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THE CHINESE VERSION
OF ASSESSMENT OF INTERPERSONAL
PROBLEM SOLVING SKILLS

BY
LEUNG KAI SUN

A THESIS SUBMITTED TO THE
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STATEMENT OF SOURCES

The idea of the present investigation and planning of the experiments were resulted from discussion between the author and Dr. Hector Tsang.

All experiments in the present investigations were completed solely by the author.

The author declares that the work presented in this thesis is, to the best of the author’s knowledge and belief, original, except as acknowledged in the text, and that the material has not been submitted, either in whole or in part, for a degree at this or any other University.

Kai Sun, LEUNG

JUNE 2004
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Abstract

This research involved translating the Assessment of Interpersonal Problem Solving Skills (AIPSS) from English to Chinese. The translation included topics such as the translated version's cultural relevance and establishing the instrument's psychometric properties. The research was conducted in two phases. The first phase was translating the AIPSS (CAIPSS) assessment package, studying the Chinese version's cultural relevance and film's re-edition. A qualified translator translated the package from English to Chinese. Another independent qualified translator backward translated the materials. An expert panel with 14 experienced clinicians was formed to assess the cultural relevancy of the package. All of them stated that the Chinese version was more culturally relevant. Given the preceding, a culturally relevant CAIPSS had finally been developed for use by Hong Kong clinicians. The second phase was the evaluating the psychometric properties of the CAIPSS. Some 30 participants (16 male; 14 female) with schizophrenia were recruited for this study. Internal consistency, test retest reliability and inter-rater reliability were studied. The scorings indicated good to excellent internal consistency. Good reliability was indicated for the test-retest and inter-rater reliability components. This assessment package is user-friendly with good psychometric properties. Local clinicians should feel comfortable using it as a part of their daily practice to examine their client's social skills.
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CHAPTER I
INTRODUCTION

This chapter began with a statement of purpose that summarizes the research study’s objectives. It was followed by a brief description of the study’s background, justification and content.

Statement of Purpose

This study translated the Assessment of Interpersonal Problem Solving Skills (AIPSS) from English to Chinese, re-edited the film from English to Chinese, and established the psychometric properties for the Chinese version of the Assessment of Interpersonal Problem Solving Skills (CAIPSS). The study objectives were:

1. to translate the original English version of the Assessment of Interpersonal Problem Solving Skills into a Chinese (Hong Kong) version;

2. to study the cultural relevancy of the CAIPSS;

3. to study the inter-rater and test-retest reliability of CAIPSS; and

4. to study the internal consistency of the CAIPSS.
Study Background and Justification

Schizophrenia was the label applied to a group of disorders characterized by severe personality disorganization, distortion of reality, and an inability to function in daily life (American Psychiatric Association, 1994). The prevalence rate for schizophrenia was approximately 1.1% of the population over the age of 18. There were as many as 51 million people worldwide suffering from schizophrenia. In China, there were 12 million people who suffer from schizophrenia (Jones & Cannon, 1998; Pearson, 1998; Pinals & Breier, 1997). Impaired social functioning was one of the most fundamental and pernicious symptoms of schizophrenia (Strauss, Kokes, Klorman & Sacksteder, 1977). There was no difference between Western regions and China in the rate of people suffering from schizophrenia (Pearson, 1998).

Deterioration of social relationships and increasing isolation were premorbid markers (Strauss, Kokes, Klorman & Sacksteder, 1977). An inability to navigate effectively in the social environment was a major factor in the poor quality of life experienced by most clients with schizophrenia and was a significant source of stress that contributes to relapses (Falloon, Boyd & McGill, 1984). Clients with schizophrenia have poor social functioning skills. As a result, people within the community did not socialize with those who have schizophrenia. Additionally, employers did not want to hire clients who have schizophrenia given their poor social functioning skills (Penn, Kohlmaier & Corrigan, 2000).

Although there was no cure for schizophrenia, the treatment success rate with antipsychotic medications can be as high as 60 percent (Kessler, Nelson & McGonagie, 1996). Atypical medications were commonly used worldwide. However, these medications have been shown to be less effective in reducing social functioning deficits.
Psychosocial treatment has proved its effectiveness in psychiatric rehabilitation. Social skills training was one of the psychosocial treatments that improved deficits in social functioning. Social skills training, when combined with appropriate doses of antipsychotic medication, has led to improved behavior. Social skills training helped clients learn fundamental skills so that they could build or regained their support network and better deal with life’s demands (Corrigan & Basit, 1997). After social skills training, significant reductions in psychiatric symptoms have been noted. Additionally, significant improvement in social and coping skills was observed (Dobson, 1993; Wallace & Liberman, 1985). In addition, clients with schizophrenia enrolled in skills training programs are less likely to be rehospitalized compared to those with severe mental illnesses who have not completed skills training programs (Hogarty, Anderson, Reiss, Kornblith, Greenwald, Javna & Madania, 1986 & Hogarty, Anderson, Reiss, Kornblith, Greenwald, Ulrich & Carter, 1991).

Prior to each treatment or training, clinicians must assess the client’s strengths and weaknesses. The assessment can act as baseline and outcome indicator of the treatment. There was no difference in applying at psychosocial treatment. Donahoe and colleagues (1990) developed a new instrument – the Assessment of Interpersonal Problem-Solving Skills – to test the problem-solving model developed by Wallace and colleagues (1980). Wallace’s (1980) three-stage model were receiving, processing and sending skills (RPS). This assessment tool was now commonly used in United States. Good psychometric properties and theoretical support were shown (Donahoe, Carter, Bloem, Hirsch, Laasi & Wallace, 1990). AIPSS was an assessment tool by response to tape. Assessment was key to the needs of remediating the deficiencies and building on the assets demonstrated by the client’s skills in “receiving”, “processing” and “sending” communications.

There were few culturally relevant videotaped role-play assessment tools in
Chinese for evaluating the social skills of clients with schizophrenia in Hong Kong. AIPSS, which has good psychometric properties, was theoretically supported and is widely used in the United States, should be applied in local clinical settings. Translation copies of administration manuals and transcripts were needed. After translating and studying the cultural relevance, psychometric properties must be further investigated. Test-retest and inter-rater reliability was established and internal consistency of Chinese version was also studied.

Organization of the Chapters

This dissertation consisted of six chapters. Chapter I was the introduction chapter. Chapter II was the literature review. Adults with schizophrenia, assessment principles and the importance of translating and validating standardized instruments are discussed. Chapter III described the objectives of study. Chapter IV described the method and procedures involved in translation of the assessment package and the culture relevance study of the CAIPSS and re-edition of the film. The results of the test of equivalence, expert panel review, test-retest reliability, inter-rater reliability and internal consistency of CAIPSS were reported in Chapter V. The interpretations of these findings were discussed. Chapter VI provided conclusions and suggested implications of the findings to the application of CAIPSS in clinical practice.
CHAPTER II

LITERATURE REVIEW

Introduction

The chapter described the literature review concerning the details and concepts of clients with schizophrenia. International and local studies about treatment of schizophrenia were further discussed. Social skills training was introduced. Additionally, the details of the Assessment of Interpersonal Problem Solving Skills (AIPSS) were explained. Lastly, the theory of psychometric properties was reviewed.

The Epidemiological Figure of Schizophrenia

The prevalence rate for schizophrenia was approximately 1.1% of the population over the age of 18 (Jones & Cannon, 1998; Pinals & Breier, 1997). There were approximately 51 million people worldwide who suffer from schizophrenia, including 12 million people in China, 8.7 million people in India and 2.2 million people in the United States (Karno & Norquist, 1995; Robins, Helzer & Weissman, 1984; Torrey, 1987). Schizophrenia occurred in all societies at about the same rate, regardless of class, race, region or culture (Regier, Boyd & Burke, 1988; Kessler, McGonagle & Zhao, 1994 & Kessler, Nelson & McGonagie, 1996). In China, the Twelve Centres Epidemiology Survey found that the point prevalence rate for schizophrenia was 6.00/1000 in urban areas and 3.42/1000 in rural areas. Between 75-80% of psychiatric hospital beds in China were occupied by clients diagnosed as suffering from schizophrenia (Pearson, 1998).

Schizophrenia was a disease that typically began in early adulthood between the ages of 15 and 25. Men tended to develop schizophrenia slightly earlier than women. Most males became ill between 16 and 25 years old while most females developed
symptoms between the ages 25 and 30. The average onset age was 18 in men and 25 in women. Schizophrenia onset was very rare for people under 10 years of age, or over 40 years of age (Regier, Boyd & Burke, 1988; Kessler, McGonagle & Zhao, 1994 & Kessler, Nelson & McGonagle, 1996).

The Concepts of Schizophrenia

Schizophrenia was a psychotic disorder in which people might have positive and negative symptoms, depressive symptoms, cognitive symptoms and functional impairments (American Psychiatric Association, 1994). Clients with schizophrenia often suffered terrifying symptoms. Based on The Diagnostic and Statistical Manual of Mental Disorder–Fourth Version (DSM-IV) (American Psychiatric Association, 1994), symptoms could be classified as positive and negative symptoms. Positive symptoms included delusions, hallucinations, thought disorder and bizarre behavior. Positive symptoms have a more dramatic and easily recognized presentation. Negative symptoms included blunted affect, speech and thought poverty, apathy, anhedonia, reduced social drive, loss of motivation, lack of social interest, and inattention to social or cognitive input (American Psychiatric Association, 1994; National Institute of Mental Health, 1999). These symptoms have devastating consequences on client’s lives and only modest progress has been made in treating them effectively (Tandon & Jibson, 2002). Negative symptoms were more difficult to reliably define and document. The severity of the symptoms and long lasting, chronic pattern of schizophrenia often caused a high degree of disability (American Psychiatric Association, 1994).

Blunted affect was the most conspicuous negative symptom which included deficits in facial expression, eye contact, gestures, and voice pattern. In its mild form, gestures might seem artificial or mechanical, and the voice was stilted or lacked
normal inflection. Clients with severe blunted affect might appear devoid of facial expression or communicative gestures. They might sit impassively with little spontaneous movement, speak in a monotone, and gaze blankly in no particular direction (Andreasen, 1982; Carpernter, Heinrichs & Wagman, 1988; Tandon & Jibson, 2002).

Even when the conversation becomes emotional, the client’s affect did not adjust appropriately to reflect his or her feelings. Nor does the client display even a basic level of understanding or responsiveness that typically characterize casual human interactions. The ability to experience pleasure and sense of caring were also reduced. (American Psychiatric Association, 1994; Carpernter, Heinrichs & Wagman, 1988, Tandon & Jibson, 2002).

For communicative, the client’s speech might be reduced in quantity and information. In mild forms of impoverished speech, the client made brief, unelaborated statements. In the more severe form, the client could be virtually mute. Whatever speech was present tends to be vague and overly generalized. Periods of silence might occur, either before the client answered a question or in the midst of a response (American Psychiatric Association, 1994; Andreasen, 1982; Carpernter, Heinrichs & Wagman, 1988).

The client might show a lack of drive or goal-directed behavior. Personal grooming might be poor. Physical activity might be limited. Clients typically have great difficulty following a work schedule or hospital ward routine. They failed to initiate activities, participate grudgingly, and require frequent direction and encouragement. (American Psychiatric Association, 1994; Carpernter, Heinrichs & Wagman, 1988; Tandon & Jibson, 2002).

For relational, interest in social activities and relationships was reduced. Even enjoyable and recreational activities were neglected. Interpersonal relations might
be of little interest. Friendships became rare and shallow, with little sharing of intimacy. Contacts with family were neglected. Sexual interest declined. As symptoms progress, clients became increasingly isolated. (American Psychiatric Association, 1994; Andreasen, 1982; Carpenter, Heinrichs & Wagman, 1988; Tandon & Jibson, 2002).

Social Dysfunction

Clients suffering from schizophrenia within the working and study age range would have their lives affected. Even when clients with schizophrenia were relatively free of psychotic symptoms, they might still have extraordinary difficulty with communication, motivation, self-care, and establishing and maintaining relationships with others. Moreover, because clients with schizophrenia frequently became ill during the critical career-forming years of life (e.g. ages 18 to 35), they were less likely to complete the training required for skilled work (Corrigan, Schade & Liberman, 1992).

Clients who presented a first schizophrenic episode already have social functioning deficits (Grant, Addington, Addington & Konnert, 2001). Social dysfunction often occurred in clients without pronounced positive or negative symptoms (Bellack, Morrison, Wixted & Mueser, 1990). It appeared to be an independent aspect of the disorder (Strauss, Kokes, Klorman & Sackstede, 1977). Clients with schizophrenia have been shown to differ from other diagnostic groups and controls on a broad array of behaviours, including pattern of gaze, latency and duration of verbal responses, use of illustrative gestures and social reinforcers, and the ability to generate effective verbal content in conversations and conflict situations. Many also have impairments in social perception, including the ability to accurately perceive and decode facial and vocal expressions of affect (Bellack, Mueser, Wade &
Sayers, 1992), and the ability to detect linguistic or logical error in their own speech (Harrow & Miller, 1980). These deficits needed to be addressed in the initial treatment. Early intervention was also necessary for first episode of schizophrenia (Grant, Addington, Addington & Konnert, 2001).

Implications of Social Deficits

Clients with schizophrenia not only suffered thinking and emotional difficulties, but lacked social and work and skills and experiences as well (Corrigan, Schade & Liberman, 1992; Tsang and Pearson, 2001; National Institute of Mental Health, 1999). In work, family and community, clients with schizophrenia faced many social behavior problems.

Employment for clients with schizophrenia has been shown to be an important outcome indicator in Hong Kong (Tsang, 1995; Tsang & Pearson, 1996). Social behavior at work was a critical factor for successful employment for clients with schizophrenia (Argyle, 1992; Carpenter & Strauss, 1991; Lysaker, Bell, Zito & Biosa, 1995; Solinski, Jackson & Bell, 1992; Tsang, 2001a; Tsang & Pearson, 1996). Employment problems could result when clients with schizophrenia lack the social skills necessary to function in the workplace (Lignugaris-Kraft, Salzberg & Stowitschek, 1988). Survey results on employment rates of persons discharged from psychiatric hospital showed that for those with schizophrenia and who are more chronically ill, the figure of full-time competitive employment is 15% (Bond & McDonel, 1991; Roger, Anthony & Jansen, 1998). In a recent study (Rimmerman, Botuck & Levy, 1995), individuals with psychiatric disabilities had a lower chance of being placed in supported employment than those with learning disabilities and those with mental retardation. Therefore, social skills was one of major factors that affect the rate successful employment for clients with schizophrenia.
In family, clients who returned to live with relatives, who have critical attitudes or over-involvement (high expressed emotion), relapsed more frequently than clients whose relatives did not show such attitudes (low expressed emotion). There was some available regarding the relationship between expressed emotion and social adjustment. Early studies showed that clients living in high expressed emotion households were at less risk of relapse if they had limited face-to-face contact with their relatives, and it was suggested that social withdrawal could be an adaptive response to high relatives (Liberman, Lillie, Falloon, Harpin, Hutchinson & Stoute, 1984; Falloon, Boyd & McGill, 1984). Clients seldom avoided low expressed emotion relatives, but were much more likely to withdraw in high expressed emotion households. Kavanagh (1992) notes that the relationship between low face-to-face contact and lower rates of relapse was probably confounded with the client’s level of social functioning and with the benefits that both client and relative might derive from being involved in other activities outside the home. He suggested that since hostility and clients link coercion by relatives to both relapse and withdrawal, sequences of high expressed emotion behavior by relatives and withdrawal by clients might be important for both relapse risk and social functioning. It has also been suggested that some low expressed emotion relatives might detach themselves emotionally from clients and thereby promoted social withdrawal.

In community, stigmatization problem was serious both in western or eastern countries. Clients with schizophrenia felt afraid to contact others. Additionally, the general population did not like to interact with them. One of major caused of this problem were client’s the poor social functioning skills. (Penn, Kohlmaier & Corrigan, 2000). As a result, one of the prominent explanations for unemployment among those with serious mental illness was the level of workplace discrimination. It was assumed that employers shared the public’s dread of those with serious
psychiatric disabilities. Employers’ prejudices were also assumed to play a role in hiring and firing decisions (Baron & Salzer, 2002). Corrigan and his colleagues (2001) reported that there was a marked increase in social distance between a layperson and known clients with schizophrenia. Subsequently, clients with schizophrenia became more and more withdrawn and causing their social functioning skills to further deteriorate. Social stigma obviously reduced the opportunity of clients with schizophrenia to work and live independently in the community. As community activities were a crucial element in clients’ adaptive social functioning their recovering from mental disorder would be inevitably be hindered. The quality of life of the client is, in turn, markedly decreased. Poor social functioning skills and social stigma were the major hindering factors to the client’s return to work in the community.

Antipsychotic Medications Treating Negative Symptoms

Psychotropic medications have the greatest effects on symptoms such as hallucinations and delusions. However, medications have been less effective in controlling the negative symptoms associated with psychiatric disorders, including deficits in social functioning, and they did not provide clients with the skills needed to survive in the community (Corrigan, Schade & Liberman, 1992). Although, the new atypical medications have been used which reported minimizing negative symptoms, significant improvement in the social functioning could not be shown (Danion; Rein, Fleurot & Amisulpride study group, 1999; Tollefson & Sanger, 1997). Medications and psychosocial treatments for schizophrenia, when used regularly and as prescribed, could help reduce and control distressing symptoms (Corrigan, Schade & Liberman, 1992). However, some clients were not greatly helped by available treatments or might prematurely discontinue treatment because of
unpleasant side effects or other reasons. Even when treatment was effective, persisting consequences of the illness – lost opportunities, stigma, residual symptoms, and medication side effects – might be very troubling (National Institute of Mental Health, 1999; Heinssen, Liberman & Kopelowicz, 2000).

**Psychosocial Treatment - Social Skills Training**

Numerous forms of psychosocial treatment (Mueser, Corrigan, Hilton, Tanzman, Schaub, Gingerich, Essock, Tarrier, Morey, Vogel-Scibilia & Herz, 2002) such as social skills training, supported employment, assertive community treatment and family psychoeducation were available for clients with schizophrenia, and most focus on improving the clients’ social functioning whether in the hospital or community, at home or on the job. Clients with schizophrenia frequently became ill during the critical career-forming years of life, they were unable to complete the training required for skilled work. As a result, many with schizophrenia not only suffered thinking and emotional difficulties, but lacked social and work skills and experiences as well. While psychosocial approaches have limited value for acutely psychotic clients (those who are out of touch with reality or have prominent hallucinations or delusions), they might be useful for clients with less severe symptoms or for clients whose psychotic symptoms were under control. (Corrigan, Schade & Liberman, 1992; National Institute of Mental Health, 1999). Psychosocial treatments might help most in these psychological, social and occupational problems.

Social skills training were commonly used in psychosocial treatment of psychiatric rehabilitation. Clients with schizophrenia needed to be taught more adaptive social skills to improve the quality of their lives and to minimize the adverse effects of their illness. Chronically ill clients often have pervasive social deficits that stigmatized them in the community, leading to social rejection and a lack
of social support. These clients were unemployed and unstimulated, and were
doomed to a life of social isolation by their inability to create and strengthen social
supports that were responsive to their needs (Corrigan, Schade & Liberman, 1992).

Clients with schizophrenia have serious employment problems which include
going and keeping jobs. Employment problems of clients with schizophrenia were a
result of lacking appropriate general social competence and social skills necessary in
the workplace (Tsang and Pearson, 2001). Not only for schizophrenic clients, social
skills and interpersonal problem solving skills were very important for people who
need to work and live in the community. Ferris, Witt and Hochwarter (2001)
investigated the effect of social skills and interpersonal problem solving skills on
salary levels. They found that increase in social skills and interpersonal problem
solving skills were associated with higher salary level. Therefore, social skills and
interpersonal problem solving skills training were very important for everyone.

Social skills training aimed to help clients with serious and persistent mental
disabilities to perform those physical, emotional, social, vocational, familial,
problem-solving, and intellectual skills needed to live, learn and work in the
community with the least amount of support from helping profession agents
(Anthony, 1979). Social skills training was used to enable clients to learn specific
skills that were missing or those that would compensate for the missing one.

The basis of social skills training was derived from the social learning theory
(Bandura, 1969) and operant conditioning (Liberman, 1972), techniques that have
been tried and tested effective for the full range of human learning and behavior
therapy. In particular, the principles underlying social skills training emphasized the
importance of setting clear expectations with specific instructions, coaching the
client through the use of frequent prompts, using modeling or vicarious identification,
engaging clients in role play or behavioral rehearsal, and offering abundant positive
feedback or reinforcement for small improvements in social behavior. Social skills training included teaching accurate social perception, including the norms, rules and expectations of others with whom the person will be interacting. Being able to recognize reliably the emotional expressions shown by others during social interactions was one example of social perception goals inherent in social skills training (Corrigan, Schade & Liberman, 1992).

Social skills training represented a structured application of behavioral learning techniques aimed at helping clients build a repertoire of skills that improve their ability of function adequately in the community. Social skills training also appeared to be more effective in reducing negative symptoms (Dobson, McDougall, Busheikin & Aldous, 1995; Liberman, Wallace, Blackwell, Kopelowicz, Vaccaro & Mintz, 1998, Smith, Bellack & Liberman, 1996; Heinssen, Liberman & Kopelowicz, 2000).

Several reformulations of the social skills methodology have been proposed that include considering such items as information-processing. These models included a miscellany of cognitive constructs to explain how a person must “read” a situation, “think about” a response, and “perform” a behavioral response to the situation. Wallace, Nelson, Liberman, Aitchison, Lukoff, Elder & Ferris (1980) proposed a similar three-stage model: receiving skills, processing skills and sending skills. Social skills training were the rehabilitation strategy based on social learning theory that comprises four steps (Liberman, DeRisi & Mueser, 1989). First, the skills were briefly introduced to clients so they have a conceptual understanding of what is about to be learned. Second, actors modeled the skill so that clients could vicariously learn them. Third, clients are encouraged to behaviorally rehearse the newly learned skill during role plays. Fourth, social and material reinforcers were distributed for successful participation in the role play. Social reinforcers might include praise and public recognition for a job well done. Material reinforcers might include tokens or
points that could be cashed in at the commissary for hygiene or food products.

Social skills training was coming into use all over the world as a psychiatric technique. The Liberman group at UCLA has fashioned training methods that American, German, French, Japanese, Norwegians, or any other national group can rapidly use with their own clients (Liberman, Wallace, Blackwell, Eckamn, Vaccaro & Kuehnel, 1993).

In Hong Kong, Tsang and Pearson (1996 & 2001) have designed the training module for work-related social skills training. First-level skills, consisting of basic social and survival skills, were practiced prior to learning core skills (which include job-securing and job-retaining social skills). The training program consisted of ten sessions. The relevant study (Tsang, 2001b) showed that self-perceived social competence in work-related situations was improved after the work-related social skills training program. The study also found that the training group with follow-up was more motivated to seek open employment than the training group without follow-up support. The subjects with follow-up support were more successful in job searches. Also, the subjects were more satisfied with their jobs and able to develop harmonious relationships with their supervisors and colleagues.

