

Teaching Empathy in Motivational Interviewing

Guy Azoulai

Introduction

Carl Rogers was the first therapist to emphasize the centrality of the counselling relationship to the efficacy of therapy. In work published in the 1940's and 1950's, he described three critical conditions necessary for a therapist to promote self actualization in clients: showing empathic understanding, unconditional positive regard, and congruence.

Over the years a great deal of research concerning therapy efficacy has been conducted, and it has given some startling results. Rather than better methods, what seems to emerge is the finding that what actually fosters success lies in the therapist's ability to establish a good working alliance with his or her client. Studies have repeatedly shown empathy to be a major ingredient of success in therapy, and this has remained true no matter which method, patient, problem, or stage of change was addressed. It has come to be the holy grail in the therapist's quest for efficacy.

Yet, even though it is now understood to be an undisputed part of therapeutic efficacy, I have never been taught empathy throughout all my studies as a physician or as a therapist, and have found only limited material helping to give a better understanding of what it is, how we recognize it, how we experience it, how we express it, and mostly, how we teach it.

Defining Empathy

In searching for ways to answer those questions and turn those answers into simple and pragmatic exercises for the trainees attending my seminars, I have found that empathy could not be thought of like any other social skill. It is multifaceted, and seems to require a convergence of skills. Before going into how I go about trying to get trainees to develop those skills, let's start by defining empathy.

If one wants to marvel at the array of popular definitions of empathy found in France, all one needs to do is address the question to a group of general practitioners. Here is a sample of some of the spontaneous definitions that usually arise: "feeling what the patient feels", "suffering as one with the patient", "identifying with the patient" "being able to understand the patient", "knowing exactly how the patient feels",

"being able to put oneself in the patient's shoes". Although these definitions might seem similar, some in fact do not apply to empathy at all (the first three), and some don't quite capture the full essence (the last three). This will become clear as we move into what empathy is and how to make it work for the client.

Carl Rogers defined empathy in the following way: "...being empathic is to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto ... it means to sense the hurt or the pleasure of another as he senses it and to perceive the causes thereof as he perceives them..." Rogers does not limit empathy to the understanding of clients' emotions; he widens it to the scope of frame of reference, thoughts, values, judgments that underlie those emotions.

Described in this fashion, empathy can be seen as a particular interpersonal skill that requires a subset of intrapersonal skills. In order to teach empathy, I have tried to develop a pragmatic and functional definition. There seem to be two closely interwoven parts to empathy: the capacity of experiencing it, and the capacity of conveying it to the client.

Two Facets of Empathy

Experiencing Empathy

The first facet of empathy would necessarily be the ability to establish good rapport, create a climate allowing for clients' self-disclosure, and elicit spontaneous expression of key values, thoughts and emotions. Part of this would probably be

intuitive from the knowledge of the client's sensitivity and the situation he or she is going through. Then one would have to perceive and identify verbal as well as para-verbal and nonverbal signs allowing one to recognize the emotions most likely being experienced by the client. Here it would be necessary to identify and to handle anything incongruous in the different modes of expression, for instance the patient claiming that "everything is fine" with a shaky voice or a nervous stance.

The ability to imagine oneself in another's place plays the key role in the understanding of the other's feelings, desires, ideas, and actions. Yet this understanding would not be empathic by Rogerian standards if the therapist, in projecting him or herself in his or her client's place would be sharing the same thoughts and values, experiencing the same emotions, and producing the same behavior. How could the therapist be able to help the client if he or she were to experience helplessness, hopelessness and despair in a similar situation? In order to convey hope it would seem necessary for the therapist to have a different point of view based on experience and personal growth. In order to experience empathic understanding, imagining oneself in another's place would have to be, in Rogers' words, "just as if" we were there, yet harboring a different and helpful point of view.

Conveying Empathy

Experiencing empathic understanding alone without conveying it is unlikely to be helpful to the

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client. Empathic understanding has to be shared in order to be effective. This can be done by direct expression of one's understanding or by reflecting thoughts and feelings in nonjudgmental fashion. Cultural adaptations of the way we express and reflect are probably necessary. Certain expressions are likely to elicit resistance in some clients. One example I have encountered in France was with the expression "I can imagine just how bad you must have felt," that gave in return a few "No, you can't imagine" responses. Paraphrasing seems a good way to convey understanding without referring to oneself: "You must have felt pretty bad about that".

