

Training, Generalization, and Social Validation of
Behavioral Interviewing Skills

A Thesis

submitted to the Faculty of Graduate Studies

University of Manitoba

in partial fulfilment of the
requirements for the degree of

Doctor of Philosophy

in Psychology

by

Robert Edmund Smith

October 1992

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BEHAVIORAL INTERVIEWING SKILLS**

BY

ROBERT EDMUND SMITH

**A Thesis submitted to the Faculty of Graduate Studies of the University of Manitoba in
partial fulfillment of the requirements for the degree of**

DOCTOR OF PHILOSOPHY

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RES

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Training, Generalization, and Social Validation of
Behavioral Interviewing Skills

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Abstract

The effectiveness of two self-instructional training formats, a programmed-learning manual and a computer-assisted instruction program, for training a wide range of process and content related behavioral assessment interviewing skills was evaluated. Process skills are used to establish a positive interpersonal relationship between the interviewer and the client; whereas, content skills are important for the behavioral analysis aspects of the interview. Six clinical psychology graduate students participated as subjects. Interviewing skills were video-taped in simulation interviews, with experienced mental health professionals who role-played clients with clinical problems, and in vivo interviews, with real clients. Trainees conducted interviews across baseline and post-training conditions. The training procedures were evaluated in a paired multiple-baseline across subjects design, an adaptation of the multiple-baseline across subjects design. The results indicated that both procedures were effective for training behavioral assessment interviewing skills. However, differential effectiveness was found between the classes of dependent variables, with higher levels of post-training change being evident for content versus process skills. Also, students trained on the computer-assisted instruction program generally demonstrated marginally greater training effects than did students trained with the programmed-learning manual. Generalization of the trained interviewing skills was demonstrated across a series of simulation and in vivo interviews with a variety of confederate and real clients representing a number of clinical problems. In addition a series of social validation measures indicated that the targeted interviewing skills were relevant to the conduct of an assessment interview and that the training formats were both appropriate and adequate training tools. Finally, Ph.D. level psychology practitioners socially validated two outcomes of the training procedures, the interview itself, and a functional analysis completed by the trainees following each interview.

Training, Generalization, and Social Validation of Behavioral Interviewing Skills

The behavioral interview has been described as an essential, flexible, and multi-faceted assessment instrument (Haynes, 1978; Cone, 1978). It is central to the assessment activities of behavioral clinical psychology (Meyer, Lindell, & Lyons, 1977). According to the literature, it is the most common behavioral assessment instrument, forming an indispensable element of any behavioral assessment (Haynes, 1978; Haynes & Jensen, 1979; Haynes & Wilson, 1979; Linehan, 1977; Morganstern, 1976; Morganstern & Telvin, 1981; Nelson, 1983). A recent article noted that "...while elaborate behavioral and psychophysiological assessment procedures have been developed and evaluated, the assessment instrument most frequently employed in clinical settings remains the behavioral interview" (Keane, Black, Collins, & Venson, 1982, p. 53). Data derived from the interview impact on the selection of additional assessment procedures, the identification of target behaviors, the development of intervention programs, and the evaluation of intervention effects (Haynes, 1978).

Despite its popularity, however, the interview has been considered an unreliable and invalid assessment method (Haynes & Jensen, 1979) perhaps suffering most from what Hay and his colleagues (Hay, Hay, Angle, & Nelson, 1979) have called input variance (differences due to the number, type, and structure of interview questions) and output variance (interview data variations due to incomplete or inaccurate recording of client responses). In view of these problems, the suggestion here is that better control needs to be exercised over the structure of the interview and the behavior of the interviewer. One approach to dealing with this problem is the structured interview. However, this approach tends to limit the flexibility of the interview, a characteristic which makes the interview such an efficient assessment tool (Linehan, 1977; Haynes, 1978). An alternate approach is to provide standardized training for interviewers in both the process and content of behavioral assessment interviewing. In this way

behavioral assessors would be trained in a style of interviewing which would not limit the type, degree or direction of problem exploration while at the same time ensuring that all necessary areas are explored.

The behavioral interview may best be conceptualized as a multifaceted observational technique in which the therapist uses a broad range of interpersonal skills to glean, elicit, and shape information gathering and clarification (Wilson & Evans, 1976). However, research into the skills required for behavioral assessment interviewing is scarce. Convention and research in other areas suggest that there are a series of relationship, style or process skills (Ivey & Authier, 1978) and problem identification or content skills (Cormier & Cormier, 1979) which facilitate successful interviewer behavior. Process skills are used to establish a positive interpersonal relationship and to facilitate a smooth, flowing interaction between the interviewer and the client (Rimm & Masters, 1974; Kanfer & Goldstein, 1980); whereas, content skills are important for the behavioral analysis aspect of the interview (Kanfer & Saslow, 1980).

Bandura (1969) summarized relationship skills as those skills involved in: (a) developing and maintaining mutually rewarding relationships with individuals in treatment; (b) systematic shaping and teaching; and, (c) establishing and maintaining effective motivating contingencies. Problem identification skills, the ability to accurately identify problems (Lazarus, 1973; Hay et al., 1979), are generally considered to include the ability to observe ongoing behavior and to describe it (Dancer, Braukman, Schmaker, Kirgin, Willner, and Wolf, 1978; Keane et al., 1982); and, appropriate questioning technique (Brown, Kratochwill, & Bergan, 1982).

Although considered essential for behavioral interviewing and the derivation of a functional analysis of the problem behavior(s) there has been an unfortunate lack of empirical investigation into the adequacy or utility of behavioral interviewing skills (Keane et al., 1982; Brown et al., 1982). Generally, research on the utility of interviewing skills has focused on two issues: (a)

interviewing behavior - what should be trained? and (b) training procedures - how should training be provided?

Research on interviewing behavior has been published extensively in the more traditional psychotherapy literature (for reviews, see Matarazzo, 1978; Wiens, 1976). Predominately process variables including language structure (Matarazzo & Wiens, 1972), nonverbal behavior (Mahl, 1968; Hosford & Johnson, 1983), reflection of feeling (Richardson & Stone, 1981; Froehle, Robinson & Kurpius, 1983), restating (Kuna, 1975); attending and responding (Baker, Scofield, Munson & Clayton, 1983), using silence (O'Toole, 1979), using clarification and reinforcement responses (Cunningham & Stewart, 1983), communication of empathy (Carlson, 1974; Stone & Vance, 1976; Loomis & Baker, 1985), warmth, positive regard, and therapist genuineness (Carkhuff & Truax, 1965) or some combination of the above have been the major focus of this research (see Ford, 1979; Alberts & Edelstein, 1990, for reviews). Although the behavioral literature acknowledges the utility of process variables for eliciting information and evaluating comprehension (Whang, Fletcher, & Fawcett, 1982; Brown et al., 1982; Iwata, Wong, Riordan, Dorsey, & Lau, 1982), little emphasis has been placed on training or evaluating these skills in behavioral interviewers. In a recent attempt to address this vacuum, Veltum and Miltenberger (1989) achieved variable results training psychology students in seven process skills.

Predominately, the behavioral literature has attended to the "what" and "how" of behavioral assessment questioning. Specifically, this literature focuses on sets of behavioral assessment questions (Iwata et al., 1982; Edelstein & Scott, 1983), and questioning style, i.e. open versus closed questions (Keane et al., 1982; Miltenberger & Fuqua, 1985). For example, Iwata et al. (1982) trained two categories of interviewer responses - professional courtesy responses and behavioral questions. Further, Miltenberger and Fuqua (1985) demonstrated that not only could behavioral questions be trained, but that trainees could learn to use an open questioning style. Unfortunately, neither of these studies

investigated the relationship between interviewer behavior and problem identification, final client outcome, or consumer satisfaction measures. Whether the trained behavior improves the trainee's ability to arrive at a functional analysis remains to be demonstrated. Also, the generalization of the trained skills has not been consistently evaluated, thus the effectiveness of the trained behavior within a clinical setting remains unanswered.

Although a review of the literature indicates that a wide range of process and content skills has been trained successfully, only one study (Veltum & Miltenberger, 1989) has evaluated procedures for teaching the use of both sets of skills together in the interview. Given the current knowledge about the importance of both process and content skills in a good assessment interview (Cone & Hawkins, 1977), further research must focus on training these skills simultaneously.

Among the training procedures demonstrated effective for teaching interviewing skills are live, written, or videotaped modelling, instructions, behavior rehearsal, performance feedback, and multi-component training packages consisting of instructions, modelling, rehearsal, and feedback (for reviews see Ford, 1979; Alberts & Edelstein, 1990). In a major review of the research on teaching psychotherapeutic skills, Matarazzo (1978) suggested that "teaching method for interviewing skill now seems to be less problematic than the questions of what to teach, how best to define and measure skill acquisition, whether the skills are retained over long periods, and whether they are beneficial to the client." (p. 961). With respect to teaching method, she found that the general procedure was: (a) initial didactic instruction; (b) supervisor modelling; (c) direct observation, generally in a role-play situation; (d) observed practice with immediate feedback; and, (e) post interview feedback using audio or video taping. Generally, the research suggests that more complex training modules which include role-play and feedback are most effective for training interviewing skills. For example, while Bailey, Deardoff, and Nay (1977) found modelling to

be a potent technique for training interviewing skills, O'Toole (1979) found that reinforced practice enhanced the training effects of a modelling program. Similarly, Keane et al., (1982) found that behavior rehearsal, which included modelling, role-play and feedback was a superior training technique to modelling alone for both style (open versus closed questioning) and content variables. Further, Brown et al., (1982) found that their program for teaching the structured interview, including written outlines, video-taped modelling, corrective feedback, and role-simulated interviews was effective in teaching "appropriate" verbal skills for the behavioral interview.

However, with concerns about the cost-effectiveness of training interviewing skills, some researchers have suggested the need for effective self-instructional packages (e.g., Borck, Fawcett & Lichtenberg, 1982). Similarly, Miltenberger and Fuqua (1985) suggested that elaborate training paradigms may be unnecessary. Recent research by Miltenberger and his associates (Miltenberger & Fuqua, 1985; Hirsch, Fuqua & Miltenberger, 1986; Miltenberger & Veltum, 1988; Veltum & Miltenberger, 1989) indicates that the self-instructional training manual has potential as a cost-effective approach to training behavioral assessment interviewing skills.

In one set of studies, Miltenberger and Fuqua (1985) and Hirsch et al. (1986) trained graduate and undergraduate psychology students to conduct behavioral interviews which focused on 10 core behavioral assessment questions. They found that behavioral interviewing outcome skills could be trained as effectively with a self-instructional training manual as with one-to-one instruction - including modelling, rehearsal, and feedback. In a more recent study, Miltenberger and Veltum (1988) demonstrated the effectiveness of a self-instructional package consisting of written instructions and written and audio-modelling for training a set of assessment interviewing skills including behavioral assessment questions, questions relevant to treatment selection, and professional courtesy responses for beginning and ending an interview (Iwata et al., 1982).

Most recently, Veltum and Miltenberger (1989) demonstrated the effectiveness of a self-instructional training package that targeted a limited range of both process- and content-related interviewing skills; illustrating significant training effects for the content-related skills, but only marginal to moderate increases for process-related skills.

Further research is required into the effectiveness of self-instructional training programs for teaching behavioral interviewing skills. Although their effectiveness has been demonstrated in other areas, i.e. conducting interdisciplinary meetings (Parrish, Iwata, & Johnston, 1985), training respite care workers (Parrish, Neef, Egel, & Stone, 1984), teaching behavioral contracting skills (Welch & Holborn, 1988); and, training manuals have been employed as one component of elaborate training programs (eg. Whang et al., 1982), Miltenberger and his associates (Miltenberger & Fuqua, 1985; Hirsch et al., 1986; Miltenberger & Veltum, 1988; Veltum & Miltenberger, 1989) were the first to demonstrate their applicability for training behavioral interviewing skills. This demonstration, however, requires replication and extension. The analogue nature of their research and the specificity and brevity of their training packages, prompted Miltenberger and his colleagues to conclude that additional research was necessary to establish:

- a) the generality of the reported effects (Miltenberger & Fuqua, 1985);
- b) the generalizability of self-instructional training, i.e. would "interviewing skills trained with a manual or other analogue training techniques generalize to clinical interviews and prove adequate for difficult clients" (Miltenberger & Fuqua, 1985, p. 328);
- c) the applicability of using instructional manuals to train other behavioral interview assessment skills (i.e. professional conduct statements, rapport-building responses) (Miltenberger & Fuqua, 1985);
- d) the effectiveness of various types of self-contained training programs, (Miltenberger & Fuqua, 1985; Miltenberger & Veltum, 1988);

e) the ability of the interviewer in completing a functional analysis of the client's problem as a result of training in behavioral assessment interviewing (Miltenberger & Veltum, 1988).

With respect to future research in this area Miltenberger and his associates offered the following guidelines:

- a) "Assessments of interview skills with real clients experiencing real problems are needed to validate the results of training." (Miltenberger & Veltum, 1988, p. 40);
- b) "Research should evaluate training programs, specifically self-contained training programs, for teaching these two sets of skills (behavioral assessment questions and process-related statements) together to make a complete interview." (Miltenberger & Veltum, 1988, p. 40);
- c) "The use of graduate students or other clinical trainees (e.g. psychology or psychiatry residents) as participants in interviewer training studies would be preferred because these are the persons likely to use the interviewing skills being trained." (Miltenberger & Veltum, 1988, p. 40).

In response to the need for a more complete self-instructional training manual (Miltenberger & Fuqua, 1985; Miltenberger & Veltum, 1988), Smith, Holborn and Miltenberger (1991) developed BAIT-M (The Behavioral Assessment Interview Training Manual). BAIT-M provides a major departure from training materials currently evaluated in the literature. It provides a comprehensive approach to training the behavioral assessment interview, both in the number and type of target responses trained, and in the standardized manner in which information is presented. Given the success of self-instructional training manuals in other areas (Parrish et al., 1985; Whang et al., 1982) and in training behavioral assessment questions (Miltenberger & Fuqua, 1985) and process skills (Veltum & Miltenberger, 1989), BAIT-M should also prove effective as a self-instructional training program.

The impetus for future research in this area rests in the promise that self-instructional training programs hold as a cost-effective, efficient teaching technology for the acquisition of clinical interviewing skills. However, despite Miltenberger and Veltum's (1988) commitment to written training materials, an alternate method of delivering self-instructional training materials is deserving of consideration for training behavioral assessment interviewing skills. A recent edition of *University Affairs* (January, 1991) headlines "Teaching tools change university classrooms" (p. 3). The author (Birenbaum, 1991) reviews major technological changes in learning environments and states, "Computer-aided-instruction systems encourage self-management of learning and self-evaluation" (p. 3).

The use of computers to facilitate learning dates back to the late 1950's (Sampson, 1986). Computer-assisted instruction (CAI) involves use of the computer, not only to present instructional material, but also to monitor the user's mastery of the material and to provide feedback on performance (Flynn & Kuzerak, 1984). CAI offers a number of advantages over other training methods: a) users are active participants in the learning process; b) users can proceed at their own pace; c) the computer is patient, impartial, and objective; d) immediate feedback is provided; e) instruction can be modified based on previous responses; f) the computer can control audio-visual media; g) real-life situations can be simulated; and h) it provides more immediate reinforcement of learning (Flynn & Kuzerak, 1984; Sampson, 1986; Birenbaum, 1991).

In recent years there has been growing interest in using computer simulations to train mental health professionals (Lambert, Hedlund & Vieweg, 1990a). Lambert (1987), for example, developed simulations designed to help train users in conducting behavior therapy. At the University of North Carolina at Chapel Hill, Dr. Joseph Lowman uses two computer subjects, Victor and Jennifer, to teach future clinical psychologists to explore the "personalities" of troubled people (*The Chronicle of Higher Education*, Sept. 1991). Such programs

have been implemented in several graduate training programs and have received favourable user evaluations (Lambert, Hedlund & Vieweg, 1990b).

Recently, Smith (1991) developed a CAI version of BAIT-M (Smith, Holborn, & Miltenberger, 1991), BAIT-P (The Behavioral Assessment Interview Training Program) to teach behavioral assessment interviewing skills. This training tool provides the trainee with identical material to the BAIT self-instructional manual; however, it requires mastery of each module before the trainee can progress. It also provides feedback on performance contingently throughout and gathers for the trainer an accurate record of the trainee's progress and time spent in training.

The use of computers in psychology is not a new enterprise; however, advances in computer technology during the past decade have led to a variety of applications in the area of behavioral assessment. Farrell (1991) reported that "computers have been used to collect behavioral assessment data; conduct training in the use and interpretation of assessment procedures; organize, synthesize and analyze behavioral assessment data; and support decision making." (p. 159). Further, Kratochwill, Doll, and Dickson (1985) argued amongst other things that the computer could facilitate the standardization of behavioral assessment procedures. One way in which this can be accomplished is through the use of the computer as a training aid. However, empirical demonstration of this assertion is required.

This study provides an extension of the existing research on self-instructional training of behavioral interviewing skills by:

- 1) attempting a replication of the findings of Miltenberger and his associates who state that "...additional research is necessary to establish the generality of the reported effects." (Miltenberger & Fuqua, 1985 p. 327);
- 2) testing the use of an instructional manual which includes other skills necessary to effective behavioral assessment interviewing

- (Miltenberger & Fuqua, 1985). BAIT-M (Smith et al., 1991), which is used as the training tool, emphasizes a broader range of skills required for effective behavioral interviewing than has appeared in the literature to date;
- 3) demonstrating the effectiveness of another type of self-contained training program (Miltenberger & Veltum, 1988), i.e., a computer-aided instruction program, BAIT-P (Smith, 1991), for training behavioral assessment interviewing skills;
 - 4) training clinical psychology graduate students in behavioral assessment interviewing skills (Miltenberger & Veltum, 1988);
 - 5) programming for generalization and assessing the degree to which these skills will generalize from the training situation to actual clinical populations (Miltenberger & Fuqua, 1985; Miltenberger & Veltum, 1988);
 - 6) incorporating social validation measures as part of the evaluation of the effectiveness of the program; and,
 - 7) assessing the degree to which interviewer behavior enhances problem identification and completion of a functional analysis of the client's problem (Miltenberger & Veltum, 1988).

No such study is heretofore available in the behavioral literature, probably for two reasons. First, interest in the training of behavioral assessment interviewing skills is a fledgling enterprise, only now getting the attention it deserves (Miltenberger & Fuqua, 1985). Second, training studies have generally focused on evaluating relatively brief training interventions for teaching one or two interviewing skills (Ford, 1979).

Method

Design and Data Analysis

The effectiveness of a programmed-learning manual [BAIT-M] and a computer-aided instruction program [BAIT-P] was evaluated within a paired multiple-baseline across subjects design, an adaptation for the current study of the

traditional multiple-baseline across subjects design (Barlow & Hersen, 1984, pp. 230-238). In the paired multiple-baseline design two types of experimental control are attempted. First, intra-subject control is gained by using subjects as their own control, a common feature of multiple-baseline designs. Second, by pairing trainees, matched on a number of trainee characteristics, from the two training conditions inter-subject control is attempted, a feature of between group designs. Data analysis techniques of single-case research design as outlined in Martin and Pear (1983, pp. 343-345), Kazdin (1982, pp. 230-261; 296-317), and Barlow and Hersen (1984, pp. 285-324) were applied to graphical outcomes. Tabular data are also presented in data summaries and described in terms of measures of central tendency (i.e., means) and variability (i.e., standard deviations).

Personnel

Three groups of personnel were employed in the research: trainees; interviewees; and observers.

I. Trainees.

Six graduate students in clinical psychology at the University of Manitoba participated in the study. A total of 12 students, representing the clinical psychology program's admissions in the academic years 1989-90 and 1990-91, were invited to participate in an evaluation to field test a training approach to behavioral assessment interviewing. Students were asked to return participation consent forms, signed if willing to participate and unsigned if not willing to participate. Eight students initially indicated interest in participating in the training program; however, after reviewing time-tables and commitments four participants were available for the study. Following the same process, the remaining two students were recruited from the group of accepted admittees for the 1991-92 academic year (see Appendix A, for copies of the invitation letter and the consent form).

Participants were randomly assigned, through the drawing of lots, to one of two training conditions, BAIT-P or BAIT-M and then were paired with a participant in the alternate condition based on years of clinical training, interviewing and assessment experience and the number of clinical practica completed. Trainee characteristics from the Trainee Information Questionnaire (see Appendix B) are summarized in Table 1, which also indicates training condition assignment and participant pairings.

Table 1: Trainee Characteristics from Trainee Information Questionnaire¹

Training Condition		BAIT-P			BAIT-M		
Trainee ^{2,3}		# Peter	@ Mary	\$ Don	# Ann	@ Jane	\$ Lucy
Gender		M	F	M	F	F	F
Age		26	24	23	25	36	23
Degree ⁴		BScH	BA	BAH	BAH	BA	BAH
Years of Graduate Training		2	2	0	2	1	0
Previous Behavioral Assessment Training		Y	N	N	Y	N	N
Interviewing	Training	N	N	N	N	N	Y
	Experience	100Hrs	0	0	100Hrs	10Yrs	5Hrs
	Training Rating	3	1	1	2	4	3
	Skill Self-rating	3	1	1	3	3	3
Assessment	Training	Y	Y	N	Y	N	N
	Experience	Y	Y	N	Y	Y	N
	Training Rating	3	3	1	4	4	1.5
	Skill Self-rating	3	3	1	3	3	1.5
Number of Practica		1	0	0	1	1	0
Table Notes: 1. Rating results are reported as 1 (low) to 5 (high) for each scale. 2. Trainees have been assigned fictitious identities. 3. Numerical symbols (#,@,\$) above trainee name indicate trainee pairs. 4. H indicates an Honours degree.							

II. Interviewees:

Ten interviewees participated in the study, five males ranging in age from 26 to 52 years ($M = 36$) and five females ranging in age from 21 to 46 years ($M = 31$). The interviewees consented to repetitive interviewing and videotaping and were aware that their interviewers were involved in a training program (see Appendix

C, for copies of interviewee consent forms). In each case, the interviewee, under cloak of anonymity (interviewees were given assumed identities), portrayed an out-patient client with a clinical problem. Two classes of interviewees were employed in the study, confederates and clients.

A. Confederates: Four confederates, 2 males and 2 females, participated in the study. The confederates were trained mental health professionals with many years of experience working with clients representative of the clinical problem they portrayed. Confederates were personally invited to participate in the evaluation project.

The clinical problems were scripted and the scripts were provided to the confederates as background information on their character and for specific clinical information. (Scripts were modelled after similar prompts used at the University of California, Davis Medical Centre in the training of actors as medical patients for training interns in diagnostic and interviewing skills (E. Callahan, personal communication, October, 1990). A sample script is available in Appendix D). Confederates were instructed to use the script as background and to provide context for their character. They were further requested to bring the character and the problem to life using the "wealth of their own experience" in the area (see Appendix E, for a copy of the letter of instruction).

Training of confederates consisted of instructions, rehearsal, and feedback centred around their character script. Confederates were given instruction pertaining to their problem behavior script and roleplay, interviewed once by the author, and given prompts regarding and reinforcement for their roleplay. To enhance the realism of their characters, confederates were encouraged to round out the script by visualizing a notable client and portraying the characteristics and problems of that individual. Each confederate role-played only one script and did so on six occasions, once for each trainee. Confederate scripts represented contemporary mental health problems: eating disorder, bi-polar disorder, personality disorder, stress disorder, and aggression/criminality.

The realism of the confederates' roleplay was evaluated against three criteria - feedback from the trainees, Psychological Service Centre staff responses, and independent rater evaluation. Comments from trainees indicated that they were unable to discriminate between the confederate and real clients. One trainee was so concerned for the well being of a "client" that she would not allow the client to leave the Psychological Service Centre until arrangements had been made for follow-up care. The client in question was a confederate role-playing a female with a personality disorder. While not all trainees were as adamant, each expressed concern for this particular "client". In another case, one trainee told the researcher that she remembered seeing a particular "client" before and described in great lengths the surroundings and the dress and demeanor of the "client". The "client" in question was a confederate, a male psychiatric nurse, role-playing a manic-depressive who had amongst other things a minor criminal history. His portrayal was so convincing that the trainee had placed him mentally in a jail setting and believed she had seen him there during a visit she had made to an acquaintance. At the completion of the evaluation project trainees were advised that some of the "clients" were confederates role-playing client scripts. In response to the news one of the more experienced trainees asked that the confederates be congratulated on their acting ability as he was convinced of their authenticity.

Feedback from receptionist staff at the Psychological Service Centre also confirmed the realism of the confederates roleplay. Frequently these staff expressed concern over the well being of the "clients", commenting on obvious symptomatology, i.e., extrapyramidal symptoms, depressive demeanor, etc. Such comments occurred equally often for the confederate as for the real clients, suggesting that staff were unable to differentiate between the two groups. Finally, two Ph.D. level psychology practitioners experienced in working with mental health clients viewed a random sample of the interview tapes and were asked to rate the realism of the client's portrayal on a scale of 1 (not realistic)

to 5 (very realistic). Results indicated that they were unable to discriminate between the groups with all "clients" receiving ratings at either the 4 or 5 level.

A check on the consistency of the confederates' performances was provided by the researcher who viewed a random sample of their video-taped performances. In all cases the confederates presented portrayals that were consistent with the script they had been provided. Differences in amount of information divulged across role-plays were related to the amount and intensity of the trainees' probing behavior.

B. Clients: The other six interviewees (3 males and 3 females) were actual clients who related their own experience. The researcher canvassed a number of mental health agencies for referrals of clients for whom intake information was required prior to the establishment of a treatment protocol. Referrals were accepted of individuals who presented contemporary mental health problems: sexual abuse, eating disorder, family violence, depression, and substance abuse.

While only four clients were required to fill out the evaluation design, six clients participated in the research. One of the original male clients had to drop out after one set of interviews due to illness and was replaced by another male client who had a similar base problem. An additional female client was substituted for a female confederate for one set of interviews, when sickness intervened. A check on the consistency of the client's performance was provided by the researcher who viewed a random sample of their performances from the video-taped interviews. Clients provided consistent portrayals across interviews with variation in interview behavior reflecting differences in interviewer behavior, i.e., the number of probes asked, the number of areas probed, etc.

IV. Observers:

Two senior Ph.D. students in clinical psychology, males aged 28 and 33 years, with extensive training in behavioral assessment and behavioral observation, were employed to score the trainee's behavior samples for the occurrence and adequacy of each of the interviewer responses. The observers were trained using

the BAIT-P to be familiar with the target responses. Their ability to identify the target responses was subsequently calibrated to a minimum 90% accuracy criterion.

Setting and Equipment

The study was conducted in the facilities of the Department of Psychology and the Psychological Service Centre at the University of Manitoba.

I. Interviews:

Interviews were conducted in one of two therapy rooms in the Psychological Service Centre at the University of Manitoba. Both rooms were the same size (2.59 m by 3.96 m) and were set up as general therapy rooms, containing two chairs, a recliner, a three seater couch, a table, a floor lamp and a table lamp. A one-way mirrored viewing window was inset in the north wall of each room, however during this research the windows were covered by drapes. An audio-video recorder/playback unit (JVC Nevicom #VFC515V) was in the corner of each room.

II. Training:

Interview training using the BAIT-P was conducted in a pair of small adjoining research rooms (1.83 m by 2.44 m) in the Department of Psychology, Duff Roblin Building, University of Manitoba. In one room, the training centre, was a table containing a colour computer monitor (IBM-CGA 14" monitor), a keyboard (IBM 84 key standard keyboard), a mouse (Genius, 3 button), and a stenographer's chair. In the other room, the operating centre, was a table containing an IBM computer (IBM-XT, 640K, 40 Mb HD) and a dot matrix printer (Epson FX-80). Equipment elements in the two rooms were connected via cabling using a cable pass through between the two rooms. The rooms were also equipped with a one-way viewing port, however this was kept closed during the training period. Trainees had unlimited access to the training centre, whereas the experimenter who also filled the role of equipment operator had access to both rooms.

