The Functional Idiographic Assessment Template (FIAT) System

For use with interpersonally-based interventions including
Functional Analytic Psychotherapy (FAP)
and FAP-enhanced treatments

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Relationship or interpersonal skills are considered important targeted behaviors for many psychotherapies. Behavior therapy and cognitive behavioral therapy interventions continue to be utilized for interpersonal problems and personality disorders. Contemporary behavior therapies, including Functional Analytic Psychotherapy, target the amelioration of complex social and interpersonal skills deficits and develop more effective behaviors that create meaningful relationships for clients. While traditional taxonomies exist, few are able to capture either the functional nature or the uniquely individual aspects of these types of behavioral problems. The Functional Idiographic Assessment Template (FIAT) manual allows the clinician to assess strengths and weaknesses within interpersonal relationships in the context of both the therapeutic relationship and those relationships clients have outside of therapy. The combination of a behavioral framework and an idiographic approach to analysis make this a unique assessment approach in the area of interpersonal relating. The FIAT system is organized around five main areas (called classes) of interpersonal functioning: (1) skills in identifying and asserting needs and values in relationships; (2) sensitivity to and responsiveness to receiving and providing feedback to others; (3) problems with specifying and expressing emotional and cognitive experiences; (4) difficulties with interpersonal closeness including disclosure; and (5) problems with interpersonal conflict. The FIAT manual includes an overview of how to use the manual, a description of how the assessment process is conducted, therapist assessment questions, and a paper-and-pencil client assessment called the FIAT-Questionnaire (FIAT-Q). Examples of clinician created idiographic assessment measures for both client and therapist are provided. The majority of the manual is devoted to definitions of each class of behavior and specific types of problems in the areas of contextual cues, discrimination, and response repertoire. In each area instances of behavioral problems are denoted and examples are provided for the clinician. The FIAT system captures specific interpersonal strengths and deficits so that a clinician can better tailor treatment to each client, leading to more efficient and effective amelioration of client problems.

Key words:
Functional assessment, behavioral assessment, idiographic, template, Functional Analytic Psychotherapy, social skills, personality disorders, Acceptance Commitment Therapy

FIAT Manual Instructions and User Information

Overview

This manual is designed to be used in conjunction with Functional Analytic Psychotherapy (FAP; Kohlenberg & Tsai, 1991) or FAP-enhanced treatments such as FAP Enhanced Cognitive Therapy (FECT; Kohlenberg, Kanter, Bolling, Parker, & Tsai, 2002) and FACT (Callaghan, Gregg, Marx, Kohlenberg, & Gifford, 2004). The FIAT manual specifies classes of behaviors seen in interpersonally focused interventions. These problems are based on the function of behaviors as they impact the client's ability to form effective interpersonal relationships. Some of these behaviors are experiential or intrapersonally focused; however, the impact of those behaviors ultimately resides in an interpersonal context. An example of the use of the FIAT can be seen in an article by Callaghan and colleagues on the treatment of a client with behaviors consistent with Personality Disorder Not Otherwise Specified (Callaghan, Summers, & Weidman, 2003).

The "template" aspect of this manual resides with its use in creating idiographic assessment materials for each individual client. Examples of these assessments are included in the appendix of this manual. There is no one specific correct way to create these idiographic assessment devices; they should each be tailored the needs of the client, the therapist, and the on-going intervention.

As with any nomenclature, the language used here is specific not only to the paradigm employed but also the author. The main idea for the FIAT was to create a common language for client target behaviors to aid communication, assessment, and research in the community. With a new system employing a new vocabulary, it will take individuals time to become familiar and facile with the terms used here. As with systems of diagnosing or assessment, the more practice with the FIAT and its terminology, the greater its utility for the user.

Minimal Requirements

The use of the manual assumes that therapists have a working knowledge of the principles of FAP and have an understanding of the administration of assessment devices in accordance with the ethical principles of test administration, or are receiving training in one or both of these areas.

Understanding of Response Classes. Users are also expected to have an understanding of behavior analysis, particularly of functional response classes of behavior. A *response class* is a group of Clinically Relevant Behaviors (CRBs) that all function to have a particular effect regardless of form the response might take (i.e., its topographical features). This distinction requires therapists differentiate the effect the client's behavior is having rather than merely labeling what the client is doing.

Functional classes are understood idiographically and are based on the analysis of each particular client's problem and effective behaviors. For example, a client may cry, attack, or skip sessions. If each of these behaviors functions to allow the client to avoid talking about an emotional experience, even though the behaviors have different topographies, they could all be instances of the same response class. It is the therapist's task to recognize the function of a response rather than identifying a behavior based merely on its topography.

Response classes in this manual are grouped into five main categories. Each of the classes is defined by a basic function served by the behaviors in the class. The classes described below are non-orthogonal. Each of the classes may overlap with other behavioral problems or deficits that the client exhibits. If the client shows problems in one class, it should not be assumed that the client does not show problems in another class. The choice of determining which class the behavior is a member of (e.g., problems with assertion of needs versus difficulties with conflict) is given to the therapist. The FIAT is designed primarily for clinical utility. If it serves the therapist and the intervention to categorize the behavior one way over another, the therapist would be encouraged to make that choice. The choice of classification of responses is made in as much as it serves the assessment and intervention process for the client.

Criteria for Inclusion of Class as Problem Behavior

It is essential that the user understand that these classes define different repertoires that may be a source of clinical attention. It would be expected that most individuals express some instances of each of the classes during their lives. Engaging in many of these behaviors periodically as determined by contextual variables would be very effective (e.g. escape or avoidance behaviors, acquiescing to others' needs, etc.).

To be assessed as a problem area, behaviors in each class need to be problematic for that individual. The client with problem behaviors engages in these strategies inflexibly and cannot or will not adjust or adapt new repertoires in contexts as required. Problem behaviors are defined as ineffective or inappropriate relative to longer-term goals the client holds, particularly with respect to interpersonal relationships.

Identification of a problem area is done to facilitate the intervention on that repertoire. For example, if a client has difficulty discriminating where or when to engage in more intimate interpersonal disclosure, the therapist would use the FIAT to identify and label this and would then proceed with teaching this discrimination task. In FAP, this is typically not only accomplished with instruction but is developed through the shaping of a repertoire with social contingencies (Follette, Naugle, & Callaghan, 1996).

Organization of the FIAT Manual

Each of the classes described below begins with a definition and then explicates each of the instances in the class that may be a focus on clinical attention. These class and instance descriptors are then followed by specific assessment questions to be asked of the client and then of the therapist.

The Manual is organized for each class so that problems with *Contextual Cues/Discriminative Stimulus Functions* precede the *Response Repertoire* problem areas.

Contextual Cues/Discriminative Stimulus Functions include *Problems with Identification or Specification* that are defined as difficulties with identifying, labeling (tacting; Skinner 1957) or specifying elements of the defined class. It is **essential** to determine whether or not the client has the skills to identify the features required of the targeted class before assessing the client's response repertoire. For example, if a client demonstrates a lack of ability to respond to feedback given by others, the therapist **must** assess whether the client has the skills to discriminate that feedback has been given and whether this feedback is accurate or inaccurate. If the therapist attempts to alter the Response Repertoire of *Lack of Response to Feedback*, it is likely the client will still be unable to respond effectively in novel situations. Instead, the therapist should teach the discrimination of feedback as it is given before proceeding to a complex repertoire for responding to feedback.

Problems with Appropriate Contextual Control exist for each class and defines other contextual cue problems clients may have. These behaviors are characterized by a lack of discrimination of situations, times, or other persons with whom to engage in the response. For example, for clients with *Problems with Emotional Experience*, the client may be unable to specify the conditions under which this expression would be more effective. These conditions include with whom to engage in the response, the time or other setting factors to consider, and the situation where this would be more effective to do. In this case, the client is able to label that he or she has experienced an emotion and can even name the experience, but he or she does not know with whom or when sharing this experience would be more effective.

The *Response Repertoire* section includes instances of the expression of each response the client may engage in for the targeted class. This section includes escape, avoidance, excess, and deficits of behaviors relevant to the class.

While each class attempts to repeat this structure throughout the manual, some classes will have different details for each of the main headings. For example, the types of *Response Repertoires* listed for Class A are not the same as those listed for Class B.

A Note on Function, Form, and the FIAT

While the FIAT attempts to describe behaviors in terms of function, it is not a precise functional analysis as defined by a detailed specification of stimulus, response, and consequences. Instead, the FIAT attempts to detail and give a consistent language to those behaviors that have the general function for the client of disrupting their interpersonal relationships. In this way, there is really one giant and overarching response class for the FIAT, problematic interpersonal relating.

Additionally, by describing client behaviors in terms of what the client may be doing, for example, making a request and then denying the request ever occurred, has a formal or topographical appearance to it. This may be the case.

The goal of the FIAT is to identify client behaviors that serve to prevent the client from effectively dealing with both their own private or emotional experiences and their relationships with others. If the client makes a request, denies this has occurred, and this prevents the client from getting his or her needs met, then that client will likely experience problems in relationships at least with respect to assertion.

The ultimate goal of using the FIAT should be kept in mind, to aid with the assessment and intervention of client problem behaviors and the development of more effective responding.

Using the FIAT Manual in Assessment

Assessment Questions

The assessment questions that follow the Class A-E definitions provide the therapist with a procedure to focus on each of the instances to determine whether the instance is a problem for the client. The assessment questions are designed to directly inform the course of treatment. The number of client problems delimited should be dictated by the extent to which this listing has utility for the treatment formulation.

The assessment session should be prefaced for each client with an explanation of (1) the purpose of the assessment, (2) the difference between assessment and therapy, and (3) the idiographic nature of this assessment strategy. Clinical assessment provides an opportunity for the client and therapist to build rapport. The therapist should take every opportunity to help the client feel understood and listened to by the therapist. If the therapist using the FIAT simply runs through each class, it is unlikely the client will find the assessment either useful or related to their own problems.

The therapist should broadly reward the client for engaging in the assessment tasks, particularly when the client has difficulty relating affectively laden material. The client should be informed that the assessment period is an opportunity for the therapist to get to know the client and to understand his or her problems sufficiently to begin a course of therapy. Therapy typically consists of fewer questions by the therapist (than in the assessment phase) and more focused discussions about what is occurring for the client. The client should also be informed that the questions asked by the therapist are designed to be about the client's own experiences. The therapist and client will work together to help focus these questions so that both can understand and assess the problem areas this particular client has. This process will yield an on-going assessment device given to the client so the both client and therapist can keep track of the client's improvements over the course of treatment. A discussion of the utility of focusing on the therapeutic relationship (using FAP) is outlined in the section below on *Client Exemplars*.

Each *Assessment Questions* section begins with a note to the therapist to help define the class for the client. The therapist should be familiar with these specific notes and should be able to convey what the questions are asking. The therapist cannot assume that the client has the same definition for the key terms being assessed (e.g., "asking for something" or "feedback"). The client definitions should be sufficiently broad so that the therapist can gather as much information as possible by asking the questions.

There are three types of assessment questions that follow: (1) *Client Assessment Questions* covered by the FIAT-Q, (2) *Client Exemplars*, and (3) *Therapist Assessment Questions*.

