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An Analogue Study of the Mechanism of Change in Functional Analytic Psychotherapy

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AN ANALOGUE STUDY OF THE MECHANISM OF CHANGE IN FUNCTIONAL ANALYTIC PSYCHOTHERAPY

by

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ABSTRACT
AN ANALOGUE STUDY OF THE MECHANISM OF CHANGE IN FUNCTIONAL ANALYTIC PSYCHOTHERAPY

by

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The study attempted to isolate the mechanism of change of Functional Analytic Psychotherapy (FAP) using non-clinical participants engaged in stable, cohabitating romantic relationships. Employing an analogue, concurrent, multiple-baseline A/A+B design, the A phase controlled for attendance, self-monitoring, instructions for increased engagement in interpersonal behaviors, and ongoing review of interpersonal behaviors. The A+B phase added a manualized FAP interaction emphasizing therapist contingent responding to in-vivo target behaviors. In addition, daily couple interactions were tracked using the Weeks Interpersonal Interaction Inventory (WIII). Targeted behaviors appeared to increase after introducing the manualized FAP interaction. Limitations and future considerations were also discussed.

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An Analogue Study of the Mechanism of Change in Functional Analytic Psychotherapy

Reinforcement is a well-established behavioral principle (Chance, 2003). By definition, reinforcement occurs when a response that was followed by a consequence subsequently occurs more frequently. There is a long history of research supporting this principle (see Catania, 1998), beginning with its discovery by Thorndike (Chance, 2003). Since then reinforcement has been applied with animals (Chance, 2003), children with developmental disabilities (Iwata, Bailey, Neef, Wacker, Repp, & Shook, 1997), individuals with severe self-harm behaviors (Linehan, 1993), as well as in classroom (Schloss & Smith, 1998) and business settings (Reid, Parsons, & Green, 1989). Reinforcement is also used in Functional Analytic Psychotherapy (FAP) but heretofore its role in therapy has not been examined. According to FAP, through reinforcement in psychotherapy, often referred to as in-vivo contingent responding, clients learn new, more effective repertoires and experience change in their daily life.

Functional Analytic Psychotherapy

First introduced in 1987 (Kohlenberg & Tsai, 1987), FAP is based on a behavioral analysis of the therapeutic relationship (Kohlenberg & Tsai, 1991). Building on the ideas of Ferster (1972), FAP uses basic, behavioral concepts to enhance client behavior through the evocative and reinforcing aspects of the therapeutic relationship (Callaghan, Summer, & Weidman, 2003; Kohlenberg, Tsai, Parker, Bolling, & Kanter, 1999). Specifically, FAP encourages therapists to enhance client behavior by contingently responding in a reinforcing manner to the client's behaviors and improvements as they occur in-session.

One particularly troublesome aspect of the original FAP text (Kohlenberg & Tsai, 1987) was its functional and idiographic nature, which made it difficult to achieve descriptions of the approach that could lead to manualization and replicability. The original text and later presentations of FAP have emphasized five functional rules (detailed below), without details about instantiating those rules (Kohlenberg & Tsai, 1987; Kohlenberg & Tsai, 1991; Kohlenberg, Tsai, Parker, Bolling, & Kanter, 1999; Kanter, Manos, et al., 2010). As FAP has developed , many tools have been created to augment using these five rules in sessions. Specifically, a more recent FAP text (Tsai, Kohlenberg, Kanter, Kohlenberg et al., 2008) describes how to adjust FAP for various clients, provides many clinical examples, and explains a number of new tools and techniques for the FAP researcher.

One such technique, meant to improve generalization from the therapy session to the client's daily life, suggests that the FAP therapist compare in-vivo interactions to outside interactions. This includes ascertaining the topography of typical reactions the client may receive from loved ones in their daily life and attempting to deliver in-session reinforcement in a manner similar to what the client will experience out-of-session (Follette, Naugle, & Callaghan, 1996; Kohlenberg & Tsai, 1991). FAP therapists should focus on their reactions to the client's behaviors as a guide for how others in the client's life may respond, as well as note what aspect of the client's behaviors evoked such reactions (Goldfried & Davison, 1994). As such, FAP therapists must have good contact with social norms to respond naturally to the client's behaviors in-session. This is just one combination of many techniques involved in the process of contingently responding to in-session behavior during the course of FAP therapy (Kohlenberg & Tsai, 1991)

which is why it is important to isolate and asses all of FAP's processes to uncover the mechanism of change in FAP.

FAP case conceptualization. Before discussing in-vivo reinforcement one must consider the methods for determining target behaviors. That method is the standard functional analysis involving systematic manipulation of hypothesized maintaining variables (Iwata, Kahng, Wallace, & Lindberg, 2000). However, this procedure remains outside the purview of clinical behavior analysis at this time. Fortunately, as stated by Skinner (1953) "any process that yields the external variables of which behavior is a function, is a functional analysis" (p. 35). This allows for the use of a thorough clinical interview to identify target behaviors as well as other possible variables that may lead to behavior change (Baer, Wolf, & Risley, 1968).

During the interview the FAP therapist uses client self-reports and a collaboratively designed list of treatment priorities to establish a case conceptualization. This conceptualization includes interpersonal behavior(s) the clients wish to improve or add to their repertoire, as well as daily life problem(s) or dysfunctional behavior(s) the clients wish to decrease. Initial targets are viewed as a sort of working hypothesis, and the therapist continually assesses throughout the course of therapy to look beyond the form of the client's verbal behaviors to determine their controlling variables. As stated by Glenn (1983), "What clients say is not the issue; why they say it is" (p. 47). This ongoing process results in a constantly evolving conceptualization of the client's behavior, delineating the client's overt and covert behaviors to which the therapist must respond as they occur in-session (Kohlenberg, Kanter, Bolling, Parker, & Tsai, 2002).

Clinically Relevant Behavior. To assist FAP therapists, Kohlenberg and Tsai (1991) devised a system that classifies clients' idiographic target behaviors. This system labels the in-session occurrences of client targets: Clinically-Relevant Behaviors (CRBs). CRBs are determined functionally and categorized as either problem behaviors (called CRB1s) or adaptive behavior improvements (called CRB2s). As the case conceptualization develops, the FAP therapist considers the client's therapeutic goals and idiographic CRBs to determine appropriate responses to each CRB class. By establishing a case conceptualization that includes client target behaviors and appropriate response classes for the therapist, therapists can best discriminate CRBs as they occur in-vivo and effectively respond to their function throughout therapy (Kohlenberg et al., 2002).

Natural versus Arbitrary Reinforcement. FAP's focus on CRBs can be quite different from the processes seen in typical outpatient psychotherapy. For example, Ferster (1967) described the reinforcement style typically found in psychotherapy as arbitrary when the interactions between clients and therapist drastically differ from those found in the client's interactions with others in his or her daily life. If this discrepancy is salient to the client, then he or she may interpret their therapist's social reinforcement as arbitrary, which diminish therapy effectiveness. For example, the client could begin seeing the therapist as coercive and the client may struggle with the psychotherapist (Kohlenberg, Tsai, & Kohlenberg, 1996). . Alternatively, clients who are experiencing deprivation of social reinforcement in their daily lives may maximize opportunities for such reinforcement in-session by engaging in high rates of difficult interpersonal behaviors, though these behaviors may never generalize to the client's interactions with others during daily life.

Alternatively, natural reinforcement (Ferster, 1967, 1972) is reinforcement that is naturally related to the behavior it follows, similar to generalized conditioned reinforcement as coined by Skinner (1957). Natural reinforcement would simply be reinforcement that is similar to what the client receives from others during daily life. As this reinforcement is available inside and outside of therapy it follows that the CRBs being reinforced are more likely to generalize to the client's daily life, thereby enhancing the therapy process. It is therefore imperative that the aforementioned FAP case conceptualization also describes the client's daily life interactions, so that the therapist can provide natural reinforcement for the client's CRBs (Ferster, 1967).

Evoking CRB in session. Once a client's CRB have been operationally defined, however, the question remains of prompting the occurrence of the CRB in-session. No matter how thoroughly a case conceptualization is developed, or how natural the therapist's response may be, if no CRBs occur in-session, then the therapist cannot contingently respond to them. So FAP therapists purposefully arrange in-session conversations that evoke CRB, including directly manding for the CRB as appropriate. This increases the frequency of in-session CRB and provides opportunities for therapist contingent responding – be it punishing or verbally redirecting CRB1, or reinforcing CRB2 – to maximize therapeutic gains. In an effort to assist therapists , FAP provides a set of five rules (Kohlenberg & Tsai, 1991).

FAP rules. FAP's five rules, described below, were the original guidelines given by Kohlenberg & Tsai (1991) for conducting FAP therapy, monitoring client behavior, conceptualizing cases, and responding differentially to a variety of client in-session behaviors.

Rule 1. Rule 1 is simply "Watch for CRBs" (Kohlenberg & Tsai, 1991, p. 24). Presumably, if nothing else, the therapist better tracks in-session client behavior and responds in an appropriate therapeutic fashion, therapy will be enhanced.

Rule 2. Rule 2 is "Evoke CRBs" (Kohlenberg & Tsai, 1991, p. 26). As Rule 1 involves noticing the CRBs that are naturally evoked by the therapy relationship, Rule 2 involves a more strategically purposefully evoking behavior in session. Importantly, despite the therapist's intention to evoke behavior, it is not known a priori if a CRB1 or CRB2 will occur. Evoking, therefore, simply prompts behavior of interest.

Rule 3. Rule 3 is "Naturally reinforce CRB2s" (Kohlenberg & Tsai, 1991, p. 29). The original FAP text did not address the issue of responding to CRB1s. A broader take on Rule 3 would be responding to any CRBs that occur in-vivo. The key instantiation of the mechanism of change in FAP is Rule 3, "naturally reinforce CRB2s." This rule is the focus of this dissertation; this rule is elaborated below.

Rule 4. Rule 4 is "Notice your effect on the client" (Kohlenberg & Tsai, 1991, p. 36). This rule is important in determining if one's responses to client behavior are indeed functioning as intended. However, besides asking the client how he or she feels about a consequence, the therapist must observe the long-term frequency of the client's target behaviors to rule out social responding or other possible errors in the client's self-report. Rule 4 is the only FAP rule that approximates the traditional functional analyses described previously, however in this instance the analyses occur after the intervention, not before as in traditional applied behavior analysis.

Rule 5. Originally, Rule 5 stated "Provide statements of functional relationships" (Kohlenberg & Tsai, 1991, p. 37), with the best describing relationships between events

and behavior in the client's life and in therapy. These statements are rules (Hayes, 1989). A complete rule specifies all three terms of the three-term contingency (discriminative stimulus, response, and consequence) and FAP therapists aim to specify the rules as completely as possible. Furthermore, FAP therapists help their clients specify these rules as well so that they can become objective observers of their interpersonal behaviors. Thus, it is important to provide functional descriptions of behavior that occurs in the therapy relationship and in daily life. In more recent FAP writings (Tsai, Kohlenberg, Kanter, & Waltz, 2009) this process has been elaborated to include assigning homework where the client is told to take their improved behaviors 'on the road' and test them with others in their daily life (p. 96).

FAP Logical Interaction. Recently, to provide more specific and directive information for FAP therapists and researchers, a logical client-therapist interaction has been outlined. This interaction applies the five rules in sequence and permits more precise operationalization of FAP techniques and its hypothesized mechanism of change (Weeks, Kanter, Bonow, Landes, & Busch, 2010). The logical interaction proposes that FAP's five rules be used in sequence as a prescriptive framework for therapist responding to increase consistency in FAP training, dissemination, and research. Following is a description of how each rule is employed in the logical interaction:

Rule 1. Here the therapist is staying mindful not only of what the client is saying, but the possible functions behind what the client is saying. The therapist uses the client's non-verbal behaviors including body language, changes in speech or breathing rate, and changes in vocal tone as indications that CRB may be present in-vivo. Therapists

typically spend more session time employing Rule 1 early on in the course of treatment, and in the beginning of each session.

Rule 2. A therapist may evoke CRB by simply asking the client to slow down and describe what he or she is feeling physiologically in the moment. Alternatively, if the client appears to be avoiding certain topics the therapist may raise these topics often and/or simply ask the client about avoidance, which may evoke the client's CRBs.

Rule 3. In a logical interaction Rule 3 is, essentially, the therapist responds to CRB as they occur. Responding can may involve stating that the client is engaging in CRB, increasing eye contact with the client, following the client's change of topic (to reinforce improvements, or CRB2), or asking the client to "Try something different" following a CRB1.

Rule 4. Over a session many sensitive and difficult topics may arise. So, the therapist should request feedback from the client regarding the impact of the therapist's responding on the client's behavior. This provides the therapist with in-vivo information as to whether or not the client is feeling supported in the moment, and also guides the therapist's future responses. The therapist must remember, however, that feedback alone is inadequate for determining the reinforcing or punitive qualities of an interaction; it is equally important for the therapist to track frequency of CRB over the course of therapy to fully ascertain whether and how responses are affecting CRB.

Rule 5. During the logical interaction a common way for therapists to implement Rule 5 is to describe exactly what just happened in the session between the client and the therapist, and ask if the client can think of any other daily life situations in which they can apply their new behaviors. Often the therapist suggests the client use the new

behavior in that daily life situation as a homework assignment to be followed up by the therapist the following week.

The logical interaction is not meant to be a rigid framework; therapists must use clinical judgment and awareness of the therapeutic relationship. The logical interaction simply details techniques for FAP dissemination and training, as well as a replicable methodology for FAP research.

Criticisms of FAP

FAP is based on an extensive body of research on basic behavioral premises, however, the underlying data have been criticized as insufficient to support claims of efficacy (Corrigan, 2001). Corrigan deemed the third- wave behavior therapies (Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and FAP) equivalent to Eye Movement Desensitization and Reprocessing (EMDR), in terms of empirical support for efficacy. Corrigan found 17 publications from peer-reviewed journals, one non-empirical group-design study on FAP-enhanced cognitive therapy, two non-controlled descriptions of the therapeutic impact of FAP, and 14 theoretical papers supporting FAP. Although none of the behavioral treatments Corrigan investigated fared well, FAP had the least amount of empirical support. Furthermore, Corrigan stated that the ratio of empirical to nonempirical papers "indicates the effort put into writing up claims about an intervention compared to writing up the data supporting these claims." (2001, p. 191), implying that FAP was without much empirical support and the FAP community had failed to rectify this ration.

None of the original FAP creators responded to this article, however, both Gaynor and Hayes supported FAP's progress in their rebuttals. As stated by Gaynor (2002), if the

claim is that FAP needs more empirical support then FAP is "guilty as charged," possibly due to the long period between its initial published systematic descriptions (Kohlenberg & Tsai, 1987) and the first empirical study(Kohlenberg, et al., 2002). However, this slow, trepidatious approach to a new technique is in line with the model adopted by the National Institutes of Health for development of psychotherapeutic treatments, which suggests moving from single case studies to an open clinical trial slowly and cautiously, as the data permit (Gaynor, 2002). Furthermore, FAP was not created with any specific disorder in mind, and it is instead presented as a treatment that can augment empirically supported treatments (EST) in use (Gaynor, 2002).

Hayes and colleagues reiterated this stance in another, later, rebuttal, stating that there is no publication that reports claims of FAP's efficacy, as each of the quasi-experimental publications found at the time paired FAP with another treatment it was meant to enhance (Hayes, Masuda, Bissett, Luoma, & Guerrero, 2004). Hayes also reported that shaping of client behavior by therapists is one of the oldest and most supported approaches in behavior therapy, regardless of whether FAP is used alone or with another EST. As such, Hayes et al. suggested that FAP not be evaluated as a stand-alone therapy (2004).

Empirical Support for FAP

Recent research on FAP includes: outcome and process research.

FAP outcome research.

Kohlenberg, Kanter, Bolling, Parker, & Tsai (2002). The first study of FAP addressed depression, and used a quasi-experimental design comparing FAP-enhanced cognitive therapy (FECT) to cognitive therapy alone (CT) (Kohlenberg et al., 2002). FAP

enhanced CT in two ways: by greater emphasizing the client-therapist relationship as an in-vivo teaching opportunity, and by adding an expanded rationale for the causes and treatment of depression (Kohlenberg et al., 2002). In the FECT study, depressed subjects were sequentially assigned in waves to four cognitive therapists. The eighteen subjects seen during the first six months received CT, after which therapists received a 6-hour workshop and weekly supervision in FECT by Drs. Kohlenberg or Tsai (Kohlenberg et al., 2002). Following this training, the next 28 subjects were sequentially assigned in waves to the same four therapists again, though they were now receiving FAP-Enhanced Cognitive Therapy (Kohlenberg et al., 2002). Clients in both the CT and the FECT condition received 20 sessions over six months.

Although findings were tentative because it was an uncontrolled trial, results were promising (Kohlenberg et al., 2002). Even though 60% of CT patients were responders y, FECT showed incremental validity with 79% of participants responders. FECT participants had the highest reductions in depression. In addition, FECT participants reported the highest feelings of improvement, psychological health at post-treatment, and general levels of functioning at the three-month follow up. FECT participants also reported significantly greater increase in relationship satisfaction than CT participants at both posttreatment and follow-up.

Callaghan, Summer, & Weidman (2003). This case-study involved a a client diagnosed with Personality Disorder, Not Otherwise Specified (PDNOS)with prominent features of Narcissistic Personality Disorder and Histrionic Personality Disorder The client received a brief course of FAP. Overall, during the course of therapy the client improved in: maintaining and creating meaningful interpersonal relationships, choosing

interpersonal relationships, exhibited much less dramatic in-vivo behavior, and discussing topics other than himself.

Though this was not an experiment, the data are consistent with the treatment being effective. . Also, this study introduced methods for evaluating the FAP therapeutic process (Callaghan et al., 2003):.the Functional Analytic Psychotherapy Rating Scale (FAPRS; Callaghan & Ruckstuhl 2000; Callaghan, Ruckstuhl, & Busch, 2005) detailed below.

Kanter, Landes, Busch, Rusch, Brown, Baruch, & Holman (2006). The next FAP outcome study attempted to analyze FAP with a more behavioral single-subject A/A+B design. Kanter et al. (2006) used a baseline phase consisting of CBT for depression as per the guidelines of Beck, Rush, Shaw, and Emery (1979) and J. Beck (2005). Next a treatment phase explicitly investigated the importance of the therapeutic relationship by adding essential FAP techniques, specifically contingent responding to CRB. To maximize the impact of the shift to the FAP condition, therapists were instructed to prompt and consequate CRBs as much as possible during the first FAP session.

This study extended previous research in two ways. First, it attempted to focus on the impact of contingent responding. Second, it idiographically defined participants' in-session target behaviors based on an unstructured functional assessment interview conducted during the first few sessions (Kanter et al., 2006). Results were mixed, with one very successful client ("Melissa"), and one client who terminated treatment shortly after the phase shift ("Dan"). Melissa's data requires replication; she had a markedly strong response to the phase shift and her CRB1s immediately decreased and remained

low throughout the rest of treatment (Kanter et al., 2006). Dan dropped out after only two sessions in the FAP condition, presumably due to the intensity of the in-vivo responding, and the aversive nature of parallels between Dan's in-session CRB1 avoidance of communication with his wife.

There were multiple limitations to this study, most of which were inherent in the research design. The two participants did not concurrently begin either their baseline or FAP conditions, which allows for historical influences that would be better controlled with a concurrent multiple-baseline design. There was also no replication in the design which would rule out other confounds. Another limitation was data primarily being self-reports. Therapists did provide some informal checks on the reliability and validity of the self-reports, the data were nevertheless subject to bias (Kazdin, 1980). Finally, although this was a large step towards isolating the mechanism of change in FAP, it was incomplete as there are many other aspects of FAP introduced concurrently with contingent responding at the phase shift, including the intensity of the therapeutic relationship and functional assessment of CRB. By starting with a baseline phase of CBT, many of the common factors involved in psychotherapy were ruled out, but the intensity of the therapeutic relationship and the idiographic nature of the behaviors being observed were not; as such this study was not a true isolation of the mechanism of change.

Landes, Kanter, Weeks, & Busch (2010). A more recent step in FAP outcome research also utilized an A/A+B design with the intention of addressing some of the concerns and limitations of Kanter et al. (2006). Utilizing a yoked concurrent multiple baseline design, the baseline phase included all FAP techniques—intense interpersonal relationship, functional analysis of CRBs, etc—*except* contingent responding; contingent

responding was not initiated until the A+B phase. Participants were four individuals with depression and comorbid personality disorders. Outcomes suggested that three of the four clients demonstrated changes in target variables after the phase shift, consistent with FAP's mechanism. Unfortunately the specific goals of this study were subverted by clients missing sessions and/or dropping out of treatment. Furthermore, using idiographic behaviors for each participant required lengthy assessment and led to difficulties in data analysis due to differing behaviors tracked across subjects. In addition, Rule 5 techniques, the assignment of homework to promote generalization of in-session changes to out-of-session behavior, inadvertently occurred solely during the A+B phase of the study. As such, any change in out-of-session behavior could have been a by-product of *either* the assignment of homework or in-vivo contingent responding.

As seen in this brief review of FAP's outcome research, solid attempts have been continually made to operationalize and isolate the mechanism of change. However, clear results have been elusive thus far.

FAP process research.

Kanter, Schildcrout, & Kohlenberg (2005). The first FAP process study began as a response to CT proponents who criticized the results of Kohlenberg et al, (2002). These proponents claimed that CT also focuses on in-vivo behavior change, and that CT therapists contingently respond to their clients' behavior even though it is not a part of the treatment. To counter this argument, Kanter, Schildcrout, and Kohlenberg (2005) further analyzed the data from the FECT study to describe the rates of in vivo focused turns in CT and FECT. These analyses also examined whether increased in-vivo turns

predicted client-reports reports of therapy progress, outside relationship progress, and depression.

In this study, each therapist turn of speech was categorized into one of two mutually exclusive categories: in-vivo (i.e., directly related to client problems/improvements, the therapeutic relationship, and other aspects of therapy) and other (everything else; Kanter et al., 2005). Sessions utilizing FECT produced produced much higher rates of in-vivo-focused turns per session than those utilizing CT alone. Furthermore, few CT sessions had more than 20% of in-vivo-focused turns, while a fifth of the FECT sessions had more than 20% in-vivo-focused turns and nine of the FECT sessions had more than 50% in-vivo-focused turns (Kanter et al., 2005). Clients were also more likely to report progress in sessions with increased in-vivo turns, and there was a trend seen linking outside relationship progress to in-vivo turns as well (Kanter et al., 2005). One drawback to this study is that it did not address the functionality of the in-vivo turns, therefore only broad generalizations about in-vivo work can be made from the results. Despite this limitation, it was a first step toward addressing the issue of contingent responding through process methodology.

Busch, Kanter, Callaghan, Baruch, & Weeks (2010). As noted previously, Callaghan et al., 2003, found promising outcome results and introduced the Functional Analytic Psychotherapy Rating Scale (FAPRS). This scale documents client and therapist behavior during therapy sessions to reliably identify contingent responding by the therapist and resulting change in client CRB (Callaghan et al., 2003). Busch et al. (2010) used the FAPRS to code four segments of a FAP therapist treating a client diagnosed with PDNOS with histrionic and narcissistic features. Both CRBs and therapist

responses (TCRBs) were identified and, importantly, t CRBs classified as problem behaviors (CRB1) decreased and CRBs classified as improvements (CRB2) increased over time. Lag sequential analyses for the FAPRS data suggest treatment integrity for FAP they provided only limited support of the mechanism of change, in-session therapist contingent responding. Since then, the FAPRS has demonstrated good reliability across further studies (described below) and has become the primary methodology for FAP process research.

Busch, Kanter, Callaghan, Baruch, Weeks, & Berlin (2008). Whereas Busch et al., (2010) coded only one hour of therapist-client interactions from the client treated by Callaghan et al., 2003, Busch and colleagues (2008) extended these findings by coding each session of the successful FAP client from the previously described study by Kanter et al. (2006). Busch et al. (2008) used FAPRS coding for all 20 sessions and again found that therapist responding successfully shapes client in-session behavior. Importantly, in this study at contingent responding only occurred after the phase shift to FAP techniques, consistent with out-of-session changes in target variables as reported by the client.