Procedure

Data on participants' behavioral assessment interviewing skills were collected in assessment interviews conducted across baseline and post-training conditions. Assessment interviews were conducted with clients who presented adult mental health problems representative of what the trainees could expect to see in a mental health setting. Clinical problems for each interview session were randomly presented across interviews for each participant pair, thus each pair received the same random order. The problems represented included depression, eating disorder, personality disorder, sexual abuse, substance abuse, aggression/deviance, psychosis, and stress disorder.

To the extent possible, the experience for the trainees was structured to reflect a realistic experience as an intake interviewer at the Psychological Service Centre, University of Manitoba. The expectations of the intake, assessment interview were modelled after the experience of the researcher and his peers during their practicum experiences at the Psychological Service Centre.

Once interest and availability were established, the researcher met with the trainees, in a group, and reviewed the tasks involved in the evaluation as outlined in the participation invitation. During the meeting, the standard Psychological Service Centre operating procedures were reviewed, the training program was discussed, and questions about the evaluation project were answered. All details about the project were divulged to the trainees with the exception of the nature of the interviewees and their problems. Trainees were blind to the roleplay versus in vivo nature of the clients interviewed during the project. Indeed, trainees were led to believe that they would be seeing only real clients. They were told that they would be doing intakes at the Psychological Services Centre as part of the evaluation. They were further advised that the clients had consented to repetitive interviewing and that they were aware that their interviewers were involved in a training program. Trainees were instructed not to discuss client cases with each other.

During the meeting, participants completed the Trainee Information Questionnaire (see Appendix B) which solicited background information on previous training and experience in psychology, interviewing, assessment, number of clinical practica completed and perceived preparedness for practicum. Finally, the interviewing/training schedules were established taking into consideration the schedules of both the trainees and interviewees.

On the day of their first interview, trainees were asked to arrive one-half hour prior to the time of their scheduled appointment. During this time they were given an orientation to the Psychological Service Centre, shown the file drawer where their intake sheets and video-tapes were located, and instructed on the loading and operating of the video-recording equipment.

At the time of their first interview, trainees received written and verbal instructions directing them to conduct an intake/assessment interview for the purpose of gathering sufficient information for a behavior analysis/description of the client's problem. They were advised that they had approximately 50 minutes in which to conduct the interview (a time which approximates a standard intake interview at the Psychological Service Centre and which reflects the typical length of an interview session) and that they were responsible for terminating each interview within the established time frame. Further, they were advised of the requirement to video-tape all interview sessions. Finally, trainees were advised that they would be required to write a summary of the interview, including a definition of the problem presented and a brief treatment plan, and to complete the Psychological Service Centre's "Intake Checklist", a critical incident report sheet (see Appendix F). They were told that the information in their treatment summary would be presented to an intake review panel in order to assign a therapist and arrange further treatment for the client. For the purposes of the study the researcher acted as the trainees' contact with the intake review panel (a departure from standard Psychological Service Centre practice in which the interviewer is a member of the intake review panel).

Appointments were arranged to take place at the Psychological Service Centre, either by phone or in person, and were recorded on the facility reservation sheet to reserve interview space. Prior to each interview, the trainees were given a "Client Phone Contact Sheet" (see Appendix G), an intake information sheet containing minimal information about the client (name, age, occupation, marital status, education level) and problem (general problem description) identical to intake information a therapist would receive prior to an actual clinical interview at the Psychological Service Centre.

Clients entered the Psychological Service Centre waiting room and advised the reception staff on duty of their name. Following normal procedure, receptionist staff notified the trainee that their client had arrived. Trainees then met their client in the waiting room area and ushered them to the interview room. Trainees were alone in the interview room with their client and the video equipment to conduct the interview. It was the trainee's responsibility to start the recording equipment and to terminate each interview, including shutting off the equipment.

At the end of each interview the trainee directed the client back to the waiting room area where they met the researcher ostensibly to arrange a follow-up appointment. It was during this time that the client completed the "Client Ratings" (see Appendix H), rating their interviewer on a number of satisfaction measures. Immediately following each interview, the trainee completed their notes, the critical item questionnaire, and filled out the "Therapist Self-Ratings" (see Appendix I) a self-rating form focusing on their behavior in the interview.

During the evaluation, trainees participated in two interview conditions, simulation and in vivo. In the simulation condition data were collected on trainees' responding during interviews conducted with confederates who portrayed outpatient clients with clinical problems. In vivo interviews were conducted with individuals who presented their own real-life issues. The evaluation was conducted across three phases, baseline, training and post-training.

I. Baseline

Trainees conducted 3-5 assessment interviews, one per day. They were instructed to use whatever knowledge they already had to complete the interview. They were encouraged to take notes and to use whatever skills they had developed to this point. No prompts or consequences were provided for their performance in the interviews. At least one interview during the baseline phase was from the in vivo condition.

II. Training

After baseline assessment, trainees received training through either the BAIT-M or BAIT-P instructional material. The two training conditions were designed to teach the behavioral assessment interviewing skills chosen as dependent variables for this study. Each training condition will now be discussed.

A. BAIT-M: For the purposes of the study, Smith et al. (1991) developed BAIT-M (The Behavioral Assessment Interview Training Manual). BAIT-M provides modularized training for 16 process skills (incorporating 23 behavioral targets) and 23 content skills (incorporating 44 behavioral targets) considered essential for effective assessment interviewing (a complete listing of the instructional modules in the BAIT training materials is available in Appendix J). Each BAIT-M module consists of six training elements: a) a brief description of the skill and the requisite behavioral target(s); b) a test of knowledge with respect to the skill description and requirement; c) an example of an appropriate and inappropriate response, along with an explanation of why the response is correct or incorrect; d) two response identification tasks, multiple choice in nature with feedback on choice appropriateness; e) two response production tasks; and, f) a brief review of the response definition and requirement. (Sample modules are available in Appendix K). The manual also includes three written practice scripts which demonstrate the use of the skills in a complete interview. These scripts follow the instructional components of the balance of the manual, i.e., the first script identifies responses for the trainee, the second script

requires response identification, and the third script requires the trainee to produce appropriate responses in context with the balance of the interview.

Upon completion of the baseline assessment, trainees in this condition were given a copy of BAIT-M, a series of time sheets and self-addressed envelopes. They were instructed to spend the next 10 days studying the material in the manual, personalizing it as they saw fit. Each day they were to send the researcher a time sheet indicating what they had worked on that day and for how long they had worked. All time sheets were returned, however, trainees waited until they had completely filled each sheet before it was returned.

B. BAIT-P: BAIT-P (The Behavioral Assessment Interview Training Program) was developed by Smith (1991) in a hyper-text environment using Linkway ver. 2.0 (Kheriaty, 1990a; 1990b). BAIT-P is a CAI version of BAIT-M (Smith et al., 1991) and is designed to teach behavioral assessment interviewing skills. This training tool provides the trainee with identical material to the BAIT self-instructional manual; however, it requires mastery of each module before the trainee can progress. It also provides prompts on performance and behavioral examples contingently throughout and gathers for the trainer an accurate record of the trainee's progress and time spent in training. The program works on a closed-loop system so that when one trainee logged off, the program reset and was ready for the next trainee to log on to the program.

Upon completing the baseline assessment, trainees in the BAIT-P condition were given a tour of the training facility. The basic operation of the computer and the computer program were reviewed with each trainee and questions were answered. Trainees were given specific instruction on how to log on to and off of the program and how to use the program's menuing system to navigate the program. During the orientation, trainees worked through a sample module. Upon completion of the orientation, trainees were given a key to the training lab and were instructed to use the next 10 days to work through the training material.

C. Programming for Generalization: In keeping with the original admonition of Stokes and Baer (1977) which has been re-emphasized in more recent conceptual articles (Stokes & Osnes, 1989; Kirby & Bickel, 1988), that generalization never be assumed to occur but always be programmed, specific generalization programming tactics were emphasized. For sake of consistency and simplicity, these tactics are defined and described using the terminology of Stokes and Osnes (1989).

The principle of training diversely was employed by focusing on the tactics of using sufficient stimulus exemplars, using sufficient response exemplars, and making antecedents less discriminable. The tactic of using sufficient stimulus exemplars was employed by exposing the trainees to a variety of client and problem situations and characteristics, in the training material examples. In total trainees were exposed to 211 stimulus exemplars, a minimum of eight in each training category, representing 25 problem situations (see Table 2). The

Table 2: Training problem situations

Adjustment Disorders
Adolescent Conduct Disorder
Aggression Management
Agoraphobia
Anger Management
Anti-Social/Criminal Behavior
Anxiety Disorder - Public Speaking
Bi-Polar Disorder
Career Counselling
Depression
Eating Disorder
Employee Performance Problems
Financial Counselling
Grief Counselling
Marital Problems
Parenting Problems
Personality Disorder
Scholastic Performance Problems
Self-esteem/self-confidence Problems
Sexual Abuse Survivor
Sexual Aggression
Spouse Abuse
Stress Disorder
Substance Abuse
Temper Control Disorder

tactic of using sufficient response exemplars was employed by providing within the training materials 120 examples of appropriate interviewing behavior, contrasting both positive and negative responses. Antecedents were made less

discriminable in that trainees learned an interview response, questioning style rather than sets of specific "cookbook" type responses or questions. Also, the training format required the trainee to produce specific responses in relation to highly structured, simpler stimulus situations gradually moving to the production of responses within the context of more unstructured complex model scripts.

A focus on the principle of incorporating functional mediators emphasized the tactics of incorporating salient self-mediated physical stimuli and of incorporating salient self-mediated verbal and covert stimuli. The tactic of incorporating self-mediated physical stimuli was employed through the provision of a checklist which briefly summarized the points presented in the training materials. Trainees were instructed to use the checklist during the interview sessions as a prompt for appropriate interview and behavior analytic behavior. The tactic of incorporating salient self-mediated verbal and covert stimuli was facilitated by providing the participants with an action oriented language style to describe the interviewer behaviors required, i.e., vocalizing, exploring antecedents, etc.

Finally, current functional contingencies were exploited using the technique of contacting natural consequences. This technique emphasizes the training of behaviors which will meet with naturally occurring consequences after they are trained. This research focused on training behavioral interviewing skills, skills which are aimed not only at improving professional abilities but also at improving general communication skills. Trainees were taught a communication and problem identification, enquiry approach which can be utilized easily in other areas. As previously discussed, these skills have been demonstrated to increase professional ability, enhance problem identification, treatment outcome and client satisfaction. Consequently, appropriately trained behavioral interviewers should experience maintaining reinforcement from clinical supervisors, peers, and clients during the balance of the study, their training programs and later during the remainder of their professional careers.

III. Post-Training

After studying the training material, each trainee's performance was evaluated in assessment interviews. Three to five assessment interviews, one per day, were conducted by the trainees. During the training phase they had been encouraged to make an outline to use in future interviews. However, at the completion of training trainees were given the "BAIT Quick Reference" (see Appendix L) and instructed to use it as a "road-map" for assessment interviewing during the post-training interviews. Trainees received no feedback on their interview performance and received no supplemental training, although they were prompted to review their training materials, either BAIT-M or BAIT-P, prior to each subsequent interview. At least one interview during the post-training phase was from the in vivo condition.

Data Collection and Reliability

All interviews were videotaped (Fuji HQ, T-120 VHS tape) and coded as to subject and condition. Subsequently, tapes were randomized for rating purposes using a BINGO ball number dispenser. Using a checklist of all target behaviors (see Appendix M), two assistants independently scored the videotapes for the occurrence, non-occurrence and adequacy of each of the interview responses. Agreements were scored if both observers agreed that a target behavior did or did not occur during the interview. Interobserver agreement for occurrence judgements was computed by dividing the number of agreements by the total number of potential agreements and multiplying by 100%. Interobserver agreement on levels of content responding in the interviews ranged from 91.4% to 100% with a mean of 97.83%. Whereas, interviewer agreement on levels of process responding in the interview ranged from 84% to 100% with a mean of 94.89%. Interobserver agreement for ratings of process response adequacy and overall interview adequacy was computed by subtracting the sum of the absolute rating differences for each item from the total potential difference, dividing the obtained difference by the maximum possible total difference and multiplying by

100%. These IORs ranged from 86% to 97% with a mean of 91.55% for process response adequacy and from 82.7% to 100% with a mean of 91.52% for ratings of overall interview adequacy.

A random sample of 25% of the videos was independently scored by the researcher and used as a calibration standard for the assistant's ratings. The calibration standard was set at a minimum of 90% agreement in the scoring profiles. Agreements were scored if the observer and the researcher agreed that a target behavior did or did not occur during the interview. The level of calibration agreement for occurrence judgements was computed by dividing the number of agreements by the total number of potential agreements and multiplying by 100%. Calibration agreement for ratings of overall interview adequacy was computed by subtracting the observed rating difference from the maximum potential rating, dividing the difference by the maximum potential rating and multiplying by 100%. Observer calibration levels meet and exceeded the minimal standard, ranging from 90% to 100% with a mean of 95.96%.

Dependent Variables

The 67 trained interviewer responses fell into two broad categories: content skills and process skills. Content or problem identification responses are a series of interviewer behaviors that are essential for the conduct of the behavioral assessment interview (a listing of these variables and their operational definitions can be found in Table 3). Similar dependent variables have been socially validated in studies by Iwata et al. (1982), Whang et al. (1982), Keane et al. (1982), Edelstein and Scott (1983) and Miltenberger and his associates (Miltenberger & Fuqua, 1985; Miltenberger & Veltum, 1988; Veltum & Miltenberger, 1989) and found to be highly relevant to behavioral assessment interviewing. The critical dimension with respect to content responding is whether the target responses are performed or not, consequently the relevant measurement dimension for content responses is a judgment of their occurrence

Table 3. Interviewer content responses

A. Initial reception	1. Greet client with a standard greeting 2. Introduce yourself
B. Environmental structuring	3. State your title and position 4. Ensure privacy by closing office door 5. Direct client to chair
C. Ice breaking	6. Assume your position facing the client 7. Briefly summarize what is already known about the client and the presenting problem
D. Providing context	8. Inform client about nature of the interview i. questions will be asked ii. will be assessing the problem 9. Solicit questions
E. Identifying the problem	10. Advise client of confidentiality
F. Exploring Other Problems	11. Open-ended lead asking for general description of the problem 12. An open-ended lead, asking if other problems exist 13. Open-ended lead asking for general description of other problems
G. Setting Priority	14. Ask for other problems until client says "no" 15. Summarize presented problems 16. Open-ended lead asking the client to decide which problem to address first.
H. Describing Problem Behaviors	17. Open-ended lead asking for specific description of the problem behavior.
I. Exploring Relevant Dimensions	18. Open-ended lead asking about the dimensions (frequency, duration, magnitude, latency) relevant to the problem behavior
J. Establishing Problem Onset	19. Open-ended lead asking when the problem first started 20. Inquire about events associated with onset
K. Exploring Antecedent Conditions	21. Open-ended lead asking about what occurs just prior to the occurrence of the problem 22. Inquire about circumstances/situations where problem does not occur
L. Exploring Consequences	23. Open-ended lead asking what happens immediately after the problem behavior
M. Exploring Cognitive Correlates	24. Probes or open-ended questions assessing the client's thoughts, beliefs, self-talk, attitudes and/or imagination, before, during or after the problem.
N. Establishing Goals	25. Open-ended lead asking what specific behavioral changes the client wants to make
O. Assessing Strengths	26. Open-ended leads asking about client's behavioral assets, problem solving skills, cognitive coping skills, self-control and self-management skills
P. Assessing Potential Reinforcers	27. Open-ended lead asking about preferred activities and interests, etc.
Q. Exploring Previous Solutions	28. Closed-ended question asking if there were previous attempts at problem resolution 29. Open-ended lead to assess attempts made 30. Open-ended lead to assess outcome of attempts
R. Exploring Alternate Causes	31. Closed-ended questions to ask about alternate causes, i.e. client's health, medication or drug use
S. Exploring Perception	32. Open-ended lead asking client to identify and describe their view of the problem
T. Winding down	33. Inform client interview is ending 34. Provide brief summary of interview
U. Assigning homework	35. Ask client if s/he has any questions 36. Providing a rationale and description of assigned task 37. Review reporting form(s)
V. Programming continuation	38. Question client to ensure understanding 39. Put in writing the agreed upon tasks
W. Parting	40. Provide realistic suggestions for positive outcome 41. Orient client about things yet to occur 42. Establish next appointment 43. Escort client to the door 44. Conclude interview with a parting comment, such as "Good-bye."

within the interview. Observers rated each interview tape for the occurrence (1) or non-occurrence (0) of each content response.

Process or relationship skills are a series of interviewer behaviors which impact on the flow of the interview (a listing of these variables and their operational definitions can be found in Table 4). These dependent variables have

Table 4: Interviewer process responses

A. Gazing	1. Maintain natural eye contact with client 2. Do not stare!
B. Posturing	3. Face client squarely 4. Maintain relaxed posture with forward trunk lean 5. Maintain an expressive face - smile 6. Use encouraging gestures
C. Vocalizing	7. Use a moderate pitch and level of voice 8. Use moderate rate of speech
D. Tracking	9. Keep to topic indicated by the client 10. Build on the client's issue
E. Paraphrasing	11. Rephrase the content of the client's message
F. Reflecting	12. Rephrase the client's current feelings
G. Summarizing	13. Use a collection of two or more paraphrases or reflections to tie together or rephrase two or more different parts of a message
H. Encouraging	14. Use verbal or non-verbal prompts to indicate to the client that you are listening and want the client to continue
I. Probing	15. Use imperative statements to obtain information
J. Questioning	16. Use interrogative statements to obtain information a. Open-ended questions begin with words such as "what, how, when, where, which or who" and require discourse or an explanation b. Closed-ended questions begin with words such as "are, do, can, is, or did" and can be answered with a 'yes' or 'no'
K. Concretizing	17. Use a brief focused question to extract exactness and specific detail
L. Clarifying	18. Use a question, along with a repetition or rephrasing of all or part of the client's previous message, to obtain elaboration of a vague, ambiguous or confusing statement
M. Confronting	19. Describe discrepancies, conflicts or mixed messages apparent in the client's feelings, thoughts and actions.
N. Interpreting	20. Make associations or causal connections among various client behaviors, events or ideas 21. Present possible explanations of client's behavior
O. Informing	22. Share objective and factual information
P. Orienting	23. Briefly, inform/orient client about what will occur next in the interview/session.

been studied in the broader clinical psychology literature by Baker et al. (1983), Cunningham and Stuart (1983), Hosford and Johnson (1983), and Froehle et al. (1983) and are considered essential to effective behavioral assessment interviewing (Rimm & Masters, 1974; Wilson & Evans, 1976; Ford, 1978; Kanfer & Goldstein, 1980). In contrast to content responses it is not enough that process responses occur one in an interview, e.g., it is not sufficient for an interviewer to make eye contact only once during an interview. Therefore, two measurement dimensions were used for these dependent variables: a) a judgment of their

occurrence within the interview (observers rated each interview tape for the occurrence (1) or non-occurrence (0) of the target process skills); and, b) a rating of the adequacy with which these responses were performed throughout the interview (adequacy was rated on a 5 point Likert type scale from 1 (not at all adequate) to 5 (highly adequate)).

Social Validation

Social validation (Kazdin, 1977; Wolf, 1978; Bornstein & Rychtarik, 1983; M^cMahon & Forehand, 1983) is considered an important element for assessing the effectiveness of behavioral interventions. In this study social validation measures on three levels were employed: a) professional evaluation; b) client evaluation; and c) trainee evaluation.

I. Professional Evaluation: To judge the validity of the dependent variables used in the study, five Ph.D. level psychologists who are involved in practice or teaching activities in behavioral assessment or behavior therapy were asked to review the training materials and to respond to the "Professional Review Ratings" (see Appendix N). These ratings, on either a five- or six-point Likert scale, required assessment of the completeness of the training program, the adequacy of the training format, and the importance of the training program.

To socially validate the outcomes of the training procedure, Ph.D. level psychology practitioners were asked to rate samples of the trainees work. First, randomly selected videotapes of one baseline and one training interview for each trainee were presented in random order to two experienced behavioral clinicians. These clinicians used the "Social Validation Ratings" (Miltenberger & Veltum, 1988) to rate 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 the interviews on a 5 - point Likert scale, from poor (1) to excellent (5) (see Appendix O).

Next, three experienced clinical psychologists, two behaviorally oriented and one with a traditional clinical orientation, were asked to rate randomly

selected and randomly presented interview reports prepared by the trainees. They used the "Functional Analysis Ratings" form (Miltenberger & Veltum, 1988) which assessed the interview report on dimensions of completeness, adequacy, and helpfulness for treatment planning using five-point Likert scales (see Appendix P). While report writing was not a specific focus of the training materials, these ratings were taken to assess the degree to which appropriate interviewing behavior impacted on ancillary assessment skills, i.e., describing the problem behavior.

II. Client Evaluation: Social validation using client satisfaction measures was assessed via the "Client Ratings" questionnaire (see Appendix H). This questionnaire was completed by each client/interviewee at the end of each interview. The questionnaire included items gauging the client's perception of the interviewer's level of confidence, sincerity, sympathy, warmth (Barrett-Lennard, 1962), attentiveness, preparedness and confidence (Veltum & Miltenberger, 1989).

III. Trainee Evaluation: Social validation using the trainee satisfaction approach was assessed on three levels. After each interview trainees completed the "Therapist Self-ratings" (Veltum & Miltenberger, 1989), to measure their level of confidence, preparedness, and comfort (see Appendix I). Following the training phase, trainees completed the "Trainee Satisfaction Ratings" (see Appendix Q). These ratings focused on the importance of training assessment interviewing skills, the importance of the training program, and the completeness and appropriateness of the training package. In addition trainees were asked to rate their "preparedness" to enter practicum as a result of the training program and to give suggestions for improvements to the training materials.

Finally, at the end of the evaluation, trainees completed the "Post-Participation Ratings" (see Appendix R). This questionnaire included such items as: "I feel that the interview training enhanced my ability to interact with consultees"; The interview training increased my effectiveness as a psychologist";

"I would recommend this training as an efficient way to learn interviewing skills." The items were rated on a 5 - point Likert scale, from not at all (1) to definitely (5).

Results

Four classes of dependent variables were employed in the study: a) content responses; b) process responses; c) overall ratings of interview adequacy; and, d) social validation ratings. Results for each class of dependent variable are presented next.

I. Content Responses.

Content or problem identification responses are a series of interviewer verbal behaviors that are essential for the conduct of the behavioral assessment interview. The critical dimension with respect to content responses is whether they are performed or not, consequently the relevant measurement dimension for content responses is a judgment of their occurrence within the interview. In other words did the interviewer produce each of the required content responses.

Figure 1: Percentage correct interviewer content responses^{1,2}

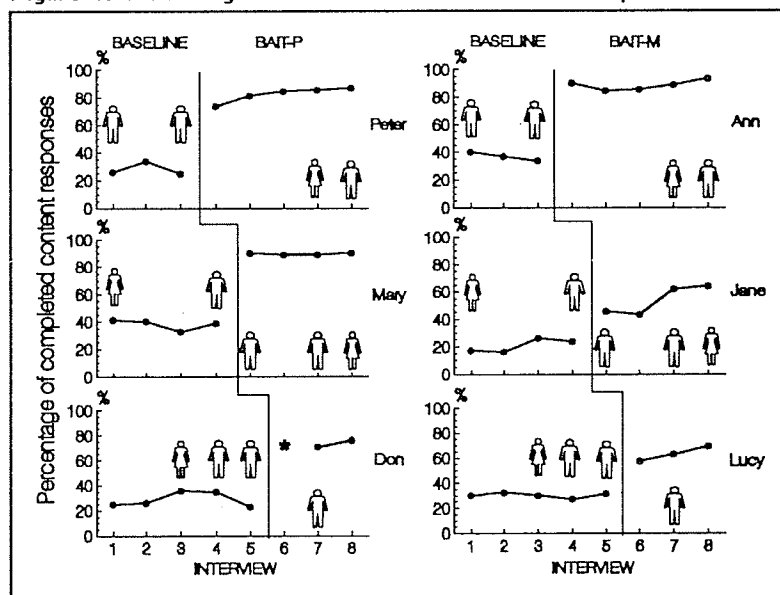


Figure Notes: 1. Human figures on the graph signify in vivo interviews with real clients.
2. The asterisk recorded for Don's sixth interview indicates data lost due to equipment failure.

Figure 1 presents data for percentage of completed content responses. Graphs in the left panel are for BAIT-P trainees and those in the right panel are for BAIT-M trainees. Low, relatively stable levels of content response production during baseline, are shown by all trainees. Substantial improvement for all trainees followed implementation of training. Visual inspection indicates stable content response production across the simulation and in vivo interview conditions. Improvement in trainee mean performance ranged from a low of 32.90% to a high of 55.43% (see Table 5), with BAIT-P trainees achieving an

Table 5: Mean percentage of completed interviewer content responses

TRAINING CONDITION	TRAINEE	BASELINE[B]		POST-TRAINING[T]		B/T DIFF
		MEAN	SD	MEAN	SD	
BAIT-P	Peter	28.27%	4.73	83.70%	3.21	55.43%
	Mary	38.30%	3.90	89.65%	0.64	51.35%
	Don	29.30%	6.00	73.40%	3.82	44.48%
	CONDITION MEAN	31.88%	6.62	83.99%	6.40	52.11%
BAIT-M	Ann	36.93%	3.25	88.70%	3.48	51.77%
	Jane	20.93%	4.81	53.83%	10.72	32.90%
	Lucy	30.42%	2.02	63.40%	6.01	32.98%
	CONDITION MEAN	28.88%	7.17	70.75%	17.54	41.87%
OVERALL TRAINING EFFECT		30.38%	6.92	77.08%	14.77	46.70%
BETWEEN CONDITION DIFF		3.00%		13.24%		10.24%

average 10.24% higher content response production after training than their BAIT-M trained counterparts. An investigation of the topography of individual trainee content responses indicates that responding errors were made in two general areas: first, responses for assignment of homework, accounting for 10% error variability, were not made reliably by any trainee; second, trainees frequently had trouble using an open-ended probing style to glean information.

II. Process Responses:

Process or relationship skills are a series of interviewer behaviors which impact on the flow of the interview. In contrast to content responses it is not enough

that they occur once in an interview, e.g., it is not sufficient for an interviewer to make eye contact only once during an interview. Therefore, two measurement dimensions were used for these dependent variables: a) a judgment of their occurrence within the interview; and, b) a rating of the adequacy with which these responses were performed throughout the interview. Adequacy was rated on a 5 point Likert type scale from 1 (not at all adequate) to 5 (highly adequate).

