Talking to Change: An MI Podcast

Glenn Hinds and Sebastian Kaplan

Episode 36: The Psycholinguistics of MI, with Paul Amrhein, PhD

Sebastian Kaplan:

Hello everyone, and welcome to another episode of Talking To Change A Motivational Interviewing Podcast. My name is Sebastian Kaplan and I'm based in Winston-Salem, North Carolina, USA, and as always, I'm joined by my good friend, all the way from Derry, Northern Ireland, Glenn Hinds.

Glenn Hinds:

Hi Seb, how you doing, man?

Sebastian Kaplan:

Doing all right.

Glenn Hinds:

Good.

Sebastian Kaplan:

As always, let's have a quick update on our social media platforms and places that people can find us.

Glenn Hinds:

On Twitter it's @ChangeTalking. On Instagram it's Talkingtochangepodcast. On Facebook it's Talking to Change. For questions or comments or queries about trainings that we offer, it's podcast@glennhinds.com

Sebastian Kaplan:

Rates and reviews are appreciated, of all varieties. We have been getting some requests or at least suggestions for future episodes. We do get those from time to time. We do try to follow-up on most of them. Sometimes they don't end up in an actual episode, but please keep those coming if you all have some ideas about that. We've had some fun ones recently.

Sebastian Kaplan:

So, before we move onto introducing our guest and getting on with the episode, recently we've been thanking some people that have become involved with the podcast in the last several months. So first, we want to thank Bryan Hartzler and his team with the Northwest Addiction Technology Transfer Center. Bryan and his team have provided us with some financial support for the podcast to enhance it and prolong it and to offer some ideas about how to reach broader audiences. So, that's been very helpful, and also in the last

couple of months, we have hired a sound editor actually, Tessa Hall, is her name. So we appreciate all of Tessa's hard work helping us produce our show for you all.

Sebastian Kaplan:

Without further ado, we will move on to our guest who is someone actually, most people in MI community will be familiar, certainly with the name Paul Amrhein. But maybe if you're not familiar with the name, then you most certainly have been affected by Paul's work. Since so much of what we do in MI is focused on the language of change and what clients say and what do they mean, what they say, and all these sorts of things. So, we welcome Paul Amrhein, to the program. Welcome, Paul.

Paul Amrhein:

Thank you very much, happy to be here.

Sebastian Kaplan:

We often start with kind of a broad opener, just inviting the guests to share with us a bit of their own background. But then for you in particular, it'd be very interesting to hear your story of how you got involved in the MI world and your subsequent work with Bill Miller.

Paul Amrhein:

In graduate school, I was trained as a psycho linguist, a psycho linguist is someone who studied psychology language. People say what they say, why they comprehend what they hear. My first tenure track position was at the University of New Mexico. Of course, Bill Miller was there. The story goes, because it has become the story that I noticed in my first year that Bill, was on sabbatical to Norway, which was a big year for him, I realized in his story, and I was about doing my pretty basic experimental psychology research.

Paul Amrhein:

But my dissertation had been on commitment, and commitment language. And what is it that in a conversation causes a person to evaluate a commitment in terms of how strong it is, or how weak it is. And I was able to publish my dissertation work. But I know where it was going to go after that point. This was just everyday language users.

Paul Amrhein:

One day, Bill Miller, comes down the hall after coming back from this sabbatical, knocks on the door. And he says, "Paul, I hear you studied commitment language." I said, "Yeah, I did my dissertation on that topic." And he said, "Well, I'm working on this thing called Motivational Interviewing." This is about 1993, '94. And he said, "I wonder if you'd be interested in collaborating on a grant proposal?" Well, here I was a tenure track, junior faculty member. And the idea of collaborating on a grant proposal was just perfect. And I was always interested in clinical, but I was not trained as such.

Paul Amrhein:

And so, I didn't realize the stature of Bill Miller, at that point, seemed like a really nice guy, we seem to somehow really communicate well. And so we wrote this grant proposal together, and it was a larger project, the mightiest project, and it was a design of tracking MI and had to arms to the study, of a treatment group and a control group. And it was looking at whether MI would facilitate change and individuals using illicit drugs.

Paul Amrhein:

So, my contribution was to find a way to code and analyze the talk of this in my sessions. And when we receive news that it would be in fact funded this large project. I remember asking Bill, I said, "I said I would do what?" And I realized I had to invent a lot of things in short order, which was a coding scheme, a mode of data compilation, data analysis, and then a way of interpreting all of this.

Paul Amrhein:

And so, what happened then, this is 1995, the project begins, what happened was I ended up doing that. And it became known as this coding scheme called DARN-C, which is a coding scheme that looks at talk in terms of certain categories, desire, ability, reasons, readiness, need and commitment. And it's a system that only the frequency of utterances that a client or patient might utter or produce, but also the strength of those utterances.