Client Assessment Questions: FIAT-Q

The FIAT-Questionnaire (FIAT-Q) provides client assessment questions the therapist should have about various client problems in brief paper-and-pencil format. The FIAT-Q was designed to be given to the client and filled out prior to the first or second assessment session. This entire FIAT-Q may be used, or relevant subscales (i.e., Classes) or specific questions can be pulled from the FIAT-Q. Answers to these questionnaire should be utilized over the course of therapy inform client progress.

The client's answers to these questions will inform the assessment of the Outside of session problem and improvement response classes that may be a focus of treatment. The scale is designed to assess the extent of client problem behaviors (4, 5, 6) and improvements or more prosocial responding (1, 2, 3). Some items are reverse keyed as indicted by the order of the numerical sequence. A copy of the FIAT-Q is in the Appendix . Overall, higher scores on the FAIT-Q for each question and each class suggest that there are more problems with that item or class.

Answers to the client questions should inform the therapist about the conditions under which these behaviors will occur in session as CRBs. The client assessment questions do not, however, determine that the relevant behaviors will be targets for treatment (see *Therapist Assessment Questions* below). It is essential to recognize that the FIAT-Q be used to aid with the FAIT assessment process. A client may indicate something is problematic with one item in the FIAT-Q, but a more thorough assessment reveals this is not typically the case. This is especially true of clients endorsing that an item or a class is not a problem, when in fact a more thorough assessment reveals that it is. For example, a client may not recognize that conflictual interactions could occur with another person and states that he or she handles conflict just fine. This may end up as an example for the client of escaping or avoiding conflict in that it is creating problems for him or her. However, to the client, this is not an issue because they cannot discriminate its occurrence at all. The user is cautioned to use the FIAT in conjunction with their own clinical assessment, particularly when defining targets for treatment. The user may chose to use the FIAT-Q to verbally assess each of the problem areas for the client.

The FAIT-Q questions should be used to further tailor assessment around the individual's experiences by the therapist with follow-up inquiries and discussion. For example, when discussing interpersonal conflict, the client can specify what he or she means by conflict and when it is or is not a problem for that client. In the FIAT manual specifiers for each important behavior in all of the classes are provided. These specifiers define key targeted behaviors for the therapist, who in turn provides this information to the client, so that a basic level of understanding is maintained about the targeted behaviors.

The therapist conducting the assessment should follow-up each question with additional queries to determine (1) the way the problem is manifested for that particular client, and (2) the extent to which the behavior is a problem. Queries should focus on obtaining examples. Therapists should help clients further elaborate on their answers by asking questions such as "like when?" or "such as…?" or "how often?" Therapists can also ask clients questions like, "Do you feel that is a problem for you?" to help rule in or rule out possible instances as problem areas.

Client Exemplars

Client Exemplars are assessment questions driven by the information the client provides through the FIAT-Q and initial assessment. These questions provide the therapist with information about his or her real-life experiences. The therapist uses the structure provided to help gather data about the extent of the client problem area. As described earlier, the therapist should also use his or her judgment about the possibility of problems with instances of classes the client does not or cannot acknowledge using information from interactions with the client.

To effectively ask these questions, the therapist needs to be sure the client understands the idea of a scale or continuum. The questions that occur in this section require this basic understanding. It is helpful to provide an example of a scale or continuum to a client to be certain "more or less like" is understood.

The last assessment questions under the *Client Exemplars* concern the extent to which the client anticipates that these questions may come up during therapy as issues focused on between the therapist and client. Prior to asking this set of questions for CLASS A (or whichever is the first class assessed), the therapist should inform the client of the purpose of these questions. Providing this explanation (also known as "the FAP-rap") should be fluid and reasonably well-rehearsed by the therapist so that the client is clear that this is a standard way of approaching treatment.

The FAP-rap. There are several key features of providing a discussion about FAP to clients. This follows any general consent for services process and other introductory remarks that are typical for each therapist and his or her interactions with clients. (See Callaghan, Naugle, & Follette, 1996, for a more thorough treatment of this discussion.)

(1) First, the therapist should ask (or have asked) the client what his or her expectations are of therapy and what his or her understanding of the role of the therapist should be in psychological treatment. The therapist should address any misconceptions the client may have about therapy in general and as they relate to providing FAP or FAP-enhanced intervention.
(2) The therapist should acknowledge the differences between the therapeutic relationship (and the context of therapy) and other relationships the client has outside of treatment. This relationship is professional and has particular and important boundaries, but it is still an interpersonal relationship
(3) The client should be informed about the assumptions held by the therapist that problems occurring outside of therapy between the client and others are also expected to occur in-session with the therapist as a result of having a therapeutic relationship with the therapist.
(4) The client should then be informed about the utility of addressing problems and improvements as they occur in-session rather than only talking about events that occur outside of therapy. The client should be informed that discussions of outside events will, of course, occur, but that there is use in addressing problems and improvements that occur in-session. The reason for this rests with the immediate access both therapist and client have to the events that give rise to these behaviors. This has the advantage of being able to notice the impact of behavior as it occurs and to try new behaviors in an effort to become more effective.
(5) The therapist can then talk about the unique features of the therapeutic relationship and the advantages of addressing problems and improvements as they occur in session (e.g., trying and failing, etc.)
(6) Finally, the client should be asked if he or she has questions about this set of ideas or therapeutic strategy, and any misconceptions should be addressed immediately.

It is likely that the client will have questions about this discussion when it occurs as well as throughout therapy. It is often necessary for the therapist to provide this discussion several times during

treatment, particularly if the client becomes unclear about why the therapist is interacting with the client in-session around problem areas.

Therapist Assessment Questions

Therapist Assessment Questions are asked of the therapist after having interacted with the client. These questions are designed to help determine the presence of client problems over the course of treatment. For these questions, the therapist needs to assess the extent to which the behaviors occur for the client in-session. The therapist will use the answers given from the FIAT-Q and *Client Exemplars* as well as data from the therapist's interactions with the client to assess for target problems and improvements. The *Therapist Assessment Questions* are intended to provide specific information about the extent to which instances in the response classes can or will appear in-session. These questions can also be asked by others (e.g., supervision team members) who are observing the therapist.

Instructions for filling out the FIAT Daily Assessment of Client Issues (FIAT-DA) homework assignment

The FIAT-Daily Assessment (FIAT-DA) is designed as a diary card for the client to track problems and improvements as they have identified in therapy as targets for intervention. The FIAT-DA is provided here as an example of how this type of daily assessment can be used following a FIAT assessment. An example of the FIAT-DA is shown in the Appendix.

Filling in the Day Box: Ask the client to place the name of the day and the date in the Day Box for each day, beginning with today's day and date [e.g., Mon (12/10/00)].

General Instructions: There are three ways to utilize the FIAT-DA. Choose the one that is most appropriate for the client. This will depend on where the client is in the course of therapy and whether the client is capable of conceptualizing problems at the level of Class.

OPTIONS
(1) **Class Level**: Have the client chart problems and improvements at the level of the Class, (i.e., for all instances as a whole) for each day. Have the client track that Class for the week using the Specific Instructions provided below.
(2) **Instance of the Week**: Have the client pick one Instance from each class that seems especially salient to the point in therapy when the assignment is given (e.g., for that week's session). Have the client track only that instance for the week using the Specific Instructions provided below.
(3) **Instance of the Day**: Number each Instance from the each Class listed on the FIAT-DA for each Class. Then instruct the client to indicate which Instance was a Problem or Improvement for each day by placing a number in the Day box of the form (e.g., below the day). Have the client track one instance for each day of the week using the Specific Instructions provided below. This can be the same Instance for each day, or it can change day to day.

Specific Instructions: Instruct the client to check the "Yes" or "No" box if the client had a problem with either the Class or Instance for that day, depending on how you are having the client fill out the form. Have the client complete each box for each day. For each area the client is tracking for the week (either at the instance or the class level). Have the client circle "P" if he or she had a Problem with this area, an "I" if the client was able to make an Improvement, or "PI" if there was both a Problem and an Improvement. If there was No Change, circle "NC."

Text Box: Ask the client to make a few notes about what happened on each day so that the client can remind him or herself or the therapist about what occurred on that day. Instruct the client that this does not have to be an extensive note, only a few words about when or where or with whom the Instance/Class Problem or Improvement occurred.

OVERVIEW OF CLASSES IN THIS MANUAL

CLASS A: Assertion of Needs (including social support)
CLASS B: Bidirectional Communication
CLASS C: Conflict
CLASS D: Disclosure and Interpersonal Closeness (disclosing and seeking intimacy)
CLASS E: Emotional Experience ands Expression

CLASS A
ASSERTION OF NEEDS

Contextual Cues/Discriminative Stimulus Functions

Problems with Identification or Specification
      Unable to identify or specify needs or values as they occur or
      Cannot identify that a request could be made to meet his or her own need

Problems with Appropriate Contextual Control
      Problems with under-generalizing features of relationships
      Problems with over-generalizing features of relationships

Response Repertoire
Escape or Avoidance Repertoire
      Escape
      Avoidance
      Rejecting that a need is present
Ineffective or Unclear Assertion of Needs
      Disguised Request

Excessive Requests or Demands for Needs to be Met
Aversive Response Style

CLASS B
BI-DIRECTIONAL COMMUNICATION

Contextual Cues/Discriminative Stimulus Functions

Problems with Identification or Specification
      Identifying or describing his or her impact on others
      Identifying that feedback is being given by another person
      Discriminating whether feedback is accurate

Discriminating that feedback can be given

Problems with Appropriate Contextual Control

Response Repertoire

Escape or Avoidance Repertoire
Escape Repertoire: Hypersensitivity to observed impact and feedback from others on others
Avoidance Repertoire: Failure to solicit feedback from others

Lack of Response to Observed Impact or Feedback from Others
Insensitivity to Feedback
Rejection of feedback by others

Providing Feedback to Others
Failure to provide feedback
Ineffective/Over-elaborated/Unclear feedback
Negativistic feedback
Overly detailed feedback to others
Perseveration of feedback

CLASS C
CONFLICT

Contextual Cues/Discriminative Stimulus Functions

Problems with Identification or Specification
Problems with Appropriate Contextual Control

Response Repertoire

Escape or Avoidance Repertoire
Excessive acquiescence
Social withdrawal
Excessive appeasing or conciliatory responses

Indirect/Ineffective Attempts to Resolve Conflict
Unwillingness to Compromise in Conflict
Conflict-Facilitating or -Escalating Repertoire

CLASS D
DISCLOSURE AND INTERPERSONAL CLOSENESS

Contextual Cues/Discriminative Stimulus Functions

Problems with Identification or Specification

Problems with Appropriate Contextual Control
Over-disclosing
Under-disclosing

Response Repertoire

Escape or Avoidance Repertoire: Infrequent Seeking of Interpersonally Close Interaction
   Low Desire for Closeness
Failure to Solicit Other's Disclosure
Problems with General Pro-social Repertoire
Unclear Self-disclosure
Inaccurate Self-disclosure
Excessive Self-disclosure or Seeking Closeness
Failure to Respond to Other's Disclosure or Requests and/or Reciprocate with Social Support

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CLASS E
EMOTIONAL EXPERIENCE AND EXPRESSION

Contextual Cues/Discriminative Stimulus Functions

Problems with Identification or Specification

Problems with Appropriate Contextual Control
   Inability to recognize that an emotional experience would be expected in that context
   Cannot discriminate when to report or express a feeling

Response Repertoire

Escape or Avoidance Repertoire
   Escape Repertoire
   Avoidance Repertoire

Inaccurate Label of Emotional Experience/Restricted Range of Expression
Ineffective or Unclear Description of Emotional Experience
Excessive Affective Expression

CLASS A Assertion of Needs

CLASS A is defined by behaviors that function to inhibit an interpersonal interaction between the client and therapist or the client and other people because of how the client expresses what he or she wants, needs, or values from another person or a relationship. These needs are based on an understanding of the client's values and requirements in a relationship and in broader contexts. Requests for needs being met can be for physical or emotional events and include requests for social support. Assertions can also include simply being heard or understood during an interpersonal interaction.