Figure 2 presents data for percentage of completed process responses. The

Figure 2: Percentage completed interviewer process responses^{1,2}

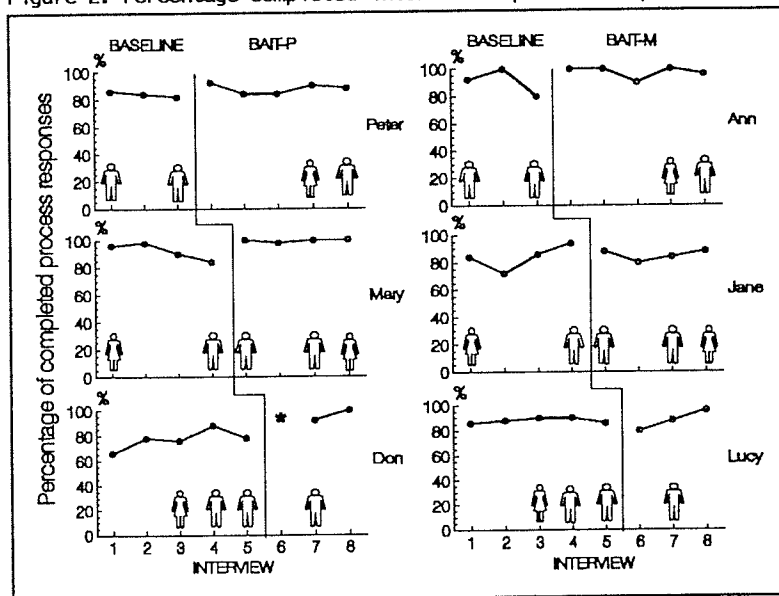


Figure Notes: 1. Human figures on the graph signify in vivo interviews with real clients.
2. The asterisk recorded for Don's sixth interview indicates data lost due to equipment failure.

process response production of each trainee began at much higher levels than for content responding. Minimal improvement in process response production was demonstrated following training. Data for each trainee indicate high levels of baseline process responding which maintained post-training, considerable overlap in data points is evident between conditions. Visual inspection of graphed data indicates similar levels of process response production across the in vivo and simulation interviews. Post-training mean performance improvements ranged from 0% to 18.8% (see Table 6). While most trainees demonstrated minimal

Table 6: Mean percentage of completed interviewer process responses

TRAINING CONDITION	TRAINEE	BASELINE[B]		POST-TRAINING[T]		B/T DIFF
		MEAN	SD	MEAN	SD	
BAIT-P	Peter	84.0%	2.00	87.6%	3.58	3.6%
	Mary	92.0%	6.32	99.5%	1.00	7.5%
	Don	77.2%	7.82	96.0%	5.66	18.8%
	CONDITION MEAN	83.83%	8.84	93.45%	6.46	9.62%
BAIT-M	Ann	90.7%	10.07	97.2%	4.38	6.5%
	Jane	84.0%	9.1	85.0%	3.83	1.0%
	Lucy	88.0%	2.00	88.0%	8.00	0.0%
	CONDITION MEAN	87.30%	7.05	90.83%	7.46	3.53%
OVERALL TRAINING EFFECT		85.58%	8.02	92.09%	6.97	6.51%
BETWEEN CONDITION DIFF		-3.47%		2.62%		6.09%

(1.0% and 0%, respectively). Overall BAIT-P trained participants appear to have achieved slightly higher ($M = 6.09\%$) process response production after training than their BAIT-M trained counterparts; however, this variability is due almost exclusively to trainee Don's improvement.

Figure 3 shows that process response adequacy for each trainee was characterized by moderate, relatively stable levels during baseline. Improvement was demonstrated only after implementation of training for all trainees except Jane and Lucy who achieved minimal post-training improvement. Visual inspection of graphical data indicates no differences in levels of process response adequacy across the simulation and in vivo interviews. Improvement in the adequacy of trainee process responding ranged from a mean of 2.35% to 28.88% (see Table 7). The production of adequate levels of process responding increased from baseline to training by a mean 18.97%, a much larger increase than for the previously described measure of process response production. However, as can be seen in Table 7, BAIT-P trainees achieved a mean training effect 11.83% higher than that achieved by BAIT-M trainees. An investigation of the topography of individual trainee process response adequacy indicates that trainees tended to

Figure 3: Percentage interviewer process response adequacy^{1,2}

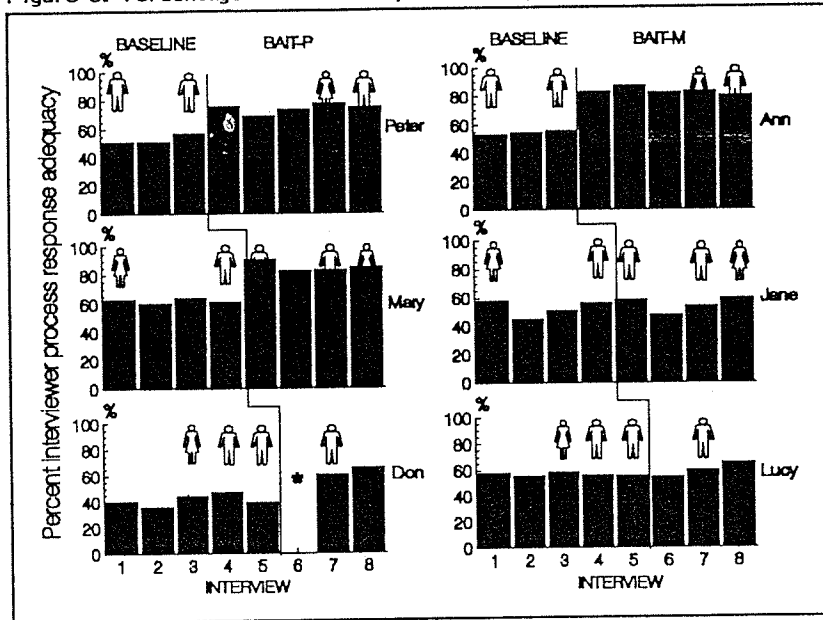


Figure Notes: 1. Human figures on the graph signify in vivo interviews with real clients.
2. The asterisk recorded for Don's sixth interview indicates data lost due to equipment failure.

Table 7: Mean percentage of interviewer process response adequacy

TRAINING CONDITION	TRAINEE	BASELINE[B]		POST-TRAINING[T]		B/T DIFF
		MEAN	SD	MEAN	SD	
BAIT-P	Peter	52.40%	3.46	73.60%	3.19	21.20%
	Mary	61.65%	1.59	85.20%	3.88	23.55%
	Don	41.12%	4.62	62.80%	3.39	21.68%
	CONDITION MEAN	50.78%	9.83	74.85%	9.02	25.07%
BAIT-M	Ann	54.00%	1.20	82.88%	2.57	28.88%
	Jane	52.30%	5.78	54.65%	5.45	2.35%
	Lucy	56.32%	1.37	59.47%	5.60	3.13%
	CONDITION MEAN	54.37%	3.63	67.61%	14.19	13.24%
OVERALL TRAINING EFFECT		52.59%	7.49	71.56%	12.46	18.97%
BETWEEN CONDITION DIFF		-3.59%		7.24%		11.83%

make better responses when the rule for responding behavior was simple rather than complex, i.e., attending responses were more easily mastered than listening or exploring responses.

II. Overall Ratings of Interviewer Adequacy:

In addition to rating content and process responding levels, the observers provided overall ratings of interviewer effectiveness. These data, presented in

Table 8: Overall interviewer effectiveness ratings

RATING CRITERIA ¹	BAIT-P					BAIT-M					Bait-P Bait-M Overall Diff
	Baseline		Post- Training		B/T Diff	Baseline		Post- Training		B/T Diff	
	M	SD	M	SD		M	SD	M	SD		
Behavioral assessment completeness	1.4	.59	3.3	1.3	1.90	1.7	.23	2.9	1.6	1.20	0.70
Interviewer interpersonal effectiveness	2.4	.96	4.0	1.0	1.60	2.5	.35	3.2	1.1	0.70	0.90
Appropriate use of opened-ended leads	1.8	.50	3.8	1.0	2.00	2.1	.59	3.3	1.4	1.20	0.80
Appropriate use and timing of behavioral assessment questions	1.6	.64	3.4	.98	1.80	2.0	.29	3.0	1.6	1.00	0.80
Adequate focus of interview	1.3	.49	3.3	1.1	2.00	1.8	.44	2.9	1.6	1.10	0.90
Appropriate use of transitional statements	1.3	.12	2.7	1.2	1.40	1.4	.12	2.7	1.8	1.30	0.10
Interviewer, comfort, confidence, preparedness	2.8	.84	4.2	.61	1.40	3.4	.42	3.8	.57	0.40	1.00
Overall rating of interview	1.5	.68	3.3	1.2	1.80	1.8	.40	3.0	1.6	1.20	0.60
Preparedness to enter practicum ² in terms of											
i. interviewing skills	1.8	.42	3.9	1.3	2.10	2.2	.08	3.2	1.3	1.00	1.10
ii. assessment skills	1.2	.47	3.4	1.3	2.20	1.6	.24	2.9	1.7	1.30	0.90
iii. therapeutic skills	1.9	.73	3.5	.99	1.60	2.3	.17	3.3	1.3	1.00	0.60
iv. overall clinical skills	1.7	.67	3.9	.87	2.20	2.1	.08	3.1	1.5	1.00	1.20
Table Notes: 1. Ratings are reported on a 1 (low) to 5 (high) scale. 2. "Practicum preparedness" ratings were converted to a 1 to 5 scale from a 1 (low) to 6 (high) scale.											

Table 8, indicate that trainees in both training conditions achieved consistent post-training gains on the eight rating criteria and on the rating of practicum preparedness. However, as can be seen from the BAIT-P/BAIT-M overall difference scores, BAIT-P trainees achieved consistently higher mean ratings on the eight criteria than the BAIT-M trainees. Furthermore, as a group BAIT-P trained interviewers were rated as better prepared to enter clinical practica than their BAIT-M trained counterparts.

Variability evidenced between the training groups on the overall ratings was consistent with demonstrated improvement in content skill and process adequacy responding. BAIT-P trainees as a group achieved higher post-training mean ratings. These results suggest that, in part, the differences between BAIT-P and BAIT-M trainees was a function of a superior training method. Interestingly, however, trainees Peter and Mary, who were BAIT-P trained, and Ann, who was BAIT-M trained, achieved similar post-training patterns of content and process responding (see Figures 1, 2, & 3) and overall ratings of interviewer

effectiveness (see Appendix S, for individual data). Similarly, trainees Don, who was BAIT-P trained, and Jane and Lucy, who were BAIT-M trained, demonstrated similar post-training ratings (see Figures 1, 2, & 3; and Appendix S). A plausible explanation for these phenomena exist in the amount of time spent in training.

Table 9: Training time in hours

Trainee	Training Time	
	BAIT-P	BAIT-M
Peter	12.35	
Mary	16.20	
Don	10.15	
Ann		19.40
Jane		08.30
Lucy		14.10
Mean	13.06	14.11
SD	3.07	5.58

Each trainee was involved in 8.5 to 19.6 hours of training activity. Table

9 presents training time data for each trainee, broken down by training method. While the average amount of training for each condition was similar (BAIT-P approximately 13 hours, and BAIT-M approximately 14 hours), there was greater

variability evidenced amongst the trainees in the instructional manual (BAIT-M)

Table 10: Benefit/cost ratios for trainee response categories

TRAINING CONDITION	TRAINEE	RESPONSE CATEGORIES		
		CONTENT OCCURRENCE	PROCESS OCCURRENCE	PROCESS ADEQUACY
BAIT-P	Peter	4.49	0.29	1.72
	Mary	3.17	0.46	1.45
	Don	4.38	1.85	2.14
	CONDITION MEAN	3.99	0.74	1.92
BAIT-M	Ann	2.67	0.34	1.49
	Jane	3.96	0.12	0.28
	Lucy	2.34	0.0	0.22
	CONDITION MEAN	2.97	0.25	0.94
BETWEEN CONDITION DIFF		1.02	0.49	0.98

condition. An alternate method of analyzing these data is through the calculation of a benefit/cost ratio (Yates, 1985). This method provides a ratio of the benefit versus cost of the training materials. In this study, benefit is defined as the percentage change in response production between baseline and post-training conditions; and cost is defined as the amount of time expended in training. The ratios, calculated for each of the response categories (see Table 10), suggest that the existing training efficiencies favor the BAIT-P training method.

Trainees, Peter, Mary, and Ann, who spent the most time in training are also the trainees most advanced in their clinical training and were either in

Table 11: Levels of association: Program experience and dependent variables

CORRELATION MATRIX								
Coefficient r_{pb}	Bait P/M	Time	Content	Process	Adequacy	Overall	Practicum	Experience
Program Experience	.333	.694	.892	-.06	.756	.943	.924	1.0
Note: Correlations greater than .729 significant at $p < .01$.								

practicum or about to enter practicum at the point of training. One might argue, therefore, that the relevance of the training was an additional motivator for these trainees. This is supported by point-biserial correlation coefficients calculated across program experience and the dependent measures (see Table 11) which show high levels of association on all measures except percentage of completed process responding which was slightly negatively correlated. This negative correlation with process responding may be an artifact of the low number of subjects, or the restricted range caused by the high levels of baseline process response production.

IV. Social Validation Ratings:

Three types of subjective evaluation measures were employed to assess the social validation of the training materials and the training outcomes: a) professional evaluation; b) client satisfaction; and, c) trainee satisfaction. Each of these will now be discussed in order.

A. Professional Evaluation: Based on the responses from the five Ph.D. level professionals who reviewed the training materials and completed the "Professional Review Ratings", the training materials were judged to be complete, adequate, and important to the development of behavioral assessment interviewing skills. Table 12 presents these subjective evaluation data averaged across the five evaluators for each of the eight evaluation criteria. In addition, each evaluator responded that they would recommend use of the BAIT materials for the training of interviewing and assessment skills. With respect to a question tapping the perceived strengths of the training materials, reviewers responded with the following comments: "clear and concise presentation"; "careful breakdown of skills"; "well programmed, mastery-learning format"; and, "sound behavioral approach." The only weakness identified, by one of the evaluators, was the "absence of clinical contextual clues available in roleplay." This same evaluator suggested that the training materials would be strengthened by "tying in role-play scenarios." Significantly, each of the professional reviewers believed

Table 12: Mean professional subjective evaluation rating

SOCIAL VALIDATION RESULTS		
1. Professional Training Materials Review [Mean rating and standard deviation for each item]		
RATING CRITERIA	RATING ¹	
	MEAN	SD
Completeness of the training program	4.9	.22
Appropriateness of the training format	4.6	.42
Importance of training assessment interviewing skills	5	0
Importance of the targeted skills	5	0
Adequacy of the training package	4.8	.23
Helpfulness of the trained information for		
i. completing and assessment interview	4.8	.37
ii. completing a functional analysis	4.9	.19
Preparedness to enter practicum in terms of		
i. interviewing skills	4.7	.35
ii. assessment skills	4.7	.35
iii. therapeutic skills	3.9	.56
iv. overall clinical skills	4.2	.09
Training program overall rating	4.8	.45
Table Notes: 1. Ratings are reported as 1 (low) to 5 (high). Ratings were either based on an original 1-5 scale or converted from a 1-6 scale for ease of reporting and consistency.		

that individuals would be moderately to extremely well prepared for the demands of practicum placement as a result of training using the BAIT materials ($M = 4.28$ on a 5 point scale).

Tables 13 and 14 show the results of the subjective evaluation of the outcomes of the two training procedures; video-taped interviews and written interview reports, respectively. Results of the "Social Validation Ratings" of the topographies of the trainees' interviewing behavior presented in Table 13 indicate high, positive change in the ratings achieved by both groups from baseline to the training conditions. Consistent with levels of training effects for content and process responding, BAIT-P trained participants were judged as demonstrating more change than their BAIT-M trained counter-parts.

Table 13: Mean professional social validation ratings: interview

SOCIAL VALIDATION RESULTS												
2. Subjective Evaluation: Professional outcome review [Mean rating and standard deviation for each item]												
Rating Categories ¹	BAIT-P					BAIT-M					Bait-P Bait-M Overall Diff	
	BASELINE		POST- TRAINING		B/T Diff	BASELINE		POST- TRAINING		B/T Diff		
	M	SD	M	SD		M	SD	M	SD			
Completeness of behavioral assessment	1.5	.55	3.9	1.2	2.40	1.3	.52	3.2	1.5	1.90	0.50	
Interpersonal effectiveness of interviewer	2.3	.52	4.2	.98	1.90	2.2	.41	3.2	1.2	1.00	0.90	
Appropriate use of open-ended leads	2.0	.89	4.3	1.0	2.30	1.7	1.0	3.0	1.6	1.30	1.00	
Appropriate use and timing of behavioral assessment questions	1.7	.52	3.8	1.2	2.10	2.0	0	3.0	1.6	1.00	1.10	
Adequate interview focus	1.5	.55	4.0	1.3	2.50	1.7	.52	3.0	1.6	1.30	1.20	
Appropriate use of transitional statements	1.0	0	3.5	1.1	2.50	1.5	.55	3.0	1.6	1.50	1.00	
Interviewer comfort, confidence, preparedness	2.0	.89	4.8	.41	2.80	3.3	.82	3.4	.84	0.10	2.70	
Overall rating of behavioral interview	1.5	.84	4.0	1.3	2.50	1.7	.52	3.0	1.6	1.30	1.20	

Table Notes: 1. Ratings based on scales ranging from 1 (low) to 5 (high).

With respect to the subjective evaluation of the written analyses of the "clients" problems (functional analyses), both groups achieved moderate levels of post-training improvement (see Table 14) on all rating dimensions. Essentially no differences were found between the groups on the evaluation criteria. Inspection of individual data (available in Appendix S) indicated that these results were attributable to the performance of one BAIT-P trainee, Don, who achieved only minimal post-training change. Given that training in the completion of a functional analysis was not a direct, behavioral target of the training program, the demonstration of minimal to moderate change is an important effect as it

indicates that training in interviewing skills can impact on ancillary interviewer behaviors such as the ability to describe the client's problem behavior.

Table 14: Mean professional social validation ratings: functional analysis

SOCIAL VALIDATION RESULTS												
3. Subjective Evaluation: Functional Analysis												
[Mean rating and standard deviation for each item]												
Rating Categories ¹	BAIT-P					B/T Diff	BAIT-M					Bait-P Bait-M Overall Diff
	BASELINE		POST-TRAINING		B/T Diff		BASELINE		POST-TRAINING		B/T Diff	
	M	SD	M	SD			M	SD	M	SD		
Completeness of functional analysis	2.8	.67	3.8	.83	1.00	2.8	.44	4.2	.44	1.40	-0.40	
Adequate detail of functional analysis	2.7	.50	3.6	1.0	0.90	3.0	.71	3.9	.78	0.90	0.00	
Helpfulness in devising treatment plan	2.8	.44	3.6	.53	0.80	2.4	.53	3.4	.73	1.00	-0.20	
Amount of additional assessment required	2.4	.73	2.9	.60	0.50	2.2	.44	3.1	.60	0.90	-0.40	
Overall rating of functional analysis	2.8	.67	4.0	.87	1.20	2.9	.60	4.0	.87	1.10	0.10	

Table Notes: 1. Ratings based on scales ranging from 1 (low) to 5 (high).

B. Client Evaluation: In these subjective evaluation ratings, client was defined as the end user of the trained skills, in this case the interviewee, both confederate and real. The mean social validation results for the client satisfaction ratings are found in Table 15. Baseline levels on these measures were quite high for both BAIT-P and BAIT-M trainees, with little difference between groups. After training a few marginal differences were found for both the BAIT-P and BAIT-M trainees. While the post-training ratings remained quite high, the differences were in a slightly negative direction with the exception of the "sincerity" rating which demonstrated a slight positive increase for the BAIT-P trainees. Overall, however, there were essentially no demonstrated differences between the two training groups.

C. Trainee Evaluation: Social validation results assessed via trainee satisfaction with their interview performance and with the training materials are

Table 15: Mean client evaluation ratings

SOCIAL VALIDATION RESULTS ¹												
4. Consumer Satisfaction												
[Mean rating and standard deviation for each item.]												
	BAIT-P					B/T Diff	BAIT-M					Bait-P Bait-M Overall Diff
	BASELINE		POST-TRAINING		B/T Diff		BASELINE		POST-TRAINING		B/T Diff	
	M	S	M	S			M	S	M	S		
Confidence	3.9	.13	3.8	.46	-0.10	3.9	.45	3.8	.54	-0.10	0.00	
Preparedness	3.8	.44	3.8	.72	0.00	3.6	.62	3.4	.18	-0.20	0.20	
Comfort	4.0	.58	4.0	.62	0.00	3.8	.67	3.8	.24	0.00	0.00	
Warmth	4.3	.49	4.2	0	-0.10	4.4	.41	4.3	.46	-0.10	0.00	
Sympathy	4.2	.55	4.2	.29	0.00	4.2	.16	4.1	.60	-0.10	0.10	
Attentiveness	4.3	.46	4.3	.33	0.00	4.4	.16	3.8	.22	-0.60	0.60	
Sincerity	4.3	.77	4.4	.36	0.10	4.4	.21	4.3	.51	-0.10	0.20	

Table Notes: 1. Ratings are reported on a scale of 1 (low) to 5 (high) and were converted from the original 1-6 scale for sake of consistency.

presented in Tables 16 and 17. Trainees' satisfaction with their interview performance was assessed after each interview and is reported in Table 16. BAIT-M trainees rated themselves higher on baseline measures of confidence, comfort, smoothness, and relaxation than did BAIT-P trainees. However this pattern changed post training with BAIT-P trainees achieving higher mean ratings on all measures than the BAIT-M trainees. Post-training, BAIT-P trained participants indicated that they saw themselves as slightly more confident, slightly more prepared, slightly more comfortable, as conducting a slightly smoother interview, and as slightly more relaxed during the interview. While BAIT-P trainees demonstrated positive baseline to training changes, BAIT-M clients demonstrated slightly negative effects on all measures but preparedness. Inspection of individual data (available in Appendix S) suggests that the mean BAIT-M trainee satisfaction results are an artifact of one trainee, Jane's, initial over-confidence in her interviewing ability and subsequent (post training) despair and feelings of inadequacy.

Table 16: Mean trainee evaluation ratings: interview performance

SOCIAL VALIDATION RESULTS ¹											
5. Trainee Satisfaction											
[Mean rating and standard deviation for each item.]											
Ratings ²	BAIT-P					BAIT-M					Bait-P Bait-M Overall Diff
	BASELINE		POST- TRAINING		B/T Diff	BASELINE		POST- TRAINING		B/T Diff	
	M	SD	M	SD		M	SD	M	SD		
Confidence	2.8	.70	3.5	.11	0.70	3.3	.93	3.2	.87	-0.10	0.80
Preparedness	3.2	.47	3.9	.31	0.70	3.0	.34	3.6	.84	0.60	0.10
Comfort	2.7	.70	3.6	.55	0.90	3.5	.70	3.2	.65	-0.30	1.20
Smoothness	2.8	.81	3.2	.63	0.40	3.6	.75	3.0	.66	-0.60	1.00
Relaxation 1	2.8	1.2	2.4	.94	-0.40	3.6	.22	3.1	.46	-0.50	0.10
Relaxation 2	2.8	.94	3.5	.48	0.70	3.8	.43	3.4	1.2	-0.40	1.10

Table Notes: 1. Ratings are reported on a scale of 1 (low) to 5 (high) and were converted from a scale of 1-6 for consistency.
2. Relaxation 1 measures the level of self-reported relaxation in the first half of the interview session. Relaxation 2 measures the same behavior in the second half of the interview.

Post-training measures of trainee satisfaction suggest a high level of acceptance and satisfaction with the training package by both groups of

Table 17: Mean trainee evaluation rating: training materials

SOCIAL VALIDATION RESULTS ¹				
6. Trainee Satisfaction				
[Mean rating and standard deviation for each item.]				
Rating	BAIT-P		BAIT-M	
	M	SD	M	SD
Importance	4.86	.24	5.00	0
Relevance	4.58	.42	5.00	0
Completeness	4.31	.24	4.72	.48
Appropriateness	4.31	.24	5.00	0
Overall Rating	4.17	.29	4.67	.58

Table Notes: 1. Results are reported on a scale of 1 (low) to 5 (high). Original scales were either 1-5 or 1-6 scales converted to 1-5.

participants. As seen in Table 17, trainees rated the training packages, both BAIT-P and BAIT-M, as important, relevant, complete, and appropriate. Overall, they gave the training materials a rating of excellent ($\bar{M} = 4.42$ on a five point scale). In response to a question tapping what they liked about the training materials, the following comments were provided, "well structured"; "clear concise definitions and descriptions"; "comprehensive and easily

understood"; and, "use of repetition for reinforcing interview skills." In response to what they disliked about the training materials, trainees mentioned that they found the module structure a bit "monotonous and repetitious" and suggested some variety in module format. Further trainees provided a few comments on ways to improve the training materials including, "varying the module format"; "providing more information on dealing with difficult clients"; "information on diagnosis and therapeutic interventions"; and, "providing clinical interaction, role-playing, within the training."

Table 18 provides data on the trainees' rating of the importance of training interviewing and assessment skills, as measured at three points across

Table 18: Mean importance of training rating

SOCIAL VALIDATION RESULTS ¹				
7.Importance of training interviewing/assessment skills. [Mean rating and standard deviation for each item.]				
	BAIT-P		BAIT-M	
	M	SD	M	SD
Trainee Information Questionnaire	5.00	0	5.00	0
Trainee Satisfaction Questionnaire	5.00	0	5.00	0
Post-participation Questionnaire	5.00	0	5.00	0

Table Notes: 1. Ratings based on a five point scale, 1 (low), 5 (high).

the evaluation project. The data indicate perfect consistency in the trainees perception that it is extremely important to train these skills. At all three points trainees provided a rating of 5 on a five point scale.

Data on the trainees' self-reported preparedness for clinical practicum placement was tracked across the three evaluation phases of the training program and are presented in Table 19. Trainees in both training conditions, BAIT-P and BAIT-M, perceived post-training changes in their skill level on all four skill dimensions: Interviewing, Assessment, Therapy, and Overall Clinical. Consistent with the training focus of the materials, trainees reported greater post-training effects for the skills of interviewing ($M_{diff} = 2.2$ for BAIT-P

Table 19: Mean skill preparedness ratings

SOCIAL VALIDATION RESULTS ¹												
8. Skill preparedness question [Mean rating and standard deviation for each item.]												
Questionnaire	Trainee Information				Trainee Satisfaction				Post-Participation			
Skill	BAIT-P		BAIT-M		BAIT-P		BAIT-M		BAIT-P		BAIT-M	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Interviewing	1.7	1.4	2.2	.96	3.8	.42	3.9	1.3	3.9	.42	3.9	.48
Assessment	2.8	1.7	2.5	1.4	3.9	.69	3.6	.96	3.9	.69	3.6	.48
Therapy	1.7	1.4	2.5	.83	2.4	1.6	3.1	1.3	2.5	1.4	3.1	1.3
Overall Clinical	1.9	1.9	2.2	.96	2.6	1.3	3.1	1.3	3.1	1.3	2.8	.96

Table Notes: 1. Ratings are based on a 1 (extremely unprepared) to 5 (extremely prepared) scale and were converted from the original 1-6 scales for sake of scale consistency.

trainees and 1.7 for BAIT-M trainees) and assessment ($M_{diff} = 1.1$ for both BAIT-P and BAIT-M trainees). The data further indicate that BAIT-P trained participants report slightly higher post-training gains than do their BAIT-M trained counterparts.

Finally, the results of the post participation ratings are presented in Table 20. Overall participants saw the training program as impacting on their

Table 20: Mean post-participation ratings

SOCIAL VALIDATION RESULTS ¹				
9. Trainee satisfaction - post-participation ratings. [Mean rating and standard deviation for each item.]				
ITEM	BAIT-P		BAIT-M	
	M	SD	M	SD
Ability to interact with consultees	4.33	.14	4.25	.25
Effectiveness as a psychologist	4.42	.14	4.08	.14
Recommend training program	5.00	0	5.00	0

Table Notes: 1. Ratings made on a scale of 1 (low) to 5 (high).

"ability to interact with consultees" and their "effectiveness as a psychologist". Further they indicated that they would "definitely" recommend the training materials "as an efficient way to learn interviewing skills". In response to a

probe as to why they would or wouldn't recommend the training, participants indicated an absence of this type of training in their clinical program; the thoroughness and comprehensiveness of the training materials; and, it's helpfulness in reducing anxiety in new therapists, and it's helpfulness in guiding the therapist in "what to obtain and how to obtain it."

Discussion

The results indicate that both training methods, BAIT-M and BAIT-P were effective in training clinical psychology graduate students in content skills. Similar effects were not found for process occurrence skills which were high during baseline and training effect may not have been demonstrated due to ceiling effects. Post-training improvement in process response adequacy was demonstrated for four of the six trainees. Benefit/cost ratios suggest that BAIT-P, the computer-assisted instruction program, is a more efficient training methodology than BAIT-M, the programmed-learning manual. While the data suggests that the BAIT-P training method may provide training efficiencies over the BAIT-M methodology limitations in design and number of subjects employed make direct between method comparisons difficult.

