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The importance of shared language in rural behavioral health interventions: An exploratory linguistic analysis

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Abstract

A focus on the use of shared language to enhance congruence in interventionist-client dialogue is missing from traditional research on evidence-based practices and rural behavioral health. This study incorporates qualitative interactional sociolinguistics, which includes discourse analysis (typically written or audio recordings of face-to-face encounters with 11 clients and a study interventionist), to describe those speech patterns in a broad sense (dialect), as well as more specific use of communicative strategies to increase parity in the interaction between a rural interventionist delivering an evidence-based practice in the context of a research study with rural women opioid users in a non-therapeutic context. Study findings indicated that in the context of delivering the intervention, use of a shared language, language pattern congruence, and communication styles can greatly augment the intent of the approach with vulnerable populations. In addition, other communicative strategies connected with traditional Appalachian values – such as religion, home, and family – were also important. This study makes an important contribution to behavioral health research and practice by understanding critical factors that may influence evidence-based practice delivery, particularly in real-world settings with vulnerable populations. These findings have important implications for the utilization of creative approaches to understand critical components of the clinical interaction as indicators of fidelity.

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Keywords

evidence-based practices; rural behavioral health; jail interventions; women

Motivational Interviewing (MI) is therapeutic approach with a solid evidence base for reducing risk behaviors including alcohol use (Brown & Miller, 1993), drug use (Palfai et al., 2016), and high-risk sexual practices (Weir, et al., 2009). Because MI is a communication method intended to guide therapeutic interaction rather than a set of prescribed topics, it is applicable to diverse clinical problems. MI stipulates specific forms of communication between interventionists and clients that are grounded in empathy, mutual respect, and reducing resistance to change but also, most importantly, on reducing the disparity in power and control between interventionists and clients (Miller & Rollnick, 2009). One critical way of reducing power and control disparity is for interventionists to use language that most closely mirrors the language of the least empowered member of the relationship – the client. While there are several studies that examine how faithfully MI is practiced in research settings, there is no attention given to the degree to which the language between interventionists and clients is congruent (Morgenstern, et al., 2012). MI implementation studies typically focus on how interventionists use MI approaches and clients use “change words”—terms that indicate intention to change a given behavior (e.g., Miller & Rollnick, 2002). However, the obvious search for clients using change words can suggest a benign but authoritarian interest in moving the relationship as desired by the interventionist. The use of change words may only reflect clients learning what to say to please interventionists. Research is limited on the actual communication between interventionists and client and how nuances of language may be consistent with the aim of MI in reducing disparities in power control between interventionists and clients.

The therapeutic relationship is often characterized by perceptions of power when the interventionist and the client assume forged roles as actors in the interaction (Carr, 2011) – the interventionist is the helper and the client is the one who needs helping. In fact, a hierarchy is often assumed between the ‘knowledgeable’ interventionist and the ‘disturbed’ client. While many studies of language assume fluid notions of power (e.g., Holmes & Stubbe 2003), the therapeutic environment is centered in a domain where “the power differential is quite explicit” (Grainger 2004: 41). This suggests that the language used in therapeutic interactions can serve to either increase or decrease the social distance between the interventionist and the client and to reinforce their broad social positions beyond the therapeutic interaction.

By nature of the roles of the interventionist and the client, there are clear differences in the degree to which these individuals experience power in that the lower the “social rank” of the person, the less power they have (Marmot, 2004; Marmot & Sapolsky, 2014). Poverty, as an example, places people in perceived lower social ranks, thus exposing them to chronic stress conditions that not only affect their health but also the ways in which they can utilize services (Marmot, 2004; Marmot & Sapolsky, 2014). Awareness of social rank is even more important when the client population is disadvantaged, such as in rural Appalachia. Appalachians suffer with some of the most pronounced health disparities in the nation

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including high rates of morbidity, disability, and impaired quality of life (AHR, 2015). In addition, studies have consistently shown that there are limited opportunities for health and behavioral health care in rural Appalachia (e.g., Staton-Tindall et al., 2007). Because low social rank is consistent with feelings of having limited control over one's life and situation, Appalachians may be more likely to experience behavioral health problems (Marmot, 2004, Marmot & Sapolsky, 2014; McEwen, 1998; Smith & Hofmann, 2016). Thus, meaningful interventions may be contingent on interventionists being able to reduce social rank disparities and to create parity in the relationship, which is consistent with the overall MI approach.

