Communication, Department of General Practice, Cardiff University, Wales, United Kingdom*

Dr. Rollnick will comment on these training developments and provide opportunity for interaction between presenters and attendees on this topic.

## WORKSHOP VI – MI AND ACCEPTANCE AND COMMITMENT THERAPY (ACT)

Tuesday June 8, 1.15–2.45 pm, Room Musiksal, Floor 4

### The Eighth Stage of Motivational Interviewing: Integrating MI with other Approaches

**AUTHOR: CATHY COLE**

Cathycoletraining, inc, Chapel Hill, USA

**WORKSHOP TOPIC:** This workshop will focus on the use of Motivational Interviewing as it applies to the eighth stage of learning as discussed by Miller and Moyers. This eighth stage involves the integration of MI with other therapy approaches. The integration of MI with Acceptance and Commitment Therapy will be the point of departure. Other therapy approaches will be elicited from participants with a goal of active discussion and practice with integrating MI with the approach.

#### **WORKSHOP METHODOLOGY:**

- Overview of Acceptance and Commitment Therapy
- Discussion of MI methods of eliciting change talk regarding importance, confidence and commitment
- Demonstration and presentation of case examples illustrating use of ACT and MI.
- Active eliciting from participants comments, examples from their practice
- Active eliciting from participants therapy modalities for integration with MI consistent practice
- Active practice and experimenting with application
- Applications in training

#### **LEARNING OBJECTIVES:**

- Participants will be able to:
- Identify the MI methods of eliciting change talk as it applies to importance, confidence and commitment
- Identify the basic principles of Acceptance and Commitment Therapy
- Discuss the integration of MI and other therapy methods
- Discuss the application in practice and training

## ORAL SESSION 8 – MI VARIABLES AND THEIR RELATION TO OUTCOME

Tuesday June 8, 1.15–2.45 pm, Room 361, Floor 3

### Sequential analysis of interaction in initial MI sessions – the perspective of constructing MI spirit

**AUTHOR:** LEENA EHRLING

University of Tampere c/o University of Helsinki, Social research, Helsinki, Finland

**BACKGROUND:** In MI, the spirit of MI is seen a crucial element for clients engagement to treatment and its effectiveness. Yet the actual production of MI spirit is an unaddressed area of research.

**AIM:** The overall aim of the research is to identify and depict the interactional phenomena that contribute to the generation of MI-spirit in initial MI-encounters. This study focuses on examining counselors' talk in the opening and problem formulating sequences of first encounters and considers the implications of counselors' actions to clients' participation and engagement.

**METHOD:** The data consist of 20 clients audio recorded and transcribed initial MI-sessions in outpatient clinics in Finland. The method of conversation analysis (CA) is qualitative research method that offers tools to directly consider how participants manage their communication. CA is based on empirical observation of patterns of communication. It focuses on reciprocal nature of interaction. The analysis proceeds from the viewpoint of participants' understandings of one another's actions, rather than from analysts' views or interpretations of what is happening.

**RESULTS:** The counselors' receiving turns (mostly reflections) seem to be crucial for producing and maintaining the MI spirit. When receiving clients' narrations counselors however, in many cases direct the talk towards the solution of the problem, instead of examining clients' ambivalence (so called Righting reflex and premature focus trap).

**DISCUSSION:** This observation suggests that counselors in this sample need more training in how to receive clients' answers and problem descriptions since these receiving turns appear to be crucial for conducting the interview in the spirit of MI.

## Relation between MI variables and abstinence rates in smoking cessation counseling

**AUTHOR:** HELENA LINDQVIST

Karolinska Institutet, Department of Clinical Neuroscience, Stockholm, Sweden

**ADDITIONAL AUTHORS:** Lisa Forsberg, MA, Karolinska Institutet, Department of Clinical Neuroscience; Lars Forsberg, PhD, Karolinska Institutet, Department of Clinical Neuroscience; Ingvar Rosendahl, PhD, Karolinska Institute, Department of Clinical Neuroscience; Asgeir R. Helgason, PhD, Karolinska Institutet, Department of Public Health Sciences

**BACKGROUND:** The evidence for the efficacy of Motivational Interviewing (MI) in smoking cessation is ambiguous.

**AIM:** To assess whether there was some components of MI that was associated with better abstinence rates in clients.

**METHOD:** Clients who registered for smoking cessation support at the Swedish National Tobacco Quitline between 1 September 2005 and 27 October 2006 were included in the study base. Follow-up was conducted between 1 September 2006 and 27 October 2007, yielding a sample of 453 clients. Throughout the study period all counsellors at the Swedish National Tobacco Quitline were instructed to audio-tape treatment sessions on a six-week interval. The sessions that had been audio-taped around the middle of the study period (27/3-12/7 2006) was coded using the Motivational Interviewing Treatment Integrity (MITI) Code 2.0.

**RESULTS:** The abstinence rate in clients was generally higher for the group of counsellors who had reached the recommended threshold for Beginning Proficiency in the variables measured by MITI coding. The exception was that counsellors who reached the recommended threshold for Beginning Proficiency in the global variable MI Spirit had lower abstinence rates, compared to those MI counsellors who were below Beginning Proficiency on that variable.

**DISCUSSION:** The study results suggest that in general high competence in MITI variables enhance treatment efficacy. However, the MITI variable MI Spirit may be correlated to negative treatment outcome in the group of people actively seeking support for smoking cessation.

## Evaluating Clinical Skills in Motivational Interviewing in the Treatment of Type 2 Diabetes

**AUTHOR:** ELSE-MARIE LØNVIG

Odense University Hospital, Department of Quality, Odense C, Denmark

**ADDITIONAL AUTHORS:** Minet LK, Lønvig EM, Sjöberg L, Wagner L, Henriksen JE. Department of Endocrinology and Department of Quality, Odense University Hospital, Odense C, Denmark, Research Unit of Nursing, Institute of Clinical Research, Faculty of Health Sciences, University of Southern Denmark, Odense, Denmark.

**BACKGROUND:** The evaluation is part of a randomised controlled trial studying the effect of a one year self-care intervention program based on Motivational Interviewing (MI) in chronically ill patients with type 2 diabetes.

The training comprehended:

- A five days course followed by supervision in groups every 3rd month for 18 month.
- Ten supervision sessions carried out individually by the MI-trainer; included video-taping and evaluation through Motivational Interviewing Treatment Integrity System (MITI).

**AIM:** The aim was to evaluate the team members' MI-skills.

**METHOD:** The evaluation of MI-skills was conducted by the researcher and the MINT-trainer.

The evaluation involved:

- An examination of interviewer behaviours.
- MITI-coding of a random segment of the team members videotaped interviews.

### RESULTS

- The average global clinician rating score was 4.7 given on a 5 point Likert scale.
- The reflections to question ratio were 1.8 to 0.8.
- The percent open questions were 76 to 83 %.
- The percent complex reflections were 36 to 42 %.
- The percent MI-Adherent was 80 to 100 %.

**DISCUSSION:** The evaluation demonstrates a high competency in performing MI among team members in a self-care intervention program in patients with type 2 diabetes. MITI is proposed to be used in the feedback process as a way to improve healthcare providers' MI skills in clinical practice.

This research implies the importance of supervision of the MI-performance as conducting MI involves a high dependence on the agents and their individual expertise.

## Motivational Assessment using the MAC2-A Questionnaire in subjects with alcohol problems in residential programs. Evolution of the Factors of Motivation and Prediction of Outcome

**AUTHOR:** GIAN PAOLO GUELF

University of Genoa – CMC (Centre for Motivation and Change) Italia  
Psychiatry, Genoa, Italy

**ADDITIONAL AUTHORS:** Valeria Zavan, MD, Addiction Unit – Alessandria – Italy,  
Antonio Carbone, Dr, Social Psychologist

**BACKGROUND:** The Questionnaire MAC2-A (Alcohol & Alcoholism Vol. 41, 616–623, 2006) evaluates the “motivational position” of clients toward using alcohol. The “profile” was designed to fit a Three-Factor Model including Readiness-to-Change/Stabilization, Discrepancy, and Self-Efficacy.

**AIM:** 1. Assign subjects to clusters based on their motivational profiles. 2. Describe change in factors over time. 3. Identify predictive components of the Questionnaire.

**METHOD:** 1. The Questionnaire was repeatedly administered to 55 subjects (44 males, 11 females) treated in three residential programs, on T0, after 60 and 120 days. 2. The three factors, along with two other components (Temptation of drinking and Importance of staying sober) were plotted on summary 100-point Visual Analog Scales. 3. Cluster and Discriminant Analysis on a normative sample (n=760) were used to classify cases in the study and to find linear combinations of the variables Readiness to Change/Stabilization, Discrepancy, and Self-Efficacy, that best separate the groups.

**RESULTS:** 47 subjects completed the study (38 M, 9 F). All the residential programs showed a significant improvement at T1 and T2 of at least one factor, consistent with the theoretical model. Seven clusters were identified, characterized by specific outline of the three Factors, defining as many “typical profiles”.

**DISCUSSION:** The analysis at T0, T1 and T2 of allocation of subjects in the clusters allowed an evaluation of the motivational trend in the time span considered, and the predictive capabilities of MAC2-A.

## ORAL SESSION 9 – SUBSTANCE ABUSE AND MI

Tuesday June 8, 1.15–2.45 pm, Room 357, Floor 3

### Motivational assessment of work-related drug issues

**AUTHOR:** KRISTINA SUNDQVIST

Alna Sverige, Stockholm, Sweden

**ADDITIONAL AUTHOR:** Luis Hellebuyck, Alna Sverige

**BACKGROUND:** We work on assignment from employers to assess presumed drug related problems in employees. Usually, when drug abuse begins to affect the workplace, it has become a serious problem. Employers often lack knowledge about how to address these kinds of problems. All together, this worsens the chances for the employees to get help in an early phase.

**AIM:** The aim of the assessment is to give a plan for a rehabilitation program. The assessment has a holistic perspective and includes survey of: substance abuse problem, personal history, present life situation and the individuals' resources.

**METHOD:** Alna assessment includes five sessions. In order to enhance the quality of the rehabilitation process, the Alna model places a condition that the employer participate during the first and last sessions. The five sessions contain psychometric tests, semi-structured interviewing and MI. Our method includes supporting the employer to find an adequate approach towards the rehabilitation process.

**RESULTS:** A minor telephone follow-up was accomplished to evaluate the level of satisfaction among a randomized sample of 38 employers. One of the questions asked was:

How has the drug-related issue changed since the motivational assessment started?

