- **TSF ACES Fidelity Rating Manual** 1.
- **Group Sessions Rating Form** 2.
- **Individual Session 1 Rating Form** 3.
- 4. **Individual Session 2 Rating Form**
- 5. **Individual Session 3 Rating Form**

Citation: Campbell BK, Guydish J. TSF Adherence Competence Empathy Scales (TSF ACES) Fidelity Ratings Manual. Manual developed for NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN) Protocol CTN-0031c, February 2012.

History: The Twelve Step Facilitation Adherence Competence Empathy Scale (TSF ACES) is a modified version of the therapist adherence scale developed by Daley, Baker, Donovan & Floyd (2009, April) for the STAGE-12 intervention study. This instrument has its roots in earlier fidelity assessment efforts developed for Project MATCH and for the Yale Adherence Competency Scale (YACS: Carroll et al., 2000).

References:

Daley, D., Baker, S., Donovan, D., & Floyd, A. STAGE-12: Stimulant Abuser Groups to Engage in 12-Step Programs; A Combined Group and Individual Treatment Program. Manual developed for NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN) Protocol 0031, April 2009. (ver. 3.0)

Carroll, K. M., Nich, C., Sifry, R. L., Nuro, K. F., Frankforter, T. L., Ball, S. A., Rounsaville, B.J. (2000). A general system for evaluating therapist adherence and competence in psychotherapy research in the addictions. Drug and Alcohol Dependence, 57, 225-238.

# TSF Adherence Competence Empathy Scales (TSF ACES)

# Fidelity Ratings Instructions

Version 2-6-2012

# Impact of Core Implementation Components on Adoption CTN31C

Joseph Guydish, Ph.D., Primary Investigator

Barbara K. Campbell, Ph.D. Co-investigator, Manual Developer

### **ACKNOWLEDGMENTS**

The TSF ACES Fidelity Ratings Manual was developed with assistance from the following sources: 1) the Independent Tape Rater Guide: Manual for Rating Therapist Adherence and Competence for the NIDA Clinical Trials Network Protocols 4 and 5 (Ball, Martino, Corvino, Morgenstern, & Carroll, 2002), 2) the Therapeutic Alliance Intervention: Adherence/Quality Ratings Form and Instructions for the NIDA Clinical Trials Network Protocol 17 (Booth et al., 2011), 3) The Motivational Interviewing Treatment Integrity (MITI) Code: Version 2.0 (Theresa B. Moyers, Tim Martin, Jennifer K. Manuel & William R. Miller University of New Mexico, Center on Alcoholism, Substance Abuse and Addictions) and 4) The STAGE-12 (CTN 31) Coding Manual for Adherence Scales (unpublished manual, Daley, Baker and Donovan, 2009). Thanks to the authors of those guides for their generosity in sharing their resources.

## TSF ACES (CTN 31C)

#### **General Ratings Guidelines**

#### **Confidentiality:**

All audio files and rating scores are confidential material. While listening to files and rating sessions, please ensure that you do so in a place where others except those working on the study cannot hear the sessions. Every effort should be made to ensure that audio files and rating materials are handled in a confidential and secure manner. Do not leave open audio files or rating material unattended. Completed ratings will be stored on personal computers or other electronic devices until ratings have been received by UCSF, and rater has been notified. Audio files will not be downloaded to computers or other electronic devices. Do not discuss the content of sessions with anyone other than project staff. Computers used for access to audio files or where ratings materials are completed must be password protected.

#### **Use the Coding Manual during Each Rating:**

Raters should refer to this manual, CTN 31C Supplemental Coding Information (Appendix 2) and the STAGE-12 Coding Manual when rating a session. It is important that the rater be completely familiar with the each item on the rating form.

#### Rate Extensiveness and Skill:

**Individual content items:** Raters are asked to rate both Extensiveness, also known as adherence, (i.e., completeness and depth) and Skill for each content item. Skill ratings should be anchored by the extensiveness rating. That is, the rater should begin with the same rating that was scored for extensiveness and move up or down the scale based on skill elements that either added to or detracted from the counselor's coverage of that item.

**Global Score:** Consider extensiveness scores when rating Competency for whole session (last item on the scale) and when rating group review and check-in "Overall" item.

Overall, how well did the counselor conduct this session?