**Psychiatric Rehabilitation Assessment**

From each treatment or training, clinicians must assess the client’s strengths and weaknesses. There were no differences in applying psychiatric rehabilitation. Psychiatric rehabilitation assessment was the first phase of the psychiatric rehabilitation process (Liberman, 1982; Luborsky, 1962). The psychiatric rehabilitation processed itself varies greatly in terms of its formality, specificity, and documentation. At its most generic level, psychiatric rehabilitation practice involved clients determining residential, vocational, educational, and social goals. In some
psychiatric rehabilitation programs, this process helped to unfold answers in an indirect and, less formal manner. In other psychiatric rehabilitation programs, this process was directly facilitated and documented by a clinician. Even with differences in how various psychiatric rehabilitation processes were structured, the psychiatric rehabilitation assessment process at a minimum should include information on clients' goals and the skills and support needed to reach those goals (Macdonald-Wilson, Nemec, Anthony & Cohen, 2001).

A psychiatric rehabilitation assessment and a psychiatric diagnosis focused on completely different aspects of the client. In contrast to the traditional diagnostic focused on pathological conditions and symptom development over time, the rehabilitation assessment focused on the skills and the resources a person needed to achieve an overall rehabilitation goal. Rather than assigning particular diagnostic categories, the rehabilitation assessment described the client's skills and resources with respect to the client's attainment of his or her overall goal. The purpose of the traditional psychiatric diagnostic procedure was to assign a diagnostic label to describe the client's pathological symptoms on the basis of the client's history, signs, and symptoms. In contrast, the goal of the rehabilitation assessment was to describe the client's skills and the environmental resources with respect to their impact on the client's overall rehabilitation goals on the basis of the client's and significant others' perspectives and objective evaluation (Dickerson, 1997; Macdonald-Wilson, Nemec, Anthony & Cohen, 2001).

Because the goals of the two approaches were so different it is not surprising that the diagnostic procedures were also different. Just as psychiatric knowledge and specific diagnostic techniques were needed by a clinician to conduct a psychiatric diagnosis, a clinician also needed unique knowledge and techniques to conduct a psychiatric rehabilitation assessment (Dickerson, 1997; Macdonald-Wilson, Nemec,

Given that rehabilitation outcome was a function of clients’ skills and resources, it made sense that the improvement of skills and resources be the focus of psychiatric rehabilitation interventions. It followed logically that if rehabilitation interventions were designed to improve clients’ skills and support, then rehabilitation assessments should evaluate clients’ present and needed skills and support (Macdonald-Wilson, Nemec, Anthony & Cohen, 2001).

Assessment of social skills was a kind of psychiatric rehabilitation assessment. Identifying the behavioral assets and deficiencies in the clients’ performances, as they progressed through a sequence or series of skills training scenes and sessions, is one of the most important ways of conducting assessment of social skills. Self-report, role-play exercise, in vivo behavior setting, confederate interaction, response to tape, clinical assessment, family rating, behavior rating in group and physical measurement were common measure modality for social skills (Dilk & Bond, 1996; Tsang, 2001b).

**Assessment of Interpersonal Problem Solving Skills**

In assessing and training interpersonal problem solving skills and social skills, traditional methodology has emphasized directly observable social performance. More recently, however, there has been a call to include cognitive factors that may indirectly affect overt behavioral performance (Bellack, 1979). Assessment was key in pointing to the needs to remediate the deficiencies and built on the assets demonstrated by the client’s skills in “receiving”, “processing”, and “sending” communications.

Based on Wallace’s three-stage model of receiving, processing and sending skills (RPS), the Assessment of Interpersonal Problem Solving Skills (AIPSS)
(Donahoe, Carter, Bloem, Hirsch, Laasi & Wallace, 1990) was a videotaped role-play test of social skills. AIPSS was an assessment tool that was used world-wide. In studying social skills or social problem solving, this assessment was commonly used as an instrument for testing social functioning (Bellack, Sayers, Mueser & Bennett, 1994; Grant, Addington, Addington & Konnert, 2001; Liberman, Eckman & Marder, 2001). In Sweden, Stalberg’s working group (2004) was producing a Swedish version of AIPSS and examining whether it is applicable to Swedish conditions.

For the assessing process, clients were shown a series of 14 role play vignettes involving an interpersonal problem. They were instructed to identify the problem in the vignette, described a solution that minimizes negative consequences, and role-play this solution for the examiner. The AIPSS contained six scales: Identification (does examinee correctly describe the problem); Description (examinee correctly identifies the goal of the principal character and the obstacle he/she faces); Processing (what the respondent says he/she would say or do if in the pictured situation); Content (of role play)(the likelihood that the examinee’s solution would solve the problem while minimizing negative consequence); Performance (how polished the role play is); and Overall score (how effective the role play is considering both content and performance). At least two scoring systems were available: a general scoring procedure that involved summing across the problem scene scores and dividing by the maximum possible score for a particular subscale was used to derive a total score for that scale only if there was “quality” output from an item on the same scene at a previous RPS stage. The protocol required administration by an experienced, trained rater. The protocol requires approximately 30 to 60 minutes to administer and score. The whole process would be recorded in audio-tape (Donahoe, Carter, Bloem, Hirsch, Laasi & Wallace, 1990).

Donahoe and colleagues (1990) have finished the study on reliability and
validity of AIPSS. Test-retest reliability was computed for a sample of nine
out-patients with schizophrenia over a two week interval; correlations ranged from
0.46 to 0.77 for the general scoring method and from 0.56 to 0.84 for the specific
scoring method. Inter-rater reliability was found to be adequate. There were no
significant differences in scale scores derived from two independent raters.

Donahoe's working group (1990) reported an examination of the conditional
probabilities of obtaining a particular score for one stage given a specific score on an
earlier stage. Examination of these probabilities partially supported the receiving-
processing-sending skills (RPS) model on which the AIPSS is based. Moderately
significant correlations existed between sending skills scales and IQ on the
Shipley-Hartford test, but not between receiving or processing skill scales.

Donahoe's working group (1990) compared AIPSS scores for 19 clients with
schizophrenia who were enrolled in an ongoing study of maintenance antipsychotic
medications. Of the 19 subjects, ten had been randomly assigned to a standard dose
treatment and nine to a low dose treatment. Seven subjects had experienced a
"symptoms exacerbation" prior to testing with the AIPSS, whereas the remaining 12
had not. Exacerbators scored significantly lower on all six AIPSS scales than
nonexacerbators. Two AIPSS scores (receiving and processing) were significantly
correlated with a Strauss-Carpenter cluster score that reliably predicted poor
prognosis in several earlier studies. Three AIPSS scale scores were significantly
correlated with the SAS-II global social leisure score. The author noted that an
examination of the AIPSS subscale scores and the timing of the exacerbation shows a
highly significant curvilinear relationship between these variables. This suggested
that the AIPSS was measuring a long-term residual effect, with the greatest social
skills deficit occurring in the year following exacerbation.
Test-retest Reliability

Test-retest reliability was an index of score consistency over a brief time period, typically several weeks. It told how much the client's normative score is likely to change on near-term retesting. After translation of this assessment, the test-retest reliability would be studied in order to ensure that the test result would not be affected by time. Score change could be caused by day-to-day fluctuation in performance, or the client's recollection of the earlier administration. A test-retest coefficient was a statistical measure that was obtained by administering the same test twice, with a certain amount of time between administrations, and then correlating the two score sets (Portney & Watkins, 1993).

While some tests provided clinicians with an exact recommended test-retest waiting period, some do not. It depended much on the reason for the retesting. The clinicians needed to rely on the tester's professional clinical judgment to determine when to confidently retest and how to interpret the results. Test standardization was a rigorous process and professionals should be concerned about "following the rules." At the same time, no test can anticipate all the situations and nuances of the clinical arena. There was a point at which the rules end and your clinical judgment begins (Portney & Watkins, 1993).

The purpose of test-retest reliability assessment was to establish an instrument that is capable of measuring a variable with consistency. In a test-retest study, one sample of individuals was subjected to the identical test on two separate occasions, keeping all testing conditions as constant as possible, such as tester, procedures, time of day, and environment. For testing effects, test-retest reliability could be influenced by the effect of the first test on the outcome of the second test. Sometimes subjects
were given a series of pretest trial to neutralize this effect, and data were collected only after performance has stabilized. A retest score could also be influenced by a subject’s effort to improve on the first score. Concerning rater bias, the possibility exists for bias when the same rater was involved in both the test and retest. Observers or raters could be influenced by their memory of the first score. This was most relevant in cases where human observers use subjective criteria to rate responses, but could operate in any situation where a tester must read a score from an instrument. The most effective way to control for this type of error was to blind the tester in some way, so that the first score remained unknown until after the second trial was completed. The major protection against tester bias, then, was to develop grading criteria that were objective as possible and to train the testers in the use of the instrument. For test-retest intervals, intervals should be far enough apart to avoid learning effects, but close enough to avoid genuine changes in the measured variable. The primary criteria for choosing an appropriate interval were the stability of the response variable and the test’s intended purpose (Portney & Watkins, 1993).

**Inter-rater Reliability**

Inter-rater reliability concerned variation between two or more raters who measure the same group of subjects. Even with detailed operational definitions and equal skill, different raters were not always in agreement about the quality or quantity of the variable being assessed. There was no exception in assessment tools. Inter-rater reliability should be established for each individual rater before comparing raters to each other. Videotapes of subjects performing activities have proved useful for allowing multiple raters to observe the exact same performance. Inter-rater reliability allowed the researcher to assume that the measurements obtained by one rater are likely to be representative of the subject’s true score, and therefore, the
results could be interpreted and applied with greater confidence (Portney & Watkins, 1993). Inter-rater reliability was a particular type of reliability which estimates the degree to which two or more independent raters/scorers were consistent in their judgments when using a particular instrument. However, it must be remembered that the reliability of a particular instrument was not the property of the instrument, but rather of the instrument when administered to a certain sample under certain conditions. Thus, a particular tool could be reliable for one group of patients but not another. There could be many reasons for poor inter-rater reliability, for example a lack of understanding among raters about how the tool should be used and/or a lack of operational definitions for the scales. However, since the validity of an assessment tool was predicated upon its reliability, if the latter was not demonstrated then the former was called into question. Clearly the assessment of inter-rater reliability was important in the development of standard measuring instruments which were to be used by a variety of raters in a variety of situations (Portney & Watkins, 1993).

**Internal Consistency**

Internal consistency reflected the extent to which items measure the same characteristic. If the test items were reliable, they should reflect the test taker’s true score, and any variance should be attributable solely to differences between subjects, not error. When reliability was less than perfect, some of the variance must also be attributed to random factors, such as inconsistent wording or presentation of questions. The effect of random factors would be to interfere with consistent performance on test items. By examining the internal consistency of a set of questions, it was possible to assess the reliability of a test through the single administration of only one test form (Portney & Watkins, 1993). Therefore, the internal consistency should be studied in the new Chinese version of assessment
tools.
CHAPTER III

OBJECTIVES OF STUDY

This research involved in translating the Assessment of Interpersonal Problem Solving Skills from English to Chinese. The cultural relevance of the translated version was studied. Establishing the instrument’s psychometric properties were also involved. In order to accomplish the above objectives, the research was conducted and reported in two phases:

Phase I: Translation of the assessment package and studying the culture relevance of CAIPSS and Re-edition of the film.

Phase II: Psychometric tests of CAIPSS
CHAPTER IV

PHASE I OF STUDY

INTRODUCTION

The Assessment of Interpersonal and Problem Solving Skills, consisting of the administration manual (Appendix I), assessment scenes transcript (Appendix II) and associated videotape, was written in English. The administration manual included initial instructions, scoring instructions, scene descriptions, administration tips and a scoring sheet. AIPSS uses videotaped presentations of social interactions to assess receiving, processing and sending skills. The assessment scenes consisted of 13 videotaped scenes and a demonstration scene, each showing two characters engaged in a social interaction. Three scenes (Scene 3, 7 & 9) presented no particular problem, and ten scenes presented a problem in which the primary character is faced with an obstacle presented by the other person. The theme of each assessment scene was listed in Table 4.1. The test administrator paused the videotape after each scene and asked the participant a series of questions directed at assessing receiving skills (problem identification and problem description), processing skills and sending skills (content, performance, and overall). Receiving and processing skills were assessed through simple questions requiring relatively brief verbal responses. Sending skills required the test administrator to engage in a role play by responding to the situation. Specific criteria were used for scoring the participant's response.
Table 4.1.

The theme assessment scene

<table>
<thead>
<tr>
<th>Scene No.</th>
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<tbody>
<tr>
<td>Demonstration scene</td>
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<td>4.</td>
<td>Restaurant: A waitress got the wrong order in restaurant.</td>
</tr>
<tr>
<td>5.</td>
<td>Garbage Disposal: A man requested his garbage disposal be repaired but the manager ignored his request.</td>
</tr>
<tr>
<td>6.</td>
<td>Boutique: A lady requested a refund for a defective sweater but the saleslady refused to replace the sweater or refund the purchase price.</td>
</tr>
<tr>
<td>7. (No Problem)</td>
<td>Chinese Dinner Date: A man took his date for a Chinese Dinner.</td>
</tr>
<tr>
<td>8.</td>
<td>Hostel: A roommate complained about another roommate.</td>
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<td>9. (No Problem)</td>
<td>Party: Two men have a general conversation in a party.</td>
</tr>
<tr>
<td>10.</td>
<td>Walkman Stereo: A man wanted to borrow a new walkman stereo which was bought three hours ago.</td>
</tr>
<tr>
<td>11.</td>
<td>Gas leakage: A man needed to make an emergency call, but his neighbour did not let him use her phone.</td>
</tr>
<tr>
<td>12.</td>
<td>Doctor’s appointment: The man wants to see the doctor, but a woman with a later appointment time got to see the doctor</td>
</tr>
</tbody>
</table>
Hospital ward: It is time for a man to get his cigarette but the nurse did not give him one because she was eating her lunch.

Because all the materials were in English, there was a difficulty in using the materials for assessing social skills in local practices. As a result, translating the materials to Chinese was needed when applying the techniques in a local practice. Three steps were involved in translating the AIPSS into Chinese. First, the administration manual and assessment scene transcript were translated from English to Chinese. Second, the cultural relevancy was studied after finishing all translation processes. Third, the investigator reedited the assessment scene film into the video compact disc format. Lastly, the package of CAIPSS (Appendix III & IV) was produced.

**Step 1**

**Administration Manual and Transcript Translations**

A qualified translator translated the administration manual, workbook and transcript from English to Chinese. Next, another independent qualified translator backward translated those materials. An experienced occupational therapist and another qualified translator evaluated the two different versions in order to ensure the compatibility of the meaning between them (Satorius & Kuyken, 1994). A reconciliation was performed which uncovered distortions from the original AIPSS.

A backward translation had been recommended by Satorius and Kuyken (1994) as one of the assessment steps during a translation. A backward translation ensured an exact translation and maximum compatibility with the original AIPSS. However, solely relying on direct translation proved problematic. The many differences in
grammatical structure between English and Chinese affected the translation’s understandability. Having another translator and experienced occupational therapist review the translation proved useful. All discrepancies were summarized in Appendix V. There were some points for further discussion.

First, there were occasions when the translated English version did not use exact wording but used words which had similar semantic meanings. For example, “Subject” (original) vs. “Participant” (back); “No scoring” (original) vs. “No marking is required” (back). Second, in some cases, the differences between the original and translated versions were attributed to differences in the grammatical structure between English and Chinese. This difference disturbed the fluency of the translation. The issue would be addressed during the discussion with the experienced occupational therapist and qualified translator.

For the translated version revision, there was a disturbance in fluency and meaning. For example, “Mr. Smith has gone home for the day (original).” The Chinese version was “王先生現在已經離開了。” The translated version was “Mr. Smith has left already.” The qualified translator expressed that we could not ensure whether Mr. Smith has gone home or not, so the scene articulated that Mr. Smith has left and the interviewee could not meet with Mr. Smith. The meaning could be expressed sufficiently. Therefore, the translated version was used as a final version. For another example, the title page of scene two “Telephone line (original)” cannot articulate the situation and problem area. Therefore, the Chinese version was “排隊輪候公共電話”. The translated version was “Queuing for public phone”. The experienced occupational therapist and qualified translator agreed with this amendment. These changes made the administration manual and transcript more fluent in Chinese, and more practical and applicable in the Chinese culture. After the translations were completed, the Chinese language administration manual and
assessment scene transcript were established. Studying the cultural relevancy is the second step.
Step 2

Cultural Relevancy Evaluation

Introduction

An expert panel was formed to assess the cultural relevancy of the transcript. A questionnaire was designed to facilitate the panel members' evaluations during the review which assisted in identifying the elements that required further refinement.

Methodology

The Expert Panel

Potential panel members were contacted by the investigator by telephone to explain the nature of the expert panel and to invite their participation. After obtaining their verbal agreement, formal invitation letters (Appendix VI) and questionnaires (Appendix VII) were sent out to obtain confirmation. The expert panel finally included 14 experienced occupational therapists who had worked in the adult psychiatric field for an average of 7.4 years (SD=4.78).

Instrumentation

The study's investigator and the PhD Psychosocial Rehabilitation researcher investigated all assessment scenes searching for any culturally irrelevant scenes. Three scenes were found to be culturally irrelevant. The questionnaire (Appendix VII) was developed and used for expert panel review consisting of six questions. Panel members were requested to assess the cultural relevancy of selected AIPSS scenes.

The first question was in scene one. One lady requested a social security cheque, but the staff did not respond to her concern. In America, social security funds were paid by cheque. In Hong Kong, social security funds were transferred by bank auto
pay. The statement for agreement was "The cultural relevancy problem is that Hong Kong social security funds would be transferred by bank auto pay instead of using a cheque." The panel members needed to choose "Agree", "Disagree" or "Not sure with reason". For the proposed revised version, the social security funds were paid by bank auto pay. The standardized statement for agreement was "This revised version is more culturally relevant and can be used to replace the above original scene." The panel members also needed to choose "Agree", "Disagree" or "Not sure with reason".

The second question was in scene five. One man requested the housing officer repair his garbage disposal in the building corridor. However, nearly all households in Hong Kong did not have individual garbage disposal facilities. The statement was "The cultural relevancy problem is that nearly all households in Hong Kong do not have individual garbage disposal facilities." The proposed revised version was a gentleman who was living in public housing flat requesting the repair of the main door in the public housing estate office. The standardized statements were also used.

The last problem scene was scene eleven. One man requested that his upstairs neighbor call the police to report a gas leak. However, the phone could not be used when there are gas leaks. The statement was "When gas leaks, we should not use the telephone to call police as this may induce an explosion. There was a practical and/or cultural relevancy problem." The proposed revised version was a man borrowing a phone from upstairs neighbor seeking help about a water pipe leak. Afterward, the standardized statements were used for seeking panel members' agreement.

Data Collection Procedure

The expert panel members evaluated problem transcripts. Members were requested to evaluate the translated version of the AIPSS following the standardized
questionnaire as described above. The operational definitions were explained by the investigator before hand. The panel members were requested to show their agreements and commented on the transcripts. Six statements were printed separately in the questionnaires. Questionnaires were mailed to expert panel members seeking comment and approval.

Data Analysis

The agreement rating of each statement in the questionnaire was calculated. The agreement percentages among all panel members were computed. Percentage of agreement (Po) was a measure of how often individual raters agreed on the rating.

$$ Po = \frac{\text{Number of exact agreement}}{\text{Number of possible agreements}} \times 100\% $$

(Portney & Watkins, 1993)

Result

The percentage of agreement was summarized in Table 4.2. All the expert panel members agreed on the amendment. The agreement percentages were listed above the critical values. Especially in scene eleven, one member felt doubtful because the man borrowed a phone from an upstairs neighbor but who was not nearby. All members agreed on this comment after discussion. The amendment was to have a man borrowing a phone from a neighbour seeking help about a water pipe leak. The amendment made the assessment scenes culturally relevant.
Table 4.2.

The percentage of agreement from expert panel member

<table>
<thead>
<tr>
<th>Scene No.</th>
<th>Agreement Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Problem Area</td>
<td>100%</td>
</tr>
<tr>
<td>1. Proposed version</td>
<td>100%</td>
</tr>
<tr>
<td>5. Problem Area</td>
<td>100%</td>
</tr>
<tr>
<td>5. Proposed version</td>
<td>100%</td>
</tr>
<tr>
<td>11. Problem Area</td>
<td>100%</td>
</tr>
<tr>
<td>11. Proposed version</td>
<td>92.9%</td>
</tr>
</tbody>
</table>

Discussion

Cultural relevancy tests with an expert panel were also found to be more constructive. In this process, over 90% of the members agreed on altering parts of the translated contents. As a result, the understandability and cultural relevancy were much improved. Results from the expert panel review (14 members) agreed that the amended transcripts and content were more relevant to the Hong Kong culture. In turn, a more accurately translated document could more accurately reflect the client’s interpersonal problem solving skills. In addition, six of expert panel members reviewed the reedited version of assessment scenes. All of them stated that there were no major discrepancies between the original and revised versions. As a result, the reedited version was more culturally relevant. Finally, a culturally relevant and Chinese version administration manual and transcript were developed.
Step 3

Film Assessment Scene Re-Editing

Based on the translated and culturally relevant transcripts, the investigator reedited the assessment scene from English to Chinese. The hospital staff were invited to participate as actors or actresses. The assessment environment scenes were similar to original ones but now were in Chinese.

Six experienced occupational therapists were invited as expert panel members to evaluate the equivalence of the original and re-edited versions. If major discrepancies were found, the investigator must re-edit the scene once again.

Six experienced occupational therapists, with an average of 6.7 years psychiatric field experience (SD=4.59), were invited to evaluate the equivalences of the reedited film. After discussion, all expert panel members agreed (Percentage of agreement/ Po = 100%) that there were no major discrepancy between the original and reedited film.
CHAPTER V

PHASE II OF STUDY

METHODOLOGY

This phase aimed at gathering data for studying the test-retest reliability, inter-rater reliability and internal consistency of the revised and translated version of AIPSS (CAIPSS).

Sampling

Altogether thirty clients with schizophrenia who were attending occupational therapy training were selected by convenience sampling in Kowloon Hospital regardless of whether they were hospitalized or living in the community. Kowloon Hospital Research Ethics Committee formally approved this study (Appendix VIII) and the Department Manager of Occupational Therapy permitted this study to be carried out in the department.