Weeks, Holman, Landes, Rusch, Maitland, Kemp, & Kanter (2009). The most recent study utilized FAPRS-coded sessions submitted the first FAP sessions of the four clients seen in Landes, et al. (2008) described previously. These four clients represented both “successful” and “unsuccessful” cases based on the results of their self-monitoring of outside behaviors, and completion of therapy. This study also refined the FAPRS codes to better illustrate the logical FAP interaction (Weeks, Kanter, Bonow, Landes & Busch, 2010), and investigated three primary hypotheses: (a) that CRB1 should occur

early in session, followed by CRB2; (b) that CRB should be immediately followed by therapist contingent responding; and (c) that clients should demonstrate a positive response to therapists Rule 4, following a CRB – therapist contingent response interaction. Each of these hypotheses was supported. Further exploratory analyses (Holman, Weeks, & Kanter, 2010) investigated the frequency of CRB and therapist contingent responses, as well as the order of therapist responses. Specific differences differentiated the unsuccessful case from the three successful cases. In particular, only the unsuccessful case where therapist responses to CRB1s (punishing or blocking responses to client behavior) were higher than were therapist responses to CRB2s (reinforcing responses), indicative of an overall aversive session for the client. Furthermore, the unsuccessful case was the only one in which the therapist ineffectively responded to CRB1s (the therapist reinforced maladaptive behaviors).

Uniting These Two Lines of Research

Despite the small but growing body of research on FAP, FAP's mechanism of change has not been isolated. Specifically, the present work addresses the conflict between assessing idiographic variables in FAP and the desirability for common target variables across subjects, difficulty in separating the effects of contingent responding from the homework assignment across baseline and treatment phases, and using self-report data, of unspecified reliability in clinical research.

Idiographic versus universal behavioral targets. As previous studies have primarily focused on clinical populations, the dependent variables have consisted of idiographic CRB to address clinical problems. Consequently, these variables are incomparable for analytic purposes. To overcome this problem, to the current study uses

an "analogue," non-clinical participants using well-controlled conditions, as suggested by Thorpe and Olson (1990). Analogue research grants greater control to the experimenter and is relatively inexpensive (Kazdin, 1980).

Given the nature of FAP, however, attention must be given to the dependent variable; an analogue study does not simply imply the administration of FAP techniques in a non-clinical population. The development of uniform CRB across participants is necessary. The Weeks Interpersonal Interaction Inventory (WIII) has been created specifically for this reason, to measure interpersonal behaviors common to romantic relationships. During the development process a number of versions of the WII, have been explored, beginning with the first version, the Frequency of Interpersonal Behaviors Scale (FIBS).

The Frequency of Interpersonal Behaviors Scale (FIBS). Ideal for an analogue study of the mechanism of change in FAP, the FIBS tracked uniform interpersonal behaviors between romantic partners in a non-clinical population. The FIBS began as a measure of interpersonal behaviors based on reviewing the charts of over 15 FAP clients seen in a depression clinic. This review revealed many common themes of targeted interpersonal CRB2s both specific to the individual clients' goals as well as broad in spectrum. These themes were informally discussed among a number of FAP researchers to develop the FIBS, including seven specific behaviors to be tracked daily.

The FIBS included a page of written instructions, a brief description of the seven targeted behaviors, an example of a completed FIBS with exemplars of each of the seven behaviors, and a blank copy of a FIBS data sheet. The FIBS data sheet permitted logging the rate of each targeted behavior daily, as well as describing specific instances of some

observed behaviors. Participants reported that the FIBS took about 15 min to complete nightly per day of monitoring.

The FIBS was piloted with a sample of 41 psychology undergraduates who completed the FIBS for daily interactions with the person with whom they had the closest relationship (e.g., romantic partner, family member, roommate, or close friend). For this population, the FIBS tracked were of relatively low frequency, which suggested these behaviors would be appropriate CRB2s for a future analogue study. Next the construct validity of the FIBS was assessed by evaluating its relationships with other instruments measuring related aspects of romantic relationships.

The next study involved psychology undergraduates who were in stable, cohabitating romantic relationships for at least six months. These participants collected FIBS self-monitoring data daily for one week and completed a number of validated and commonly used nomothetic measures for assessing closeness, adjustment and intimacy in romantic relationships. Items for the FIBS were internally consistent. Several respondents appeared to be over-endorsing some individual FIBS items but internal consistency was high despite these respondents. But frequent behaviors reported on the FIBS did not correlate with intimacy and relationship satisfaction on the nomothetic measures also given. Put simply, the FIBS appeared to be reliable not high in construct validity.

Qualitative investigations revealed a number of possible reasons for these results, including vague behavioral definitions and overlapping response classes. Ultimately, however, it was felt that the results were due to a flawed design – a behavioral frequency

measure was being validated by comparing it to nomothetic measures and using traditional scale development methodology, much like comparing apples to oranges.

During the course of FAP therapy, similar to behavior therapy in general, early therapy sessions focus on determining goals for treatment, establishing rapport, and creating a case conceptualization that includes the idiographic behaviors to be shaped in-vivo (as described previously). These idiographic behaviors would be established between the therapist and client, and, once operationally defined and agreed upon, the client would be "trained" in monitoring these behaviors through discussion of exemplars and non-exemplars as they may occur in the clients' daily life. Through such a process, even the vague definitions such as those for the FIBS, can be trained and so the observer/client can reliably identify and monitor them. This process, however, was not used in the FIBS validation study, and without such a process it is reasonable to assume that the targeted behaviors may have had little to no meaning to the individuals completing the FIBS, thereby explaining some of the problems in the reliability of the data received. Furthermore, the validation study utilized procedures typically used for validating nomothetic measures of broader concepts, such as attitudes and beliefs which is in stark contrast to the specific behaviors being tracked in the FIBS. Research has shown that attitudes do not often predict behavior (Aronson, 2004), therefore it is no surprise that nomothetic measures were not highly correlated with frequency of WIII-behaviors.

Following the disappointing results of the FIBS validity study and the consequent discovery of the flawed methodology, behavioral tracking measures were reviewed, beginning with the basic behavioral literature on self-monitoring, operational definitions,

and training of behavioral response classes. As noted by Barlow and Hersen (1984) target behaviors to be monitored by an outside observer or, in the case of FIBS, self-monitored, must have a specific operational definition that can emphasize either the topography or the function of the behavior. Whichever approach is chosen – topography or function - the definition must be sufficient to "provide meaningful and replicable data" from the observer (Barlow & Hersen, 1984, p. 111). In the case of the FIBS topographical definitions were utilized. However, the definitions provided were not adequate to fully convey the intended response classes. This problem was particularly salient in the modality through which the FIBS was employed – mass administration with no one-on-one contact between the participants and the research administrators.

Following these steps a new iteration of the FIBS was developed. After refining the targeted behaviors into objective, clear, and complete operational definitions the new and improved FIBS was renamed the Weeks Interpersonal Interaction Inventory (WIII). As stated by Barlow and Hershen (1984) and Bailey and Burch (2002), good operational definitions should have sufficient face validity to be persuasive, refer to only observable and defining characteristics of the target behavior, include unambiguous descriptions, and delineate the boundaries of the behavior. The WIII definitions were accordingly revised. Furthermore both exemplars and non-exemplars, borderline or difficult examples of the behavior, role playing, and thorough discussion were used. This information led to the development of the WIII manuals were constructed that standardized training of the observers, / participants, who will be monitoring their WIII behaviors.

This is where the WIII methodology departed from the nomothetic methods used for the FIBS, making the measure more fitting for a single-subject design analogue study.

According to Bailey and Burch (2002), training of observers should occur in one or more face-to-face meetings through which "all of the potential observers can meet at one time to learn and discuss the system" (p. 117). In line with traditional behavioral skills training, the WIII manual was devised to standardize such meetings so that each participant is thoroughly trained in WIII self-monitoring. Couples were trained on the definitions of each WIII behavior, including exemplars and non-exemplars of each behavior *in context of the couple's relationship,* by using the WIII manual.

By using the WIII to measure the dependent variable, the study at hand intended to address that limitation of previous FAP studies. Specifically, the WIII as a standardized self-report measure permitted comparing behaviors tracked via objective frequency count across participants – a hallmark of traditional behavioral research.

Controlling for effects of homework assignment on generalization of in-session improvement. As stated previously, past FAP outcome studies did not fully isolate the addition of contingent responding through the shift from baseline to treatment phases. By not controlling for assignment of homework related to treatment targets, any results indicative of the effect of contingent responding to date have been tentative. To address this limitation in the study at hand research personnel encouraged participants to engage in the WIII behaviors throughout the study – during both baseline and treatment phases. Although this may potentially result in a more variable baseline phase, thereby taking longer to reach stability, itwaspreferable to the alternative of conducting yet another FAP study with confounds.

Reliability concerns with self-report data. The argument against the use of self-report data in behavioral research is long-standing, for, as stated by Skinner (1957)

"Reports of events in one's past are never very accurate or complete. Much depends upon the current stimuli which bring such responses about." (p. 142). Although there is technology which allows for more sophisticated ways to measure any number of self-monitoring variables (Wolf, 2010), there is still no technology which provides a method for assessing the reliability of self-monitoring data. Essentially, any study which relies primarily on self-report data as a dependent variable is operating under the research "honor system." To address this issue the current study developed two complementary versions of the WIII; the WIII-A (Appendix A) with its corresponding client manual (Appendix B), and the WIII-B (Appendix C) which also has a corresponding manual (Appendix D). In the study at hand, couples were assigned a "Partner A" and a "Partner B" and then given the respective WIII manuals, training, and forms for data collection. Partner A tracked the daily frequency by which he or she emitted the WIII interpersonal behaviors on the WIII-A, while Partner B was tracked on whether or not he or she noticed Partner A engaging in any of the WIII behaviors daily. This aspect of the methodology made it possible to perform inter-observer agreement calculations to determine the reliability of Partner A's self-monitoring data.

The Current Study

The current study aimed to address each of the aforementioned limitations with three couples in a stable, cohabitating, romantic relationships. Both members of the couple initially met with research personnel to be informed about the study, receive assignments to "Partner A" or "Partner B" and be trained in the WIII behaviors. Partner A met with the coach weekly in 50-minute sessions for 10 weeks. The first three-to-six sessions made up the baseline phase, in which Partner A self-monitored their

interpersonal behaviors using the WIII-A, discussed these behaviors weekly with the coach, and received instructions from the coach to try to increase these behaviors with Partner B throughout the week. Once a stable baseline was achieved, the FAP phase began, in which the coach engaged in a manualized FAP interaction (Appendix E), based on the aforementioned FAP logical interaction, with Partner A during each subsequent weekly session. During this time Partner A continued monitoring his or her daily interactions with Partner B using the WIII-A. Partner B, during the entire course of the study – both the baseline and FAP phases –completed the WIII-B, which tracked the frequency by which Partner A engaged in WIII behaviors.

Although the current study did aim to address many of the limitations found in previous attempts to isolate FAP's mechanism of change through either outcome or process methodology, there remained at least one limitation in the study at hand which was a necessary byproduct of the single-subject methodology being employed. When conducting FAP therapy in a traditional clinical setting, the therapist and client establish rapport and the intensity of in-vivo interactions increases over time as the case conceptualization is developed and as the client becomes more comfortable with emphasizing the therapeutic relationship as a vehicle for behavior change. This slow, evolving process, however, cannot exist when single-subject methodology calls for a clear A/A+B phase shift, which may impede developing the therapeutic relationship, or adverse reactions from the clients to the seemingly abrupt change in therapeutic technique. It is hoped that the emphasis on training of the WIII behaviors and emphasis on rapport building in the baseline phase ameliorated these effects. However, the true effect, if any, of the abrupt nature of the phase shift is unknowable.

Despite this limitation, it was hypothesized that an increase in the targeted WIII behaviors would occur following the initiation of FAP, and be tracked by both Partner A and Partner B's data, as measured by visual inspection. This increase in WIII behaviors would show support for FAP's mechanism of change, in-vivo contingent responding.

Method

Design

This study used a concurrent multiple baseline design (Watson & Workman, 1981) across two couples. This design controlling for history effects and its moderation of threats to validity, as well as its convenience in recruiting and running all participants at one time, which are all key advantages for clinical research (Barlow & Hersen, 1984). Baseline phase lengths were determined by visual inspection of the data, as suggested by Watson and Workman (1981). Treatment phase began after baseline data showed stability on the WIII measure of out-of-session behavior as detailed below.

Measures to Assess Eligibility

Demographics Questionnaire. The demographics questionnaire (Appendix F)assesses education, employment, religious affiliation, ethnicity, marital history, children, income, and health problems.

The Brief Symptom Inventory-53 (BSI-53; Derogatis, 1993). The BSI-53 (Appendix G) assesses psychological symptoms and provides information on the severity of dimensions of functioning including depression, general anxiety, hostility and somatization. The BSI-53 has nine symptoms scales and provides a profile of scale scores intended to summarize the patient's clinical status; it is often included as a general screening measure in inpatient and outpatient settings.

Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aasland, Barbor, de la Fuente, & Grant, 1993). The AUDIT (Appendix H) is a 10-item self-report measure of alcohol use. Items are rated on a 3-point to 6-point scale with higher scores indicating greater hazardous and harmful alcohol consumption. A score of 8 or more indicates possible hazardous or harmful alcohol consumption and was used as our cut-off.

Drug Abuse Screening Test (DAST; Skinner, 1982). The DAST (Appendix I) is a 28-item self-report measure assessing drug use. Items are rated on a 2-point scale with higher scores indicating more use. A score of 6 or more indicates possible hazardous or harmful alcohol consumption and was used as our cut-off.

Measures to Address Relationship Functioning

Dyadic Adjustment Scale (DAS; Spanier, 1976; Spanier, 2001). Suitable for married and unmarried couples is the DAS (Appendix J) a 32-item assessment of relationship satisfaction with four subscales: dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. Each of the subscale scores as well as a total score of dyadic adjustment are converted to T-scores, with T-Scores below 44 indicating concern, T Scores below 39 indicating significant relationship problems, and T-scores of 30 or less indicating clinically significance.

Locke-Wallace Marital Adjustment Test (LWMAT; Locke & Wallace, 1959). The LWMAT (Appendix K) is a 15-item measure of marital adjustment and satisfaction. Scoring varies across questions, some responses on some items are scored higher than others, overall the algorithm for scoring the measure is that the higher the score the healthier the relationship such that scores over 100 are considered to be non-distressed couples, and scores less than 100 are considered to be distressed couples.

Couples Problem Inventory (CPI; Gottman, Markman & Notarius, 1977). The CPI (Appendix L) is a qualitative measure in which couples rate a series of relationship issues on a scale from 0 – 100 stating how much of a problem that issue is in their current relationship, as well as how much of a problem they anticipate their partner would rate that issue. While there is currently no normative data for this measure, it is commonly used in couple's research as a resource for conversational topics (Gottman & Levenson, 1992)..

Measure of Weekly Relationship Behaviors

The Weeks Interpersonal Interaction Inventory (WIII; Appendices A - D). As described previously, the WIII daily monitors interpersonal behaviors between romantic partners . The WIII provides a frequency count of each targeted behavior as emitted by Partner A. WIII-A is completed by Partner A, who is self-monitoring his or her own frequencies of the WIII behaviors. WIII-B is completed by Partner B, who is monitoring the frequency of Partner A's initiation of the WIII behaviors. There is also an area for participant-provided exemplars of individual behaviors that were tracked, as well as an area to document questions, concerns, or other issues should they arise. Participants took approximately 15 minutes to complete the WIII each night for one week.

Weekly audiotaped interactions. To determine the reliability and validity of both Partner A and Partner B's tracking throughout the course of the study, each week the couples audiotaped three conversations. Couples were then asked to record occurrences of WIII behaviors during those conversations on special WIII Audiotaped tracking forms for both Partner A (Appendix M) and Partner B (Appendix N). These data assessed possible "observer drift" throughout the study – to see whether both partners stayed true

to the response classes trained for each WIII behavior in the Initial Meeting, or whether their individual definitions of those response classes evolved over time. Couples were trained on the use of the audiorecorders when they were trained on the definitions of the WIII behaviors in the Initial Meeting (described below), and were instructed to record WIII behaviors that occurred during the audiorecordings solely on the WIII Audiotaped tracking forms to avoid duplicatiing data across the audiorecording forms and weekly WIII forms.

Relationship Coach

The relationship coach was the first author, an advanced doctoral student with a master's degree in Applied Behavior Analysis, a master's degree in clinical psychology, and three years experience in clinical psychotherapy. She had previously participated in a three-day workshop on FAP, an eight-week online FAP workshop conducted by Mavis Tsai (one of FAP's creators), had participated in FAP research studies as a FAPRS coder, presented a number of papers and symposia on FAP at national conferences, and co-authored a number of book chapters and journal articles on FAP. During the the study she received supervision in FAP from Jonathan Kanter, PhD, a nationally recognized FAP clinician and trainer. During the study she received about 6 hours of supervision, and Dr. Kanter was available for questions as they arose.

Setting

The setting of the study was the University of Wisconsin-Milwaukee psychology clinic. This clinic is open to the University community, including students, employees and faculty to people living nearby. The clinic consists of a reception area, two interview rooms in which to conduct therapy, two assessment rooms, a group room, and two

seminar rooms. One room was used for all sessions of the study at hand, and all sessions were digitally videotaped for future FAPRS analyses.

Procedure

Recruitment. Beginning in August of 2011fliers (Appendix O) were posted in local area businesses (coffee shops, diners, bookstores, etc), and later included advertisements on Milwaukee's craigslist to increase recruitment.

Once couples saw either the posted fliers or craigslist ad they called the university and were asked a few preliminary questions to determine eligibility (i.e., length of time in current relationship, cohabitation, ability to attend weekly sessions at UWM, etc). Participants who did not meet global eligibility criteria were thanked for calling and offered a list of local mental health resources. Participants who did meet global eligibility criteria were asked for their mailing address and further contact information for the Pre-Treatment Questionnaires to be mailed to them.

Pre-Treatment Questionnaires, described above, consisted of the Demographics form, the BSI-53, the DAST, the AUDIT, the DAS, the LWMAT, the CPI, and a self-addressed stamped envelope. Participants were instructed to complete the questionnaires and mail them back , and that they would be contacted by study personnel once their eligibility was determined. Participants were ineligible for the following: scores higher than eight on the AUDIT or higher than six on the DAST, indicating substance use or abuse, scores higher than 63 on the BSI-53, indicating clinical severity, and scores less than 100 on the LWMAT or a T-score less than 42 on the DAS, indicating marital distress.

Participants who completed the eligibility questionnaires received $15 regardless of eligibility. Ineligibles were contacted, thanked for their participation, and offered a list of local mental health resources. Eligible were contacted to schedule an appointment to learn more about the study.

During the recruitment process eleven couples called in seeking information in the month of November, of which seven couples were eligible to be mailed the Questionnaire Packet. Five couples called in the month of December, of which four were eligible to be mailed the Questionnaire Packet. One couple called in the month of January, and this couple was eligible to be mailed the Questionnaire Packet. Recruitment was stopped in February. Of the 12 Questionnaire packets that were mailed out, five couples returned their packets, two packets were returned with only one person in the couple completing the questionnaires, and two couples reported that they were no longer interested. Of the five couples who returned their completed packets, one was ineligible, and four were eligible for the study – the fourth eligible couple being the last couple recruited in January. At this time all four couples were contacted and scheduled to attend an initial meeting with the study's relationship coach.

Initial Meeting. The four couples were scheduled for the initial meeting in the same week. During the initial meetings the couples again completed the LWMAT, DAS, and CPI since it had been some time since the initial questionnaire packets were received for some of the couples. After completing the questionnaires the couples met with the relationship coach to discuss the study procedures in detail, complete informed consent documents, and be informed of which partner would be Partner A, and which partner would be Partner B in the study. Couples were assigned these roles by the first author

when eligibility was established, prior to the couple's attending the initial meeting. Specifically, the partner with the lower scores on the LWMAT and DAS – signifying lower levels of marital satisfaction and dyadic adjustment – was assigned the role of Partner A. Participants were not informed of this, however, and were instead told that their roles were chosen at random due to the potentially negative effect such knowledge may have upon their relationship.

Once participants were informed of their roles, the relationship coach thoroughly reviewed the WIII manuals with the couple, going into detail on the definitions of each of the WIII behaviors and what they would look like specifically in that couple's relationship dynamic. In line with traditional behavioral skills training, once the definitions were trained the couple then practiced having conversations before the relationship coach, after which the couple and the coach scored the conversation for presence of WIII behaviors. No less than three of these conversations occurred with each couple, until the couple and the coached reached interobserver agreement on the WIII behaviors. These meetings lasted about 2 hrs for each couple. At the end of each meeting participants assigned the role of Partner A then scheduled their first session with the relationship coach for the following week, and both participants were given their WIII forms, as well as the audiorecorder, to complete data collection for the following week. Participants who were assigned the role of Partner B were given contact information for a research assistant whom they could call in case they had any questions or concerns .

During the 10 weeks of the study, Partner B was instructed to complete the WIII-B daily and send the results to the coach each week in a sealed envelope given to Partner A. During this time research personnel were available to Partner B by email or telephone

to answer questions , though no Partner Bs ever wrote or called. At no time between the initial meeting and the final debriefing session (described below) was the coach in contact with Partner B, so as to keep the relationship coach "blind" to whether Partner B was observing change in Partner A's behavior relative to the phase shift.

Baseline phase. Partner A completed the WIII-A daily and met weekly with the coach for 50-minute sessions. During these sessions Partner A and the coach reviewed each weeks' WIII-A monitoring and built rapport. These reviews included, but were not limited to, discussing examples of the daily tracked behaviors, reviewing data from the previous week, identifying opportunities to engage in the tracked behaviors, and reasons why tracked behaviors may or may not have occurred. If necessary, the coach also helped Partner address questions or misconceptions regarding Partner A's target behaviors, but the coach did not make any biasing statements (Bailey & Burch, 2002). During the baseline phase the coach was *not* to contingently respond in a particularly positive or punishing manner to any specific participant behavior.

To control for the effects of homework assignments that were problematic in Landes et al. (2010,described above) the coach asked Partner A to try to increase the frequency of WIII-Behaviors each week, though the coach did not provide any specific suggestions or ideas on how to do so. Also during this time the relationship coach completed FAP case conceptualizations of in-vivo instances of each of the WIII behaviors for each of the Partner A participants. These case conceptualizations were informed by the initial meeting information received when the couple reviewed what each of the WIII behaviors would be for their relationship dynamic as well as based on

the relationship coach's clinical judgment of what in-vivo instantiations of the WIII behaviors would be in the therapeutic dynamic.

The baseline phase continued until WIII-Behaviors were stable via visual inspection as per Bailey and Burch (2002).

Study dropouts. Following the recruitment procedure, the study began with four couples, Couple 6, Couple 9, Couple 10, and Couple 14. Following the initial meeting Couple 6 called the relationship coach to reschedule the Session 1, then again called to cancel Session 1 stating that they were getting a divorce. Couple 14 attended the initial meeting and two sessions after which Partner A did not return, nor did she respond to repeated attempts to contact her. As such, descriptive information and data on Couples 6 and 14 will not be reported because no analyzable data was obtained. Couple 9 and Couple 10 provided analyzable data during baseline and began the FAP phase.

FAP phase. Once Partner A had reached a stable baseline rate on one of the WIII-Behaviors, the FAP phase began. For Bobbie, Couple 9, this occurred during Session 4, and for Alice, Couple 10, this occurred during session eight. Interestingly, for both Bobbie and Alice the WIII behaviors that reached stability were items #3, "I said something to my partner that made me feel vulnerable" and #4, "I let my partner see me when I was not at my best." What occurred during the FAP sessions for both couples are detailed in the results section. Once both couples had completed 10 sessions, they were both scheduled to come in with their respective partners for their final follow-up and debriefing sessions.

Follow-up. During each couple's follow-up session, the couple completed the instruments administered during pre-treatment assessment, excluding the Demographic

Form, and then discussed their experiences in the study with the coach. At this time each couple was debriefed about the study, told about FAP and the purposes of their daily WIII behavior tracking as well as the audiotaped interactions, and could ask questions. The couples were also asked to discuss with the coach what impact, if any, their participation in the study may or may not have had on their relationship. This unstructured qualitative discussion allowed the couple to discuss any feelings resulting from one partner collecting data on the other partner's relationship behaviors, as well as any other unforeseen effects of the study on the relationship .

