

DVD-Rating-Systems

Practical Guidelines

Potentials and stumbling blocks

Precondtions

- 1) Design - the most important basis!
- 2) DVD-material - compulsive personality in demand!
- 3) Concepts and coding systems - adapting to material and rater specifics!
- 4) Raters and their training - a didactical point!
- 5) Procedure: motivation = quality!

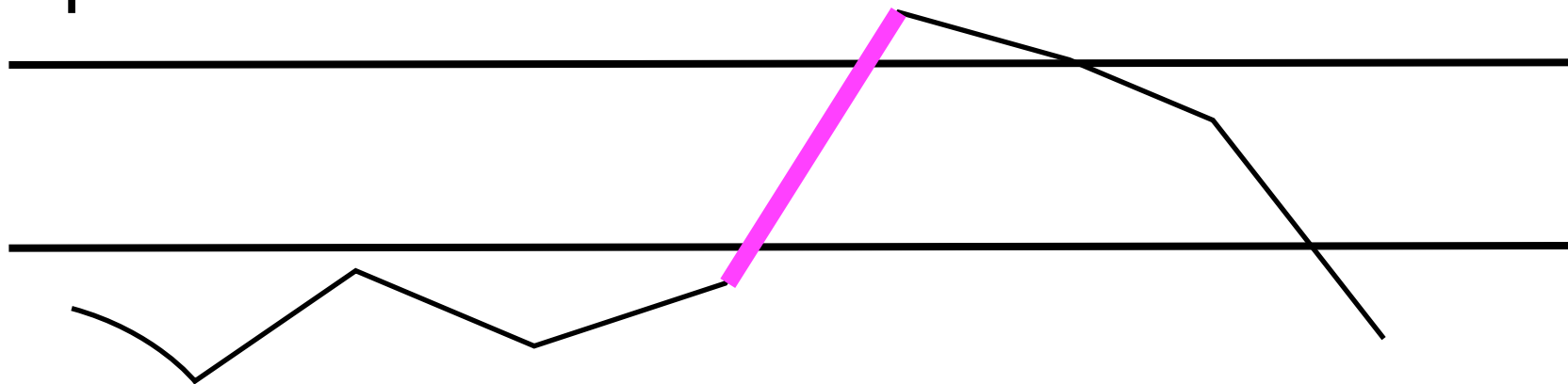
I) Design

- Selecting process: Are we selecting the interesting time slots?
- With what: From Post-Sess-Questionnaires; assessments at pre, session 10 or post; experimental groups
- Fixed time slots / selective sessions from normal variance by extrem groups / ruptures / slopes
- Little N: Matching-Procedures?

Selection: Dealing with Dependence

mastery experiences
on post-session-
questionnaire

mastery experiences
in-session?



motivation?

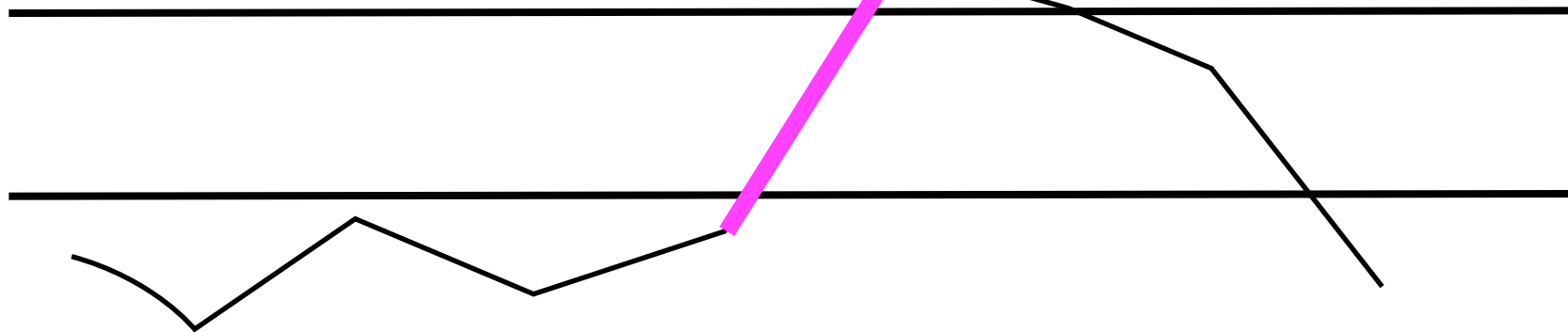
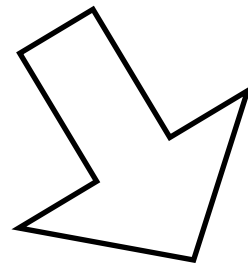
preparation of
mastery experiences?

psychoeducation?