- o A score of 6 indicates that the counselor did an exceptional job during the session, and he or she received primarily 6s on the items.
- o Other "passing" scores (5s) indicate that the counselor has performed adequately. Most items have been scored highly for counselors receiving passing competency scores.
- o A score between 1 and 4 is considered below the threshold of competency. Such

scores indicate that the counselor needs feedback and supervision before conducting future sessions.

#### **Rate Observable Counselor Behaviors:**

Each element of a STAGE-12 session should be rated according to the counselor's behavior, not the client's behavior or response. The client's responses may impact how the counselor presents each item or follows up; however, raters should evaluate whether the counselor conducted the STAGE-12 item described by each rating and the elements must have explicitly occurred, not just have been implied by the counselor's behavior.

#### **Avoid Haloed Ratings:**

An adherence rating scale is designed for the purpose of describing the counselor's behavior in the session. In order to use the scale correctly, it is essential that the rater objectively rate what actually occurred. The rater should always apply the same standards for rating an item regardless of:

- (1) The type of therapy the rater thinks he/she is rating; how well the rater likes/dislikes the intervention
- (2) Ratings given to other items;
- (3) How good a counselor the rater thinks the clinician is.

#### Rate Every Item by Checking Whole Numbers:

This scale is designed so that every item is rated for every session. Do not leave any item blank. Items that do not apply are marked as 'not applicable'. If a content item of the session is conducted out of order, the rater should find the corresponding item(s) on the rating form and rate that item of the session. Although raters may be tempted to give a score between whole numbers (e.g., 4.5) only **whole numbers** are acceptable scores. Thus, please check only whole numbers for each item.

#### <u>Making Final Ratings: Review the Entire Session and Rate Items Which Have</u> Occurred Out of Order:

Raters should listen to the entire session before making final ratings. For group sessions, the items covered during review and check-in are rated separately from

the items covered during the group topic portion of the session. Check -in items that occur shortly after the counselor has begun the topic portion of the session may be rated for check -in (i.e., the counselor realizes she/he missed an item and returns to complete it). Check-in items that are covered after 10 minutes or so of group content will not be counted for check-in .Raters should make preliminary ratings when an item has occurred. If that item is covered again later in the session, the additional information should be used for the final rating. As noted, for group sessions, this only refers to things covered during review & check-in to be used for scoring review and check in items, and things covered during the topic portion of the sessions to be used for ratings items for that portion of the session. If an item occurs out of the order it is presented in the STAGE-12 manual, it should still be rated. (Please note: If an item does occur out of order, raters should consider the appropriateness of timing of that item when rating its skill. Skill level scores may decrease with items presented out of order during the session.) In addition, it may help to take notes while listening to the session using the Ratings worksheet. (See Appendix 1 for the ASGS worksheet.) Alternatively, raters can record this information on the comments section of the ratings form. Note taking may enhance the accuracy of the ratings because it provides raters with information critical for making final ratings on all the items and assists later review of sessions.

#### **EXTENSIVENESS RATING SCALES**

Raters should use the following definitions to make their extensiveness (adherence) ratings for each item. The extensiveness scale is used to rate how fully or completely an item was covered by the counselor. Extensiveness ratings are done for items that are prescribed by the STAGE-12 treatment manual, that is, components of each session that should be included. In addition, the extensiveness scale is used to rate some items that are proscribed, that is, counselor behaviors that should not be included.

#### Ratings:

- 1 = **Not at all**. The item never explicitly occurred. (Covered 0%)
- 2 = Covered about 1-20%\*
- 3 =Somewhat (Covered about 21-40%)\*
- 4 = Covered about 41-60%\*
- 5 = **Considerably** (Covered about 61-80%)\*
- 6 = Extensively (Covered over 80%)\*

Not Applicable. The coding manual describes examples of N/A ratings.

The starting point for rating each item on the Extensiveness scale is "1". The rater should assign a rating of greater than "1" only if he/she hears examples of the behavior specified in the item.

\* The percentages are **rough guides** to help quantify extensiveness.

#### **Rating Extensiveness of Prescribed Content Items**

Please use the STAGE-12 Coding Manual as a guide for scoring the extensiveness of each content item for each session. The coding manual describes examples of extensiveness, as well as situations for which not applicable fits for a particular item.

