

Sunday 8 June

08.00 am - 08.45 am

Registration of participants

09.00 am - 05.00 pm

- ▶ Introduction to the Motivational Interviewing Treatment Integrity Code (MITI).

Theresa Moyers (USA)

09.00 am - 05.00 pm

- ▶ MI practitioner workshop: Optimizing helpfulness - advancing practitioner competence in Motivational Interviewing. Workshop conducted in English, with small group exercises in English and French.

Jeff Allison (UK), Pascal Gache (CH)

05.00 pm - 07.00 pm

Registration of participants

Plenary room «Ballsaal»

Break-out room «Ballsaal»

Break-out room «Brünig 1+2»

Break-out room «Brünig 3»

Break-out room «Harder 2»

Break-out room «Grimsel 1»

Break-out room «Grimsel 2»

Monday 9 June

08.00 am - 08.45 am

Registration of participants

08.45 am - 09.00 am

Chair: T. Moyers (USA)

09.00 am - 09.45 am

- ▶ Welcome - announcements
- ▶ The ten things MI is not. *W.R. Miller (USA)*
- ▶ MI in medical and public health settings: an update on research and practice.

K. Resnicow (USA)

09.45 am - 10.30 am

09.45 am - 10.30 pm

Coffee Break

11.15 am - 11.35 am

- ▶ Principles to guide Motivational Interviewing studies and practice.

G. Corbett (CA)

11.35 am - 12.00 am

- ▶ MI: a systematic review and meta-analysis.

S. Rubak (DK)

12.00 pm - 01.30 pm

Lunch break

01.30 pm - 03.00 pm

▶ Symposium 1 - Training in health care settings

Chair: C. Fortini (CH)

- ▶ Teaching MI to health care professionals in a hospital setting: ups and downs. *L. Bjerregaard (DK)*
- ▶ MI to decrease burnout: a pilot study in a Spanish county hospital. *M. Balcells-Olivero (E)*
- ▶ Coaching carers of people with eating disorders using MI strategies. *P. Macdonald (UK)*
- ▶ An education and training course in MI influence GPs' professional behavior. *S. Rubak (DK)*

p.12

p.13

p.14

p.15

Monday 9 June

		Plenary room «Ballsaal»	Break-out room «Ballsaal»	Break-out room «Brünig 1+2»	Break-out room «Brünig 3»	Break-out room «Harder 2»	Break-out room «Grimsel 1»	Break-out room «Grimsel 2»
01.30 pm - 03.00 pm	<p>▶ Symposium 2 - MI training for students <i>Chair: C. Dunn (USA)</i></p> <ul style="list-style-type: none"> ▶ Teaching medical students MI: evaluation of nine one-day workshops over two years. <i>A. Berman, Astri Brandell Eklund (SE)</i> p.16 ▶ Teaching MI for smoking cessation: a randomized study designed to assess the efficacy of a 16-hour training module for psychology students. <i>C. Mayer (B)</i> p.17 ▶ Teaching MI to medical students: a pre-post test pilot study. <i>J.B. Daepfen (CH)</i> p.18 			•				
01.30 pm - 03.00 pm	<p>▶ Symposium 3 - Nurse-facilitated MI for health promotion <i>Chair: S. Rollnick (UK)</i></p> <ul style="list-style-type: none"> ▶ MI for smoking relapse prevention for pregnant women. <i>P.K. Pletsch (USA)</i> p.19 ▶ Using MI to promote participants' chosen health behaviors. <i>D.R. Lauver (USA)</i> p.20 ▶ A nutrition intervention focused on goals of Thai pregnant women. <i>D.R. Lauver (USA)</i> p.21 			•				
01.30 pm - 03.00 pm	<p>▶ Symposium 4 - Experiences in Implementing MI <i>Chair: K. Resnicow (USA)</i></p> <ul style="list-style-type: none"> ▶ MI: applications for community based health networks and chronic disease management collaboratives. <i>J. vanPutten (USA)</i> p.22 ▶ Using an integrated framework to support women in childbearing years on reducing harms associated with alcohol and tobacco use. <i>C. Urquhart (CA)</i> p.23 ▶ MI and influencing change in a therapeutic community. <i>M.E. McCann (IRE)</i> p.24 				•			
01.30 pm - 03.00 pm	<p>▶ Workshop 1</p> <ul style="list-style-type: none"> ▶ Crows, bees, horses and tornados: using metaphors in interviewing and training. <i>C. Yahne (USA)</i> p.25 						•	
01.30 pm - 03.00 pm	<p>▶ Workshop 2</p> <ul style="list-style-type: none"> ▶ Training health professionals in smoking cessation: use of brief interventions and MI. <i>J.P. Humair, J. Cornuz (CH)</i> p.26 							•
03.00 pm - 03.45 pm	Coffee Break							

Monday 9 June

03.45 pm - 05.15 pm

▶ Symposium 5 - The process of training

Chair: W.R. Miller (USA)

- ▶ The measurement and acquisition of skills in behavior change counselling. *C. Lane (UK)* p.27
- ▶ A study of the MI learning process in counsellors at the Swedish tobacco quit line. *L. Forsberg (SE)* p.28
- ▶ Adapting Motivational Enhancement Therapy for different cultures and behaviors: preparing for a randomized controlled trial with HIV and youth in Thailand. *S. Naar-King (USA)* p.29
- ▶ Face and consensus validity of a tool for assessing motivational skills of primary care providers: the CICAA-M scale. *M. Campiñez (E)* p.30

03.45 pm - 05.15 pm

▶ Symposium 6 - MI in correctional systems

Chair: C.A. Farbring (SE)

- ▶ MI in Estonian correctional system: prison and probation. *I. Uueküla (EE)* p.31
- ▶ MI in prison. *L. Forsberg (SE)* p.32
- ▶ Motivating violent offenders to participate in treatment programs. *L. Riittinen (FI)* p.33

03.45 pm - 05.15 pm

▶ Symposium 7 - MI and smoking cessation

Chair: J. Cornuz (CH)

- ▶ MI for smoking cessation: a review and analysis of a disappointing track record. *D. Catley (USA)* p.34
- ▶ Does MI affect treatment outcome in a tobacco quitline setting? *A.R. Helgason (SE)* p.35
- ▶ Free your mind: MI as background for a selective prevention program for young smokers. *P. Koler (I)* p.36

03.45 pm - 05.15 pm

▶ Symposium 8 - Identifying and treating alcohol problems

Chair: P. Gache (CH)

- ▶ Brief motivational intervention to reduce alcohol use in 19-year-old men voluntarily showing up for a counseling session during army conscription: a randomized controlled trial. *J.B. Daeppe (CH)* p.37
- ▶ Randomized controlled trial of ultra brief MI for DUI recidivists not engaged in remedial measures: 12 month outcomes. *T.G. Brown (CA)* p.38
- ▶ Trying to get things moving in the patient's field: sharing 20 years of experience in the addiction field. *A. Fryns (B)* p.39
- ▶ Lifestyle risk questionnaire in minimally injured patients with respect to alcohol use disorders. *T. Neumann (D)* p.40

Plenary room «Ballsaal»	Break-out room «Ballsaal»	Break-out room «Brünig 1+2»	Break-out room «Brünig 3»	Break-out room «Harder 2»	Break-out room «Grimsel 1»	Break-out room «Grimsel 2»
	•					
		•				
			•			
				•		



Monday 9 June

03.45 pm - 05.15 pm

- ▶ **Workshop 3**
- ▶ Applying Community Reinforcement and Family Training (CRAFT) in a group setting. *G. Horridge, D. Dunker-Scheuner (CH)*

p.41

03.45 pm - 05.15 pm

- ▶ **Workshop 4**
- ▶ Practice development for practitioners in MI. *R. Bes (NL), J. Allison (UK)*

p.42

05.15 pm - 06.30 pm

Poster session «Foyer»

p.90

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Tuesday 10 June

08.45 am - 09.30 am

- Chair: W.R. Miller (USA)*
- ▶ What makes MI work? Exploring client language as an active mechanism of MI. *T. Moyers (USA)*

•

09.30 am - 10.15 am

- ▶ The long way to brief interventions. *A. Gual (E)*

•

10.15 am - 11.00 am

Coffee Break

11.00 am - 11.20 am

- Chair: JB. Daeppen (CH)*
- ▶ MI and injury: challenges and possibilities *C. Dunn (USA)*

p.43

•

11.20 am - 11.40 am

- ▶ Motivational Interviewing with young people: challenges and possibilities. *S. Naar-King (USA)*

p.44

•

11.40 am - 12.00 am

- ▶ Empathy and reflectiveness: results of a research on MI application in a coercive setting. *V. Spiller (I)*

p.45

•

10.15 am - 11.00 am

Lunch break

12.15 pm - 01.15 pm

- Lunch forum session
- ▶ Dissemination strategy of MI: discussion on the dissemination of MI concepts and practice in non-English speaking countries. *Ph. Michaud (F)*

p.46

•

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Tuesday 10 June

		Plenary room «Ballsaal»	Break-out room «Ballsaal»	Break-out room «Brünig 1+2»	Break-out room «Brünig 3»	Break-out room «Harder 2»	Break-out room «Grimsel 1»	Break-out room «Grimsel 2»
01.30 pm - 03.00 pm	<p>▶ Symposium 9 - What works and why: counselor skills <i>Chair: T. Apodaca (USA)</i></p> <ul style="list-style-type: none"> ▶ Mechanisms of a MI intervention targeting alcohol-exposed-pregnancy (AEP) risk. <i>K.S. Ingersoll (USA)</i> p.47 ▶ Fidelity to MI predicts cannabis cessation following brief intervention with young people. <i>J. McCambridge (UK)</i> p.48 ▶ Counsellor skills' influence on brief motivational alcohol use outcomes. <i>J. Gaume (CH)</i> p.49 ▶ How do social workers talk to parents about child protection concerns? Exploring the scope for using MI in child welfare work. <i>D. Forrester (UK)</i> p.50 		•					
01.30 pm - 03.00 pm	<p>▶ Symposium 10 - Keep it simple: assessment tools <i>Chair: G. Corbett (CA)</i></p> <ul style="list-style-type: none"> ▶ Rating scales for the assessment of empathic communication in medical interviews (REM). <i>R. Demmel (D)</i> p.51 ▶ The Behavior Change Counselling Index (BECCI). <i>C. Lane (UK)</i> p.52 ▶ A coding MI service: is that a useful service? <i>L. Forsberg (SE)</i> p.53 ▶ A demonstration of VASE-R. <i>C. Dunn (USA)</i> p.54 		•					
01.30 pm - 03.00 pm	<p>▶ Symposium 11 - Theoretical perspectives on MI mechanisms <i>Chair: C. Wagner (USA)</i></p> <ul style="list-style-type: none"> ▶ Sailing with the patient's wind: the impact of individual-level loss aversion on behavioral change processes. <i>P. Pfister (CH)</i> p.55 ▶ What lies beneath: role of unfathomable dimensions, a cognitive-affective construct, in the structuring of resistance. <i>G. Biondi (I)</i> p.56 ▶ How choice theory explains why MI works. <i>D. Boben Bardutzky (SI)</i> p.57 ▶ Empathy and reflectiveness: speculations about changes resulting from application of MI. <i>M. Scaglia (I)</i> p.58 			•				
01.30 pm - 03.00 pm	<p>▶ Symposium 12 - MI and drug use <i>Chair: S. Naar-King (USA)</i></p> <ul style="list-style-type: none"> ▶ MI for substance abuse. <i>K. Karlsen (N)</i> p.59 ▶ Self-reported alcohol and drug use, self-efficacy and stages of change in a semi-randomized controlled trial of single-session MI at an inpatient drug detox unit. <i>A.H. Berman (SE)</i> p.60 ▶ Efficacy of a brief motivational intervention to reduce cannabis use in psychosis: preliminary results of a randomized study. <i>S. Gibellini (CH)</i> p.61 					•		

Wednesday 11 June

			Plenary room «Ballsaal»	Break-out room «Ballsaal»	Break-out room «Brüning 1+2»	Break-out room «Brüning 3»	Break-out room «Harder 2»	Break-out room «Grimmel 1»	Break-out room «Grimmel 2»
09.45 am - 10.15 am	<ul style="list-style-type: none"> ▶ Getting going in the UK: Application and integration experiences. <i>A. Rowe & K. Billingham (UK)</i> 		•						
10.15 am - 11.00 am	Coffee Break								
11.00 am - 11.20 am	<ul style="list-style-type: none"> ▶ <i>Chair: C. Fortini (CH)</i> A strategy for implementing MI in corrections. <i>C.A. Farbring (SE)</i> 	p.81	•						
11.20 am - 11.40 am	<ul style="list-style-type: none"> ▶ MI groups <i>C. Wagner, K. Ingersoll (USA)</i> 	p.82	•						
11.40 am - 12.00 am	<ul style="list-style-type: none"> ▶ MI and eating disorders <i>J. Treasure (UK)</i> 	p.83	•						
12.00 pm - 1.30 pm	Lunch break								
01.30 pm - 03.00 pm	<ul style="list-style-type: none"> ▶ Workshop 9 Teaching MI in the university setting and cyberspace: MI and the Internet meet. <i>J. Engle, J. Lewis (USA)</i> 	p.84	•						
01.30 pm - 03.00 pm	<ul style="list-style-type: none"> ▶ Workshop 10 Health behavior changes with adolescents and young people in various settings: use of brief interventions and MI. <i>A. Meynard (CH)</i> 	p.85		•					
01.30 pm - 03.00 pm	<ul style="list-style-type: none"> ▶ Workshop 11 Teaching with role-play: a 10-step «train the trainer» structured approach. <i>S. Cole (USA)</i> 	p.86			•				
01.30 pm - 03.00 pm	<ul style="list-style-type: none"> ▶ Workshop 12 Teaching MI with standardized patients. <i>J. Sommer, P. Gache, A. Rieder Nakhlé (CH)</i> 	p.87				•			
01.30 pm - 03.00 pm	<ul style="list-style-type: none"> ▶ Workshop 13 Continuum Group technique in the teaching of MI. <i>G. Biondi, C. Mastroianni (I)</i> 	p.88					•		
01.30 pm - 03.00 pm	<ul style="list-style-type: none"> ▶ Workshop 14 MI and the Internet: new applications for training and self-help. <i>A. Brandell Eklund, M. Johansson, A.H. Berman (SE)</i> 	p.89						•	
03.00 pm - 03.45 pm	Coffee Break								
03.45 pm - 04.30 pm	<ul style="list-style-type: none"> <i>Chair: S. Rollnick (UK)</i> Puzzles and pearls: panel and open forum 		•						
04.30 pm	End of Conference		•						

Principles to guide Motivational Interviewing studies and practice

- ▶ **Presenting author: Grant Corbett**
- ▶ **Behavior Change Solutions, Inc., Canada**
- ▶ **E-mail: grant.corbett@behavior-change-solutions.com**

▶ **Aims:**

To introduce four principles to guide the development of effective Motivational Interviewing (MI) research protocols and clinician training.

▶ **Methods:**

A systematic 10+-year review was completed of the addictions, communications, consumer-behavior, medical, social-psychological and psychological literatures. The objective was to identify studies that were effective in changing behavior and to analyze their protocols. The body of MI randomized controlled trials (RCTs) were included. Where several studies were published in an area (e.g., tobacco dependence interventions by health professionals), methods from programs that were effective were compared with those that had no or negative outcomes. The analysis focused on what the researchers did, rather than on their theoretical rationale or explanations for results.

▶ **Results:**

Over a seven-year period, four “common factors” emerged in interventions with good evidence for changing behavior. These Principles of Change™ were validated against findings from neuroscience and evolutionary psychology. The Principles provide a perspective on why studies developed from the same theory, or the same model (i.e., MI), can produce varied results.

Conclusions:

Over a seven-year period, four “common factors” emerged in interventions with good evidence for changing behavior. These Principles of Change™ were validated against findings from neuroscience and evolutionary psychology. The Principles provide a perspective on why studies developed from the same theory, or the same model (i.e., MI), can produce varied results.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Motivational Interviewing: a systematic review and meta-analysis

- ▶ **Presenting author: Sune Rubak**
- ▶ **University of Aarhus, Institute of Public Health, Department of General Medical Practice, Denmark**
- ▶ **E-mail: sr@alm.au.dk**
- ▶ **Authors: Rubak S, Sandbaek A, Lauritzen T, Christensen B**

▶ **Aims:**

Background: "Motivational Interviewing" is a well-known, scientifically tested method of client counseling developed by Miller and Rollnick and viewed as a useful intervention strategy in treatment of lifestyle behavior and disease. Study design: A systematic review and a meta-analysis of randomized controlled trials (RCTs) using "Motivational Interviewing" as intervention. The aim is to evaluate the effectiveness of "Motivational Interviewing" in different areas of disease and to identify factors shaping outcomes.

▶ **Methods:**

A systematic literature search in 16 databases produced after selection criteria 72 RCTs, the first published in 1991. A quality assessment was made with a validated scale. The scale consisted of three items pertaining description of randomization, masking, dropouts and withdrawals in the report of an RCT. The scale ranged from 0 to 5, with higher score indicating better reporting. The individual components assessed the adequacy of reporting of randomization, allocation concealment and double-blinding. High-quality trials scored minimum of 2 out of 5. The Meta-analysis conformed to the Cochrane Reviewers Handbook. The meta-analysis was performed as a generic inverse variance meta-analysis and calculated combined estimates of effect with standard error and 95 % confidence interval.

▶ **Results:**

Out of 72 RCT's, 50 were assessed to 3 points, 21 assessed to 2 points and one RCT was assessed to 1 point. "Motivational Interviewing" had significant and clinically relevant effect in app. 3 out of 4 studies with equal effect on biological (72%) and psychological diseases (75%). Psychologists and medical doctors obtained an effect in app. 80% of the studies, while other health care providers obtained an effect in 46% of the studies. When using "Motivational Interviewing" in brief encounters of 15 min., 64% of the studies showed effect. More than one encounter with the patient ensures effect of "Motivational Interviewing". A prolonged follow-up period increased the percentage of studies showing effect. Thus, 36% (4/11) of studies with a 3-month follow-up period ascertained an effect compared with 81% (26/32) among studies allowing a 12-month or longer follow-up period. Meta-analysis showed significant effect (95% CI) of "Motivational Interviewing" for combined effect estimates for Body Mass Index (BMI), blood total-cholesterol, systolic blood pressure, blood alcohol concentration, standard ethanol content, while combined effect estimates for cigarettes per day and for HbA1c were non-significant. Effect measure n Combined Effect Estimate P-Value(95 CI) Body Mass Index 1140 0,72* 0,0001 (0,33:1,11) HbA1c (%GHb) 243 0,43 0,155 (-0,16:1,01) Total blood cholesterol (mmol/l) 1358 0,27* 0,0001 (0,20:0,34) Systolic Blood Pressure (mmHg) 316 4,22* 0,038 (0,23:8,99) Number of Cigarettes/Day 190 1,32 0,099 (-0,25:2,88) Blood alcohol content (mg%) 278 72,92* 0,0001 (46,80:99,04) Standard Ethanol content (units) 648 14,64* 0,0001 (13,73:15,55) * Combined estimate is statistical significant within 95% CI.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

We conclude that "Motivational Interviewing" in a scientific setting outperforms "traditional advice giving" in the treatment of a broad range of behavioral problems and diseases. We now need large scale studies to prove, that "Motivational Interviewing" can be implemented into daily clinical work in primary and secondary health care.

Teaching MI to health care professionals in a hospital setting – ups and downs

- ▶ **Presenting author:** Lene Bjerregaard
- ▶ **University Hospital of Odense, Denmark and University of Southern Denmark, Faculty of Health Sciences, Institute of Clinical Nursing Research, Denmark**
- ▶ **E-mail:** Lbjerregaard@health.sdu.dk
- ▶ **Authors:** Bjerregaard L, Wagner L, Jensen BO, Hoest A, Rubak S, Hounsgaard L, Sjöberg L, Loenvig EM

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	•
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

▶ Aims:

The aim was to implement the communication method Motivational Interviewing (MI) in health professionals in a children's ward and make them apply it to have parents' reflect on their alcohol habits; by increasing knowledge and skills in the staff performing MI have them overcome personal and professional barriers towards the topic alcohol.

▶ Methods:

The project is carried out in two paediatric wards in a University Hospital setting. Two focus group interviews with staff members were carried out, confirming the lack of skills and persisting barriers towards alcohol topics. A five day training course was offered to all health professionals. Subsequently individual supervision was offered during the implementation of MI. Over a one year period (September 2007 – August 2008), all parents with children admitted to the hospital were offered a preventive dialogue focusing on their alcohol consumption habits by brief intervention using MI and systematic interviewing of the parents by means of the alcohol screening tool CAGE-C.

▶ Results:

56 health professionals (doctors, nurses, teachers) have completed a five days basic MI training course and instruction in performing the preventive dialogue and screening. The remaining staff has been informed about the project and is offered a training course later on. The immediate, general reaction and attitude towards the project is positive; that it seems relevant, necessary and important. When implementing the new methods and performing preventive dialogues, the following four sub groups of reaction are discovered among all staff members:

1. The natural talents: Understand the methods and are able to use them in practice; use supervision to develop further personal communicative competences.
2. The motivated starters: Understand the methods, but need extensive guiding and continuous supervision to put the methods into practice.
3. The hesitant insecure: For various reasons have, not yet come to fully understand the methods and the theory behind; thus are not yet using them appropriately. Are lacking self-confidence in putting the methods into practice, and are afraid of making mistakes.
4. The opponent resistant: Have not yet attended the training program. The project is considered a threat to the actual practice, and resistance strategies vary from feeling insecure and not being a part of what is going on, to actually obstructing the project.

Conclusions (preliminary):

Parents are reacting positively to the project. Few have refused participation in the preventive dialogues, which leads to the conclusion that parents hold no reservations towards addressing alcohol topics and their own lifestyle habits.

Regarding the health personnel, their competences and engagement towards the project vary, which means that personal and professional barriers must be addressed. Working a common case, regardless of professional background is considered positive. A proud feeling of pioneering and being target of investigation and external interest has been expressed. The lift in communicative competences is considered a professional boost that has added positively to the general "spirit" in the wards, thus affecting the culture positively.

As a side effect, the news of the positive affect has reached the senior management level, and the training program is now in great demand in other hospital wards.

Symposium 1

Training in health care settings

Monday 9 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

MI to decrease burnout: a pilot study in a Spanish county hospital

- ▶ **Presenting author:** Mercedes Balcells-Olivero
- ▶ **Servicio Psiquiatria y Toxicomanias Hospital del Mar de Barcelona, Spain**
- ▶ **E-mail:** mmbalcells@gmail.com
- ▶ **Authors:** Balcells Oliveró M, Vega Moreno, D, Trepat Casaponsa R, Torres Morales M

▶ Aims:

Stress and burnout are common and substantial problems for health-care workers. The aim of the study was to establish whether learning and implementing motivational interviewing can help health professionals to feel less burnout.

▶ Methods:

Subjects: A group of 18 healthcare professionals from a County General Hospital: doctors (11.1%), psychologists (22.2%), nurses (55%), social workers (5.6%) and social educators (5.6%), whose realized voluntarily an introductory course on theory and practice in MI. The group was 61.1% female and 41.59 ± 8.65 years old. Procedure. The course was 25 hours long, divided in two parts separated by 3 months. All participants were assessed previous to the training Maschlack Burnout Inventory (MBI): and at the end. Assessment instruments: Spanish version questionnaire with 22 items that assesses burnout levels. Have three subscales: emotional exhaustion (EE), depersonalisation (DP) and personal Visual Analog Scales (VAS) accomplishment (PA) which is scored in inverse. that assesses: the utilization of learned skills, the perception of improves in the relation with patients, the perception of improves in job stress and the intention of continuing MI training in future. Data analysis: Test re-test design was used. The results were analyzed with a Wilcoxon non-parametric test to compare means for paired samples.

▶ Results:

The mean scores in EE subscale of MBI pre-training was 32.28 points (SD= ±12.15), and 26.61 points (SD= ±13.28) in EE post-training. These differences were statistically significant ($z = -2.275, p=0.023$). The participants valued the utilization of the MI skills in their daily practice with a mean score of 5.70 in VAS (SD= + 2.14). The improvement in the patient doctor relationship was also increased (7 + 2.29) and reduction of stress levels in clinical practice was detected (6.29 + 2.33). The intention of continuing the MI training in future was high (8.41 + 2.39).

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	•
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

The results of our study shows that motivational interviewing may be an effective tool in coping with burnout at least by decreasing emotional exhaustion that provider often experience. Whereas the participants valued moderately the utilization of the MI skills in their clinical practice, this one seems to have a clear influence in the level of perceived stress and in the improvement of the relation with patients. High values in the intention of continuing MI training in future, would support MI skills as a element of subjective well-being and of active coping. MI might constitute a preventive tool and a treatment option for burnout in the healthcare professionals.