At the conclusion of this session the coach offered either traditional couples therapy or individual therapy to both of the couples, and had the couple complete necessary paperwork to receive their payment for participation. Couple 9, Bobbie and Pete, declined further treatment, while Couple 10, Alice and Dana, asked to be put on the UWM Psychology Clinic's wait-list for traditional couple's therapy.

Results

Demographic Information

Couple 9, Bobbie (participant number 90001A) and Pete (participant number 90002B), were ages 52 and 57, respectively, had been married for five years and had known each other for eight years at the time of participation in the study. Bobbie had been a teacher for over 30 years in special education classrooms and was currently employed as a mentor for new special education teachers in the Milwaukee district. Pete was employed as a Maintenance Engineer for a local factory, and was currently looking for a different job. The couple did not have children together though Pete did have three adult children from a previous marriage, all three lived out-of-state. On their initial

paperwork Bobbie added in the comments section "I am struggling w/ pain and mobility issue which is effecting mood & relationship. My husband is possibly on the Autism Spectrum which effect relationships with others. Feel we have a very limited number of friends and support system." In Couple 9 Bobbie was assigned Partner A and Pete was assigned Partner B, their pre- and post-treatment questionnaire scores on the Dyadic Adjustment Scale (DAS), the Locke-Wallace Marital Adjustment Test (LWMAT), and the Couple's Problem Inventory (CPI) can be seen in Table 1

Couple 10, Alice (participant number 100001A) and Dana (participant number 100002B), both 27 years old, had been in a domestic partnership for one year and had known each other for thirteen years at the time of participation in the study. Alice was currently enrolled in college at UWM part-time as well as working part-time as an eyewear specialist at Vision Works. Dana was self-employed as an attorney. The couple did not have any children when participating, and neither partner entered comments on their initial paperwork. In Couple 10 Alice was assigned Partner A and Dana was assigned Partner B, their pre- and post-treatment questionnaire scores on the Dyadic Adjustment Scale (DAS), the Locke-Wallace Marital Adjustment Test (LWMAT), and the Couple's Problem Inventory (CPI) can be seen in Table 2.

Observed Increases in Targeted Items

The primary hypothesis of this study was that an increase in targeted WIII behaviors would occur following the initiation of FAP and be evident in both Partners' daily monitoring. To evaluate the outcome we will look at Partner A and Partner B data separately.

Partner A. The targeted items for Bobbie and Alice were Item 3, "I said something to my partner that made me feel vulnerable" and Item 4, "I let my partner see me when I was not at my best." These targets were combined and are presented per week in Figure 1 for Bobbie (90001A) and Alice (100001A)per week. Visual inspection suggests that there is a slight increase in responding for both participants in the FAP phase. Although there is a delay in the increase for Bobbie (90001A) due to either she or Paul being out of town for the first three weeks following the phase change, a slight increase in responding is still quite apparent. Other possible explanations for this increase are explained in the Discussion. Complete WIII data for each of the seven items is in Figure 2 for Bobbie and in Figure 3 for Alice. These figures suggest the other WIII behaviors did not increase with introducing FAP.

Partner B. As seen in Figure 4, the multiple baseline graph for Pete (90002B) and Dana (100002B), there is responding in both the baseline and FAP phases of the study, and the responding in the FAP phase is still well within the bandwidth of responding in the baseline phase. As such, Partner B data does not support the hypothesis that there was an effect from FAP. Complete WIII data on all seven items is presented in Figure 5 for Pete and Figure 6 for Dana. These figures suggest that both Pete and Dana did record an increase in item #2, "I shared private thoughts and feelings with my partner that I had not shared in the past," in the FAP phase, but these were not targeted behaviors.

Weekly Audiotaped Conversations

As described previously, to ascertain whether any observer drift occurred during the study, each couple audiorecorded and recorded WIII data on three conversations

weekly. Couple 9 recorded and rated 29 audiotaped conversations, and Couple 10 recorded and rated 31 conversations. As such, ten audiotaped conversations, approximately 33%, were randomly selected from each couple's total audiotaped conversations to be rated by the relationship coach at the end of the study to assess interobserver agreement.

Interobserver agreement. To calculate interobserver agreement, both the frequency ratio method and the kappa statistic were used. The frequency ratio method is usually used to compare totals from two or more observers of a free operant behavior. For both couples, the relationship coach was the criterion rater and scores from Partner A and Partner B were compared against the coach's scores.

As seen in Table 3, frequency of interobserver agreement for Couple 9, investigating agreement between Partner A (Bobbie), Partner B (Pete), and the relationship coach, ranged from 29% on the April 25th conversation, to 100% on the March 12th conversation. Some observer drift is evident, as there is generally a higher rate of agreement in the earlier audiotaped conversations and lower rates of agreement generally fall in the later audiotaped conversations. Also, only four of the ten conversations have over 50% agreement. It is also noteworthy that agreement is highest between Partner A and Partner B, and lowest between Partner B and the relationship coach.

As seen in Table 4, frequency interobserver agreement for Couple 10, investigating agreement between Partner A (Alice), Partner B (Dana), and the relationship coach, ranged from 43% on March 28th, May 15th and May 23rd,to 86% on March 22nd, April 3rd, April 5th, May 1st, and May 30th. Observer drift is not as evident

in Couple 10 as it is in Couple 9, and seven of the ten conversations have over 50% agreement. It is also noteworthy that agreement in Couple 10, like Couple 9, was highest between Partner A and Partner B, and lowest between Partner B and the relationship coach.

The kappa statistic is a measure of inter-rater agreement for categorical items. It is generally thought to be a more robust measure than frequency ratio calculations since it takes into account the agreement occurring by chance, however to utilize this statistic in the study at hand, data for the audiotaped conversations had to be transformed from the frequency count to categorical data. A "yes" or "no" for each WIII behavior, indicating whether or not that rater believed the WIII behavior to have occurred or not in that conversation was made for each rater and each audiotaped conversation. Additionally, kappa calculations are made in pairs, whereas the study at hand had three raters for each conversation. To utilize the kappa statistic in this study pairwise calculations were made comparing Partner A to Partner B, Partner B to the relationship coach, and then Partner A to the relationship coach. Finally, for each of the pairwise calculations all of the audiotaped conversations were compared at once instead of making pairwise comparisons for each individual audiotaped conversation. This means that all of Partner A's qualitative, yes/no, audiotaped ratings were compared to all of Partner B's qualitative, yes/no, audiotaped ratings, and then all of Partner B's qualitative, yes/no, audiotaped ratings were compared to all of the relationship coach's qualitative, yes/no, audiotaped ratings, and so on.

For Couple 9, Partner A and Partner B showed moderate agreement on the occurrence/non-occurrence of WIII behaviors across the audiotaped conversations

(k=.549, p<.001). Partner B and the relationship coach also had moderate agreement (k=.558, p<.001), and Partner A and the relationship coach had moderate agreement as well (k=.486, p<.001). For Couple 10, Partner A and Partner B showed low agreement on the occurrence/non-occurrence of WIII behaviors across the audiotaped conversations (k=.215, p>.05). Partner B and the relationship coach had moderate agreement (k=.450, p<.001), and Partner A and the relationship coach had fair agreement (k=.353, p<.001).

Changes across phases. While not a part of the study's original hypotheses, the audiotaped conversations did provide some interesting data. Though they were not instructed to do so, both of the couples remarked that they saved their "juicy" or "heated" discussions for their audiotaped sessions. As such, these conversations were not included in the overall WIII tracking described above. As seen in Figure 7, Bobbie (90001A) showed a slight increase in occurrences of Item 3, "I said something to my partner that made me feel vulnerable" and a marked increase in Item 4, "I let my partner see me when I was not at my best" in the audiotaped conversations during the FAP phase. Both of these increases were also observed in Figure 8, Pete's (90002B) audiotaped tracking.

As seen in Figure 9, however, Alice (100001A), did not show a similar increase in any WIII items during the FAP phase. Nor did her partner, Dana (100002B) show an increase in any WIII items in her audiotaped tracking seen in Figure 10.

Measures Assessing Relationship Functioning

As seen in Table 1, Bobbie (90001A) and Pete (90002B) both showed improvement on a number of measures of marital satisfaction. Bobbie increased from a score of 99 to 128 on the Dyadic Adjustment scale, indicating an increase in Dyadic Adjustment, or relationship satisfaction. On the Locke-Wallace Marital Adjustment Test

(LWMAT) her score increased from a 70 to 123. Also on the LWMAT Total Score, Pete's score increased from 112 to 122.

On the Couple's Problem Inventory (CPI), a scale on which participants rated the degree to which different issues were considered to be problems in their relationship, with higher numbers indicating greater problems, Bobbie showed improvement on a number of items. On Communication, Sex, and Children Bobbie's scores showed a 50% reduction in severity of those problems. For communication, Bobbie's ratings of problem severity decreased 50%. On Friends Bobbie showed a 75% reduction, and on Recreation, Alcohol and Drugs, Careers and Jealousy Bobbie stated that there was no problem at all by the end of the study. Pete did not originally endorse as many problem areas as Bobbie did at the beginning of the study, however he did show a decrease in the area of Friends.

As seen in Table 2, Alice (100001A) and Dana (100002B) scores also improved for multiple relationship measures. Alice showed a decrease in ratings of the problems of Communication, Relatives, Sex, and Household Tasks on the CPI. Dana showed an increase in her LWMAT Total Score from 100 to 131, and a decrease in ratings of the problems of Children, Jealousy, and Careers. However, both Alice and Dana reported some negative changes in some ratings. Alice reported a huge increase in her rating of Money as a problem, going from 25 to 70. Alice also showed an increase in Friends, Alcohol and drugs, and Careers. Dana showed an increase in ratings of the problems of Communication, Sex, and Friends.

First FAP Sessions

Here the first FAP sessions are detailed. In the first session the relationship coach followed Manualized FAP Interaction (Appendix E) with the participant, using as many FAP techniques as possible in that one session. The manualized FAP interaction is based on the previously discussed logical FAP interaction and allows for structured adherence to the FAP rules and consistency in delivery of FAP across participants. The manualized FAP interaction flowed naturally from the weekly review of the WIII-A by the therapist asking the participant to engage in the WIII behavior being targeted – allowing herself to be vulnerable in the therapy session with the coach and let herself be emotional (Rule 2 – Evoke CRB).

For Bobbie, letting herself be vulnerable, emotional, and what Bobbie considered to be "not at her best" meant talking less boisterously, loudly, and sarcastic manner, and allowing herself to express the appropriate emotional affect for the conversational content. Bobbie often said "if I'm not laughing I'm crying" and this was particularly salient in the first FAP session, during which she recounted being physically, emotionally, and sexually abused as a child. In the beginning of the session Bobbie told the story comically, loudly, humorously, sans much emotion. While the content was an improvement, or CRB2, for Bobbie in that she was talking about serious, personal information for the first time, her descriptions were classified as a CRB1 according to her case conceptualization (Appendix P). As such, the relationship coach responded to the seriousness of the stories, ignored her incongruent affect, and openly reinforced any instances where Bobbie's behavior became more affectively appropriate.

After some time she became much more somber, actually became tearful, and expressed some of the deeper emotions she was experiencing at the time. In response, the coach was visibly tearful and disclosed personal information relevant to what Bobbie had just shared, both being commonly used FAP therapist Rule 3 techniques for reinforcing CRB2 behaviors. Following a particularly salient CRB2 –contingent response interaction, the relationship coach engaged in a Rule 4 interaction by explicitly describing the interaction the two of them had just had, expressing the effect of the interaction on the relationship coach, and asking Bobbie what effect, if any, it had on her. Bobbie adamantly resisted discussing therapeutic dynamics with coach, but she reported that she felt more safe and comfortable talking about her childhood abuse. At the session's end the coach restated the positive effect Bobbie's behavior change in-session had upon her, and suggested that Bobbie engage in such an intense level of being vulnerable with her husband later that night. A similar procedure was in effect for all remaining sessions.

For Alice, letting herself be vulnerable meant discussing topics that were particularly "scary" which she usually just pushed out of her mind, as seen in her case conceptualization (Appendix Q). Particularly salient "scary" topics for Alice were concerns that her mom might be arrested and go to jail due to prescription fraud, for which she was currently undergoing court proceedings, and the possibility that Alice and Dana might end up breaking up if Dana wouldn't stop letting her interactions with her parents continue to affect her interactions with Alice. If such a topic arose during baseline sessions the coach would simply allow Alice to change the subject and avoid the potentially "scary" topic, however, in the first FAP session the coach blocked such avoidance and asked her to really think about what could possibly happen if her mother

were convicted of prescription fraud. Alice begrudgingly complied, and after discussing the potential outcomes for a while she allowed herself to become emotional and cry in-session. At this time the coach commented on how much closer she felt to Alice (Rule 3) and asked her how the interaction felt for her (Rule 4). Alice stated that "It wasn't weird" and elaborated by saying "If Dana had said to me last night 'hey, how do you think it would be if you and Cristal had a conversation like this' I would have thought that it would be weird, but it wasn't, it felt good." At the end of the session the coach asked Alice if she thought her fear of feeling these emotions might be weakening her relationship with her mom or with Dana, and Alice stated that she thought it probably was. The coach suggested that she try engaging in the behavior at home with her partner in the upcoming week to see if it would enhance their relationship. A similar procedure was in effect for all remaining sessions.

Discussion

The results of this study do not show support for the primary hypothesis, that an increase in targeted WIII behaviors would occur following the initiation of FAP and be evident in both Partners' daily monitoring. Simply put, the outcome data does not look as expected – there is little change in responding for any of the participants across phases, and what changes there are could be due to a number of competing factors. Specifically, when looking at the increase in targeted items for Bobbie (Participant 90001A) the delay in the observed increase may be due to one or both of the partners being out of town for three weeks immediately following the first FAP session and an "absence makes the heart grow fonder" reaction occurring when they were reunited.

An additional problem undermining the results is the low reliability between Partners A and B for both couples. This is exacerbated by the fact that there were a number of agreements on non-occurrences of the targeted behaviors, and agreement on non-occurrence can inflate inter-observer agreement in both the frequency ratio and kappa calculations. This means that even the meager agreement that has been calculated may be higher than the actual rate of agreement. One argument for this could be that Partner A's data was simply more valid, because the Partner As had regular sessions with the coach which helped them discriminate the response classes more accurately. There is also the possibility that further training beyond the Initial Meeting is warranted – a potential change in methodology that is detailed below. Regardless of the reason for the low reliability, the fact that the reliability is so low leads us to be unable to make any conclusions about the results whatsoever. Before we say that FAP did *not* work we would have to be able to rule out measurement issues affecting the results. We currently have no indication that we measured these outcomes reliably, and therefore it is unwise to draw any conclusions from the data.

Were we able to draw conclusions from the data, however, there would still be a number of possible explanations for the obtained results. First, it is important to admit the possibility that FAP does not work in the way we want it to. It is possible that reinforcement of CRB is not the mechanism at work in this setting, or that reinforcement of CRB is not appropriate for the context used in this study. There are many other ongoing competing contingencies, extra-therapy events, and historical issues that we simply do not control in a clinical research setting, even when conducting an analogue study.

Another possible explanation for not getting stronger results could be related to the eligibility criteria. Both Couple 9 and Couple 10 had been in relationships for many years, were happy in their relationships, and at this point knew each other quite well. As such, it is possible that we may have been dealing with ceiling effects on the tracked WIII behaviors. This factor was particularly salient on WIII Item # 2, "I shared private thoughts and feelings with my partner that I had not shared in the past" which was particularly low (and in some cases never occurred) for both couples. It is possible that repeating this study with couples in distress, or couples who are newer in their relationships may lead to stronger results.

Another possible explanation for the results obtained is that there may be continued problems with the WIII. It is difficult to interpret the data given the form of measurement used may not be reliable. Though we have gone through many iterations of this daily interpersonal tracking form, it is still quite difficult to train individuals on the response classes and further measure development may be warranted. This is further illustrated by the low rates of inter-observer agreement on the recorded conversations, and that, despite training and discussions about WIII behaviors throughout the study, Item #4 "I let my partner see me when I was not at my best" was still a difficult item for both Bobbie and Alice to define throughout the study – and if it was difficult for them to define as the individuals who were to be engaging in the behavior, it can only be assumed that it would also be difficult for their partners to identify when it occurs.

Some solutions for this problem for future studies may be to have couples attend more than one two-hour training session before the study begins. For example, having the couple come in for one two-hour initial meeting as conducted in the study at hand,

then have the couple return together in one week to go over their audiotaped conversations and daily tracking together to look for discrepancies and areas where further training on the behaviors is needed. Perhaps also to have multiple sessions with both partners and the coach throughout the study to continually check agreement on the behaviors would be warranted.

One known problem with the WIII lies in the fact that there was little-to-no useful data gained from the item "How many of these interactions do you feel brought you closer together as a couple?" which followed WIII items 1-6. While this item was useful clinically when reviewing the WIII with Partner A to determine the function of the behaviors in the context of their relationship, and the impact those interactions had on the participant, there was no analyzable data obtained from those items. In addition, all participants had difficulties differentiating between WIII items #3 "I said something to my partner that made me feel vulnerable." and #6 "I discussed something with my partner even though it made me feel uncomfortable." It was difficult enough for Bobbie and Alice, both Partner As, to determine whether they were saying something that made them feel vulnerable or uncomfortable, so it is only assumed that Pete and Dana had difficulty discriminating between the two as well.

Another known limitation of this study is that we actually cannot say with complete confidence that FAP did occur. FAPRS coding, as described in the introduction, is necessary to determine the presences and contingency of FAP therapist behavior. FAPRS coding is a time-intensive endeavor, and while one FAP session has been FAPRS coded at the time of this writing (Bobbie's first FAP session) as part of a parallel study, the full analyses are outside of the scope of this manuscript. What can be

shared at this point is that all five codes for the FAP rules were present and implemented in the FAP session; however it is evident that the treatment integrity and the level of intensity of in-vivo turns that FAP is known for are both lacking. This indicates that FAP was not applied as strongly as it could have been. In the FAP sessions the therapist typically used subtle, natural conversational contingent responses that did not specifically focus on the therapeutic relationship as much as can happen in more intense FAP sessions with highly trained FAP clinicians. While the coach was well trained in basic behavioral principles and had attended a number of FAP workshops and received some previous supervision in FAP, it is possible that she may have needed more frequent or intense FAP supervision to achieve stronger results. If this is the case, however, and intense supervision or expertise is required for greater clinical improvement it does not bode well for the dissemination of FAP. Further FAPRS analyses of these sessions will be explored in an independent project.

Another limitation is that only two couples participated in both phases of the study. Though it is not known why, recruitment and retention of participants was particularly problematic, and the limited number of subjects, and consequent limited amount of data, further complicate analyses.

Some positive outcomes from this study are that there was an increase in targeted behaviors for both Bobbie and Alice following the introduction of FAP, which is promising. Furthermore, qualitative feedback from all four participants was extremely encouraging. Bobbie stated “You made me believe in therapy again” in reference to the fact that her sessions revolved around identifiable behaviors that she could work on in conversations with her husband. Also, during the study she and Pete began engaging in

intercourse on a regular basis after not having done so for almost a year. Alice and Dana also reported positive results from tracking the WIII behaviors, saying that they now "paid attention to what they were saying" and that, though they were having a few more arguments than before, it was a sign that they were "talking things out" instead of just "hoping [the problems] would go away."

Finally, while there were many limitations and difficulties in this study, it did address the limitations of previous studies by providing more controlled and consistent measurement across participants, and better isolating the proposed mechanism of change, therapist contingent responding. Future directions in this research line would be to continue to refine the WIII as a measurement tool and find ways to improve interobserver reliability. While it may not ever reach a level of precision required for use in research, it did prove to be a useful clinical tool for both the participants and the relationship coach. Furthermore, a simple and logical next step would be to address the limitations described above – need for greater FAP supervision, more focus on the therapeutic relationship in FAP sessions, more participants and a more reliable method of data recording, and try again.

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Table 1

Results on Pre- and Post-Treatment Measures for Participants 90001 & 90002 (Bobbie & Pete)

Scale & Score	90001A - Eligibility	90001A - Post-tx	90002B - Eligibility	90002B - Post-tx
Dyadic Adjustment Scale	99	128	129	123
LWMAT - "Degree of Happiness	15	25	15	20
LWMAT - Total Score	70	123	112	122
CPI-Money	0	0	4	0
CPI-Communication	40	20	0	0
CPI-Relatives	0	10	0	0
CPI-Sex	20	10	17	12
CPI-Religion	0	0	0	0
CPI-Recreation	20	0	0	0
CPI-Friends	80	20	25	14
CPI-Alcohol and drugs	10	0	0	0
CPI-Children	20	10	0	3
CPI-Jealousy	0	0	0	0
CPI-Careers	30	0	0	0
CPI-Household tasks	10	0	0	0

Table 2

Results on Pre- and Post-Treatment Measures for Participants 100001 & 100002 (Alice & Dana)

Scale & Score	10001 - Eligibility	10001 - Post-tx	10002 - Eligibility	10002 - Post-tx
Dyadic Adjustment Scale	113	116	122	120
LWMAT - "Degree of Happiness	20	25	25	25
LWMAT - Total Score	n/a	128	100	131
CPI-Money	25	70	20	20
CPI-Communication	50	20	15	20
CPI-Relatives	70	50	30	30
CPI-Sex	20	10	10	20
CPI-Religion	0	0	0	0
CPI-Recreation	10	10	0	0
CPI-Friends	10	40	15	20
CPI-Alcohol and drugs	10	20	0	0
CPI-Children	0	0	5	0
CPI-Jealousy	0	0	5	0
CPI-Careers	0	10	5	0
CPI-Household tasks	5	0	0	0

Table 3

Inter-Observer Agreement for Couple 9000, Bobbie (A) & Pete (B)

Date of Recording	Percent Agreement Partner A - Partner B	Percent Agreement Partner A - Coach	Percent Agreement Partner B - Coach
3/12	100%	100%	100%
3/17	100%	71%	71%
3/20	100%	71%	71%
3/25	43%	71%	57%
4/2	71%	43%	57%
4/4	86%	57%	43%
4/15	71%	29%	29%
4/20	86%	71%	71%
5/20	43%	43%	29%
5/22	71%	57%	43%

90000

Table 4

Inter-Observer Agreement for Couple 10000, Alice (A) & Dana (B)

Date of Recording	Percent Agreement Partner A - Partner B	Percent Agreement Partner A - Coach	Percent Agreement Partner B - Coach
3/14	57%	57%	71%
3/22	86%	57%	57%
3/28	71%	43%	57%
4/3	86%	71%	71%
4/5	57%	86%	57%
5/1	71%	86%	71%
5/15, 1	57%	71%	57%
5/15, 2	71%	43%	29%
5/23	57%	43%	43%
5/30, 1	86%	57%	57%

10000

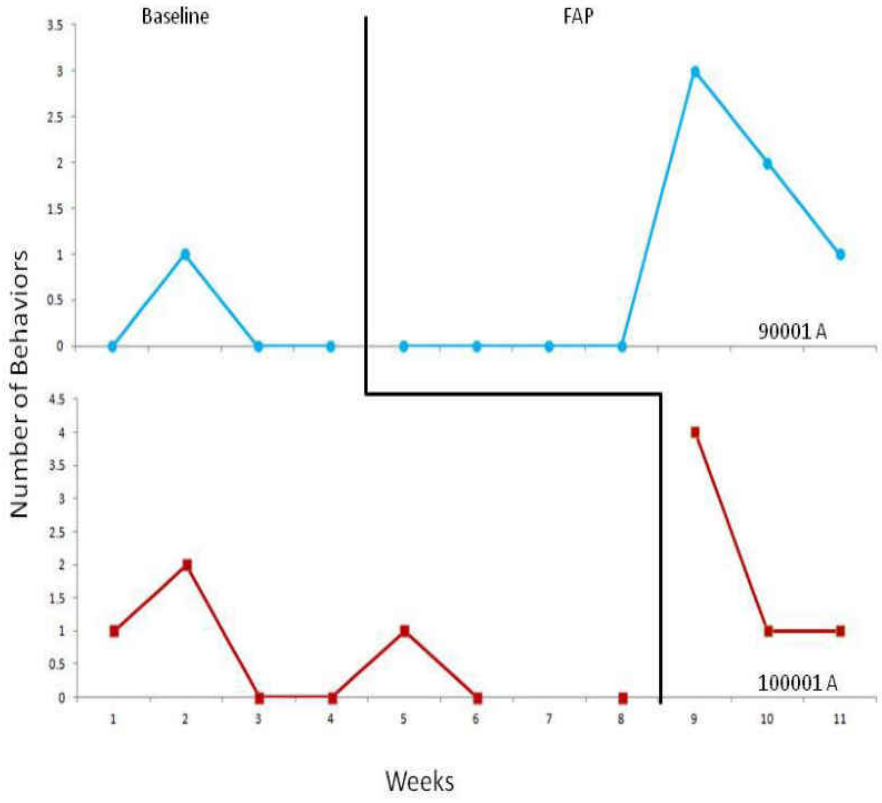

Figure 1. Multiple baseline graph of Participants 90001A (Bobbie, top) and 100001A (Alice, bottom) representing number of combined target behaviors participants reported emitting each week .