The core tenants of MI are centered in expressing empathy, developing discrepancy, avoiding argumentation, rolling with resistance, and supporting self-efficacy (Miller & Rollnick, 2002). Clinical interactions that reenact an imbalance of power may result in a host of behavioral adaptations that are actually counter to the intent of MI. While clinicians or interventionists can be trained on the MI approach mechanics, in the absence of intentional strategies to alter it, the presence of the power differential between the interventionist and the client often remains present during the clinical interaction. MI principles do not include specific guidelines for how language can be used to achieve parity in the therapeutic interaction. In this sense, the question remains as to whether there are specific communicative techniques that could be used to reduce the presence of the power differential using MI.

Several studies have established the relevance of language and discourse patterns for understanding dimensions of the therapeutic relationship (Eisenberg, 2012; Josephson et al., 2015), but none have examined this relationship within the context of MI implementation with vulnerable populations. This analysis seeks to highlight communicative strategies that can reduce the effects of perceived power differences in the context of a therapeutic interaction. In addition, this analysis examines the specific challenges associated with delivering MI in a real-world setting and the social rank of the client population is defined by their institutional placement in a rural county jail. This study focuses on secondary data analysis from a larger study which included screening and brief intervention with rural women recruited from jails in Appalachia (Staton et al., 2018), and incorporates qualitative interactional sociolinguistics, including discourse analysis (written or audio recordings of encounters), to describe speech patterns in a broad sense (dialect, accent), as well as more specific use of communicative strategies to create parity in the interventionist/client interaction.

Method

Participants

For the larger study (Staton et al., 2018), participants were randomly selected from jail rosters (N=900), screened for substance use and high risk sexual practices (n=688), interviewed face-to-face in the jail (n=400), and randomly assigned to brief intervention using MI (n=199) or a comparison education group (n=201). As part of the MI condition, participants voluntarily agreed to audio taping sessions for fidelity. Of the 199 women participating in MI, 20% (n=40) of these were randomly selected for fidelity assessment. All

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interviews were audio recorded and transcribed for analysis. For this sociolinguistic analysis, 11 interviews were randomly selected and coded in order to reach consistency in the language across transcripts. Excerpts provided were representative of the types of linguistic strategies utilized. Demographics for the subsample of 11 participants closely mirrored the larger sample including being about 32 years old, all were white, and they had an average of about 11 years of education.

Materials

MI session transcripts were created *a priori* to the linguistic analysis; thus they were not created with a traditional discourse analysis in mind. However, the combination of the MI interview transcripts and the audio recordings for 11 participants provided substantive content for a typical discourse analysis. Drawing primarily from interactional sociolinguistic approach to language, meaning, and context (e.g., Gumperz 1977, 1982), files (written and audio) were closely examined for the interaction between context, power, and congruence in communication between the interventionist/participant in this rural Appalachian jail context, with a focus on how dialectal features in general, as well as other communicative strategies emerged as evidence of efforts to achieve parity in the therapeutic context.

Procedure & Analysis

As part of the larger study, all participating women agreed to research procedures through informed consent approved by the university's Institutional Review Board (IRB) and included a Certificate of Confidentiality (Staton et al., 2018). In this study, one interventionist worked with all participants randomly assigned to MI. She was from the region, held a master's degree in social work, and had over four years prior supervised practice experience. While the interventionist received 20 hours of clinical supervision on MI coupled with over 90 hours of other case supervision with the PI, she was not instructed in any way to alter her speech patterns or use of certain approaches to language. Thus, the clinical interactions reviewed for this analysis were natural and untrained, creating the opportunity to observe the communication patterns between two women of different social roles (interventionist and participant), and different social positions, from the same underserved area in a real-world, non-therapeutic setting.