Symposium 1

Training in health care settings

Monday 9 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

Coaching carers of people with eating disorders using MI strategies

- ▶ **Presenting author:** Pam Macdonald
- ▶ **Institute of Psychiatry, Kings College, London, UK**
- ▶ **E-mail:** Pamela.Macdonald@iop.kcl.ac.uk
- ▶ **Authors:** Macdonald P, Todd G, Treasure J

▶ **Aims:**

The aim of this study is to use motivational interviewing based coaching to encourage carers to use the (a) psycho-educational materials related to managing eating disorders and (b) to change those caregiving behaviours that inadvertently maintain the eating disorder (eg. high expressed emotion and accommodating to symptoms of the eating disorder).

▶ **Methods:**

Carers were given the psycho-educational materials (5 DVDs and a manual) and groups were randomized into coaching and non-coaching groups. Three 30-40 minute coaching sessions were given. These were recorded and transcribed by two raters using the MITI (3.0) for supervision and quality improvement.

▶ **Results:**

The preliminary set of coaching transcriptions showed difficulties in therapist adherence to motivational principles. At times, there appeared to be an underlying expectation from carers for a more directive approach with the psycho-educational element that was non-adherent to MI principles. Another problematic area that both coaches experienced was identification of target behaviour. The carer's goal, primarily, is to change the behaviour of their son/daughter with the eating disorder, whereas the aim of the intervention is to encourage self-reflection and to target potential areas for change, such as reducing expressed emotion in the home and accommodating to the symptoms of the illness. Consequently, considerable sensitivity is vital in motivation and encouraging identification of maladaptive behaviours in those areas.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	•
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

Greater adherence to motivational principles is required in order to improve the quality of coaching. Based on the results of the aforementioned scoring, a more explicit initial intake session is now being conducted in the hope that carers will now be more aware of their role in the process and what is expected during the sessions. A short explanation of the philosophy behind motivational interviewing is also addressed in this intake session. Over the next two months, our aim is to continue coding the transcripts in an effort to achieve more motivationally adherent techniques and more consistent scoring.

An education and training course in Motivational Interviewing influence GPs' professional behaviour

- ▶ **Presenting author: Sune Rubak**
- ▶ **University of Aarhus, Institute of Public Health, Department of General Medical Practice, Denmark**
- ▶ **E-mail: sr@alm.au.dk**
- ▶ **Authors: Rubak S, Sandbaek A, Lauritzen T, Borch-Johnsen K, Christensen B**

▶ Aims:

Background: "Motivational interviewing" has been shown to be broadly usable in a scientific setting in the management of behavioural problems and diseases. However, data concerning implementation and aspects regarding the use of "Motivational interviewing" in general practice is missing. Aim: To evaluate general practitioners (GPs) conception of "Motivational interviewing" in terms of methods, adherence to and aspects of its use in general practice after a course.

▶ Methods:

Methods/Study design: In a RCT concerning intensive treatment of newly diagnosed Type 2 diabetes patients detected by screening, the GPs were randomised to a course in "Motivational interviewing" or not. The study also included a third group of GPs outside the RCT (external MI-group), who had two years previously received a similar course in "Motivational interviewing". The intervention consisted of a 1½-day residential course in "Motivational interviewing" with ½-day follow-ups, twice during the first year. Questionnaire data from GPs were obtained.

▶ Results:

We obtained a 100 % response-rate from the GPs in all three groups. The GPs trained in "Motivational interviewing" adhered statistically significantly more to the methods than did the control group. More than 95 % of the GPs receiving the course stated that they had used the specific methods in general practice. The GPs from both motivational groups (MI-group within the RCT and MI-group external to RCT) agreed on the following questions: (Questionnaire scale from "1" to "5", where "1" is equal to "fully agree" and "5" is equal to "disagree") - "Are the methods of motivational interviewing realistic and usable in daily work?", (Median =1 and 25%;75% quartiles = 1;2) - "They are more effective than traditional advice giving", (Median =1 and 25%;75% quartiles = 1;2) - "Motivational interviewing is an improvement of my working-methods in the patient-doctor relationship", (Median =1,5 and 25%;75% quartiles = 1;2) - "It is an advantage to change working-methods to motivational interviewing", (Median =1,5 and 25%;75% quartiles = 1;2) Finally the GPs in external MI-group (long-term experience) were more certain than GPs in the MI-RCT-group (short-term experience) on following issues: - The MI-methods were not exceedingly time-consuming compared to "traditional advice giving" (Median =5 and 25%;75% quartiles = 3,25;5) versus (Median =3 and 25%;75% quartiles = 2;4). - Question; "I cannot change my working methods and habits by using motivational interviewing" external MI-group (Median =5 and 25%;75% quartiles = 4;5) versus MI-RCT-group (Median =4 and 25%;75% quartiles = 3;4).

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	•
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

A course in "Motivational interviewing" seems to influence GPs professional behaviour. Based on self-reported questionnaires, this study shows that the GPs after a course in "Motivational interviewing" seemed to change their professional behaviour in daily practice using "Motivational interviewing" compared with the control group. GPs evaluated "Motivational interviewing" to be more effective than "traditional advice giving". Furthermore, GPs stated that the method was not more time consuming than "traditional advice giving".

Teaching medical students Motivational Interviewing: evaluation of nine one-day workshops over two years

- ▶ **Presenting authors:** Anne H Berman, Astri Brandell Eklund
- ▶ **Karolinska Institutet, Stockholm Center for Dependency Disorders, Sweden**
- ▶ **E-mail:** anne.h.berman@ki.se
- ▶ **Authors:** Berman AH, Brandell Eklund A, Nederfeldt L, Lund L, Gilljam H

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	•
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

▶ **Aims:**

Using Motivational Interviewing (MI) in a general health-care setting is increasingly common. MI provides a structural framework for initiating change-oriented dialogue about sensitive subjects such as alcohol or drug use, as well as other life-style changes. Practicing MI in the professional role of physician is associated with higher effectiveness. One-day MI workshops have been offered to fifth-year medical students at Karolinska Institute since 1998. This presentation describes student evaluations of the one-day MI workshop given on nine occasions between 2005 and 2007.

▶ **Methods:**

Students participate in the obligatory MI workshop as part of a nine-day course in addiction medicine. The workshop begins with a one-hour introductory lecture. Students then rotate in small groups between half-hour seminars on reflective listening, the “correction reflex” and basic MI skills. The afternoon is spent actively practicing MI skills and strategy in groups of 8-10 students who role play physicians seeing patients played by professional actors. A one-page evaluation is completed at the end of the workshop.

▶ **Results:**

Evaluations were collected from 475 students, who rated workshop activities on a scale from 1 to 5. No changes over time were observed regarding the introductory lecture (mean 3.87; SD 0.85), learning to listen and reflect (mean 3.55; SD 0.92), assessing the patient’s motivational level (mean 3.88; SD 0.83), or structural aspects such as the pace of work (mean 2.93; SD 0.73), the workshop structure (mean 4.19; SD 0.82) or the teachers’ engagement (mean 4.65; SD 0.59). Significant changes over time were observed, however, for ratings of the practice seminar with actors ($p<0.05$), the skills of exploring ambivalence ($p<0.01$) and adapting one’s dialogue strategy ($p<0.05$) as well as the difficulty of the workshop ($p<0.05$). A structural change from the fifth workshop onwards, from working with a single actor versus rotating actors, indicated two differences: the rotating model slightly decreased the general evaluation of the group seminar, but students’ self-reported skills in exploring ambivalence increased.

Conclusions:

Advanced medical students receive an appreciated one-day introduction to basic MI and practice basic skills. The teaching team, consisting primarily of physicians, psychologists, nurses, consistently evaluate workshop results and introduce improvements, maintaining high quality. One future development, currently under discussion, is to add MI workshops earlier in the medical school curriculum.

Teaching Motivational interviewing for smoking cessation: a randomized study designed to assess the efficacy of a 16-hour training module for psychology students

- ▶ **Presenting author: Colombine Mayer**
- ▶ **Université Libre de Bruxelles, Belgium**
- ▶ **E-mail: cmayer@ulb.ac.be**
- ▶ **Authors: Mayer C, Beckers J, Delvaux N, Gozlan S, Bertin E, Razavi D.**

▶ **Aims:**

Psychologists have an important role in interventions designed to promote smoking cessation. Training master in psychology students is thus needed. The optimal content and duration of such training should therefore be studied. The present study was designed to assess the efficacy of a 16 hours training module.

▶ **Methods:**

21 master in psychology students were randomized assigned to the training module (TM) or to a waiting list. The TM included 4 hours of exercises focused on the concept of change and 12 hours of role play exercises focused on the acquisition of motivational and communication skills. To assess the impact of the TM on motivational and communication skills, simulated motivational interview were audio and video recorded at baseline and one month later (just following the TM for the trained group). Transcripts were analyzed utterance by utterance using a computer assisted program (Lacomm).

▶ **Results:**

Results of this study will be presented and discussed.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	•
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

Conclusions:

Conclusions of this study will be presented.

**Teaching Motivational Interviewing to medical students:
a pre-post test pilot study**

- ▶ **Presenting author: Jean-Bernard Daeppen**
- ▶ **Alcohol Treatment Centre, Lausanne University Hospital, Lausanne, Switzerland**
- ▶ **E-mail: jean-bernard.daeppen@chuv.ch**
- ▶ **Authors: Daeppen JB, Fortini C, Faouzi M, Bonvin R, Layat C, Gaume J.**

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	•
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

▶ **Aims:**

To test the efficacy of teaching Motivational Interviewing (MI) to medical students.

▶ **Methods:**

Thirteen 4th year medical students volunteered to participate. Seven days before and 7 days after an 8-hour interactive training MI workshop, each student performed a video-recorded interview with two standardized patients: a 60 year old alcohol dependent woman and a 50 year old cigarette smoking man. Students' counseling skills were coded by two blinded clinicians using the Motivational Interviewing Treatment Integrity 3.0 (MITI). Inter-rater reliability was calculated for all interviews and a test-retest was completed in a sub-sample of 10 consecutive interviews three days apart. Difference between MITI scores before and after training were calculated and tested using non-parametric tests. Effect size was approximated by calculating the probability that posttest scores are greater than pretest scores ($P^* = P(\text{Pre} < \text{Post}) + 1/2P(\text{Pre} = \text{Post})$), $P^* > 1/2$ indicating greater scores in posttest, $P^* = 1/2$ no effect, and $P^* < 1/2$ smaller scores in posttest.

▶ **Results:**

Median differences between MITI scores before and after MI training indicated a general progression in MI skills: MI spirit global score (median difference=1.5, Inter quartile range=1.5, $p < 0.001$, $P^* = 0.90$); Empathy global score (med diff=1, IQR=0.5, $p < 0.001$, $P^* = 0.85$); Percentage of MI adherent skills (med diff=36.6, IQR=50.5, $p < 0.001$, $P^* = 0.85$); Percentage of open questions (med diff=18.6, IQR=21.6, $p < 0.001$, $P^* = 0.96$); reflections/questions ratio (med diff=0.2, IQR=0.4, $p < 0.001$, $P^* = 0.81$). Only Direction global score and the percentage of complex reflections were not significantly improved (med diff=0, IQR=1, $p = 0.53$, $P^* = 0.44$, and med diff=4.3, IQR=24.8, $p = 0.48$, $P^* = 0.62$, respectively). Inter-rater reliability indicated weighted kappa ranged between 0.14 for Direction to 0.51 for Collaboration and ICC ranged between 0.28 for Simple reflection to 0.95 for Closed question. Test-retests indicated weighted kappa ranged between 0.27 for Direction to 0.80 for Empathy and ICC ranged between 0.87 for Complex reflection to 0.98 for Closed question.

Conclusions:

This pilot study indicated that an 8-hour training in MI for voluntary 4th year medical students resulted in significant improvement of MI skills. Larger sample of unselected medical students should be studied to generalize the benefit of MI training to medical students. Inter-rater reliability and test-retests suggested that coders' training should be intensified.

Symposium 3

Nurse-facilitated MI for health promotion

Monday 9 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

Motivational Interviewing for smoking relapse prevention for pregnant women

- ▶ **Presenting author:** Pamela Pletsch
- ▶ **School of Nursing, University of Wisconsin, Madison, WI, USA**
- ▶ **E-mail:** pletsch@wisc.edu
- ▶ **Authors:** Fish L, Pletsch PK, Pollak KI, Myhre P

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	•
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

▶ Aims:

The purpose of the study was to obtain a preliminary assessment of the efficacy of a postpartum smoking relapse-prevention intervention based on motivational interviewing concepts and strategies.

▶ Methods:

This pilot study was a one group pre-test, post-test design. The sample was 31 pregnant women who had stopped smoking. Women were recruited from prenatal clinics and a military installation in North Carolina, USA. At 28 weeks of pregnancy, women were assessed for their risk for returning to smoking. The assessment included degree of dependence, reasons for smoking, readiness to become a non-smoker, self-efficacy, depression, weight concerns, and partner support. The number of counseling sessions varied based on the risk assessment, ranging from 3 for those at low risk to 8 for those at the highest risk. Targeted motivational interviewing (MI) counseling was used during the initial in-person session and the telephone counseling sessions during pregnancy the first 3 months postpartum. The risk assessment and in-person counseling sessions took place in the prenatal clinic. The targeted counseling included women identifying a tobacco-related goal and developing an action plan. At each counseling session, the action plan was reviewed and revised as needed. MI was particularly useful in addressing the dynamic and often stressful nature of pregnancy and early parenthood. Data were collected at three time-points: baseline (28 weeks of pregnancy), one, and three months postpartum. Continuous and point prevalence abstinence rates were used for calculating smoking outcomes. At three months postpartum, women were interviewed about the acceptability of the timing of the counseling and the combination of in-person and telephone counseling.

▶ Results:

The mean age of the sample was 25.8 (S.D. =5.8), the mean number of cigarettes smoked per day prior to pregnancy was 12.2 (S.D. = 6.7), 62% had a high school education or less, and 47% were employed full time or part time. Sixty-seven percent were African-American, and 30% were Euro-American. Fifty-nine percent were married or living with a partner, and 38% were single. Point prevalence abstinence rates at one and three months postpartum were 82% and 67%, respectively. These rates are 11-16% better than other similar relapse-prevention interventions such as that of Mullen and colleagues. Continuous abstinence rates were also good at 71% and 58% at one and three months postpartum. The combination of in-person and telephone counseling fit well into women's busy lives. The risk assessment and in-person counseling provided the opportunity for counselor and client to develop rapport. The telephone counseling was convenient and acceptable to clients. Women liked the timing of the counseling sessions and reported that having regular contact with the counselor was helpful.

Conclusions:

The use of risk assessment for smoking relapse and targeted motivational interviewing based on a combination of in-person and telephone counseling has promise for preventing postpartum relapse among pregnant women.

Symposium 3

Nurse-facilitated MI for health promotion

Monday 9 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

Using Motivational Interviewing to promote participants' chosen health behaviors: an individualized, nurse-facilitated prevention intervention in a Midwestern US sample

- ▶ Presenting author: Diane Ruth Lauver
- ▶ School of Nursing, University of Wisconsin-Madison, WI, USA
- ▶ Authors: Lauver DR, Cooper K, Borden MJ, Perez O

Background:

According to self-determination theory, if people collaborate with a clinician who supports their autonomy (volition) and fosters their perceived competence regarding a behavior, then people are more likely to initiate and maintain such a behaviors. Key assumptions behind this theory and motivational interviewing are quite similar.

Purposes:

1) to assess the feasibility of an intervention individualized to individuals' goals for physical activity or diet and 2) to explore changes in health behavior and proposed explanatory variables, based on self-determination theory.

Specific aims:

1) to assess feasibility of recruiting and retaining participants, of intervention delivery, and acceptability ratings by participants; 2) to explore changes in physical activity and diet as well as in perceived support of autonomy and perceived competence.

Design: a one-group pre-, post-test design

Setting: community-based, mid-western USA

Participants: 59 adults from primary care clinics and community sites. Most were Caucasian, female and had a college education.

The intervention involved an initial face-to-face meeting and 5 phone calls. Using a motivational interviewing approach, advanced practice nurses assessed participants' preference of health behavior (physical activity or diet), shared related evidenced-based information, facilitated autonomy with choices in particular behavioral goals and action plans, elicited change talk, and fostered participants' perceived competence with behavior change.

Results:

Among 73 volunteers, 59 were enrolled, an 81% recruitment rate. Of those enrolled, 52 were retained, an 88% retention rate. The APNs were able to deliver the planned intervention with fidelity. Participants' acceptability ratings of intervention were high. As proposed, participants rated APNs as supporting their autonomy and avoiding coercion. Participants' discrepancies in their values, goals and behavior decreased from pre- to post-intervention ($p < .001$). Fruit and vegetable intake increased, fat intake decreased and physical activity increased among participants with corresponding goals (all $ps < .01$).

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	•
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

An intervention individualized to participants' goals, based on self-determination theory and motivational interviewing, was feasible. Feasibility was demonstrated in: a) recruiting volunteers from the majority culture, b) retaining participants in a 6-week intervention, c) delivering the proposed intervention as planned, d) addressing theoretical concepts as planned, and e) improving health behavior in short-term follow-up. Future research can test the efficacy of a similar yet refined intervention with a two-group experimental design, longer follow-up, and a larger, more diverse sample.

Symposium 3

Nurse-facilitated MI for health promotion

Monday 9 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

A nutrition intervention focused on goals of Thai pregnant women

- ▶ **Presenting author:** Diane Ruth Lauver
- ▶ **School of Nursing, University of Wisconsin-Madison, USA**
- ▶ **Authors:** Worawong C, Lauver DR, Smith S, Chuppawa C, Boonmas N

▶ **Aims:**

Thailand is now encountering the double burden of undernutrition and overnutrition in pregnant women. Theory-based nutrition interventions can be successful in promoting dietary behavior that can decrease undernutrition and overnutrition during pregnancy. However, they have not been tested to promote dietary behavior during pregnancy in Thailand. Based upon self determination theory (SDT) and motivational interviewing (MI), individuals' own motivation and competence are critical to behavior change. Based on SDT and principles of MI, this study assessed the feasibility of a theory-based nutrition intervention and explored pre- post-intervention changes in dietary behavior among Thai pregnant women.

▶ **Methods:**

A one group, pre-post-intervention design was used in Northeast Thailand. Participants (N = 45) were adults who were pregnant less than 26 weeks and without complications. Our intervention based on SDT and principles of MI. In 6 weekly contacts, a nurse elicited reasons and discrepancies, offered choice of goals, gave relevant information and built competence regarding dietary change. Feasibility and acceptability measures were assessed. Outcome measures were changes in dietary behaviors, maternal weight gain and infant birth weight. Dependent t-test and correlations were used to analyze data.

▶ **Results:**

Among 55 invited participants, 45 (82%) consented. Among participants consented 40 (88.9%) were retained. A nurse intervener's feasibility ratings of executing protocols were high. Participants' acceptability ratings were high. Perceived autonomy support, autonomous motivation and competence scores increased from pre- to post-intervention. Calories, protein and calcium intake increased from pre- to post-intervention. Change in autonomous motivation was positively associated with protein and calcium intake. Change in perceived competence was positively associated with protein, calcium and iron intake as well as infant birth weight.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	•
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

A nutrition intervention based upon SDT and principles of MI in this study was feasible and acceptable. Nurse researchers can design future experiments to improve clinical practices and nutrition and health outcomes in Thai pregnant women.

Symposium 4 Experiences in Implementing MI

Monday 9 June 2008
Afternoon symposia and workshops
(01.30 pm – 03.00 pm)

MI: applications for community based health networks and chronic disease management collaboratives

- › **Presenting author: Julie van Putten**
- › **Columbus Neighborhood Health Center Inc. Columbus Ohio, USA**
- › **E-mail: jvanputten@colnhc.org**
- › **Authors: van Putten J, Brown L, Watson S**

▶ **Aims:**

The purpose of this presentation is to discuss the use of motivational interviewing within community health based networks for chronic disease management. Community based health networks are systems of care which target underserved populations (homeless, public housing, and uninsured) which traditionally have had difficulty accessing traditional health care systems. These groups often have multiple economic and medical problems which make coordination of health care and the maintenance of health behavior changes challenging. They are often characterized by the «addiction to powerlessness syndrome» - a syndrome which promotes a culture of helplessness and inertia around complex health behavior changes. This presentation will describe the application of motivational interviewing techniques to the management of chronic diseases - specifically diabetes, within urban community based health networks. It will address the ways in which motivational interviewing techniques and methods can be used to facilitate both individual and population based goals which initiate and sustain both short and long-term behavioral changes. The presentation will provide an overview of the use of motivational interviewing techniques within the self-efficacy and stages of change models for chronic disease management. Motivational interviewing techniques are being applied within a health collaborative approach which promote changes within both individual and community networks. A discovery model will be used with participants to facilitate the process of application to chronic disease management.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	•
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

Symposium 4 Experiences in Implementing MI

Monday 9 June 2008
Afternoon symposia and workshops
(01.30 pm – 03.00 pm)

Using an integrated framework to support women in childbearing years on reducing harms associated with alcohol and tobacco use

- ▶ **Presenting author: Cristine Urquhart**
- ▶ **British Columbia Centre of Excellence for Women's Health, Canada**
- ▶ **E-mail: curquhart@cw.bc.ca**
- ▶ **Authors: Urquhart C, Poole N, Horner E**

▶ **Aims:**

Increasing attention is being brought to better practices in providing support to women related to their use of alcohol, tobacco and other drugs in the perinatal period. This session describes a large scale professional education initiative (Act Now BC - Healthy Choices in Pregnancy) being undertaken in British Columbia, Canada. In this Healthy Choices in Pregnancy initiative, an integrated framework is being advanced, that links a women-centred, harm reduction oriented and brief motivational interviewing stance.

▶ **Methods:**

A researcher and MINT clinician collaborated on the development and delivery of a provincial training curriculum designed to translate better practice on counselling pregnant women and women of childbearing years around alcohol, tobacco and related harms. One and a half day community-based, multi-sectoral education sessions were organized and delivered to a wide range of service providers including pregnancy outreach program providers, public health nurses, Aboriginal service providers, social workers and midwives. Fostered by an open, non-threatening learning environment, participants explored how to apply an integrated framework guided by the principles of women-centred care, harm reduction and motivational interviewing to substance use in the perinatal period.

▶ **Results:**

In the 2006/07 year, approximately 3000 service providers throughout BC participated in multi-sectoral, professional education on how to discuss alcohol, tobacco and related harms with women, pre-during-and-post pregnancy using an integrated framework. For many, this opportunity has led to shifts in understanding the importance of all determinants of health, as well as the value of small steps and managing the sense of urgency for a woman to stop using during pregnancy. The introductory session has evoked an overwhelming interest from participants for further skills-based training in Motivational Interviewing.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

Conclusions:

The Healthy Choices in Pregnancy initiative is taking a proactive approach to exchange and application of integrated better practices for supporting pregnant women who use substances - helping service providers feel competent and confident to discuss alcohol use, and related health and social harms with pregnant women and all women of childbearing years. Motivational Interviewing is an important component of the integrated framework for supporting women in the perinatal period. The spirit and principles of MI are congruent with a women-centred, harm reduction way of supporting women to make changes in their lives. Emphasis is placed on respecting autonomy and empowering women to set goals according to their readiness to change, rather than service providers setting the course and dictating the outcome. The face-to-face training has sparked an ongoing relationship of mutual trust in the power of research-based and practice-based wisdom that is resulting in: ongoing exchange on questions arising from practice, collaborative planning for further learning needs and tailored, relevant new training directions. Planning is underway for a series of two-day MI training sessions followed by a virtual feedback component.

Motivational Interviewing and influencing change in a therapeutic community

- ▶ **Presenting author: Mary McCann**
- ▶ **College Lecturer in the Social Policy-Drugs field in UCD, Ireland**
- ▶ **E-mail: mary.mccann@ucd.ie**
- ▶ **Authors: Loughran H, McCann ME**

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	●
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

▶ **Aims:**

The overall aim was to introduce MI as core approach in a TC in Ireland, which is the earliest model of care for drug users in the country. The TC came to Ireland through strong links with treatment houses in the USA. The model was imported lock, stock and barrel. For decades it was the only help available for drug users. Following an abstinence modality, it carried major influence at policy level, promoting the belief in the country that the only successful outcome of treatment was achievement and maintenance of a drug free lifestyle. It was hailed as the response to the needs of drug users, and used confrontational methods. Despite moves in national policy to shift from residential care to day programmes, and the prioritising of harm reduction strategies, the TC has survived. The paper considers the experience of working with Dublin’s first TC to introduce MI as a core activity from three perspectives: introduction of MI as part of an overall change and development strategy instigated by new management in the TC; dealing with the ethical ramifications of changing work practices without undermining self efficacy of staff; how much MI is enough to show evidence of a successful transition - is there a minimum level of adherence to MI that is evidence of a successful transition?

