

The Therapy Process Code: A Multidimensional System for Observing Therapist
and Client Interactions

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With special thanks to Joanne Trombley for extensive editing and rewriting

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Introduction

Description

The TPC is an observational system designed to measure client and therapist behaviors during treatment sessions. Two sets of content codes are used: one describes the client's and the other describes the therapist's verbalizations. With each content code entry, speakership, valence, and process qualifiers are also coded using a 5-digit format (i.e., 1-speakership, 2 and 3-content, 4-qualifier, and 5-valence). Data are coded in the sequence in which they occur throughout the session. At OSLC, the TPC is coded on a hand-held computer referred to throughout this document as an OS-3.

Client Content Codes

Each client verbalization is classified either as cooperative with the direction set by the therapist or into 1 of 8 categories that describe various types of client resistance. They are: 1) challenge/disagree, 2) hopeless/blaming, 3) defend self or others, 4) own agenda/sidetrack, 5) answer for someone else, 6) no answer/no response, 7) disqualify previous statement, and 8) verbal attacks on other present family members. If the client's verbalization blocks, diverts, or impedes the direction set by the therapist or if the client criticizes present family members, one of the eight resistance categories is used. One category describes the client's cooperative or nonresistant behavior.

Therapist Content Codes

Therapist verbalizations are classified into 1 of 8 categories designed to be a mutually exclusive and exhaustive description of therapist verbal activity. They are: 1) support, 2) teach, 3) information seek, 4) structure/directive, 5) challenge/confront, 6) reframe, 7) facilitate, and 8) talk.

Process Qualifier Codes

These describe some other dimensions of interest about the way that something was said. They are: 1) interrupt, 2) black and white, 3) question, 4) interrupt, 5) cry, and 6) laugh.

Valence Code

A 5-point scale is used to rate the emotional valence of each client and therapist verbalization. The scale goes from 1-highly positive to 5-hostile, intense, negative.

Videotapes of treatment sessions are dubbed using a date/time generator that records the passage of time in minutes and seconds on the tape. Data are recorded using a hand-held electronic computer that records the code categories onto a tape that is later transferred to the main computer for analysis. The duration of each entry, as well as the sequence of therapist/client interactions, is recorded.

Purpose

This measure was designed to quantify the moment-by-moment client-therapist interaction in the context of a parent training treatment approach for families of children and adolescents referred for oppositional or conduct disorders. Previous work shows that therapists rate 70% of such families as being at least somewhat resistant (O'Dell, 1982) to the parent training approach. Over the past five years, the role of therapist "soft" clinical skills in the successful implementation of parent training approaches has received increased attention in the literature (Griest, Forehand, Rogers, Breiner, Furey & Williams, 1982; Patterson, 1984). Previous studies examining these variables, as well as client characteristics, may have been hampered by a reliance on global rating scales as the primary data source.

Given that it is feasible to measure client resistant behaviors on a moment-to-moment or session-to-session basis, it is possible to examine empirically the relationship between various

therapist activities and client resistance. Because the sequence of behaviors is recorded in the TPC, it is possible to examine a number of social interactional issues in the therapeutic process (e.g., do certain immediate reactions of the therapist to resistant client behaviors increase or decrease the probability that a sequence of resistant behaviors will continue?).

Development

The code was developed as an outgrowth of our interest in the question, “What determines the individual differences among families in their responses to treatment?”. After viewing hundreds of hours of videotapes of our failure cases, the pivotal construct was thought to be client resistance, both within-session (e.g., client disagreements with the therapist blocking the direction in which the therapist was moving) and between sessions (e.g., client failure to attempt homework assignments). Client resistance to parent training is thought to reflect the outcome of two sets of variables; one is brought to the session by the client and the other brought by the therapist. It was toward the end of studying this process that the Therapy Process Code was developed.

THERAPIST BEHAVIOR CODE: WORKING MANUAL

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	<u>Qualifiers</u>
6	Laugh
5	Cry
4	Interrupt
3	Black/White
2	Question
1	No Qualifier

14 Support/Empathize

Positive responses toward the client that show warmth, humor, understanding, and/or encouragement. There are a number of subsets of this behavior.

Basic Components

A. Paraphrase: Recapping what client has said either as clarification or to demonstrate understanding: verbatim, using significant words of client's, or otherwise capturing the essence of client's words.

Exceptions:

- a. If the summary alters meaning of what client said, code 19 (Interpret/Reframe).
- b. Paraphrasing the faults, errors, etc. of the person the therapist is talking to, is coded 18 (Confront/Challenge).

B. Reinforce:

- 1) Talk about client's progress or success.
- 2) Pointing to client's positive attributes, actions, or characteristics.
- 3) Talk about client's children's positive attributes, actions, or characteristics.
- 4) Positive comments directed toward client indicative of liking him or her.
- 5) If the therapist says "Good" in response to something that the client has said that they have done or are feeling.

Examples:

Therapist: "During the past year, you've really grown." (14)
Therapist: (to kid who is reaching for the light switch) "Don't turn out the light." (18) "Thank you." (14)
Client: "I don't want to be under David, I want to be equal with him." (12)
Therapist: "You're not that way anymore, are you?" (14)

C. Agree: Comments indicating the therapist is in accord with the client.

Examples: "I agree", "definitely", "yes, that's true", "I see".
Client: "Do you think that's alot?"
Therapist: "I agree with his point of view." (14)

Exceptions: Agreement is sometimes couched negatively, but 14 is coded if it is indicative of agreement.

Client: "He hasn't gotten any better at making his bed."
Therapist: "No, he sure hasn't." (14)

If these agreeing comments are made while the client is talking, code 62 (Facilitate). If, however, there is a pause between the client talking and the therapist's remark, code 14.

D. Humor: Lighthearted comments intended to be funny or bring out the comical side of a conversation or situation. They tend to lighten up or sidetrack a potentially heavy subject.

This category includes statements accompanied by laughter that are even remotely humorous so long as they are not hostile or laughing at the client.

Exceptions: 18 (Confront/Challenge) is coded if statements are overtly hostile. When in doubt, code humor 14.

E. Empathy: 1) Comments indicating support or understanding of another person's feelings, emotions, situation, or perspective.

Exceptions: When in doubt whether a comment is understanding feelings or mind reading, code 14.

2) Statements of personal concern for the client.

Examples:

Client: "By the end of the day I've had it."
Therapist: "No wonder you feel so wiped out." (14)
Therapist: "Your position is to be respected also (14), because children obeying their parents is a goal..." (15).

3) When client is talking and therapist makes feeling/sympathetic comment such as "oh no". (14).

Therapist: "I'm not going to sermonize about Time-Out." (14)

F. Self-Disclose: When the therapist talks about self in terms of some therapeutic situation. Often it may be in terms of personal difficulties or family situations relevant to the topic the client is discussing.

Examples:

"I want to ask you both something that is really off the wall." (14)
"I have no idea." (14)

“When my kid does something like that, I get furious, too.” (14)
“In my house, supper time means putting aside the current wars.” (14)
“You know, I’ve been thinking alot about you and your daughter this past week, and what happened at the last session.” (14)
Talk about voluntary statements by the therapist about self (14)

G. Supportive: Remarks that indicate there is hope for the client and that change can take place for him/her. This tends to occur within two styles.

- 1) “You can do it.” (14)
- 2) “I can--or this program can--help you.” (14)

H. Joining: Talking about topics of interest to the client even though not related to therapy when it is apparent that the purpose is to warm the client up or understand more about his/her life or interests. Giving advice in this area is coded 15 (Teach/Structure). Topics that may be included here are: crises, stress, health, jobs, clothing, food, entertainment, recreation, home management, financial troubles, goals, aspirations, use of time, pets, school, hobbies, and friends.

When a new topic is asked about, “How is your job?” (16)
Further talk about job (14)

I. Filling in: Filling in the words the client is attempting to say, indicating the therapist is tracking carefully and fully with the client. Even though coded while the client is still talking, 14 has precedence over 62 (Facilitate).

J. Apologies: Examples:
“I hate to keep insisting on punishment (14) but that’s what you need to do” (15) (Teach). “I know you might not like this (14) but you need to go ahead and put him in Time Out.” (15)

“I wish I had something handy-dandy to solve the problem, but I don’t.” (14)

K. Compliments/
Politeness:

Compliments the therapist makes about the client and statements of politeness such as thank you, that’s nice, etc.

L. Supportive
Disagree:

Statements made by the therapist that disagree with the client in a supportive way.

Examples:

(therapist and mom are talking about who should get credit for the improvement in the therapy).

Mom: "I think that you gave me the impetus to change and the tools." (12)

Therapist: "Maybe so, but it's really hard for people to do that and do it so well." (14)

15 Teach

This category is used for instruction, telling clients what to do or how to do it. Also for reviewing assignments and point charts; especially questions about how the assignment or chart worked.

Basic Components

A. Instruction: Giving information about parenting, family life, or other therapy-related issues.

Examples:

"When you send him to time out, it's important to remember to ..." (15)

"Two year olds need a lot of structure." (15)

"If you don't do this consistently, it won't work." (15)

"Children and their parents should..." (15)

B. Commands: Directives that tell a person what to do in or out of a session, i.e., general direction. Telling a person what to do. These can be either direct or indirect.