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motivation?

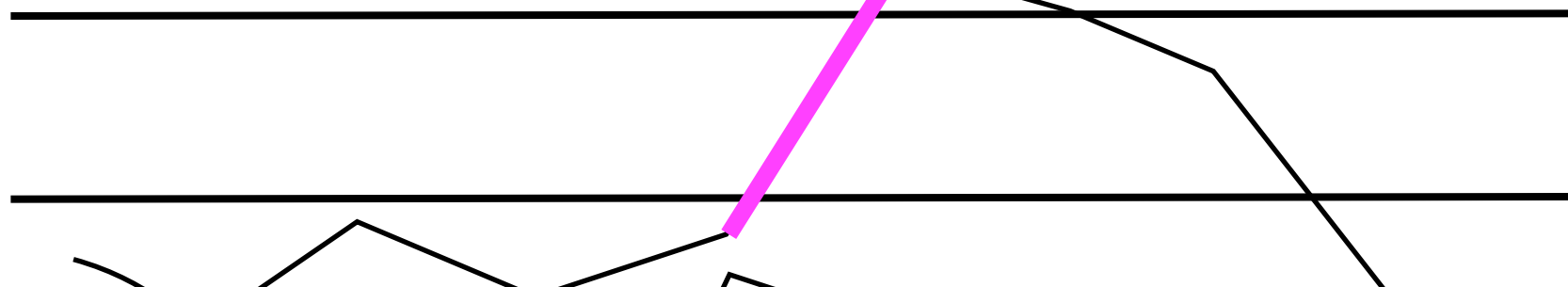
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motivation?

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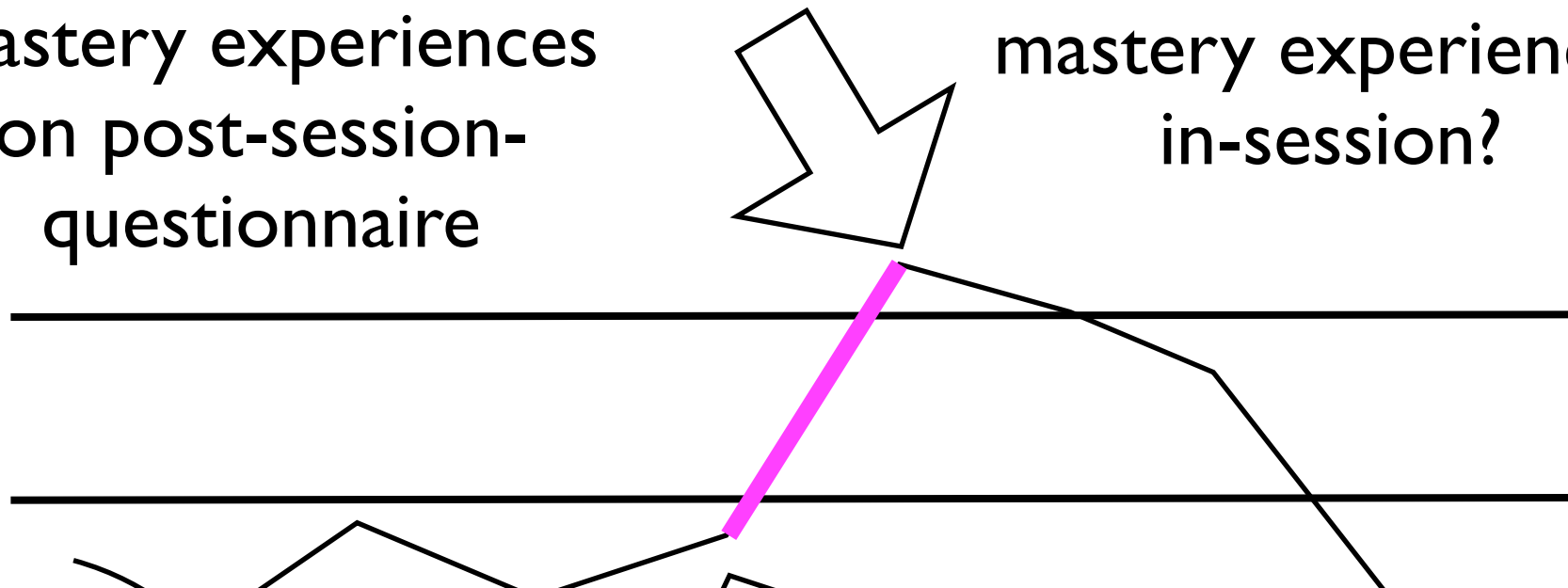
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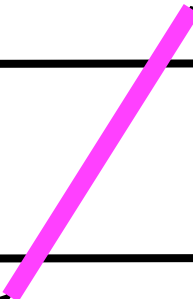
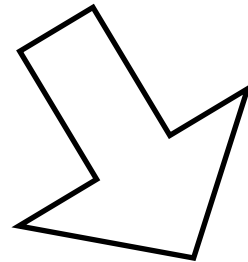
preparation of
mastery experiences?



