

USING THE IFS ADHERENCE SCALE: AN ANALYSIS OF INTER-RATER RELIABILITY

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Abstract. This report presents results from an analysis of the inter-reliability for a new IFS Therapy adherence scale. From the analysis, using a combination of frequency analysis, cross-distribution, and Cronbach's statistics, it is concluded that good internal consistency in the scale exists; using the scale to determine fidelity of IFS therapy sessions also suggests high inter-rater reliability and clear distinction between measures rating IFS versus non-IFS-oriented sessions. The analysis further allows us to make the observation that training for raters around the IFS constructs is necessary and should be expansive. Finally, it is recommended that additional data be gathered from future raters of IFS therapy sessions for additional inter-reliability analysis.

A. Overview

To examine fidelity of psychotherapy sessions applying Internal Family Systems (IFS) Therapy with the IFS established protocol, an ad-hoc group of lead IFS trainers and trained IFS practitioners developed the IFS Adherence Scale (See Appendix A), which measures adherence to key elements of the IFS psychotherapy modality.¹

The scale, which contains a total of 17 statements or questions, closely follows the model's constructs and is organized into five subscales, ranging from the initial stage to the retrieval and unburdening stages, and examining the therapist's disposition, which is anticipated to be critical to the effectiveness of the model (see Figure 1).

While different IFS sessions are expected to vary in terms of which stages are emphasized, the scale is designed around prompts the therapist would use to assist the patient or client through the process of identifying what the model refers to as inner parts, exiles, or Self. The scale addresses whether, during the session, the therapist appeared himself/herself to be in a state of Self and exhibited attributes of Self leadership (referred to by the model in short as the 8 C's and 5 P's). The scale ends with a statement about whether the client/patient referred to the IFS constructs and an open statement about rater's interpretation.

To determine the reliability and validity of the IFS Adherence Scale in future research, an inter-rater reliability study was conducted. The ad-hoc group selected 10 raters who received

basic orientation/training around the scale and its accompanying constructs—viewing of a short sample session, overview of the model and review of (a) definitions of various elements of the IFS protocol; (b) therapist prompts; and (c) auditory as well visual observations of the model’s various constructs statements as commonly exhibited by language or physical of therapist or client during the therapy session.

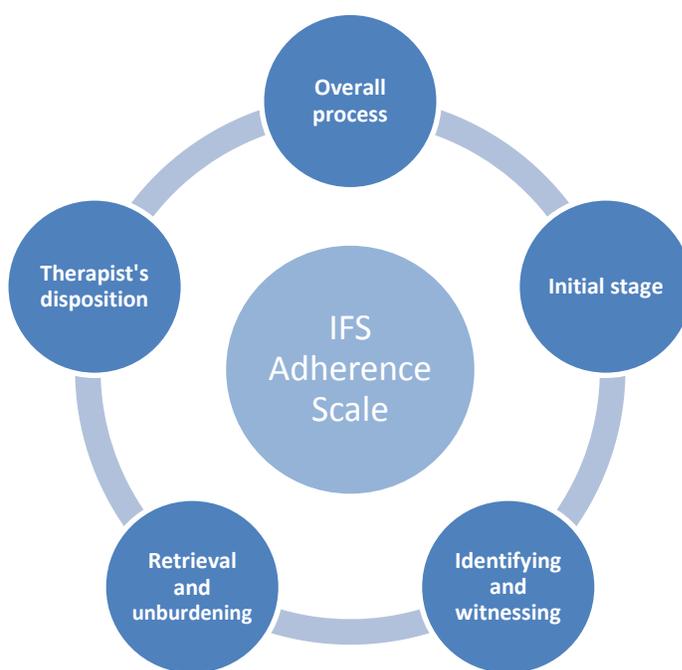


Figure 1. The IFS Adherence Scale and five subscales

During the months of August and September in 2014, each rater observed 5 separate video-recorded therapy sessions in different order and rated them following the scale measurements. Data from these raters were gathered through a survey instrument and analyzed. This study presents the assessment of raters’ data by conducting cross-distribution, frequency, and content analyses of measures across raters and over the rating sessions. The results from these analyses were obtained using SPSS version 22. A discussion of results and conclusions are provided below. The analyst responsible for this report has experience in the use of statistics across various measurement disciplines, including psychometrics, but is neither a psychologist nor had he been exposed to the IFS model prior to conducting this analysis.

