

Episode 15: Motivational Interviewing in Groups with Dr. Karen Ingersoll

An interactive podcast focused on the evidence based practice of motivational interviewing

CASAT Podcast Network Lions and Tigers and Bears MI is brought to you through a collaboration between The Mountain Plains, ATTC and NFARtec. In episode 15, Paul and Amy welcome guests and author of Motivational interviewing and groups, Dr. Karen Ingersoll. For episode resources, links to episodes, contact us and other information, please visit the Lions and Tigers & Bears MI website at mtplainsattc.org/podcast.

Paul Warren: Lions and Tigers and Bears MI is an interactive podcast focused on the evidence based practice of motivational interviewing, a method of communication that guides toward behavior change while honoring autonomy.

Amy Shanahan: I'm Amy Shanahan.

Paul Warren: And I'm Paul Warren.

Amy Shanahan: And we've worked together over the past 10 years. We've been facilitating MI learning collaboratives and providing trainings and coaching sessions focused on the adoption and refinement of MI We're also members of the Motivational Interviewing Network of Trainers. Join us in this adventure into the forest where we explore and get curious about what lies behind the curtain of MI Hey, Paul.

Paul Warren: Hi, Amy. How are you today?

Amy Shanahan: Super excited.

Paul Warren: Me too. I am so happy we have this particularly special guest with us today.

Amy Shanahan: I'm glad Billie Jo Smith isn't here. Not that I don't love her, but she'd call me a geek because I said, hey, look, there's Dr. Ingersoll. She goes, you're such a geek. Are you going to have her sign your book? And I forgot to bring my book. I was gonna.

Karen Ingersoll discusses motivational interviewing in group settings

Paul Warren: Well, we've already let the cat slightly out of the bag by saying that our very special guest, Dr. Karen Ingersoll is here with us today and she's co author of a book, a particular topic that so many people are asking about these days, about the use of motivational interviewing in group settings. And again, I, I can't thank Karen and her Co author, Dr. Chris Wagner for this contribution to the field of group work as well as motivational interviewing. And maybe, without further ado, it would be nice to give Karen the opportunity to introduce herself. Unless there's anything you'd like to say in way of welcoming as well, Amy.

Amy Shanahan: Oh, I would just add that we've had the pleasure to work with Drs. Ingersoll and Wagner as well, and we can talk about that when we dive into the material. But yes, let's say hello to Karen.

Dr. Karen Ingersoll: Well, hi everybody. I'm very happy to be here with Amy and Paul. And as they've mentioned, we had a couple of delightful experiences, dear, doing some online training during the pandemic together, really focusing on this topic of mi in groups.

Dr. Karen Ingersoll is interested in women and addiction

And let me first back up and just sort of say who I am and why I'm interested in this and that kind of thing. So as they said, I'm Dr. Karen Ingersoll. I'm a clinical psychologist by training. M. I'm a professor at the University of Virginia School of Medicine. And I've been working here for quite a while. Before that I worked at Virginia Commonwealth, which is where I met Dr. Wagner when we were both he was a fellow. And I was just a year post fellowship in my first faculty job. And way back then, we started talking about working together. So I'll circle back to that. But, in my early work when I was a postdoctoral fellow and then in my early faculty work, I was really interested in women and addiction. And that was one of my central focuses. And I had an opportunity for several years to work with an innovative Center on perinatal Addiction, which was a residential and day treatment facility for women who were either pregnant or recently postpartum, who were in that era, this was the crack cocaine epidemic in Richmond, Virginia. And we did a lot of group work at this Center. And I had done a little bit of group work in my psychology, training program. But really I credit this experience at the perinatal Center as giving me really my feet under me in terms of learning how to do things in groups like relapse prevention and life skills training. And

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around that time I picked up a couple copy when I went to a conference of ah, a little tiny book, thin book by Bill Miller, you know, called Motivational Interviewing. And you know, it was one of those things that I just picked up on a conference table and I said, oh, this looks interesting. And I brought it home and read it like in a night. And I was hooked. And I was like, oh my goodness, this book is articulating so many of the things that I had not really articulated in the way he did, but that were active in the groups that I was running and in the individual work I was doing with patients in this perinatal Center. And so I started thinking about, gee, you know, I wonder if even back then, I wonder if we could do this kind of thing in some of those groups. So way back when, you know, I started doing some mi, I would say MI moves within those groups. And the patients loved it. The patients responded so well. And so I thought, okay, you know, let's. Let's keep this going. and that was around the time where I met Chris Wagner. and he was working with us on the, liver transplant program at vcu and he was asked to do this group for men who were being considered for liver transplant. But their, their providers thought they were still drinking and were concerned about that. And so at that time I gave him my copy of that little first motivational interviewing book. And I think he read it in one weekend. And again, like me, thought, oh, this has so many things I could do in this group. And so he started trying it with this group of men with liver transplant needs. so that was sort of the origin of, what we now would call motivational interviewing groups. way back when.