Selection: Dealing with Dependence

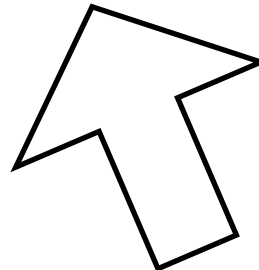
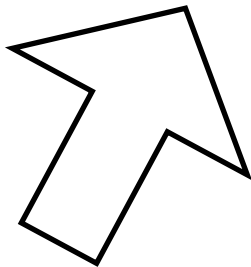
mastery experiences
on post-session-
questionnaire

mastery experiences
in-session?



motivation?

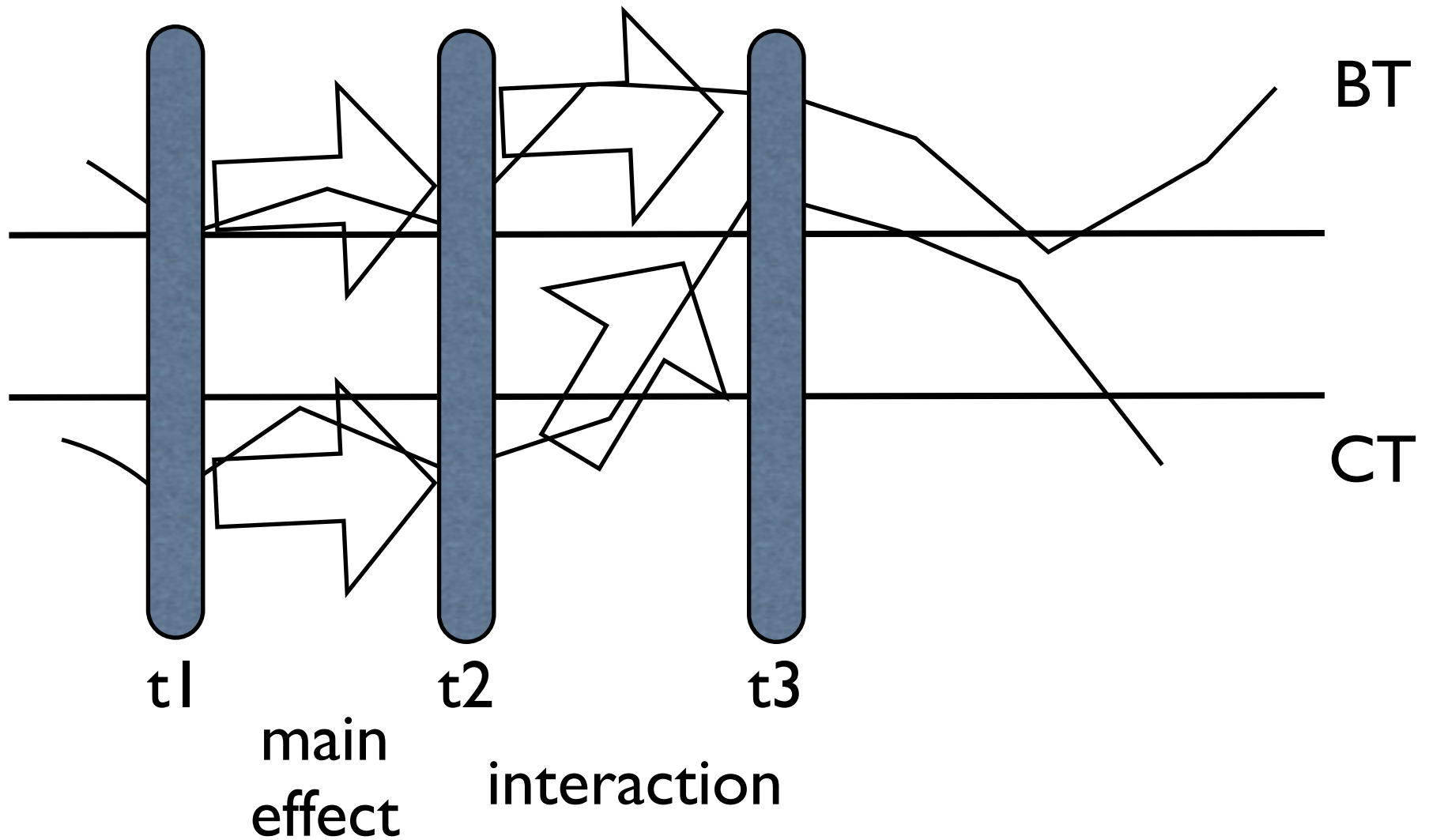
psychoeducation?