- Improvement 68%
- No change 13%
- Deterioration 11%
- Don't know

**DISCUSSION:** A solid evaluation lies in the near future. A response often given to us from of the therapists, to whom we refer our clients, is that they already are motivated for treatment. It would be very interesting to evaluate this scientifically. Also, it is important for us to properly evaluate change in the workplace.

## ORAL SESSION 9 – SUBSTANCE ABUSE AND MI

Tuesday June 8, 1.15–2.45 pm, Room 357, Floor 3

### The Role of Reflections – What Does Reflective Listening Actually Do?

**AUTHOR:** MARK FARRALL

Ignition Creative Learning, Cardiff, Wales, UK

**BACKGROUND:** There is very little in the MI literature on the mechanics of effects of the core technique of reflections. This presentation will consider the theories of Rogers, Bem, Festinger and Vygotsky, linking to current research by Amrhein, to suggest a mechanism whereby reflections can aid in cognitive restructuring and the facilitation of change.

**AIM:** To elaborate or construct a more worked out theoretical construct around reflections, linking to issues of MI effects and verbal behaviour, the mechanics of MI and the linguistics of MI.

**METHOD:** This will be a brief presentation with discussion and questions afterwards.

**RESULTS:** This does not apply as I'm suggesting theory, not reporting research.

## ORAL SESSION 9 – SUBSTANCE ABUSE AND MI

Tuesday June 8, 1.15–2.45 pm, Room 357, Floor 3

### A pilot study of the process and outcome of Behavior-Interviewing-Change (BIC) program with clients of the Finnish Probation Service

**AUTHOR:** KARI TOLONEN

University of Tampere, Department of Social Research, Tampere, Finland

**ADDITIONAL AUTHOR:** Anja Koski-Jännes, prof., University of Tampere

**BACKGROUND:** The Finnish Probation Service has recently adopted a Swedish BIC program (Farbring & Berge 2006) and translated it into Finnish. A large number of probation counselors have received training in providing this five-session program based on Motivational Interviewing (MI) to their clients. As a part of their training they videotape two sessions with their clients. Due to our interest in the process and outcome of MI it was agreed that with the counselors' and clients' permission we could use these tapes for research. The clients were also asked to participate in follow-up interviews 6 and 12 months later.

**AIM:** This paper reports 1) to what extent the probation counselors managed to apply the ideas of MI in their first two BIC sessions, and 2) what was the six-month outcome of these clients.

**METHOD:** Twenty-five probation counselors and 50 clients participated in the study. The integrity of motivational interviewing was measured with MITI3.1. The clients' use of psychoactive substances was measured at the baseline and in the follow-up with a questionnaire including e.g. AUDIT- and SDS-questions.

**RESULTS:** The six-month follow-up rate was 76 %. The counselors managed to apply the principles of MI relatively well even though most of them were still in training. The clients' AUDIT-scores and negative consequences of drinking were significantly ( $p < .05$ ) reduced at the six-month follow-up.

**DISCUSSION:** The results provide initial support for the BIC program and its implementation. Factors contributing to this outcome will be further analyzed.

## WORKSHOP VII – MI AND ETHICAL ISSUES

Tuesday June 8, 1.15–2.45 pm, Room 353, Floor 3

### MI and ethical issues

**AUTHOR: LISA FORSBERG**

Karolinska Institutet, Department of Clinical Neuroscience, Stockholm, Sweden

**WORKSHOP TOPIC:** This interactive workshop will aim to revisit some of the questions raised in a paper Bill Miller published on the ethics of motivational intervention in 1994 in light of recent research developments (for example, attempts to monitor the way in which MI functions), as well as add new points for consideration.

**WORKSHOP METHODOLOGY:** Questions considered include: might motivational intervention render the post-intervention subject less 'authentic' than was the pre-intervention subject (is MI 'manipulative')? Could consent be insufficient in relation to motivational interventions (are they relevantly different to procedures where consent is generally seen as sufficient, such as knee surgery)? How may motivational interventions affect client autonomy? What impact does the identification of "active ingredients" in MI have for authenticity and consent? What further ethical issues may arise from the use of MI in particular contexts (coercive settings; settings where proposed behaviour change may not coincide with clients' best interests)? What role should treatment integrity assessment play?



**LEARNING OBJECTIVES:** Objectives include increasing participants' familiarity with structured analytical approaches to medical ethics and encouraging discussion where philosophical analysis and clinical experience will synergistically complement each other.



ABSTRACTS

# PARALLEL SESSIONS V



TUESDAY JUNE 8					
	Room Aula Floor 3	Room Musiksal Floor 4	Room 361 Floor 3	Room 357 Floor 3	Room 353 Floor 3
3.30– 5.00 pm	SESSIONS V				
	<b>Symposium E</b> <b>HIV-related behavior change and MI</b> S Naar-King J Parsons S Naar-King C Rongkavilit K Ingersoll  S Rollnick, discussant	<b>Workshop VIII</b> <b>3-phase model of MI for health behavior change</b> K Resnicow M Greene	 <b>Oral session 10</b> <b>Teaching and learning MI</b> M Allicock K Marsh C Lane  <i>Facilitator:</i> <i>C Fortini</i>	 <b>Oral session 11</b> <b>MI in health care</b> A Søgaaard C Dickinson CL Lindhardt  <i>Facilitator:</i> <i>H Harai</i>	<b>Workshop IX</b> <b>Groups in prison</b> J Crawford S Paulsson K Ramberg  C Wagner, discussant

## SYMPOSIUM E: MOTIVATIONAL INTERVIEWING ACROSS THE CONTINUUM OF HIV PREVENTION AND CARE

Tuesday June 8, 3.30–5.00 pm, Room Aula, Floor 3

**CHAIR: SYLVIE NAAR-KING**

Wayne State University, Detroit, USA

**MODERATOR: STEPHEN ROLLNICK**

University of Wales, Cardiff, UK

### **Brief Discussion of Symposium Focus**

Over 30 million people are living with HIV warranting a continuum of services including HIV prevention, HIV counseling and testing, and adherence to HIV treatment. As behavior change is necessary at all points on the continuum, MI shows significant promise to curb the global impact of HIV. We present examples of MI research at various points on this continuum 1) MI-based HIV prevention among U.S. club drug using youth; 2) MI-based outreach to promote knowledge of HIV status; 3) MI for multiple risk behaviors in Thai youth with HIV; 4) MI for adherence to HIV treatment in U.S. cocaine using adults.

### **Presentation 1**

*Jeffrey T. Parsons, Corina Weinberger, Juline A. Koken, Sarit A. Golub, Hunter College and Graduate Center, Center for HIV/AIDS Educational Studies and Training (CHEST), New York, USA. "Motivation To Change Risky Sex Behavior Mediates Relationship Between Temptation, Decision Balance, And Risk Behavior Among Those Enrolled In an MI Intervention"*

**BACKGROUND:** Risky sex and club drug use places young men who have sex with men (YMSM) at high risk for contracting HIV.

**AIM:** Baseline data from an intervention trial were analyzed.

**METHOD:** Participants were 231 HIV-negative YMSM (60% minority) enrolled in a 4-session MI intervention.

**RESULTS:** Motivation to change sexual risk (measured via a contemplation ladder) partially mediated the relationship between temptation, decisional balance and the percentage of high risk sex acts and the percentage of high risk sex acts while under the influence.

**DISCUSSION/CONCLUSIONS:** An MI-based intervention addressing these issues should be successful in reducing HIV risk in this population, and outcome analyses are underway.

## Presentation 2

*Sylvie Naar-King, Angulique Outlaw, Wayne State University, Detroit, USA, Jeffrey T. Parsons Hunter College and Graduate Center, New York, USA. "Using Motivational Interviewing In HIV Field Outreach With Young African American Men Who Have Sex With Men: A Randomized Clinical Trial"*

**BACKGROUND:** Many persons with HIV do not know their status.

**AIM:** To combine MI with outreach to increase rates of HIV testing among young (ages 16 to 24) African American men who have sex with men.

**METHOD:** In a randomized clinical trial, 96 youth received a field outreach session based on MI and 92 youth received a traditional outreach session.

**RESULTS:** Significantly more youth in the MI condition than in the control condition agreed to HIV testing and returned for test results.

**DISCUSSION/CONCLUSIONS:** The addition of MI to field outreach is effective in encouraging high-risk youth to learn their HIV status.

## Presentation 3

*Chokechai Rongkavilit, Wayne State University, Detroit, USA, Juline A Koken, Center for HIV Educational Studies and Training, New York, USA, Linda M Kaljee, Wayne State University, Detroit, USA, A Panthong, T Bunupuradah, The HIV Netherlands Australia Thailand Research Collaboration, Thai Red Cross AIDS Research Centre, Bangkok, Thailand. Qualitative Analysis of Motivational Interviewing Sessions with Thai Youth Living with HIV (TYH)*

**BACKGROUND:** MI improved health outcomes in HIV+ US youth, yet had not been tested in TYH.

**AIM:** To assess feasibility of MI in TYH.

**METHOD:** Four sessions over 12 weeks with 11 youth were taped, transcribed, qualitatively analyzed for themes relating to medication adherence.

**RESULTS:** 91% completed four sessions. All but one stated MI is suitable for Thais. Youth rated comfort and honesty during sessions as 9.8 and 9.7 out of 10. Adherence was associated with Buddhist tenets and youth's responsibility to others.

**DISCUSSION/CONCLUSION:** MI is feasible in TYH, providing that youth's perceived familial/social responsibilities and Buddhist principles are integrated.

## Presentation 4

*Karen Ingersoll, Leah Farrell, Sherry Ceperich, Amy Fansler, Gabrielle Marzani-Nissen, Jennifer Hettema, Sherry Ceperich & Jessye Cohen, University of Virginia, Charlottesville, USA. Motivating HIV Medication Adherence and Reduced Cocaine Use.*

**BACKGROUND:** Cocaine users are at high risk for non-adherence to HIV regimens.

**AIM:** To compare a video information intervention and motivational interviewing-based intervention in a randomized clinical trial.

**METHOD:** 56 patients with low HIV medication adherence and cocaine dependence received either six counseling sessions or six videos addressing adherence and cocaine use. Sessions were rated by independent coders.

**RESULTS:** Participants in both groups increased adherence (60% to 89%) and decreased days using cocaine (33% to 9%) with no main effect of condition. Coded data show substantial differences in the content and processes of the two interventions.

**DISCUSSION/CONCLUSION:** Both motivational interventions were effective and warrant further dissemination.

## WORKSHOP VIII – 3-PHASE MI FOR HEALTH BEHAVIOUR CHANGE

Tuesday June 8, 3.30–5.00 pm, Room Musiksal, Floor 4

### Three Phase Model of Motivational Interviewing for Health Behavior Change

**AUTHORS: KEN RESNICOW & MAJELLA GREENE**

University of Michigan, School of Public Health, Dept of Health Behavior, Ann Arbor, US; Majella Greene & Associates, London, UK.