CLASS A describes client behaviors including:
   (1) the client cannot identify or specify his or her needs or values,
   (2) the client does not discriminate situations where it would be appropriate to do so and would engender more effective relationships,
   (3) the client will not make a complete request or avoids making a request or asserting a need,

(4) the inability to directly communicate his or her needs,
(5) rejecting that a need is present or a request has been made,
(6) excessively requesting needs be met, or
(7) aversively engaging in a request so that the listener is not likely to comply

Contextual Cues/Discriminative Stimulus Functions

Problems with Identification or Specification

In this case, the client has problems identifying and labeling his or her own needs or values, particularly as they relate to being in an interpersonal relationship. Here, the client is (1) unable to identify or specify needs or values as they occur or (2) cannot identify that a request could be made to meet his or her own need. Clients who cannot identify that a need is occurring or a request could be made to meet that need may experience or express frustration or anger at others for not meeting these needs.

Problems with Appropriate Contextual Control

Clients who can identify or specify that they have a need may still have problems discriminating the appropriate situations (when or where or from whom) to ask for needs to be met. The contextual control of with whom, as well as when and where, to make requests of others or assert needs is essential to assess. If the client does not discriminate these features, he or she will receive feedback from others that will not sustain an effective response set in this domain.

Problems with Under-generalizing Features of Relationships. In this case, the client does not effectively discriminate conditions where he or she could make a request from others, even though that request is a reasonable one. An example of this case includes when a client is feeling badly and could talk with a close friend to feel better, but decides not to because he or she doesn't wish to "burden the friend" with the client's problems. Here, the client is not effectively discriminating the features of the friendship that would allow a request to be made. If the client can and does make requests from others but does not do so under certain conditions where it would be inappropriate (in this case, would be too much for the friend to effectively respond to), then the client does not likely have a problem in this area.

Problems with Over-generalizing Features of Relationships. Another problem in this instance of CLASS A includes those requests or demands from others that are not warranted by the nature of the relationship or exceed the boundaries of that relationship. If a client were to request or demand that a therapist see him or her during off-hours, immediately or twice a day, this would likely be excessive. If a client requested an acquaintance to provide him or her with a great deal of emotional support, this would (potentially) be considered to exceed the boundaries of the relationship.

Response Repertoire

Escape or Avoidance Repertoire

Clients who can discriminate the appropriate context to assert a need or make a request have difficulties engaging in these activities to avoid or escape aversive contingencies. These individuals may have problems asserting a need when the situation is appropriate or difficulties responding to others' requests when these requests encroach on or oppose the client's own needs.

Escape Repertoire. Clients with problems with an escape repertoire will make a request or assert a need and then terminate it before it can be met due to an increase in perceived social discomfort. In this case, clients may experience discomfort or other aversive feelings (including guilt) that he or she will seek to terminate. In this situation the client might have some difficulties discriminating contextual

features that would support requesting a need be met. The client may also be hypersensitive to the feedback of others (see CLASS B) or may seek to avoid conflict (see CLASS C).

Avoidance Repertoire. Clients with problems with an avoidance repertoire fail to assert a need or make a request at all due to a fear of social repercussions. In this case, the client will not make requests of others because he or she avoids experiencing some aversive emotion as a result of making such a request. These individuals may appear timid or shy.

Rejecting that a Need is Present. This instance is defined by a client's behavior serving to decrease the likelihood that his or her needs will be met due to a rejection or denial of the presence of a need. When the individual has an opportunity to tact his or her need or that a request is being made (or even could be made), the individual states that this is not the case, that there is no need or request. For example, a client may be asked by the therapist, "Are you asking me for something right now, like support?" and then respond with "No."

If the client can tact that needs are present as well as conditions under which to make requests, but the client will not admit that a need exists or is being asserted, then the client may have problems with other instances in this class. Specifically, the client may have problems with escape or avoidance repertoire (see below) where there are fewer immediate and aversive short-term consequences of denying a need than clearly making the request.

Ineffective or Unclear Assertion of Needs

Clients who can identify and specify their needs may experience difficulties with directly conveying this information so that others respond effectively to the client. The result of indirectly or unclearly making a request of the listener can include confusion and misunderstanding.

Indirect requests can appear as vague statements that are not clearly understood by the listener. Unclear assertions can also be surrounded by so many disqualifying or self-deprecating statements that the listener does not understand the request being made or does not take the request seriously. If the listener misunderstands what is being requested, then the client likely will not get his or her needs met.

Disguised Request. A particular instance in this class is making a request that is disguised as an *observation* or a *question* that is not a direct request for what is needed (disguised mand; Skinner, 1957). An example of this is found in requests disguised as observations such as "It's hard for me to get to the session on time," when the client would like the session time to change. Another example of this problem area is when a client would like to receive sympathy from another person and says, "People don't care about me." Clearly asserting this need would appear as "I need you to…" Disguised requests also occur as questions such as, "Do you mean to speak to me in that tone of voice?" when the client would like the listener to alter his or her behavior.

Asking questions or making observations rather than directly asserting needs is frequently quite successful for many individuals. Often times listeners comply with the disguised request naturally. To be considered a problem, an individual whose need was not met with the disguised request would *not* follow with a direct request. This would result in the individual frequently not getting his or her needs met when others could not interpret or respond naturally to the disguised request.

Excessive Requests or Demands for Needs to be Met

Clients who make excessive requests or demands of others have problematic relationships as a result of high frequencies of these behaviors. The client may accurately discriminate when and with whom to make requests or assert a need, and he or she may have the repertoire to assert these needs clearly. The problem in this class lies with the client asserting so many needs and making so many

requests of the listener that the listener no longer acknowledges or meets these needs. An example of this type of client is one who overwhelms the listener with demands or requests. Each of the asserted needs may be reasonable, but the quantity makes it difficult for the listener to comply. Clients with problems in this area may also have problems with CLASS B below, inability to accurately discriminate his or her impact on others.

Aversive Response Style

In this instance, the client discriminates the conditions under which a request can be made, but the style, approach, attitude, tone, or other aspects of communicating his or her need function to decrease the likelihood the need will be met. Here, the client may make demanding statements or express affect in such a way the listener engages in counterpliance or otherwise resists meeting the request.

ASSESSMENT QUESTIONS FOR CLASS A

For questions about identification and assertion of needs from others, "needs" is defined as anything the client desires. Needs from others may include requests for interpersonal closeness, social support, or pragmatic or logistical needs. These needs may or may not appear as reasonable to others.

Client Exemplars for CLASS A

The following are questions about how you handle and work with the needs you have.

1. Think about a recent time when you needed something from someone else. What did you do?
    a.   How did you decide to make this request?
    b.   Whom did you ask?
    c.   How did you ask for what you wanted?

2. Briefly describe a time when you asked for something from someone and it went well. We'll call this Situation A.

    a.   Is this consistent with how things usually go for you when making requests?
    b.   Why do you think that it went well?

3. Now tell me a time when you asked for something, but it didn't go very well. Call this Situation B.
    a.   Is this consistent with how things usually go?
    b.   Why do you think that it didn't go well?

4. If we put the time that things went well at one point on a scale (like situation A above), and we put the time things didn't go well at the other end of the same scale (like situation B above), where would you typically be on the scale with respect to asking for things you need from others?

    A--B

5. Are you having any challenges or problems right now with getting your needs met with others?

6. Do you think this issue could come up in therapy between you and me?
    a.   What would that look like if it did?
    b.   What would you do if you got feedback from me about something that mattered to you?

Therapist Assessment Questions for CLASS A

1. Does the client have problems getting his or her needs met?
2. Are there times when the client has trouble getting his or her needs met in-session?
3. Can the client discriminate when he or she has needs and what those are as they occur in-session with the therapist?
4. Is the client able to make requests from the therapist?
5. What types of requests does the client make?
6. Is the client able to discriminate that therapy is an appropriate place to make a request?
7. Are the client's requests appropriate of the therapist or therapy?
8. Does the client begin to ask for something from the therapist and then terminate the request or take assistance due to a perceived level of discomfort?
9. Does the client fail to make requests even though they are reasonable requests to make?
10. Is the client able to make requests of the therapist in-session, or does the client do this indirectly, making it difficult to know what the request is?
11. Does the client ask for something by making a statement or observation rather than making the request directly?
12. Does the client make an excessive number of requests of the therapist in-session?
13. Does the client make a request in such a way that the request is experienced by the therapist as aversive?

CLASS B
BI-DIRECTIONAL COMMUNICATION

CLASS B is defined by behaviors that function to inhibit an interpersonal relationship between the client and therapist or the client and other people due to the client's inability to discriminate, or respond effectively to the impact he or she has on other people, or problems with providing feedback to others.

CLASS B describes client behaviors including:
  (1) the client cannot identify or specify the impact that he or she has on others,
  (2) the client does not discriminate situations where or when it would be more effective to notice his or her impact on others,
  (3) the client lacks an effective response to observed impact or feedback given by others,
  (4) the client is insensitive to his or her impact on others (and may escalate the response),
  (5) the client is hypersensitive to his or her observations about impact or to feedback from others,
  (6) the client has problems with effectively providing feedback to others about their impact on the client

Contextual Cues/Discriminative Stimulus Functions

Problems with Identification or Specification

In this case, the client has problems
  (a) identifying or describing his or her impact on others, particularly as they relate to being in an interpersonal relationship,
  (b) identifying that feedback is being given by another person about the client's impact on others,
  (c) discriminating whether feedback is accurate,
  (d) identifying that feedback can be given.

The client may have problems observing or being aware that he or she has an impact on others (either effective or ineffective). Problems in this area may occur when the client is unaware of the stimulus functions he or she brings to a social interaction. These functions may inhibit the development or maintenance of a social relationship.

Clients may also have problems recognizing that feedback has been given to him or her with an expectation that the behavior then be altered. In this case, the client may or may not have the repertoire to alter the behavior once the discrimination is made (see *Lack of response to observed impact of feedback from others* below). It is essential to determine whether or not the client has the skills to determine that feedback has been given before assessing the client's response repertoire.)

Problems with identification also occur when the client cannot recognize whether accurate feedback about his or her behavior is being given. For clients who reject all feedback that is critical or negative, the therapist must assess that this is not a problem with identification. One key consideration in making this distinction is if the client recognizes and responds to praise but rejects all critical feedback. If the client responds differentially like this to negative feedback, the client likely has the skills to make this identification, but has problems with the response repertoire instance of *Insensitivity to Feedback*, particularly, *Rejection of feedback by others* (see below).