Teaching Empathy

Prerequisites

When is it appropriate to teach empathy? Before coming around to teaching empathy, I will have trainees able to do reflective listening and paraphrasing, using the methods familiar from the first edition of *Motivational Interviewing* with some variations of my own devising.

To help trainees understand what reflective listening is all about, I begin by getting them into pairs of speaker and listener and having the speaker give an account of a recent and happy event while the listener shows/he is listening by nonverbal attitudes and facial expressions alone. A first synthesis of speakers' reactions to this exercise usually sounds something like: it's not always easy to talk about something personal, even if it's happy, to someone we don't know, but eye contact, facial expressions, and body language that show respect, attention and interest facilitate speaking. A synthesis of listeners' comments typically sounds something like: listening closely to what someone is saying isn't easy; we are also listening to our own inner voices telling us what we would like to say (about ourselves, what we think and feel, what advice we'd like to give, etc.), and keeping ourselves from saying it at the same time.

Trainees themselves then usually come up with using rephrasing as one key way to keep the client on track without bringing in their own agendas. In France, rephrasing is often done in the shape of a closed question: "Are you saying that...?" However, this can lead the client to focus on "helping the listener understand" rather than "hearing what s/he has him/herself expressed". When asked, How can we get the client to focus more on what s/he is saying?, with a little help the trainees usually find that they can use a statement—"What you are saying is..."—to do the same rephrasing. I then tell them, "That is what we call a

reflection".

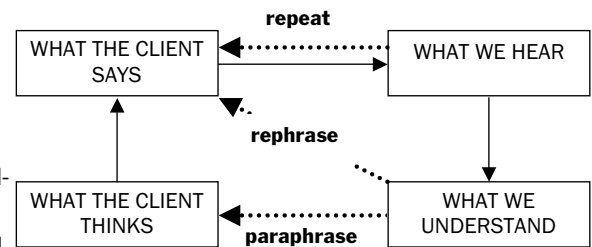
I then suggest we take a look at Thomas Gordon's "roadblocks" and see together why he suggests that these are roadblocks to communication. In the light of the preceding exercise it usually becomes easy for the trainees to spot how they all arise from our own agendas and judgments, and that using reflections keeps us out of roadblocks. Some trainees have a hard

time accepting the idea that positive judgment can be a roadblock; in these cases I help them recognize that "positive judgment" is still judgment, and trainees quickly understand that this tells clients that we could also be judging negatively. This is a good way to introduce affirmations, which I present as selective, non-judgmental reflections of clients' strengths, resources, self-enhancing behaviour, and personal achievements.

The next thing I have the trainees work on is developing their "third ear", listening to things that aren't said. To illustrate this I play a client and ask them to see if they can guess through my behavior what I am most likely to be thinking without it being far-fetched. I will then sit among them and non-verbally express that I am not interested in dialogue with them by turning back on my chair, looking behind, not answering solicitations, looking at my nails, cleaning them, etc.. The trainees easily see that I'd rather be elsewhere and that the only reason I'm staying is because I feel obliged. I then give them the following feedback: "What you've just been doing is a special way of reflecting. When we reflect the most probable underlying thoughts we can hypothesize from

what we know of the client and his/her situation, verbal communication, and nonverbal cues, we call it "paraphrasing."

To illustrate the differences between rephrasing and paraphrasing I use an adaptation of the familiar basic communication schema:



The next exercise helps develop reflective thinking and paraphrasing skills. I ask a volunteer to complete this phrase using a descriptive adjective which summarizes one of his or her characteristics: "I am a ____ kind of person." I give a few examples of adjectives and encourage the trainees to find their own: realistic, outgoing, fun-loving, cool, wild, serious, etc. The other trainees are then asked to make guesses as to what s/he means and express that in a statement: "What you are saying is that you ____." The volunteer is told to give only a yes or no answer, and the group gives feedback on the guesses: were they rephrasing or paraphrasing, questions or statements? We give it a few rounds so trainees can see that there are many ways to paraphrase and still get it right. After the exercise I ask for feedback from the volunteer on how it felt to receive the paraphrasing, whether right or wrong. The volunteer usually says that, right or wrong, trying to understand shows concern and that helps build trust; and, when it's right, there is a very gratifying feeling of really being understood, a "positive energy" that helps him/her want to say more.