All clients' medical records were reviewed to rule out clients who were below the normal intelligence quotient and mentally unstable with active psychotic symptoms. Brief Psychiatric Rating Scale (Appendix IX) (BPRS; Overall & Gorham, 1962; Ventura, 1993) and Global Assessment of Functioning (Appendix X) (GAF; American Psychiatric Association, 1994) were used to screen mentally unstable (BPRS: over moderate level) and poor functioning (GAF<40) participants. Case occupational therapists assisted to screen the unsuitable participants.

Instrument

The Global Assessment of Functioning Scale (GAF; American Psychiatric
Association, 1994) was used in tracking the clinical progress of individuals in global terms, using a single measure. The GAF Scale was rated for assessment of psychological, social, and occupational functioning. It was divided into 10 ranges of functioning. For example, 91-100: Superior functioning in a wide range of activities. No symptoms; 51-60: Moderate symptoms or moderate difficulty in social, occupational, or school functioning; 1-10: Persistent danger of severely hurting self or others or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death. Calculating a GAF rating involved picking a single value that best reflects the individual's overall level of functioning. The description of each 10-point range in the GAF scale has two components: the first part covers symptom severity, and the second part covers functioning.

The Brief Psychiatric Rating Scale (BPRS; Overall & Gorham, 1962; Ventura, 1993) provided a highly efficient and rapid evaluation procedure for assessing symptom change in clients with schizophrenia. It yields a comprehensive description of major symptom characteristics. The 24-item version of the BPRS (Ventura, 1993) has a six point scale from very mild to extremely severe. All the items were adopted to rate the severity of the psychiatric symptom. It was found to psychometrically sound. A study to examine the relationship among BPRS, the Scale for the Assessment of Positive Symptom and the Scale for the Assessment of Negative Symptoms reported significant correlation of negative or positive symptoms with symptoms specific to schizophrenia (r=0.63, p<0.0001).

The CAIPSS, consisted of the administration manual, assessment scenes transcript (Appendix III & IV) and associated VCD (Appendix XI). The administration manual included initial instructions, scoring instructions, scene descriptions, administration tips and a scoring sheet. CAIPSS uses video presentations of social interactions to assess receiving, processing and sending skills.
The assessment scenes consisted of 13 video scenes and a demonstration scene, each showing two characters engaged in a social interaction. Three scenes (Scene 3, 7 & 9) presented no particular problem, ten scenes presented a problem in which the primary character was faced with an obstacle presented by the other person. The theme of each assessment scene was listed in Table 5.1. The test administrator paused the video after each scene and asked the participant a series of questions directed at assessing receiving skills (problem identification and problem description), processing skills and sending skills (content, performance, and overall). Receiving and processing skills were assessed through simple questions requiring relatively brief verbal responses. Sending skills required the test administrator to engage in a role play by responding to the situation. Specific criteria were used for scoring the participant’s response.

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<td>Hospital ward: It is time for a man to get his cigarette but the nurse did not give him one because she was eating her lunch.</td>
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</tbody>
</table>

Participants

Sixteen participants who lived in the hospital with in-patient status and fourteen participants who lived in the community on an out-patient status were recruited. We noted from their medical reports that the participants showed no active psychotic signs or symptoms. They were diagnosed with schizophrenia. They all spoke Chinese. The demographic characteristics and the educational levels of the participants are listed in Table 5.2.
Table 5.2

Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male =16 (53.3%)</th>
<th>Female =14 (46.7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age (SD)</td>
<td>36.7 (9.47)</td>
<td></td>
</tr>
<tr>
<td>GAF (SD)</td>
<td>65.1 (11.20)</td>
<td></td>
</tr>
<tr>
<td>BPRS (SD)</td>
<td>31.1 (6.00)</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Educational Levels</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Secondary</td>
<td>22</td>
<td>73.3</td>
</tr>
<tr>
<td>Tertiary</td>
<td>1</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Data Collection

Consent for the Selected Participants. Letters and written consent forms (Appendix XII) for participating in the research were sent to study participants. The letter explained the nature and purpose of the study. For those who refused to participate, a replacement participant was selected. All participants had to provide written consent before test was administered.

Training of Test Administrator. The research aimed at studying thirty participants with schizophrenia who were attending occupational therapy services in Kowloon Hospital. Two experienced occupational therapists were invited to collect data. They attended a training workshop run by the investigator. The investigator explained the aim of the CAIPSS and demonstrated the procedures. The CAIPSS was tested under the supervision of the investigator at least twice. On going support was given to the test
administrators if any problems occurred during CAIPSS procedure.

Procedure.

One test administrator (Test Administrator A) conducted the CAIPSS and rated on the subjects. The whole process was video-taped by the investigator. Another test administrator (Test Administrator B) independently rated the participants’ performance by watching the video playback. Three days later, Test Administrator A conducted the CAIPSS once again in the same time and room in order to rule out the environmental factors, learning and treatment effects. On going daytime vocational rehabilitation trainings were continued except for social skills training. The retest was rated by Test Administrator A only for studying test-retest reliability. As the inter-rater reliability has not yet been established, the retest must be conducted by the same test administrator.

Data Analysis

For this study, Coefficient alpha (Cronbach’s alpha) was used for estimating internal consistency in instruments composed several items or questions. For reliability, Pearson product-moment coefficient of correlation was used. This is a parametric statistical technique for determining the relationship between two variable (Portney & Watkins, 1993). Statistical Package for the Social Science (SPSS-11) was used for computing data.
RESULT

Internal Consistency

Table 5.3 lists the Cronbach's alpha of receiving and sending were moderate to high level.

Table 5.3.

Table of Internal Consistency:

<table>
<thead>
<tr>
<th>Area</th>
<th>Cronbach's alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving</td>
<td>.766</td>
</tr>
<tr>
<td>Sending</td>
<td>.982</td>
</tr>
</tbody>
</table>

Test-Retest Reliability

The results were listed in Table 5.4. The figures showed that test-retest reliability in different scales are moderately. The domain "identification part" scored lowest ($r=.534$) and "content" and "overall parts" scored highest ($r=.681$).

Table 5.4

Table of Test-retest Reliability

<table>
<thead>
<tr>
<th>Item</th>
<th>Pearson Correlation (Sig. 2 tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving (Identification)</td>
<td>.534 (.000)</td>
</tr>
<tr>
<td>Receiving (Description)</td>
<td>.587 (.000)</td>
</tr>
<tr>
<td>Processing</td>
<td>.641 (.000)</td>
</tr>
<tr>
<td>Sending (Content)</td>
<td>.681 (.000)</td>
</tr>
<tr>
<td>Sending (Performance)</td>
<td>.662 (.000)</td>
</tr>
<tr>
<td>Sending (Overall)</td>
<td>.681 (.000)</td>
</tr>
</tbody>
</table>
Inter-Rater Reliability

The results were listed in Table 5.5. The coefficients ranged from .871 (processing part) to .986 (identification part) which indicated that the test has very high inter-rater reliability.

Table 5.5
Table of Inter-rater Reliability

<table>
<thead>
<tr>
<th>Item</th>
<th>Pearson Correlation (Sig. 2 tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving (Identification)</td>
<td>.986 (.000)</td>
</tr>
<tr>
<td>Receiving (Description)</td>
<td>.914 (.000)</td>
</tr>
<tr>
<td>Processing</td>
<td>.871 (.000)</td>
</tr>
<tr>
<td>Sending (Content)</td>
<td>.890 (.000)</td>
</tr>
<tr>
<td>Sending (Performance)</td>
<td>.896 (.000)</td>
</tr>
<tr>
<td>Sending (Overall)</td>
<td>.900 (.000)</td>
</tr>
</tbody>
</table>
DISCUSSION

Internal Consistency

Results of item analysis revealed moderate to high internal consistency of receiving and sending areas. The results reflected the extent to which items measure the same characteristics.

Test-Retest Reliability

For the test-retest reliability, all of scales were statistically acceptable. Most of scales were good in reliability. With reference to the result form Donahoe’s working group (1990), the findings were similar. Moderate level of reliability was found by our results. The lowest reliability level was shown in the identification part ($r = 0.543, p<0.05$) although it was still statistically acceptable. The research was designed to finish the retest within three days to minimize the learning effect from other training. Despite these precautions, improvement was found in some cases related to the raw data collected. Occasionally, subjects could provide the correct answer the second time when they answered incorrectly the first time.

As a result, the result of description part was improved and test-retest reliability was a bit affected. Portney and Watkins (1993) recommended that test-retest reliability could be influenced by the effect of the first test on the outcome of the second test. Moreover, a retest score could also be influenced by a participant’s effort. In this case, the participants might have difficulty in understanding the assessment process. After the first test, they have more understanding about the assessment which could lead to predictable improvement.
Inter-Rater Reliability

Very good to excellent inter-rater reliability between two test administrators was found by our study. Based on the results, the “receiving parts” are higher than the “sending parts”. This was because the receiving parts were factual without any subjective judgment needed. The sending parts however involved personal judgment which might have explained the relatively lower inter-rater reliability. The client received high marks or not depended on assessor’s subjective views. In fact, the result showed that there was no problem in the inter-rater reliability, because the inter-rater reliability was high. Therefore, no more calibration by a group of experienced occupational therapists was needed at this stage.
CHAPTER VI
CONCLUSION

Designing and Translating Assessment of Interpersonal Problem Solving Skills for client with Schizophrenia in Hong Kong

In translating or designing instruments for assessment client with schizophrenia whose spoken language in Chinese, several issues should be taken into consideration. An understanding of the language structure of Chinese in term of phonology and grammar was essential. The difficulty levels of the words and sentences used in the test and their equivalence to the English counterpart were critical issues to be ascertained by researcher working on the target instrument. Moreover, forming expert panel was essential too because the expert panel members ensured the cultural relevancy of this translated assessment tools. All members agreed for amendment of assessment scenes in order to be more culturally relevant. It meant that the package of CAIPSS was applicable in local settings.

Psychometric Summaries on Properties of CAIPSS

In studying the psychometric properties of CAIPSS, good to excellent internal consistency among scoring area was showed. Moderate reliability was showed in test-retest reliability. It meant that the assessment timing could not affect the reliability of results. Moreover, very good to excellent reliability was presented in inter-rater reliability. It explained that the assessment result could not be affected by different test administrator who has been trained before.
Application of CAIPSS to Local Practice

After translation, studying cultural relevancy and psychometric studies, the completed Chinese version Assessment of Interpersonal Problem Solving skills was established. It consisted of administration manual and assessment scenes in video compact disc format. The administration manual included instructions, scoring criteria and scoring sheet.

This assessment package was user-friendly with good psychometric properties and culturally relevant. Local clinicians should use it for examine their client’s social skills as part of daily practice.

Social skills training were commonly used in local practice. Many studies supported the effectiveness of social skills training. From this study, the findings showed that this translated assessment tools was culturally relevant and reliable. For further study on the effectiveness of social skills training, this translated assessment tools could be used in testing instrument. Recently, there was a study on the effectiveness of Chinese translated Basic Conversation Skills Training of UCLA Social and Independent Living Skills Modules in Hong Kong. The researcher would use this assessment tools as testing instrument.

Directions for further research

Due to the limited man power and time, results obtained are limited only to client with schizophrenia. As clients with other psychiatric illness such as bipolar affective disorder and personality disorder (American Psychiatric Association, 1994) have social deficits, further study on them was recommended.

Normative data could not be established based on the results due to our small sample size. In order to achieve this, more subjects should be recruited in further study. In addition, further study on comparing normal people with participants with
schizophrenia was suggested. It would further ensure the discriminant validity of this assessment tool.
Reference:


Dobson, D.J.G. (1993). *Social skills training and relapse in schizophrenia*. Paper presented at the 27th Annual Convention of the Association for Advancement of Behavior Therapy, Atlanta, GA.

Services, 46, 376-380.


maintenance chemotherapy in the aftercare treatment of schizophrenia. *Archives of General Psychiatry*, 43, 633-642.


1272-1284.


Rehabilitation Psychology, 33, 5-14.


INTRODUCTION

Assessment of Interpersonal Problem Solving Skills (AIPSS) is a method for determining particular cognitive and behavioral performance deficits individuals might have in difficult interpersonal situations. These are situations between two people in which one person hinders the second person from obtaining a desired goal. The second person must determine the nature of the problem, decide on some appropriate solution, and then perform the solution in a socially appropriate and effective manner. An example of such a situation might be:

You arrive for a job interview at the appointed time. You tell the receptionist, "Hello, my name is Mr. Jones, and I'm here for an interview with Mr. Smith." The receptionist replies, "I'm sorry, but Mr. Smith has gone home for the day."

The problem, of course, is that you want a job interview, but the receptionist has thrown an obstacle in the way: you learn that your interviewer is not available. You consider some solutions: you might leave the office and call back later; you might ask if there is someone else you could talk with; you might leave a message for Mr. Smith to call you; you might get angry with the receptionist and let her know what an inconsiderate employer Mr. Smith is. All of these solutions lead to some positive or negative consequences. You must decide which alternative you think is best, and then enact the solution. Most of these alternatives require that you say something to the receptionist, and the outcome will be influence both by what you say and how you say it. That is, both the content of the solution and the performance of it are important factors in how well you realize your desired goal.

This analysis implies a problem-solving model of social skills. First, you must recognize the existence of a problem. This calls for skills of problem identification. You also must conceptualize the problem by understanding what is the goal and what is the obstacle. The ability to describe the goal and obstacle is problem description. Together, problem identification and problem description are called receiving skills. The next step involves some complicated cognitive processing in which you must consider various alternatives, identify and weigh the consequences, and choose which alternative you think is best; these skills are called processing skills. Finally, you must be able to enact a solution. Sending skills consist of content skills (choosing the right thing to say or do), and performance skills, (how you say or do it). Performance skills include appropriate eye contact, voice volume, body posture, gestures, facial affect, speech timing, etc.

This manual describes the scoring and administration of the AIPSS, an instrument for assessing social skills, using a problem-solving model. Using the terminology proposed by Wallace et al. (1980), the constructs measured by the instrument are operationally defined as Receiving-Processing-Sending (RPS) skills. It is hypothesized that the RPS model is sequential: competent performance at one stage depends on competent performance at previous stages.

INTRODUCTION

This manual describes the scoring and administration of the AIPSS, an instrument for assessing social skills, using a problem-solving model. Using the terminology proposed by Wallace et al. (1980), the constructs measured by the instrument are operationally defined as Receiving-Processing-Sending (RPS) skills. It is hypothesized that RPS model is sequential: competent performance at one stage depends on competent performance at previous stages.
AIPSS uses videotaped presentations of social interactions to assess reviewing, processing, and sending skills. The assessment consists of 13 videotaped scenes and a demonstration scene, each showing two characters engaged in social interaction. These scenes present no particular problem, and ten scenes present a problem in which the primary character is faced with an obstacle presented by the other person. The examiner pauses the videotape after each scene and asks the examinee a series of questions directed at assessing receiving skills (problem identification and problem description); processing skills, and sending skills (content, performance, and overall). Receiving and processing skills are assessed through simple questions requiring relatively brief verbal responses. Sending skills require the examiner to engage the examinee in a role play of a response to the situation. Specific criteria are used for scoring the examinee’s responses.

The ALPSS was developed based primarily on research with schizophrenic outpatients. See Donahoe, et al. (1990) for a description of its development and for information concerning the reliability and validity of the instrument.

<table>
<thead>
<tr>
<th>Receiving Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification: Is there a problem?</td>
</tr>
<tr>
<td>Description: What is the goal and obstacle?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Processing Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processing: What do I think I should do?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sending Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content: What do I actually say or do?</td>
</tr>
<tr>
<td>Performance: How do I perform the response?</td>
</tr>
<tr>
<td>Overall: How competent is my response?</td>
</tr>
</tbody>
</table>

**ADMINISTRATION SUMMARY**

- Set up testing site, materials, and equipment.
- Give initial instructions to the examinee.
- Present demonstration scene and practice until the examinee understands the procedure.
- Present and score 13 assessment scenes:
  - Give instructions.
  - Ask receiving skills questions.
  - Ask processing questions.
  - Enact sending skills role play.
SET-UP

MATERIALS AND EQUIPMENT

- Videocassette recorder (VCR) and television monitor
- Videotape: Assessment of Interpersonal Problem Solving Skills
- Blank audiocassette tape (30 min or more)
- AIPSS Administration Manual and Scoring Sheet
- Pen or Pencil

TESTING SITE

A quiet testing room free of distractions is required. It should be large enough to allow room for the video and audio equipment and two chairs. There should also be ample room for conducting role plays in which some movement is required.

The two chairs are placed facing each other in front of the video monitor. That is, the examiner and examinee are facing each other, but are both able to view the monitor. The audiocassette recorder is within convenient reach of the examiner. The examiner has the administration manual and scoring sheet in hand.

Before the examination begins, the examiner loads the assessment tape into the VCR, performs whatever color adjustments are required and cues the tape to the demonstration scene. The sound level is adjusted during this process. The audiotape is loaded and the audiocassette recorder is readied. The examinee is then invited into the examining room and asked to be seated in the examinee’s chair.

Note on the AIPSS videotape

The AIPSS videotape, which is actually titled Assessment and Training of Interpersonal Problem Solving Skills consists of “Assessment Scenes” and “Training Scenes.” Use the Assessment Scenes in the administration of AIPSS. The Training
SET-UP

Scenes were developed for a pilot project to train problem solving skills. These scenes are very experimental, and most users of AIPSS should ignore this section of the videotape. For purposes of training, use the more recently developed module, Training of Interpersonal Problem Solving Skills.

SCORING INSTRUCTION

Scoring criteria for each scene are given in this manual on the pages associated with each scene. The examiner should follow these criteria as closely as possible. If the examiner has difficulty scoring the examinee's responses based on the specified criteria, the following guidelines may be of assistance.

RECEIVING SKILLS

IDENTIFICATION

The examinee must give a yes or no response, and the examiner may instruct the examinee to give either a yes or a no response. If the examinee cannot decide, the examiner should encourage the examinee to respond with either yes or no, whichever the examinee thinks is most likely.

In the ten scenes in which a problem is present, "Yes" responses are scored 1, and "no" responses are scored 0. For these scenes, if the examinee indicates that there is no problem, (but in fact, there is), do not administer Description, Processing, Content, Performance, or Overall. However, these scales are all scored as 0.

In the three no-problem scenes, a yes is scored 0, a no is scored 1. For these scenes, if the examinee indicates that there is a problem,(when, in fact, there is not), administer the remainder of the questions for that scene, but do not score.

DESCRIPTION

Nine of the problem scenes contain problems with both a goal and an obstacle. The examinee gets one point for describing the obstacle and on point for describing the goal. Specifying both a goal and the obstacle gets two points. The only exception to this scoring procedure is Scene 2 in which 2 points are given for describing the obstacle (we have found that it is very rare for an examinee to describe the use of the telephone as the very obvious goal in this scene).

In some cases, the goal may seem so obvious that the examinee will describe only the obstacle; the examiner should ask the probe questions described in INSTRUCTIONS FOR EACH SCENE. Sometimes, the examinee will still not describe the goal, although the examinee may believe that the examinee does, in fact, know what the goal is. However, the examiner must remember that what is being assessed is the ability to verbally describe the goal and obstacle; therefore, unless the
examiner has clear evidence that the examinee knows the goal, the point for articulating the goal should not be scored.

If the examinee states neither the goal nor the obstacle, the score is 0.

**PROCESSING SKILLS**

**PROCESSING**

A Processing response is scored 2 if it is the best response in the scene that it is more likely than other responses to get the goal and it minimizes the likelihood of negative consequences. A response is scored 1 if it is not the best response, but it still has a significant chance of reaching the goal and does not produce serious negative consequence. If a response is unlikely to obtain the goal, or it is likely to cause a serious negative consequence, it should be scored 0.

In addition, a response which corresponds to an incorrect problem description response should be score 0. Despite that fact that it may be an appropriate response for the stated problem, it is nevertheless inappropriate for the correct problem. Occasionally, an examinee will indicate that he or she would not do or say anything to respond should be scored 0. Bizarre responses are always scored 0.

**SENDING SKILLS**

Page 13 describes the criteria for each sending skills rating. The scoring must be based on how well the examinee actually performs the role played response, not on what the examinee says he or she will do or say. The scoring is essentially a three-point scale (0,1,2), with .5 increments if the examiner cannot decide, for example, if the response merits a 1 or 2.

**CONTENT**

Rate the effectiveness of the examinee’s words in getting the goal independently of how they are spoken, or what nonverbal behavior the examinee demonstrates. In other words, rate the response as if it were written. For problem scenes in which the examinee said there was no problem, or if the examinee says or does nothing during the role play, score Content as 0.0.

**PERFORMANCE**

Rate the effectiveness of the manner in which the examinee responds, considering such characteristics as voice volume and fluency and clarity, eye contact, appropriateness of affect, posture, gestures, etc. These behaviors should be rated in terms of their social appropriateness in the situation and how effective they make the delivery of the content. For no-problem scenes, do not score Performance. For problem scenes in which the examinee said there was no problem, or if the examinee says or does nothing during the role play, score Performance as 0.0.
OVERALL

Rate the overall effectiveness of the examinee's responses in achieving the goal. Consider both the content of the response and the performance of the response. However, the Overall score is score is not necessarily an average of content and performance; for some responses, content is extremely important and performance is less critical; in other situations, content plays a vital role in determining effectiveness. For no-problem scenes, do not score Overall. For problem scenes in which the examinee said there was no problem, or if the examinee says or does nothing during the role play, score Overall as 0.0. Be sure to rate the response on the basis of how effective it is, not on a basis of a mismatch with the Processing response.

SCORING CRITERIA FOR sending skills

CONTENT AND OVERALL

0.0 Extremely unlikely to get goals, likely to produce significant negative consequences.

0.5 Not likely to get goal, but no really severe negative consequences.

1.0 May get goal, but clearly not the best response; no really bad consequences

1.5 Likely to get goal; a good response; could be improved; lacks polish.

2.0 Very effective; minimizes negative consequences; very likely to get goal; a smooth polished response.

PERFORMANCE

0.0 Extremely inappropriate; bizarre; highly offensive.

0.5 Clearly less than adequate; substantial omission of important nonverbal components.

1.0 Barely adequate; room for considerable improvement; but not really inappropriate.

1.5 Appropriate; adequate; but not polished.

2.0 Very appropriate; polished; smooth delivery.
TOTAL SCORES

Because of the sequential nature of the RPS social skills model, there are several ways in which the total scores using the AIPSS can be computed. We describe two methods in this section.

GENERAL SCORING

One scheme that we have found useful is to compute each subject’s percentage mean score on each of the AIPSS subscales. This can be accomplished easily by adding the subject’s scores for all items on the scale, dividing by the total possible points, and multiplying by 100 to get a percentage.

For example, suppose a subject received the following scores on the Identification scale:

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scores</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

To compute the total score, first sum the points earned across all items

\[ 1 + 1 + 1 + 0 + 1 + 1 + 0 + 1 + 1 + 1 + 0 = 9 \]

Then divide by the maximum score possible (13) and multiply by 100. So, in this case the examinee’s total score on Identification is \((9/13) \times 100\), or 69%. A simple variation of this scoring method would be to use only scores from problem scenes, omitting scenes 3, 7, and 9 (which would give a score of 70%).