Paul Amrhein:

And what I tell people was, it must have been an inordinately long stoplight in Albuquerque one day, I realized it would be really interesting if I could look at change in talk, change in the change talk from beginning to end of a therapy session. But I knew that the therapy sessions varied in length. And so I realized I need to standardize that. So I thought, "Haha, deciles 10 define units." So now I had a way to the process of talk during MI. And so with that, in mind, I was lucky to have two very bright graduates students who I trained in the coding system. We then set about coding 84 double coated had lots of information on these patients. We also had their outcome information, we analyze the data. And this ultimately became the 2003 paper, we found in that paper was of course, that the strength of commitment talk was predictive of drug use for the next year.

Paul Amrhein:

So, my connection to Bill Miller has been amazingly fruitful. And we've had great conversations over the many years. All About talk in MI.

Glenn Hinds:

It was interesting to hear you say yourself that your own response to the commitment that you have made or you thought you made on what it was actually when it came to fruition. I'm much more you thought you would have to do. Again, most people who are studying MI will recognize the significance of the acronym DARN-C. And from what you're saying is that, from that meeting with Bill, that it has expanded, just from moving from just understand what people are saying that leads to things, but also the strength of the talk. And I'm sure we're going to discover the time points of that change talk is also important.

Glenn Hinds:

You use the acronym DARN-C and I'm just wondering, can you just say a little bit more about what DARN-C means and tell us a bit more about what you've been discovering about what each of those means in a conversation with a client.

Paul Amrhein:

DARN-C derives from my background in pragmatics, linguistics, speech act theory, the idea here is when a person makes a verbal commitment now is mindful that MI was about strengthening commitment to change. So commitment is seen as the endpoint of the kind of language that you that a patient or client should be hearing themselves say. So in speech act theory, the idea of a good or strong commitment is that there are other things that are in place. So the person wants to do something change, they feel able there's a need. They have reasons for this, they're ready now was the time. And so that's the DARN, and then the C is the commitment.

Paul Amrhein:

Now, I augmented speech act theory, speech act theory typically focuses more on desire and ability. But I knew that for MI reasons talking certainly readiness, in need more important things to include there as well. And in speech act theory, the best commitment is one where everything is strong. So you strongly want to, you strongly feel able, you strongly have a need, you strongly feel ready, you have strong reasons, and thus a strong commitment. So that's my breakdown there for you for DARN-C, ultimately became what we code for in the talk.

Paul Amrhein:

So, in the coding scheme, which I think a lot of people may know about, a coder will look through a transcript or listen to a session. And they'll make note of really three kinds of information. One is what kind of category does this fall into of the DARN-C, a categories might not even be that, but usually it's one of those six categories. What is the valence, is it talk about change, or talk about staying the same? And finally, the third aspect that's recorded is how strong? Just for simplicity, we code the strength from zero to five. Zero being extremely weak five being extremely strong.

Paul Amrhein:

Now one thing that I need to point out is that my code is about talk. It's not necessarily change talk, change talk is part of the story. But sustain talk is the other part. And so I thought in my system would be useful to have one number with a category letter that assigns really everything all at once the category, the strength in the valence in terms of whether it's changed or sustained. Now, as we know the literature on change talk, first of all, when people talk about change talk, usually they're referring to just that talking about change. But for me, the full story has always been the full story, we also need to code the sustain talk and find some nice unitary way to reflect where that person is on a scale from very much sustaining to very much changing.

Sebastian Kaplan:

In that sense, a statement to think about the A, in DARN-C for ability, someone could say, "I'm totally going to crush this, I've got this," or someone might say, "I'm a total loser, I've never been able to do anything in my life," those are both part of the story, as you say, they both reflect ability talk, it's just the valence, I suppose is quite a bit different.

Paul Amrhein:

And a person could even say, "Well, I make a good salary, I can still buy my beer." And that's saying, I'm still able to sustain, or "I can drive drunk, I don't have any problems with that." And so they're able to function while drinking. So the full story is the story at least in my approach.

Glenn Hinds:

There's an opportunity then, for us as practitioners when we're thinking about a reflective lesson, and potentially even our affirmations that even when someone is using sustained talk, we can notice the strength of the individual the character, as they described their ability to drink and drive and do be safe, we may not be agreeing with the decision to do that, or the behaviors of the fellow. But essentially, you're quite assured in yourself, and you're very aware of the decisions that you are making and what's important to you.

Paul Amrhein:

For the therapist, it's important is to choose what to reinforce in terms of your reflections, you have to be careful not to talk too much about sustained talk as it goes because you don't want to look like you're a firming that they're going to keep on drinking, per se, you don't want to reinforce that, you have to acknowledge it so that you conveyed to the client, I am listening, I do hear you say that you're able to keep drinking. So maybe a simple reflection works there. I may be able to talk about this later. But how important it is that the therapist is listening, everything that they're saying, as opposed to just seemingly listening just to the change talk, what happened is the patient will feel the demand characteristic, I can only talk about change in here, because it's the only thing the therapist seems to be listening to, wanting to reflecting. And all sudden now that's not a real honest therapy session anymore.

Sebastian Kaplan:

It does seem like an really interesting controversy might be too strong a word for this. But it does seem like there are some people who feel like, you really do need to do a bit of reflecting the sustain talk, because that's the person's true experience. And for them to feel heard and to be in line with, say the acceptance part of the MI spirit. If you're only reflecting one side of the ambivalence, then it's going to feel like half of a conversation maybe for the other person.

