INTRODUCTION

A behavioral conception of motivation in therapy

We will use the term motivational operation to describe a change in the environment or the person that temporarily alters the functions of the stimuli and the parameters of a learned response into a sequence that remains constant. This term is used to describe and not to explain those changes.

To analyze the motivation in therapy, instead of inferring internal states in the clients, we focus on the analysis of the effects that certain utterances of the therapist have on the client's behavior. That is, we study the motivational effect of the exposure of the client during the session to some appetitive stimuli derived from the behavior change and to some aversive stimuli contingent on the problem behavior.

OBJECTIVES

To analyze the motivational therapist’s verbalizations about descriptions of stimulus situations that are, have been or will be the result of the client’s behavior. In these utterances, the therapist explicitly mentions the consequence of clinical change in order to alter roles and to influence the likelihood of certain behaviors.

To develop and refine the coding system SISC-Motivation-T to explore how different types of motivating utterances are distributed along the therapeutic process, in relation to the clinically relevant activities undertaken by the clinician in session.

METHOD

We observed 8 sessions, about an hour in length, obtained from 5 clinical cases. Two expert cognitive-behavioral therapists (with more than 15 years of clinical practice) participated in the study from the Therapeutic Institute of Madrid (Spain).

Software to code, register and analyze observational data: The Observer XT

Coding System of Therapist Verbal Behavior: SISC-CVT (Froján et al., 2008)

We used the previous classification (SISC-CVT) of an observer expert in behavior therapy who had identified the different hypothesized functions of the therapist in session and we focused on the motivating function (Froján Parga et al., 2008).

The selection of videos to observe was made taking into account the clinically relevant activities (CRA) being undertaken by the therapist during the intervention: assessment, explanation, treatment and consolidation. For each of these activities, we selected two sessions of different cases.

We developed a system to classify the motivational utterances (SISC-Motivation-T) and there we specified the type of motivation based on how the therapist had explained the consequence.

SAMPLE

SISC-Motivation-T (Coding system of therapist’s motivational verbalizations).

During the explanation of functional analysis, the therapist emits the higher number of verbalizations to motivate the client (39.0%). After this activity, the treatment is the second activity in which the therapist emitted more motivating utterances (28.73%).

Both during the assessment and the consolidation of treatment, the therapist emits less motivational verbalizations - 17.24% and 14.94% of the total, respectively.

VARIABLES

The main form in which the therapist tries to motivate change is explaining the appetitive consequences, that is, pointing to the possible occurrence of the reinforcer that would happen after performing certain actions.

The psychologist, in order to cause changes in the client, shows a wide range of utterances. Some of them are colloquial notes typical from non-formal contexts that the therapist uses frequently. These are commonly coded as “direct appetite”, are considered the “classical” motivating verbalizations and are expressed informally in order to give encouragement. For example: “Come on, you’ll get it”, “You’ll see”.

The therapist tries to motivate the client during the intervention, but especially during the explanation of functional analysis. When the therapist proposes the techniques that will be used and the treatment goals, it seems s/he finds the time to point out the appetitive consequences that the client would get if s/he follows the treatment plan or the aversive consequences during the explanation of the hypotheses for the maintenance of the current problem.

PROCEDURE

The therapist verbalized a greater amount of statements in which the signaled consequence is appetitive. This category represented 51.72% of the total utterances during the therapeutic process. The second type of verbalization that were used more frequently to motivate the clients is the one in which the absence of an aversive stimulus is noted. This category represented 17.24% of the total. The verbalizations valuing the consequences of a behavior in a negative way were uncommon and represented 1.14% of the total verbalizations.

During explanation of functional analysis, the therapist emits the higher frequency of motivational verbalizations (39.0%). Apart from this activity, the treatment is the second phase in which the therapist gives more motivation (28.73%).

CONCLUSIONS

The therapist verbalized a greater amount of statements in which the signaled consequence is appetitive. This category represented 51.72% of the total utterances during the therapeutic process. The second type of verbalization that were used more frequently to motivate the clients is the one in which the absence of an aversive stimulus is noted. This category represented 17.24% of the total. The verbalizations valuing the consequences of a behavior in a negative way were uncommon and represented 1.14% of the total verbalizations.

FUTURE IMPROVEMENTS

This first exploratory study draws the verbal behavior characteristic of the skilled clinician. The classification proposed in this work is the starting point for future works to provide evidence on the issue. To this end, it is necessary to expand the sample of clients and therapists observed and to test whether the results show statistically significant differences.

It would also be interesting to compare the motivational utterances issued in session by an inexperienced and an expert therapist. Such studies could improve the training of novel clinical psychologists, and it would in the long term help to develop more effective interventions.

Finally, and assuming that the therapeutic relationship is an interaction between therapist and client, we would like to study the client's verbalizations to analyze whether there are changes in them throughout the therapeutic process. We would also like to find the processes responsible for that change.