Examples:

Therapist: "I wouldn't get into those arguments with him, that's garbage. He has no business telling you what to do." (15)

1) **Direct** - These require a response within the session.

Examples:

"When you get home tell him what you want him to do." (15)

"Let him fall on his ass." (15)

"Stay out of it." (15) (Talking about relating to the kid outside of the session)

“Tell him to shut up.” (15) When the kid back talks outside the session.

“So if you think he’s going to be a total jerk, just let him do it and then later...” (15)

- 2) Indirect - Out of session directions, assignments or instructions given by the therapist.

Examples:

“This week what I’d like you to do is...” (15)

“Make sure you stick to it when you take a privilege away.” (15)

C. Suggestions:

These comments basically tell a client what to do, but they are more veiled commands.

- 1) Talking about things one could do; listing possibilities.
- 2) Talking about what the parent can do about child’s problem behavior outside the session.

Exception: When suggestions are given in sarcastic mode, code 18 (Confront/Challenge); don’t double code with 15 (Teach).

Examples:

“Have you ever tried work chores?” (15)

“One thing that many parents find useful is ...” (15)

Client: “I can’t put my money in the bank on time.”

Therapist: “Well, you could put it in before 5:00.” (15)

“If you wanted to, you could try something like this...” (15)

“How would it be if you put him in time out?” (15)

“What would happen if you put him in time out?” (15)

“Do you have other options?” (15)

“So are you going to start giving him a little bit more free time now based on his good school conference?” (15)

“What could you use as a punishment?” (15)

“What else could you do?” (15)

D. Provide Rationale:

- 1) Making explanations for how a technique or procedure works. Supporting directives with data or supplementary information, including giving information on any of the family management variables.

- 2) Includes explanations of why to use a certain technique and why it's going to be effective.

Examples:

"When time out is used properly, it is an effective means of stopping problem behaviors in kids." (15)

"When a child is learning to do something new, it takes a lot of encouragement. That's why you give him points and praise." (15)

"I know this is picky but I can see these things coming up." (15)

"If you don't punish him when you suspect he lies it's going to have this effect." (15)

- E. Problem Solving: 1) Suggestions worded as questions about what to do about a problem. This is used when a problem is being discussed.

Examples:

"What do you want to put on the chart?" (coded 15 because problem solving). "What else?" (15) (eliciting list of possibilities).

Nonexample:

"Are you around when he does his homework?" (16)

- 2) Asking for a solution to a problem. If in doubt between whether they are asking for a solution or just asking a question, code 16.

Examples:

"Have you ever tried work chores?" (15)

"What would happen if you put him in time out?" (15)

"Why not use time out for that?" (15)

"So, are you going to start to give him a little bit more free time now based on his good school conference?" (This is coded 15 because it talks about the contingent use of free time.)

Nonexample:

"What do you do when he's bad?" (16)

"So how does that work with his homework? Is he responsible for that himself?" (16)

F. Reviewing
Assignment:

Neutral review of assignment. Statements or questions made by the therapist that are positive, negative or judgmental are coded 14 or 18.

Example:

“You minded 13 times out of 15.” (15)

Nonexample:

Therapist: “Wow, you really did well making your points every day.” (14)

Therapist: “Looks like you blew it on that day.” (18)

16. Question/Information Seek

Inquiries requiring a response. Interrogative words are a primary cue for this category. Clarification comments that lead the client to provide information, even though the remark was not phrased as a question. A statement is only coded 16 if it can't be coded in any other of the TBC categories, with the exception of Talk. 16 takes precedence over Talk.

Basic Components

A. Questions

Interrogative words, such as who, when, where, why, etc. are frequently but not necessarily associated with 16.

Examples: “Why did you go there?” (16)
“When do you want to begin?” (16)

B. Information Seek

- 1) Questions that ask for more information.
- 2) Directives that require the client to give more information, clarify, or expand on a topic.

Examples:

“So he was three hours late. (If this is a leading statement, code 16, if paraphrase, code 14). You must have said something about that. [pause]” (16)

“Tell me some more about that.” (16) (Not coded as a command because it functions as a question.)

“How about if I take down their names.” (16)

“What are your reservations about time out?” (16)

Client: “He could have seen me put it in my pants pocket.” (12)

Client: “He’s never taken my money before.” (12)

Therapist: “But this money was his sister’s. (18) Was he upset about it?” (16)

Nonexample:

“Did he earn his points last week?” (15)

“How did the point chart go this week?” (15) (These questions refer to the point chart and thus are coded 15, not 16.)

C. Clarification:

- 1) Comments that lead client to provide information. “I don’t understand” or, for example, kid started talking about mom being angry about candy and ended up with story about shooting rubber bands.
Kid: “So now she’s upset.”
Therapist: “Over the candy” (16) Not coded 14 for filling in because in this case “over the candy” functioned as a question.
Therapist: “Tell me about that.” (16)
- 2) Includes speculative statements by the therapist when the therapist is trying to put the facts together or to clarify a clients response.

17. Structure

A. Structure:

- 1) This consists of directing the conversation or setting ground rules for how the session or interaction will proceed.
- 2) Giving commands which require a response within the session, except commands which function as stop commands. These are coded 18.
- 3) Directives that change the direction of the conversation or the therapy (if it doesn’t change the direction, code 16).
- 4) Non-teaching directives: Telling someone what to do without teaching them can be either statement or question.

Examples:

Therapist asks child to paraphrase what dad said, “So tell me what your father just said.” (17)

“What I’d like to do now is to have the two of you talk about ...” (17)

“First your mother goes, then you.” (17)

“I’ve been looking at our records and see that we have ten sessions and we were going to discuss whether we were going to go on after ten sessions.” (17)

“We don’t need to do that just yet.” (17)

“Why don’t you change places with me so you can talk to him better.” (17)

Nonexamples:

Therapist to kid: “Don’t talk while your Mom is talking.”
(18)

“Tell me more about how you met the man you’re living with
now.” (16)

Therapist: (To kid who is reaching for the light switch) “Don’t
turn out the light.” (18) “Thank you.” (14)

- B. Summarize: 1) Presenting concisely the substance of what was said at some earlier point
by two or more people or where things have been so far in therapy.
The summary must be factual.
- 2) When the therapist directs the role play by asking questions as they
go, or making supportive statements like you’re doing fine, keep
going, code the appropriate therapist code.
- 3) If the therapist takes part in the role play, code those statements as
15, even though they may be in essence of a different code
category.

Examples:

“Pretend I’m Christina. How would you tell me to take a bath?”
(17) (The question is a cue to engage in the role play and coded
17.)

“Now I’m Christina. What would I say?” (17)

“Show me what she’s doing.” (17)

Nonexample:

“What would she be doing?” (16) (Not a 17 because he’s seeking
information, not asking her to say what happens.)

18. Disagree Confront/Challenge

This category includes behaviors that tend to push the client, such as the following: disagreement, disapproval, or negative, sarcastic, or hostile remarks, and challenges. These comments should not be thought of as having a hostile connotation. They can be neutral statements which indicate disagreement, etc.

Basic Components

- A. Disagreement: 1) Comments indicating the therapist is not in accord with what the
client has said or done or a point of view. Unlike agreement, which
must be coded during a pause, a simple “No” uttered by the
therapist while the client is talking is coded 18 if it’s a

disagreement. Correcting a misunderstanding is not disagreement, but is coded 15 (Teach/Structure).

- 2) Disagree includes all statements that provide a rationale for why the therapist disagrees or why it won't work. However, if family management variables are suggested to use or used to explain what should happen, code 15.

Examples:

Mom: "That's why we want to send him to the Correction Center, to scare him."

Therapist: "I don't know, Mary. I've seen it work both ways. Some kids it works for and with some kids they like the challenge." (18)

- 3) Disagree that is neutral or based on facts is also coded 18.

Examples:

Therapist: "I think you do some things well like supervising, monitoring (14), but then it gets into an escalation of punishment, punishment, punishment." (18)

B. Disbelief:

Acting incredulous about what client has said or done. Tone of voice is often important here. Laughing at something the client said or did.

Examples:

"You mean you let him sleep in your bed and he wets it every night? [laughter]" (18)

"You let him pick his own punishment?" (18)

"You actually think your mother should let you come home when you want to?" (18)

"I'm going to get a cup of coffee. I'm lost." (18)

"They got a reward even though they didn't earn it?" (18)

C. Disapproval:

- 1) Remarks that point directly to a negative characteristic or shortcoming of the client or his/her behavior, or commenting on something the client did wrong.
- 2) Paraphrasing when a client admits to faults or to failures to perform well.
- 3) Stop commands, e.g., "Sit in your chair until we're done here."

Examples:

"You don't do very well at checking his points at the end of the day." (18)

“That’s the second time you forgot that.” (18)
 “You spoke out of turn.” (18) “Wait until your mother speaks.” (17)
 “Wait!” (said to client who starts to speak out of turn) (18)
 (because it’s a command).
 Clients are arguing; the therapist says in an irritated voice, “moving right along, let’s talk about...” (18)
 “I wouldn’t think you would feel good, (14) having your daughter taken away again for child molesting.” (18)
 “I’m having a little trouble telling how upset you are. By the look on your face, it doesn’t seem like it’s upset you.” (18)

“You’re not to talk now. I asked him the question.” (18)
 versus
 “It’s your turn to talk now.” (17) The difference here is between a “stop” command and “start” or other commands (Confront versus Structure).

