Consensus and Discrepancy within Self/Partner Ratings of Group Audiologic Rehabilitation

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Disclosures

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Research collaboration

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Mary Rose Durkin
Have you seen/heard this?

While walking through the busy reception area with your client and their spouse:

Husband: “Did you validate the parking?”
Wife: “What was that, dear?”
Husband: “Did you validate the parking?”
Wife: “What?”
Husband: “I said, did you validate the parking?”
Wife: “You want me to do what?”
Husband: “Oh never mind! It’s not that important.”

Example based on dialogue from couple interviews by Yorgason, 2007
Grow old along with me,
the best is yet to be.

- Robert Browning
Towards Living WELL with Hearing Loss

• Adjusting to hearing loss can present challenges for adults and their significant others

• Hearing loss has impacts on quality of life that may be perceived differently by the person with hearing loss and by those around him or her

• Communication loss needs to be addressed
Outline for Self/Partner Ratings of Living WELL with Hearing Loss Groups

• What is Living WELL with Hearing Loss at the U of A?

• Self/Partner Ratings of Communication Status

• Change in Self/Partner Ratings After Participation in LWHL Groups

• Next steps
What is Living WELL with Hearing Loss?

Community partnership: Pignatellis, Unisource/Tucson Electric Power, U of A

• Created the clinical program and Chair in Audiologic Rehabilitation for Adults at The University of Arizona in Tucson, AZ
• Continuous funding for 10 years (currently year 3)
• Counseling-based group AR classes for education and support of adults with hearing loss and their communication partners
Overall Goal

- To improve the lives of adults with hearing loss and their frequent communication partners through direct intervention, community education and connections, student training and research facilitation.
Approach

• Holistic approach to adult AR that goes beyond sensory management to achieve communication enhancement and improved well-being (Marrone & Harris, 2012, *Perspectives in Aural Rehabilitation and Its Instrumentation*)
LWHL at The University of Arizona

- Adults with hearing loss
- Families/communication partners
- AuD student facilitators
- AR Chair
- Research team
- Faculty
Counseling-based group programs can address residual difficulties (e.g., Chisolm et al., 2004; Hawkins, 2005; Kricos and Holmes, 1996; Preminger, 2003)

**Goals:**

1) Maximize communication
2) Minimize any negative effects of the hearing loss
Guiding principles

• Recognition of hearing loss as a chronic health condition that impacts each life and family uniquely

• Achieving the promise of living well with hearing loss is within the capacity of each person and family

WHO-ICF (2001): impact of HL on functioning in daily life
WHO-ICF model

- Impairment
- Activity Limitations
- Participation Restrictions
- Environment
- Personal
Curative focus

What is the problem within the listener leading to communication breakdowns?

What technology can the listener use?
WHO-ICF model

IMPAIRMENT

ACTIVITY LIMITATIONS

PARTICIPATION RESTRICTIONS

ENVIRONMENT

PERSONAL
Group education and support

Why Groups?

• Existing evidence of the effectiveness of the group process (Bally, 2009; Erdman, 2009; Hawkins, 2005; Hickson, Worrall, Scarinci 2006, 2007; Preminger, 2007)

• Additional evidence supporting inclusion of communication partners (Preminger, 2003)
 Including communication partners

• Educational and support groups provide an opportunity for partners to gain information and interact with others who are experiencing similar issues (Erdman, 2009; Yalom, 1995)
Benefits of groups for significant others

Preminger (2003)

- Better understanding of problems associated with hearing loss
- Realistic expectations
- Training in how to maximize communication
- Acknowledgement of emotional issues
- Peer support
- Reinforces and emphasizes the partnership concept
Benefits for adults with hearing loss of having significant others attend groups

Preminger (2003)

- Examined the benefit of participating in an AR group for adults with hearing loss and their significant others

  - Greatest reduction in handicap was measured for persons who attended with the significant other

  - Tendency to show improved attitudes and feelings as a result of the group AR class if their SOs participated

- When a significant other participates in the AR class, it may result in increased benefit for the person with hearing loss
Including communication partners

- All potential participants in LWHL are encouraged to attend with a partner

- Majority of people attending come in pairs: 3/4 of the LWHL participants attended with partners (n = 184 adults with hearing loss)
What’s in a group?