preparation of
mastery experiences?

ANOVA-Design

Fixed time slots



Example.

ROMA

| | validity CMP | CROT session 2 + 8 | Berne session 2 + 5 + 8 | Total |
|----------|-----------------|--------------------------|-------------------------------|-------|
| Resource | 6 | 6 x 2 = 12 | 12 x 3 = 36 | 54 |
| Control | 6 | 6 x 2 = 12 | 12 x 3 = 36 | 54 |
| total | 12 | 24 | 72 | 108 |

2) DVD-Material

- Completeness (questionnaires at different assessments)
- Quality of the full DVDs sessions (audio and visual)
- Length of time of the selected sessions
- Privacy / data protection

3) Concepts and Codingsystems

- Do I really know, what the operationalization means?
- Global ratings / coding action units?
- Frequencies (time codes / topics)?
- Quantity and quality of processes?
- Therapist, patients, interaction perspective?
- Independence of the raters - Carry over effects?
- Preferable: Raters have to be blind of the study design and hypothesis!

ROMA

Thinking about validity! convergente and discriminant

- Validity: How to validate the coding system?
- Post-Sess-Questionnaires
- Other samples with other coding systems
- Different observer-perspectives

4) Raters and their training

- Previous knowledge: Experts? / Master's students? \longleftrightarrow Rating system
- Training: From clear prototyps to naturalistic variability
 - 1) Extrem groups together
 - 2) Extrem groups alone
 - 3) Naturalistic variability together
 - 4) Naturalistic variability alone
- Continuous supervision and quality management / concept reduction over time

5) Procedure

- Location and „technology“ (computers, programs) - Privacy
- Data management (e.g. 108 x 50 Min. = 5400 data points)
- Recreation and motivation! (emotional material, coding qualities)

Statistical Analysis

- Hierarchical linear modeling
- Structural equation modeling

DVD-Rating

practical introduction

- E.g. nonverbal behavior:
positive and negative affect
- Literature: PANAS (Watson et al., 1988)

Global Ratings of patients' positive and negative affect

- General: To evaluate is the quality of the expressed behavior and not the authenticity of the affect.
- Positive Affect:
 - 0 no positive affect visible, poker face, transfixed
 - 1 neutral positive affect; affectivity as short flash
 - 2 positive affect repeatedly over seconds visible
 - 3 strong positive affect over the hole minute
- Negative Affect:
 - 0 no negative affect visible
 - 1 negative affect visible but variable; affectivity as short flash
 - 2 negative affect repeatedly over seconds visible
 - 3 strong negative affect over the hole minute