D. Direct

Confrontation: Taking the client on in a direct dispute. Often, but not always, this is directed toward kids. Threats are included.

Examples:

“Don’t give me that.” (18)
 “If you don’t sit down now, you’ll have to leave.” (18)
 “How does that relate to what we’re talking about?” (18)
 “Juanita, I’m just trying to find out what you think.” (18) (cutting the client off)
 Therapist: “So how would he know the money was in your pocket?” (18)
 Client: “I don’t know.” (55)

E. Challenge: Pushing the client to take action, by daring someone to take action.

Examples:

“I’ll bet you can’t do it every day in the next week.” (18)
 “I don’t think you’ll be able to stick to it.” (18)
 “Do you think you can actually win an argument with your child?”
 “I don’t think you can pull it off.” (18)

F. Sarcasm: Within context--tone or style--therapist anger might be indicated. Positive comment with a negative valence (e.g., sure right) is coded (18).

Examples:

“So do you have any suggestions about what to do?” (18)

“Well, you could send him to McLaren, that’s one thing you could do.” (18)

“Well maybe it’s not a good idea for you two to live together.” (18)

Humph, Well, etc. delivered in skeptical tone are coded 18.

G. Indirect

Challenge or

Confrontation: 1)

Talking to one client when the message is directed to another client in the room.

Examples:

Kid asks mom to tie his shoe. Therapist asks, “does he drink out of a cup or is he still...” (18)

Therapist: “I think this program is going to be easy for you this week.” (14) “But it’s totally up to you, you can do what you want to do. (15) You can blow it if you want or you can make it work if you want.” (18)

- 2) Forcing client to choose a course of action, e.g., “You can choose to do it this way or be miserable the rest of your life.” (18)

19. Interpret/Reframe

This category is used for behaviors in which the therapist speculates about or states the meaning of something, makes a prediction, or alters the meaning of what someone has said. While these remarks may be made as if factual (as in giving information), if the therapist does not/cannot know it to be true, 19 is coded. Metaphors and analogies are always coded 19. This category applies to family members and/or family situations only.

A. Reframe:

- 1) Reconstructions of what another person has said such that the result is something different from the way it was initially stated.
- 2) It often suggests an alternative way of looking at a problem. This includes changes in direction suggested to the therapist by the staff.

Examples:

Therapist to client: “I was having a hard time trying to decide what to do to help you, so I went to the staff and I told them about your situation etc,

(19). The staff said that I should lay off, you've had a hard enough time, etc. (19).

It may sometimes indicate that a perceived disadvantage is really an advantage, or vice versa.

Examples:

[Child has been saying that if she doesn't get to go to OC she won't go to school at all.]

Therapist: "So what you're saying is if you don't get to go to OC, you're going to force things so you get to go there anyway." (19)

[This is not a paraphrase because it adds a component to the remark that the client hadn't included.]

Mother: "They can come in as long as they don't get into an argument."

Therapist: "It would be good if they got into an argument here so I can see how they do it." (19)

B. Interpret

Comments by the therapist that tell the meaning or significance of something, unless it is clearly factual information, in which case 15 (Teach/Structure) is coded.

Examples:

Therapist: "When he does that, he's fighting for your attention." (19)

Therapist: "It shows you that consequences work for him." (19)

Client: "David, after he gave blood last night, didn't go out drinking, he didn't play shuffleboard, on Sunday he came to church with me."

Therapist: "He's showing with his behavior that he really cares about you." (19)

C. Mind Read Comments in which the therapist says what another person thinks, feels, wants, etc. without actually knowing it to be true. Also, inferring motives.

Examples:

"You wanted your mom to remind you, didn't you?" (19)

"He thought you wouldn't do anything about his being late." (19)

D. Speculate

- 1) Anticipating what might happen, or did happen, including predictions of how things will turn out.

Examples:

“When you do this, he’s going to get worse for a while.” (19)

“I bet you’ll be surprised at least once in the next week.” (19)

“I suspect he’ll wait to see what you do.” (19)

- 2) Includes the therapist asking the client to speculate about family members’ behavior or the meaning of something.

Example:

“Do you think he thinks he’s going to turn out just like his father?”
(19)

E. Normalize

Comments in which the therapist indicates that a family member’s behavior or situation is not unusual, but is, in fact, relatively common, or normal. Often these are generalizations. Normalizing remarks about nonfamily members (school teachers, social workers, etc.) are not coded 19, (Interpret/Reframe), but usually 15.

If a 19 contains empathy, it’s still a 19, not a 14.

Examples:

Mother: “My child always . . . “

Therapist: “That’s a common problem for kids his age.” (19)

Mother: “Why do I keep going back to my old husband?
Why do I let him hurt me?”

Therapist: “Because somebody that you love is the person who
can hurt you the most.” (19)

F. Metaphors

or stories that are not (15)

Example:

Therapist: “Some people are off and on and off and on, and
other people are like a bed of coals. They are
always hot for you and it keeps smoldering and
burning through time.” (19)

Client: “I want to take this step by myself. I want to jump
off that cliff and see what’s at the bottom.”

Therapist: “Maybe your wings aren’t strong enough yet. A
mother bird doesn’t push her baby out of the nest
until they’re ready to go.” (19)

10 Talk

This category is basically a wastebasket code for all behaviors not codable with another category.

- 1) It is coded when the therapist starts to say something but doesn't complete a codable behavior.
- 2) Talk is coded for unintelligible verbalizations. Unintelligible verbalizations are comments that cannot be understood after listening three times. Conversation about coffee, weather, parking, etc. are coded 10. Talking about setting up next appointment is coded 17.
- 3) Talk of therapists to each other that is not about the client, or the therapy.

Examples:

Therapist: "Shall we meet next week at 6:00?" (17)
Client: "Yes, that sounds fine." (12)
Therapist: "OK." (14)
Therapist: "Did you have any problems finding a place to park?" (10)

Nonexample:

Talking about other kinds of therapies that you might participate in in the future.

62 Facilitate

This category is used when the therapist is basically listening to the client, but making short utterances to indicate s/he is paying attention and the other person should keep on talking.

- 1) Facilitate is coded only if it occurs while the client has the floor. It is not coded when it occurs during pauses of three seconds or more in the conversation. It is never double coded.
- 2) 62s can be mildly supportive to keep the client talking.

Examples:

"Okay" "Umhummm" "yeah" "right" "sure" "I see"
When in doubt between 14 and 62, code 14.

- 3) Any time a client continues talking and therapist says, "yea," "right."

- 4) If there are two clients. One parent talks and the therapist responds with “umhumm” and the other parent continues with no pause (longer than three seconds).

Exception: “Right” (said sarcastically, when it is a disagreement, is coded 18).

CLIENT THERAPY CODE

Code Category 25

Confront, Challenge, Complain, Disagree (I Won't . . .)

25 is coded if the content of the client's remarks indicate dissatisfaction with the therapy and/or the therapist, and/or disagreements with the therapist. Statements may be solicited or unsolicited remarks from the client. 25 is also coded if client doesn't comply to a session directive by the therapist.

Basic Components

1. Comments indicating that the client does not think the therapist knows what he/she is doing, and/or does not think the therapist can help the client, or is putting the therapist in his/her place.

Example: "If you think it is going to work, you're crazy." (25)

2. Complains about the therapist, the treatment, etc.

Example: "This time-out stuff just isn't working with my kid." (25)

3. Disagreements with the therapist's statement or suggestion. Note: Simple corrections of fact are not coded disagree.

Example:

Therapist: "Your address is 235 Adams St.?" (16)

Client: "No, it is 359 W. Broadway." (12)

Disagree also includes, "Yes, but . . ." statements.

Example:

Therapist: "Can't you understand how she'd feel that way?" (16)

Client: "Yes, but I know him better than anyone and . . ." (25)

4. Code category 25 does not include complaints and negative remarks about other issues, people, etc. in or out of the therapy session. These statements fall into other code categories.
5. Code 25 includes all statements that provide a rationale for why a person disagrees with the therapist.

Example:

Therapist: "I would shut his mouth down. I see his mouth as getting him into real trouble." (15)

Client: "Yes, but then you get down on him for that, and he just goes out and screws up some other way." (25)

6. Code 25 is also coded for non-verbal non-compliant behaviors. These behaviors must occur following a directive by the therapist.

Example:

Therapist: "Sit in that chair until you're quiet for one minute." (17)

Client: Gets out of chair. (25)

***Code 25 has precedence over code 35.

Code 25 Examples

Client: "This isn't that psychology crap, is it?" (25)
"I know more about kids than you do." (25)
"If you think this is going to work, you're crazy." (25)
"This is stupid." (25)
"Do we have to do it?" (25)
"Last week, I was angry about what you said." (25)
"The kids don't want to come into therapy." (15)

Therapist: "How about bringing your oldest in next week?" (16)

Client: "No." (25)

Therapist: "If she doesn't mind, you don't have to get angry, just send her to time out." (15)

Client: "But I want to get angry." (25)

Therapist: "Can you not accept her decision and go along with it?" (18)

Client: "Yes, but I know my son and he isn't going to obey her. I tried that." (25)

Nonexamples

Therapist: "Will you try to work on something together that is fun with your Dad in the next week?" (15)

Client: "It won't work because he won't do it." (Client referring to his dad who is in the room.) (35)

Therapist: "Is 4:30 still a good time to meet next week?" (17)

Client: "No, it's hard for me to get here at that time." (12)

Code Category 35

Hopeless, Blame, Complain (I can't . . .)