#### Rating Extensiveness of Proscribed Items

There are three items describing counselor behaviors that **should not occur** that will be rated for each group and individual session. See Appendix 3 for more detail:

- 1. To what extent did the counselor present didactic material in an overly structured, non-interactive manner?
  - Not at all high level of interaction among participants about the topic; used open ended questions, asked for examples, relevant experiences, opinions
  - Extensively Presented material as a lecture; spoke for most of the session, did not seek participants input; group members mostly silent
- 2. To what extent did the counselor use excessive, inappropriate or irrelevant self-disclosure?
  - Not at all Did not self- disclose at all or used some self-disclosure that had a good, clinical rationale (e.g., to model something, to express universality, to "normalize", to build therapeutic alliance (TA), etc.)
  - Extensively Spoke about self experiences at length and/or in a way that was likely to have a very negative clinical impact (e.g., make participants very uncomfortable, model something negative, decrease TA, violate professional boundaries)
- 3. To what extent did the counselor allow the prescribed focus of the session to shift to irrelevant topics?
  - Not at all Presentation/discussion centered on designated session topics.
  - Extensively Topic moved away from manual outline for a large majority of the session (i.e., low extensiveness scores) (Make a note in comments if this was due to a clinical emergency and was an appropriate response).

Please rate these items using the extensiveness scale. The starting point for rating each proscribed item on the Extensiveness scale is "1". The rater should assign a rating of greater than "1" only if he/she hears examples of the behavior specified in the items.

#### SKILL LEVEL RATING SCALES

Skill Level generally refers to the counselor's demonstration of:

- Expertise, competence and commitment
- Appropriate timing of intervention
- Clarity of communication
- Responding to where the client appears to be (i.e., attunement to the client).

Skill Level ratings are completed for:

- 1) Individual content items;
- 2) Rating counselor empathy for the whole session;
- 3) Rating global skill for the whole session.

Raters should use the following definitions to make their final Skill Level ratings for each item:

#### Ratings:

- 1 = Unsatisfactory. The counselor handled this in an unacceptable, even 'toxic', manner or the counselor did not cover the item and it was rated "1 = Not at all" for Extensiveness.
- **2** = The counselor handled this poorly (e.g., showing lack of expertise, understanding, competence, or commitment, inappropriate timing, unclear language).
- **3 = Fair.** The counselor handled this in less than 'average' manner.
- **4 =** The counselor handled this in a manner slightly below the threshold of competency.
- **5 = Good.** The counselor handled this in a manner characteristic of a "good enough" therapist. This score is considered above the threshold level of competency in the STAGE-12 clinical trial.
- **6 = Excellent** The counselor demonstrated a high level of mastery in this area.

**Not Applicable (N/A).** This rating is to be used for individual content items that have been rated "not applicable" on the extensiveness scale.

#### **Rating Skill of Individual Items**

Individual items for each session that are rated for extensiveness are also rated for skill using the skill level rating scales. An item that has been rated "1" = "not at all" on the extensiveness scale will receive a "1" = "unsatisfactory" on the skill level scale. An item that has received an "not applicable" on the extensiveness scale will receive an "not applicable" for skill level. The starting point for rating skill level for each individual item that has occurred and is applicable should be "5." That is, raters should begin by assuming that a counselor will perform at a "good enough" level. Raters assigning scale scores above or below a "5" should have examples or guidelines that describe how counselor behavior is of higher or lower quality than a "good" rating of 5.

### Rating Global Empathy 1

#### **Empathy**

This rating is intended to capture how well the therapist understands and/or makes an effort to grasp the client's perspective. It is a global rating for the whole session using the skill level scale as follows:

**1 = Unsatisfactory** The counselor handled this in an unacceptable, even 'toxic' manner.

Empathy is lacking when the counselor shows little interest in the client's perspective and experiences. There is little effort to gain a deeper understanding of complex events and emotions. Clinicians low in empathy may probe for factual information or to pursue an agenda, but they do not do so for the main purpose of understanding the client's perspective.

- **2 =** The counselor handled this poorly (e.g., showing lack of understanding,).
- **3 = Fair**. The counselor handled this in a less than 'average' manner.
- **4** = The counselor handled this in a manner slightly below the threshold of competency
- **5 = Good.** The counselor showed a good level of empathy, characteristic of an 'average', 'good enough' therapist.
- **6= Excellent** The counselor demonstrated a high level of excellence and mastery in understanding and efforts to grasp client's perspective.