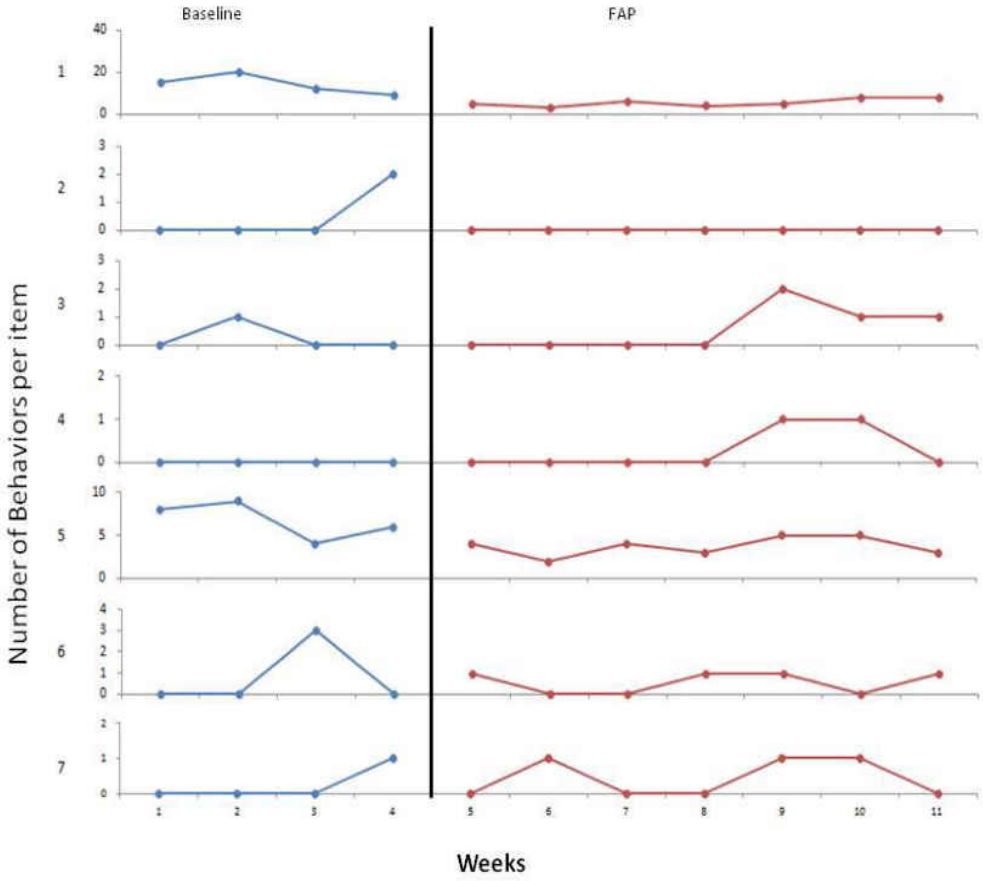

Figure 2. Frequency of each weekly WIII-A behavior for participant 90001A, Bobbie.

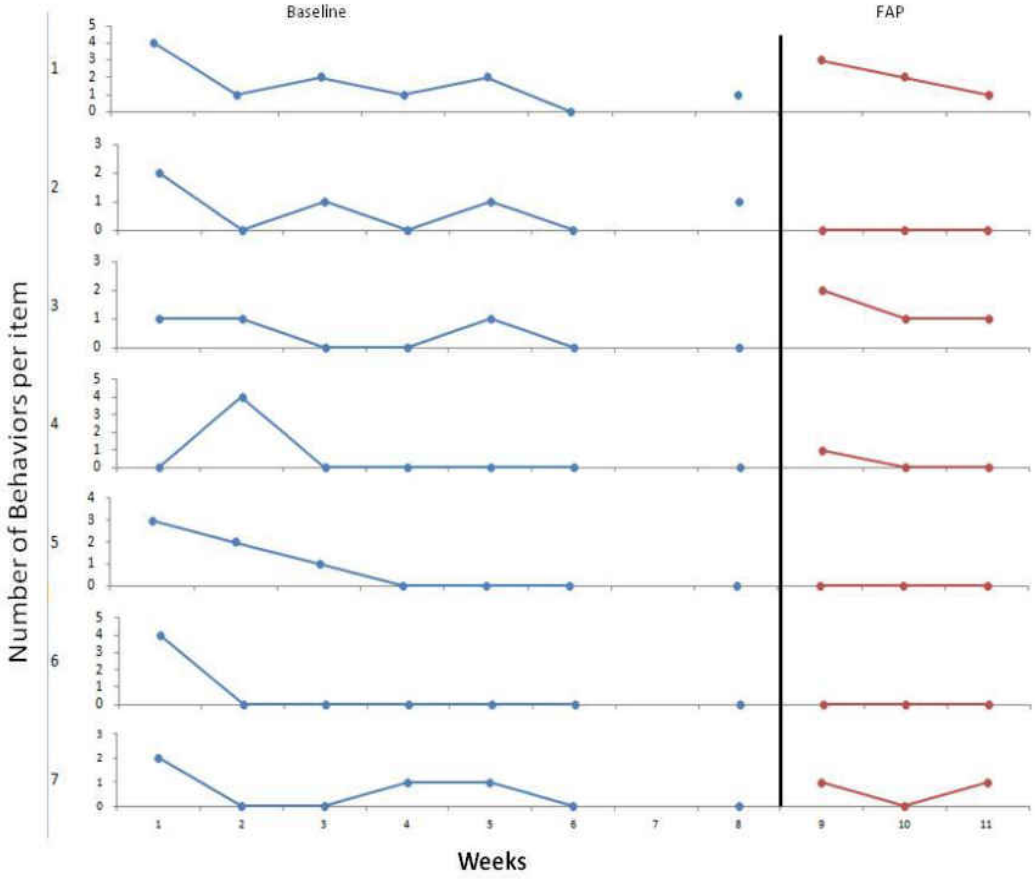

Figure 3. Frequency of each weekly WIII-A behavior for participant 100001A, Alice.

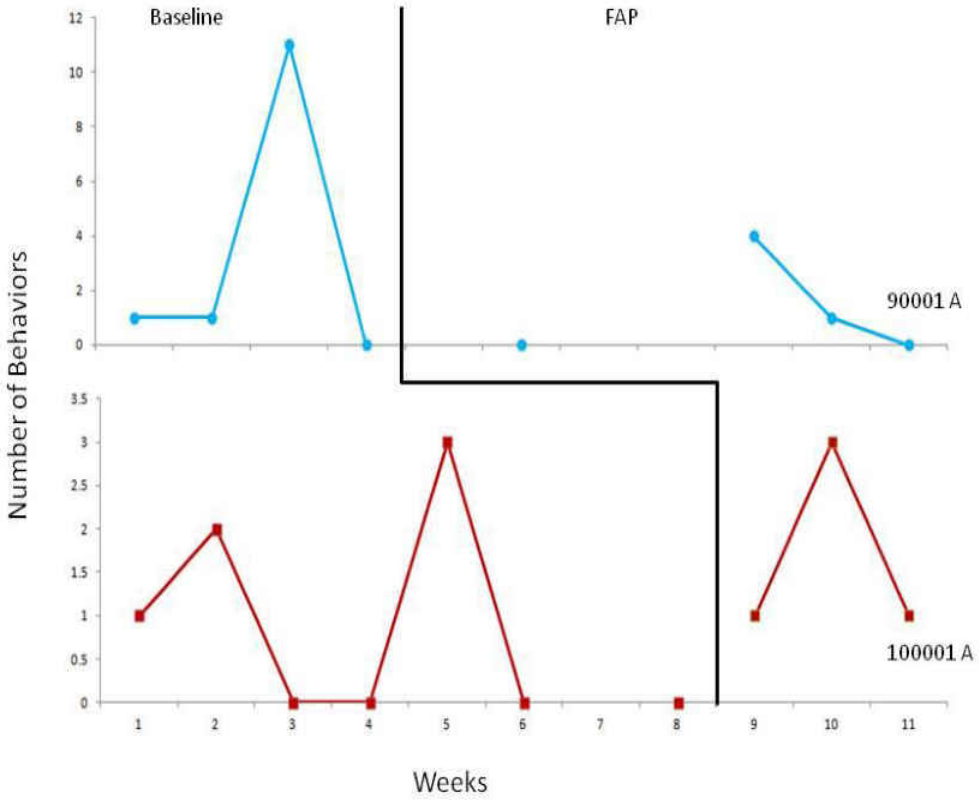

Figure 4. Multiple baseline graph of Participants 90002B (Pete, top) and 100002B (Dana, bottom) representing number of combined target behaviors the participants reported observing in their partners each week across the course of the study.

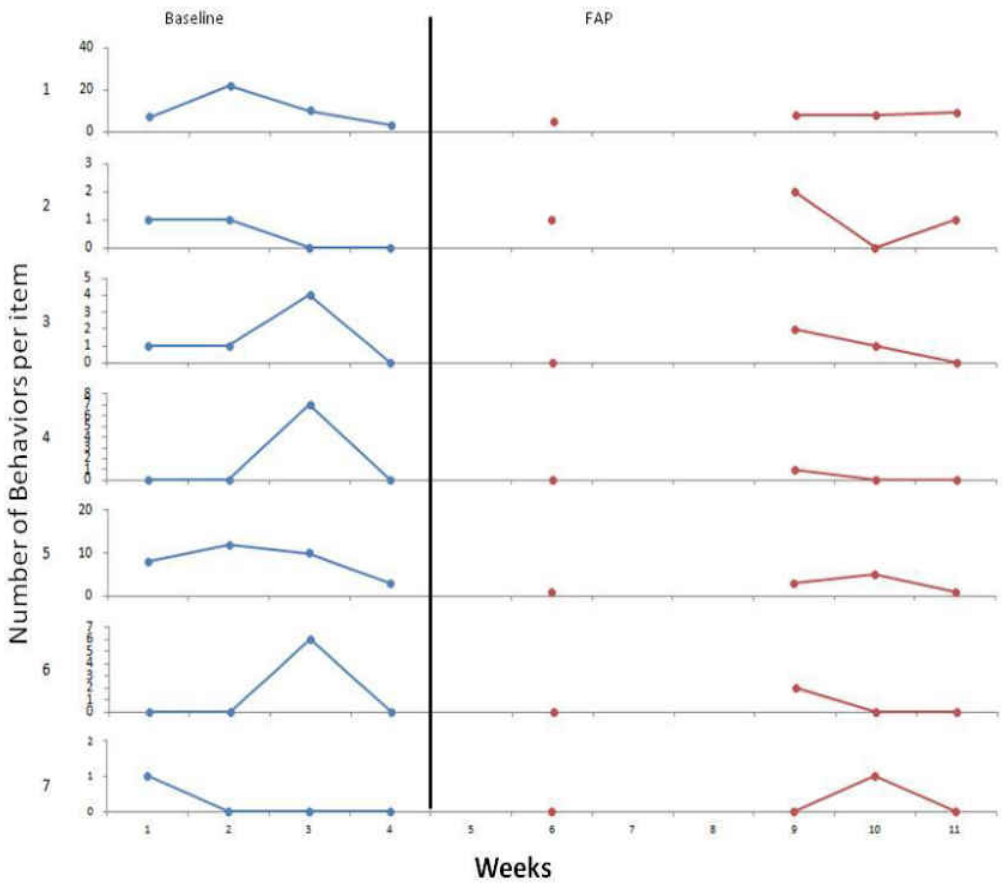

Figure 5. Reported frequency of each weekly WIII-B behavior as observed by participant 90002B, Pete.

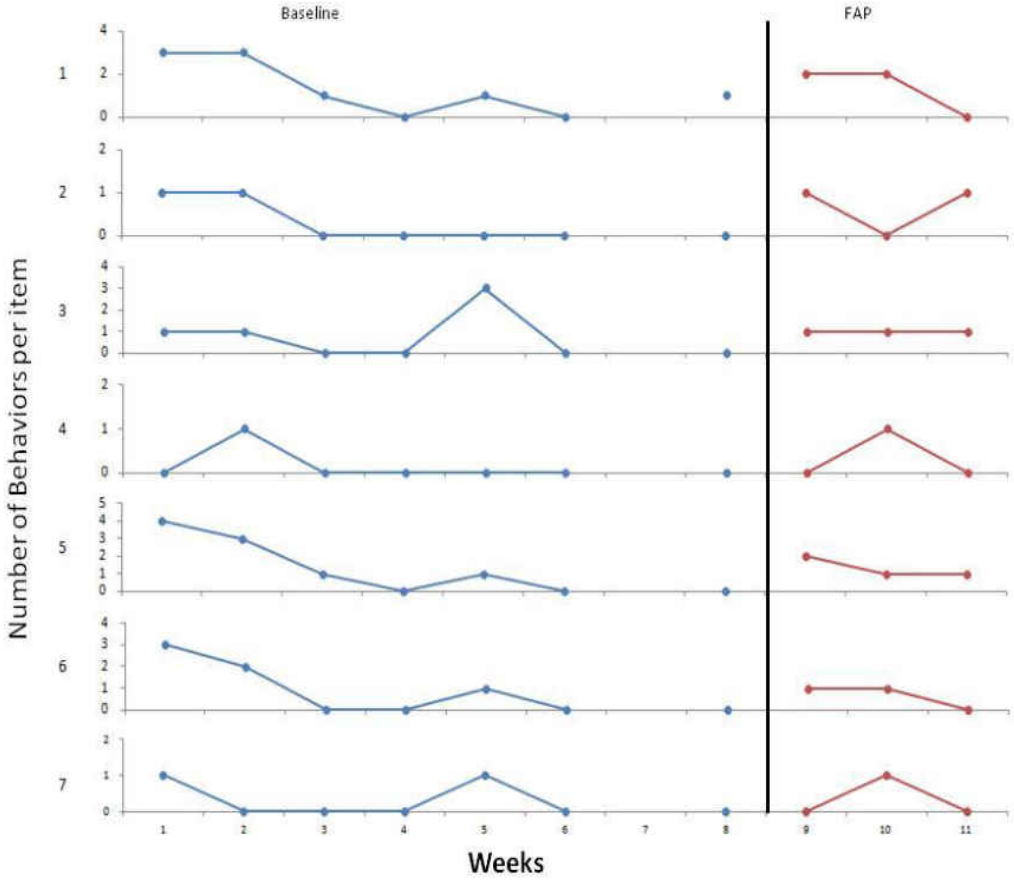

Figure 6. Reported frequency of each weekly WIII-B behavior as observed by participant 100002B, Dana.

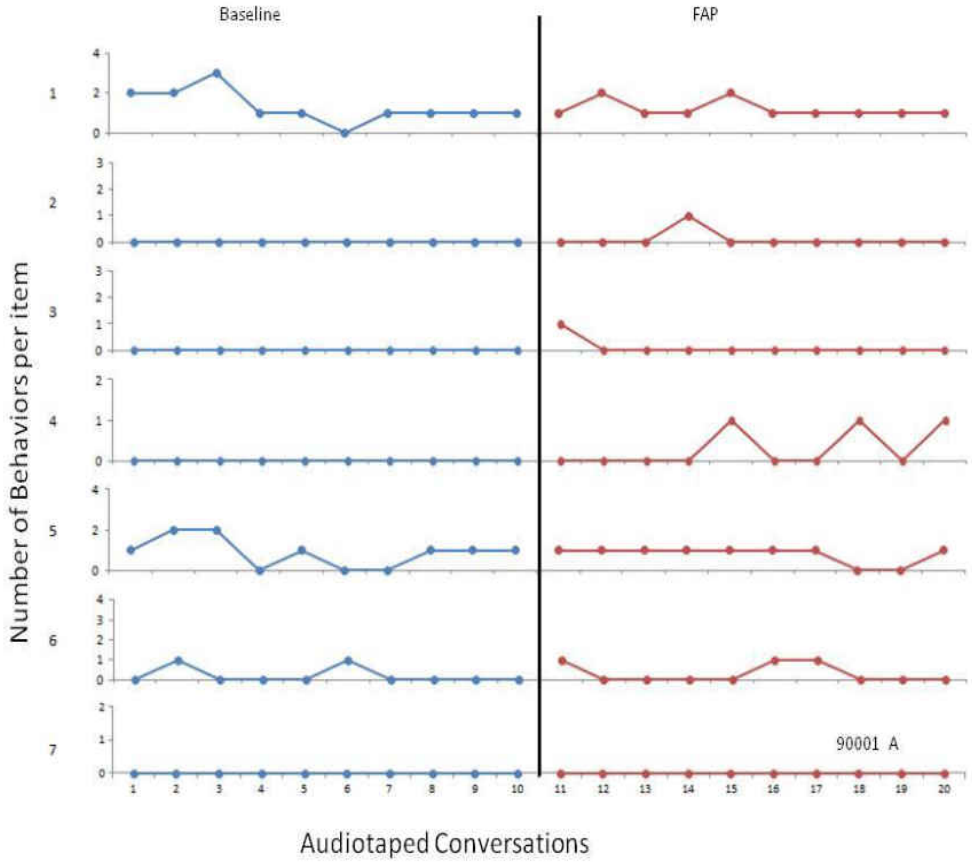

Figure 7. Audiotaped data for all audiotaped conversations throughout the study on all seven WIII behaviors for participant 90001A, Bonnie.

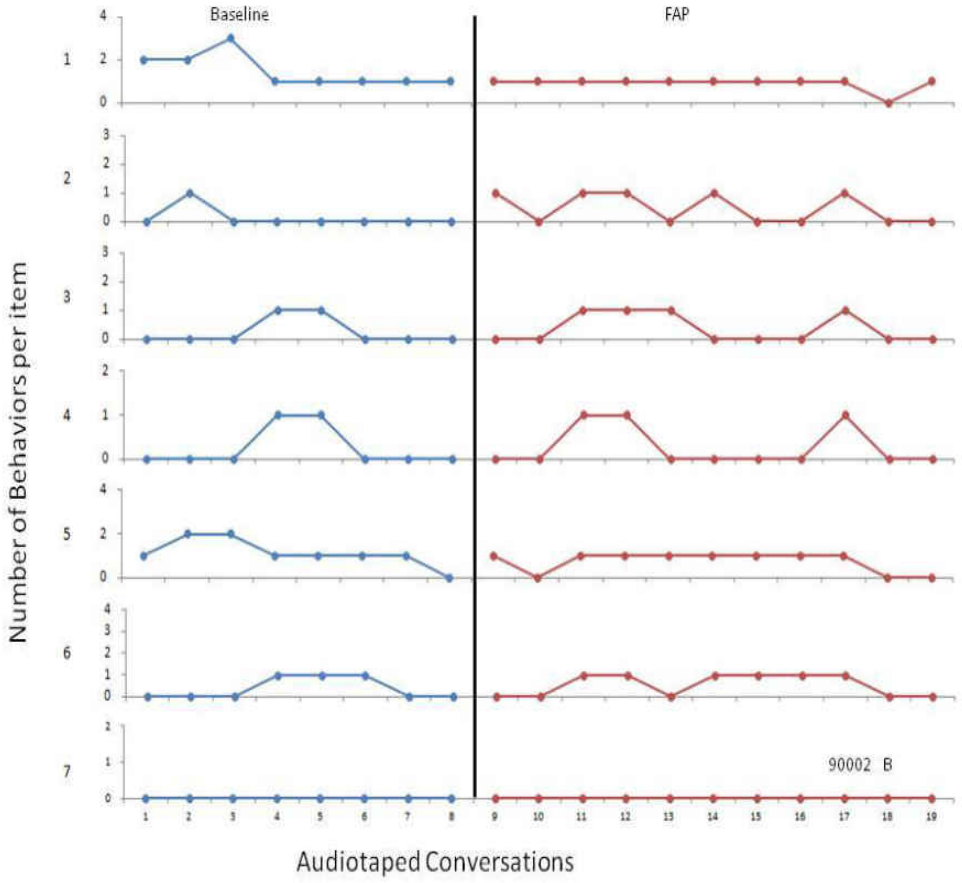

Figure 8. Audiotaped data for all audiotaped conversations throughout the study on all seven WIII behaviors for participant 90002B, Pete.

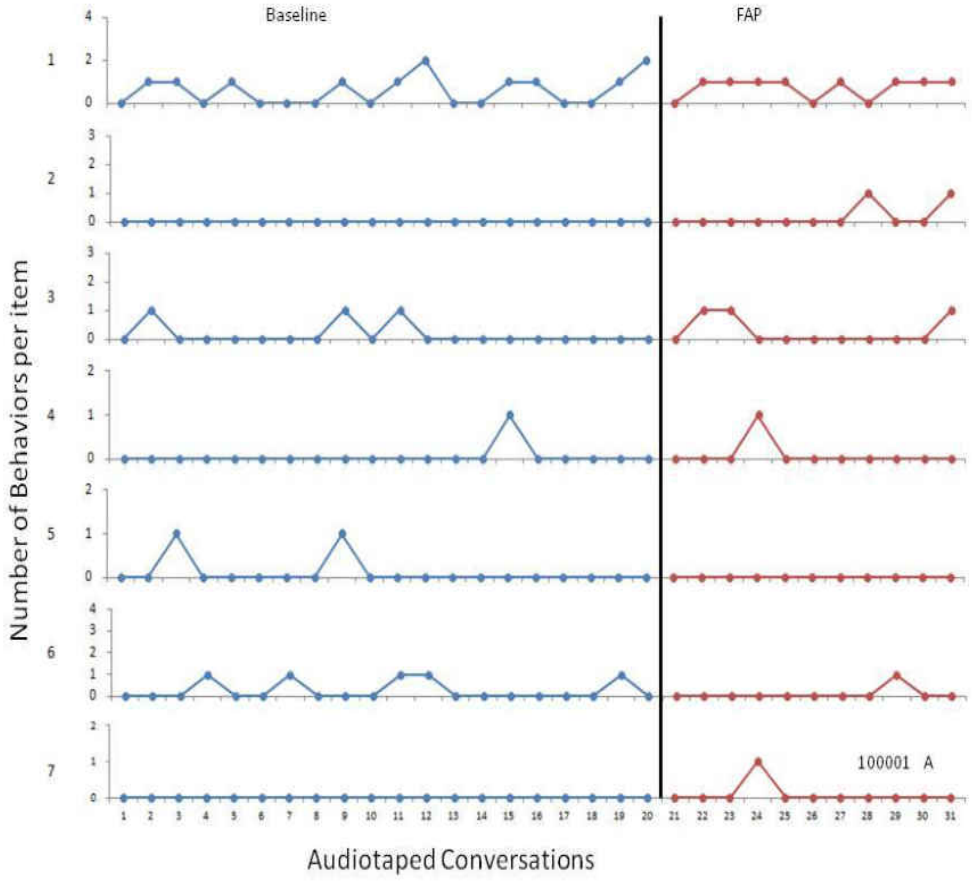

Figure 9. Audiotaped data for all audiotaped conversations throughout the study on all seven WIII behaviors for participant 100001A, Alice.