This category should be thought of as remarks of an “I can’t” nature. For example, “I can’t because I don’t have it in me,” or “I can’t because he won’t let me.” There are basically three components of code 35, hopeless, blaming and complaining.

Basic Components

HOPELESS: defeated, self-blaming

1. Statements indicating an inability of the client to change. Includes statements of prolonged, repetitive, defeatist or negative conditions, repetitive talk about physical sickness and hopeless, self-blaming remarks.
2. These statements can be either solicited or unsolicited to be coded 35. However, to code a client’s response to a solicited statement or question, you must code the first statement made by the client as a nonresistant code (12), then if the client goes on and on in a hopeless manner, you can code 35. The key here is that the response to a question must be prolonged in order to code 35. So, pay close attention to when the client’s response is no longer nonresistant (12) but rather hopeless (35).

Example:

Therapist: “So things aren’t getting better?” (16)

Client: “Never been this bad before (12) Things are about to explode. It’s like being married again. The same way we were living before, it’s exactly the same.” (35)

3. 35 includes extreme statements of a violent or derogatory nature.

Example:

Client: “It got to the point to where I didn’t think that I could live with him anymore because he was so difficult (referring to her son). I just wanted to kill him, he’s so bad.” (35)

Code 35 Examples

Client: “Why can’t I be without a man? Why can’t I step out into the big world all by myself? Why do I need someone to watch over me?” (35)

Client: “I am tired all the time. I’m exhausted.” (35)

Therapist: “What could you do to make yourself feel better?” (15)
 Client: “Drink myself into oblivion.” (35)

Client: “I’m just not assertive enough.” (35)

Client: “I don’t think I’ll ever be able to make him do that. I’m just no good at that sort of thing.” (35)
 “Why is it that every time I look at a man, I want to strangle him?” (35)

***Code 35 has precedence over Code 7 (zap).

Basic Components

BLAME/COMPLAIN: Tattle and complain

1. Blaming statements are statements which blame others for present, past, and anticipated difficulties. Blame is coded for people in or out of the therapy session (other family members, teachers, neighbors, police, etc.). Tattling on people present, or not present during the session is coded 35. Blaming includes statements that sound like Zaps about the family member, but are directed toward the therapist.
2. Complaining statements are statements which attribute the source of one’s problems on someone else, or something else, without explicitly blaming them or it.
3. Statements that are blaming or complaining can be either solicited or unsolicited. However, if the statement is solicited by the therapist, the client must first get a code that is nonresistant (12) if he/she answers the question. The coder can code blame and complain (35) if the client gives prolonged explanation in a manner that is blaming or complaining.

Code 35 Examples

Client: “I told that social worker where he could stick his plan.” (35)

Client: “Those teachers sure think they know it all, but they sure screwed up with my kid.” (35)

Client: “I was reacting to him (husband) and I was mad at him.” (35)

Client: “No one will help me. The court won’t do anything. CSD won’t do anything. I can’t count on anyone.” (35)

- Client: “The kids came back from their father’s house and they said they didn’t want to come into therapy to some stupid psychologist because they were just as normal as anybody else.” (35)
- Therapist: “Maybe you could talk to Robert (her boss) about whether or not to stay home from work if you’re feeling sick.” (15)
- Client: “Well, it’s just so awful when I’m not there. The last time it happened, \$27 was taken from the cash register, nobody got the right food or clothing, it was just awful.” (35)
- Therapist: “How is the point program going?” (Asked to Mom and Dad who are both in the therapy session). (16)
- Client: “He refused to give John any points for the work he did. He just bitched that it was not worth his time to give points for stuff he should do anyway.” (35)

Nonexamples of 35

- Therapist: “So, you’re feeling worn out.” (14)
- Client: “Yes, I’m really worn out and tired.” (12)
- Therapist: “That must be very hard for you.” (14)
- Client: “Doesn’t feel like it’s getting any better.” (12)

Code Category 36

Defend Other or Defend Self

Defending, justifying, making excuses, pardoning another, or oneself whether or not the person is there or not. These statements can be solicited or unsolicited by the therapist.

Basic Components

1. Plausible or implausible excuses given to the therapist about another person’s behavior.
2. Diminishing the effects of another person’s negative behavior.
3. Denial - a statement made in defense of one’s self.

***Code 7 (Zap) has precedence over Code 36.
Code 35 has precedence over Code 36.

Code 36 examples

- Therapist: “He didn’t do very well on the point chart last week.” (18)
Client: “He was tired.” (36)
- Therapist: “Doesn’t look like she got any points this week for minding.” (15)
Client: “She wasn’t that bad.” (36)
- Therapist: “You got in trouble at school this week.” (18)
Client: “It wasn’t my fault.” (36)
- Therapist: “You have a hard time punishing him.” (18)
“I just love him too much.” (36)

Nonexamples

- Therapist: “How did he do this term in school?” (16)
Client: “If his teachers cared more about him, he’d get better grades.” (35)

Code Category 7

Interfamily Conflict (Who zaps whom . . .)

Basic Components

1. This code indicates interfamily conflicts, represented by an initiator zapping a victim.
Example: Mom zaps child (3 7 1)
2. Unsolicited negative or critical comments or complaints made by one family member to another.
3. Disagreements between family members, discounting other family member’s statements.
4. When family members are interacting and the therapist is interacting with a different member of the family, the therapist interactions take precedence over the interfamily conflict, or dispute.
5. Nonverbal disgust noises directed at other people present, family member or therapist.
6. When a ZAP is directed at more than one person, use 9 as the recipient. (3 7 9)

7. Includes negative physical interactions between clients; i.e., hitting, kicking, etc.

Code 7 Examples

Mom: “You just upset me.” 372

Dad: “You can’t be serious.” 273

Mom: “He was late on Wednesday.” 312

Dad: “No, it was Thursday.” 273

Mom: “No it wasn’t.” 372

Dad: “I say that every time.” 212

Mom: “Not to me, you don’t.” 372

Dad: “He could have seen me put it in my pants pocket.” 212

Mom: “He’s never taken my money before.” 372

Kid: “I don’t want to do that Mom.” 173

Mom: “Hhhhh!” 371

Code Category 45

Own Agenda and Sidetrack

(You won’t, “Because I won’t let you talk about what you want to.”)

Own Agenda responses indicating the client wants to discuss an issue different from the current direction of the therapist, or client persists in discussing tangentially related issues.

Example: Client won’t let therapist talk.

Basic Components

1. While it is valid for a client to bring up other areas of concern, such responses would be coded as resistant if they indicate the client is avoiding the current issue, coming to the session with his/her own specific topic in mind, or not attending to the therapist and bringing up a new topic.
2. (a) When a client starts on their own agenda, you keep coding the client as 45 until the therapist does something other than a facilitative response (62). When the therapist responds to the client’s topic with a question or a statement, you then need to code the client in the appropriate code, either 12 or whatever category fits.

3. Sidetrack: a response from the client completely off the topic of discussion.

Example: Therapist asks the older child how much he liked the parade on Saturday, and the younger child answers how much he liked the parade.

Code 46 Examples

Therapist to Dad: “Were you able to go with them?” (16)
 Mom: “Yea, we all went together.” (46)
 versus
 Mom allowing Dad to answer, then adding information.

Therapist to Mom: “So why are you angry?” (16)
Dad answers the question for Mom.

***If the client's answer is complaining about another person not in the therapy, code 46 because even though the question is directed at Mom, the remarks are unsolicited.

Example:

Therapist to Mom: “So why are you angry?” (16)

Dad: “She’s angry about her sister screwing up.” (46)

Code Category 55

Not Responding/Not Answering

You can't . . . because I won't give you information, or I'll give you inconsistent/wrong information.

Basic Components

1. Withholding information by not responding to a question for two seconds or more.
2. Not answering, or avoid answering a direct question. In response to a direct question, client is evasive, nondirect, or leaves the statement open-ended.
3. Do not stop code 55 with 99999, just leave the 55 on as long as the client does not respond or the therapist asks a new question or statement.

***Code 45 takes precedence over Code 55.

Code 55 Examples

Therapist: “How often does he do this sort of thing?” (16)

Client: “I’m not sure.” (without further amplification) (55)

versus

“I don’t know.” (55)

Therapist: “If you did nothing, in six months would everything be hunky-dory?” (18)

Client: “It could be, it could not.” (55)

versus

“Maybe.” (55)

Nonexamples

Therapist: “Are you still rewarding yourself by doing things that you want to do for yourself, by yourself, without feeling guilty?” (16)

Client: “I haven’t been doing that (12) mainly because this class I’ve been taking is this really boring class.” (45)

Therapist: “Do you ever just say ‘no’?” (18)

Client: “I haven’t gone anyplace these last three weeks.” (45)

Therapist asks a question and client responds with head nod or shake. This is not coded 55 but 12 (non-resistant).