**WORKSHOP TOPIC:** How do we integrate MI into our traditional action therapy such as CBT and Behavioral Therapy? To this end, we have recently articulated a three phase model of MI for behavior change counseling. The three phases are EXPLORE, GUIDE and CHOOSE. Each phase comprises unique objectives and core skills. The workshop will provide the rationale and structure for the three-phase framework as well as practice implementing the requisite skills.

**WORKSHOP METHODOLOGY:** We will use a mix of didactic presentation and experiential activities, which will include practice implementing the three phase model and constructing two new types of reflections, action and omission. Learners will also practice transition from EXPLORING, GUIDING, and CHOOSING including menu building. Participants will develop cases tailored to their relevant expertise that incorporate these skills.

**LEARNING OBJECTIVES:**

- 1) Understand and apply the three phase model of MI for behavior change counseling
- 2) Understand and apply action reflections and reflections on omission
- 3) Understand when and how to transition from EXPLORING, GUIDING, and-CHOOSING
- 4) Be able to construct a menu of options during the CHOOSING phase
- 5) Understand how to encourage "moving forward" in an MI consistent style
- 6) Describe and apply new metaphors for MI in behavior change counseling

## ORAL SESSION 10 – TEACHING AND LEARNING MI

Tuesday June 8, 3.30–5.00 pm, Room 361, Floor 3

### **“Taking the cotton from your ears and putting it in your mouth”: Training Veterans to use Motivational Interviewing for Obesity Treatment**

**AUTHOR:** MARLYN ALLICOCK, PHD, MPH

University of North Carolina at Chapel Hill, Gillings School of Global Public Health, Nutrition, Chapel Hill, USA

**ADDITIONAL AUTHORS:**

Marci Campbell, PhD, MPH, RD, University of North Carolina at Chapel Hill, Gillings School of Global Public Health and Lineberger Comprehensive Cancer Center  
Carol Carr, MA, UNC Lineberger Comprehensive Cancer Center

Leila Kahwati, MD, Veterans Health Administration National Center for Health Promotion and Disease Prevention

Linda Kinsinger, MD, MPH, Veterans Health Administration National Center for Health Promotion and Disease Prevention

Melinda Orr, MEd, Veterans Health Administration National Center for Health Promotion and Disease Prevention

**AIM:** To test a peer counseling training program teaching Motivational Interviewing (MI) to veterans via DVD and manuals within a clinical weight management program to increase options for patient support.

**METHOD:** Five to ten volunteers (Buddies) recruited at five Veterans Health Administration sites provide peer counseling support to patients receiving weight management treatment through the MOVE! program. Formative research was conducted to ensure that the training tools are culturally appropriate, easy to use, and the MI skills taught are comprehensible. Training observations, pre-and posttests, and debriefing focus groups are near completion. At study completion, buddy interviews, key stakeholder interviews, and participant surveys will include process evaluation and assess program impact.

**RESULTS:** To date 13 veterans (12 males, mean age 61yrs) have been trained. Preliminary results indicate positive receipt of the program and improved MI self-efficacy at posttest. By modeling the training to reflect didactic military training approaches, tailoring language, cultural aspects, and core values enhanced Buddies acceptability and trust in the program. However, qualitative data indicate that learning MI was a cultural shift from their military training of following and giving commands and being responsible for each other. Key challenges include fighting the righting reflex

and learning to “take the cotton from one’s ears and putting it in one’s mouth” to truly listen, and practicing reflective listening.

**DISCUSSION:** MI principles and skills can be taught for peer support. Keen attention must be given to cultural factors and assessing fidelity of skills to enhance potential effectiveness of MI for health promotion.

## ORAL SESSION 10 – TEACHING AND LEARNING MI

Tuesday June 8, 3.30–5.00 pm, Room 361, Floor 3

### Training young people in MI: An innovative programme of school-based peer mentoring

**AUTHOR:** KAREN MARSH

Education Pastoral, Cardiff, Wales UK

**ADDITIONAL AUTHORS:** Sue Channon, NHS

**BACKGROUND:** This study describes the development of a peer mentoring programme, based on the core tents of MI, within a high school in Cardiff, UK. Across-age peer mentoring schemes in schools aim to provide young people with support from older pupils to help promote positive well-being and academic achievement and also to reduce the likelihood of difficulties such as truancy and bullying.

This mentoring programme has been running successfully for three years. The programme uses Motivational Interviewing and each year 50 or more year 9 pupils are trained in this method to a level where they can provide mentoring to support the year 7's during their first year in high school.

**AIM:** This presentation will describe the selection, training and delivery of the mentoring programme and detail how the method of MI has informed the training received and skills that the young people use.

**METHOD:** All the training sessions with sixty pupils, skills assessments and interviews with stakeholders have been recorded and a thematic analysis will be carried out.

**RESULTS:** All the training and skill development work has been recorded and samples of the work that the young people have completed, both written and in simulated consultations will be presented.

**DISCUSSION:** MI has a lot to offer in the area of peer mentoring and it is hoped that the presentation of this work will generate discussion about the use of MI by young people, its application within this age group and how this area of work can move forward.

## How Trainees Learn Motivational Interviewing: The Trainer's Perspective

**AUTHOR: CLAIRE LANE**

University of Birmingham/Wolverhampton City Primary Care Trust, Cardiff, UK

**ADDITIONAL AUTHORS:** Michael Madson, University of Southern Mississippi

**BACKGROUND:** Researchers, trainers and clinicians alike recognise the importance of translating evidence from research into practice. Miller and Moyers (2006) outlined 8 stages through which trainees may develop competency in MI. However, little is known about what MI trainers consider to be the important variables in learning MI.

**AIM:**

We aimed to identify:

- What trainers considered to be important factors in learning MI
- Trainers' thoughts about the 8 stages model, and their familiarity with it
- How trainers use the 8 stages model

**METHOD:** An online survey, containing both closed and open responses, was conducted with members of the Motivational Interviewing Network of Trainers. Participants were recruited via a snowball sampling technique.

**RESULTS:** Experiential learning practices were considered to be highly important in learning MI. Consideration of trainer, trainee and environmental factors were also considered to be important. Participants generally regarded the 8 stages model to be useful, though some suggested that concepts such as client ambivalence, readiness and empathy were missing or underrepresented. Most were familiar with the 8 stages model and use it in developing and delivering trainings. However, they tended not use it to evaluate trainings.

**DISCUSSION:** Investigation into best practices in training evaluation may be beneficial in providing evidence for the commonly held beliefs about best practices held by MI trainers. Future development of the eight stages framework.

## General practitioners trained in motivational interviewing can positively affect the attitude to behavior change in people with type 2 diabetes

### One year follow-up of an RCT

**AUTHOR: SUNE RUBAK / PRESENTER: ANETTE SØGAARD**

Center for Medical Education, University of Aarhus, Department of Paediatrics, University Hospital of Aarhus, Odder, Denmark

**ADDITIONAL AUTHORS:** Sune Rubak<sup>(1,2)</sup>, Anneli Sandbæk<sup>(3)</sup>, Torsten Lauritzen<sup>(4)</sup>, Knut Borch-Johnsen<sup>(4,5)</sup> & Bo Christensen<sup>(3)</sup>

1. Department of General Practice and Research Unit of General Medical Practice, Institute of Public Health, University of Aarhus, Aarhus,
2. Department of Paediatrics, Skejby Hospital,
3. Department of General Practice, Institute of Public Health, University of Aarhus, Aarhus,
4. Steno Diabetes Centre
5. The Faculty of Health Sciences, University of Aarhus, Aarhus, Denmark

**AIM:** To examine if training GPs in "Motivational interviewing" (MI) can improve type 2 diabetes patients' 1) understanding of diabetes, 2) beliefs regarding prevention and treatment, and 3) motivation for behavior change.

**METHOD:** A randomised controlled trial including 65 GPs and 265 type 2 diabetes patients. The GPs were randomised in two groups; one with and one without MI training. Both groups received instruction on target-driven intensive treatment of type 2 diabetics. The intervention was a 1½-day residential course in MI with ½-day follow-up twice during the first year. The patient data stemmed from previously validated questionnaires.

**RESULTS:** The response rate to our questionnaires was 87%. Patients in the intervention group received significantly more counseling regarding smoking cessation, diet, exercise and self-control of diabetes after one year. Patients in the intervention group were significantly more autonomous and motivated in their inclination to change behaviour and had a significantly better understanding of the possibility of preventing complications after one year.

Sum Score	I-group	C-group	P-value
Treatment Self-Regulation Questionnaire – autonomy score	6.50	6.24	0.03 *
Treatment Self-Regulation Questionnaire – amotivation score	2.88	3.43	0.014 *
Diabetes Illness Representation Questionnaire – Control score	3.90	3.68	0.016 *
Diabetes Illness Representation Questionnaire – Prevention score	4.16	3.99	0.042 *

**DISCUSSION:** MI improved type 2 patients' understanding of diabetes, their beliefs regarding treatment aspects, their contemplation on and motivation for behavior change. Previous studies have shown that the autonomous style represents the most self-determined form of motivation and has consistently been associated with behavioral change and positive health care outcomes. Whether our results can be sustained long-term and are clinically relevant in terms of changes in risk profile, advocates further research.

## Motivating Health Behaviour Changes in Patients with Peripheral Arterial Disease

**AUTHOR: FRANCES QUIRK / PRESENTER: CORRINE DICKINSON**

James Cook University, School of Medicine and Dentistry, Townsville, Australia

**ADDITIONAL AUTHORS:** Quirk, F. H., Dickinson, C. W., Baune, B.T., Leicht, A., & Gollidge, J. (James Cook University)

**BACKGROUND:** Peripheral arterial disease (PAD) is a group of disorders leading to impaired blood supply and is a leading cause of death of older Australians. PAD can impact on quality of life, working capacity and drain health care resources. Poor nutrition and lack of physical activity have been identified as modifiable risk factors associated with PAD. PAD is currently managed through provision of advice on changes in health behaviours, medications and surgery. Alternative approaches are urgently required to decrease PAD prevalence and improve patient outcomes.

**AIM:** The study applied an innovative approach that incorporated motivational interviewing (MI) sessions to improve the capacity for patients with PAD to facilitate and maintain positive health behaviours.