Sebastian Kaplan:

Maybe here's where it's going to lead to a bit of a question for me to you, Paul, is what seems to be the take home, from a research standpoint from all of your work and subsequent work around change talk and its predictive value is that we really want to focus on the change talk, because that's what seems to predict the outcomes. And in

addition to that, the less sustained talk there is also seems to be at least what people might think, or their understanding of the researches that's also predictive of, "Positive outcomes."

Sebastian Kaplan:

So maybe this would be helpful for you as far as your understanding of it. And of course, you're a big part of this part of MI story, I should say, is, what were some of the findings from that 2003 paper that was so influential in the MI world, and maybe any subsequent findings, psycho linguistically, that help inform MI practitioners that are out there working day to day?

Paul Amrhein:

For me the biggest findings in that earlier work. And, again, this is predicated on the idea that you're working with therapists that are well trained in MI. Because we did this at Casa in Albuquerque, we were lucky to have that. And so what we saw was what when MI is delivered with high fidelity, what the client sounds like. And it turns out that there were specific... Well at first there are two things that arose in commitment strength and it was the strongest character relative to all the categories in DARN-C, commitment strength was the most predictive of drug use outcomes.

Paul Amrhein:

Two things that appeared in the data, one was there's a clear trend in talk from beginning to end of session, that commitment strength does in fact rise actually in everybody, regardless of their outcomes, there is that MI does strength and commitment talk, you can see it happening. That's at the group level, if you look at individual clients, that was not always the case, there were some clients for whom it just wandered. Sometimes there were clients for whom the commitment strength just was like a monotonic straight line up.

Paul Amrhein:

Other thing that we looked at in that earlier work was the specific topics going on from decile, to decile, to decile. In that work, the topics could really pull down or pull or push up commitment strength, that kind of finding is great if you know you're running a specific kind of therapy or program where there's it's manual driven, we go from this topic to this topic to this topic to this topic. But as you and I know, oftentimes, the therapist could be caused by the patient or client, the topics will could change abruptly, the topics could be recycled. And it's not always easy to say, we're going to stay in this topic for this moment, and we're not going to change it, just to see what the client's talk is like, the safest bet what I've learned from that research, and because of all the studies since then, is that look for the trend in the commitment strength. And if you can do specific topic analysis, that's great.

Paul Amrhein:

But in most settings, and it's going to be very difficult to actually say, and it's the fifth decile so we're in this topic. And you can disaggregate if you want to kind of qualitative split, for what matters, I think, to a therapist is do I sense that there's an increase in that

commitment? And yes, attend to how the thing ends. Does the issuance the clients talk fall off the plan at the end, do they become very ambivalent all of a sudden in there tone, I don't know, we'll see, or do they maintain that nice flow to the very end, change in the change talk?

Paul Amrhein:

It's not just, one of the problems with a lot of the studies on change talk, I'm going to say it is that there's been like this notion of that you can just take the aggregate of the full session. And what's the commitment talk or change talk frequency for a full session, let's see if that predicts outcomes, how the person's talk changed in that session, you ignore that information, you get two people who have very different trends. But there aggregate numbers are the same. One person is flat, the person rose, it's looking more and more than that change across session, that elevation and strength. And it doesn't even have to be just commitment talk, it can be of those categories, everything should rise, if there's going to be something good in the outcomes.

Paul Amrhein:

So, change in the change talk. A lot of what has happened with the study of change talk has also been that of focusing on frequencies, like I said, aggregate frequencies, the frequencies of talk, I think it's easier for researchers to think about frequencies of change talk, because it's behavioral, we can point to it. Strength is very subjective, it's more cognitive emotive. But I think it's more of a nuance and I think it is more difficult to train encoders. But yet, we know when a person's showing more emphasis on doing it now. I mean, there's a lot of variables that come at us. There's more this faster speech, there's pitch of the voice goes up. But there's also the choice of the words.

Paul Amrhein:

And so, in my research, I assess both frequency and strength, I have found that strength is more sensitive in predicting outcomes, and more poignant, like the change in that strength is more sensitive in predicting outcomes. And what kind of talk do you find more compelling to listen to think about is it stronger talk.

Glenn Hinds:

The work that you do and the papers that you've developed, it sounds like the way that those are understood and interpreted are going to be influenced by whether or not I'm a researcher, or whether I'm a therapist, it sounds like researchers are looking for certain things in certain ways to fit with the research that they're doing. Whereas a therapist is simply trying to be helpful. And as people who are offering support to individuals with different difficulties, trying to continue to attend sounds again, it's just that reinforcement that you sound like a really lesson but if you're less than, here are some of the things you may want to tune in to notice. Is the tone of voice change is it going up when it when they're talking about change or is it going up when they're talking about staying the same?

Glenn Hinds:

Just pay attention to that type of thing. If you see and if you do hear change talk, if you hear more commitment or more energy in the DARN or the C pay about attention that offers some reflections, encourage collaboration, get them to talk about that a bit more to see if that increases and if the intensity deepens because as we go along with testing, the likelihood is that's going to strengthen. Ideally, it's going to be strongest near the end. Because as I commit to something near the end of the session, your research shows that I'm more likely to leave the session and actually act on that commitment than I would have had started and then faded away near the end.

