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THERAPIST VERBAL RESPONSE AND PYSCHOTHERAPEUTIC PROCESS: Analysis of a psychotherapeutic process in public mental health services.

RESPUESTA VERBAL DEL TERAPEUTA Y PROCESO PSICOTERAPÉUTICO: análisis de un proceso psicoterapéutico en los servicios públicos de salud mental

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RESUMEN

El objetivo del presente trabajo es analizar la distribución de respuestas verbales del terapeuta a lo largo de la psicoterapia. Se grabó y transcribió un proceso completo de psicoterapia, y se tipificaron las intervenciones verbales según el *Sistema de Categorías de Respuesta Verbal del Consejero* de Hill. Se analizó estadísticamente el coeficiente de interfiabilidad entre ambos, siendo de 0,83. Se realizó un estudio de la distribución de frecuencias entre las sesiones iniciales (1 y 2), intermedias (3 y 4) y finales (5 y 6), resultando diferencias estadísticamente significativas entre el inicio y el desarrollo ($p = 0,02$), y entre el desarrollo y el final ($p = 0,00$). Así mismo, se estudió la frecuencia de las respuestas en el primer segmento de todas las sesiones, en comparación con el segundo y tercero. Se observaron diferencias estadísticamente significativas entre el primer y tercer tercio de las sesiones ($p = 0,00$), aunque no en las restantes comparaciones. La respuesta verbal más utilizada por el terapeuta en la psicoterapia estudiada es “repetición con otras palabras”, seguida de “refuerzo verbal mínimo” y “dar información”. El instrumento utilizado permite una tipificación de la respuesta verbal de una psicoterapia integradora aplicada al ámbito público español.

PALABRAS CLAVE

Procesos psicoterapéuticos, respuestas verbales, psicoterapia integrativa.

SUMMARY

1. **Objective**. The objective is to study the distribution of the kinds of therapist verbal response throughout the psychotherapeutic process.
2. **Methods.** A psychotherapeutic process was recorded on video and transcribed and verbal contributions were categorized using the Hill Counselor Verbal Response Category System. We studied the reliability among observers of the instrument used and carried out an analysis on frequency distribution of the different categories in each of the stages and segments being studied.
3. **Results.** The instrument showed a high degree of reliability among observers (0.83). Attending on the frequency distribution among the sessions, the results showed statistically significant differences between initial and intermediate stages ($p = 0.02$), and between intermediate and termination stages ($p = 0.00$). Likewise, the frequency of responses in the initial segment of all the sessions was compared to those of the intermediate and final segment. Statistically significant differences were observed between the first and third segments ($p = 0.00$), but not elsewhere. The verbal response most used by the therapist in the psychotherapy under study is the "restatement," followed by "minimal

encourager" and "information.". The instrument used allows the classifying of the contributions of an integrative therapist who works in Spain's public sector.

KEY WORDS

psychotherapeutic process; verbal responses; integrative psychotherapy.

INTRODUCTION

In recent years, and parallel with research aimed at showing the effectiveness of psychotherapy with regard to different mental diseases and at developing increasingly specific techniques for approaching these diseases, there are an increasing number of studies aimed at demonstrating the existence of therapeutic factors common to all forms of psychotherapy (1).

To begin with, this attempt requires the development of concepts and terms that allow us to use the same language in referring to relevant facts and aspects of psychotherapies carried out using different theoretical foundations. Using a common language will put into relief both the similarities and the differences.

The objective of the present study, carried out in the Area of Psychiatry of the University of Alcalá's Department of Medical Specialties, is to help develop certain concepts (*psychotherapeutic process* and *modes of therapist verbal response*) in order to facilitate research on the psychotherapeutic

process in Spanish. Complementary studies exist that focus on patient verbal response.

Psychotherapy, in any of its forms, can be understood as a process that unfolds over a series of *stages* which are characterized by the need to achieve certain *objectives*. In order to do this, in each stage a number of *tasks* must be carried out by means of *activities* and through the application of a group of specific *techniques*. The difficulties and problems that present themselves in each of these stages are different, as are the resources available to resolve them. In an article that has had a significant influence on the development of schools of psychotherapy that are trying to establish a foundation in knowledge and the better use of factors common to the different schools of psychotherapy, Bernard Beitman (2) proposes understanding the psychotherapeutic process as having four stages: *engagement, pattern-search, change,* and *termination*. Beitman characterizes each stage as consisting of a search for objectives, the predominant use of certain techniques, the pre-eminence of a type of contents and statements peculiar to resistance, as well as to transference and counter-transference.