Suppose the same examinee received the following score on the Description scale:

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>0</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

(Remember that items 3, 7, and 9, the no-problem scenes, are not scored for any scale except Identification).

Examining these scores, we observe that this examinee received a 2 on responses to four scenes, a 1 on response to three scenes, and that three responses were unscoreable (because the examinee had indicated that there was no problem in three scenes that actually contained problems during the Identification part of the test). To compute the total score for Description, therefore, first compute the sum

\[ 2 + 1 + 2 + 2 + 1 + 1 + 1 = 11 \]

Next, divide by the a maximum possible score of 20 for Description, which has 10 items, each worth a possible two points. The examinee’s total score for Description is \((11/20) \times 100 = 55\%\).

Notice that when using this scoring scheme, the scores for items depend on responses from a previous stage of the RPS model. For example, if an examinee says there is no problem in a scene for which there actually is a problem, the Description score for that scene is 0, even though the examinee’s ability to describe a goal and obstacle
was not actually measures. This method yields a “general” score that is based on a sequential model of problem solving. In other words, each step relies on information from a previous step. This General Scoring procedure is what is used in the administration instructions described earlier in this manual.

**SPECIFIC SCORING**

You may wish to treat each scale as a measure of a separate ability, and as such, score only the items that you have an opportunity to observe. If this is the case, the maximum possible points for each scale depends on each examinee. For example, if an examinee only had a chance to respond to seven Description questions (because the examinee missed three Identification items), then the maximum score possible is 14. Thus, percentage scores using this “specific” method may be based on fewer items that the “general” method. Scores obtained via the “specific method” will necessarily be greater than or equal to those obtained via the “general” method.

In other words, with this specific scoring method, do not score Description, Processing, Content, or Performance if Identification was scored 0. Do not score Processing, Content, or Performance if Processing was scored 0. Do not score Content or Performance if Processing was scored 0. Overall is always scored because it represents the overall social response to the situation; if the examinee would not perform a response in this situation, then this would rate a 0.0. To obtain the total score for a particular scale, compute a sum across item (scenes) that have been scored.

**COMPOSITE SCORES**

Whichever scoring system you choose, you may also wish to obtain composite scores, such as a “cognitive” score and a “behavioural” score. For example, you may obtain a cognitive problem solving score by combing Description with Processing, dividing by the maximum possible points (40), and multiplying by 100. To obtain a composite Sending Skills score, you might combine the Content and Performance scales. Many other composites are also possible.

We consider the AIPSS to be primarily a research instrument. The user should carefully use the general, specific, or some other scoring system that best fits the particular application of the test.
INITIAL INSTRUCTIONS

After the subject sits down, is relaxed, and is ready to begin, say:

You will watch a videotape with brief scenes that show two people talking to each other. At some point in their conversation a problem may or may not occur. You are to watch each scene very carefully and put yourself in the place of one of the people that I will ask you to identify with. The scenes are very short, and I can play each one only once, so be sure to pay close attention to the videotape. After each scene, I will stop the tape and ask you a few questions. First, I will ask you if there is a problem in the scene. If there is a problem, then I will ask you to explain the problem to me. Then I will ask you to tell me exactly what you would say or do if you were in that situation. Then, I will ask you to show me what you would do or say if you were really in that situation in the videotape. Before we start, we will practice the entire procedure on a demonstration scene, so just relax and pay close attention to the videotape.
DEMONSTATION SCENE
Job Interview

RECEIVING-Demonstration Scene

Identification

Pay close attention to the next scene.
Play tape. When scene freezes, say:
Please identify with the man on the left

When scene is finished, pause tape.
Is there a problem in this scene?

If subject is vague or uncertain, say:
From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. (Subject must choose one-no scoring.)

Articulation
Please explain the problem to me as if I have never seen this videotape before.
(Record response on facing page. Ask subject to speak slowly if necessary, to allow time for writing down exactly what they say.)

If response is inadequate, than say:

Is there anything else I need to know in order to understand the problem in this situation? (Record response on facing page.)

If subject is still vague or nonspecific, then say:

Could you be more specific about that: (Record response on facing page.)
If after two prompts, subject still has not articulated both the goal – man needs an interview – and the obstacle – interviewer is not there – then you may need to prompt the subject to be sure that he or she understands the need to articulate all parts of the problem as if you had never seen this scene before. If necessary, have the subject describe exactly what happened in the scene. As the subject gives the description, you may wish to point out the problem, but do not coach what is a goal and what is an obstacle. If necessary, you may also replay the scene, encouraging the subject to pay close attention to the details.
PROCESSING-Demonstration Scene

If you were in this situation, what would you say or do now?

RESPONSE:

If subject gives a vague, nonspecific response, then say:
Could you be more specific about what you would say or do in this situation?

RESPONSE:
SENDING – Demonstration Scene

Now I'd like you to show me what you would say of don in this situation. I'll be the
woman that was talking and I'll say the last few words that she said. Then, you go
right into what you would say or do.

**Cues:**
Subject stands.
   Sit in front of subject, at a ninety degree angle, as if sitting at a desk, turn
to subject and say:

**I'm sorry, but Mr. Smith has gone home for the day.**

**Response:**

---

**Continuation: None**

Be sure to verbally reinforce the subject’s involvement in the roleplay. For example:

**I really felt as if you were in the scene.**

If the subject did not seem very involved in the scene, then coach the subject to
perform a realistic an involved role play. For example, say:

Really try to put yourself into the scene and show me exactly what you would say or
do if you were really in the situation.
SCENE 1

Social Security Office

RECEIVING – Scene 1

Identification

Pay close attention to the next scene.

Play tape. When scene freezes, say:

Please identify with the woman with the large handbag, about to speak with the woman seated.

When scene is finished, pause tape.

Is there a problem in this scene?

If subject is vague or uncertain, say:

From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. (subject must choose one.)
Articulation

Please explain the problem to me as if I have never seen this videotape before.

(Record response on facing page.)

Scoring guidelines for prompts:

1  The check is late, she needs her check, she doesn't have the check, etc.

    OR

    The woman at the desk isn't giving her proper help or is putting her
    off, etc.

2  Both of the above.

If response is a 0 or 1, or you are not certain the response could be scored 2, 
then say:

Is there anything else I need to know in order to understand the problem in this 
situation?

If subject is still vague or nonspecific, then say:

Could you be more specific about that?
RECEIVING – Scene 1 – Scoring

**Identification**

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| 0 | No  |

**RESPONSE:**
PROCESSING – Scene 1

If you were in this situation, what would you say or do now?

RESPONSE:

If subject gives a vague, nonspecific response, then say:

Could you be more specific about what you would say or do in this situation?

RESPONSE:

Score:

0   With any persistence but without a specific request for action (e.g., “I really need my check, “Please help me.”).

1   Ask to speak to the supervisor or someone in charge

OR

Demands that she take some kind of action that will get information about the check.
Sending – Scene 1

Now I’d like you to show me what you would say or do in this situation. I’ll be the woman that was talking and I’ll say the last few words that she said. Then, you go right into what you would say or do.

Cues:

Subject stands. Sit, facing subject’s left, and tiredly say:

I really wouldn’t worry, the mail’s probably just a little bit slow. I’m sure it’ll be along in a few days. Next please.

RESPONSE

Continuation:

IF the subject is nondirective (e.g. “I really need to pay my rent”), THEN say:

Well, I’m sure it’ll be along in a few days.

RESPONSE:

Verbally reinforce the subject’s response.
Scene 2
Telephone Line

RECEIVING – Scene 2

Identification

Pay close attention to the next scene.

Play tape, When scene freezes, say:

Please identify with the man behind the women getting change out of her purse.

When scene is finished, pause tape.

Is there a problem in this scene?

If subject is vague or uncertain, say:

From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. (Subject must choose one.)
Articulation

Please explain the problem to me as if I have never seen this videotape before.

(Record response on facing page.)

Scoring guideline for prompts:

2 The woman cut in line

If you are not certain the response could be scored 2, then say:

Is there anything else I need to know in order to understand the problem in this situation?

If subject is still vague or nonspecific, then say:

Could you be more specific about that?
RECEIVING – Scene 2 – Scoring

Identification

1. Yes

2. No

RESPONSE:
PROCESSING – Scene 2

If you were in this situation, what would you say or do now?

RESPONSE:

If subject gives a vague, nonspecific response, then say:

Could you be more specific about what you would say or do in this situation?

RESPONSE:

Score:

1 Ask for an explanation of why she cut in front of the line, or comments on how rude her behaviour is.

2 Tell her to go to the end of the line.
Sending – Scene 2

Now I'd like you to show me what you would say or do in this situation. I'll be the woman that was talking and I'll say the last few words that she said. Then, you go right into what you would say or do.

**Cues:**

Subject stands just behind examiner.

Stand in front of subject, facing directly away from them, turn to the right and say:

I didn’t think it was the end of line.

RESPONSE

**Continuation:**

IF the subject is nondirective (e.g. “Well, that’s pretty rude”), THEN ignore the response.

IF the subject asks why you cut in line, THEN say:

I don’t feel like waiting in this line.

RESPONSE:

Verbally reinforce the subject's response.
Scene 3
Card Playing – No Problem

RECEIVING – Scene 2

Identification

Pay close attention to the next scene.

   Play tape, When scene freezes, say:

Please identify with the man on the left.

   When scene is finished, pause tape.

Is there a problem in this scene?

   If subject is vague or uncertain, say:

From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. (Subject must choose one.)

2 No

0 yes (Note: If subject responds with a “YES”, then follow through with the questions for the RECEIVING, PROCESSING, and SENDING SKILLS, in order to be consistent.)
Articulation

Please explain the problem to me as if I have never seen this videotape before.

RESPONSE:
PROCESSING – Scene 3

If you were in this situation, what would you say or do now?

RESPONSE:
SENDING - Scene 3

Now I'd like you to show me what you would say or do in this situation. I'll be the person that was talking and I'll say the last few words that he said. Then, you go right into what you would say or do.

Cues:

Subject sits to your right.

Sit to the left of subject and say:

It's eleven-thirty

RESPONSE:

Continuation: None

WHATEVER subject responds with, reinforce the degree of involvement in the scene and go to the next scene.
SCENE 4

Restaurant – *Wrong Order*

RECEIVING – Scene 4

**Identification**

Pay close attention to the next scene.

- **Play tape, When scene freezes, say:**

Please identify with the man on the right.

- **When scene is finished, pause tape.**

Is there a problem in this scene?

- **If subject is vague or uncertain, say:**

From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. (*Subject must choose one.*)
Articulation

Please explain the problem to me as if I have never seen this videotape before.

(Record response on facing page.)

Scoring guidelines for prompts:

1  That waitress got the order wrong (nonspecific)

3  That waitress said two Cokes instead of one Coke and a cup of coffee.

If the response is 0 or 1, or you are not certain the response could be scored 2, then say:

Is there anything else I need to know in order to understand the problem in this situation?

If subject is still vague or nonspecific, then say:

Could you be more specific about that?
Identification

1  Yes
0  No

RESPONSE:
PROCESSING – Scene 4

If you were in this situation, what would you say or do now?

RESPONSE:

If subject gives a vague, nonspecific response, then say:

Could you be more specific about what you would say or do in this situation?

RESPONSE:

Score:

1 That he wants a cup of coffee, without stating that he does not want a Coke.

OR

That he would ask her to repeat the order or he asks her if she got the correct order

2 That he would correct the waitress, telling her that he wanted a cup of coffee, not a Coke.
SENDING – Scene 4

Now I'd like you to show me what you would say or do in this situation. I'll be the person that was talking and I'll ay the lat few words that he said. Then, you go right into what you would say or do.

Cues:

Subject sits.

Stand to the right of sitting subject, as if you were a waitress standing between two people at a table. Turn to the left and say:

That's two Cokes and a roast beef sandwich.

RESPONSE:

IF the subject says: “Repeat the order,” THEN you say:

That's two Cokes and a roast beef sandwich.

IF subject asks if order is correct, then you respond:

You wanted two Cokes and a roast beef sandwich

RESPONSE:

Verbally reinforce the subject’s response.
Scene 5
Garbage Disposal

RECEIVING – Scene 5

Identification

Pay close attention to the next scene.

Play tape, When scene freezes, say:

Please identify with the man on the left.

When scene is finished, pause tape.

Is there a problem in this scene?

If subject is vague or uncertain, say:

From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. (Subject must choose one.)
Articulation

Please explain the problem to me as if I have never seen this videotape before.

(Record response on facing page.)

Scoring guidelines for prompts:

2  The garbage disposal is still broken.
   
   OR

   The manager won't fix it, doesn't care, etc.

3  Both of the above.

If the response is 0 or 1, or you are not certain the response could be scored 2, then say:

Is there anything else I need to know in order to understand the problem is this situation?

If subject is still vague or nonspecific, then say:

Could you be more specific about that?
RECEIVING – Scene 5 – Scoring

Identification

1   Yes
0   No

RESPONSE:
PROCESSING – Scene 5

If you were in this situation, what would you say or do now?

RESPONSE:

If subject gives a vague, nonspecific response, then say:

Could you be more specific about what you would say or do in this situation?

RESPONSE:

Score:

1  Any response that persists with a request to get it fixed, or a restatement of the problem to the manager.

2  Make the manager to say something definite about when it will be fixed, specifically.

OR

Threaten action if it isn’t fixed (e.g., will call owner or will fix it yourself and deduct the cost from your rent); BUT, must state threat to the manager.
SENDING – Scene 5 – Administration

Now I’d like you to show me what you would say or do in this situation. I’ll be the
person that was talking and I’ll say the last few words that he/she said. Then, you go
right into what you would say or do.

Cues:

Subject stands.

Stand facing the subject, left arm up as if leaning on a doorway, and say
tiredly:

I’ve got a long list of people who want repairs, (sigh) I’ll get around to it.

RESPONSE:

Continuation: IF the subject is nondirective (e.g. “I really need it
fixed.”) THEN say: Well, I’ll get around to it.

RESPONSE:

Verbally reinforce the subject’s response.
SCENE 6

No Refund

Receiving – Scene 6

RECEIVING – Scene 6

Identification

Pay close attention to the next scene.

Play tape, When scene freezes, say:

Please identify with the woman on the left.

When scene is finished, pause tape.

Is there a problem in this scene?

If subject is vague or uncertain, say:

From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. (Subject must choose one.)
Articulation

Please explain the problem to me as if I have never seen this videotape before.

(Record response on facing page.)

Scoring guidelines for prompts

1  The sweater is defective

   OR

   The store will not or give a refund.

2  Both of the above

If the response is 0 or 1, or you are not certain the response could be scored 2, then say:

Is there anything else I need to know in order to understand the problem in this situation?

   If subject is still vague of nonspecific, then say:

Could you be more specific about that?
RECEIVING – Scene 6 – Scoring

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PROCESSING – Scene 6

If you were in this situation, what would you say or do now?

RESPONSE:

If subject gives a vague, nonspecific response, then say:

Could you be more specific about what you would say or do in this situation?

Response:

Score:

1  Any response that persists with request or restates the problem.

2  Ask to see the manager or owner of store.
SENDING – Scene 6

Now I’d like you to show me what you would say of do in this situation. I’ll be the person that was talking and I’ll say the last few words that she said. Then, you go right into what you would say or do.

Cues:

Subject stands.

Stand facing the subject, and say:

Well, I’m sorry, we don’t make refunds or exchanges.

RESPONSE:

Continuation:

IF the subject doesn’t ask to speak to the manager or owner of the store,

THEN say;

All I know is that we don’t make refunds or exchanges.

RESPONSE:

Verbally reinforce the subject’s response.
SCENE 7

Chinese Dinner Date – No Problem

RECEIVING – Scene 7

Identification

Pay close attention to the next scene.

Play tape, When scene freezes, say:

Please identify with the man on the right.

When scene is finished, pause tape.

Is there a problem in this scene?

If subject is vague or uncertain, say:

From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. (Subject must choose one.)

3 No

0 Yes  (Note: IF the subject responds with a YES, then follow through with the questions for the RECEIVING, PROCESSING, and SENDING Skills in order to be consistent, While giving no indications as the correctness of the subject’s response.)
Articulation

Please explain the problem to me as if I have never seen this videotape before.

RESPONSE:
PROCESSING – Scene 7

If you were in this situation, what would you say or do now?

RESPONSE:
SENDING – Scene 7

Now I'd like you to show me what you would say or do in this situation. I'll be the person that was talking and I'll say the last few words that he said, then, you go right into what you would say or do.

Cues:

Subject sits:

Sit to subject’s right and say:

Great, Let’s do it! (upbeat tone).

RESPONSE:

Continuation: None

WHATEVER the subject responds with, reinforce the degree of involvement in the scene and go to the next scene.
SCENE 8
Roommates

RECEIVING – Scene 8

Identification

Pay close attention to the next scene.

Play tape, When scene freezes, say:

Please identify with the girl on the left.

When scene is finished, pause tape.

Is there a problem in this scene?

If subject is vague or uncertain, say:

From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. (Subject must choose one.)
Articulation

Please explain the problem to me as if I have never seen this videotape before.

(Record response on facing page.)

Scoring guidelines for prompts:

1. Stating only one side of the argument, or that only one roommate has a complaint.

2. That there are two sides to the argument.

   OR

Each roommate has a complaint.

If the response is 0 or 1, or you are not certain the response could be scored 2, then say:

Is there anything else I need to know in order to understand the problem in this situation?

If subject is still vague or nonspecific, then say:

Could you be more specific about that?
RECEIVING – Scene 8 – Scoring

Identification

1  Yes

0  No

RESPONSE:
PROCESSING – Scene 8

If you were in this situation, what would you say or do now?

RESPONSE:

If subject gives a vague, nonspecific response, then say:

Could you be more specific about what you would say or do in this situation?

RESPONSE:

Score:

1 Any statement indicating the need for compromise – nonspecific.

2 Any statement directing the need for compromise specifically with the milk and the cloth.
SENDING – Scene 8

Now I’d like you to show me what you would say or do in this situation. I’ll be the person that was talking and I’ll say the last few words that she said. Then, you go right into what you would say or do.

*Cues:*

Subject sits.

*Sit to the left of subject and say in a stern voice:*

Well, one thing that bothers me is when you take the milk out of the refrigerator and leave it out on the counter and it goes sour.

**RESPONSE:**

---

*Continuation:*

*IF the subject is nondirective (e.g. “Gee, we’ve got to do something”), THEN say:*

Yeah, well I don’t know what to do.

**RESPONSE:**

---

Verbally reinforce the subject’s response.
Scene 9

Party – *No Problem*

RECEIVING – Scene 9

**Identification**

Pay close attention to the next scene.

*Play tape, When scene freezes, say:*

Please identify with the man on the left.

*When scene is finished, pause tape.*

Is there a problem in this scene?

*If subject is vague or uncertain, say:*

From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. (Subject must choose one.)

3 No

0 Yes  *(Note: IF the subject responds with a YES, then follow through with the questions for the RECEIVING, PROCESSING, and SENDING Skills in order to be consistent, While giving no indications as the correctness of the subject’s response.)*
Articulation

Please explain the problem to me as if I have never seen this videotape before.

Response:
PROCESSING – Scene 9

If you were in this situation, what would you say or do now?

RESPONSE:
SENDING – Scene 9

Now I'd like you to show me what you would say or do in this situation. I'll be the person that was talking and I'll say the last few words that he said. Then, you go right into what you would say or do.

*Cues:*

Subject stands

Stand to the subject's left and say:

Yeah, her name is Nancy, ha-ha.

**RESPONSE:**

*Continuation: None*

WHATEVER subject responds with, reinforce the degree of involvement in the scene and go to the next scene.
SCENE 10

Walkman Stereo

RECEIVING – Scene 10

Identification

Pay close attention to the next scene.

Play tape, When scene freezes, say:

Please identify with the man on the left.

When scene is finished, pause tape.

Is there a problem in this scene?

If subject is vague or uncertain, say:

From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. (Subject must choose one.)
Articulation

Please explain the problem to me as if I have never seen this videotape before.

(Record response on facing page)

Scoring guidelines for prompts:

1. One or two of the elements listed below.

2. At least three of the following four elements of the problem:
   
The guy wants to: (a) borrow the stereo, (b) right now, (c) but he just bought it, and (d) he's listening to it.

If the response is 0 or 1, or you are not certain the response could be scored 2, then say:

Is there anything else I need to know in order to understand the problem in this situation?

If subject is still vague or nonspecific, then say:

Could you be more specific about that?
RECEIVING – Scene 10 – Scoring

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Response:
PROCESSING – Scene 10

If you were in this situation, what would you say or do now?

Response:

If subject gives a vague, nonspecific response, then say:

Could you be more specific about what you would say or do in this situation?

RESPONSE:

Score:

1  Something that doesn’t give in, but doesn’t clearly say no.

2  Tell the guy NO firmly, or that he can use it later.
SENDING-Scene 10

Now I’d like you to show me what you would say or do in this situation. I’ll be the person that was talking and I’ll say the last few words that he said. Then, you go right into what you would say or do.

Cues:

Subject sits.

Examiner sits to the left of the subject, says:

Say, uh, do you think I could borrow it right now for a couple of hours. Uh, I’m gonna take a walk and I’d like to listen to some music while I walk.

RESPONSE:

Continuation:

IF the subject doesn’t clearly say no, or that he can use it later, THEN the examiner says:

Hey, I’ll only borrow it for a while.

RESPONSE:

Verbally reinforce the subject’s response.
SCENE 11
Gas But No Phone

RECEIVING – Scene 11

Identification

Pay close attention to the next scene.

Play tape, When scene freezes, say:

Please identify with the man on the left.

When scene is finished, pause tape.

Is there a problem in this scene?

If subject is vague or uncertain, say:

From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. (Subject must choose one.)
Articulation

Please explain the problem to me as if I have never seen this videotape before.

(Record response on facing page)

Scoring guidelines for prompts:

1. The man needs to make an emergency call.
   OR
   States that there's a gas leak. The woman won't let him use the phone.

2. Both of the above.

If the response is 0 or 1, or you are not certain the response could be scored 2, then say:

Is there anything else I need to know in order to understand the problem in this situation?

If subject is still vague or nonspecific, then say:

Could you be more specific about that?
RECEIVING – Scene 11 – Scoring

Identification

3 Yes

0 No

Response:
PROCESSING – Scene 11

If you were in this situation, what would you say or do now?

RESPONSE:

If subject gives a vague, nonspecific response, then say:

Could you be more specific about what you would say or do in this situation?

RESPONSE:

Score:

1  Ask where a telephone is

OR

Say thank you to her and goes to the nearest pay phone or the manager’s office.