Problems with identification also occur when the client fails to discriminate situations where he or she could provide feedback to another person about their behavior. This feedback would be useful to the other person and may engender a closer interpersonal relationship. If the client has problems making a request of another person for his or her needs to be met, then these problems are addressed in CLASS A.

Problems with Appropriate Contextual Control

Clients with problems in areas of contextual control do not discriminate appropriate times or situations (when or where or with whom) to be more or less sensitive to the impact or potential impact they are having on others or situations where it would be appropriate to provide feedback to another person.

Response Repertoire

Escape or Avoidance Repertoire

Clients may have problems with both seeking and responding to feedback from others about their behavior. The following are specific repertoire problems that serve to decrease the likelihood that the client experiences or continues to experience difficult interactions surrounding feedback.

Escape Repertoire: Hypersensitivity to Observed Impact or Feedback from Others. In this instance, the client has problems with observations about his or her impact on others or receiving feedback. Here, the client is hypervigilant about his or her impact on others and is overly sensitive to changes in expressions from the listener. This hypersensitivity results in the client changing his or her behavior to escape (terminate) any aversive stimulus from the listener despite the client's own needs. In this case the client may appear overly acquiescent to the demands of others.

Avoidance Repertoire: Failure to Solicit Feedback from Others. This specific instance characterizes problems with the client's lack of asking others for feedback about his or her behavior. This avoidance of asking for feedback about the client's performance prevents the client from contacting aversive feelings during this type of interaction. However, the client remains unclear about his or her

impact on others or about his or her performance by failing to ask. There are situations where having this repertoire intact facilitates an interpersonal relationship if the client would inquire about his or her impact.

Lack of Response to Observed Impact or Feedback from Others

Here, the person can recognize that his or her impact is less effective through their own observation or from feedback given by others, and the person can discriminate its accuracy but does not know how to respond differently. The client may respond to this discrimination or the direct feedback with a blank stare, stopping the interaction, or failing to express affect congruent with the feedback being given. This lack of response may be to feedback that is either positive (e.g., praise) or negative (criticism).

In the case of direct feedback being given, this lack of or ineffective client response results in the person giving the feedback being unaware of the client's understanding or that the client listened to the feedback. In essence, the client fails to respond to the prompt implicit in the speaker's statements.

Insensitivity to Feedback

In this situation the client can recognize that his or her impact is ineffective or aversive (boring, hostile, etc.) or has been given direct feedback about this impact, but the client continues to maintain or increase the rate of response. This maintained or increased response rate appears as insensitivity to or ignoring feedback and serves to interpersonally distance the client from others.

Rejection of Feedback by Others/Externalization. One specific type of *Insensitivity to Feedback* occurs in the form of the client rejecting feedback despite its accuracy and stating that the source of the feedback is wrong or is at fault for giving the feedback. This type of inaccurate identification is designed to stop the feedback given by the listener. The result of the behavior by the client decreases the availability feedback given and possibly social interactions in general.

If the client escalates the response rate or engages in a different response (such as aggressing against the person for giving the feedback) that functions to or is an effort to create conflict, then the client likely has problems with CLASS C, *Conflict (*see below). In this case, the client's behavior should also be still assessed to determine whether he or she could discriminate the impact that he or she is actually having.

Problems Providing Feedback to Others

The following is a set of problems that clients may have with providing feedback to others about their impact on the client. These problems focus on difficulties providing this feedback that would otherwise be facilitative of closer interpersonal relationships. If the client has difficulties making requests from others to get his or her needs met or assert his or her values, then these problems are addressed in CLASS A. In the instances of *Negativistic feedback* and *Perseveration of feedback* the therapist needs to determine if these are presentations of *Problems Providing Feedback* or are better understood as CLASS C: *Conflict.*

Failure to provide feedback. In this case, the client does not provide feedback to others in most or all situations. This may be due to the client's fear that others will become upset or other reasons that create an avoidance repertoire for providing input to others about their impact on the client.

Ineffective/Over-elaborated/Unclear Feedback. If the client expresses problems with providing clear feedback to others, then the other person will not have the opportunity to modify his or her behavior.

This instance may include the use of excessive wording or making repeated attempts at explanation that make it unclear what the client's response is to the other person. Here, a description of impact is made, but it is lost in the rest of the response so it doesn't function as feedback.

Negativistic Feedback. In this instance, the client provides excessive or highly focused feedback about the problems of others without providing other response options or a context of general support. This type of feedback creates a context for the other person that is difficult to respond to the client with an improved response.

Overly Detailed Feedback to Others. This type of problem describes the client's use of excessive detail about the other person's behavior problems as they impact the client. This problem is similar to *Negativistic feedback* in that it does not optimize the likelihood that the other person will engage in a more effective new response following the feedback.

Perseveration of Feedback. This instance describes the client continuing to provide feedback beyond its point of being useful to the listener.

ASSESSMENT QUESTIONS FOR CLASS B

The definitions of *impact* and *feedback* are important to these assessment questions. For these questions, the therapist needs to inform the client that *impact* simply refers to how we affect others when we interact with them. The therapist may use examples to illustrate types of impact (e.g., "A comedian has a humorous impact on the audience," etc.).

With respect to the term *feedback*, the therapist tells the client that these questions pertain to all different types of feedback or information that we get from other people about our interaction. This feedback may be subtle or more directly spoken, but it includes all types of input from others. The client should be clear that *feedback* is not just that information provided in more formal evaluations (i.e., in a work setting). These are the "clues" or "cues" that each of us receives from others during our interactions.

Client Exemplars for CLASS B

I am going to ask you some questions about your impact on others in social situations.

1. Think about a recent time when you interacted with someone and you received some type of feedback from the person about how the interaction went (or was going). What did you do?
    a. How did you know you were being given feedback?
    b. How did you decide whether this feedback was accurate?

2. Tell me a time when you received feedback from others and the things with that person or others were better because you changed your behavior as a result of the feedback. Call this Situation A.
    a. Is this consistent with how things usually go for you with making requests?
    b. Why do you think that it went well?

3. Now tell me a time when you received feedback from others and the things with that person or others did not improve (either then or in another situation). Call this Situation B.
    a. Is this consistent with how things usually go?
    b. Why do you think that it didn't go well?

4. If we put the time that things went well at one point on a scale (Situation A), and we put the time things didn't go well at the other end of the same scale (Situation B), where do you think you would typically be on the scale with respect to getting feedback from others?

A--B

5. Are you having any challenges or problems right now with getting feedback from others or noticing your impact on others?

6. Do you think this issue could come up in therapy between you and me?
    a. What would that look like if it did?
    b. What would you do if you got feedback from me about something that mattered to you?

Therapist Assessment Questions for CLASS B

1. Does the client have problems identifying that she or he has an interpersonal impact on the therapist?
2. Is the client able to recognize when he or she has been given feedback by the therapist?
3. Can the client discriminate when he or she affects the therapist during session?
4. Does the client value the feedback of the therapist?
5. Is the importance that the client places on the therapist consistent with the nature or development of the therapeutic relationship?
6. Does the client respond to the therapist when feedback about his or her behavior is given?
7. Does the client evidence a lack of a response repertoire to effectively respond to the therapist when feedback is given?
8. Does the client adjust his or her behavior consistent with what feedback the therapist has given?
9. Does the client differentially reject feedback that is critical, but accepts feedback that is positive?
10. Does the client continue to engage in or increase his or her responding even though direct feedback about the response has been given?
11. Does the client become antagonistic when feedback is given? [assess CLASS C]
12. Is the client overly sensitive with regard to his or her impact on the therapist?
13. Is the client overly sensitive when he or she has been given feedback by the therapist?

CLASS C
CONFLICT

CLASS C is defined by behaviors that function to inhibit an interpersonal interaction between the client and therapist or the client and other people due to the client's inability to respond effectively to interpersonal conflict. These behavior problems serve to inhibit the client's development or maintenance of successful interpersonal relationships.

CLASS C describes client behaviors including the following:
(1) problems with identifying that conflict is occurring,
(2) problems specifying situations that require conflict resolution or the conditions appropriate for engaging in interpersonal conflict,
(3) escape and avoidance of situations requiring conflict resolution including being overly acquiescent at the onset of or prior to conflict, engaging in social withdrawal, or being excessively appeasing,

(4) indirect or ineffective attempts to decrease or resolve conflict,

(5) an unwillingness to compromise in conflict in an effort to remain "right," or

(6) client behavioral excesses that function to facilitate or increase conflict rather than resolve it.

Clients with problems in this area may also have problems with CLASS A (assertion of needs) and CLASS B (discriminating impact on others).

Contextual Cues/Discriminative Stimulus Functions

Problems with Identification or Specification

In this case the client cannot recognize that conflict is occurring. Deficits in this area may be due to the client's avoidance of conflict or a lack of training to recognize that disagreements can and do occur in the context of close interpersonal relationships and recognizing their occurrence.

Problems with Appropriate Contextual Control

In this case, the client has problems discriminating a situation (when, where, with whom) requiring problem resolution skills particularly as they relate to being in an interpersonal relationship. If the client cannot discriminate an appropriate situation where conflict or disagreement can be resolved, he or she will not engage effectively in the interpersonal interaction. The context involving both when and where conflict occurs is important for the client to discriminate. The client may also have problems discriminating with whom conflict resolution skills should be employed.

Response Repertoire

Escape or Avoidance Repertoire

Clients may have behavioral problems dealing with interpersonal conflict and engage in escape or avoidance strategies to either terminate or decrease the future likelihood of conflict situations.

Escape or Avoidance problems can occur in the following forms:

(1) *Escape Repertoire*: *Excessive Acquiescence*. Clients with problems in this area may engage in escape strategies such as rapid or *excessive acquiescence* to the other person so that the conflict and perceived social discomfort is prevented or terminated even though the client has not expressed his or her needs. Conflict resolution can require acquiescence, but to qualify for problems in this area the client needs to maintain this strategy frequently or in multiple contexts that result in problems with interpersonal relationships.

(2) *Avoidance Repertoire: Social Withdrawal.* Avoidance strategies can include *social withdrawal* due to fear of conflict arising. In this case, the client maintains this one strategy of responding that serves to inhibit successful interpersonal relationships.

(3) *Avoidance Repertoire: Excessive Appeasing or Conciliatory Responses.* Engaging in *excessive appeasing or conciliatory responses* functions to decrease the likelihood of engendering conflict or terminate it if conflict has begun. Clients with problems in this area may express a hypervigilance for anticipating the needs of others without the other person directly identifying or asserting that need. Here, clients may effectively avoid conflict by anticipating and meeting others' needs in advance. The client may have a number interpersonal relationships but the client reports that his or her needs are not being met, that he or she is taken advantage of by others.

Indirect/Ineffective Attempts to Resolve Conflict

In this case, the client can identify the conditions under which appropriate conflict resolution can occur and attempts to resolve the conflict, but the attempts to engage in this are at such weak strength or are so vague that the behaviors are ineffective. Clients with problems in this area appear timid or uncertain about the conflict resolution that it is ineffective.