Following the suggestion of Fernández Liria and Rodríguez Vega (3), in this study we distinguish three stages (to which should be added the indication stage, which precedes the decision to initiate psychotherapy and which is not dealt with in the present study). By *initial stage* we mean the part of the psychotherapeutic process that takes place between the moment psychotherapy is indicated and the formalization of the contract according to which patient and therapist agree about how and on what they are going to work during the rest of the treatment. In general, this stage lasts between three

and six sessions. The evaluation and formulation of the case are carried out in this stage, along with the corresponding action plan, the building of the work alliance and the above-mentioned contract agreement. The *intermediate stage* is generally the one that takes the most time and that includes the nucleus of the process. Two simultaneous and interwoven processes are carried out in it: the construction of problem-patterns, and change. With the development of short forms of psychotherapy, which are the forms most frequently used in the mental health services of the public health system, the *termination stage*, which comes at the end, is the focus of special attention. In this stage, among other objectives, an attempt is made to review the therapy that has been carried out, as well as the patient's capacity to face goals that have yet to be achieved and to avoid relapses or future problems.

In an effort to emphasize the importance of factors common to different forms of psychotherapy carried out from different schools of psychotherapy (and the differences in practice that can exist among them) some researchers, using a common vocabulary, have tried to classify the psychotherapist's contributions (4, 5, 6, 7, 8, 9, 10, 11). What can be expected, according to the common factor theorists (2), would be that these contributions would be relatively similar among experienced psychotherapists from different schools of psychotherapy and that, for each one of them, they would be different in the different stages of the psychotherapeutic process.

The classification of verbal response is based on the classification and codification of the elements of verbal behavior. The categories used may be divided into: (a) categories of content, that codify the denotative and connotative content such as references to dreams, family, or transference; (b)

categories of paralinguistic / non-verbal communication, with information from non-verbal means of communication, such as laughter, gestures or expressions; and (c) intersubjective speech acts or categories. The system designed by Hill and O'Grady (13)--which we will study here--focussed on the study of *modes of verbal response* that have to do with the grammatical structure of the therapist's verbal response, regardless of the topic or the content of the words used by the therapist, and therefore belongs to the third type of category.

OBJECTIVE

Starting from the theoretical framework described above, our study had four objectives:

1. Use an actual therapy to test a Spanish version of the instrument designed by Hill and O'Grady (13).
2. Analyze the use of different modes of verbal response by therapist during a single entire therapeutic process in order to characterize the therapist's activity during the psychotherapeutic process and during each individual session.
3. Establish the degree of reliability of two independent judges involved in classifying therapist verbal responses using the proposed instrument.
4. Finally, our study allows us to carry out an analysis, independent from the influence of the variables being studied, of the most frequent verbal responses in the psychotherapy under study.

HYPOTHESIS

1. The instrument allows the classification of therapist contributions in therapy conducted in public sector mental health services in Spain.
2. The classification carried out by two observers coincides.
3. The distribution of verbal response modes depends on the stage in the psychotherapeutic process in which they occur (initial, intermediate, or termination stage) and the point within each session at which they take place (initial, intermediate, or final segment).

MATERIAL AND METHOD

An integrative psychotherapy conducted at the Department of Psychiatry of the Príncipe de Asturias University Hospital in Alcalá was video-taped with the aim of measuring the effects of the variables *psychotherapy stage* and *segment of the session* on the distribution of the therapist's verbal responses. The therapy was made up of 12 sessions of from 30 to 60 minutes and was conducted by a therapist who was not involved in evaluation. The sessions were video-taped with the consent of the patient, a 58-year old woman with symptoms of depression following the loss of her schizophrenic son through suicide two years prior to her seeking medical assistance. With respect to its content, the therapy had the characteristics of a grief process from an integrative perspective. During the taping both therapist and patient knew they were being video-taped, although they didn't know the purpose of the taping, namely the classifying and counting up of their contributions (the design of the study was drawn up later). After the taping was completed full transcriptions were made of 6 sessions, which were divided into three parts corresponding to the initial stage (sessions 1 and 2), the intermediate stage (sessions 5 and 6), and the termination stage (sessions 11 and 12). Afterwards the therapist's responses were classified using the Hill Counselor Verbal Response Category System (HCVRCS), an instrument used by **Bernard Beitman** in his psychotherapy training manual (9). The 14 therapist response categories are listed in Table 1.

