Training Behavioral Assessment Interviewers: A Comparison of Two Procedures

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TRAINING BEHAVIORAL ASSESSMENT INTERVIEWERS:
A COMPARISON OF TWO PROCEDURES

by

Raymond G. Miltenberger

A Dissertasion
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
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Department of Psychology

Western Michigan University
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Two procedures were used to teach behavioral assessment interviewing skills; a training manual and a one-to-one training procedure consisting of instructions, modeling, rehearsal and feedback. Four subjects, two graduate students and two seniors, were trained with each procedure. Interviewing skills were recorded in simulated assessment interviews conducted by each subject across baseline and treatment conditions. Each training procedure was evaluated in a multiple baseline across subjects design. The results showed that both procedures were equally effective for training behavioral interviewing skills, with all subjects reaching a level of 90-100% correct responding. Finally, a group of experts in behavior analysis rated each interviewing skill as relevant to the conduct of an assessment interview and a group of behavioral clinicians socially validated the outcomes of the two procedures.
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Raymond G. Miltenberger
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CHAPTER I

INTRODUCTION

Research in the area of clinical interviewing is abundant, focusing on a number of training methods and types of interviewing skills. The types of interviewing skills which have traditionally been trained are process-related, such as therapist-client rapport building responses which enhance the therapeutic relationship between a therapist and client. Outcome-related interviewing skills, such as behavioral assessment questions which have an information gathering function in the interview, have also been trained.

The majority of clinical interviewing research focuses on rapport building responses including communication of empathy (Carlson, 1974; Dalton, Sunblad & Hylbert, 1973; Perry, 1975; Saltmarsh, 1973; Stone & Vance, 1976), open-ended questions (Assid & Hutchinson, 1977; Canada, 1973; Kurpius, Froehle & Robinson, 1980; Thompson & Blocher, 1979), warmth, positive regard and therapist genuineness (Carkhuff & Truax, 1965), non-verbal behaviors (D'Augelli, 1974), reflection of feeling (Frankel, 1971; Richardson & Stone, 1981), restatement (Kuna, 1975), or some combination of the above (Danish, D'Augelli & Brock, 1976; Moreland, Ivey & Phillips, 1973). Each of these responses is designed to convey concern, warmth and trust; to make the client feel comfortable; and to prompt the client to start talking or continue
talking. While such interviewer skills seldom involve requests for specific assessment information from the client, they do play an integral role by building and maintaining rapport with the client.

One type of outcome-related interviewing skill does prompt the client to talk in more concrete terms about a specific problem. These therapist responses, termed Counselor Tacting Response Leads (CTLRs), have received some attention in the interview skills training literature (Robinson, Kurpius & Froehle, 1979a; Robinson, Froehle & Kurpius, 1979b; Robinson, Kurpius & Froehle, 1981). A typical CTLR would ask the client to continue talking about a specific problem or issue once it had been raised in the interview, i.e. "Tell me more about that." Both CTLRs and rapport-building responses involve one or a small number of relatively general therapist responses. These responses may be appropriate across a wide range of stimulus conditions throughout the course of an interview.

Behavioral assessment questions, on the other hand, comprise a larger and more complex set of interviewing skills designed to extract specific types of information essential for a behavior analysis of the client's problem. The appropriateness of each question at a particular time in the interview is determined by the types of questions already asked and the nature of the information already received from the client. A number of behavioral assessment and behavior therapy texts include sections on behavioral interviewing which describe the type of information required to complete an assessment interview and often provide excerpts from assessment interviews (Hersen & Bellack, 1976; Cone & Hawkins, 1977; Haynes, 1978; Calhoun,
Cimerino & Adams, 1977; Wolpe, 1973; Goldfried & Davison, 1976). However, none of these texts identifies the specific responses (assessment questions) required to successfully complete a behavioral assessment interview, nor do they point to empirically documented techniques for training behavioral interviewing skills.

Some authors have listed and defined sets of behavioral assessment questions that they deemed sufficient for a behavior analysis of the client's problem (Bergan, 1977; Cormier & Cormier, 1979). Based on observations of skillful therapists conducting successful interviews, Edelstein and Scott (1983) and Christoff, Scott, Edelstein, Sims, Brasted and Steinfeld (1980) generated lists of "necessary" therapist responses which include rapport-building and behavioral assessment response categories. Wong (Note 1) has identified and defined a set of therapist responses which he compiled into a "Behavioral Assessment Checklist" (see Appendix A). This checklist is a comprehensive set of response categories for conducting behavioral interviews. Iwata, Wong, Riordan, Dorsey and Lau (1982) trained therapists to conduct behavioral assessment interviews using a set of dependent variables similar to Wong's Behavioral Assessment Checklist, but modified for use with a pediatric population (see Appendix B). Iwata et al. (1982) socially validated this list of therapist response categories by having other professionals rate the relevance of each response on a 5-point Likert scale. Based on the results of their social validation efforts, Iwata et al. concluded that the interviewing questions they trained were "highly relevant to the interviewing process."
A number of training methods have been employed in teaching clinical interview skills. With the exception of Iwata et al. (1982), the focus has been on training empathy/rapport building responses. Typically, training methods have included one or more of the following procedures: modeling, instructions, rehearsal and feedback.

The effects of modeling, used alone or in conjunction with other techniques, has received considerable research attention. Assid and Hutchinson (1977) found that a videotape that modeled only correct examples of open-ended questions was as effective as videotape modeling both correct and incorrect examples. Kurpius et al. (1980) demonstrated that the use of multiple videotaped models was not significantly more effective than a single videotaped model for teaching open-ended questions. Scott, Cormier and Cormier (1980) showed covert "modeling" paralleled the effectiveness of written and materials in training a counseling strategy, while written and video modeling were shown to be equally effective by Robinson, et al. (1981). Robinson, et al. (1979b) found that sex of the model or the medium of the model presentation (video vs. written) did not alter the effectiveness of the modeling. In each of the studies mentioned above, modeling was shown to be an effective procedure compared to the no treatment control condition for teaching a discrete therapist interviewing response.

Performance feedback is another technique commonly used in interviewing skills training. Performance feedback consists of verbal responses or other signals indicating that a correct interviewer response has occurred. Carlson (1974) found that immediate feedback
via "bug in the ear" apparatus significantly increased subjects' empathic responses in counseling sessions, and Canada (1973) further showed that immediate feedback was more effective than delayed feedback in training open-ended questions. Self-generated performance feedback and performance feedback from experts were shown to be equally effective techniques by Robinson et al. (1979a). A study by Wallace, Horan, Baker and Hudson (1975) indicated that modeling and performance feedback were far more effective than modeling alone in teaching decision-making counseling, while Fyffe and Oei (1979) achieved the same results with their subjects training reflection of feeling. Thus it appears that a combination of antecedent (modeling) and consequent (feedback) methods is more effective than either used alone.

Training packages using multiple techniques have proven very effective in teaching clinical interviewing skills. The most widely researched multicomponent training package includes instructions, modeling, rehearsal and feedback and has been used to train counseling and problem solving skills (Borck, Fawcett & Lichtenberg, 1982; Whang, Fletcher & Fawcett, 1982), communication of test results (Miller, Morrill & Uhleman, 1970), attending, open-ended questions, paraphrases, reflection of feeling and summarization (Moreland, et al., 1973) and behavioral assessment questions (Iwata et al., 1982). To this basic multicomponent training package, others have added remediation to teach a goals developing strategy (Peters, Cormier & Cormier, 1978), and supervisor co-counseling to teach open-ended questions and reflection of feeling (Thompson & Blocher, 1979). A
Multicomponent video training package included instructions, modeling, opportunity for written rehearsal and feedback has also been used to teach challenging responses (McKee, Moore & Presbury, 1982).

Multicomponent training packages are extremely effective for skill acquisition, but, with the exception of video approaches, training procedures with multiple components are time intensive for trainers to carry out. Feedback and modeling require the presence of a trainer to observe the trainee's performance and to formulate and present the needed feedback and modeling. Training approaches that rely solely on video are not as adaptable to the specific needs of the trainees (i.e., video programs cannot provide trainee-specific feedback) as are approaches involving personal contact with trainers.

However, self-contained video approaches are virtually free of trainer time requirements, thus making them very cost effective after the initial cost of video production.

With the exception of Iwata et al. (1982), all the research on interview training techniques has focused on one or a small number of general interview response classes (i.e., empathic responses, CTRLs, etc.). These same techniques have not been applied to the larger and more complex set of interviewer responses involved in behavioral assessment interviewing. Iwata et al. (1982) trained a large set of behavioral assessment skills using the multicomponent package of instructions, rehearsal, feedback and modeling. These procedures have not been replicated, however, with behavioral assessment questions nor have others, such as self-contained video or written training approaches, been used to teach behavioral assessment questions.
The present research was designed to evaluate the effectiveness of an instructional manual that required no trainer involvement for the acquisition of behavioral assessment interviewing skills similar to those reported by Iwata et al. (1982). The effectiveness of training manuals has been demonstrated in other areas such as conducting interdisciplinary meetings (Parrish, Iwata & Johnston, in press), training respite care workers (Parrish, Neef, Egel & Sloan, 1984) and training nailbiters how to control their habit (Frankel & Merbaum, 1982). The purpose of this research was to determine the effectiveness of a training manual for training the multicomponent skills involved in behavioral assessment interviewing and to provide a comparison with the procedures demonstrated effective by Iwata et al. (1982) for training such skills.
CHAPTER II

METHOD

Subjects

Four first year graduate students in Clinical Psychology and four fourth year undergraduate psychology majors at Western Michigan University volunteered to participate as subjects for the study. Each subject had at least rudimentary knowledge of behavior analysis, but lacked experience or knowledge in clinical interviewing.

Setting and Equipment

The study was conducted in the meeting rooms at an outpatient clinic affiliated with the University. Each room was at least 3 m by 3 m and furnished with two or more padded chairs, one or two end tables and an audiotape recorder.