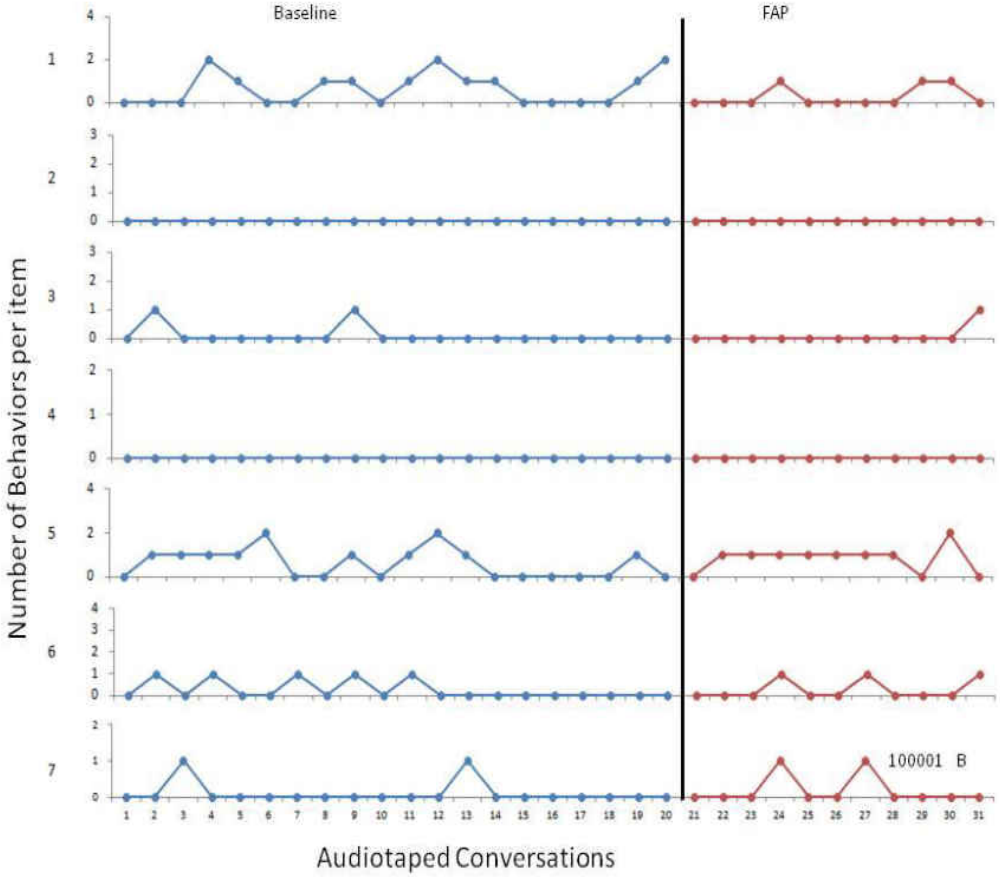

Figure 10. Audiotaped data for all audiotaped conversations throughout the study on all seven WIII behaviors for participant 100002B, Dana.

Appendix A

PARTNER A Form

Weeks Interpersonal Interaction Inventory

Page 1 of 3

Name: _____

Date:

		Mon /	Tues /	Wed /	Thurs /	Fri /	Sat /	Sun /
1	I initiated a personal and meaningful conversation with my partner.							
	How many of these interactions do you feel brought you closer together as a couple?							
2	I shared private thoughts and feelings with my partner that I had not shared in the past.							
	How many of these interactions do you feel brought you closer together as a couple?							
3	I said something to my partner that made me feel vulnerable.							
	How many of these interactions do you feel brought you closer together as a couple?							
4	I let my partner see me when I was not at my best.							
	How many of these interactions do you feel brought you closer together as a couple?							
5	I expressed my feelings to my partner directly.							
	How many of these interactions do you feel brought you closer together as a couple?							
6	I discussed something with my partner even though it made me feel uncomfortable.							
	How many of these interactions do you feel brought you closer together as a couple?							
7	Circle one for each day: Did you and your partner have a disagreement?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	If yes, continue below. if you had more than one disagreement, think of the disagreement that was the most upsetting when answering:							
	Were you able to remain calm during the disagreement?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Did your partner remain calm during the disagreement?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Did the disagreement become heated at any time?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Do you feel that both of your points-of-view were heard?	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Page 2 of 3

		Bring you closer?	Would you do it again?
1.	I initated a personal and meaningful conversation with my partner.		
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
2.	I shared private thoughts and feelings with my partner that I had not shared in the past.	Bring you closer?	Would you do it again?
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
3.	I said something to my partner that made me feel vulnerable	Bring you closer?	Would you do it again?
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
4.	I let my partner see me when I was not at my best.	Bring you closer?	Would you do it again?
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
5.	I expressed my feelings to my partner directly.	Bring you closer?	Would you do it again?
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
6.	I disclosed something important to my partner even though it made me feel uncomfortable.	Bring you closer?	Would you do it again?
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N
ex	_____	Y or N	Y or N

Date	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	/	/	/	/	/	/	/
How many minutes per day did you take to complete the WIII?							

Did you have any difficulties deciding if an interaction you and your partner had met criteria for a WIII interaction? Y or N

If yes, could you please tell us a little about it? _____

Did you feel that any of your interactions with your partner met criteria for more than one WIII interaction? Y or N

If yes, could you please tell us a little about it? _____

Did you find the WIII easy to use and understand? Y or N

If no, could you please tell us a little about that? _____

Any general feedback for us to use in the development of this questionnaire?

Feel free to use the back of this page for further details, comments, or suggestions. Your input is greatly appreciated!

Appendix B

Weeks Interpersonal Interaction Inventory

PARTNER A User's Manual

I. Introduction.

The Weeks Interpersonal Interaction Inventory (WIII) was created based on a review of individual treatment targets across a number of different psychotherapy clients in both individual and couple's therapy, as well as a literature review of common components of traditional couple's therapy. During that review a number of common themes came up across targets, and those themes have been fine-tuned into the seven behaviors tracked in the WIII.

Currently, the WIII is in its piloting stage, with the ultimate goal of using the WIII to track behaviors between partners in a romantic relationship when only one member of the relationship is receiving outpatient psychotherapy. This is where you come in! With your help in using the WIII and providing us feedback we can begin to use it in future research studies, and perhaps in clinical practice setting as well.

II. How to use it.

While it looks like a simple behavior tracking tool, there are a few key things to keep in mind when using the WIII on a daily basis.

1. Who should use it?

You'll notice that there are two different forms of the WIII: one for the Partner A and one for the partner. Both of these play very important roles in the study, and during your first meeting with the research administrator you will decide who will play which role.

When your roles are decided, you can write here who is who to help you keep track:

Partner A: _____ **Partner B: _____**

Once your roles have been determined it is important that you DO NOT SHARE OR DISCUSS your monitoring forms with each other at any time

throughout the duration of the study!! While it may be tempting to compare notes, or to confer with one another about an interaction that you may not remember clearly, or even to peek and see what your partner's perceptions of your interactions have been, you must resist such temptations! Keeping your monitoring forms and data separate is key in maintaining the integrity of this research. If you find that you really must know what you both documented, you can discuss this as a couple with the research administrator at the end of the study, and you can all schedule a time to discuss your WIII results together.

If you find you have a particularly difficult time in keeping your WIII responses or monitoring to yourself, or you find it to be too much of a challenge to keep from trying to peek at your partner's WIII, that is important information to us! Please document your thoughts, feelings, or details on a particular situation in which this came up in the comments section of the WIII (page 3) so we can keep this in mind for future studies.

2. Where to use it.

Since the WIII tracks interactions between you and your partner, it would be most effective to have the WIII on you at all times so that you can document those interactions immediately after they occur. However, we understand that this may not always be possible, and makes things like losing the WIII or spilling food on it, etc, more likely to occur. Most participants have found it easiest to keep the WIII somewhere in a specific spot that they can remember, especially if it is near an area where you will consistently be every day. Some common places have been on a bedside table, next to a chair in the living room, on the breakfast counter, or posted on the refrigerator. Remember, though, if you keep your WIII in a common area, it's a good idea to keep it inside the envelope we will provide you with so that your partner is not tempted to peek at your responses (and your partner should do the same so that you're not tempted to see what they wrote either).

Some couples have found it helpful to think of a place to keep their WIII on "Day One" and write it down here in the manual so they can easily keep track of it. Some couples have also found it helpful to make a formal promise between the two of them that neither partner will try to sneak a peek at the other partner's WIII. If you would like to try that you can do so here:

Partner A's WIII Spot:

_____

Partner B's WIII Spot:

_____

I hereby promise that I will not look at what my partner writes on his/her WIII forms. I understand that it is important both for the integrity of the research study, as well as the trust that my partner and I have in our relationship. I also understand that if both my partner and I want to discuss our WIII forms at a later time, we can do so at the end of the study.

Partner A: _____ Partner B: _____

3. When to use it.

Once you have decided on "where" - a particular place to keep your WIII – the "when" usually comes pretty easily. When are you typically in that location? For example, if you chose your bedside table as your WIII spot, then you could fill it out at the end of each day, just before you go to sleep. On the other hand, if your favorite chair in the living room is your WIII spot, then you could fill it out every evening between the commercial breaks while you're watching TV. If your WIII spot is in your daily planner then perhaps filling it out at the end of the day when you're looking over what your schedule will be like tomorrow is a good time. Essentially, whenever is a time that fits when you're already frequently at your WIII spot and will be easy to fold into your daily schedule.

It is of the utmost importance to **remember to complete your WIII daily**. It's much easier to remember things that happened earlier that afternoon, than, for example, to find yourself filling out the WIII on Wednesday night trying to remember a discussion you had with your partner on Sunday morning. In the space below, jot down what time of day you will both be completing your WIII forms. Also, some couples find it helpful to remind each other, while other couples do not. This is up to you, but if you do decide to remind each other, we have provided a space to work that out as well.

Partner A's WIII Time:

_____

Partner B's WIII Time:

_____

I _____would like my partner to remind me about the WIII, but only _____ times per day, and preferably in the morning/afternoon/evening/night.
Comments:_____
_____

I _____would like my partner to remind me about the WIII, but only _____ times per day, and preferably in the morning/afternoon/evening/night.
Comments:_____
_____

III. What are these behaviors and how do I know if they happened or not?

This is where things get a little bit tricky. Defining behaviors in a way that makes them consistent across couples can be difficult because every couple is different in how they relate to one another, what their stressors are both individually and as a pair, what their communication styles are, etc. To overcome this we have included a brief explanation of each WIII behavior, including some generic examples and non-examples as well as a place for you to write in examples and non-examples of your own.

While there are many similarities between the Partner A WIII and the Partner B WIII, they are also quite different. To compensate for that, there are two separate manuals, and it is at this point that the manuals diverge. . You, your partner and the research administrator will discuss both of them, and you are certainly welcome to read both, but pay particular attention to the manual relating to your WIII role, as that is what you will be completing over the next 4 weeks.

PAGE 1:

How many of these interactions do you feel brought you closer together as a couple? This question follows six of the seven WIII behaviors on both the Partner A and Partner B WIII, as a way to determine the outcome of your interaction, so it is best to keep it in mind as you review each WIII item. Whether or not an interaction or a discussion of a particular topic will bring you closer together is different for every relationship, and since you cannot discuss your WIII responses with your partner, you will have to decide the outcome of your

interactions based on how you felt, and how you *think* your partner felt, at the end of the interaction. As you come up with examples for each WIII item, it might help to draw an asterisk by the interactions that you think *would* bring you closer together. It is also good to discuss between the two of you what interactions and conversations in the past brought the two of you closer, as well as some of the big "turning point moments" in your relationship, to serve as guideposts for your WIII responses. If it helps to keep notes from that conversation, feel free to do so in the notes pages provided at the end of this manual.

1. **I initiated a personal and meaningful conversation with my partner.** This item is describing those moments we discuss our morals, values and deep beliefs with our partner. In some cases you may have been together for a long time and you both have a pretty good idea of each other's values, but you may be discussing them after seeing a movie, news report, or a conversation with other friends or family members that brought the topic to mind. In other cases, perhaps you are still a reasonably new relationship where you haven't yet shared all of your values and ideals with one another and a situation arises in which it feels appropriate to discuss them. Either way, those are the types of conversations that this WIII behavior is targeting.

   Here are some examples and non-examples that other couples have provided for WIII Item #1, with a space provided below where you and your partner can fill in your own examples.

Examples	Non-Examples
We talked about Robbie's brother leaving for Iraq.	We went to the mall and discussed Christmas presents.
After attending Dana's sister's funeral we discussed beliefs about death and the afterlife.	We talked about how each of our days went over dinner.
We discussed some of the challenges of being a two-career partnership.	We talked about our favorite colors, movies, foods, etc.

2. **I shared private thoughts and feelings with my partner that I had not shared in the past.** Even when you have been with a partner for years, there are still going to be things that come up from time to time that you haven't shared with your partner in the past. Perhaps it is simply a little story about your past that hasn't come up before, or, more in line with what we are getting at in this WIII behavior, perhaps you haven't mentioned it before because you're not sure how our partner might react to what you have to say, or you are afraid your partner might judge you because of it. It is a situation in which you feel like you are taking a bit of a risk, or leap, by finally saying this to your partner, and hopefully your partner will still accept you on the other side of that risk. It may even bring the two of you closer together (which we talked about earlier).

Examples	Non-Examples
I told my girlfriend how I feel about my body.	I told my partner how much I like it when he cleans the house.
I finally talked to my fiancé that I was worried about how we would make a living once we were married.	I told my boyfriend that I think he needs a haircut.
I talked to my girlfriend about moving in together.	I finally told my wife that those jeans do make her look fat.
I told my girlfriend that I was afraid of what would have to change in our relationship once she joined the military.	

3. **I said something to my partner even though it made me feel vulnerable.** This behavior is referring to something that has recently come up that you want to share with your significant other, but may be reluctant to do so for one reason or another. It can be something that you have discussed in the past or something which you know or suspect that you and your partner might not see eye to eye about, but to differentiate it from #2, it's NOT something that you've been *avoiding* telling your partner before, but still something that will feel like you're taking a bit of a risk, or leap, by being honest and open with your partner.

Examples	Non-Examples
I told him I worry about him when he's away.	Every day I tell my partner that I love him.
I told my boyfriend that I don't trust him	I walked over to his house alone so that

as much as I used to b/c of his recent actions.	we could go out for a few drinks together.
I admitted to my wife that I still get nervous before every big trial.	I skipped school to spend time with my wife.

4. **I let my partner see me when I was not at my best.** Your first thought, in reading this WIII behavior, might be that it is describing instances such as when your partner sees you when you're not fully dressed, first thing in the morning, or for those of you who wear it, when you haven't put on your make-up yet. That is not quite what we're going for here. Instead, try to think of instances where your "walls are down," for lack of a better way to describe it. Instances when you're not in complete control of your emotions, or when you're feeling a bit more vulnerable or less secure. For most people, there is a surface level of insecurity when you're not looking, or presenting yourself, quite the way you would like to, and a deeper level of insecurity when you're feeling frustrated, or upset, or you're in a situation when you're feeling hopeless or out of your comfort zone for a reason out of your control.

Examples	Non-Examples
My blood sugar dropped while my boyfriend was over and I let him help me even though I was embarrassed.	I let my boyfriend see me after I'd been at the gym and I was all sweaty and had no make-up on.
I was really upset after a conversation with my father, crying and stuff, and my girlfriend sat with me. She hadn't seen me cry before.	I let her spend the night and then she saw me in the morning with bed head and bad breath.

5. **I expressed my feelings to my partner directly.** This is referring to those instances when you have something you need to tell your partner that's not really

a big deal but you're tempted to take the "easy way out" by coming up with an indirect or passive way of expressing it. Instances when you want to "get out" of doing something with your partner but don't want to hurt their feelings about it. Whereas the previous WIII behaviors are discussing much more risky, value-driven interactions, this WIII item is referring to those normal, day-to-day things that go on between a couple where you may not be as excited about an activity as your partner (such as going shopping, having friends over for dinner, or watching a sports game), but you still willingly fully participate in the activity just to "go with the flow." On the other hand, there may be instances where a partner becomes aggressive or argumentative as a way to get out of doing the activity. Both of these approaches can be problematic. What we are looking for in this WIII item are appropriate, sensitive assertiveness with your partner in which you were direct about your feelings.

Examples	Non-Examples
I told my partner that I did not like it that she watches porn instead of just pretending I don't know.	I was annoyed he went to Madison without me.
I told my boyfriend that he should probably leave the apartment before my roommate came back, because it might make her feel uncomfortable.	I told my girlfriend it would be OK for her to go out with her friends, even though I wanted her to stay in. I told her afterwards that I was mad at her.
I told my partner that I don't like Lost all that much, and that I would prefer he watch it without me.	I told my girlfriend that I had homework to do so I wouldn't have to watch TV with her…again.

6. **I discussed something with my partner, even though it made me feel uncomfortable.** This final WIII behavior is discussing those instances when you're not taking a big risk in telling your partner something, and you're also not really trying to "get out" of something, but instead you are sharing something with your partner that makes you feel just a little bit uncomfortable to put out in the open but at the same time still trying to be considerate of your partner's feelings and opinions in expressing it,

Examples	Non-Examples
I told him about my parents and their unhappy marriage.	I told my boyfriend how I felt about his attitude.
I finally told my girlfriend that I really	I told my wife I didn't want to go to

don't like the way she makes sandwiches, even though she's been making them for me every day for the past month.	the movies with her and her friends.
I told my girlfriend that I ran into my ex yesterday and that she wants to go out to dinner sometime.	I told her I didn't want broccoli with dinner.

7. **Did you and your partner have a disagreement?** This WIII item is trying to capture how you and your partner are able to disagree, hear each other out, come to a compromise and make decisions as a couple. Unfortunately, that is a lot of information to capture with a frequency count, so we tried to use a few Yes/No questions through which we would like you to describe the most salient disagreement you've had that day. If you had no disagreements, simply circle "N" and move on to the next page. If you have had one disagreement, circle "Y" and continue to the rest of the Item 7 questions. If you have had more than one disagreement, continue to the rest of the Item 7 questions and answer them with the most emotional, or difficult disagreement in mind – usually this will be the first disagreement that comes to mind at the end of the day!

   Were you able to remain calm during the disagreement? Consider how calm you feel during the average, everyday, low-key conversation you have with your partner. Would you say that you were able to maintain that level of calmness during this disagreement? If so, circle "Y". However, even if you were slightly more agitated or upset during the disagreement than usual, it was not your normal level of calm, circle "N".

   Was your partner able to remain calm during the disagreement? This question is tricky, because it's asking you to do a bit of mind-reading, which we wouldn't normally recommend. However, you probably know your partner better than anyone else. So, compared to how calm your partner typically is during the average, everyday, low-key conversation, would you say that he/she maintained that level of calmness during your disagreement? If so, circle "Y". However, even if he/she was slightly

more agitated or upset during the disagreement than usual, it was not his/her normal level of calm, so circle "N".

Did the disagreement become heated at any time? How an argument looks when it has become "heated" is different for every couple. In some couples a heated argument involves raised voices, harsh language, and/or storming out of the room slamming the door behind you. For other couples a heated argument would instead involve "the silent treatment" or avoiding the topic of disagreement and possibly even each other for a period of hours or days. For some raised voices are an everyday occurrence. For others sarcasm or passive comments are more common…you get the point. There's no right way to resolve a disagreement and the only "wrong" way is through physical or verbal abuse. What is or is not "heated" for you is something you and your partner should discuss with the research administrator. Decide together what that looks and sounds like and jot down some notes so you can keep in mind what was discussed.

_____

_____

_____

For this item, circle "Y" if you feel the disagreement did become "heated" according to what that looks like for your relationship, and if it did not become heated, circle "N"

Do you feel that both of your points-of-view were heard? This item is another tricky one that might include a little bit of mind-reading on your part. Do you feel that, during the disagreement you have answered the previous questions about, your point of view was heard by your partner? Do you feel that your partner fully understood what your thoughts/concerns/feelings were on the topic about which you were disagreeing? This is not to say that simply you got your point out, but do you truly feel your partner heard and understood it?

Furthermore, do you feel that you fully heard and understood your partner's point of view? In many cases you might think "Oh, of course, I know what he was talking about ____." Or "Yeah, yeah, yeah, it's the same thing she always says about _____." But do you truly understand

what your partner's thoughts/concerns/feelings are on the topic? Only if you feel that **both** you and your partner heard **and** understood each other should you circle "Y" for this item. If you feel that only one of you was heard and understood, you would still circle "N" – it has to be both or none.

PAGE 2:

Page 2 of the WIII is a little easier than Page 1. Here you are simply describing WIII behaviors that you've already tallied on page one, by writing a quick sentence or two detailing what the interaction was like. We would like you to provide *at least* three examples of each of the WIII behaviors throughout the week (granted that at least three of each of the WIII behaviors occurred between you and your partner during the week). However, if you would like to provide more than three examples you're more than welcome to do so by attaching extra pages. There can never be too much detail!!

After each of the WIII examples you provide there will be two Y/N questions:

Bring you closer? This is a shortened repeat of the question following six of the WIII ➡ behaviors on Page 1 of the WIII (see the above). Here you can indicate whether the example you provided was of a WIII behavior that you indicated on Page 1 as being an interaction that brought you closer together as a couple or not.

Would you do it again? This is pretty self explanatory – since this example is a WIII behavior that you initiated with your partner, given how it ended would you do it again?

PAGE 3:

This page of the WIII is specifically for this pilot study to ask you questions about how long it took you to complete the WIII each day, if you had any difficulties figuring out which behaviors were and were not WIII items, how easy (or not easy) the WIII was to use, and any other feedback or comments you can give us. Like we said earlier, this is a new measure and we want to make it as efficient and

easy to use as possible while still giving us the great, detailed information about your relationship that we're looking for.

IV. WIII FAQ:

What if I didn't notice any WIII behaviors all week?

That's OK! It can certainly happen that you don't have an opportunity to engage in these WIII behaviors during the week, especially if you and your partner were not able to spend a lot of time together.

What if an interaction I had with my partner seems to fall under more than one WIII behavior?

This is a common problem. One way to decide which the behavior falls under is by thinking about how difficult, or risky, the behavior was to engage in. In general – the WIII items are ranked from the most interpersonally "risky" being #1 and #2, to the least "risky" being #6. This is not to say that engaging in more than one or another WIII item is better or worse, it's just a guideline for figuring out where the behavior you engaged in falls.

What if I noticed a bunch of WIII behaviors in one day, like over 10?

Awesome!! It's certainly possible to engage in quite a few WIII behaviors in one day, especially if it is a day in which you have a lot of heavy topics to talk about. However, if you see this happening multiple times in one week you might want to double-check the notes you made during your first meeting with the research administrator, and/or call them to make sure that your understanding of the WIII item(s) are still in line with what we're looking for.

What if I have questions during the study?

Give us a call! We would be more than happy to answer any questions you have at any time – we are here for you! Here is a space for you to write down your research administrator's name, phone number and email address so you can get in touch with him or her whenever you need to.

Research Administrator: _____

Phone number: _____

Email address: _____

Thank you again for participating in our research!!

Appendix C

PARTNER B Form

Weeks Interpersonal Interaction Inventory

Name: _____

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	Date:	/	/	/	/	/	/	/
1	My partner initiated a personal and meaningful conversation with me.							
	How many of these interactions do you feel brought you closer together as a couple?							
2	My partner shared private thoughts and feelings with me that he/she had not shared in the past.							
	How many of these interactions do you feel brought you closer together as a couple?							
3	My partner said something to me that I believe made him/her feel vulnerable.							
	How many of these interactions do you feel brought you closer together as a couple?							
4	My partner let me see him/her when he/she was not at his/her best.							
	How many of these interactions do you feel brought you closer together as a couple?							
5	My partner expressed his/her feelings to me partner directly.							
	How many of these interactions do you feel brought you closer together as a couple?							
6	My partner discussed something important with me even though I believe it made him/her feel uncomfortable.							
	How many of these interactions do you feel brought you closer together as a couple?							
7	Circle one for each day: Did you and your partner have a disagreement?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	If yes, continue below, if you had more than one disagreement, think of the disagreement that was the most upsetting when answering:							
	Were you able to remain calm during the disagreement?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Did your partner remain calm during the disagreement?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Did the disagreement become heated at any time?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Do you feel that both of your points-of-view were heard?	Y N	Y N	Y N	Y N	Y N	Y N	Y N

		Bring you closer?	Would you like it again?
1.	My partner initiated a personal and meaningful conversation with me.		
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
2.	My partner shared private thoughts and feelings with me that he/she had not shared in the past.	Bring you closer?	Would you like it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
3.	My partner said something to me that I believe made him/her feel vulnerable.	Bring you closer?	Would you like it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
4.	My partner let me see him/her when he/she was not at his/her best.	Bring you closer?	Would you like it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
5.	My partner expressed his/her feelings to me partner directly.	Bring you closer?	Would you like it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
6.	My partner disclosed something important to me even though I believe it made him/her feel uncomfortable.	Bring you closer?	Would you like it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N

Date	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	/	/	/	/	/	/	/
How many minutes per day did you take to complete the WIII?							