B. Readiness of Raters & Therapists

Cross Distribution Analysis

Raters and therapists in the recorded sessions exhibited diversity in level of training for use of the IFS Adherence Scale. Among individuals leading the recorded psychotherapy sessions being rated, there were lead IFS trainers, individuals who had completed basic levels of IFS training, and individuals who had no previous exposure to the model. All sessions were IFS-oriented sessions, except for one in which cognitive behavioral therapy was used (see Table 1).

Similarly, the level of IFS training varied among raters as also displayed explicitly in Table 1.

Table 1. IFS Knowledge of Raters & Session Psychotherapists

Rater	Session Viewing Sequence				
A. Two Graduate Students – Limited exposure to IFS					
Rater A1	1	2	3	4	5
Rater A2	5	1	2	3	4
B. Four Raters Trained in IFS Level 1					
Rater B1	2	3	4	5	1
Rater B2	1	5	4	3	2
Rater B3	4	2	3	1	5
Rater B4	5	4	1	2	3
C. Two Raters Trained in IFS Levels 1 & 2					
Rater C1	3	4	5	1	2
Rater C2	2	1	5	4	3
D. Two Raters Skilled in IFS – Level 1-3 (Competent Trainers)					
Rater D1	4	5	1	2	3
Rater D2	3	2	1	5	4
Session 1: IFS session - Treating psychotherapist is an expert, lead IFS trainer					
Session 2: IFS session - Treating psychotherapist has completed Level 1 IFS training					
Session 3: IFS session – Treating psychotherapist has completed Levels 1 and 2 of IFS training, assistant trainer					
Session 4: IFS session – Graduate student serving as treating psychotherapist					
Session 5: Non-IFS session – Treating psychotherapist not exposed to IFS; adopting Cognitive Behavioral Therapy					

Based on the data, the raters' exposure to IFS was as follows: (a) Only IFS scale-related training (n=3), (b) Level 1 (n=6), (c) Level 2 (n=2), and (d) Level 3 (n=3). Two of the raters received training in the use of the IFS Adherence Scale during the collection of data for this reliability analysis; consequently, the total number of raters by level of training exceeds the total number of raters. Cross distribution analysis was conducted on raters' level of IFS training and rating sessions. Results of this analysis included a 4x5 contingency table highlighting the relationship between the four levels of rater training and five rating sessions (see Table 2).

A review of Table 2 indicates at least one rater for each level of training occurs within each cell of the contingency table. Raters were most likely to be identified as having completed Level 1 for IFS training. Regardless of training level, however, raters were proportionally represented across all rating sessions. These results suggest use of the IFS Adherence Scale is not linked to Rating session and occurrence of instrument use is independent of training.

Table 2. Cross Distribution for Rater's Level of Training by Rating Session

Level of training	Session				
	1	2	3	4	5
Only IFS scale-related training	2	2	2	3	2
Level 1	4	5	4	4	4
Level 2	2	1	2	1	2
Level 3	2	1	1	2	2
Total	10	9	9	10	10

C. Analysis of Subscale Measures

Cronbach's α , like Rasch modeling with Item Response Theory (IRT), provides a value to describe the internal consistency of raters. Cronbach's α was chosen over Rasch modeling for two reasons: (a) to maintain the independence of all rater measures; and (b) to ensure broad accessibility of this analysis, since Cronbach's α is more common and would be recognized by

current users of the IFS Adherence Scale. In future analyses, both Cronbach's α and Rausch modeling will be used to describe the internal consistency of IFS raters.

Inter-rater analysis of rater responses included generating Cronbach's α values for: (a) rater responses for all items as well as subscales; (b) rater responses by IFS training level for all items as well as subscales; and (c) rater responses by session (i.e., Session 1 through 4 vs. Session 5) for all items. Each of these analyses is designed to provide pertinent information about the consistency of raters in using the IFS Adherence Scale in this study.