These results contribute to a small but growing literature on the effectiveness of self-instructional programs (Fawcett, Mathews, Fletcher, Morrow & Stokes, 1976; Miltenberger & Fuqua, 1985; Veltum & Miltenberger, 1989) for training behavioral assessment interviewing skills. Enumerated below are the seven areas which were the focus of the study:

- 1) attempting a replication of the findings of Miltenberger and his associates who state that "...additional research is necessary to establish the generality of the reported effects." (Miltenberger & Fuqua, 1985 p. 327);
- 2) testing the use of an instructional manual which includes other skills necessary to effective behavioral assessment interviewing (Miltenberger & Fuqua, 1985). BAIT-M (Smith et al., 1991), which was used as the training tool, emphasizes a broader range of skills

required for effective behavioral interviewing than has appeared in the literature to date;

- 3) demonstrating the effectiveness of another type of self-contained training program (Miltenberger & Veltum, 1988), i.e., a computer-aided instruction program, BAIT-P (Smith, 1991), for training behavioral assessment interviewing skills;
- 4) training clinical psychology graduate students in behavioral assessment interviewing skills (Miltenberger & Veltum, 1988);
- 5) programming for generalization and assessing the degree to which these skills will generalize from the training situation to actual clinical populations (Miltenberger & Fuqua, 1985; Miltenberger & Veltum, 1988);
- 6) incorporating social validation measures as part of the evaluation of the effectiveness of the program; and,
- 7) assessing the degree to which interviewer behavior enhances problem identification and completion of a functional analysis of the client's problem (Miltenberger & Veltum, 1988).

The discussion is organized around these seven foci.

First, the effectiveness of a programmed learning manual for teaching a set of behavioral assessment questions (Miltenberger & Fuqua, 1985; Miltenberger & Veltum, 1988); professional courtesy responses (Iwata et. al., 1982; Miltenberger & Veltum, 1988); and, interviewer process responses (Veltum & Miltenberger, 1989) including an open versus closed probing style (Miltenberger & Fuqua, 1985) was systematically replicated. Trainees achieved moderate to marked increases in content responding (32.9 to 55.4%), and minimal to moderate increases in process responding (0 to 18.8%) and process response adequacy (2.35 to 28.8%). These results are similar to the effects demonstrated by Miltenberger and his associates who found marked increases in content responding (sets of behavioral assessment questions and professional courtesy responses) (Miltenberger & Fuqua, 1985; Miltenberger & Veltum, 1988; Veltum & Miltenberger, 1989), but only minimal to moderate changes in levels of process responding (Veltum &

Miltenberger, 1989). Also replicated were results indicating that a total interview can be trained using self-instructional training methods (Veltum & Miltenberger, 1989).

Consistently, trainees demonstrated post-training gains in content response production. Two areas, however, evidenced training deficiency. First, no trainee consistently mastered the skills pertaining to assignment of homework. These four responses accounted for 10% of the variance in training outcome, consequently a training ceiling for content responses was set at 90% of content response production. This deficiency may be a function of the novelty of the responses, homework assignment is an aspect of assessment specific to behavioral approaches and none of the trainees would have experienced such a contingency in other settings. Specifically, within the Psychological Service Centre setting the contingencies mitigate against the assignment of homework given that the intake interviewer may not be the assigned therapist. Why, therefore, assign a task that the assigned therapist may not follow-up on? It may also be that trainees felt these were less important responses than others required to achieve an immediate functional analysis and let them lapse in order to achieve other response goals. The fact that trainees were aware that within the Psychological Service Centre Given the importance of homework assignments within the behavioral tradition for gaining information on historical antecedents (i.e., life history questionnaires) and teaching the client to be an observer of their own behavior (i.e., behavior recording assignments), future training efforts need to attend to this problem by providing feedback or behavioral models and stronger rationale for the completion of these responses. Second, trainees had difficulty with the requirement that a number of content dimensions be explored using an open-ended probing style. Feedback to the researcher from the raters indicated that frequently trainees did not get credit for exploring an area because they did not use an open-ended probing style although they had been able to glean the requisite information. Given that the use of open-ended exploration skills may be in contrast to an individual's normal communication pattern, training in this

area may be further facilitated by the provision of behavioral models and feedback components.

The results with respect to process response production and process response adequacy, while disappointing, were not unexpected. The limited literature, to date, suggests that process skills are more difficult to train than interview content skills (Veltum & Miltenberger, 1989). In part, differential training effects may be the result of the novelty of interview content skills, whereas process skills are the product of lengthy reinforcement histories. Generally, interviewer process or relationship skills exist on a continuum with the more generic communication skills which each of us develop from childhood. By the time clinical trainees reach their graduate programs they have developed interpersonal relationship styles and skills which have a lengthy reinforcement history and are subject to naturally occurring contingencies. Consequently, training programs targeting development of adequate levels of process response production may need to interrupt these naturally occurring contingencies in order to gain functional control of trainee behaviors. Alternately, the training of process occurrence skills in particular may have been hampered by the higher initial levels of performance demonstrated by the trainees, consequently a ceiling effect may have been in force. Importantly, however, the results indicate that the addition of new response categories, content skills, did not interfere with an already established behaviors, process skills. A topographical analysis of process response adequacy indicated that trainees achieved better mastery of process attending responses, than listening, exploring, or educating responses whose adequacy levels tended to be variable across the evaluation interviews. These results suggest that mastery is more easily obtained the simpler the rule for the required behavior. Whereas, the more ambiguous the behavior and the more the response is prompted by client behaviors the more difficult it is to achieve mastery. One approach to dealing with these problems is to provide feedback or behavioral models for the trainees. This suggestion coincides with the findings of Miltenberger and his colleague (Miltenberger & Veltum, 1988; Veltum &

Miltenberger, 1989) who frequently provided an additional feedback condition in their training programs.

Second, prior research was extended by documenting the training effectiveness of a self-instructional manual, BAIT-M, which included additional requisite skills to those which had previously been trained. Whereas Miltenberger and his colleagues had focused on brief training materials including from 10 (Miltenberger & Fuqua, 1985) to 30 (Miltenberger & Veltum, 1988) content targets and 7 process targets (Veltum & Miltenberger, 1989), BAIT-M provided modularized training for 23 content responses (incorporating 44 behavioral targets) and 16 process skills (incorporating 23 behavioral targets).

Third, prior research was further extended by documenting the effectiveness of an alternate self-instructional procedure, a computer-assisted instruction program, BAIT-P, for training the same sets of interviewer behaviors. It is suggested that participants trained using the computer-assisted instruction method, BAIT-P, generally achieved slightly higher levels of post-training performance than did their BAIT-M trained counterparts; however, these effects were not uniformly demonstrated. While it might be argued that the BAIT-P training format achieved greater instructional control, the case of Ann, a BAIT-M trained participant who achieved training effects as great as two of the BAIT-P trained participants and greater than the other, suggests that an alternate explanation needs to be found. These results may be explained when training time is taken into account. Consistently, the participants who spent the most time working with the training materials achieved the best outcome results (a finding similar to that of Miltenberger & Fuqua, 1985), regardless of training format. However, in considering the cases of Peter, Mary and Ann, who achieved similar training effects it appears that BAIT-P trained participants, Peter and Mary needed a mean 5.5 hours less training time than did Ann who was trained using BAIT-M. Consequently it can be argued that there may be training economies to be gained from using the computer-assisted instruction approach. In addition, the computer-assisted instruction approach requires a minimal

commitment on the part of trainees. Because of the structure of the computer program trainees must work through all modules systematically, reading the materials and responding to the prompts, a task which requires a minimum time commitment of 10 hours. Don's performance suggests that this minimal investment can result in substantive (44.49% for content occurrence, 18.8% for process occurrence, and 21.68% for process adequacy) increases in interviewer behavior. When contrasted with the case of Jane; who achieved moderate to minimal (32.90% for content occurrence, 1.0% for process occurrence, and 2.35% for process adequacy) post-training gains and who reported only 8.5 hours of training time, to work through the manual; the minimal time required to work through BAIT-P demonstrates a 12 to 18 percent superiority in training efficiency. Additional support for this suggestion comes from the benefit/cost ratios which indicate that the time commitment on the part of BAIT-P trainees had marginally larger pay-offs, when compared to the BAIT-M trainees. It may be that BAIT-P can control preparation in trainees who do not invest sufficient preparation time; however, this notion requires empirical verification.

An alternate complication, however, exists in the case of Jane in that instructional control was not achieved with this trainee until during the post-training assessment period. This lack could be seen not only in the evaluation outcome measures and training time but also in the length of time she spent conducting the actual interviews. Jane spent only one-half hour conducting her baseline interviews, despite the instruction to approximate the 50 minute therapy hour. This short interview time carried over into her first two post-training interviews. After her second interview Jane approached the researcher very distraught and related that the training program and the emphasis on content in the interview was causing her to lose sleep and that she was feeling very uneasy about the lack of ongoing feedback after each interview. She further stated that "I know I can do this stuff my way." Jane was advised that performance contingent feedback was not an element of this evaluation and she was counselled to try and relax and to review her training materials between

interviews. Interestingly, her performance as measured on the outcome measures increased over the next two interviews as did the amount of time she spent in the interview setting. While it was not studied directly, the case of Jane indicates that there is not only an optimum set of interviewer behaviors but that there is also a minimal duration below which an interview will not yield the required information. In other words the business of assessment cannot be rushed. This provides initial empirical validation for one of the training points provided in the training materials - trainees were instructed to take their time and explore all relevant dimensions, accuracy was considered more important than economy.

While Jane believed "I can do this stuff my way", her baseline levels were deficient in terms of the present criteria. However, as indicated previously post-training increases were not immediately evident either. Part of Jane's discomfort may have been difficulty with the behavioral orientation of the training materials which was foreign to her more humanistic approach. Changing the obvious behavioral language of the training materials to more generic descriptors (Forehand, 1985) or providing preliminary training in behavior analysis are two alternate approaches to training individuals with different paradigm allegiances. Stronger contingency mastery through the use of the computer-assisted instruction program is a third potential approach to this problem which deserves further investigation.

While some of the results suggest that BAIT-P may prove to be a more efficient training methodology than BAIT-M, they are not conclusive. The research design employed and the number of subjects trained restrict the confidence that can be placed in a direct comparative analysis of differential training effects. Further empirical verification is required to assess the superiority of one training method over the other. Despite these problems, however, BAIT-P, the computer-assisted training format, performed at least as well as the programmed learning manual, BAIT-M, and it may be argued that there are reasons other than training outcome that might make BAIT-P the

preferred training methodology, e.g., it requires mastery before trainees can progress; and, it provides response contingent feedback.

Fourth, the study focussed on training the targeted interviewer skills in clinical psychology graduate students. The six trainees were students in the clinical psychology program at the University of Manitoba. All trainees demonstrated baseline deficits in the targeted interviewer behaviors. Post-training increases were achieved by all trainees; however, considerable variability was evident. Trainees Peter, Mary, and Ann demonstrated higher terminal levels of post training interviewer responding than did trainees Don, Jane, and Lucy. Interestingly this breaks down along the lines of graduate school experience, Peter, Mary, and Ann each having completed two years of graduate study in clinical psychology; whereas Don, Jane, and Lucy were new students in the program. Two of the students were entirely new to graduate study and one had one year of prior graduate school experience. One possible explanation for this effect is the related contingencies of practicum placement on Peter, Mary, and Ann, which may have enhanced the relevance of the training and resulted in increased motivation to master interviewing skills. Perhaps this type of training is best incorporated with the commencement of practicum training in order to realize the maximum in motivational contingencies. This suggestion is not too different from the approach of Miltenberger and his associates who evaluated their training materials within the context of an undergraduate course credit (Miltenberger & Fuqua, 1985) or graduate course credit in behavior therapy (Veltum & Miltenberger, 1989). The more relevant the materials are to the trainees' current curriculum contingencies the greater is the level of "motivation" that can be expected.

Fifth, the study provided a special focus on programming for and the measurement of generalization. Specifically, generalization was programmed by employing the tactics of using sufficient stimulus exemplars, using sufficient response exemplars, making antecedents less discriminable, incorporating salient self-mediated physical stimuli, incorporating salient self-mediated verbal and

covert stimuli, and contacting natural consequences. The effects of training outcome were demonstrated to generalize across a range of graduate level students in clinical psychology, two males and four females with varying levels of clinical preparation and experience, albeit with varying degrees of success. A unique contribution of the study was a demonstration of the generalization of training effects across a range of clinical problems, representative of those which would be found in a regular mental health out-patient setting, i.e., depression, substance abuse, eating disorder, sexual abuse, family violence, stress/adjustment disorders, personality disorder and social deviance; and client characteristics, males and females, ranging in age from 21 to 52 years ($M = 33.5$ years). The demonstration of the generalization of training effects across clinical problems and client characteristics was facilitated within the context of simulation and in vivo interviews. Novel to this study, was a specific focus on performance generalization; an issue which Alberts and Edelstein (1990) maintain has not been addressed adequately in the extant literature. Generally training studies have been conducted in analogue environments using untrained or poorly simulated clients, e.g., drama students (Couture & Edelstein, 1977); psychology graduate students (Miltenberger & Fuqua, 1985); undergraduate psychology students (Miltenberger & Veltum, 1988; Veltum & Miltenberger, 1989); and, analogue interviews of very short duration (Alberts & Edelstein, 1990). Evaluation of the training effects in this study were completed in an actual clinical setting (The Psychological Service Centre, University of Manitoba). To increase the realism of the simulation interviews, experienced mental health practitioners role-played clients. Also in keeping with Forehand's assertion that "graduate students need to be exposed to 'real' clients ..." (1985, p. 8); trainee skill levels were assessed in "in vivo" interviews with "real" clients, real people with real mental health concerns, representative of common, contemporary mental health problems. Further, both simulation and in vivo interviews were structured to reflect the standard 50 - 60 minute interview session. Training effects were found to generalize across both interview classes, simulation and in

vivo. Generalization over time was achieved with temporal maintenance of trained skills being demonstrated from 10 to 15 days post-training. While long-term maintenance of training effects was not directly assessed, serendipitous feedback to the researcher from placement environments of trainees indicated that the trainees were, one year after the training project, describing and performing interviewer behaviors within the trained context. Further research needs to specifically address the assessment of long-term maintenance of these skills.

Sixth, the study focused on the social validation of the training materials and training effects. Social validation ratings, by Ph.D. level psychology practitioners and educators, confirmed that the set of dependent variables was relevant to the conduct of a behavioral assessment interview. Social validation ratings also indicated that the training materials were complete in content and adequate in format for the training of behavioral assessment interviewing skills. Subjective evaluation ratings of randomly selected pre- and post-training interview tapes by Ph.D. level psychology practitioners further indicated that the topographies of the trainees' interviewing behavior improved along eight dimensions measuring overall process-related and behavioral assessment skills, i.e., completeness of the behavioral assessment, interpersonal effectiveness of the interviewer, appropriate use of open-ended leads, adequate interview focus, appropriate use of transitional statements, appropriate use and timing of behavioral assessment questions, interviewer comfort, confidence and preparedness, and an overall rating of the adequacy of the behavioral interview.

Little pre- to post-training change was found on the client satisfaction ratings which tended to be quite high during both baseline and training phases of the study. It may be that clients cannot discriminate between a good and a poor interview given the criteria targeted in this study. It may also be that in rating an interviewer clients only attend to process related dimensions. Since the percentage of completed process responses was quite high during baseline one would therefore expect high levels of client satisfaction ratings. Unfortunately

the data indicated that although process responding was high, the adequacy of that responding was marginally acceptable (approximately 50%) during baseline. The implication here is that interviewers are reinforced for what could be considered minimally acceptable interviewer behaviors. Further weight is given to this suggestion in that confederate clients did not rate interviewers differently than the real clients. If confederate clients, who were experienced mental health professionals, used their own behavioral yardstick to rate the trainees and real clients used some previous experience with other mental health professionals as their yardstick, then minimal process skills may be the common yardstick.

On the basis of the post-participation ratings all trainees reported that the training impacted on their ability to consult with clients and their effectiveness as a psychologist. However, this was not consistently upheld in their interview by interview therapist self-ratings. Specifically in the case of Ann, therapist self-ratings tended to be low, suggestive of a lack of confidence, discomfort, and being unprepared in the interview. These low self-ratings existed despite the demonstrated increase in interviewer behaviors on Ann's part. Conversely in the case of Jane, self-ratings were quite high suggesting confidence and poise in the interview, despite poor interviewer skill performance. Based on these data it seems that certain personal difference variables may facilitate or interfere with instructional motivation and behavioral performance. For example, Ann's performance was no doubt facilitated by the amount of time she spent studying the manual; which in part may have been motivated by her low estimates of self-efficacy. Whereas, Jane's over confidence may have interfered with training mastery. This would suggest that the training program needs to incorporate other elements which may impact more significantly on therapist's estimates of self-efficacy. One approach may be to incorporate behavioral models of appropriate interviewer behaviors. This coincides with a suggestion for role-play as part of the training program made by one of the professional reviewers and two of the trainees. Given the present availability of multi-media computer technology and interactive software packages future evaluations of computer-

assisted instruction models should include both audio and video models as part of the training program.

An alternate suggestion for enhancement of future training packages comes from the observers employed to rate the outcome interviews. Both raters, senior clinical psychology Ph.D. students who had finished all their clinical practicum requirements and who were preparing to apply for internship, indicated that viewing and identifying the target skills was a powerful training experience and that they felt confident in their own ability to use the skills in future interviews. Both observers reported incorporating these skills into their own clinical repertoire and one observer modelled an interview using the BAIT format for a practicum student at his place of employment. Based on this feedback, providing a final stage to the training program in which trainees are called upon to rate standardized interviews may prove to be powerful behavioral models for appropriate interviewer behavior. Given present computer technology this enhancement could be integrated with computer based training models.

However, despite the potential for future development, the training effect provided by the BAIT materials and the head-start they may provide trainees in appropriate interviewer behavior must be emphasized. The BAIT-M and BAIT-P are important additions to the extant training techniques for behavioral clinicians and their ongoing use is warranted given the substantial increases achieved in interviewer content behavior and the moderate improvements evidenced for process skill responding. They, BAIT-M and BAIT-P, are criterion-referenced, performance-based instructional programs for the training and evaluation of behavioral assessment interviewing skills representative of the type of behavioral technology that Edelstein (1985) maintained should be used in the training of behavioral clinicians.

Seventh, the research addressed an issue raised by Miltenberger and Fuqua (1985) on whether training in behavioral assessment interviewing results in interviewers who are more capable of completing a functional analysis of a client's problem as a result of training. The results of this study appear to

conflict with those of Alberts and his colleagues (Alberts, Freeman, Desiderato, Wiener, & Edelstein, 1986) who found that the ability to conduct a good interview is not necessarily correlated with the ability to write an adequate functional analysis of the client's problem. Mean post-training increases on functional analysis ratings were evidenced for all trainees, despite the fact that they were not directly targeted in training. These results suggest that training in behavioral assessment interviewing skills provides trainees with a great head-start on ancillary interview behaviors, i.e., completion of a written interview report (functional analysis). The greatest gains were made by trainees Peter and Ann who achieved post-training overall functional analysis ratings of 5 on a 5-point scale. In part this may be more highly correlated with the fact that both these trainees had strong behavioral backgrounds and had completed a course in behavioral assessment, given that Mary, who did not have a behavioral background and had not taken training in behavioral assessment, demonstrated substantive change in post-training interviewing behavior yet did not achieve the same high levels of change in functional analysis behavior. Consequently, future training in this area should investigate the utility of specifically targeting functional analysis skills.

In summary, the BAIT training materials demonstrated differential effectiveness for the training of interviewer content and process skills. A significant training effect was found for the production of content skills; however, little change was evident in the production of process skills. Process skills were performed at high levels during baseline and post-training. Marginal improvements, on the other hand, were evidenced for process response adequacy between experimental conditions. The pattern of results is in agreement with the extant literature on the training of both classes of skills; this despite the fact that the BAIT materials provided a more complete and complex set of behavioral targets than had previously been assessed in the literature. The effectiveness of an alternate self-instructional methodology was demonstrated in BAIT-P, a computer-assisted instruction program which generally achieved marginal to

moderate training efficiencies over the programmed-learning manual approach, BAIT-M. Training effects were demonstrated with clinical psychology graduate students and were found to generalize across students, clinical problems, and across clients, including real people with real mental health issues. Subjective evaluation measures were used to validate the training targets and two outcomes of the training program, the interview and a written interview report. Finally, training in behavioral assessment interviewing skills was found to impact positively on the completion of a written functional analysis of the client's problem.

Future research in this area needs to focus on issues related to the training of the difficult trainee. One question to ask is which training format, the programmed learning manual or the computer-assisted instruction program, achieves the greatest amount of instructional control. Another is whether less behavioral language would be more effective especially for trainees where a behavioral orientation is foreign. Social comparison outcomes of the products of the training, interview and functional analysis, need to be completed, i.e., how do the training outcomes compare to what is done in the professional community. Greater variety of real problem and real client scenarios need to be incorporated into training or conversely the materials need to be assessed for use in training specific problem assessments, e.g., family violence and child abuse. Long-term maintenance of training effects remain to be demonstrated. Enhancements to the computer-assisted instruction program, BAIT-P, need to be assessed. In particular, will incorporating video models and rating standardized videos improve process response acquisition in particular? Also, given Miltenberger's argument for cost-efficiency in training (Miltenberger & Fuqua, 1985) what is the minimal amount of training required? The BAIT materials offered extensive training in a wide range of content and process skills. Future research needs to address a component analysis of the BAIT training materials. A comparison of the training effects of the BAIT Quick Reference with those of the total package would also prove informative. Finally, future research needs to build on the

suggestion of training efficacy found in this study and more definitively address the issue of which training methodology, programmed-learning manual or computer-assisted instruction, provides the more efficient training approach.

In conclusion, this study provided a rigorous platform for the training and evaluation of behavioral assessment interviewing skills in clinical psychology graduate students. Consistent with a recent review of the therapist training literature by Alberts and Edelstein (1990), it capitalized on the best of the extant methodological considerations, i.e., sets of responses or skill repertoires were trained; responses trained were defined in objective, observable terms; raters were explicitly trained to criterion levels; objective response definitions, behavior checklists, were used to monitor trainee skill acquisition and performance; and, a multiple baseline design was used to evaluate the effects of training. Within this methodological context, the self-instructional packages evaluated in the study; BAIT-M, a programmed-learning manual, and BAIT-P, a computer-assisted instruction program; were demonstrated to be effective vehicles for the training of "real" mental health practitioners, i.e., clinical psychology graduate students, in behavioral assessment interviewing skills with "real" clients. Generally, trainees exposed to the BAIT-P training format achieved marginally higher training effects than did the BAIT-M trained participants. The demonstration of the effectiveness of a comprehensive criterion-referenced, performance based program for the training of assessment interviewing skills, makes the application of behavioral technology to the training requirements of the behavioral clinician (Edelstein, 1985) readily available. The ability to easily reproduce and disseminate the program, or to customize it to specific interviewing assessment situations, e.g, investigatory interviewing in child abuse (White & Edelstein, 1991), ensures it's applicability beyond the domain of behavioral clinicians to the more extensive community of interviewers. Perhaps all that remains, now, is to get more professionals to take the BAIT.

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Appendix A

Trainee Invitation Letter and Consent Form

March 19, 1991

Mr./Ms. (Name)
Graduate Student
Dept. of Psychology
University of Manitoba
Winnipeg, Manitoba

Dear (Name)

The interview remains an indispensable part of any clinical assessment process. Yet little training emphasis is placed on the interview as an assessment tool. In an attempt to meet the needs of clinicians for training in the specifics of assessment interviewing, we have developed a training program which is now ready for evaluation.

The intent of this letter is to request your participation in an evaluation of the training program. The evaluation requires your participation in a series of interview sessions, completion of an interview training program [either in programmed-learning manual or computer-assisted style], and an additional series of interview sessions. The evaluation is scheduled to run at the end of the April exam period and will last approximately two weeks. The required time commitment is approximately 1.5 hours per day.

Words cannot adequately convey to you our excitement about the educational potential of the training program. We believe it will fill a gap in the clinical training of mental health professionals. Your assistance is required to bring the program to the next stage in its development. Please sign and return the attached consent form, as soon as possible, to Dr. Holborn via departmental mail as an indication of your willingness to participate in this unique training and evaluation opportunity. Once we receive your completed consent form we will contact you with further details.

Sincerely,

R. E. (Bob) Smith, M.A.
Clinical Psychology Graduate Student

Stephen W. Holborn, Ph.D.
Associate Professor

Trainee Consent Form

I, _____, hereby voluntarily agree to participate in the evaluation of the Behavioral Assessment Interview Training Program [BAIT] being conducted by Mr. R. E. (Bob) Smith.

It is my understanding that as a participant in the evaluation project that I will be required to

1. Participate in a series of interview situations (approximately 10), all of which will be video-taped for the purposes of scoring.
2. Provide a written summary of each interview.
3. Participate in a training program, in the form of either a programmed-learning manual or a computer-assisted instruction program, which addresses core skills for assessment interviewing.
4. Complete an evaluation form which will assess my perceptions of and satisfaction with the training program.

Also as a participant, I understand that

1. I will receive feedback on the outcome of the evaluation project within 60 days of its completion. Such feedback will be general in nature, however at my request individualized feedback will be made available.
2. My participation in the project is completely voluntary, and that I may withdraw from the project at any time.

Finally, I acknowledge that I have received no further promises or undertakings implied or otherwise from the researchers with respect to my participation in this project.

Signed

Date

(Please return the form unsigned if you do not wish to participate in this evaluation project.)

Appendix B
Trainee Information Questionnaire

Please complete the following information. Thank-you.

1. Name: _____
2. Degrees: _____
3. Years of graduate study: _____
4. Field of study: _____
5. Clinical orientation [Check one]:

HUMANISTIC

BEHAVIORAL

COGNITIVE BEHAVIORAL

PSYCHODYNAMIC

FAMILY SYSTEMS

ECLECTIC

OTHER

if other specify _____

6. Have you taken courses on interviewing?

YES

NO
if no, go to #9.

7. How many interviewing courses have you taken? _____

8. a) What were the interviewing courses you took?

b) What orientation were the interviewing courses you took?

9. Have you had experience in interviewing?

YES

NO
if no, go to # 12.

10. How much interviewing experience have you had?

11. In what types of situations have you conducted interviews.

12. How would you rate your training in interviewing skills?

1-----2-----3-----4-----5
poor fair average good excellent

13. How do you rate your interviewing skills?

1-----2-----3-----4-----5
poor fair average good excellent

14. Have you taken courses on assessment?

YES

NO
if no, go to # 17.

15. How many assessment courses have you taken? _____

16. a) What were the assessment courses you took?

b) What orientation were the assessment courses you took?

17. Have you had experience conducting assessments?

YES

NO

if no, go to # 20.

18. How much assessment experience have you had? _____

19. In what types of situations have you conducted assessments?

20. How would you rate your training in assessment skills?

1-----2-----3-----4-----5
poor fair average good excellent

21. How do you rate your assessment skills?

1-----2-----3-----4-----5
poor fair average good excellent

22. Have you completed a practicum as part of your training?

YES

NO
if no, go to # 26.

23. How many practica have you completed? _____

24. What was the focus of your practica?

25. How prepared do you believe you were for practicum before you started?

a) in terms of interviewing skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

b) in terms of assessment skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

c) in terms of therapeutic skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

d) in terms of overall clinical skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

26. How prepared do you believe you are now to enter practicum?

a) in terms of interviewing skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

b) in terms of assessment skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

c) in terms of therapeutic skills?

X-----X-----X-----X-----X-----X

extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

d) in terms of overall clinical skills?

X-----X-----X-----X-----X-----X

extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

27. Importance of training assessment interviewing skills. (How important is it to train assessment interviewing skills?)

X-----X-----X-----X-----X-----X

extremely moderately slightly slightly moderately extremely
unimportant unimportant unimportant important important important

28. What do you believe is required to improve your ability in the areas of
a) interviewing?

b) assessment?

Appendix C

Copies of Interviewee Consent Forms

Confederate Consent Form

I, _____, hereby voluntarily agree to participate in the evaluation of the Behavioral Assessment Interview Training Program [BAIT] being conducted by Mr. R. E. (Bob) Smith.