Simulated Interviews

Data were collected on subject's responses during simulated assessment interviews with confederates trained to portray clients with clinical problems. Subjects conducted 10 to 12 interviews across baseline and treatment conditions. A different problem was presented by the confederate in each interview. The problems consisted of adult and child behavior problems including phobias, unassertiveness, compulsion, sexual deviance, childhood noncompliance, school problems, aggression and others.
Four graduate students served as confederates. They were given scripts of each of the 12 problems they were to portray that contained the specific information to be provided in response to specific types of interview questions from the subject. Each confederate was trained for approximately 2 hours using instructions, rehearsal, modeling and performance feedback.

Data Collection and Reliability

Simulated assessment interviews were recorded with an audiotape recorder during baseline and treatment phases. Using a checklist of all the target behaviors, three assistants scored the audiotapes for the occurrence of each of the interview responses. The assistants practiced scoring a series of sample interviews until they reached a criterion of 90-100% accuracy for two consecutive interviews.

A second interviewer independently scored 24.5% of the assessment videotapes for each subject. Agreements were scored if both observers agreed that a target behavior did or did not occur during the interview. Interoobserver agreement was computed by dividing the number of agreements by the number of agreement plus disagreements and multiplying by 100%.

Agreement on the occurrence of the assessment questions in the interviews ranged from 83-100% with a mean of 96%. Interoobserver agreement on the occurrence of closed-ended questions in the interviews ranged from 80-100% with a mean of 96%.

Dependent Variables

The 10 interviewer responses trained in this experiment are as follows:
1. Asks for a general description of the problem: The therapist, using an open-ended question, asks the client to describe the problem/reason for seeking help.

2. Asks for other problems: The therapist asks if other problems exist and asks the client to describe further problems.

3. Sets priority: Summarizes the problems listed by the client and uses an open-ended question to ask which is most important and should be addressed first.

4. Asks for specification of problem behaviors: Uses open-ended questions to ask client to describe specific behaviors involved in the problem.

5. Asks about onset: Uses open-ended questions to ask client when the problems started. Asks if any events were associated with onset.

6. Asks about dimensions: Uses open-ended questions to ask about relevant dimensions of the problem, i.e., frequency, duration, magnitude, latency.

7. Asks about antecedents: Uses open-ended questions asking client to describe events happening just before the problem behavior. Also asks under what conditions the problem does not occur.

8. Asks about consequences: Uses open-ended questions to ask client what happens after the problem behavior occurs.

9. Asks about correlated verbal behavior: Uses open-ended questions to ask what the client is thinking (thoughts, self-talk, internal dialogue) as the problem occurs, prior to the problem behavior and after the problem occurs.

10. Asks about goals: Uses open-ended questions to ask what the client wants to accomplish in therapy. Asks for description of desired changes in behavior.

Procedure

General Procedure

Prior to each interview, the subject was given an intake infor-
mation sheet containing minimal information about the client and problem that was similar to what a therapist might receive prior to an actual clinical evaluation. At the time of their first interview, subjects received written instructions directing them to conduct an assessment interview for the purpose of collecting sufficient information for a behavior analysis of the client's problem. Subjects were left alone in the room with the confederate and tape recorder to conduct the interview. The subject was responsible for terminating each interview. Confederates responded in specific ways to the subjects' questions so that consistency was maintained across subjects and across experimental phases.

Baseline

Subjects conducted 3 to 5 assessment interviews, one per day. No feedback or other consequences were provided for their performance in the interviews.

Manual Training

After the baseline assessment, one-half of the subjects, two seniors and two graduate students, read an instructional manual designed to teach clinical interviewing skills chosen as dependent variables in this study (see Appendix C). After completing the manual, each subject's performance was assessed in simulated assessment interviews. Subjects receiving the manual were given no feedback on their interview performance and received no supplemental training, although they were prompted to review the manual prior to each subsequent interview.
The training manual outlined and described the essential components of a behavioral assessment interview. Ten component skills were presented and put into the context of an interview. For each skill, the manual (a) described the responses involved, (b) provided a number of negative examples, (c) prompted the reader to critique these examples, (d) provided the opportunity for the reader to respond in writing and (e) provided feedback to the reader critiquing the negative examples. In this way, all the component skills were described and exemplified and the reader had to actively respond in writing while working through the manual.

Besides critiquing the examples within the manual, the subject was required to respond to written vignettes of therapy situations with appropriate assessment questions. In this way, the subjects had to generate examples of each of the assessment questions. The manual then provided feedback in the form of a range of appropriate examples of assessment questions for each vignette. Prior to post-training assessment interviews, each subject's training manual was checked to ensure that all spaces in the manual requiring subject responding were completed.

One-to-One Training Program

The remaining four subjects, two seniors and two graduate students, received this training package consisting of instructions, rehearsal, feedback and modeling. Subjects were provided with written response definitions and examples of the component skills of a behavioral assessment interview (the same skills presented in the training manual and used as dependent variables). After studying
these materials and completing brief written exercises requiring the identification of each assessment questions from an interview script (see Appendix D), subjects rehearsed the skills in role-played assessment interviews. A graduate assistant who taught a clinical practicum course provided feedback, modeled responses and answered questions. Following this training, subjects engaged in post-treatment assessments and received feedback on their performance after each assessment. Post-treatment assessments were conducted until subjects' responding reached a steady state of 90-100% correct.

Experimental Design

The effectiveness of each training program was evaluated within a multiple baseline across subject design. The relative efficacy of the two procedures was judged by comparing the magnitude of change for the training manual subjects versus the one-to-one training subjects.

Staff Time

The staff time required to train each subject was recorded as well as the time each subject spent in training activities. Staff time was recorded when an assistant provided instruction, modeled or role-played with a subject or when he provided feedback after an assessment interview. The time involved in preparing written materials, including writing the manual, was not included. The training time for subjects and the amount of staff training time were compared for each method.
Social Validation

In order to judge the validity of the dependent variables used in the study, the set of behavioral assessment questions and their definitions were sent to 23 Ph.D. level professionals who were involved in research or teaching activities in behavioral assessment and/or behavior therapy. They were asked to rate the relevance of each assessment question on a 5-point Likert Scale with 1 being irrelevant and 5 being essential to the assessment interview (see Appendix E).

To socially validate the outcomes of the two training procedures, audiotapes of one baseline and one training interview for each subject were presented in random order to four experienced behavioral clinicians. These clinicians rated the interpersonal effectiveness of the interviewer, the use of open-ended questions, the use and timing of behavioral assessment questions and the completeness and overall quality of of the interviews on a 5-point Likert Scale from poor (1) to excellent (5) (see Appendix F). The raters were not informed which interviews were baseline and which were treatment.
CHAPTER III

RESULTS

The results for subjects receiving one-to-one training and for subjects receiving the training manual only are shown in Figure 1. In the one-to-one training group, each subject achieved a level of 90-100% correct responding in the simulated interviews after training was implemented. Prior to training, the mean level of correct responding for these subjects ranged from 20-30%. Subjects 5, 6 and 7 achieved 90-100% immediately, and Subject 8 reached this level after four interviews. Five week follow-up data collected for three of the subjects showed correct responding maintained at 90-100%.

Each subject in the training manual group correctly asked 90-100% of the assessment questions in the simulated interviews after training; mean baseline levels ranged from 3-30% correct responding. After completing the training manual, Subjects 1 and 2 achieved the 90-100% level in the first interview, and Subjects 3 and 4 reached it in the second interview. In the 5 week follow-up data, Subject 1 responded at 100% correct, Subject 2 at 90% and Subject 3 at 80%.

Table 1 shows the mean number of closed-ended questions per interview for each subject in the baseline and training conditions. Three of the four subjects in each group decreased the number of closed-ended questions asked in the assessment interviews by 50% or more. One subject in each group showed a smaller decrease, 10% for Subject 3 and 25% for Subject 7.
Figure 1: The percent of behavioral assessment questions correctly asked in baseline and treatment interviews by subjects receiving one-to-one and manual training.
Figure 1.

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Table 1

Mean Number of Closed-Ended Questions

<table>
<thead>
<tr>
<th>Subject</th>
<th>Training Manual Baseline</th>
<th>Treatment</th>
<th>One-to-One Training</th>
<th>Subject</th>
<th>Baseline</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>6</td>
<td>2.2</td>
<td>S5</td>
<td>9.5</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>S2</td>
<td>19</td>
<td>6.0</td>
<td>S6</td>
<td>10.0</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>S3</td>
<td>11</td>
<td>10.0</td>
<td>S7</td>
<td>4.2</td>
<td>1.3</td>
<td></td>
</tr>
<tr>
<td>S4</td>
<td>13</td>
<td>3.7</td>
<td>S8</td>
<td>12.0</td>
<td>8.3</td>
<td></td>
</tr>
</tbody>
</table>

Each subject was involved in 4 to 6 hours of training activities regardless of the training procedure. In the one-to-one procedures, however, a trainer was actively involved in 3 to 5 hours of training activities with each subject.

Of the 23 Ph.D. level professionals who received the social validation questionnaire, 16 responded. Their ratings indicated that they considered all the assessment questions trained in the study relevant for the conduct of a behavioral assessment interview. The mean ratings for each dependent variable ranged from 3.9 to 4.8 on a scale in which 1 is irrelevant and 5 is essential. Each assessment question was given a mean rating of 4 or better, except number 7, "asks about correlated verbal behavior", which was rated 3.9 (see Table 2).
Table 2
Respondents Mean Social Validation Ratings for Dependent Variable

<table>
<thead>
<tr>
<th>Assessment Question</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Asks for general description of the problem</td>
<td>4.8</td>
</tr>
<tr>
<td>2. Asks for other problems</td>
<td>4.5</td>
</tr>
<tr>
<td>3. Sets priority</td>
<td>4.2</td>
</tr>
<tr>
<td>4. Asks for specification of problem behaviors</td>
<td>4.7</td>
</tr>
<tr>
<td>5. Asks about onset</td>
<td>4.6</td>
</tr>
<tr>
<td>6. Asks about relevant dimensions</td>
<td>4.5</td>
</tr>
<tr>
<td>7. Asks about antecedents</td>
<td>4.7</td>
</tr>
<tr>
<td>8. Asks about consequences</td>
<td>4.7</td>
</tr>
<tr>
<td>9. Asks about correlated verbal behavior</td>
<td>3.9</td>
</tr>
<tr>
<td>10. Asks about goals</td>
<td>4.8</td>
</tr>
</tbody>
</table>

Table 3 shows the results of the social validation of the outcomes of the two training procedures. There were increases in the subjective ratings from baseline to treatment across all 5 dimensions for both training procedures.