I end this sequence of exercises with an introduction to empathy: "We are now going to look into

something you all have heard a lot about, empathy! As we will see, expressing empathy can be seen as a special kind of reflection that focuses on what people are feeling.”

Introducing the Concept of Empathy

I then introduce the concept of empathy by explaining its importance in the change process and giving some references:

- ♦Luborsky et al. (1975) suggest that it is only common factors that are important e.g., therapist warmth and empathy, partnership between therapist and client accounting for the fact that therapies are equally effective
- ♦Miller, Taylor & West (1980) suggest that the outcome in therapy is closely related to the degree of empathy expressed by the therapist
- ♦Crits-Christoph et al. (1991) suggest that outcome of therapy depends more on the differences in therapists rather than differences in types of therapy.
- ♦Lafferty et al. (1989) write that the crucial therapist qualities for effectiveness are: empathy, emotional understanding, directiveness, and support
- ♦Najavits & Strupp (1994) found effective therapists showed more warmth, understanding, and helping and were less likely to ignore, reject, or attack clients than ineffective therapists
- ♦Kopta et al. (1999) emphasise the importance of the therapeutic alliance, the active co-operative relationship between the client and therapist

Asking for a Definition

I will then ask the trainees to explain what they think empathy is and to feel free to do so even if it's just a wild guess—mistakes are welcome as it is not simple to define. Usually faced with a wide variety and so as not to offend anyone I acknowledge that there are quite a few definitions going around, and say that we will be focusing on the one given by Carl Rogers, and that we will see why this definition makes empathy so effective.

How People React When Faced with Emotional Distress

I will then ask trainees to consider the following situation: a child has just lost his balloon and he's crying desperately over it, making a huge fuss in public and demanding it back although it is quite apparent there would be no way of retrieving it. I ask them to imagine the different attitudes parents might have and things they would say to their child.

There usually is a wide array of responses, and in the answers that are given we can see emerging different attitudes towards the child's grief. Some don't

address the child's distress at all: "You only have yourself to blame", "I will get you another one next time", "Say goodbye, balloon". Some will address it while disqualifying or minimizing it: "Will you stop this fuss, it's only a balloon", "How can you be crying so much for a balloon when you have so many toys at home?", "If you stop crying I will get you an ice cream," "If you don't stop crying, I'll give you something to really cry about". Some will acknowledge it and adhere to it: "I know how bad you must feel, I still feel bad about the ones I lost when I was a child", "It was such a nice balloon, how sad you lost it". The less frequent answers are the ones where the feelings are acknowledged without adherence: "I know how sad you must be, you really liked that balloon". If needed, I will give a few examples myself. I have also used as example that of a grown person crying and what adults usually say, with somewhat similar results.

The Four Basic Positions in Regard to Emotional Distress

Once it is acknowledged that we take different attitudes regarding others' emotions I tell the trainees that we actually have words to define these attitudes. These words have changed meaning over time and may not be used in their original sense today. They can be found with their original definition in a dictionary from the 19th century. Their meaning stems from their etymology. They each consist of a prefix placed in front of a root word, in this case pathy, which comes from the Greek word *Pathos*, originally meaning "suffering". Empathy is one of those words, composed of the prefix *em* and the root word *pathy*.

I then ask the trainees what prefix they would use to indicate that emotions had been altogether ignored by the listener, adding that this is a very common prefix often

used to indicate that something is absent. The trainees are quick to find the word *apathy*, which originally meant not being concerned by another person's distress. One analogy that I use is that of a swimmer in distress. He sends out signals to indicate his distress. Being in apathy would be the equivalent here of seeing without understanding the distress calls and moving on. We then look for examples of things we say that may lead a person to think we weren't concerned or hadn't noticed his distress.

Next, I tell them that sometimes we do perceive a person's distress but tend to think he is over doing it and shouldn't be reacting so much. In a way we are disqualifying the importance of that distress by minimizing it. I ask what prefix usually indicates going against something, and the word *antipathy* is quick to be found. In the swimmer analogy, the witness sees and recognizes the swimmer's distress but minimizes the severity of the situation. She could very well be shouting to the swimmer, "Come on now, calm yourself and concentrate on your swimming, you are only a few yards from shore". We again look for examples of antipathy commonly used in everyday life.

