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Brief Articles

Which Individual Therapist Behaviors Elicit Client Change Talk and Sustain Talk in Motivational Interviewing?

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ABSTRACT

Objective: To identify individual therapist behaviors which elicit client change talk or sustain talk in motivational interviewing sessions.
Method: Motivational interviewing sessions from a single-session alcohol intervention delivered to college students were audio-taped, transcribed, and coded using the Motivational Interviewing Skill Code (MISC), a therapy process coding system. Participants included 92 college students and eight therapists who provided their treatment. The MISC was used to code 17 therapist behaviors related to the use of motivational interviewing, and client language reflecting movement toward behavior change (change talk), away from behavior change (sustain talk), or unrelated to the target behavior (follow/neutral).
Results: Client change talk was significantly *more* likely to immediately follow individual therapist behaviors [affirm ($p = .013$), open question ($p < .001$), simple reflection ($p < .001$), and complex reflection ($p < .001$)], but significantly *less* likely to immediately follow others (giving information ($p < .001$) and closed question ($p < .001$)]. Sustain talk was significantly *more* likely to follow therapist use of open questions ($p < .001$), simple reflections ($p < .001$), and complex reflections ($p < .001$), and significantly *less* likely to occur following therapist use of therapist affirm ($p = .012$), giving information ($p < .001$), and closed questions ($p < .001$).
Conclusions: Certain individual therapist behaviors within motivational interviewing can either elicit both client change talk and sustain talk or suppress both types of client language. Affirm was the only therapist behavior that both increased change talk and also reduced sustain talk.

1. Introduction

Motivational interviewing (MI) is a person-centered counseling style for addressing ambivalence about change and has had widespread evidence of efficacy, particularly in treating addictions (Miller & Rollnick, 2013). Over the past several years, attention has increasingly focused on identifying the mechanisms by which MI exerts its therapeutic effects, with particular focus on the role of client language about changing substance use behavior, either change talk or sustain talk. Miller and Rollnick define change talk as "any self-expressed language that is an argument for change" (2013, p. 159) and sustain talk as "the person's own arguments for *not* changing, for sustaining the status quo" (2013, p. 7). Research has demonstrated that change talk predicts improved outcomes (e.g., Walker, Stephens, Rowland, & Roffman, 2011) while sustain talk predicts poorer outcomes (e.g., Apodaca et al., 2014). A logical next step, of particular use to clinicians, is to identify therapist behaviors which are more likely to elicit change or sustain talk.

Linking therapist and client behavior is made possible by sequential analysis, a process that involves recording and coding clinician and client behavior as it unfolds sequentially in time across a session. Sequential probabilities are then calculated to determine if a specific transitional sequence is significantly different than that which would be expected to occur by chance. In the context of MI, researchers have clustered individual behavior (speech) codes into composite categories, including therapist MI-consistent (MICO; behaviors that are directly prescribed in motivational interviewing), therapist MI-inconsistent (MIIN; behaviors that are directly proscribed in motivational interviewing), and therapist other (behaviors that are considered neutral, i.e., neither prescribed nor proscribed in MI), as well as client change talk, sustain talk, and follow/neutral. See Table 1 for a full list of the individual language codes, along with a definition and examples.

Prior research has focused primarily on these composite categories (MICO, MIIN, other) rather than examining the individual therapist behaviors that comprise the categories. For example, Moyers and Martin (2006) reported that therapist MICO behavior was more likely to be

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Table 1
Therapist and client and behavior codes.