Unwillingness to Compromise in Conflict

In this case, the client recognizes that conflict is occurring and that conflict resolution may bring about a change in the interpersonal interaction, but the client will not compromise or aid in conflict resolution in an effort to comply with a self-stated rule of remaining "correct." In this situation it is more advantageous for the client to maintain his or her position in conflict than experience the aversive contingencies that would occur if the client compromises or acquiesces. These aversive contingencies may occur through contact with emotional experiences related to being "incorrect" or "wrong" and can be addressed as problems with CLASS E (problems with emotional experience). Aversive contingencies may occur in the form of actual or perceived punishing responses delivered by other listeners (either involved with or outside of the conflict). In this latter case, the client's behavior is partially under the control of another individual who evaluates the client's performance and delivers salient social reinforcers or punishers (here, related to being "right" or not acquiescing).

Conflict-Facilitating or Conflict-Escalating Repertoire

Clients with problems of a conflict-escalating repertoire recognize that conflict is occurring but engage in behaviors that engender, maintain, or escalate conflict rather than resolve it. In this case clients (1) may not discriminate that the behaviors they engage in serve to facilitate conflict; or (2) may seek or maintain conflict in an effort to meet interpersonal needs not met elsewhere. In this second case, an oppositional or confrontative client may engage in behaviors that engender or maintain conflict to obtain basic social reinforcers such as attention.

Clients with a learning history that suggests that interpersonal closeness is expressed through conflict will seek out or maintain conflict when it occurs. Client behavior in this case is under contingent control that may be perceived as aversive by others but meets important client needs.

Clients may have problems discriminating appropriate conditions for conflict, may have problems with CLASS B (inability to accurately discriminate his or her impact on others), or may have problems with CLASS D (problems with interpersonal closeness), particularly when a client cannot clearly convey emotional closeness and instead escalates conflict.

ASSESSMENT QUESTIONS FOR CLASS C

For questions about Interpersonal Conflict, the client should be informed that all relationships include conflict and that is a normal part of human interaction. The therapist should distinguish between conflict and (physical) violence for the client and not normalize the violence. Escaping and avoiding violence is very important, and escaping and avoiding conflict is sometimes successful. Here, the therapist is attempting to understand how the client engages or does not engage in interpersonal conflict when it arises in relationships.

Client Exemplars for CLASS C

I am going to ask you some questions about how you are when conflict arises in relationships you are a part of.

1. What do you do if you are upset with someone else that you have a relationship with?

2. How do you try to resolve conflict with others?

3. Think about a recent time when had a conflict with another person. What did you do?
   a. How did you know that a conflict was occurring?
   b. What did you do in this situation?
   c. Did you attempt to resolve the conflict?
   d. Do you think that your opinion was heard?
   e. Did you try to understand what the other person was trying to say?

4. Tell me a time when you had some type of conflict with someone else and the interaction went well for you. Call this Situation A.
   a. Did you try to resolve the conflict?
   b. Is this consistent with how things usually go for you when you're involved with conflict?
   c. Why do you think that it went well?

5. Now tell me a time when you had some type of conflict with someone else, and the interaction didn't go very well. Call this Situation B.
   a. Did you try to resolve the conflict?
   b. Is this consistent with how things usually go for you when you're involved with conflict?
   c. Why do you think that it wasn't a good experience?

6. If we put the time that things went well at one point on a scale (Situation A), and we put the time things didn't go well at the other end of the same scale (Situation B), where do you think you would typically be on the scale with respect to being in conflict others?

    A--B

7. Are you having any challenges or problems right now with conflict or resolving conflict with others?

8. Do you think this issue could come up in therapy between you and me?
   a. What would that look like if it did?
   b. What would you do if you felt there was conflict that came up between you and me?

Therapist Assessment Questions for CLASS C

1. Does the client engage in any type of conflictual interactions with the therapist in-session?
2. Is the client aware that conflict is occurring when it happens during session?
3. Does the client recognize that conflict can occur between him or her and the therapist?
4. Does the client attempt to stop any conflict once it has started to arise in-session
5. Does the client acquiesce to the therapist, without making his or her own needs or opinion known?
6. Does the client withdrawal if conflict occurs or may occur with the therapist?

7. Does the client appear over conciliatory or escape or avoid from conflict by appeasing the therapist unnecessarily?
8. When the client makes attempts to resolve conflict with the therapist, are the resolution strategies clear?
9. Is the client willing to compromise in conflict?
10. Does the client engage in conflict resolution strategies that inadvertently facilitate or escalate the conflict?
11. Does the client deliberately attempt to escalate the conflict?

CLASS D
DISCLOSURE AND INTERPERSONAL CLOSENESS

CLASS D is defined by behaviors that function to prevent establishing or maintaining interpersonally close relationships between the client and therapist or the client and other people. Behavior problems from the other classes already described may contribute to difficulties with this class of behaviors. This CLASS characterizes behaviors that prevent the establishment or maintenance of social support or otherwise restrict the client's access to social reinforcers (i.e., that results in social withdrawal) including engaging in self-disclosure and responding to needs or requests of others. Self-disclosure in the context of interpersonal closeness may include discussions about problems the client is having, but these discussions may also include disclosures about the client's life that are more pro-social or facilitative of positive interactions.

CLASS A, *Assertion of Needs,* focuses on the client's awareness, identification, and making requests for what is needed in a relationship. These requests are sometimes for social support. If the client has problems with engaging in what appears to be disclosure that is designed to get a need met, then this is a problem with CLASS A, not with CLASS D.

CLASS B, *Bidirectional Communication*, is essential to assess because it relates directly to problems with self-disclosure. The therapist needs to be clear whether the client has the skills to discriminate the impact that the self-disclosure has on the listener.

Specific problems in this CLASS include:
(1) an inability to discriminate situations where or persons with whom the client self-discloses resulting in distancing or isolating from other people,
(2) engaging in infrequent attempts to have interpersonally close interactions that would yield social reinforcers,
(3) engaging in ineffective or unclear affective disclosures,
(4) engaging in excessive disclosure that functions to decrease the availability of future social interactions, or
(5) failing to respond to attempts by other people to establish interpersonally close interactions including not responding to others requests from the client

Contextual Cues/Discriminative Stimulus Functions

Problems with Identification or Specification

In this area, the client has difficulties identifying that interpersonal closeness or support would be helpful to the client. This instance also describes problems the client has failing to recognize that he or she is engaging in self-disclosure or cannot identify important features of that disclosure (salience, valence, etc.).

This instance also describes client problems with identifying or specifying what is needed from others (either requested directly or indirectly) where a response from the client is expected. This failure to discriminate and lack of response prevents the client from having access to social reinforcers.

In addition, problems with identification or specification also include difficulties discriminating times when to ask someone else about his or her experience. If the client has this discrimination but does not engage in asking others about their experience, the client has problems with the associated repertoire for this instance (see *Failure to solicit other's disclosure*).

Problems with Appropriate Contextual Control

In this case, the client is unable to discriminate the conditions (when, where, with whom) in which to engage in social interactions that involve interpersonally close behaviors such as self-disclosure (of emotional or affectively laden material) or conditions in which it would be effective to offer or reciprocate with support.

Clients who do not identify conditions appropriate for self-disclosing or talking about their own experiences can have an aversive impact on others. The client may also experience discomfort when he or she fails to discriminate appropriate individuals to self-disclose. If an identified listener to whom the client will <u>not</u> self-disclose typically does respond effectively to others with support, then the problem lies with the client's lack of disclosure (e.g. see *escape or avoidance repertoire*). However, if the client will not disclose due to a history where other listeners have responded to the client unsupportively, then the client likely has a problem with identifying the appropriate conditions for disclosure.

This problem area encompasses client difficulties with discriminating which interpersonal relationships would provide important supportive functions for the client including listening, providing emotional support, or allowing a reasonable amount of self-disclosure of talk of the client's experiences. Specific instances in this CLASS include:
(1) The client may have trouble *over-disclosing* in contexts where the relationship does not have a sufficient history to support such self-disclosure, talk about one's own experiences, or having provided emotional support or closeness.
(2) The client may also have challenges with recognizing that a relationship does have the features where disclosure would be supported (*under-disclosing*) and would provide a sense of closeness to the client. Clients with problems in the area of not identifying appropriate conditions under which to disclose or seek support may appear withdrawn or socially isola ted. In the case of social withdrawal, the client can have problems with identifying appropriate conditions for closeness or problems with failing to disclose (see response repertoire problems below).

Response Repertoire

Escape or Avoidance Repertoire:
Infrequent Seeking of Interpersonally Close Interaction

In this instance, the client is able to identify the conditions in which disclosure would be reinforced, but the client will immediately escape the experience or will avoid doing so altogether. This escape or avoidance repertoire functions to prevent the client from engaging in an effective interaction that yields social reinforcers. The client may have a learning history where disclosing was punished through social contingencies such as embarrassment, anger, etc. Clients may also escape or avoid self-disclosure due to an unwillingness to experience the affect that arises as a result of the disclosure (see CLASS E).

It is important in this CLASS to assess whether the client has specific rules about not engaging in interpersonally close relationships. These rules may need to be addressed specifically as the therapist has the client engage in exposure-based strategies.

Escape Repertoire. Clients with problems in this area may engage in escape strategies such at the onset of interpersonal disclosure opportunities. Here the client may effectively discriminate the occurrence of such an opportunity but will not stay in the situation to allow it to continue. By escaping the situation the client receives some exposure to the event but will likely not contact the naturally reinforcing effects of disclosing and responding to another person's disclosure. The impact of consistently escaping these interactions will likely limit their occurrence in the future.

Avoidance Repertoire. Avoidance strategies can include *social withdrawal* as with conflict situation. In this case, the client maintains one strategy of responding that serves to prevent social interactions that can lead to disclosure and other interpersonal closeness or intimacy. It is important to note that if a client is able to maintain some close relationships but in general avoids them, the client many not have a problem in this area. This description should be used when the avoidance strategy prevents or disrupts client relationships. Escape and avoidance repertoires must be assessed following a determination that the client has a desire for or values these relationships.

Escape or Avoidance Repertoire: Low Desire for Closeness

Low Desire for Closeness. Clients may also express a low or lack of desire for interpersonally close relationships. This may be due to a client's reinforcement history for escaping or avoiding the interactions based on a history of aversive events surrounding these relationships. This instance may also be due to the client not finding these interactions rewarding or pleasurable. An extensive history should be taken for any previous relationships that were interpersonally close and enjoyable for the client.

In the case that the client has never had an interpersonally close relationship and is of sufficient age or development that this would be expected, the client may not find relationships reinforcing. These clients will appear socially unskilled and withdrawn, but this lack of interpersonal interaction does not bother them. These clients may lack the basic understanding of the utility and value of interpersonal relationships. In this case, the client may need to be informed about the advantages of social relationships and be instructed in some basic interacting skills that would develop the client's ability to engage others socially. Individuals with a low desire for closeness should be differentiated from those with a desire for closeness but who have considerable excesses or deficits that prevent this type of relationship from occurring.

Failure to Solicit Others' Disclosure

This instance describes a client's failure to engage in asking questions in an interpersonal interaction about the other person's experiences. Making a pro-social response of inquiring about other's experiences can occur in a reciprocal fashion where the client asks another person how they are doing after having been asked (e.g., "I'm doing well, thanks for asking…How are you doing?") or by making a more facilitative response with another person. This deficit can create a more one-sided conversation for the client that leaves the other person feeling less important to the client. These inquiries by the client can range from being general conversation questions to those asking another person for more intimate disclosure. The therapist needs to assess whether the client has an intact repertoire for discriminating the context for seeking interpersonal closeness and soliciting other's disclosure.