The dichotomous response equation (See Eqn. 1) within the Cronbach family was used to generate the values in all reliability analyses.²

$$\alpha = \frac{K}{K-1} \left(1 - \frac{\sum_{i=1}^K P_i Q_i}{\sigma_x^2} \right) \quad \text{Eqn. 1}$$

In Eqn. 1, K corresponds to the number of items on the IFS Adherence Scale, P_i corresponds to the proportion of respondents scoring 1 on item i , Q_i is equal to $1 - P_i$, and σ_x corresponds to the variance of the total test or subscale score. If the variance of a particular subscale score is equal to 0, we denote the Cronbach's α as a hyphen (-); this indicates no variance in raters' responses to items within the subscale and therefore no Cronbach α score can be generated.

Rater Responses for All Items and Subscales

The inter-rater analysis initially made use of all items and subscales within the IFS Scale. Consequently, Eqn. 1 was used to generate Cronbach's α values for the IFS Scale and the five subscales within the IFS Scale (see Table 3): (a) Overall process, (b) Initial stage, (c) Identifying and witnessing, (d) Retrieval and unburdening, and (e) Therapist's disposition.

The α values for Overall ($\alpha=.92$), Initial stage ($\alpha=.91$), and Identifying and witnessing ($\alpha=.93$) suggest *Excellent* inter-rater agreement. According to the *Handbook for Psychological Testing*, an α value in the range of 0.6 to 0.7 indicates acceptable reliability; 0.85 or higher good reliability. The α value for Retrieval and unburdening ($\alpha=.80$) and Therapist's disposition ($\alpha=.93$) suggests *Good* inter-rater consistency. The α value for Overall process ($\alpha=.65$) suggests only *Acceptable* consistency.

Table 3. Inter-rater Reliability Measures for IFS Adherence Subscales

Subscale	Scale item	Cronbach's α
Overall process	2, 3	.65
Initial stage	4, 5, 6, 7, 8	.91
Identifying and witnessing	9, 10, 11	.93
Retrieval and unburdening	12, 13	.80
Therapist's disposition	14, 15	.72
Overall		.92

Rater Response by Level of IFS Training

Cronbach's α values were generated for the IFS Scale and the five subscales by rater's level of training (see Table 4). As with the above analysis, Eqn. 1 was used to generate Cronbach's α values for raters' responses.

Results from the analysis suggest inter-rater reliability across the various subscales are acceptable ($\alpha > 0.7$). This is more firmly the case for raters having received extensive training in IFS. As opposed to those raters whose IFS training consisted of training in preparation for the rating study. There is also a question about the reliability of ratings regarding the *Overall process* subscale. The *Overall process* subscale refers to the process of "direct access," which may be a difficult concept for raters not formally trained in IFS.

Table 4. Inter-rater Reliability Measures of IFS Adherence Subscales by Rater Level of Training

Subscale	Rater level of training			
	Only IFS scale-related training	Level 1	Level 2	Level 3
Overall process	.-	.50	1.0	.90
Initial stage	.78	.94	.98	.88
Identifying and witnessing	.84	.97	1.0	.80

Subscale	Rater level of training			
	Only IFS scale-related training	Level 1	Level 2	Level 3
Retrieval and unburdening	.63	.82	.87	.87
Therapist's disposition	.-	.-	.-	.-
Overall	.75	.96	.97	.90

Note:“.-” indicates the scale has zero variance items. This also indicates all raters responded the same to each item on the subscale resulting in $\sigma_x^2 = 0$ for Eqn. 1.

The α value for Total by level of training suggest raters with the least training in using the IFS (i.e., Only IFS scale-related training, $\alpha=.75$) had the least consistency in rating when compared to those raters with greater training (i.e., Level 1, $\alpha=.96$; Level 2, $\alpha=.97$; Level 3, $\alpha=.90$). Similar results were found across all subscales. Specifically, α values on subscales were consistently lower for raters categorized as “Only IFS scale-related training” when compared to raters categorized as Level 1, Level 2, and/or Level 3 (See Table 3).