Table 3
Mean Social Validation Rating of the Results of Each Training Procedure

<table>
<thead>
<tr>
<th></th>
<th>Training Manual</th>
<th>One-to-One Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline Treatment</td>
<td>Baseline Treatment</td>
</tr>
<tr>
<td>Completeness of the behavioral assessment</td>
<td>2.2 4.0</td>
<td>2.7 4.2</td>
</tr>
<tr>
<td>Interpersonal effectiveness of the interview</td>
<td>2.2 3.3</td>
<td>2.9 3.9</td>
</tr>
<tr>
<td>Appropriate use of open-ended questions</td>
<td>2.2 4.2</td>
<td>3.4 4.3</td>
</tr>
<tr>
<td>Appropriate use and timing of assessment questions</td>
<td>2.2 4.2</td>
<td>2.8 4.0</td>
</tr>
<tr>
<td>Overall rating of the interview</td>
<td>2.1 3.9</td>
<td>2.9 4.1</td>
</tr>
</tbody>
</table>

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CHAPTER IV

DISCUSSION

The results from this study suggest that the training manual and the one-to-one training methods were both effective for teaching a set of behavioral assessment questions. With both training methods, subjects reached a performance criterion of 90-100% correct responding. Although the time involved in training was equivalent for subjects in both groups, 3-5 hours of trainer time involvement was required for each subject in the one-to-one group. In addition, a group of professionals in behavior analysis rated the set of dependent variables as relevant to the conduct of a behavioral assessment interview, and experienced behavioral interviewers socially validated the outcomes of the two training procedures.

This study extended the research by Iwata et al. (1982) by training a similar set of dependent variables and demonstrating the effectiveness of an instructional manual as a training method comparable to the often used package of instructions, rehearsal, feedback and modeling. Except for Iwata et al. (1982), behavioral assessment questions have not previously been used as dependent variables in the interviewing skills training literature. Nor has the effectiveness of an instructional manual for training interviewing skills been previously demonstrated. A training manual represents a cost-effective method similar to the video training used by McKee et al. (1982) because the trainee can independently master the skills with little
or no help from a trainer.

These findings should be interpreted cautiously for at least two reasons. First, the number of subjects exposed to each treatment condition was relatively small and thus additional research is necessary to establish the replicability of the reported effects across subjects. Second, these results were obtained with a specific training manual and one-to-one training format. Whether procedures that differ from those used in the study would produce similar results remains open to investigation.

A number of further research directions on the training of interviewing skills merits consideration. First, this research utilized assistants to play the role of clients, thus making it analogue in nature. Furthermore, the clients portrayed in role-plays were generally cooperative, giving appropriate answers to questions posed by the interviewer. Whether interviewing skills training with a manual or other analogue training techniques would generalize to actual out-patient clients and prove adequate for difficult clients (e.g., clients giving vague answers or those showing various forms of resistance) requires further research.

A second line of research might involve a component analysis of the training manual or an evaluation of other types of written materials to determine which components were essential. Further training manuals could then utilize only those necessary components and, therefore, increase their cost-efficiency.

A third issue for research concerns the definition and assessment of the target behaviors. The interviewer responses trained in this study, while socially validated by experienced behavioral clini-
clans, were topographically defined. Interviews were scored for the occurrence of these responses without regard to their antecedents and consequences within the interview. Further research on interviewer skills training might attempt to evaluate the appropriateness of assessment questions for the point in the interview where each question is posed. Additionally, some consideration of the client's response to the assessment question would do much to validate the clinical utility of the interviewing skills being trained. More specifically, does the assessment question yield an appropriate client response, and if not, does the interviewer repeat or rephrase the question until the relevant information is attained?

Finally, the use of instructional manuals could be tested with other skills necessary in a behavioral assessment interview. Such skills as professional conduct statements and rapport-building responses (e.g., empathy, restatement, etc.) are also important to training via an instructional manual. There is no substitute for experience (practice), but the use of training manuals holds promise as a cost-effective teaching technology for the acquisition of clinical interviewing skills.
APPENDIX A

INTERVIEWER RESPONSES IN THE BEHAVIORAL ASSESSMENT CHECKLIST
Steven E. Wong (1979)

1. Introduces self
2. Describes the clinic
3. Describes the clinic policies
4. Obtains informed consent
5. Asks about person(s) deciding on treatment
6. Requests approval of behavioral treatment mode
7. Elicits general description of the problem
8. Requests specification of problem behaviors
9. Asks about onset of the problem
10. Requests prioritization of problem behaviors
11. Asks for significant dimensions of problem behavior
12. Asks about antecedent stimuli and settings
13. Asks about consequent stimuli
14. Requests specification of skills repertoire
15. Questions alternative causes
16. Requests specification of performance goals
17. Initiates behavior recording procedures
18. Requests specification of potential reinforcers or punishers
19. Clarifies and summarizes client statements
20. Restates and summarizes assessment and treatment procedures
21. Suggests positive outcome of treatment
22. Suggests normality of client's disorder
23. Schedules next appointment

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APPENDIX B

INTERVIEWER RESPONSES FROM IWATA ET AL. (1982)

1. Gives salutation
2. Gives full names
3. Gives job title
4. Describes major function of Behavioral Psychology Department
   a. Identify child's behavior problems and strengths
   b. Obtain specific information about these behaviors
   c. Identify current strategies used in dealing with the behaviors and their outcomes
5. Completes or verifies biographical information
6. Explains behavior checklist to parents
7. Goes over checklist items
8. Determines if there are any further problems
9. Requests prioritization of problem behaviors
10. Elicits general description of the problem
11. Requests additional description of the program
12. Requests approval of an operational definition of the behavior
13. Asks about onset of problem
14. Requests significant dimensions of the problem
15. Asks about antecedent stimuli or settings
16. Asks about current consequent stimuli
17. Asks about prior attempts to deal with the problem and their outcomes
18. Requests further information regarding the problem
19. Requests specification of potential reinforcers
20. Instructs the parents in direct observation procedures
21. Describes types of services available through the Psychology Department
22. Describes the requirements of each of the types of services
23. Parent is requested to select type of service desired
24. Therapist describes the next step in the program they select
25. Gives closing salutation

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The purpose of this manual is to teach the reader to conduct a behavioral assessment interview. Ten behavioral assessment questions are presented. Each question is described, and then positive and negative examples are provided for the reader to critique.

The function of an assessment interview is two-fold: the therapist tries to create rapport with the client and tries to obtain specific information about the problem. By asking behavioral assessment questions, the therapist obtains information necessary to do a behavior analysis of the client's problem. This manual will focus on teaching you how to ask the necessary assessment questions rather than how to establish rapport with the client. Although establishing rapport is an important function of the interview, this skill can be learned from many other sources.

In an assessment interview, the therapist typically is meeting the client for the first time and should therefore take a few minutes to make the client feel comfortable. This can be accomplished by offering the client coffee or another beverage, by escorting the client to the meeting room, and by showing the client where to sit. The therapist makes introductions, saying what he or she would like to be called, and asking the name with which the client is most comfortable. After a moment or two of social conversation, the therapist describes the purpose of the interview and tells the client what to expect in the session. The therapist explains to the client that he or she will ask a number of questions about the problem, and that the questions may be quite detailed so that specific information can be obtained. This information is necessary in order to fully
understand the problem and to develop a treatment program for the problem. The therapist should solicit any questions the client might have about the interview at this time. Also at this stage, the therapist asks general questions about the client's background (i.e., living arrangement, job, school, family, etc.) in order to get acquainted and to be able to put subsequent assessment information in the context of the client's life. After this preliminary stage of the interview, the therapist begins the behavioral assessment part of the interview. The assessment is conducted by asking the set of behavioral assessment questions to be described next.

Before moving to the specific assessment questions, you should understand the difference between open-ended and close-ended questions, since open-ended questions are an important component of each of the assessment questions you will learn.

**Open-ended Questions**

Since the main purpose of the assessment interview is to derive useful information about the client's problem, a therapist should ask the types of questions which produce the most information. Open-ended questions do this by asking the client to talk about, to describe, or to explain something. In response to an open-ended question, the client provides information.

A closed-ended question, on the other hand, requires simply a "yes" or "no" answer, or requires the client to choose between different examples provided by the therapist. With a closed-ended question, the therapist provides information and asks if it is accurate or true, whereas with open-ended questions, the client is asked to provide information.
Some examples of **open-ended** questions follow:

**Therapist:** What happens when you lose your temper?

**Client:** Well, I start to lose control and yell at people and sometimes I even throw things. I never get violent with people though; I would never hit anybody.

**Therapist:** Would you describe situations in which you lose your temper?

**Client:** It usually happens when I'm under stress, like when I'm rushing or when things aren't going right. People set me off, too, when they don't do things right.

**Therapist:** How do you react to people when you are angry with them?

These questions are all open-ended. Each question asked the client to describe or talk about his behavior and the situations related to it. Each one required the client to provide information. None of these questions could be answered with a simple "yes" or "no" answer by the client.

Contrast these questions with the following **closed-ended** questions.

**Therapist:** Do you outwardly show your anger when you lose your temper?

**Client:** Yeah, I guess I do, usually.

**Therapist:** Are you ever physically violent with others when you lose your temper?

**Client:** No, never.

**Therapist:** Do you get verbally abusive, like raising your voice or yelling at people?

**Client:** Yes, I yell at people when I'm upset.
In response to each of these closed-ended questions, the client could merely respond with a "yes" or "no" answer. The therapist made assumptions about the problem and asked the client whether or not they were accurate. Besides possibly offending the client by putting words in his or her mouth, this is an inefficient way to derive information since the therapist must guess about the relevance of each closed-ended question to the client's problem. The client is the person experiencing the problem and should therefore be the one to describe it in response to open-ended questions. One open-ended question asking the client to describe what happens will typically yield more information than many closed-ended questions where the client answers "yes" or "no" to your assumptions about the problem.