**METHOD:** A 12 week study was conducted with 19 participants diagnosed with PAD. Participants completed a questionnaire package at pre and post intervals and were randomised to a control or intervention group. Participants in the intervention group received a maximum of four MI sessions with a psychologist that focused on their barriers to change and motivation for engaging in particular health behaviours, such as physical activity.

**RESULTS:** Participants in the MI intervention group demonstrated greater awareness of their health condition and status, reported more accurate activity levels, increased their median walking distance, and showed significant improvements in their dietary behaviours.

**DISCUSSION:** The findings suggest that incorporation of MI may favourably modify health behaviours of diet and exercise in patients with PAD. Validation of these findings and assessment of impact on health outcomes is required in a larger and longer study.

## **Obese pregnant women's experience of their own obesity, pregnancy and encounter with health professionals: How can MI help health professionals communicate with these women?**

**AUTHOR:** CHRISTINA LOUISE LINDHARDT

Department of Obstetrics and Gynaecology, Odense University Hospital, Denmark, Odense M, Denmark

**BACKGROUND:** Obesity is an epidemic. Today 30 % of all pregnant women are obese which causes illness in pregnancy as well as in the unborn child. Attempts to prevent and to treat the condition have so far been of limited success. It is increasingly recognized that the reason for this is the great complexity of the problem, which is generated by a wide range of individual, cultural, social causes. Overweight people often face stigmatization and discrimination; they may lack confidence and self esteem. Furthermore, research has shown that whilst people who are overweight repeatedly turn to diets and exercise to address their weight, they find it extremely difficult meeting health professionals with whom they can not have a honest conversation.

**AIM:** The aim of this project is to explore the lived experience of obese pregnant women as well as how Motivational Interviewing can help health professionals understand and communicate at a higher level when working with obese pregnant women

**METHOD:** The project will be conducted as a PhD project. The research will undertake three stages.

- Interviewing and analyzing data from interviewing a number of obese pregnant women.
- Health professional are interviewed before starting a training course in motivational interviewing. After 6 month they are reinterviewed.
- A number of pregnant women are interviewed after they have been seen by the health professionals in consultation. The health professionals they have seen have all been trained in motivational interviewing.

The data will be analyzed and 3 articles will be written including the results.

**RESULTS:** The research will generate new knowledge about obese pregnant women's experience and sense of being stigmatized. It will generate knowledge about how Motivational Interviewing can help health professionals communicate with obese pregnant women during pregnancy. This research could support already existing knowledge about health promotion and prevention in the obesity epidemic focusing on interpersonal relations and communication.

## WORKSHOP IX – GROUPS IN PRISON

Tuesday June 8, 3.30–5.00 pm, Room 353, Floor 3

### Motivational Interviewing Groups in Prison Treatment Programs

**AUTHOR: JANIS CRAWFORD**

Community Education Centers, Treatment of Addiction & Criminal Thinking  
Saratoga, Wyoming, USA

**ADDITIONAL AUTHORS:** Sara Paulsson, Swedish National Institute of Public Health, Risky Use Project & Swedish Prison and Probation Service; Kristina Ramberg, Swedish Prison and Probation Service

**DISCUSSANT:** Chris Wagner

**WORKSHOP TOPIC:** This session will focus on adaptations of MI to group format, delivered in prison systems. When working with people mandated to treatment in correctional systems, professionals face a number of challenges including distrust of providers' motives, peer norms that reinforce silence about vulnerable issues, and the need to bridge a gap in time between the present in which participants are under constraints, and the future when they will return to life outside the system.

**WORKSHOP METHODOLOGY:** We will describe two MI group programs, one in the US and one in Sweden. We will explore similarities and differences between these programs, and then consider a number of issues that MI group providers in correctional systems face. These include resistance, the role expectations of both providers and clients, and the need to project a strong self-image to peers. We will open discussion to all workshop participants inviting alternative hypotheses, exploration of parallel experiences, and solution-focused brainstorming.

**LEARNING OBJECTIVES:**

- Participants will gain greater understanding of the primary issues in adapting MI groups to correctional systems.
- Participants will learn about two model programs in different cultures.
- Participants will gain greater understanding of a range of approaches successfully used in groups with offenders.
- Participants will consider both challenges and opportunities of MI integration into prison systems and other controlled environments.

ABSTRACTS

# PARALLEL SESSIONS VI



WEDNESDAY JUNE 9					
	Room Aula Floor 3	Room Musiksal Floor 4	Room 361 Floor 3	Room 357 Floor 3	Room 353 Floor 3
10.30 am– 12.00 pm	PARALLEL SESSIONS VI				
	<b>Symposium F</b> <b>Alcohol-E/ DUDIT-E: Ex- ploring motiva- tion to change</b> AH Berman V Flygare P Lobmaier K Sinadinovic C Brisendal	<b>Workshop X</b> <b>Web-based MI training</b> J Elder A Recesso	 <b>Oral session 12</b> <b>Preventive issues in MI for adoles- cent populations</b> M Mason J de Jonge E Lejelind <i>Facilitator:</i> <i>S Naar-King</i>	<b>Workshop XI</b> <b>Brief Action Planning in early phase II</b> S Cole	

## SYMPOSIUM F – ALCOHOL-E/DUDIT-E

Wednesday June 9, 10.30 am–12.00 pm, Room Aula, Floor 3

### Exploring motivation to change substance use with the Alcohol-E and DUDIT-E: Psychometric robustness, research outcomes and clinical reflections from Sweden and Norway

**CHAIR: ANNE H BERMAN**

Karolinska Institutet Clinical Neuroscience, Huddinge

**PRESENTERS:**

Anne H Berman, PhD, Karolinska Institutet, Dept of Clinical Neuroscience

Viktor Flygare, MSc, Stockholm University, Dept of Psychology, The DUDIT-E as a Measure of Motivation to Change Substance Abuse Behavior

Philipp Lobmaier, MD, Oslo University, Faculty of Medicine, Drug use patterns and implications for treatment among Norwegian male prison inmates: a cross-sectional survey

Kristina Sinadinovic, BSc, PhD candidate, Karolinska Institutet, Dept of Clinical Neuroscience, Psychometric data for Swedish Internet users of the Alcohol-E and the DUDIT-E

Claes Brisendal, MSc, Clinical Psychology Specialist, HNT Psychiatric clinic, The DUDIT-E as a clinical tool in MI-inspired dialogues with addiction treatment outpatients in Norway

**BRIEF DISCUSSION OF SYMPOSIUM FOCUS:** Brief intervention for problematic alcohol and drug use can consist of assessment with MI-based feedback. Two in-depth screening instruments that can add to the available repertoire for brief intervention at the assessment stage are the Alcohol-E and the DUDIT-E, 54-item instruments that cover frequency of substance use, positive and negative aspects as well as readiness to change use. Both instruments yield a “motivational index” which has been tested in several studies with varying results. This symposium will present quantitative and qualitative data on the Alcohol-E and the DUDIT-E among different groups with problematic use of alcohol and drugs.

#### **Presentation 1: The DUDIT-E as a Measure of Motivation to Change Substance Abuse Behavior**

*Viktor Flygare, MSc, Stockholm University, Dept of Psychology*

**AIM:** To assess the concurrent and predictive validity of the DUDIT-E as a measure of motivation to change drug use among inpatients at a hospital detox unit.

**METHOD:** The URICA and the SOCRATES were used to assess concurrent validity and changes in self-reported drug use were the criterion variable for assessing predictive validity.

**RESULTS:** Four out of 28 DUDIT-E/URICA/SOCRATES correlations were significant. Lower DUDIT-E negative aspects of drug use scores surprisingly predicted greater decreases in drug use.

**CONCLUSION:** The DUDIT-E motivational measure offers empirical and conceptual problems in research. It should be tested among different groups and evaluated clinically.

### **Presentation 2: Drug use patterns and implications for treatment among Norwegian male prison inmates: a cross-sectional survey**

*Philipp Lobmaier, MD, PhD candidate, Oslo University, Faculty of Medicine*

**AIM:** This cross-sectional survey screened 511 prison inmates via the self-report AUDIT, DUDIT and DUDIT-E.

**METHOD:** Hazardous users were compared to dependent users regarding type and pattern of drug use. Prediction of DUDIT dependent use was tested based on type of drug used.

**RESULTS:** Among the 123 respondents (31.5% response rate) 42 % reported hazardous use and 47% reported dependent drug use. The strongest predictor of dependence according to the DUDIT was frequent use of hard drugs (odds ratio of 9.34).

**CONCLUSION:** Cognitions around drug effects and readiness to change drug use patterns may have implications for treatment.

### **Presentation 3: Psychometric data for Swedish Internet users of the Alcohol-E and the DUDIT-E**

*Kristina Sinadinovic, BSc, PhD candidate, Karolinska Institutet, Dept of Clinical Neuroscience*

**AIM:** To assess reliability and validity for 748 DUDIT-E and 1528 Alcohol-E Internet-based tests.

**METHOD:** Internal consistency reliability and factor analysis.

**RESULTS:** Cronbach's alpha coefficients: 0.95, 0.96 and 0.87 for the P, N and T-sections of the DUDIT-E; 0.93, 0.94 and 0.80 for Alcohol-E. Two components described the P- and N-sections of the DUDIT-E, explaining 62% and 66% of the variance; three components explained 74% for the T-section. For the Alcohol-E P-section, two components explained 55% of the variance, with three components each for N- and T-section (64% and 67% of variance).

**CONCLUSION:** Internet-based data samples exhibit excellent psychometrics.

#### **Presentation 4: The DUDIT-E as a clinical tool in MI-inspired dialogues with addiction treatment outpatients in Norway**

*Claes Brisendal, MSc, Clinical Psychology Specialist, HNT Psychiatric clinic*

**BACKGROUND:** The DUDIT-E has been used since 2002 in numerous settings in Sweden and other countries.

**AIM:** Systematic data regarding clinical use have been unavailable.

**METHOD:** Ten clinical dialogues centering on DUDIT-E feedback were transcribed and examined in preparation of the DUDIT-E manual.

**RESULTS:** The DUDIT-E can be used in assessment, treatment or follow-up stages, and the dialogue can center on particular aspects of the drug use (examples will be presented).

**CONCLUSIONS:** The DUDIT-E offers a foundation for dialogue between counsellors and clients, once the client has been clearly identified as a drug user.

## WORKSHOP X – WEB-BASED MI TRAINING

Wednesday June 9, 10.30 am–12.00 pm, Room Musiksal, Floor 4

### Teaching MI Online and Hybrid: Lessons Learned and Learning

**AUTHOR: JACQUELINE ELDER**

Governors State University, Addictions Studies, USA

**ADDITIONAL AUTHOR:** Judy Elder Lewis

**WORKSHOP TOPIC:** This workshop is for experience and computer-phobic people to see, hear and try a completely online training course on Motivational Interviewing that is based on sound pedagogy. A good course (or training) engages students/learners with interactive activities (fun stuff!) and technology uses. We can do that. This workshop will cover one module of the Introductory course.

