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RESEARCH REPORT

A therapist's use of verbal response categories in engagement and nonengagement interviews

GEORGIANA SHICK TRYON
CUNY Graduate School and University Center, USA

ABSTRACT *Client return for post-intake therapy is one indication of client engagement in the therapy process. A therapist's verbal responses from seven engagement and four nonengagement interviews were classified using the 12-category Hill Therapist Verbal Response Category System (Hill, 1993). In engagement interviews, the therapist provided the client with more information than in nonengagement interviews. Therapist information utterances increased and therapist use of questions decreased throughout engagement sessions. In nonengagement interviews, therapist information declined and therapist questions increased during the sessions. Results suggest that clients returned for further therapy after intake when their problems had been clarified through the use of questions and work on the problems had begun with the therapist providing information.*

Introduction

The initial, or intake, interview has been termed an engagement interview by Tryon (1985). She found that therapists with higher percentages of clients who return for a post-intake appointment also had higher percentages of clients who remained in therapy for more than 10 sessions (Tryon and Tryon, 1986). Thus, some therapists were better than others at engaging their clients at intake in an ongoing therapy process.

When clients are randomly assigned to therapists, certain therapists have a higher percentage of clients who return for second appointments, or become engaged, than do other therapists. These higher-engaging therapists have been found to possess greater verbal facility and better diagnostic skills, as assessed by Graduate Record Examination Verbal and Millers Analogies Test scores and grades in clinical diagnosis courses, than do lower-engaging therapists (Tryon and Tryon, 1986). They are also rated by their clients as more understanding (Tryon, 1989b) and as teaching more to clients about client problems during intake interviews (Tryon, 1986). Presumably, higher-engaging therapists

Correspondence to: Georgiana Shick Tryon, Department of Educational Psychology, CUNY Graduate School and University Center, 365 Fifth Avenue, New York, NY 10016, USA; e-mail: gtryon@gc.cuny.edu.

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use their verbal and diagnostic skills to better understand and teach clients about their concerns.

An engagement interview has been found to be longer in duration (Tryon, 1989a; 1989b; 1990; 1992), rated by both client and therapist as more educational for the client (Tryon, 1986, 1990), rated by clients as more satisfying (Tryon, 1990) and rated by client and therapist as deeper and more meaningful (Tryon, 1990) than a nonengagement interview. An engagement interview, therefore, appears to have some of the qualities of what Friedlander, Thibodeau, and Ward (1985) termed a good therapy hour that is characterized as an 'actively collaborative engagement' (p. 640) between therapist and client.

Thus far, engagement studies have employed questionnaires, archival data and time observations that were all collected outside the interview room. While these studies have yielded valuable information concerning client return for post-intake therapy, their results do not inform therapists of the actual verbal behaviour associated with engagement of clients. To further clarify the concept of engagement, it is necessary to examine therapist verbal behaviour to determine what transpires in the interview room during intake and how this relates to engagement. Thus, the present research is the next logical step in a series of investigations of client return for further therapy after intake. The study is a pilot for a larger study that will examine both therapist and client utterances and their interrelationship and association with engagement in therapy. The proposed study is designed to code therapist sentences, or verbal utterances (Hill, 1993), in order to identify types of therapist verbalizations associated with client return for a scheduled appointment after intake.

Since previous studies found ratings of therapist teaching behaviour to be positively associated with engagement, it was hypothesized that in an engagement interview the therapist would have more information verbalizations than in a nonengagement interview. Since the above studies found that higher-engaging therapists are rated by clients as more understanding, it was expected that there would be more approval verbalizations in an engagement interview. Because of the exploratory nature of the study, no further hypotheses were advanced.

Method

Participants

Clients. Client participants were 11 university students (8 women and 3 men) who sought help for personal concerns at a short-term (12-session limit) therapy service at a large, private, eastern university during the 1997-98 academic year. They ranged in age from 18 to 44 ($M = 25.64$, $SD = 7.20$); 9 were Caucasian, 1 was Asian American, and 1 was Asian. Seven were undergraduates and 4 were graduate students. Their concerns included eating problems, relationship concerns, depression, and anxiety.

Therapist. The therapist was a 38-year-old Caucasian female clinical psychologist with 5 years of post-Ph.D. therapy experience. Her theoretical orientation was psychodynamic.