You now have an understanding of open-ended questions and the preliminary stage of the interview in which the therapist describes the session and tries to make the client comfortable. Presented next are the behavioral assessment questions necessary to conduct the assessment phase of the interview.

The reader is encouraged to take notes while reading this manual in order to aid in understanding and recalling the main points.

**Asking for a General Description of the Problem**

Since the purpose of the assessment is to gather information about the client's problem, the therapist starts with a question asking for a general description of the problem. This question must be open-ended. It functions to get the client to identify the problem and start talking about it. Asking for a general description of the problem can be done directly: for example, "Would you
describe the problem for me?", or it can be started more indirectly: for example, "Can you tell me what brings you here today?" In either case, you want the client to start talking about the problem in response to your opening questions.

In summary, two criteria must be met when asking for a general description of the problem:

1. The therapist uses an open-ended question
2. Asking the client to start talking about the problem.

An example follows:

Therapist: What would you like to talk about today, Susan?
Client: I'm having some problems with my boyfriend, Ron. We seem to be fighting a lot more than we used to, and it really upsets me.

Another good example might be:

Therapist: Now that we have discussed the purpose of this meeting, would you tell me about the problem which has brought you here today?

Look at the examples above and in the space below write down why these are good examples.

Each of these questions was open-ended and each asked the client to start talking about the problem. The response to such questions will give the therapist an indication of the problem area so that he can formulate more specific questions and continue the assessment.

Provided next is a negative example of a therapist asking for a general description of the problem. Observe this example and determine why it is done incorrectly.
Therapist: It says on the intake sheet that you are concerned about fighting with your boyfriend, is that right?

Client: Yes, that's what I'm here for.

Now write down why this is a negative example.

Here the therapist did not use an open-ended question. Rather, he asked a "yes" or "no" question about the problem. The client was not asked to start talking about the problem, but merely to verify the accuracy of the therapist's statement. Next is another negative example of a therapist asking for a general description of the problem. Look at this example and decide what is wrong with it.

Therapist: To start with, Susan, would you describe a little bit about yourself, such as your current living situation, your job, and your family?

Client: Okay, right now I live in an apartment with three girlfriends from school. We're all seniors. I'm a social work major. My only job is typing papers for people since I have a full load of classes. My family is in Illinois; I make it there three or four times a year.

Now, stop and write down why this is a negative example of a therapist asking for a general description of the problem.

In this case, the therapist used an open-ended question, but did not really ask the client to start talking about the problem. Rather he asked for background information on the client. Although background information is useful, the start of the assessment should focus on the problem since that is the reason the client is there.
To summarize:

The therapist starts the assessment with a question asking for a general description of the problem.

To do this:

1. The therapist uses an open-ended question that
2. asks the client to start talking about the problem.

Before moving to the next assessment question, it should be noted that a particular question topic is not complete until the client answers the assessment questions with relevant information. Whenever the client does not answer an assessment question, or answers with irrelevant information, the therapist should rephrase the question and ask it again. The value of each type of assessment question ultimately depends on whether the client answers it with relevant information.

You are starting an assessment interview with a client you are seeing for the first time. In the space below write the question you would ask to get a general description of the problem.

Examples of appropriate questions are:

"Would you tell me the nature of the problem?"

"What brings you here today?"

"Please start by describing the problem that brings you here."

Or any other which is open-ended and prompts a general description of the problem.
Probing for Other Problems

Now that the therapist has started the assessment and has a general idea of the problem area, he or she should probe to see if other problems exist. To probe for other problems, the therapist can ask the client such questions as, "Is there anything else that's bothering you?" or, "Are there are other problems you'd like to talk about?" Each is a closed-ended questions, but in response, the client will acknowledge whether or not another problem exists. If the client answers "yes", the therapist then asks for a description of the problem. After the client talks about the problem, the therapist should again ask if other problems exist until the client says "no" or indicates that any remaining problems need not be addressed in therapy.

In summary, then, to probe for other problems, the therapist:

1. Asks whether other problems exist.
2. If yes, asks the client to describe the problem.
3. The therapist then asks again if other problems exist until the client says "no".

An example follows:

Therapist: Susan, you've described the trouble you're having fighting with Ron. Before we talk more about that, is there anything else you want to talk about?

Client: Well, I am having a pretty bad semester grade-wise; it's starting to give me a little anxiety.

Therapist: Would you tell me more about that?

Client: This semester, I am barely pulling a C or D average. It's the first time my grades have every gotten below a B.

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Therapist: So you're also worried about the problem with your grades this semester. Is there anything else you'd like to talk about in addition to grades and the fighting with Ron?

Client: No, everything else seems to be going okay.

Write down why this was a good example of the therapist probing for other problems.

In this example all the criteria were met. The therapist asked if other problems existed, asked the client to describe the problem, and then asked if there were still further problems until the client said no. If only one problem area had been identified, the therapist would have continued with the assessment by asking for a description of the behaviors involved in the problem.

Next is a negative example in which the therapist attempts to probe for other problems. Look at this example and decide what is wrong with it.

Therapist: Is there anything else that's bothering you, Susan, besides the fighting?

Client: Yes, my grades in school are pretty bad this semester. I really need to get them up.

Therapist: Okay, then what would you like to work on first?

Now write down why this was a negative example.
In this example, the therapist does start off by asking if any other problems exist. He then asks the client for priority without first asking her to describe the problem or asking if any other problems exist.

Next is another negative example of a therapist probing for other problems. Determine why it is done incorrectly.

Therapist: You've talked about your fighting with Ron, are there any other problems you'd like to deal with?

Client: Yes, my grades in school are pretty bad this semester.

Therapist: Would you like to tell me a little more about that?

Client: I just seem to be getting C's and D's where I used to get all A's and B's. It's starting to get me worried.

Therapist: I can imagine that is upsetting, so let's focus on that problem first. Would you try to talk about what's contributed to your falling grades?

Look at the preceding example and write down what was wrong with it.

Here the therapist asked if other problems existed and asked the client to describe the problem when she said "yes". However, he did not ask for further problems, so he does not know if the client has identified everything that is troubling her. Also, the therapist decided on the priority problem. This is the client's responsibility.
When probing for other problems, the therapist determines the range of client complaints or presenting problems by asking if other problems exist until the client says no. The therapist also forces the client to think about each of the problems mentioned by asking for a description.

In summary then, the criteria which must be met when probing for other problems include:

1. The therapist asks whether other problems exist and
2. if so, asks the client to describe the problem.
3. The therapist then continues to ask whether other problems exist until the client says "no".

The client has started the session by briefly describing the problem he has with his temper. In the space below, write the questions you would ask to probe for other problems.

Examples of appropriate questions might be:

"Are there any other problems besides your temper?"
"Can you think of anything else you consider to be a problem?"

Any question which asks for the existence of other problems is appropriate here. The therapist should continue to ask such questions until the client indicates there are no more problems.

Asking the Client to Set Priority

Having just asked the client to identify and briefly describe all the problems to be addressed, the therapist should now ask which problem has the highest priority. To set priority, the therapist
summarizes the problems identified and asks the client to decide which problem to address first. Asking the client to decide on priority must be an open-ended question. It would not be appropriate for the therapist to tell the client which problem has the highest priority. If asked for an opinion, the therapist may offer advice on the pros and cons of working on one problem versus another, but should leave the decision to the client.

In summary then, to set priority the therapist:

1. Summarizes the problems identified by the client.
2. Uses open-ended questions
3. to ask the client which problem to work on first.

An example follows:

Therapist: You have identified two problems, the fighting with Ron and your low grade average this semester. Which one should we address first?

Client: Oh, the fighting with Ron, without a doubt. It's making me miserable. In fact my grades might just get better naturally if I can get settled with Ron.

Look at the example above and write down why this was a good example of a therapist asking for priority.

In this example, the therapist first summarized the problems, and then used an open-ended question to ask which problem the client wanted to address first. The client responded by stating which problem had the highest priority.
Next is an example in which the therapist attempts to set priority, but does not meet all the criteria. Observe this negative example and determine why it is done incorrectly.

Therapist: Susan, you have identified fighting with Ron and your falling grades as two problems you'd like to work on. Why don't we start by trying to get your grades back up?

Client: Okay, but I also want to get things straightened out with Ron soon, too.

Now write down why this was a negative example of setting priority.

Here the therapist summarized the two problems, but then went on to set priority himself by deciding which problem to address first. He did not ask the client which problem she wanted to work on first.

Next is another negative example.

Therapist: Susan, which problem would be most important for us to deal with?

Client: I don't know, they're both upsetting.

Therapist: Yes, I'm sure they are. Why don't we try to work out your fighting with Ron first?

Now write down why this was a negative example.

In this case the therapist did not summarize the problems before asking for priority. Also, after using an open-ended question, but failing to get an answer, the therapist chose priority rather than the client. The therapist should restate questions asking for
priority until the client can decide, since only the client can identify which problem causes the most distress and thus needs to be addressed first.

In summary then, the criteria which must be met when setting priority include:

1. The therapist summarizes the problems and
2. uses open-ended questions
3. to ask the client which problem to work on first.

Asking for a Description of Problem Behaviors

Once the client has identified the problems and decided which one to work on first, the therapist should ask questions which direct the client to talk about that problem in terms of specific behaviors. The therapist should ask the client to describe the problem behaviors in concrete terms. To describe her problem behavior, the client should state how she is acting, what she is saying or doing, exactly what the behavior is in which she engages.

If the client does not provide specific information about the problem behaviors, the therapist should continue to ask for specifics until he gets this information. If she still has trouble providing a description of the behavior, the therapist can also ask the client to describe a recent example.

In summary then, two criteria must be met when asking for a description of the problem behavior:

1. The therapist uses open-ended questions and
2. asks for a description of specific behaviors.

An example follows:
Therapist: Would you talk about what goes on when you fight with Ron?