Paul Amrhein:

It might do a therapist well to actually reflect on the client's strength. It sounds like you're talking more strongly about this than when we began today. And then have the client comment on "Yes, I feel stronger now."

Sebastian Kaplan:

Well, maybe we can loop back to the topic that we touched on briefly there. And maybe you can expand on it a bit, which is a bit of the dilemma that a clinician might have when someone is expressing both sides of their ambivalence. And this decision that a clinician now needs to make about what to reflect whether to reflect only one side or the other. And maybe it does have to do a bit with timing in the session. And that maybe that influences the decision as well at least that's what my hunches. But what are your thoughts about that?

Paul Amrhein:

In the beginning of a session, there's a lot of information gathering, especially if it's the first console first visit, lots of information gathering. And so therapists might start out with, "Hi, what brings you here today." And often that's where the patient or the client talks about, they lost their job, children were taken away from them, or they're going through a messy divorce. And they're beginning to talk about at some point their substance use, I think that the two sided reflection may be one of the best friends, a clinician has, in the sense that if they let the client talk about their use, and if they think their drug is helping them through their divorce, just let them say that there could be a moment where a therapist might say, "Well tell me what life was like before you started drinking, or when you aren't drinking."

Paul Amrhein:

And IF they start saying, "Well, when I don't drink, I don't have as many arguments with my wife, or my boss, or whatever." And then you get your double sided reflections set up, you can say, "so on the one hand, drinking helps you get through your marriage. But on the other hand, when you're not drinking, you find you can have better conversations, better communication, and so forth." So maybe a good way to deal with sustain talk is to build it into a two sided or double sided reflection. So you're saying, "I heard you say that the alcohol helps you. But I'm not going to reinforce that this is a way for you to continue."

Glenn Hinds:

We have the opportunity, we have the choice about where we turn the volume up, or turn the volume down in our reflections when we're speaking to people. But again, you're reinforcing, it's really important that the individual feels that whatever they've said, has been heard and understood by us, for them to feel engaged in the process. And we can then choose which bits we reflect back and very important which bit we reflect back last, to lead into the conversation.

Paul Amrhein:

It seems almost like simple reflections are really good in the beginning of a session, as more information is gained the complex reflections then become very important tools. In the beginning of a session, you want the client to feel that, "Yes, I'm in the room, I'm sitting next to you," as we say, in MI. I'm collaborating with you. I don't care where you are in your life, how you feel about it. I'm here, I'll listen. And I had mentioned, this reflections is the questions ratio, comprehensive indices we have when we assess how a therapy session is going in terms of how the therapist is delivering. It turns out to be a very important variable in determining whether the talk of the client actually predicts the behavior of the client.

Paul Amrhein:

Many folks will know about the Miller and Rose model, The Relational Hypothesis of MI, that lays out the theory of MI really which is there a therapeutic skills that evoke patient client, each talk that produce behavioral outcomes, it's really an understudied model or theory. And one of the things that has not been said much is specific indices are doing to not only vocation of change talk but also whether the change talk evoked is actually leading to outcomes. R to Q which is simple ratio of how many reflections a therapist has uttered over, how many questions the therapist has posed to the patient or client. Ideally, you want parity in that 1.0, for those individuals who have used the mighty to actually code a therapist, at an MI session 1.0 is that first level of expertise. But what is 1.0 mean? 1.0 means just as many reflections as questions.

Paul Amrhein:

If you've seen a lot of our trading studies, oftentimes R to Q is get to 1.0 is usually less than 1.0. Which means there are more questions being posed to the client then reflections given back to the client for answers to those questions. What does that do when you have less than 1.0 for your R to Q which is less than parody. There's a big disconnect between the change talk and what behavioral outcome you're going to see in that patient or client.

Paul Amrhein:

From a qualitative standpoint, what does that mean when R to Q is less than one? Either client, I'm being posed more questions that I'm hearing reflections from a therapist, I don't think therapist is listening to me, I may want to get out of this room as quickly as I can. I want to save face, I'm exhausted, you can lose the session so quickly. If the client feels uncomfortable, it is very important for the client to feel listened to. It's not only in terms of the what's being reinforced or not being reinforced, but also some other more structural things like number of reflections over a number of questions.

Sebastian Kaplan:

And some ways it makes perfect sense. I've never quite thought of it as the R to Q ratio, being a stronger catalyst for the patient outcomes outside the room. I've always just thought of it as a measure of therapists skill. But then of course, we'll skill for what? Skill to help the patient or the client leave and hopefully make some positive health choices. And I guess one way of thinking about it too, is we often use the phrase... Well, people occasionally or often use the phrase that the client is just telling us what we want to hear.

Sebastian Kaplan:

And so often that phrase comes out as a criticism of the client. But the way you describe the role of a question heavy session, the clients just trying to get through this experience of feeling probably a bit controlled and maybe coerced. And why should we blame the client for doing that if we're signaling what we want to hear maybe that's something that we need to be more careful about, and therefore, use that as sort of a cue to kind of shift more to the reflection side, I found that really helpful just to think of the R to Q ratio as a strengthener of client change talk.