Content

Educational/Instructional

Hearing/hearing loss/test results
Technologies

Psychosocial/Coping/Communication Strategies

Self-advocacy, coping, communication strategies, sensory integration

Special topics selected by each group
How?

Implementation

• Power-point presentations
• Information packet
• Interactive exercises
• Homework
• Connections
• Outcome measures

2009-2012
~12 per group
Now 3 weekly sessions
2-hour sessions, with break
Who needs and attends LWHL?
<table>
<thead>
<tr>
<th>Group</th>
<th>Number of participants</th>
<th>Number of Student Clinicians</th>
<th>Average group size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PHLs</td>
<td>FCPs</td>
<td></td>
</tr>
<tr>
<td>5-week (4 groups)</td>
<td>28</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>n = 46</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-week (9 groups)</td>
<td>98</td>
<td>75</td>
<td>5</td>
</tr>
<tr>
<td>n = 173</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-week (22 groups)</td>
<td>123</td>
<td>87</td>
<td>52</td>
</tr>
<tr>
<td>n = 235</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>249</td>
<td>180</td>
<td>63</td>
</tr>
<tr>
<td>n = 429</td>
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<td></td>
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</tr>
</tbody>
</table>
56% men
44% women

1 % under age 50
6% 50-59 years
23% 60-69
45% 70-79
23% 80-89
2% over age 90
## Adults with hearing loss

<table>
<thead>
<tr>
<th>PTA of better ear</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>101</td>
</tr>
<tr>
<td>Moderate</td>
<td>52</td>
</tr>
<tr>
<td>Moderately Severe</td>
<td>24</td>
</tr>
<tr>
<td>Severe</td>
<td>9</td>
</tr>
<tr>
<td>Profound</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>188</td>
</tr>
</tbody>
</table>

### Demographics

- Mean Age: 74 years (SD: 9)
- Range: 38 to 96 years
- Gender: 56% men; 44% women
- Attending with FCPs: 72%

**81%**
Mean audiometric configuration

Frequency

0.25 0.5 0.1 0.2 0.3 0.4 0.6 0.8

Hearing Threshold Level

n = 188
Use of assistive technology

2/3 owed HAs
1/3 pre-HA

- **Owns Hearing Aids**: 65%
- **No Hearing Aids**: 35%
- **New User**: 9%

<0.05% C.I.
Are participants our clinic patients?

Before Groups

- UA clinic: 27%
- Outside clinic: 73%

After group, 26 participants became new clinic patients
Outline for Self/Partner Ratings of Living WELL with Hearing Loss Groups

• What is Living WELL with Hearing Loss at the U of A?

• Self/Partner Ratings of Communication Status

• Change in Self/Partner Ratings After Participation in LWHL Groups

• Next steps
Self-assessment of Communication (SAC)

University of Arizona Hearing Clinic
Self Assessment of Communication (SAC)

Instructions: The purpose of this form is to identify the problems a hearing loss may be causing you. If you have a hearing aid, please fill out the form according to how you communicate when the hearing aids are NOT in use. One of the five descriptions on the right should be assigned to each of the statements below.

Select a number from 1 to 5 next to each statement (please do not answer with yes or no, and pick only one answer for each question).

1) Almost never (or never)
2) Occasionally (about ¼ of the time)
3) About ½ of the time
4) Frequently (about ¾ of the time)
5) Practically always (or always)

(1) Do you experience communication difficulties in situations when speaking with one other person? (at home, at work, in a social situation, with a waitress, a store clerk, with a spouse, boss, etc.)

(2) Do you experience communication difficulties while watching TV and in various types of entertainment? (movies, radio, plays, night clubs, musical instruments, etc.)

(3) Do you experience communication difficulties in situations when conversing with a small group of several persons? (with friends or families, co-workers, in meetings or casual conversations, over dinner or while playing cards, etc.)

(4) Do you experience communication difficulties when you are in an unfavorable listening environment? (at a noisy party, where there is background music, when riding in an auto or bus, when someone whispers or talks from across the room, etc.)

(5) Name a situation where you experience communication difficulties and you must want to hear better. How often does this happen?

Situation

(6) Do you feel that any difficulty with hearing negatively affects or hampers your personal or social life?

