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ABSTRACT

Seven of 14 first-year graduate students in Clinical Psychology enrolled in a criterion-referenced self-training course in clinical interviewing were shown a tape of a faculty member or advanced graduate student performing the requisite skills for each of nine modules. Tapes were shown immediately preceding practice of the skills. All students met in groups of three or four with an advanced graduate student or faculty monitor for 90 minutes while practicing the skills for each module. Students received immediate feedback on their performance during these sessions. Students were evaluated on their performance on probe interviews conducted during both the first and last weeks of classes, and they were required to complete a module evaluation form following the completion of each module. Performance and improvement ratings of all students were comparable throughout the semester, the sole excpetion being that students who saw the modeling tapes evidenced a significant decrease in percentage of responses coded as requests for descriptions of covert behavior. The modeling tape group spent significantly more time on the course than the control group. However, they did not rate the time spent as excessive, and they rated the individual modules higher. Providing models who emphasized overt rather than covert behaviors in their interviewing behaviors seemed to fill a gap in the training of behavioral clinicians. It was concluded that modeling tapes should be offered but not required as a part of the course instruction. (Author/PJC)

The Use of Modeling Tapes in the Teaching of Interviewing Skills

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Modeling has repeatedly been shown to be instrumental in the teaching of new behaviors (Bailey, Deardorff, & Nay, 1977; Bandura, 1971), and virtually every therapist observes some models of therapy sessions over the course of her/his training. Typically, however, these models are not presented systematically in actual training situations. The present study investigated the effects of the presentation of videotaped models on the acquisition of behaviors comprising basic interviewing skills. Training materials, including the self-instructional text developed by Hackney and Nye (1973), were implemented in a criterion-referenced self-training course on clinical interviewing (Couture & Edelstein, 1977). Since immediate feedback had been shown to be more cost-effective than delayed feedback on performance (Christoff, Spencer, Edelstein, Couture, Sims, & Vieira, 1978), all students received immediate feedback. It was proposed that the presentation of videotaped models of criterion behaviors would facilitate the acquisition of these behaviors.

Method

Four groups of first-year clinical psychology graduate students each met with a monitor once per week. Five advanced graduate students and the course instructor served as monitors to facilitate skill acquisition. The monitors were rotated through the groups so that each monitor met with the same number of groups in each condition. The monitors were responsible for providing students with feedback on their performance on each of nine interviewing skills modules. The modules consisted of

criterion referenced, self-instructional material which was used by the group to train the members in the skills covered for the week. The groups practiced the skills for each module with the continuous feedback of a monitor for the first portion of the training period. Following this, and continued practice if needed, the group videotaped each other demonstrating the criterion skills for the module. Immediately prior to practice, two of the four groups were presented with a videotaped model of an advanced graduate student or faculty member performing the criterion behaviors.

Performance of the students was evaluated by having each student conduct an interview with a simulated client (drama and counseling students) prior to training (baseline), and during the final week of classes. Tapes of these interviews were rated at the end of the semester by two undergraduate research assistants. Individual responses were coded as either appropriate or inappropriate for each designated opportunity for the student therapist to emit a response. Raters were blind to both condition and time of interview. The raters independently scored one-third of all probe interview tapes for reliability. Inter-observer agreement scores were calculated by dividing the number of opportunities scored the same by both raters by the total number of opportunities scored for the interview. These scores ranged from 0.75 to 0.89 with a mean of 0.83. Overall performance ratings correlated 0.86 between raters. There were 30 categories of criterion behaviors coded, and these included: unstructured invitation to talk, minimal verbal response, requests for descriptions of covert and overt behavior, reflection, paraphrase, silence, and confrontation. The definitions used in coding these behaviors are available upon request from the first

author. Time costs to the students and consumer satisfaction were evaluated by module evaluation forms filled out by each student following the completion of each module.