Code Category 56

Disqualify

Basic Components

1. Contradicting an earlier statement made by the client. Not immediate and/or trivial correction of fact.
2. Making extreme statements about death or supernatural powers.

Code 56 Examples

Earlier in the session the client said, “We didn’t have a bit of trouble with him this week.” Then later the client said, “He was constantly irritating all of us.”

Client: “I know that my pregnancy with David was there for a reason because I kept saying to myself, ‘If I don’t get myself together, this baby is going to be born deformed and crazy.’” (56)

Client: “When I was in that room after I had seen ‘The Exorcist’, I felt strange powers. I prayed, then they went away.” (56)

Code Category 12

Nonresistant

Basic Components

1. All responses of a nonresistant nature made by client. Statements may be solicited or unsolicited.
2. Includes head nods or shakes in response to a therapist question.

Code 12 Examples

Client: “But it was a real good program and I felt the kids got alot out of it.” (12)

Therapist: “How many privileges did you take away from John during the week?” (15)

Client: “I took everything away from his during the week.” (12)

Client: “I would’ve thought things would’ve gotten better by now.” (12) (Response is too nebulous for any other code.)

Unintelligible

Unintelligible will be coded in with Nonresistant (12). Unintelligible can be coded unintelligible after you’ve listened to the segment three times and still can’t decipher what was said.

Precedence Rules

1. Code 25 takes precedence over all other codes including code 35.
2. Code 35 has precedence over Zap -7-, and code 36.
3. Zap -7- has precedence over code 36.
4. Code 46 takes precedence over code 35.
5. Code 45 takes precedence over code 55.

CODING EXERCISES

Code each sample, then check answers with key in the manual, page 42. Put as many codes as necessary for each statement(s). If in doubt, code what you think fits best, and write a note justifying your choice. Ask supervisor for more information or clarification.

Sample 1

Session includes Mom, Gary (kid) and Therapist

1. Mom: "I forgot to bring . . . "
2. Therapist: ". . . the contract. That's okay. You can bring it next time. Now we changed the point contract the last time. How's it working out?"
3. Mom: "Okay."
4. Therapist: "And for you?" (to the child)
5. Gary: "Okay."
6. Therapist: "You look surprised at that Carol, or does it seem like it's okay for him too."
7. Mom: "It's okay for him."
8. Therapist: "So you don't feel that he's now getting the opportunity to do things just to get a mind, that are kind of negative."
9. Mom: "No, I don't think that is going on."
10. Therapist: "Okay."
11. Mom: "It's not going on now anyway."
12. Therapist: "Are you earning your reward everyday?"
13. Gary: "I didn't cause I didn't remember to do the dishes one day."
14. Therapist: "I think that's quite good, for as long as we've been doing this. Do you think we need to make additions to the contract, deletions?"
15. Gary: "Do the dishes, clean the counters . . ."

16. Therapist: "That's all part of the dishes."
17. Gary: "Yeah, clean the bedroom, mind, go to sleep on time and I get three points."
18. Mom: "I think you covered about everything."
-

Sample 2
Session includes: Mom, Dad, Nick and Therapist

1. Therapist: "Good for you, Nick."
2. Nick: "It's fun."
3. Therapist: "Is it?"
4. Nick: "She babysits an 11-year-old, a 9-year-old and a 3-year-old."
5. Therapist: "And you don't get in a hassle over there while your sister babysits. You just cooperate with her."
6. Nick: "No."
7. Therapist: "Is it because of you, or her, or the both of you?"
8. Nick: "She's usually in a good mood. I come around at 10:00 when she's babysitting. These springs in this chair are coming out."
9. Therapist: "That chair looks like it's wearing down. So, does that mean that Nick doesn't have chores to do in the summer, or fewer of them?"
10. Mom: "No, it really doesn't mean any of those. In the evenings when we get home from work we've been going down to the pool and working on it."
11. Therapist: "Together?"
12. Mom: "Yeah, so chores have kind of gone by the wayside except for absolute necessities. The pool is pretty much finished, probably this Saturday."
13. Therapist: "Now the pool is finished and the gloomy, rainy weather comes."
14. Mom: "Yeah. Nick don't do that, just comb it and put it back in your pocket."
-

Sample 3
Session includes: Mom, Dad and Therapist

1. Therapist: "I'm wondering if you can help her with this cause you've been through it. Starting even younger than your son is now."
 2. Dad: "My dad was never around. Hell that ain't right. I had to go to work real young. Mom said that you'll start smoking if you work in the fields, but there was no other work, so I smoked."
 3. Therapist: "So what do you think you can do with Jimmy if you don't want him to smoke? Do you think you have enough control over that?"
 4. Dad: "I don't know about that." (pause) "I never really seen him smoke to be honest with you."
 5. Therapist: "Uh-huh. Do you think you can tell a 7-year-old kid not to smoke at this age in your house?"
 6. Dad: "I told him he can smoke when he's 15 or 16. Then I won't say anything."
 7. Therapist: "So you think that at 15 or 16 he's mature enough to handle smoking."
 8. Dad: "Yeah, he's got a little experience under his belt then."
 9. Therapist: "That makes a difference."
 10. Mom: "I don't think we're going to have a repeat of this. I really think he was scared very badly. He said, was he going to get spanked for the fire he set while he was smoking."
-

Sample 4
Session includes: Mom and Therapist

1. Mom: "I don't have a whole lot of focus on Nathan (son) at the moment."
2. Therapist: "Okay, well . . ."
3. Mom: "I don't know, when I go to school I don't give much attention to what's going on at home."

4. Therapist: “Okay. Is there anything else I should know about? I mean I’m not trying to pry into your life. I just sense some anger, irritation or something.”
5. Mom: “I am. I probably will be the whole school year. When I get through with school I can get away from all this stuff.”
6. Therapist: “Is it that same stuff we talked about last time?”
7. Mom: “Yeah. It might help when I’m done with this term and I don’t have to take required things.”
8. Therapist: “Yeah. Are they kind of rigid and abrupt about things?”
9. Mom: “Yeah.”
10. Therapist: “How do you get rid of that stuff, the anger? Does talking to friends get rid of it? Cause if you have to face that everyday, boy!”
11. Mom: “I don’t know how to get rid of it.”
12. Therapist: “I hate to see it eat away at you. It’s hard enough going to school and have that kind of stuff. Well, I’m not going to suggest exercise, I made that mistake last time.” (Laughs)
13. Mom: “Thank you.”
14. Therapist: “I know you don’t want to dump that on Nathan, but it doesn’t put you in a good mood to deal with him either.”

CODE SAMPLES ANSWER KEY

Set 1

1. 12
2. 14, 17, 15(2)
3. 12
4. 16(2)
5. 12
6. 14, 16
7. 12
8. 19
9. 12
10. 14
11. 12
12. 15(2)
13. 12
14. 14, 15(2), 16(2)
15. 12
16. 15
17. 12
18. 12

Set 2

1. 14
2. 12
3. 16(2)
4. 12
5. 19(2)
6. 12
7. 16(2)
8. 12, 45
9. 10, 16(2)
10. 12
11. 16(2)
12. 12
13. 14
14. 12, 371

Set 3

1. 15, 14
2. 12
3. 15(2), 16(2)
4. 55, 12(3)
5. 62, 15(2)
6. 12
7. 14
8. 12
9. 14
10. 12

Set 4

1. 12
2. 14
3. 12
4. 14, 16(2), 14, 19
5. 12, 35
6. 16(2)
7. 12
8. 14, 16(2)
9. 12
10. 16(2), 14
11. 12
12. 14, 18, 62
13. 12
14. 14, 18

APPENDIX -- A

Family Management Variables

Tracking, Positive Parenting, Discipline and Problem Solving

When the therapist is discussing Family Management issues, the second toggle switch on the OS 3 is turned up. When the subject changes, the toggle switch is left on for up to three minutes. If at that time the therapist has not returned to a Family Management issue it should be switched off. At the end of a trial turn off the toggle switch before you hit enter twice.

Tracking

Observing a behavior and keeping track of how often it occurs. Knowing where the child is and what he is doing.

Example: “We begin by picking a behavior and keeping track of it each day.” (15)
 “When he doesn’t come home after school where does he go?” (16)

Positive Parenting

Reinforcement, incentives, point charts, time spent with child, house rules.

Example: “If she gets her points each day, she can choose the activity.” (15)
 “Time with you is probably the most rewarding activity for him right now.” (19)
 “Are you going over the points each night?” (15)
 “What’s the rule at your house about reading in bed?” (16)

Discipline

Consequences for negative behavior: time out, work chores, removing privileges.

Example: “That would be a good time to use time out.” (15)
 “Have you tried work chores?” (15)
 “Last week we went over how to use time out, have you tried it yet?” (17, 15)
 “You don’t have to take his bike away forever, we find an hour or so works just as well.” (15)

Problem Solving

Crisis management, negotiating contracts, listing alternative ways of solving a problem.

Example: “Let’s make a list of all the possible solutions.” (17)
 “It’s important that you write down the terms of the agreement, be sure to include
 the positive and negative consequences.” (15)
 “I would like the two of you to come up with some ideas on how you could solve
 this.” (17)

APPENDIX -- B

Qualifiers

Qualifiers are used to make further distinctions in the client/therapist interactions. Qualifiers are the 4th digit of the 5 digit sequence. Use the qualifiers as necessary when coding to mark what happened in therapy session, if there is no qualifier put a 1 in the 4th digit place.