It is my understanding that as a participant in the evaluation project that I will be required to

1. Participate in a series of interview situations (approximately 8), all of which will be video-taped for the purposes of scoring.
2. Role-play a client based on a character sketch provided by the researchers. I further understand that I am being asked to use my own experience in the problem area to flush out the script and bring the character to life.
3. Complete an evaluation form which will assess my perceptions of and satisfaction with each interview experience.

Also as a participant, I understand that

1. I will receive feedback on the outcome of the evaluation project within 60 days of its completion. Such feedback will be general in nature.
2. My participation in the project is completely voluntary, and that I may withdraw from the project at any time.
3. At my request I will receive training in assessment interviewing skills, using the training program being evaluated in this project, once the project is completed.

Finally, I acknowledge that I have received no further promises or undertakings implied or otherwise from the researchers with respect to my participation in this project.

Signed

Phone Number

Date

Client Consent Form

I, _____, hereby voluntarily agree to participate in the evaluation of the Behavioral Assessment Interview Training Program [BAIT] being conducted by Mr. R. E. (Bob) Smith.

It is my understanding that as a participant in the evaluation project that I will be required to

1. Participate in a series of interview situations (approximately 8), all of which will be video-taped for the purposes of scoring.
2. Complete an evaluation form which will assess my perceptions of and satisfaction with each interview experience.

Also as a participant, I understand that

1. My referring therapist will receive a report summarizing each interview session within 7 days of its completion.
2. My participation in the project is completely voluntary, and that I may withdraw from the project at any time.
3. This project is for the training of interviewing skills in clinical psychology students and ongoing therapy will not be provided to clients by the evaluation project.

Finally, I acknowledge that I have received no further promises or undertakings implied or otherwise from the researchers with respect to my participation in this project.

Signed

Phone Number

Date

Appendix D

Sample Client Simulation Script

Simulated Patient Script: Panic Disorder*

Patient Name: Louis Bannister

Age: That of the Actor

Presenting complaints: Patient sent for consultation by emergency room secondary to presentation with chest pain. Occasionally light headed. Does not have a family doctor.

Symptoms: Chest pain, sweating, palpitations.

Personal data: The patient is married and the father of two children. Ages to be established according to actor's age. He works as a librarian for the University. Hasn't seen a psychologist or psychiatrist before. Doesn't know if he has hypertension.

Substance consumption: Has an occasional beer, glass of wine, gets drunk once every year or two years. Smoked some marijuana occasionally while in high school, however, has not used it or other drugs since. Drinks six or seven cups of coffee a day.

Smoking: Two packs of cigarettes a day. Fifteen year history of smoking (alter to fit age of actor).

Diet: When things get busy - fast food, otherwise incorporate your own diet patterns (but not vegetarian).

Presenting incident: One week ago he was driving along the freeway on his way to visit his parents. With his wife and children in the car. He began to feel palpitations and tightness in his throat and noted chest pain. The chest pain is dull, aching. He became very sweaty and pulled off to the side of the road. His wife then drove him to the emergency room where an EKG was run, and various blood tests were taken. After a three hour stay he was told that he did not have a heart attack and that he should see a primary care physician for ongoing care. At this point, this appointment was made. The chart was not available for today's visit however. The symptoms lasted about 15-20 minutes. They have recurred a couple of times since but have not been as severe.

Family history: Patient's father died of a coronary at the age of 39. The patient has been quite anxious about this since that time. He has two uncles (siblings of this father) who have hypertension. One of patient's own siblings has hypertension too (an older brother).

Presenting aspects: Louis shows a great deal of anxiety about the possibility of a coronary event. He does not know his cholesterol level but worries that it may be high. He used to exercise three times a week, but has not exercised on any consistent basis for the past four years. During that period of time his weight has increased and he feels less energetic than he had in the past. Louis is very worried that these symptoms indicate that he is having a heart attack and is going to die. Even though he has been convinced that he did not have a heart attack and the incident that occurred before his trip to the emergency room. He still sees himself as high risk for heart

attack and worries that he will die. He seeks reassurance very frequently from the physician in a very anxious way. He sits anxiously as he talks with the physician - sitting up on the edge of the chair, clenching his hands together tightly at some points and asking frequently for reassurance. He asks questions about how will I know if I have had a heart attack? What should I do if I have had a heart attack? Do these pains mean that a heart attack is impending in the future? When asked if the pain radiates from his chest during these episodes, the answer is no. Any questions such as that should be followed by a question, (an anxious question) on the part of the patient about what it would mean if the pain did radiate. If probed about whether this makes him anxious the patient would show some relief, sigh, and say "Yes, I really feel as though I am dying when these episodes start." Further questioning then can reveal that he has experienced similar episodes for the past year on a less frequent and less intense basis. He experiences pain when he is driving, or is in a crowded store. During these episodes in the past he questions whether he might be dying. However, he is afraid that he might be dying and so does not make appointments. The question has become more intense and more compelling now. If probed he is very concerned that he might have a heart attack and die at the age of 39 as his father had. (Don't volunteer this unless students ask something like, "What is your greatest fear?") He is also worried about whether he is going crazy. Gets angry if you ask him whether he's seen a psychiatrist. The Mother is still alive, and the Father was a truck driver. The patient frequently asks very anxious questions to the provider. He watches the provider very intently for any sign of what might be going on, what might be going wrong. He is resistant to making changes in smoking because smoking is the only thing that seems to bring down his anxiety level. He reports drinking six to seven cups of coffee per day, feeling that he needs it to stay alert enough to do his job. He is somewhat angry and cynical about other people not doing their work as well as they ought to. He says he feels a tremendous time pressure to get his work done. It is very critical for people to perform at high standards all of the time. He reports that he is not extremely happy with his job but that he doesn't think that people are ever happy with their jobs.

Employment:

Computer job in a library. If asked, whether you like your job, answer, "It's not great but it's a job - you know you just do your job." His wife also works, She's an elementary school teacher.

* Adapted from materials supplied by Dr. Ed Callahan

Appendix E
Letter of Instruction to Simulation Clients

April 15, 1991

Thank-you for volunteering to role play a client in the evaluation of the Behavioral Assessment Interview Training Program.

During the evaluation you will be interviewed seven times by various trainees. Each interview will take approximately one hour and will be arranged at convenient times. After each interview you will be required to complete a brief rating form.

The attached client script provides the character outline for your role play. You have been assigned your script on the basis of your own expertise with the depicted problem. Please read this character sketch and adapt it as needed in order that you might provide as realistic an experience as possible for the trainees. While the character sketch is to provide the core of the role play, you are asked to use the wealth of your own experience to bring the character and the problem to life.

Once again thank-you for your contribution to this training experience.

Sincerely,

R. E. (Bob) Smith, M.A.

Appendix F

Psychological Service Centre Intake Checklist

Intake Checklist

Date:

Client:

Interviewer:

--	--	--	--	--	--

Yr. Mo. Day

Check 'Y', 'N', or 'Don't Know (?)' for each question.

LEVEL ONE: ISSUES TO BE ADDRESSED IN EVERY INTAKE INTERVIEW.

	Y	N	?
Is this situation a crises, requiring immediate response?			
Is there reason for concern about physical abuse of family members?			
Is there reason for concern about incest?			
Is there reason for concern about suicide?			
Is there reason for concern about the safety of the client or others?			
Is there concern, by yourself or others, about the client(s) misusing nonprescription or prescription drugs (including alcohol)?			
Is it necessary to receive written consent to engage in therapy?			
Is anyone expecting feedback on therapy progress?			
Have you requested further information from anyone regarding the client?			

LEVEL TWO: ISSUES TO BE SELECTIVELY ADDRESSED DEPENDING ON SITUATION.

	Y	N	?
Is there current contact with other therapeutic professional or agency?			
Has there been previous therapeutic contact regarding the current problem?			
Is the client on medication, pscyhotropic or otherwise?			
Are there legal implications to therapy participation or outcome?			

For each positive response, a description or explanation should be included in report, Include any emergent or short term interventions initiated during intake.

Appendix G

Psychological Service Centre Client Phone Contact Sheet

Psychological Service Centre
University of Manitoba

CLIENT PHONE CONTACT SHEET

Date: _____

Name(s): _____

Work Phone: _____

Address: _____

Home Phone: _____

Brief Description of Problem: _____

Emergency: (check one)

Yes

No

Number of People Attending Intake: _____

Date and Time of Intake: _____

Cancellation or Rescheduling: _____

Appendix H

Client Ratings

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

1. How confident did you feel the interviewer appeared in this session?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 confident hesitant

2. How prepared do you feel the interviewer was for this session?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 unprepared prepared

3. How comfortable did the interviewer make you feel in this session?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 comfortable uncomfortable

4. How warm do you feel the interviewer was in this session?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 cold warm

5. How sympathetic do you feel the interviewer was in this session?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 sympathetic unsympathetic

6. How attentive do you feel the interviewer was in this session?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 inattentive attentive

7. How sincere do you feel the interviewer was in this session?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 sincere insincere

Appendix J

Bait Index

BEHAVIORAL ASSESSMENT INTERVIEWING
TRAINING MANUAL

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Appendix K Sample BAIT Modules

I. Probing

Probing consists of a statement, worded in the imperative, that attempts to obtain information about something. Probing is open-ended and must be answered with an explanation, requires discourse, and cannot easily be answered with a 'yes' or 'no'. Probing provides clients an opportunity to discuss topics relevant to them by asking them to talk about, describe, or explain something. Probes have been found to be useful in beginning an interview, encouraging the client to express more information and eliciting examples of particular behaviors, thoughts or feelings.

Probing is used in the place of a question. Generally our questions should be rephrased into statements. For example, instead of asking "What did you do next?", say "Tell me what happened then." Probing avoids the interrogative tone of an interview which relies on questions.

Probing consists of a _____, worded in the _____, that attempts to obtain _____
_ about something.

The following example illustrates probing.

Client [a middle-aged woman]: "I guess we fight about a lot of things, but the major thing we fight about is that I'm never home."

1. Interviewer: "What does your wife do while you away?"

2. Interviewer: "Let's talk about what keeps you away from home."

In the first response the interviewer asks a question which is off topic and will not lead to factual information about the client's problem. The second response, on the other hand, is a probe which asks the client to provide information about the problem.

For each of the following, choose the probing response.

1. Client [22 year-old male]: "I'm having problems with my marriage."

a) Interviewer: "How long have you been married?" (Go to A)

b) Interviewer: "Tell me about the problems you are having." (Go to B)

c) Interviewer: "Are you still living with your wife?" (Go to C)

A. This closed inquiry invites a brief, factual answer and interrupts the client's discussion of the problems. A probe provides a less restrictive structure and encourages discussion. Return to 1 and try again.

B. Correct. This probing response encourages the client to continue the discussion. Proceed to 2.

C. This closed inquiry demands a "yes" or "no" answer and interferes with the client's discussion of his problem. A probing response is preferable at this point. Return to 1 and try again.

2. Client [17 year-old female]: "I have two reactions, really. Either I feel like yelling at her and telling her she's not the only one who feels tired and fed-up, or I feel like turning around and walking right out of the house."

a) Interviewer: "Describe what's going on inside you when you feel this way." (Go to A)

b) Interviewer: "When you yell at her, does she yell back?" (Go to B)

c) Interviewer: "Have you ever walked out?" (Go to C)

A. Correct. This probing response is centred on the concerns of the client. This response enables you to gather information and to help the client explore and clarify her problems.

B. This closed inquiry can be answered by "yes" or "no". As a result it produces little information and prevents the client from exploring and clarifying her situation. Return to 2 and try again.

C. This closed inquiry can be answered "yes" or "no". Design your exploring responses to help the client explore and clarify her problems. Return to 2 and try again.

Write a probing response for each of the following:

1. Client [middle-aged woman]: "I just get so nervous. I'm just a bunch of nerves."

Open-ended questions in response to this client message could be "Describe what do you mean by "a bunch of nerves"." or "Tell me about what makes you feel this way."

2. Client [a retired person]: "To be frank about it, it's been pure hell around my house the last year."

The open-ended question "Tell me exactly what has been going on that's been so bad for you." would be an appropriate response in this case.

Probing responses are statements, worded in the imperative, that attempt to obtain information about something. Probing is open-ended and asks the client to describe or to talk about his or her behavior. Such responses require an explanation or discourse and can not be answered with a "yes" or "no". Probing is generally more productive and should be used more frequently than the other exploring responses. The major advantage of probing over questioning is that it does not leave the client feeling interrogated.

II. Exploring Cognitive Correlates

Up to this point, you have obtained information on the client's problems, the problem to be addressed first, the specific problem behaviors, and the dimensions of the problem. You also have established problem onset, and explored antecedent conditions and consequences. It is now important to assess the client's cognitive responses related to the problem. Cognitive correlates consist of client thoughts, beliefs, self-talk, attitudes or imagination.

Information on the problem behavior and controlling variables is incomplete without a description of the client's cognitive responses or self-directed verbal behavior. Such cognitive events may be important variables contributing to a problem, or may actually be part of the problem behavior. It is useful to determine client attitudes or beliefs about the problem as well as specific thoughts occurring before, during or after the problem behavior. Cognitive events may function as antecedents (e.g. self-instruction, anticipating the outcome of a behavior) or consequences (self-blame, self-praise, self-evaluation) of behavior, or may themselves constitute the problem behavior (e.g., obsessive thoughts that cause distress). Careful exploration of cognitive events will contribute to the analysis of a client's problems.

Exploring cognitive correlates consists of using probes or open-ended questions to assess the client's thoughts, beliefs, self-talk, attitudes or imagination. You 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 prompts the client to describe covert 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 you may rephrase leads, and if the client still cannot remember, you may provide examples or have clients roleplay or visualize themselves in problem situations in an attempt to prompt the client's recall. For example, "I know it's often hard to remember specific thoughts. I've found that people in your situation sometimes have thoughts like.... Are you thinking anything like that?"

Exploring cognitive correlates consists of using _____ or _____ questions which prompt the client to describe _____ verbal behavior which may be related to the problem behavior.

The following example illustrates exploring cognitive correlates.

1. Interviewer: "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."

Interviewer: "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?"

2. Interviewer: "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."

Interviewer: "Yes, it can be very upsetting. How do you feel then, after the 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."

Client: "Well...Usually on my way over to Ron's I'm kind of down on myself for my grades. I guess I'm 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."

Interviewer: "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."

Interviewer: "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 first example, the interviewer used open-ended questions and asked about the client's thoughts related to the problem, fighting. The interviewer asked what the client was saying to herself or thinking before, during, and after the fighting. Thus when the interviewer asked appropriate questions the client responded with information about her thoughts. In the second example, the interviewer did use open-ended questions but did not ask about the client's thoughts or covert verbal behavior. Rather the interviewer 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 assessing cognitive correlates.

For each of the following, choose the response which demonstrates appropriate exploration of cognitive correlates.

1. a) Interviewer: "Gary, do you think about drinking with your friends before you get together with them?"

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

Interviewer: "How about after a drinking party; do you ruminate about it?"

Client: "No." (Go to A)

- b. Interviewer: "Can you remember the thoughts you are having while you are drinking?" (Go to B)
- c. Interviewer: "Gary, how do you feel, when you are drinking?" (Go to C)

A. In this example, you used closed questions. You did not ask the client to describe what he was thinking, but rather asked whether he 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 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 his own thoughts. Return to 1 and try again.

B. Correct. You have asked the client about his thoughts during his problematic drinking behavior. You must also remember to assess his thoughts before and after the identified problematic behavior. Go to 2.

C. In this response you have asked the client how he feels during the behavior. While this may be an important element it is not the focus of exploring cognitive correlates. Return to 1 and try again.

- 2. a) Interviewer: "Peter, how do you feel as you're cruising around looking for a victim?" (Go to A)
- b) Interviewer: "Peter, what were you telling yourself as you were cruising around looking for a victim?" (Go to B)
- c) Interviewer: "Peter, I would imagine it was quite stressful for you as you were cruising around, can you tell me about that?"

A. In this response you have asked about the client's feelings. An appropriate response would focus on the client's self-talk or thoughts, before, during and after the problem behavior. Return to 2 and try again.

B. Correct. In this response you have focused on the client's thoughts during the problem behavior. You would also want to probe for similar information before and after the problem behavior.

C. In this response you are addressing feelings which you achieve with an interpretation to which you then ask the client to respond. An appropriate response would focus on the client's self-talk or thoughts, before, during and after the problem behavior. Return to 2 and try again.

For each of the following scenarios write, in the space below, the leads you would ask to assess this client's cognitive correlates before, during and after the problem behavior.

- 1. 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.

Examples of appropriate responses would be "What are you thinking as you anticipate speaking before a group?"; "Tell me what you're saying to yourself when you have to speak in a group situation."; or "What are your thoughts after you've spoken to a group?"

2. Your client has described being anxious at work. She stated that she feels uneasy, her hands get sweaty and she feels like running away. While she is usually able to overcome this, lately she has taken considerable sick time.

Examples of appropriate leads would be "What are you thinking as you anticipate becoming anxious?"; "Tell me what you're saying to yourself when you are anxious?"; or "What are your thoughts after being anxious?"

Appropriate leads for exploring the client's cognitive correlates are probes or open-ended questions that ask about thoughts, beliefs, self-talk, attitudes or imagination before, during, and after the problem. 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 you should take time to ask a number of leads to help the client remember and describe what he or she was thinking in relevant situations. If the client still cannot remember, you may ask the client to roleplay or to imagine themselves in the problem situation. Finally, you may ask the client to record his or her thoughts in the natural setting for use in the following session (see Appendix B, for further information on client self-monitoring.)

Appendix L

BAIT Quick Reference Guide

RESPONSES

I. PROCESS

A. Gazing

1. Maintain natural eye contact with client
2. Do not stare!

B. Posturing

3. Face client squarely
4. Maintain relaxed posture with forward trunk lean
5. Maintain an expressive face - smile when appropriate
6. Use encouraging gestures

C. Vocalizing

7. Use a moderate pitch and volume of voice
8. Use moderate rate of speech

D. Tracking

9. Keep to topic indicated by the client
10. Build on the client's issue

E. Paraphrasing

11. Rephrase the content of the client's message

F. Reflecting

12. Rephrase the client's current feelings

G. Summarizing

13. Use a collection of two or more paraphrases or reflections to tie together or rephrase two or more different parts of a message

H. Encouraging

14. Use verbal or non-verbal prompts to indicate to the client that you are listening and want the client to continue

I. Probing

15. Use imperative statements to obtain information

J. Questioning

16. Use interrogative statements to obtain information
 - a. Open-ended questions being with words such as "what, how, when, where, which or who" and require discourse or an explanation
 - b. Closed-ended questions being with words such as "are, do, can, is, or did" and can be answered with a 'yes' or 'no'

K. Concretizing

17. Use a brief focused question to extract exactness and specific detail

L. Clarifying

18. Use a question, along with a repetition or rephrasing of all or part of the client's previous message, to obtain elaboration of a vague, ambiguous or confusing statement

M. Confronting

19. Describe discrepancies, conflicts or mixed messages apparent in the client's feelings, thoughts and actions.

N. Interpreting

20. Make associations or causal connections among various client behaviors, events or ideas
21. Present possible explanations of client's behavior

O. Informing

22. Share objective and factual information

P. Orienting

23. Briefly, inform or orient client about what will occur next in the session.

II. CONTENT

A. Initial greeting

1. Greets client with a standard greeting
2. Introduce yourself
3. State your title and position

B. Environmental structuring

4. Ensure privacy by closing office door
5. Direct client to their chair
6. Assume your position facing the client

C. Ice breaking

7. Briefly summarize what is already known about the client and the presenting problem

D. Providing context

8. Inform client about nature of the interview
 - a. questions will be asked
 - b. will be assessing the problem
 - c. client can ask questions at any time
9. Solicit questions
10. Advise client of confidentiality

E. Problem Identification

11. Provide an open-ended lead asking for general description of the problem

F. Exploring Other Problems

12. Provide an open-ended lead, asking if other problems exist
13. Provide an open-ended lead asking for general description of other problems
14. Ask for other problems until client says "no"

G. Priority Setting

15. Summarize presented problems
16. Provide an open-ended lead asking the client to decide which problem to address first.

H. Describing Problem Behaviors

17. Provide an open-ended lead asking for specific description of the problem behavior.

I. Relevant Dimensions

18. Provide open-ended leads asking about the dimensions (frequency, duration, magnitude, latency) relevant to the problem behavior

J. Problem Onset

19. Provide an open-ended lead asking when the problem first started
20. Inquire about events associated with onset

K. Antecedent Conditions

21. Provide an open-ended lead asking about what occurs just prior to the occurrence of the problem behavior
22. Inquire about circumstances/situations where problem behavior doesn't occur

L. Exploring Consequences

23. Provide an open-ended lead asking what happens immediately after the problem behavior

M. Cognitive Correlates

24. Use probes or open-ended questions to assess the client's thoughts, beliefs, self-talk, attitudes and/or imagination, before, during or after the problem.

N. Establishing Goals

25. Provide an open-ended lead asking what specific behavioral changes the client wants to make

O. Assessing Strengths

26. Provide open-ended leads asking about client's behavioral assets, problem solving skills, cognitive coping skills and self-control skills

P. Assessing Potential Reinforcers

27. Provide an open-ended lead asking about preferred activities and interests, etc.

Q. Exploring Previous Solutions

28. Use a closed-ended question asking if there were previous attempts at problem resolution
29. Provide open-ended leads to assess attempts made
30. Provide open-ended lead to assess outcomes of attempts

R. Exploring Alternate Causes

31. Use closed-ended questions to ask about alternate causes, i.e. client's health, medication or drug use, past history

S. Exploring Perception

32. Provide an open-ended lead asking client to identify and describe her or his view of the problem

T. Winding down

33. Inform client interview is ending
34. Provide brief summary of interview
35. Ask client if they have any questions

U. Assigning homework

36. Providing a rationale and description of assigned task
37. Review reporting form(s)
38. Question client to ensure understanding
39. Put in writing the agreed upon tasks

V. Programming continuation

40. Provide realistic suggestions for positive outcome
41. Orient client about things yet to occur
42. Establish next appointment

W. Parting

43. Escort client to the door
44. Conclude interview with a parting comment, such as "Good-bye."

Points to Remember

1. Use open-ended leads, probes or open-ended questions, as much as possible. They encourage discussion and exploration.
2. Maintain a natural eye-contact with the client.
3. Speak loudly and clearly enough so that the client does not have to strain to hear you.
4. Speak slowly enough so that the client can understand you. Give the client time to process what you are saying.
5. Provide the client time to answer each question. Don't fire questions rapidly or answer questions for the client.
6. Don't interrupt the client (unless extremely necessary because of long, rambling, or off-subject answers by the client).
7. Each area of assessment should be covered until clear and through information is provided, and this may require that you ask quite a few leads in some areas.
8. Remember that accuracy is more important than economy; thus checks on communication are essential.
9. Maintain a good level of eye contact: Don't stare at your notes, but don't stare at the client either.
10. Provide a friendly, reinforcing atmosphere. Praise the client for answering questions and being cooperative. Smile when appropriate.
11. Nod your head and provide other sorts of feedback when the client is answering questions. Saying "um hum", and briefly summarizing the client's answers occasionally indicates to the client that you understand what is being said.
12. When you are finished with the interview, inform the client that you are through asking questions, and thank the client for participating.

BEHAVIORAL ASSESSMENT

INTERVIEWING

Quick Reference

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Appendix M

Instructions to Raters and Rating Checklist

BAIT Rating Instructions

As a BAIT rater you will be required to view 48 video taped interview sessions. Your task during these viewings is to identify the occurrence and appropriate use of targeted interviewing skills. To assist you in your task the **BAIT INTERVIEW SCORE SHEET** has been developed. The following guidelines are intended to direct your use of that instrument.

1. You will view each video and score the occurrence of the targeted content and process skills. It is recommended that you view each video twice, once to rate the content skills and once to rate the process skills. Feel free to view a video as many times as you feel necessary to complete the rating task.
2. Videos are to be viewed in the designated order, as listed on the **BAIT - TAPE RATING ORDER**. Each tape is numbered on the bottom of the spine label from 1 to 48, this number is listed on the rating order in the column labelled **TAPE #**. For example the first tape you will rate is **tape # 23**. You are to initial and date the list in the appropriate rater column when you have finished rating a tape.
3. Please rewind the tapes when you have finished viewing.
4. The rating score sheet is comprised of six sheets, you will find these on top of the filing cabinets in six piles. You are to take one sheet off each pile for each video rated.
5. Sheet 1 is a cover page. You are to fill in the three blanks in the bottom left hand corner of the sheet.
 - Tape No: is the number of the tape you are rating.
 - Rater: you are to initial this area.
 - Date: provide the date on which the tape was viewed and rated.
6. Sheets 2 - 6 provide descriptions of each target response and space for your rating of its occurrence.
7. Rating starts with the **content** skills. For this set of skills you are to provide two observations. First, did it happen. This is rated by providing a check mark in the column marked **YES**. A non-occurrence is indicated by leaving the column blank. Second, you are to record the location on the tape that you observed the target response by recording the time sequence number off the VCR control panel in the column marked **LOC**. The following is an example of how the rating sheet is to be used.

SCORING YES LOC.	CATEGORY OF INFORMATION	TARGET RESPONSE
	Q. Exploring Previous Solutions	
—		28. Closed-ended question asking is there were previous attempts at problem resolution.
—		29. Open-ended lead to assess attempts made.
—		30. Open-ended lead to assess outcome of attempts.

8. The second set of ratings involves the **process skills**. Once again we are interested in the occurrence and non-occurrence of the skill. Simply if the targeted response happened once you are to place a check mark in the column labelled **YES**. However unlike content skills which may only occur once in a interview, process skills should be happening throughout the interview. Therefore, you are also required to provide a rating of the **ADEQUACY** of the response throughout the interview, with **1** indicating that the targeted response while used was not used adequately or at times when it would have been useful and **5** indicating that the targeted response was used appropriately and in a manner that enhanced the interview. If a response did not occur then its adequacy does not need to be rated. The following is an example of how the rating sheet is to be used.

SCORE YES	RESPONSE ADEQUACY	CATEGORY OF INFORMATION	TARGET RESPONSE
		L. Clarifying	
—	1.....2.....3.....4.....5		18. Use a question, along with a repetition or rephrasing of all or part of the client's previous message, to obtain elaboration of a vague, ambiguous or confusing statement

9. The last set of ratings are **OVERALL** ratings of your impression of the total interview in context. You are to rate each interview on the dimensions indicated using the scale provided.
10. Please note any problems you had in rating the video in the blank space provided on page six.
11. When you have finished rating each tape staple the sheets together and place in the box provided.