Did you have any difficulties deciding if an interaction you and your partner had met criteria for a WIII interaction? Y or N

If yes, could you please tell us a little about it? _____

Did you feel that any of your interactions with your partner met criteria for more than one WIII interaction? Y or N

If yes, could you please tell us a little about it? _____

Did you find the WIII easy to use and understand? Y or N

If no, could you please tell us a little about it? _____

Any general feedback for us to use in the development of this questionnaire?

Feel free to use the back of this page for further details, comments, or suggestions. Your input is greatly appreciated!

Appendix D

Weeks Interpersonal Interaction Inventory

Partner B User's Manual

I. Introduction.

The Weeks Interpersonal Interaction Inventory (WIII) was created based on a review of individual treatment targets across a number of different psychotherapy clients in both individual and couple's therapy, as well as a literature review of common components of traditional couple's therapy. During that review a number of common themes came up across targets, and those themes have been fine-tuned into the seven behaviors tracked in the WIII.

Currently, the WIII is in its piloting stage, with the ultimate goal of using the WIII to track behaviors between partners in a romantic relationship when only one member of the relationship is receiving outpatient psychotherapy. This is where you come in! With your help in using the WIII and providing us feedback we can begin to use it in future research studies, and perhaps in clinical practice setting as well.

V. How to use it.

While it looks like a simple behavior tracking tool, there are a few key things to keep in mind when using the WIII on a daily basis.

1. Who should use it?

You'll notice that there are two different forms of the WIII: one for the Partner A and one for the Partner B. Both of these play very important roles in the study, and during your first meeting with the research administrator you will decide who will play which role.
When your roles are decided, you can write here who is who to help you keep track:

Partner A: _____ **Partner B: _____**

Once your roles have been determined it is important that you DO NOT SHARE OR DISCUSS your monitoring forms with each other at any time throughout the duration of the study!! While it may be tempting to compare notes, or to confer with one another about an interaction that you may not remember clearly, or even to peek and see what your partner's perceptions of your interactions have been, you must resist such temptations! Keeping your monitoring forms and data separate is key in maintaining the integrity of this

research. If you find that you really must know what you both documented, you can discuss this as a couple with the research administrator at the end of the study, and you can all schedule a time to discuss your WIII results together.

If you find you have a particularly difficult time in keeping your WIII responses or monitoring to yourself, or you find it to be too much of a challenge to keep from trying to peek at your partner's WIII, that is important information to us! Please document your thoughts, feelings, or details on a particular situation in which this came up in the comments section of the WIII (page 3) so we can keep this in mind for future studies.

2. Where to use it.

Since the WIII tracks interactions between you and your partner, it would be most effective to have the WIII on you at all times so that you can document those interactions immediately after they occur. However, we understand that this may not always be possible, and makes things like losing the WIII or spilling food on it, etc, more likely to occur. Most participants have found it easiest to keep the WIII somewhere in a specific spot that they can remember, especially if it is near an area where you will consistently be every day. Some common places have been on a bedside table, next to a chair in the living room, on the breakfast counter, or posted on the refrigerator. Remember, though, if you keep your WIII in a common area, it's a good idea to keep it inside the envelope we will provide you with so that your partner is not tempted to peek at your responses (and your partner should do the same so that you're not tempted to see what they wrote either).

Some couples have found it helpful to think of a place to keep their WIII on "Day One" and write it down here in the manual so they can easily keep track of it. Some couples have also found it helpful to make a formal promise between the two of them that neither partner will try to sneak a peek at the other partner's WIII. If you would like to try that you can do so here:

Partner A's WIII Spot:

_____

Partner B's WIII Spot:

_____

I hereby promise that I will not look at what my partner writes on his/her WIII forms. I understand that it is important both for the integrity of the research study, as well as the trust that my partner and I have in our relationship. I also

understand that if both my partner and I want to discuss our WIII forms at a later time, we can do so at the end of the study.

Partner A: _____ Partner B: _____

3. When to use it.

Once you have decided on "where" - a particular place to keep your WIII – the "when" usually comes pretty easily. When are you typically in that location? For example, if you chose your bedside table as your WIII spot, then you could fill it out at the end of each day, just before you go to sleep. On the other hand, if your favorite chair in the living room is your WIII spot, then you could fill it out every evening between the commercial breaks while you're watching TV. If your WIII spot is in your daily planner then perhaps filling it out at the end of the day when you're looking over what your schedule will be like tomorrow is a good time. Essentially, whenever is a time that fits when you're already frequently at your WIII spot and will be easy to fold into your daily schedule.

It is of the utmost importance to **remember to complete your WIII daily**. It's much easier to remember things that happened earlier that afternoon, than, for example, to find yourself filling out the WIII on Wednesday night trying to remember a discussion you had with your partner on Sunday morning. In the space below, jot down what time of day you will both be completing your WIII forms. Also, some couples find it helpful to remind each other, while other couples do not. This is up to you, but if you do decide to remind each other, we have provided a space to work that out as well.

Partner A's WIII Time:

_____

Partner B's WIII Time:

_____

I _____would like my partner to remind me about the WIII, but only _____ times per day, and preferably in the morning/afternoon/evening/night.
Comments:_____

I _____would like my partner to remind me about the WIII, but only _____ times per day, and preferably in the morning/afternoon/evening/night.
Comments:_____

VI. What are these behaviors and how do I know if they happened or not?

This is where things get a little bit tricky. Defining behaviors in a way that makes them consistent across couples can be difficult because every couple is different in how they relate to one another, what their stressors are both individually and as a pair, what their communication styles are, etc. To overcome this we have included a brief explanation of each WIII behavior, including some generic examples and non-examples as well as a place for you to write in examples and non-examples of your own.

While there are many similarities between the Partner A WIII and the Partner B WIII, they are also quite different. To compensate for that, there are two separate manuals, and it is at this point that the manuals diverge. You, your partner and the research administrator will discuss both of them, and you are certainly welcome to read both, but pay particular attention to the manual relating to your WIII role, as that is what you will be completing over the next 4 weeks.

PAGE 1:

➡ ***How many of these interactions do you feel brought you closer together as a couple?*** This question follows six of the seven WIII behaviors on both the Partner A and Partner B WIII, as a way to determine the outcome of your interaction, so it is best to keep it in mind as you review each WIII item. Whether or not an interaction or a discussion of a particular topic will bring you closer together is different for every relationship, and since you cannot discuss your WIII responses with your partner, you will have to decide the outcome of your interactions based on how you felt, and how you *think* your partner felt, at the end of the interaction. As you come up with examples for each WIII item, it might help to draw an asterisk by the interactions that you think *would* bring you closer together. It is also good to discuss between the two of you what interactions and conversations in the past brought the two of you closer, as well as some of the big "turning point moments" in your relationship, to serve as guideposts for your WIII responses. If it helps to keep notes from that conversation, feel free to do so in the notes pages provided at the end of this manual.

8. **My partner initiated a personal and meaningful conversation with me..** This item is describing those moments when your partner discusses their morals, values and deep beliefs with you. In some cases the two of you may have been

together for a long time and you both have a pretty good idea of each other's values, but your partner may have been prompted to discuss something after seeing a movie, news report, or a conversation with other friends or family members that brought the topic to his or her mind. In other cases, perhaps you are in a reasonably new relationship where you haven't yet shared all of your values and ideals with one another and a situation arises in which your partner felt it was an appropriate time to discuss them. Either way, those are the types of conversations that this WIII behavior is targeting.

Here are some examples and non-examples that other couples have provided for WIII Item #1, with a space provided below where you and your partner can fill in your own examples.

Examples	Non-Examples
We talked about Robbie's brother leaving for Iraq.	We went to the mall and discussed Christmas presents.
After attending Dana's sister's funeral we discussed beliefs about death and the afterlife.	We talked about how each of our days went over dinner.
We discussed some of the challenges of being a two-career partnership.	We talked about our favorite colors, movies, foods, etc.

9. **My partner shared private thoughts and feelings with me that he/she had not shared in the past.** Even when you have been with a partner for years, there are still going to be things that your partner has not yet shared with you. It may simply be a story about his or her past that hasn't come up before. More in line with what we are getting at in this WIII behavior, however, are topics your partner had not mentioned before because he or she was not sure how you might react, or perhaps was afraid you might judge them because of it. This would be a situation in which your partner is taking a bit of a risk, or leap, by finally saying this to you, and hoping you will still accept him or her on the other side of that risk. It may even bring the two of you closer together (which we talked about earlier).

Examples	Non-Examples
My partner told me how he feels about his body.	My partner told me how much she likes it when I clean.

My fiancé told me she was worried about how we would make a living once we were married.	My girlfriend told me I need a haircut.
My boyfriend brought up moving in together.	My partner told me that these jeans do make me look fat
My partner said she was afraid we would have to change our relationship once she joined the military.	

10. **My partner said something to me that I believe made him/her feel vulnerable.** This behavior is referring to something that your partner has wanted to share with you, but may have been reluctant to do so for one reason or another. It can be something that your partner has discussed with you in the past or something which your partner knows or suspects that the two of you don't see eye to eye about. To differentiate it from #2, it's NOT something that your partner was *avoiding* telling you, but still something that feels like he or she was taking a bit of a risk, or leap, by being honest and open with you and broaching the topic.

Examples	Non-Examples
My girlfriend told me she worries about me when I'm away.	Every day my partner tells me she loves me.
My partner told me that he doesn't trust me as much as he used to b/c of my recent actions.	She walked to my house alone so that we could go out for a few drinks together.
My boyfriend told me he still gets nervous before every big trial.	My husband skipped school to spend time with me.

11. **My partner let me see him/her when he/she was not at his/her best.** Your first thought, in reading this WIII behavior, might be that it is describing instances such as when you see your partner when he or she is not fully dressed, first thing in the morning, or for those who wear it, without make-up on. That is not quite

what we're going for here. Instead, try to think of instances where your partner's "walls are down," for lack of a better way to describe it. Instances when your partner is not in complete control of his or her emotions, or when he or she may be feeling a bit more vulnerable or less secure. For most people, there is a surface level of insecurity when one is not looking, or presenting oneself, quite the way one would like to, and a deeper level of insecurity from feeling frustrated, or upset, for example, when they are in a situation that seems hopeless.

Examples	Non-Examples
My girlfriend's blood sugar dropped and I could tell she was embarrassed, but she still let me help her get juice and take care of her.	My girlfriend let me come over after she'd been at the gym and was all sweaty with no make-up on.
My boyfriend was really upset after a conversation with his father. Like even crying and stuff, which I've never seen him do before, and he let me sit with him and we talked about it.	My partner spent the night and then she saw me in the morning with bed head and bad breath.

12. **My partner expressed his/her feelings to me partner directly..** This is referring to those instances when your partner tells you something that wasn't really a big deal but they may have been tempted to take the "easy way out" by coming up with an indirect or passive way of expressing it. Instances when your partner may want to "get out" of doing something with you, but also doesn't want to hurt your feelings about it either. Whereas the previous WIII behaviors are discussing much more risky, value-driven interactions, this WIII item is referring to those normal, day-to-day things that go on between a couple where your partner may not be as excited about an activity as you (such as going shopping, having friends over for dinner, or watching a sports game), but your partner may still willingly fully participate in the activity just to "go with the flow." On the other hand, there may be instances where some individuals will become aggressive or argumentative as a way to avoid the activity. Both of these approaches can be problematic. What we are looking for in this WIII item are

appropriate, sensitive assertiveness from your partner in which he or she was direct with you about his or her feelings.

Examples	Non-Examples
My partner told me that he doesn't like it that I watch porn, finally, instead of just pretending that she doesn't know.	She was annoyed I went to Madison without her.
My girlfriend told me I should probably leave the apartment before her roommate came back, so it wouldn't make her feel uncomfortable.	My girlfriend said it would be OK to go out with my friends, even though she wanted me to stay in. Only afterwards I found out she was mad at me.
My partner said that she doesn't like Lost all that much, and she would prefer I watch it without her.	My partner told me he has homework to do, but I really think he just didn't want to watch TV with me.

13. **My partner discussed something important with me even though I believe it made him/her feel uncomfortable.** This final WIII behavior is discussing those instances when your partner isn't taking a big risk in telling your something or even trying to "get out" of something, but instead your partner is sharing something with you that makes him or her feel just a little bit uncomfortable to put out in the open while at the same time trying to be considerate of your feelings and opinions in expressing it,

Examples	Non-Examples
She told me about her parents and their unhappy marriage.	My girlfriend told me how she feels about my attitude.
My boyfriend told me that he really doesn't like the way I makes sandwiches, even though I've been fixing them in his lunch every day for the past month.	My husband told me he doesn't want to go to the movies with my friends and me.
My partner told me she ran into her ex yesterday and that she wants to go out to dinner with her sometime to catch up.	My partner said she didn't want broccoli with dinner.

14. **Did you and your partner have a disagreement?** This WIII item is trying to capture how you and your partner are able to disagree, hear each other out, come to a compromise and make decisions as a couple. Unfortunately, that is a lot of information to capture with a frequency count, so we tried to use a few Yes/No questions through which we would like you to describe the most salient disagreement you've had that day. If you had no disagreements, simply circle "N" and move on to the next page. If you have had one disagreement, circle "Y" and continue to the rest of the Item 7 questions. If you have had more than one disagreement, continue to the rest of the Item 7 questions and answer them with the most emotional, or difficult disagreement in mind – usually this will be the first disagreement that comes to mind at the end of the day!

    Also, it's important to note that when thinking about disagreement, this is one item on the WIII in which it does not matter whether you or your partner initiated the interaction. Simply document the occurrence of any disagreements, however they came up.

    Were you able to remain calm during the disagreement? Consider how calm you feel during the average, everyday, low-key conversation you have with your partner. Would you say that you were able to maintain that level of calmness during this disagreement? If so, circle "Y". However, even if you were slightly more agitated or upset during the disagreement than usual, it was not your normal level of calm, circle "N".

    Was your partner able to remain calm during the disagreement? This question is tricky, because it's asking you to do a bit of mind-reading, which we wouldn't normally recommend. However, you probably know your partner better than anyone else. So, compared to how calm your partner typically is during the average, everyday, low-key conversation, would you say that he/she maintained that level of calmness during your disagreement? If so, circle "Y". However, even if he/she was slightly more agitated or upset during the disagreement than usual, it was not his/her normal level of calm, so circle "N".

Did the disagreement become heated at any time? How an argument looks when it has become "heated" is different for every couple. In some couples a heated argument involves raised voices, harsh language, and/or storming out of the room slamming the door behind you. For other couples a heated argument would instead involve "the silent treatment" or avoiding the topic of disagreement and possibly even each other for a period of hours or days. For some voices may not become "raised' but there is a qualitative difference in the tone you are using with one another. For others sarcasm or passive comments are more common…you get the point. There's no right way to resolve a disagreement and the only "wrong" way is through physical or verbal abuse. What is or is not "heated" for you is something you and your partner should discuss with the research administrator. Decide together what that looks and sounds like and jot down some notes so you can keep in mind what was discussed.

_____

_____

_____

_____

For this item, circle "Y" if you feel the disagreement did become "heated" according to what that looks like for your relationship, and if it did not become heated, circle "N"

Do you feel that both of your points-of-view were heard? This item is another tricky one that might include a little bit of mind-reading on your part. Do you feel that, during the disagreement you have answered the previous questions about, your point of view was heard by your partner? Do you feel that your partner fully understood what your thoughts/concerns/feelings were on the topic about which you were disagreeing? This is not to say that simply you got your point out, but do you truly feel your partner heard and understood it?

Furthermore, do you feel that you fully heard and understood your partner's point of view? In many cases you might think "Oh, of course, I know what he was talking about ____.**"** Or "Yeah, yeah, yeah, it's the same thing she always says about _____." But do you truly understand what your partner's thoughts/concerns/feelings are on the topic? Only if you feel that **both** you and your partner heard **and** understood each other

should you circle "Y" for this item. If you feel that only one of you was heard and understood, you would still circle "N" – it has to be both or none.

PAGE 2:

Page 2 of the WIII is a little easier than Page 1. Here you are simply describing WIII behaviors that you've already tallied on page one, by writing a quick sentence or two detailing what the interaction was like. We would like you to provide *at least* three examples of each of the WIII behaviors throughout the week (granted that at least three of each of the WIII behaviors occurred between you and your partner during the week). However, if you would like to provide more than three examples you're more than welcome to do so by attaching extra pages. There can never be too much detail!!

After each of the WIII examples you provide there will be two Y/N questions:

Bring you closer? This is a shortened repeat of the question following six of the WIII ➡ behaviors on Page 1 of the WIII (see the above). Here you can indicate whether the example you provided was of a WIII behavior that you indicated on Page 1 as being an interaction that brought you closer together as a couple or not.

Would you like it again? This is pretty self explanatory – since this example is a WIII behavior that your partner initiated with you, given how it ended would you want your partner to do it again in the future, or would you rather they tried a different approach next time?

PAGE 3 & 4:

This page of the WIII is specifically for this pilot study to ask you questions about how long it took you to complete the WIII each day, if you had any difficulties figuring out which behaviors were and were not WIII items, how easy (or not easy) the WIII was to use, and any other feedback or comments you can give us. Like we said earlier, this is a new measure and we want to make it as efficient and easy to use as possible while still giving us the great, detailed information about your relationship that we're looking for.

WIII FAQ:

What if I didn't notice any WIII behaviors all week?

That's OK! It can certainly happen that your partner didn't have an opportunity to engage in these WIII behaviors during the week, especially if the two of you were not able to spend a lot of time together.

What if an interaction my partner had with me seems to fall under more than one WIII behavior?

This is a common problem. One way to decide which the behavior falls under is by thinking about how difficult, or risky, the behavior might have been for your partner to initiate. In general – the WIII items are ranked from the most interpersonally "risky" deep discussions being #1 and #2, to the least "risky" being #6. This is not to say that if your partner seems to initiate more of one or another type of WIII item it's better or worse, this is just a guideline for figuring out where the behavior your partner initiated falls.

What if I noticed my partner initiated a bunch of WIII behaviors in one day, like over 10?

Awesome!! It's certainly possible for your partner to initiate quite a few WIII behaviors in one day, especially if it is a day in which the two of you had a lot of heavy topics to talk about and were able to spend a lot of time together. However, if you see this happening multiple times in one week you might want to double-check the notes you made during your first meeting with the research administrator, and/or call them to make sure that your understanding of the WIII item(s) as your partner is initiating them is still in line with what we're looking for.

What if I have questions during the study?

Give us a call! We would be more than happy to answer any questions you have at any time – we are here for you! Here is a space for you to write down your research administrator's name, phone number and email address so you can get in touch with him or her whenever you need to.

Research Administrator: _____

Phone number: _____

Email address: _____

Thank you again for participating in our research!!

Appendix E

Manualized FAP Intervention
(Page 1 of 2)

1. Discuss FIBS behaviors in general – basic review of previous weeks' data.

2. Out-to-in Parallel
    - Does that ever happen in here?
    - Is that the same as when you and I have a disagreement?
    - Do I make you feel that way as well.
    - Do you see me as similar to your partner?
        - If client does not report any of the same feelings with the experimenter discuss how things are different during the study sessions and how the client can arrange for outside relationships to be more like therapy.

3. Evoke FIBS behaviors in-vivo
    - Are you feeling that way right now?
    - Given there is this parallel between what happens with your partner and what happens with me, is there anything you can do differently with me?
    - Right now? Can you do something different?

4. Block & Evoke FIBS Behaviors
    - Block avoidance behaviors (such as changing the topic) even if it means being aversive to the client.
        - Need to assess for effect
        - Block sensitively
        - Think in terms of shaping.
    - No? How about if you asked me for something?
    - No? I'm sure there must be something…
    - How about if you think about it for a minute?
    - This may be difficult, but I'd like to push you a little here. I'm sure you can come up with something.

5. Reinforce desired FIBS behaviors.
    - I'd be happy to do that for you (give client what he/she wants)
    - That really helps me feel closer, more connected to you
    - Knowing that brings up tender feelings for you
        - Amplify feelings
    - Do nothing (but do it well)
        - Become present

Manualized FAP Intervention
(Page 2 of 2)

6. Assess effect on client
    - Don't rush into this, it could be your avoidance!
    - How was that for you?
    - When I responded to you in that way, how did you feel?
    - Do you think my response made it more likely for you to do what you did again, or less likely?

7. Functional Description
    - I think this is important, so I just want to point out what just happened…You were upset that I am going out of town, you asked me for something, I responded positively, and now you feel better, is that right?
    - Antecedent…behavior…consequence
    - Help client generate the functional description

8. In-to-out Parallel
    - Let's go back to where we started. You said that this situation was similar to what happens with your partner?
    - What if you tried what you just did with me with your partner?
    - Is it possible he/she would respond positively as well?

Appendix F

BACKGROUND INFORMATION SHEET

INSTRUCTIONS: The following questions ask about you, your background, and your present relationship. Some of the questions may seem personal. Please answer the questions as best as you can. If you don't know the answer, write "don't know." You can decline to answer questions that make you uncomfortable. As described in the consent form, this information will be kept confidential and will be used for research purposes only. Your partner will *not* see your responses to this questionnaire.

1. Sex: male or female *(please circle one)*

2. Age:_____

3. Ethnicity *(please check the appropriate choice(s))*
   a. _____African American
   b. _____Asian American; *please specify*_____
   c. _____Hispanic
   d. _____European American/Caucasian
   e. _____Native American
   f. _____Biracial/multiracial/other; *please specify*:_____

4. Years of education:_____ (graduated high school = 12; 1st year in college = 13, and so on)

5. Are you currently enrolled in college? *(if no, skip to #6)*_____

   a. Are you currently enrolled full-time or part-time?_____

   b. Name of current college attending:_____

6. Are you currently employed? *(if no, skip to # 7)*_____

   a. What is your current job title & company? _____

   b. Are you currently employed full-time or part-time? _____

   c. Number of hours currently working for income per week:_____

7. Place of birth:
   State_____ Country_____ Setting: Urban, Rural, or Suburban? _____

8. Place you were primarily raised:
   State_____ Country_____ Setting: Urban, Rural, or Suburban? _____

9. What percentage of funding for your education and living expenses comes from the following sources (please make sure percentages add up to 100%):

_____parents/relatives
_____spouse/partner
_____own income
_____scholarships/loans
_____other *(please specify)* _____

10. What was the socioeconomic level of your household while you were growing up? *(please check one)*

_____Lower income
_____Lower middle income
_____Middle income
_____Upper middle income
_____Upper income

These Items pertain to your FATHER or father figure.

11. a) Ethnicity *(please check the appropriate choice(s))*

_____African American
_____Asian American; *please specify*_____
_____Hispanic
_____European American/Caucasian
_____Native American
_____Biracial/multiracial/other; *please specify*:_____

b) Born in the United States? Yes No *(please circle one)*

These questions pertain to your MOTHER, or mother figure

12. a) Ethnicity *(please check the appropriate choice(s))*

_____African American
_____Asian American; *please specify*_____
_____Hispanic
_____European American/Caucasian
_____Native American
_____Biracial/multiracial/other; *please specify*:_____

b) Born in the United States? Yes No *(please circle one)*

13. Please check the marital status of your parents:

_____Never married
_____Married; number of years_____
_____Separated; *your age* at separation_____
_____Divorced; *your age* at divorce_____
_____Widowed; *your age* at the time_____
_____Your *father* is remarried; *your age* at the time_____
_____Your *mother* is remarried; *your age* at the time_____
_____ Other situation relating to your parents' marital status (please explain)_____

_____

b) As best as you can recall, how happy was your parents' relationship, overall?