Rater Response by Session

The model used in Therapy Session 5 did not match the IFS model. Consequently, Cronbach's α values for Session 5 were compared against raters' responses in Sessions 1 through 4.

Once again, Eqn. 1 was used to generate Cronbach's α values for raters' responses. The therapy model used in Session 5 did not match the IFS model in Sessions 1 through 4. Consequently, Cronbach's α values were compared for Session 5 with values for Sessions 1 through 4.

The overall Cronbach's α value by session suggests raters in Session 5 ($\alpha=.57$) exhibited less consistency when compared to raters in Session 1 through 4 ($\alpha=.85$).

Rater Response by Key IFS Constructs

In addition, raters in Sessions 1 through 4 used the IFS Adherence Scale to rate interactions between therapists and clients, whereas multiple raters in Session 5 noted that the IFS Scale was not relevant in their ratings of the interaction between therapists and clients. To determine the

influence of the IFS Scale on raters' observations a cross-distribution analysis was conducted on responses to questions 2, 7, 9, 10, 11, 13, and 16 by session 1 and 5.

Results of the cross-distribution analysis suggest that responses by raters to questions 2, 7, 9, 10, 11, 13, and 16 are orthogonal across Sessions 1 and 5. This result is critical as these seven questions capture key constructs within IFS for which raters were unable to identify within Therapy Session 5.

Table 5. Cross Distribution of Question Responses by Session for Key Items of the Scale 2, 7, 9, 10, 11, 13, and 16 (see Appendix) by Raters in Sessions 1 (IFS Session led by a competent IFS trainer) and Session 5 (non-IFS session led by an individual not exposed to IFS)

Item	Item statement	Response	Session	
			1	5
2	The therapist helped facilitate the client to access Self.	Yes	10	0
		No	0	8
7	The therapist assisted the client in reporting how the client felt toward a part.	Yes	10	0
		No	0	9
9	The therapist helped the client identify a Protector part.	Yes	10	0
		No	0	8
10	The therapist assisted the client identify an Exiled part.	Yes	10	0
		No	0	9
11	The therapist facilitated the Self of the client to witness the client's part(s).	Yes	10	0
		No	0	9
13	Did the therapist use any of the prompts?	Yes	10	0
		No	0	10
16	Did the client make reference to any constructs?	Yes	10	1
		No	0	8

Rater Response Regarding Therapist's Disposition: Overall & Session 1 vs Session 5

Frequency Analysis. Frequency analysis is a primary analysis method used to determine the distribution of phenomena within a context. Raters using the IFS Adherence Scale were asked if they observed any one of 13 characteristics of Self leadership, as referred to by the model, exhibited by the session therapists. These characteristics were organized in "C" or "P" categories. The 8 "C" characteristics include: (a) compassion, (b) calmness, (c) curiosity, (d) clarity, (e) confidence, (f) creativity, (g) courage, and (h) connectedness. The 5 "P's" included: (a) patience, (b) perspective, (c) persistence, (d) perseverance, and (e) playfulness.

A frequency analysis was conducted on raters' categorization of these characteristics. The context for this analysis is the total number of "C", "P", and "C" and "P" characteristics observations by raters using the IFS Adherence Scale in Session 1 through 4 (See Table 6).

Table 6. Frequency Distribution of C and P Characteristics for Sessions 1 through 4

Characteristic	Frequency		Characteristic	Frequency	
	Yes (%)	No (%)		Yes (%)	No (%)
Compassion	31 (81.6)	7 (18.4)	Patience	34 (89.5)	4 (10.5)
Calmness	34 (89.5)	4 (10.5)	Perspective	34 (89.5)	4 (10.5)
Curiosity	34 (89.5)	4 (10.5)	Persistence	23 (60.5)	15 (39.5)
Clarity	25 (65.8)	13 (34.2)	Perseverance	22 (57.9)	16 (42.1)
Confidence	26 (68.4)	12 (31.6)	Playfulness	15 (39.5)	23 (60.5)
Creativity	17 (44.7)	21 (55.3)			
Courage	6 (15.8)	32 (84.2)			
Connectedness	24 (63.2)	14 (36.8)			

Results of this analysis indicate raters observed Calmness (89.5%), Curiosity (89.5%), and Compassion (81.6%) the most and Courage (15.8%) the least within "C" characteristics. In addition, raters in Session 1 through 4 observed Patience (89.5%) and Perspective (89.5%) the most and Playfulness (39.5%) the least within "P" characteristics.