Verbal category system

The system used to categorize therapist verbal utterances was developed to provide mutually exclusive response-mode categories independent of topic of speech (Hill 1978, 1985). The current version of the Hill Therapist Verbal Response Category System (HCVRCS) (Hill, 1993) organizes therapist verbalizations into 12 categories: minimal encourager; silence; approval; information; direct guidance; closed question; open question; paraphrase; interpretation; confrontation; self disclosure; and other. Trained judges code therapist verbal responses from interview transcripts. Various studies have obtained interrater kappas for the HCVRCS ranging from 0.67 to 0.89 (Hill, 1978; Hill *et al.*, 1988; Lin *et al.*, 1996).

Content validity for the HCVRCS was established when expert therapists determined whether categories were representative of primary interventions (Hill, 1978). High correlations have been found between HCVRCS response categories and categories in other response mode systems (Elliott *et al.*, 1987) indicating concurrent validity. Therapists with differing theoretical orientations differed in predictable ways in the use of various categories (Hill *et al.*, 1979) indicating construct validity. The HCVRCS has been used in numerous studies of therapy process (summarized by Hill (1992)).

Procedure

Intake interviews with therapy services clients who signed informed consent forms were audio recorded and transcribed. One person typed the initial draft of the transcript. Following this, another person reviewed and corrected the transcript while listening to the audio recording. Therapist verbalizations were broken down into response units by two trained judges following Hill's (1993) procedure.

Three school psychology doctoral students (2 women and 1 man) were trained to categorize response units according to Hill's (1993) procedures. They read the HCVRCS manual, discussed the system, and completed practice transcripts until agreement between at least 2 of the 3 judges exceeded 90%. This procedure took approximately 20 hours. After completing training, judges independently categorized therapist responses for each interview from interview transcripts. They then met as a group. Following Hill's (1993) procedure, agreement between two judges was accepted as the final judgment. When all three judges disagreed, the verbal response was discussed until a consensus was reached.

Results

Kappas assessing interjudge agreement on therapist verbal responses for the 11 interviews ranged from 0.61 to 0.80 with a mean of 0.71 ($SD = 0.05$). These are comparable to kappas obtained in other studies using the HCVRCS (see above). Kappas for agreement between 2 of the 3 judges ranged from 0.91 to 0.97 with a mean of 0.95 ($SD = 0.02$).

Seven of the 11 clients returned for further therapy after intake. Number of therapist verbal responses per interview ranged from 125 to 492 ($M = 276$, $SD = 11.30$). Numbers

of verbal responses did not differ for engagement and nonengagement interviews, $F(1, 10) = 1.20$, $p = \text{NS}$.

Therapist verbal responses from engagement and nonengagement interviews were compared using a chi-square analysis. Because expected values of the silence (category 2) and confrontation (category 10) categories were less than 5, these categories were eliminated from the analysis. A significant effect was found, χ^2 $(9, N = 11) = 125.78$, $p < 0.001$. Engagement interviews had a higher number of therapist information verbalizations and a lower number of minimal encouragers than expected by chance. The reverse was true of nonengagement interviews. Figure 1 shows the percentages of therapist responses in HCVRCS categories in engagement and nonengagement interviews respectively. The figure shows that, in engagement interviews, 40% of the therapist's verbalizations were information and 29% were closed questions. In non-