____Hardly happy at all, or unhappy
____Not too happy
____Somewhat happy
____Very happy
____Extremely happy

14. Indicate the religion in which you were primarily raised, if any (e.g., Baptist, Protestant, Buddhist, Catholic, Jewish, etc.)._____

15. Indicate your current religious affiliation, if any:_____

16. _____Using the 1-5 scale below, how religious would you say you are?

Not at all religious		Moderately religious		Extremely religious
1	2	3	4	5

17. Check the status of your current relationship – you may check more than one option if appropriate:

_____ Regular dating
_____ Exclusive dating
_____ Planning marriage or formally engaged
_____ Committed relationship, but not married or engaged
_____ Married *date of marriage:* _____
_____ Other *please specify:* _____

18. How long have you and your partner known each other? _____
(years/months)

19. How long have you been romantically involved with your partner? _____ *(years/months)*

20. Please check which best describes your current living situation with your partner:
    _____living together full-time
    _____living together part-time (how many nights per week?_____)
    _____not living together

21. If you and your partner are not currently living together, have you ever lived together in the past?
    Yes No *(please circle one)*

22. How many days/hours each week do you and your partner spend together?_____

23. About how much time do you and your partner talk during an average week? *(please check one)*
    ____Less than 30 minutes
    ____30 minutes to an hour
    ____1-2 hours
    ____3-5 hours
    ____6-10 hours
    ____More than 10 hours

24. How much do you and your partner discuss your future as a couple/family? *(Please circle one number)*

    0 1 2 3 4 5 6
    Not at all A lot

25. How committed is your relationship? *(Please circle one number)*

    0 1 2 3 4 5 6
    Not at all A lot

26. Are you and your partner in love? Yes No Don't Know (*please circle one)*

27. About how frequently have you and your partner had sexual intercourse **over the past 6 months**?
(*please check one)*
____We have never had physical/sexual contact
____We haven't had any physical/sexual contact in the past 6 months, but have in the past
____We have had physical/sexual contact, but not intercourse
____Less than 6 times in the past 6 months
____ Every 2-3 months
____ Once a month
____Twice a month
____Weekly
____Twice a week
____Every other day
____Once a day or more

28. If you are not married, do you and your partner talk about marriage? Yes No N/A *(please circle one)*

29. Before your present partner, have you been in an exclusive relationship with someone for 6 months or longer? Yes No (please circle one) ; if yes, how many relationships?_____

30. Do you have children *with your present partner*? Yes No *(please circle one)*

    a. Ages of children:_____

31. Do you have children *with a previous partner*? Yes No *(please circle one)*

    a. Ages of children:_____

32. Have you ever been divorced? Yes No *(please circle one)*
    a. If yes, how many times? _____

33. Are you and your partner currently receiving therapy or counseling for relationship problems?
    Yes No *(please circle one)*

34. Have you and your partner ever sought therapy or counseling for relationships problems in the past?
    Yes No *(please circle one)*

35. Are you currently receiving any mental health treatment, including therapy, counseling, psychiatric care, or pharmacotherapy?
    Yes No *(please circle one)*

36. (a)How often have you pushed, grabbed, shoved, hit or slapped your partner? *(please check one)*

____Never
____Once
____Twice
____3-5 times
____6-10 times
____11-20 times
____More than 20 time

36 (b). Why did you push, grab, shove, hit or slap your partner? *(please check one)*

____I was angry or frustrated
____To hurt my partner
____To protect or defend myself
____Other *please specify:*_____
____Not applicable

37. If there has been physical aggression in your relationship, how long has it been since one of you has pushed, grabbed, shoved or hit the other?

_____

38. Have you ever had, or are you no having an affair? *(please check all that apply)*

____Yes, currently ____Yes, in the past ____No

39. If you are married or living with your partner, please check your gross household income. If you are neither married to nor living with your partner, or if you do not know your partner's income, please check your own personal income, and indicate which income you are reporting.

Household Income__ Personal Income__

__Less than 10,000 per year
__More than 10,000; less than 30,000
__More than 30,000; less than 50,000
__More than 50,000; less than 70,000
__More than 70,000; less than 90,000
__More than 90,000; less than 100,000
__More than 100,000

40. Is there anything else about your background or relationship you would like to mention that we didn't ask about?

_____
_____
_____
_____
_____

Appendix G

BSI-53

INSTRUCTIONS
Below is a list of problems people sometimes have. Please read each one carefully. After you have done so, please circle one of the numbers that best describes **HOW MUCH DISCOMFORT THAT PROBLEM HAS CAUSED YOU DURING THE PAST WEEK INCLUDING TODAY.**

Circle only one number for each problem and do not skip any items. If you change your mind, erase your first mark carefully.

HOW MUCH WERE YOU DISTRESSED BY:

1. Nervousness or shakiness inside. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

2. Faintness or dizziness. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

3. The idea that someone else can control your thoughts. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

4. Feeling others are to blame for most of your troubles. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

HOW MUCH WERE YOU DISTRESSED BY:

5. Trouble remembering things. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

6. Feeling easily annoyed or irritated. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

7. Pains in heart or chest. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

8. Feeling afraid in open spaces. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

9. Thoughts of ending your life. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

10. Feeling that most people cannot be trusted. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

HOW MUCH WERE YOU DISTRESSED BY:

11. Poor appetite. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

12. Suddenly scared for no reason. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

13. Temper outbursts that you could not control. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

14. Feeling lonely even when you are with people. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

15. Feeling blocked in getting things done. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

16. Feeling lonely. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

HOW MUCH WERE YOU DISTRESSED BY:

17. Feeling blue. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

18. Feeling no interest in things. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

19. Feeling fearful. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

20. Your feelings being easily hurt. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

21. Feeling that people are unfriendly or dislike you. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

22. Feeling inferior to others. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

HOW MUCH WERE YOU DISTRESSED BY:

23. Nausea or upset stomach. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

24. Feeling that you are watched or talked about by others. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

25. Trouble falling asleep. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

26. Having to check and double check what you do. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

27. Difficulty in making decisions. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

28. Feeling afraid to travel on buses, subways, or trains. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

HOW MUCH WERE YOU DISTRESSED BY:

29. Trouble getting your breath. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

30. Hot or cold spells. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

31. Having to avoid certain things, places, or activities because they frighten you. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

32. Your mind going blank. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

33. Numbness or tingling in parts of your body. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

34. The idea that you should be punished for your sins. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

HOW MUCH WERE YOU DISTRESSED BY:

35. Feeling hopeless about the future. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

36. Trouble concentrating. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

37. Feeling weak in parts of your body. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

38. Feeling tense or keyed up. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

39. Thoughts of death or dying. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

40. Having urges to beat, injure, or harm someone. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

HOW MUCH WERE YOU DISTRESSED BY:

41. Having urges to break or smash things. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

42. Feeling very self-conscious with others. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

43. Feeling uneasy in crowds. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

44. Never feeling close to another person. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

45. Spells of terror or panic. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

46. Getting into frequent arguments. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

HOW MUCH WERE YOU DISTRESSED BY:

47. Feeling nervous when you are left alone. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

48. Others not giving you proper credit for your achievements. (Choose oneNot at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely

49. Feeling so restless you could not sit still. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

50. Feelings of worthlessness. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

51. Feeling that people will take advantage of you if you let them. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

52. Feelings of guilt. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

HOW MUCH WERE YOU DISTRESSED BY:

53. The idea that something is wrong with your mind. (Choose one)
Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

Appendix H

The AUDIT

The next set of questions is about your drinking behavior. Please circle the answer that is correct for you. Remember, the information you give us is **completely confidential**.

For the following questions: **1 drink = 12 oz. Beer = 1 can**
4 oz. Wine, or
1 oz. Liquor = 1 shot

1. How often do you have a drink containing alcohol?

Never **Monthly or less** **Two to four times a month** **Two to three times a week** **Four or more times a week**

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

0 **1 or 2** **3 or 4** **5 or 6** **7 to 9** **10 or more**

3. How often do you have six or more drinks on one occasion?

Never **Monthly or less** **Two to four times a month** **Two to three times a week** **Four or more times a week**

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never **Monthly or less** **Two to four times a month** **Two to three times a week** **Four or more times a week**

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never **Monthly or less** **Two to four times a month** **Two to three times a week** **Four or more times a week**

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never **Monthly or less** **Two to four times a month** **Two to three times a week** **Four or more times a week**

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never **Monthly or less** **Two to four times a month** **Two to three times a week** **Four or more times a week**

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week

9. Have you or someone else been injured as a result of your drinking?

No	Yes, but not in the last year	Yes, during the last year

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No	Yes, but not in the last year	Yes, during the last year

Appendix I

The DAST

Circle YES or NO to answer the following questions:

1. **YES** **NO** Have you used drugs other than those required for medical reasons?
2. **YES** **NO** Have you abused prescription drugs?
3. **YES** **NO** Do you abuse more than one drug at a time?
4. **YES** **NO** Can you get through the week without using drugs (other than those required for medical reasons)?
5. **YES** **NO** Are you always able to stop using drugs when you want to?
6. **YES** **NO** Do you abuse drugs on a continuous basis?
7. **YES** **NO** Do you try to limit your drug use to certain situations?
8. **YES** **NO** Have you had "blackouts" or "flashbacks" as a result of drug use?
9. **YES** **NO** Do you ever feel bad about your drug abuse?
10. **YES** **NO** Does your spouse (or parents) ever complain about your involvement with drugs?
11. **YES** **NO** Do your friends or relatives know or suspect you abuse drugs?
12. **YES** **NO** Has drug abuse ever created problems between you and your spouse?
13. **YES** **NO** Has any family member ever sought help for problems related to drug use?
14. **YES** **NO** Have you ever lost friends because of your use of drugs?
15. **YES** **NO** Have you ever neglected your family or missed work because of your use of drugs?
16. **YES** **NO** Have you ever been in trouble at work because of drug abuse?
17. **YES** **NO** Have you ever lost a job because of drug abuse?
18. **YES** **NO** Have you gotten into fights when under the influence of drugs?
19. **YES** **NO** Have you ever been arrested because of unusual behavior while under the influence of drugs?
20. **YES** **NO** Have you ever been arrested for driving while under the influence of drugs?
21. **YES** **NO** Have you engaged in illegal activities in order to obtain drugs?

22. **YES** **NO** Have you been arrested for possession of dangerous drugs?
23. **YES** **NO** Have you ever experienced withdrawal symptoms as a result of heavy drug intake?
24. **YES** **NO** Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?
25. **YES** **NO** Have you ever gone to anyone for help for a drug problem?
26. **YES** **NO** Have you ever been in a hospital for medical problems related to drug use?
27. **YES** **NO** Have you ever been involved in a treatment program specifically related to drug care?
28. **YES** **NO** Have you been treated as an out-patient for problems related to drug use?

Appendix J

DYADIC ADJUSTMENT SCALE

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always Agree	Almost Always Agree	Occa-sionally Disagree	Fre-quently Disagree	Almost Always Disagree	Always Disagree
1. Handling family finances	5	4	3	2	1	0
2. Matters of recreation	5	4	3	2	1	0
3. Religious matters	5	4	3	2	1	0
4. Demonstrations of affection	5	4	3	2	1	0
5. Friends	5	4	3	2	1	0
6. Sex relations	5	4	3	2	1	0
7. Conventionality (correct or proper behavior)	5	4	3	2	1	0
8. Philosophy of life	5	4	3	2	1	0
9. Ways of dealing with parents or in-laws	5	4	3	2	1	0
10. Aims, goals, and things believed important	5	4	3	2	1	0
11. Amount of time spent together	5	4	3	2	1	0
12. Making major decisions	5	4	3	2	1	0
13. Household tasks	5	4	3	2	1	0
14. Leisure time interests and activities	5	4	3	2	1	0
15. Career decisions	5	4	3	2	1	0
	All the time	Most of the time	More often than not	Occa-sionally	Rarely	Never
16. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	0	1	2	3	4	5
17. How often do you or your mate leave the house after a fight?	0	1	2	3	4	5
18. In general, how often do you think that things between you and your partner are going well?	5	4	3	2	1	0
19. Do you confide in your mate?	5	4	3	2	1	0
20. Do you ever regret that you married? (*or lived together*)	0	1	2	3	4	5
21. How often do you and your partner quarrel?	0	1	2	3	4	5
22. How often do you and your mate "get on each other's nerves?"	0	1	2	3	4	5

	Every Day	Almost Every Day	Occa-sionally	Rarely	Never
23. Do you kiss your mate?	4	3	2	1	0
	All of them	Most of them	Some of them	Very few of them	None of them
24. Do you and your mate engage in outside interests together?	4	3	2	1	0

How often would you say the following events occur between you and your mate?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
25. Have a stimulating exchange of ideas	0	1	2	3	4	5
26. Laugh together	0	1	2	3	4	5
27. Calmly discuss something	0	1	2	3	4	5
28. Work together on a project	0	1	2	3	4	5

These are some things about which couples sometimes agree and sometime disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Check yes or no)

	Yes	No	
29.	0	1	Being too tired for sex.
30.	0	1	Not showing love.

31. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

32. Which of the following statements best describes how you feel about the future of your relationship?

5 I want desperately for my relationship to succeed, and *would go to almost any length* to see that it does.

4 I want very much for my relationship to succeed, and *will do all I can* to see that it does.

3 I want very much for my relationship to succeed, and *will do my fair share* to see that it does.

2 It would be nice if my relationship succeeded, but *I can't do much more than I am doing* now to help it succeed.

1 It would be nice if it succeeded, but I *refuse to do any more than I am doing* now to keep the relationship going.

0 My relationship can never succeed, and *there is no more that I can do* to keep the relationship going.

Appendix K

LOCKE-WALLACE MARITAL ADJUSTMENT TEST

1. Circle the dot on the scale line which best describes the degree of happiness, everything considered, of your present relationship. The middle point, "Happy," represents the degree of happiness which most people get from their relationships, and the scale gradually ranges on one side to those few who are very unhappy in their relationships to those few who experience extreme joy or felicity in their relationships.

• • • • • • •

Very Unhappy Happy Perfectly Happy

2. On the following items, please state the approximate extent of agreement or disagreement between you and your partner. Please check one column for each item.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
Handling finances						
Matters of recreation						
Demonstrations of affection						
Friends						
Sexual Relations						
Conventionality *(right, good, proper conduct)*						
Philosophy of life						

Ways of dealing with relatives						

(Continue to more questions on back) ➲

For the following items, please CHECK the response which best answers the question.

3. When disagreements arise, they usually result in:
   ____ Your giving in
   ____ Your partner giving in
   ____ Agreement by mutual give and take

4. Do you and your partner engage in outside interests together?
   ____ All of them
   ____ Some of them
   ____ Very few of them
   ____ None of them

5. In leisure time, do you generally prefer:
   ____ To be "on the go"
   ____ To stay at home

6. Does your partner generally prefer:
   ____ To be "on the go"
   ____ To stay at home

7. Do you confide in your partner?
   ____ Almost never
   ____ Rarely
   ____ In most things
   ____ In everything

Answer the following questions only if you are married to, or planning to marry, your partner.

8. Do you ever wish you had not married your partner (or planned marriage)?
   ____ Frequently
   ____ Occasionally
   ____ Rarely
   ____ Never

9. If you had your life to live over, do you think you would:
   ____ Marry (or plan to marry) your current partner

____ Marry (or plan to marry) a different person
____ Not marry (or plan to marry) at all

Appendix L

Consider the list of issues below that most all relationships must face. Please rate how much of a problem each area is in your relationship by writing a number from **0 (not at all a problem)** to **100 (a severe problem)**.

For example: if "children" were somewhat of a problem and have been for 3 years, you might enter "25" next to "children" under "How Severe?" and "36" under "How Long?".
If "children" were not a problem in your relationship, you might enter a "0" under "How Severe?" and "0" under "How Long?".
If "children" were a big problem – something you and your partner disagree on frequently – and this has been for several years, you might enter "90" under "How Severe?" and "72+" under "How Long?".

	How Severe? *0-100*	How Long? *months*
Money	_____	_____
Communication	_____	_____
In-laws (relatives)	_____	_____
Sex	_____	_____
Religion	_____	_____
Recreation	_____	_____
Friends	_____	_____
Alcohol and drugs	_____	_____
Children	_____	_____
Jealousy	_____	_____
Careers	_____	_____
Household tasks	_____	_____

Now, how do you predict your spouse will respond?

For each of those same areas, rate how severe ***your spouse*** would believe them to be, and for how long:

	How Severe? *0-100*	How Long? *months*
Money	_____	_____
Communication	_____	_____
In-laws (relatives)	_____	_____
Sex	_____	_____
Religion	_____	_____
Recreation	_____	_____
Friends	_____	_____
Alcohol and drugs	_____	_____
Children	_____	_____
Jealousy	_____	_____
Careers	_____	_____
Household tasks	_____	_____

Appendix M

PARTNER A Form

AUDIOTAPED INTERACTION INVENTORY

Name: _____ Date:

		#1 Topic:	#2 Topic:	#3 Topic:
1	**I initiated a personal and meaningful conversation with my partner.**			
	How many of these interactions do you feel brought you closer together as a couple?			
2	**I shared private thoughts and feelings with my partner that I had not shared in the past.**			
	How many of these interactions do you feel brought you closer together as a couple?			
3	**I said something to my partner that made me feel vulnerable.**			
	How many of these interactions do you feel brought you closer together as a couple?			
4	**I let my partner see me when I was not at my best.**			
	How many of these interactions do you feel brought you closer together as a couple?			
5	**I expressed my feelings to my partner directly.**			
	How many of these interactions do you feel brought you closer together as a couple?			
6	**I discussed something with my partner even though it made me feel uncomfortable.**			
	How many of these interactions do you feel brought you closer together as a couple?			
7	Circle one for each day: **Did you and your partner have a disagreement?**	Y N	Y N	Y N
	If yes, continue below, if you had more than one disagreement, think of the disagreement that was the most upsetting when answering:			
	Were you able to remain calm during the disagreement?	Y N	Y N	Y N
	Did your partner remain calm during the disagreement?	Y N	Y N	Y N
	Did the disagreement become heated at any time?	Y N	Y N	Y N
	Do you feel that both of your points-of-view were heard?	Y N	Y N	Y N

		Bring you closer?	Would you do it again?
	1. I initated a personal and meaningful conversation with my partner.		
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
	2. I shared private thoughts and feelings with my partner that I had not shared in the past.	Bring you closer?	Would you do it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
	3. I said something to my partner that made me feel vulnerable	Bring you closer?	Would you do it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
	4. I let my partner see me when I was not at my best.	Bring you closer?	Would you do it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
	5. I expressed my feelings to my partner directly.	Bring you closer?	Would you do it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
	6. I disclosed something important to my partner even though it made me feel uncomfortable.	Bring you closer?	Would you do it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N

Appendix N

PARTNER B Form

AUDIOTAPED INTERACTION INVENTORY

Page 1 of 2

Name: _____

Date:

		#1 Topic:	#2 Topic:	#3 Topic:
1	**My partner initiated a personal and meaningful conversation with me.**			
	How many of these interactions do you feel brought you closer together as a couple?			
2	**My partner shared private thoughts and feelings with me that he/she had not shared in the past.**			
	How many of these interactions do you feel brought you closer together as a couple?			
3	**My partner said something to me that I believe made him/her feel vulnerable.**			
	How many of these interactions do you feel brought you closer together as a couple?			
4	**My partner let me see him/her when he/she was not at his/her best.**			
	How many of these interactions do you feel brought you closer together as a couple?			
5	**My partner expressed his/her feelings to me partner directly.**			
	How many of these interactions do you feel brought you closer together as a couple?			
6	**My partner discussed something important with me even though I believe it made him/her feel uncomfortable.**			
	How many of these interactions do you feel brought you closer together as a couple?			
7	Circle one for each day: **Did you and your partner have a disagreement?**	Y N	Y N	Y N
	If yes, continue below, if you had more than one disagreement, think of the disagreement that was the most upsetting when answering:			
	Were you able to remain calm during the disagreement?	Y N	Y N	Y N
	Did your partner remain calm during the disagreement?	Y N	Y N	Y N
	Did the disagreement become heated at any time?	Y N	Y N	Y N
	Do you feel that both of your points-of-view were heard?	Y N	Y N	Y N

Page 2 of 2

		Bring you closer?	Would you like it again?
	1. My partner initiated a personal and meaningful conversation with me.		
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
	2. My partner shared private thoughts and feelings with me that he/she had not shared in the past.	Bring you closer?	Would you like it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
	3. My partner said something to me that I believe made him/her feel vulnerable.	Bring you closer?	Would you like it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
	4. My partner let me see him/her when he/she was not at his/her best.	Bring you closer?	Would you like it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
	5. My partner expressed his/her feelings to me partner directly.	Bring you closer?	Would you like it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
	6. My partner disclosed something important to me even though I believe it made him/her feel uncomfortable.	Bring you closer?	Would you like it again?
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N
ex		Y or N	Y or N

Appendix O


Earn up to $280!
Participate in Research on Couple's Therapy!
Interpersonal Interactions in Romantic Relationships Study
We're looking for heterosexual or LGB couples who have been living together for at least 6 months.
Find out if you're eligible by calling in!
If eligible, you'll be asked to complete questionnaires* You'll be paid $30 for completing them even if you're not eligible to participate in the full study!
In the full 10 week-study, couples will be asked to:
Track daily interactions
Complete before & after questionnaires
Audiotape 3 conversations each week
Meet before & after with the relationship coach
1 partner (randomly chosen) will meet weekly with the coach
Get FREE relationship coaching AND payment for assessments!!!
*Not everyone who calls in will be eligible to complete questionnaires and/or earn money.
Earn up to $280 per couple!
For more info:
414-229-5078
Interpersonal Interactions in Romantic Relationships Research Study 414-229-5078

Appendix P

FAP Conceptualization and Treatment Plan for 9000 (Bobbie)

Relevant History:

- Female, in her 50's, Married
- Works as a Special Ed Mentor – teaches new Special Ed teachers how to handle that population of kids. Really loves her job.
- Staunch democrat – has very strong feelings about our governor (who doesn't?)
- Very active. Enjoys "playing" : going to concerts (fav. Band for her and her husband: Gogol Bordello – gypsy punk or something like that), travelling, camping, etc.
- Dealing with arthritis which has worsened since getting cellulitis after a trip to Prague with her husband last year, at which time she became less active and has gained some weight.
- From a large family, grew up on a farm in Wisconsin, lots of physical, sexual and emotional abuse in her childhood.

Daily Life Problems:

- Due to arthritis sex with husband is painful now. Resistant to go to gyno because doesn't want to have to go to yet another doctor and has little hope that the doctor will be able to help her. Also reports low interest in sex now.
- Has a wonderful relationship with her husband but misses having a close girl friend. States that she lost a lot of friends after she stopped drinking regularly, and that those friends weren't that great of friends to begin with. Loneliness became more of a problem after her sister died a few years ago – she and her sister were very close.

Problematic Beliefs:

- "I'm broken"
- Tries to push her husband away because she doesn't want him to have to slow down for her and her physical illnesses.

Assets and Strengths:

- Highly intelligent – has an understanding of behavioral principles.
- Well-travelled and cultured.
- Youthful spirit.

CRB1s (Clinically Relevant Behaviors—in-session problematic behaviors and thoughts:

- Can be very boisterous when talking – almost in a way to shock or get a rise out of the person she is talking to. Lots of joking and laughing, but it keeps people at a distance. Kind of like her personality/joking is a suit of armor that protects her from getting close to others, even though getting close to others is

exactly what she wants to happen.
- Resistance to discussing the therapy relationship

CRB2s (Clinically Relevant Behaviors—in-session target behaviors and improvements):

- Engaging in conversation without jokes and boisterousness.
- Sharing difficult stories about childhood and life.
- Allowing herself to be vulnerable with the therapist – showing emotion, sharing how the therapeutic relationship is effecting her.

Daily Life Goals (O2s – based on target WIII items):

- Saying things even though she feels vulnerable saying them.
- Allowing others to see her when she is "not at her best" (emotional).

T1s (Therapist in-session problems):

- Joking along with client – not pointing out her behaviors' effect on the therapeutic relationship.
- Allowing client to control session direction and topic.