▶ **Methods:**

Two full days of staff training in MI, which included programme managers; on going fortnightly group supervision over a one year period, either peer or trainer supported; one full day of training at the end of the year; pre and post MITI scores; transcripts of tapes; focus group discussions with staff; reflections of the trainers.

▶ **Results:**

The results show the successful introduction of MI as a model of working within the TC; however, the process of change is perhaps more interesting; the place of the training within the overall organisational change and questions arise which need to be addressed, e.g ‘when is another initiative too much change?’ Also valuing years of previous work is important.

Conclusions:

It is possible for such a TC to find MI compatible with core values and beliefs. However, the change process needs to be handled sensitively, and there is a need for supports to be put in place for staff at all levels. The change process is ongoing and needs further significant investment in order to maintain progress to date.

Crows, Bees, Horses & Tornadoes: Using Metaphors in Interviewing & Training

- ▶ Presenting author: Carolina Yahne
- ▶ Psychologist, Albuquerque, New Mexico, USA
- ▶ E-mail: CYahne@UNM.edu

This interactive workshop will begin with examples from interviews with patients and sessions with trainees using metaphors as complex reflections and as training tools. A good metaphor used as a complex reflection of what a patient has said can be very satisfying to patients and clinicians alike. Similarly, metaphors are often the most effective way to convey the spirit of MI to trainees. Together during this workshop we will generate a collection of metaphors we have used successfully with both patients and trainees. We will explore the art of finding the relevant metaphor.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	●
Break-out room «Grimmel 2»	

Training health professionals in smoking cessation: use of brief interventions and Motivational Interviewing

- ▶ **Presenting author: Jean-Paul Humair, Jacques Cornuz**
- ▶ **Department of Community and Primary Care Medicine, Geneva University Hospital, Switzerland**
- ▶ **E-mail: Jean-Paul.Humair@hcuge.ch**

Health professionals can play a major role to reduce the dramatic public health impact of tobacco use. Brief counselling and pharmacological therapy are effective smoking cessation interventions in clinical practice. However clinicians often fail to advise smokers effectively, mainly because they have limited skills in smoking cessation counselling. Educational programs based on active learning methods can improve clinicians' counselling skills to provide brief interventions using motivational techniques. Ultimately it increases smokers' cessation rates. This workshop will alternate work in small groups, plenary discussions and presentations. Each small group will first define the recommended counselling strategies for brief smoking cessation interventions. Then they will establish the corresponding learning objectives and select appropriate educational methods to include in a training program for clinicians. Each group will briefly present the conclusions of their work to all participants. Presenters will comment group findings then provide recommendations and an overview of evidence about smoking cessation interventions, as well as educational strategies to improve and disseminate these interventions among health professionals.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	●

Symposium 5 The process of training

Monday 9 June 2008
Afternoon symposia and workshops
(03.45 pm – 05.15 pm)

The measurement and acquisition of skills in behaviour change counselling

- ▶ **Presenting author:** Claire Lane
- ▶ **Nursing, Health and Social Care Research Centre, Cardiff School of Nursing and Midwifery Studies, Cardiff University, UK**
- ▶ **E-mail:** laneca1@Cardiff.ac.uk

▶ **Aims:**

Practice and rehearsal is beneficial in helping practitioners to acquire communication skills. There have been few studies into what kinds of practice and rehearsal are the most effective. This study aimed to assess whether there were any significant differences in MI skill acquisition between those who conducted MI skills practice with simulated patients in training, and those who practiced with fellow trainees.

▶ **Methods:**

Data were collected from two two-day workshops in MI. Health professionals were randomly assigned to conduct skills practice sessions with either a simulated patient, or with a fellow trainee. Their competence was assessed before and after training using the BECCI. Participants also scored each practice session in terms of the affect and perceived applicability to clinical work.

▶ **Results:**

There was no significant difference in skill levels between groups following training, or in their scoring of the affect and applicability of each practice session. There was no association between how participants felt about their practice sessions and the skill level they attained.

Conclusions:

Trainees reached the same level of competence in MI following a two-day workshop, regardless of whether they practiced with a simulated patient or a fellow trainee during training. Further research should focus on whether these results can be replicated with trainees mandated to attend training, and reducing practitioner angst about conducting role-plays.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	•
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

A study of the MI learning process in counsellors at the Swedish tobacco quit line

- ▶ **Presenting author:** Lisa Forsberg
- ▶ **Karolinska Institute, Stockholm, Sweden**
- ▶ **E-mail:** lisa.forsberg@ki.se
- ▶ **Authors:** Forsberg L, Helgason AR, Forsberg L

▶ **Aims:**

The aim of the present study was to evaluate the implementation strategy used for the training of counsellors at the Swedish tobacco quit line in Motivational Interviewing (MI).

▶ **Methods:**

Although theoretically simple, MI is a complex intervention. Thus the development of a successful implementation strategy for MI is necessary in order to make MI an evidence-based standard practice. The teaching of MI techniques has been shown to influence counsellor behaviour after brief workshops, with effectiveness significantly enhanced through the provision of continuous coaching/supervision, however, most training interventions are limited to covering shorter time periods. The present study aimed to examine MI skills development in counsellors over time, time taken for counsellors to reach levels of beginning proficiency and competency respectively, efficacy of training/supervision efforts used for the purpose of the study in maintaining the level of MI proficiency over time, and what skills were most easily taught to counsellors. Motivational Interviewing Treatment Code (MITI), is a brief assessment of MI integrity, and has reasonably good reliability as well as discriminant validity regarding counsellors' in-session behavior before and after MI-training and MI skills development over time. In the present study, MITI coding was used to assess MI integrity in counsellors at the Swedish tobacco quit line over a period of two years. The implementation strategy evaluated in this study comprised an initial 2-days MI training of the counsellors, followed by continuous supervision, including the provision of feedback based on MITI coding of audio-taped sessions. During 2005 supervision was provided at 13 three-hour training occasions in group format and during 2006 at in all 10 occasions. The study examined the MI skills development as measured on the MITI scale in three counsellors using 3 audio-taped sessions at 10 times throughout the study period (2004-2006). Due to perceived improved coding skills among the coders, over the time period of the study, the material was recoded by two coders with very high inter-rater reliability, trained to code using the Swedish translation of the MITI 3.0. The present study is part of a larger project evaluating the effects of MI in smoking cessation among clients in a Swedish telephone tobacco quit line in a randomised study.

▶ **Results:**

Preliminary findings suggest that counsellor competency showed improvement compared to the baseline level of skill in most of the MITI variables, and that through the monthly provision of supervision/feedback, some of the acquired MI skills could be maintained in counsellors. However, there were great variations in skill amongst counsellors, causing the mean to be slightly below proficiency levels on the MITI scale, and the level of competency was not kept constant, but had (for all counsellors) occasional negative fluctuations all counsellors.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	•
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

The MITI process data is presently being analysed and will be presented at the conference.

Symposium 5

The process of training

Monday 9 June 2008
 Afternoon symposia and workshops
 (03.45 pm – 05.15 pm)

Adapting Motivational Enhancement Therapy for different cultures and behaviors: preparing for an RCT with HIV and Youth in Thailand

- ▶ Presenting author: Sylvie Naar-King
- ▶ Wayne State University, Pediatric Prevention Research Center, USA
- ▶ E-mail: snaarkin@med.wayne.edu
- ▶ Authors: Naar-King S, Rongkavilit C, Koken J, Parsons J, Kaljee L

▶ Aims:

To describe the steps adapting MET another culture (Thailand) and another behavior (adherence, sexual risk) in preparation for an randomized clinical trial

▶ Methods:

Methods included small group discussions with staff and with youth, interactive training process, utilizing a local MI trained supervisor, formal qualitative analysis of session transcripts (MET), and MITI coding of sessions

▶ Results:

Small group discussions suggested elements of MET that fit naturally with Thai culture and which elements needed modification (e.g., language translation, use of forms) as well as elements of training that worked (role plays) and did not work (including therapist during consulting calls US team). MITI coding was first adapted using transcribed and translated sessions. Reliability was established with a bilingual Thai coder who then completed MITI coding on actual tapes in Thai. Qualitative analysis using session transcripts describing the barriers and facilitators of behavior change from 10 Thai youth will be presented.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	•
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

Multiple steps are necessary to adapt MET for another culture, population and behavior before a randomized clinical trial can be conducted. However, the spirit of MI and its view of behavior change appear to transcend cultural differences.

Symposium 5 The process of training

Monday 9 June 2008
Afternoon symposia and workshops
(03.45 pm – 05.15 pm)

Face and consensus validity of a tool for assessing motivational skills of primary care providers: the CICAA-M scale

- ▶ **Presenting author: Manuel Campiñez**
- ▶ **Family physician Barcelona, Spain**
- ▶ **E-mail: manuelcn@camfic.org**
- ▶ **Authors : Campiñez M, Pérula LA, Ruiz R, Bosch JM, León R, Arbonies JC, Masson J, Barragan N, Fernández JA**

▶ **Aims:**

To develop and validate a tool for evaluating the Interview motivational skills of health providers

▶ **Methods:**

Starting from a multidimensional 23 items scale designed for assessing patient centeredness skills, the CICAA-PC, 16 family physicians belonging to a National Communication Group and involved in motivational interviewing research and teaching, participated in a Delphi procedure in order to get the face, logical, consensus and content validity of a scale for assessing motivational interview skills. An iterative process that involved 3 cycles was carried out. In the first round they were asked to propose amendments, suggestions, reformulating, and adding or deleting items included in the first version of the questionnaire. In the second round they were asked for weighting the importance of each item in an evaluative ordinal scale ranged from 0 to 4. Variance and mean was then calculated for each item. Finally, the experts should review these final scores and averages obtained in the evaluation of each item and confirm or modify their own previous scores.

▶ **Results:**

A 20 items scale was obtained in the first step. Later stage the scores ranged from $1,9 \pm 2,41$ (SD) and $3,6 \pm 0,40$, a 7 new items arised.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	•
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

Last results from the Delphi study and the final CICAA-D scale will be presented. This all process allow to get a face, logical and consensus validity of the CICAA-M scale. Further studies will be necessary in order to complete the reliability and validity process.

Motivational Interviewing in Estonian correctional system: prison and probation

- ▶ **Presenting author:** Inga Uueküla
- ▶ **E-mail:** inga.uuekyla@sisekaitse.ee
- ▶ **Authors:** Uueküla I

▶ **Aims:**

Aim of the present pilot study was to examine the effectiveness of Motivational Interview (MI) training. MI has been conducted in the Estonian correctional system since 2003, systematic trainings for prison workers and probation officers started in 2006. During these two years more than 100 correctional workers have participated in the training groups. The present study focuses on conflict situations and perceived resistance reported by correctional workers. The objective was to confirm the hypothesis that the specialists, who have participated in MI trainings can cope with conflict situations and resistance better.

▶ **Methods:**

The study used a randomized controlled trial. Participants: Professionals in correctional system in Estonia were divided into five different groups: (1) prison specialists and (2) probation officers who had undergone MI training; (3) prison specialists and (4) probation officers who had not undergone MI training; and (5) prison guards, who had not undergone MI training. They were questioned as an additional comparison group. Participants received over the internet short questionnaire which consisted of four questions about perceived resistance, disturbance by resistance, importance of resistance, coping with resistance and a question about the frequency of conflict situations, and background data (gender, length of service, position). 300 questionnaires were sent out electronically, 143 of them were returned. Correlation matrix and one-way ANOVA were used for analyzing the data.

▶ **Results:**

According to correlations: the more correctional workers perceived resistance, the more frustration they experienced; the better they rated their ability to cope with conflict situations, the more they emphasized the importance of conflict-free work situations; perceived resistance and frustration correlated with the number of conflicts as well. The questions, which best distinguished the five groups of correctional workers were the number of conflicts per week and perceived resistance. The probation officers, who had undergone MI training, perceived resistance the least, followed by the prison specialists, who had undergone the training and the probation officers and prison specialists, who had not undergone the training. The prison guards reported conflicts and perceived resistance the most. There is a significant ($p < 0.05$) difference between two extremes: the probation officers, who had undergone the training and the prison guards.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	●
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

Although this study did not show as much important differences between trained and untrained groups of specialists of the same professional level as it was expected, it clearly differentiated between the two groups which had received completely different empathetic communication training: the probation officers, who have undergone MI training, have professional education or a background in social work or psychology; and prison guards, who have mostly secondary education and have undergone vocational training for prison guards. This short study refers to the necessity of conducting employee trainings aimed at reducing conflicts and confrontation, such as MI training and other cognitive-behavioral coping skills trainings, as well as to the potential and necessity of studies assessing the influence of trainings.

Motivational Interviewing in prison

- ▶ **Presenting author: Lars Forsberg**
- ▶ **Department of Clinical Neuroscience, Karolinska Institute, Stockholm, Sweden**
- ▶ **E-mail: lars.forsberg@sll.se**
- ▶ **Authors: Forsberg L, Sundqvist K, Wennberg P, Farbring CA**

▶ **Aims:**

The aim of this study was to find out if Motivational Interviewing with inmates influences client drug behaviour after prison release.

▶ **Methods:**

Clients were recruited from 14 prisons and 296 clients consented to take part in the study and were randomised to three groups: treatment as usual (TAU), MI with counsellors only trained in a 3-days workshop and MI with counsellors who also had been continuously trained with supervision and feedback. Out of 296 clients 219 clients had an intervention and 77 clients dropped out before any intervention took place. Each intervention comprised 5 sessions and each session was audio taped. The MI integrity was tested with the Motivational Interviewing Treatment Integrity Code 3.0 (MITI). There were no significant baseline differences between groups in drug behaviours, criminal behaviours or in any variables derived from the Addiction Severity Index (ASI). Follow up interviews assessed drug outcome as measured by ASI 10 months after clients were released from prison. In a first analysis 10 clients were randomly selected from each of the three groups and the 5:th session in the intervention was coded according to the MITI.

▶ **Results:**

Differences between the three groups in delivered MI competency will be reported as well as if the groups differed in relation to outcome.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	•
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

Data is presently being collected and will be presented at the conference.

Symposium 6

MI in correctional systems

Monday 9 June 2008
 Afternoon symposia and workshops
 (03.45 pm – 05.15 pm)

Motivating violent offenders to participate in treatment programs

- ▶ **Presenting author:** Liisa Riittinen
- ▶ **District Prison of Southeastern, Finland**
- ▶ **E-mail:** liisa.riittinen@om.fi
- ▶ **Authors:** Riittinen L, Liimatta E, Romo J

▶ **Aims:**

This pilot project aims to develop effective procedures to motivate violent offenders to participate in treatment programs for reducing violent behavior. Another aim of these procedures is to protect the counsellors from vicarious traumatization while hearing the perplexing stories of violent behavior.

▶ **Methods:**

Violent offenders are offered a chance to participate in a stepwise motivational program of two modules, which contain three (the first module) and five sessions (the second module). The program is mainly targeting violence in intimate relationships and aims to increase the offenders' willingness to take part in a prison-based or community treatment program. This initial motivational program is built on the following principles 1. The interviews progress in a stepwise manner from easier and more neutral approach to more sensitive and challenging topics. 2. The interviews are organized in modular sets to make the commitment easier. Finishing each module is important. 3. Combining flexibility and structure gives a systematic procedure without forcing. 4. The counselors work as a team of two when possible. This provides support to the counselors and opportunities for debriefing. It also makes the interviewee feel that his/her story is important. 5. Supporting team of professionals who also work with violently behaving clients help by giving case consultation. This motivational program has been mainly used in prison settings, but it has also been applied in non-institutional settings. So far about 170 voluntary interviewees have taken part in this program. A training concept is under development and has been piloted with a group of nine professional trainees.

▶ **Results:**

So far about 25 % of the interviewees progress to the more demanding module of the program. It has been assessed that the participants of the motivational program work better in a later treatment program. Many participants have reported that the program has been the first place where they have been able to speak about their problem behavior.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	•
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

An initial motivational program organized in a stepwise manner may facilitate clients to develop motivation for participating in a treatment program for violent offenders. As this group of clients has been considered as very defensive all possible means to improve their motivation for change are needed. The main advantage of the procedures used in this pilot project may, however, be more connected with protecting the counselors from vicarious traumatization rather than increasing client motivation per se.

Motivational Interviewing for smoking cessation: a review and analysis of a disappointing track record

- ▶ **Presenting author: Delwyn Catley**
- ▶ **Department of Psychology, University of Missouri, Kansas City, MO, USA**
- ▶ **E-mail: catleyd@umkc.edu**
- ▶ **Authors: Catley D, Harris KJ, Goggin K, Richter K, Williams, Ph.D.**

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

▶ **Aims:**

The purpose of this presentation is to provide a qualitative systematic review of evidence for the efficacy of Motivational Interviewing (MI) for smoking cessation, and to analyze reasons for the limited success achieved so far.

▶ **Methods:**

A literature search was conducted to identify all randomized, clinical trials for smoking cessation using MI. Quasi-experimental trials were excluded, as were studies with primary outcomes other than cessation (e.g., relapse prevention, stage of change). The following information was abstracted from selected articles: sample size; participant characteristics; participant readiness to quit at enrollment; interventionist characteristics; procedures to ensure MI fidelity; control group characteristics; primary cessation outcome; and whether or not there was biochemical verification of cessation. These data were evaluated for evidence of the efficacy of MI and analyzed to identify limitations that need to be addressed in future studies.

▶ **Results:**

The literature search identified 19 published randomized trials focused on smoking cessation. Of these, the vast majority (16/19) failed to find a significant advantage of MI relative to control for smoking cessation and all had significant methodological limitations. Only 3 studies (Curry et al., 2003; Pbert et al., 2006; Soria et al., 2006) found MI to be effective for smoking cessation at follow-up, and these studies suffered from 1 or more important limitations such as lack of biochemical verification, lack of procedures to ensure MI fidelity, lack of attention control. Our analysis of why so many studies have failed to find an effect of MI on cessation suggests that designs and statistical analyses have generally ignored the potential differential effect of MI across participants who differ in readiness to quit. Studies have also not adequately addressed the implications of intervening with samples of smokers who predominantly not ready to quit. Achieving meaningful cessation rates is especially difficult given that cessation rates with smokers already motivated to quit are at best modest and thus usually require very large samples. Most studies have compounded this problem by focusing on populations with significant co-morbidities and economic deprivation.

Conclusions:

The current literature on MI for smoking cessation does not provide support for its efficacy. This is particularly unfortunate given the lack of available interventions for the large majority of smokers who fall into the category of not being ready to quit. There is an urgent need for studies that address the limitations of prior MI studies, particularly the lack of methods to ensure fidelity to MI, the need for an attention control, accounting for participant readiness to quit, and consideration of the implications of intervening with smokers not ready to quit.

Symposium 7

MI and smoking cessation

Monday 9 June 2008
 Afternoon symposia and workshops
 (03.45 pm – 05.15 pm)

Does MI affect treatment outcome in a tobacco quitline setting?

- ▶ **Presenting author:** Ásgeir R. Helgason
- ▶ **Karolinska Institute, Stockholm, Sweden**
- ▶ **E-mail:** asgeir.helgason@sll.se
- ▶ **Authors:** Helgason AR, Forsberg L

▶ **Aims:**

To assess if adding Motivational Interviewing to the treatment protocol at the Swedish National Tobacco Quitline would enhance treatment outcome measured as “six months continuous abstinence” 12-months after first contact with the quitline.

▶ **Methods:**

Half of the quitline counselors were trained in MI using MITI-scores to monitor training and treatment fidelity. The other half of the counselors continued to work with the standard treatment protocol receiving extra boosters of lectures and supervision in Cognitive Behavior Therapy during the study period. Patients calling the quitline during the study period were randomly assigned to one of the two groups. The counselors in both groups were instructed to audiotape their treatment sessions at given intervals. The sessions were scored at the Motivational Interviewing Coding Laboratory at the Karolinska Institute in Stockholm using the MITI-scale. In the analysis the MI counselors were divided into two groups based on their MITI score on empathy, MI-spirit and MI-adherent statements.

▶ **Results:**

Data on six months continuous abstinence was retrieved from 590 patients at 12-months follow-up. Of patients receiving treatment from counselors trained in MI with acceptable MITI scores on at least two out of the three MITI variables (168/241), 31% reported abstinence. Of patients treated by counselors trained in MI not achieving these criteria (73/241), 25% reported abstinence. Of patients treated by counselors not trained in MI (83/349) 24% reported abstinence.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	•
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

Conclusions:

The data is presently being analyzed. There is a strong indication that high quality MI may increase treatment outcome.

Symposium 7

MI and smoking cessation

Monday 9 June 2008
 Afternoon symposia and workshops
 (03.45 pm – 05.15 pm)

Free your mind – Motivational Interviewing as background for a selective prevention programme for young smokers

- ▶ **Presenting author: Peter Koler**
- ▶ **E-mail: koler@forum-p.it, www.forum-p.it**
- ▶ **Authors: Ladurner C, Hainz W, Gruber C, Uhl A, Koler P**

▶ **Aims:**

The "Forum Prävention" started its operational activity in 2001 and considers itself as a centre for addiction prevention as well as the promotion of health and well-being.

Accordingly our team consists of people from different professional directions.

Two members of our institution who are both MI-trainers and also have experience in clinical addiction work have made it a matter of concern to transfer the experiences made with MI in a clinical setting to youth work.

▶ **Methods:**

Compared to experts from institutions offering counselling or treatment or custodians of the law qualified youth workers have the great advantage that youngsters accept them much more readily as people whom they can trust. Their range of relations is seen as open and free and more adequately adjusted to the needs of youngsters.

The above mentioned team members have developed a special training course, "Ju&MI"- youth work and Motivational Interviewing, for youth workers. In the mean time this course has been offered regularly.

Within the setting of the regional anti-smoking campaign "free your mind" one of our team members has developed a special programme for the reduction of smoking. On the basis of the experiences with established stop smoking programmes, mainly designed for adults, and on the basis of the rather limited knowledge of group programmes for youth, a new modular course programme has been drawn up by a group of experts (from schools, addiction and youth work). In its initial phase five courses were held with a total of 49 participants. The collected data and their evaluation have led to an adaptation of the original curriculum.

▶ **Results:**

By integrating the concepts and by teaching the basic attitudes of Motivational Interviewing a considerable improvement of the course offer could be achieved. Apart from some communicative elements there have been introduced also some theoretical concepts of Motivational Interviewing (3 factors influencing change, personal goal definition vs. requirement of abstinence).

Plenary room «Ballsaal»	
Break-out room «Ballsaal 1»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	•
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

After the evaluation of the first two courses six months later, one third of the participants quit smoking, one third reduced and one third didn't change their smoking behavior.

Symposium 8

Identifying and treating alcohol problems

Monday 9 June 2008
 Afternoon symposia and workshops
 (03.45 pm – 05.15 pm)

Brief motivational intervention to reduce alcohol use in 19-years-old men voluntarily showing up for a counseling session during army conscription: a randomized controlled trial

- ▶ **Presenting author:** Jean-Bernard Daepfen
- ▶ **Alcohol Treatment Centre, Lausanne University Hospital, Lausanne, Switzerland**
- ▶ **E-mail:** Jean-Bernard.Daepfen@chuv.ch
- ▶ **Authors:** Daepfen JB, Gmel G, Fortini C, Fauzi M, Gaume J

▶ **Aims:**

To test the effectiveness of brief motivational intervention (BMI) in young men voluntarily showing up for a single face-to-face alcohol BMI session among subjects attending the army recruitment process, mandatory for all Swiss male at age 19.

▶ **Methods:**

Of 3227 young men seen, 445 voluntarily showed up for a BMI and 367 were included in the study (unselected exclusions due to logistical constraints). After an initial assessment, subjects were randomized into two groups: an immediate BMI and a 6-months delayed BMI (control group with BMI just after follow-up assessment). A 6-month follow-up assessment was conducted in both groups. BMI was a face-to-face 20 minutes counseling session with a psychologist trained to motivational interviewing. Strategies of BMI included the exploration and evocation of a possible behavior change, project of change, and commitment to change. An example is available in French at www.alcoologie.ch.