Client: We just end up getting mad at each other.

Therapist: Okay...What is it that's said or done that causes you to get upset?

Client: Oh, Ron just doesn't understand the things I say or what I'm going through.

Therapist: I see...so tell me Susan, what do you say that Ron doesn't understand?

Client: You know, things are going bad with school and I try to talk about the problem when I see Ron. I just want to tell him how bad I feel, but I don't think he cares.

Therapist: You don't think Ron is concerned? Why? What does he say?

Client: He calls me a complainer. Sometimes he tells me to quit bitching or to shut up about school.

Therapist: I see...then what happens?

Client: I yell at him and say he doesn't care about me or something like that, or we argue or bitch at each other.

Look at the above example and write down why this was a good example of a therapist asking for a description of the problem behaviors.

In this example, the therapist got a problem description from the client by asking such questions as, "What goes on when you fight?", "What do you say?", "What does he say?", or "Then what happens?" Each of these questions asks for a description of behavior. Each was open-ended. In response to them the client described behaviors involved in fighting. Thus the questions were appropriate and the client provided relevant information.
Presented next is another example of a therapist asking for a description of the problem behaviors. This is a negative example because the therapist does not execute the skill correctly. Look at this example and determine why it is done incorrectly.

Therapist: Tell me Susan, do you yell a lot when you fight with Ron?

Client: Yeah, we usually do raise our voices with each other.

Therapist: I see... and are you the one who usually starts the fighting?

Client: Not really, Ron usually starts it.

Therapist: Okay, have you ever tried to stop it once Ron starts a fight?

Client: I'd like to, but we both get caught up in it.

Now write down what was wrong with this example.

In this example, the therapist used all closed-ended questions, rather than open-ended questions. He did not ask the client to talk about or describe behavior. Rather he asked whether or not certain behaviors were occurring. Usually this approach will severely limit the amount of information the client provides about the problem behaviors.

Provided next is another example in which the skill is not executed correctly. Determine why it is done incorrectly.

Therapist: This fighting with Ron sounds like it would be upsetting. How does it make you feel, Susan?
Client: Well of course it upsets me. I guess I feel sort of helpless. You know we just keep fighting, but I don't really want to.

Therapist: Okay, so you feel helpless in this situation. How often do you feel this way?

Client: Oh, just now and then when I think about the fighting and how I wish we could stop it.

Write down why this is not a correct example of a therapist asking for a description of problem behaviors.

The skill was not executed correctly because the therapist never asked for a description of behavior. He asked how the client feels about the problem, but he did not ask her what behaviors were involved in fighting. Although the client's feelings are important, the objective of this assessment question is to get a description of the problem behaviors. Therefore, the therapist should ask questions directed at this and continue until a description of the problem behaviors is provided.

To summarize, when asking for a description of problem behaviors, the therapist:

1. uses open-ended questions.

2. and asks for a description of specific behaviors until the client provides a description.

It should be noted that it usually takes a number of different questions before a topic is thoroughly covered in session. For example, when asking for a description of problem behaviors, the therapist may not feel the information is adequate until the client
has responded to a variety of questions with ample descriptions of the behaviors involved. A therapist should cover each assessment area thoroughly, asking as many questions as necessary to get a complete description from the client.

Your client has identified tantrums and non-compliance by her 4-year-old son (Bob) as the problems to be worked out. She has further stated that Bob's problem with tantrums has the highest priority. In the space below, write down a question asking for a description of the problem behaviors.

Appropriate examples follow:

"Would you describe the behaviors that are involved in one of Bob's tantrums?"

"What is Bob doing when he has a tantrum?"

"To help me better understand the problem, would you describe what Bob does during a tantrum?"

Any open-ended questions asking for a description of tantrum behavior is relevant.

Asking for the Relevant Dimensions

The client has already described the problem behaviors, so the therapist should now ask about the relevant dimensions of the behaviors. A therapist will usually ask for the frequency and duration of problem behaviors, but magnitude and latency can also be important dimensions. Information on the dimensions of a problem is
important because it can indicate how serious the problem is. For example, we might consider a young child's tantrums more serious if they occur five times a week for 60 minutes at a time, rather than once a month for 5 minutes. Also by assessing the dimensions of the problem, the therapist can observe any changes in the behavior once treatment is implemented.

When asking about the dimensions of a problem behavior, the therapist uses open-ended questions and asks about the dimensions most relevant to the behavior. Frequency and duration are relevant when the therapist wants to know how often or for how long the behavior occurs. Magnitude is relevant when the intensity of the behavior is important. And the therapist asks about the latency to discover how long it takes from the occurrence of some stimulus to the onset of the response. Often the problem behavior has more than one relevant dimension, so the therapist may have to ask a number of different questions about the dimensions.

In summary, two criteria must be met when asking about the dimensions of the problem behavior:

1. The therapist uses open-ended questions
2. and asks about the relevant dimensions, either frequency, duration, magnitude or latency.

An example follows:

Therapist: How often do you get into these arguments with Ron?

Client: It seems like every time we're together we end up fighting. So it must go on 3 or 4 times a week.

Therapist: You see Ron 3 or 4 times a week and fight with him each time you see him?
Client: Yes, that's how bad things have gotten.

Therapist: Okay, can you tell me about how long your fights usually last?

Client: Anywhere from a few minutes to a half-hour. I guess it depends on how stubborn we are.

Look at this example and write down why it was a good example of a therapist asking for the dimensions of the problem.

In this example the therapist used open-ended questions to ask how often the behavior occurred as well as how long the behavior lasted. Answers to these questions provided information on the relevant dimensions, frequency and duration. Thus both criteria were met: the therapist used open-ended questions and asked about the important dimensions of the problem behavior. The client then responded to these questions with information about the frequency and duration of fighting.

The following is a negative example.

Therapist: How does this frequent fighting affect you, Susan?

Client: Of course it upsets me. I feel awful after we've had a fight.

Therapist: I can imagine it must be upsetting. Have you discussed your feelings with Ron?

Client: Yes we've tried to talk about it, but we don't get anywhere.

Now write down why this is a negative example of a therapist asking for dimensions of the problem.
This was a negative example because the therapist did not ask about the dimensions of the problem. He did not ask about frequency, duration, magnitude, or latency; rather, he asked about the client's feelings. Next is another negative example.

Therapist: Do you and Ron get into these fights very often?  
Client: Yes, it seems like all the time.  
Therapist: Do you fight with him every time you're together?  
Client: Yes, just about every time.  

Once again, write down why the therapist did not correctly ask for the dimensions of the problem.

In this example the therapist used closed-ended questions. He asked "yes" or "no" questions about how often the problem occurred. The client did not respond with any specific information about the frequency, rather she merely confirmed the therapist's assumptions. Closed-ended questions can be particularly annoying to the client when the therapist's assumptions are not accurate. The therapist does not have to make assumptions to ask open-ended questions. Rather he puts responsibility on the client to provide that information.

Once again, two criteria must be met when asking about the dimensions of the problem behavior.

1. The therapist uses open-ended questions  
2. and asks for the relevant dimensions: frequency, duration, magnitude, or latency.

The client (Mark) has described the behaviors involved in losing his temper as yelling at people, and pounding his desk or slamming objects on his desk. Write down at least one question asking for the relevant dimensions of the problem.
The following are all appropriate questions:

"How often do you lose your temper like this?" (frequency)

"When you lose your temper, how long does the yelling and pounding last?" (duration)

"How violent do you become when you're yelling at people and pounding on your desk?" (magnitude)

Appropriate questions should include frequency, duration, and magnitude since each is relevant in this case.

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Asking About Correlated Verbal Behavior

Up to this point, the therapist has gotten information on the client's problems, the problem to be addressed first, the specific problem behaviors, and the dimensions of the problem. It is now important to assess the client's correlated verbal behavior, his or her thoughts, or self-talk, related to the problem.

Information on the problem behavior and controlling variables is often incomplete without a description of the client's self-directed verbal behavior. What the client thinks or says to himself or herself may be related to the problem behavior in a number of ways. The client's self-talk may be part of the problem; for example, obsessive thoughts or negative self-statements. Self-talk may function as an antecedent to the problem, as in the case of self-instructions or rules; or it may function as a consequence when the client makes self-reinforcing or punishing statements.

When asking for correlated verbal behavior, the therapist may ask the client such questions as "What are you saying to yourself?", "What are you thinking?", "Can you remember the thoughts you were
having?", or "What were you telling yourself at the time?" Each of these questions prompts the client to describe covert or overt verbal behavior which may be related to the problem. In some cases clients may have difficulty remembering their thoughts on specific occasions. In such cases the therapist may rephrase questions, and if the client still cannot remember, the therapist may provide examples in an attempt to prompt the client's recall. For example, "I know it's often hard to remember your specific thoughts. I've found that people in your situation sometimes have thoughts like...... Are you thinking anything like that?" The two criteria which must be met when asking for correlated verbal behavior are:

1. The therapist uses open-ended questions
2. to ask what the client is thinking before, during, or after the problem occurs.

An example follows:

Therapist: Susan, can you recall what you are thinking as you argue with Ron?

Client: I don't think I'm really thinking about anything. Once we start arguing or fighting I don't really think about it, it just happens.

Therapist: Okay, once you start fighting you don't really think about what you're saying. How about before a fight starts; can you recall what you are thinking about or saying to yourself?

Client: Well...Usually on my way over to Ron's I'm kind of down on myself for my grades. I guess I'm just thinking about how bad I'm doing this semester and how I might flunk, and I get kind of overwhelmed thinking of the work it would take to pull B's out of this semester. And sometimes I'll get mad at Ron even before I see him because he doesn't even try to understand me when I'm upset about school.

Therapist: It sounds like you're thinking some negative or depressing thoughts about school before you see Ron.
Client: Yeah I am, and then when I see Ron I end up talking about it. Whining, Ron calls it.

Therapist: And as you said earlier, that's when the fights usually start. Let's shift gears and consider what occurs after a fight. What kind of thoughts do you have at that time?