**BAIT INTERVIEW SCORE SHEET
FOR SCORING TRAINEE INTERVIEW TAPES**

TAPE NO: _____

RATER: _____

DATE: _____

CONTENT RESPONSES

SCORING		CATEGORY OF INFORMATION	TARGET RESPONSE
YES	LOC.		
		A. Initial reception	
—	—		1. Greets client with a standard greeting
—	—		2. Introduce yourself
—	—		3. State your title and position
		B. Environmental structuring	
—	—		4. Ensure privacy by closing office door
—	—		5. Direct client to their chair
—	—		6. Assume your position facing the client
		C. Ice breaking	
—	—		7. Briefly summarize what is already known about the client and the presenting problem
		D. Providing context	
—	—		8. Inform client about nature of the interview
—	—		i. questions will be asked
—	—		ii. will be assessing the problem
—	—		9. Solicit questions
—	—		10. Advise client of confidentiality
		E. Identifying the problem	
—	—		11. Open-ended lead asking for general description of the problem
		F. Exploring Other Problems	
—	—		12. An open-ended lead, asking if other problems exist
—	—		13. Open-ended lead asking for general description of other problems

SCORING		CATEGORY OF INFORMATION	TARGET RESPONSE
YES	LOC.		
—	—		14. Ask for other problems until client says "no"
		G. Setting Priority	
—	—		15. Summarize presented problems
—	—		16. Open-ended lead asking the client to decide which problem to address first.
		H. Describing Problem Behaviors	
—	—		17. Open-ended lead asking for specific description of the problem behavior.
		I. Exploring Relevant Dimensions	
—	—		18. Open-ended lead asking about the dimensions (frequency, duration, magnitude, latency) relevant to the problem behavior
		J. Establishing Problem Onset	
—	—		19. Open-ended lead asking when the problem first started
—	—		20. Inquire about events associated with onset
		K. Exploring Antecedent Conditions	
—	—		21. Open-ended lead asking about what occurs just prior to the occurrence of the problem
—	—		22. Inquire about circumstances/situations where problem doesn't occur
		L. Exploring Consequences	
—	—		23. Open-ended lead asking what happens immediately after the problem behavior
		M. Exploring Cognitive Correlates	

SCORING YES . LOC.	CATEGORY OF INFORMATION	TARGET RESPONSE
— —		24. Probes or open-ended questions assessing the client's thoughts, beliefs, self-talk, attitudes and/or imagination, before, during or after the problem.
	N. Establishing Goals	
— —		25. Open-ended lead asking what specific behavioral changes the client wants to make
	O. Assessing Strengths	
— —		26. Open-ended leads asking about client's behavioral assets, problem solving skills, cognitive coping skills, self-control and self-management skills
	P. Assessing Potential Reinforcers	
— —		27. Open-ended lead asking about preferred activities and interests, etc.
	Q. Exploring Previous Solutions	
— —		28. Closed-ended question asking if there were previous attempts at problem resolution
— —		29. Open-ended lead to assess attempts made
— —		30. Open-ended leads to assess outcome of attempts
	R. Exploring Alternate Causes	
— —		31. Closed-ended questions to ask about alternate causes, i.e. client's health, medication or drug use
	S. Exploring Perception	
— —		32. Open-ended lead asking client to identify and describe their view of the problem

SCORING YES LOC.	CATEGORY OF INFORMATION	TARGET RESPONSE
	T. Winding down	
— —		33. Inform client interview is ending
— —		34. Provide brief summary of interview
— —		35. Ask client if s/he has any questions
	U. Assigning homework	
— —		36. Providing a rationale and description of assigned task
— —		37. Review reporting form(s)
— —		38. Question client to ensure understanding
— —		39. Put in writing the agreed upon tasks
	V. Programming continuation	
— —		40. Provide realistic suggestions for positive outcome
— —		41. Orient client about things yet to occur
— —		42. Establish next appointment
	W. Parting	
— —		43. Escort client to the door
— —		44. Conclude interview with a parting comment, such as "Good-bye."

PROCESS RESPONSES

SCORE YES	RESPONSE ADEQUACY	CATEGORY OF INFORMATION	TARGET RESPONSE
		A. Gazing	
—	1.....2.....3.....4.....5		1. Maintain natural eye contact with client
—	1.....2.....3.....4.....5		2. Do not stare!
		B. Posturing	
—	1.....2.....3.....4.....5		3. Face client squarely
—	1.....2.....3.....4.....5		4. Maintain relaxed posture with forward trunk lean
—	1.....2.....3.....4.....5		5. Maintain an expressive face - smile
—	1.....2.....3.....4.....5		6. Use encouraging gestures
		C. Vocalizing	
—	1.....2.....3.....4.....5		7. Use a moderate pitch and level of voice
—	1.....2.....3.....4.....5		8. Use moderate rate of speech
		D. Tracking	
—	1.....2.....3.....4.....5		9. Keep to topic indicated by the client
—	1.....2.....3.....4.....5		10. Build on the client's issue
		E. Paraphrasing	
—	1.....2.....3.....4.....5		11. Rephrase the content of the client's message
		F. Reflecting	
—	1.....2.....3.....4.....5		12. Rephrase the client's current feelings

SCORE YES	RESPONSE ADEQUACY	CATEGORY OF INFORMATION	TARGET RESPONSE
		G. Summarizing	
—	1.....2.....3.....4.....5		13. Use a collection of two or more paraphrases or reflections to tie together or rephrase two or more different parts of a message
		H. Encouraging	
—	1.....2.....3.....4.....5		14. Use verbal or non-verbal prompts to indicate to the client that you are listening and want the client to continue
		I. Probing	
—	1.....2.....3.....4.....5		15. Use imperative statements to obtain information
		J. Questioning	
—	1.....2.....3.....4.....5		16. Use interrogative statements to obtain information
—	1.....2.....3.....4.....5		a. <u>Open-ended questions</u> begin with words such as "what, how, when, where, which or who" and require discourse or an explanation
—	1.....2.....3.....4.....5		b. <u>Closed-ended questions</u> begin with words such as "are, do, can, is, or did" and can be answered with a 'yes' or 'no'
		K. Concretizing	
—	1.....2.....3.....4.....5		17. Use a brief focused question to extract exactness and specific detail

SCORE YES	RESPONSE ADEQUACY	CATEGORY OF INFORMATION	TARGET RESPONSE
		L. Clarifying	
—	1.....2.....3.....4.....5		18. Use a question, along with a repetition or rephrasing of all or part of the client's previous message, to obtain elaboration of a vague, ambiguous or confusing statement
		M. Confronting	
—	1.....2.....3.....4.....5		19. Describe discrepancies, conflicts or mixed messages apparent in the client's feelings, thoughts and actions.
		N. Interpreting	
—	1.....2.....3.....4.....5		20. Make associations or causal connections among various client behaviors, events or ideas
—	1.....2.....3.....4.....5		21. Present possible explanations of client's behavior
		O. Informing	
—	1.....2.....3.....4.....5		22. Share objective and factual information
		P. Orienting	
—	1.....2.....3.....4.....5		23. Briefly, inform/orient client about what will occur next in the interview/session.

OVERALL RATINGS

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?)

1-----2-----3-----4-----5
 poor fair average good excellent

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

1-----2-----3-----4-----5
poor fair average good excellent
3. Appropriate use of open-ended leads. (Did the interviewer use a majority of open-ended leads, probes and open-ended questions, and only use closed-ended questions as needed?)

1-----2-----3-----4-----5
poor fair average good excellent
4. Appropriate use and timing of behavioral assessment questions. (Was each of the interview questions necessary and used in an appropriate context within the interview?)

1-----2-----3-----4-----5
poor fair average good excellent
5. Adequate focus of interview. (Did the interviewer ask a sufficient number of questions within each major assessment area to get an adequate focus within each topic?)

1-----2-----3-----4-----5
poor fair average good excellent
6. Appropriate use of transitional statements. (How well did the interviewer use transitions to move from one area of discussion to another?)

1-----2-----3-----4-----5
poor fair average good excellent
7. Ability of interviewer to appear comfortable, confident, and prepared. (How comfortable, confident and prepared did the interviewer seem to be in the interview?)

1-----2-----3-----4-----5
poor fair average good excellent
8. All factors considered, what is your overall rating of the assessment interview?

1-----2-----3-----4-----5
poor fair average good excellent
9. Based only on what you have seen in this assessment interview and in keeping with the training goals of BAIT, how prepared do you believe this interviewer is to enter practicum?

a) in terms of interviewing skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

b) in terms of assessment skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

c) in terms of therapeutic skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

d) in terms of overall clinical skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

Appendix N

Professional Review Ratings

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

1. Completeness of the training program. (How thoroughly does the manual/program target required skills for assessment interviewing?)

1-----2-----3-----4-----5
 poor fair average good excellent

2. Appropriateness of the training format. (How appropriate is the manual/program training format, i.e., description, example, identification response, production response?)

1-----2-----3-----4-----5
 poor fair average good excellent

3. Importance of training assessment interviewing skills. (How important is it to train assessment interviewing skills?)

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 unimportant unimportant unimportant important important important

4. Importance of the training program. (How important are the targeted skills to effective interviewing?)

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 unimportant unimportant unimportant important important important

5. How adequate to you believe the training package is?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 inadequate inadequate inadequate adequate adequate adequate

6. How helpful do you believe the information provided in the training manual/program will be

a. in completing an assessment interview?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 unhelpful unhelpful unhelpful helpful helpful helpful

b. in completing a functional analysis?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 unhelpful unhelpful unhelpful helpful helpful helpful

7. How prepared do you believe you a student would be to enter
 practicum after being trained using the manual/program?

a) in terms of interviewing skills?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 unprepared unprepared unprepared prepared prepared prepared

b) in terms of assessment skills?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 unprepared unprepared unprepared prepared prepared prepared

c) in terms of therapeutic skills?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 unprepared unprepared unprepared prepared prepared prepared

d) in terms of overall clinical skills?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 unprepared unprepared unprepared prepared prepared prepared

8. All factors considered, what is your overall rating of the
 training manual/program?

1-----2-----3-----4-----5
 poor fair average good excellent

9. Would you recommend the training manual/program for individuals
 wishing to learn

a. interviewing skills?

YES

NO

b. assessment skills?

YES

NO

10. What are the strengths of the training manual/program?

11. What are the weaknesses of the training manual/program?

12. How do you believe the training manual/program could be improved?

Appendix O

Social Validation Ratings

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?)

1-----2-----3-----4-----5
 poor fair average good excellent

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

1-----2-----3-----4-----5
 poor fair average good excellent

3. Appropriate use of open-ended leads. (Did the interviewer use a majority of open-ended leads, probes and open-ended questions, and only use closed-ended questions as needed?)

1-----2-----3-----4-----5
 poor fair average good excellent

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

1-----2-----3-----4-----5
 poor fair average good excellent

5. Adequate focus of interview. (Did the interviewer ask a sufficient number of questions within each major assessment area to get an adequate focus within each topic?)

1-----2-----3-----4-----5
 poor fair average good excellent

6. Appropriate use of transitional statements. (How well did the interviewer use transitions to move from one area of discussion to another?)

1-----2-----3-----4-----5
 poor fair average good excellent

7. Ability of interviewer to appear comfortable, confident, and prepared. (How comfortable, confident and prepared did the interviewer seem to be in the interview?)

1-----2-----3-----4-----5
 poor fair average good excellent

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

1-----2-----3-----4-----5
 poor fair average good excellent

Appendix P

Functional Analysis Ratings

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

1. Completeness of the functional analysis. (How thoroughly did the interviewer report the client's problem and the likely controlling variables?)

1-----2-----3-----4-----5
poor fair average good excellent

2. Adequate detail of the functional analysis. (Did the interviewer report a sufficient amount of information within each major assessment area to get adequate detail within each topic?)

1-----2-----3-----4-----5
poor fair average good excellent

3. How helpful will the information provided in the functional analysis be to you in devising a treatment plan?

1-----2-----3-----4-----5
not at all somewhat moderately quite extremely
helpful helpful helpful helpful helpful

4. Based on the information provided in the functional analysis (including data collection that will be received if it was assigned), how much more assessment of the problem will you need to do before you can begin treatment?

1-----2-----3-----4-----5
a great more than some hardly none
deal some any

5. All factors considered, what is your overall rating of the functional analysis?

1-----2-----3-----4-----5
poor fair average good excellent

Appendix Q

Trainee Satisfaction Ratings

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

1. Importance of training assessment interviewing skills. (How important is it to train assessment interviewing skills?)

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 unimportant unimportant unimportant important important important

2. Importance of the training program. (How important are the targeted skills to effective interviewing?)

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 unimportant unimportant unimportant important important important

3. Completeness of the the training package. (How complete do you believe the training package was in terms of the range of information and skills presented?)

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 incomplete incomplete incomplete complete complete complete

4. Appropriateness of the training package. (How appropriate do you believe the training package was in terms of training format, i.e. description, example, identification response, production response?)

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 inappropriate inappropriate inappropriate appropriate appropriate appropriate

5. How prepared do you believe you are now to enter practicum?
 a) in terms of interviewing skills?

X-----X-----X-----X-----X-----X
 extremely moderately slightly slightly moderately extremely
 unprepared unprepared unprepared prepared prepared prepared

b) in terms of assessment skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

c) in terms of therapeutic skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

d) in terms of overall clinical skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

6. All factors considered, what is your overall rating of the training manual/program?

1-----2-----3-----4-----5
poor fair average good excellent

7. What did you like about the training manual/program?

8. What did you dislike about the training manual/program?

9. How do you believe the training manual/program could be improved?

Appendix R
Post Participation Ratings

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

1. How prepared do you believe you are now to enter practicum?

a) in terms of interviewing skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

b) in terms of assessment skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

c) in terms of therapeutic skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

d) in terms of overall clinical skills?

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unprepared unprepared unprepared prepared prepared prepared

2. Importance of training assessment interviewing skills. (How important is it to train assessment interviewing skills?)

X-----X-----X-----X-----X-----X
extremely moderately slightly slightly moderately extremely
unimportant unimportant unimportant important important important

3. I would recommend this training program to a friend or colleague, as an efficient way to learn interviewing skills.

1-----2-----3-----4-----5
not at all definitely
Why?

Appendix S
Individual Data and Raw Data Spreadsheets

Contents

Content occurrence judgements

Process occurrence judgements

Process adequacy ratings

Overall interview adequacy ratings

Professional review ratings: Training program

Social validation ratings: Interview outcome

Functional analysis ratings: Written report evaluation

Client-therapist ratings

Trainee self-ratings: Interview performance

Trainee satisfaction ratings: Training materials

Trainee skill preparedness self-rating

Trainee satisfaction ratings: Post-participation

Raw score spreadsheets: Observer judgements and ratings

Raw score spreadsheets: Calibration ratings

Individual Trainee Data

Content Response Occurrence

Interview	Baseline								Training			Baseline			Training			B/T Diff														
	1			2			3			4			5			6			7			8			Mean			S. Dev.				
Peter	26.1	33.7	25.0	79.3	81.5	84.8	85.9	89.1	89.1	87.0	28.27	4.74	83.70	3.21	55.43																	
Mary	41.3	40.2	32.6	39.1	90.2	89.1	89.1	89.1	89.1	90.2	38.30	3.90	89.65	0.64	51.35																	
Don	25.0	26.1	35.9	34.8	22.8	*	70.7	76.1	76.1	28.92	6.00	73.40	3.82	44.48																		
Ann	40.2	36.9	33.7	90.2	84.8	85.9	89.1	89.1	89.1	93.5	36.93	3.25	88.70	3.48	51.77																	
Jane	17.4	16.3	26.1	23.9	45.7	43.5	62.0	64.1	64.1	20.93	4.81	53.83	10.72	32.90																		
Lucy	30.4	32.6	30.4	27.2	31.5	57.6	63.0	69.6	69.6	30.42	2.02	63.40	6.01	32.98																		

Process Response Occurrence

Interview	Baseline								Training			Baseline			Training			B/T Diff														
	1			2			3			4			5			6			7			8			Mean			S. Dev.				
Peter	86.0	84.0	82.0	92.0	84.0	84.0	90.0	90.0	90.0	88.0	84.00	2.00	87.60	3.58	3.60																	
Mary	96.0	98.0	90.0	84.0	100.0	98.0	100.0	100.0	100.0	92.00	6.32	98.50	1.00	7.50																		
Don	66.0	78.0	76.0	88.0	78.0	*	92.0	100.0	100.0	77.20	7.82	96.00	5.66	18.80																		
Ann	92.0	100.0	80.0	100.0	100.0	90.0	100.0	96.0	96.0	90.67	10.07	97.20	4.38	6.53																		
Jane	84.0	72.0	86.0	94.0	88.0	80.0	84.0	88.0	88.0	84.00	9.09	85.00	3.83	1.00																		
Lucy	88.0	88.0	90.0	90.0	86.0	80.0	88.0	96.0	96.0	88.00	2.00	88.00	8.00	0.00																		

Process Response Adequacy

Interview	Baseline								Training			Baseline			Training			B/T Diff														
	1			2			3			4			5			6			7			8			Mean			S. Dev.				
Peter	50.4	50.4	56.4	75.2	68.4	73.2	76.8	74.4	74.4	52.40	3.46	73.60	3.19	21.20																		
Mary	62.2	60.0	63.6	60.8	90.8	82.4	82.8	84.8	84.8	61.65	1.59	85.20	3.88	23.55																		
Don	40.0	35.2	44.0	47.2	39.2	*	60.4	65.2	65.2	41.12	4.62	62.80	3.39	21.68																		
Ann	62.8	54.0	55.2	82.8	86.8	82.4	82.8	79.6	79.6	54.00	1.20	82.88	2.57	28.88																		
Jane	57.6	44.8	50.8	56.0	58.2	47.2	54.0	59.2	59.2	52.30	5.78	54.65	5.45	2.35																		
Lucy	57.6	55.2	58.0	55.6	56.2	54.0	59.2	65.2	65.2	56.32	1.37	59.47	5.60	3.15																		

* Indicates data lost due to equipment failure.

Individual Trainee Data
Overall Ratings

Completeness of the behavioral assessment.

Interview	Baseline								Training								B/T Diff	
	1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	Mean	S. Dev.	Mean	S. Dev.	B/T Diff	
Peter	1.0	1.0	1.0	4.0	4.0	3.5	4.0	3.5	1.00	0.00	3.80	0.27	2.80	0.27	2.80	0.27	2.80	
Mary	2.5	2.0	2.0	2.0	5.0	3.5	4.5	4.0	2.13	0.25	4.25	0.65	2.13	0.65	2.13	0.65	2.13	
Don	1.0	1.0	2.0	1.0	1.0	*	2.0	1.5	1.20	0.45	1.75	0.35	0.55	0.35	0.55	0.35	0.55	
Ann	2.5	1.5	1.5	4.5	5.0	5.0	5.0	4.0	1.83	0.58	4.70	0.45	2.87	0.45	2.87	0.45	2.87	
Jane	2.0	1.0	2.0	2.0	2.0	2.0	2.0	2.0	1.75	0.50	2.00	0.00	0.25	0.00	0.25	0.00	0.25	
Lucy	2.0	1.0	2.0	1.0	1.0	2.0	2.0	2.0	1.40	0.55	2.00	0.00	0.60	0.00	0.60	0.00	0.60	

Interpersonal effectiveness of the interviewer.

Interview	Baseline								Training								B/T Diff	
	1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	Mean	S. Dev.	Mean	S. Dev.	B/T Diff	
Peter	2.5	3.0	3.0	4.5	4.5	5.0	5.0	5.0	2.83	0.29	4.80	0.27	1.97	0.27	1.97	0.27	1.97	
Mary	3.0	3.5	3.0	3.0	4.5	4.0	4.5	4.0	3.13	0.25	4.25	0.29	1.13	0.29	1.13	0.29	1.13	
Don	1.0	1.0	1.5	1.5	1.5	*	3.0	2.5	1.30	0.27	2.75	0.35	1.45	0.35	1.45	0.35	1.45	
Ann	3.5	2.5	2.5	4.5	4.5	4.5	4.5	4.0	2.83	0.58	4.40	0.22	1.57	0.22	1.57	0.22	1.57	
Jane	3.0	1.5	2.0	2.0	2.5	2.5	2.0	2.5	2.13	0.63	2.38	0.25	0.25	0.25	0.25	0.25	0.25	
Lucy	3.0	2.0	3.0	2.5	2.0	2.5	2.5	3.0	2.50	0.50	2.67	0.29	0.17	0.29	0.17	0.29	0.17	

Appropriate use of open-ended leads.

Interview	Baseline								Training								B/T Diff	
	1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	Mean	S. Dev.	Mean	S. Dev.	B/T Diff	
Peter	1.5	2.0	2.0	5.0	5.0	4.5	5.0	4.5	1.83	0.29	4.80	0.27	2.97	0.27	2.97	0.27	2.97	
Mary	2.5	2.0	2.5	2.0	5.0	3.5	3.5	3.5	2.25	0.29	3.88	0.75	1.63	0.75	1.63	0.75	1.63	
Don	1.5	1.5	1.0	1.5	1.0	*	3.0	2.5	1.30	0.27	2.75	0.35	1.45	0.35	1.45	0.35	1.45	
Ann	3.5	2.5	2.5	5.0	5.0	5.0	5.0	4.0	2.83	0.58	4.80	0.45	1.97	0.45	1.97	0.45	1.97	
Jane	2.0	1.0	2.0	2.5	2.5	2.5	3.5	2.5	1.88	0.63	2.75	0.50	0.88	0.50	0.88	0.50	0.88	
Lucy	2.5	1.0	2.5	1.0	1.5	2.0	2.5	2.0	1.70	0.76	2.17	0.29	0.47	0.29	0.47	0.29	0.47	

Appropriate use and timing of behavioral assessment questions.

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	1.0	1.5	1.5	4.0	3.5	4.0	4.0	4.5	1.33	0.29	4.00	0.35	2.67
	Mary	2.0	2.0	2.5	2.5	5.0	3.5	4.0	3.5	2.25	0.29	4.00	0.71	1.75
	Don	1.0	1.0	1.5	1.0	1.0	*	2.5	2.0	1.10	0.22	2.25	0.35	1.15
BAIT-M	Ann	3.0	2.0	2.0	5.0	5.0	5.0	5.0	4.0	2.33	0.58	4.80	0.45	2.47
	Jane	2.0	1.0	2.0	2.0	2.0	2.0	2.5	2.0	1.75	0.50	2.13	0.25	0.38
	Lucy	2.0	2.0	2.0	2.0	1.0	2.0	2.0	2.0	1.80	0.45	2.00	0.00	0.20

Adequate focus of interview.

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	1.0	1.0	1.0	4.0	4.0	3.5	4.0	4.0	1.00	0.00	3.90	0.22	2.90
	Mary	2.0	1.5	2.0	2.0	5.0	3.5	3.5	4.0	1.88	0.25	4.00	0.71	2.13
	Don	1.0	1.0	1.5	1.0	1.0	*	2.0	2.0	1.10	0.22	2.00	0.00	0.90
BAIT-M	Ann	3.0	2.0	2.0	5.0	5.0	5.0	5.0	4.0	2.33	0.58	4.80	0.45	2.47
	Jane	2.0	1.0	1.5	2.0	2.0	2.0	2.0	2.0	1.63	0.48	2.00	0.00	0.38
	Lucy	2.0	1.0	2.0	1.5	1.0	2.0	2.0	2.0	1.50	0.50	2.00	0.00	0.50

Appropriate use of transitional statements.

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	1.0	1.0	1.5	2.5	3.0	2.5	3.0	2.5	1.17	0.29	2.70	0.27	1.53
	Mary	1.5	1.0	1.0	2.0	4.5	3.0	3.5	4.5	1.38	0.48	3.88	0.75	2.50
	Don	1.5	1.0	1.0	1.5	1.0	*	1.5	1.5	1.20	0.27	1.50	0.00	0.30
BAIT-M	Ann	1.5	1.5	1.0	4.5	5.0	4.5	5.0	5.0	1.33	0.29	4.80	0.27	3.47
	Jane	1.0	1.0	1.0	2.0	1.5	1.5	1.0	1.5	1.25	0.50	1.38	0.25	0.13
	Lucy	2.0	1.5	2.0	1.0	1.0	2.0	2.0	2.0	1.50	0.50	2.00	0.00	0.50

Ability of Interviewer to appear comfortable, confident, and prepared.

	Interview	Baseline					Training		8	Baseline		Training		B/T Diff
		1	2	3	4	5	6	7		Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	3.5	3.0	3.0	5.0	4.0	5.0	5.0	4.0	3.17	0.29	4.60	0.55	1.43
	Mary	2.0	3.5	3.5	4.0	5.0	4.0	5.0	4.0	3.25	0.87	4.50	0.58	1.25
	Don	2.0	2.0	2.5	1.5	1.0	*	3.5	3.5	1.80	0.57	3.50	0.00	1.70
BAIT-M	Ann	4.0	3.5	3.5	4.5	4.0	4.5	4.5	4.0	3.67	0.29	4.30	0.27	0.63
	Jane	4.0	3.0	3.0	4.0	3.5	3.0	4.0	3.5	3.50	0.58	3.50	0.41	0.00
	Lucy	3.0	3.0	3.0	3.5	2.0	2.5	3.5	3.5	2.90	0.55	3.17	0.58	0.27

Overall rating of the assessment interview.

	Interview	Baseline					Training		8	Baseline		Training		B/T Diff
		1	2	3	4	5	6	7		Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	1.0	1.0	1.0	4.0	4.0	3.5	4.5	3.5	1.00	0.00	3.90	0.42	2.90
	Mary	3.0	2.0	2.0	2.0	5.0	3.5	4.0	4.0	2.25	0.50	4.13	0.63	1.88
	Don	1.0	1.0	1.5	2.0	1.0	*	2.0	2.0	1.30	0.45	2.00	0.00	0.70
BAIT-M	Ann	2.5	2.0	2.0	5.0	5.0	5.0	5.0	4.0	2.17	0.29	4.80	0.45	2.63
	Jane	2.0	1.0	2.0	2.0	2.0	2.0	2.0	2.0	1.75	0.50	2.00	0.00	0.25
	Lucy	2.0	1.0	2.0	1.0	1.0	2.0	2.0	3.0	1.40	0.55	2.33	0.58	0.93

Practicum preparedness rating - Interviewing.

	Interview	Baseline					Training		8	Baseline		Training		B/T Diff
		1	2	3	4	5	6	7		Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	1.3	2.1	2.1	5.0	5.0	5.0	5.0	4.6	1.81	0.48	4.93	0.19	3.12
	Mary	2.1	2.1	1.7	2.9	5.0	3.8	4.2	4.2	2.19	0.53	4.28	0.53	2.09
	Don	1.3	0.8	1.7	1.7	1.3	*	2.9	2.1	1.34	0.35	2.51	0.59	1.17
BAIT-M	Ann	2.5	2.1	2.1	5.0	4.6	4.6	5.0	4.2	2.23	0.24	4.68	0.35	2.45
	Jane	2.1	2.9	2.1	2.1	2.5	2.5	1.3	2.5	2.30	0.42	2.19	0.63	-0.10
	Lucy	1.7	2.1	2.5	2.1	2.1	2.5	2.9	2.9	2.09	0.30	2.78	0.24	0.70

Practicum preparedness rating - assessment.

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	0.8	0.8	0.8	2.9	3.8	3.8	4.2	4.2	0.84	0.00	3.76	0.51	2.92
	Mary	2.1	1.7	1.7	1.7	5.0	4.2	4.6	4.2	1.77	0.21	4.49	0.40	2.71
	Don	0.8	0.8	1.3	1.7	0.8	*	2.1	1.7	1.09	0.37	1.88	0.30	0.79
BAIT-M	Ann	2.5	1.7	1.7	5.0	5.0	5.0	5.0	4.2	1.95	0.48	4.84	0.37	2.89
	Jane	1.7	0.8	1.7	1.7	1.7	1.7	1.7	1.7	1.46	0.42	1.67	0.00	0.21
	Lucy	1.7	1.3	2.1	1.3	1.3	2.5	2.5	1.7	1.50	0.37	2.23	0.48	0.72

Practicum preparedness rating - therapy.

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	1.7	2.1	2.5	2.9	4.2	4.2	5.0	3.8	2.09	0.42	4.01	0.76	1.92
	Mary	2.5	2.1	2.5	2.9	4.6	2.9	4.6	4.2	2.51	0.34	4.07	0.79	1.57
	Don	0.8	0.8	1.3	1.3	1.3	*	2.5	2.1	1.09	0.23	2.30	0.30	1.21
BAIT-M	Ann	2.9	2.1	1.7	5.0	5.0	4.6	4.6	4.2	2.23	0.64	4.68	0.35	2.45
	Jane	2.5	0.8	2.5	2.5	2.1	2.1	2.5	2.1	2.09	0.84	2.19	0.21	0.10
	Lucy	2.5	2.1	2.9	2.5	2.1	3.3	2.9	3.3	2.42	0.35	3.20	0.24	0.78

Practicum preparedness rating - clinical.