2  Ask her to call the gas company for him.
SENDING-Scene 11

Now I'd like you to show me what you would say or do in this situation. I'll be the person that was talking and I'll say the last few words that he said. Then, you go right into what you would say or do.

Cues:

Subject sits.

Stands facing subject, but as if peering out of doorway (small and sheepish) and say:

No, I'm sorry.

RESPONSE:

Continuation:

If the subject asks where the nearest phone is, THEN say;

Apt. #31 is the manager's apartment.

RESPONSE:

If the subject persists in wanting to use your phone, THEN firmly say "No"

and end the role play

Verbally reinforce the subject's response.
SCENE 12

Doctor's Appointment

RECEIVING – Scene 12

**Identification**

Pay close attention to the next scene.

**Play tape, When scene freezes, say:**

Please identify with the man on the right.

**When scene is finished, pause tape.**

Is there a problem in this scene?

**If subject is vague or uncertain, say:**

From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. *(Subject must choose one.)*
Articulation

Please explain the problem to me as if I have never seen this videotape before

(Record response on facing page.)

Scoring guidelines for prompts:

1. The man wants to see the doctor (or he has a 1:30 appointment).

2. The woman with the later appointment time got to see the doctor first.

If the response is 0 or 1, or you are not certain the response could be scored 2, the say;

Is there anything else I need to know in order to understand the problem in this situation?

If subject is still vague or nonspecific, then say:

Could you be more specific about that?
RECEIVING - Scene 12 - Scoring

Identification

1 Yes

2 No
PROCESSING – Scene 12

If you were in this situation, what would you say or do now?

RESPONSE:

If subject gives a vague, nonspecific response, then say:

Could you be more specific about what you would say or do in this situation?

RESPONSE:

Score

1. Tell the receptionist about the misunderstanding, but after the other patient has left to see the doctor.

2. Immediately, but politely, interrupt the receptionist and correct the misunderstanding (e.g., “I had the earlier appointment”).
SENDING – Scene 12

Now I’d like you to show me what you would say or do in this situation. I’ll be the person that was talking and I’ll say the last few words that he said. Then, you go right into what you would say or do.

Cues:

Subject sits.

Stand at right angle to subject’s right, about eight feet away, as if behind a counter, pretending to talk to the other patient, say:

Uh, Mrs. Harvey, the Doctor will see you now.

RESPONSE:

Continuation: None

Verbally reinforce the subject’s response.
SCENE 13

Cigarette Time

RECEIVING – Scene 13

Identification

Pay close attention to the next scene.

Play tape, When scene freezes, say:

Please identify with the man on the right.

When scene is finished, pause tape.

Is there a problem in this scene?

If subject is vague or uncertain, say:

From what you have seen from the videotape, please decide whether or not there is a problem in this scene and answer yes or no. (Subject must choose one.)

128
Articulation

Please explain the problem to me as if I have never seen this videotape before.

(Record response on facing page.)
Articulation – Scoring guidelines for prompts:

1. The man wants a cigarette and it is time for him to get one.
   
   OR
   
   But the nurse won't give him one, she's eating her lunch.

2. Both of the above.

If the response is 0 or 1, or you are not certain the response could be scored 2,
then say:

Is there anything else I need to know in order to understand the problem in this
situation?

If subject is still vague or nonspecific, then say:

Could you be more specific about that?
RECEIVING – Scene 13 – Scoring

Identification

1 Yes

0 No

RESPONSE:
PROCESSING – Scene 13

If you were in this situation, what would you say or do now?

RESPONSE:

If subject gives a vague, nonspecific response, then say:

Could you be more specific about what you would say or do in this situation?

RESPONSE:

Score:

1 Persistence with nurse, but without acknowledging inconvenience to her.

   OR

   Ask the nurse when she'll be finished with lunch.

2 Persist with nurse while acknowledging her inconvenience

   OR

   Ask if there is someone else who can provide him a cigarette, or a compromise with the nurse that ensures getting a cigarette as soon as possible. (Includes politely asking for a cigarette as soon as she finishes).
SENDING – Scene 13
Now I'd like you to show me what you would say or do in this situation. I'll be the person that was talking and I'll say the last few words that he said. Then, you go right into what you would say or do.

Cues:

Subject stands.

Sit in a chair facing about four feet away from standing subject, as if holding a cup of yogurt on the knee, spoon in the right hand, and say:

I'm sorry, but I'm eating lunch right now!

RESPONSE:

Continuation: IF subject asks when you'll be finished, THEN says:

In twenty minutes.

RESPONSE:

Verbally reinforce the subject’s response.

REWIND TAPE
# SCORING SHEET FOR AIPSS

Examinee: ____________________
Examiner: ____________________
Date: ________________________

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Appendix II

Assessment Scenes Transcript

Receptionist’s Office

A: Hello, my name is George Johnson and I have an appointment for a job interview with Mr. Smith at 2:30

B: I’m sorry, Mr. Smith has gone home for the day.

Scene A-1
Social Security Office

A: Hello, my name is Milfred Jones, and my social security check is more than a week late. I have to pay my rent in a few days so I really need the check so do you think you can check on that for me please?

B: I really wouldn’t worry, it’s probably just a little bit slow, I am sure it’ll be around in a few days. Next please.

Scene A-2
Public Telephone

A: Um, excuse me but that is not the end of the line.

B: I didn’t think it was.

Scene A-3
Apartment

A: That was a great game Harry, you play a tough game of cards.
B: Yes, you play well too.

A: I better finish up cause I gotta go home.
B: Oh, what time is it?
A: It’s 11:30.

Scene A-4
Restaurant

A: Hi, can I take your order now?

B: Yeah, I’d like a coke

C: And, I’d like a cup of coffee and a roast beef sandwich.

A: Do you want some salad?
C: Uh, no thanks, just a sandwich
A: OK, that’s two cokes and a roast beef sandwich.

Scene A-5
Hallway In Apartment Building

A: Yeah.

B: Mr. Smith, I’m Charles Jones, I live upstairs in apartment 41. I just came by to tell you that my garbage disposal still isn’t working. Now I’ve asked you 3 times to fix it and I would really like you to get to it this afternoon.

A: I’m carrying along list of people who want repairs, I’ll get around to it.

Scene A-6
Clothing Store

A: Excuse me.

B: Can I help you?
A: Um, yes, I purchased this sweater this morning and when I got it home I realized there was this snag here. Could I exchange it for another one?

B: Ah, I’m sorry we don’t take refunds or exchanges.

Scene A-7

Apartment

A: God, I’m hungry

B: Do you wanna go out and get something to eat?

A: Sure

B: I just got paid, so I’ll pay

A: Great, that sounds even better

B: Do you like Chinese food?

A: Yeah, I do

B: There’s this nice little Chinese restaurant down the street, let’s go there

A: Great, let’s do it

Scene A-8

Apartment

A: Hey Judy, how long have you been with me?

B: Ah, a couple of months?

A: We get along pretty good I’d say.

B: Yeah pretty good

A: But you know, one thing that kinda bothers me is when you leave your clothes lying all around the apartment

B: One thing that bothers me is when you take the milk out of the refrigerator and leave it on the counter and it goes sour
Scene A-9

Apartment

A: Hey Bob, how are you, long time no see, now haw ya been?
B: Good to see you Joe, I’m fine, I have been in Hawaii
A: In Hawaii
B: Yes
A: Sounds great, hey you’re enjoying this party
B: Oh, it’s really not bad at all, really interesting people, I wouldn’t mind meeting that little blonde over there
A: You mean the one in the gray pants
B: Yeah
A: Yeah her name is Nancy

Scene A-10

Lobby

A: hey Joe
B: Hi Jerry
A: Haw ya doin?
B: I’m fine
A: Is that your tape player?
B: Oh yeah, I just bought it an hour ago and I’m really enjoying it
A: Yeah, looks like a nice one
B: Oh yeah, I’ve been saving my money for a long time before I could get it but I…….I think it’s going to be worth it you know. And I’m really enjoying listening to this new tape I just bought.
A: Say, uh, do you think I could borrow it right now for a couple of hours, I’m gonna take a walk and I’d like to listen to some music while I’m walking.
Scene A-11

Hallway In Apartment Building

A: Yeah

B: Hi, yeah, I'm Fred Stevenson, I just moved in in 17 down the hall. I think gotta a gas leak cause I keep smelling gas, I was just wondering if I could come in and use your phone. Uh mine is not hooked up yet.

A: No, I'm sorry

---

Scene A-12

Waiting Room At Doctor's Office

A: Hello, I'm Mr. Peters, I have a 1:30 appointment with Dr. Blue

B: OK, Mr. Peters, go ahead and have a seat and the doctor will be right with you.

A: OK.

C: Hello, I'm Mrs. Harvey and I have a 2:00 appointment with Dr. Blue.

B: OK Mrs. Harvey, you're a little bit early, go ahead and have a seat and the doctor will be with you in a while.

B: Mrs. Harvey, the doctor will see you now.

---

Scene A-13

Nurse's Office On Hospital Ward

A: I'm nervous, I can't wait till 2:00 if I could get another cigarette from the nurse

B: It's just past 2:00 right now. I'll see you later.

C: Yes

A: Nurse Smith, it's 2:00 and I could really use a cigarette

C: Um, sorry but I'm, eating my lunch now
處理人際關係問題技巧評估

(中文譯本)
ASSESSMENT OF
INTERPERSONAL PROBLEM SOLVING
SKILLS
處理人際關係問題技巧評估

(中文譯本)

ADMINISTRATION MANUAL
行政手冊

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Translated and Verified by
Hector Tsang W.H.
Tony Leung K.S.
鳴謝

此行政手冊及光碟得以順利完成製作，承香港特別行政區香港理工大學康復治療學系研究院贊助。

研究員謹向香港理工大學康復治療學系副教授曾永康博士致謝，協助本研究之進行及指導。

特向楊秀芳小姐、萬家輝先生、盧惠如小姐、駱正昌先生、李正傑先生、麥志成先生、張麗琪小姐、李紫君小姐、譚詠纏小姐、謝麗珠小姐、潘輝先生、孔琳瑛小姐、龐頡慧小姐、陳秀敏小姐、姚恩美小姐及鄧遠明先生一眾資深職業治療師致謝，給予寶貴的意見及協助。

謹向一眾九龍醫院職業治療部職員致謝，協助拍攝及後期製作。
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序言

處理人際關係問題技巧評估，是一種方法來去決定一些在人際關係情況可能有的思想和行為表現問題。這是兩個人的情況，在當中一個人阻礙另外一個人去取得一個想得到的目標，第二個人一定要決定問題所在和適當的解決方法，然後有適當和有效的表現。這情況的例子可能是：

你準時去見工面試。你告訴接待員：「你好，我是莊家偉，我約了史先生。」

接待員回答：「很對不起，史先生離開了。」

問題當然是你安排了一個見工面試，但接待員給你一個障礙：你知道接見你的人不在。你在想解決方法：你或者會離開寫字枱然後打電話查詢；你可能問有沒有其他人你可以和他傾談；你可能留口訊給史先生，叫他打電話給你；你或者接待員很憤怒，要她知道史先生是一個不為其他人設想的僱主。這些解決方法有一些正面或反面的後果。你一定要知道那一個是最好的方法，然後附諸實行。這些方法需要你跟接待員談話，而結果會被你說甚麼和你怎樣說所影響。換句話說，解決方法的內容和你的表現，是重要的因素去決定你能不能完成你所想的目標。

這些分析包含着社交技巧的問題解決方法。首先，你一定要認出問題的存在。這是問題確認技巧。你也一定要概念化問題，明白那一個是目標，那一個是障礙。形容問題和障礙的能力是描述問題。確認和說明問題是一種技巧。第二步需要複習的思考分析，你要想想不同的解決方法，認定和估量後果，然後選擇那一個方法是最好。這些是叫進行技巧。最後，你一定要實際解決方法。表達技巧包含內容技巧（選擇對你事情去說或做），而表現技巧（你怎樣說或做）表現技巧包括適當的眼睛接觸，說話的音量，身體語言，手勢，面部表情，說話時間等。

這本手冊形容處理人際關係問題技巧評估的計分和實行方法，用一個解決方法的模式去評估社交技巧。用 Wallace et al. (1980) 所提出的專用名詞，這個手冊計算的結構是叫接收—進行—表達(Receiving-Processing-Sending, RPS) 技巧。RPS 模式假設是有序的。有能力表現的一步有賴於之前一步的能力表現。
處理人際關係問題技巧評估用拍錄社互相接觸去評估接收—進行—表達技巧。評估包括十三個拍錄的地方和一個示範的地方。每一地方有兩個人在社互相接觸。有三個片段沒有問題，而有 10 個片段中的人遇到另外一個人給予的障礙。評估者在每一個人影象後停光影碟，問考生—連串問題去評估接收技巧（確認問題所在和描述問題）；進行技巧；和表達的技巧（內容，表現和總括）。接收和進行分析技巧是通過簡單的問題評估，所以只需要比較短的回覆。表達技巧需要評估者將考生放在角色扮演，對情況的反應。有特定的標準為考生的反應評分。

處理人際關係問題技巧評估是由研究精神分裂症門診病人而製成的。詳情可參閱 Donahoe, et al(1990) 處理人際關係問題技巧評估的發展和尋找它可靠性和有效性的資料。

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行政的摘要

● 準備測試場地、物料和儀器
● 給考生指示
● 展示示範場景和練習到考生完全明白程序
● 展示和爲 13 個評估場景評分
  ■ 給予指示
  ■ 問接收技巧問題
  ■ 問進行問題
  ■ 制定表達技巧角色扮演
設立

物件和儀器
● 光影碟機及電視
● 光影碟：處理人際關係問題技巧評估
● 空的錄音帶（30 分鐘或以上）
● 處理人際關係問題技巧評估行政手冊及評分紙
● 筆

測試場地
需要一間寧靜不會分心的房間。房間應該夠大放置影視器材和兩張椅子。那裏也應該有足夠空間去走動來做角色扮演。

兩張椅子面對面地放在電視機前面。換句話說，評估者和考生面對面，但需能夠看到螢幕。光影碟機應該方便評估者接觸。評估者拿着行政手冊及評分紙。

考試開始前，評估者將評估光影碟放入光影碟機，調校電視顏色，然後將光影碟轉到示範的片段。在這程序中，聲音的層次需要調校。光影碟及光影碟機都準備好後，考生被安排進入試場坐在考生椅子上。
初部指示

當考生放鬆地坐下後，我便開始說：

「請你看一段短片，片段中有兩個人在交談，在他們在交談當中有可能會發生問題。你要小心地觀看此片段，而且要代入其中一個角色，我會要你找出其中的問題。片段是很短的，我只是播放一次，所以你必須留意片段的內容。每次片段播完後，我會停止播放，然後問你幾題問題。首先，我會問你如果片段中有問題，我要你向我解釋問題的所在；然後我要你準確地告訴我，如果你在這樣的情況下，你會怎樣做或說呢。最後，我要你示範一下如果你在此片段中所遇到的情況，你會怎樣做或說呢。我們在未正式開始以前，先用示範的片段來練習一下上述的方法，請你放鬆一下並留意錄影帶的片段。」
每個片段的指引

所有的片段都是用一样的程序执行，而示範片段就有點例外。以下是一部一部的程序。每一片段的细结可以在每一片段的页数找到。

如果这是你第一次看这个部分，给分数的一些细结未必清楚。但如果你有载会看给分数指示，就会变得清楚。

在评估期间，一个新的评估者可能很难评分。由於這個原因，評估者會用录音機錄考生的回答，在考试後才给予分數。

在每個分數的開始:
- 說：密切留意另一個片段
- 看光影碟
- 當片段停了，說：請認出片段中的人物
- 當片段完結，暂停光影碟
- 放開錄音帯暂停的按鈕

接收技巧
- 問：這個片段有沒有問題？
- 如果考生說「有」或「沒有」，然後評分
- 有些片段沒有問題，但如果考生說有問題，繼續評估程序，但不要為描述，進行，內容，表現及總括評分
- 在一個有問題的片段，如果考生說沒有問題，不要為那個片段做評估程序。將描述，進行，內容，表現及總括評分給予 0 分（看評分指示）。
- 去下一个片段
- 在問題片段中如果考生說有問題，繼續評估程序。說：假設我沒有看過片段，請向我解釋這個問題
- 如果考生解答的反應很清楚評分是 2，在描述評分，然後繼續進行技巧

如果考生的答案可以評分 0 或 1，或者你不清楚答案可以評分為 2，說：還有些甚麼我需要知道幫我去明白這個情況的問題？

如果考生仍然是含糊或不明確，便說：你可不可以更明確地指出問題的所在？

在考生回答後，在描述部份評分（這可在看片段後評分）。

進行技巧
- 在一個沒有問題的片段，如果考生說有問題，執行評估程序，但不要在進行部份評分

(請轉下頁)
● 如果考生說沒有問題，不要執行這個部份。將過程部份評分為 0
● 否則，說：如果你在這種情況下，你會怎樣說和做呢？
● 如果考生給一個含糊或不明確的答案，說：
  你可不可以更明確地說出你在這種情況下會怎樣說和做呢？
  然後在進行部份評分（可以在看完片段後評分）

表達技巧
● 在一個沒有問題的片段，如果考生說有問題，執行評分程序，但不要
  在內容，表現或總括部份評分
● 如果考生說沒有問題，這個部份不是執行問題片段。在內容，表現及
  總括部份評分為 0 分
● 說：「現在我要你示範給我看，你在這種情況下會怎樣做？我將會扮演
  你要對話的那個人，我會說出他最後幾句話，然後你試試如何回答或
  做。」
● 當考生回答完後，停光影碟機，用說話加強考生的參與
● 如果評估者相信考生給了一個可以評分為最少 1 分的答案，也相信如
  果角色扮演可以繼續，考生有機會增加分數，依據給很多的片段的繼
  續，部份慢慢地繼續角色扮演。在真實的情況回答未必是一句句子的
  反駁；有時答案由一個簡短的對話組成
● 給內容和總括部份評分（可以在看完片段後評分）
● 給表現部份評分（一定要在現在評分）
● 去下一個片段
評分指引

每一個片段的評分標準就在這個手冊裡（在每個片段的頁數中）。評估者應該緊緊地跟着這些標準。跟着明確的標準，如果評估者有困難為考生答案評分，以下的指引可能有幫助。

接收技巧

確認

考生一定要給一個是或否的答案，而評估者可以指引考生給是或否的答案。如果考生不能決定，評估者應該鼓勵考生回應是或否，一個考生認爲是最有可能的答案。

在 10 個有關問題的片段中，「是」的答案評分為 1，而「否」的答案評分為 0。在這些片段，如果考生說沒有問題（但事實上是有問題），不要執行描述，進行，內容，表演或總括部份。但是，全部評分為 0。

在 3 個沒有問題的片段，「是」評分為 0，「否」評分為 1。在這些片段，如果考生說有問題（但事實上是沒有），執行這片段剩餘的問題，但不要評分。

描述

9 個問題片段包含有目標及障礙的問題。考生形容障礙得 1 分，而形容目標得 1 分。明確地形容目標和障礙得 2 分。這個評分程序在片段 2 例外。描述障礙可得 2 分。（我們發現考生很罕有形容用電話在這個片段是一個很明顯的目標）。

有一些情況，目標看似明顯到一個地步，考生只會形容障礙；評估者應該問在每一個片段的指示形容的探查問題。雖然評估者相信考生其實知道目標是甚麼，考生有時仍然不會形容目標。但是，考生一定要謹記評分是從口中形容目標和障礙的能力。因此，除非評估者有清楚的證據考生知道目標，說出目標那一點不要評分。

如果考生沒有說目標或障礙，分數是 0。

進行技巧

進行

一個進行答案有兩分如果這是最好的答案；即是說這個答案比其他答案更能取得目標而它盡量減低負面後果的可能性。一個答案有 1 分如果它不是最好的答案，但它有很大機會達到目標和不會製造嚴重的負面後果。如果那個答案能夠達到目標的機會很少，或者它有可能帶來嚴重的負面後果，分數應該是 0 分。

而且，一個答案如果相稱於一個不正確的形容問題答案，分數應該是 0 分。雖然這或許是陳述問題的適當答案，但它對正確的問題是不適當的。考生難中會暗示他或她不會對片段有任何反應。這個反應會評為 0 分。奇異的答案也應評分為 0。

表達技巧

第 10 頁形容每個表達技巧評分判斷標準。評分一定要根據考生會做或說甚麼。評分是 5 分制等級（0, 0.5, 1, 1.5, 2）。

內容

不要理會考生怎樣說或沒有說話的行爲，評估考生說話去達到目標的有效
性。換句話說，評估反應有如是寫在紙上。如果考生對一個問題片段說沒有問
題，或者考生在角色扮演沒有說話或做甚麼，將內容評分為 0.0。

表現
評估考生對某的有效性，考慮的特質包括聲音的大小，流利，清楚程度，
眼的接觸，感覺的適當性，身體及手勢等。這些行為的評估應該根據在社交場
合是沒有問題的片段，不要在「表現」評分。如果考生在問題片段說沒有問題，
或考生在角色扮演中沒有說話或做甚麼，在「表現」評分為 0.0。

總括
評估考生反應的概括有效性去達到目標。考慮反應的內容及表現。但是，
概括的分數未必是內容和表現的平均數；對一些反應，內容是非常重要而表現
就沒有這樣重要；在其他情況，內容在決定有效性扮演一個重要的角色。對沒
有問題的片段不要在「總括」評分。如果考生在有問題的片段說沒有問題，或
者考生在角色扮演中沒有做或說甚麼，在「總括」評分為 0.0。答案的評分是根
據答案的有效力，而不是根據與過程答案不協調的答案。
表達技巧的評分標準

內容及總括
0.0  極少機會去達到目標；有可能製造很大的負面後果
0.5  很少機會去達到目標，但沒有嚴重的負面後果
1.0  或者能達到目標，但不是最好的答案；沒有很壞的後果
1.5  有可能達到目標，一個好的答案；可以有改善；缺乏打磨
2.0  非常有效；負面後果減低至最少的程度；很可能達到目標；一個圓滑，
     經打磨的答案

表現
0.0  非常不適當；奇異；高度令人不快
0.5  不足夠；大量遺漏重要的非口語部份
1.0  僅僅足夠；有空閒作大量改善；但不是很不適當
1.5  適當；足夠；但沒有打磨
2.0  非常適當；有打磨；通順地給予答案
總分

由於 RPS 社交技巧模型是順序的，有幾個方法用處理人際關係問題技巧評估結果總分。這個部份會形容兩個方法。

普遍的評分

我們發現一個有用的方法就是計算每個實驗者百分比平均分根據每個處理人際關係問題技巧評估尺度。計法很容易。只要將考生在每一項的分數加在一起，除總數，然後乘 100 去得到一個百分比。

例如，假設一個考生在鑑定的模型收到以下的分數：

<table>
<thead>
<tr>
<th>項目</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>分數</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