▶ **Results:**

Results reported below reflect 80% of the follow-up procedure completed in January 2008 (procedure still ongoing). 241 individuals completed the 6-month follow-up (response rate: 79.5%), 118 in the BMI group and 123 in the control group. Data indicate that subjects were similar between groups at intake regarding age, education, marital status, general health, alcohol use and alcohol-related problems. Data suggest some trend in favor of the BMI group as regards alcohol use in the proportion of individuals who changed from high risk to low risk regarding weekly drinking (8 out of 11 in the BMI group vs 6 out of 11 in the control group); the proportion of individuals who changed from high risk to low risk regarding binge drinking (18 out of 66 in the BMI group vs 11 out of 69 in the control group); a reduction of 0.6 AUDIT total score in the BMI group vs 0.2 in the control group. Data also suggest some trend in favor of the BMI group as regard tobacco and cannabis use, indicating potential influence of alcohol counselling on global substance use.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

Conclusions:

Partial data suggest a beneficial impact of BMI on alcohol use outcomes and potential effect on other substance use in 19-year old men attending the army recruitment and showing up voluntarily for BMI. Analyses including the full sample should guarantee enough statistical power to conduct analyses.

Randomized controlled trial of ultra brief Motivational Interviewing for DUI recidivists not engaged in remedial measures: 12 month outcomes

- ▶ **Presenting author: Thomas G. Brown**
- ▶ **McGill University and Pavillon Foster Addiction Treatment Centre, Montreal, Quebec, Canada**
- ▶ **E-mail: thomas.brown@mcgill.ca**
- ▶ **Authors: Brown TG, Dongier M, Ouimet MC, Tremblay J, Chanut F, Kin Y**

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

▶ **Aims:**

Mandated remedial programs are effective for drivers convicted for driving while intoxicated (DWI). Nevertheless, many offenders, especially recidivists, do not readily participate in these programs and recidivists are particularly refractory to intervention. Few studies have targeted offenders with these high risk characteristics. This study investigated if, compared to an information-feedback-advice control condition, brief adapted Motivational Interviewing intervention (UBAMI) produced greater reductions in high risk drinking and driving behaviour at 6 and 12-month follow-up in recidivists not engaged in DWI remedial programs.

▶ **Methods:**

208 male and female recidivists not engaged in remedial countermeasures were recruited, evaluated and then randomly assigned to receive either UBAMI or the control condition, each lasting 20-30 minutes. The same experimental clinicians delivered both conditions, which were monitored for integrity by appraisal of session audiotapes. Follow-ups were conducted at 6 and 12 months. Data collected included: self-report of quantity/frequency of drinking, drink-driving, and risky driving behaviour, as well as biological markers of substance use (ALT, AST, GGT, and MCV). Five-year follow-up of DWI recidivism and other driving citations is ongoing. At the time of this submission, we are just terminating our final 12 month follow-up interviews (7 Ss).

▶ **Results:**

Our follow-up retention rate has been ≈ 90%. Most participants are male (89.8% male) in their mid-forties with a median of three convictions. Mid-stream analyses conducted with the first 99 participants completing the protocol (UBAMI n = 51; Control n = 48) indicated significantly less days during the past six months of high risk drinking (i.e., ≥ 5 standard drinks/day for men; ≥ 3 standard drinks/day for women) for participants in the UBAMI group ($F(1,96) = 4.44, p < 0.05$) at 12 months, but not at 6 months. These results were corroborated by trends ($p < 0.10$) in alcohol biomarkers, and a reduction in drink-driving days. In this presentation, we will report 6 and 12 month outcomes on the entire sample.

Conclusions:

If the preliminary findings hold, they will support the benefit of a very brief MI format in intervening with high risk, treatment shy DWI offenders. The evidence that UBAMI's effects may be relatively long-lasting is unexpected, especially in this sample. UBAMI's brevity would make it amenable to opportunistic implementation with high risk offenders who otherwise might not have intervention exposure (e.g., at the time of a court appearance). Ongoing 5-year follow-up will reveal the longer term impact of UBAMI on DWI recidivism and other dangerous driving events.

Symposium 8

Identifying and treating alcohol problems

Monday 9 June 2008
 Afternoon symposia and workshops
 (03.45 pm – 05.15 pm)

Trying to get things moving in the patient's field: sharing 20 years of experience in the addiction field

- ▶ **Presenting author: André Fryns**
- ▶ **Centre l'Orée, Brussels, Belgium**
- ▶ **E-mail: andrefry@hotmail.com**

▶ **Aims:**

Having worked for 20 years in the addiction field, I'm used to hearing few or no concerns about their problem from my patients(of course, we know they are truly desperate about it...). W.R. Miller said that motivation was getting moving, so I asked myself, why shouldn't therapists get moving? I like moving, so I went to meet the patient's environment: their partner, their family (if it was still there).

They where on the first line and they where not often treated by the professionals with the concern and the humility they deserved. So they developed defiance and even hostility towards us. And our patient, as we know him, does not like us being involved in his personal affairs...

How can we manage it then, when a glance, a word from really close person (never over-estimate your importance as "the therapist"!), weighs so much more than our academic science?

How do you take it, if your hard performance is annihilated by an untrained relative and you don't have even have an access to the drama?

I won't show you statistics, curves and so on, I'll try to tell you something from my experience in being also close to the suffering people and their relatives and I hope you will state that I do it in a motivational way.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	•
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

Symposium 8

Identifying and treating alcohol problems

Monday 9 June 2008
 Afternoon symposia and workshops
 (03.45 pm – 05.15 pm)

Lifestyle risk questionnaire in minimally injured patients with respect to alcohol use disorders

- ▶ **Presenting author:** Tim Neumann
- ▶ **Charité - Universitätsmedizin Berlin, Department of Anesthesiology and Intensive Care Medicine, Berlin, Germany**
- ▶ **E-mail:** tim.neumann@charite.de
- ▶ **Authors:** Neumann T, Neuner B, Weiß-Gerlach E, Spies C

▶ **Aims:**

There is a strong association between trauma and risky behavior such as alcohol use disorders (AUD). Computerized brief tailored advice might provide the patient in the emergency department (ED) with individualized information, feedback, and counseling regarding their risky behavior. It has been recommended, that questionnaires addressing AUD should be incorporated in a lifestyle questionnaire in order to reduce resistance. Primary purpose of this study was to examine the prevalence of self reported lifestyle risks in minimally injured trauma patients in an ED and its relation to alcohol use.

▶ **Methods:**

Ethical committee approval and written informed consent. Setting: inner city ED, teaching hospital. Out of 3026 injured patients enrolled in a randomized, controlled, computer-based brief intervention trial (BMGS 217-43794-5/5), 3016 patients (1882 males, 1134 females, 10 datasets incomplete due to technical reasons) were assessed with a computerized lifestyle questionnaire that included the AUD-Identification Test (cut-off: males 8, females 5 points), questions concerning smoking and illicit drug use and 20 additional questions addressing problems with nutrition/weight, exercise, physical and social well-being, anger, sleep, pain, stress and sexual problems.

▶ **Results:**

Age of the patients (62.4% males) was in median 32 years, with predominantly minor injuries (Injury Severity Score: 84% had 1 point, max 16 points). Patients with AUD (males 25.0% females 21.7%) reported significantly more often problems with: fitness (M: 64.0% vs. 46.7%, F: 67.0% vs. 55.3%); nutrition (M: 83.0% vs. 78.7%, F: 88.8% vs. 81.5%); exercise (M: 77.9% vs. 70.9%, F: 77.9% vs. 75.3%, not significant (NS); sleep (M: 35.1% vs. 25.1%, F: 36.3% vs. 33.7%, NS); sexuality (M: 20.2% vs. 14.9%, F 21.7% vs. 15.5%); social life (M: 42.3% vs. 27.0%, F: 35.4% vs. 26.4%); unpleasant stress (M: 53.0% vs. 42.6%, F: 50.8% vs. 43.5%); "uncontrolled" anger: (32.8% vs. 19.8%, F: 36.7% vs. 23.0%), pain (M: 28.8%, NS, F: 39.9%, NS). Smoking rate: (M: 70.0% vs. 45.5%, F 56.7% vs. 32.9%); illicit drug use (M: 39.6 vs. 20.8%, F: 37.1% vs. 10.9%).

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	•
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

Self reported lifestyle risks in trauma patients were found frequently among minimally injured patients and were related to AUD. Therefore lifestyle problems should be addressed by brief tailored advice approach in the teachable moment after trauma in the ED. Further studies might evaluate the possible benefit for these patients with lifestyle risks.

Applying Community Reinforcement and Family Training (CRAFT) in a group setting

- ▶ **Presenting authors: Graeme Horridge, Daniela Dunker-Scheuner**
- ▶ **Alcohol Treatment Center, Lausanne University Hospital, Switzerland**
- ▶ **E-mail: Daniela.Dunker-Scheuner@chuv.ch, Graeme.Horridge@chuv.ch**

« Community Reinforcement and Family Training » (CRAFT) is a program designed to engage resistant substance users into treatment by working with their “concerned significant others” (CSO’s). Using a motivational style, CRAFT teaches the CSO’s behavioural skills with the following objectives:

- A decrease in the “identified patient’s” (IP) substance use
- The IP enters into treatment
- An improved quality of life for the CSO

Although there are specific treatments designed to increase motivation in substance users, many substance users refuse to go anywhere near a clinic or counsellor. The CRAFT approach recognizes that family members can be a valuable resource in getting treatment-refusing individuals to enter treatment. Without suggesting that CSO’s are responsible for an IP’s use, CRAFT trains the CSO’s in a motivational style and behavioural adaptation which can facilitate the IP’s change process.

CRAFT has been supported by clinical trials and shows effectiveness across ethnic groups. In the first large CRAFT study, CRAFT demonstrated a superior engagement rate compared to other treatments. Specifically, CRAFT-trained CSO’s engaged 64% of their IP’s, while those utilizing the Johnson Institute Intervention (a confrontational approach) engaged 30% and CSO’s receiving Al-Anon Facilitation engaged only 13%. The psychological functioning of CSO’s tended to improve independent of treatment condition or IP engagement status. (Miller, Meyers & Tonogan, 1999)

Subjects discussed in CRAFT groups include :

- Understanding the change process
- Functional analysis: Understanding the contingencies controlling the IP’s use
- Learning to reward only non-using behaviour
- Allowing the negative consequences to occur
- Positive communication training and treatment invitations

The advantages of using the CRAFT approach in a group setting include the use of peers as natural partners for role playing, the sharing of group members’ life experiences which offer a host of examples to illustrate the applicability of skills, and group members working together facilitates the brainstorming of strategies that is part of the problem solving process. Peers sometimes trust one another more, or at least sooner, than they trust their therapist, so that peer support can be a very important asset in treatment.

Goal of workshop: To present the CRAFT approach and its adaptation in a group setting.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	•
Break-out room «Grimmel 2»	

Practice development for practitioners in MI

- › **Presenting authors: Rik Bes, Jeff Allison**
- › **CMC, Netherlands**
- › **E-mail : R.Bes@hetnet.nl**

In this workshop Jeff Allison and Rik Bes discuss with the workshop participants three general modalities of supporting practitioners in developing their competency in using Motivational Interviewing with their clients/patients: peer support, tutoring/coaching and - ultimately – practitioner certification. Examples of these three modalities will be interactively demonstrated to and shared with the participants, using the MiCampus website software.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	●

MI and Injury: challenges and possibilities

- ▶ **Presenting author: Chris Dunn**
- ▶ **UW Psychiatry & Behavioral Sciences, Seattle WA, USA**
- ▶ **E-mail: cdunn@u.washington.edu**

Data will be presented on the following:

“Cinderella goes to Congress” :

- The “cinderella” story of how one determined trauma surgeon caused the American College of Surgeons to require BI for alcohol in all U.S. trauma centers, struck down laws in 12 states that were barriers to BI, and caused the American Medical Association to create reimbursement codes for BI procedures:
 - Alcohol causes injury (epidemiological data)
 - Brief interventions using MI with trauma patients reduce drinking, drunk driving, and injury (results of 5 MI studies in trauma)
 - Number of U.S. trauma centers and cost offset data study

Challenges to implementing MI in trauma centers:

- A trauma surgeon shares his views on BI (45-second video)
- Keen interest for sending severely addicted patients to treatment (survey results)
- Short workshops are offered but with little mention of MI
- Nurse managers without counseling training select their potential BI counselors
- There is no agreement on BI quality standards

Possibilities:

- Telephone coaching can extend workshop training (data from 2 studies)
- Telephone role-plays with actors offer standardized BI practice
- “Empathy challenge” pre-screens potential BI counselors
- A “checklist” for BI quality control is under development (pre-post scores)
- An ongoing study will determine MI skills of trauma workers after training and if organizational consulting enhances BI and patient outcomes.

Discussion

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Motivational Interviewing with young people: challenges and possibilities

- ▶ **Presenting author: Sylvie Naar-King**
- ▶ **Associate Professor, Wayne State University, Pediatric Prevention Research Center, USA**
- ▶ **E-mail: snaarkin@med.wayne.edu**

Motivational Interviewing has been increasingly utilized with adolescents and young adults, though the research literature is in its infancy compared to studies of adult populations. This plenary will present an overview of the current research literature as well as the clinical and training issues that arise when utilizing MI with these young people. The plenary will conclude with a discussion of possibilities for future research.

●	Plenary room «Ballsaal»
	Break-out room «Ballsaal»
	Break-out room «Brünig 1+2»
	Break-out room «Brünig 3»
	Break-out room «Harder 2»
	Break-out room «Grimmel 1»
	Break-out room «Grimmel 2»

Empathy and reflectiveness: results of a research on MI application in a coercive setting

- ▶ **Presenting author: Valter Spiller**
- ▶ **CMC - Centre for Motivation and Change - Sede Italiana, Italy**
- ▶ **E-mail: spiller@fastwebnet.it**

▶ Aims:

Present the results of an experimental study to examine the outcomes of a motivational interviewing approach in a coercive setting. We investigate whether a motivational interviewing style is perceived by subjects as a more efficient method to achieve the goals of the interview.

▶ Methods:

In the Italian legislation personal use of illegal drugs is a misdemeanor. The Social Workers in the UTGs (Government Territorial Offices, located in chief towns of provinces) summon the offenders, interview them, and decide whether to refer them for treatment or apply the administrative penalties. Eleven social workers from eight UTG were randomly assigned to the experimental group and receive motivational interviewing training. In the same agencies, the remaining nine social workers were considered as the control group. The experimental group underwent intensive training and case supervision for 8 months for a total of 112 hours. No additional actions were taken with the control group. All offenders (illicit substance users) summoned to the UTG in the six months of the study were randomly assigned to one of the two groups. The participants were requested to fill out a questionnaire prior to the interview designed to explore their expectations of being listened to, understood, helped, judged, blamed and controlled. The second section of the questionnaire was used to rate the expectation of receiving information, of being helped in thinking about one's own condition and in considering the need to change behaviour. After completing the interview, they were requested to fill out another questionnaire designed to explore the same aspects.

▶ Results:

The final sample consisted of 912 subjects. Factor analysis shows two discrete attitudes in conducting the interview, clearly defined and separated. One factor including listening, understanding and helping (called empathic/reflective style), and another factor including blaming, controlling and judging (called confrontational style). We found a very strong correlation between perceived empathic/reflective style and goals of interviews ($p < .0001$), whereas the correlation between confrontational style and goals is not statistically significant. The analysis of the differences between the two groups in expected and perceived interactive attitudes showed statistically significant differences: the experimental group conducted the interview with perceived attitudes significantly more empathic/reflective ($p < .0005$) and less confrontational ($p < .0001$) than the control group. The analysis of the outcome, considering the goals, shows statistically significant differences: the experimental group significantly increased the perceived help in thinking about their circumstances ($p < .012$), and an increase in the perception of the need to change their behavior ($p < .039$).

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

It was observed that the improvements deriving from the training of the social workers is associated with a clear increase in the clients' feeling of being helped to think about their situation, and encouraged to think of change, which satisfied two out of three of the key objectives established by Italian law, even without receiving a greater amount of information. This suggests that motivational interviewing application training may have increased the empathic/reflective style and efficacy of the experimental group in attaining the specific goals of the interview as defined by Italian law.

Dissemination strategy of MI: discussion on the dissemination of MI concepts and practice in non-english speaking countries

- ▶ **Presenting author: Philippe Michaud**
- ▶ **AFDEM, France**
- ▶ **E-mail: contact@entretienmotivationnel.org**

MI was born in a cultural surrounding, and mainly in the USA and the UK, before being adopted (and sometimes adapted !) in other English-speaking countries, then in other linguistic areas, in Europe, Asia, etc. Translation of the reference manuals (Miller and Rollnick's, but also trainer's exercise book, and so on) isn't enough to make the dissemination of MI concepts and practice easy in a country where the use of the English language is not common. At least at the beginning, dissemination needs many efforts, and probably a strategy, which seems to be close to what WHO followed to promote early detection and brief intervention : reframing (here, on what «change» implies; alliance (of professionals interested in «change»: e.g. addiction specialists); adapting tools (translations, but also, for instance, what can be done in a training session); and demonstration studies (to enhance the impact of the evidence of MI efficacy on the professionals' opinion in the given country). The nodal point, nevertheless, seems to be how to create a pool of trained trainers, working in a reasonable distance of where the trainees work, to achieve not only the training sessions, but also the follow-up. All these topics could be discussed by the persons who work on this dissemination in their own countries, and by the more experimented persons who have reached the aims in their national situations

	Plenary room «Ballsaal»
	Break-out room «Ballsaal»
	Break-out room «Brünig 1+2»
	Break-out room «Brünig 3»
	Break-out room «Harder 2»
	Break-out room «Grimmel 1»
	Break-out room «Grimmel 2»
•	

Symposium 9

What works and why: counselor skills

Tuesday 10 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

Mechanisms of a Motivational Interviewing intervention targeting alcohol-exposed-pregnancy (AEP) risk

- ▶ Presenting author: Karen S. Ingersoll
- ▶ University of Virginia, USA
- ▶ E-mail: kareningersoll@virginia.edu
- ▶ Authors: Ingersoll KS, Wagner CC, Velasquez MM, Ceperich, von Sternberg K, Sobell MB, Sobell LL, Agrawal S, Fansler AC

▶ Aims:

Identifying the mechanisms of action of MI will suggest which techniques are essential for outcomes. While MI is effective, and specifically is effective in reducing AEP risk by reducing problem drinking and increasing the appropriate use of contraception (Floyd et al., 2007; Ingersoll et al., 2005; Project CHOICES Intervention Research Group, 2003; Sobell et al., 2003), little is known about how MI works. A few studies have suggested that reflections and open questions, and the elicitation of change talk, may be important predictors of subsequent therapeutic change. However, MI comprises many therapeutic elements including MI-specific counseling behaviors, common global characteristics such as empathy, and interpersonal and interactional elements. In this U.S. federally funded study, (NIH R01 AA015930) we are coding therapist and participant behaviors and will analyze their relationship to outcomes from a completed trial.

▶ Methods:

Using data on 416 cases, we are coding audio-taped sessions for treatment fidelity, using the MITI 3, items from the MISC 1 & 2, and the MISTS. We are coding protocol adherence with checklists and the content of sessions with the Checklist of Psychotherapy Transactions and the Psychotherapy Q-Sort. We are evaluating Client Self-Exploration and Warmth and Dominance. After six months of development, we finalized a one-pass system to rate these motivational and interpersonal characteristics. A team of raters has been achieved good inter-rater agreement on key constructs.

▶ Results:

Ratings data on the first 150 sessions rated show that activities vary across the sessions, and follow the planned flow of the protocol. Role induction, agenda setting, and information occur in session 1, feedback, decisional balance exercises, and readiness scaling occur in session 2, and other activities occur in sessions 3 and 4. Frequent therapist behaviors included providing information, open and closed questions, and reflections, with almost no confrontation. Therapist global scores were highest for Direction and Autonomy Support. Attending to change talk, addressing ambivalence, rolling with resistance, and supporting self-efficacy increased across sessions, peaking at session 4. Question-answer and expert traps were observed in a minority of cases. Therapists and clients were in the Friendly-Dominant quadrant of the interpersonal circle, contrary to expectations that MI style would be rated as Friendly-Submissive. Common PQS items indicate that therapists and clients are actively engaged in a goal-directed treatment with a focus on specific client behaviors and goals with little examination of the past.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	•
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

A one-pass rating system for MI-specific behaviors and global characteristics can be blended with interpersonal and client-focused measures of therapeutic interaction. The one-pass system we developed from standard instruments yields an array of useful variables that characterizes the Project CHOICES intervention. Using these data, we will be able to characterize not only the "MI-ness" of the intervention, but other possible mechanisms of action that will be tested as predictors of outcomes.

Symposium 9

What works and why: counselor skills

Tuesday 10 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

Fidelity to Motivational Interviewing predicts cannabis cessation following brief intervention with young people

- ▶ Presenting author: Jim McCambridge
- ▶ London School of Hygiene and Tropical Medicine, University of London, UK
- ▶ E-mail: Jim.McCambridge@lshtm.ac.uk
- ▶ Authors: McCambridge J, Day M, Thomas B

▶ Aims:

This study sought to examine whether differences in cannabis cessation outcome 3 months after Motivational Interviewing adapted for prevention purposes may be attributable to fidelity. All audio-recordings with necessary follow-up data (n=75) from weekly or more frequent cannabis users aged 16-19 years old receiving single-session Motivational Interviewing delivered by four individual practitioners within a RCT. All tapes were coded with the Motivational interviewing Treatment Integrity (MITI) scale version 2 by 2 coders. Satisfactory inter-rater reliability was achieved.

▶ Results:

After controlling for variability between practitioners, 2 fidelity variables, Motivational Interviewing spirit and the proportion of reflections which were complex, were independently predictive of cessation outcome.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	•
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

Conclusions:

Enhanced fidelity to Motivational Interviewing thus improves cannabis cessation outcome in a brief intervention among young cannabis users.

Symposium 9

What works and why: counselor skills

Tuesday 10 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

Counselor skills' influence on brief motivational intervention alcohol use outcomes

- ▶ Presenting author: Jacques Gaume
- ▶ Alcohol Treatment Centre, Lausanne University Hospital, Lausanne, Switzerland
- ▶ E-mail: jacques.gaume@chuv.ch
- ▶ Authors: Gaume J, Gmel G, Faouzi M, Daeppen JB

▶ Aims:

First, to test the hypotheses that motivational interviewing (MI) skills differ across counselors, and second that these skills differences influence alcohol use outcomes of patients after brief motivational interventions (BMI).

▶ Methods:

As part of a randomized controlled trial aimed at testing the efficacy of BMI to reduce alcohol use at 12-month follow-up, 95 BMI sessions delivered by 5 counselors were tape-recorded and coded using the Motivational Interviewing Skills Code (MISC) 2.0. All counselors had comparable background and were trained the same way. Patient socio-demographic data, patient alcohol outcome (number of drinks per week), and counselor MI skills based on MISC scores were calculated for each counselor and compared using analyses of variance.

▶ Results:

Patients characteristics regarding socio-demographic data and baseline alcohol use did not differ across counselors. At 12 months, patients differed significantly by counselors in their weekly alcohol drinking amount, ranging between 7.0 ± 7.2 and 31.5 ± 29.7 drinks per week ($p < 0.001$). Patients' baseline to follow-up differences for this outcome also varied significantly by counselors, ranging from 6.9 ± 10.3 to -13.4 ± 19.6 ($p = 0.002$). There were significant differences for all MISC data except for the frequency of simple reflections. The counselor whose patients had the best outcomes had the best scores in almost all MISC data, and the counselor whose patients had the poorest outcomes had the worst scores in almost all MISC data. These differences were most pronounced for the Acceptance and MI Spirit levels measured on a 7-point scale (6.6 ± 0.4 vs 4.8 ± 0.9 , and 6.0 ± 0.2 vs 4.3 ± 0.9), the MI-inconsistent behaviors frequency (0.3 ± 0.6 vs 2.9 ± 2.7), the percentage of MI-consistent behaviors and complex reflections (99.0 ± 1.7 vs 91.4 ± 6.5 , and 53.4 ± 11.2 vs 24.8 ± 10.2), and the reflection/question ratio (1.6 ± 0.4 vs 0.7 ± 0.2).

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	•
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

Conclusions:

Results indicate that even though they had the same background and received the same training counselors largely differed in their efficacy to reduce alcohol use among patients and in MI skills. Differences were in the expected direction with good MI skills being related to better alcohol outcomes among patients at 1-year follow-up and vice versa. These descriptive findings suggest a plausible link between MI skills use and BMI efficacy, but future inference statistical confirmation is needed.

**How do social workers talk to parents about child protection concerns?
 Exploring the scope for using Motivational Interviewing in child welfare work**

- ▶ **Presenting author: Donald Forrester**
- ▶ **University of Bedfordshire, UK**
- ▶ **E-mail: donald.forrester@beds.ac.uk**

▶ **Aims:**

A previous study (Forrester, McCambridge, Waissbein and Rollnick, 2007) found that a 2-day training workshop in Motivational Interviewing (MI) for child protection social workers increased empathic responses and listening skills and led to reports of positive changes in practice but did not result in skilled MI. A key factor was that prior to training, participants were exhibiting very confrontational communication styles. Little research has directly observed how social workers communicate around child protection issues. The current paper aims to: • Describe the nature of social work communication around child welfare concerns; • Evaluate key elements of effective practice; • Consider the place for MI within child protection work.