Paul Amrhein:

What's fascinating is that it doesn't necessarily relate to the strength of the change talk, it relates to whether whatever strength there was actually predicts the outcome. So if you're a client you come out of a session, where you just exhausted from being pummeled with questions, and you don't think your therapist was listening, you're going to say, "What was that about?" going to default to your sustained level or get worse, the heck with therapy.

Glenn Hinds:

Even the client leave them thinking about what the heck was that about, that could be categorized as sustained talk in itself. Certainly leading to less likelihood of them wanting to do anything worthwhile for us immediately after session or in the future, for people who are listened to who practice MI it's, again, I will say it's really interesting to just for ourselves to be curious. When we think about our sessions, how many questions are we asking and how often are we reflecting?

Glenn Hinds:

And what you're describing is a good place to begin to try to get to is that for every question you've offered, at least one reflection and as your skills and your awareness, and your empathic grow, then chances are you'll start to see that even increase more from one question, maybe to include maybe two, maybe even three reflections before you let your client here's another question. But again, what you're saying is, it's that question reflection scenario for ratio. That if the client is experiencing us attending to them and feeling listened, and then ideally, moving towards us, and beginning to explore things from their own perspective with someone who cares about who they are and the challenge that they're facing, without them feeling threatened or undermined or judged.

Glenn Hinds:

And at that place, then go, "Well, you know what, maybe there are some things I could do for myself." And it's that themselves here, not at that change talk. A client hearing their own change talk as much as us as practitioners, I think is very important for us to recognize, as well as that's the client talk themselves into change.

Paul Amrhein:

The other thing I want to point out is because of the process of an MI Motivational Interview, no doubt there's going to be more questions posed in the session because you're collecting information. And then there should be more reflections as you move towards the end of the session. It's not like you have to artificially "Okay, that was my question, here comes a reflection." You don't have to make those things all the way through just be mindful of. "Okay, I've asked a lot of asked a lot of questions. Now, let me get some reflections." So they know I'm hearing them as again reflection can be very useful early on, by saying "I've asked you a question. You gave me something I heard you say this," until you have enough information to do two sided reflections or summarizing, save those for later. Overall, it should feel like it was a balanced session. As a therapist, I questioned the person as much as I reflected.

Paul Amrhein:

But we know that reflections are where the work is in case of MI especially from the therapist perspective, reflections can be the key that open up to new thoughts, new approaches, new plans, and so forth. But certainly you don't want to do that if you don't have any information. I don't know what that is, it's odd for a therapist to start reflecting on you when you don't even know who you are. But they keep asking questions at the end is like, didn't I tell you enough?

Paul Amrhein:

It's good for therapists to think about what it's like to be that client over there in that chair, on that couch. If I was that person, how would I feel about this session, how it's going right now? That'd be very informative. The therapist, "Well, I don't know, this therapist seems pushy, or this therapist seems very sensitive and showing a lot of MI spirit", that's fine. But always sort of do a therapist should always do an online assessment of their own performance vis a vie imagine if I was that client.

Sebastian Kaplan:

One of the points you made, you made it quite clear that the 2003 paper was a study of client language, but using well trained MI therapists, you said, in the context of conversations with clients who had difficulties with alcohol and illicit drugs, as you I'm sure know, clinicians from all walks of professional life, have changed talk as an important element in their work is something that organizes their work, whether they're a physician talking with someone with diabetes in the Primary Care Center, a correctional officer talking with an inmate, a coach talking with one of their athletes.

Sebastian Kaplan:

And I wonder if you could speak a bit to if we know anything "From research," or if there's reason to suspect that this phenomenon of change talk that you and Bill, and others worked on and found some interesting results in the alcohol and drug treatment world. Might it also apply? Do we know that are there reasons to suspect that this isn't just isolated in this one particular clinical setting?

Paul Amrhein:

Most of the literature is still pertains to substance use, because I think, MI was developed out of the treatment of substance use, for the treatment of substance use. But in terms of coaching, in terms of eating behaviors, exercise, change talk seems it's still important. One advantage that you have with substance use is that you can have very objective dependent measures. You can do urine panels, you can do blood tests, besides self-report, and so you can get a pretty objective assessment of whether there is a relationship between what happened in session and what the person is doing with the right behaviors.

Paul Amrhein:

When you're looking at things that aren't as obvious as objectively assessed. That may be where the some of the studies aren't as strong. But from my perspective, talk is talk. Change talk is something much greater than MI than psychotherapy. It's all about how we as humans get through life. It's how we attain some level of joy, or experience that satisfies a need, I think change talks satisfies the need to get the things we value. I just did a review of all the meta-analysis of MI not all of them look at change talk. But I don't see a reason why change talk is less pertinent to that approach, it comes down to really making sure that your therapists are delivering high fidelity MI.

Paul Amrhein:

I think that's really the most important in any study doesn't matter what the behavior is that you're

trying to change and your clients. The question is, is that high fidelity MI coming across?

Glenn Hinds:

Is the client being genuinely attended to is engagement?