Empathy is evident when the counselor shows an active interest in making sure he/she understands what the client is saying. It can also be apparent when the counselor accurately follows or perceives a complex story or statement by the client or probes gently to gain clarity. Reflective listening is an important part of this characteristic, but this global rating is intended to capture all efforts that the therapist makes to understand the client's perspective and convey that understanding to the client.

The starting point for rating skill level for global empathy should be "5." That is, raters should begin by assuming that a counselor will behave adequately or at an average level. Raters assigning scale scores above or below a "5" should have examples or guidelines that describe how counselor behavior is of higher or lower empathy than an "adequate" rating of 5.

#### Rating Global Skill (i.e., Competency Score) for Whole Session

Each session will be rated for global skill shown by the counselor in conducting the session using the skill level rating scale. Please note that the STAGE-12 Coding Manual refers to global skill as a competency score. In rating global competency, both skill and extensiveness are considered.

- o A score of 6 indicates that the counselor did an exceptional job during the session, and he or she received primarily 6s on the items.
- o Other passing scores (5s) indicate that the counselor has performed adequately. Most items have been scored highly for counselors receiving passing competency scores.
- o A score between 1 and 4 is considered below the threshold of competency. Such scores indicate that the counselor needs feedback and supervision before conducting future sessions

#### NOTES:

Adapted from The Motivational Interviewing Treatment Integrity (MITI)
Code: Version 2.0Theresa B. Moyers, Tim Martin, Jennifer K. Manuel & William R. Miller
University of New Mexico, Center on Alcoholism, Substance Abuse and Addictions (CASAA)

## **Appendix 1**

# CTN-0031C (ICICA) Group Sessions Worksheet

Node:	CTP ID #:	Topic:	Session Date: / /
ASGS CHECK-IN	<u>I</u> items		
1.) Reactions to - Written journ - Meetings - Readings - Written assign			
- Congratulate of Resistance to	idance iences at meetings clean days and efforts	•	istance as symptom of disease)
3.) Assigned re Understanding - Think through	g of material		

## - Address barriers if necessary

-N/A if first group for all; if no one has done readings

#### 4.) Urges/cravings:

- Assessed for cravings
- How cravings were experienced
- How cravings were managed
- Other 12-step tools for cravings
- N/A if no cravings since last group

### 5.) Slips during the past week (or since last group):

- What set off the behavior
- Role of denial
- Encourage re-review acceptance

#### 6.) Getting active:

- Number of mtg since last group
- Progress with getting a sponsor
- Service work,
- Calling members

#### **Extensiveness Rating:**

	1	2	3	4	5	6
Covered:	0%	1-20%	21-40%	41-60%	61-80%	80-100-%

#### **ASGS Content items**

#### 1a. Interactively cover objectives and content

1Acceptance	2People, Places,	3 Surrender	4Getting Active	5 Managing
TAcceptance	•	3 Surrender	4Getting Active	
	Things			Emotions
- Review format	- Lifestyle	Step 2	- Abstinence vs.	- Emotions
-Step 1	Contract:	-	sobriety	- HALT
- Grief process	-Dangers:	Spirituality/Higher	(recovery)	- Relapse risk
- Denial	- Places	Power	-program of	emotions
- Acceptance	- Things	- Insanity	action	-Slogans
- Addiction	- Dangers	Step 3	Getting involved	-Fatigue & Hunger
- Tasks:	- Supports:	- Decision	- Types of mtgs	-Dealing with
meetings;	-People	-"God as we	- Service	anxiety (Serenity
worksheet,	-Places	understand"	- 90 in 90	Prayer)
readings	-Things	Tasks: Readings,	- Using the	Anger/resentment
	- Tasks: lifestyle	meetings,	phone	- Grief
	changes,	worksheet	Sponsorship	- Tasks: meetings,
	meetings,		- vs. counselor	phone, sponsor,
	readings		- choosing a	readings, grief
			sponsor	writing, HALT
			Tasks: readings,	
			meetings,	
			getting active	