TABLE 1: Frequencies of the categories of the Hill Counselor Verbal Response Category System (Hill, 1978) in the 1099 contributions that were studied in the entire psychotherapeutic process.

VERBAL RESPONSE	%	VERBAL RESPONSE	%
Minimal encourager	20.31	Restatement	30.16
Silence	0.12	Reflection	3.31
Approval-reassurance	4.21	Interpretation	7.49
Information	11.40	Confrontation	2.07
Direct guidance	1.85	Nonverbal referent	0
Closed question	7.34	Self-disclosure	0.06
Open question	11.19	Other	0.19

Classification was carried out independently by two researchers in order to calculate the degree of reliability among different observers. The evaluations were carried out by a psychologist and a psychiatrist trained in psychotherapy who based their evaluations on videotapes of the sessions. A statistical analysis was done (Cohen's kappa coefficient, Pearson's chi-square test for frequency distribution, and percentage analysis) in order to test the stated hypotheses. The verbal response frequency distribution in the initial stage (sessions 1 and 2, which include 502 contributions) was compared with the distribution in the intermediate stage (sessions 5 and 6, with 258 contributions), and in the termination stage (sessions 11 and 12, with 344 contributions).

Each session was divided into three equal segments--initial, intermediate, and final, each segment including 362 contributions.. The initial segments of all the sessions were grouped together for analysis as Group 1. Similarly, intermediate segments were grouped together and analyzed as Group 2, and final segments as Group 3.

Frequency distributions were compared using Pearson's chi-square test to determine whether the variable *segment of psychotherapy session* changed the distribution of therapist verbal response modes. In light of the results, a descriptive analysis of the most frequent kinds of verbal responses in each segment was then carried out.

RESULTS

A) **Applicability of instrument**

The instrument allowed evaluators to classify the therapist's contributions in the sessions that were studied.

B) **Reliability among observers**

Cohen's kappa coefficient, which measures the instrument's degree of reliability among observers, was 0.83; the main divergences were found in the categories *approval-reassurance, interpretation,* and *information*.

C) **Structure of contribution**

C1: Response frequency in entire process

Table 1 shows the frequency of the different types of response in the 1099 contributions studied over the entire process. As can be observed, *restatement* and *minimal encourager* are the most frequent.

C2: Differences between sessions of different stages (initial, intermediate and termination) of the psychotherapy process

Using Pearson's chi-square test, the distribution of Group A (initial stage, sessions 1 and 2) and the distribution of Group B (intermediate stage, sessions 5 and 6) were different ($p = 0.021$). The differences between Group B

(intermediate stage, sessions 5 and 6) and Group C (termination stage, sessions 11 and 12) were also significant (p = 0.000). On the contrary, no significant differences were obtained between A (initial stage, sessions 1 and 2) and C (termination stage, sessions 11 and 12) (p = 0.248). This would indicate that there are differences between response frequencies in the initial and intermediate stages, and between response frequencies in the intermediate and termination stages, but not between response frequencies in the initial and termination stages, which would be more similar in this respect.

Table 2 shows the frequencies by percentage of each type of verbal response in each of the different stages (initial, intermediate, and termination) of the psychotherapeutic process.