**WORKSHOP METHODOLOGY:** This is a "hands on" workshop to show what we have done at our university creating a series of 3 fully online courses that are comprised of 45 interactive contact hours using internet, audio, video, blog, wiki, Podcasts and Discussion Boards. Each course requires 3 digital audio sessions, with MITI coding, feedback/coaching via Skype and progress into next class is dependent on proficiency on audio session. Everyone should bring their laptop.

**LEARNING OBJECTIVES:** Acquire information about how the initial design of each course is scaffolded for acquired knowledge and skills of Motivational Interviewing. Demonstrate and practice basic use of one course module to experience what a student and teacher could expect in such a course. Acquire knowledge of the tools available on the internet, and how they could be integrated into face to face courses and training.

## WORKSHOP X – WEB-BASED MI TRAINING

Wednesday June 9, 10.30 am–12.00 pm, Room Musiksal, Floor 4

### The Use of Web-based Technology in the Teaching and Development of Proficiency in Motivational Interviewing

**AUTHOR: ART RECESSO**

PhD Evirx, Athens, GA., USA

**ADDITIONAL AUTHORS:** Tommie L. (Larry) Walton III, LCSW Recovery Cafe, LLC.

**WORKSHOP TOPIC:** This workshop will address the issues of proficiently teaching and training, providing supervision, giving feedback and coaching of practitioners using Motivational Interviewing. The workshop will specifically address the use of web-based technology through the Video Analysis Tool (VAT) in accomplishing the tasks of learning to learn MI.

**WORKSHOP METHODOLOGY:** Methodology employed in the delivery of the workshop will be didactic and interactive. Visual applications including Power Point, the Video Analysis Tool web-based software, and video will be used. Participants will have the opportunity interact with one another and to submit in advance digital video or audio recording of an MI session for a “hands on” experience in use of the VAT.

**LEARNING OBJECTIVES:**

Participants will:

- Be introduced to the Video Analysis Tool (VAT) and how it integrates with MI training and development of proficiency
- Learn the how to use a lens to focus on critical attributes of MI during training and coaching
- Experience a hands-on approach to how VAT functions to facilitate delivery of training, learning MI, and continuous support in the field
- Engage in interactive discussion about applications in the field
- Understand the utility of developing a digital library of MI cases and practices
- Develop their own case and experience of web based technology, learning from each other
- Understand implications for using VAT

## ORAL SESSION 12 – PREVENTIVE ISSUES IN MI FOR ADOLESCENT POPULATIONS

Wednesday June 9, 10:30 am–12:00 pm, Room 361, Floor 3

### Motivational Interviewing plus Social Network Intervention for Urban Female Adolescents in Primary Care

**AUTHOR:** MICHAEL MASON

Villanova University, Education & Human Services, Villanova, USA

**BACKGROUND:** Our recent research has shown that female urban adolescents are at elevated risk (up to 7 times the risk) for substance use and abuse when their social networks are more risky compared to males with similar risky networks. Thus, we targeted this high-risk group with a social network-based intervention. We hypothesized that participants in the experimental condition (MI+SN) will have lower rates of substance use relative to participants in the control condition.

**AIM:** The purpose of this research is to test the efficacy of a brief preventive intervention for substance use and associated risk behaviors among female adolescent patients of a primary care health clinic. We used an evidenced-based social network session and infuse it with motivational interviewing approaches to develop a stand-alone, single session, motivational interviewing plus social network (MI+SN) intervention.

**METHOD:** 40 adolescent patients receiving primary care health services were randomly assigned to either control or motivation interviewing and social network intervention and were followed up with a phone interview at one month post baseline.

The MI+SN intervention consists of four parts: Assessing motivation to change, enhancing motivation to change, social network analysis, and constructing a plan.

**RESULTS:** Results indicated enhanced effects on adolescents' protective social network quality, reduction of marijuana use, intentions to use marijuana, and readiness to start substance use counseling compared to controls.

**DISCUSSION:** Results are promising and suggest that by integrating a social network component into MI provides gains for urban adolescent females within a primary care setting.

## ORAL SESSION 12 – PREVENTIVE ISSUES IN MI FOR ADOLESCENT POPULATIONS

Wednesday June 9, 10.30 am–12.00 pm, Room 361, Floor 3

### Adapting motivational interviewing techniques for adolescents

**AUTHOR: JANNET DE JONGE**

Verslavingszorg Noord Nederland, Research, Groningen, The Netherlands

**INTRODUCTION:** Adolescent motivation for change is mentioned as a treatment moderator (Waldron & Turner, 2008). Motivational interviewing is effective in adolescent substance use treatment (Monti, Barnett, O’Leary & Colby; Dennis et al, 2004) and guides people through a decision making process. The prefrontal cortex and limbic brain regions which are involved in decision making mature during adolescence (Spears, 2000).

**AIM:** In the current study motivational interviewing techniques are adapted in a new intervention and a feasibility study is done.

**METHOD:** At the end of 2008 an expert-group of substance and youth counselors required a treatment manual containing guidelines for comorbid internalizing, externalizing and cognitive problems. An overview of effective adolescent substance abuse treatments was made. In 2009 the feasibility of the new treatment manual was tested in two substance abuse treatment centres and an outpatient treatment for forensic adolescent psychiatry. The trained counselors and the treated adolescents evaluated the treatment manual.

The treatment consists of two parts: a motivational intervention and a personality based skills training (Table 1). In the motivational intervention adolescents are guided through a decision making process and personality dimensions are assessed. Motivational interviewing techniques are visualized, and themes are repeated. The pace is set by the adolescents’ cognitive capacities and age.

**RESULTS:** Up to now 25 adolescents started the intervention. According to the counsellors the general guidelines for speed, repetition and comorbid problems are clear. Furthermore, the visualizations are applicable. At the moment adolescents evaluations and information on treatment retention are collected.

**DISCUSSION:** The treatment manual is applicable. The efficacy of the intervention should be examined in a future study. Developing a group variant is worth while as well.

## ORAL SESSION 12 – PREVENTIVE ISSUES IN MI FOR ADOLESCENT POPULATIONS

Wednesday June 9, 10.30 am–12.00 pm, Room 361, Floor 3

### Motivational interviewing for increased condom use with the purpose of reducing Chlamydia infection

**AUTHOR:** EVA LEJELIND

Akademiska sjukhuset, Venereologmottagningen, Uppsala, Sweden

**BACKGROUND:** Sexually transmitted infections (STI) are increasing. Chlamydia is the most common of these infections. To reduce the risk of chlamydia infection also means reducing the risk for other STIs such as gonorrhea, syphilis and HIV.

**AIM:** The purpose is to conduct a pilot study to examine if patients have been given condom-information with MI, use safer sex more often and as a result, get fewer STIs.

**METHOD:** The medical social worker/counselor (kurator) and nurses working at the clinic for STI will give condom information based on a manual for MI. Information will be given to 100 patients independently of gender and sexual preference, who have or have had a chlamydia infection. The patients will be asked for permission to be contacted after 6 months.

After 6 months the counselor will phone and ask if the patients have had sexual contact, safer sex or unsafe and ask if they have had any STI. If the patients have had unsafe sex and are not tested, a new test will be offered.

The information will be given during February–March 2010. The follow-up interviews will be in August–October 2010.

**RESULTS:** The report with the final results is to be presented in December, 2010.

## WORKSHOP XI – BRIEF ACTION PLANNING

Wednesday June 9, 10.30 am–12.00 pm, Room 357, Floor 3

### Brief Action Planning: An Early Phase Two Probe in a Stepped-Care Adaptation of Motivational Interviewing

**AUTHOR: STEVEN COLE**

Stony Brook University Medical Center, Psychiatry, Stony Brook, USA

**WORKSHOP TOPIC:** Recent research, as well as commentary from Miller and Rollnick, suggests that motivational interviewing (MI) “is not for everyone.” MI seems most appropriate for patients or clients who are relatively more complex, angry, or refractory to change and a standard “Phase One” MI may be somewhat less appropriate, less efficient and less effective for patients/clients at higher levels of readiness for change. The field of clinical behavior change may benefit from a unifying theory and practice which can pragmatically address motivation across the full range of readiness to change in all patients/clients.

**WORKSHOP METHODOLOGY:** Comprehensive Motivational Interventions (CMI) provides an integrative, stepped-care strategy to meet this need. CMI starts with an early Phase Two probe, called “Brief Action Planning” (formerly UB-PAP or ultra-brief personal action planning) for all patients/clients. Brief Action Planning (B.A.P.), a self-management support tool originally developed for Wagner’s chronic illness care model and now used for the patient-centered medical home, was published by the American Medical Association in its 2008 “Tipsheet for Physician Self-Management Support” and is currently used in several CDC (Center for Disease Management) programs, and disseminated by the U.S. Health Resources Services Administration (HRSA), the U.S. Indian Health Service, and other public and private sector organizations and health systems. As the next step for those patients/clients who will not or cannot develop action plans with B.A.P., CMI introduces 5 rapport-building and/or 5 skills for understanding from Dr. Cole’s textbook, *The Medical Interview: The Three Function Approach*. These 10 skills overlap with the skills of OARS and address the same communication domains of relationship and understanding. For the most complex, challenging and refractory behaviors, CMI introduces three advanced MI skills (rolling with resistance, elicit ambivalence, and develop the discrepancy). Practitioners learn CMI and earn certification through web-based or workshop learning.

In this workshop, Dr. Cole will model the use of B.A.P, offer participants the opportunity to practice B.A.P. in small groups, and show six high-definition clinical vignettes (5 minutes each) designed to demonstrate all 20 core skills of beginning, intermediate, and advanced CMI.


**LEARNING OBJECTIVES:** At the conclusion of this workshop, participants will be able to:

- 1) Describe the three core questions of Brief Action Planning (B.A.P.);
- 2) Explain how B.A.P. is aligned with the spirit of motivational interviewing;
- 3) List the 20 core skills of Comprehensive Motivational Interventions (CMI);
- 4) Use B.A.P. and CMI as adaptations of Motivational Interviewing for routine clinical care as well as for brief workshops or longitudinal training programs.