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	1.7	1.7	1.7	3.3	4.6	4.2	5.0	3.8	1.67	0.00	4.18	0.66	2.51
	Mary	2.9	1.7	2.5	2.5	5.0	4.2	5.0	4.2	2.40	0.53	4.59	0.48	2.19
	Don	0.8	0.8	1.7	1.3	0.8	*	2.5	1.7	1.09	0.37	2.09	0.59	1.00
BAIT-M	Ann	2.9	1.7	1.7	5.0	5.0	5.0	5.0	4.2	2.09	0.72	4.84	0.37	2.76
	Jane	2.5	0.8	2.1	2.5	1.7	1.7	2.5	1.7	1.98	0.79	1.88	0.42	-0.10
	Lucy	2.5	2.1	2.5	2.1	1.7	2.9	2.5	2.5	2.17	0.35	2.64	0.24	0.47

Individual Trainee Data
 Client/Therapist Ratings
 Confidence Rating

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	3.8	4.2	4.2	5.0	4.6	3.3	5.0	3.3	4.04	0.24	4.26	0.86	0.22
	Mary	4.2	4.0	2.5	5.0	4.2	4.2	3.3	3.8	3.91	1.04	3.86	0.40	-0.05
	Don	4.2	2.5	3.3	2.5	4.2	2.5	3.3	4.2	3.34	0.84	3.34	0.84	0.00
BAIT-M	Ann	3.8	4.2	2.5	4.2	4.6	2.5	5.0	1.7	3.48	0.87	3.59	1.43	0.11
	Jane	5.0	2.5	4.2	5.0	2.5	5.0	3.3	3.8	4.16	1.17	3.65	1.04	-0.51
	Lucy	4.2	4.2	4.2	5.0	4.2	4.2	4.2	5.0	4.34	0.37	4.45	0.48	0.11

Preparedness Rating

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	1.7	4.2	4.2	5.0	4.6	4.2	5.0	4.2	3.34	1.45	4.59	0.42	1.25
	Mary	4.2	4.4	4.2	4.2	4.2	3.3	1.7	4.2	4.23	0.10	3.34	1.18	-0.89
	Don	4.2	3.3	4.2	3.3	4.2	2.5	3.3	4.2	3.84	0.46	3.34	0.84	-0.50
BAIT-M	Ann	1.7	5.0	2.5	4.6	3.3	2.5	5.0	2.5	3.06	1.74	3.59	1.17	0.53
	Jane	5.0	2.9	4.2	5.0	4.2	5.0	1.7	2.1	4.28	0.99	3.24	1.61	-1.04
	Lucy	1.9	4.6	5.0	1.7	4.2	4.2	1.7	4.2	3.47	1.57	3.34	1.45	-0.13

Comfort Rating

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	4.6	5.0	4.2	5.0	4.2	4.2	5.0	5.0	4.59	0.42	4.68	0.46	0.08
	Mary	5.0	4.6	1.7	5.0	4.2	2.5	2.5	4.6	4.07	1.61	3.44	1.10	-0.63
	Don	4.2	2.9	3.3	2.5	4.2	3.3	3.3	5.0	3.42	0.75	3.90	0.96	0.47
BAIT-M	Ann	1.7	5.0	2.5	4.6	4.6	1.7	5.0	4.2	3.06	1.74	4.01	1.34	0.95
	Jane	5.0	2.9	5.0	4.2	2.5	5.0	2.5	4.2	4.28	0.99	3.55	1.25	-0.73
	Lucy	4.4	4.2	4.2	4.2	4.2	2.5	4.2	5.0	4.22	0.09	3.90	1.28	-0.32

Warmness Rating

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	4.2	4.2	4.2	5.0	4.2	3.3	4.2	4.2	4.18	0.00	4.18	0.59	0.00
	Mary	5.0	4.2	3.3	5.0	4.2	3.3	4.2	5.0	4.38	0.80	4.18	0.68	-0.21
	Don	4.2	2.9	3.3	4.2	4.2	4.2	3.3	5.0	3.76	0.59	4.18	0.84	0.42
BAIT-M	Ann	4.2	4.2	3.3	4.6	4.4	4.2	5.0	5.0	3.90	0.48	4.63	0.37	0.74
	Jane	5.0	2.9	5.0	5.0	2.5	5.0	3.3	4.2	4.47	1.03	3.76	1.08	-0.72
	Lucy	4.2	5.0	4.2	5.0	5.0	3.3	5.0	5.0	4.68	0.46	4.45	0.96	-0.22

Sympathy Rating

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	4.6	5.0	4.2	5.0	4.0	4.2	5.0	4.2	4.59	0.42	4.47	0.50	-0.13
	Mary	5.0	3.8	4.2	5.0	4.2	4.2	4.2	4.6	4.49	0.63	4.28	0.21	-0.21
	Don	3.8	3.3	3.3	3.3	4.2	4.2	2.5	5.0	3.59	0.37	3.90	1.28	0.31
BAIT-M	Ann	3.8	5.0	3.3	3.8	4.2	5.0	5.0	5.0	4.04	0.87	4.59	0.59	0.56
	Jane	5.0	2.9	5.0	4.2	3.3	5.0	3.3	3.8	4.28	0.99	3.86	0.79	-0.42
	Lucy	4.2	5.0	4.2	3.3	5.0	2.5	3.3	5.0	4.34	0.70	3.62	1.28	-0.72

Attentiveness Rating

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	4.6	5.0	5.0	5.0	4.0	4.2	5.0	4.2	4.87	0.24	4.47	0.50	-0.40
	Mary	4.2	4.6	4.2	3.3	5.0	4.2	4.2	4.6	4.07	0.53	4.49	0.40	0.42
	Don	4.4	4.2	4.2	3.3	4.2	4.2	2.5	5.0	4.05	0.41	3.90	1.28	-0.15
BAIT-M	Ann	4.6	5.0	4.2	5.0	4.4	1.7	5.0	4.2	4.59	0.42	4.05	1.38	-0.54
	Jane	4.2	3.8	4.2	5.0	4.2	5.0	1.7	4.2	4.28	0.53	3.76	1.45	-0.52
	Lucy	4.0	4.6	4.2	5.0	4.2	1.7	4.2	5.0	4.38	0.42	3.62	1.74	-0.77

Sincerity Rating

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	5.0	5.0	4.2	5.0	4.2	5.0	5.0	5.0	4.73	0.48	4.84	0.37	0.11
	Mary	5.0	4.4	5.0	4.2	4.2	4.2	4.2	4.5	4.64	0.43	4.25	0.15	-0.39
	Don	4.0	3.3	2.5	3.3	4.2	4.2	3.3	5.0	3.47	0.65	4.18	0.84	0.71
BAIT-M	Ann	4.2	5.0	3.3	5.0	4.5	5.0	5.0	5.0	4.18	0.84	4.90	0.24	0.73
	Jane	5.0	3.3	5.0	5.0	3.3	5.0	4.2	4.2	4.59	0.84	4.17	0.68	-0.42
	Lucy	4.0	5.0	5.0	4.2	4.2	2.5	4.2	5.0	4.47	0.50	3.90	1.28	-0.57

Individual Trainee Data

Therapist Self-ratings

Confidence Rating

Interview	Baseline					Training			Baseline		Training		B/T Diff	
	1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.		
	BAIT-P	Peter	2.1	4.2	4.2	4.2	4.2	3.3	4.6	4.2	3.48	1.21		4.09
	Mary	0.8	2.5	1.7	3.3	1.7	4.2	1.7	1.7	2.09	1.08	2.30	1.25	0.21
	Don	1.7	2.5	3.3	2.9	3.8	4.2	4.0	4.2	2.84	0.80	4.11	0.12	1.27
	BAIT-M	Ann	1.7	2.5	2.5	2.5	2.5	2.5	2.5	2.23	0.48	2.51	0.00	0.28
	Jane	3.3	4.2	4.2	4.2	2.5	2.5	3.3	3.3	3.97	0.42	2.92	0.48	-1.04
	Lucy	3.3	3.3	4.2	2.5	5.0	3.3	4.2	5.0	3.67	0.95	4.18	0.84	0.50

Preparedness Rating

Interview	Baseline					Training			Baseline		Training		B/T Diff	
	1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.		
	BAIT-P	Peter	3.3	3.8	4.2	4.2	4.2	4.2	4.2	4.2	3.76	0.42		4.18
	Mary	1.7	3.3	4.2	3.3	4.2	3.3	3.3	3.3	3.13	1.05	3.55	0.42	0.42
	Don	1.7	3.3	3.3	2.3	3.3	3.8	4.1	4.1	2.80	0.78	3.98	0.19	1.18
	BAIT-M	Ann	3.3	3.3	3.3	4.2	4.2	4.2	4.2	3.34	0.00	4.18	0.00	0.84
	Jane	2.5	3.3	3.3	3.3	2.5	3.3	2.5	2.5	3.13	0.42	2.71	0.42	-0.42
	Lucy	3.3	2.5	1.7	1.7	4.2	4.2	5.0	3.3	2.67	1.09	4.18	0.84	1.50

Comfort Rating

Interview	Baseline					Training			Baseline		Training		B/T Diff	
	1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.		
	BAIT-P	Peter	2.1	4.2	4.2	4.2	4.2	2.5	4.6	4.2	3.48	1.21		3.92
	Mary	1.7	2.5	1.7	4.2	2.5	4.2	2.5	2.5	2.51	1.18	2.92	0.84	0.42
	Don	1.7	2.5	2.7	2.5	4.0	3.3	4.0	4.2	2.67	0.83	3.83	0.43	1.16
	BAIT-M	Ann	2.5	2.5	3.3	2.5	2.5	3.3	2.5	2.78	0.48	2.67	0.37	-0.11
	Jane	4.2	4.2	4.2	4.2	3.3	1.7	3.3	3.3	4.18	0.00	2.92	0.84	-1.25
	Lucy	4.2	2.5	4.2	3.3	4.2	2.5	5.0	4.2	3.67	0.75	3.90	1.28	0.22

Smoothness Rating

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	2.1	4.2	4.2	3.8	4.2	2.5	4.2	4.2	3.48	1.21	3.76	0.72	0.28
	Mary	0.8	2.5	0.8	3.3	2.5	3.3	2.5	1.7	1.88	1.25	2.51	0.68	0.63
	Don	2.5	2.5	3.3	2.1	4.2	2.1	3.8	4.2	2.92	0.84	3.34	1.10	0.42
BAIT-M	Ann	2.5	2.5	3.3	2.5	2.5	2.5	2.5	1.7	2.78	0.48	2.34	0.37	-0.45
	Jane	3.3	4.2	4.2	4.2	2.5	1.7	3.3	3.3	3.97	0.42	2.71	0.80	-1.25
	Lucy	3.3	4.2	5.0	4.2	4.2	2.5	4.2	4.2	4.18	0.59	3.62	0.96	-0.56

Relaxation 1st-half of Interview

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	3.3	4.2	5.0	4.2	4.2	3.3	4.2	4.2	4.18	0.84	4.01	0.37	-0.17
	Mary	1.7	1.7	1.7	2.5	1.7	2.5	2.5	2.5	1.88	0.42	2.30	0.42	0.42
	Don	1.7	1.7	2.8	2.3	3.5	4.2	3.8	4.2	2.40	0.80	4.03	0.25	1.64
BAIT-M	Ann	3.3	3.3	3.3	3.3	2.5	3.3	3.3	38.8	3.34	0.00	10.27	15.97	6.93
	Jane	2.5	4.2	4.2	4.2	2.5	1.7	3.3	3.3	3.76	0.84	2.71	0.80	-1.04
	Lucy	2.5	4.2	5.0	2.5	4.2	2.5	4.2	4.2	3.67	1.12	3.62	0.96	-0.06

Relaxation 2nd-half Interview

	Interview	Baseline					Training			Baseline		Training		B/T Diff
		1	2	3	4	5	6	7	8	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	2.5	4.2	4.6	4.2	4.2	2.5	4.2	4.2	3.76	1.10	3.84	0.75	0.08
	Mary	0.8	2.5	1.7	2.5	2.5	3.3	3.3	2.5	1.88	0.80	2.92	0.48	1.04
	Don	2.5	2.5	3.3	2.9	3.8	2.8	4.0	4.2	3.01	0.54	3.65	0.74	0.64
BAIT-M	Ann	3.3	3.3	3.3	2.5	2.5	2.5	3.3	1.7	3.34	0.00	2.51	0.59	-0.84
	Jane	3.3	4.2	4.2	4.2	2.5	2.5	3.3	3.3	3.97	0.42	2.92	0.48	-1.04
	Lucy	4.2	3.3	4.2	4.2	5.0	4.2	5.0	5.0	4.18	0.59	4.73	0.48	0.56

Professional Review Ratings

Social Validation of Training Materials

Rater:	RM	EC	BD	JW	BH	Mean	S. Dev.
Completeness of the training materials.	5	5	5	4.5	5	4.90	0.22
Appropriateness of training format.	5.0	4.0	4.5	4.5	5.0	4.60	0.42
Importance of training assessment Interviewing skills.	5.0	5.0	5.0	5.0	5.0	5.00	0.00
Importance of the targeted skills in the training materials.	5.0	5.0	5.0	5.0	5.0	5.00	0.00
Adequacy of training materials.	5.0	4.6	5.0	4.6	5.0	4.83	0.23
Helpfulness of information for completing assessment Interview.	5.0	4.2	5.0	5.0	5.0	4.83	0.37
Helpfulness of information for completing a functional analysis.	5.0	5.0	5.0	4.6	5.0	4.92	0.19
Preparedness of student to enter practicum after training with materials, with respect to Interviewing.	4.6	4.2	5.0	4.6	5.0	4.67	0.35
assessment.	4.6	4.2	5.0	4.8	5.0	4.71	0.35
therapy.	2.9	4.2	4.2	4.2	4.2	3.92	0.56
clinical.	4.2	4.2	4.2	4.4	4.2	4.21	0.09
Overall rating of training materials.	5.0	4.0	5.0	5.0	5.0	4.80	0.45
Recommend manual for training of students in Interviewing skills?	Y	Y	Y	Y	Y		
assessment skills?	Y	Y	Y	Y	Y		

Individual Trainee Data

Social Validation Ratings: Interview Outcome

Completeness of the behavioral assessment.

	Rater	Baseline		Training		Baseline		Training		B/T Diff
		MM	WS	MM	WS	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	1.0	2.0	4.0	4.0	1.50	0.71	4.00	0.00	2.50
	Mary	2.0	2.0	5.0	5.0	2.00	0.00	5.00	0.00	3.00
	Don	1.0	1.0	2.0	3.0	1.00	0.00	2.50	0.71	1.50
BAIT-M	Ann	2.0	2.0	5.0	5.0	2.00	0.00	5.00	0.00	3.00
	Jane	1.0	1.0	2.0	3.0	1.00	0.00	2.50	0.71	1.50
	Lucy	1.0	1.0	2.0	2.0	1.00	0.00	2.00	0.00	1.00

Interpersonal effectiveness of the interviewer.

	Rater	Baseline		Training		Baseline		Training		B/T Diff
		MM	WS	MM	WS	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	3.0	2.0	5.0	5.0	2.50	0.71	5.00	0.00	2.50
	Mary	3.0	2.0	4.0	5.0	2.50	0.71	4.50	0.71	2.00
	Don	2.0	2.0	3.0	3.0	2.00	0.00	3.00	0.00	1.00
BAIT-M	Ann	3.0	2.0	4.0	5.0	2.50	0.71	4.50	0.71	2.00
	Jane	2.0	2.0	2.0	2.0	2.00	0.00	2.00	0.00	0.00
	Lucy	2.0	2.0	3.0	3.0	2.00	0.00	3.00	0.00	1.00

Appropriate use of open-ended leads.

	Rater	Baseline		Training		Baseline		Training		B/T Diff
		MM	WS	MM	WS	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	2.0	2.0	5.0	5.0	2.00	0.00	5.00	0.00	3.00
	Mary	3.0	2.0	5.0	5.0	2.50	0.71	5.00	0.00	2.50
	Don	1.0	1.0	3.0	3.0	1.00	0.00	3.00	0.00	2.00
BAIT-M	Ann	3.0	3.0	5.0	5.0	3.00	0.00	5.00	0.00	2.00
	Jane	1.0	1.0	2.0	2.0	1.00	0.00	2.00	0.00	1.00
	Lucy	1.0	1.0	2.0	2.0	1.00	0.00	2.00	0.00	1.00

Appropriate use and timing of behavioral assessment questions.

	Rater	Baseline		Training		Baseline		Training		B/T Diff
		MM	WS	MM	WS	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	2.0	2.0	4.0	4.0	2.00	0.00	4.00	0.00	2.00
	Mary	2.0	2.0	5.0	5.0	2.00	0.00	5.00	0.00	3.00
	Don	1.0	1.0	2.0	3.0	1.00	0.00	2.50	0.71	1.50
BAIT-M	Ann	2.0	2.0	5.0	5.0	2.00	0.00	5.00	0.00	3.00
	Jane	2.0	2.0	2.0	2.0	2.00	0.00	2.00	0.00	0.00
	Lucy	2.0	2.0	2.0	2.0	2.00	0.00	2.00	0.00	0.00

Adequate focus of interview.

	Rater	Baseline		Training		Baseline		Training		B/T Diff
		MM	WS	MM	WS	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	1.0	2.0	4.0	5.0	1.50	0.71	4.50	0.71	3.00
	Mary	2.0	2.0	5.0	5.0	2.00	0.00	5.00	0.00	3.00
	Don	1.0	1.0	2.0	3.0	1.00	0.00	2.50	0.71	1.50
BAIT-M	Ann	2.0	2.0	5.0	5.0	2.00	0.00	5.00	0.00	3.00
	Jane	2.0	2.0	2.0	2.0	2.00	0.00	2.00	0.00	0.00
	Lucy	1.0	1.0	2.0	2.0	1.00	0.00	2.00	0.00	1.00

Appropriate use of transitional statements.

	Rater	Baseline		Training		Baseline		Training		B/T Diff
		MM	WS	MM	WS	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	1.0	1.0	3.0	4.0	1.00	0.00	3.50	0.71	2.50
	Mary	1.0	1.0	4.0	5.0	1.00	0.00	4.50	0.71	3.50
	Don	1.0	1.0	2.0	3.0	1.00	0.00	2.50	0.71	1.50
BAIT-M	Ann	1.0	2.0	5.0	5.0	1.50	0.71	5.00	0.00	3.50
	Jane	2.0	2.0	2.0	2.0	2.00	0.00	2.00	0.00	0.00
	Lucy	1.0	1.0	2.0	2.0	1.00	0.00	2.00	0.00	1.00

Ability of interviewer to appear comfortable, confident, and prepared.

	Rater	Baseline		Training		Baseline		Training		B/T Diff
		MM	WS	MM	WS	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	3.0	2.0	5.0	5.0	2.50	0.71	5.00	0.00	2.50
	Mary	2.0	3.0	5.0	5.0	2.50	0.71	5.00	0.00	2.50
	Don	1.0	2.0	4.0	5.0	1.50	0.71	4.50	0.71	3.00
BAIT-M	Ann	3.0	4.0	4.0	5.0	3.50	0.71	4.50	0.71	1.00
	Jane	4.0	4.0	3.0	3.0	4.00	0.00	3.00	0.00	-1.00
	Lucy	3.0	2.0	3.0	3.0	2.50	0.71	3.00	0.00	0.50

Overall rating of the assessment interview.

	Rater	Baseline		Training		Baseline		Training		B/T Diff
		MM	WS	MM	WS	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	1.0	1.0	4.0	5.0	1.00	0.00	4.50	0.71	3.50
	Mary	3.0	2.0	5.0	5.0	2.50	0.71	5.00	0.00	2.50
	Don	1.0	1.0	2.0	3.0	1.00	0.00	2.50	0.71	1.50
BAIT-M	Ann	2.0	2.0	5.0	5.0	2.00	0.00	5.00	0.00	3.00
	Jane	2.0	2.0	2.0	2.0	2.00	0.00	2.00	0.00	0.00
	Lucy	1.0	1.0	2.0	2.0	1.00	0.00	2.00	0.00	1.00

Individual Trainee Data

Functional Analysis Ratings: Written Interview Report Outcome

Completeness of the functional analysis.

	Rater	Baseline			Training			Baseline		Training		B/T Diff
		RH	AG	CN	RH	AG	CN	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	4.0	3.0	3.0	4.0	5.0	5.0	3.33	0.58	4.67	0.58	1.33
	Mary	3.0	3.0	3.0	3.0	4.0	4.0	3.00	0.00	3.67	0.58	0.67
	Don	2.0	2.0	2.0	3.0	3.0	3.0	2.00	0.00	3.00	0.00	1.00
BAIT-M	Ann	3.0	3.0	3.0	4.0	5.0	5.0	3.00	0.00	4.67	0.58	1.67
	Jane	3.0	2.0	2.0	4.0	4.0	4.0	2.33	0.58	4.00	0.00	1.67
	Lucy	3.0	3.0	3.0	4.0	4.0	4.0	3.00	0.00	4.00	0.00	1.00

Adequate detail of the functional analysis.

	Rater	Baseline			Training			Baseline		Training		B/T Diff
		RH	AG	CN	RH	AG	CN	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	3.0	3.0	3.0	4.0	5.0	4.0	3.00	0.00	4.33	0.58	1.33
	Mary	3.0	3.0	3.0	4.0	4.0	4.0	3.00	0.00	4.00	0.00	1.00
	Don	2.0	2.0	2.0	2.0	2.0	3.0	2.00	0.00	2.33	0.58	0.33
BAIT-M	Ann	4.0	4.0	3.0	4.0	5.0	5.0	3.67	0.58	4.67	0.58	1.00
	Jane	3.0	2.0	2.0	4.0	4.0	3.0	2.33	0.58	3.67	0.58	1.33
	Lucy	3.0	3.0	3.0	3.0	4.0	3.0	3.00	0.00	3.33	0.58	0.33

Helpfulness of information to devising a treatment plan.

	Rater	Baseline			Training			Baseline		Training		B/T Diff
		RH	AG	CN	RH	AG	CN	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	3.0	3.0	3.0	4.0	4.0	4.0	3.00	0.00	4.00	0.00	1.00
	Mary	3.0	3.0	3.0	3.0	4.0	4.0	3.00	0.00	3.67	0.58	0.67
	Don	3.0	2.0	2.0	3.0	3.0	3.0	2.33	0.58	3.00	0.00	0.67
BAIT-M	Ann	3.0	3.0	3.0	4.0	4.0	5.0	3.00	0.00	4.33	0.58	1.33
	Jane	2.0	2.0	2.0	3.0	3.0	3.0	2.00	0.00	3.00	0.00	1.00
	Lucy	2.0	3.0	2.0	3.0	3.0	3.0	2.33	0.58	3.00	0.00	0.67

How much more assessment needed before treatment can begin?

	Rater	Baseline			Training			Baseline		Training		B/T Diff
		RH	AG	CN	RH	AG	CN	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	3.0	3.0	3.0	3.0	4.0	3.0	3.00	0.00	3.33	0.58	0.33
	Mary	1.0	3.0	3.0	3.0	3.0	3.0	2.33	1.15	3.00	0.00	0.67
	Don	2.0	2.0	2.0	2.0	2.0	3.0	2.00	0.00	2.33	0.58	0.33
BAIT-M	Ann	2.0	3.0	3.0	3.0	4.0	4.0	2.67	0.58	3.67	0.58	1.00
	Jane	2.0	2.0	2.0	3.0	3.0	3.0	2.00	0.00	3.00	0.00	1.00
	Lucy	2.0	2.0	2.0	2.0	3.0	3.0	2.00	0.00	2.67	0.58	0.67

Overall rating of the functional analysis.

	Rater	Baseline			Training			Baseline		Training		B/T Diff
		RH	AG	CN	RH	AG	CN	Mean	S. Dev.	Mean	S. Dev.	
BAIT-P	Peter	4.0	3.0	3.0	5.0	5.0	5.0	3.33	0.58	5.00	0.00	1.67
	Mary	3.0	3.0	3.0	4.0	4.0	4.0	3.00	0.00	4.00	0.00	1.00
	Don	2.0	2.0	2.0	3.0	3.0	3.0	2.00	0.00	3.00	0.00	1.00
BAIT-M	Ann	4.0	3.0	3.0	5.0	5.0	5.0	3.33	0.58	5.00	0.00	1.67
	Jane	3.0	2.0	2.0	4.0	4.0	3.0	2.33	0.58	3.67	0.58	1.33
	Lucy	3.0	3.0	3.0	3.0	4.0	3.0	3.00	0.00	3.33	0.58	0.33

Trainee Satisfaction Ratings

Social Validation of Training Materials

Rater:	Bait-P					Bait-M				
	Peter	Mary	Don	Mean	S. Dev	Ann	Jane	Lucy	Mean	S. Dev.
Importance of training assessment interviewing skills.	5.0	5.0	4.6	4.86	0.24	5.0	5.0	5.0	5.00	0.00
Importance of the targeted skills in the training materials.	5.0	4.2	4.6	4.58	0.42	5.0	5.0	5.0	5.00	0.00
Completeness of the training materials.	4.6	4.2	4.2	4.31	0.24	5.0	4.2	5.0	4.72	0.48
Appropriateness of the training materials.	4.6	4.2	4.2	4.31	0.24	5.0	5.0	5.0	5.00	0.00
Preparedness of student to enter practicum after training with materials, with respect to										
Interviewing.	4.1	3.3	4.0	3.82	0.43	4.2	2.5	5.0	3.89	1.27
assessment.	4.2	3.3	4.0	3.83	0.44	4.2	2.5	4.2	3.61	0.96
therapy.	4.2	1.7	1.3	2.36	1.58	3.3	1.7	4.2	3.06	1.27
clinical.	4.2	1.7	2.1	2.64	1.34	3.3	1.7	4.2	3.06	1.27
Overall rating of training materials.	4.5	4.0	4.0	4.17	0.29	5.0	4.0	5.0	4.67	0.58

Trainee Satisfaction Ratings

Social Validation of Training Materials

Preparedness of student to enter practicum after training with materials, with respect to

Rater:	Balt-P					Balt-M				
	Peter	Mary	Don	Mean	S. Dev	Ann	Jane	Lucy	Mean	S. Dev.
INTERVIEWING										
Info questionnaire	3.3	0.8	0.8	1.66	1.44	3.3	1.7	1.7	2.22	0.96
Satisfaction ques.	4.2	3.3	3.8	3.75	0.42	4.2	2.5	5.0	3.89	1.27
Post-participation que	4.4	3.3	3.3	3.68	0.61	4.2	3.3	4.2	3.89	0.48
ASSESSMENT										
Info questionnaire	4.2	3.3	0.8	2.78	1.74	4.2	1.7	1.7	2.50	1.44
Satisfaction ques.	4.2	3.3	3.8	3.75	0.42	4.2	2.5	4.2	3.61	0.96
Post-participation que	4.6	3.3	3.3	3.75	0.72	3.3	3.3	4.2	3.61	0.48
THERAPY										
Info questionnaire	3.3	0.8	0.8	1.66	1.44	3.3	1.7	2.5	2.50	0.83
Satisfaction ques.	4.2	1.7	1.3	2.36	1.58	3.3	1.7	4.2	3.06	1.27
Post-participation que	4.2	1.7	1.7	2.50	1.44	3.3	1.7	4.2	3.06	1.27
CLINICAL										
Info questionnaire	4.2	0.8	0.8	1.94	1.93	3.3	1.7	1.7	2.22	0.96
Satisfaction ques.	4.2	1.7	2.1	2.64	1.34	3.3	1.7	4.2	3.06	1.27
Post-participation que	4.2	1.7	3.3	3.06	1.27	3.3	1.7	3.3	2.78	0.96

Trainee Satisfaction Ratings

Post-participation Ratings

Rater:	Balt-P					Balt-M				
	Peter	Mary	Don	Mean	S. Dev.	Ann	Jane	Lucy	Mean	S. Dev.
Ability to Interact with consultees.	4.5	4.3	4.3	4.33	0.14	4.5	4.0	4.3	4.25	0.25
Effectiveness as a psychologist.	4.5	4.5	4.3	4.42	0.14	4.3	4.0	4.0	4.08	0.14
Recommend training program?	5.0	5.0	5.0	5.00	0.00	5.0	5.0	5.0	5.00	0.00