TABLE 2: DISTRIBUTION OF RESPONSES BY STAGE OF THE PSYCHOTHERAPEUTIC PROCESS

INITIAL STAGE	**INTERMEDIATE STAGE**	**TERMINATION STAGE**
Restatement (31.80 %)	Restatement (32.71 %)	Minimal encourager (30.65 %)
Minimal encourager (16.76%)	Minimal encourager (13.75 %)	Restatement (25.89 %)
Open question (13.8 %)	Open question (12.64 %)	Information (11.90 %)
Information (12.26 %)	Information (10.04 %)	Interpretation (10.41%)
Closed question (9.47 %)	Interpretation (8.92 %)	Open question (7.14 %)
Approval-reassurance (6.11%)	Closed question (7.81%)	Closed question (4.76 %)
Interpretation (3.15 %)	Reflection (5.20 %)	Approval-reassurance (3.57 %)
Reflection (2.96 %)	Direct guidance (4.09 %)	Reflection (1.78 %)
Confrontation (2.96 %)	Approval-reassurance (2.97 %)	Confrontation (1.78 %)

Self-disclosure (0.19 %)	Confrontation (1.49 %)	Direct guidance (1.48 %)
Nonverbal referent (0 %)	Silence (0.37 %)	Silence (0 %)
Silence (0 %)	Nonverbal referent (0 %)	Nonverbal referent (0 %)
Direct guidance (0 %)	Self-disclosure (0 %)	Self-disclosure (0 %)
Other (0 %)	Other (0 %)	Other (0 %)

The following differences are noteworthy:

- The most frequent response in the initial and intermediate stages is **restatement** (31.9% and 32.7%, respectively). In the termination stage it is **minimal encourager** (30.65%).
- The frequency of the category **open question** decreases as psychotherapy proceeds. In the initial stage it amounts to 13.8% of contributions, in the intermediate stage 12.64%, and in the termination stage 7.14%.
- Likewise, the frequency of **closed question** decreases: 9.47% in the initial stage, 7.81% in the intermediate stage, and 4.76% in the termination stage.
- **Reflection** is more frequent in the initial and intermediate stages (2.96% and 5.20%) than in the termination stage (1.78%).
- **Interpretation** is more frequent in the intermediate and termination stages (8.92% and 10.41%) than in the initial stage (3.15%).

- **Direct guidance** does not occur in the initial stage (0%), but does in the intermediate stage (4.09%) and termination stage (1.48%).
- **Approval-reassurance** occurs more in the initial stage (6.11%) than in the intermediate state (2.97%) and termination stage (3.57%).

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C3: Differences among different segments (initial, intermediate and final) in each session.

Using Pearson's chi-square test, we compared the verbal response frequency distribution of Group 1 (first third of each session of the 6 sessions studied) with that of Group 2 (second third of each session of the 6 sessions) and with that of Group 3 (final third of each session of the 6 sessions). The results were as follows:

- The differences between Group 1 (first third) and Group 2 (second third) were not significant ($p = 0.628$).
- The differences between Group 2 and Group 3 were not significant ($p = 0.359$).
- The differences between Group 1 and Group 3 were significant ($p = 0.000$).

Table 3 shows the distribution of therapist verbal responses in each of the three segments of the sessions.

TABLE 3: THERAPIST VERBAL RESPONSE DISTRIBUTION IN EACH OF THE THREE SEGMENTS OF THE SESSIONS

INITIAL SEGMENT	**INTERMEDIATE SEGMENT**	**FINAL SEGMENT**
Restatement (37.13 %)	Restatement (29.16 %)	Restatement (27.90 %)
Minimal encourager (23.60 %)	Minimal encourager (24.10 %)	Information (16.02 %)
Open question (14.85 %)	Information (15.00 %)	Minimal encourager (15.16 %)
Closed question (8.48 %)	Open question (11.66 %)	Interpretation (12.15 %)
Reflection (3.97 %)	Closed question (7.22%)	Open question (7.73 %)
Information (3.71 %)	Interpretation (4.72 %)	Closed question (6.32 %)
Confrontation (3.18 %)	Approval-reassurance (4.16 %)	Approval-reassurance (6.62 %)
Approval-reassurance (2.38 %)	Reflection (2.50 %)	Reflection (3.31 %)
Interpretation (2.12 %)	Confrontation (0.83 %)	Confrontation (2.76 %)
Self-disclosure (0.26 %)	Silence (0.27 %)	Direct guidance (1.10 %)
Direct guidance (0.26 %)	Direct guidance (0 %)	Silence (0 %)
Nonverbal referent (0 %)	Nonverbal referent (0 %)	Nonverbal referent (0 %)
Silence (0 %)	Self-disclosure (0 %)	Self-disclosure (0 %)
Other (0 %)	Other (0 %)	Other (0.82 %)

From these data the following is of particular note:

- The frequency of **minimal encourager** is greater in the first segment (23.6%) and in the second (24.10%) than in the third (15.19%).
- The frequency of **approval-reassurance** is greater in the third segment (6.62%) than in the rest (2.38% and 4.16%).