T2s (Therapist in-session target behaviors):

- Interrupting client when appropriate.
- Bringing attention to the therapy relationship.
- Pointing out when client is joking or saying/doing things that may distance her from others.

Appendix Q

FAP Conceptualization and Treatment Plan for 10000
Relevant History: • Female, in her 20's, lesbian in a Committed Partnership • Student at UWM working on a degree in mediation. • Works part time at an eyeglasses shop
Daily Life Problems: • Mother is currently having legal problems for illegal use of prescription drugs • Partner is having trouble with her family, gets numerous calls from her Mom, Dad and Sister each day and is taking it out on 1000
Problematic Beliefs: • "If I just get through right now it will all be fine" • Refuses to talk about problems because it will make her emotional – prefers to just pretend it's not happening to get through.
Assets and Strengths: • Intelligent • Cares deeply for her partner • Friendly, bubbly personality
CRB1s (Clinically Relevant Behaviors—in-session problematic behaviors and thoughts): • Not talking about things that are stressful in life – refusing to talk about possible outcomes of mother's legal situation, refusing to talk about the effect of her partner's family problems on their romantic relationship, etc.
CRB2s (Clinically Relevant Behaviors—in-session target behaviors and improvements): • Sharing concerns about what is going on in her life • Actually discussing possible negative future events. • Allowing herself to be vulnerable with the therapist – showing emotion, sharing how the therapeutic relationship is effecting her.
Daily Life Goals (O2s – based on target WIII items): • Saying things even though she feels vulnerable saying them. • Allowing others to see her when she is "not at her best" (emotional).
T1s (Therapist in-session problems): • Joking along with client – not pointing out her behaviors' effect on the therapeutic relationship. • Allowing client to avoid discussing difficult topics. **T2s (Therapist in-session target behaviors):** • Bringing attention to the therapy relationship. • Pointing out when client is avoiding difficult topics and redirecting to things that the client doesn't want to talk or think about.

CRISTAL ELIZABETH WEEKS, MS

Former Surname: Elwood

FORMAL EDUCATION

Internship: **Southwest Consortium Predoctoral Psychology Internship,** Albuquerque, NM
Expected Completion: June, 2013

MS **University of Wisconsin-Milwaukee**, Milwaukee, WI
Program: Clinical Psychology, APA Accredited
Degree Awarded: December, 2009

MS **Florida State University,** Tallahassee, FL
Program: Psychology, ABAI Accredited
Degree Awarded: August, 2005

BA **University of South Florida,** Tampa, FL
Major/Minor: Psychology/Music Performance
Degree Awarded: August, 2002

CLINICAL & RESEARCH INTERESTS

- Application of Empirically Supported Interventions in veteran populations.
- Couples and families.
- Posttraumatic Stress Disorder in women and veterans.
- Understanding the mechanism of change in psychotherapy.

CLINICAL EXPERIENCE

7/12 - Prese **Psychology Intern,** Southwest Consortium Predoctoral Psychology Internship

nt Program Director: Evelyn Sandeen, PhD

7/12 – 12/12 - ***Women's Stress Disorder Treatment Team***

Raymond G. Murphy VA Medical Center, Albuquerque, NM

Supervisors: Diane Castillo, PhD, and Janet CdeBaca, PhD

Duties: Conducted assessments and provided treatment to female veterans with sexual, combat, and other adult and childhood traumas. Treatment consisted of individual and group Evidence-Based Psychotherapies for PTSD. Groups included an introductory support group (PsychEd) and other structured groups (Focus—prolonged exposure, Cognitive Processing Behavioral Skills, and Sexual Intimacy). Individual therapy experiences included PE, CPT,and mindfulness-based therapy.

7/12 – 12/12 - ***Family Psychology Program***

Raymond G. Murphy VA Medical Center, Albuquerque, NM

Supervisor: Lorraine Torres-Sena, PhD

Duties: Provided assessment and treatment services to couples and families, conceptualizing and treating the family process through the application of general systems theory. Evidence-Based Therapies including Integrative Behavioral Couples Therapy (IBCT) and Functional Family Therapy (FFT) as well as Structured Approach Therapy (SAT) which is currently being researched as a couples-based treatment for individuals with PTSD.

1/13 – 6/13 - ***Consultation & Liaison Service***

University of New Mexico Hospital, Albuquerque, NM

Supervisor: Janet Robinson, PhD

Duties: Provide psychological consultation to psychiatry attending and corresponding medical teams as part of a multidisciplinary C&L team; conducting bedside psychosocial interviews for medically-ill patients to assess for suicidality, homicidality, decisional capacity, delirium, and psychiatric diagnosis.

1/13 – 6/13 - ***Acoma-Canoncito-Laguna Hospital***

Indian Health Service, Acomita, NM

Supervisor: Lynn Abeita,PhD

Duties: Located in a rural Native American setting treating children, families, and adults. Conduct assessments and treatment services in an outpatient clinic, serve as

consultant to other health care professionals at the hospital, and negotiate boundary and other ethical issues for a rural Native population.

9/10 - 5/12 **Therapy Supervisor,** University of Wisconsin-Milwaukee Psychology Clinic

Supervisors: Jonathan Kanter, PhD
Shawn Cahill, PhD
Robyn Ridley, PhD

Duties: Supervised junior graduate students conducting Behavioral Activation, Cognitive Behavioral Therapy, General Supportive Therapy, Prolonged Exposure, Exposure and Response Prevention, and Functional Analytic Psychotherapy as part of their required therapy practicum.

6/10 - 2/12 **Research Therapist,** UWM Depression Treatment Specialty Clinic

Funded by: John and Lynn Schieck Research Award in Behavior Analysis
Awarded to David Baruch, MS

Supervisor: Jonathan Kanter PhD

Duties: Conducted therapy as part of a study evaluating a stepped Behavioral Activation treatment for individuals with Major Depressive Disorder or Dysthymia and participated in weekly treatment development and supervision meetings.

5/09 - 5/11 **Practicum Therapist,** Center for Behavioral Medicine, Brookfield, WI

Supervisor: Joan Russo, PhD

Duties: Conducted diagnostic assessments for individuals with co-morbid Axis I and II disorders, including testing of executive functioning in clients to determine capacity for treatment following ECT. Co-Facilitated DBT skills groups with males and females with diagnoses ranging from complex co-morbid Axis I and II disorders to “simple” major depression, schizo-affective disorder, anxiety, substance abuse, eating disorders, medical problems, etc. as well as a “Stage Two” group with individuals working on maintenance and generalization of skills previously acquired. Conducted individual DBT treatment and treatment for a client preparing for bariatric surgery .

6/08 - 6/09 **Assistant to Clinic Director,** University of Wisconsin-Milwaukee Psychology Clinic

Supervisor: Jonathan Kanter, PhD

Duties: Conducted intake evaluations, assigned clients to junior therapists according to fit, met with junior therapists for supervision on clinic protocols, participated in campus outreach: National Depression Screening Day, and Eating Disorder Screenings.

9/08 - 6/09 **Practicum Therapist,** University of Wisconsin-Milwaukee Psychology Clinic

Supervisors: Jonathan Kanter PhD
Shawn Cahill, PhD
Robyn Ridley, Phd

Duties: Conducted individual therapy sessions with clients with a range of Axis I and Axis II disorders utilizing Cognitive Behavioral Therapy, Behavioral Activation, Functional Analytic Psychotherapy, General Supportive Therapy, Integrative Behavioral Couples Therapy, and Dialectical Behavior Therapy treatment modalities.

9/07 - 9/08 **Practicum Assessor,** University of Wisconsin-Milwaukee Psychology Clinic

Supervisors: David Osmon, PhD, ABPP-CN
Bonnie Klein-Tasman, PhD

Duties: Administered, scored, and interpreted objective measures of intelligence, achievement, personality and memory with adults and children; prepared integrated assessment reports; provided feedback to clients and their families.

11/04 - 7/06 **Behavior Analyst,** Univ. of Florida: Behavior Analysis Services Program

Supervisor: Keven Shock, MS, BCBA

Duties: Covered seven counties in rural northwest Florida teaching parenting classes to foster, adoptive, and biological parents; developing and implementing behavioral intervention plans for children with problem behavior; conducted staff trainings in foster homes; and participated in Specialized Therapeutic Foster Care Meetings for the district.

SELECTED WORKSHOPS GIVEN

Kanter, J. W., & **Weeks, C.E.** *A Functional Approach to Outpatient Behavioral Activation for Adults with Depression.* Workshop conducted for the 35th Annual Association for Behavior Analysis International Convention, May, 2009, Phoenix, AZ.

Kanter, J.W., Brown-Popp, K.R., Busch, A.M., Rusch, L.C., Manos, R., **Weeks, C.E.**, & Bowe, W. *A Functional Approach to Behavioral Activation in Adult Depression.* Professional workshop presented at the annual meeting of the Association for Behavior Analysis, May 23, 2008, Chicago, IL.

Kanter, J. W., Busch, A. M., **Weeks, C. E.**, Bowe, W. M., & Baruch D. E. *Behavioral Activation for Depression*. Professional workshop presented at Aurora Behavioral Health, February 22, 2008, Milwaukee, WI.

RESEARCH EXPERIENCE

1/09 - 5/12 **Principle Investigator ,** UWM Depression Treatment Specialty Clinic

Funded by: John and Lynn Schiek Research Award in Behavior Analysis
Awarded to **Cristal E. Weeks**

Supervisor: Jonathan Kanter, PhD

Duties: Created and trained specific tracking measure to investigate the mechanism of change in Functional Analytic Psychotherapy, and utilized a coding system to investigate the in-vivo processes occurring in each session.

1/09 - 8/11 **Trained Process Coder,** UWM Depression Treatment Specialty Clinic

Funded by: John and Lynn Schieck Research Award in Behavior Analysis
Awarded to Laura Rusch, MS

Supervisor: Jonathan Kanter, PhD

Duties: Used a behavioral therapy coding system to improve understanding of how the therapeutic relationship influenced treatment outcomes.

3/08 - 12/09 **Research Assessor,** UWM Depression Treatment Specialty Clinic with Aurora Health, WI
Supervisors: Jonathan Kanter, PhD
Andrew Busch, PhD
Duties: Conducted pre- and post-treatment phone assessments for a trial investigating the efficacy and ease of dissemination of Behavioral Activation to master's level community therapists.

11/07 - 5/08 **Research Assessor,** UWM Depression Treatment Specialty Clinic
Supervisor: Jonathan Kanter, PhD
Sara J. Landes, PhD
Duties: Conducted pre- and post-treatment diagnostic assessments for a trial investigating outcome and process variables in treatment of individuals with comorbid depression and personality disorders.

MASTER'S THESIS

Masters Defended June, 2009
Creation of a measure for use in an analogue study of the mechanism of change in behavior therapy
Created a daily behavior tracking measure, administered it to a sample of undergraduate psychology students and assessed its criterion, content, and construct validity.

PUBLICATIONS

PEER-REVIEWED

Weeks, C. E., Kanter, J. W., Bonow, J. T., Landes, S. J., & Busch, A. M. (in press). Translating the Theoretical into Practical: A Logical Framework of Functional Analytic Psychotherapy Interactions for Research, Training and Clinical Purposes. *Behavior Modification.*

Rusch, L. C., Kanter, J. W., Brondino, M. J., **Weeks, C. E.,** & Bowe, W. M. (2010).

Biomedical stigma reduction programs produce negative but transient effects on a depressed low-income community sample. *Journal of Social and Clinical Psychology, 29*, 1020-1030.

Busch, A. M, Callaghan, G. M., Kanter, J. W., Baruch, D. E. & **Weeks, C. E.** (2010). The Functional Analytic Psychotherapy Rating Scale: Replication and extension. *Journal of Contemporary Psychotherapy, 40(1),* 11-19.

Busch, A. M., Kanter, J. W., Callaghan, G. M., Baruch, D. E., **Weeks, C. E**., & Berlin, K. S. (2009). A micro-process analysis of Functional Analytic Psychotherapy's mechanism of change. *Behavior Therapy, 40,* 280-290.

Rusch, L. C., Manos, R. M., Kanter, J. W., & **Weeks, C. E.** (2008). Depression stigma in a predominantly low income African American sample with elevated depressive symptoms. *Journal of Nervous and Mental Disease, 196,* 919-922.

Kanter, J. W., Busch, A. M., **Weeks, C. E.**, & Landes, S. J. (2008). The nature of clinical depression: Symptoms, syndromes, and behavior analysis. *The Behavior Analyst, 31*(1).

Elwood, C.E., Lloyd, L., Morris, D., Tofte, A., & Zandecki, M. (2005) Increasing Pre-Designated Drivers: An extension of a prompt and incentive intervention package. *OBM Network Newsletter, 19(3).* 9-12.

Elwood, C.E., Poythress, N.G., & Douglass, K.S. (2004). Evaluation of the Hare P-Scan in a non-clinical population. *Personality and Individual Differences*, *36*(4), 833-843.

MANUSCRIPTS UNDER REVIEW

Landes, S.J., Kanter, J.W., **Weeks, C.E.,** & Busch, A.M. The immediate effect of contingent responding on target variables in Functional Analytic Psychotherapy. Current Status: Submitted July, 2012.

BOOK CHAPTERS

Kohlenberg, R. J., Kanter, J. W., Tsai, M., & **Weeks, C. E.** (2010). Functional Analytic Psychotherapy and Cognitive Behavioral Therapy. In Kanter, J. W., Tsai, M., & Kohlenberg, R. J. (Eds.), *The Practice of Functional Analytic Psychotherapy*. New York, NY: Springer.

Kanter, J.W., **Weeks, C.E**., Bonow, J.T., Landes, S.J., Callaghan, G.M., & Follette, W.C. (2009). Assessment and Case Conceptualization. In Tsai, M., Kohlenberg, R. J., Kanter, J. W., Kohlenberg, B., Follette, W. C., & Callaghan, G. M. (Eds.), A Guide to FAP: Using Awareness, Courage, Love and Behaviorism. New York, NY: Springer.

PRESENTATIONS

SYMPOSIA

Weeks, C. E., & Kanter, J. W. (May, 2010). Tracking idiographic behaviors in clinical outpatient therapy: How will the Journal of Applied Behavior Analysis accept us? In David D. Cotter (chair) *Measuring Function and Change*. Symposium presented at the 36th Annual Convention of the Association for Behavior Analysis International, San Antonio, TX.

Weeks, C. E., Kanter, J. W., Manos, R. C., Bowe, W. M., Baruch, D. E. (May, 2010). Functional Analytic Psychotherapy and Behavioral Activation. In Barbara S. Kohlenberg (chair) *Functional Analytic Psychotherapy (FAP): Integration with other Therapies.* Symposium presented at the 36th Annual Convention of the Association for Behavior Analysis International, San Antonio, TX.

Weeks, C. E., Baruch, D. E., Rusch, L. C., & Kanter, J. W. (2009, May). A process analysis of Functional Analytic Psychotherapy's mechanism of change. In J. W. Kanter (Chair), *A Behavior Analytic Methodology for Studying Psychotherapy: New Data on Functional Analytic Psychotherapy.* Symposium presented at the annual meeting of the Association for Behavior Analysis, Phoenix, AZ.

Maitland, D. W., Kanter, J. W., **Weeks, C. E.**, & Baruch, D. E. (2009, May). Detailed empirical investigation of a single successful FAP session. In J. W. Kanter (Chair), *A Behavior Analytic Methodology for Studying Psychotherapy: New Data on Functional Analytic Psychotherapy.* Symposium presented at the annual meeting of the Association for Behavior Analysis, Phoenix, AZ.

Weeks, C.E., Landes, S.J., Busch, A.M., & Kanter, J.W. (2008, November). *Functional Analytic Psychotherapy: Specifying its mechanism of change for treatment research.* In David Baruch (Chair), *Functional Analytic Psychotherapy: Theory and Recent Experimental Findings.* Symposium presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, Orlando, FL.

Landes, S.J., Kanter, J.W., Busch, A.M., **Weeks, C.E.**, Schaaf, L.R. (2008,

November). Demonstration of the mechanism of change in Funtional Analytic Psychotherapy for clients with depression and personality disorders. In David Baruch (Chair), *Functional Analytic Psychotherapy: Theory and Recent Experimental Findings.* Symposium presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, Orlando, FL

Manos, R., Brown, K., **Weeks, C.E.**, & Kanter, J.W. (2008, November). Integrating Behavioral Activation and Functional Analytic Psychotherapy with Feminist Therapy principles. In David Baruch (Chair), *Functional Analytic Psychotherapy: Theory and Recent Experimental Findings.* Symposium presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, Orlando, FL.

Weeks, C. E., & Kanter, J.W. (2008, May) Functional analysis of depression in a clinical outpatient setting. In Dziewolska, H (Chair), *Functional Behavior Analysis in the Clinic and School Setting.* Symposium presented at the annual meeting of the Association for Behavior Analysis, Chicago, IL.

Busch, A.M., Rusch, L.C., Kanter, J.W., Czarnecki, A., **Weeks, C. E.,** & Calvillo, J. (2008, May). Measuring avoidance: Data on applying the Behavioral Activation for Depression Scale (BADS) to ethnic minorities. In Manos, R (Chair) *New Advances in Behavioral Activation for Depression with Ethnic Minorities.* Symposium presented at the annual meeting of the Association for Behavior Analysis, Chicago, IL.

Kanter, J. W., Busch, A. M., Rusch, L. C., Manos, R. C., & **Weeks, C. E.** (2007, November). Bridging the gap between scientist and practitioner in a university training clinic: The example of depression. In Levine, J. & Hynan, M. (Chairs), *Translational Research in Training Clinics: Testing Grounds for Basic and Applied Innovations.* Symposium presented at the annual meeting of the Association of Behavioral and Cognitive Therapies, Philadelphia, PA.

Busch, A., Andresen, E., **Weeks, C. E.**, Manos, R., Czarnecki, A., & Kanter, J. W. (2007, November). Converging lines of basic science evidence in support of the behavioral activation theory of depression. In J. W. Kanter & P. Mulick (Chairs), *Basic Science Foundations and New Applications of Behavioral Activation.* Symposium presented at the annual meeting of the Association of Behavioral and Cognitive Therapies, Philadelphia, PA.

Weeks, C. E. (2006, May). *If I said you have a beautiful body… would you hold it against me? Using verbal behavior to devise the best pick-up lines: a practical how-to guide.* Symposium presented at the Annual Meeting of the Association for Behavior Analysis, Atlanta, GA.

Elwood, C. E. (2005, September). *If I said you have a beautiful body… would you hold it against me? Using verbal behavior to devise the best pick-up lines: a practical how-to guide.* Symposium presented at the Annual Meeting of the Florida Association for Behavior Analysis, Sarasota, FL.

POSTERS

Holman, K.S., **Weeks, C.E.** & Kanter, J.W. (May, 2010). *Comparison of process analyses in five clients utilizing the Functional Analytic Psychotherapy Rating Scale.* Poster presented at the 36th Annual Convention of the Association for Behavior Analysis International, San Antonio, TX.

Weeks, C.E., Holman, K.S., Landes, S.J., Rusch, L.C., Maitland, D.M., Kemp, J.J., & Kanter, J.W. (November, 2009). A Molecular Analysis of FAP's Mechanism of Change: The search for the Ideal Interaction. Poster presented at the Association of Behavioral and Cognitive Therapies, New York, NY.

Rusch, L. C., Kemp, J. J., **Weeks, C. E.**, Bowe, W. M., Angelone, A. F., Baruch, D. E., Manos, R.C., & Kanter, J. W. (November, 2009). *The impact of models of depression on stigma and treatment seeking in a depressed African American community sample.* Poster presented at the annual meeting of the Association of Behavioral and Cognitive Therapies, New York, NY.

Baruch, D. E., Busch, A. M., **Weeks, C. E.**, Bowe, W. M., Rusch, L. C., Manos, R. C., Kanter, J. W. (2009, November). *The Effect of a Behavioral Activation Workshop on the Practice of Community Therapists.* Poster presented at the Association of Behavioral and Cognitive Therapies, New York, NY.

Rusch, L.C., Manos, R., **Weeks, C. E.**, Hirn, D., Kalvoda, K., Maitland, D., & Kanter, J.W. (2008, November*). Depression self-stigma in an African-American sample with elevated depressive symptoms.* Poster presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, Orlando, FL.

Elwood, C. E., Lloyd, L., Morris, D., Tofte, A., & Zandecki, M. (2004, September). *Increasing Pre-Designated Drivers: An extension of a prompt and incentive intervention Package.* Poster presented at the Annual Meeting of the Florida Association for Behavior Analysis, Orlando.

Elwood, C. E. (December, 2003). *The Good, The Bad & The Ugly: A self-management approach to eating more good foods, fewer bad foods, and increasing exercise.* Poster presented at the 4th Annual Florida State University Panama City Research Exposition.

SELECTED PROFESSIONAL DEVELOPMENT

7/12 - 12/12	**Beginning, Intermediate and Advanced Motivational Interviewing (MI) Workshop** Sponsored by the Raymond G. Murphy VA Medical Center Six half-day trainings in the theory, rationale, and techniques of MI. Conducted by Annette Brooks, PhD, and Brian Kirsch, PhD
1/12 - 3/12	**Online Functional Analytic Psychotherapy (FAP) Consultation**

Group
Sponsored by the University of Washington and the University of Wisconsin-Milwaukee
Weekly 2½ hr online meetings over eight weeks, training and consultation in FAP.
Conducted by Mavis Tsai, PhD.

10/10 & 9/06 **Behavioral Activation (BA) for Depression**
Sponsored by the University of Wisconsin-Miwaukee
Two separate two-day workshops on the theory, rationale, and techniques of BA.
Conducted by Christopher Martell, PhD

6/07 **Functional Analytic Psychotherapy (FAP)**
Sponsored by the University of Wisconsin-Milwaukee
Three-day workshop on the theory, rationale, and techniques of FAP.
Conducted by Robert Kohlenberg, PhD, Mavis Tsai, Phd, William Follette, Phd, and Jonathan Kanter, PhD

4/07 **Behavioral Activation Treatment for Depression (BATD)**
Sponsored by the University of Wisconsin-Milwaukee
Two-day workshop on the theory, rationale, and techniques of BATD.
Conducted by Carl Lejuez, PhD

TEACHING EXPERIENCE

Adjunct Instructor - ITT Technical Institute
9/12 Social Psychology course, online
6/10 Group Dynamics course, Greenfield campus, Milwaukee, WI

Teaching Assistant - University of Wisconsin-Milwaukee
Fall 11 Personality Theory – 5 Discussion Sections – Robyn Ridley, PhD, Lecturer
Spring 11 Personality Theory – 5 Discussion Sections – Robyn Ridley, PhD, Lecturer
Fall 10 Psychopathology – 5 Discussion Sections – Robyn Ridley, PhD, Lecturer
Spring 10 Child Development – 5 Discussion Sections – Robyn Ridley, PhD,

	Lecturer
Fall 09	Psychopathology – 5 Discussion Sections – Robyn Ridley, PhD, Lecturer
Spring 07	Psychological Statistics – 3 Discussion Sections – Anthony Greene, PhD, Lecturer
Fall 06	Introduction to Psychology – 5 Discussion Sections – Chris Flessner, PhD, Lecturer

Teaching Assistant - Florida State University

Fall 04	Research Methods – 1 Lab Section – Adam Wasseran, PhD, Lecturer

HONORS AND AWARDS

08	John and Lynn Schiek Research Award in Behavior Analysis, Milwaukee, WI. Initial award of $1000. September 2010, award increased to $1800
07 – 08	Graduate School Fellowship, University of Wisconsin, Milwaukee
06 – 08	Chancellor's Graduate Student Award, University of Wisconsin, Milwaukee

PROFESSIONAL SERVICE

10 – 12	**Co-Vice President of Clinical Special Interest Group** Association for Behavior Analysis International
09 – 12	**Student Representative** Clinical Training Committee, University of Wisconsin-Milwaukee

PROFESSIONAL AFFILIATIONS AND CERTIFICATIONS

10 – Present	American Psychological Association	Student Affiliate
06 – Present	Association of Behavioral and Cognitive Therapies	Student Affiliate
03 – Present	Association of Behavior Analysis, International	Student Affiliate