#### 1b. Skill Level:

- Expertise, competence and commitment
- Appropriate timing of intervention
- Clarity of communication
- Attunement to the client;
- Encouragement, respect, praise

#### 2a. Encourage getting active or planning 12-step activities

- How used/could use 12-step programs
- How used/could use recovery material
- Decide on frequency of meetings
- Helping to set up or clean up
- Talking with a sponsor or AA/NA friend
- Using program slogans
- Working the steps w/sponsor or counselor
- Learning from reading materials

#### 2b. Skill Level:

- Expertise, competence and commitment
- Appropriate timing of intervention

- Clarity of communication
- Attunement to the client
- Encouragement, respect, praise

#### 3a. Assign recovery tasks:

- List each task responsible for next session
- Statement about page numbers (when appropriate)
- Writing assignment to be discussed
- Reiterated even if discussed previously

#### 3b. Skill Level:

- Expertise, competence and commitment
- Appropriate timing of intervention
- Clarity of communication
- Attunement to the client
- Encouragement, respect, praise

#### **Proscribed Behaviors**

#### 4. Present in overly structured, non-interactive manner:

- Presented material as a lecture
- Spoke for most of the session
- Did not seek participants input
- Group members mostly silent

#### **5.** Excessive, inappropriate or irrelevant self-disclosure:

- Make participants uncomfortable
- Model something negative
- Decrease TA
- Violate professional boundaries

#### 6. Shift to irrelevant topics:

- Moved away from manual outline for a large majority of the session
- Low extensiveness scores
- (Note in comments if due to a clinical emergency or appropriate response)

#### 7. Empathy

- Active interest in making sure he/she understands what the client is saying
- Accurately follows or perceives a complex story or statement
- Probes gently to gain clarity
- Reflective listening is an important part of this characteristic

#### 8. Overall skill

- Use both skill and extensiveness
- 6 Exceptional and received primarily 6s
- 5-6 Good; Performed adequately and received mostly 4, 5 & 6s
- 1-4 Below threshold of competency and received mostly low scores

# - Appendix 2 SUPPLEMENTAL INFORMATION ABOUT CODING TSF ACES

#### Items coded as "Not Applicable"

#### **ASGS**

#### ASGS Check-in (Group session, page 1)

- 1. **Item 1** on the check-in is coded as "Not Applicable" when the group consists of *all* new group members. Item 1 asks about recovery tasks assigned during the previous group, which does not apply to a group session in which every participant in the group is new.
- 2. **Item 3** on the check-in is coded as "Not Applicable" when the group consists of *all* new group members. For rationale, see ASGS check-in Item 1.
- 3. **Item 4** is coded as "Not Applicable" if all group members state that they have not had thoughts/urges/cravings since the last group session or within the last week. It is also rate 8 if first group for all members.
- 4. **Item 5** is often coded as "Not Applicable". The item is coded as "Not Applicable" if all group members state that they have not had any slips since the previous group session or within the last week. It is also rate 8 if first group for all members.

#### **ASIS**

#### ASIS-2 (Individual session #2, participant did attend a meeting)

- 1. **Item 2** is rated as "Not Applicable" when a participant indicates that he or she has not written in the journal since last session.
- 2. **Item 3** is coded as "Not Applicable" when a participant indicates that he or she already has a sponsor. If the participant has a temporary sponsor, the "Not Applicable" rating should not be used and the counselor should be given a score based on discussing with participant efforts to connect with a permanent sponsor.

#### ASIS-2 (Individual session #2, participant did not attend a meeting)

1. **Item 3** is coded "Not Applicable" if the participant reported previously connecting with the 12-Step volunteer.

#### ASIS-3 (Individual session #3, participant did attend a meeting)

1. **Item 2** is rated as "Not Applicable" when a participant indicates that he or she has not written in the journal since last session.

3. 2. **Item 3** is coded "Not Applicable" when a participant indicates that he or she already has a sponsor. If the participant has a temporary sponsor, the "Not Applicable" rating should not be used and the counselor should be given a score of based on discussing with participant efforts to connect with a permanent sponsor.

#### ASIS-3 (Individual session #3, participant did not attend a meeting)

1. **Item 3** is coded "Not Applicable" if the participant reported previously connecting with the 12-Step volunteer.