Paul Amrhein:

In empathy and spirits there's going to be variability, even with sessions certainly across clients. But certainly in training studies and my training studies, the greatest amount of work is getting a therapist to get to a point where the R to Q is 1.0, very difficult if you look at the MI training studies, often the target the benchmarks that Casa puts out for the mighty indices are not attained. And then their sag therapist can begin to drift away from their MI skills. So whenever you're reading a paper about MI being used to treat non substance use behaviors, you always have to read critically about how well trained for the MI therapists and how objective are the outcome measures, and also keep doing more research on those topics.

Glenn Hinds:

Motivation Interview, when done well is very efficient and can bring about some fantastic results with our clients. And on of itself, it's quite a difficult skill to master takes time and practice to really experience and understand the spirit and to integrate skills in a way that is about the wellbeing of the other person rather than my own motivations as a practitioner, as a helper wanting to be helpful, and thinking my ideas are great, and overcoming all of those very traditional challenges that most of us who went under helping when done too, was a good open heart. But my desire to be helpful doesn't make me helpful, it sounds like we need to be trained to translate our desire into a commitment.

Paul Amrhein:

You can have a great heart and still have weak skills.

Glenn Hinds:

Right.

Paul Amrhein:

The other thing that's really tough in therapists, when they're being trained in MI is, it's not just learning something new, it's inhibiting the old stuff, it's inhibiting what you might have been trained with initially, plus your own habits of always going down a certain path on a conversation. Therapy is just as much as a lot of work for the client. But it's a lot of work to the therapist too. It's an admirable skill to have, but it takes constant work and you have to be wary of drifting, or you falling back on old habits, therapist, and that's thing.

Glenn Hinds:

So I was just going to say as we as practitioners, as we develop our skillfulness, and whatever approach we're using, it's recognizing that we are ourselves going through a change process. And if we monitor that ourselves, potentially offers us some understanding of why our clients are behaving the way they're behaving, because they're going through a change process themselves too, and recognizing why we are trying to change different behaviors, the change process itself is identical. They would have to do things would they work at this. And there are lots of influences both within and without ourselves, that are influencing our willingness and ability to move and stay moving.

Paul Amrhein:

Well, another interesting way of looking at this is what makes change talk. Technically change talk is recordings of the utterances of the client, but really change talk is a construction between the therapist and the client. There are things being said there, the client probably wouldn't have said elsewhere. Certainly, the therapist wouldn't have said elsewhere, what gets constructed there is so important in terms of what will happen next, it's what gets constructed is what the therapist brings to the room, what the client brings to the room and what happens in that interaction.

Paul Amrhein:

Everybody's learning in these therapy sessions, they're learning about how to talk to somebody new and that construction is very precious. And it has a major impact in what

that client will do later, but should never think they don't have an impact on their clients. It's a very important powerful position to be in.

Sebastian Kaplan:

It really highlights something I am quite certain I've read this in one of Bill's writings, I think even his first MI paper back in 1983, where he sort of called out the drug use treatment industry of being a bit unfair with how we perceive successes in drug treatment outcomes, that it's sort of because of the program or the therapist, and then the failures, of course, because the patient was in denial or resistant or some other negative term. And Bill, really painted a nice picture of it, which I think your use of the term construction, and even the visual image that of course, people can't see listening to this podcast, but you had your fingers intertwined. And it really emphasizes that this is something that happens between two people.

Sebastian Kaplan:

And it's not just about whether the client decides to change or not, or uses a phrase or not, that fills fits in with the DARN-C. And it's also not as simple as whether I ask what are the top three reasons for you to cut back on your drinking, there's something that happens between those two people, I suppose a bit of a dance to use that metaphor that we often refer to MI as.

Glenn Hinds:

Listening to, as far as processing that last piece around coming back to that human relationship. It could be so easy for us to consider change talk and the conversation about DARN-C and all the technicalities of all of that, what you are reinforcing is that there are technical things we can be considered and unsettling as researchers these things are very important and address them to us. But ultimately, these things that we have identified these technicalities are seated in the relationship and between two people. If anything else, if you practice being human with someone, then chances are these things are raising and as you said on this talk, and people are using DARN-C in everyday conversations, whether they sit and talk to Motivational Interviewing practitioner, or whether they're talking to their mom or dad or brother or sister, they're talking about their lives or talking about their aspirations or talking about their desire to talk about their instinct to become bigger.

Glenn Hinds:

And part of what you have done is identified, here are some of the ways people talk about wanting to be bigger as people. And if we can hear those and use certain skills in our conversations with them, then the likelihood is that they will become bigger in our company during the time that they are with us, because that’s very Rogerian and that creating the space create an environment for growth that's within the client to your raise, that what we're doing is we're creating an environment for the growth to manifest. And what you're saying is listen for this, this and this, because that's what it sounds like a finger point on the moon is not the moon, the DARN-C, not the change, it's the person and the relationship that they are having with us.

Paul Amrhein:

There's this dynamic quality of a therapy session. And my work has captured some of that dynamism. But it is a nice measure of the growing of that alliance between the therapist and the client, I don't believe that client would increase their commitment to change if it weren't for the therapist being with them. And so I think you're seeing you see a lot articles, but their therapist, client alliance and so forth, but I think it shows up in the DARN-C as a measure of that alliance. There's so many factors that can determine that trend and that commitment strength, but one that you always want to make sure is working in the clients favor is that the therapist is creating an alliance as best they can.