Problem with General Pro-social Repertoire

This instance characterizes client skill deficits with engaging in general conversations that are more than just grossly superficial but that do not involve intimate disclosure. An intact general pro-social repertoire captures many interactions that occur in relationships that are less interpersonally close or intense but still provide social contact.

Unclear Self-disclosure

In this case, the client can identify the conditions under which to self-disclose, but the client's repertoire is insufficient to do this in a way that provides the listener with clear information about what the client is disclosing. The result of indirectly or unclearly self-disclosing makes it difficult for the listener to provide effective responses to the client. This instance also describes client disclosures that contain distracting disclaimers or self-deprecating comments so that the listener is not clear what is being discussed.

Inaccurate Self-disclosure

In this case the client makes self-statements or descriptions of his or her experiences that are interpreted as inaccurate by the listener. To be considered a problem, behaviors in this instance of CLASS D must occur with relative frequency and result in a decrease in interpersonal relationships or decreased access to social interactions. Statements characterized by this instance include those that appear as bragging, grandiose, self-focused, etc. These inaccurate statements also include excessively self-deprecating comments or statements about one's self as being without value to others in a social relationship.

Humorous or ironic statements about one's own experiences do not qualify as problems in this instance unless they result in the decreased social interactions just described.

Excessive Self-disclosure or Seeking Closeness

Clients with problems of excessive disclosure or seeking a sense of interpersonal closeness have problematic relationships with others as a result of high frequencies of engaging in self-disclosing, talking about one's own experiences, attempting to engage in interpersonally close interactions. The client may accurately discriminate when and with whom to disclose, and he or she may have the repertoire to do so clearly and accurately. Problem behaviors in this instance are described by the client disclosing so much that the listener no longer provides the social support that is requested, or the client discusses him or herself to such an extent that the listener no longer engages the client in social interactions.

An example of this instance includes a client overloading or over-burdening the therapist or other people with personal experiences or disclosing more than it is appropriate for the context, resulting in fewer or less effective social interactions with the client.

Clients with problems in this area may also have problems with CLASS B above, *Bidirectional Communication*.

Failure to Respond to Other's Disclosure or Requests and/or Reciprocate with Social Support

Another instance in the class of problems with interpersonal closeness occurs when the client fails to or cannot respond to another person's disclosure or request for social support or requests for others'

needs to be met. In this case, the client does not recognize the opportunity to respond to another person's disclosure or request for support, or the client does not have the repertoire to engage in an effective response. The client who has problems in this area may appear to be insensitive to the disclosure or support seeking by others.

In the instance that the client has the repertoire to respond to others, but others perceive that response to be unsupportive, the client may have problems with CLASS B, *Inability to accurately discriminate his or her impact on others*.

ASSESSMENT QUESTIONS FOR CLASS D

For questions about Interpersonal Closeness, the client should be informed that this means feeling "connected to, "close with," or "good friends with" another person. Interpersonally close relationships do not characterize acquaintances or other more superficial relationships that are a normal part of our work and social life. Interpersonally Close relationships are those that involve telling others how we feel, being understood, and appreciating others and their needs. Talking about one's self or one's own experiences simply means that the client engages in talk focused on what is going on for him or her as it occurs or after the fact.

Client Exemplars for CLASS D

I am going to ask you some questions about how you relate to people and how you are in relationships with them.

1. How do you know someone cares about you or is close to you?

2. How do you think someone knows you care about them or that you feel close to them?

3. Are there times when you talk with others about how you are feeling or your experiences?

4. Think about a recent time when you felt like talking with someone about how you were feeling. What did you do?
   a. Did you decide to talk with another person about how you were feeling?
   b. How did you decide to talk (or not talk) about how you were feeling?
   c. How did you make your experience understood by the other person?

5. Tell me a time when you talked to someone about your experiences and the discussion went well for you.
   a. Did you talk about how you were feeling or described a personal experience? Call this Situation A.
   b. Is this consistent with how things usually go for you when you talk about your experiences?
   c. Why do you think that it went well?

6. Now tell me a time when you talked to someone about your experiences, but the experience wasn't very good. Call this situation B.
   a. Did you talk about how you were feeling or describe a personal experience?
   b. Is this consistent with how things usually go for you when you talk about your experiences?
   c. Why do you think that it wasn't a good experience for you?

7. If we put the time that things went well at one point on a scale (Situation A), and we put the time things didn't go well at the other end of the same scale (Situation B), where do you think you would typically be on the scale with respect to talking about your own experiences?

A--B

8. Are you having any challenges or problems right now in this area?

9. Do you think this issue could come up in therapy between you and me?
    a. What would that look like if it did?
    b. What would you do if you wanted to talk about your experiences while you were in-session with me?

Therapist Assessment Questions for CLASS D

1. Does the client evidence a desire or need for a close therapeutic relationship?
2. Does the client self-disclose to the therapist during the therapy session?
3. Does the client recognize that the therapist is a participating member in the interaction? {NB: The client is not in therapy to meet the therapist's needs or provide social support to the therapist. This question is assessing the sensitivity of the client to the therapist as another person with feelings in the therapeutic relationship.}
4. Does the client self-disclose with the therapist at appropriate times in session or given the development of the therapeutic relationship?
5. Does the client recognize the therapist as a person to whom the client can self-disclose?
6. Does the client engage in self-disclosure or other interpersonally close behaviors and then terminate them?
7. Does the client fail to self-disclose in the context of therapy even when it would be beneficial for the client to do so?
8. Is it unclear what the client is disclosing when he or she engages in these tasks with the therapist?
9. Does the client engage in a high number of self-deprecating comments that are not consistent with the therapist's perceptions or experiences of the client?
10. Does the client engage in grandiose or exaggerating self-talk with the therapist?
11. Does the client engage in a talk about his or her own experiences at a high frequency so that the result is off-putting to the therapist?

CLASS E
EMOTIONAL EXPERIENCE AND EXPRESSION

CLASS E is defined by behaviors that function to inhibit an interpersonal interaction between the client and therapist or the client and other people because the client has no or very low tolerance of experiencing emotional responses. This CLASS can also include the somatization of psychological conflicts in an effort to not directly talk about or express an aversive emotional experience.

CLASS E describes client behaviors including:
    (1) the client cannot identify or specify their emotional experience (either that it has occurred or what it is),

(2)   the client does not discriminate situations where or when it would be appropriate to express (disclose) an emotional experience,

(3)   escaping or avoiding an emotional experience when it occurs,

(4)   inaccurately labeling of emotional experiences,

(5)   ineffectively or unclearly describing emotional experiences, or

(6)   excessively expressing emotions.

Contextual Cues/Discriminative Stimulus Functions

Problems with Identification or Specification

In this case, the client has problems identifying or specifying that an emotional experiences has occurred or is occurring (either in the present or the past), particularly as they relate to being in an interpersonal relationship. This instance describes problems the client has with being unable to identify that an emotional experience is occurring. Problems with responding to this stimulus and labeling the experience are described under the Response Repertoire section that follows (see for example, *Inaccurate label of emotional experience*).

Problems with Appropriate Contextual Control

Clients with problems in areas of contextual control do not discriminate appropriate times (when or where or with whom) to either (1) recognize that an emotional experience would be expected in that context, or (2) discriminate when to report or express a feeling. The contextual control of with whom, as well as when and where, to express an emotional response is essential to assess. If the client does not discriminate these features, he or she will receive feedback from others that will not sustain an effective response set in this domain.

Response Repertoire

Escape or Avoidance Repertoire (Infrequent Experience)

Clients who can discriminate that an emotional experience is occurring may have difficulties experiencing the response and will engage in strategies to avoid or escape the aversive stimulation. Many of the other classes include problems with emotional experience, particularly in opportunities to experience interpersonal closeness or eliminate conflict. This instance describes individuals who will escape or avoid opportunities to experience any set of responses that would be appropriate and expected for that individual given his or her learning history. These emotional experiences may be either "positive" feelings (e.g., joy, happiness, pride) or they may be "negative" (e.g., sadness, anxiety), but the individual experiences the emotional responses in this class as *aversive*. The escape and avoidance responses are especially relevant as they impact the client's ability to interact with others.

Escape Repertoire. Clients with problems with an escape repertoire will engage in strategies to terminate the emotional experience after it has begun. The onset of the emotional experience may or may not be easily observed by others, but the escape response will be observable as a direct response or a collateral response.

Avoidance Repertoire. Clients with problems with an avoidance repertoire will engage in activities to prevent the experience of the targeted emotional response. In this case, the client has very little contact with the emotional experience that is avoided. Clients in this instance may have problems with social withdrawal or engage in activities that prevent the emotional experience (e.g., substance use).

For escape and avoidance behaviors, the client may develop rules (either explicit or implicit) that help to prevent the client from experiencing the emotional response. The therapist should address these behaviors as they function on other interpersonal relationships.

Inaccurate Label of Expression/
Restricted Repertoire of Emotional Experience

In this case the client is unable to accurately label the emotional experience that he or she is having, either inaccurately expressing it or not having a broad enough repertoire to express an emotion appropriate to the context. Problems with inaccurate expressions of emotional experience prevent the listener from effectively responding to the client. This inaccuracy may be evidenced by an expression of affect that is incongruent between the client's verbal report (or content of discussion) and the client's affective state. The inaccuracy may occur as a consistent lack of correspondence between the client's affective expression and more commonly observed affective responses given the content of the client's discussion. If the client does not have a broad enough repertoire to label the variety of emotions that occur in different situations, then this expression may also appear inaccurate.

Clients with deficits in this area may also inaccurately identify an emotional response as a bodily state or physical experience (i.e., somatization). For example, the client may state, 'I feel tired' when 'I feel sad' is more accurate given the context.

The distinction between an inability to label an emotional experience and escape and avoidance behaviors is subtle but important to make. Clients who engage in escape or avoidance strategies can state the behavior they are working to terminate or prevent. This labeling process will be difficult for the client to engage in, because the process will likely have the client contact the emotion that is being avoided. For example a client saying, "I feel sad and lonely" will make available the emotional functions of sad and lonely.

In this case, the therapist can attempt to help the client label the experience and then observe whether he or she is capable or will engage in the labeling process. For example, the therapist could say, "Other people in this situation might feel sad and lonely." If the client states this is not accurate, but expresses some other, unnamed affect, then the client may have a problem with labeling. If the client states this is not the case, the therapist can ask, "If that were how you are feeling, would that be OK with you, or would you try to not feel sad or lonely?" In both situations, the client may appear uncertain or lack an emotional expression. The therapist should try to differentiate these response sets, as the treatment should be different for each instance.

Ineffective or Unclear Description of Emotional Experience

Clients who can identify and label their affective experience can experience difficulties with directly conveying this information so that others may respond effectively to the client. The result of indirectly or unclearly conveying an affective experience to the listener can include confusion and misunderstanding. If a listener misunderstands or is confused by the client's expression or report of affect, that listener may discount or ignore the affective expression. The listener may also respond ineffectively to the client and interact with the client based on an understanding of an emotional experience different from what the client was trying to convey.