Interactional sociolinguistics was utilized to analyze discourse to explore the ways in which interlocutors use language in various ways to create different kinds of meaning. The focus goes beyond an analysis of individual sounds, words, or sentences to examine the more subtle nuances of speech that give rise to different interpretations of what was said. For instance, in Gumperz's (1977) early work in cross-cultural communication between native and non-native speakers of English, he found that even the difference between rising and falling intonation on a single word can result in misunderstanding and miscommunication. As such, in this analysis, we will look closely at the interaction between context, power, and congruence within the interventionist/client interactions in this rural Appalachian prison context, with a focus on how dialectal features, humor and laughter, and relevant cultural references interact to contribute to cultural fit and to the fidelity of the EBP's implementation. Discourse analysis focused on transcripts from therapy sessions rather than relying on a standardized data collection tool.

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This exploratory analysis focused on ways in which the interventionist and participants shared regional dialect features, as well as specific illustrations of linguistic congruence at the discourse level. In the results summary, statements by the interventionist are coded as "Int' and the participant statements are coded as "P" with numbers differentiating the participants. Part I describes congruence in the speech patterns including an emphasis on dialect, accent, and grammar. Part II examines more specific communication strategies used by the interventionist in the context of the interaction

Results

Part I. Congruent speech patterns

Both the interventionist and the participants come from similar geographic areas in central Appalachia, an area known for its unique dialectal features (e.g., Montgomery 2004, Anderson et al. 2014). In terms of accent and dialect, both the interventionist and participants in this study exhibited several characteristic features of Appalachian English throughout the sessions, regardless of which participant transcript was reviewed. Both the interventionist and the participants employed many specific features of the Appalachian accent, including the merger of the vowels in the words "pen" and "pin", merger of the vowels in words like "pill" and "peel", and deletion of initial "th" in words like "them" (Hazen & Fluharty 2004: 56). Another feature characteristic of Appalachian English present in both interventionist and participant speech was [ai] monophthongization (Labov, Ash, & Boberg 2006). This feature is a hallmark of the Southern/Appalachian accent, and it can be best understood as the pronunciation of words like "I" as "ah" or "ride" as "rahd". In Appalachian English, monophthongization follows a different pattern, such that these speakers use the feature in all phonetic environments, including words like "right" as "raht", in which case the following consonant is voiceless, or made without vibration in the vocal folds (Hazen & Fluharty 2004). As shown in the example below, every bold word, from both the interventionist and participant represents a use of the monophthongal variant.

- Int: I've been confused with the time change. I don't know if that is right or not, it probably is right.
- P1: I don't know if it is or not. Did it go up or back an hour?
- Int: "Spring for-[ward, fall] Back. So we- we supposedly gained an hour, but I slept in anyway, so it didn't matter.
- P1: Right.

Grammatical features

Beyond accent, the interventionist and participants consistently demonstrated similarities in certain syntactic, morphological, and lexical features common to Southern and Appalachian varieties, including "was leveling," as in "We was going to the store,"; regularized past tense, as in "He knowed her,"; and use of the second person plural pronoun "y'all" (Hazen & Fluharty 2004), and these features frequently show up in the speech of both the interventionist and the participants. Both interventionist and participants employed multiple negation—the use of more than one negation word within an utterance. This feature is found

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in many different non-standard varieties of English (Chambers 2002), including Appalachian English. Here there are two clear examples of this feature, as evidenced by the bolded words in the speech of Participant 1 below.

- P1: How do I know I did? Because I never did use a needle with nobody, but that doctor tried to tell me that you could get it off yourself because- by using the same needle over and over, but that don't make no sense to me.

Congruent language was noted in the interventionist's speech later in the same interview:

- Int: Well, let's- So I told you I wasn't coming in here to preach at you for nothing so, um, so what are some ways that you can do that and still be safe and keep yourself out of trouble?