- **Restatement** occurs more frequently in the first segment of the session (37.13% as opposed to 29.16% and 27.90%).
- **Interpretation** occurs more frequently in the third segment (12.15% as opposed to 2.12% and 4.72%).
- **Information** occurs more frequently in the second and third segment than in the first (15% and 16.02% as opposed to 3.71%).
- **Open question** occurs more in the first segment (14.85% as opposed to 11.66% and 7.73%).

In other words, in the first segment of each session there are many narrative-facilitating contributions, especially **restatement** and **open question**, and in the third stage there is a greater frequency of **information, interpretation,** and **approval-reassurance** in relative terms, given that the most frequent contribution continues to be the **restatement**.

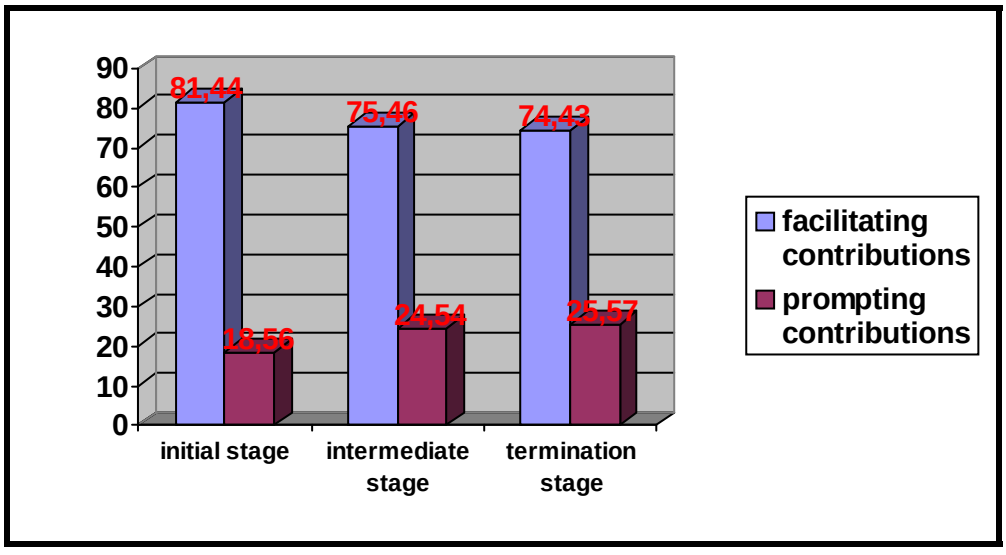
DISCUSSION

To begin with, it should be noted that Hill's system consists of 14 mutually exclusive categories, such that each verbal response should be classified using one single category out of the 14 options. Hill's system also is intended to be exhaustive, so that no verbal response is left without a category. As we shall see, as an instrument this system poses certain epistemological problems, because it includes strictly *syntactic* categories (open question, closed question...), other categories that involve *semantic* content (interpretation, confrontation...), and others that even involve *intentionality* (minimal encourager, for example).

The Spanish version of this instrument, however, proved to be very reliable among different judges (Cohen's kappa coefficient was 0.83) and the main divergences were in categories found to be problematic by Beitman and Yue when they used the system to train American resident physicians in psychiatry (9).