Excessive Affective Expression

Clients with problems of excessive expression of affective experiences have problematic relationships with others as a result of high frequency or intensity of emotional expression. In this case the client may accurately identify his or her emotional experience, but engage in an expression of that emotion that exceeds what is appropriate to the situation. In this case, clients may exhibit an inability to modulate an affective response. Clients with problems in this area may also have problems with CLASS B above, inability to accurately discriminate his or her impact on others.

ASSESSMENT QUESTIONS FOR CLASS E

For questions about Emotional Experience, the client needs to understand that emotional experience means all types of emotions, not just the "negative" feelings like sadness, anxiety, loneliness, etc. These feelings also include love, pride, joy, humor, etc. The client must also understand that responses to these feelings can occur in "real time" while the emotion is occurring, or responses and affective expression can occur later, to memories about events. All of these are understood as emotional responses.

Client Exemplars for CLASS E

I am going to ask you some questions about how you are able to experience and express emotions when you have them.

1. Are there feelings that are easier for you to experience compared to others?

2. Are there feelings that are easier for you to express to other people relative to other feelings you have?

3. Think about a recent time when you felt something (strongly). What did you do?
    a. How did you know what you were feeling?
    b. How did you express it?
    c. Did you express or make your feelings known to others?

4. Tell me a time when you felt something strongly when the experience went well for you. Call this Situation A.
    a. Did you express your feeling to someone else?
    b. Is this consistent with how things usually go for you when you have (strong) feelings?
    c. Why do you think that it went well?

5. Now tell me a time when you had a feeling, but the experience wasn't very good. Call this Situation B.
    a. Did you express your feeling to someone else?
    b. Is this consistent with how things usually go for you when you have (strong) feelings?
    c. Why do you think that it wasn't a good experience?

6. If we put the time that things went well at one point on a scale (Situation A), and we put the time things didn't go well at the other end of the same scale (Situation B), where do you think you would typically be on the scale with respect to experiencing emotions or feelings?

A--B

7. Are you having any challenges or problems right now with experiencing emotions or feelings?

8. Do you think this issue could come up in therapy between you and me?
    a. What would that look like if it did?
    b. What would you do if you experienced a strong feeling while you were in-session with me?

Therapist Assessment Questions for CLASS E

1. Does the client have problems expressing his or her emotions?
2. Is the client able to identify when he or she has emotional experiences?
3. Does the client make this discrimination in vivo (during the emotional experience)?
4. Is the client able to discriminate the different emotional experiences he or she has?
5. Does the client identify the therapist as someone she can share his or her emotions with?
6. Does the client show emotions infrequently relative to the topics of therapy?
7. Does the client evidence rules for not experiencing emotions as they occur?
8. Does the client escape or terminate an emotional response after it has started?
9. Does the client engage in avoidance strategies to prevent the onset of an emotional response?
10. Does the client accurately label his or her emotional experiences as they occur?
11. Does the client communicate his or her emotional experiences in a way that is clear and relatively easy to respond to?
12. Does the client hint around his or her feelings or express them directly?
13. Does the client engage in excessive or overly intense expression of emotional experiences?

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APPENDIX
Examples of FIAT Instruments

FIAT-C-DA
> Sample daily assessment form for client for Class A

FIAT- Client Form (Pre)
> Sample pre-session assessment form for client for Class A

FIAT-T (Pre)
> Sample pre-session assessment form for therapist for Class [X]

FIAT-T (Post)
> Sample post-session assessment form for therapist for Class [X]

FIAT-Q
> A formatted version for printing the FIAT-Q can be obtained from the author.

FIAT - C - DA
Daily Assessment of Client
Class A

Client ID_____   [Date]   Version: 1

How you fill this form out will depend on the instructions given to you by your therapist. Given these instructions, please check the "Yes" or "No" box if you had a problem with this area.

Please complete each box for each day. Write the date below each day, beginning with today's date.

For each box, circle "P" if you had a Problem with this area, circle an "I" if you were able to make an Improvement, or circle both if there was both a Problem and an Improvement. If there was No Change, circle "NC."

In the space below each day, briefly comment on what occurred for this problem or improvement.

Bring this form with you to your next session with your therapist.

The following is a list of your ongoing goals for treatment.
Problems with identification or specification: Escape or avoidance repertoire:
"I don't know what I want from other people."   "I won't ask others for the support that I need in
                                                           my relationships."

Day 1 (today)	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
_____	_____	_____	_____	_____	_____	_____
Yes ? No ? P I	Yes ? No ? P I	Yes ? No ? P I	Yes ? No ? P I	Yes ? No ? P I	Yes ? No ? P I	Yes ? No ? P I

FIAT - Client Report (Pre)
Pre-session Questionnaire
Class A: Problems with Needs and Values

Client ID_____   [Date]   Version: 1

The following is a list of your ongoing goals for treatment.

Problems with identification or specification: Escape or avoidance repertoire:
   "I don't know what I want from other people."   "I won't ask others for the support that I need in
                                             my relationships."

FOR CLASS A, on a scale of 1 to 5, rate how much of a PROBLEM you had this past week with identifying and/or asserting needs and values in your relationships outside of therapy (circle the number that best describes your progress):

1	2	3	4	5
This is not a problem	This is a problem	This is a moderately large problem	This is quite a bit of a problem	This is an extremely large problem

---

FOR CLASS A, on a scale of -3 to 3, rate how much PROGRESS you have made THIS PAST WEEK with identifying and/or asserting needs and values in your relationships outside of therapy (circle the number that best describes your progress):

-3	-2	-1	0	1	2	3
It's a lot worse	It's moderately worse	It's a little worse	No progress has been made	Small amount of progress	Moderate progress	A great deal of progress

---

FOR CLASS A, on a scale of -3 to 3, rate how much PROGRESS you have made OVER THE COURSE OF THERAPY with identifying and/or asserting needs and values in your relationships outside of therapy (circle the number that best describes your progress):

-3	-2	-1	0	1	2	3
It's a lot worse	It's moderately worse	It's a little worse	No progress has been made	Small amount of progress	Moderate progress	A great deal of progress

These questions refer to what has happened between you and other people during the PAST WEEK for CLASS A. Do not include interactions with your therapist from last week's therapy session.

1. Did you have any interactions with others or were you in a situation this week where this issue arose? Y or N
   If no, skip to the next page.

2. Were there times when you were able to more **effectively** identify or assert your needs with others?   Y or N

3. Were there times when you were **NOT** able to effectively identify or assert your needs with others?   Y or N

FIAT-T (Pre)
Therapist Pre-session Questionnaire
CLASS [X]

These questions refer to the session you are about to have with your client. Please answer the questions based on what you would like to occur in therapy in the session you are planning.

The following is a list of ongoing goals for treatment for this client:

Is there a change in the case conceptualization that needs to be added or dropped from this list?   **Y or N**
IF SO, PLEASE SPECIFY:

For CLASS [X]:

1.   Has this been a focus of therapy recently?   **Y or N**
2.   Is this talked about as events that happen **outside of therapy**?   **Y or N**
    3.   Have you responded to both outside session problems and improvements as they occur?   **Y or N**

4.   Is this problem brought into therapy as an issue between you and the client **in-session**?   **Y or N**
    5.   How will you attempt to evoke an **in-session** problem or improved behavior in this class today?

6.   Based on your FASIT-T (Post) [Post Session Questionnaire] answers from last week, what would you do differently in response to these **in-session** problem or improved behaviors that might be more effective?

7.   What specific areas are you working on related to responding to **in-session** problem or improved behavior that might arise in this class?

8.   What might the client do that would evoke an **in-session** problem behavior of yours?

9.   What can you do to engage in an **in-session** improved behavior of yours in this situation?

FIAT-T (Post)
Therapist Post-session Questionnaire
CLASS [X]

These questions refer to the session you just had with your client. Please answer the questions based on what occurred in therapy in the session you just finished.

The following is a list of ongoing goals for treatment for this client in this Class:

1. Did this issue come up during therapy today?   **Y or N** → **If "N" Go to next section**

2. Was this talked about as events that happened **outside of therapy**?   **Y or N** → **If "N" Go to question 6**

    3. Did the client talk about problems in this area occurring outside of session?   **Y or N**
    4. Did the client talk about improvements in this area occurring outside of session?   **Y or N**
    5. Did you discuss controlling variables for the outside problem or improvement?   **Y or N**

6. Did this issue occur between you and the client **in-session** today?   **Y or N** → **If "N" Go to question 17**

    7. Did you attempt to evoke **in-session** problem or improved behavior in this class today?   **Y or N**
    8. What did your evoking response look like?

    _____

    9. Did the client engage in an **in-session** improved behavior?   **Y or N**

    10. Did you respond to this **in-session** improved behavior when it occurred?   **Y or N**

    11. Provide a brief exemplar of how you responded

    _____

    12. Did the client engage in an **in-session** problem behavior?   **Y or N**

    13. Did you respond to this **in-session** problem behavior when it occurred?   **Y or N**
    14. If you did **not** respond, what prevented you from doing so?

    _____

    15. Provide a brief exemplar of how you responded?

    _____

16. What can you do differently in response to these **in-session** problem or improved behavior to be more effective?

17. On a scale of 1 to 10, rate how much **progress** has the client made working on «PROBLEM_1A» **Outside** in other relationships (circle the number that best describes the client's progress):

1	2	3	4	5	6	7	8	9	10
This is not a problem		This is a small problem		This is a moderate problem		This is quite a bit of a problem		This is an extremely large problem	

18. On a scale of 1 to 10, rate how much **progress** has the client made working on «PROBLEM_1A» **in-session** with you over the course of therapy (circle the number that best describes the client's progress):

1	2	3	4	5	6	7	8	9	10
This is not a problem		This is a small problem		This is a moderate problem		This is quite a bit of a problem		This is an extremely large problem	

FIAT - Q
Interpersonal Relationships Questionnaire

This questionnaire will ask you to respond to a number of statements. You are asked to read each statement carefully, and then think about whether the statement applies to you or does not apply to you. Then circle the number that best describes how much you agree with the statement.

CLASS A: ASSERTION OF NEEDS (IDENTIFICATION & EXPRESSION)

For the following statements, the term *needs* is used to stand for anything that you want including making requests for social support, or other needs you may have that are more practical.