Amy Shanahan: I love that story. It's never on our resumes. I saw that you focused on women's care in your history and loved hearing the intersection of. You didn't pick up the group Psychotherapy by Irwin Colum. That's what I thought you were going to say, which is a big book. But you picked up MI And it's interesting. It was around the same time that I was exposed to motivational interviewing and found the same reaction, like, dang, this is a great way to talk to people. And that's not what I was experiencing in my

work in addiction treatment.

Paul Warren: You know, Karen, the thing that I really discovered about you that I didn't know before is that you're obviously a faster reader than Chris because you read the book in an evening and it took him a weekend.

Dr. Karen Ingersoll: Well, I don't know how fast he reads. Maybe he's more thorough than I am

Amy Shanahan: Good redirect.

Dr. Karen Ingersoll: I have been accused of being a fast reader in my life. So I think the thing about it is, you know, when you are connected to MI when you learn MI at least for those of us who really have taken to it, you know, it's sort of all or nothing, right? People jump into it first if it fits their personality, their style, their hopes for their work. and so for me, as soon as I started reading it, I was like, oh my gosh, where have you been all my life? All my early professional life. So, you know, really from that time on, you know, I feel like my practice shifted dramatically and became much more patient, centered and much more strategic. And, you know, I think I hope at least useful for the patients that I was working with back then.

Amy Shanahan: Go ahead, Paul.

Chris says he integrated MI moves into his HIV support group early on

Paul Warren: No, I was just gonna say I'm wondering, Karen, if I could ask you a follow

up question in regard to. And I, I really enjoyed, the way you referred to this because I imagine, you know, after Chris took that weekend to read that little book, that he also kind of integrated MI moves into the group. And I'm wondering if, if you could shed a little bit of light on what those kind of moves were that you integrated and that Chris really started to integrate. Because basically your practice in your book probably grew out of that original experience of that integration. So I'm wondering if you could talk a little bit about what some of those early moves were and what you see is the benefit of bringing an MI I consistent approach into a group format.

Dr. Karen Ingersoll: Sure, sure. So you know, you mentioned Yalom, right? And all of us probably were trained who do group work, were trained, you know, using that sort of bible of group work. and I also did a lot of reading of Rogers and some his encounter group work and you know, other existential humanistic, writers, you know, influenced me early on. And so when I read Bill Miller's book, I was just about to. Not

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Dr. Karen Ingersoll: only was I working with the perinatal Center, but I was also working with people living with hiv and you know, I thought, gee, and some of these, we were calling them support groups for people with HIV in some of these support groups. I bet I could use some of these, what I considered humanistic concepts and the specific strategies I brought in more heavily at that point, was reflecting not only the individual, comments of group members and their hopes or wishes or frustrations. I tried to do a really good job of reflecting those. knowing what we know now about change talk and directional reflection and things like that. I probably wasn't doing it well back then, but I added a lot more. Reflect reflective practice, I would say in my groups. And what I found that that created was people kind of perked up and talked more and went deeper and

they seem to feel safer to talk in a slightly different way than they had been talking previous to my trying to do some motivational or being moves in the group. Right. So I felt like the use of specifically reflective listening. And later I realized sometimes reflecting like goals or momentum or aspects of change talk, it felt like it made the group better. It got the other group members excited for each other. I saw this kindling effect where somebody would start to talk about you know, living in a more healthy way, for example, while living with HIV or struggling with the medical care that we had in place at that time and, and other people would jump in with helpful suggestions instead of the old Me too. Woe is me kind of, you know, jumping in. so I felt like I was onto something. And Chris and I talked, you know, at that time about his experience with these men facing liver transplant, who were, most of them, you know, lifelong drinkers. And they really, you know, it was life or death for them. And this was also the era of HIV care, where it was often life or death and people were. There was always a potential that members of the group were going to die. and so I was a little fearful back then as a young clinician of how do I face that and how do I help people face that? And one day I had a very powerful experience in one of the HIV support groups. And, you know, I asked something, an open question, about, you know, what are your fears? And one person in the group started talking about all the people they'd lost, and MI I going to go that way, too? M. And right then we got so much deeper and so much, more real than any session, probably I'd had to date at that point. And I just thought, okay, I've got to hang on, and reflect and be respectful of the process and trust the process. The group had already been well aligned. I had to trust that they would take care of each other, that they would be able to cope with this, and that I was just there to kind of keep the reflection happening, so that they could use the group for what they needed. It. It was a very successful group. overall, that was a time limited group. I think we had 12 sessions. but that really changed my mind completely about, how I wanted to do groups in the future. And it definitely involved integrating a lot of these MI concepts that I was reading