▶ **Methods:**

The study analyses 24 taped interviews between social workers and an actor playing a parent (a “simulated client”). Two child protection scenarios with different levels of concern were used. Quantitative analysis independently rated key social work skills and client responses within each 5-minute segment of the interview. Qualitative analysis used a grounded theory approach to describe what social workers were trying to do and what was associated with success.

▶ **Results:**

The interviews were rated as highly realistic. On average social workers asked a lot of closed questions, and often raised concerns. They used very few reflections and rarely identified positives. In all but one interview social workers achieved clarity over issues of concern, however they tended to demonstrate low levels of empathy. The responses of the simulated client were rated for resistance and information disclosure. The factor that most strongly influenced simulated client responses was empathy. When social workers demonstrated empathy they created less resistance and increased the amount of information disclosed by clients. This was not associated with failure to identify and discuss concerns. There were indications that complex reflections were associated with lowering resistance and increased disclosure, but they were too rare for statistical analysis. The qualitative analysis identified that social workers tried to gather information and to influence the client to cooperate. Information was gathered in three ways: asking for factual information, raising concerns and exploring the client’s view. Cooperation was sought also using three approaches: persuasion, explaining consequences of non-cooperation and eliciting client’s motivations. Effective information gathering was associated with sustained attempts to gather the client’s viewpoint. This was comparatively rare. Cooperation was most likely to be achieved when the social worker demonstrated understanding of the client’s point of view; even when the social worker had difficult news to impart this facilitated effective engagement.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

Conclusions:

The results suggest that MI may be a useful approach within child welfare work. Key aspects of MI, such as empathy and complex reflections, appear to be associated with successful engagement of parents. However, the low listening skills and highly confrontational style identified in the current sample suggests that – in the United Kingdom at least – significant training and supervision is likely to be necessary to achieve skilled MI. Further research exploring the impact of training in MI and the process of interviews with genuine clients is required.

Rating scales for the assessment of empathic communication in Medical Interviews (REM)

- ▶ **Presenting author: Ralf Demmel**
- ▶ **University of Münster, Germany**
- ▶ **E-mail: demmel@psy.uni-muenster.de**

Empathy has been shown to affect the quality of care by enhancing the physician–patient relationship and promoting effective communication. In this study, the newly developed Rating Scales for the Assessment of Empathic Communication in Medical Interviews (REM), designed to assess empathy and confrontation in physician–patient interactions, were subjected to preliminary psychometric testing. Particular attention was paid to face validity, reliability, sensitivity, and practicality. A total of 118 volunteers were asked to assess transcribed interactions between physicians and a standardized patient using the REM. In order to assess the convergent validity of the REM, the Motivational Interviewing Treatment Integrity Code (MITI) and the Behavior Change Counseling Index (BECCI) were used. Factor analysis identified two subscales, reflecting empathy and confrontation. Inter rater reliability coefficients for items ranged from $r = .82$ to $.97$; Cronbach’s alphas for the two subscales were $.89$ and $.88$, respectively. The convergent validity was supported by substantial correlations between the REM scores and the MITI scores and by significant correlations between the REM scores and the BECCI score. The REM demonstrated good psychometric properties suggesting the rating scales might be useful in clinical practice, research endeavours, and medical education. Further research is necessary to assess the test-retest reliability as well as the predictive validity of this instrument.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	•
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Symposium 10

Keep it simple: assessment tools

Tuesday 10 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

The Behaviour Change Counselling Index (BECCI)

- ▶ Presenting author: Claire Lane
- ▶ Nursing, Health and Social Care Research Centre, Cardiff School of Nursing and Midwifery Studies, Cardiff University, UK
- ▶ E-mail: laneca1@Cardiff.ac.uk

The Behaviour Change Counselling Index (BECCI) is a twelve-item, global rating measure that assesses practitioner competence in the behaviour change counselling adaptation of MI (more recently termed 'MI in healthcare').

It was initially developed to satisfy a local need regarding MI training with health professionals in Cardiff. We were looking to create an instrument that could provide an overview of a trainees' competence at different stages of training, as well as gaining an overview of what skills they were using well, and which ones they were not using quite so well.

BECCI has demonstrated acceptable levels of validity, reliability (inter-rater R = 0.66 - 0.93, test-retest R = 0.70 - 0.90, internal consistency = 0.71) and responsiveness (SRM = 1.76).

BECCI is a relatively quick and easy measure to use, and can assist trainers and researchers in assessing change in healthcare practitioners' skills before, during and after training in MI. This presentation aims to give an overview of the instrument, and its development.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	●
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

Symposium 10

Keep it simple: assessment tools

Tuesday 10 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

A coding Motivational Interviewing service: is that a useful service?

- ▶ Presenting author: Lars Forsberg
- ▶ Department of Clinical Neuroscience, Karolinska Institute, Stockholm, Sweden
- ▶ E-mail: lars.forsberg@sll.se

▶ Aims:

The aim is to discuss a non profit service of an Assessment of Motivational Interviewing

▶ Methods:

The recently developed Motivational Interviewing Treatment Integrity Code (MITI) (Moyers et al., 2003 & 2007) is a brief test assessing MI proficiency. Using the Swedish translation of the MITI coders were trained to code taped sessions. A coding lab has since 2005 been established at the Karolinska Institute, initially serving a few clinical trials. However, the MITI feedback has also been used to facilitate MI training.

▶ Results:

When calculating agreement between coders for MITI 2.0, the reliability was good and when using the MITI 3.0 the inter-rater reliability did improve and seems to be excellent. Experiences in delivering coding results so far are mixed. In some trainings MITI coding of trainee sessions is part of an examination, in others it is an option to have a session coded. There are difficulties in keeping the MI-spirit while providing poor MITI coding results to a trainee and about 50% of the trainees are afraid of sending their tapes for coding.

Conclusions:

To be discussed is if a service of MITI coding results for trainers doing MI-training might be useful and if so how do we make it more frequently used? How can the feedback be delivered to be more helpful? It will also be discussed if a service of MITI coding results might be part of quality assurance and even a certification procedure?

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	•
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Symposium 10

Keep it simple: assessment tools

Tuesday 10 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

A demonstration of VASE-R

- ▶ Presenting author: Chris Dunn
- ▶ UW Psychiatry & Behavioral Sciences, Seattle WA, USA
- ▶ E-mail: cdunn@u.washington.edu

A demonstration of the VASE-R, a video-based group method for assessing MI skill. This tool is 45 minutes long but I could just play selected parts of it. I could present psychometric results of the VASE from two different MI training studies, if there were interest. We have interesting data comparing MINTy scores on the VASE (from Portland a few years ago) to substance abuse counselors taking the VASE.

	Plenary room «Ballsaal»
	Break-out room «Ballsaal»
•	Break-out room «Brünig 1+2»
	Break-out room «Brünig 3»
	Break-out room «Harder 2»
	Break-out room «Grimsel 1»
	Break-out room «Grimsel 2»

Symposium 11

Theoretical perspectives on MI mechanisms

Tuesday 10 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

Sailing with the patient's wind: the impact of individual-level loss aversion on behavioral change processes

- ▶ Presenting author: Pirmin Pfister
- ▶ General practitioner, Switzerland
- ▶ E-Mail: pirmin.pfister@hin.ch

▶ Aims:

Loss aversion, or the tendency for people to prefer avoiding losses over acquiring equivalent gains, is a much-cited psychological concept in economic analysis (D. Kahneman, Nobel prize winner 2002). This presentation is a review of the loss aversion concept. The potential impact of patient's individual-level loss aversion on behavioral change processes will be discussed.

▶ Methods:

Synopsis of:

Kahneman D., «Prospect Theory-analysis of Decision und Risk», *Econometrica* 47 (1979), 263-291

Tversky A., «Loss Aversion in Riskless Choice - a Reference-Dependent Model», *Quarterly Journal of Economics*, 106 (1991), 1039-1061

Johnson E., «Exploring the nature of loss aversion», CeDEx Discussion Paper No 2006-02 (2006).

Gaechter S., «Individual-level loss aversion in riskless and risky choices», CeDEx Discussion Paper No. 2007-02

▶ Results:

Loss aversion- the psychological propensity that losses loom larger than equal-sized gains relative to a reference point- can occur in riskless an in risky choices. In both choice tasks loss aversion increase in age, income and wealth and decrease in education.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	•
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

The loss aversion concept is probably transferable in the medical subject. It may help us to understand better the patient's resistance to desirable behavioral changes. To motivate the patients in reducing the importance of the feared losses seems to be helpful in the patient's behavioral change process.

Symposium 11

Theoretical perspectives on MI mechanisms

Tuesday 10 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

What lies beneath: role of unfathomable dimensions, a cognitive-affective construct, in the structuring of resistance

- ▶ Presenting author: Giovanni Biondi
- ▶ CMC, Italy
- ▶ E-mail: biondi.giovanni@tiscali.it
- ▶ Authors: Biondi G, Mastroianni C, Scaglia M

▶ Aims:

To identify and describe a specific phenomenon occurring principally in Pre-Contemplation and to a lesser extent at all other stage transitions which throws light on what is usually called «resistance» and illustrates a mechanism responsible for its occurrence.

▶ Methods:

Clinical material and literature review (Information Theory) are used to illustrate this phenomenon.

▶ Results:

The identification of this particular construct allows for the adaptation of basic OARS skills in order to deal with the characteristics of the structure. Unfathomable Dimensions need to be explored and populated to reduce associated affects to finite dimensions as a result of these cognitive operations.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	•
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

Resistance is not simply bypassed, but is seen as a «portal» because it indicates the presence of an unfathomable construct and this is dealt with in a specific manner. It is also possible that the resolution of the unfathomable construct underlying resistance may result in spontaneous change without further efforts.

Symposium 11

Theoretical perspectives on MI mechanisms

Tuesday 10 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

How choice theory (CT) explains why MI works

- ▶ Presenting author: Darja Boben Bardutzky
- ▶ Psihiatri na bolni nica Vojnik (Vojnik Psychiatric Hospital), Slovenia
- ▶ E-Mail: Darja.Boben@pb-vojnisk.si

▶ Aims:

To apply the findings and ideas of CT to issues related to MI and present them as relevant for discussions regarding MI

▶ Methods:

Theoretical discussion

▶ Results:

Theoretical application of axioma of CT to issues connected to MI

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	•
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

Conclusions:

1. CT explains how a sincere and emphatic therapeutic relationship can be created and why it matters.
2. The client's self-evaluation of effectiveness of own actual behavior is an essential step of CT based Reality Therapy and an irreplaceable tool for a proper treatment of ambivalence.
3. Different levels of success using MI can be explained by the fact that therapeutic actions stem from different groups of beliefs.

Symposium 11

Theoretical perspectives on MI mechanisms

Tuesday 10 June 2008
 Afternoon symposia and workshops
 (01.30 pm – 03.00 pm)

Empathy and reflectiveness: speculations about changes resulting from application of Motivational Interviewing

- ▶ Presenting author: Maurizio Scaglia
- ▶ CMC - Centre for Motivation and Change - Sede Italiana, Italy
- ▶ E-mail: mask@inwind.it
- ▶ Authors: Scaglia M, Spiller V

▶ Aims:

This work presents some speculations about the link between the basic components of M.I.: empathy (as spirit) and reflectiveness (as technique)

▶ Methods:

The link is analyzed beginning from some common characteristics of these two basic components: -client centeredness/unilaterality (the conversation focuses on the life-story of only one of the two members of the helping relationship); - intimacy/interiority (the conversation focuses mainly on inner experience); - individuality/difference (the two speakers have in different position in the conversation); - understanding/narration ((the process lies on the shared (re)-construction of the life-story that the client narrates about her / himself).

▶ Results:

We propose some remarks on the connection between technique and quality of relationship that facilitate the client's experience of "being listened to, understood and helped".

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	•
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

We propose a descriptive hypothesis of the process of client facilitation toward a new integration. In our view, this process is brought about by: - participation to construction of an harmful relational environment;; - sharing the narration of personal life (by the client) - facing a narration about himself never heard before ; - working through and affective investment on a new narration by the client that integrates the old ones.

Motivational Interviewing for substance abuse

- ▶ **Presenting author:** Kjetil Karlsen
- ▶ **Department of Clinical Psychiatry, Institute of Clinical Medicine, University of Tromsø, N-9037, Norway.**
- ▶ **E-mail:** kjetil.karlsen.md@gmail.com
- ▶ **Authors:** Karlsen K, Smedslund G, Steiro Karianne A, Hammerstrøm T

▶ **Aims:**

The general effect of M.I. has been demonstrated in a systematic literature review. Mary McMurrin systematically reviews the literature on M.I. with offenders. A Campbell collaboration Systematic Review concludes that the best programs produce a significant reduction in drug abuse as well as relapse criminality, but that there is a lack of understanding concerning which specific components or combinations of components that produce this effect. We hold M.I. to be a potential candidate for such a beneficial end efficient method. The aim of our study is to systematically review all research on M.I. aimed at substance abuse, within or outside prisons. By so doing, we will conclude whether or not there is reliable research-based evidence to claim that M.I. has an effect on substance abuse. A subgroup analysis will be performed for substance abusers who undergo treatment while imprisoned.

▶ **Methods:**

The present systematic literature review will include studies where units (persons, therapists, institutions) are allocated randomly or quasi-randomly to motivational interviewing or other conditions. Other conditions could be no intervention, treatment as usual, waiting list control, or other type of therapy. We will also include studies with the primary outcome measured three or more times before the intervention and also three or more times after the intervention. Finally, we will include studies where units were allocated to conditions according to a propensity score. Included designs are thus randomised controlled trials, cluster-randomised trials, quasi-randomised trials, interrupted time-series, and regression-discontinuity designs. We will also perform systematic searches of the "grey literature" through communication with experts in the field of M.I. / drug treatment. - Two review authors will independently extract data from the included studies using an online data extraction form. Any disagreement between review authors generat a conflict in SRS which has to be solved through a discussion. If disagreement persists, a third review author will be consulted. - If outcome or other vital information is missing from the original reports, we will contact the author(s) by e-mail in an attempt to retrieve the necessary data for the analysis. Reference: *) <http://www.campbellcollaboration.org/CCJG/reviews/index.asp>

▶ **Results:**

At present stage we are in the initial phase of database searches. Our final decision as far as which studies to include, as well as the data analysis, will be performed by Easter 2008. The results will be in the format of a) A conclusion as far as how many single studies hold up to the standards of quality in this protocol; b) Our analysis of the significance of the results in each of the studies, as well as the cumulative result of all included studies; c) What is the effect of M.I. for substance abuse, and with what certainty can we make this conclusion? d) What is the effect of M.I. for substance abuse in prison, and with what certainty can we make this conclusion? and e) Whether or not there is a need for further randomized trials to establish the efficacy of M.I.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Conclusions:
Will follow.

Self-reported alcohol and drug use, self-efficacy and stages of change in a semi-randomized controlled trial of single-session MI at an inpatient drug detox unit

- ▶ **Presenting author:** Anne H Berman
- ▶ **Karolinska Institutet/Stockholm Center for Dependency Disorders, Sweden**
- ▶ **E-mail:** anne.h.berman@ki.se
- ▶ **Authors:** Berman AH, Forsberg L, Durbeej N, Källmén H, Hermansson U

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

▶ **Aims:**

Inpatient drug detoxification units offer drug users medically assisted physiological alleviation of drug abstinence symptoms. Patients at detoxification units often fall into the category of dual or multiple diagnoses. Little is known about effective treatment for this group. One opening for initial intervention could lie in offering brief psychosocial motivational intervention during patients' stay. A two-year study was carried out to explore implementation issues as well as outcome at the inpatient drug detox unit at Danderyd Hospital in Stockholm, Sweden. This presentation focuses mainly on outcome.

▶ **Methods:**

Participation in the study was offered once every week over a two-year period to all patients on a consecutive basis except for those under mandatory psychiatric order and those who had already been included earlier. Participants filled in questionnaires on self-reported alcohol and drug use (AUDIT,DUDIT), stages of change (SOCRA-TES, URICA) and self-efficacy regarding alcohol and drug use (AASE, DASE). Random allocation to a single MI session or treatment as usual followed; however, when only one or two patients agreed to participate in the study, they were allocated to MI. MI sessions, all MITI 2.0-coded, were given by evening and night staff. All participants agreed to be followed up three months later.

▶ **Results:**

Of 476 patients invited to participate in the study, 45 % agreed (n=213). About 64% (n=137) were allocated to the MI group but due to implementation issues only 34% of these actually received a single MI session (n=47). Baseline scores were nonetheless similar for both the actual MI (n=47) and TAU groups (n=166), except for a tendency towards higher drug use for the MI group. Three-month follow-up rates for both groups were approximately 70%. Self-reported drug use levels at follow-up suggest continued dependence for both groups. Preliminary follow-up results indicate a tendency towards improved self-efficacy regarding drug use among the MI group.

Conclusions:

Patient interest in the study indicates that the detoxification procedure is not an impediment to research. Despite implementation challenges the study shows that it is possible to offer single MI sessions in the inpatient detox context. MI is an appropriate brief intervention that may influence the subjective assessment of self-efficacy.

Efficacy of a brief motivational intervention to reduce cannabis use in psychosis: preliminary results of a randomized study

- ▶ **Presenting author: Silvia Gibellini**
- ▶ **Department of Psychiatry of CHUV, Lausanne, Switzerland**
- ▶ **E-mail: Silvia.Gibellini@chuv.ch**
- ▶ **Authors: Gibellini S, Montagrin Y, Conus P, Besson J, Bonsack C**

▶ **Aims:**

To study the efficacy of a motivational intervention specifically designed for cannabis user with psychosis vs. standard care. Impact of both interventions on quantity and frequency of cannabis use and motivation to change consumption of cannabis is compared, as well as on number of hospitalization days, on psychotic symptoms and on level of functioning.

▶ **Methods:**

Randomized controlled trial comparing short motivational intervention with treatment as usual in 2*30 cannabis users suffering from psychosis, aged less than 35. Outcome is assessed 3, 6, 12 months after the beginning of intervention regarding: number of joints smoked per week, motivation to change, level of symptoms and number of days of hospitalization.

▶ **Results:**

32 controls and 30 intervention subjects were included in the study. Maintenance in treatment was high in both groups with 13% drop out at 12 months. Main characteristics were 87% men, 92% single, 60% schizophrenia, age 26 years old, 4.3 years of mean treatment duration. Cannabis use was high at intake (27 joints/week), considered as moderately severe or severe for 79% of subjects. Preliminary outcome results indicate that cannabis use was reduced in both groups.. Decrease in number of joints was significantly more important in the motivational intervention group at 3 and 6 months, but no differences were found at 12 months. There were no significant differences on psychotic symptoms and level of functioning.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Conclusions:

Preliminary results indicate that specific motivational intervention may significantly decrease cannabis use by subjects suffering from psychosis, but should be integrated in a comprehensive treatment more than 6 months to maintain amelioration.

Ambivalence: challenges and possible routes for change

- ▶ Presenting author : Christina Näsholm
- ▶ Psychologist, Sweden

Since the very beginning, the understanding of ambivalence, and the strategies for resolving ambivalence have had a central position in Motivational Interviewing.

What is our understanding of ambivalence? How do we use the idea of ambivalence as an asset in the process of change? What strategies do we use, for responding to, exploring and resolving ambivalence?

Are there times when exploring ambivalence can move clients away from change? There are research findings indicating that exploring of ambivalence can lead to reinforcing sustain talk and resistance, instead of eliciting and reinforcing change talk. What might then be needed to make an exploration of ambivalence helpful for clients in their process towards change?

In her workshop, Christina will share reflections, and invite the participants to engage in the discussion. She will focus both on her understanding of ambivalence, on teaching the concept of ambivalence, on training to formulate the clients dilemma into helpful headings and on creating models or maps for exploration and resolving of ambivalence, eliciting intrinsic motivation and guiding towards change .

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	●
Break-out room «Grimmel 2»	

**Large scale implementation of Motivational Interviewing :
 moving from paper to practice in criminal justice probation departments**

- ▶ **Presenting author: Michael D. Clark**
- ▶ **Center for Strength-Based Strategies, Mason, Michigan, USA**
- ▶ **E-mail: buildmotivation@aol.com**

This workshop will review the multiple efforts necessary for importing MI into probation and parole departments that contain large numbers of correctional staff. Just what does it take to change the practice culture within these large-scale departments? Join this presentation to examine large training initiatives that have included federal, state and county jurisdictions based in the USA – as well as departments in urban-metro municipalities. This workshop will outline the “nuts & bolts” for large scale training initiatives that are attempting to turn sizeable organizations towards the practice of Motivational Interviewing. Learn what headaches and successes have been realized and what knowledge-base is starting to accumulate from these sizeable initiatives.

Training/Learning Objectives:

- Examine the various phases and formats that have been utilized for the implementation of MI in large criminal justice organizations.
- Review mistakes and successes now catalogued from these training initiatives.
- Review strategies for staff training, proficiency determinations via digital audio-coding, train-the-trainer formats and various resources available for coaching and practice-boosters.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	•

Conclusions:

Self reported lifestyle risks in trauma patients were found frequently among minimally injured patients and were related to AUD. Therefore lifestyle problems should be addressed by brief tailored advice approach in the teachable moment after trauma in the ED. Further studies might evaluate the possible benefit for these patients with lifestyle risks.

**Training of frontline community health workers in substance abuse screening
 MI techniques: dispatches (and data) from the field in Quebec, Canada**

- ▶ **Presenting author: Thomas G. Brown**
- ▶ **McGill University and Pavillon Foster Addiction Treatment Centre,
 Montreal, Quebec, Canada**
- ▶ **E-mail: thomas.brown@mcgill.ca**
- ▶ **Authors: Brown TG, Topp J**

Recent policy documents from the Quebec Ministry of Health have underscored the need for a continuum of care approach in dealing with substance abuse in the provincial public health system. This vision includes the desirability of active screening for substance abuse in all clients presenting at frontline community health settings and when appropriate, providing an appropriate level of intervention. This could involve a brief follow-up intervention to a referral for specialized care. In anticipation of these developments, we have developed a screening and brief intervention model for implementation in frontline settings over the past 8 years. Initial pilot work in diverse frontline settings was conducted, including community health, mental health, and domestic violence settings. Major needs, strengths and obstacles were identified, program content and pedagogical approach to training articulated, and computer-assisted decision support technology in screening and MI-inspired intervention developed.

This dispatch will summarize: 1) qualitative observations in the field; 2) the program developed; and 3) data on the results of a regional training program with respect to the success of knowledge exchange and alteration of clinical practices.

	Plenary room «Ballsaal»
●	Break-out room «Ballsaal»
	Break-out room «Brünig 1+2»
	Break-out room «Brünig 3»
	Break-out room «Harder 2»
	Break-out room «Grimmel 1»
	Break-out room «Grimmel 2»

Symposium 13 Developing strategies for implementation

Tuesday 10 June 2008
Afternoon symposia and workshops
(03.45 pm – 05.15 pm)

Motivate: a European approach to motivational skills training and development

- ▶ **Presenting author:** Robert Glendenning
- ▶ **Research manager, academic unit of primary medical care, school of medicine and biomedical sciences, University of Sheffield, UK**
- ▶ **E-mail:** r.glendenning@sheffield.ac.uk
- ▶ **Authors:** Glendenning R, Mathers N, Ng CJ, Goedhuys J, Thijs G, Bisconcin M, Garelli L, Czabanowska K, Wilczek-Ruzyczka E, Kopcavar Gucek N, Svab I, Mendive J

▶ **Aims:**

The main aims of the project are: -to develop, test and evaluate a motivational skills training resource capable of being used by different professional and lay educators in health and care settings -to develop a draft standard for motivational skills training in Europe -to carry out needs assessments in the countries of the partnership -to promote the value of the resource and optimise exploitation potential

▶ **Methods:**

During the period October 2006 and September 2008, a partnership of six European countries have developed a comprehensive strategy to deliver the aims. These include: - a literature review relating to motivational skills training in the context of health and social care -development of a lexicon of terms and concepts -development, testing and evaluation of the training resource -promotion of social dialogue and exploitation of results.

▶ **Results:**

The results of the testing and evaluation will be presented, demonstrating 'what has worked and why', 'what has not worked and why' and 'next steps'. In addition, an analysis of the effectiveness of the partnership approach will be presented as a model for future development.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	•
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

Conclusions:

Motivational skills are an essential element of training for health and care professionals and lay educators. The broad-based resource will support the transfer of knowledge across Europe. Effective exploitation of the project's results will assist in the mainstreaming of the approach.