Resistance Qualifiers

Laugh (6)

Client chuckles, guffaws, laughs outright. (Note: coder should use the valence code 1 or 2 to rate the fullness of (6); for example, a chuckle would be a 2 valence; a spontaneous burst of laughter would be a 1 valence.)

Therapist chuckles, guffaws, laughs outright. Standard component/examples:

When a therapist laughs, code appropriate content code, followed by a (6) and valence number.

If the therapist laughs without saying anything, code 9146 (2 or 1).

When client laughs, code appropriate content code followed by a (6) and valence number.

If a client doesn't say anything, and no other content code is appropriate, code client number + 12 + 6; for example code 3126 (1 or 2).

Cry (5)

Client is weepy, sheds tears and/or voice sounds shaky and weepy. (Note: coder should use a 5 valence for crying, the qualifier 5 will distinguish a hostile valence of 5 from a depressed valence of 5.)

Examples:

When a client cries, whether in a full-fledged manner or in a more subdued style, code 5 as a qualifier with the appropriate content code. (If therapist cries, code 5 as a qualifier with the appropriate content code.)

If a client cries and doesn't say anything, code the content as 12, unless it can be coded as resistant (not answer, 55, for example).

Interrupt (4)

Client interrupts or talks over therapist or other family member. Therapist interrupts client or another therapist.

Examples:

When a client interrupts the therapist, or another family member, code 4 as a qualifier with appropriate content code.

When a therapist interrupts a client, or another therapist, code 4 as a qualifier with appropriate content code.

General Rule: If a person interrupts, the Interrupt qualifier is entered. The next time another behavior is coded for that person (Interrupt again, for example), the Interrupt is dropped and whatever qualifier is appropriate is put in. In other words, leave them in Interrupt until any new code is entered on that person.

Interrupt is also used for people talking over each other. For example, if Mom and the therapist are talking at the same time, it is coded 9 10 4 (valence) and 3 12 4 (valence). If the therapist is talking and beginning to ask a question and trails off and the client anticipates the question by answering, it is not coded Interrupt unless the client is cutting the therapist off.

Clients or therapists may change valence within a statement; i.e., start talking in an angry manner and finish with a laugh. Whenever the balance changes, a new code should be entered to indicate the change in valence, even if the content code doesn't change.

Black and White (3)

Unusual negative statements with words like “always” or “never”. Statements that insinuate permanent state of negative conditions.

Examples:

When client accompanies their statement with insinuations about a permanent negative condition, code appropriate content code and (3) as a qualifier.

If therapist also uses unusual negative statements, code appropriate content code with a (3) qualifier.

Client: “He always contradicts me.” 2353
Therapist: “He always contradicts you.” 9143

Client: “Why do you think he does that?” 9162
Therapist: “I constantly feel worn out or sick.” 3123
Therapist: “Does Johnny generally mind you?” 9162
Client: “No, Johnny never minds no matter what I ask.” 3123

Question (2)

If therapist or client asks a question and no other qualifier takes precedence, code (2) question along with the content code.

No Qualifier (1)

If no other qualifier can be coded, code 1 for regular responses. This applies to both therapist and/or client.

APPENDIX -- C

Valence

Valence describes the emotional tone of the client/therapist content codes and is coded on the basis of affect, i.e., tone of voice or inflections, nonverbal gestures such as facial expressions or body posture. Valence is intended to be a separate dimension qualifying both the qualifiers and the content behaviors. The following scale represents the range of valence in the resistance code.

Valence Scale

- | | |
|---|---|
| 1 | exuberant affect, very positive, outburst of laughter, exhilarated, pleasantly surprised, delighted/excited |
| 2 | chuckles, smile, uplifted tone, happy, pleasant tone, warm tone, concern, affectionate, solicitous, interested |
| 3 | neutral, straight forward, calm |
| 4 | depressed, slightly intense, flat, "sighy", slightly angry, i.e., annoyed, whining, curt, apathetic, contemptuous, disapproving |
| 5 | hostile, abusive, crying, very depressed, shaky or tremulous voice, very intense--either hostile or depressed, belligerent, strongly disapproving |

General Rule: Clients or therapists may change valence within a statement; i.e., start a statement in valence 4 and end in valence 2. Whenever the valence changes, a new code should be entered, even if the content of the statement doesn't change.

APPENDIX -- D

Coding Procedures

Preview and Segment

Watch the therapy session and segment the tape into trials (see tape segmenting rules). You may either watch the entire tape or do it by trial. The purpose for watching the tape is to better understand what is happening in the therapy session and to make better coding decisions based on the coding rules and hierarchy. It is important to preview the tape so that nothing in the session will take you by surprise, such as, people leaving or entering the session, the tape may have poor sound and pictures, or the tape may be difficult to code in terms of content.

Coding

Start by entering the correct header information into the OS-3. This includes: family name, session/tape number, focus, observer number, and family members (see Header Procedures). At the designated “start trial” enter 99999 and code the entire trial without interruptions. At the end of a trial you stop the trial by pressing the enter key twice. Answer y (yes) to the question “end trial”.

Toggle Switch

The toggle switches are located above the key pad, and are numbered 0 to 9. The toggle switch indicates how long a various activity went on. When you flip the switch on, the timer starts counting the time engaged in the activity. In this case, it will be time engaged in talking about family management variables (see Family Management Variables). As soon as the therapist starts talking about any of these variables, you flip up switch number 1 and continue coding tape content. When they stop talking about family management variables, lower the switch and continue coding.

Coder Impressions

After each tape you code you will need to fill out the Coder Impressions. You simply answer the questions and turn the form in to be filed and processed. Make sure you have all the information correct on the header on the form.

Dumping Procedures

After the entire therapy session is coded you need to transfer the data in the OS-3 into the mainframe computer located in the terminal room. Enter the tape session you are dumping into the data log and follow the procedures for dumping (see Dumping Procedures).

Tape Segmenting

The therapy session tapes vary in length from 45 min. to one hour and need to be broken down into 20 minute segments or trials for coding. The rules for segmenting a tape are as follows.

1. Start segmenting at the beginning of the therapy session, when the therapist and all the clients are seated and ready to begin. Indicate on the segmenting sheet the time (using the date-time line on the tape) the session begins. Also, write down the first statement at that time on the segmenting sheet.
2. At the end of the first 20 minute segment or trial, indicate the time you stopped the trial and the last statement you coded. Mark these on the segmenting sheet and proceed to do the rest of the tape in the same way until the therapy session is over.

***There are different rules for segmenting tapes that have people leaving or entering the room or when the therapist goes to get something for the client, etc.

3. Start a new trial any time someone new joins the therapy session or someone leaves the session (e.g., Mom leaves to go to restroom, or therapist goes to get another client, or therapist gives the client an assignment and leaves the room).
4. Start a new trial any time the therapist gives the client an assignment to do while they leave the room. You code the client(s) doing the assignment.
5. If the therapist leaves the room just to get a cup of coffee for the client or they forgot something and will be back in a short time, use the 0_0000 as a time out. You put in the first 0 when you can no longer see the therapist. When the therapist enters the room again put in the remaining 0000, followed by 99999, and start coding until the end of the trial.
6. If there is no date-time generator on the tape, segment out into sessions as with a date-time generator, only use the last statement of the previous trial or session as the start statement of the next trial. The start statement is the time you enter the 99999 to start your trial.
7. If there is a small child in the room, and this child is clearly not a part of the therapy session, do not start and stop trials if this child leaves the room for short periods of time (i.e., up to one minute). Only stop and start a new trial if someone who is a part of the session leaves with the child.

APPENDIX -- E

Header Procedures and Machine Use

- Step 1: Turn the machine on. The first thing that will appear on the display is called the general menu. It will look like this: Gen: Set Run, etc., PUSH R.
- Step 2: The display will read the time (24 hour clock) and the date. It will ask: Correct Time? Y/N. PUSH Y if the time is correct. If the time is not correct, ask your supervisor how to set the correct time and date.
- Step 3: Now you start to put in the information that labels the data being coded. The word FAMILY should be on display. Put in the correct family number, e.g., T100. To put in the uppercase letter, hit the shift key 3 times and put in the correct letter (it will only be uppercase for that one letter unless you hit the shift key again 3 times). Finish by typing in the correct number for the family. Hit the enter key.
- Step 4: Next word in the header is SESSION. This is a 4 digit number. The first two spaces are for the session of therapy you are coding and the last two spaces are for the last two numbers in the family number, e.g., session 5 of family T100 would look like this in the header: 0500. Put in the correct numbers and hit enter.
- Step 5: The next word in the header is FOCUS. Find the sheet that tells what the focus of session will be. Put in the number or letter that represents who is in the session. Hit the enter key.
- Step 6: The next word will be OBSERVER. Put in your observer or coder number or letter. Hit the enter key.
- Step 7: The last header word will be FAMILY MEMBERS. Put in the numbers to represent members of the family who are present in the session (this may change for each session). The target child is always a 1 (for boy or girl). Hit the enter key.
- Step 8: The header will now say start trial. You start the trial by putting in the 99999 and start coding. To close the trial hit the enter key 2 times. Answer Yes to end trial.