Client: Well, usually I don't think about it afterwards. But, maybe the next day or even later, I'll think about how bad I feel when we fight. I worry that it's going to break us up. I guess I really let it get me down sometimes.

In the space below, write down why this was a good example of a therapist asking about correlated verbal behavior.

In this example, the therapist used open-ended questions and asked about the client's thoughts related to the problem, fighting. In this case the therapist asked what the client was saying to herself or thinking before, during, and after the fighting. Thus the therapist asked appropriate questions and the client responded with information about her thoughts.

Next is a negative example.

Therapist: Susan, how do you feel as you are fighting with Ron?

Client: Usually, I'm feeling angry when we fight. You know how upsetting a hassle can be.

Therapist: Yes, it can be very upsetting. How do you feel then, after a fight?

Client: Well, I'm still upset and angry if we don't make up. Otherwise, I feel pretty happy if we can make up after the hassle.

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Now write down why this is a negative example of a therapist asking for correlated verbal behavior.

In this example, the therapist did use open-ended questions but did not ask about the client's thoughts or verbal behavior. Rather, the therapist asked about her feelings. This can provide useful information about the client's physiological or emotional responding but it does not fit the category of client verbal behavior.

Next is another negative example.

Therapist: Susan, do you think about fighting with Ron before you get together with him?

Client: Oh, sometimes but not usually right before we get together.

Therapist: How about after a fight; do you ruminate about it and make it worse for yourself?

Client: No, I may think Ron's a jerk, but I don't ruminate over the fight itself.

In the space below, write down why this is a negative example of a therapist asking for correlated verbal behavior.

In this example, the therapist used closed-ended questions. He did not ask the client to describe what she was thinking, but rather asked whether she thought specific thoughts. These questions would only be appropriate after a number of open-ended questions were tried and the client failed to respond to them. Even then, closed-ended questions should be posed tentatively as examples of what the client might be thinking in the situation. For example, "You seem to be
having trouble recalling your thoughts in that situation, are you thinking...?" The client can respond "yes" or "no" to your examples which might then help the client recall her own thoughts.

In summary, the two criteria to be met when asking for correlated verbal behavior are:

1. The therapist uses open-ended questions and
2. asks what the client is thinking before, during, or after the problem occurs.

Clients often have difficulty recalling their thoughts in problem situations, since many people are not aware of what they are thinking at a particular point in time. Therefore the therapist should take time to ask a number of questions to help the client remember and describe what she is thinking in relevant situations. If the client still cannot remember, the therapist may ask the client to record her thoughts for use in the following session.

Example of appropriate questions are:

"What are you thinking as you anticipate being in a group situation?"

"Can you think of what you're saying to yourself when you're in a group and someone asks you to say something?"

"What are your thoughts after you've spoken up in class?"

Your client has described a fear of talking in front of groups. He feels uncomfortable, his heart races, and his voice cracks when he does speak. Usually, however, he merely avoids talking in a group situation. In the space below, write the questions you would ask to assess this client's correlated verbal behavior.

Examples of appropriate questions are:

"What are you thinking as you anticipate being in a group situation?"

"Can you think of what you're saying to yourself when you're in a group and someone asks you to say something?"

"What are your thoughts after you've spoken up in class?"
Appropriate questions ask for the client's thoughts before, during, and after the problem.

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**Asking About the Onset of the Problem**

Up to this point the client has identified and described the problem in some detail. It is useful now to determine when the problem first started and whether any other events were correlated with the onset. This information can provide clues to the possible causes of the problem.

Three criteria must be met when asking about the onset of the problem:

1. The therapist uses an open-ended question to
2. ask when the problem first began and
3. then asks if any other events were associated with the onset.

An example follows:

Therapist: When did you first start fighting with Ron like this?

Client: Seems like it really all started at the beginning of the semester.

Therapist: Was anything else happening about that time that may have been related to the fighting?

Client: I don't know. That's when I moved into the apartment with my friends. Before then I was living in the dorm. Moving was the only thing that changed then except for the start of the new semester.

In the space below, write down why this is a good example of a therapist asking about the onset of the problem.
In this example, the therapist used an open-ended question and asked when the problem first started. He then asked if other events were associated with the onset. In response to these questions, the client provided relevant information.

Next is a negative example. Look at this example and determine why it is done incorrectly.

Therapist: Did your fighting with Ron start recently?
Client: Yeah, it hasn't been going on too long.

Write down why it is a negative example.

In this example, the therapist used a closed ended question and thus did not get very specific information. He also failed to ask about events associated with the onset of the problem. Next is another negative example.

Therapist: When did your fighting with Ron become a problem?
Client: I think it was about two months ago. Yeah that's right; we started to fights a lot just when this semester started.

Now write down below what is wrong with this example.

Here the therapist used an open-ended question to ask when the problem began, but did not ask about other events that may have been associated with the onset of the problem. The therapist should ask for events associated with the onset to try to get clues about the causes of the problem.

To correctly ask about the onset of the problem, a therapist must:
1. Use an open-ended question to
2. ask when the problem began and
3. then ask if other events were associated with the onset.

The client is a mother of an 8-year-old boy who is aggressive with his younger siblings. He pushes and hits them, takes their toys, etc. In the space below, write down a question which asks about the onset of the problem.

Below are examples of appropriate questions.

"When did you first realize that Teddy was being aggressive with his siblings?" (client response)

"What else was happening at that time?"

"Do you remember when Teddy's aggressiveness first started?" (client response)

"Was anything else going on then which could have been related?"

Any questions asking when the behavior started and asking about events occurring at the same time are appropriate.

Asking for Antecedent Conditions

Once the therapist has gathered descriptive information about the problem, he or she should then focus on potential controlling variables: the antecedents or consequences to the problem behavior. Antecedents are events including the behavior of others, which occur immediately before the problem behavior. The situation in which the problem occurs, the actions of other people or the client's own
thoughts or actions, may be important antecedents. When asking for antecedents, the therapist uses open-ended questions and asks the client to describe what occurs just prior to the occurrence of the problem. After receiving this information, the therapist should then ask under what circumstances the problem does not occur. Knowledge of the circumstances under which the problem does and does not occur will contribute to the analysis of the problem.

The three criteria which must be met when asking for antecedents include:

1. The therapist uses open-ended questions and
2. asks what occurs just before the problem behavior.
3. The therapist also asks under what circumstances the problem does not occur.

An example follows:

Therapist: Susan, can you tell me what usually happens just before you fight with Ron?

Client: Pause...Well, it's usually when I go over to his apartment.

Therapist: Okay, so you usually fight when you're at Ron's?

Client: Yeah.

Therapist: Can you think of anything in particular that happens when you're with Ron that leads to a fight?

Client: I've been getting in bad moods lately about my grades in school. I guess I'm in a bad mood a lot when I see Ron.

Therapist: What do you do when you're in a bad mood?

Client: I either sulk or I'm short-tempered and snap at Ron. I guess I've been doing that a lot lately. Ron doesn't like it either.

Therapist: Is this what usually happens before you have a fight?
Client: Yes, it is.

Therapist: If you usually fight at Ron's when you are sulking or short-tempered, in what circumstances do you not fight with Ron?

Client: We don't fight in public, like if we go out someplace.

Therapist: Any other circumstances?

Client: Even at Ron's place, if there is someone else there we won't fight.

Now write down below why this is a good example of a therapist asking for antecedent conditions.

This was a positive example because the therapist used open-ended questions and asked the client when happens before she engages in the problem behavior, fighting. He asked for antecedent until the client provided specific information about them. The therapist then asked for the circumstances in which the problem did not occur.

Presented next is a negative example of a therapist asking about antecedent events. Determine why it is done incorrectly.

Therapist: Would you say that it's you or Ron who usually starts the fighting?

Client: I don't know. The fights just seem to happen.

Therapist: Do you fight with Ron in public or do you keep the fighting private?

Client: It's always in private.

In the space below write down why this was a negative example of the therapist asking for antecedents.
In this example the questions were closed-ended. The therapist did not ask for information, but rather asked the client to choose between two alternatives that he provided. Open-ended questions which require the client to describe something usually result in more useful information.

Another negative example follows:

Therapist: Susan, would you describe what happens just before you and Ron start fighting?

Client: Well, I guess I've been in some cranky moods lately about my grades. I'm sure it must affect how we get along.

Therapist: Your mood certainly can influence your actions. Can you think of how you act when you're in that mood before a fight with Ron?

Client: I'm either feeling sorry for myself and complaining about school or sometimes I'm short-tempered and then I can get nasty at Ron or get sarcastic.

Therapist: So you're saying that before a fight starts you're either complaining about school or else you're short-tempered or sarcastic.

Client: Yeah, that's what usually happens.

Now write down what was wrong with this example.

Here the therapist asked good open-ended questions about what happened before the fighting and the client provided that information. However, the example was not complete. The therapist should also have asked under what circumstances fighting did not occur in order to get a complete picture of the antecedent conditions.

To summarize, when asking for antecedent conditions:
1. The therapist uses open-ended questions to
2. ask what occurs just before the problem behavior
3. and asks under what circumstances the problem does not occur.

The client's problem is lack of assertiveness. She cannot say "no" to unreasonable requests and ends up doing things she's rather not do. Write down in the space below the questions you would use to assess antecedent conditions for acting unassertively.

Appropriate responses might include:

"Would you describe the situations in which you aren't assertive?"
"What do people ask you that you can't say 'no' to?"
"When do you usually act unassertively?"
"Are there any situations when you can be assertive?"
"Can you describe any times you have been assertive before?"

To be appropriate, questions must ask what happens before the behavior occurs as well as when the problem behavior does not occur.

Asking About the Consequences

Besides requesting information on the antecedents to the problem behavior, the therapist should also ask about the consequences. Together the antecedents and consequences may comprise the controlling variables for the problem and are thus important for a behavior analysis of the problem. The consequences include those events which
occur immediately after the problem behavior. Relevant consequences may include the behavior of others, environmental events, activities or any physical changes in the environment resulting from the behavior. The client's own thoughts or actions may also function as consequences for the problem behavior.

