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Behavioral assessment of social performance: a rating system for social phobia

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Abstract

The Social Performance Rating Scale (SPRS) is a modification of the rating system for behavioral assessment of social skills, originally developed by Trower et al. (Trower, P., Bryant, B., & Argyle, M. (1978). *Social skills and mental health*. Pittsburgh: University of Pittsburgh Press) and subsequently adapted by Turner and colleagues (e.g., Turner, S. M., Beidel, D. C., Dancu, C. V., & Keys, D. J. (1986). Psychopathology of social phobia and comparison to avoidant personality disorder. *Journal of Abnormal Psychology*, 95, 389–394). Designed to yield ratings of social performance appropriate for use in a socially phobic population and based on videotaped role plays, the five SPRS ratings are gaze, vocal quality, speech length, discomfort, and conversation flow. The sum of these ratings provides an internally consistent total score. In an initial study of the psychometric properties of the SPRS, three groups were assessed: individuals with social phobia, another anxiety disorder, or no psychological disorder. Inter-rater reliability for individual items and the total score proved excellent, and positive evidence for convergent, divergent, and criterion-related validity was obtained. © 1998 Elsevier Science Ltd. All rights reserved.

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1. Introduction

Behavioral assessment of the quality of social performance displayed by socially phobic people has been plagued by a number of conceptual, methodological, and psychometric problems. In contrast to the extensive literature on the reliability and validity of social skills assessment in

schizophrenia (e.g., Bellack et al., 1990), surprisingly little attention has been paid to the validation of objective methods for behavioral assessment of social performance of people with clinical social phobia, even though these methods are frequently used in studies of psychopathology and psychotherapy of social phobia. Further development of such assessment would be of benefit not only to researchers but also to clinicians wishing to assay their clients' social difficulties. This is the topic of the present paper. The assessment literature on social skills among sub-clinical socially anxious people and other clinical populations (e.g., alcoholic patients) provides an empirical background for this effort.

As advocated by Monti et al. (1984), we approach behavioral ratings of social performance at the midi-level of assessment. Following Monti et al. (1984) and Trower et al. (1978) we argue that the anchored rating scales typical of midi-level assessment avoid the problem of the dubious ecological and convergent validity of micro-level assessment (e.g., counts of behaviors such as smiles) while providing more information for research and treatment than single-item global ratings. Although not as easy to apply as global ratings, midi-level ratings need not be excessively onerous if kept to a relatively small number of items.

We began by focusing on a promising reduction of the very extensive coding system from Trower et al. (1978) by Turner et al. (1986). These authors demonstrated the utility of this rating system in making the difficult distinction between clients with avoidant personality disorder and those with DSM-III (American Psychiatric Association, 1980) social phobia but without avoidant personality. Such data suggest a sensitive coding system for assessment of social performance in those who are less grossly impaired or inhibited than the oft-studied chronic schizophrenic patient. Turner et al. selected one rating to represent each of Trower et al.'s three main categories of ratings: gaze (nonverbal), voice tone and volume (voice quality), and length (conversation properties). To these they added an overall performance rating and a rating of apparent discomfort. Each was rated on a 5-point scale ranging from very poor to very good.

In our initial study with these rating scales (Terrill et al., 1993), the raters expressed frustration in not being able to capture distinctions they noted among a sample of normal individuals and fairly high functioning but quite phobic participants with social phobia. Indeed, the range of ratings was largely limited to 2 points on the 5-point scales, and, not surprisingly, reliability and validity coefficients suffered. Based on this experience and a further pilot study in which similar difficulties emerged, our prior experience with behavioral assessment of social interaction (e.g., Tran and Chambless, 1995), and on the literature on available ratings systems, we subsequently modified the Turner et al. (1986)–Trower et al. (1978) scales in the following way:

- (1) We retained the system from Trower et al. (1978) of assigning positive ratings to appropriate levels of behavior and negative ratings to too much (e.g., stares at the conversational partner) or too little of a behavior (e.g., avoids eye contact completely).

- (2) To enhance reliability, we developed extensive behavioral anchors for each scale point. Further, we tailored anchors to provide finer distinctions between levels of social performance, particularly at the more skilled/less apparently anxious end of the scales.

- (3) The following items were included:

- (a) *Conversation flow*. We redefined the overall rating from Turner et al. (1986) as conversation flow, which includes elements of appropriate self-disclosure as well as turn taking,

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