計算總分，首先將每一項的分數加在一起

\[1+1+1+0+1+1+0+0+1+1+1+1+0 = 9\]

跟着，用最高的分數去除(13)然後乘 100。考生在「確認」的總分是 \((9/13) \times 100\) 或 69%。一個簡單的評分方法就是只用有問題片段的分數，不用片段 3, 7 及 9（包括這些片段後，分數會是 70%）。

假設同一個考生在「描述」部份有以下的分數：

<table>
<thead>
<tr>
<th>項目</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>分數</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>0</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

（請記著項目 3, 7 及 9——沒有問題的片段只會在「確認」部份評分）

我們發現這個考生在 4 個片段得到 2 分，3 個片段得到 1 分，而另外 3 個答案就沒有評分（因考生在測試「確認」的部份說 3 個有問題的片段並沒有問題）。如果想計算「描述」部份的總分，要先計算總和

\[2+1+2+2+1+1 = 11\]

跟着在「描述」部份用最高的分數 20 分去除 10 個項目，毎項目 2 分。考生在「描述」的總分是 \((11/20) \times 100 = 55\%\)。

用這個計分方法要留意，項目的分數是根據 RPS 模型之前階段的答案。例如，考生在有問題的片段說沒有問題，在「描述」部份的分數是 0 分（儘管考生形容目標和障礙的能力並沒有測度）。根據解決問題的順序模型，這個方法可得到一個「普遍」的分數。換句話說，每一部是根據之前那一步的資料。這個計分程序在這手冊執行程序已經有形容。

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特定評分

你可能想將每一個測度分數的模型來量度每一個不同的能力。如果是這樣，只要在你有機會觀眾的項目給予評分。在這個情況下，每個測度分數模型的最高分數就要看每個考生的反應。例如，如果考生只有機會回答 7 條「描述」問題 (因為考生沒有答 3 條「確認」項目)，最高分數是 14 分。因此，用「特定」分法計百分比分數比較起用「普遍」方法可以根據少些項目。在「特定」方法計算出來的分數會大過或相同於在「普遍」方法得到的分數。

換句話說，用特定分法方法，如果「確認」是 0 分，不要在「描述」、「進行」、「內容」或「表現」評分。如果「進行」的分數是 0，不要在「進行」、「內容」或「表現」評分。「總括」會獲評分因它是代表對情形的社交反應：如果考生在這個情況沒有反應，評分會是 0.0。

在某一個模型計算總分，將項目（片段）的分數加起來。

綜合分數

無論你選擇哪一個計分方法，你可能想得到一個綜合分數，好像「認知」及「行為」分數。例如，你可能想將「描述」及「進行」加起來，除掉最高分數 (40)，乘 100 去得到認知解決問題分數。你或許想將「內容」及「表現」加起來去獲得綜合表達技巧分數。這個方法可計出其他綜合分數。

處理人際關係問題技巧評估是一個研究工具，評估者應小心用「普遍」、「特定」或其他計分方法。
學習處理人際關係問題技巧評估

如果用一個有系統的方法，用處理人際關係問題技巧評估這個測試並不困難。我們給予一些指引幫助你用評估程序及解答你對處理人際關係問題技巧評估的問題。基於測驗的實驗性和評分標準，我們建議你用處理人際關係問題技巧評估時，找一個對這個測驗熟悉的心理學家進行監察。

當你學用處理人際關係問題技巧評估時，第一件你要做的事就是看光碟片一一評估解決人際關係技巧—然後閱讀手冊幾次。這樣，你在嘗試履行程序前，已熟悉這個測驗。

當你去評估程序有基本了解後，你已準備好去拿取一些實際經驗。

由於你大部份時間會用在後勤學習，在第一次實行評估時，如果你徵募一個同事做評估者，你可能發覺會有幫助。當你在開始的幾次練習評估時，你應該只注重能不能順序完成程序。事實上，你可能希望完全地免除評分。你應該將精神集中在放置資料及工具，清楚給評估者的指引，謹記每件物件開光影碟機等。你應該繼續用這個方法練習直至評分程序順而你不須停下來去想下一步應該怎樣做。

當你熟悉了處理人際關係問題技巧評估時，你已經準備好集中精神做評分。你在跟着程序做幾次的時候，你可能想有另一個人扮演考生的角色。你應該在測試情況下在你的助理面前用處理人際關係問題技巧評估，而當你用完後，將整個測驗計分（但要謹記「表現」一定要在測驗進行時評分）。評分標準要明確，而考生的答案可以立入範疇內。考生間中會有一些不配合標準的答案。不要害怕！根據解決問題的機會用你最好的判斷力評分。

在你學不好的考生執行這個測驗後，而你又有練習評分，跟着做的就是將整個程序用在真正的病人身上。當你熟練地為病人執行測驗及評分，你要計算你對考生的可靠性。

可靠性是量度你對考生的評分與另一個考官對考生評分有甚麼不同。高度地量度可靠性是表示你的評分不是個人化。不同的評估者對考生差不多一樣的分數是很重要的。

可靠性的是根據考生的答案，兩個獨立的評分者給「確認」、「描述」及「分析」的分數是完全一樣的。在「內容」、「表現」及「總括」，如果評分只在 0.5 的範圍偏差，兩個評分者意見相同。在每一個評分量差，兩個評分者意見相同。在每一個評分量度尺上，應該最少有 80%（最好高些）的分數是相同的。

除了百分比相同，量度可靠性有無數的其他方法，而一個對心理數字有認識的心理學家可能會想用其他的量度方式。
用處理人際關係問題技巧評估的貼士

在這部分，我們會從幫助人們學習處理人際關係問題技巧評估遇到的常見問題給予指示。當你已學習怎樣用處理人際關係問題技巧評估，你或會想再回到這部分去找貼士幫助你去避免遇到常見的問題。

- 在看完錄影帶後，你還未問「確認問題」前，考生已跳去「描述問題」的部份。換句話說，考生在看完錄影帶的一個片段後，你還未問他們片段中有沒有問題，他們已立刻說：「片段中的問題是……」。當這個情況出現時，你應該中斷考生的說話，跟着提醒考生你首先需要「有」或「沒有」的答案去回答「在這個片段有沒有問題」？
- 因為「進行」和「表達技巧」相似，考生可能想在評估「進行」的那部份已想加入角色扮演，這時，你要提醒考生不要告訴你他們會說或做甚麼，而不是做給你看。
- 不要提示考生他們的答案是否正確。在考生回答時，一些評估者會傾向給一些「最少的敬頭回應」，例如是「好！」來加強考生在評估中的參與。
- 在表達技巧角色扮演的部份，問題時常發生。評估者不應跟進考生成已解決了問題的答案。例如，在一個退貨有問題毛衣的片段，考生在角色扮演時可能要求見上司。不要回覆：「我會去找他。」你可說：「多謝你說你在這種情況會怎樣做。」
- 在設計角色扮演時，不要說：「你假裝你在這個情況。」你不能叫考生「假裝」。你應該叫考生告訴你他們在某個情況下會怎樣做。跟着指引去做！
- 你不要再播放評估片段（除了示範片段）這也說明你不應該口頭上重複片段（例如：「你進入商店去投訴毛衣爛了，而店員告訴你並沒有退款或更換。」）當你開始角色扮演時，你只需要做的只是重覆，另外那個人所說的話（「我所知道的就是我們不會退回金錢或更換貨物。」）
- 在評估過程中，如果考生答得含糊不清楚，可以用探問這個方法。小心跟隨指引。如果你不探問，你會失掉考生知道正確答案的機會。如果你的探問比執行程序要求的多，你減少了考生說一正確答案的機會。要記起執行程序的一個原則就是評估考生能不能快速地回答考官的問題，而不是看他們是否在腦中有正確的答案，在指定時間和幫助下，答案一定要夠快答出來才會有效。
- 在「進行」中，考生有時會答他們不會說或做甚麼。你一定要繼續評估考生的「表達技巧」。考生可能會有不同的答案。
- 一些片段能不能免除去減低執行時間？如果你用 Donahoe, et.al(1990)設立的心理數學，答案是不能。如果你用處理人際關係問題技巧評估做研究，你可以按自己的心意改變程序？
- 在「問題確認」中，當考官叫考生形容問題時，他們有時會詳細地講出片段的細節。在這個情況下，不要假定考生明白問題，而應該叫考生形容問題。
示範片段

示範片段的目標是幫助考生明白評估程序及評估中讓他們知道參與的模式。因爲要答問題，考生一定要明白細心看錄影帶的重要。如有需要，評估者可重播示範片段。

在評估的每一部份要留意考生對答的真實性。考生要努力地將自己代入片段中，然後說出在真實情況會怎樣做。

示範片段是用來訓練合宜的參與行為。這些行徑可以模仿，但不應給予考生正確答案的提示，例如給片段的目標一個明確的回應或者是讓考生有一個更好的眼神接觸。要清楚地知道要訓練考生去明白評估的程序，而不是訓練他們給予一些好點的答案。

（工作面試）

請留意下一片段。

接收

確認

不需要評分。考生應答有或沒有，也要明白問題的存在。如果考生看不清問題的存在，評估者需要訓練他們認出問題的存在。

描述

不需要評分。評估者應跟着「每一個片段的指示」所形容的指引去做。如果有兩次提示之後，考生仍不能說出兩個目標：一. 這男仕需要面試，二. 但有阻滯，三. 接見者不在。可能需要提示考生正確形容問題每個部份的重要（尤如評估者從來沒有看過這個片段）。如有需要，考生可形容片段裏發生甚麼事情。當考生形容片段時，考官可能想指出問題，但不要教目標及障礙是甚麼。如有需要，評估者可以重播片段去鼓勵考生專注留意細節。

進行

不需要評分。考官應跟着「每一個片段的指示」所形容的指引去做。如果在兩次提示之後，考生仍不能明確地說他／她在那個情況下會說或做甚麼，評估者可能需要給附加的提示去增加明確性。

表達

給考生的指示
● 考生站着
● 評估者在九十度直角下，尤如坐在桌子般，坐在考生面前，對考生說：
  很對不起，史先生今天已回家。

繼續
● 沒有
● 記住口頭上加強考生參與角色扮演（我真是覺得你好像在片段內）。如果考生不是很投入片段扮演，訓練考生表演一個有真實性和投入的角色扮演（嘗試將自己放在片段裏，跟着指引如果你真是在這個情況，你會說或做甚麼）。
● 如果考生看似明白那些程序，考官就應該說，如果你沒有問題，我們可以開始。開始「片段一」，第一個評估片段。評估片段只可以播放一次。如果考生要求再播放，評估者應該提醒考生片段不能重播。
表現
● 沒有評分

內容及總括
● 沒有評分
初部指示

當參加者放鬆地坐下後，我便開始說：

「請你看一段錄影帶，片段中有兩個人在交談，在他們在交談當中有可能會發生問題。你要小心地觀看此片段，而且要代入其中一個角色，我會要你找出其中的問題。片段是很短的，我只是播放一次，所以你必須留意片段的內容。每次片段播完後，我會停止播放，然後問你幾題問題。首先，我會問你如果片段中有問題，我要你向我解釋問題的所在；然後我要你準確地告訴我，如果你在這樣的情況下，你會怎樣做或說呢。最後，我要你示範一下如果你在此片段中所遇到的情況，你會怎樣做或說呢。我們在未正式開始以前，先用示範的片段來練習一下上述的方法，請你放鬆一下並留意錄影帶的片段。」
示範片段

求職見工

接收 — 示範片段

確認問題

「請留意下一片段。」

播放影帶，當片段定格時，便說：

「請留意左邊的男人。」

當片段完畢，暫停播放。

「片段中有沒有問題？」

如參與者的答案是含糊或不肯定，便說：

「你觀看的片段當中，請決定有沒有問題，你必須回答『有』或『沒有』。」（參與者必須選擇其一 —— 不用評分。）

描述

「請你向我解釋問題，當作我以前沒有看過這一段錄影帶。」

（記錄回應在鄰頁，如需要可要求參與者慢慢地說，好讓你有時間清晰地寫下他們的說話。）

如果回應不足夠，便說：

「我希望你能讓我明白片段中的情況有什麼問題？」（記錄回應在
鄰頁）
如參與者仍然含糊或不明確，便說：

「你可不可以更明確地指出問題的所在？」（記錄回應在下面）

如經過兩次鼓勵後，參與者仍未能表達以下的目標：一. 這男仕需要面試，二. 但有阻滯，三. 接見者不在。我便要鼓勵參與者，肯定他/她明白自己需要表達的所有問題，當然你要好像從前沒有看過此錄影帶。參與者可準確地形容片段中的內容，在過程中，希望他/她指出問題的所在，但不要指出目標或障礙。如需要，我可以重播片段，鼓勵參與者再留意內容。

回應:
進行 - 示範片段

「如果你在這種情況下，你會怎樣說和做呢？」

回應：

如參與者給予含糊或不肯定的回應時，便說：

「你可不可以更明確地說出你在這種情況下會怎樣說和做呢？」

回應：
表達 — 示範片段

「現在我要你示範給我看，你在這種情況下會怎樣做？我將會扮演你要對話的那個人，我會說出他最後幾句話，然後你試試如何回答或做。」

提示:

參與者站立。

我坐在參與者的前面，面向另一方，轉身向參與者說:

「對不起，史先生現在已經離開了。」

回應:

延續: 沒有

言語上鼓勵參與者投入角色扮演，例如:

「我要感覺到你是身在此片段中。」

如參與者不是太投入於片段中，我會指導他/她真實地表現及投入角色扮演，例如說:

「請把你代入此片段和表現給我看，如果你真的在這種情況下，你會怎樣說和做呢？」
片段一

社會保障辦公室

接收 - 片段一

確認問題

「請留意下一片段。」

播放影帶，當片段定格時，便說：

「請留意穿黑衫的女士，與坐的女士的對話。」

當片段完畢，暫停播放。

「片段中有沒有問題？」

如參與者沒有實質概念，說：

「你觀看的片段當中，請決定有沒有問題，你必須回答『有』或『沒有』。」（參與者必須選擇其一）

描述

「請你向我解釋問題，當作我以前沒有看過這一段錄影帶。」（記錄回應在歸頁）

評分標準提示：

1 銀行過戶延遲／她需要她的福利金／她沒有福利金／坐的女士
   沒有給予適當的協助／坐的女士對她置諸不理等。

2 以上兩者

如回應是 0 或 1，或你沒有肯定的回應，評分是 2，然後說：

「我希望你能讓我明白片段中的情況有什麼問題？」

如參與者的答案仍不清晰時，便說：

165
「可不可以更清晰？」

接收 - 片段一 - 評分

確認問題

1 有

0 沒有

回應：
進行 - 片段一

「如你在此情況，現在你會怎樣說和做？」

回應：

如參與者給予不清晰的回應，便說：

「你可不可以更清晰地說出你在此情況會怎樣說和做？」

回應：

評分

1. 維持原有答案和沒有特別的要求。(例:「我真的需要福利金。」「請幫我。」)

2. 要求與負責人對話。
傳送—片段一

「現在我要你示範給我看你在這情況會怎樣做，我將會扮演那位你要對話的女士，我會說出她最後幾句話，然後，你試試如何回答或做。」

提示：

參與者站立。治療師坐下，面向參與者的左面，懶洋洋地說：
「我真的不會擔心，銀行過戶可能延遲了，我肯定你數天內必定收到。請下一位。」

回應：

延續

如果參與者的答案不是直接（如：「我真的需要交租」）然後說：
「我肯定你數天內收到。」

回應：

評分
表現
0.0 極不恰當
0.5 少許滿意
1.0 尚滿意
1.5 滿意
2.0 很恰當

內容或總括
目標：查出原因及知道收取福利金的日期。
0.0 極不可能達到目標或有負面後果
0.5 不可能達到目標
1.0 可能達到目標
1.5 很可能達到目標
2.0 達到目標

言語上鼓勵參與者的回應。
片段二
排隊輪候公共電話

接收 — 片段二

確認問題
「留意下一片段。」

播放影帶，當片段定格，說：

「請留意這穿黑衫的女士。」

當片段完畢，暫停播放。

「此片段有沒有問題？」

如參與者不肯定答覆，說：

「從你觀看的片段當中，請決定有沒有問題並回答有或沒有。」

（參與者必須選擇其一）。

描述
「請向我解釋問題假設我之前沒有看過此錄影帶。」

（記錄回應在鄰頁）。

評分標準提示

2. 這女士沒有排隊。

如果你不肯定回應，分數可給予 2，然後說：

「有什麼我要知道來明白這個情況的問題？」

如果參與者答覆不清晰，說：

「可不可以更清晰？」
接收 - 片段二 - 評分

確認問題

1 有

0 沒有

回應：
進行 — 片段二

「如你在此情況，現在你會怎樣說和做？」

回應：

如參與者給予不清晰的回應，便說：

「你可不可以更清晰地說出你在此情況會怎樣說和做？」

回應：

評分

1. 要求這位女士解釋為什麼不排隊，或批評她的不禮貌行爲。

2. 要求這位女士排隊。
傳送 - 片段二

「現在我要你示範給我看你在這情況會怎樣做，我將會扮演那位你要對話的女士，我會說出她最後幾句話，然後，你試試如何回答或做。」

提示:

參與者站立在治療師身後。

站立在參與者之前，背向著他們，身轉右並說:
「我認爲這處是隊尾。」

回應:

延續:

如果參與者的答案不是直接（如：「哇，好野蠻啊！」），然後忽視回應。

如果參與者問為什麼不排隊，然後說:
「我不覺得正在排隊輪候。」

回應:

評分

表現

<table>
<thead>
<tr>
<th>0.0</th>
<th>極不恰當</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
<td>少許滿意</td>
</tr>
<tr>
<td>1.0</td>
<td>尚滿意</td>
</tr>
<tr>
<td>1.5</td>
<td>滿意</td>
</tr>
<tr>
<td>2.0</td>
<td>很恰當</td>
</tr>
</tbody>
</table>

評分

表現

<table>
<thead>
<tr>
<th>0.0</th>
<th>極不可能達到目標或有負面後果</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
<td>不可達標</td>
</tr>
<tr>
<td>1.0</td>
<td>可能達到目標</td>
</tr>
<tr>
<td>1.5</td>
<td>很可能達到目標</td>
</tr>
<tr>
<td>2.0</td>
<td>達到目標</td>
</tr>
</tbody>
</table>
言語上鼓勵參與者的回應。
片段三

玩紙牌－無問題

接收－片段三

確認問題

「留意下一片段。」

播放影帶，當片段定格，說：

「請留意左邊的男人。」

當片段完畢，暫停播放。

「片段中有沒有問題？」

如參與者不肯定答案，說：

「從你觀看的片段當中，請決定有沒有問題並回答有或沒有。」

（參與者必須選擇其一。）

1 無問題

0 有問題（附註：如參與者反應是「有」，在接收、進行及傳送技巧的問題過程上盡量一致）。

描述

「請向我解釋問題假設我之前沒有看過此錄影帶。」

回應：
進行 - 片段三

「如你在此情況，現在你會怎樣說和做？」

回應：
傳送 - 片段三

「現在我要你示範給我看你在這情況會怎樣做，我將會扮演那位你要對話的那個人，我會說出他最後幾句話，然後你試試如何回答或做。」

提示：

參與者坐在你的右邊。

坐在參與者的左邊並說：

「是十一點半。」

回應：

延續：沒有。

無論參與者如何回應，鼓勵在片段中的參與並開始下一片段。
片段四

餐廳 - 落錯單

接收 - 片段四

確認問題

「留意下一段落。」

播放影帶，當片段定格，說：

「請留意右邊的男人。」

當片段完畢，暫停播放。

「片段中有沒有問題？」

如參與者不肯定答覆，說：

「從你觀看的片段當中，請決定有沒有問題並回答有或沒有。」

（參與者必須選擇其一。）

描述

「請向我解釋問題假設我之前沒有看過此錄影帶。」

（記錄回應在鄰頁）

評分標準提示：

1. 女侍應生落錯單（不明確）。

2. 女侍應生說是兩杯可樂而不是一杯可樂及一杯咖啡。

如回應是 0 或 1，或你不肯定回應可給予評分 2，然後說：

「有什麼我要知道來明白這個情況的問題？」

如參與者仍然不清晰或不明確，然後說：
「你可不可以更明確指出？」

接收 — 片段四 — 評分

確認問題

1 有

0 沒有

回應：
進行 - 片段四

「如你在此情況，現在你會怎樣說或做？」

回應：

如參與者給予不清晰的回應，便說：

「你可不可以更清晰地說出你在此情況會怎樣說和做？」

回應：

評分

1 他想要一杯咖啡，沒有說他不想要一杯可樂。或他要求侍應重複菜單。

2 他更正女侍應的菜單，他是想要一杯咖啡，而不是一杯可樂。
傳送 - 片段四

「現在我要你示範給我看你在這情況會怎樣做，我將會扮演那位你要對話的那個人，我會說出他最後幾句話，然後你試試如何回答或做。」

提示：

參與者坐下。

站立在坐下的參與者右邊，假設你是女侍應生站立在兩位人客之間。身轉向左並說：

「是兩杯可樂及一份烤牛肉三文治。」

回應：

如參與者說：「重複張單」然後你說：

「是兩杯可樂及一份烤牛肉三文治。」

如參與者問答張單是正確，然後你回應：

「你想要兩杯可樂和一份烤牛肉三文治。」

回應：

評分
表現

內容或總括

目標：要求侍應寫單是一杯咖啡及一杯可樂。

0.0 極不恰當 0.0 極不可能達到目標或有負面後果
0.5 少許滿意 0.5 不可能達到目標
1.0 尚滿意 1.0 可能達到目標
1.5 滿意 1.5 很可能達到目標
2.0 很恰當 2.0 達到目標

言語上鼓勵參與者的回應。
片段五

鐵閘損毀

接收 - 片段五

確認問題

「留意下一片段。」

播放影帶，當片段定格，說：

「請留意左邊的男人。」

當片段完畢，暫停播放。

「片段中有沒有問題？」

如參與者不肯定答案，說：

「從你觀看的片段當中，請決定有沒有問題並回答有或沒有。」

（參與者必須選擇其一。）

描述

「請向我解釋問題假設我之前沒有看過此錄影帶。」

（記錄回應在鄰頁）

評分標準提示：

1 鐵閘損毀。

或

房屋署職員不處理，不關注等。

2 以上兩者。
如回應是 0 或 1，或你不肯定回應可給予評分 2，然後說：
「有什麼我要知道來明白這個情況的問題？」
如參與者仍然不清晰或不明確，然後說：
「你可不可以更明確指出？」

接收 － 片段五 － 評分

確認問題
1. 有
2. 沒
回應：
進行 － 片段五

「如你在此情況，現在你會怎樣說或做？」

回應：

如參與者給予不清晰的回應，便說：

「你可不可以更清晰地說出你在此情況會怎樣說和做？」

回應：

評分

1 繼續要求經理準快維修。

2 要求經理給予一個肯定的日期或威嚇經理盡快維修。(例如：我會自行找公司維修，然後問經理取回費用。)
傳送 - 片段五

「現在我要你示範給我看你在這情況會怎樣做，我將會扮演那位你要對話的那個人，我會說出他最後幾句話，然後你試試如何回答或做。」

提示:

參與者站立。

站立面對著參與者，左手提起倚傍著大門，懶洋洋地說:

「我還有很長的維修名單，我將會輪候處理。」

回應:

延續：如參與者的答案不是直接（如：「我真的需要你盡快維修」）

然後說:

「好，我將會輪候處理。」

回應:

評分

表現

內容或總括

目標: 知道肯定的維修日期。

0.0 極不恰當

0.0 極不可能達到目標或有負面後果

0.5 少許滿意

0.5 不可能達到目標

1.0 尚滿意

1.0 可能達到目標

1.5 滿意

1.5 很可能達到目標

2.0 很恰當

2.0 達到目標

言語上鼓勵參與者的回應。
片段六

不設退款

接收 — 片段六

確認問題

「留意下一片段。」

播放影帶，當片段定格，說：

「請留意左邊的女人。」

當片段完畢，暫停播放。

「此片段有沒有問題？」

如參與者不肯定答案，說：

「從你觀看的片段當中，請決定有沒有問題並回答有或沒有。」

（參與者必須選擇其一。）

描述

「請向我解釋問題假設我之前沒有看過此錄影帶。」

（記錄回應在鄰頁）

評分標準提示：

1. 這毛衣有損毀。

    或

    公司不會更換或退款。

2. 以上兩者。
如回應是 0 或 1，或你不肯定回應可給予評分 2，然後說：

「有什麼我要知道來明白這個情況的問題？」

如參與者仍然不清晰或不明確，然後說：

「你可不可以更明確指出？」

接收 - 片段六 - 評分

確認問題

1 有

0 沒有

回應：
進行 - 片段六

「如你在此情況，現在你會怎樣說或做？」

回應：

如參與者給予不清晰的回應，便說：

「你可不可以更清晰地說出你在此情況會怎樣說和做？」

回應：

評分

1 繼續要求更換或退款。

2 要求經理或公司老闆的接見或說會向消費者委員會投訴。
傳送 - 片段六

「現在我要你示範給我看你在這情況會怎樣做，我將會扮演那位你要對話的那個人，我會說出他最後幾句話，然後你試試如何回答或做。」

提示:

參與者站立。

站立面向參與者，並說:

「啊！對不起，我們不設退款或更換。」

回應:

延續:

如參與者要求見經理或公司老闆，然後說:

「所有我知道的就是我們不設退款或更換。」

回應:

評分

表現

0.0 極不恰當
0.5 少許滿意
1.0 尚滿意
1.5 滿意
2.0 很恰當

內容或總括

目標: 接見經理或公司老闆來安排更換。

0.0 極不可能達到目標或有負面後果
0.5 不可能達到目標
1.0 可能達到目標
1.5 很可能達到目標
2.0 達到目標

言語上鼓勵參與者的回應。
片段七

茶樓用膳 — 無問題

接收 — 片段七

確認問題

「留意下一片段。」

播放影帶，當片段定格時，說：

「請留意右邊的男人。」

當片段完畢，暫停播放。

「片段中有沒有問題？」

如參與者不肯定答案，說：

「從你觀看的片段當中，請決定有沒有問題並回答有或沒有。」

（參與者必須選擇其一。）

1 沒有

0 有 （附註：如參與者回應是有，然後繼續全部問題包括接收、進行、傳送技巧需要一致，當提供沒有指示來改善參與者的回應。）

描述

「請向我解釋問題假設我從來沒有看過此錄影帶。」

回應：
進行 - 片段七

「如你在此情況，現在你會怎樣說和做？」

回應：
傳送 - 片段七

「現在我要你示範給我看你在這情況會怎樣做，我將會扮演那位你要對話的那個人，我會說出他最後幾句話，然後你試試如何回答或做。」

提示：

參與者坐下。

坐在參與者的右邊並說：

「好，現在就出發！」（提高語調）

回應：

延續： 沒有

無論參與者如何回應，鼓勵在片段中的參與並開始下一片段。
片段八

舍友

接收 – 片段八

確認問題

「留意下一片段。」

播放影帶，當片段定格，說：

「留意左邊的女士。」

當片段完畢，暫停播放。

「片段中有沒有問題？」

如參與者不肯定答案，說：

「從你觀看的片段當中，請決定有沒有問題並回答有或沒有。」

（參與者必須選擇其一。）

描述

「請向我解釋問題假設我之前沒有看過此錄影帶。」

（記錄回應在鄰頁）

評分標準提示：

1. 指出只是單方面爭論，或只是一位舍友有投訴。

2. 這是雙方面的爭論

或

每位舍友都有投訴
如回應是 0 或 1，或你不肯定回應可給予評分 2，然後說：

「有什麼我要知道來明白這個情況的問題？」

如參與者仍然不清晰或不明確，然後說：

「你可不可以更明確指出？」

接受 － 片段八 － 評分

確認問題

1. 有

0. 沒有

回應：
進行 - 片段八

「如你在此情況，現在你會怎樣說或做？」

回應：

如參與者給予不清晰的回應，便說：

「你可不可以更清晰地說出你在此情況會怎樣說和做？」

回應：

評分

1 要求共識。(不明確)

2 要求共識，明確地指出關於牛奶和衣服的事情。
傳送 - 片段八

「現在我要你示範給我看你在這情況會怎樣做，我將會扮演那位你要對話的那個人，我會說出他最後幾句話，然後你試試如何回答或做。」

提示：

參與者坐下。

坐在參與者的左邊說。

「有一件事使我困擾的是當你從雪櫃中取出牛奶後，放在櫥枱後離去，牛奶現變酸了。」

回應：

延續：
如參與者的答案不是直接（如：「啊！我們要做些事。」），然後說：

「啊！我不知要做什麼。」

回應：

評分
表現

0.0 極不恰當
0.5 少許滿意
1.0 滿意
2.0 很恰當

內容或總括

目標：要求舍友執拾衣服。
0.0 極不可能達到目標或有負面後果
0.5 不可能達到目標
1.0 可能達到目標
1.5 很可能達到目標
2.0 達到目標

言語上鼓勵參與者的回應。
片段九
派對 — 無問題

接收 — 片段九

確認問題

「留意下一片段。」

播放影帶，當片段定格，說:

「請留意左邊的男人。」

當片段完畢，暫停播放。

「片段中有沒有問題？」

如參與者不肯定答案，說:

「從你觀看的片段當中，請決定有沒有問題並回答有或沒有。」

（參與者必須選擇其一。）

1 沒有
0 有 （附註：如參與者回應是有，然後繼續全部問題包括接收、進行、傳送技巧需要一致，當提供沒有指示來改善參與者的回應。）

描述

「請向我解釋問題假設我從來沒有看過此錄影帶。」

回應:
進行 - 片段九

「如你在此情況，現在你會怎樣說和做？」

回應:
傳送 — 片段九

「現在我要你示範給我看你在這情況會怎樣做，我將會扮演那位你要對話的那個人，我會說出他最後幾句話，然後你試試如何回答或做。」

提示：

參與者站立。

站立在參與者的左邊並說：

「她的名字是亞美，哈哈！」

回應：

延續：沒有

沒有無論參與者如何回應，鼓勵在片段中的參與並開始下一片段。
片段十
立体聲耳筒播音機

接收 - 片段十

確認問題

「留意下一片段。」

播放影帶，當片段定格，說:

「留意左邊的男人。」

當片段完畢，暫停播放。

「片段中有沒有問題？」

如參與者不肯定答案，說:

「從你觀看的片段當中，請決定有沒有問題並回答有或沒有。」

（參與者必須選擇其一。）

描述

「請向我解釋問題假設我之前沒有看過此錄影帶。」

（記錄回應在鄰頁）

評分標準提示:

1. 以下一或兩項的元素。

2. 從四項問題元素中至少三項:

此人想：（甲）借播音機，（乙）現在立即（丙）但他剛
剛買來的，和（丁）他正在聆聽播音機。

如回應是 0 或 1，或你不肯定回應可給予評分 2，然後說:
「有什麼我要知道來明白這個情況的問題？」

如參與者仍然不清晰或不明確，然後說：
「你可不可以更明確指出？」

接收 - 片段十 - 評分

確認問題

1 有

0 沒有

回應：
進行  -  片段十

「如你在此情況，現在你會怎樣說或做？」

回應：

如參與者給予不清晰的回應，便說：

「你可不可以更清晰地說出你在此情況會怎樣說和做？」

回應：

評分

1. 不想借出，但沒有清晰地說『不』。

2. 肯定地說『不』，或叫他稍後才借用。
傳送 - 片段十

「現在我要你示範給我看你在這情況會怎樣做，我將會扮演那位你要對話的那個人，我會說出他最後幾句話，然後你試試如何回答或做。」

提示：

參與者坐下。

評估者坐在參與者的左邊，說：

「，啊！我準備去漫步，你認爲我可不可以以現在立即借去用兩句鐘。」

回應：

延續：

如參與者沒有清晰地說不，或叫他遲些才用，然後評估者說：

「啊！我只是借用一會兒。」

回應：

評分
表現 | 內容或總括
---|---
0.0 極不恰當 | 0.0 極不可能達到目標或有負面後果
0.5 少許滿意 | 0.5 不可能達到目標
1.0 尚滿意 | 1.0 可能達到目標
1.5 滿意 | 1.5 很可能達到目標
2.0 很恰當 | 2.0 達到目標

言語上鼓勵參與者的回應。
片段十一
爆水管但沒有電話
接收 - 片段十一
確認問題
「留意下一片段。」
播放影帶，當片段定格，說：
「留意左邊的男人。」
當片段完畢，暫停播放。
「片段中有沒有問題？」
如參與者不肯定答案，說：
「從你觀看的片段當中，請決定有沒有問題並回答有或沒有。」
（參與者必須選擇其一。）
描述
「請向我解釋問題假設我之前沒有看過此錄影帶。」
（記錄回應在鄰頁）
評分標準提示：
1. 此男人需要用電話求助。
或
指出這處爆水管，此女士不讓他用電話。
2. 以上兩者。
如回應是 0 或 1，或你不確定回應可給予評分 2，然後說：
「有什麼我要知道來明白這個情況的問題？」

如參與者仍然不清晰或不明確，然後說：
「你可不可以更明確指出？」

接收 - 片段十一 - 評分

確認問題

1. 有
0. 沒有

回應：
進行 - 片段十一

「如你在此情況，現在你會怎樣說或做？」

回應：

如參與者給予不清晰的回應，便說：

「你可不可以更清晰地說出你在此情況會怎樣說和做？」

回應：

評分

1 只向女主角道謝，但沒有下一步行動。

2 問附近哪裏有電話或向女主角道謝，然後到附近的收費電話或到管理處打電話。
傳送 - 片段十一

「現在我要你示範給我看你在這情況會怎樣做，我將會扮演那位你要對話的那個人，我會說出他最後幾句話，然後你試試如何回答或做。」

提示：

參與者站立。

站立著面向參與者

「不，對不起。」

回應：

延續:

如參與者問何處最近有電話，然後說：

「樓下是管理處。」

回應：

如參與者堅持想用你的電話，然後肯定地說：「不」並完結角色扮演。

評分
表現

內容或總括

0.0 極不恰當
0.0 極不可能達到目標或有負面後果
0.5 少許滿意
0.5 不可能達到目標
1.0 尚滿意
1.0 可能達到目標
1.5 滿意
1.5 很可能達到目標
2.0 很恰當
2.0 達到目標

言語上鼓勵參與者的回應。
片段十二

看醫生

接收 - 片段十二

確認問題

「留意下一片段。」

播放影帶，當片段定格，說：

「留意右邊的男人。」

當片段完畢，暫停播放。

「片段中有沒有問題？」

如參與者不肯定答案，說：

「從你觀看的片段當中，請決定有沒有問題並回答有或沒有。」

（參與者必須選擇其一。）

描述

「請向我解釋問題假設我之前沒有看過此錄影帶。」

（記錄回應在鄰頁）

評分標準提示：

1. 此男人想見醫生（或他約了二時）

2. 此女士約了較後的時間，現在想先見醫生。
如回應是 0 或 1，或你不確定回應可給予評分 2，然後說：

「有什麼我要知道來明白這個情況的問題？」

如參與者仍然不清晰或不明確，然後說：

「你可不可以更明確指出？」

接收 — 片段十二 — 評分

確認問題

1 有

0 沒有

回應：
進行 - 片段十二

「如你在此情況，現在你會怎樣說或做？」

回應:

如參與者給予不清晰的回應，便說:

「你可不可以更清晰地說出你在此情況會怎樣說和做？」

回應:

評分

1. 當女士進入診症室後，向護士了解情況。

2. 馬上有禮貌地向護士了解情況。(例如: 我先到的!)
傳送 — 片段十二

「現在我要你示範給我看你在這情況會怎樣做，我將會扮演那位你要對話的那個人，我會說出他最後幾句話，然後你試試如何回答或做。」

提示:
參與者坐下側向參與者的右邊，大約八呎距離，如背向櫃枱，假裝與其他病人談話中，說:
「好，廖家美，可以見醫生了。」

回應:

評分
表現

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延續：沒有

言語上鼓勵病人的回應。
片段十三
吸煙時間

接收　片段十三

確認問題

「留意下一片段。」

播放影帶，當片段定格，說：

「留意右邊的男人。」

當片段完畢，暫停播放。

「片段中有沒有問題？」

如參與者不肯定答案，說：

「從你觀看的片段當中，請決定有沒有問題並回答有或沒有。」

（參與者必須選擇其一。）

描述

「請向我解釋問題假設我之前沒有看過此錄影帶。」

（記錄回應在鄰頁）

評分標準提示：

1. 此男人想要香煙和現在是時候可取一枝

或

但護士不會給予他，因她正在午膳。

2. 以上兩者。

如回應是 0 或 1，或你不肯定回應可給予評分 2，然後說：
「有什麼我要知道來明白這個情況的問題？」

如參與者仍然不清晰或不明確，然後說：
「你可不可以更明確指出？」

接收 - 片段十三 - 評分

確認問題

1 有

0 沒有

回應：
進行—片段十三

「如你在此情況，現在你會怎樣說或做？」

回應：

如參與者給予不清晰的回應，便說：

「你可不可以更清晰地說出你在此情況會怎樣說和做？」

回應：

評分

1 沒有為護士帶來不便或問護士什麼時候可以用膳完畢。

2 繼續向護士取一根香煙，但沒有帶來不便或問護士有沒有別的職員可以給予香煙，或要求護士盡快給予香煙。（有禮貌地）
傳送 - 片段十三

「現在我要你示範給我看你在這種情況下會怎樣做，我將會扮演那位你要對話的那個人，我會說出他最後幾句話，然後你試試如何回答或做。」

提示：

參與者站立。

坐下面向參與者約四呎距離，用手拿起一杯乳酪在膝頭上，右手拿茶匙，並說:

「對不起，但我現在用膳中。」

回應：

延續：如參與者問何時你會完成，然後說：

「二十分鐘。」

回應：

評分
表現

內容或總括

目標：取一根香煙並沒有為護士帶來不便。

0.0 極不恰當
0.5 少許滿意
1.0 尚滿意
1.5 滿意
2.0 非常滿意

0.0 極不可能達到目標或有負面後果
0.5 不可能達到目標
1.0 可能達到目標
1.5 很可能達到目標
2.0 達到目標

言語上鼓勵參與者的回應。

回帶。
處理人際關係問題技巧評估評分表

姓名: ____________________  病症: ____________________

身份證號碼: ______________  評估者: ______________

性別/年齡: ______________  日期: ______________

教育程度: 沒有 / 小學 / 初中 / 中學畢業 / 大專或以上

GAF: __________________________________

BPRS: __________________________________

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<tr>
<td>總分</td>
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<tr>
<td>百份比</td>
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</tbody>
</table>
Appendix IV

評估片段
示範片段
接待處

甲：你好，我的名字是莊家偉，和我約了史先生二時半見工。
乙：對不起，史先生今日已離開回家去。

片段一
社會保障辦公室

甲：你好，我的名字是鍾美美，我的福利金銀行過戶已遲了多過一星期。我要幾天內交租，所以我真的需要此福利金，請問你認爲你可不可以幫我查一查呢？
乙：我真的不會擔心，銀行過戶可能慢了，我肯定數天內必收到。請下一位。

片段二
公共電話

甲：不好意思，這不是隊尾。
乙：我認為這處是隊尾。
片段三
住宅

甲：這遊戲真精彩，你玩撲克玩得很好。
乙：我都是盡力玩，你都玩得很好。
甲：最好到此為止因我要回家了。
乙：啊，現在幾點？
甲：是十一點半。

片段四
餐廳

侍應：你好，現在可以幫你落單嗎？
甲：好，我要可樂。
乙：和我要一杯咖啡及一份烤牛肉三文治。
侍應：你要不要沙律呢？
甲：啊，不要了，謝謝，只要三文治。
侍應：好的，是兩杯可樂及一份烤牛肉三文治。

片段五
大廈走廊

地點：公屋辦事處

甲：是的。
乙：我是鍾得偉，我住在富貴樓一二四一室，我來是要告訴你我的鐵閘損毀了。
　　現在我已第三次要求維修，我真的希望你可以在今午維修好。
甲：我還有很長的維修戶主名單，我將會輪候處理。
片段六
服装店

甲：不好意思。
乙：我有什麼可以幫忙？
甲：是的，我今早購買了這件毛衣，和當我帶回家時發現這處破爛了。我可不可以更換另一件呢？
乙：啊！對不起，我們不設退款或更換。

片段七
宿舍

甲：啊！我肚餓啊！
乙：你想不想出去買些東西吃呢？
甲：好的。
乙：我剛巧出糧，所以我比錢。
甲：好消息呀！
乙：你喜歡中國菜嗎？
甲：好的。
乙：這裡有一間很好的中國小酒樓在街尾，不如一試。
甲：好，現在就出發！

片段八
宿舍

甲：亞美，你和我一起有多久？
乙：呀，兩個月了。
甲：我覺得我們相處得幾好。
乙：是的，很好。
甲：但是你知道，有一件事使我困擾我是當你在舍內四處亂放衣服啊！
乙：有一件事使我困擾的是當你從雪櫃中取出牛奶後，放在櫥枱後離去，牛奶現變酸了。
片段九
宿舍

甲：亞強，你好嗎？好久不見，你去了那處？
乙：好高興見到你，亞祖，我很好，我去了夏威夷。
甲：去了夏威夷？
乙：我去了差不多兩星期，很好，希望我能夠再去。
甲：聽來很好啊！你享受這派對嗎？
乙：啊！這不算太差，真的有趣的人，我不介意認識這邊那位白膚金髮碧眼的。
甲：你指那位穿著灰褲的。
乙：是呀！
甲：她的名字是亞美，哈哈。”

片段十
大廳

甲：亞祖
乙：你好，亞強。
甲：你好嗎？
乙：我很好。
甲：是你的錄音機嗎？
乙：啊，是的，我剛剛一小時前買的，我真的很享受啊！
甲：是的，看來很好啊！
乙：是啊，我買之前儲了很久金錢……我認爲是值得的你知道嗎。和我很享受聆聽剛才所買的錄音帶。
甲：呀，你認為我可不可以以現在立即借去用兩句鐘，啊！我準備去漫步，我想當漫步時聆聽音樂。
片段十一

dàxià wǔcháo

甲：是的。
乙：你好，我姓陳，我是你的鄰居。我家爆水管，我希望我能入來使用你的電
話，我的電話尚未接駁啊！我又沒有手提電話。
甲：不，對不起。

片段十二

huìzhěn shì

甲：你好，我是陳家偉，我約了藍醫生在一時半的。
乙：好的，請先坐，醫生會見你的。
甲：好的。
乙：你的，我是廖嘉美，我約了醫生兩點鐘，一會兒後會見你了。
乙：好，廖嘉美，醫生現在可以見你了。

片段十三

bìngfáng gùshì zhàn

甲：我好緊張，我不能等到兩點鐘，如果我能從護士取香煙便好了。
乙：現在剛剛兩點鐘，我會遲些見你。
甲：好的。
甲：史姑娘，二時了，我可以取香煙了。
丙：對不起，但我現在用膳中。
## Appendix V

<table>
<thead>
<tr>
<th>Original Version</th>
<th>Chinese-translated version</th>
<th>Backward translated version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial instruction</td>
<td>初部指示</td>
<td>Preliminary Instructions</td>
</tr>
<tr>
<td>After the subject sits down, is relaxed, and is ready to begin say:</td>
<td>當參與者放鬆地坐下後,然後準備開始,說::</td>
<td>When all the participants have sat down and relaxed, I will say,</td>
</tr>
<tr>
<td>After each scene, I will stop the tape and ask you a few questions.</td>
<td>每次片段之後,我會停止播放並問你幾個問題。</td>
<td>Every time after the clip, I’ll stop the video and ask you questions.</td>
</tr>
<tr>
<td>Pay close attention to the next scene.</td>
<td>留意下一片段。</td>
<td>Pay attention to the following clip.</td>
</tr>
<tr>
<td>Play tape. When scene freezes, say:</td>
<td>播放影帶，當片段定格，說:</td>
<td>Play the video and when the clip pauses, say,</td>
</tr>
<tr>
<td>Please identify with the man on the left.</td>
<td>留意左邊的男人。</td>
<td>Pay attention to the man on the left.</td>
</tr>
<tr>
<td>When scene is finished, pause tape.</td>
<td>當片段完畢，暫停播放。</td>
<td>When the clip ends, stop the video.</td>
</tr>
<tr>
<td>If necessary, have the subject describe exactly what happened in the scene.</td>
<td>如需要，參與者可準確地形容片段中的內容；過程中，你希望指出問題所在，但不要指出目標或障礙。</td>
<td>The participant can describe what had happened in the clip precisely, during which, it is hoped that he/she can point out what the problems are but not the goals nor obstacles.</td>
</tr>
<tr>
<td>If necessary, you may also replay the scene, encouraging the subject to pay close attention to the details.</td>
<td>如需要，你可以重播片段，鼓勵參與者更留意內容。</td>
<td>I can replay the clip if necessary and encourage the participant to pay attention.</td>
</tr>
<tr>
<td>Processing</td>
<td>進行</td>
<td>In progress</td>
</tr>
</tbody>
</table>