When asking for the consequences, the therapist

1. uses open-ended questions and

2. asks the client what occurs immediately after the problem behavior.

The therapist should continue to ask such questions until the client provides information about the consequences.

An example follows:

Therapist: Susan, I'm interested in the usual consequences for your fighting with Ron. Can you think of what usually happens after you've had a fight?

Client: Well, after we've argued or yelled at each other for a while, sometimes I get upset and start crying.

Therapist: And then what happens?

Client: Well, usually I'm upset for a while, but then we make up and we both say we're sorry, and we hold each other for a while. Things are better after we make up.

Therapist: I'm sure they are. Does it always happen this way, you get upset and cry and then you both make up?

Client: No, not always. Sometimes I just get mad and leave, or don't talk much the rest of the evening.

Therapist: So you usually make up and hold each other after a fight, but sometimes you leave while you're still angry, or you quit talking?

Client: Yes, that's how it happens.
Look at the example above and write down why this was a positive example of a therapist asking for the consequences of the problem.

This was a good example because the therapist used open-ended questions to ask what happened immediately after the problem behavior, fighting. He continued with the questions until he got clear information from the client about the consequences. Of course, even further questions could have been asked, such as, "What do you say when you make up with each other?", or "How physical do you get when you hold each other after a fight?", or other questions to help pinpoint the specific details of their actions.

Next is a negative example of the therapist asking about the consequences. Determine why it is incorrect.

Therapist: Susan, would you describe the types of activities that you and Ron do together for fun?

Client: We go to the bar and to parties together. Sometimes we just watch T.V. We enjoy sleeping together. And we play softball on the same team.

Now write down why this was a negative example of the therapist asking for the consequences.

In this example the therapist asked important questions about reinforcing activities, but he did not talk about the consequences of any behavior. To ask about consequences, the therapist should ask what occurs after a specific behavior.

Next is another negative example.
Therapist: Do you usually get upset after a fight with Ron?
Client: Oh yes, these fights are always upsetting.
Therapist: Do you try to talk to Ron after a fight to see what you can do to keep them from occurring?
Client: Not really, usually I'm too upset to talk rationally about things.

Write down in the space below why this was a negative example of a therapist asking about the consequences.

Here the therapist asked about consequences, but used closed-ended questions. Instead of the closed-ended questions, "Do you get upset?" and "Do you try to talk to Ron?", the therapist could have asked open-ended questions about events occurring immediately after a fight. In each case, the closed-ended questions produces a yes/no answer, whereas open-ended questions ask the client to provide information.

In summary, when asking for the consequences to the problem behavior, the therapist:
1. uses open-ended questions and
2. asks what happens immediately after the problem behavior.

The client has a problem shoplifting items from stores. The shoplifting occurs across a variety of stores and types of merchandise. In the space below write down the question(s) you would ask to assess the consequences for shoplifting.
Below are a number of appropriate questions:

"What happens after you steal something?"

"Can you describe what consequences result from your shoplifting?"

"What are the pay-offs for stealing these items?"

"What are your feelings or thoughts right after you steal something?"

Appropriate questions would ask about events that occur after, or results from, the problem including the client's thoughts or feelings.

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**Asking for Goals**

One important component of the assessment interview is to get a clear statement of the client's goals. By stating his or her goals, the client tells you exactly what he or she wants to change about the problem. The treatment program is developed to achieve the client's goals.

When asking for goals, the therapist should ask for the specific changes in behavior desired by the client. Goals should be stated in objective terms indicating the behavior change and the performance criterion. The performance criterion identifies the exact change in behavior desired by the client. With a clear criterion for the desired behavior change, both the therapist and the client can evaluate whether the goal was achieved.

In summary when asking for the client's goals, the therapist must:

1. Use open-ended questions to
2. ask what behavior changes the client wants to accomplish
3. and the desired performance criteria.
An example follows:

Therapist: Susan, we've talked about your problem fighting with Ron, can you tell me now, just what you'd like to see changed?

Client: I want to quit fighting altogether.

Therapist: Okay, you want to stop fighting. Can you be more specific and tell me exactly what behaviors you want to change?

Client: I want to stop yelling and arguing. When we disagree, I want to talk calmly about things. I don't want to say things that get us angry at each other.

Therapist: Fine, that's very clear. And you say you want to stop those things altogether?

Client: Yes.

In the space below, write down why this was a good example of a therapist asking for goals.

In this example the therapist used open-ended questions to ask what changes the client wanted to make. He further asked the client to state her goal in terms of specific behavior change. The client stated a criterion when she said she wanted to stop fighting altogether and the therapist confirmed the criterion. With the client's goal stated clearly, both client and therapist can determine when the goal is met.

Provided next is a negative example.

Therapist: Susan, what would you like to accomplish by working with me?

Client: I really want to get along with Ron and feel better about myself and our relationship.

Now write down what was wrong with this example.
In this example, the therapist did not ask for the specific behavior changes desired by the client. He asked what the client wanted to accomplish, but did not follow-up with a question about specific behaviors or the desired performance criteria.

Next is another negative example.

Therapist: Susan, would you like to change your moodiness and quit sulking or snapping at Ron? I think that might help prevent the fighting.

Client: Sure, if that will change things for us.

Once again, write down why this was a negative example.

In this case the therapist used a closed-ended question. He suggested the goal for the client and asked for her approval. He did not provide the client with the opportunity to formulate her own goal. The client is experiencing the problem and should thus be the one to decide what changes she wants to make.

In summary, when asking for the client's goals:

1. The therapist uses open-ended questions
2. asks what behavior changes the client desires
3. and the performance criteria.

The client is a student who has presented a problem of inadequate class preparation due to competing social activities. Use the space below to write a question(s) which will assess the client's goals.
Appropriate questions are provided below:
"What goal do you want to accomplish by working with me?"
"Would you describe exactly what you would like to see changed?"
"How many hours per week do you want to put into class preparation?"

The questions should ask for the type and amount of behavior change desired by the client.

Summary

When all ten assessment questions are used appropriately in an interview, they should produce the information needed to do a behavior analysis of the client's problem. Based on this analysis, the therapist can then develop a treatment program to achieve the client's goals.

The ten assessment questions presented in this manual are:
1. Asking for a general description of the problem.
2. Probing for the existence of other problems.
3. Asking the client to set priority.
5. Asking about the relevant dimensions.
6. Asking about correlated verbal behavior.
7. Asking about the onset of the problem.
8. Asking for antecedent conditions.
9. Asking about the consequences.
10. Asking for the client's goals.

Since the assessment interview is an active and directive encounter with the client aimed at collecting assessment information, the value of each questions is determined by the information the
client provides in response to it. Therefore, if a client fails to respond to a particular assessment question, the therapist should restate the question or ask similar questions until the client is able to provide relevant information.

The order in which these assessment questions are asked will vary with the types of information the client is providing. However, the order they are presented in this manual is a reasonable guide to follow. The assessment always starts with a questions asking for a general description of the problem, and then it moves on from there. Often, the therapist may ask a particular assessment questions and then return to it later in the interview if more information or detail is needed. Each area of assessment should be covered until clear and thorough information is provided; and this may require the therapist to ask quite a few questions in some areas.

Upon entering the assessment interview, the therapist should bring an outline or checklist in order to remember to ask each of the assessment questions. It is perfectly reasonable for the therapist to takes notes as the client answers questions in order to keep track of the information being provided. This can help the therapist determine which questions to ask next.

The therapist must remember the following guidelines during the interview:

1. Provide the client time to answer each question. Don't fire questions rapidly or answer questions for the client.

2. Don't interrupt the client (unless extremely necessary because of long, rambling, or off-subject answers by the client).

3. Maintain a good level of eye contact: Don't stare at your notes, but don't stare at the client either.
4. Provide a friendly, reinforcing atmosphere. Praise the client for answering questions and being cooperative. Smile when appropriate.

5. Nod your head and provide other sorts of feedback when the client is answering questions. Saying "um hum", and briefly summarizing client answers occasionally indicates to the client that you understand what is being said.

6. When you are finished with the interview, inform the client that you are through asking questions, and thank the client for participating.
APPENDIX D

WRITTEN TRAINING MATERIALS FOR ONE-TO-ONE TRAINING OF SUBJECTS

Instructions

Upon entering the assessment interview with a client, there are a number of points to cover. The therapist should:

1. Introduce self
2. Ask what the client would like to be called (Jim or Mr.?)
3. Thank the client for attending the assessment interview
4. Brief social exchange
5. Explain the purpose of the interview
   a. To gather information about the problem to be used in determining appropriate treatment
6. Describe what to expect in the interview
   a. You will ask many questions to get an understanding of the problem
   b. Client should speak freely about the problem and ask any questions that arise
7. Ask if client has any questions
8. Say you will now start the assessment

When you are through asking assessment questions:

1. Thank the client for coming
2. Say you will call to discuss the interview/schedule an appointment
Response Definitions

1. Asks for General Description of the Problem
Prompts client to talk about conditions causing him or her to undertake therapy. Must be an open-ended question.
Examples: "What brings you to the clinic?" "Would you describe what you see as the problem?"

2. Asks Whether Other Problems Exist
Asks the client if there are any further problems. If client says "yes", therapist asks for a description of the problem. Asks again if other problems exist until client says "no".
Examples: "Are you having any other difficulties besides the fear of spiders?" If the client responds with another problem, then ask, "Would you describe that problem for me?"

3. Asks Client to Set Priority Among Problems
Summarizes problems described by the client and uses an open-ended question to ask which problem the client would like to work on first.
Examples: "You've described the problem you're having with your son's behavior and also his bed wetting. Which of these should we address first?"

4. Asks for a Description of Problem Behaviors
Using open-ended questions, the therapist asks the client to describe the behaviors involved in the problem. These questions ask for descriptions of what the client is doing or saying (or not doing or saying) that constitutes a problem.
Examples: "Would you describe what is involved in a fight with your husband?" "What do you do when you're angry?"