Results and Discussion

If learning had occurred, students were expected to increase the number of categories of responses emitted, decrease the number of responses scored inappropriate, and improve in overall ratings of performance. In fact, for the number of categories of responses emitted, the modeling tape group averaged 11.9 and 12.3 for the baseline and final probes respectively while the control group averaged 13.2 for both probes. Neither the baseline to final differences nor the between group differences were significant. This may indicate that we were simply providing labels for behaviors that the students already had in their repertoires. All students reduced the number of responses coded inappropriate from baseline to final probes. The control group averaged 1.4 inappropriate responses on baseline and 0.2 on final probes. The modeling tape group averaged 1.8 and 0.0 inappropriate responses respectively. There was an overall significant reduction ($p < .05$) but the two groups did not significantly differ from each other. Overall performance ratings were made on a nine point scale anchored with 1=exceptionally poor and 9=outstanding. The modeling tapr group was rated 6.1 and 7.0 for the two sequential probe interviews as compared to the control group's average ratings of 4.8 and 6.7 respectively. Again, the baseline to final increases were significant ($p < .025$) overall, but the two groups did not differ from each other.

Some findings with respect to the individual categories of behaviors scored are also of interest. All students increased the

percentage of total responses coded as minimal verbal responses from baseline to final probe ($p < .05$). The modeling tape group averaged 16.1% on baseline and 35.9% on final probe while the control group's average increased from 14.3% to 28.5% of all scored responses. There was also an overall significant decrease in number of value statements made from baseline to final probes ($p < .05$). Students in the modeling tape group made an average of 1.7 value statements on baseline and 0.3 on final interviews as compared to 2.0 and 0.8 for the control group. Again, the two groups did not differ from each other. The only significant difference between groups occurred in percentage of responses coded as requests for description of covert behavior ($p < .05$). The modeling tape group went from 15.4% to 4.7% while the control group remained at 14.8% for both probes. It appears that the models served to direct the student therapists' attention away from covert client behaviors (i.e., thoughts, feelings, and opinions).

Data from the module evaluation forms indicates that the students in the modeling tape group spent an average of 2.0 hours per module. This was significantly more time than the 1.6 hours spent by the students in the control group ($p < .001$). However, there was no significant difference in the two groups' ratings ratings of satisfaction with the amount of time spent. On a seven point scale anchored with 1=too little, needed more time to learn the behaviors and 7=too much, the behaviors could be learned in significantly less time, the control group gave an average rating of 4.2 and the modeling tape group gave an average rating of 4.3. Thus, despite the fact that the modeling tape group spent more time completing each module, they did not feel that the amount of time spent was excessive. Overall ratings of the

modules, made on a seven point scale, averaged 4.8 for the control group and 5.4 for the modeling tape group. This difference is significant at the .05 level of confidence, and indicates that the modeling tape group liked the modules better than the control group. Ratings of monitor usefulness, made on a seven point scale with a rating of one indicating detrimental and a rating of seven indicating very helpful, did not discriminate between groups. This was expected since all students met with several different monitors, and the monitors' function remained constant across groups. However these ratings were 6.1 and 6.0 for the modeling and control groups respectively indicating that the students considered the monitors important to their acquisition of skills.

Conclusions

As the data indicate, performance and improvement ratings of both groups were comparable throughout the semester. The sole exception to this exists in the fact that only the modeling tape group evidenced a significant decrease in percentage of responses coded as requests for description of covert behavior. The modeling tape group spent significantly more time on the course than did the control group. However, they did not rate the time spent as excessive, and they liked the course modules more. Thus, the results are equivocal. Apparently the tapes presented did not significantly contribute to skill acquisition, but did significantly contribute to satisfaction with the course. The choice to use of not to use modeling tapes in such a course may depend upon the objectives of the instructor. Assuming that we are interested in training behavioral clinicians who will use client data in designing, implementing, and revising treatment programs, a focus on overt rather than covert behaviors might be important. Given that most literature

in the area of interviewing skills, including the text used for this course, seems to focus on eliciting clients' feelings and attitudes rather than their specific overt behaviors which are problematic in interpersonal functioning, some redirection may be necessary. Providing models who emphasize overt rather than covert behaviors in their interviews may be important. This is not to negate the importance of the private events of the client, however, as responsible clinicians we cannot focus solely on them. Perhaps the solution is to make modeling tapes available prior to each module without requiring that they be viewed. The instructor's intent in providing the tapes should be explained to the student so that s/he can make a more responsible decision about whether or not to view them.

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