about in Bill's first book.

Amy Shanahan: You know, little did you know you were embarking on probably the third edition way back then. What I heard you talk about was engaging and creating a safe environment by using that reflective practice and then getting into focusing and focusing on their goals and what they wanted to do, versus staying in the problem solving which some of us helpers are trained to do. We assess, we have a problem, and we're going to try to help fix it, and we're going to focus on those problems. And you shifted it, very early on in your career. And that's what I'm hearing, is the engaging piece and then the focusing in a group session. What a great story.

Paul Warren: Yeah. You know, I want to underline two things that you said, Karen, because, you know, folks, hopefully listen to these podcast conversations as a means of you know, integrating this into their work or allowing their work to be influenced by these particular ideas.

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Paul Warren: And you know, I found it very powerful when you said, you know, I reflected back what individuals were saying as well as what the group was saying. So it's really that, that reflection on two levels that you're able to reflect an individual and communicate to that one individual. I'm really working to understand you. And you're able to reflect back the group as a whole, the theme that the group is experiencing and the power of that. And again, I could almost feel it when you said it allowed everybody to go deeper and then they could do their work while you helped facilitate them doing that work. And again through the use of an open ended question.

Dr. Karen Ingersoll: Yeah, exactly. And I felt like, you know, I owed a lot to my earlier readings of Yalom and Rogers and Maslow and you know, all those existential humanistic thinkers. Because in the case of the HIV group and really the liver transplant group too that Chris was running, we were dealing with life and death issues and I didn't want to shy away from that. And motivational living skills, at least the reflective listening skills that I was emphasizing back then, were helping me to go deeper and help elicit, although I didn't use that term at the time either, elicit from the participants in the group really their hopes and dreams, not just complaints about the day or the week. I'd certainly seen groups where it was just a bunch of people sitting around complaining. Right. That's not what I wanted to do. I wanted, I wanted my work to be useful for people. and so when I stumbled onto mi, picking up that book in a conference in Greensboro, North Carolina and got so intrigued by it and then took it back home to the work I was already doing with groups, it just seemed like such a natural fit.

Paul Warren: How wonderful to face life or death in the frame of a supportive group environment with, without having to sort of try and look away from either of those kind of daunting experiences.

Amy Shanahan: And what an experience of hearing the compassion around that story about not wanting to shy away from it. You set it right there, sitting there with them, experiencing it with them and reflecting back to allow them to feel safe and go deeper and have those fears and dreams at the same time.

Dr. Karen Ingersoll: Right. Because, you know, even though at that time, the outlook for most of those folks was kind of dire, we didn't have the good medicines yet. Often people already quite sick, you know, they still had hopes and dreams about their lives Right. And they still had things they wanted to do for their friends, their family, their

network of people they cared about. They wanted, even in one case, a fellow who's further along wanted to plan a good death and plan something that would be meaningful for his, his group of people who supported him. and that was really something we talked about in the group. And the other group members, you could tell it hit them pretty hard because some of them may have been in the same situation or they feared that same situation. And yet, I found that some of the most meaningful work I was doing back then because it was so real and people were willing to share the fear of death, the fear of a life cut short, you know, the fear still of stigma. You know, this was an era where sometimes, especially gay men were being attacked, you know, and targeted by people full of hate. you know, so there are so many real things on their plate that I couldn't help but rise to that level and try to help them live that truth.

Paul Warren: You know, I'm reminded, Karen, of the opportunity that I first got to work with you and Chris and Amy together in the eight session, I think at first, and then six session training that we did about motivational interviewing in groups.