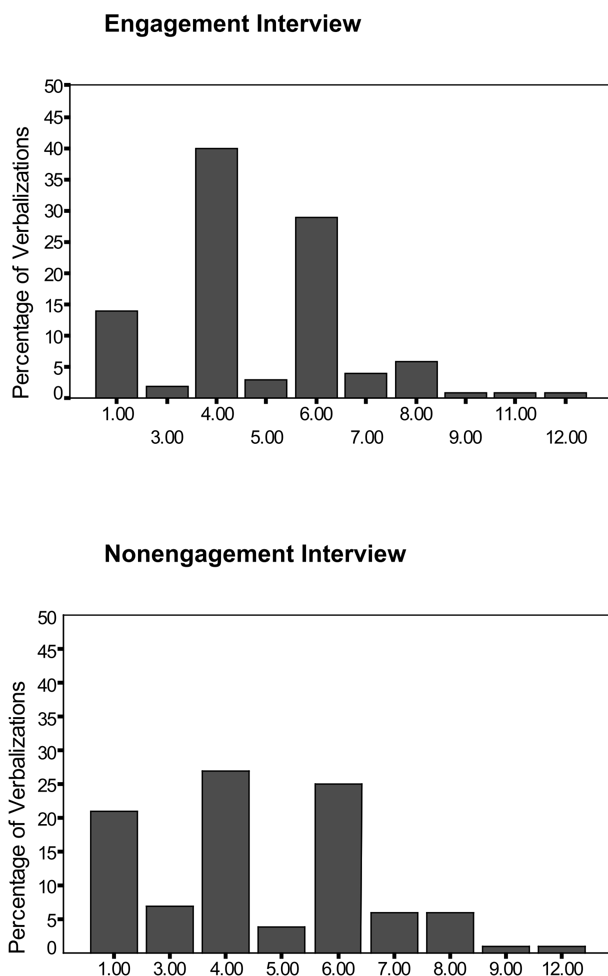

FIG. 1. Percentages of therapist responses in HCVRCS categories in engagement and nonengagement interviews. *Note.* 1 = minimal encourager, 3 = approval, 4 = information, 5 = direct guidance, 6 = closed question, 7 = open question, 8 = paraphrase, 9 = interpretation, 11 = self disclosure, and 12 = other.

engagement interviews, 27% of verbalizations were information, 25% were closed questions and 21% were minimal encouragers. For all 11 intake interviews, closed questions, minimal encouragers and information comprised the majority of therapist verbalizations (80.5%).

To examine patterns in the use of the most frequently employed verbal responses, numbers of minimal encouragers, closed questions and information for the first, second and third of engagement and nonengagement interviews were calculated and analysed using repeated measures analyses of variance. Significant engagement status X third of interview interactions were found for information, $F(2, 18) = 3.81$, $p < 0.05$ and closed questions, $F(2, 18) = 5.60$, $p < 0.02$. The interaction approached significance for minimal encouragers, $F(2, 18) = 3.21$, $p = 0.06$, and may have achieved significance had more interviews been studied.

Figure 2 is a graphic presentation of the engagement status X third of interview interactions for therapist use of closed questions and information. In engagement inter-

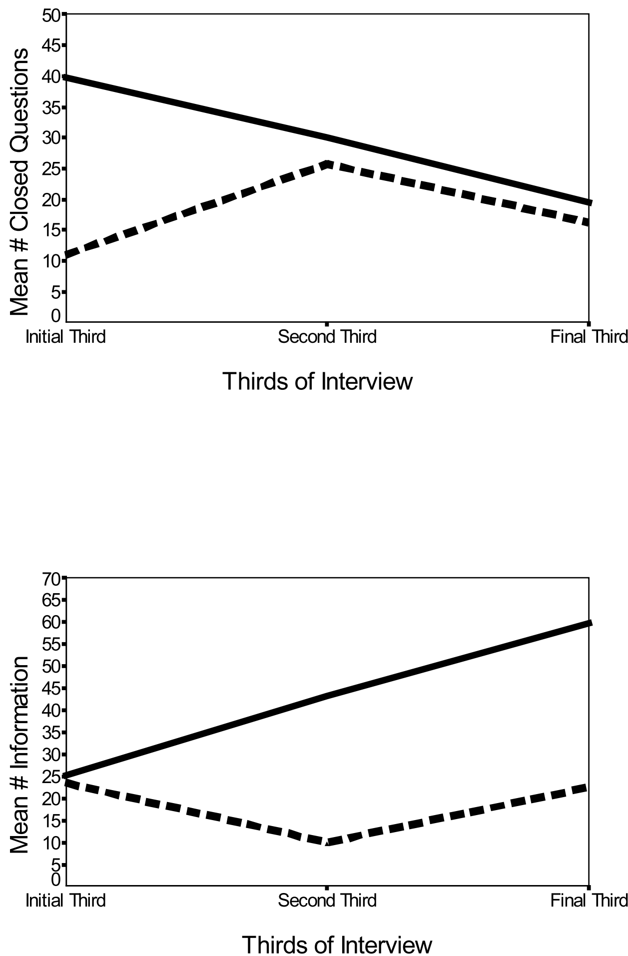

FIG. 2. Graphic presentation of the engagement status X third of interview interactions for therapist use of closed questions and information.

views, the number of closed questions decreased during the course of the interviews ($M = 39.86$, $SD = 12.10$ for the first third; $M = 30.14$, $SD = 12.88$ for the second third; $M = 19.57$, $SD = 11.22$ for the final third). In nonengagement interviews, therapist use of closed questions increased from the first to the second third of the interviews (from $M = 11.00$, $SD = 9.42$ to $M = 25.75$, $SD = 18.36$) and then fell in the final third ($M = 16.25$, $SD = 12.66$).