Raters' data for Session 1 were further compared to their counterparts for Session 5 (as illustrated in Table 7 and additional tables separating C's from P's presented in Appendix B). Raters in Session 1 were compared to raters in Session 5 due to similarity of training level for raters (see Table 2) and because a different model was used for each of the two sessions (i.e., IFS model in Session 1 and non-IFS model in Session 5).

Table 7. Frequency Distribution for C or P Characteristic Observations for Raters in Sessions 1 and 5

Count	Session number					
	1			5		
	Frequency	Percent (%)	Cum. Percent (%)	Frequency	Percent (%)	Cum. Percent (%)
0	0	0.0	0.0	1	10.0	10.0
1	0	0.0	0.0	1	10.0	20.0
2	0	0.0	0.0	4	40.0	60.0
3	0	0.0	0.0	1	10.0	70.0
4	0	0.0	0.0	0	0.0	70.0
5	0	0.0	0.0	0	0.0	70.0
6	1	10.0	10.0	2	20.0	90.0
7	2	20.0	30.0	0	0.0	90.0
8	1	10.0	40.0	0	0.0	90.0
9	0	0.0	40.0	0	0.0	90.0
10	2	20.0	60.0	1	10.0	100.0
11	3	30.0	90.0	0	0.0	
12	1	10.0	100.0	0	0.0	
Total	10	100.0		10	100.0	

Table 7 clearly contrasts the disposition of therapists of Session 1 and Session 5.

Raters consistently noted the presence of “Self leadership” attributes exhibited by the therapist in Session 1 (IFS) and the therapist in Session 5 (non-IFS). One of the constructs of IFS does focus on the ability of the therapist to sustain a state of “Self leadership” throughout the session.

Experience as a therapist may have a bearing here; nevertheless, what is being observed here, while still subjective, is possibly the effect of IFS on the therapist’s disposition. This requires additional data and further analysis.

In terms of cumulative observations within “C” and “P” characteristics, raters of Session 1 observed these characteristics more consistently and at higher rates than they did when they rated Session 5. For aggregate “C” and “P” observations, Session 1 scales showed anywhere from 6 to 12 “C” or “P” characteristics, with 60% of the subscale ratings identifying as many as 10 or more such attributes; as compared to Session 5 ratings, which showed more sporadically anywhere from 1 to 10, with 40% identifying only 2 characteristics.

Raters’ Open Response

Content Analysis. Content analysis is a technique used in the analysis of written text.

Raters were asked to give a written response to item 17 on the IFS Scale, “If none of these constructs were observed, what is your interpretation or explanation?” Raters were expected to provide their own thoughts as to why IFS constructs were not observed during the session.

Table 8 provides a sample of rater responses to item 17 from raters across all sessions.

There were only 8 out of possible 50 responses, 5 of which came from raters of Session 5.

Content analysis is influenced by the fact that raters were more likely to respond to item 17 when observing a non-IFS session (i.e., Session 5). It appears that the primary focus of raters’ responses centered on incongruence between models (i.e., IFS, CBT, and DBT) used in observed sessions. This incongruence was mentioned in four of eight raters’ responses. Two secondary factors emerged from these responses: (a) congruence of language between therapist and client; and (b) identification of therapists as drivers during the session rated. Each of these two foci was mentioned by three of eight raters.