Reliability - Indices

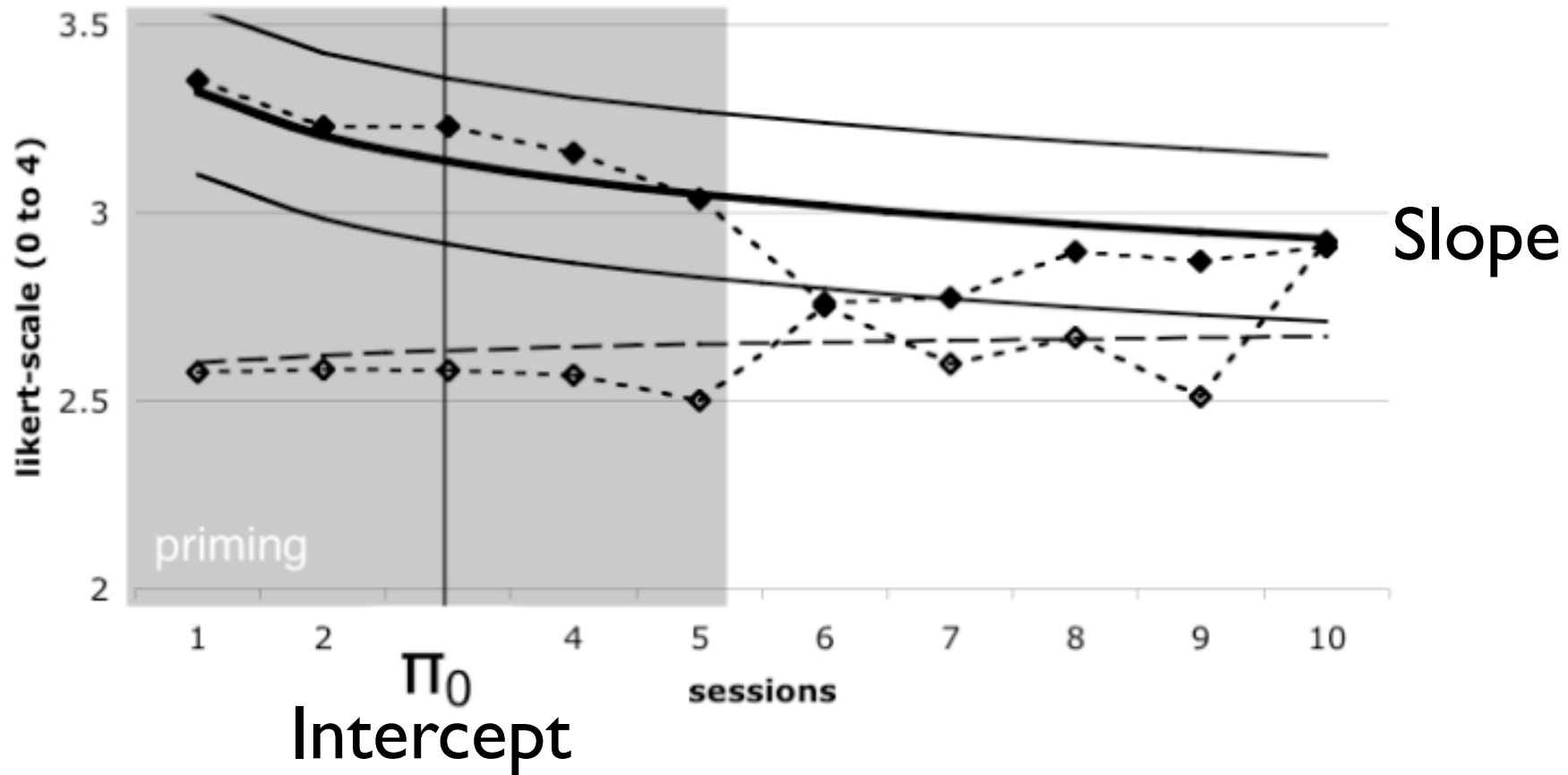
- > 10% -30% / blind
- % of consistence
Positive affect: 86.5 %
Negative affect: 83%
- Cohens Kappa (nominal):
Positive affect: .72
Negative affect: .46
- Spearman (ordinal):
Positive affect: .74
Negative affect: .57
- Negative affect - homogeneity of the marginal means:
Test of homogeneity (Fleiss & Everitt, 1971): .77
Goodman & Kruskals Gamma: .99

HLM

- HLM: Raudenbush, Bryk, Cheong & Congdon (2004):
- 1) Parametrization of the individual course: potential functions (linear, loglinear, quadratic, non-linear)
- 2) Estimating the course by predicting intercept and slope