	Strongly	Moderately	Mildly	Mildly	Moderately	Strongly
	Disagree			Agree		
1. I have problems getting my needs met.	1	2	3	4	5	6
2. I get my needs met as soon as I ask.	6	5	4	3	2	1
3. I know when I need help or support from other people.	6	5	4	3	2	1
4. I realize that I need help in a particular situation <u>after</u> the situation has passed.	1	2	3	4	5	6
5. I do not know how to put my needs into words.	1	2	3	4	5	6
6. I am able to identify the kind of help or social support I need from other people.	6	5	4	3	2	1
7. I have trouble recognizing when I can ask another person for something.	1	2	3	4	5	6
8. When I need something, I ask for it as soon as I need it.	6	5	4	3	2	1
9. I can identify people who are willing and able to help me with my needs.	6	5	4	3	2	1

10. When I need help or social support, I will ask a close friend or family member.	6	5	4	3	2	1
11. I will ask a stranger or casual acquaintance for advice about a personal situation.	1	2	3	4	5	6
12. I avoid asking people for help in meeting my needs.	1	2	3	4	5	6
13. I start to ask another person for something, then withdraw my request.	1	2	3	4	5	6
14. I am willing to accept assistance from someone once the person has agreed to help me.	6	5	4	3	2	1
15. When someone notices that I need assistance, I deny that I need any help.	1	2	3	4	5	6
16. People do not respond when I ask for help or social support.	1	2	3	4	5	6
17. I express my needs subtly, for example, by hinting at what I need.	1	2	3	4	5	6
18. When I ask for assistance, people understand what I need.	6	5	4	3	2	1
19. In a relationship, I give a lot of emotional support, but do not get much support from the other person.	1	2	3	4	5	6
20. People tell me that I ask for things too often.	1	2	3	4	5	6
21. People don't like the way I ask for things.	1	2	3	4	5	6

CLASS B: BIDIRECTIONAL COMMUNICATION (IMPACT and FEEDBACK)

These statements describe how you impact or affect other people, how you give and respond to feedback. *Feedback* refers to the responses and reactions to your behavior or the behavior of others. *Feedback* is not just information provided in formal evaluations (i.e., in a work setting), it is the information from others that lets us know how we are doing. It may be verbal (expressed in words) or nonverbal (e.g., facial expressions).

	Strongly	Moderately	Mildly	Mildly	Moderately	Strongly
	Disagree			Agree		
1. I have problems receiving feedback from other people.	1	2	3	4	5	6
2. I have problems giving feedback to other people.	1	2	3	4	5	6
3. It is hard for me to identify when people are giving me feedback about my behavior.	1	2	3	4	5	6
4. When I am interacting with another person, I am not sure how I affect them.	1	2	3	4	5	6
5. I know when I am having an unpleasant impact on others.	6	5	4	3	2	1
6. The feedback I get from others seems accurate to me.	6	4	2	2	4	6
7. I carefully consider the source of feedback before changing my behavior.	6	5	4	3	2	1
8. I am able to identify situations when it would be constructive to provide feedback to	6	5	4	3	2	1
9. I avoid situations when I might be provided with feedback, e.g., speaking up in class or at a meeting.	1	2	3	4	5	6

10. If I am not certain about the impact I am having on a close friend, I will ask the friend to give me feedback.	6	5	4	3	2	1
11. When someone is giving me negative feedback, I shut down.	1	2	3	4	5	6
12. I am overly aware of the impact I have on others.	1	2	3	4	5	6
13. I am easily hurt or upset when negative feedback is given to me.	1	2	3	4	5	6
14. Regardless of whether feedback is positive or negative, I don't know how to respond to it.	1	2	3	4	5	6
15. I change my behavior in response to the feedback that I receive.	6	4	2	2	4	6
16. If someone gives me feedback, I believe it is that person's problem, not my problem.	1	2	3	4	5	6
17. When I realize I am having an unpleasant impact on someone, I try to ignore the person's discomfort.	1	2	3	4	5	6
18. If someone gives me feedback that I don't like, I do the opposite of what the person wants.	1	2	3	4	5	6
19. When people give me unfavorable feedback, I argue with them.	1	2	3	4	5	6
20. I do not provide feedback to another person if they are having an unpleasant impact on me.	1	2	3	4	5	6
21. When I tell people that their behavior is having a negative effect on me, they do not change what they are doing.	1	2	3	4	5	6
22. I am told that the feedback I give is excessive and too detailed.	1	2	3	4	5	6
23. When providing feedback to others, I respond in a way that is brief and specific.	6	5	4	3	2	1
24. I am told that when I provide feedback, I am too critical of the other person.	1	2	3	4	5	6
25. When I give feedback, I repeat my position several times.	1	2	3	4	5	6

CLASS C: CONFLICT

These statements describe how you identify and then deal with conflict that occurs between you and another person. Here, *conflict* refers to having disagreement, or an uncomfortable interaction with someone else. Although conflict can sometimes come before violence, in these questions *conflict* does NOT refer to violence. It is very important to avoid and stop violent interactions with others.

	Strongly	Moderately	Mildly	Mildly	Moderately	Strongly
	Disagree			Agree		
1. I have problems with conflict in my relationships.	1	2	3	4	5	6
2. I feel uncomfortable when I experience disagreement with another person.	1	2	3	4	5	6
3. I am aware when there is conflict with me and another person.	6	5	4	3	2	1
4. When another person is angry with me, I do not understand the problem between us.	1	2	3	4	5	6

5. I feel that there are times when it is beneficial to express disagreement in a relationship.	6	5	4	3	2	1
6. I get into conflict with others over things that do not seem to matter to them.	1	2	3	4	5	6
7. People tell me that I want to discuss conflict at inconvenient or inappropriate times.	1	2	3	4	5	6
8. I will engage in conflict with another person without considering who they are.	1	2	3	4	5	6
9. I avoid conflict at all costs.	1	2	3	4	5	6
10. In order to avoid conflict, I try to anticipate what the other person wants me to do.	1	2	3	4	5	6
11. I withdraw in the face of conflict, regardless of the circumstances.	1	2	3	4	5	6
12. After I voice a disagreement with another person, I immediately apologize for bringing up the issue.	1	2	3	4	5	6
13. When I am having conflict with another person, I ask what I can do to make things better between us.	6	4	2	2	4	6
14. I am successful at resolving conflict with others.	6	5	4	3	2	1
15. When I have a disagreement with another person, I explain repeatedly why I think I am right.	1	2	3	4	5	6
16. During an argument, I am careful to avoid hurting the other person's feelings.	6	4	2	2	4	6
17. I approach solutions to conflict directly, clearly communicating what can be done to resolve our differences.	6	5	4	3	2	1
18. I express anger indirectly, for example, by not speaking to the other person.	1	2	3	4	5	6
19. People say I am not willing to compromise when there is a conflict.	1	2	3	4	5	6
20. When I am arguing with someone, the argument goes on for a long time.	1	2	3	4	5	6
21. During an argument, I feel more connected and close to the other person.	1	2	3	4	5	6
22. When I am arguing with someone, the argument becomes more intense as time goes on.	1	2	3	4	5	6
23. I deliberately upset the other person during an argument.	1	2	3	4	5	6

CLASS D: DISCLOSURE and INTERPERSONAL CLOSENESS

These statements describe how you may disclose, or talk about, yourself or your experiences with other people. Statements also describe your feelings about interpersonal closeness. Interpersonal closeness simply refers to being "connected to, "close with," or "good friends with" another person. This kind of closeness may occur with friends, family, or romantic partners, but typically does not occur with casual acquaintances, such as neighbors or classmates that you seldom encounter. Interpersonally close relationships are those that involve telling others how we feel, being understood by another person, and appreciating others and their needs

Strongly	Moderatel y	Mildly	Mildly	Moderatel y	Strongly
	Disagree			Agree	

1. I have problems being close with others.	1	2	3	4	5	6
2. I have had one or more close relationships.	6	5	4	3	2	1
3. I am not able to identify when it would benefit me to share my experiences with another person.	1	2	3	4	5	6
4. I am aware when it is appropriate to ask people about their experiences.	6	5	4	3	2	1
5. I will share personal information with a stranger or casual acquaintance.	1	2	3	4	5	6
6. I will talk about myself and my experiences with only a small and select group of people.	1	2	3	4	5	6
7. When friends ask me about how I am doing, I choose not to tell them.	1	2	3	4	5	6
8. I feel the need to keep secrets from people who are close to me.	1	2	3	4	5	6
9. I talk about myself and my experiences with other people.	6	5	4	3	2	1
10. I feel it is best not to talk about my own experiences with anyone.	1	2	3	4	5	6
11. I start to talk about what I am going through, and then decide it is better to keep my feelings to myself.	1	2	3	4	5	6
12. I have told people about my problems, and then wished that I hadn't.	1	2	3	4	5	6
13. Close relationships are important to me.	6	5	4	3	2	1
14. I do not want to share things about myself with others.	1	2	3	4	5	6
15. I ask other people to tell me about their feelings and their experiences.	6	5	4	3	2	1
16. I have difficulty making conversation with people.	1	2	3	4	5	6
17. When I talk about my experiences, people clearly understand what I am telling them.	6	5	4	3	2	1
18. After I share something personal about myself, I downplay the importance of what I've disclosed.	1	2	3	4	5	6
19. I exaggerate my good points and brag about my skills and abilities.	1	2	3	4	5	6
20. People say that I talk about myself in a way that downplays my good qualities.	1	2	3	4	5	6
21. I am told that I talk too much about myself.	1	2	3	4	5	6
22. People tell me that when I talk about my own experience, I share information that is too personal.	1	2	3	4	5	6
23. I listen to others and offer them support.	6	5	4	3	2	1
24. I am told that in relationships, I ask for a lot of emotional support, but provide little support to the other person.	1	2	3	4	5	6

CLASS E: EMOTIONAL EXPERIENCE and EXPRESSION

The following statements describe how you identify and then express your feelings. The term "emotional experience" means all types of emotions or feelings that you have, not just the "negative" feelings like sadness,

anxiety, loneliness, etc. These feelings also include love, pride, joy, humor, etc. Feelings may occur in the moment as you experience an event or interaction, or they may occur afterwards, like when you remember something.

	Strongly	Moderately	Mildly	Mildly	Moderately	Strongly
	Disagree			**Agree**		
1. I have problems with my emotions.	1	2	3	4	5	6
2. I have problems identifying what I am feeling.	1	2	3	4	5	6
3. I am aware of my feelings and emotional experiences as they are happening.	6	5	4	3	2	1
4. I fail to notice my emotions during an experience, but become aware of them when I look back at the event.	1	2	3	4	5	6
5. I can tell the difference between one emotion and another.	6	5	4	3	2	1
6. My emotional responses make sense to me when I consider the circumstances.	6	5	4	3	2	1
7. I express my emotions at appropriate times and places.	6	5	4	3	2	1
8. I will talk about my feelings in any situation.	1	2	3	4	5	6
9. I intentionally hide my feelings.	1	2	3	4	5	6
10. I try not to feel certain emotions.	1	2	3	4	5	6
11. I avoid situations that might bring out strong feelings.	1	2	3	4	5	6
12. I allow myself to feel all emotions, even strong ones.	6	5	4	3	2	1
13. When I have an unpleasant emotion, I take immediate action to stop feeling it.	1	2	3	4	5	6
14. I am able to put a name to what I am feeling.	6	5	4	3	2	1
15. I tell people that I am feeling one way, when I am actually feeling another way.	1	2	3	4	5	6
16. People tell me that my emotional expression is flat.	1	2	3	4	5	6
17. When I talk about how I am feeling, I use the same few words to describe my feelings.	1	2	3	4	5	6
18. People tell me that they want me to express my feelings more openly.	1	2	3	4	5	6
19. When I share my feelings with others, they do not react in the way that I expect.	1	2	3	4	5	6
20. I clearly communicate my emotions to people so that they know exactly how I feel.	6	5	4	3	2	1
21. People say that I talk about my feelings too much.	1	2	3	4	5	6
22. I express my emotions in an overly intense manner.	1	2	3	4	5	6
23. People don't like it when I talk about my emotions.	1	2	3	4	5	6
24. People are annoyed by the way that I express my emotions.	1	2	3	4	5	6