Code	Description	Example(s)
Therapist codes		
MI-consistent (MICO)		
Affirm	The therapist says something positive or complimentary to the client. It may be in the form of expressed appreciation, confidence or reinforcement.	"You're a very resourceful person."
Emphasize control	The therapist directly acknowledges, honors, or emphasizes the client's freedom of choice, autonomy, or personal responsibility.	"It is totally up to you whether you quit or cut down, or make no changes to your drinking."
Open question	The therapist asks a question that allows a wide range of possible answers. The question may seek information, invite the client's perspective, or encourage self-exploration.	"In what ways has drinking caused problems for you?"
Advise with permission	The therapist gives advice, makes a suggestion, or offers a solution or possible action, after first asking client permission to do so	"We could try brainstorming to come up with ideas about quitting if you like."
Raise concern with permission	After first asking permission to do so, the therapist points out a possible problem with a client's goal, plan, or intention, which contains language that marks it as the therapist's concern (rather than fact).	"Is it OK if I tell you a concern that I have about that? I wonder if it puts you in a situation where it might be easy to start drinking again."
Simple reflection	A reflective listening statement made by the therapist in response to a client statement, that serves to simply repeat or rephrase what the client has said.	"It's confusing to you why you need to be here."
Complex reflection	A reflective listening statement that adds substantial meaning or emphasis to what the client has said.	"On one hand you feel you need the relief that alcohol can provide, and at the same time you're having some real concerns about your health."
MI-inconsistent (MIIN)		
Advise without permission	The therapist gives advice, makes a suggestion, or offers a solution or possible action, without asking client permission to do so.	"You could ask your friends not to drink at your house."
Raise concern without permission	The therapist points out a possible problem with a client's goal, plan, or intention, without asking client permission to do so.	"I think you may wind up drinking again with your old friends."
Confront	The therapist directly disagrees, argues, corrects, shames, blames, seeks to persuade, criticizes, judges, labels, moralizes, ridicules, or questions the client's honesty.	"You knew you'd lose your license and you drove anyway."
Direct	The therapist gives an order, command, or direction.	"You've got to stop drinking."
Warn	The therapist provides a warning or threat, implying negative consequences unless the client takes a certain action.	"You're going to relapse if you don't get out of this relationship."
Other		
Facilitate	Simple utterances that function as acknowledgments to encourage the client to keep talking"	"Mm hmm…"
Giving information	The therapist gives information to the client, explains something, educates or provides feedback.	"You indicated during the assessment that you typically drink about 18 standard drinks per week. This places you in the 96thpercentile for men your age."
Closed question	A question that implies a short answer: Yes or no, a specific fact, a number, or multiple-choice format.	"How many drinks did you have that night?"
Support	These are generally sympathetic, compassionate, or understanding comments. They have the quality of agreeing or siding with the client.	"That must have been difficult."
Structure	To give information about what's going to happen in the course of the session or to make a transition from one part of a session to another.	"This is the part of the study where we'll meet for about 45 minutes to discuss your drinking."
Client codes		
Change talk	Client conveys personal ability, need, desire, or reason for change; a particular action taken that is clearly linked to change; or an intention to change.	"I can do it." "I just want to wake up sober in the morning." "I really can't afford to get another DWI." "I'll cut back on weekends."
Sustain talk	Client conveys lack of personal ability, need, desire, or reason for change; a particular action taken that is clearly linked to sustaining current behavior; or an intention not to change.	"I don't think I could change." "I don't think I need to cut down." "Drinking helps me to relax and meet people." "I ended up blacking out on Friday night."
Follow/Neutral	Client language that does not pertain to the target behavior change.	"How long will this appointment take?" "I ride my bike everywhere."

Note. Descriptions and examples of therapist and client codes come from the Manual for the Motivational Interviewing Skill Code (MISC), version 2.0. (Miller, Moyers, Ernst, & Amrhein, 2003). Available for download at: http://casaa.unm.edu/download/misc.pdf.

followed by client change talk, and less likely to be followed by client sustain talk only. Therapist MIIN behavior was more likely to be followed by client sustain talk. A subsequent study by Gaume, Gmel, Faouzi, and Daeppen (2008) found that therapist MIIN behavior was less likely to be followed by client change talk, while therapist MICO behavior was more likely to be followed by *both* change talk and sustain talk (interpreted by the authors as client change exploration).

Although previous sequential studies of motivational interviewing have improved our knowledge of the link between therapist and client language, the common practice of collapsing individual therapist behaviors into composite categories limits application of these findings to inform clinical use of MI, including training and dissemination efforts. An additional challenge at interpreting previous findings in this area are that some therapist behaviors (such as open questions) have been