Another grammatical feature of Appalachian (and other non-standard) varieties is the use of the word "ain't". While the participants used this feature rather regularly, it was fairly uncommon in the speech of the interventionist, occurring only once in the transcripts analyzed. Yet the very presence of the word "ain't", a feature shunned by countless educated professionals, is almost startling in this scenario. It has been argued that there may "be a greater tendency of the Southerner to shift into his casual style as he comes to accept someone as an equal" and that, specifically with the use of "ain't" may serve as a signal to the person in a position of lower power that they "can afford to relax" (McDavid 1969: 56). The interventionist's use of "ain't" can be seen in bold in the example below:

- P2: The only book I've ever read-oh! While I was in the hole, I read two. I read 50 Shades of Grey and Safe Haven by Nicholas Sparks. I liked that one. 50 Shades of Grey. Whoa! That's a crazy-I read it all though, and I- I have a very small attention span, like something shiny can go by and my mind leaves.
- Int: So it was good? [Laughter]
- P2: Yeah. I stuck right in it.
- [Ongoing discussion of a movie version and the male lead they perceive as attractive]
- P2: Shew! It's going to be good.
- Int: It's going to be good. Yeah!
- P2: Who's the- the girl?
- Int: I don't know. (1.5 second pause) I ain't worried about her! [Laughter]

It should be noted here that the interaction continued seamlessly following the intervention's use of "ain't", suggesting that is was not perceived as inappropriate in any way by the participant. Typically interventionists or health practitioners use more "standard" features of language in order to demonstrate their authority and as evidence of their higher education—even if they are culturally similar to the client. The presence of these linguistic features can suggest that the interventionist was accommodating (Giles, Coupland, & Coupland 1991) to the speech of her participant and using her own native Appalachian variety in an attempt to equalize the power differential. This unexpected use of non-standard features by the

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interventionist in the institutional context appears to shrink the power gap within the speech event, mimicking the differential that would occur between peers.

Part II: Specific communication strategies

This section highlights communicative strategies used by the interventionist to establish a sense of commonality with participants by engaging in and introducing content that might be beyond the goals of the intervention sessions themselves. These strategies provide examples of ways the interventionist built a sense of cultural congruence with participants.

Humor and laughter

Humor and laughter can be used as social tools to "serve a number of functions simultaneously," (Chapman 1983: 135) which might include indicating alignment or agreement or reducing nervousness. In the following example initiated by the participant, the desire to be released from jail is expressed at the outset of the session. The interventionist is caught off guard by the statement, as evidenced by her first response, but she quickly turns to the lighthearted response of "Countin' down?" The participant acknowledges the lightheartedness in her own response, as indicated by the emotive/expressive use of "boy" at the beginning of her next turn. The rest of the interaction includes laughter on the part of both individuals and more lighthearted exchanges. Even as the interventionist deliberately acknowledges her official capacity as interventionist—"speeding" the time up through the very session she is leading—she re-frames the meaning of their interventionist-participant dynamic by portraying it as a favor, an act offered to distract her from her annoyance. The participant picks up this framing, agreeing ["I know"] and affirming that the interventionist's speeding up is desired now and in the future, rather than pushing their interaction back into its official framing as a therapeutic session. In this excerpt, the use of humor and laughter appear to show connection between the interventionist and participant, as well as lightening the mood of a serious topic.

- P3:I have three more days left.
- Int: Huh?
- P3: Three more days.
- Int: Countin' down?
- P3: Boy is it going so slow.
- Int: [Laughter] I'm trying to speed it up for you.
- P3: [Laughter] I know. I want you to!
- Int: [Laughter]
- P3:I hope you come here tomorrow and pick me up. I get out at twelve. Get me outta here [Laughter]. Please. I'll love you.

In the following exchange, the interventionist is asking a series of open-ended questions designed to understand the risk behaviors in which the participant took part in prior to being incarcerated, including sensitive questions about sex acts and drug use. When the participant

responds to her question about drug injection behavior, the interventionist comments on the participant's fairly regular pattern of risky behavior, noting that her job "is gonna be easy" because she does not have to ask the participant about each individual day within the timeframe under discussion. The interaction continues (not fully transcribed here) with questions about behaviors, only interrupted once by the interventionist again poking fun at her job, saying she is "not being nosey" and that the questions are required by the study. In distancing herself from the questions as part of her "job," the interventionist separates her interaction with the client from the questions themselves that "they make me ask." In framing the intimacy of questions as being required by her job, the interventionist is able to highlight their shared experience of the encounter's awkwardness that the therapeutic interaction required, thus distancing her own role in asking intimate questions. Though this was not the interventionist's first session with this participant, her use of humorous expressions and the participant's willingness to laugh along suggest that humor and laughter were powerful tools to create a place of solidarity in discussing fairly sensitive information.