BAIT: WATER RELIABILITY PROGRAM

Seq Tape Tr Cori Int Seq Rater CONTENT RESPONSES

Seq	Tape	Tr	Cori	Int	Seq	Rater	a1	a2	a3	b4	b5	b6	c7	d8	d8l	d8r	d9	d10	e11	f12	f13	f14	g16	g16	h17	h18	j19	j20	k21	k22	l23	m24	n25	o26	p27	q28	q29	q30	r31	s32	l33	l34	l35	u36	u37	u38	u39	v40	v41	v42	w43	w44	TOTAL	av	sd				
1	23	M2-D	POST-4	DEL	LAINE	[dm]	1	1	0	1	1	1	1	0	0	0	1	1	1	1	1	1	1	1	0	0	0	1	1	1	0	0	1	1	1	1	1	1	1	1	1	0	0	0	1	0	0	0	1	1	1	1	1	86.2					
							1	1	0	1	1	1	1	0	0	0	1	1	1	1	1	0	0	0	1	1	1	0	0	0	1	1	1	0	0	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	1	1	1	1	1	63.0	64.1		
							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.0	97.8	
2	41	M3-C	PRE-5	DEL	LAINE	[dm]	1	0	0	1	0	1	0	0	1	0	0	0	1	0	1	0	0	0	0	1	0	1	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	30.4			
							1	0	0	1	0	1	0	1	1	0	0	0	1	0	0	0	0	0	1	0	1	0	0	1	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	32.6	31.6	
							0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.0	93.6
3	37	M3-G	PRE-1	DEL	LAINE	[dm]	1	0	0	1	0	1	0	0	0	0	0	1	0	1	0	1	0	0	0	1	1	1	1	0	0	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	30.4		
							1	1	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	30.4	30.4
							0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2.0	95.7
4	18	M2-F	PRE-3	DEL	LAINE	[dm]	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0	0	1	0	1	1	1	1	0	0	0	0	0	1	0	0	0	26.1			
							0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	1	0	0	1	0	0	1	0	1	1	1	0	0	0	0	0	1	0	0	0	26.1	26.1		
							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0	
5	19	M2-E	PRE-4	DEL	LAINE	[dm]	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0	0	1	23.9				
							0	0	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	23.9	23.9				
							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0		
6	4	P1-A	PRE-4	DEL	LAINE	[dm]	1	0	0	1	0	1	1	0	0	0	0	1	0	1	0	0	0	0	0	0	1	1	0	0	0	1	1	0	0	0	0	1	1	0	0	0	0	1	0	0	1	0	0	0	0	1	0	1	1	34.8			
							1	0	0	1	0	1	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	1	0	0	0	1	1	0	0	0	0	1	1	0	0	0	0	1	0	0	1	0	1	1	34.8	34.8				
							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0	
7	39	M3-H	PRE-3	DEL	LAINE	[dm]	1	1	0	1	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	30.4		
							1	1	0	1	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1	1	30.4	30.4
							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0	
8	12	M1-G	POST-2	DEL	LAINE	[dm]	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	84.8					
							1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	84.8	84.8		
							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0
9	40	M3-A	PRE-4	DEL	LAINE	[dm]	0	1	0	1	1	0	1	0	0	0	0	0	1	1	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	1	1	28.3		
							0	1	0	1	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	1	1	26.1	27.2
							0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.0	93.6	
10	38	M3-D	PRE-2	DEL	LAINE	[dm]	1	0	0	1	0	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	1	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	1	1	32.6			
							1	0	0	1	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	1	1	32.6	32.6		
							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0
11	14	M1-H	POST-4	DEL	LAINE	[dm]	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	89.1				
							1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	89.1	89.1		
							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
12	3	P1-H	PRE-3	DEL	LAINE	[dm]	1	1	0	1	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	1	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	1</													

OVERALL RATINGS

1	2	3	4	5	6	7	8	9a	9b	9c	9d	TOTAL	av/yr
2	3	3	2	2	1	4	2	3	2	2	2	43.8	
2	2	2	2	2	2	3	2	2	2	3	2	39.1	41.4
1	1	1	0	0	1	1	0	1	0	1	0	7.0	86.5
1	2	1	1	1	1	2	1	2	1	2	2	26.6	
1	2	2	1	1	1	2	1	3	2	3	2	32.8	29.7
0	0	1	0	0	0	0	0	1	1	1	0	4.0	92.3
2	3	2	2	2	2	3	2	2	2	3	3	43.8	
2	3	3	2	2	2	3	2	2	2	3	3	45.3	44.5
0	0	1	0	0	0	0	0	0	0	0	0	1.0	98.1
2	2	2	2	1	1	3	2	3	2	3	2	39.1	
2	2	2	2	2	1	3	2	3	2	3	3	42.2	40.6
0	0	0	0	1	0	0	0	0	0	0	1	2.0	96.2
2	2	3	2	2	2	4	2	2	3	2	3	60.9	
2	2	2	2	2	2	4	2	3	2	3	3	56.3	58.6
1	0	1	0	0	0	0	0	1	1	1	0	5.0	90.4
1	2	2	1	1	2	2	2	3	2	2	2	34.4	
1	1	1	1	1	1	1	2	1	2	1	1	21.9	28.1
0	1	1	0	0	1	1	0	2	0	1	1	8.0	84.6
2	3	3	2	2	2	3	2	3	3	4	3	89.1	
1	3	2	2	2	2	3	2	3	2	3	3	81.3	85.2
1	0	1	1	0	0	0	0	0	1	1	0	6.0	90.4
5	5	5	5	5	5	4	5	5	5	5	5	98.4	
5	4	5	5	5	5	4	5	5	5	5	5	95.3	96.9
0	1	0	0	0	0	0	0	1	0	0	0	2.0	96.2
1	2	1	2	1	1	3	1	2	1	2	2	29.7	
1	3	1	2	2	1	4	1	3	2	4	3	42.2	35.9
0	1	0	0	1	0	1	0	1	1	2	1	8.0	84.6
1	2	1	2	1	1	3	1	2	1	2	2	29.7	
1	2	1	2	1	2	3	1	3	2	3	3	37.5	33.6
0	0	0	0	0	1	0	0	1	1	1	1	6.0	90.4
5	4	5	5	5	5	4	5	5	5	5	5	95.3	
5	5	5	5	5	5	5	5	5	5	5	5	100.0	97.7
0	1	0	0	0	0	1	0	0	0	1	0	3.0	94.2
2	2	1	1	1	1	2	1	2	1	2	2	28.1	
2	1	1	2	2	1	3	2	2	2	1	2	32.8	30.5
0	1	0	1	1	0	1	1	0	1	1	0	7.0	86.5

OVERALL RATINGS

1	2	3	4	5	6	7	8	9a	9b	9c	9d	TOTAL	av/yr
												0.0	
												0.0	0.0
0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0
2	2	3	2	2	1	3	2	2	2	2	2	28.1	
2	3	2	2	2	2	3	2	3	2	3	2	34.4	31.3
0	1	0	0	0	1	0	0	1	0	1	0	4.0	92.3
5	4	5	5	5	4	5	5	6	6	5	6	95.3	
5	6	6	6	5	5	5	5	6	6	6	6	100.0	97.7
0	1	0	0	0	1	0	0	0	0	1	0	3.0	94.2
2	3	3	2	2	1	4	2	3	2	2	2	43.8	
2	2	2	2	2	2	3	2	2	2	3	2	39.1	41.4
1	1	1	0	0	1	1	0	1	0	1	0	7.0	86.5
3	3	3	2	2	1	3	3	3	2	3	3	48.4	
2	3	2	2	2	2	1	3	2	3	3	4	4.0	26.2
1	0	1	0	0	1	2	0	1	1	0	1	8.0	84.6
3	4	4	3	3	1	4	3	3	3	3	3	67.8	
2	3	3	3	3	2	4	2	3	3	4	4	66.3	57.0
1	1	1	0	0	1	0	1	0	0	1	1	7.0	86.5
2	3	3	2	2	2	4	2	4	3	3	3	43.8	
2	2	2	2	2	2	3	2	3	3	4	3	39.1	41.4
1	1	1	0	0	1	1	0	1	0	1	0	7.0	86.5
4	4	4	3	3	3	4	4	5	5	3	5	73.4	
3	4	3	4	4	3	4	3	4	5	4	5	4.0	38.7
1	0	1	1	1	0	0	1	1	0	1	0	7.0	86.5
1	1	1	1	1	1	2	1	1	1	1	1	20.3	
1	1	2	1	1	1	2	1	1	1	1	1	21.9	21.1
0	0	1	0	0	0	0	0	0	0	0	0	1.0	98.1
2	3	2	2	2	2	3	2	3	2	4	3	37.5	
2	3	2	2	2	2	4	3	4	2	4	3	39.1	38.3
0	0	0	0	0	0	1	1	1	0	0	0	3.0	94.2
4	4	4	4	3	4	5	4	5	5	5	6	53.1	
5	5	3	4	4	3	5	4	5	6	6	6	57.8	65.5
0	1	1	0	1	1	1	0	0	1	1	0	7.0	86.5
4	5	5	4	4	2	5	4	6	3	3	3	75.0	
4	4	5	4	4	3	5	4	6	4	4	5	81.3	78.1
0	1	0	0	0	1	0	0	0	1	1	2	6.0	88.5

PROCESS RESPONSES

PROCESS RESPONSE ADEQUACY

a1	a2	b3	b4	b5	b6	c7	c8	c9	d10	e11	f12	g13	h14	H6	j16	j16a	j16b	k17	H8	m19	n20	n21	a22	p23	TOTAL	avg/or	a1	a2	b3	b4	b5	b6	c7	c8	c9	d10	e11	f12	g13	h14	H6	j16	j16a	j16b	k17	H8	m19	n20	n21	a22	p23	TOTAL	avg/or	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	80.0		5	5	5	3	3	3	3	3	3	2	2	3	3	3	3	2	3	3	3	2	1	1	1	1	1	63.6	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	80.0	80.0	5	5	5	3	3	3	3	3	3	2	3	3	3	2	4	3	2	3	3	2	1	1	1	1	1	64.4	54.0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	3.0	97.0		
1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	0	1	1	1	0	84.0		5	5	2	4	3	2	4	4	3	3	3	4	3	3	1	2	2	2	2	1	1	4	4	4	1	57.6	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	0	1	1	1	0	84.0	84.0	5	5	2	4	3	3	4	3	3	3	3	4	3	3	1	2	2	3	3	1	1	3	3	4	1	57.6	57.6
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	1	0	0	1	1	0	0	6.0	94.0	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	100.0		5	5	5	5	4	6	5	4	4	4	4	4	5	3	4	4	4	4	6	3	4	4	4	5	85.6			
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	100.0	100.0	5	5	4	5	5	5	5	4	4	4	4	4	4	3	4	3	5	3	4	3	4	3	4	5	84.0	84.8		
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	1	1	1	1	0	0	1	0	0	0	8.0	92.0	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	1	84.0		5	5	5	3	4	4	5	5	4	4	3	4	3	4	5	4	4	5	4	3	1	1	1	1	2	71.2	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	1	84.0	84.0	5	5	5	3	4	3	5	5	4	5	3	5	4	4	5	5	5	5	3	4	1	1	1	1	3	75.2	73.2
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0	0	0	0	0	0	1	0	0	1	0	1	0	0	1	0	0	1	1	0	0	0	0	0	1	1	9.0	91.0	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	0	1	1	0	1	80.0		5	5	5	2	4	1	4	4	2	2	2	4	2	5	1	2	2	3	2	1	1	3	2	1	2	53.6	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	0	1	1	0	1	84.0	82.0	5	5	5	3	4	1	5	4	3	3	2	4	3	5	1	2	2	3	3	1	1	3	3	1	2	62.2	66.4
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.0	96.0	0	0	0	1	0	0	1	0	1	1	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	7.0	93.0	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	96.0		5	5	5	5	5	4	5	4	4	4	3	5	3	3	3	5	5	5	5	3	1	3	2	2	6	79.2	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	96.0	96.0	5	5	5	5	5	4	4	3	4	4	4	5	4	4	3	5	5	5	4	3	1	3	3	2	6	80.0	79.6
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0	0	0	0	0	0	0	1	1	0	0	1	0	1	1	0	0	0	0	1	0	0	0	1	0	0	7.0	93.0	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0	1	0	1	1	88.0		5	5	5	5	5	4	5	5	4	4	3	4	3	4	1	4	3	3	4	2	1	3	1	4	3	72.0	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0	1	0	1	1	88.0	88.0	5	5	5	5	5	4	5	5	4	5	4	4	4	5	1	5	3	4	3	3	1	3	1	4	3	76.8	74.4
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	0	1	0	1	1	1	0	0	0	0	0	8.0	92.0	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	1	84.0		5	5	5	4	3	4	5	4	4	3	3	4	3	5	3	3	3	4	4	2	1	1	1	1	3	66.4	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	1	84.0	84.0	5	5	5	3	4	4	5	5	4	4	4	4	4	5	4	4	3	4	3	2	1	1	1	1	3	70.4	68.4
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0	0	0	0	1	1	0	1	0	1	1	0	1	0	1	1	0	0	1	0	0	0	0	0	0	0	9.0	91.0	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	84.0		5	5	5	3	2	1	3	3	2	2	2	4	2	3	2	3	2	3	2	2	1	3	2	1	1	51.2		
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	84.0	84.0	5	5	5	2	2	1	2	3	2	2	2	3	2	2	2	2	3	3	2	1	3	3	1	1	49.6	50.4		
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0	0	0	0	1	0	0	1	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	6.0	94.0	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	1	1	68.0		4	4	4	4	2	1	3	3	2	1	2	1	1	2	1	2	2	2	2	1	1	1	1	1	2	40.8	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	0	0	0	1	1	64.0	66.0	3	3	4	3	2	1	3	4	2	2	2	1	1	1	1	2	1	2	2	2	1	1	1	1	2	39.2	40.0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.0	88.0	1	1	0	1	0	0	1	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	8.0	92.0	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0	0	0	0	1	80.0		5	5	5	5	4	3	5	4	3	2	2	2	3	4	1	2	2	3	4	4	1	1	1	1	2	59.2	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	1	88.0	84.0	5	5	5	5	4	3	5	4	3	2	2	3	3	3	2	3	2	3	4	5	2	1	1	1	2	62.4	60.8	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2.0	92.0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	0	0	0	1	1	0	0	0	0	6.0	94.0	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	88.0		5	5	3	4	4	3	3	4	3	2	3	2	2	4	1	3	4	3	3	4	3	3	3	1	1	60.8		
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	96.0	92.0	5	5	3	4	3	3																						

OVERALL RATINGS

1	2	3	4	5	6	7	8	9a	9b	9c	9d	TOTA	av/lot
2	2	2	2	2	2	2	2	2	3	4	3	43.8	
2	3	2	2	2	2	3	2	3	3	4	4	50.0	46.9
0	1	0	0	0	0	1	0	1	0	0	1	4.0	92.3
2	3	2	2	2	1	4	2	3	2	3	3	45.3	
2	3	2	2	2	1	4	2	3	2	3	3	45.3	45.3
0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0
4	4	4	3	4	4	4	4	5	5	5	5	79.7	
4	4	3	4	4	5	4	4	5	5	5	5	81.3	80.5
0	0	1	1	0	1	0	0	0	0	0	0	3.0	94.2
4	5	4	4	4	2	5	4	6	5	5	5	82.8	
3	5	5	4	3	3	5	3	6	4	5	5	79.7	81.3
1	0	1	0	1	1	0	1	0	1	0	0	6.0	88.5
1	3	2	2	1	1	3	1	2	1	2	2	32.8	
1	3	2	1	1	2	3	1	3	1	4	2	37.5	35.2
0	0	0	1	0	1	0	0	1	0	2	0	6.0	90.4
4	4	4	4	4	5	4	4	5	5	5	5	82.8	
4	4	4	4	4	5	4	4	5	5	5	5	82.8	82.8
0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0
3	5	4	3	4	2	4	3	5	5	4	4	71.9	
4	5	5	4	4	3	4	4	6	6	5	5	85.9	78.9
1	0	1	1	0	1	0	1	1	1	1	1	9.0	82.7
4	4	5	5	4	3	4	4	6	4	5	5	82.8	
4	5	5	4	4	3	4	4	6	5	5	6	85.9	84.4
0	1	0	1	0	0	0	0	0	1	0	1	4.0	92.3
1	3	2	1	1	1	3	1	2	1	2	2	31.3	
1	3	2	2	1	1	3	1	3	1	3	2	35.9	33.6
0	0	0	1	0	0	0	0	1	0	1	0	3.0	94.2
1	1	2	1	1	1	2	1	1	1	1	1	23.4	
1	1	1	1	1	1	2	1	2	1	1	1	21.9	22.7
0	0	1	0	0	1	0	0	1	0	0	0	3.0	94.2
2	3	2	2	2	2	4	2	3	2	3	3	46.9	
2	3	2	3	2	2	4	2	4	2	4	3	51.6	49.2
0	0	0	1	0	0	0	0	1	0	1	0	3.0	94.2
2	3	3	2	2	1	3	2	3	2	3	3	45.3	
2	3	3	3	2	2	4	2	4	3	3	3	53.1	49.2
0	0	0	1	0	1	1	0	1	1	0	0	5.0	90.4

OVERALL RATINGS

1	2	3	4	5	6	7	8	9a	9b	9c	9d	TOTA	av/yr
2	3	3	2	2	1	3	2	2	2	3	3	43.8	
2	3	2	3	2	1	4	2	2	2	3	3	45.3	44.5
0	0	1	1	0	0	1	0	0	0	0	0	3.0	94.2
2	3	3	2	2	1	4	2	3	2	2	2	43.8	
1	2	2	2	2	2	3	2	2	2	3	2	39.1	41.4
1	1	1	0	0	1	1	0	1	0	1	0	7.0	86.5
2	2	3	2	2	1	4	2	3	2	3	3	45.3	
2	2	4	3	2	1	4	2	4	2	3	3	50.0	47.7
0	0	1	1	0	0	0	0	1	0	0	0	3.0	94.2
1	3	2	1	1	1	3	1	2	1	2	2	31.3	
1	2	2	1	1	1	4	1	2	1	3	2	32.8	32.0
0	1	0	0	0	0	1	0	0	0	1	0	3.0	94.2
5	5	5	5	5	5	4	5	6	6	5	6	96.9	
6	4	5	5	5	4	6	5	5	6	6	6	95.3	96.1
0	1	0	0	0	1	1	0	1	0	1	0	5.0	90.4
2	4	2	2	1	1	3	2	3	2	2	2	40.6	
2	3	2	2	2	1	4	2	2	3	2	2	42.2	41.4
0	1	0	0	1	0	1	0	1	0	1	0	5.0	90.4
1	2	1	1	1	1	1	1	1	1	2	1	21.9	
1	1	1	1	1	1	1	1	2	1	1	1	20.3	21.1
0	1	0	0	0	0	0	0	1	0	1	0	3.0	94.2
4	5	5	4	4	3	6	5	6	5	6	6	90.6	
4	5	5	4	4	3	6	5	6	5	6	6	90.6	90.6
0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0
1	1	1	1	1	1	2	1	1	1	1	1	20.3	
1	2	1	1	1	1	4	1	2	1	1	1	26.6	23.4
0	1	0	0	0	0	2	0	1	0	0	0	4.0	92.3
5	5	5	5	5	4	5	5	6	6	6	6	98.4	
4	4	5	5	5	5	4	5	6	6	6	6	95.3	96.9
1	1	0	0	0	1	1	0	0	0	0	0	4.0	92.3
2	3	3	2	2	1	4	2	3	2	2	2	43.8	
1	2	2	2	2	1	3	2	2	2	2	2	35.9	39.8
1	1	1	0	0	0	1	0	1	0	0	0	5.0	90.4
1	2	2	1	1	1	2	1	2	1	2	1	26.6	
1	2	3	1	1	1	3	1	1	1	2	1	28.1	27.3
0	0	1	0	0	0	1	0	1	0	0	0	3.0	94.2

BAIT: Bait Calibration Program

SE TAPE TR CON INT SE RATER CONTENT RESPONSES

				RATER CONTENT RESPONSES																																																						
				A1	A2	A3	B4	B5	B6	C7	D8	D8i	D8ii	D9	D10	E11	F12	F13	F14	G15	G16	H17	H18	J19	J20	K21	K22	L23	M24	N25	O26	P27	Q28	Q29	Q30	R31	S32	T33	T34	T35	U36	U37	U38	U39	V40	V41	V42	W43	W44	Total	avg/kr							
1	23	M2-D POST-4	DEL	1	1	0	1	1	1	1	0	0	0	1	1	1	1	1	1	0	0	0	1	1	1	1	0	0	1	1	1	1	0	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	58.7					
			L(AINE)	1	1	0	1	0	1	1	0	0	0	1	1	1	1	1	1	0	0	0	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	1	1	1	1	0	56.5	57.6		
			L(CHK)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.0	97.8		
1	23	CALIBRATION	RES	1	1	0	1	0	1	1	0	0	0	1	1	1	1	1	1	0	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	64.3				
			D(CHK)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	4.0	91.3			
			L(CHK)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.0	93.6			
2	41	M3-C PRE-6	DEL	1	0	0	1	0	1	0	0	1	0	0	0	1	0	1	0	0	0	1	0	1	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	30.4					
			L(AINE)	1	0	0	1	0	1	0	1	1	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	32.6	31.6			
			L(CHK)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.0	93.6			
2	41	CALIBRATION	RES	1	0	0	1	0	1	0	0	1	0	0	0	1	0	1	0	0	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	37.0					
			D(CHK)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.0	93.6			
			L(CHK)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4.0	91.3		
8	12	M1-G POST-2	DEL	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	0	0	0	0	1	1	1	1	84.8				
			L(AINE)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	0	0	0	0	1	1	1	1	84.8	84.8
			L(CHK)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0		
8	12	CALIBRATION	RES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	87.0						
			D(CHK)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.0	97.8		
			L(CHK)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.0	97.8	
10	38	M2-D PRE-2	DEL	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	15.2						
			L(AINE)	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	15.2	15.2				
			L(CHK)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0			
10	38	CALIBRATION	RES	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	15.2					
			D(CHK)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0				
			L(CHK)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0			
12	3	P1-H PRE-3	DEL	1	1	0	1	0	1	1	0	0	0	0	0	1	0	0	0	0	0	1	1	1	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	1	1	34.8				
			L(AINE)	1	1	0	1	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	1	1	1	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	37.0	36.9		
			L(CHK)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.0	97.8			
12	3	CALIBRATION	RES	1	1	0	1	0	1	1	1	0	0	0	0	1	0	0	0	0	0	1	1	1	0	0	1	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	39.1			
			D(CHK)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2.0	96.7			
			L(CHK)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.0	97.8		
16	24	P3-C POST-1	DEL	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	91.3							
			L(AINE)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	89.1	90.2				
			L(CHK)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.0	97.8		
15	24	CALIBRATION	RES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	91.3						
			D(CHK)	0	0	0																																																				

OVERALL RATINGS

1	2	3	4	5	6	7	8	9a	9b	9c	9d	TOTAL	av/lor
2	3	3	2	2	1	4	2	3	2	2	2	43.8	
1	2	2	2	2	2	3	2	2	2	3	2	39.1	41.4
1	1	1	0	0	1	1	0	1	0	1	0	7.0	86.6
2	3	2	2	2	1	3	2	3	2	2	2	40.6	
0	0	1	0	0	0	1	0	0	0	0	0	2.0	96.2
1	1	0	0	0	1	0	0	1	0	1	0	5.0	90.4
1	2	1	1	1	1	2	1	2	1	2	2	26.6	
1	2	2	1	1	1	2	1	3	2	3	2	32.8	29.7
0	0	1	0	0	0	0	0	1	1	1	0	4.0	92.3
1	2	1	1	1	1	2	1	2	1	2	2	26.6	
0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0
0	0	1	0	0	0	0	0	1	1	1	0	4.0	92.3
5	5	5	5	5	5	4	5	6	6	6	6	98.4	
5	4	5	5	5	5	4	5	5	6	6	6	95.3	96.9
0	1	0	0	0	0	0	0	1	0	0	0	2.0	96.2
5	5	5	5	5	5	4	5	6	6	5	5	95.3	
0	0	0	0	0	0	0	0	0	0	1	1	2.0	96.2
0	1	0	0	0	0	0	0	1	0	1	1	4.0	92.3
1	2	1	2	1	1	3	1	2	1	2	2	29.7	
1	2	1	2	1	2	3	1	3	2	3	3	37.5	33.6
0	0	0	0	0	1	0	0	1	1	1	1	5.0	90.4
1	2	1	2	1	1	3	1	2	1	2	2	29.7	
0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0
0	0	0	0	0	1	0	0	1	1	1	1	5.0	90.4
2	2	1	1	1	1	2	1	2	1	2	2	28.1	
2	1	1	2	2	1	3	2	2	2	1	2	32.8	30.5
0	1	0	1	1	0	1	1	0	1	1	0	7.0	86.6
2	2	1	2	1	1	3	2	2	1	2	2	32.8	
0	0	0	1	0	0	1	1	0	0	0	0	3.0	94.2
0	1	0	0	1	0	0	0	0	1	1	0	4.0	92.3
5	4	5	5	5	4	5	5	6	6	6	6	95.3	
5	5	5	5	5	5	5	5	6	6	6	6	100.0	97.7
0	1	0	0	0	1	0	0	0	0	1	0	3.0	94.2
5	4	5	5	5	5	5	5	6	6	6	6	98.4	
0	0	0	0	0	1	0	0	0	0	1	0	2.0	96.2
0	1	0	0	0	0	0	0	0	0	0	0	1.0	98.1

OVERALL RATINGS

1	2	3	4	5	6	7	8	9a	9b	9c	9d	TOTAL	av/lor
4	4	4	3	4	4	4	4	5	5	5	5	79.7	
4	4	3	4	4	5	4	4	5	5	5	5	81.3	80.5
0	0	1	1	0	1	0	0	0	0	0	0	3.0	94.2
4	4	4	4	4	4	4	4	5	5	5	5	81.3	
0	0	0	1	0	0	0	0	0	0	0	0	1.0	98.1
0	0	1	0	0	1	0	0	0	0	0	0	2.0	96.2
1	3	2	2	1	1	3	1	2	1	2	2	32.8	
1	3	2	1	1	2	3	1	3	1	4	2	37.5	35.2
0	0	0	1	0	1	0	0	1	0	2	0	5.0	90.4
1	3	2	2	1	2	3	1	2	1	2	2	34.4	
0	0	0	0	0	1	0	0	0	0	0	0	1.0	98.1
0	0	0	1	0	0	0	0	1	0	2	0	4.0	92.3
1	1	2	1	1	2	2	1	1	1	1	1	23.4	
1	1	1	1	1	1	2	1	2	1	1	1	21.9	22.7
0	0	1	0	0	1	0	0	1	0	0	0	3.0	94.2
1	1	2	1	1	1	2	1	2	1	1	1	23.4	
0	0	0	0	0	1	0	0	1	0	0	0	2.0	96.2
0	0	1	0	0	0	0	0	0	0	0	0	1.0	98.1
2	3	3	2	2	1	3	2	2	2	3	3	43.8	
2	3	2	3	2	1	4	2	2	2	3	3	45.3	44.5
0	0	1	1	0	0	1	0	0	0	0	0	3.0	94.2
2	3	3	2	2	1	3	2	2	2	3	3	43.8	
0	0	0	0	0	0	0	0	0	0	0	0	0.0	100.0
0	0	1	1	0	0	1	0	0	0	0	0	3.0	94.2
2	4	2	2	1	1	3	2	3	2	2	2	40.6	
2	3	2	2	2	1	4	2	2	2	3	2	42.2	41.4
0	1	0	0	1	0	1	0	1	0	1	0	5.0	90.4
2	3	2	2	1	1	3	2	2	2	2	2	37.5	
0	1	0	0	0	0	0	0	1	0	0	0	2.0	96.2
0	0	0	0	1	0	1	0	0	0	1	0	3.0	94.2
1	2	2	1	1	1	2	1	2	1	2	1	26.6	
1	2	3	1	1	1	3	1	1	1	2	1	28.1	27.3
0	0	1	0	0	0	1	0	1	0	0	0	3.0	94.2
1	2	2	1	1	1	3	1	2	1	2	1	28.1	
0	0	0	0	0	0	1	0	0	0	0	0	1.0	98.1
0	0	1	0	0	0	0	0	1	0	0	0	2.0	96.2