221
<table>
<thead>
<tr>
<th>If you were in this situation, what would you say or do now?</th>
<th>如你在此情況，現在你會怎樣說和做？</th>
<th>What will you say or do under this situation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could you be more specific about what you would say or do in this situation?</td>
<td>你可不可以更明確地說出你在此情況會怎樣說和做？</td>
<td>Can you tell me more exactly what you will say and do under this situation?</td>
</tr>
<tr>
<td>I'm sorry, but Mr. Smith has gone home for the day.</td>
<td>對不起，史先生今日已離開了。</td>
<td>I'm sorry. Mr. Scott has left already.</td>
</tr>
<tr>
<td>Be sure to verbally reinforce the subject's involvement in the roleplay. For example:</td>
<td>言語上鼓勵參與者投入角色扮演，例如:</td>
<td>Encourage the participant verbally to get involved in the role-play, for example,</td>
</tr>
<tr>
<td>I really felt as if you were in the scene.</td>
<td>我要感覺到你是代入此片段中。</td>
<td>I'd like you to make yourself in the clip.</td>
</tr>
<tr>
<td>If the subject did not seem very involved in the scene, then coach the subject to perform a realistic an involved role play. For example, say:</td>
<td>如參與者不是太投入於片段中，指導參與者真實地表現及投入角色扮演，例如說:</td>
<td>If the participant fails to get involved in the clip, I will advise him/her how to act real and get involved in the role-play. For example, I can say,</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scoring</th>
<th>評分</th>
<th>Marking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone line</td>
<td>排隊輪候公共電話</td>
<td>Queuing for Public Phone</td>
</tr>
<tr>
<td>The woman cut in line.</td>
<td>這女士沒有排隊。</td>
<td>This woman is not lining up.</td>
</tr>
<tr>
<td>I didn't think it was the end of line</td>
<td>我認爲這處是隊尾。</td>
<td>I think here's the end of the queue.</td>
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</tbody>
</table>

**Scene 3**

<table>
<thead>
<tr>
<th>Subject stands. Stand facing the subject, left arm up as if learning on a doorway, and say tiredly.</th>
<th>參與者站立。站立面對著參與者，左手提起倚著大門，懶洋洋地說：</th>
<th>Participant stands up. I stand up, facing the participant. Lifting up my left and leaning against the door, say listlessly,</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've got a long list of people who want repairs, (sigh) I'll get around to it.</td>
<td>我還有很長的維修戶主名單，我將會輪候處理。</td>
<td>I still have a long list of names who want their apartments fixed, I will do it according to the roll.</td>
</tr>
<tr>
<td>I really need it fixed.</td>
<td>我真的需要你盡快維修</td>
<td>I want you fix it quickly</td>
</tr>
<tr>
<td>Well, I'll get around to it.</td>
<td>好，我將會輪候處理。</td>
<td>Okay, I will do it according to the roll.</td>
</tr>
<tr>
<td>Any response that persist with a request to get it fixed, or a restatement of the problem to the manager.</td>
<td>任何反應來繼續要求經理凖備維修。</td>
<td>Keep requesting the manager prompt reparation</td>
</tr>
<tr>
<td>Make the manager to say something definite about when it will be fixed, specifically.</td>
<td>要經理給予一個肯定的維修日期</td>
<td>Ask them manager to give an exact date.</td>
</tr>
<tr>
<td>Threaten action if it isn't fixed (e.g., will can owner or</td>
<td>威嚇經理盡快維修。 (例如：我會自行公</td>
<td>Threaten the manager to fix it quickly. (For example, I</td>
</tr>
<tr>
<td>Scene 6</td>
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<td>Scene 7</td>
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<tr>
<td>will fix it yourself and deduct the cost from your rent; BUT, must state threat to the manager.</td>
<td>(例如：我會自行公司維修，然後問經理取回費用，從租金中扣去。)</td>
<td>will find a contractor to fix it myself and send the manager the bill.</td>
</tr>
<tr>
<td><strong>The sweater is defective. OR the store will not replace it or give a refund.</strong></td>
<td>這毛衣有損毀，公司不會更換或退款。</td>
<td>The sweater is torn. The company does not offer a refund or change.</td>
</tr>
<tr>
<td>Subject stands. Stands facing the subject, and say:</td>
<td>參與者站著，我站著面向參與者，並說：</td>
<td>The participant stands. I am standing face to face to the participant, and say:</td>
</tr>
<tr>
<td>Well, I'm sorry, we don't make refunds or exchanges</td>
<td>啊！對不起，我們不設退款或更換。</td>
<td>Oh! I'm sorry. We don't have the refund policy.</td>
</tr>
<tr>
<td>IF the subject doesn't ask to speak to the manager or owner of the store, THEN say:</td>
<td>如參與者要求見經理或公司老闆時，我便說：</td>
<td>If the participant requests to see the manager or the company's boss, I will say,</td>
</tr>
<tr>
<td>All I know is that we don't make refunds or exchanges</td>
<td>我所知道的就是我們不設退款或更換。</td>
<td>As far as I know, we don't offer any refund or change.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Roommates</th>
<th>舍友</th>
<th>Flat-mate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stating only one side of the argument, or that only one roommate has a complaint.</td>
<td>指出只是單方面爭論，或只是一位舍友有投訴。</td>
<td>Point out it is only an argument on one side, or only one flat-mate complains.</td>
</tr>
<tr>
<td>That there are two sides to the argument. Or each roommate has a complaint.</td>
<td>這是雙方面的爭論或每位舍友都有投訴。</td>
<td>This is an argument on both sides. Or all the flat-mates complain.</td>
</tr>
<tr>
<td>Subject sits. Sit to the left of subject and say in a stern voice:</td>
<td>我坐在參與者的左邊，說：</td>
<td>I sit on the left of the participant and say,</td>
</tr>
<tr>
<td>Well, one thing that bothers me is when you take the milk out of the refrigerator and leave it out on the counter and it goes sour.</td>
<td>有一件事使我很煩惱，就是你從冰箱裏取出了牛奶，放在桌上就離開了，使牛奶變壞了。</td>
<td>There is one thing which really makes me worried. You took the milk out from the fridge and left it on the table. The milk went bad.</td>
</tr>
<tr>
<td>Gee, we've got to do something</td>
<td>啊！我們要做些事。</td>
<td>Oh! We have to do something.</td>
</tr>
<tr>
<td>Yeah, well I don’t know what to do.</td>
<td>啊！我不知道要做些什麼！</td>
<td>Oh! I don’t know what we can do!</td>
</tr>
<tr>
<td>Apt. #31 is the manager’s apartment</td>
<td>三十一號房的管理處有。</td>
<td>There is one in flat 31, the management office.</td>
</tr>
<tr>
<td>If the subject persists in wanting to use your phone, THEN firmly say “No” and end the role play.</td>
<td>如參與者堅持想用我的電話，我很兇地說：『不！』於是角色扮演完畢了。</td>
<td>If the participant insists on using my phone, I will say “No!” rudely. That is the end of the role-play.</td>
</tr>
<tr>
<td>Ask where a telephone is. Say thank you to her and</td>
<td>問附近哪裏有電話。                      向女主角道謝，然後</td>
<td>Ask where I can get a phone. Say thanks to the</td>
</tr>
<tr>
<td>Scene 12</td>
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</tr>
<tr>
<td>Doctor’s Appointment</td>
<td>排期看醫生</td>
<td>Waiting for Medical Appointment</td>
</tr>
<tr>
<td>The woman with the later appointment time got to see the doctor first.</td>
<td>女主角約了較後的時間, 可是她想現在先見醫生。</td>
<td>The actress has made a later appointment but she wants to see the doctor at once.</td>
</tr>
</tbody>
</table>

| Scene 13 |
|-----------------|-----------------|------------------------------------------------------------------|
| The man wants a cigarette and it is time for him to get one. Or but the nurse won’t give him one, she’s eating her lunch. | 男病人向護士取一根香煙，因為現在剛好是取香煙的時候，或但是護士不給他，因爲她正在用午膳。 | The male patient asks the nurse for a cigarette because it is now his smoking time. The nurse refuses because she is having her lunch. |
| Sit in a chair facing about four feet away from standing subject, as if holding a cup of yogurt on the knee, spoon in the right hand, and say: | 我坐著面向參與者約四呎距離，用手拿起一杯乳酪放在膝蓋上，右手拿著茶匙，並說： | I am sitting face to face to the participant with a distance of about four feet. I lift up a yogurt and put it on my knee, and am holding a spoon in my right hand. I say, |
| I’m sorry, but I’m eating lunch right now! | 對不起, 我正在用膳。 | I’m sorry. I am having any lunch |
| IF subject asks when you’ll be finished, THEN says: | 如參與者問什麼時候可以用完，我便說： | If the participants asks when I am going to finish the meal, I will say, |
| Persistence with the nurse, but without acknowledging inconvenience to her. Or ask the nurse when she’ll be finished with lunch. | 問護士什麼時候可以用完。繼續向護士取一根香煙，但沒有帶來不便。 | Ask the nurse when she is going to finish her meal. Keep asking the nurse for a cigarette but not inconveniencing any body. |
Appendix VI

DEVELOPMENT OF THE CHINESE VERSION OF ASSESSMENT OF INTERPERSONAL PROBLEM-SOLVING SKILLS (CAIPSS).

You are invited to be an expert panel member on the captioned study conducted by me as the Master of Science project at the Department of Rehabilitation Sciences in The Hong Kong Polytechnic University.

The aim of this project is to translate the AIPSS into the Chinese version and examine its reliability and validity. AIPSS is a measurement to determine particular cognitive and behavioral performance deficits that individuals might have in interpersonal situations. It consists of 13 videotaped-scenes and a demonstration scene, each showing two characters engaged in a social interaction.

Three scenes of AIPSS are however found to be culturally sensitive and may not be relevant for use in Hong Kong. I would therefore like to seek your expert advice how the three culturally sensitive scenes should be addressed. Please fill in the attached self-explanatory questionnaire and send back to the following address on or before 30 September 2003:

Occupational Therapy Department (Psychiatric)
Ward J3, West Wing, Kowloon Hospital
147A Argyle Road, Mong Kok, KLN

Your advice will be considered when we translate the measurement into Chinese. It is hoped that with the Chinese version we can further improve services for individuals with mental illness in Hong Kong.

If you would like more information about this study, please contact me at tel. no. 3129

Thank you for your participation in this study.

Yours faithfully,

Leung Kai-sun, Tony (MSc. Student)
For Dr. Hector W.H. Tsang
Chief Investigator
Appendix VII

QUESTIONNAIRE

Personal Particulars:

Name:

Hospital / Institute / Clinic:

Duration of working in psychiatric field (years):

Contact No. (Tel)
Scene 1

(Transcript)

地點: 社會保障辦公室

甲：你好，我的名字是鍾美菲，我的福利金支票已遲了多過一星期。
我要幾天內交租，所以我真的需要此支票，請問你認爲你可不可以
幫我查一查呢？

乙：我真的不會擔心，信件可能寄得慢，我肯定數天內必收到。請
一下位。

1. The cultural relevancy problem is that the social security money in
   Hong Kong will be transferred by bank auto pay instead of using cheque.

   □ Agree          □ Disagree

   □ Not sure;

   reason: ________________________________
Proposed revised version:

地點: 社會保障辦公室

甲：你好，我的名字是鍾美菲，我的福利金銀行過戶已遲了多過一個星期。我要幾天內交租，所以我真的需要此福利金，請問你認為你可以不可以幫我查一查呢？

乙：我真的不會擔心，銀行過戶可能慢了，我肯定數天內必收到。請一下位。

2. This revised version is more culturally relevant and can be used to replace the above original scene.

☐ Agree    ☐ Disagree

☐ Not sure;

reason: ____________________________________

__________________________________________
Scene 2
(Transcript)

地點：大廈走廊

甲：是的。

乙：史先生，我是鍾查理，我住樓上四十一室。我來是要告訴你我的垃圾房損毀了。現在我已第三次要求維修，我真的希望你可以在今午維修好。

甲：我還有很長的維修戶主名單，我將會輪候處理。

威嚇經理盡快維修。(例如：我會自行找公司維修，然後從租金扣回費用。)

3. The cultural relevancy problem is that nearly all households in Hong Kong do not have individual garbage disposal facilities.

☐ Agree ☐ Disagree

☐ Not sure;

reason: ____________________________________________

___________________________________________
 Proposed revise version:

地點:公屋辦事處

甲：是的。
乙：史先生，我是鍾得偉，我住在富貴樓一二四室。我來是要告訴你我的鐵閘損毀了。現在我已第三次要求維修，我真的希望你可以在今年維修好。
甲：我還有很長的維修戶主名單，我將會輪候處理。

4. This revised version is more culturally relevant and can be used to replace the above original scene.

☐ Agree ☐ Disagree

☐ Not sure;

reason: ________________________________

______________________________
Scene 3

(Transcript)

地點：大廈走廊

甲：是的。
乙：你好，我是提芬，我住樓下十七號室。我認為有漏煤氣因我
聞到煤氣味。我希望我能入來使用你的電話，我的電話尚未接
駁啊！
甲：不，對不起。

5. When gas leaks, we should not use telephone to call police as this may
induce explosion. There is practical or/and cultural relevancy problem.

☐ Agree    ☐ Disagree

☐ Not sure;

reason:________________________________________
Proposed revise version:

地點:大廈走廊

甲：是的。
乙：你好，我是陳偉明，我住樓下十七號室。我家爆水管，我希望能入來使用你的電話，我的電話尚未接駁啊！我又沒有手提電話。
甲：不，對不起。

6. This revised version is more culturally relevant and can be used to replace the above original scene.

☐ Agree  ☐ Disagree

☐ Not sure;

reason:__________________________________________
Appendix VIII

Approval Letter from Kowloon Hospital, Hong Kong Hospital Authority

Memorandum
From: Secretary, Ethics Committee
Kowloon Hospital

To: LEUNG Kas-qua, Tony
via DM(OTS)

Ref: 1129 in KH-3/1997 TV
Tel: 3119

Date: 16 April 2003

Application for approval from Ethics Committee
Validity and Reliability of Chinese translated Assessment of
Interpersonal Problem Solving Skills

I am pleased to inform you that the captioned study is supported by the Ethics
Committee of Kowloon Hospital. You are required to submit a short report about 100 or less
words on the ethical part of this study when the study is completed.

Thank you.

Ms. Margheita CHEUNG
Secretary
Ethics Committee
Kowloon Hospital

P.S. If the study is solely for your personal study, please
consider hardly the ethical issue. Your consent form is
not participative and does not fall into the hospital
research study.
**Appendix IX**

**Brief Psychiatric Rating Scale (version 4.0)**

<table>
<thead>
<tr>
<th>Name/ID#</th>
<th>Date</th>
<th>Rater</th>
<th>Period of assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>1 2 3 4 5 6 7</td>
<td>NA 1 2 3 4 5 6 7</td>
<td>Not Assessed</td>
</tr>
<tr>
<td></td>
<td>Not Present</td>
<td>Very Mild</td>
<td>Mid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderate</td>
<td>Moderately Severe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe</td>
<td>Extremely Severe</td>
</tr>
</tbody>
</table>

*Rate items 1-14 on the basis of patient's self-report during interview. Mark "NA" for symptoms not assessed.

Note items 7, 12, and 13 are also rated on observed behavior during the interview. PROVIDE EXAMPLES.*

1. **Somatic Concern**
   - NA 1 2 3 4 5 6 7
2. **Anxiety**
   - NA 1 2 3 4 5 6 7
3. **Depression**
   - NA 1 2 3 4 5 6 7
4. **Suicidality**
   - NA 1 2 3 4 5 6 7
5. **Guilt**
   - NA 1 2 3 4 5 6 7
6. **Hostility**
   - NA 1 2 3 4 5 6 7
7. **Elevated Mood**
   - NA 1 2 3 4 5 6 7
8. **Grandiosity**
   - NA 1 2 3 4 5 6 7
9. **Suspiciousness**
   - NA 1 2 3 4 5 6 7
10. **Hallucinations**
    - NA 1 2 3 4 5 6 7
11. **Unusual Thought Content**
    - NA 1 2 3 4 5 6 7
12. **Bizarre Behavior**
    - NA 1 2 3 4 5 6 7
13. **Self-neglect**
    - NA 1 2 3 4 5 6 7
14. **Disorientation**
    - NA 1 2 3 4 5 6 7

*Rate items 15-24 on the basis of observed behavior or speech of the patient during the interview.*

15. **Conceptual Disorganization**
    - NA 1 2 3 4 5 6 7
16. **Blunted Affect**
    - NA 1 2 3 4 5 6 7
17. **Emotional Withdrawal**
    - NA 1 2 3 4 5 6 7
18. **Motor Retardation**
    - NA 1 2 3 4 5 6 7
19. **Tension**
    - NA 1 2 3 4 5 6 7
20. **Uncooperativeness**
    - NA 1 2 3 4 5 6 7
21. **Excitement**
    - NA 1 2 3 4 5 6 7
22. **Distractibility**
    - NA 1 2 3 4 5 6 7
23. **Motor Hyperactivity**
    - NA 1 2 3 4 5 6 7
24. **Mannerisms and Posturing**
    - NA 1 2 3 4 5 6 7

Sources of information (check all applicable):
- Patient
- Parents/Relatives
- Mental Health Professionals
- Chart

Confidence in assessment:
- 1 = Not at all
- 5 = Very confident

Explain here if validity of assessment is

- Symptoms possibly drug-induced
- Underreported due to lack of rapport
- Underreported due to negative symptoms
- Patient uncooperative
- Difficult to assess due to formal thought disorder
- Other
Appendix X

Global Assessment of Functioning (GAF) Scale

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Code (Note: Use intermediate codes when appropriate eg 45, 68, 72)

91-100 Superior functioning in a wide range of activities. Lives problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms

81-90 Absent or minimal symptoms (e.g. mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g. an occasional argument with family members)

71-80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family argument), on more than slight impairment in social, occupational, or school functioning (e.g. temporarily falling behind in school work)

61-70 Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g. occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

51-60 Moderate symptoms (e.g. flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g. few friends, conflicts with peers of co-workers)

41-50 Serious symptoms (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational or school functioning (e.g. no friends, unable to keep a job).

31-40 Some impairment in reality testing or communication (e.g. speech is at all times illogical, obscure or irrelevant) OR major school, family relations, judgement, thinking or mood (e.g. depressed man avoids friends, neglects family and is unable to work; child frequently beats up younger children, is defiant at home and is failing at school)

21-30 Behaviour is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgement (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g. stays in bed all day no job, home or friends)

11-20 Some danger of hurting self or others (e.g. suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g. smears faeces) OR gross impairment in communication (e.g. largely incoherent or mute)

1-10 Persistent danger of severely hurting self or others (e.g. recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death

0 Inadequate information.

Table from DSM-IV, American Psychiatric Association, Washington, 1994 Ref: GAF/June 00
Appendix XI

Video Compact Disc:

The Chinese version of Assessment of Interpersonal Problem Solving Skills (CAIPSS)
有關資料

（處理人際關係問題方法評估（中文譯本）研究計劃）

誠邀閣下參加由梁啟新先生負責執行的研究計劃。他係香港理工大學康復治療科學系研究生。

這項研究的目的是希望確保「處理人際關係問題方法評估」經中文翻譯後的確診及可信性。研究中所涉及的面談卷需要花費閣下半小時。然後將要求閣下參與以面談方式進行的評估。希望這些資料能有助於確保評估工具的確診及可信性，以改善精神病康復服務，協助他們獨立生活。

這項測試不會引起任何不適的感覺，但閣下需要做以下所要求的事項（如：錄音）。凡有關閣下的資料均會保密，一切資料的編碼只有研究人員知道。

閣下享有充分的權利在研究開始之前或之後決定退出這項研究，而不會受到任何對閣下不正常的待遇或責任追究。全部過程將需要大約半小時。

如果閣下有任何對這項研究的不滿，請隨時與香港理工大學研究院秘書梁太聯系，電話2766。

如果閣下想獲得更多有關這項研究的資料，請與梁啟新先生，電話3129聯系，或研究督導員曾永康博士，電話2766。

謝謝閣下有興趣參與這項研究。

研究員
梁啟新先生
(研究督導員曾永康博士)
參與研究同意書

（處理人際關係問題方法評估（中文譯本）研究計劃）

本人 同意參加由梁啓新先生負責執行的研究項目。

我理解此研究所獲得的資料可用於未來的研究和學術交流。然而我有權保護自己的隱私，我的個人資料將不能洩漏。

我對所附資料的有關步驟已經得到充分的解釋。我理解可能會出現的風險。我是自願參與這項研究。

我理解我有權在研究過程中提出問題，並在任何時候決定退出研究而不會受到任何形式的待遇或責任追究。

參加者姓名

參加者簽名

父母姓名或監護人姓名（如需要）

父母或監護人簽名（如需要）

研究人員姓名

研究人員簽字

日期
INFORMATION SHEET

THE CHINESE VERSION OF ASSESSMENT OF INTERPERSONAL PROBLEM-SOLVING SKILLS (CAIPSS).

You are invited to participate on a study conducted by Mr. LEUNG Kai-sun, who is a Master of Science student of the Department of Rehabilitation Sciences in The Hong Kong Polytechnic University.

The aim of this project is to study the reliability and validity of translated version of AIPSS. The study will involve completing individual interview, which will take you about half an hour. You will then be asked to take part in a procedure to investigate reliability and validity of this assessment tools. The interview will be arranged to discuss your personal point of view and response after watching these scenes in film. It is hoped that this information will help us to understand the reliability and validity of this assessment tools which then can improve services for individuals with mental illness to live an independent life.

The testing should not result in any undue discomfort, but your response will need to audio-taped. All information related to you will remain confidential, and will be identifiable by codes only known to the researcher.

You have every right to withdrawn from the study before or during the measurement without penalty of any kind. The whole investigation will take about half an hour.

If you have any complaints about the conduct of this research study, please do not hesitate to contact Mrs. Michele Leung, Secretary of the Department Research Committee of The Hong Kong Polytechnic University on tel. no. 2766.

If you would like more information about this study, please contact Mr. Leung Kai-sun on tel. no. 3129 or my dissertation supervisor Dr. Hector W.H. Tsang on tel. no 2766

Thank you for your interest in participating in this study.

Leung Kai-sun, Tony  
For Dr. Hector W.H. Tsang  
Chief Investigator
CONSENT TO PARTICIPATE IN RESEARCH

THE CHINESE VERSION OF ASSESSMENT OF INTERPERSONAL
PROBLEM-SOLVING SKILLS (CAIPSS).

I __________________ hereby consent to participate in the captioned research
conducted by Mr. LEUNG Kai-sun.

I understand that information obtained from this research may be used in future
research and published. However, my right to privacy will be retained, i.e. my
personal details will not be revealed.

The procedure as set out in the attached information sheet has been fully explained. I
understand the benefit and risks involved. My participation in the project is voluntary.

I acknowledge that I have the right to question any part of the procedure and can
withdraw at any time without penalty of any kind.

Name of participant ____________________________

Signature of participant ____________________________

Name of Parent or Guardian (if applicable) ____________________________

Signature of Parent or Guardian (if applicable) ____________________________

Name of researcher ____________________________

Signature of researcher ____________________________

Date ____________________________