- Int: Um, did you ever shoot it up?
- P4: No, I'm not into needles.
- Int: Ok. And that was every day. This is gonna be easy, then. [Laughter]
- P4: [Laughter]
- [More questions and answers]
- Int: I'm not being nosey; they make me ask this stuff. [Laughter]
- [More questions and answers]
- Int: Ok. Alrighty, well, that's that. That was easy. [Laughter]
- P4: [Laughter]

Religion

Because MI is not content driven, the participant is able to discuss her experiences that may either facilitate or serve as a barrier to making changes in high risk behaviors. Clinical narratives from MI sessions in jail where the participant is experiencing sobriety for perhaps the first time in a long time often included discussions of regret. In Appalachia, conservative moral or religious beliefs are common (e.g., Jones, 2010), and discussions of regret may be rooted in adherence to those belief structures. In the following example, Participant 5 discusses regret for having not completely understood the impact of her actions prior to her incarceration. But while the mention of God, salvation, the Bible, and Jesus come from the participant, in this interaction, the interventionist also shows more than simple understanding in her responses.

- P5:I just wish that I learned this eight years ago. I knew- uh, not that I didn't. Because now, looking back, I'm like, you know, I've known, I mean, to me, anytime that you put anybody before God, because Jason [her partner] was before anything in my life, and I hate to admit that because I was like, "Oh no, honey, I love my kids better than life, y'all know that, suck an egg, you know?" [Laughter]

- Int: [Laughter]
- P5: You know what! But- And I made him my God, and I- so there from the get-go, anything that you put before God you're gonna- He can-I feel like God's sitting on the throne going, "Um, um, um, you can't have it."
- Int: [Laughter]
- P5: "I'm number one or not at all."
- Int: Umm hmm.
- P5: So.
- Int: I mean, it sounds like religion really helps you though.
- P5: Oh, salvation, absolutely.
- Int: If you get back into that-
- P5: Right. I mean, I feel like hypocritical sitting here talking about Jesus sitting in jail. [Laughter] Although there was plenty in the Bible that went there, but uh-
- Int: Right.

Her laughter when the participant suggested God judges from his throne, her agreement as indicated by "Hmm hmm," that God comes first, and her acknowledgement that the participant was correct in her statement about people in the Bible going to jail are all possible indicators that the interventionist has a high level of awareness of the tenets of Christianity among rural Appalachians. The interventionist suggested, as many might, that if religion helps the participant stay away from risky behaviors, she should consider maintaining her religious practices, but she does so with an awareness of the cultural importance of such practices for the participant.

The importance of "home "

As discussed more extensively elsewhere (Staton-Tindall et al., 2015), it was common to see intervention participants describe the struggles to find home environments supportive of their goals for change, due to limitations on space in households with high poverty, drug use among family members, and the frequency of violence. Nonetheless, of particular note in this analysis was the use of the word "homeplace," a word meaning one's home and land, often used with nostalgia. Its use is most common in Southern and South Midland—including Appalachian Kentucky—varieties of American English (DARE Online 2016). Use of a word like "homeplace" might be unusual to a non-local in this context, but the interventionist in this study demonstrated that she not only understood its use, but also used it herself. In the following exchange, Participant 4 discusses some of the potential barriers to sustained sobriety she might face upon returning home.