5. Asks for Significant Dimensions of the Problem
Asks client to describe critical dimensions of the problem behavior: How often it occurs (frequency), how long the behavior lasts (duration), how intense the behavior is (magnitude). These questions must be open-ended.
Examples: "How many times a day do you bite your nails?" "How long do the tantrums usually last?" or "How long does it take for Johnny to obey your commands?" or "How hard do you strike your son?"

6. Asks About the Onset of the Problem
Therapist uses an open-ended question to ask when the problem first started and then asks if any events were associated with the onset.
Examples: "When did you start having problems with your temper like this?" "Was anything else happening at the time?"
7. Asks About Correlated Verbal Behavior
Asks what the client is thinking (thoughts, self-talk, internal dialogue) as the problem behavior occurs, prior to the problem behavior, and after the problem occurs. These must be open-ended questions.
Examples: "Can you remember what you're saying to yourself in that situation?" "What are you thinking just before you shoplift something?" "Can you tell me you thoughts after you've had a fight with your wife?"

8. Asks About Antecedents
Therapist asks what occurs immediately before the problem behavior (may include times, places, people and people's actions). Therapist also asks under what conditions the problem does not occur. These must be open-ended questions.
Examples: "Where are you when you are most afraid?" "What happens that causes your fear?" "Would you describe situations in which the fear does not occur?"

9. Asks About Consequences
Therapist asks client to describe events which immediately follow the problem behavior. These questions must be open-ended.
Examples: "What happens right after the tantrum occurs?" "So, what does your husband do or say right after you've been nagging?"

10. Requests Statement of Client's Goals
Asks for client's goals or objectives in therapy. Asks what specific behavior change is desired, including the performance criterion. These questions must be open-ended.
Examples: "Can you tell me exactly what you would like to see changed?" "How would you like to respond to your co-workers taunts?"
Interview Transcript

1. T: What brings you here today, Mark?
   C: Well, it's hard to talk about, but...I've been having some problems sexually.

2. T: Sexual difficulties are a hard thing for most people to talk about. But to help you out, I'm going to have to ask a number of questions to find out more about the problem. Just try to remember that sexual problems, like any other behavior problems, are nothing to be embarrassed about, okay?
   C: Okay, I think I can deal with it.

3. T: Good. Can you start by telling me what's going on that is a problem for you?
   C: Well, I just can't seem to keep an erection. When I am trying to have sex with my girlfriend, Terry, I can sometimes get an erection during foreplay, but then I lose it before I enter her.

4. T: Okay, Mark, you've described the problem quite clearly. Before we discuss it further, though, are you experiencing any other problems?
   C: No, everything else is fine. This problem is really upsetting me, though, and Terry, too.

5. T: Okay, then, let's talk about it in more detail. But first, it would be helpful to have you give me a little background information on your relationship with Terry.
   C: Yeah, sure. I've known her for about a year. We're both seniors at the University and take a lot of the same classes together. I've always talked to her and been friendly, but we've only dated for a month or so. I've fantasized a lot about going out with her and going to bed with her. I couldn't believe it when she said she'd go out with me.

6. T: You've dated Terry for only a month?
   C: Yes, we've seen each other 2 or 3 times a week since we started dating. But it won't last if I can't start performing sexually.

7. T: Okay then, let's look at the problem further. When did the problem first start? When was the first time you failed to maintain an erection.
   C: The first time Terry and I had sex. I think it was our third date. I was kind of nervous thinking about it I guess.
You were a little nervous. Can you think of anything else happening then that may have been related to the problem?
C: I don't know, like what?

Oh, things such as fatigue, or excessive caffeine or stimulant use that day, or emotional upset?
C: No, none of that. Nothing else was really happening.

Okay. Since that first time with Terry, how often have you had the problem?
C: Every time I've tried, 6 times in 3 weeks. What a bitch! I want to do it so bad, but then I have a chance and I can't do it. I told Terry I'd talk to someone. She's understanding, but she won't be forever.

Well, Mark, you're doing the right thing. I'll do my best to understand the problem and help you deal with it. You know, it's not uncommon for men to have erectile difficulties from time to time. Try not to let it get you down.
C: Okay.

I'd like to get a closer look at the situation in which the problem occurs. Would you describe the sexual situation that's occurring before and during your erectile difficulties.
C: Well, each time is pretty much the same. We're making out on the bed, necking and petting. It usually gets heavier and we take each other's clothes off, and stimulate each other's genitals. Terry usually gets ready in a few minutes, she's wet and tells me to do it, and then I try and I can't. Either I have an erection and lose it just before I try to screw, or I can never get a real erection.

Okay, and what happens after you've lost the erection and can't have intercourse?
C: Well, I get upset and embarrassed. Terry has not said anything negative, she tries to understand; but I feel like shit. We hold each other for a while, then get dressed and usually she'll go back to her dorm if it's late.

That sounds very upsetting for you. Tell me, Mark, have there been occasions when you have successfully had intercourse before?
C: Oh, yeah! Lots of times. That's why I don't understand this.
That's good. You know you have it in you, and you can feel better that this will be only a temporary problem. How did situations in which you were successful differ from the one with Terry?

C: I don't know. I did things sexually the same as I always have. It's not like I don't know how. I guess the only difference is I was a little more nervous because I thought Terry was so beautiful that she'd never go out with me.

When were you nervous?

C: On our first date, even when we tried to have sex the first time.

Okay, let's look at that situation. You say you were nervous. Can you think of what you may have been thinking or telling yourself before you tried to have sex, and even once you started?

C: Well, like I said, I was nervous and thinking I was nervous, saying things to myself like "don't blow it, now", "just relax", and thinking "what if she sees I'm nervous?" You know, once I realized I was going to screw, I starting thinking about getting an erection and really concentrating on trying, but that didn't help.

So, you really focused on whether you were getting an erection or not.

C: Yeah, and I'd never done that before.

Okay, Mark, what were you thoughts afterwards, or in other sexual situations with Terry?

C: Afterwards, I kept saying to myself, "I can't believe this" and thinking how terrible it was. You know, I thought about it a lot up to the next time I saw Terry. I kept wondering if it would be okay next time. Even when we tried to have sex again I thought, "What if it happens again? What if I can't do it?" and things like that. I really focused on it a lot and then it didn't happen for me again. And I felt like shit again.

You really had yourself worked up mentally about it.

C: Yeah.

Mark, you've clearly talked about the problem and it has been very helpful for me to understand what's happening. Although it is rather clear already, can you state for me exactly what changes you'd like to talk place?
C: Yes, I want to be able to have sex. I want to relax and keep an erection each time I want to have intercourse. I don't want anymore failures.

22. T: Thank you, that's a very clear statement of your goals. Mark, are there any other bits of information you want to provide before we end here?
C: No, you've asked more everything.

23. T: Okay then, my next step is to review the information you've provided and call you about another appointment if you're interested.
C: Yes, I certainly am interested.

24. T: Good, then I'll call Thursday about an appointment next week.
APPENDIX E

Instructions: Please circle the number that most closely typifies your evaluation of the relevance of each of the responses to the conduct of an initial assessment interview.

<table>
<thead>
<tr>
<th>RATING</th>
<th>RESPONSE DEFINITIONS</th>
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<tbody>
<tr>
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</tr>
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<td>1 2 3 4 5</td>
<td>Irrelevant Essential</td>
</tr>
<tr>
<td>2.</td>
<td>Asks Whether Other Problems Exist. Asks client if there are any further problems. If client says &quot;yes&quot;, therapist asks for a description of the problem. Asks again if other problems exist until client says &quot;no&quot;.</td>
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<tr>
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<td>1 2 3 4 5</td>
<td>Irrelevant Essential</td>
</tr>
<tr>
<td>RATING</td>
<td>RESPONSE DEFINITIONS</td>
</tr>
<tr>
<td>-------</td>
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</tr>
<tr>
<td>6.</td>
<td>Asks About the Onset of the Problem. Therapist uses an open-ended question to ask when the problem first started and then asks if any events were associated with the onset.</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>Irrelevant Essential</td>
</tr>
<tr>
<td>7.</td>
<td>Asks About Correlated Verbal Behavior. Asks what client is thinking (thoughts, self-talk, internal dialogue) as the problem behavior occurs, prior to the problem behavior and after the problem occurs. These must be open-ended questions.</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>Irrelevant Essential</td>
</tr>
<tr>
<td>8.</td>
<td>Asks About Antecedents. Therapist asks what occurs immediately before the problem behavior (may include times, places, people and people's actions). Therapist also asks under what conditions the problem does not occur. These must be open-ended questions.</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>Irrelevant Essential</td>
</tr>
<tr>
<td>9.</td>
<td>Asks About Consequences. Therapist asks client to describe events which immediately follow the problem behavior. Must be open-ended question.</td>
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<tr>
<td>1 2 3 4 5</td>
<td>Irrelevant Essential</td>
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<tr>
<td>10.</td>
<td>Requests Statement of Client's Goals. Asks for client's goals or objectives in therapy. Asks what specific behavior change is desired, including the performance criterion. Must be an open-ended question.</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>Irrelevant Essential</td>
</tr>
</tbody>
</table>

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APPENDIX F

Tape Segment #_________ Reviewer_________________________

Directions: Circle the relevant number or mark the dotted line at the location corresponding to your rating.

1. Completeness of the behavioral assessment. (How thoroughly did the interviewer assess the client's problem and the likely controlling variables?)

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
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<tbody>
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</table>

2. Interpersonal effectiveness of the interviewer. (How well did the interviewer exhibit important interpersonal skills, e.g., active listening, paraphrasing, empathy, etc.?)

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
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3. Appropriate use of open-ended questions. (Did the interviewer use a majority of open-ended questions and only use closed-ended questions as needed?)

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
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</table>

4. Appropriate use and timing of behavior assessment questions. (Was each of the interview questions necessary and used in an appropriate context within the interview?)

<table>
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<tr>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
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<tr>
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<td>5</td>
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</tbody>
</table>

5. All factors considered, what is your overall rating of the assessment interview?

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
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<tr>
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</tr>
</tbody>
</table>

6. Any comments on other strengths and weaknesses of the interview:

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BIBLIOGRAPHY