Paul Motiv: I think motivational interviewing can be done in groups

And I'm wondering, you know, given that experience, and I remember this coming up in the group, as well as it, it basically comes up in trainings all the time that folks, often will enter into a conversation of. Well, I do motivational interviewing already, so it's not really going to be that big of a stretch for me to be able to do that in

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a group. And I'm wondering sort of what your, your thoughts are about that for people

who are listening who, who might be thinking that like MI already and you know, it can't be that big of a stretch. What would your suggestion or your thoughts be about? If one wants to effectively and intentionally bring in these MI concepts into a group setting, what would you invite them to consider?

Dr. Karen Ingersoll: Well, this is kind of why we wrote the first edition of the book. Because what we found was that a lot of people, were embracing MI as an individual therapy. and a lot of people were also doing groups, but they weren't really considering integrating, the two sort of sets of practices. And yet Chris and I, almost intuitively and separately had both embarked on this journey of immediately applying MI M into the groups that we were already working with. Right. And so it felt like a very natural fit for us once we took that on. but you, you know, one of the things that happened fairly soon after that was, I had started doing some training, at our local. In Virginia we have a system called the Community Services Boards, which are the mental health, substance use, intellectual disabilities kind of services entities. And they're typically in each county or each locality has its own community services board. And these are public sector treatment centers where people were coming for outpatient and in some cases inpatient work. And, these folks typically were bachelor's level or sometimes master's level, counselors, frontline people working with difficult caseloads. And so we got a number of requests separately and together to do training. And in that first couple years of training, I was training like cognitive behavioral therapy and you know, a little bit on, how to do reflective listening without really jumping in feet first, training, motivational interviewing. And then at some point I started offering motivational interviewing training. And people didn't even know what that was. Right. so I, I think I called it something else like effective counseling with your clients or something like that. and then, you know, hoodwinked them into actually doing an MI training with me. but. But we were doing a lot of MI training, Chris and I, separately and together around the state of Virginia. And

every training we went to, there would be somebody in the group who would say, but can you do this in groups? We do everything in our groups. Right? And so not only did we have that intuition, but, you know, frontline clinicians and counselors were also hungry for that and asking us for it. And at that point our comments would have been something like, well, nobody's really written about that. we're sort of doing it. I think it can be done in groups. Right? Our lived experience was it could be done in groups. And so at that time in the ATTC Network, Virginia Commonwealth University had one of the early ATTCs, and the director there, Paula Horvitch, who was very visionary and influential in the spin out of the ATTCs. Later on, she asked us to work with her to help, integrate MI training, around the state and also provided a lot of support for our concepts of MI groups. Because what she did was, she commissioned us to write, our first manual of MI groups. And that was actually publicized and published by the attc, at VCU and distributed all over, Virginia substance use services. It was specifically motivational counseling for substance use, but it included a lot of group, strategies that we still use today, although some of them have been refined over time. So that was really our first. That might have been the first thing Chris and I wrote together. I don't know, we might have had a paper or something before that. But it was one of the first big projects that we took on together. And that really was the genesis of what eventually became the book that we wrote, and published in 2012.

Amy Shanahan: Well, look at that. We come full circle. Because that's how Paul and I met through the Addiction Technology Transfer Centers. He's in New York, I was in Pennsylvania, and we met related to coding. Motivational interviewing, actually. Yeah.

Paul Warren: So the AT a me a step training.

Dr. Karen Ingersoll: That's right, yep. Once again, motivational interviewing brings

people together.

Chris and I wrote an initial paper on motivational interviewing groups

Amy Shanahan: So there's some things that you wrote in that initial paper and I'm curious, and you said still use. What are some things that you would offer the listeners, that they could take away from that if they didn't have it in their hands?

Dr. Karen Ingersoll: So one of the things that, Chris and I agreed on right away was that, you know, you should not do individual motivational interviewing mini sessions with witnesses and call that a motivational interviewing group.

Amy Shanahan: Love it.

Dr. Karen Ingersoll: I think that a lot of people were thinking that's what it would be. When we went around and talked to folks, they were surprised to hear the group focus that we had that really, we were using MI skills but working at the group level. So really, even very early on, we had that intuition that, you know, we didn't want to do these little rounds of MI I now it's your turn to talk. We're gonna, we're gonna use MI m on you. That's, that's a phrase I used to hear a lot back then. and then go on to the next person and use some more MI m on them. You know, that just didn't fit for our styles or what we thought about as we've been doing, you know, MI for a couple years at that point. And so the main thing we were trying to teach people was how do you take the mi, skills that you might have learned or think you learned, in individual work and how do you actually apply them at the group level? And that's when we started thinking about there are broader themes here that we need to attend to. And right now we're working

on the second edition of our MI Groups book. And some of the broader themes are the connection piece. How do you get people connected? Right. You guys are familiar with that because we did that training, you know, some time ago on that.