We then focus on the word that would indicate the perception of distress where the listener would be feeling an equal amount of distress herself. The prefix used here usually indicates the fact of being strongly together. The term *sympathy* is quick to emerge (if not, I suggest they think of "symbiotic"). Here one can imagine what would happen to the witness who would jump in the water to help the swimmer in distress and find herself in the same predicament.

One of the most common confusions made in France is that between sympathy and empathy. This exercise will help trainees to recognize the differences between

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those two attitudes in a practical way. The prefix *em* in front of *empathy* can be found in other words such as “embrace” or “embark”, it refers to containing without being a part of. Here there is a particularity in the French language, where the same word is used for both “containing” and “understanding”. A witness seeing the swimmer in distress would very accurately send a lifesaver from a place where she had good footing.

A	PATHY	No response to other’s distress
ANTI	PATHY	Minimizing other’s distress
SYM	PATHY	Sharing other’s distress
EM	PATHY	Understanding without sharing other’s distress

Comparing the Positions’ Effectiveness

The trainees are invited to think just how helpful each of these attitudes would be to someone in distress. In order to illustrate this I use the table below, in which four criteria would be considered for each attitude: to what extent each attitude tells the client he or she has been listened to, shows understanding, is nonjudgmental and is helpful in that it can inspire hope and offer guidance. Apathy shows little or no listening, understanding or helping. Antipathy implies acknowledging the client’s distress, while rejecting it instead of trying to understand it. The expression of sympathy shows both good listening and understanding, but offers no help. It can also be noted that antipathy and sympathy both contain elements of judgment, and are therefore in contradiction with unconditional positive regard. The table has been filled in the following manner by every single group I have used it with since I conceived it.

	LISTENING	UNDERSTANDING	JUDGING	HELPING
APATHY	NO	NO	NO	NO
ANTIPATHY	YES	NO	YES	NO
SYMPATHY	YES	YES	YES	NO
EMPATHY	YES	YES	NO	YES

Relying on Trainees’ Experience to Understand the Effectiveness of Empathy

Once the trainees have a better understanding of what empathy is, I will help them see why the expression of empathy is so important for the therapeutic alliance. I usually ask them straightforwardly, “Why do

you think it has such an impact on the relation and on outcome?”

The trainees are invited to refer to their own experiences. What do they do that helps when they feel bad? For those who need to talk about it, what qualities do they seek in those they talk to, and how does that help them? The trainees are quick to recognize that sharing a burden with someone who can lis-

ten and understand without judging can be soothing. The trainees will often say that talking to someone who knows how to listen helps them feel better right away, it can be like

a weight off their chest, it can help them get things in perspective, think more clearly and feel more confident

in dealing with the problem.

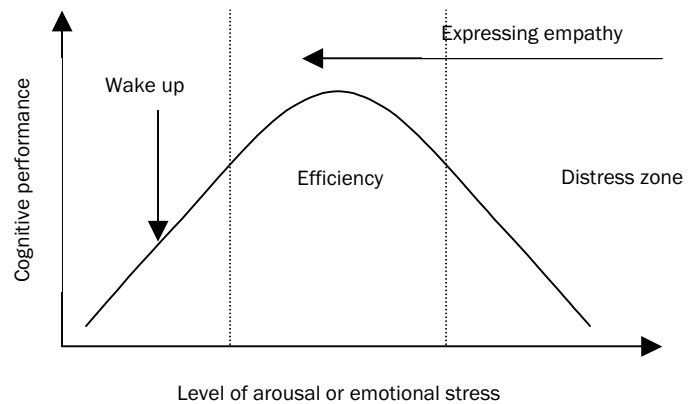
Sometimes they can also get ideas and advice and come away with a different point of view that will be more helpful in the long run.

We can then see how this applies to therapy. It is usually agreed that the expression of empathy will consolidate therapeutic alliance, show the patient he or she is being listened to and understood, and make him or her feel he or she is being

accepted as a person, and that his or her feelings are legitimate. This helps the client feel better, builds trust, and makes him or her more inclined to work with and listen to the therapist.