Coder Impressions

After each tape you code you will need to fill out the Coder Impressions. You simply answer the questions and turn the form in to be filed and processed. Make sure you have all the information correct on the header on the form.

Dumping Procedures

After the entire therapy session is coded you need to transfer the data in the OS-3 into the mainframe computer located in the terminal room. Enter the tape session you are dumping into the data log and follow the procedures for dumping (see Dumping Procedures).

APPENDIX -- F

OS-3 Dumping Procedures

1. USERNAME: RESISTTP
2. PASSWORD:
3. At the \$, type in @OBSDATA and return.
4. Choose the DUMP/FORMAT option (#2) and return
5. Type in your observer letter.
6. Choose the RESISTANCE option (#3) and return.
7. Choose the DUMP/FORMAT option (#1) and return.
8. connect the OS-3 and enter F H R (the OS-3 will start dumping the data).
9. When dumping is finished, you will be asked to put in Trial # _____. Enter the appropriate trail number.
10. When dumping is finished you'll be asked to check the header for each trial dumped. You'll need to check the trial #, family #, focus, etc., to make sure they are correct. If the header is correct enter "Y" and return.

If the header is incorrect, enter "N" and return. You would then type in the entire correct header. It's important that you type the correct header information directly under the incorrect information, using the same spacing. After typing in the correct information, return. You'll be asked to check the header again. Enter either "Y" or "N" and return.
11. You'll be asked to check the output file name. It should appear like this : 64 T164 02 Q
12. If you have no errors in your data to correct proceed to #13. If you do have coding errors you'll be given an invalid code to either correct or delete. Follow the instructions given on the screen for this. If you see errors on the screen that the program sees as valid (and does not offer you an opportunity to correct), or if you need a trial deleted, etc., you'll need to leave instructions to edit your file in the log. To change a code, write in the edit log: the code sequence #, the incorrect code, what you want the code changed to, the file ID and the trial #.
13. Next you'll be asked, "Did you format any files?" Enter "Y" and return.

14. Next prompt - “All files formatted and checked?” Answer “Y” and return if you have no data editing to be done.
If you need something edited or deleted and have left instructions in the log, answer “N” and return.
You’ll first be asked the name of the file with errors. Type in the output file name, i.e., 04Y10408M. You’ll also be asked for Trail #. Type in the correct trial number, i.e., the one with errors. It’s important to follow this procedure when you have left instructions for editing. Also, be sure and write in ERR instead of TPO in the log.
15. The next prompt will be a list of options. Choose #1, EXIT and return.
16. At the \$, type in BYE to log out and return.

APPENCIX -- G

Reliability Procedures - Resistance

1. Coders will be declared to be reliable after they have achieved two reliability checks in a row at 75% or higher.
2. Status as a reliable coder will be lost when two reliability checks in a row show less than 75% agreement. To reattain status as a reliable coder, two checks in a row must be at 75% or higher.
3. Sessions for reliability where both coders are not in agreement at 70% will be assigned first to the original coders to view as a pair, and second, to two different coders for a reliability check. Only those reliability sessions where one coder attains at least 75% agreement will be used for data analysis and backed up on the TPROS tape. Those reliability sessions where neither coder is at 75% will be recorded, and backed up on a training tape.
4. Twenty percent of all tapes will be coded for reliability.
5. Coders are assigned tapes independently of each other, and in order to maintain “blindness”, determination of the calibrator and reliability coder is computed randomly after tapes are coded and dumped.

APPENDIX -- H

Rx Tape Coding Focus Codes

These indicate which family members are in trial, with or without the therapist.

<u>Focus #</u>	<u>means that</u>
1	#1 only
2	#2 only
3	#3 only
4	#1, #3 only
5	#2, #3 only
6	#1, #2 only
7	any/all sibs only
8	#1, #2, #3 only
9	#1, #2, #3 with any/all sibs
T	#1 with sib(s)
U	#2 with sib(s)
V	#3 with sib(s)
W	#1, #3 with sib(s)
X	#2, #3 with sib(s)
Y	#1, #2 with sib(s)

APPENDIX -- I

Retraining - Test 1

Codes 14 (Support) 15 (Teach)

Assign the correct codes:

1. Statements of personal concern for the client _____
2. Out-of-session directions or assignments by the therapist _____
3. Asking for a solution to a problem _____
4. Neutral review of assignment _____
5. Statements by therapist that disagree with the client in a supportive way _____
6. Paraphrasing the faults or errors of the person the therapist is talking to _____
7. Client is talking and therapist makes feeling/sympathetic comment such as
“oh, no”. _____
8. Therapist, “I have no idea.” _____
9. Agreeing comments made while the client is talking. _____
10. Remarks that indicate there is hope for the client _____
11. “I wish I had something handy-dandy to solve the problem, but I don’t.” (by therapist) _____
12. “When you send him to time out, it’s important to remember . . .” _____
13. “Two-year-olds need a lot of structure.” _____
14. “I know this is picky, but I can see these things coming up.” _____
15. “What do you want to put on the chart?” _____
16. “Are you around when he does his homework?” _____
17. “Have you ever tried work chores?” _____
18. “What do you do when he’s bad?” _____
19. “Looks like you blew it on that day.” _____
20. “You minded 13 times out of 15.” _____

Retraining Test 2

Code 16 (Question/Information Seek)

1. Did any particular issues come up during the week that you would like to discuss today? _____
2. So, how many points did Jeremy make this week? _____
3. You must have had some reasons for getting so upset. _____
4. What kinds of discipline did your parents use when you were growing up? _____
5. So now she's upset . . . (1)
... about the candy. (9) _____
6. Tell me about that. _____
7. I forgot to bring my school card. (1)
Were you expecting your mom to remind you? _____
8. Shall we meet at 6 p.m. next week? _____
9. What are your reservations about time out? _____
10. Were you upset by his not minding? _____
11. What kinds of chores should we put on his point chart? _____
12. Can you think of any way you could avoid getting into a fight with your sister? _____

Retraining Test 3

Codes 17 (Structure) and 18 (Disagree)

1. Last time you were here, we were discussing Todd's being late for school. _____
2. Don't turn out the light. _____
3. I'll be the other kid, and you show me how you respond to this teasing. _____
4. It's not your turn to speak yet. _____
5. As you remember when we first started the point program, we put just a few behaviors on the chart. _____
6. Tell me why you let him do that [context]. _____
7. Let's talk about the point chart and how it's working for you. _____
8. I'm not clear on what you mean by that. _____
9. How does that relate to what we're talking about? _____
10. So, do you have any suggestions about what to do? _____

Retraining Test 4

Code 19 (Interpret/Reframe)

1. Did you feel like stealing the candy once you were alone in the store? _____
2. You must have been a good mother for him when he was younger. _____
3. She has a real fear--she talked about this to me--that she'll get all the negative stuff. _____
4. That leaves her open and she feels vulnerable. _____
5. What prevented you from doing that? Your concern for his feelings? _____
6. Perhaps it relates back to when he was a kid. _____
7. In a sense, you're a pushover if they can get you to yell instead of act. _____
8. So in a way, Eli has been doing a real service by playing the bad guy. _____
9. It may take getting involved in activities you're not used to. _____
10. When I talked to Grace, one of the things she wished for was that you had more friends _____
11. She likes going place with you, but I think she thinks it's kind of a burden. _____
12. She's not your friend, she's your daughter, and that's real different. _____
13. It will be hard for her, and also kind of a relief. _____
14. You're going to need times when you're not with him, so go do that. _____
15. It's good for you, it will increase your self-esteem. _____
16. I think it might be good for Joe to get out and do a few things with you, too. _____
17. In what way do you relate differently to them? _____
18. In the long run, it's going to be better if you follow through. _____
19. But the kids will challenge you on that because if they see that you're reluctant to say something to the grandmother, then they'll know that's kind of a weak point, and they'll look for whatever opportunity they can. _____

20. Do these forms get to be a pain for you? _____
21. Mom: I feel guilty when I'm grumpy
Therapist: Oh, so at that time you're more of a pushover. _____
22. We're not talking about blame here. I asked you if it was difficult. _____
23. The kids are not going to be perfect. _____
24. There are always more things you can learn and focus on in therapy. _____
25. Are you reluctant to tell Joe when you're not happy about something? _____
26. That's something you're definitely going to need to let go of. You're going to need to be on this earth with the rest of us mortals who make mistakes, especially in terms of your parenting. _____
27. Your children will actually feel safer if, no matter what your mood is, you're consistent in your parenting. _____
28. That's why people come to therapy; it's safer for a third person to look and see what's going on in terms of communication. _____
29. Something triggers depression. Depression is something helpful; we all need it. Something has come up in you that's too scary to deal with, and that's when the depression comes in. At some point you can uncover the depression and deal with whatever is underneath there. _____
30. Is it okay for you not to be perfect? _____
31. You look content (talking to a baby). _____
You look content (talking to an adult). _____
32. He must know you mean it now (talking about time out). _____
33. Actually, that happens a lot in families when the target child starts to do better. The other child deteriorates. _____
34. So Grace may go through a period of resisting or struggling. _____