Dr. Karen Ingersoll: How do you build momentum for change at the group level and for individuals within the group. And then how do you keep people moving in a useful direction? So those precepts are still really important components of the book that we're writing now.

Paul: I think doing case management in groups can be a temptation

Amy Shanahan: So Paul, I wonder if you would share with us you call it, I think doing case management in groups, similar to what Karen was talking about doing one on one volley back and forth with individuals. It's more about. Maybe you could start there and then spread that theme across the group if someone brings something up. What, what are your comments about the doing case management in group?

Paul Warren: Well, it's interesting because I think Karen and Chris's insight, because I think there could be a strong temptation with motivational interviewing because most folks are trained to have one on one conversations with folks. I think there's an inherent trap in that that could cause the group facilitator to think, okay, well if I'm going to do MI in a group, I need to do these mini sessions. And again, Karen and Chris's insight into that really speaks to their understanding and their expertise around the group process. And I, don't know Karen, if you've had this experience or Amy, if you've had it. I have found that most providers are not really trained in group work. Some of them are, but it's very specialized. They often just get thrown into a group setting and they're, they're

trying to figure it out and, and they've been trained as case managers. So they do case management in the group which is a phenomena that's been around in group work for a long time.

Amy Shanahan: And no fault of their own, they haven't trained. Yeah, I was fortunate to take a full three credit hour class just on groups and facilitating groups. And when I got into the field I saw that case management individual work happening in groups and certainly by the time I got into the field we weren't doing co facilitation anymore. And I was trained to do co facilitation in groups too. So there are a lot of folks that's been my experience and my experience supervising people that many more than not have not if I said that right, have not been trained formally in how to facilitate, if even supervised around doing groups.

Paul Warren: Yeah, yeah.

You talk about engagement on a group level and helping people to engage

And you know, I think one of the things that is extraordinary about your book Karen, and I'm looking forward to reading the second edition that you and Chris are writing is that you've taken the four processes or now the four tasks of motivational interviewing. And you've, you, you were talking A moment ago about

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how to get people connected. Well, what you're really talking about is engagement on a

group level and helping people to engage with each other and then the focusing piece of it, but focusing as a group as well as the individual, so how everybody buys into that. And again, to me, that's how you can get away from this idea of, well, it's just doing a little mini MI session with one. It's because it's not. You're really doing MI with the whole group as an entity.

Dr. Karen Ingersoll: Yes. And that also requires that we, admit to and adjust to some of the challenges of, not doing those little mini sessions while others look on. Right. In a mini session within a group, you could imagine that, you could be pulling for change talk, and you could work with the person on their own change talk and do a little set of that. Right. And what we noticed in a group right away, you know, certainly during the time we were writing the first edition of the book, is you don't hear as much change talk that's overt in a group as you would in an individual session where that client is the only person whose change you're talking about and whose goals and hopes and dreams you're. You're, you know, working with. but there's a phenomenon of a group where there is sort of this internal change talk process. At least we're hypothesizing this. We don't have a scan of people's brain, but, you know, we see the evidence later on in the group where members of a group who are not actively speaking at that time, but if they're well connected to each other, are really paying close attention to each other, even though the changes they might want to make in their own lives are different, someone will be speaking about a significant change they want to make and the challenges they have and how they want to go about it and why they want to do it. And especially when they get to the why. You see other people lighting up around the room and they've got some thoughts going on that I'm hypothesizing are those meaning change talk kind of things happening inside them. And sure enough, when it gets to be their turn next time in group, whether it's in that session or a future session, you'll hear them reflect on, oh, when Jo said that, it really made me start thinking about, you know,

my own values and where MI I going with my wife and kids and why MI I doing this other thing that I really want to stop Doing.

Paul Warren: And.

Dr. Karen Ingersoll: And, you know, why. Why do I want to make that change? You know, to protect my family, for my future, for. For my hopes and dreams. Right? So we would hear some overt change talk that seemed to have been, triggered almost by hearing other people talk about their own change, but in a group process where there could be some feedback and some volleying back and forth. M. you know, which seems to bring the level of energy up for the whole group.