Sebastian Kaplan:

We talked about the R to Q ratio as one thing that certainly researchers can track and maybe in less sophisticated or precise ways that a clinician even in session can have somewhat of a sense of the balance that they're striking. Are there other MI specific skills that you know, that have a positive relationship to change talk, or client outcomes, or maybe even that specific MI but that you know about from other therapies, some of the other work in the therapy literature that could inform MI practitioners, I'm thinking for example of the affirmation, which seems to be getting a bit of buzz recently, in terms of its ability to predict change talk, at least that's my, without having the paper in front of me understanding of what people think might be happening. Anyway, just wondering what your thoughts are on that?

Paul Amrhein:

The MI consistent, the scope studies, affirmation increases change talk frequency, I'm thinking more basic things like empathy, the ratio of relational scales, empathy at least in one of our studies was related to the rise in commitment strength. But empathy also seems to have a curious relationship where it also makes contact with whether or not the change talk is predictive of outcomes. Empathy is like this surrounding kind of skill, you don't count empathy.

Paul Amrhein:

But of course, as you might expect empathy. I mean, a lot of these measurements, relational and technical measurements of MI are inter correlated. And so if you have a high R to Q, you're probably going to see related to higher empathy. R to Q actually takes in more of a behavioral counts of a therapy session, It's simple and complex reflections and open and closed questions. So it takes up a lot of what we count. The interesting research further on that is the specific kinds of reflections in the R to Q that matter more in this relationship I've been talking about, is it the ratio of complex reflections to open questions, then, of course, we're not even talking about content here. What about reflections about change, reflections about sustaining? We haven't looked at those ratios yet either.

Paul Amrhein:

But so, there's more work to be done in terms of R to Q itself, but also just the more general relational scales, the global skill of empathy is a big predictor as well of talk. But

again, it's certain vulnerabilities the therapist should keep in mind and they're talking about their skills and relating to what the patient is saying and doing. One thing is whether the skills is producing this talk, and other goals is whether this these skills are allowing that talk to connect to the outcome.

Glenn Hinds:

Just one thing talking about it in the room. If it's not connected to what they do next, chances are it'll fade away.

Paul Amrhein:

The weakest link in the model of MI, the Miller and Rose, model, the weakest link is between what the client says and what they do. There's all kinds of years and weeks, days, weeks years in between what they say and what they do. Due to their environment that has been reinforcing their substance use, their eating behaviors, that is also the most vulnerable link. But that's probably the one the therapist has to be most mindful of. What has happened in this room, is this going to transfer to the outside.

Glenn Hinds:

So we're having this almost a microcosm of the clients experience, we then invite them to open that up and say, "Okay, so you're describing this, how will that work for you, when you go back, what are the challenges for you, what are the opportunities, who's there with you, who may get in your way?" So when you start to have use change talk and begin to explore, moving towards the planning aspect of the four process is part of the thing for us as practitioners to be concern, when we're assessing the plan is, where are the difficulties that may arise in your previous experiences, what has gotten your way. And how might you overcome that and this time, and that in itself leads to more potential change talk or insights to sustained talk or the issues that may slow the progress down when they leave?

Paul Amrhein:

Right. And of course, that's interesting, you bring that up, because that was a major finding of the 2003 paper, which was the topic typically, in terms of what happens at the end of an MI session, the topic, we talked about your plan, how will you know your plan is working or if your plan is not working, which is talking about that transfer to when you're out there. How will you assess yourself, how will you monitor your behavior, and if you do monitor your behavior, how will you know about this plan, how we know maybe this plan needs to be worked on some more now?

Paul Amrhein:

So, that was the 10th decile, that was the most predictive portion of the therapy session was, now think about this outside. How is this going to work?

Sebastian Kaplan:

If people don't remember that decile cycle is a measure of time points within the session.

Paul Amrhein:

The ending minutes of a session?

Sebastian Kaplan:

This question might be beyond the scope of a linguist. But maybe you have some thoughts of this, or maybe you know, some literature out there, you were mentioning a while ago about the task that some clinicians have to maybe inhibit, previously learned behaviors that if now what they're trying to do in their careers, or they're part of a study is to be more MI consistent. So there's this challenge of inhibition of previously learned clinical behavior.

Sebastian Kaplan:

And I wonder if that speaks, if you could speak at all to whether more veteran clinicians, people that have been working in the field, and they're 50 years old, they're like, "Hey, here's this cool thing called MI, let me try to use it," versus somebody who's like fresh out of graduate school, and has never really been in the trenches, so to speak. And so there's less inhibition needed. And if there's anything to the idea of what predicts the good MI therapists, I know that's a way oversimplification. And there's no way to answer it really cleanly. But I just your thoughts on whether experience matters positively or perhaps negatively?