Table 8. Sample of Rater Responses to Item 17 on the IFS Scale

Different words used that seemed to reference these constructs (i.e. "home" and specifically naming the part of focus) | **Session 3**

She referenced the word parts, more as an imitation of the therapy rather than using the construct | **Session 4**

The therapist was not using IFS language and thus the client was not delving deeply into the model | **Session 5**

This was not an IFS session | **Session 5**

Referred to the parts, but no real understanding. This therapist was not using IFS but was using CBT and DBT. Therapist seemed to follow her own agenda | **Session 5**

The parts were more identified as thoughts the client had—not differentiating them as separate parts of her with different thoughts/feelings/beliefs | **Session 5**

The model that was used during the session was the CBT model and did not follow any IFS constructs or concepts | **Session 5**

D. Conclusions

Results of the inter-rater analysis suggest a high level of internal consistency in use of the IFS Adherence Scale. They also suggest that for future raters, internal consistency may prove troublesome for those raters with the least training in using the IFS (i.e., Only IFS scale-related training). As perhaps anticipated by the very need for an adherence scale, it is concluded that there is unreliable internal consistency when the Scale is used in sessions not conforming to the IFS model.

Future research, incorporating additional raters and rating sessions should allow for more definitive conclusions regarding the internal consistency of the IFS Adherence Scale, including the use of Rasch modeling with IRT and Confirmatory Factor Analysis to quantify the consistency of constructs (i.e., subscales) within the Scale by raters, regardless of raters' training level. Results from content analysis suggest that raters observing sessions are likely to identify (a) psychotherapy models different from IFS used in sessions; (b) incongruence with standard

IFS language used by therapists and clients; and (c) power relationships between therapists and clients within the rated sessions.

Regarding the therapists' disposition, the frequency analysis suggests that raters using the IFS Scale are likely to observe many "C" and "P" attributes of Self leadership exhibited by therapists in IFS sessions—9 cumulative characteristics. The most common among these characteristics are Calmness, Curiosity, Patience, and Perspective. A final note should be made regarding results of the frequency analysis. Findings from this analysis suggest raters in sessions using IFS (i.e., Session 1) are much more likely to identify "C", "P", and cumulative "C" and "P" characteristics than raters in sessions not using IFS (i.e., Session 5). Further analysis should be conducted to determine the relationship between likelihood of characteristic observation, IFS use in sessions, and raters level of IFS training.

In conclusion, our analyses support the contention that high inter-rater reliability exists for raters using the IFS Adherence Scale when observing therapists and clients. In addition, our analyses suggest IFS Scale training is an important component in achieving this reliability as well as implementation on specific IFS models. Finally, we contend that future research on the reliability of the IFS Scale should incorporate greater numbers of raters and sessions and include Rausch item analysis to fully quantify the role of rater training in the use of the IFS Scale.

Notes

(*) Dane Bozeman is a statistical consultant and educational researcher with post-doctoral research and quantitative methods teaching experience at Texas A&M University.

The author is grateful to Toufic Hakim, who did not take part in the statistical analysis but provided a number of recommendations regarding specific analyses to be conducted and valuable input on this report's format and presentation.

References

1. Schwartz, R. C. (1995). *Internal Family Systems Therapy*. Guilford Press, New York.
2. Raykov, T., Dimitrov, D., & Asparouhov, T. (2010). Evaluation of scale reliability with binary measures using latent variable modeling. *Structural Equation Modeling, 17*, 122-132.

IFS Adherence Scale | Inter-rater Reliability Study

Data in the IFS rating scale below was transposed by hand from paper copies completed by raters in response to reviewing various sessions recorded on DVD's (Summer 2014).

DVD Review Date

When did you complete the DVD review?

MM DD YYYY

/ /

Please provide the following rated-session's identifiers:

Client Number

Session Number

Therapist Name or Number

Identify the training level of the therapist in the session being rated (please choose one).

- No IFS Training
- Completed Level 1
- Completed Level 2
- Completed Level 3 or is Lead Trainer/Expert

Please provide rater's name

Rater's Level of IFS Training (please check one)

- Only IFS-scale-related training
- Completed Level 1
- Completed Level 2
- Completed Level 3 or is Lead Trainer/Expert

IFS Adherence Scale | Inter-rater Reliability Study

Based on the IFS construct definitions, after reviewing the recorded session and noting visual and auditory observations of both therapist and patient/client for consistency with such constructs, please rate the following statements. For each statement, please make the most appropriate choice; choose 0 if you consider the corresponding construct not to have been "observed in the session" (i.e., statement as presented is not valid in your assessment) and choose 1 if the construct has been "observed" (i.e., statement as presented is valid).