Human beings crave connection with other people, so groups can sometimes fill need

And that's the other piece I wanted to talk about that's really different in individual motivational interviewing versus group motivational intervening, where, you know, in my case, maybe because I'm an extrovert and I tend to be a happy person, I like to have an energetic, flowing conversation. Right. And, you know, it's not that I can't tolerate any sadness or sorrowful moments, but generally I want the energy in the group to be a positive energy that's encouraging. where members feel like they can support each other and they expect that they will be supported even if they have quite diverse issues. and, you know, that's what I was talking about earlier, this concept of connection. You know, think about why would we even do groups at all? Part of it is because as human beings, we crave connection with other people. Right. we are a, connected, organism. And we really want those connections in our everyday life, in our family units. You know,

that's why we don't all live like hermits. Right. We want to be together. And people even struggling with mental health or substance use or other medical, threats and issues in their life, they want to be with other people who they think might understand some of what they're going through and to be able to share both the pain and the joys that they have and to. Not just to receive support, but also people want to give support. So there's a human longing for connection. Oh, gosh. Especially after the pandemic when we've in many cases been so isolated. and groups can sometimes fill that need. And at the same time, people want to make significant changes in their lives.

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And, you know, motivational interviewing gives us the tools to help them. And I think once they're connected well in a group, the rest is really relatively easy for us as a facilitator. Right. once we've gotten that nice connection with groups, that's why we don't start out groups with tell us your problem, and that's going to be your name going forward. You know. Hi, M. I'm Jane. I'm an alcoholic. Hi, I'm Tom. I'm a wife abuser or what? You know, we, don't do any of that. Right. Instead we try to start out groups. Well, and what I mean by that is start out groups in a way that's going to make people want to get to know each other and want to be supportive to each other. Right. Right away you're going to put an underpinning of trust and support in the group. And that makes everything else you're going to want to do in a motivational reviewing group flow more easily. And some of that depends on the facilitator. Right. So when you are starting up a group and you're trying to help people with that very important task of connection, you know, some of the things we try to do, is, you know, show warmth, have a little bit of light heartedness, you know, a little bit of humor goes, a long way. Chris, like, likes to call this the cocktail party effect. That may not be the right term if you're having a group for people struggling with addiction. Right. But you know what I mean?

Amy Shanahan: You want cafe conversation.

Dr. Karen Ingersoll: Yes. People walk into a room that seems inviting, where people seem interested and interesting and they're sharing and oh, that's a group of people I want to talk to and join. That's the effect we want. And that starts really with the group leader being warm, inviting, truthful, inclusive, modeling back to each other. And the modeling, yes, very much.

Paul Warren: Yeah, yeah, yeah.

An individual offering change talk within a group setting can spread change

You know, Karen, I. I'm really. I wish we had so much more time to talk about this because I'm so inspired by a number of things you said and two of them I really want to underline, which is one, when you were talking about the primal need that we have as human beings and how groups in some way meet that it reminded me of my mentor and my. My group professor, Dr. George Getzel, who has sadly passed away, used to repeat and tell us constantly that life is lived in groups.

Amy Shanahan: M. It's a microcosm.

Paul Warren: Yeah, it is. And that's why sometimes when, you know, we're composing a group, if we don't have the right number of people or if we don't have the right composition for that particular group, the group may not take because we're not creating the environment that's necessary for that group. The other, the just the other

thing that I wanted to touch on, and again, I wish we had more time to talk about this is, and I agree with your hypothesis and maybe someday we Will get brain scans. But, the idea that an individual offering change talk within the group setting creates the potential for change talk and change exploration in the other members in the group. That's. That's such a powerful concept because it really reminds us that, like, being in a safe place where you can really take in what's going on around you can have a very significant impact on you, maybe in that group or the next group. So change talk is. Can be infectious in a good way to the other people that are in that group setting.

Dr. Karen Ingersoll: Yeah, we've. We've literally called it change talk contagion. Right. we want that contagion. Yes.

Paul Warren: Ah.

Dr. Karen Ingersoll: You know, part of what happens when people start hearing change talk is they see someone else having a significant moment where they're really making a new commitment to live in a different way that's going to be better for them. And they want some of that. They are inspired. Right. And their problem may be completely different. Their lifestyle may be completely different from their peer in the group. But that, inspiration gives the whole group more energy. Right, right. The last thing we want to do is have groups start by having everybody introduce themselves, essentially by confessing their worst sins and problems and labeling themselves. And then, you know that you can feel the energy just seeping out of the group. And you, as the leader, want to run away as well.