Example

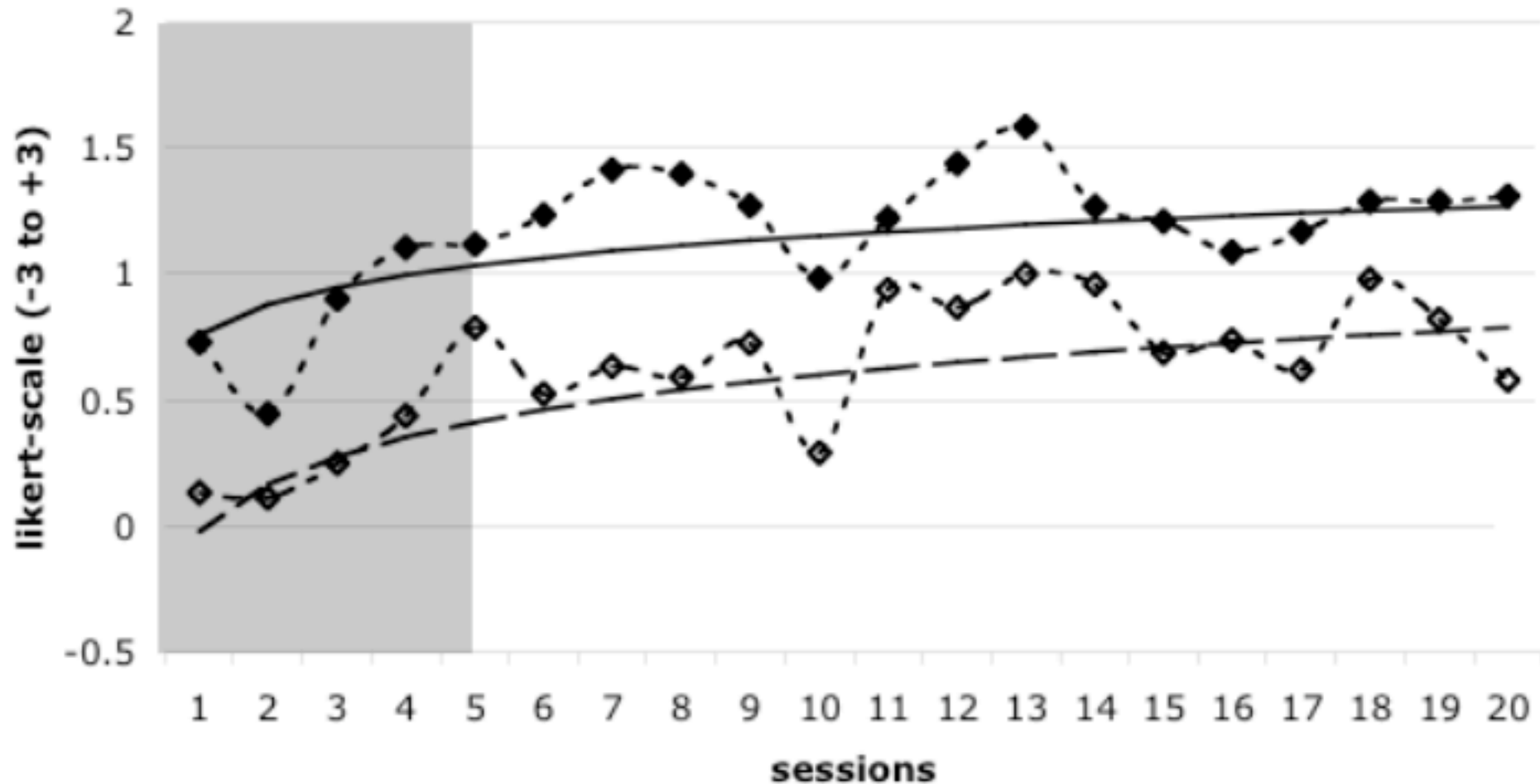
Resource activating interventions (therapist)



- ◆--- priming
- ◇--- control
- priming HLM
- control HLM
- priming HLM variance

Example.

mastery (patient)