- P4: And I know that, so. And if that- then they wasn't a friend to you in the first place. That's the way I look at it. So, I know all that. So, I know that once they knowed that I've quit, them people'll be out of my life, they won't come around. Then my boy is very strict. From where he's at, I know there won't be none of

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them will be around. Because, uh- if I go back to the homeplace, because that's where I'm planning on going, he knows all the people I fooled with and then-

- Int: He'll run them off! [Laughter]
- [Conversation continues]
- Int: Well, it sounds like-
- P4: I want to get out and see that.
- Int: Yeah. It sounds like y'all- you- you have an awesome homeplace, and you-
- P4: I do, to raise kids, I do. I really do. I have a lot of memories there, too. With their dad and with my other two grandkids have been down in through there and, so, I wanna be there for these, for these other two little ones.
- [Conversation Continues]
- P4: Whatever- that's a place- they can go home whenever they want to. It's always home.
- Int: Yeah, you can never beat home. [Laughter]
- P4: Nope, you sure can't.

Even as the participant described the potential challenges at home, when the participant affirms the continued significance of her home for her family ("It's always home"), the interventionist agreed ("Yeah, you can never beat home") with laughter, suggesting that she also understood the importance of homeplace. In contrast to highlighting the risks posed by the home setting, the interventionist maintained agreement in a way that affirmed its obvious truth—thus, aligning them in agreement on home. Both used of the word itself and acknowledged its importance, which resulted in an alignment on a cultural level.

The importance of home is further exemplified through reference to "home cooking". In the following interaction, the discussion is about family meals at holidays, which Participant 4 acknowledged missing in jail. Clearly referencing an earlier session, the interventionist used this opportunity to connect with the participant about food, in suggesting that the earlier conversation had made her crave chicken and dumplings, a well-known Southern dish.

- Int: Well, it sounds like when you get out though, you can- you know, it won't take you long to make new memories. You know, fishing or doing whatever.
- P4: Oh, I know it won't. I'd just like to be home with them grandkids. I miss-I miss all the dinners that we had when on the holidays. And, sometimes it's every other Sunday, they'll come around and I'll cook a big dinner for us all to sit around and eat and talk.
- Int: You had me craving chicken and dumplings last time. [Laughter]
- P4: [Laughter]
- Int: [Laughter] I called my aunt, I was, like, "Listen, you're gonna have to cook for me."

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- P4: [Laughter]
- Int: [Laughter] She can make- oh God, they're so good, they're so good.

The interventionist basically indicated that she also "missed" these kinds of meals (given either her suggested inability or ineptitude at preparing the meal herself). Participant 4 laughed, acknowledging the interventionist's desire for food she loves but cannot have, and by connecting with the participant about family, home cooking, and even a specific dish, the interventionist appears to create a sense of shared experience.

The importance of family

The importance of family in rural Appalachia is highlighted in the following exchange. The interventionist claims that she knows that Participant 5 is family-oriented, presumably from the current and previous interactions with this participant. The participant agrees with this sentiment, and she admits that her daughters "need" her, and she becomes very emotional in discussing this topic. The interventionist allows the participant to say all that she needs to say by providing minimal backchannel responses (use of "hmmm" and "um huh"), which serve many roles, including indication for the speaker to continue, indication of agreement, and indication of interest or understanding (e.g., Tannen 1986).

- Int: You're very family-oriented and, I mean, you can tell just by talking to you, you love your daughters and-
- P5: Yeah. Yeah, I, uh-I mean my girls right now, I've-I mean, they're older, but they need me more and my mom told me on the phone, when I got back from the emergency room, she said, "Tonya, your girls are missing you so bad." She said, "They really don't know how to live without you."
- Int:Hmm hmm.
- P5: [Crying] And I, uh, I mean, that's sad, but I was so glad to hear that, because I pray to the Lord that my babies [inaudible]. I was so afraid that they would be ok with living without me, you know?
- Int: Hmm hmm.
- P5: [Crying] So, it was music to my ears. Because even though I was a drug head or whatever, my kids didn't see some of the things that other children saw. They never done without and they always had the best of things.
- Int: Hmm hmm.
- P5: [Crying] I always worked. I was a working dope addict, you know? And I, um-
- Int: You never let-
- P5: [Crying] Yeah, I never let them see me snort a pill or smoke nothing out of nothing, you know?
- Int: Hmm mm.

