

More Than Reflections: Empathy in Motivational Interviewing Includes Language Style Synchrony Between Therapist and Client

Sarah Peregrine Lord

Elisa Sheng

University of Washington

Zac E. Imel

University of Utah

John Baer

University of Washington and VA Puget Sound Healthcare System–Seattle Division

David C. Atkins

University of Washington

Empathy is a basic psychological process that involves the development of synchrony in dyads. It is also a foundational ingredient in specific, evidence-based behavioral treatments like motivational interviewing (MI). Ratings of therapist empathy typically rely on a gestalt, “felt sense” of therapist understanding and the presence of specific verbal behaviors like reflective listening. These ratings do not provide a direct test of psychological processes like behavioral synchrony that are theorized to be an important component of empathy in psychotherapy. To explore a new objective indicator of empathy, we hypothesized that synchrony in language style (i.e., matching how statements are phrased) between client and therapists would predict gestalt ratings of empathy over

and above the contribution of reflections. We analyzed 122 MI transcripts with high and low empathy ratings based on the Motivational Interviewing Treatment Integrity global rating scale. Linguistic inquiry and word count was used to estimate language style synchrony (LSS) of adjacent client and therapist talk turns. High-empathy sessions showed greater LSS across 11 language style categories compared with low-empathy sessions ($p < .01$), and overall, average LSS was notably higher in high-empathy versus low-empathy sessions ($d = 0.62$). Regression analyses showed that LSS was predictive of empathy ratings over and above reflection counts; a 1 SD increase in LSS is associated with a 2.4 times increase in the odds of a high-empathy rating, controlling for therapist reflections (odds ratio = 2.4; 95% CI: 1.36; 4.24, $p < .01$). These findings suggest empathy ratings are related to synchrony in language style, over and above synchrony of content as measured by therapist reflections. Novel indicators of therapist empathy may have implications for the study of MI process as well as the training of therapists.

Funding for the preparation of this manuscript was provided by a University of Utah Seed Grant and was also supported by the National Institute of Drug Abuse (NIDA) of the National Institutes of Health under award number R34/DA034860 and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) under award number R01/AA018673. The original trial was supported by a grant from NIDA (R01/DA016360). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Address correspondence to Sarah “Grin” Lord, Psy.D., Center for the Study of Health and Risk Behaviors, Department of Psychiatry and Behavioral Sciences, University of Washington, 1100 Northeast 45th Street, Suite 300, Box 354944, Seattle, WA 98195; e-mail: grinlord@uw.edu.

0005-7894/© 2014 Association for Behavioral and Cognitive Therapies. Published by Elsevier Ltd. All rights reserved.

Keywords: empathy; motivational interviewing; synchrony; linguistic inquiry word count; motivational interviewing treatment integrity

EMPATHY, THE ABILITY TO understand and experience the feelings of another person, is a key interpersonal process in psychotherapy broadly and significantly

correlated with treatment outcomes ($r = .31$; Elliott, Bohart, Watson, & Greenberg, 2011; Flückiger, Del Re, Wampold, Symonds, & Horvath, 2012; Valle, 1981) and specifically within motivational interviewing (MI; Miller & Rollnick, 2013; Moyers & Miller, 2013). MI is a client-centered, empathic, and collaborative counseling style that attends to the language of change and is designed to strengthen personal motivation for, and commitment to, a specific goal (Miller & Rollnick, 2013). MI was developed to help clients prepare for changing addictive behaviors like drug and alcohol abuse (Miller & Rollnick, 1991, 2002) and has been shown to be effective to reduce other harmful behaviors including tobacco, drugs, alcohol, gambling, treatment engagement, and for promoting health behaviors such as exercise, diet, and safe sex (Lundahl, Kunz, Brownell, Tollefson, & Burke, 2010).

As the basic efficacy and effectiveness of MI has been established, research has increasingly focused on how MI works (Magill et al., 2014). The first principle of MI is to express empathy and understanding through reflective listening (Miller & Rollnick, 1991, 2002, 2013). In MI, empathy is defined as “a specifiable and learnable skill for understanding another’s meaning through the use of reflective listening. It requires sharp attention to each new client statement and continual generation of hypotheses as to the underlying meaning” (Miller & Rollnick, 1991, p. 20). High ratings of therapist empathy are independently related to improved client outcomes such as reduced drinking (Gaume, Gmel, Faouzi, & Daepfen, 2008), drug use (McCambridge, Day, Thomas, & Strang, 2011), and other risk behaviors (Pollak et al., 2011; Schwartz et al., 2007), as well as increased treatment engagement (Boardman, Catley, Grobe, Little, & Ahluwalia, 2006) and change talk preceding behavior change (Miller, Benefield, & Tonigan, 1993; Miller & Rose, 2009; Moyers & Miller, 2013).

Empathy in Motivational Interviewing

Given the emphasis on reflective listening in MI, fidelity measures include two types of therapist reflections: simple reflections (when the therapist repeats more or less verbatim what the client said) and complex reflections (when the therapist reflects deep understanding by going beyond what is explicitly stated; Moyers, Martin, Manuel, Miller, & Ernst, 2007, 2010). The clinical theory underlying reflections has also been supported in the empirical literature. Therapists who use more reflections than questions are more likely to be rated as exhibiting high MI spirit and empathy (McCambridge et al., 2011). One study found that utilization of reflective statements, more than all other MI skills, resulted in

patients feeling high autonomy support, and independent observers rated those clinicians as more empathic (Pollak et al., 2011).

Though reflections capture one aspect of therapist empathy, MI theorists agree that empathy is more than reflective techniques focused on the content of the client’s words. To capture the gestalt or felt sense of empathy, MI fidelity measures like the Motivational Treatment Integrity Scale (MITI; Moyers et al., 2007, 2010) include a global rating of empathy encompassing the therapist’s behavior across the entire session. Global therapist empathy on the MITI incorporates an interest and attention to the client’s worldview, active and accurate understanding of the client’s perspective, and evidence of deep understanding of the client beyond what has been explicitly stated (Moyers et al., 2007, 2010). Reflective listening is an important part of this characteristic, but the global rating of empathy is intended to capture all efforts that the clinician makes to understand the client’s perspective and convey that understanding to the client.

Both MI theory and fidelity systems like the MITI are clear that empathy is a core therapeutic process that is composed in part of reflective listening but also more than reflections; however, the specific linguistic aspects of empathy in MI over and above the contribution of reflections are presently unclear. Are there additional linguistic indicators of empathy beyond reflections or is global empathy more of a gestalt felt sense that requires human judgment?

Empathy and Synchrony in General Psychotherapy

In basic psychological science, empathy is commonly conceptualized as a form of behavioral synchrony (see the perception-action model; Preston & De Waal, 2002). Behavioral synchrony has been defined as “degree to which the behaviors in an interaction are nonrandom, patterned, or synchronized in both timing and form” (Bernieri & Rosenthal, 1991, p. 403). Theories like the perception-action model suggest that empathy is the process by which perception of a state in a person activates a representation of that state in the perceiver. There is consistent evidence that behavioral synchrony develops as two individuals interact over time. In addition, synchrony is related to ratings of empathy and other measures of the quality of the relationship between members of a dyad (Chartrand & Bargh, 1999; Chartrand & van Baaren, 2009; see also communication accommodation theory; Giles & Ogay, 2007).

There is also evidence for the development of synchrony between patients and therapists in psychotherapy. Specific findings include synchrony in

Download English Version:

<https://daneshyari.com/en/article/901253>

Download Persian Version:

<https://daneshyari.com/article/901253>

[Daneshyari.com](https://daneshyari.com)