When we applied this system to the differences between sessions belonging to different stages of the psychotherapeutic process, we found--as we have said--significant differences between initial and intermediate sessions, and between intermediate and termination sessions. If we group the categories under the headings: therapist contributions *favoring patient expression* (**open question, closed question, minimal encourager, restatement, reflection**) and contributions *that prompt information on the part of the therapist* (**information, interpretation, direct guidance, confrontation**), we observe the distribution shown in Graph 1:

GRAPH 1: FACILITATING CONTRIBUTIONS AND PROMPTING CONTRIBUTIONS IN EACH OF THE STAGES OF THE PSYCHOTHERAPEUTIC PROCESS



The percentage of prompting responses (especially **interpretation** and **direct guidance**) in the initial stage is lower and increases as psychotherapy proceeds. The facilitating responses (**restatement, reflection...**) occur mainly in the initial stage and then decrease in frequency. It is noteworthy that this pattern is not followed in the case of the category **minimal encourager**, whose frequency in the final stage increases spectacularly from 13.75% to 30.65%, which suggests that the facilitating of patient expression by the therapist is greater in the initial stage than in the termination stage. In the termination stage the therapist's responses are often limited to agreeing, stimulating with brief contributions, etc., that is, to minimal stimulation or reinforcement of patient's narrative activity. We would say that the patient has already created a coherent alternative narrative and that simple promptings by the therapist are sufficient to permit its verbalization by the patient. When this narrative takes shape (intermediate stage), minimal encourager is not sufficient, and reflection is needed, along with restatement, reinforcing the original outline of the narrative.

When we interpreted the results among the segments of each session, we found that verbal responses at the beginning of the session have a different frequency distribution from the one they have at the end of the session, and this difference is sufficiently large for it not to be attributable to chance. However, this conclusion cannot be reached when we compare initial segments with intermediate segments or intermediate segments with final segments. We take this to mean that our conventional limit (exactly 33% of contributions of each session) is, since it is arbitrary, not very significant. In establishing a limit for all sessions, we found transition periods in which it is difficult to find significant differences. On the other hand, we did find differences between initial

segments and final segments, except for these transitional periods. For future studies it would be necessary to formulate a procedure--other than one based on number of contributions--for determining when the initial, intermediate, and final segments may be considered to have concluded.

In spite of this limitation, our study allows us to say that the first segment of each session includes many facilitating contributions favoring the verbalization of the narrative, especially **restatement** and **open question**, and that the third segment includes a relatively greater frequency of **information, interpretation,** and **approval-reassurance**, given that the most frequent contribution continues to be **restatement** (Graph 2 shows the division between facilitating contributions and prompting contributions in each segment).

We observe that prompting contributions increase as the session progresses (9.61%, 20.55% and 32.03%) and facilitating contributions decrease. At the beginning of the session, independently of the stage we are in, it is difficult to find **interpretation, information** or **direct guidance**, probably because these contributions require a "warming up" period that only later on in the session can have had time occur.

It is noteworthy that the phenomenon we detected in differences between sessions, that is, that the category **minimal encourager** increases in frequency in the final stage of the psychotherapy in comparison with other facilitating contributions, but in the course of a session its frequency decreases as the session progresses.

Limitations of this Study

The following limitations, which prevent us from generalizing from our results to general conclusions, must be taken into account in the present study of the psychotherapeutic process:

- Only *one* psychotherapy process was analyzed, with only *one* patient and only *one* therapist. Besides the variables *segment of session* and *stage of therapy*, there may be other variables that help determine the frequency of verbal responses: therapist personality and communication style, pathology and personality of patient--whose responses alter the distribution of therapist responses--therapy's theoretical model, etc. This study did not attempt to establish the effect of these other variables. This means that the results are only applicable to the psychotherapy under study and not to psychotherapy in general, for which studies of more cases and more patients would be needed.
- We did not analyze the life events that the patient may have experienced during the psychotherapy and that may have altered his responses (i.e. if the patient had had an accident before the seventh session, the therapist would probably ask questions relating to it).
- The number of variables analyzed (the 14 categories of verbal response and the 2 variables of session segment and therapy stage) is sufficiently large to require a larger sample if significant conclusions are desired. For this reason, we were only able to carry out an overall frequency distribution analysis, rather than an analysis by category (we can conclude that the verbal responses used are different, but not that a particular category is specific to a certain stage).

- In order to establish when one segment ended and the next began an arithmetic criterion was used (1/3 of the therapist's contributions), whereas what is needed would be to have defined an functional criterion that allowed us to establish the change of segment on the basis of criteria related to the content of the narrative and the interaction between patient and therapist, such as those used to distinguish among stages of the therapeutic process (9, 11).