Developing a concurrent disorders community of practice in Motivational Interviewing

- ▶ **Presenting authors: Wayne Skinner, Sylvie Guenther**
- ▶ **Centre for Addiction and Mental Health, Canada**
- ▶ **E-mail: wayne_skinner@camh.net**
- ▶ **Authors: Skinner W, Bois C**

▶ **Aims:**

To increase the quality and quantity of MI based interventions available to people with co-occurring addiction and mental health problems in Ontario To build and support an empowered provincial community of MI practitioners who will provide training, lead and coordinate local MI communities of practice To construct a process that uses feedback and evaluation to improve itself on a continuous basis

▶ **Methods:**

The Concurrent Disorders Ontario Network has set MI capacity building through a community of practice model as a goal. It is funding an advanced MI training that will bring together over 20 MI practitioners who are willing and qualified to provide training, lead and coordinate MI communities of practice in their own geographical areas across Ontario This coordinating group will develop their own community of practice to support each other as they work to provide MI training, MI consultation, and support clinicians working with CD clients in their practice.

▶ **Results:**

The initial training launch will take place in February 2008, and the coordinating group will be developing training, consultation and communication plans to establish local MI communities of practice. Qualitative data from these activities as well as specific action plans and results of initial projects will be reported. The process of establishing a provincial community of practice for the initial 20 practitioners trained will be documented.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	•
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

The interest in MI among addiction and mental health clinicians is high. However, in Ontario, as in many jurisdictions, there is a need for coordination of training, communication and consultation to ensure that MI practices meet fidelity and effectiveness criteria. By supporting clinicians across the province that are working with people with very complex problems to become a self-supporting MI community of practice, with local and regional leadership and coordination, it is hoped that clients will be more effectively engaged to achieve better outcomes, particularly in the domains of mental health and addiction.

Ultra-brief personal action planning (UB-PAP) and Motivational Interviewing: a prospective, controlled pilot efficacy study of an innovative stepped-care health coaching paradigm

- ▶ **Presenting author: Steven Cole**
- ▶ **Stony Brook University Medical Center, NY, USA**
- ▶ **E-mail: steven.cole@stonybrook.edu**
- ▶ **Authors: Cole S, Waxenberg F, McCarthy D, McClure T, Majesky SJ, Lee FC**

▶ **Aims:**

This study reports pilot efficacy data on Navigo, a new model for health coaching.

▶ **Methods:**

Program Description: For total population health, the authors developed Navigo, a stepped-care client-centered coaching model starting with focused, efficient self-management support for clients ready for change and advancing to motivational interviewing for more challenging clients. Navigo utilizes a validated health risk assessment (HRA) tool for risk stratification and evaluation of outcome. The program flexibly addresses any health problem(s) chosen by clients, but includes broad coaching templates for 6 core high-risk conditions: obesity, sedentary lifestyle, risky drinking, smoking, depression, and medication non-adherence. In Step One, coaches utilize the 3 question structure of ultra-brief personal action planning (UB-PAP), an efficient, focused, patient-centered tool, developed by the first author, to support client self-management and build self-efficacy. For UB-PAP non-responders, coaches utilize Step Two interventions: motivational interviewing and cognitive-behavioral approaches.

Research Design: Two similar worksites of one large employer were selected by convenience for prospective testing. All employees at both sites were offered the HRA at baseline and after 6 months. Site One high risk employees were offered Navigo health coaching. Site Two was the control with no coaching available.

▶ **Results:**

86% (152/176) and 68% (117/171) of employees at Site One completed the HRA at baseline and follow-up, respectively; compared to 72% (161/223) and 52% (129/247) of employees at Site Two. 47% (N=72) of respondents at Site One were offered Navigo coaching based on pre-set HRA criteria. 51% (N=37) of these qualifying employees accepted coaching. Mean HWB scores of Site One and Site Two at baseline were 37 and 38, respectively; and at 6-month follow-up were 43 and 39, respectively. Preliminary analyzes demonstrated that mean Site One HWB scores showed a statistically significant improvement (p=.013), while mean HWB scores at the control site did not change (p=.602). Clients in coaching averaged 7 calls each and each client chose his or her own domain(s) of preference: 20 chose weight loss, 14 exercise increases, 1 smoking cessation, 1 medication adherence, and 14 chose other client-specific domains. 137 (73%) of all personal action plans over the 6 months were completely or at least 50% fulfilled. Average weight loss was 6.6 lbs, the 1 individual choosing smoking cessation stopped smoking entirely, and 58% of clients went from sedentary lifestyle to moderate levels of exercise (80-419 minutes/week). Average increase in exercise was 144 minutes/week.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

Conclusions:

These pilot data suggest that Navigo may offer an efficient and effective new health coaching paradigm.

Applying the potential of MI in clinical paediatric diabetes practice

- ▶ **Presenting author: Sue Channon**
- ▶ **Paediatric Psychology Dept, Cardiff and Vale NHS Trust, UK**
- ▶ **E-mail: sue@channons.me.uk**
- ▶ **Authors: Channon S, Huws-Thomas MV, Gregory JW, Robling MR Rollnick S**

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	●
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

▶ **Aims:**

This presentation describes a ten-year journey of clinical practice and research activity in using MI in pediatric diabetes in the UK. The initial data from a pilot study will be presented followed by a detailed description of a randomized controlled trial of MI in adolescents with diabetes. The final section will detail the development of an intervention “Talking Diabetes” which represents the next stage in the journey; an MI consistent intervention to be delivered as an integral part of clinicians routine consultations.

▶ **Methods:**

The aim of the pilot study, funded by Diabetes UK, was to obtain preliminary data on the impact of MI on glycaemic control, well-being and self-care of adolescents with diabetes. Twenty-two patients aged 14-18 years participated in MI sessions during a six-month intervention. Mean HbA1c decreased from 10.8% to 9.7% ($p<0.05$) during the study and remained significantly lower after the end of the study. Fear of hypoglycaemia was reduced ($p<0.05$) and diabetes was perceived as easier to live with ($p<0.05$). The findings of this pilot study indicated that motivational interviewing may be a useful intervention in helping adolescents improve their glycaemic control.

▶ **Results:**

The experience from this pilot study was used to develop a randomized controlled trial (funded by Diabetes UK) in which 66 teenagers with Type 1 diabetes participated. Teenagers in the intervention group received MI and the control group received support visits for up to 12 months. The main outcome measures assessed at baseline, 6, 12 and 24 months were HbA1c and psychosocial self-report questionnaires. Sixty patients had complete data at 12 months. At the end of the intervention (12 months) the mean HbA1c in the MI group was significantly lower than in the control group ($p=0.04$), after adjusting for baseline values. At 24 months (when $N=47$) this difference in HbA1c was maintained ($p=0.003$). There were differences in psychosocial variables at 12 months, with the MI group indicating more positive well-being, improved quality of life and differences in their personal models of illness (all $p<0.01$). Some of these differences were maintained at 24 months. The results from this study demonstrated that Motivational Interviewing can be an effective method of facilitating teenagers with type 1 diabetes to make behaviour changes with subsequent improvement in their glycaemic control.

Conclusions:

In these two studies MI was delivered by a specialist practitioner whose practice was separate from the clinic. Recognizing the scarcity of specialist provision, and the possible relevance of the approach to all clinic attendees, the next challenge was to identify ways in which these findings could best impact on the routine practice of clinicians within the pediatric diabetes field. DEPICTED (Development and Evaluation of a Psychosocial Intervention in Children and Teenagers Experiencing Diabetes) is a 4 year project, funded by the Department of Health, bringing these ideas into the routine consultations of diabetes teams across the UK. This presentation will outline the development work and the work in progress on training and delivery of a randomized controlled trial of “Talking Diabetes”.

General practitioners trained in Motivational Interviewing can positively affect the attitude to behaviour change in people with type 2 diabetes. One year follow-up of a RCT

- ▶ **Presenting author:** Sune Rubak
- ▶ **University of Aarhus, Institute of Public Health, Department of General Medical Practice**
- ▶ **E-mail:** sr@alm.au.dk
- ▶ **Authors:** Rubak S, Sandbaek A, Lauritzen T, Borch-Johnsen K, Christensen B

▶ **Aims:**

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 behaviour change.

▶ **Methods:**

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%. These data show that patients in I-group received significantly more counselling regarding smoking cessation, diet, exercise and self-control of diabetes after one year compared with patients from the control group. Patients in the intervention group were significantly more autonomous and motivated in their inclination to change behaviour after one year compared with the patients from the control group. Furthermore, patients in intervention group were also significantly more conscious of the importance of controlling their diabetes, and had a significantly better understanding of the possibility of preventing complications.

Conclusions:

MI improved type 2 patients' understanding of diabetes, their beliefs regarding treatment aspects, their contemplation on and motivation for behaviour change. Previous studies have shown that the autonomous style represents the most self-determined form of motivation and has consistently been associated with behavioural change and positive health care outcomes as example in diabetes where changes in perceptions of autonomy predicted change in glycemic control and improving life skills with diabetes. This study suggests that MI facilitates more patients into the contemplation phase in the I-group than in the C-group, and that the I-group patients were more motivated to change behaviour. Whether our results can be sustained long-term and are clinically relevant in terms of changes in risk profile, advocates further research.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	•
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Brief motivational intervention to improve therapy compliance among patients with hypertension and diabetes

- ▶ **Presenting author: Manuel Campiñez Navarro**
- ▶ **Family physician, Spain**
- ▶ **E-mail: manuelcn@camfic.org**
- ▶ **Authors: Campiñez Navarro M, Bosch Fontcuberta J**

▶ **Aims:**

To assess the effectiveness in decreasing blood pressure levels of a Brief Motivational Intervention (BMI) to improve therapy compliance among patients with hypertension and diabetes.

▶ **Methods:**

Design: Pilot study. Clinical trial, randomized, simple-blind. Setting: Primary Care centre in the Barcelona metropolitan area serving a population of 26,000. Participants: All 1700 patients who were usually attended by the main investigator with a registered diagnosis of diabetes and hypertension. Exclusion criteria: people who were dead, gone or in a home care program at the beginning of the study. As a result 30 users were recruited, systematically sampled and assigned to a control group (CG) and to an intervention group (IG), 15 each. No losses. Interventions: The CG was trained by the nurse as usual following recommendations by GEDAPS (a prominent Spanish group for the study of diabetes in primary care), and in the IG, a BMI was applied to improve therapy compliance. Measurements: age, sex, systolic and diastolic pressure at the beginning and the end of the study, good blood pressure control of hypertension.

▶ **Results:**

Men: 43.3%; mean age 68.4+/-12 years; good blood pressure control of hypertension before intervention 16.7%, good blood pressure control of hypertension after intervention 53.3%; significant differences in the CG and in the IG in the systolic ($p<0.01$) and the diastolic pressure ($p=0.03$) at the end of the study. Relative Risk=7.6%; Relative Risk Reduction=92.4%; Absolute Risk Reduction=80%; Number Needed to Treat=1.25.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	•
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

Conclusions:

A BMI can be a highly effective instrument in primary care to improve therapy compliance in patients with diabetes and hypertension, and this way decrease their blood pressure levels.

Does Motivational Interviewing promote maintenance of physical activity in patients attending cardiac rehabilitation? Preliminary findings from a randomised controlled trial.

- ▶ **Presenting author: Bronwyn Everett**
- ▶ **University of Western Sydney, Australia**
- ▶ **E-mail: b.everett@uws.edu.au**
- ▶ **Authors: Everett B**

▶ **Aims:**

There is compelling evidence to support the benefits of physical activity on the prevention and treatment of cardiovascular disease (CVD), with exercise consistently shown to improve objective measures of functional capacity, enhance quality of life, improve coronary risk profile, and reduce mortality. However, evidence of the benefits of exercise is often insufficient to motivate people to remain physically active following completion of their cardiac rehabilitation (CR) programme, with 30% to 60% of individuals who attend these programmes failing to maintain an exercise regimen by 6 months. The aim of this study is to evaluate Motivational Interviewing as a strategy for promoting maintenance of risk factor modification and physical activity in patients who have participated in standard, 6-week Phase II CR programmes.

▶ **Methods:**

Using a randomized controlled design, eligible participants attending standard 6-week CR programmes at three cardiac rehabilitation sites in Sydney, New South Wales Australia, are being randomized to receive either usual care (education and supervised exercise), or usual care plus two, 1-hour, nurse-delivered Motivational Interviewing sessions. Participants are followed up at two points in time, at 6-weeks and at 12-months. The primary outcome measure is the six-minute walk test (6MWT), used as both an indicator of functional capacity and habitual physical activity, Bandura's Exercise Self-Efficacy scale, quality of life, as measured by the SF36, and psychological distress, as measured by the Depression, Anxiety, Stress Scale (DASS21).

▶ **Results:**

To date, 110 participants have been recruited, and data collection is completed for 30 participants at the 12-month follow-up. Demographic and clinical characteristics did not differ between groups at baseline or at 6-week follow-up. As expected, there were improvements in functional capacity, psychological status, and quality of life following cardiac rehabilitation for both intervention and control groups. This was not the case at 12-month follow-up where, in contrast to the control group, trends are emerging indicating participants randomized to the Motivational Interviewing group are maintaining improvements evident at the completion of cardiac rehabilitation.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	●
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

These preliminary findings suggest that when used within a cardiac rehabilitation programme, MI is an effective method for promoting maintenance of physical activity and preventing relapse. Analysis of a larger number of participants will be evaluated to confirm this observation.

Using conversation analysis for analysing MI

- ▶ **Presenting authors:** Leena Ehrling, Maria Rakkolainen
- ▶ **Department of Sociology and Social Psychology, University of Tampere, Finland**
- ▶ **E-mail:** leena.ehrling@helsinki.fi, maria.rakkolainen@helsinki.fi
- ▶ **Authors:** Ehrling L, Rakkolainen M, Sarpavaara H, Tolonen K, Koski-Jännes A

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

▶ **Aims:**

Previous research about the process of MI-sessions suggests that there exists a causal chain between therapist behaviors, client language and addictive behaviour. This study focuses on the proposed linkage of therapist’s turns and client’s speech by examining the interaction in MI-sessions by both coding it with MI-relevant coding system (MISC) and then analyzing it with Conversation Analysis (CA), a method that studies in detail the mechanisms of talk-in-interaction.

The objective of the study is to explore in detail what happens in the interaction between the client and the counselor in the very first sessions. The integration of MISC and CA involves the proposition that minutiae analysis on features of turns design and lexical choices may help us to track down the factors that coding does not reach but that contribute to client’s bonding with the treatment (such as therapist’s empathy).

Current presentation examines with case examples the in-session consequences of counsellor behaviours on clients’ reactions in initial MI-sessions. Aim of the presentation is to demonstrate the benefits of two different readings in the same data and discuss the initial findings of data analysis.

▶ **Methods:**

The data of this study will consist of 50 patients’ two first MI sessions that will be videotaped and transcribed. In analyzing the videotaped MI interviews we will use Conversation Analysis and Motivational Interviewing Skill Code (MISC 2.0)-coding system. The MISC will be supplemented with coding system developed for coding client commitment language.

▶ **Results:**

The study aims to see to what extent the counsellor MI techniques seeks to elicit clients’ initial change talk and commitment language (see Amrhein et al. 2003) to study how change-positive communication is been sustained in interaction.

Further, earlier CA study in the field of other helping professions suggests that the detailed study of interaction can contribute to the theories or ideals about professional interaction in three different ways: 1) it may falsify and correct the assumptions that are part of normative theory of interaction (in this case theory of MI); 2) CA may provide a more detailed picture of practices that are described in the theory or ideals; and 3) CA may add a new dimension to the understanding of practices described by the theory. Such findings give us reason to believe that CA –reading may yield new ideas on why MI works.

Conclusions:

Our research project has just started and we are not thus far able to draw final conclusions on the results of this project. We can however notice that once completed the study will provide prominent feedback to the participating counselors on their interactional and MI skills. Moreover the results will yield more knowledge on influential and effective counseling techniques, as well as on the process of changing addictive behaviors.

Symposium 15

What works and why: client speech

Tuesday 10 June 2008
 Afternoon symposia and workshops
 (03.45 pm – 05.15 pm)

Strength of commitment language in Motivational Interviewing and gambling outcomes

- ▶ Presenting author: David Hodgins
- ▶ University of Calgary, Canada
- ▶ E-mail: dhodgins@ucalgary.ca
- ▶ Authors: Hodgins DC, Ching LE

▶ Aims:

The purpose of the present study was to examine the mechanisms by which the motivational interview (MI) is an effective treatment for pathological gambling.

▶ Methods:

Forty audiotaped MI's with problem gamblers were transcribed and coded for language content and strength of expression.

▶ Results:

As hypothesized, participants who expressed stronger commitment to change their gambling behavior during the MI exhibited better gambling outcomes over twelve months than those who expressed weaker commitment, or no commitment to change their gambling behavior during the MI. Contrary to expectation, commitment strength in the latter part of the MI was not more strongly predictive of gambling outcome. Expression of desire, ability, need, reasons, and readiness for change were not predictive of outcome. Ability and readiness were associated with commitment.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

Conclusions:

This study has important implications for clinical monitoring of client treatment success and for improving MI.

Motivation and change, a three dimensional continuum: the MAC2-A questionnaire

- ▶ **Presenting author: Gian Paolo Guelfi**
- ▶ **School of Specialization in Psychiatry, University of Genova, Italy**
- ▶ **E-mail: gianpaolo.guelfi@fastwebnet.it**
- ▶ **Authors: Guelfi GP, Zavan V, Spiller V**

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	•
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

▶ **Aims:**

Present the data from the validation study of the MAC2-A questionnaire, and discuss the theoretical and clinical implications; contribute to the debate on the Trans-Theoretical Model of Change.

▶ **Methods:**

MAC2-A is an instrument to assess Discrepancy, Self-Efficacy, and a Stages of change profile. It consists of 36 statements; each item is rated on a 0–6 Likert scale from ‘not at all true’ to ‘completely true’. Stages of change profile: Three sentences are used to evaluate each of the six stages. The point totals from each of the six stages are used to obtain a graphic profile. Two summary numerical values are also computed from it: The first one describes the Readiness to change (RC) as the degree of progressive approach to the decisional threshold that precedes behaviour change. The second one evaluates Stabilization of change (ST) as the degree of consolidation that follows change.

Discrepancy (DI) and Self-Efficacy (SE) are evaluated by six statements each, three of which indicate the presence of the construct to be evaluated and three representing its absence.

Visual Analog Scales (VAS) evaluation. Six final statements use a 100-point visual analog scale (VAS) response format. The first four scales (Readiness To Change (CRC), Stabilization of change (CST), Discrepancy (CDI), Self-efficacy (CSE) are designed to provide a validation assessment of the four summary scores obtained from the MAC2-A subscales. The last two VAS scales evaluate the importance attributed to change (CIM), and the level of desire/temptation to use (CTE).

Thus, the questionnaire produces 16 numerical variables that constitute the scores of each subject’s motivational assessment. A profile of ‘readiness to help’ is also produced.

▶ **Results:**

The results of the study can be described as the trend of the factors of change and the relationships among them in the different Stages of Change. In brief, it appears that the factor discrepancy is mostly important in the progress from Precontemplation to Contemplation, and Importance is crucial in the passage from Contemplation and Determination. Self-Efficacy is critical in crossing the threshold of quitting, that is Determination to Action. After alcohol use change, the factors that more strongly sustain abstinence from drinking are Self-Efficacy and Importance.

Conclusions:

We have developed and validated a questionnaire (MAC2-A) aimed at measuring and integrating Discrepancy, Self-Efficacy, and Readiness to Change into a three dimensional model of Motivation to Change, in a cohort of subjects with alcohol related problems. The MAC2-A showed good internal consistency and good temporal stability. The MAC2-A questionnaire can be used to carry out multidimensional motivational assessment, and thus evaluate the relationships between the key variables that constitute Motivation to Change. We have studied the relationships between Discrepancy, Self-Efficacy along the cycle of change as described in the Trans-Theoretical Stage-of-Change Model, that is before, during, and after alcohol use change. Our preliminary data add new elements to the original Stages-of-Change model, and quantify the influence of Discrepancy and Self-Efficacy, and other variables, on the movement throughout the stages. In this frame, the study is a contribution to the present debate on the Trans-Theoretical Model.

Symposium 15

What works and why: client speech

Tuesday 10 June 2008
 Afternoon symposia and workshops
 (03.45 pm – 05.15 pm)

A therapy process examination of the impact of significant-other behavior on client change talk in Motivational Interviewing

- ▶ Presenting author: Timothy Apodaca
- ▶ Department of Community Health, Center for Alcohol and Addiction Studies, Brown University, USA
- ▶ E-mail: Timothy_Apodaca@brown.edu

The inclusion of significant others (SO's) in alcohol treatment can enhance efficacy, as social networks influence alcohol consumption. While treatments involving SO's have traditionally required numerous treatment sessions, there is less evidence regarding the benefits of including an SO in brief interventions. SO participation has the potential to affect client change talk (language that communicates a client's own reasons for change and advantages of change), which may be an important precursor to later behavior change. For example, an SO might demonstrate an overall investment and high level of assistance to the client or describe additional reasons why a client should reduce drinking. On the other hand, the SO might minimize the severity of the client's drinking, highlight barriers to changing drinking behavior, or be confrontational by directly arguing with or shaming the client. Little is known about the process by which SO participation in brief interventions is beneficial or harmful to patient change mechanisms.

Hospital patients recruited from a Level 1 trauma center were assigned to receive a single session of either individual motivational interviewing or motivational interviewing including significant-other participation. All sessions were coded to capture both global ratings and specific behavior counts of therapist, client, and significant other speech. Aspects of SO behavior measured included: global ratings of SO support, behavior counts of SO statements for change and statements against change, as well as specific instances of SO confrontation of client. These variables were examined for their relationship to client self-exploration, client change talk and client counter-change talk (i.e., resistance) above and beyond the predictive value of therapist ratings. For client self-exploration, global ratings of SO support accounted for 11% of the variance above and beyond the contribution of therapist ratings. Client change talk was predicted only by SO statements for change (26% of variance), and not by therapist ratings. Finally, client counter-change talk (resistance) was predicted by SO statements against change (22% of variance) and specific instances of SO confrontation of client (10% of variance), and not by therapist ratings. Results suggest that certain types of SO speech and behavior in MI sessions are more helpful than others, and provide guidance for what types of behavior therapists should work to elicit from SO's.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	•
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Results and reflections on a motivational intervention to improve client engagement and retention in nurse home visiting

- ▶ **Presenting author:** Erin M Ingoldsby
- ▶ **University of Colorado Denver Dept of Pediatrics, USA**
- ▶ **E-mail:** erin.ingoldsby@uchsc.edu
- ▶ **Authors:** Ingoldsby EM, Baca P, Olds D, McClatchey M, Pinto F

▶ **Aims:**

The aim of this presentation is to describe the authors' experience of developing and testing a motivationally-based intervention from a "lessons learned" framework. The intervention was designed to improve client engagement and retention in the Nurse Family Partnership (NFP) prevention program in the U.S. The authors will discuss the challenges and opportunities inherent in: a) adapting motivational interviewing (MI) training approaches and clinical materials for nurse home visitors, and b) guiding nurses' implementation to promote participation, retention, and client health behavior change in a voluntary prevention model for at-risk, first-time mothers. Using analytic results and case examples, we will illustrate key issues and stimulate discourse regarding effective methods of training, implementing, and disseminating MI to service providers in prevention contexts.

▶ **Methods:**

The intervention was developed in collaboration with NFP stakeholders, nurses, and the authors and first tested in a small, quasi-experimental study. A two-year cluster randomized controlled trial involving twenty-six NFP sites in two U.S. states was recently completed. Nurse mentors introduced and guided home visiting nurses' use of four intervention components that are based in motivational and self-efficacy theory [self-dosing, content flexibility, option to switch nurses, and use of Motivational Interviewing (Miller & Rollnick, 2002)]. Nurses at intervention sites learned MI by completing readings, watching MI training videotapes, and engaging in group exercises at their sites during a year-long period. The intervention was implemented through multi-site teleconferences in which nurses presented case studies and reflected about client-nurse engagement. Nurse mentors and researchers provided feedback in the multi-site calls and data reports. Qualitative and quantitative data were collected through focus groups, surveys, call summaries, and records from nurses and nurse mentors at participating sites.

