The effectiveness of motivational interviewing (MI) in the treatment of alcohol and other substance abuse disorders is well established. To date, the only mechanism of action in MI with strong empirical support is “change talk”, defined as in-session verbal commitments by clients to change problem behaviors. Consistent relationships have been shown between therapist behavior and client speech during MI sessions, as well as between client speech and outcomes. Furthermore, Moyers et al. (2009) have demonstrated that client change talk mediates therapist behavior and alcohol use outcomes. Selective reinforcement of change talk has been posited as a specific mechanism of action in motivational interviewing (Moyers et al., 2009). and experimental studies have shown that clinicians directly influence the level of change talk seen from clients (Glynn & Moyers, 2010). The current study examines whether this “technical” component of MI can be taught in a straightforward manner that will increase actual client language in MI treatment sessions.

### Results

Transition probabilities were computed using GSEQ (Bakeman & Quera, 1995) on available coded baseline (n=148) and 3-month (n=132) work samples. Approximately 32.5% of this sample focused solely or primarily on treatment for alcohol use disorders. In both groups, the probability of therapists responding to change talk (CT) with a closed question and responding to CT with a reflection of CT increased after training, as did the probability of client CT following a counselor reflection of CT. Preliminary between-groups analysis of log normalized odds ratios indicate a significant multivariate Time×Group interaction (F(5,18) = 3.327, p = .03). This effect appears to be driven by 2 elements: clinicians responding to CT with an open question (F(1,22) = 4.814, p = .039), and clients emitting CT following a closed question (F(1,22) = 5.648, p = .027), with superior results for MI+ participants. From baseline to the 3-month follow-up point the MI+ group also showed a greater increase in CT and a greater decrease in counter-change talk (CCT) than did the MIU group, although these differences are not significant in these sessions.

### Summary

Therapists trained with a specialized emphasis on the evocation and reinforcement of change talk (as opposed to standard MI training) have more change talk from their clients during subsequent treatment sessions. In addition, their sessions also demonstrate a higher probability of client change talk immediately following behaviors emphasized during specialized change talk training than did sessions from therapists in the training-as-usual condition. It is worth noting that these effects were measured in the therapist’s usual treatment setting with typical front-line substance abuse clients, rather than a rigorous laboratory setting with a homogenous client population.

These results support the hypothesis that a single active ingredient of an empirically-supported substance abuse treatment (MI) can be isolated and manipulated through specialized training. This means that future studies focusing on experimental manipulations of change talk, as opposed to simply measuring its association with outcomes, are feasible.

### References


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