Retraining Test 5

1. Therapist to Kid: “Are you earning your reward every day?” _____
2. I think that’s quite good, for as long as we’ve been doing this. _____
3. Is there anything else I should know about? I mean, I’m not trying to pry into your life, I just sense some anger, irritation, or something. [as many codes as are appropriate] _____
4. How do you get rid of that stuff, the anger? Does talking to friends get rid of it? Because if you have to face that every day, boy! [as many codes as are appropriate] _____
5. I know you don’t want to dump that on Nathan, but it doesn’t put you in a good mood to deal with him either. [as many codes as appropriate] _____
6. When he doesn’t come home after school, where does he go? _____
7. If she gets her points each day, she can choose an activity. _____
8. Time with you is probably the most rewarding activity for him right now. _____
9. Are you going over the points each night? _____
10. What’s the rule at your house about reading in bed? _____
11. Last week, we went over how to use time out. Have you tried it yet? _____
12. [Recapping what the client has said, either as clarification or to demonstrate understanding.] _____
13. Therapist: “Where do you work?” _____
Client: “McDonalds.” _____
Therapist: “Do you like it there?” _____
14. Mom: “I think you gave me the impetus to change.” _____
Therapist: “Maybe so, but it’s really hard for people to do that and do it so well.” _____

15. When a child is learning to do something new, it takes a lot of encouragement.
That's why you give him points and praise. _____
16. That's a common problem for kids his age. _____
17. [Normalizing remarks about nonfamily members.] _____
18. Therapist: "I'm going to play John, and you play yourself." _____
- Mom: "Okay." _____
- Therapist: "I hate this point chart. It's stupid." _____
- Mom: "Well, if you don't earn points, you can't get a reward." _____
- Therapist: "You're stupid." _____
- Mom: "Time out." _____
- Therapist: "It's good you said 'time out' right away."
"I won't go." _____
19. Therapist [relating to above]: "What would John do next?" _____
20. [What are the four family-management variables?] _____

Answer to Retraining Test 1 on Codes 14, 15

1. 14
2. 15
3. 15
4. 15
5. 14
6. 18
7. 14
8. 14
9. 62
10. 14
11. 14
12. 15
13. 15
14. 14, 15
15. 15
16. 16
17. 15
18. 16
19. 18
20. 15

Answers to Retraining Test 2 on Code 16

1. 16
2. 15
3. 16
4. 16
5. 16
6. 16
7. 18 or 19
8. 17
9. 16
10. 16
11. 15
12. 15

Answers to Retraining Test 3 on Codes 17 and 18

1. 17
2. 18
3. 17
4. 18
5. 17
6. 18
7. 15
8. 14
9. 18
10. 18

Answers to Retraining Test 4 on Code 19

1. 16
2. 18 or 14 depending on context
3. 19
4. 19
5. 16
19
6. 19
7. 18
8. 19
9. 18 or 15
10. 17 (Summarize)
11. 19
12. 18
13. 19
14. 15
15. 15 (Provide Rationale)
16. 15
17. 16
18. 15
19. 19
20. 14

- 21. 18
- 22. 18
- 23. 15 or 18
- 24. 15
- 25. 19
- 26. 18
- 27. 15
- 28. 19
- 29. 19
- 30. 18
- 31. 14
- 32. 14 or 15
- 33. 19
- 34. 19

Answers to Retraining Test 5

1. 15 (2)
2. 14
3. 16
14
19
4. 16 (2)
14
5. 14
18
6. 16 (2)
7. 15
8. 19
9. 15 (2)
10. 16 (2)
11. 17
15
12. 14
13. 16
12
14 (2)
14. 12
14
15. 15
16. 19
17. 15

18. 17
12
15
12
15
12
14
15

19. 16

20. Tracking
Positive Parenting
Discipline
Problem Solving

FAMILY #: _____

SESSION#: _____

SESSION DATE: ____/____/____

CODING DATE: ____/____/____

CODER#: _____

THERAPY PHASE: 3-Treatment; 4-Followup

NUMBER OF THERAPISTS IN SESSION: 1 2

PHASES: A-CAL; B-REL; C-RET; D-RRT

1. How cooperative would you say this mother was with the therapist during this session?

1	2	3	4	5	6	7	8
very unco-	uncooper-	neutral	cooperative		very	not	
operative	ative				cooperative	present	

2. How cooperative would you say this father was with the therapist during this session?

1	2	3	4	5	6	7	8
very unco-	uncooper-	neutral	cooperative		very	not	
operative	ative				cooperative	present	

3. How cooperative would you say this target child was with the therapist during this session?

1	2	3	4	5	6	7	8
very unco-	uncooper-	neutral	cooperative		very	not	
operative	ative				cooperative	present	

4. Did the mother act in any of the following ways during the treatment?

	<u>Very Much</u>	<u>Yes</u>	<u>No</u>
a) Hostile toward the therapist or therapy.	1	2	3
b) With depressed affect	1	2	3
c) Hopeless ("I can't change things"), ineffectual	1	2	3
d) Refusal to take suggestions ("I won't try what you suggest" or "Yes, but" attitude).	1	2	3
e) Blames others for child's problem	1	2	3
f) Crazy or psychotic	1	2	3

5. Did the father act in any of the following ways during the treatment?

	<u>Very Much</u>	<u>Yes</u>	<u>No</u>
a) Hostile toward the therapist or therapy.	1	2	3
b) With depressed affect	1	2	3
c) Hopeless ("I can't change things"), ineffectual	1	2	3
d) Refusal to take suggestions ("I won't try what you suggest" or "Yes, but" attitude).	1	2	3
e) Blames others for child's problem	1	2	3
f) Crazy or psychotic	1	2	3

6. Were there marital problems in this family?

1	2	3	4	5	6
yes, very much so	some	maybe, maybe not	probably not	definitely not	does not apply (single)

7. How likeable would you say this mother was in this session?

1	2	3	4	5	6	7	8
very likeable		somewhat likeable	neutral likeable	not likeable		very present	not

8. How likeable would you say this father was in this session?

1	2	3	4	5	6	7	8
very likeable		somewhat likeable	neutral likeable	not likeable		very present	not

9. Rate the mother's skill or effectiveness on the following dimensions:

	1	2	3	4	5	6
	excel- lent	good	fair	poor	bad	not present
a) encouraging/supporting their child	1	2	3	4	5	6
b) using good, not physical, discipline practices	1	2	3	4	5	6
c) tracking or monitoring their child's behavior and/or whereabouts	1	2	3	4	5	6
d) problem solving skills	1	2	3	4	5	6

10. Rate the father's skill or effectiveness on the following dimensions:

	1	2	3	4	5	6
	excel- lent	good	fair	poor	bad	not present
a) encouraging/supporting their child	1	2	3	4	5	6
b) using good, not physical, discipline practices	1	2	3	4	5	6
c) tracking or monitoring their child's behavior and/or whereabouts	1	2	3	4	5	6
d) problem solving skills	1	2	3	4	5	6

11. Rate how well the two parents worked together during the session.

1	2	3	4	5	6	7	8
very poorly	poorly			neutral	well	very well	does not apply

12. Rate how well the therapist “reached” the client during this session (e.g., did the therapy session have an impact on the client?).

1	2	3	4	5	6	7
powerful impact		had somewhat impact	maybe	little impact		had no impact

13. How well did the mother appear to like or trust the therapist during this session?

1	2	3	4	5	6	7	8
not at all		not much	neutral	somewhat		very much present	not

14. How well did the father appear to like or trust the therapist during this session?

1	2	3	4	5	6	7	8
not at all		not much	neutral	somewhat		very much present	not

15. Rate in general how well you would say the therapy is going.

1	2	3	4	5	6	7
not at all		not much	neutral	somewhat		very much

16. Did the therapist or therapist team seem discouraged during the session?

1	2	3	4	5	6	7
not at all		not much	neutral	somewhat		very much

17. How supportive was the therapist or therapist team to the mother during this session?

1	2	3	4	5	6	7	8
not at all		not very supportive	neutral	somewhat supportive		very supportive	not present

18. How supportive was the therapist or therapist team to the father during this session?

1	2	3	4	5	6	7	8
not at all		not very supportive	neutral	somewhat supportive		very supportive	not present

19. How supportive was the therapist or therapist team to the target child during this session?

1	2	3	4	5	6	7	8
not at all		not very supportive	neutral	somewhat supportive		very supportive	not present

20. How much teaching of parenting skills took place during this session?

1	2	3	4	5	6	7
none	not often		some teaching		often	most of session

21. How much did the therapist directly confront challenges or 'push' the mother during the session?

1	2	3	4	5	6	7	8
never	almost never		some		often	very often	not present

22. How much did the therapist directly confront challenges or 'push' the father during the session?

1	2	3	4	5	6	7	8
never	almost never		some		often	very often	not present

23. How much did the therapist directly confront challenges or 'push' the target child during the session?

1	2	3	4	5	6	7	8
never	almost never		some		often	very often	not present

24. Based on this session, how serious would you say the target child's behavior problem seemed?

1	2	3	4	5	6	7	8
very minor		minor		serious		very serious	not enough information

25. Did the mother seem to be withholding information from the therapist during this session?

1	2	3	4	5	6	7	8
yes yes defin- ately	probably some- what	probably		not	no not	not at all	present

26. Did the father seem to be withholding information from the therapist during this session?

1	2	3	4	5	6	7	8
yes yes defin- ately	probably some- what	probably		not	no not	not at all	present