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When the time seems appropriate, the interventionist adds her own thoughts to the discussion, saying "you don't want them to have to need you, but on the other hand, it feels good." It is near the end of this interaction that the interventionist offers her own narrative, rather than supporting the client's individual reflection. She makes the claim that girls always need their mothers, and follows this with a personal expression of being an adult and still needing her own mother, "now more than ever," as she says. While it is not clear from the interaction itself why the interventionist feels this sentiment about her own mother, it appears to serve as a way of connecting her own life to that of Participant 5. She allows the participant to have a glimpse of her own vulnerability by emphasizing her own need of her mother—even in contrast to what she presumably expected for her age (i.e., "more than ever."). Rather than focusing on the stigmatized vulnerability that the participant describes—her regret over drug use, and fear that her daughters won't accept her, vulnerability is at the core of the intervention itself—the interventionist focuses on their shared cultural assumptions about family, the "naturalness" of a daughter needing her mother despite the age, suggesting that the interventionist was successful in making this connection with the participant.

Empowerment and respect

The final exchange highlights the shared experiences in these interactions. While many of the previous examples have served to show efforts used to create a sense of parity between the interventionist and the participant, in a number of cases, the interventionist went one step further by putting herself in a position of perceived lower social rank than the participant. Specifically, the interventionist placed the participant in a position of expertise - claiming that the participant is stronger than she could ever be, for having been through jail and the court system. In a number of the interviews, the interventionist demonstrated a sense of respect for the challenges that participants involved in the drug using lifestyle experience. The following is an example of this illustration.

- P5: Ok. I go back to court Friday.
- Int: Ok.
- P5: Which this is just my first trip to circuit, to the big- uh, to the big people's court is what they call it here. So, um, which I call it [Nervous laughter] scary. [Nervous laughter] I'm real nervous about it.
- Int: Hmm hmm.
- P5: Really, really nervous about it. I just-
- Int: Well, look, you've been through all this. You can get through this.
- P5: Yeah.
- Int: So, you're a strong lady. Much stronger than me, much stronger than I could ever be.
- P5: Oh, no.
- Int: So, and I definitely respect you for that, for sure. So, um, I'll come back and try and see you before you get out and see if you need resources or whatever.

- P5: Ok.

Discussion

The overall aim of this paper was to examine how language patterns and communicative strategies used by a behavioral health interventionist in an motivational interviewing intervention with a vulnerable population might affect perceptions of power differentials, particularly in a real-world, non-therapeutic environment. To our knowledge, this is the first study to apply a sociolinguistic analysis to examine the use of shared language and experiences in the delivery of MI.

With the recognition that there are distinct differences between interventionist and participant in terms of social rank and life experiences, this analysis suggests that close attention to congruence in language patterns and styles of communication can greatly augment the intent of motivational approaches with vulnerable populations. Using traditional sociolinguistic approaches (e.g., Gumperz, 1977), the importance of shared language was found to be critically important. Translating these findings to community behavioral health care, the take-away might be that, "*what* is said" may be secondary to "*how* it is said".

This analysis focused on the broad components of shared language and communication strategies among incarcerated women in rural Appalachia, a region known for its disenfranchisement, as well as numerous linguistic features that distinguish Appalachian English from other forms of English in the United States (e.g., Hazen & Fluharty 2004, Montgomery 2004, Anderson et al. 2014). Similar features of language noted in this analysis – like accent – might be indicative of a sense of shared identity. In other words, if you *sound like* me, you might *be like* me. Research in language and identity has shown that identities are socially constructed within interactions through a combination of both structure and agency (Bucholtz & Hall 2004, 2005; Carr, 2011). Thus, power differences might be best understood in terms of not only highlighting sameness of identity, but also downplaying difference. This is an important consideration for future research. In this analysis, when the interventionist deviated from the expected standard professional language to use features more common of familiar interactions in this community (such as "ain't"), there was a sense of equality.