Amy Shanahan: And by the 10th person, everybody's nodding off or wanting to run away.

Dr. Karen Ingersoll: Exactly.

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Dr. Karen Ingersoll: And, you know, I want groups not to be literally a party, but I want groups to. To feel welcoming and warm and accepting so that people can thrive. Those are the conditions that we have to set in place as a group leader, using our MI skills and also using our knowledge of this need for connection and common humanity. I think that takes you a long way to get off to a good start with motivational interviewing groups.

Amy: We've talked about some traps that we fall into in MI groups

Amy Shanahan: Yeah, we've talked about some traps. Right. The traps that we fall into. Problem focused instead of solution or goal focused. And this notion of starting the group, which is so powerful. I've been passionate about this. I can imagine if Billie Jo Smith is listening in, she'll laugh because I would go into the group rooms and rip up, rip down the instructions that the group leaders would have. And you helped to articulate that for me. I felt like I was Attila the Hun and would go in and like, dismantle the group because they. The group leaders. Ah, again, with good intention. And I wonder what you think about this. That, well, how do we create cohesiveness? Well, we'll have us all introduce ourselves and find the commonality that. Well, my last use days was this. This is my drug of choice. This is, you know, and whatever list the facilitators come up with. I found that to be a trap. And at the same time I was, maybe Billie Jo doesn't know this, but also sensitive to knowing that a lot of group leaders are following their co leaders or their mentors and didn't have this challenge or understanding why. So that was so powerful to hear that rendition of, you know, you

want to welcome people, you want to make it enticing, make it engaging right out of the gate.

Dr. Karen Ingersoll: I agree so much. And, and I think, you know, there are specific ways to make that happen. You know, we're not just, Lucy Goosey here. We've got some ideas about how to make it happen. And you know, instead of introducing oneself by, you know, I'm Karen and I have this problem. we often invite people to share something that is either a hobby they really enjoy or an activity. Maybe it's not really a hobby, but it's an activity in their life that they really enjoy or something they value or sometimes even as big a term as a personal passion. Right. Instead of defining oneself by the problem. Right, so you might actually have a problem with drinking too much, but you might be a wonderful singer in your choir and that might be the thing every week that you really look forward to and cherish. And that's the thing we want members talking about at the beginning is, you know, it's not that we're avoiding the problems. What we're doing is we're laying the groundwork for real connections at the human level. Everyone has some positive things in them and about them and if we let them share those things at the beginning, then even really diverse group members can say, oh yeah, I have this in common with him and I have that in common with her. And I want to know more about this one. What they said, this is really interesting. And all of a sudden they're out of their problem focused mind, which they think, oh, I'm coming to a therapy session, I have to be problem focused. Now they're thinking about something more creative. And that's when growth can happen if they're in that creative space. So it's so, so important to start off well. and really, you know, if I didn't share anything else about our model of MI groups, I would say that is, that's the most important thing. You use your good MI skills and humanity skills to make a strong connection between your members early on so that they can then have the energy to tackle the harder things as you move forward.

Amy Shanahan: Yeah. So it's like guiding, which we talk a lot about in MI, to set that foundation. It's not loosey goosey. There is direction, there's directional conversations going on amongst the members. And continuously as we talk about this, with the four processes of the four tasks continuously engaging when new members come in, if it's not a closed group, continuously focusing on that engaging process and keeping people connected. Those are the, more than a few takeaways. There's so many more in my head that that's going on, but I don't want to take over the podcast episode.

Dr. Karen Ingersoll: You know what your caption, though, Amy, is there's such a need for, and room for inspiration as a part of getting a good group starting. Because, you don't want the most likely outcome if you start out with all

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Dr. Karen Ingersoll: the sad, bad, terrible and Dr. Stuff that people have in their lives is, you know, members will start dropping like flies and not attend because they either can't deal with hearing all that stuff from other people or it too much reminds them of their own stuff that is very challenging and very real. and instead, if you start with that place of inspiration, it's usually kind of surprising. In fact, by the end of a first session of MI group, you know, getting going, often there will be somebody in the group who'll say, this is not what I expected.

Amy Shanahan: Right.