Paul Amrhein:

It seems like listening skills reflecting, I would suspect that the therapist has been in the field for a long time, has stayed in that field, because they are actually good at reflecting, it's hard to think of any therapeutic reflections don't happen, it might be difficult for right a pure Rogerian to begin to directive, it would seem that you're going to have very customized supervision of someone who's retraining where the supervisors know, the person's past training has been with the modality of choice has been, have they been delivering to their patients clients over the years, and be mindful of where you're going, you need to be more directive, the clients meandering here, that kind of a thing.

Paul Amrhein:

And I suspect the seasoned therapist is also has a high level of empathy. I don't think you'd be a therapist very long if you didn't have good empathy. On the other end of the developmental scale of therapists here, you would think that it'd be a lot easier to learn MI as your first therapeutic modality. But the supervisor there would have to be more mindful of such things as does this person have empathy skills and need to develop listening skills? And that work of coming up listening for what you need to make a good reflection, and then being able to construct that reflection, and then knowing when to time it. The veteran knows how to do that. I think that graduate student trainee does not yet.

Glenn Hinds:

Whatever stage of the journey you're on whether you're a novice or well established in your 50s like myself, that if you are deciding to add into your toolbox, and then it seems like the best thing that you can do for yourself is to ensure that you're not trying to do by yourself that you use the expertise of someone who already knows how to do, to help you

develop the part of yourself that needs developed. So potentially as a younger person, you may need support with the empathy issue or the containment, and later on, it's about letting go of the old ways or introducing some of the new ways and to integrate them into some of the ways you already do things.

Paul Amrhein:

But you're good that you have skills already to bring.

Glenn Hinds:

Right. Fantastic and I've no doubt that as people listen to this, more and more questions are going to be a reason for them. And, as we always do Paul, we ask the guests, if people having listened to this episode are curious to find out more from you. Are you happy for them to contact you and if they are, how do they do that?

Paul Amrhein:

Of course, and email works, it's PA2146@columbia.edu.

Glenn Hinds:

So let me just check its PA2146@columbia.edu. And one of the other questions we also then ask, given the fact that we've been in this technical world, and really interesting part of understanding motivation, and we also then ask the guess what else is happening other than necessarily work that's capturing your attention at the moment that we could talk to you for a few minutes about?

Paul Amrhein:

Short trips, wearing an interesting mask.

Glenn Hinds:

Right. What constitutes an interesting mask for you then?

Paul Amrhein:

And the interesting pattern or some dyes from the ancient Near East?

Glenn Hinds:

So, do you have a wardrobe of face coverings that go with your outfits, Paul?

Paul Amrhein:

Well, first of all, but part of this is my wife's doing. So wardrobe, yes probably, need a closet just for the masks now. It's become quite an industry out there. If you're on the internet, it turns out there are a lot of nice outdoor art museums and exhibitions in the northeast of the US and you fill up the car with gas and off you go. I think that's our way of re-entering normalcy here. So that's what we're doing. Because otherwise, I'm just at home with data. It's nice to get out.

Sebastian Kaplan:

Part of the adaptation that we are all trying to figure out whether you're in the northeast, Mid-Atlantic or south for me, all the way across the pond for Glenn, we're all adapting and changing and, and it sounds like you're discovering maybe some things that you wouldn't have sought out these sort of outdoor art galleries or you were describing.

Paul Amrhein:

I wouldn't call it a silver lining, but it's almost shiny. Yes.

Glenn Hinds:

So, this isn't your first choice, but you're enjoying it to some degree.

Paul Amrhein:

Exactly.

Glenn Hinds:

It's far better than sitting on the couch with all that data.

Paul Amrhein:

Exactly. Very good.

Glenn Hinds:

Yeah. And I guess a lot of people will be recognized on this episode is that this is a global circumstances. And I suppose one of the things that came up for me, and I'm sure it would a lovely question to ask sometime in the future. I imagine when you're listening to the news, or your lesson to reports is part of your ear chinned to the way people are talking. And you have a sense of that's not going to happen, you listen to the politicians, you go. "They don't mean that."

Paul Amrhein:

Yes, I'm trying to avoid the news as much as possible.

Glenn Hinds:

Right.

Paul Amrhein:

Yes.

Glenn Hinds:

Fantastic.

Sebastian Kaplan:

That's a sound wellness program probably, right there.

Paul Amrhein:

It's working so far.

Sebastian Kaplan:

Yes. Good. Well, Paul, thanks so much for joining us. This has been really, really interesting. And I am hopeful that this will be a very interesting opportunity for people to learn more about you, learn more about your work, which has been really quite influential in the lives of so many of us, both clinicians and our clients. So thank you.

Paul Amrhein:

Thank you very much. This has been great fun.

Glenn Hinds:

Fantastic, Paul, and out of curiosity are you on Twitter or do you have a Twitter account so people could follow if they-

Paul Amrhein:

No. Email is good.

Glenn Hinds:

Right. Fantastic and we are 21st century guys ourselves. We have younger people running most of our accounts, to be honest. But our Twitter account is @ChangeTalking, our Instagram is Talkingtochangepodcast, our Facebook is Talking to Change. And again, if you have any questions or reflections on anything that you've heard in this or any other episodes, or you're interested in the training we offer you can contact us on podcast@glennhinds.com