ABSTRACTS

# PARALLEL SESSIONS VII



WEDNESDAY JUNE 9					
	Room Aula Floor 3	Room Musiksal Floor 4	Room 361 Floor 3	Room 357 Floor 3	Room 353 Floor 3
1.00– 2.30 pm	PARALLEL SESSIONS VII				
	<b>Symposium G</b> <b>Criminal justice</b> M Hohman CÅ Farbring L Forsberg	<b>Workshop XII</b> <b>Qualitative aspects of client experience in MI</b> M Farrall	 <b>Oral session 13</b> <b>The clinician's needs and perspectives</b> C Isenhardt D Catley K Green  <i>Facilitator:</i> C Näsholm	<b>Workshop XIII</b> <b>Factors in implementing MI</b> A Willander	

## SYMPOSIUM G – CRIMINAL JUSTICE

Wednesday June 9, 1.00–2.30 pm, Room Aula, Floor 3

### MI Training Outcomes of Youth Correctional Workers in California

#### Effects from a large scale MI implegration in the national prison system in Sweden

**CHAIR: MELINDA HOHMAN**

Center for Criminality and Addiction Research and Application  
University of California at San Diego, San Diego, USA

**PRESENTERS:** Melinda Hohman, Ph.D., Igor Koutsenok, M.D, Lars Forsberg, Karolinska Institutet and Carl Åke Farbring, National Prison and Probation Administration

**BRIEF DISCUSSION OF SYMPOSIUM FOCUS:** MI is known to be notoriously difficult to learn and even more difficult to use. Research has shown convincingly that learning effects from workshops are negligible. Large scale implegration has used a systemic model to increase the probability that a) clients have increased their motivation to change after receiving motivational sessions and b) that counselors' skills in MI have improved. A "three styles" implementation of MI may be optimal for some staff categories.

#### Presentation 1: The training outcomes of over 2,000 youth correctional workers in California

*Melinda Hohman, Ph.D., Igor Koutsenok*

We compare pre- and post-test data from both a 3-day MI training and a follow-up 2-day training. Measures included the Helpful Responses Questionnaire as well as the Video Assessment of Simulated Encounters-Revised. How demographic characteristics as well as scores from the Attitudes Towards Offenders scale impacted training gains and motivation to use MI are discussed. We will also present data from a competency measure which was a live-coded role play with simulated clients.

#### Presentation 2

*Lars Forsberg and Carl Åke Farbring*

The systemic approach will be described and pre- to post evaluations on clients' motivation to change, assessed by SOCRATES, URICA and other measures will be described. The probability for behavioral change as a consequence of increased motivational scores in this context will be discussed.

As part of an RCT at Karolinska Institutet, we have compared counselors' skills in MI working in two different conditions: five sessions with manualized MI alone (BSF) and five sessions of manualized MI combined with "comrade groups" meeting once every five weeks (BSF +) listening to recorded tapes, compared to an MI integrity instrument, having friendly feedback on performance and being coached by peers in a relaxed and friendly atmosphere. The results from this implementation will be compared to a group that received treatment as usual (TAU).

### **Presentation 3**

*Lars Forsberg and Carl Åke Farbring*

A software learning device – a CD and manuals – referring to the three styles (Rollnick, Miller and Butler, 2009) was produced in a collaborative effort (Rollnick-Farbring) already in 2005. The purpose was to decrease stress for prison staff in typically shorter and less therapeutic interactions with clients but often in particularly difficult work and high conflict situations. The effects from this implementation will be presented and discussed.

## WORKSHOP XII – QUALITATIVE ASPECTS OF CLIENT EXPERIENCE IN MI

Wednesday June 9, 1.00–2.30 pm, Room Musiksal, Floor 4

### Being on the Receiving End: Exploring Some Qualitative Aspects of the Client's Experience of MI, With Reference to Some Contemporary Questions of MI Practice

**AUTHOR: MARK FARRALL**

Ignition Creative Learning, Cardiff, Wales, UK

**WORKSHOP TOPIC:** Much current MI research takes a positivistic stance to focus on language, coding etcetera. This workshop will attempt to consider how the MI experience might 'feel' for a client, and this might relate to questions of effective practice and what we do or don't do in a MI session.

**WORKSHOP METHODOLOGY:** Initial presentation of discussion to raise themes and questions, followed by interactive small group work, using role play and client scenarios, or personal material if appropriate. These subgroups will be structured to represent different 'strands' or 'flavors' of MI practice. Summary and peer discussion as proceeding, and to close the session.

**LEARNING OBJECTIVES:** Consideration of qualitative aspects of how MI 'feels', linked to questions such as the exploration of 'sustain talk' (or not), possible conflicting understandings of 'guiding', the link between 'spirit' and the value stance of the worker, how to avoid the generation of false 'commitment' talk. These issues link to themes of MI effects and verbal behavior, the mechanics of MI and the linguistics of MI.

## ORAL SESSION 13 – THE CLINICIAN’S NEEDS AND PERSPECTIVES

Wednesday June 9, 1.00–2.30 pm, Room 361, Floor 3

### The clinician training for an MET intervention in a Hepatitis C clinic

**AUTHOR:** CARL ISENHART

VA Medical Center, PPH (Ward 1L), Minneapolis, US

**ADDITIONAL AUTHOR:** Eric Dieperink, M.D., Principle Investigator, Psychiatrist, VA Medical Center, Minneapolis, Minnesota.

**BACKGROUND:** This clinician training is being conducted as part of a randomized clinical trial to evaluate the efficacy of Motivational Enhancement Therapy (MET) to a control health education intervention on alcohol use levels in patients with alcohol use disorders and chronic hepatitis C. The training involves reviewing audio-taped sessions with a modified Motivational Interviewing Treatment Integrity scale (MITI). We use a “group scoring and feedback” process during which all clinicians use the coding sheet and provide feedback to each other. Not only does the clinician learn from receiving feedback, but the process of coding others’ sessions helps to sensitize the clinician to subtle aspects of MI, which can facilitate the learning process.

**AIM:** The aim is to share our lessons learned from the group scoring process: avoiding close-ended questions, most importantly the challenge of training the clinician to be directive and recognize, elicit, and pursue change talk will be discussed. Also, strategies we used to address these issues will be presented.

**METHOD:** The training method will be described, clinical examples will be provided, and information about the impact of the training will be presented.

**RESULTS:** Information demonstrating the trends in the clinician’s abilities to engage in MI-adherent and avoid MI-non-adherent skills will be presented along with other “markers” of MI integrity (e.g., ratio of open to close-ended questions and ration of reflections to questions).

**DISCUSSION:** By discussing this process, we hope to identify challenges involved with training clinicians and generate ideas to address these challenges.

## **Satisfaction with Treatment and Therapeutic Alliance in a Randomized, Controlled Trial of MI for Smoking Cessation among College Students**

**AUTHOR: DELWYN CATLEY**

University of Missouri – Kansas City, Psychology, Kansas City, USA

**ADDITIONAL AUTHORS:** Kari J. Harris, Associate Professor, The University of Montana, Glenn E. Good, Professor, University of Missouri – Columbia, Nikole J. Cronk, Assistant Professor, University of Missouri – Columbia

**BACKGROUND:** Although college student smoking rates are high and motivation to quit is low, there have been relatively few studies testing interventions to reduce smoking. The Greek Health Project was a group randomized trial designed to test a Motivational Interviewing based smoking cessation intervention (relative to a dietary focused control) for members of sororities and fraternities at a large U.S. university.

**AIM:** The purpose of this study was to explore participant satisfaction with the intervention and therapeutic alliance with counselors.

**METHOD:** The sample consisted of 334 smokers (44% female, mean age=19.5) recruited regardless of readiness to quit. Satisfaction was assessed with the Client Satisfaction Questionnaire. Therapeutic alliance was assessed with the Working Alliance Inventory which includes a Total score and three sub-scale scores (Agreement on Tasks, Agreement on Goals, and Therapeutic Bond).

**RESULTS:** Overall, levels of satisfaction and therapeutic alliance were high. There was no difference between treatment arms in Satisfaction or Therapeutic Bond, however Agreement on Tasks, Goals, and Total Alliance scores were significantly lower in the smoking arm relative to the fruit and vegetable arm ( $p < .013$ ,  $.008$ , and  $.05$ , respectively). Additional regression analyses indicated that satisfaction and alliance were not related to level of smoking or readiness to quit at baseline.

**DISCUSSION:** In spite of the somewhat lower therapeutic alliance among students in the smoking arm, overall the results suggest that MI for smoking was generally well received by the students. MI may be a viable intervention with unmotivated college student smokers.

Support for this study was provided by grant R01 CA107191 from the National Institutes of Health.

## The use of Motivational Interviewing in Danish smoking cessation intervention groups

**AUTHOR: KIT GREEN**

Danish Cancer Society, Department of Prevention and Documentation, Copenhagen, Denmark

**ADDITIONAL AUTHORS:** Kit Green, master in psychology and public administration and Lars Nielsen, psychologist, Danish Cancer Society.

**BACKGROUND:** Since 1995 all the Danish regions have made use of the same standardized method for smoking cessation counselling in groups. Health professionals and social workers are given a 3-day course in smoking cessation where they are trained in cessation in groups of 12 persons. In the training of the cessation counselors a step by step manual is used.

**AIM:** The aim is to reduce the number of smokers in Denmark. To give all smokers in Denmark easy access to guidance on smoking cessation methods.

**METHOD:** The theoretical background is Motivational Interviewing, The Trans-theoretical Model of Change and Cognitive Behavioural Therapy. The aim of the intervention is to meet the clients in a non-judgmental way. The group members can make use of each other to give a broader perspective, to challenge and discuss the ambivalence of their decision and finally of course strengthen motivation and ability to stay smoke free.

**DISCUSSION:** It has been a great challenge for especially health staff, who are used to actively giving advice instead of facilitating a process, to let go of their knowledge and let the group process work without interference.

We have worked on how to convey individually-based motivational counselling techniques for use in groups with focus on the smoker's strengths, values and supporting self-efficacy. And how to create a sense of coherence among the group members – linking them together by pointing out equalities and differences.

## WORKSHOP XIII – FACTORS IN IMPLEMENTING MI

Wednesday June 9, 1.00-2.30 pm, Room 357, Floor 3

### Examining and evaluating important factors involved in the process of implementation of MI

**AUTHOR: ANDERS WILLANDER**

National Board of Institutional Care

Research & development unit, Stockholm, Sweden

**ADDITIONAL AUTHORS:** Timothy Van Loo, MD, specialist in psychiatry, Stefan Sanner, psychologist, psychotherapist, Anders Willander, education secretary, BA, organisation for all as above

**WORKSHOP TOPIC:** The workshop will present a report from a survey examining the implementation of motivational interviewing within the treatment centers that are part of the National Board of Institutional Care (SiS). The survey was answered by 8 different care centers within SiS. In order to place the survey in a national and international context, the survey was also answered by representatives of the Swedish Criminal Care system, a County and Healthcare project in northern Sweden and also by a number of MI-trainers worldwide. Background research on the knowledge and research of the art of implementation was carried out as well also in an effort to position the survey in a larger setting.