Dr. Karen Ingersoll: I might come back, which I take as a victory. Right? Yes. yes. Great. It wasn't what you expected, and it's probably not going to be what you expect. and it's likely to be helpful down the road.

Amy Shanahan: Yeah.

Paul Warren: And, you know, I wouldn't want anyone to misunderstand this in the sense that, that, you know, we're not. We're not all. We're not saying, like, it should all be happy, joyous, and, you know, peppy. And we're not saying that. My understanding is, is that what we're saying is, is establishing engagement that is built on strength and positivity will build a structure within which the group will be able to do any of the work that it needs to do. And that may include some of the stuff that's painful and hard and sad, but that structure, that scaffolding that's built intentionally through very specific actions, through very specific intention, that positive strength, space, welcoming, open structure, is what will build a strong foundation to help people do the work that they need to do.

Amy Shanahan: I recall when we were teaching the class with you and Dr. Wagner, and we did our small breakout groups. We did all these scaffolding, you know, laying the foundation activities. And I remember group members starting to talk about things that were bothering them and how obvious the cohesiveness was, how willing the group members were to help each other. And they came back in subsequent weeks saying they thought about each other and they said it out loud instead of me as the facilitator watching for that and drawing that out. It organically happened where they said, hey, how did your week go? You were talking about that, that tough, thing last week. And, and then we get into our focus and setting the foundation again without ignoring that things happen. Things came up in the group. Of course they will. They. Of course.

Dr. Karen Ingersoll: Yeah. And so, you know, what I'd probably leave the listeners with is, you know, think about the importance of and how you might get your group connected at the very beginning. because the. The work of the group is not just in that

session where you are. It occurs between se. and individuals will go home and think about what they've heard and what they witnessed and what they were inspired by and what they know they need to work on. So, you know, sort of the next phase, if we talk further about this on another podcast, we can talk about moving from those initial connections and inspiration moves that you do to get, the group started off well, to how do you handle the more middle work of the group and then how do you handle moving towards the end of a group?

Amy Shanahan: That would be great to have other episodes where we dive deeper and hear even more about what's going to happen in the second edition of your book.

Dr. Karen Ingersoll: Well, we're really excited about where we are right now in terms of our thinking about this and our experience with groups over the years. And it's been about a decade since we published that last book. And so it's time for a refresh.

The second edition of Motivational Interviewing in Groups will be released in 2024

Paul Warren: And Karen, before we say thank you and hopefully we'll get to speak again in the future, could you just remind people of the title of the book and any thoughts about when the second edition will be ready?

Dr. Karen Ingersoll: So the original book was published in 2012 and it's called Motivational Interviewing in Groups. It's published by Guilford WordPress. Easy to find on Amazon or anywhere. we actually were hoping to change the title a bit, but. But we are stuck with it. It'll be Motivational interviewing in groups again. and I don't know when

we'll actually see them press maybe end of 2024. We have we're just getting started with the actual writing. We've got a lot of concepts and a lot of experiences

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Dr. Karen Ingersoll: that we've got planned to put in it. And the main difference between our previous book is our previous book had a bunch of contributed chapters that made up about half of the book. And this time it's going to be just our stuff. And so the books should be shorter, a little more affordable, and a little more I think facilitator centered in terms of, you know, giving them some really concrete examples of what do I do in this situation, how do I, how do I do that? And you know, we're hoping to do a lot of call, out boxes and vignettes to help people in their own journey of learning.

Paul Warren: Sounds wonderful.

Amy Shanahan: Yeah, it feels like I can't wait. Especially because it sounds practical. And so has been this conversation. There's been at least five or six things that I know I'm taking away from and going outside of here and knowing that they're concrete examples of what things I can do. I hope the listeners feel the same way. I'm sure they do.

Paul Warren: Karen, thank you so much for taking the time to talk with us today and, and also again for the opportunity to have worked with you and with Chris, in this process and just again, thank you so much. It's really been a pleasure.

Dr. Karen Ingersoll: Well, it's been my pleasure too. And yeah, let's do it again.

Paul Warren: Excellent.

Amy Shanahan: Excellent.

Thanks for listening to episode 15 of Lions and Tigers and Bears MI. In episode 16, Paul and Amy discuss the realities of institutional and programmatic expectations while remaining MI consistent. CASAT Podcast Network this podcast has been brought to you by the CASAT Podcast Network, located within the Center for the Application of Substance Abuse Technologies at the University of Nevada, Reno. For more podcasts, information and resources, visit casat.org.

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