In engagement interviews, the number of therapist information verbalizations increased across the interviews ($M = 25.14$, $SD = 14.38$ for the first third; $M = 43.14$, $SD = 32.98$ for the second third; $M = 59.71$, $SD = 40.08$ for the final third). In nonengagement interviews, information verbalizations fell from the first to second third of the interviews (from $M = 23.50$, $SD = 14.38$ to $M = 10.00$, $SD = 6.06$) and increased again in the final third of the interviews ($M = 22.50$, $SD = 10.47$).

Discussion

The reader is cautioned that the results are based on intake interviews by one psychodynamically oriented therapist at a large university therapy service and may not be generalizable to other therapists with other orientations in other settings. For example, previous research with the HCVRCS (Hill *et al.*, 1979) found that therapists with differing theoretical orientations differed in their use of verbal response categories. Thus, future engagement research should compare verbal responses of therapists from different theoretical orientations.

Similar to findings of other researchers (Lee *et al.*, 1985; Lin *et al.*, 1996; Lonborg *et al.*, 1991), the intake interviews in the present study had higher percentages of therapist information, closed questions and minimal encouragers and lower percentages of therapist interpretation, confrontation and self-disclosure. This may reflect the information-gathering process of the intake. After therapists have worked with clients longer, other types of verbal responses may become more prevalent. However, results of a study of categories used in complete therapy cases ranging from 12–20 sessions showed that interpretation, confrontation and self-disclosure made up only 8%, 5% and 1% of total therapist responses (Hill *et al.*,1988). So, while their usage may increase in later sessions, interpretation, confrontation and self-disclosure do not seem to be used as frequently as the information and question categories during all phases of therapy.

Results from intake interviews by the therapist in the present study provide some support for and clarification of results of previous engagement studies. Clients and therapists had indicated on post-intake questionnaires that therapists taught clients more during an engagement interview (Tryon, 1986; 1989b; 1990). The therapist in the present study provided more information to clients during engagement than nonengagement interviews. Furthermore, the information provided progressively increased during the course of engagement interviews. At the same time, the number of questions asked progressively decreased during the course of engagement interviews. This suggests that the therapist used questions to clarify client problems. The pattern of therapist questions and information suggests that, once problems had been made clear, the therapist provided information about them. The clients then returned for further therapy sessions.

In nonengagement interviews, this pattern of decreasing questions and increasing information did not occur. The average number of therapist questions during the first third of nonengagement interviews were considerably less than the average number of questions during the first third of engagement interviews. Also, rather than rising throughout the interview, the number of information verbalizations decreased. This suggests that in a nonengagement interview there is less initial problem clarification and, perhaps as a result of this, less information is given to the client later in the session. The clients then did not return to the therapist for further therapy. In nonengagement interviews, the therapist also used more minimal encouragers than in engagement interviews. Perhaps these were used in an attempt to encourage clients to continue talking so that the therapist could try to get a sense of client problems.

Study of therapist verbal responses in engagement and nonengagement interviews needs to be extended to include more therapists with different theoretical orientations and years of therapy experience. Hill *et al.* (1988) found that therapists differ in their use of verbal response categories. It may be that the pattern of verbalizations in engagement and nonengagement interviews differs from therapist to therapist. Previous engagement research found that clients who became engaged differ from nonengaged clients in terms of their motivation (Tryon, 1986; 1990), previous therapy experience (Tryon, 1989b) and personal characteristics (Tryon, 1992). It may be that engaged and nonengaged clients also differ according to their verbal responses. Finally, the study of engagement needs to be extended to other settings. Thus far, engagement has been investigated exclusively in therapy centres offering short-term therapy.

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