(7) Do you feel that any problem or difficulty with your hearing worries, annoys, or upsets you?

(8) Do you or others seem to be concerned or annoyed that you have a hearing problem?

(9) How often does hearing loss negatively affect your enjoyment of life?

(10) If you are using a hearing aid: On an average day, how many hours did you use the hearing aids?

Hours ___________________________ /16 = ___________

Please rate what you feel is your overall satisfaction with the hearing aids.
1 □ not at all satisfied (0%) 2 □ slightly satisfied (25%) 3 □ moderately satisfied (50%)
4 □ mostly satisfied (75%) 5 □ very satisfied (100%)

Schow & Nerbonne (2007)
Adapted from online version
http://www.isu.edu/csed/profile/sac.shtml

Version for significant others (SOAC)
Self-assessment of Communication (SAC)

Severe disability

No disability

n = 188
Self-assessment of Communication (SAC)

Severe disability

No disability

\( n = 188 \)
Self-assessment of Communication (SAC)

Severe disability

No disability

n = 188
Significant Other Assessment of Communication (SOAC)

$n = 150$
Significant Other Assessment of Communication (SOAC)

\[ y = 44.22 + 0.48x \]

R\(^2\) Linear = 0.119

n = 150
Self report compared to SO report

\[ y = 36.49 + 0.4x \]

\[ R^2 \text{ Linear} = 0.159 \]

\( n = 140 \)
## Correlations

<table>
<thead>
<tr>
<th></th>
<th>preT</th>
<th>preH</th>
<th>preD</th>
<th>preQ</th>
<th>SOPreT</th>
<th>SOPreD</th>
<th>SOPreH</th>
<th>SOPreQ</th>
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<tbody>
<tr>
<td>PreT</td>
<td>1.00</td>
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<tr>
<td>PreH</td>
<td>0.93</td>
<td>1.00</td>
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<td></td>
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<td></td>
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<tr>
<td>PreD</td>
<td>0.91</td>
<td>0.72</td>
<td>1.00</td>
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<td>PreQ</td>
<td>0.82</td>
<td>0.79</td>
<td>0.61</td>
<td>1.00</td>
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<td></td>
<td></td>
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<td>SOPreT</td>
<td>0.49</td>
<td>0.41</td>
<td>0.51</td>
<td>0.33</td>
<td>1.00</td>
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<tr>
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<td>0.40</td>
<td>0.52</td>
<td>0.29</td>
<td>0.92</td>
<td>1.00</td>
<td></td>
<td></td>
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<tr>
<td>SOPreH</td>
<td>0.39</td>
<td>0.34</td>
<td>0.39</td>
<td>0.30</td>
<td>0.89</td>
<td>0.67</td>
<td>1.00</td>
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</tr>
<tr>
<td>SOPreQ</td>
<td>0.42</td>
<td>0.33</td>
<td>0.46</td>
<td>0.28</td>
<td>0.83</td>
<td>0.67</td>
<td>0.75</td>
<td>1.00</td>
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</tbody>
</table>

Limited to n = 140 with all questions answered
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• What is Living WELL with Hearing Loss at the U of A?

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• Change in Self/Partner Ratings After Participation in LWHL Groups

• Next steps
Outcome Measures

Change in self-report of communication, disability, and quality of life?
Pre to post change on the Self-Assessment of Communication (SAC)

Return rate: 40% PHL

Above line = better rating (Post<Pre)

Below line (Post>Pre) = worse rating
Pre to post change on the Significant Other Assessment of Communication (SOAC)

Return rate: 34% FCP

Above line = reduced effects (Post<Pre)

Below line (Post>Pre) = increased effects
Disability (Activity Limitations)