CONCLUSIONS

1. The Hill Counselor Verbal Response Category System is a useful instrument for classifying therapist contributions.
2. The verbal responses used most by the therapist in the psychotherapy under study are **restatement**, followed by **minimal encourager** and **information**.
3. Verbal response frequency distribution in the psychotherapy under study varies according to stage of the therapeutic process: initial and intermediate or intermediate and termination.
4. Verbal response frequency distribution in the psychotherapy under study varies according to the segment of the session in which it occurs, if we compare the initial segment (first third of contributions) and the final segment (final third).
5. Although our sample doesn't allow us to reach general conclusions, we observe that in the initial stage of the psychotherapeutic process there is an elevated level of narrative-facilitating contributions (**restatement, reflection, open and closed question**) and in the

intermediate/termination stages an elevated level of prompting contributions (**information, interpretation, direct guidance**) or simple facilitating contributions (**minimal encourager**). These findings are in agreement with the integrative theoretical model based on the creation of an alternative narrative by the patient with the help of the therapist.

6. Differences are also observed among the different segments of each session. In the first third of the session narrative-facilitating contributions are more frequent (both complex as well as simple: **restatement, reflection, open and closed question, minimal encourager**) but decrease as the session proceeds, while prompting contributions increase.
7. Future research designed to study the *psychotherapeutic process* may replicate these results with other patients and therapists, adding empirical support for the hypothesis that psychotherapy comprises three distinct stages, each with its characteristic therapist contributions, and that this constitutes one of the chief common factors contributing to the results of the therapy.

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TABLE 2: DISTRIBUTION OF RESPONSES BY STAGE OF THE PSYCHOTHERAPEUTIC PROCESS

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Reflection (2.96 %)	Direct guidance (4.09 %)	Reflection (1.78 %)
Confrontation (2.96 %)	Approval-reassurance (2.97 %)	Confrontation (1.78 %)
Self-disclosure (0.19 %)	Confrontation (1.49 %)	Direct guidance (1.48 %)
Nonverbal referent (0 %)	Silence (0.37 %)	Silence (0 %)
Silence (0 %)	Nonverbal referent (0 %)	Nonverbal referent (0 %)
Direct guidance (0 %)	Self-disclosure (0 %)	Self-disclosure (0 %)

Other (0 %)	Other (0 %)	Other (0 %)

TABLE 3: THERAPIST VERBAL RESPONSE DISTRIBUTION IN EACH OF THE THREE SEGMENTS OF THE SESSIONS

INITIAL SEGMENT	**INTERMEDIATE SEGMENT**	**FINAL SEGMENT**
Restatement (37.13 %)	Restatement (29.16 %)	Restatement (27.90 %)
Minimal encourager (23.60 %)	Minimal encourager (24.10 %)	Information (16.02 %)
Open question (14.85 %)	Information (15.00 %)	Minimal encourager (15.16 %)
Closed question (8.48 %)	Open question (11.66 %)	Interpretation (12.15 %)
Reflection (3.97 %)	Closed question (7.22%)	Open question (7.73 %)
Information (3.71 %)	Interpretation (4.72 %)	Closed question (6.32 %)
Confrontation (3.18 %)	Approval-reassurance (4.16 %)	Approval-reassurance (6.62 %)
Approval-reassurance (2.38 %)	Reflection (2.50 %)	Reflection (3.31 %)
Interpretation (2.12 %)	Confrontation (0.83 %)	Confrontation (2.76 %)
Self-disclosure (0.26 %)	Silence (0.27 %)	Direct guidance (1.10 %)
Direct guidance (0.26 %)	Direct guidance (0 %)	Silence (0 %)
Nonverbal referent (0 %)	Nonverbal referent (0 %)	Nonverbal referent (0 %)
Silence (0 %)	Self-disclosure (0 %)	Self-disclosure (0 %)
Other (0 %)	Other (0 %)	Other (0.82 %)

GRAPH 1: FACILITATING CONTRIBUTIONS AND PROMPTING CONTRIBUTIONS IN EACH OF THE STAGES OF THE PSYCHOTHERAPEUTIC PROCESS