▶ **Results:**

Intervention sites demonstrated a small, but significant positive effect on retention rates as compared to control sites. Nurses who implemented the MI intervention were more successful in retaining clients in the NFP program than nurses who did not. However, nurse reports and quantitative data analyses indicated that there was considerable variation in the level of intervention uptake and delivery across intervention sites and among individual nurses.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	●
Break-out room «Grimmel 1»	
Break-out room «Grimmel 2»	

Conclusions:

The level to which the intervention goals and procedures were embraced as important and promising, and how well the intervention was implemented by sites and individual nurses, was critical to successfully engaging and retaining clients in the NFP. Nurse feedback suggested that there may be benefits to developing alternative methods for assessing and building competency in MI. Nurse surveys and focus groups provided key insights relating to perceptions of MI, the training, mentoring, and feedback process, and the need for better preparation, motivation, and capacity-building for sites undertaking an intensive MI-based retention intervention model. The authors will present their thoughts about the next steps for motivational interviewing approaches to increasing engagement and retention in the NFP and other preventive intervention programs.

Communication skills decrease work related stress for staff in prison

- ▶ **Presenting author:** Lars Forsberg
- ▶ **Department of Clinical Neuroscience, Karolinska Institute, Stockholm, Sweden**
- ▶ **E-mail:** lars.forsberg@sll.se
- ▶ **Authors:** Forsberg L, Eriksson Hallberg U, Theorell T, Källmén H, Farbring CA

▶ **Aims:**

The aim of this study was to investigate whether competence in communication skills may influence psychosocial work climate and chronic work related stress in correctional officers.

▶ **Methods:**

The intervention – staff training in communication skills – was randomized to among the wards during the study period. It comprised an interactive CD and a short manual focusing on learning to adapt communication to difficult staff-client situations (Rollnick and Farbring, 2004). A trainer facilitated the training, called Talking Sense [in Swedish Vardagssamtal] and communication skills were evaluated before and after the intervention. The study sample comprised staff from totally 14 wards (N=178), in seven different Swedish prisons. Psychosocial work climate (e.g. work load, autonomy, incidents of threats and violence) was measured through self-report questionnaire data at baseline and a one-year follow-up, as well as with monthly intervals. Work related stress was measured by self reported burnout, engagement and need for recovery, as well as through biomedical markers related to chronic stress. Biomedical markers were measured at baseline, in about half time and at the end of the study.

▶ **Results:**

The evaluation of communication skills among the staff revealed a significant increase after the intervention. Analyses of the biomedical markers indicated a decrease in 1Hba among the staff that had participated in the training intervention, compared to those who had not yet been trained. Psychosocial work climate and self-reported health will be analysed in March 2008.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Conclusions:

Increasing communication skills in correctional officers may have beneficial effect on reducing work related stress.

Adapting peer counseling using Motivational Interviewing for two populations to influence diet

- ▶ **Presenting author: Marlyn Allicock**
- ▶ **University of North Carolina at Chapel Hill, USA**
- ▶ **E-mail: allicock@email.unc.edu**
- ▶ **Authors: Allicock M, Campbell M, Carr C, Resnicow K, Thbodeaux H**

▶ **Aims:**

Although professional-led MI interventions are efficacious in changing health behaviors, the high cost and limited availability of trained professionals limits the potential for widespread dissemination in populations. One alternative is to utilize trained lay volunteers in health promotion to use basic MI skills. Our research group has successfully developed and tested a DVD training program for lay church members with some counseling/helping background. We recently adapted this DVD and training manuals for use with the US veteran population to deliver MI telephone calls to overweight/obese veterans. These programs train individuals in basic MI skills to serve as Peer Counselors who help motivate others to eat more fruits and vegetables.

▶ **Methods:**

Two programs will be discussed: The National Cancer Institute's Body & Soul program and the Managing Overweight/Obese Veterans Everywhere (MOVE-VETS). The interactive DVD focused on four MI skills (open questions, reflective listening, assessing values, and summarizing). We assessed the usability and effectiveness of this tool in several ways. Each study conducted focus groups to ensure the tool was culturally appropriate, easy to use, and that the skills taught were comprehensible. In the Body & Soul program, we compared 16 churches that received professional training to 11 churches that received lay training. Our comparisons were completed using pre-and posttest along with observations, debriefing sessions post-training, and a follow-up telephone interview with coordinators 4-8 weeks after the training. This allowed comparison of differences in a) satisfaction with the training session and b) confidence in understanding the skills taught. Adapting the DVD for a veteran population required tailoring of language, personal core values, and social and cultural factors.

▶ **Results:**

In the Body & Soul program, there were no differences in pre-post training effect between the professional-led versus the peer-facilitated DVD programs. Both groups increased self-efficacy and MI skills. Cultural and spiritual tailoring enhanced participants' trust in the information and perceived ease of DVD use. Preliminary results from our work with MOVE-VETS indicate positive receipt of the DVD program.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

Conclusions:

It is feasible to teach lay persons MI core principles and skills for health promotion efforts. Careful attention must be paid to how cultural tailoring can enhance the effect of MI.

From Motivational Interviewing to motivational practice: a collaborative self-guided change learning process

- ▶ Presenting author: Rick Botelho
- ▶ Department of Family Medicine,
- ▶ University of Rochester School of Medicine & Dentistry, USA
- ▶ E-mail: rick_botelho@urmc.rochester.edu

The model of motivational practice converts an implicit interpersonal counseling approach into an explicit, intrapersonal learning process for facilitating healthy behavior change. This reflective process involves individuals in using a series of self-guided change learning exercises. These experiences can also be part of a collaborative learning process that involves lay and professional supports, both online and offline..

In effect, the individual becomes the researcher of their unhealthy habits and develops their own personal evidence about change. This learning process can help individuals overcome the limitations of evidence-based guidelines in addressing their behavior change challenges.

You can experience this learning process for yourself. Working together with your colleagues and staff, you can share your learning experiences and support each other in improving your own health habits. This process will help your organization create a health-promoting culture. In turn, you can guide your patients through the same learning process using a variety of delivery methods, including online course and group visits. These strategies will help your healthcare setting develop a learning organization that can continually improve the performance of your behavior change and disease management programs.

Workshop Objectives

1. Understand how you can overcome the limitations of scientific evidence by developing personal evidence about healthy behavior change
2. Use self-guided change learning exercises to go beyond surface change (increasing knowledge, having good intentions and setting goals) to explore deep change (changing perceptions about risks, benefits and harms, exploring and addressing differences in your values between what you say and do, and lowering your emotional resistance in order to develop effective motivation)
3. Share your learning experiences of developing personal evidence with your colleagues

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	●
Break-out room «Grimmel 2»	

Action research and Motivational Interviewing

- ▶ Presenting authors: Claire Lane and Lyn Williams
- ▶ Nursing, Health and Social Care Research Centre,
 Cardiff School of Nursing and Midwifery Studies, Cardiff University, UK
- ▶ E-mail: laneca1@Cardiff.ac.uk

Action research (AR) is an approach that focuses on real life issues within a given context. It encompasses a number of different quantitative and qualitative research methods, and aims to improve a given situation through continual cycles of reflection, action and evaluation. The focus of enquiry is determined by the participants, who take an active part in the research process. The lead researcher takes on a facilitative role, with ideas and implementation being drawn from, rather than imposed upon, the team involved in the project. There are many parallels between motivational interviewing (MI) and AR in their spirit. AR is an appropriate and innovative methodology that can be used to explore issues such as how MI can be transferred from training to clinical practice, and how MI might or might not be beneficial in facilitating client behaviour change within different contexts. This workshop aims to give an overview of what AR is, and how it might be approached. Participants will be invited to undertake a mini AR project within the session, and discuss possible ideas for future AR projects.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	●

A strategy for implementing MI in corrections

- ▶ **Presenting author: Carl Ake Farbring**
- ▶ **Program and method development, Research and Development Unit, Swedish Prison and Probation Administration, Sweden**
- ▶ **E-mail: Carl.a.farbring@telia.com or ake.farbring@kriminalvarlden.se**

About 2500 probation and prison officers in Swedish corrections participated in 3-day workshops in motivational interviewing 2001-2003. More than one hundred officers received training as trainers to support the implementation. MI was funded as one branch of the official national correctional strategy to fight the use of illicit drugs (together with Addiction Severity Index (ASI)-assessments, evidence based "programs" and outreach workers in remand prisons) which was launched in 2002. In an early evaluation of the results particularly in motivational wards in prisons, the National Council for Crime Prevention (BRÅ) noted that clients in these wards were not aware that they had received motivational sessions at all.

This was, however, evident prima facie immediately after the initial workshops. Particularly probation officers were very positive but did not see practical opportunities to use it in their work context. Some prison officers reported, although also very positive after the workshops, that MI was not applicable in their work. A different strategy was adopted – increasing skills by learning by doing.

Part 1:

A semi structured manualized 5-6 sessions MI- "program" was written, with exercises and suggestions of what could be said compatible with MI. The purpose was to present a concrete tool that would be applicable in a program context, to help practitioners learn MI by doing it and to enhance possibility of effects on clients. Clients follow the program in a workbook which is meant to form and support working alliance. The program was introduced in 2003 and became very soon the most used program in corrections with a completion rate of about 90%. Today it completely dominates the program arena in corrections. It is extremely well implemented all over Sweden with de-centralized monitoring of tapes from sessions, certification and organized peer group-support. The difference from pre- to posttest on instruments like SOCRATES, URICA, the graphical position in the TTM, and many other instruments is clearly significant on a number of measures. These data will be presented as total scores from 2003 to December 2007.

Part 2:

Since prison officers often found MI too complicated and in many aspects not really applicable in their work a much more simple implementation, including the main ingredients and the spirit of MI, was invented. Steve Rollnick initiated discussions with me (Farbring) on how to help people tackle difficult situations and clients in their job. His idea was that simple styles like listening, guiding but also telling and instructing were natural communication styles that people in corrections (and in many other contexts) needed to use more flexibly and more intentionally. An interactive CD was produced in Sweden and in England. The Swedish implementation was supported by manuals and exercises and focused intentionally on staff stress reduction. This intervention is now widely implemented in corrections and much appreciated and has in some instances replaced the more extensive MI workshops. Prison officers have rated the applicability of this intervention 8.2 on a 10 grade scale. The implementation will be presented. Many heads of organizations claim that it has helped change the climate on the wards. Furthermore there are interesting results from a randomized experiment that will be presented in another presentation.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

Motivational Interviewing groups

- ▶ **Presenting authors:** Chris Wagner, Karen Ingersoll
- ▶ **Virginia Commonwealth University & University of Virginia, USA**
- ▶ **E-mail:** chriswagner@gmail.com

▶ **Aims:**

AIMS Motivational interviewing is a useful counseling style with ample evidence of efficacy to reduce problem drinking, reduce other problem health habits, and improve certain health behaviors. Most of the evidence to support MI comes from studies examining MI as an individual intervention. MI groups are a clinical innovation emerging in the past decade with a growing but limited evidence base. The purpose of this presentation is to provide an overview of the state of the art in MI groups.

▶ **Methods:**

We will propose a definition of MI groups and three phases of work in MI groups, summarize key findings on MI groups from the literature, and provide examples of the structure and processes of MI groups in a variety of settings, targeting different populations and behaviors.

▶ **Results:**

We define an MI group as a group that relies on empathy and MI spirit, and uses MI-consistent techniques, to achieve movement towards change among a group of people. An MI group should exemplify the collaborative, evocative, and autonomy-supporting spirit of good MI practice. The leader’s strategy during the early phase of Exploring Perspectives is to convey acceptance, respond empathically, and seek to understand the members’ perspectives. Once the group members become more curious about the possibilities of change or how group might be helpful, the group enters the phase of Broadening Perspectives. During this phase, the focus shifts to envisioning a different kind of life. Once the members see more possibilities, many will journey towards them naturally, beginning to take action steps. This leads the group into the last phase, Moving Toward Action. The literature is still developing on MI groups. Eleven published reports and one dissertation study describe developing or testing MI groups as a specific, stand-alone treatment for substance use disorders, and are consistent with our definition of MI groups in most ways. Only three reports are randomized controlled trials, while five have observational, prospective, or quasi-experimental designs. Four studies are purely descriptive. These twelve studies of MI groups describe a clear reliance on MI principles and techniques delivered in a group treatment modality. The results of these studies show that MI groups may be superior to no-treatment controls but this superiority may require more than one session. MI groups may be equivalent to standard care, and may enhance interest and participation in treatment. In one case, authors obtained favorable treatment fidelity ratings on the MI group intervention. However, the scientific impact of these studies is limited by their descriptive or exploratory, quasi-experimental designs without the use of random assignment to group MI vs. a comparison group. In contrast to this relatively new literature, clinical innovations in groups are proliferating.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

Conclusions:

MI groups may be an effective alternative to individual MI, but the evidence base is small. This is an emerging area of MI meriting further clinical innovation and study of impact. To date, clinical innovations are proceeding in advance of the research, and more description and evaluation of MI groups is needed.

Motivational Interviewing and eating disorders

- ▶ Presenting author : Janet Treasure
- ▶ Dept Academic Psychiatry, Guys Hospital, UK
- ▶ E-mail: Janet.Treasure@iop.kcl.ac.uk

In this presentation I will discuss the evidence base for using motivational interviewing in people with eating disorders. Motivational interviewing has been applied across the eating disorder diagnostic spectrum but it may be of most relevance for anorexia nervosa where it has been used as a prelude to, or part of, inpatient care. The key feature that sets anorexia nervosa apart from all other psychiatric disorders is that it is highly valued by the person herself, even when all those around them are terrified with the prospect of their death. This makes developing a therapeutic alliance difficult and is part of the reason why there is a dearth of high quality trials in this area.

People with bulimia nervosa or binge eating disorder typically are distressed by their symptoms and seek help of their own accord, making it easier to form a treatment alliance and effect change and the evidence base is stronger.

One key difference between the conceptualisation of drinking too much and eating too little is that in most countries there is legislation to enforce compulsory treatment of anorexia nervosa. Thus therapy may need to be delivered in a coercive setting where the challenge of eating is met several times a day. Ideally therefore the whole system needs to work collaboratively to effect change. Treatment can involve an iterative process in which the family are encouraged using a motivational approach to change their automatic reactions and learn to communicate about eating disorder symptoms using motivational interviewing principles themselves.

●	Plenary room «Ballsaal»
	Break-out room «Ballsaal»
	Break-out room «Brünig 1+2»
	Break-out room «Brünig 3»
	Break-out room «Harder 2»
	Break-out room «Grimsel 1»
	Break-out room «Grimsel 2»

Teaching MI in the university setting and cyberspace: MI and the Internet meet

- ▶ **Presenting authors: Judy Lewis, Jan Engle**
- ▶ **E-mail: jacelder@sbcglobal.net**

The workshop will focus on the face-to face delivery of MI in both the undergraduate and graduate setting but will also cover the use of the web-enhanced components such as video streaming, Pod-casting, discussion boards, MITI coding and group projects using WebCT and/or Blackboard. One course, developed at Governors State University in Illinois, was developed for Nurses who are learning Substance Abuse Assessment and Screeing. This course will be shown as an example of what can be done with completely online courses, and as well as the two presenters' experience with «blended» course (face-to-face and web-enhanced.)

	Plenary room «Ballsaal»
•	Break-out room «Ballsaal»
	Break-out room «Brünig 1+2»
	Break-out room «Brünig 3»
	Break-out room «Harder 2»
	Break-out room «Grimsel 1»
	Break-out room «Grimsel 2»

Health behavior changes with adolescents and young people in various settings : use of brief interventions and Motivational Interviewing

- ▶ **Presenting author: Meynard Anne**
- ▶ **Consultation Santé Jeunes, Hôpitaux Universitaires Genève, Geneva, Switzerland**
- ▶ **E-mail: anne.meynard@hcuge.ch**

▶ Introduction :

Brief motivational interventions and motivational interviewing allow efficient communication targeting risk behaviors in a comprehensive approach with adolescents and their families as they focus on autonomy and support self efficacy as well as health promotion and clinical issues. However, meeting adolescents' health needs also implies knowledge of the developmental, psychological, social and physical specificities of this age group. Health professionals need appropriate communication skills as well as knowledge of specific adolescent health issues such as the role of families, the need for confidentiality, networking with schools, social services and other key individuals in the lives of these teenagers. Evidence in this age group shows effect of motivational approaches especially for alcohol misuse but a lot of research is actually ongoing in various topics: substance use, risk behaviors, eating disorders, obesity, chronic disease and patient education. The author is member of the international network of trainers in motivational interviewing (MINT) and has experience in clinical settings as well as training various professionals: pharmacists, social workers, primary care physicians, school health professionals, diabetes teams, physical therapists.

▶ Objectives :

Get familiar with a developmental approach of health behavior change, discuss the use of motivational approaches as an opportunity for effective health promotion in encounters with young people.

▶ Methods :

role plays, video taped interviews and small group practice will be used to illustrate practical and theoretical aspects. This workshop will also be an opportunity to share experiences and network about training and clinical issues about motivational interviewing with young people.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brüning 1+2»	●
Break-out room «Brüning 3»	
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

Teaching with role-play: a 10-Step “train-the-trainer” structured approach

- ▶ **Presenting author: Steven Cole**
- ▶ **Health Sciences Center, NY, USA**
- ▶ **E-mail: steven.cole@stonybrook.edu**

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 teaching tool that is often under-utilized in communication skills training programs. This 10-step structured approach was first published in Lipkin M et al: *The Medical Interview: Clinical Care, Education, and Research*, 1993 and has been utilized in train-the-trainer programs and academic meetings (American Psychiatric Association, Society for General Internal Medicine, American Academy on Communication in Healthcare, etc.) in the US and internationally (Switzerland, China, Amsterdam, Chile). The 10-step approach can be modified to meet the theoretical orientation or needs/preferences of teachers and learners. Participants will learn and practice basic role play techniques as well as adaptations such as rolling role-play, doubling, role reversal, and using role play in large groups. The workshop leader has written one of the leading textbooks on medical communication, required in more than 22 US medical schools, translated into Japanese and now under contract for its third edition: *The Medical Interview: The Three Function Approach*.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	•
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	

Teaching MI with standardized patients

- ▶ Presenting authors : Johanna Sommer, Pascal Gache, Arabelle Rieder Nakhlé.
- ▶ Community and Primary care department, University hospitals of Geneva and Faculty of Medicine, University of Geneva, Switzerland
- ▶ E-mail: Johanna.sommer@hcuge.ch, pascal.gache@hcuge.ch

In teaching sessions, the most efficient experiential learning happens within situations that are as real as possible. Standardized patients (SP) provide close to real clinical situations.

▶ **Goal:**

- Define rules for secure role playing with a SP within a group
- Implement and practice a learning session with a SP

▶ **Methods:**

This will be an experiential workshop:
 We will demonstrate a role play in a fishbowl group, using a SP.
 We will define together the rules for secure role-playing with a SP, for efficient experiential learning, and for handling group dynamics.
 We will use the Aloha technique to define a learning goal: the agenda-led-objective-based-analysis is a helpful teaching structure for role-plays to keep the exercise on task and to help the group to give a constructive feed-back.
 We will share experiences of training SP (training sessions, training material to define the clinical situation, costs, etc).

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Conclusions:

Well defined rules for role plays using standardized patients help to enhance the learning experience in a safe environment.

Continuum Group technique in the teaching of MI

- ▶ Presenting authors: Giovanni Biondi, Carmencita Mastroianni
- ▶ Roma, Italy
- ▶ E-mail: biondi.giovanni@tiscali.it

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 teaching tool that is often under-utilized in communication skills training programs. This 10-step structured approach was first published in Lipkin M et al: The Medical Interview: Clinical Care, Education, and Research, 1993 and has been utilized in train-the-trainer programs and academic meetings (American Psychiatric Association, Society for General Internal Medicine, American Academy on Communication in Healthcare, etc.) in the US and internationally (Switzerland, China, Amsterdam, Chile). The 10-step approach can be modified to meet the theoretical orientation or needs/preferences of teachers and learners. Participants will learn and practice basic role play techniques as well as adaptations such as rolling role-play, doubling, role reversal, and using role play in large groups. The workshop leader has written one of the leading textbooks on medical communication, required in more than 22 US medical schools, translated into Japanese and now under contract for its third edition: The Medical Interview: The Three Function Approach.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimmel 1»	●
Break-out room «Grimmel 2»	

Motivational Interviewing and the Internet: new applications for training and self-help

- ▶ Presenting authors: Astri Brandell Eklund, Magnus Johansson, Anne H. Berman
- ▶ Swedish National Institute of Public Health, Stockholm Center for Dependency Disorders, Karolinska Institute, Stockholm, Sweden
- ▶ E-mail: astri.brandell@fhi.se

▶ Aims:

The demand for motivational interviewing is constantly increasing. The interest in learning motivational interviewing strategies among professionals exceeds training opportunities. Changed alcohol policies and habits have created a need for new methods to prevent and treat alcohol problems at the individual level in Sweden. Research shows that conventional treatment methods only reach a small segment of people dealing with alcohol problems. Widespread access to the Internet offers new possibilities for spreading motivational interviewing to both clinicians and the public. Studies have shown promising results for internet-based applications and have indicated the need for further development. In Sweden two recent applications deliver motivational interviewing via the Internet. Basic training for professionals in motivational interviewing is offered via Somra (www.somra.se). A user site, Alkoholhjalpen (www.alkoholhjalpen.se), targets at-risk-users of alcohol and concerned others who are considering behaviour change. Both sites are accessible for everyone and were launched in the second half of 2007. This presentation will include a description of the development, a demonstration of the sites as well as a discussion of possibilities, possible obstacles and the future of internet-based applications for motivational interviewing.

▶ Methods:

Both Somra and Alkoholhjalpen offer information (text, illustrations, and movie clips) and exercises (interactive or instructive). The users choose from a menu which parts to use and when. The content is suited for referring back to and working with over a period of time. Both applications are designed to work as standalone but could also be used as a part of live training or counselling or as a booster. Somra consists of 18 different printable segments, each demonstrating important parts of motivational interviewing. Somra was developed by Swedish MINTies at the Swedish National Institute of Public Health with the help of a professional web developer. Alkoholhjalpen consists of three separate parts: 'Help yourself', 'Help a family member' and 'Help a friend'. Each part consists of several segments covering evaluating the situation, making a decision, setting goals, making a change and maintaining progress. Users can log in and save their work anonymously on a secure database. The website includes a moderated forum where users can ask questions, exchange ideas and discuss. The content of Alkoholhjalpen has been developed by a MINTie. The text and design of the website have been produced in cooperation with an advertising agency and an internet production agency in order to appeal to the general public but especially geared to suit the 18-40 age group.

▶ Results:

Since Somra's launch in October 2007, the site has had between 1500 and 2500 visitors each month. Alkoholhjalpen had an intensive start with 100,000 visits during the second half of December. In January, Alkoholhjalpen had 150-300 visits a day, amounting to 7500 visits per month. Both sites have received positive reviews from press, policy-makers and users. Current work consists of maintaining, evaluating and disseminating knowledge about and use of the applications. Alkoholhjalpen will be evaluated along with a web based screening tool (www.escreen.se) in a randomized controlled trial during 2008.

Plenary room «Ballsaal»	
Break-out room «Ballsaal»	
Break-out room «Brünig 1+2»	
Break-out room «Brünig 3»	
Break-out room «Harder 2»	
Break-out room «Grimsel 1»	
Break-out room «Grimsel 2»	●

Conclusions:

The Internet is an affordable way of offering training in motivational interviewing and self help, which can be accessed by many people, even at remote locations. Further developments are called for and the possibilities are constantly expanding. Some interesting questions arise from the use of internet. Will the quality of services be good enough? How do we know if MI gets diluted beyond recognition? In research there obviously is a great risk with less skilled MI. But we believe that in clinical practise a little MI is better than no MI. Or should we restrict the use of new applications like these in order to test effectiveness first?

Motivational Interviewing: a skill used in a HIV-adherence program (retrospective analysis)

- ▶ **Presenting author: Isabelle Krummenacher**
- ▶ **Community Pharmacy Research Unit, Pharmaceutical Sciences Section, Universities of Geneva and Lausanne, Department of ambulatory care & community medicine, Switzerland**
- ▶ **E-mail: Isabelle.Krummenacher@hospvd.ch**
- ▶ **Authors: Krummenacher I, Cavassini M, Bugnon O, Schneider MP**

▶ **Aims:**

To ensure successful treatment, HIV patients must maintain a very high degree of adherence over time. However, many patients encounter barriers to adherence and need support. Patients experiencing problems with their antiretroviral treatment (ART) are referred to a pharmacist team specialized in adherence to treatment and trained in motivational interviewing (MI).

The aim of this retrospective study is to describe the set-up of a HIV-adherence program. All patients included between 2004 and 2007 will be analyzed.

▶ **Methods:**

Immediately before each medical check-up the patient comes to the pharmacy with his electronic pill containers in which the HIV medication is dispensed (MEMS®). The pharmacist downloads the electronic pill-containers in a secured Internet portal and prints a report. The report summarizes the patient’s drug intake since last visit. The pharmacist discusses the results with the patient. The sessions rely on short, repeated individualized semi-structured motivational interviews. The intervention swivels on 3 axes according to individual needs of each patient.