OVERALL PROCESS (Direct Access)

No (0) Yes (1) Not Sure

1. The therapist used ONLY the process of Direct Access with the "part(s)" of the patient/client.

If you chose Yes for the above statement, please go directly to Statement 13.

OVERALL PROCESS (Self & Insight)

No (0) Yes (1) Not Sure

2. The therapist helped guide the patient/client to access Self.
3. The therapist was able to facilitate the process of Insight for the client.

INITIAL STAGES

No (0) Yes (1)

4. The therapist was able to help the patient/client identify and contract with a part at some point i the during the session.
5. The therapist identified when the patient/client was blended with a part, evidenced by using implicit or explicit direct access.
6. The therapist assisted the patient/client in unblending from a part by asking questions that facilitated "unblending."
7. The therapist assisted the patient/client in reporting how the patient/client felt toward a part.
8. The therapist established that the patient/client had unblended from a part.

IDENTIFYING & WITNESSING STAGES

No (0) Yes (1)

9. The therapist helped the patient/client identify a Protector part.
10. The therapist assisted the patient/client in identifying an Exiled part.
11. The therapist helped guide the Self of the patient/client to witness the client's part(s).

IFS Adherence Scale | Inter-rater Reliability Study

RETRIEVAL & UNBURDENING PROCESSES

- | | No (0) | Yes (1) |
|--|-----------------------|-----------------------|
| 12. The therapist helped guide the Self of the patient/client to lead the part in a retrieval or unburdening process during the session. | <input type="radio"/> | <input type="radio"/> |
| 13. The therapist used one or many prompts to achieve this objective. | <input type="radio"/> | <input type="radio"/> |

THERAPIST'S DISPOSITION

- | | No (0) | Yes (1) |
|--|-----------------------|-----------------------|
| 14. Did the therapist display one or more of Self's "C" characteristics (see below)? | <input type="radio"/> | <input type="radio"/> |
| 15. Did the therapist displayed one or more of Self's "P" characteristics (see below)? | <input type="radio"/> | <input type="radio"/> |

If Yes to either, please check all the "C" or "P" characteristics that were observed.

- | | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Compassion | <input type="checkbox"/> Creativity | <input type="checkbox"/> Persistence |
| <input type="checkbox"/> Calmness | <input type="checkbox"/> Courage | <input type="checkbox"/> Perseverance |
| <input type="checkbox"/> Curiosity | <input type="checkbox"/> Connectedness | <input type="checkbox"/> Playfulness |
| <input type="checkbox"/> Clarity | <input type="checkbox"/> Patience | |
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Perspective | |

16. Did the client make reference to any of these constructs?

- No (0)
- Yes (1)

17. If none of these constructs were observed, what is your interpretation or explanation?

Appendix B

Frequency Distribution for C Characteristic Observations by Raters in Sessions 1 and 5

Count	Session number					
	1			5		
	Frequency	Percent (%)	Cum. Percent (%)	Frequency	Percent (%)	Cum. Percent (%)
0	0	0.0	0.0	2	20.0	20.0
1	0	0.0	0.0	4	40.0	60.0
2	0	0.0	0.0	1	10.0	70.0
3	0	0.0	0.0	1	10.0	80.0
4	2	20.0	20.0	1	10.0	90.0
5	1	10.0	30.0	0	0.0	90.0
6	3	30.0	60.0	0	0.0	90.0
7	3	30.0	90.0	1	10.0	100.0
8	1	10.0	100.0	0	0.0	
Total	10	100.0		10	100.0	

Frequency Distribution for P Characteristic Observations by raters in Sessions 1 and 5

Count	Session number					
	1			5		
	Frequency	Percent (%)	Cum. Percent (%)	Frequency	Percent (%)	Cum. Percent (%)
0	0	0.0	0.0	2	20.0	20.0
1	0	0.0	0.0	4	40.0	60.0
2	3	30.0	30.0	2	20.0	80.0
3	1	10.0	40.0	2	20.0	100.0
4	6	60.0	100.0	0	0.0	100.0
Total	10	100.0		10	100.0	