Using an Old Model to Promote New Understanding

One model I found to be very helpful in explaining the importance of helping to relieve the client’s distress is Yerke’s and Dodson’s (1908) law. They predict an inverted U shaped curve for many cognitive functions when people are exposed to rising levels of stress and anxiety. Insufficient and excessive arousal are both correlated with lower levels of motivation



and cognitive performance, memory, attention, concentration, thinking. According to this model, when we express empathy, by helping to reduce the client’s distress we are helping him or her to think more clearly, be more attentive and concentrated, remember better, and be more motivated.

Can the Effects of Empathy be Faked?

One of the questions trainees frequently ask is, “Considering it is the

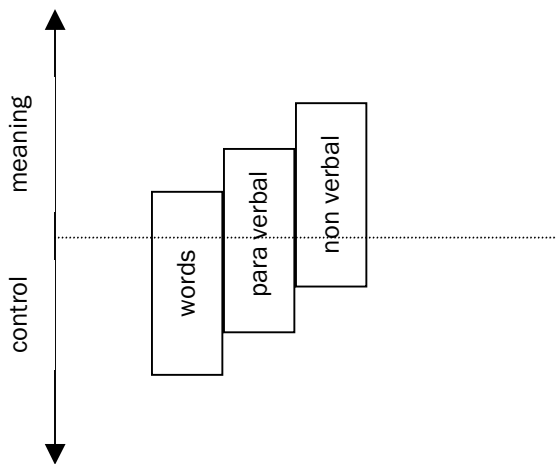
expression of empathy that is efficient, if we were to experience antipathy and be good liars, wouldn’t that work the same?” This is a good introductory question for the second part of learning empathy, which is expressing it. If none of

the trainees bring on this question I will myself ask them what they think the result of faking empathy would be on the client, and why would that be. Some of the answers I get here are that faking it isn't all that easy, that body language could give it away, and that the client would lose trust if he or she sensed the therapist wasn't sincere.

Albert Mehrabian (1971) showed that in many cases nonverbal communication gives more impact and meaning to messages than the words themselves.. In studies that have been replicated, he showed that up to 90% of the meaning could be attributed to para-verbal (tone, volume and rhythm) and non-verbal communication. Even if these statistics do not necessarily apply to all communication circumstances, they prove beyond doubt the importance of nonverbal communication. This implies that therapists should be wary of silent cues in clients, and be able to grasp their meaning beyond the words that are pronounced so as to be able to reflect any eventual lack of congruence: "I hear you saying you're OK, on the other hand I get the impression it could be better".

How to be Congruent and Express Authentic Empathy?

This also implies that therapists are themselves constantly giving silent cues to their clients—that these cues are conveying meaning to the client beyond the words that are spoken. Trying to fake empathy or lie to the client would risk losing congruence, provoking resistance and loss of trust. Even the best actors cannot constantly master nonverbal cues. I use the following diagram to show that the more we have control, the less meaning is conveyed.



There can be only one answer to maintaining congruence at all times: empathy and unconditional positive regard cannot be faked. I will suggest to the trainees that if for whatever the reason they cannot

experience empathy for a given client regardless of their training, it is only fair to think of addressing him or her to another therapist.

Learning to Express Empathy

The next sequence I propose in teaching empathy is getting the trainees to start expressing it. The following exercise is easy to do and trainees feel safe to try out their skills. I prepare a dozen statements made by the type of clients or patients the trainees in the session usually see. I ask the group to respond with empathic reflections to those statements. The group gives feedback on each reflection. Trainees are usually quick to master this exercise. Another exercise I offer after this one is getting trainees to give a non-verbal expression of an emotion and have the other trainees give empathic reflections. Expressing emotions does not come easy in French culture. This exercise gets trainees to imagine the non-verbal cues that go with the specific emotion and gives a chance to practice expressing it.

Empathic Role Play

In the last sequence of empathy training I get the trainees to practice all the skills previously acquired in role plays. In order to structure the role-playing I ask the trainees to think of a patient or client they might be having a real hard time with and to write a brief description of the client and situation on a sheet of paper. I then have the trainees fold the paper and place them in a container, from which one is picked. The role-playing can be done fish bowl-style with three therapists or just one-on-one. The trainee who wrote the summary will enact the client or patient that he or she knows. The role-playing is organized like any other, with feedback from the group on empathic reflections and emphasis on how it was done. The role-playing is organized like any other, with feedback from the group on empathic reflections and emphasis on how it was done. The role-playing is organized like any other, with feedback from the group on empathic reflections and emphasis on how it was done.

changed in the trainees' understanding of this client or patient.