- 1) Cognitive and motivational intervention: assessment of knowledge, beliefs and motivation regarding level of adherence, disease outcomes, abilities to problem-solve and self-manage.
- 2) Behavioral intervention: the pharmacist verify with patient his daily medication schedule and the barriers/facilitators encountered in daily life.
- 3) Affectively and socially focused intervention: patients need empathic, nonjudgmental support from the healthcare provider and others (family, friends, peers...) to get answers to their questions and concerns. The pharmacist help the patient to formulate questions and negative feelings that hamper drug adherence (for example, worries, distress, anxiety, fears, denial, stigma).

At the end of each session, the patient is provided with an adherence report for the physician. Thus, the physician, at the time of his consultation, can take into account the adherence results. After the medical visit, the patient gets the ART refilled in the electronic pill-containers at the pharmacy.

▶ **Results:**

Around 80 patients will be to be analyzed. Patients characteristics and the adherence program will be described in detail: frequency of visits, length of visits, length of follow-up, barriers and facilitators, intervention, level of adherence.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Conclusions:
The program is successful and MI combined with electronic monitoring are powerful methods in supporting patients with adherence problems and in facilitating coordinated care.

MI in the probation service: process and outcome of initial motivational interviews with substance abusers

- ▶ **Presenting author:** Anja Koski-Jännes
- ▶ **Department of Sociology and Social Psychology, University of Tampere, Finland**
- ▶ **E-mails:** Anja.Koski-Jannes@uta.fi, Harri.Sarpavaara@uta.fi, Kari.Juhani.Tolonen@uta.fi
- ▶ **Authors:** Koski-Jännes A, Sarpavaara H, Tolonen K

▶ **Aims:**

The aim of our study is to conduct a detailed linguistic and semiotic analysis of the social interaction of addiction clients and counselors during their first two MI sessions in the context of the Finnish probation system. The outcome of the interaction will be evaluated by clients' commitment to change, their treatment adherence, and their use of psychoactive substances during the follow-up year.

Our main questions are: 1) which features of social interaction in the initial MI sessions with substance abusers will increase clients' commitment to change, and 2) will this initial commitment have an effect

on clients' willingness to continue in treatment, and their 6- and 12-month treatment outcome?

▶ **Methods:**

We plan recruit 50 client-counsellor pairs from probation service offices in Finland. All the subjects are participants of a 5-session MI-based programme "Behaviour, counselling and change" (Farbring 2003)

and all of them regard changing their use of psychoactive substances as their goal in addition to avoiding criminal offending. The initial interviews in the first two sessions will be videotaped and analyzed with the help of the Sequential Code for Observing Process Exchanges (SCOPE) behavioural coding system (Moyers et al. 2006 and 2007). Semiotic methods will be used for analyzing the use of signs in the

client-counsellor interaction. Client and counsellor assessment of the counselling sessions are gathered immediately after each session. Baseline and follow-up data will be gathered by Socrates A and D and a

questionnaire on their background data and addictive behaviours. The results will be analysed by standard statistical methods using SPSS.

▶ **Results:**

The study will yield decisive information on which aspects of the initial sessions and counsellor behaviours should be paid special attention to in order to retain clients in treatment and help them reduce their alcohol and drug abuse and their related criminal offences. By partly replicating previous studies (Amrhein et al. 2006, Moyers et al. 2005, 2007) and partly addressing new aspects of interaction it will contribute to the current international interest in the underlying mechanism of effective substance abuse counseling. Its national significance lies in improving the evidence base of addiction treatment in Finland and in its educational input on advancing skills in treatment research and the methods used by counsellors.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

Conclusions:

Since the project has just started and we have thus far only received the first session videotapes we cannot as yet draw any conclusions on the results of this project. What ever the results may be we can, nevertheless, conclude that the study will provide relevant feedback to the participating counsellors on their MI skills in the context of "Behavior, Counseling and Change" programme. The results will also be relevant for people who teach this programme for clinicians in the Probation Service in Finland.

Coding client language in Motivational Interviewing: inter-rater reliability for the Swedish version of Client Language Assessment Motivational Interviewing (CLAMI) segment

- ▶ Presenting author: Maria Nordell
- ▶ Dependency Centre of Stockholm, Sweden
- ▶ E-mail : maria.nordell@sll.se

▶ **Aims:**

The aim of this study is to evaluate the inter-rater reliability when coding according to the Swedish version of the Client Language Assessment Motivational Interviewing (CLAMI) Segment, a revised and shortened version of Motivational Interviewing Skills Code, MISC 2.1.

▶ **Methods:**

The original English version of the CLAMI (Miller, Moyers, Manuel, Christopher & Amrhein; 2007) was translated and adapted to Swedish by Farbring & Forsberg (2007). Coders were trained to use the CLAMI for scoring taped sessions. The basic training conducted by expert coder Denise Ernst and in collaboration with the CLAMI authors comprised 40 hours of training followed by 3 hours training every other week. Following the basic training 30 audio-taped live interviews were randomly selected from an on-going study about effects of Motivational Interviewing on tobacco smoking. The tapes were assigned to two coders for independent and blind CLAMI coding. The mean intra-class correlations (ICC) coefficients for the CLAMI variables will be calculated for the two coders. The Pearson's product moment correlation coefficients will be calculated to estimate the covariance between the pair of coders.

▶ **Results:**

Work is in progress and will be finished in March 2008.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

Conclusions:

The inter-rater reliability in coding client change talk assessed as Reason (subcodes: Desire, Ability, Need), Other, Talking Steps, Commitment and Follow/Neutral will be presented at the conference.

**Impact of Motivational Interviewing training on counseling style, therapeutic relationship and client outcomes in ambulatory substance abuse treatment I:
Design of the study**

- ▶ **Presenting author: Emmanuelle Carruzzo**
- ▶ **Institute for Psychotherapy, Department of Psychiatry, University Hospital Center and University of Lausanne, Switzerland**
- ▶ **E-mail: Emmanuelle.Carruzzo@chuv.ch**
- ▶ **Authors: Carruzzo E, Zimmermann G, Zufferey C, Monnat M, Rougemont-Buecking A, Despland JN, Besson J**

▶ **Aims:**

Motivational interviewing (MI) is a client-centered and directive counseling style for eliciting motivation to change by helping clients to explore and resolve their ambivalence (Miller & Rollnick, 2002). The efficacy of MI-based interventions has been well established. We hypothesize that the implementation of MI in a real-world setting will influence the clients' adherence and retention to the treatment. We will particularly focus on the in-session therapeutic processes and we expect that acquisition of MI interpersonal skills will impact positively on two well-established indicators of therapeutic outcomes: therapeutic alliance and empathy. However, there is a commonly acknowledged gap between research and practice in the field of treatment of substance use disorders. In particular, there is a lack of work evaluating the effectiveness of MI integrated in clinical practice and examining the underlying mechanisms that might explain why this method works as it does.

▶ **Methods:**

The current study is a naturalistic effectiveness study of an MI training designed to evaluate MI's integration in clinical practice of drug counselors and to examine in-session processes and clinician characteristics of particular importance to MI. Eighty-seven consecutive patients before and 87 consecutive patients after introduction of the MI-training will be recruited. In the pre- and post-training phase, the study will focus on a subset of 12 audiotaped sessions during a period of 3 months. Research interview with patients will be carried out at baseline, end of monitoring and 6-month follow-up. Furthermore, relationship variables (alliance, empathy, clinicians' emotional responses to patients) will be evaluated at the end of each session.

▶ **Results:**

A preliminary study that we recently conducted established the feasibility of the protocol with a small group of clinicians following patients with substance use disorders (see poster of Zufferey, et al.)

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Conclusions:

This study address the issue of transportability of MI whose efficacy has been demonstrated in randomized controlled trials. This study should also allow to increase our knowledge about underlying active mechanisms of MI and the impact of clinician-client relationship in the context of substance use disorders.

Impact of Motivational Interviewing training on counseling style, therapeutic relationship and client outcomes in ambulatory substance abuse treatment II: feasibility case studies

- ▶ **Presenting author:** Christophe Zufferey
- ▶ **Institute for Psychotherapy, Department of Psychiatry, University Hospital Center and University of Lausanne, Switzerland**
- ▶ **E-mail:** Christophe.Zufferey@chuv.ch
- ▶ **Authors:** Zufferey C, Zimmermann G, Carruzzo E, Monnat M, Rougemont-Buecking A, Despland JN, Besson J

▶ **Aims:**

The current study is a preliminary exploration of the protocol designed to evaluate MI's integration in clinical practice of drug counselors in an Ambulatory Substance Abuse Treatment Center(cf. Poster of Carruzzo, et al.).

▶ **Methods:**

A preliminary study has been undertaken before MI training to determine and document the protocol's feasibility. This preliminary study examine the implementation of the research protocol (i.e. audiotape recording of therapeutic sessions, self-reported questionnaires after session) in a clinical setting (Centre Saint-Martin; CSM). Six clinicians of the CSM were volunteer for this preliminary phase and proposed the protocol to one of their clients.

▶ **Results:**

The protocol was well accepted by participating clinicians and clients. Two patients did not complete the protocol (one drop-out and one adverse event). Preliminary descriptive results indicated that: (1) working alliance, patient's motivation increased between early and late sessions and (2) symptomatology and severity of alcohol and drug use decreased.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

Conclusions:

There is a clear lack of research on the transporting of evidence-based treatments into clinical practice. This feasibility study suggest that a naturalistic design could be well accepted by "real world" clinicians and their clients.

Temperament, character and motivation for change in alcohol dependent subjects.

- ▶ **Presenting author:** Daniela Spaziani
- ▶ **Drug Addiction Unit of National Health Service, AUSL 04 L'Aquila, Italy**
- ▶ **E-mail:** spazianid@virgilio.it
- ▶ **Authors:** Spaziani D , Tomassini A, Struglia F, Pacifico R, Rossi A

▶ **Aims:**

The aim of our study is to assess temperament and character dimensions and motivation for change towards a non-use behaviour in alcohol dependent subjects. Moreover, we evaluated the correlation between these variables.

▶ **Methods:**

We assessed 10 (M/F 7/3) alcohol dependent subjects referred to Drug Addiction Unit of National Health Service, L'Aquila, using Temperament and Character Inventory-125 items (TCI-125) and motivation for change questionnaire (MAC-2A, Italian acronym for 'Motivazione al Cambiamento - Alcol').

▶ **Results:**

Several correlations between temperamental and character dimensions and motivational factors were observed. A pattern of personality with low Novelty Seeking, low Harm Avoidance and high Reward Dependence appears to be predictive of a high motivation to change. Help seeking behaviour at all stages of change (i.e., Precontemplation, Contemplation, Determination, Action, Maintenance and Termination) could be differentially influenced by the temperament and character traits.

Conclusions:

Preliminary data in alcohol dependent subjects showed that temperamental and character traits seem to be relevant to tailor intervention aimed to higher effectiveness.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Change readiness in prisoners: effect of Motivational Interviewing as measured by SOCRATES

- ▶ Presenting author: Helene Dahl
- ▶ Universitetet i Tromsø, Norway
- ▶ E-mail: helene.m.dahl@gmail.com
- ▶ Authors: Dahl H

The effect of Motivational Interviewing (MI) was evaluated in a sample of incarcerated substance abusers, using the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). The design was a pre-post between-groups design. To explore the importance of feedback in MI-training participants (N = 98) were randomized to two conditions that differed in terms of feedback or no feedback to the counsellor, and received five sessions of MI. As predicted, the results indicated a significant overall pre to post effect of the MI sessions, but contrary to the prediction the treatment effect of MI was observed in the non-feedback group only. By exploring treatment effect in the light of the subject variables length of sentence, age and type of crime committed, no significant overall effect of these factors were observed. However, violence and drug offenders deviated from the rest of the samples by indicating a lower motivational level (violence) and negative effect of MI (drug). As part of the project, the psychometric properties of the SOCRATES were explored in a factor analysis for the purpose of testing the suitability of the test in a prison sample. SOCRATES indicated an overall suitability in the present sample. Adjustments are suggested in MI training programmes in prison, as well as further research on differences between offender groups

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Motivational Interviewing in the treatment of patients with type 2 diabetes to manage lifestyle changes

- ▶ **Presenting author:** Lisbeth K. Minet
- ▶ **Odense University Hospital, Denmark**
- ▶ **E-mail:** lisbeth.minet@ouh.regionsyddanmark.dk
- ▶ **Authors:** Minet LK, Lønvig EM, Sjöberg L

Aims:

Diabetes is a common condition associated with increased morbidity and mortality. Non-pharmacological intervention strategies focusing on factors to improve self-management skills are considered an important part of the treatment in individuals with diabetes. Because of the increasing incidence in diabetes with costs (both physical, psychological and financial) for both patients and society it is important to investigate interventions that successfully promote self care behaviour in patient with type 2 diabetes. The aim of this project is to study the long-term effect of a 1 year life style intervention program based on motivational interviewing in chronically ill patients with type 2 diabetes. The effect will be evaluated on both physiological and psychosocial parameters including patient’s experienced self care competence. Our hypothesis is that a motivational intervention program based on cognitive-behavioural strategies increases patient’s belief in their own capability to succeed in their diabetes care and will lead to increased self care behaviour changes in relation to diabetes.

Methods:

A randomized controlled trial with 400 patients with type 2 diabetes is carried out at an endocrinology unit in a Danish University Hospital. The sample size was determined by a power calculation based on a standard deviation of 1.15 in the HbA1c-value and a 5% two-sided significance level. The power is set to 90 %. Assessments are made at baseline, follow-up 1 year and follow-up 2 year. Statistical analysis will be used to compare end points between the intervention group and the control group. The intervention consists of five individual motivational interviewing sessions during one year. The sessions are delivered by diabetes nurses and dieticians who had received structured training in motivational interviewing. The participant in the intervention group can choose to combine the motivational counselling sessions with a tailored counselling in changes of diet, smoking habit, physical activity and alcohol use. To each participant in the intervention group there will be assigned a case manager.

Results:

Up till now 311 patients with diabetes are included in the study. The inclusion of patients started December 2005 and stops April 2008. The analysis of baseline characteristics and follow-up data are ongoing.

Conclusions:

The perspective of the project is to increase the knowledge about non-pharmacological diabetes treatment to increase quality of life and the effect of survival for diabetes patients. At the time of the conference we expect preliminary results from the trial to be presented.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

Effectiveness of self care behaviour treatment in Type 2 diabetes: a meta-analytic review of randomised controlled trials

- ▶ **Presenting author:** Lisbeth K. Minet
- ▶ **Odense University Hospital, Denmark**
- ▶ **E-mail:** lisbeth.minet@ouh.regionsyddanmark.dk
- ▶ **Authors:** Minet L, Møller S, Wagner L, Henriksen JE

▶ **Aims:**

The aim of the current study was to provide an overview of what kind of self care behaviour intervention that have been applied in relation to the treatment of type 2 diabetes and to assess the effect of the various interventions in randomised controlled trials.

▶ **Methods:**

Studies qualified for inclusion were randomised controlled trials published in an English or Nordic language, involving adult (18 years and older) patients diagnosed with type 2 diabetes or non-insulin-dependent diabetes, that evaluated a self-care behaviour intervention to improve diabetes control measured by HbA1c. We searched MEDLINE, EMBASE, CINAHL, PsycINFO including PsychLIT, Cochrane Library, SveMed+ and Bibliotek.dk. We extracted the number of participants, their age, duration of diabetes, glycaemic control, type of intervention, its mode of delivery, type of intervention in the control group, and follow-up period. Pooled standardised effect sizes were calculated. The meta-analysis was investigating the difference between an educational approach to the management of type-2 diabetes and a more psychological approach. The included studies have therefore been divided into two subgroups: one group containing studies which are providing patients with education only, and the other group containing studies which provide patients with treatment based on cognitive, behavioural or motivational approaches including Motivational Interviewing.

▶ **Results:**

48 trials were eligible for the review. The analysis of the data is ongoing. Preliminary results show a significant positive effect on reduction in HbA1c between self care behaviour intervention and control group; the pooled mean differences was -0.353 (95% CI -0.50 to -0.20).

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Conclusions:

In type 2 diabetes, there are improvements in glycaemic control in people who received self-care behaviour treatment. Further research is needed to establish knowledge about improvements in long-term glycaemic control.

Motivational Interviewing : an evolution of Rogers’s non-directive approach

- ▶ **Presenting author:** Antonia Csillik
- ▶ **Centre hospitalier Corentin Celton, Issy les Moulineaux, France;**
Laboratoire de Psychologie Clinique EVACLIPSY, Université Paris X, France
- ▶ **E-mail:** motivationali@yahoo.fr
- ▶ **Authors:** Csillik A, Paillot C, Romo L

▶ **Aims:**

MI is considered by its authors (Miller & Rollnick, 2002) as “an evolution of the client-centered counselling approach that Rogers developed.” The main objective of this presentation is to highlight attitudes and strategies of Rogers’s non-directive therapy which are used in Motivational Interviewing and might lead to a better understanding of MI’s active ingredients and efficiency.

▶ **Methods:**

The main therapeutic attitudes, considered as fundamental and defining characteristics of MI, inspired from Rogers are described as follows: client-centered and empathic style, acceptance, unconditional positive regard, congruence and warmth. Further on, the clinical strategies inspired from Rogers’ approach are described. A parallel between Rogers’s types of reflecting listening and those used in MI is drawn.

▶ **Results:**

Finally, the applications of MI are described: fundamentally, MI is intended to instigate change by increasing intrinsic motivation (i.e., when there is a lack of motivation as resistance to change or ambivalence about change etc.) as can be inferred by the very name of this approach (Miller & Rollnick, 2002, pg 27). MI could be considered as an adaptation of Rogers’ method to motivational problems, especially to addictions. MI starts where Rogers’s non-directive therapy was ineffective. Indeed, Rogers’s counselling style was misadvised when the clients were not motivated or when they were subjected to it by constraint (Mucchielli, 1986). MI was conceived for these situations in particular where it has shown to be the most effective (Project MATCH Research Group, 1997a, 1997b).

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brüning 1+2»
Break-out room «Brüning 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

Conclusions:

These two approaches are not exclusives; on the contrary, they are complementary. Not only MI is reviving Rogers’ approach strategies and attitudes and making them useful again but it does it in a scientific way.

Applying Motivational Interviewing to counseling overweight and obese children

- ▶ Presenting author: Per Nilsen
- ▶ Linköping University, Sweden
- ▶ E-mail: per.nilsen@ihs.liu.se
- ▶ Authors: Lindhe Söderlund L, Nordqvist C, Angbratt M, Nielsen P

▶ Aims:

The aim of this study was to identify barriers and facilitators to nurses' application of motivational interviewing (MI) to counselling overweight and obese children aged five and seven and their parents.

▶ Methods:

Ten welfare centre and school health service nurses trained and practiced MI for six months, then participated in focus group interviews concerning different aspects of their work with overweight and obese children and experiences with applying MI to counselling this group.

▶ Results:

Through the process of data analysis, four factors emerged as barriers and three factors as facilitators to the nurses' application of MI to counselling overweight and obese children aged five and seven years and their parents. The factors are not mutually exclusive. Some statements by nurses clustered under problem denial, i.e. there was a lack of recognition among nurses that overweight and obesity among children constitutes a real problem. Nurses argued that these children would naturally "grow out of it" and would not remain overweight, and thus did not consider using MI because they did not view the children's weight as a significant problem. A similar barrier to applying MI in counselling children was problem ambivalence among nurses, who had a feeling that children's weight might be a problem and that something ought to be done about it although there was no immediate motivation to do anything. Nurses seemingly accepted that today's children weigh more than they did in the past, a development which has led to an increased tolerance for overweight children. Parents' problem denial and ambivalence hindered nurses' application of MI to counselling overweight and obese children. Parents who were obviously overweight or obese, yet considered themselves perfectly healthy and fit, argued that their children too were "big but healthy," and hence not in need of any weight counselling. Still another barrier occurred when nurses perceived that parents lacked willingness or motivation to deal with the children's weight problem even though they were aware of the problem. Nurses' recognition of the advantages of the MI technique and their embracing of its spirit was a critical factor facilitating the use of MI to counselling overweight and obese children. Hence, despite the experienced barriers, nurses believed that MI was a potentially efficient problem solver because it is particularly useful for addressing sensitive topics such as overweight and obesity. Another important factor that facilitated the application of MI was cooperative and knowledgeable children and parents who recognized the problem of overweight or obesity. Finally, nurses believed that working with obese children, rather than those who are merely overweight, helped the application of MI counselling. This was because parents of obese children to a larger extent recognized the significance of the problem and appeared to be more willing to find solutions and accept help.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimmel 1»
Break-out room «Grimmel 2»

Conclusions:

In conclusion, this study shows that applying MI with children may pose considerable challenges when health care providers are not fully convinced of the significance of the health problem.

MODELIS - Impact of screening and motivational interviewing on the substance use in early psychosis: a study

- ▶ Presenting author: Emeric Languérand
- ▶ Centre d'évaluation pour les jeunes adultes et les adolescents (C'JAAD), Service Hospitalo-Universitaire, Centre Hospitalier Sainte-Anne, Paris, France
- ▶ E-mail: languerand@broca.inserm.fr
- ▶ Authors: Languérand E, Canceil O, Chauchot F, Kazes M, Olié JP, Krebs MO, Gut-Fayand A

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Training in motivational interviewing and contact with the client for young professionals in Czech Republic

- ▶ **Presenting author: Jan Soukup**
- ▶ **Daily hospital for eating disorders, General teaching hospital, Prague, Czech Republic**
- ▶ **E-Mail: honzasoukup@yahoo.com**
- ▶ **Authors: Soukup J, Vetrovec M, Vankova M, Nevrkla T**

▶ Aims:

The aim is to present a 60-hour training program, which encompasses comprehensive training in motivational interviewing and exercises focused on important issues directly connected to the motivational interviewing spirit. Among others, the training participants explore issues of prejudices, assumptions, boundaries, values, or personal agendas. Presented will be detailed outline of the training along with description of the exercises and some important procedural features and characteristics. The hope is that it may be inspiring to other trainers.

Not a research project

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

MI in a prison in Barcelona

- ▶ **Presenting author:** Angeles Baldellou
- ▶ **Justice system, Spain**
- ▶ **E-Mail:** mbaldellou@gencat.net

▶ **Aims:**

With this Research Project we want to raise/enhance motivation for change. Motivation created and maintained by the therapist during all the treatment by means of the Motivational Interview and by studying the worries, desires and skills of the patient. We will realize the relation that exists between motivation and withdrawal periods.

▶ **Description:**

How many times have we listen commentaries such as «this person is not motivated» and this is why he can not start or follow a treatment and because of that we blame the inmate or the person asking for help.

Well, for us, motivation has to be created and maintained by the therapist, so it's here where we found the starting point for our work.

We thought that there was a lack of some kind of Intervention Program on drug addictions centered on motivation. Our Program does not attempt to be autonomous but rather, to provide interaction with the other existing ones. Without any doubt and under our point of view, the program is not essential but it will make easier the follow-up of any type of drug addiction treatment.

We all know that drug addicts are chronic patients to which several variables have incidence. So, they are complex patients and one of the most important variables is at brain level. Even if we have more and more information thanks to research works done in this field, there is still a lot to discover (concerning its influence in addict behaviors). For all these reasons, we consider that the addict person has to be always under permanent therapeutic control by a professional who will be his point of reference. In order that the drug addict reaches his compromise, it is necessary to encourage his motivation and awareness.

We do not want neither criticize nor devalue the present day programs for drug addiction treatment. What we try is to add a program that takes into account all the variables that affect the person, not only from the cognitive-behavioral aspect but from the motivational and emotional points of view . Our theoretical and conceptual approach is based on the patient-centered therapy, specifically under the directives of the Motivational Interview. In other words, the importance is given to the «active action» of the verb motivate instead of to the passive adjective «motivating». Motivation becomes then an important part of the therapist work. His responsibility is not only to give advice but also to motivate-increase the patient's chances of doing specific actions that will aim to change (Miller, 1999).

From our point of view and according to our experience, motivation should always be a central part of the professional's work who deal with drug abusing treatments for patients in prison.

Plenary room «Ballsaal»
Break-out room «Ballsaal»
Break-out room «Brünig 1+2»
Break-out room «Brünig 3»
Break-out room «Harder 2»
Break-out room «Grimsel 1»
Break-out room «Grimsel 2»

Conclusions:

These two approaches are not exclusives; on the contrary, they are complementary. Not only MI is reviving Rogers' approach strategies and attitudes and making them useful again but it does it in a scientific way.