Communicative strategies by the interventionist were connected with traditional values consistent with Appalachia including religion, home, and family (Jones, 2010). Research has examined the role of religion and spirituality as factors associated with improved health among people in Appalachia (Diddle & Denham, 2010), as well as related to reductions in high risk behavioral health issues such as substance use (Staton-Tindall et al., 2008). Other research has found a unique sense of "home" in Appalachia, as well as strong bonds with kinship networks (e.g., Jones, 2010). As evidenced by this analysis, the interventionist had active use and application of these values, and she was able to relate these values in the context of the intervention session. Smith and Hofmann (2016) have shown that when a person in a position of power communicates responsibility and interest in those in lower power positions, the social distance is decreased.

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Study findings highlighted a interventionist respect for participants, which has been shown to be central to MI (Hall, Gibbie, & Lubman, 2012) and indicative of intervention fidelity (Jelsma et al., 2015). However, considering intervention delivery in a non-traditional, real-world setting like a jail, these factors were even more important. Participants may have perceived efforts toward empowerment and respect as not only do you "sound like me" and understand "my experiences", but you also respect where I have been and you think I can be successful. Creating an atmosphere that allowed participants greater sense of power is consistent with the finding that greater power is associated with less stress, more positive emotion, and greater self-regulation (Smith & Hofmann, 2016). The analysis of interactions between this interventionist and her participants suggests that a helping relationship can exist without replicating the social hierarchies that can be counter to MI. Interventionist language that mirrors participant language and values can clearly play an important role in reducing participant experience of low social rank.

This study has some limitations. First, transcripts of the intervention/client session were created *a priori* to the linguistic analysis; thus they were not created with a qualitative discourse analysis in mind. While the combination of the interview transcripts and the audio files provided substantive content for a typical discourse analysis, it is not clear if additional content would have emerged if the data materials were available. Secondly, all intervention sessions took place in the jail. Participants were consented into the study and ensured of the parameters of confidentiality, but it is not clear if the environment altered communication. In addition, individual session transcripts were deidentified and unable to be linked to intervention specific outcomes. This is an important consideration for future research. Also, all study participants were women, which may limit generalizability of these findings to male populations, as well as being able to draw any conclusions about possible gender differences in client/interventionist interactions. Finally, a small number of participants refused to have intervention sessions audiotaped for fidelity, and it is not clear if there were differences in the communication strategies observed during those sessions.

Despite these limitations, findings from this study have implications for behavioral health research and practice with disempowered populations from different ethnic and geographic environments. While the intervention in this study focused mainly on reducing high risk drug use and sexual activity, the application of findings from this study could also extend to rural mental health practice more broadly. The findings suggest that for participants, interventionists who "sound like them" may diminish resistance and invite greater self-disclosure. Ironically, these findings suggest that the old-fashioned focus of psychotherapy might be more critical to effectiveness of therapeutic relationships than the implementation of the core elements of an evidence-based practice. In other words, these findings place a renewed emphasis on the importance of how behavioral health professionals ***speak*** with clients and how they ***respond*** to client statements about themselves. Thus, the real fidelity of implementation may actually lie in communication and shared language rather than the content that is explored. Unlike other studies of MI delivery, this study examined the specific ways in which MI can invite greater participation in change responses among vulnerable participants. Future behavioral health intervention research should consider sociolinguistic analysis as a refined tool for examining study impact because it enables a focus on the nuances of the interaction rather than the traditional examination of thematic content.

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While this study specifically focused on rural women in Appalachia, findings suggest that behavioral health practitioners working with rural populations have an important responsibility to not only implement evidence-based practices, but to implement them with integrity based on the unique needs and experiences of the clients. In addition, findings from this study call for new approaches to training and supervision that focus on the use of shared language and experiences that can diminish perceptions of power in the therapeutic relationship. It should also be noted that these study findings are not to be dismissed as a simple call for the importance of cultural competence in practice. Training on cultural competence often perpetuates problems by recycling stereotypes under the guise of teaching about culture (Walker & Staton, 2000). Findings from this study suggest that behavioral health interventionists need to understand and utilize shared language and communication strategies that convey shared experiences in order to significantly increase the overall cultural congruence of the therapeutic relationship between interventions and clients – subsequently enhancing the reach and effectiveness of evidence-based interventions.

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