Finishing the Sequence

We usually end the sequence with a pause before resuming training with more basic skills, mainly making summaries and affirming the patient.

Conclusion

The empathy part of the training is one of the most important sequences in length and intensity. It is fast-paced, and usually lasts 2h00 in a two day program. Evaluations show trainees to consider it a major part of the training. Most of the trainees find it very helpful in understanding the client's distress, and in being more accepting of the client. **MB**

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Might not the author be manifesting the reactance we are so familiar with in clients who feel pressured to accept someone else's views, and believe that their own values and concerns are being disregarded? In light of its still-growing popularity, can we prevent MI from becoming an enemy to be hammered?

In This Issue

From the Desert, Bill Miller ponders the question, *Can Organizations be MINTy?* Current SC chair **Chris Wagner** provides a *Steering Committee Update*, and this is followed by a note on the upcoming *MINT Forum 2006* by **Jackie Elder** on behalf of the Planning Committee. We then present an **Update** of their recent position paper by **William R. Miller, Theresa B. Moyers, Paul Amrhein, and Stephen Rollnick**, entitled *A Consensus Statement on Defining Change Talk*. **Guy Azoulaï** gives a rich account of his method for *Teaching Empathy in Motivational Interviewing* in France, and in the **International Forum**, **Gian Paolo Guelfi** describes an exciting step in the advance of MI training in his country in a *Note from the MI-TNT in Genova, Italy, November 2005*. **Grant Corbett** tells us **What the Research Says... About MI Training: Part II**, and **Cathy Cole** shares her **Adventures in Practice** in *Struggling with the Righting Reflex*. And the issue concludes with two new features. In **Training Tools**, we will present ready-to-use materials for MI trainers; for MINT members who prefer developing tools to writing about them, this provides an opportunity to share what you have created. **Mike Clark** inaugurates this feature with two training handouts, *The*

From The Desert | continued

pose in organizing MINT. This generous spirit has also extended beyond the organization. Our training materials and other resources are shared free of charge on the widely used MI website. We have sought to extend TNT and MINT participation to trainers from third-world nations and other underserved populations. MINT is there to serve the needs and concerns of trainers in promoting quality MI practice and training.

The principle of autonomy has also characterized MINT. No one is required to become or continue being a member. We have avoided any role as "MI police" to enforce uniformity within MINT, or to restrict practice and training. Differences in approaches to MI and styles of training are not merely tolerated, but valued. We provide a menu of options, but mandate nothing. The organization has operated wholly on a volunteer basis, with countless hours devoted by those who have chosen to serve the welfare of the MI community.

The evocative principle becomes more challenging as an organization grows. Certainly this implies readily available channels for members to provide ideas, opinions, and perspectives and to have a say in the organization. When a group is small this is fairly easy. As it grows, the process becomes more complex and representative. From a committee of the whole, MINT moved to management via a volunteer steering committee. The listserv continues to be an open forum for member opinion and participation. The annual MINT Forum also affords such an opportunity for those who can afford to attend.

As MINT continues to grow, we will continue to struggle with how best to adapt without losing the organization's soul. I suspect that we will be well served by asking in particular how the Network can best manifest the central attributes of MI spirit.

Lessons from the Twelve Traditions

I have often reflected on similarities between MINT and the organization (or lack thereof) of Alcoholics Anonymous, clearly one of the most successful international social organizations. In many ways, we manifest similar organizational values. In AA, these values are best expressed in what are known as the Twelve Traditions (not to be confused with the Twelve Steps). A web search will quickly point you to the official wording. Not all of the Twelve Traditions have direct parallels in MINT, but here are a few worth pondering:

1. *Our common welfare should come first . . .* It has been characteristic in MINT to put the common interests and welfare of the group above personal interest and gain. It's a simple but important tradition: our common welfare should come first.

2. *. . . Our leaders are but trusted servants; they do*

MINT Bulletin

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