**WORKSHOP METHODOLOGY:** The findings of the survey will be presented in a workshop and will start with information about the National Board of Institutional Care (SiS) to better understand the context in which the survey has been done. The results of the survey will be presented and set in a larger perspective against the background of national and international experience as well as present knowledge and research of implementation. Participants will be encouraged to discuss and reflect over our findings and in particular examine to what extent our findings seem to harmonize with their own experience and might aid in their effort to train and implement motivational interviewing.

**LEARNING OBJECTIVES:** Teaching or presenting a new technique or method is not sufficient to insure that the participants in the learning process will succeed in implementing their new knowledge and skills in their daily and worked based setting. The art and process of implementation is a crucial part of integrating new knowledge and skills in the treatment of individuals at the treatment centers. Our objective in presenting this work is to share our experience and our findings about the aspects that can induce or alternatively impair the implementation of motivational interviewing.

## POSTERS

### **1. A web-based Motivational Interviewing treatment integrity assessment service**

Lars Forsberg, Helena Lindqvist, Lisa Forsberg, Johan Glimskog, Stefan Borg, The Center for Dependency Disorders in Stockholm and Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden in partnership with Jobexecute

### **2. Self-Assessment of Motivational Interviewing Skills**

Lisa Forsberg, Lars Forsberg, Helena Lindqvist, Ulric Hermansson, Hans Wickström, Department of Clinical Neuroscience; Karolinska Institutet

### **3. Agenda Setting in the Clinical Encounter**

Nina Gobat, Department of Primary Care and Public Health, School of Medicine, Cardiff University

### **4. Using motivational interviewing to increase physical activity in sedentary children**

Staffan Hultgren, Swedish School for Health and Sports Sciences (GIH), Stockholm, Sweden

### **5. The process of implementing MI in a newly established forensic projectward for patients with an abuse problem**

Majken Johansen, Psychiatric Center Sct. Hans, Forensic department R3, Roskilde, Denmark

### **6. Smoking and Quitting Motives, and Preferences for Smoking Cessation Support Among New or Expectant Fathers**

John William Kayser, Quebec Interuniversity Nursing Intervention Research Group

### **7. MI as a prelude for Exposure therapy for OCD and PTSD**

Miyako, Oguru, Oguru Clinic / Hyogo College of Medicine

### **8. Tobacco and SBIRT Training and Implementation in Primary Care Practices**

Carolyn Swenson, Colorado Clinical Guidelines Collaborative

## 1. A web-based Motivational Interviewing treatment integrity assessment service

### **LARS FORSBERG**

The Center for Dependency Disorders in Stockholm and Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

### **ADDITIONAL AUTHORS**

Helena Lindqvist, Karolinska Institutet, Department of Clinical Neuroscience

Lisa Forsberg, Karolinska Institutet, Department of Clinical Neuroscience

Stefan Borg, Beroendecentrum Stockholm

Johan Glimskog, Jobexecute

**BACKGROUND:** The Motivational Interviewing Treatment Integrity (MITI) coding service at the Motivational Interviewing Coding Laboratory (MIC Lab) at Karolinska Institute has a wide range of clients, from universities to MI trainers and health care personnel. Motivational Interviewing (MI) skill is assessed using the MITI instrument to code audio recorded treatment sessions. MITI coding is used for treatment integrity assessment in clinical trials, as well as in MI training and supervision. Feedback based on MITI ratings has been found to facilitate the acquisition and retention of MI skill. Inter-rater reliability at the MIC Lab has ranged from good to excellent.

**AIM:** To develop a web-based service offering reliable and valid assessment of MI practice to trainees and practitioners, facilitating the learning and teaching of MI skills.

**METHOD:** The standard confidentiality procedures for health care will apply. Users will be able directly to upload their audio-recorded sessions to the service website.

A range of tailored options will be offered, including:

- MITI protocol with basic written feedback;
- MITI protocol with detailed written feedback;
- MITI protocol and detailed telephone feedback (approximately 15 minutes);
- Coding and feedback on all MITI variables or on particular variables
- Coding of clients' verbal behaviours using the Client Language Assessment in Motivational

Interviewing (CLAMI) system;

- MITI Membership management;
- Subscription (six codings per year) or one-off codings;
- Forum.

**DISCUSSION:** A web-based service offering treatment integrity assessment may form an important part of training and supervision, quality assurance of clinical practice, and perhaps certification procedures.

## 2. Self-Assessment of Motivational Interviewing Skills

**LISA FORSBERG**

Inst för klinisk neurovetenskap; Karolinska Institutet

### **ADDITIONAL AUTHORS**

Helena Lindqvist, Karolinska Institute, Department of Clinical Neuroscience

Lars Forsberg, Karolinska Institute, Department of Clinical Neuroscience

Hans Wickström, Karolinska Institute, Department of Clinical Neuroscience

Ulric Hermansson, Karolinska Institute, Department of Clinical Neuroscience

**BACKGROUND:** There has been a rapid dissemination of Motivational Interviewing (MI). However, evidence for the efficacy of MI has come from controlled clinical trials, where treatment integrity is ensured through rigorous training and close supervision. In routine clinical practice, by contrast, training is frequently less rigorous and supervision sporadic. Quality assurance of routine clinical practice largely relies on clinicians' own evaluation of practice. Self-assessment has, however, been found to be inaccurate in a wide range of different fields. Where clinicians are responsible for evaluating their own MI skill, the treatment delivered may often fall below the standard shown to be effective in clinical trials. Unreliable self-assessment risks discrediting MI itself, and may have severe ethical implications insofar as clients may receive treatment for which they do not enrol.

**AIM:** To examine the accuracy of clinicians' judgments of their own skill in using MI.

**METHOD:** Clinicians rated their in-session performance in areas corresponding to the global variables and behaviour count indices in the Motivational Interviewing Treatment Integrity (MITI) code. Sessions rated by counsellors subsequently were submitted for expert rating using the MITI at the Motivational Interviewing Coding Laboratory (MIC Lab) at Karolinska Institute. The MITI has been found to be a reliable and valid instrument for assessing treatment integrity in MI. Coders were blind to all clinician information.

### **RESULTS**

Preliminary findings based on data collected during the first few months of the study will be presented.

### **DISCUSSION**

Implications for research and clinical practice will be discussed.

### 3. Agenda setting in the clinical encounter

**NINA GOBAT**

Cardiff University, Department of Primary Care and Public Health, School of Medicine, Cardiff, Wales, UK

**ADDITIONAL AUTHORS:** Dr Mike Robling, Associate Director, South East Wales Trials Unit, Cardiff University, 7th floor Neuadd Meirionnydd, Heath Park, Cardiff, CF 14 4YS

Prof Paul Kinnersley, Dept Prim Care and Public Health, Cardiff University, 3rd floor Neuadd Meirionnydd, Heath Park, Cardiff, CF 14 4YS

Prof John Gregory, Professor of Paediatric Endocrinology, Department of Child Health, Ground Floor, University, Heath Park, Cardiff CF14 4XN

**BACKGROUND:** Agenda setting is considered an important clinical skill in managing long term conditions, and is highlighted in a number of texts in Motivational Interviewing. Very little research has been conducted on exactly what this is, how clinicians view its importance and how it could be measured.

**AIM:** This research aims to establish a comprehensive definition of agenda setting and to clarify core competencies of skilful practice.

**METHOD:** A structured literature review was carried out to understand variations in the description and use of agenda setting. In addition focus groups with practitioners in primary and secondary care in SE Wales (UK) were conducted. Data were collected using a semi-structured topic guide built around consultation scenarios. Thematic analysis was used to identify core domains of agenda setting.

**RESULTS:** Variations in agenda setting identified in the literature search were mapped to identify commonalities across clinical settings and to clarify common elements of skilful practice. A conceptual model is proposed which aims to capture the richness of variations such as time, continuity and interactional style, as well as some of the common elements. Core domains of agenda setting are suggested, including a defining feature – the skilful shift between addressing immediate concerns while holding a “bird’s eye” perspective of shared management goals.

**DISCUSSION:** These results lay the foundations for development and validation of a rating scale of practitioner skilfulness in agenda setting.

## 4. Using motivational interviewing to increase physical activity in sedentary children

**STAFFAN HULTGREN**

Swedish School for Health and Sports Sciences (GIH), Stockholm, Sweden

### **ADDITIONAL AUTHORS**

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**BACKGROUND:** Sedentary behaviour is a strong risk factor for overweight and obesity as it tracks from childhood to adulthood. Early intervention aiming at increase physical activity is therefore important in obesity prevention. The research question at hand is how to design attractive interventions. Motivational interviewing (MI) represents an interesting technique for behaviour change. However, to our knowledge, it has not been tested to increase level of physical activity in sedentary, normal weight children.

**AIM:** To study whether a 6 month targeted intervention focused on Motivational Interviewing (MI) can increase PA in inactive 8-yr old children and how it affects secondary measures such as metabolic and cardiovascular risk factors and markers, self-reported quality of life, BMI, body composition and aerobic work-capacity.

**METHOD:** With the full consent of parents/caretakers we will screen the children at selected schools with evaluation forms and accelerometers. The 30% most inactive children will be offered participation in the study. Cut off values for inactivity is obtained from a large reference-material based on 1800 measurements on 6 – 10 yr old children from the STOPP study. The intervention will be delivered through sessions aiming at developing healthy habits regarding primarily PA and secondarily food intake. These sessions will be performed by trained health care workers (MI facilitators) and carried out in the families' homes and later on via telephone. All families will meet with their facilitator during at least 6 times. Extra effort (such as group out-door activities) will be made. The MI-facilitators will have continuous education and guidance from a qualified MI tutor/researcher. The study will be of randomized controlled design with a control group of equal size to intervention group. The aim is to include 2–300 children in the programme from 2009 to 2013.

## 5. The process of implementing MI in a newly established forensic projectward for patients with an abuse problem

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### **ADDITIONAL AUTHORS**

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**BACKGROUND:** Our ward can attend to specific substanceabusetreatment for up to 20 forensic patients with complex disorders – severe mental disorder, substance use disorder and a sentence for psychiatric treatment. The ward is manned by 38 staffmembers with different professional backgrounds and varied experience. The staff's qualifications concerning MI was extremely limited from the beginning and has been our biggest challenge.