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Do you experience communication difficulties in situations when speaking</td>
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<td>with one other person? (at home, at work, in a social situation, with a</td>
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<td>waitress, a store clerk, with a spouse, boss, etc.)</td>
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<td>Do you experience communication difficulties while watching TV and in</td>
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<td>various types of entertainment? (movies, radio, plays, night clubs, musical</td>
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<td>instruments, etc.)</td>
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<td>Do you experience communication difficulties in situations when conversing</td>
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<td>with a small group of several persons? (with friends or families, co-</td>
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<td>workers, in meetings or casual conversations, over dinner or while playing</td>
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<td>cards, etc.)</td>
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<tr>
<td>Do you experience communication difficulties when you are in an unfavorable</td>
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<td>listening environment? (at a noisy party, where there is background music,</td>
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<td>when riding in an auto or bus, when someone whispers or talks from across</td>
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<tr>
<td>the room, etc.)</td>
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<tr>
<td>Name a situation where you experience communication difficulties and you</td>
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<tr>
<td>most want to hear better. How often does this happen?</td>
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<tr>
<td>Situation</td>
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<tr>
<td>Do you feel that any difficulty with hearing negatively affects or</td>
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<td>hampers your personal or social life?</td>
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<tr>
<td>Do you feel that any problem or difficulty with your hearing worries,</td>
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<tr>
<td>annoys, or upsets you?</td>
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<tr>
<td>Do you or others seem to be concerned or annoyed that you have a hearing</td>
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<tr>
<td>problem?</td>
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<tr>
<td>How often does hearing loss negatively affect your enjoyment of life?</td>
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</tbody>
</table>

Handicap (Participation Restrictions)

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

Quality of Life
WHO-ICF model

IMPAIRMENT

ACTIVITY
LIMITATIONS

PARTICIPATION
RESTRICTIONS

ENVIRONMENT

PERSONAL
Assessment of Communication

Disability ratings

<table>
<thead>
<tr>
<th></th>
<th>Pre Disability</th>
<th>Post Disability</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>72.4 (19.0)</td>
<td>73.3 (22.4)</td>
<td>+0.9</td>
</tr>
<tr>
<td>Hearing Partner</td>
<td>69.4 (20.4)</td>
<td>68.5 (25.0)</td>
<td>-0.9</td>
</tr>
<tr>
<td>Difference</td>
<td>3.0</td>
<td>4.8</td>
<td></td>
</tr>
</tbody>
</table>
Disability (Activity Limitations)

The individuals and their hearing partners appeared to agree about the level of activity limitations (disability), which showed little change after LWHL.

This is not surprising, because LWHL was not intended to change the underlying hearing impairment.
### Handicap ratings

<table>
<thead>
<tr>
<th></th>
<th>Pre Handicap</th>
<th>Post H</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>56.2 (26.0)</td>
<td>52.9 (28.6)</td>
<td>-3.3</td>
</tr>
<tr>
<td>Hearing Partner</td>
<td>51.1 (25.1)</td>
<td>43.9 (29.0)</td>
<td>-7.14*</td>
</tr>
</tbody>
</table>

*5.2**

*p < .05; **p < .01

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**Graph:**

- **X-axis:** Pre LWHL, Post LWHL
- **Y-axis:** Assessment of Communication (worse to better)
- **Legend:**
  - Self
  - Partner

The graph shows a decrease in communication assessment from Pre LWHL to Post LWHL for both self and partner assessments, with the partner assessment showing a more significant decrease.
Handicap (Participation Restrictions)
In this sample, there were two significant differences in the SOAC-H ratings after the LWHL intervention.

1) After LWHL, the hearing partners rated the individuals as less handicapped than they did at baseline (Mean difference = 7.14; $t_{(1,62)} = 2.32, p < .05$).

2) The difference between the self and hearing partners became significant after the LWHL intervention (Mean difference = 9.0; $t_{(1,62)} = 2.82, p < .01$).

*How to explain this? LWHL appears to have had a greater effect on the SO than the S for rating participation restrictions on the SAC/SOAC.*
Quality of Life rating

<table>
<thead>
<tr>
<th></th>
<th>Pre QOL</th>
<th>Post QOL</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>52.0 (29.5)</td>
<td>51.6 (32.3)</td>
<td>+0.4</td>
</tr>
<tr>
<td>Hearing Partner</td>
<td>52.8 (30.5)</td>
<td>47.2 (30.8)</td>
<td>-5.6</td>
</tr>
</tbody>
</table>

Assessment of Communication
• Before treatment, the individuals and the partners rated QOL about the same.

• After LWHL, the communication partner appeared to rate QOL lower, but this was not a significant difference.
  – Power insufficient?