Flückiger & Grosse Holtforth, in revision

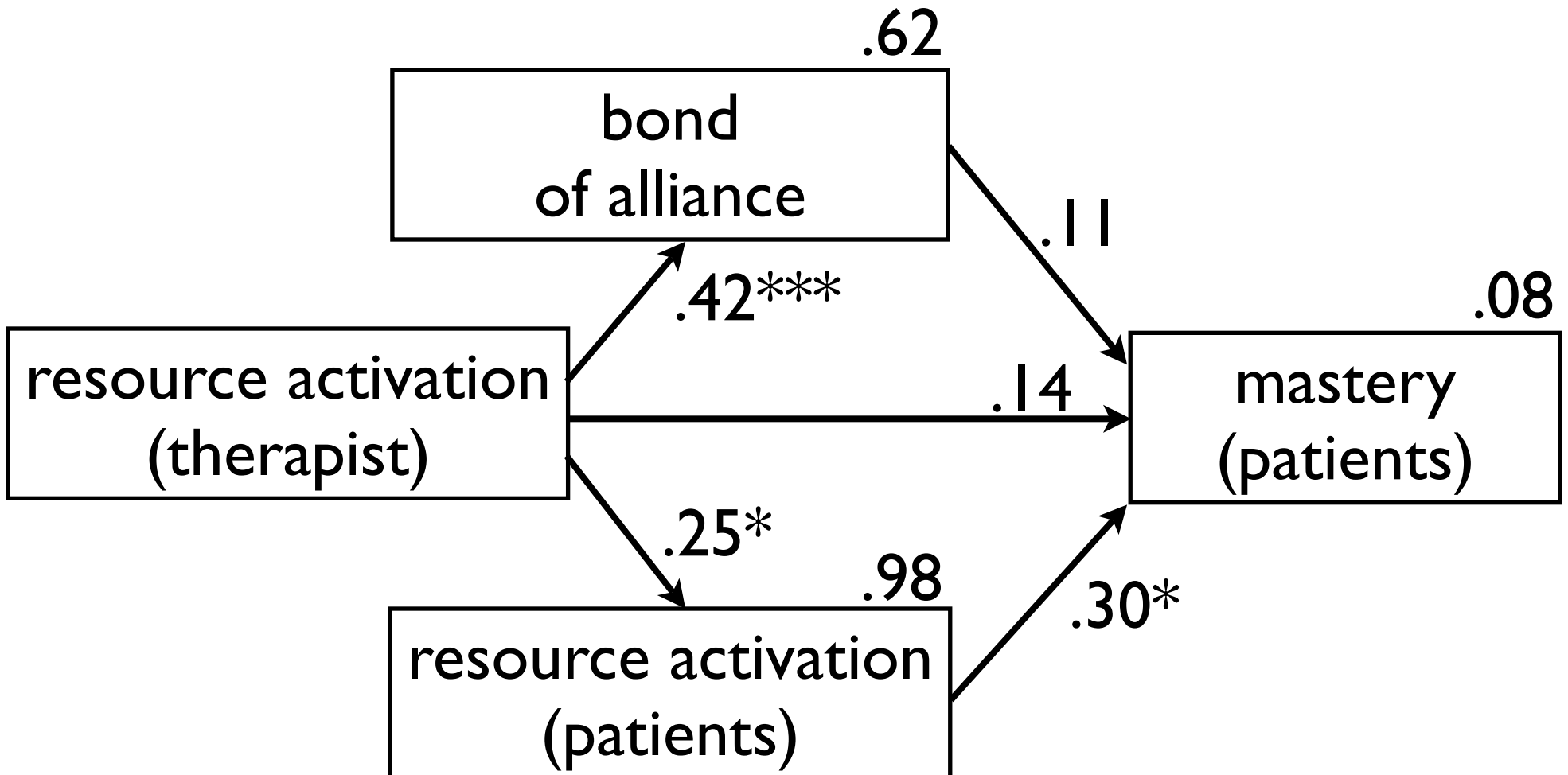
Structural equation modeling

- AMOS: SPSS standard packet / $N > 100$ (Kline, 2005)
- Path model = observed variables / Structural equation modeling = latent variables
- (1) Operationalization of latent variables by different predictor (measurement component)
- 2) Theoretical based analysing of a causal path model by bidirectional correlations and unidirectional predictors (structural component)
- 2) Testing, if the model fit with the observed data by different indices (RMSEA, SRMR, TLI)

Example.

In-session

Post-session



RMSEA = .000 / SRMR = .023 / AGFI = .95 / Flückiger, in prep.