**AIM:** Centerpiece of our work is building and maintaining the patients motivation through motivational interviews, cognitive therapy and a high degree of activities, that give the patients the opportunity to put something in place of their abuse, while helping them to achieve an increased prosocial behavior.

**METHOD:** Cognitive therapi, Mi and a high degree of activities.

**RESULTS:** The poster will show how we have worked with the implementation of MI, with both internal and external training opportunities.

## 6. Smoking and Quitting Motives, and Preferences for Smoking Cessation Support Among New or Expectant Fathers

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**BACKGROUND:** Parental smoking remains a significant modifiable risk factor for adverse maternal and infant health outcomes. Although pregnant and postpartum women have been an important target group for smoking cessation interventions, the smoking cessation needs of new or expectant fathers have been largely ignored.

**AIM:** The goal of this study was to explore the smoking and quitting motives, and preferences for smoking cessation support among new or expectant fathers, to help inform the development of a Motivational Enhancement Therapy smoking cessation intervention tailored to fathers who smoke.

**METHOD:** Using a qualitative descriptive design, we conducted in-depth interviews with ten new or expectant fathers in the Precontemplation or Contemplation stages of smoking cessation. The interviews were analyzed using content analysis.

**RESULTS:** Despite their reluctance to quit smoking completely, all the participants made changes in their smoking behaviors during pregnancy or postpartum to protect their partners, and infants from the odor and potential harm of secondhand and thirdhand smoke. Our findings reveal that pregnancy and childbirth may be a time when men experience additional and unique stress that influences continued smoking, but may also give rise to unique motives for future smoking reduction and cessation among men previously resistant to quitting.

**DISCUSSION:** New or expectant fathers may be more drawn to smoking cessation interventions that foster their own personal strategies to reduce or quit smoking, and respect their needs for self-reliance and control. We suggest that the perinatal period may be an opportune time for a motivationally-based proactive smoking cessation intervention among male smokers.

## 7. MI as a prelude for Exposure therapy for OCD and PTSD

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**BACKGROUND:** Exposure therapy is the first line treatment for the patients with OCD and PTSD. However, some patients refuse this therapy because of the discomfort during exposure. We hypothesized MI would alleviate this barrier.

**AIM:** To investigate the effectiveness of MI to motivate the exposure-refusing patients with OCD or PTSD for the treatment.

### **METHOD**

MI was applied for the patients who refused to participate in exposure treatment at our outpatient clinic. Patients were 10–38 years old, one male and five females, and five with OCD and one with PTSD. Internet-based MI was applied for 2 patients.

**RESULTS:** Before we implemented MI, 80 % of the patients refused exposure therapy and remained ill or dropped out from the treatment. After implementing MI, the rate of the patients who changed their mind and were willing to do exposure rose up to 67%.

**DISCUSSION:** Using MI as a prelude for exposure therapy for OCD/PTSD patients could produce far better results than non-MI method (persuasion, psychoeducation etc.) Internet-based MI could be used as an alternative for this purpose. For example, by exchanging e-mails based on MI and one face-to-face MI session, A typical case, female OCD patient who strongly expressed dislike for the exposure at the outset was presented.

## 8. Tobacco and SBIRT Training and Implementation in Primary Care Practices

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**ADDITIONAL AUTHORS:** Emily Gingerich, Project Manager, Colorado Clinical Guidelines Collaborative

**BACKGROUND:** Colorado Clinical Guidelines Collaborative is a collaboration of organizations working to improve health care quality and efficiency. We develop one-page evidence-based guidelines on prevention and disease management and distribute them to clinicians. We developed a Screening Brief Intervention Referral to Treatment (SBIRT) guideline on tobacco, alcohol and drug prevention and early intervention.

**AIM:** We sought to develop training methods to help practices implement guidelines into routine care.

**METHOD:** We developed the one-hour Rapid Improvement (RIA) training for the entire practice staff. We introduce the guideline and motivational interviewing (MI), and work with the practice to develop an implementation plan that outlines staff responsibilities and workflow. During 2009 we provided SBIRT RIA training to 13 diverse practices, including rural, public health, and college health. Telephone follow-up over six months assessed guideline implementation and offered further technical assistance.

**RESULTS:** After six months, 9/13 practices implemented SBIRT. Factors associated with implementation included an overall commitment to prevention and validated screening tools; standardizing intake forms, staff responsibilities, and workflow; training non-clinician staff on screening and brief intervention, having a practice champion, perceived high prevalence of substance abuse, recognition of the association of unhealthy alcohol use with common health problems, and positive feedback from patients. Challenges included reaching consensus among clinicians about the importance of substance abuse prevention, limited options for referral and a need for training and practice on MI.

**DISCUSSION:** We are introducing more MI demonstration into the RIA, and developing an online training module. This presentation will demonstrate these methods.

## ABSTRACT AUTHORS, ICMI 2

### Author, Abstract page nr

Allicock Marlyn	77	Farrall Mark	67, 103
Alm Charlotte	18	Farbring Carl Åke	101
Andersson Karin	37	Faouzi Mohamed	51
Baune C W	83	Flygare Viktor	89
Becker Ulrik	16	Forsberg Lisa	63, 69, 109, 110
Bendtsen Preben	39	Forsberg Lars	17, 63, 101, 109, 110
Berge Pia	21	Fortini Cristiana	51, 60
Berman Anne H	18, 59, 89	Gaume Jacques	51
Bertholet Nicolas	51	Gingerich Emily	116
Biondi Giovanni	55	Glimskog Johan	109
Borg Stefan	109	Glynn Lisa	52
Borch-Johsen Knut	14, 81	Gmel Gerhard	51
Brogan Kathryn	38	Gobat Nina	111
Brisendal Claes	89	Golledge J	83
Campbell Marci	77	Good Glenn E	105
Campiñez Manuel	40	Green Kit	106
Carbone Antonio	65	Gregory John	111
Carlbring Per	17	Grueninger Ulrich	24
Carr Carol	77	Guelfi Gian Paolo	65
Catley Delwyn	105	Gumpert Clara	18
Channon Sue	79	Grønback Morten	16
Cole Steven	49, 59, 97	Grønne Gitte	113
Cole Cathy	61	Hansen Anders B Gottlieb	16
Crawford Janis	86	Harai Hiroaki	45, 115
Cronk Nikole J	105	Harris Kari J	105
Daeppen Jean-Bernard	51, 60	Hellebuyck Luis	66
de Jonge Jannet	54, 95	Helgason Asgeir R	31, 63
Dieperink Eric	104	Henriksen JE	64
Dickinson Corrine	36, 83	Hermansson Ulric	110
Dunker-Scheuner Daniela	56	Hoesli Ruedi	24
Edberg Helena	21	Hohman Melinda	101
Ehrling Leena	62	Horridge Graeme	56
Ekblom Ö	112	Houck Jon	50
Elder Jacqueline	92	Hultgren Staffan	112
Ellis Deborah	38	Ingersoll Karen	45, 74
Eriksson Åsa	18	Isenhardt Carl	104

Jalasto Sigrid 19  
 Johansen Majken 113  
 Jonsson Jakob 17  
 Josephson Henrik 17  
 Jönsson Anders 21  
 Kahwati Leila 77  
 Karton Inga 10  
 Kayser John William 114  
 Robert Kender 38  
 Kinnersley Paul 111  
 Kinsinger Linda 77  
 Knifström Erik 31  
 Koski-Jännes Anja 68  
 Koutsenok Igor 101  
 Kristiansson Marianne 18  
 Lane Claire 80  
 Lauritzen Torsten 14, 81  
 Leicht A 83  
 Lejelind Eva 96  
 Lewis Judy 92  
 Lindhardt Christina Louise 84  
 Lindhe Söderlund Lena 22, 39  
 Lindqvist Helena 63, 109, 110  
 Lobmaier Philipp 89  
 Lønvig Else-Marie 64  
 Madsen Michael B 22  
 MacDonell Karen 38  
 Malmsten Janna 39  
 Marcus C 112  
 Marsh Karen 79  
 Mason Michael 94  
 McCambridge Jim 33  
 McLouth Christopher 34  
 Miller William R 29  
 Minet LK 64  
 Moyers Theresa B 34, 50, 52  
 Murphy Mary J 53  
 Naar-King Sylvie 38, 73  
 Neuner Stefan 24  
 Nielsen Lars 106  
 Nilsen Per 22, 39  
 Nordén Lillebil 20  
 Novo Rodríguez Jesús M 40  
 Ny Lind Karin 21  
 Oguru Miyako 115  
 Okajima Miyo 115  
 Olsson G 112  
 Orr Melinda 77  
 Palmstierna Tom 18  
 Paulsson Sara 86  
 Quirk Frances 36, 83  
 Ramberg Kristina 86  
 Recesso Art 93  
 Resnicow Ken 76  
 Robling Mike 111  
 Rollsby Charlotte 21  
 Rosendahl Ingvar 63  
 Rosengren David B 29  
 Rubak Sune 14, 22, 81  
 Sandbæk Anneli 14, 81  
 Sanner Stefan 107  
 Schmid Margareta 24  
 Schurmann Tolstrup Janne 16  
 Schöld Anna-Karin 39  
 Semenik Sonia 114  
 Sinadinovic Kristina 89  
 Sjöberg L 64  
 Skulason Bragi 31  
 Steinmo Simon 20  
 Sundqvist Kristina 66  
 Swenson Carolyn 116  
 Søgaaard Nielsen Anette 14, 16, 81  
 Tesche Claudia D 50  
 Tolonen Kari 68  
 Tommie Larry 93  
 Wagner Chris 30, 45  
 Wagner L 64  
 VanLoo Timothy 107  
 Wegener Stephen 59  
 Verney Steven P 52  
 Wickström Hans 110  
 Willander Anders 107  
 Yahne Carolina 13  
 Ymen Johansson Jeanette 21  
 Zavan Valeria 65  
 Zuckoff Allan 29, 30, 47



The Second International Conference on Motivational Interviewing, ICMI, will be held 7-9 June 2010 in Stockholm, Sweden. The conference is supported by Karolinska Institutet, the Swedish Prison and Probation Service, the Swedish National Board of Institutional Care and the Stockholm Centre for Dependency Disorders. The founders of MI, Professor Emeritus William R. Miller and Professor Stephen Rollnick, as well as the international Motivational Interviewing Network of Trainers (MINT), are also providing their support to the conference.

Motivational Interviewing (MI) is a collaborative, person-centred form of guidance to elicit and strengthen motivation for change. MI is an evidence-based treatment for promoting change in health-related behaviours and is currently used by many professional in primary care, occupational health services, maternity and child healthcare, student healthcare, youth counselling centres, dental care, dependence care, the social services and correctional care.

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