• *(Note: the pattern of change for SOAC-Q ratings follows the same pattern as those for the SOAC-H ratings.)*
Discussion

Strengths

• Subscales capture a unique aspect of response to the group intervention
• Focus on change in participation restrictions

Limitations

• Inadequate power?
• Test-retest reliability not established for subscales
• Need to address return-rate on post-measures
Preliminary conclusions

• The LWHL groups appear to yield measurable response changes on the SOAC

• Among the outcomes of LWHL, the groups lead to a change in the significant other’s perception of participation restrictions related to the partner’s hearing loss
For more information

http://lwhl.arizona.edu

ASHA SIG Perspectives Article (free)
http://www.asha.org/SIG/Perspectives-Sample-Articles/


ASHA Leader
Dec. 8, 2012
Marrone, Durkin, & Harris
QUESTIONS/DISCUSSION

Thank you
<table>
<thead>
<tr>
<th>Consensus</th>
<th>Discrepancy</th>
</tr>
</thead>
</table>

Self/Partner Ratings Summary
Course Evaluations

99% rate as excellent or good

Evaluations are completed anonymously at the end of the last class.
From research to practice: “news you can use”

Top communication strategies from perspective of LWHL group participants
For the person with hearing loss

- Walk before you talk
- Let the person know what you COULD hear
- Ask partner to speak slowly
- Use context to fill in gaps
- Ask for rephrasing (not just, “What?”)

These are the highest rated strategies used by participants in Living Well with Hearing Loss groups at the University of Arizona (Marrone, Durkin, Harris, under review – ASHA Leader, Dec 2012).
These are the highest rated strategies used by participants in Living Well with Hearing Loss groups at the University of Arizona (Marrone, Durkin, Harris, under review – ASHA Leader – Dec 2012).

For the communication partner

- Walk before you talk
- Speak slowly and clearly
- Get attention first
- Give the topic
- Rephrase
Evidence-base supporting effectiveness of groups

Participation in a group AR program elicits multiple changes:

- Reduction in perception of hearing handicap
- Better use of communication strategies and more adaptive personal adjustment
- Improved quality of life due to a reduction in social, emotional, and occupational withdrawal
- Better use of and benefit/satisfaction with hearing aids
- Fewer returned hearing aids
- Increase in perception of effectiveness
- Increased awareness of other assistive devices and treatments

(Abrams et al., 1992; Alberti et al., 1984; Brooks, 1979; Chisholm et al., 2004; Hawkins, 2005; Heydebrand et al., 2005; Kricos and Holmes, 1996; Montgomery, 1991; Smaldino & Smaldino, 1988; Taylor and Jurma, 1999)
Dear Nicole,

I spent some time (too much time) examining the LWHL study for differential biases by baseline characteristics. It doesn't look too bad. I found one difference; SS who came with their spouse/significant other had lower dropout rates and different responses compared to those who came with a family member or friend.

We will therefore want to limit the sample to SS + Spouse/SO. It will raise the response rate a bit and we will be able to generalize to SS who came with their SO.

I would suggest that the next step for LWHL is some additional data cleaning and increasing the response rates for the existing follow-up protocol that is already in place. Some classes had response rates that were > 90%.
Sample sizes:
- 3/4 of the LWHL participants attended with partners (N=184).
- 96% of the SS completed the SAC at baseline, 49% returned the follow-up SAC.
- 78% of the partners completed the SOAC at baseline, 41% returned the follow-up SOAC.
- If anyone asks, the response rate for complete (pre/post SAC and SOAC) data was around 34-38%.
- I would say these are preliminary results; we are in the process of evaluating reasons for survey non-responses, and will examine [reasons for missingness/ patterns of missing data] before moving forward.
• The first predicts SO-Disability score at pretest. The SO's rating of D predicts the SO's rating of H.

• The second predicts Self-Disability score at pretest. The Self's rating of D predicts the Self's rating of H. PTA is not significantly related in this sample size.

• This gives us something to start with.
• For the presentation I limited the analyses to the 101 individuals and partners who fully completed the SAC and SACSO at baseline. The demographic frequencies answer the 1st question. The correlations between the self and significant other ratings can be used to address the other questions for the talk.

• The self, and the SO ratings hang together very well. The discrepancy between the self and the SO ratings are striking.

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