

Motivational utterances in behavior therapy: how do we motivate our clients?

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Introduction

- ▶ Defined as operations that are performed prior to the actual happening of a behavior that somehow affect it, be it by strengthening it in a variety of ways or by weakening it, according to radical behaviorist approach (see Froján, Alpañés, Calero & Vargas, 2010; Laraway, Snyerski, Michael & Poling, 2003; Michael, 1993).
- ▶ A prime example of a motivational operation would be food deprivation.
- ▶ But one can be deprived of things such as human contact, happiness or tranquility.
- ▶ In therapy, it involves the anticipation of “the good things to come” if the client complies with the therapist’s recommendations and the lack of change that would follow should the client refuse to comply.

OBJECTIVE

To clarify how does a behavior therapist motivate the client, by analyzing the frequency and type of his/her motivational utterances using observational methodology.

Sample

- ▶ 88 recordings of clinical sessions.
- ▶ All sessions were individual.
- ▶ The recordings pertained to a sample collected in the Therapeutic Institute “Itema”.
- ▶ All were part of 9 different cases treated by 8 behavior therapists with degrees of expertise.
- ▶ All clients were adults.

Instruments

- ▶ The SISC-CVT classifies every verbalization uttered in-session according to its possible function (Froján, Calero, Montañó & Ruiz, 2011; Froján-Parga et al., 2008; Ruiz, 2011):

• *Reinforcement, punishment, evocative, discriminative, informative, instructional, motivational, other*

Procedure

- ▶ The Observer XT software was used to registration.
- ▶ Therapist’s verbal behaviors were coded in accordance with the SISC-CVT.
- ▶ Motivational utterances were classified in accordance with the SISC-MOT-T.
- ▶ Then the sessions were classified in four groups according to clinically relevant activity, following the same procedure as Ruiz (2011).

Results

Figure 1. Descriptive statistics for each level of the dimensions of chain motivational utterances in all of the treatment.

	Mean	SD	Total
Colloquial	2.27	2.74	200
Chain	9.21	8.55	811
Apetitive consequent	6.94	6.56	611
Aversive consequent	2.27	2.85	200
General context	0.73	1.70	65
Specific context	8.47	8.30	746
Behavior by action	8.05	7.58	709
Behavior by omission	1.15	1.74	102
Stimulus occurrence	5.40	5.44	476
Stimulus withdrawal	3.80	4.00	335

Conclusion

- ▶ The “prototypical” motivational utterance: *chain-action-specific-apetitive-by occurrence* scheme.
- ▶ It was preferred:
 - **Apetitive control:** is easier to perform, does not provoke any form of contra-control and can have an uplifting effect on the client.
 - **Specify a concrete context:** task must be made in a specific way and it must be clear.
 - **Action:** the sentences that deal with action do not usually require a complicated phrasing and are more straightforward.
 - **Occurrence:** a sentence that clearly refers to what *will* happen will simply be more often used than one that refers to something that will *not* happen.
 - **Chain motivational utterances:** are more concrete and instruction-driven and make compliance more likely.
- ▶ Therapist seems to adjust the type of motivational utterance he/she is using to the CRA he/she is engaging in.
- ▶ It appears that when a therapist wants to motivate, he/she most likely uses sentences that go along the lines of “if you do this in this specific way and moment, something that you want or like will happen”.
- ▶ Future improvements: broadening the sample; comparing inexperienced vs. experienced therapists and including different therapeutic perspectives.

References

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