#### Items on which STAGE-12 treatment manual and ratings forms have a differing emphasis

- The STAGE-12 manual and the ratings forms/coding manual differ in terms of their emphases for ASIS individual sessions 2 and 3. Counselors are still rated based on the fidelity forms; however, these discrepancies may account for lower rated scores on these sessions. The following are examples of the differences between STAGE-12 manual and ratings form/coding manual:
  - ASIS Session 2 Item 5, participant did attend (Item 4, participant did not attend) indicates that counselor: "Instruct the participant to keep a written journal to record 12-Step meetings attended and personal reactions about the meetings attended." However, the guidelines for Individual Session 2 in the STAGE-12 manual do not explicitly state that counselors instruct participants to keep a written journal.
  - ASIS Session 3 Item 2, participant did attend, instructs the counselor to: "Review participant's written journal from the last session until the present time." However, no language in the STAGE-12 manual indicates that the counselor review the journal. Similarly, this same item is on ASIS Sessions 2 Item 2, participant did attend a meeting. The STAGE-12 manual does not explicitly instruct counselor to review the journal in the second individual session, although text indicates: "A review of the patient's reaction to assigned readings or journal give the counselor an opening to assist the patient in working through barriers that he or she may be experiencing in becoming actively involved in 12-Step programs."
- ASIS, Session 3, participant did attend a meeting Item 8 (Ask whether the participant is willing to continue keeping his/her journal). Note: this item is identical (and identically coded) to Item 7 of ASIS Session 3, participant did not attend a meeting.
  - This item is coded in a dichotomous way:
    - A score of 6 is designated to counselors who ask the stated question.
    - A score of 1 is designated to counselors who do not ask this question.

#### **Additional Item Guidelines**

- ASIS First individual session, Item 4. (Encourage the participant to set goals for attending 12-Step meetings, "working" Steps 1- 3; joining a home group, and getting a sponsor.)
  - This item is less structured, and therefore can and should occur throughout the entire session, and this item also requires the counselor to use his or her own skill and style to

- encourage the participant to get active in 12-Step. The coding manual provides some specific guidelines as to what constitutes a high score on this item.
- ASGS Check-in Item 1. (Group session, page 1, the item text states: Review members' reactions to last week's group session recovery tasks.)
  - This item measures counselors' skills in reviewing the recovery tasks from the previous group. Most of the time, counselors are required to check-in about several tasks with several group members. To score highly on this item, counselors need to practice good group facilitation skills by: attending to multiple individuals, gathering information in an interactive way (counselor elicit reactions to tasks, not just participation), and moving the session along in an efficient way.

#### **APPENDIX 3**

## Ratings Guidelines for Empathy and Proscribed Items

#### **Rating Proscribed Items**

Proscribed Counselor Behaviors Skill Rating: Not At All Somewhat Considerably Extensively

To what extent did the group counselor... 1 2 3 4 5 6

There are three items describing counselor behaviors that **should not occur** that will be rated for each group and individual session:

- 1. To what extent did the counselor present didactic material in an overly structured, non-interactive manner?
  - Not at all (1) Counselor presented material in a manner creating a reasonable level of input from participants, including asking questions, (e.g., may have asked for examples, relevant experiences and reactions).
  - Somewhat (2-3) Counselor may have read the intervention outline in several places; counselor may have presented the material as a lecture and in a number of places where the intervention manual mentions seeking participant input, the counselor did not do so.
  - Considerably (4-5) Counselor did not seek participant input in many places where it is called for in intervention manual; may have read a lot of the intervention outline. Participants mostly silent.
  - Extensively (6) Presented material almost exclusively as a lecture, (including getting minimal input from participants during group check-in) spoke for almost entirety of the session, did not seek participants input; group members almost completely silent. (This rating level is not likely to occur.)
- 2. To what extent did the counselor use excessive, inappropriate or irrelevant self-disclosure?
  - Not at all (1) Did not self-disclose (i.e., talk about self) at all or used some self-disclosure that had a good, clinical rationale (e.g., to model something about 12-STEP participation, to express universality, to "normalize", to build therapeutic alliance (TA), etc.)
    - Example of appropriate self-disclosure: "I've always found speakers' meetings very helpful."
    - o Example of more extensive, and still appropriate self-disclosure:

(In response to client who was hospitalized and had pain medication in the house and whose husband also had his own pain medication that he kept hidden – client said they always had emergency pain medication but that she would ask her husband to 'dose' it out to her): "My dad has asked me to keep hydrocodone in my house because he didn't want my brother stealing them from him; but you know what? - I've been sober 26 years, I don't have any cravings to use any kind of anything but I know my addiction and I know what a terrorist it is and I know it is going to try and get back in the door any kind of way and I don't want the thought of it occupying my mind and I told my dad I'd just rather not do it could you get someone else to do it? ...but the point is though I have to take care of my recovery regardless of who doesn't like it or who it inconveniences – I would love to help my dad out but I'm not going to do it. I don't want to give my disease the opportunity to play with my mind..."

- Somewhat (2-3) Counselor self-disclosures may generally be appropriate (e.g., about 12-Step experiences) but makes numerous self-disclosures and these detract from participants' opportunities to offer examples or reactions; or counselor makes a few mildly inappropriate self- disclosures.
- Considerably (4-5) Counselor makes numerous self- disclosures, and/or quite a few of them are inappropriate.
- Extensively (6) Counselor speaks about self at length and in a way that is likely to have a very negative clinical impact (e.g., make participants very uncomfortable, models something very negative, violates professional boundaries/ethics).
- 3. To what extent did the counselor allow the prescribed focus of the session to shift to irrelevant topics?
  - Not at all Presentation/discussion centered on designated session topics.
  - Somewhat (2-3) Counselor went off topic a few times and at least one of those times lasted for a while (more than 3-5 minutes) and/or counselor allowed participants to drift off topic a few times and at least one of those lasted for a while (more than 3-5 minutes).
  - Considerably (4-5) Counselor went off topic or allowed participants to go off topic more than 5 times and at least 2 of those were quite long (more than 5 minutes)
  - Extensively (6) Topic moved away from manual outline for a large majority of the session (i.e., low extensiveness scores) (Make a note in comments if this was due to a clinical emergency and was an appropriate response).

Note: Please rate these items using the extensiveness scale. The starting point for rating each proscribed item on the Extensiveness scale is "1". The rater should assign a rating of greater than "1" only if he/she hears examples of the behavior specified in the items.

#### Guidelines for Rating Global Empathy<sup>1</sup>

This rating is intended to capture the extent to which the counselor understands and/or makes an effort to accurately understand the client's perspective. A rating should be made starting at 5 (i.e., average counselor empathy) and moving toward either the high (6) or low (1) end of the scale based on the following criteria:

High Empathy. Counselors high on this scale show an active interest in making sure they understand what the client is saying, including the client's perceptions, situation, meaning, and feelings. The counselor accurately follows or perceives a client's complex story or statement or probes gently to gain clarity. Reflective listening is an important part of empathy, but this global rating is intended to capture all efforts by the counselor to understand accurately the client's perspective and convey that understanding back to the client. Nevertheless, a high rating on Empathy requires more than question asking, and reflects skillful use of reflective listening.

**Low Empathy**. Counselors at the low end of this scale show **little interest** in the client's own perspective and experiences. There is **little effort to gain a deeper understanding** of complex events and emotions. Counselors low in empathy may probe for **factual information** or to **pursue an agenda**, but they do not do so for the sole purpose of understanding their client's perspective. Reflective listening is noticeably absent.

#### Counselor statements or questions that are usually associated with empathy:

#### **Open Questions**

An Open Question need not be in the form of a question. "Tell me more", is an Open Question. These are all Open Questions:

"How do you feel about that?"

"In what ways has that been difficult?

An Open Question need not be in the form of a question. "Tell me more", is an Open Question.

#### Reflections.

A reflection is a reflective listening statement made by the counselor in response to a client statement. Reflective listening involves carefully listening to the client and communicating back what the client says, often in a slightly modified form, and sometimes including reflection of the client's stated or implied feelings. Reflection does not include advice, or the therapist's opinion. Types of reflective listening range from simple to complex and include:

- Nonverbal Attending
- > Summarizing what client has said
- ➤ Hypothesis testing in the form of questions listener checks to see whether he/she understood speaker=s meaning (E.g., "Are you saying that...?" "May I check to see if I understand what you're saying ...?")
- ➤ Hypothesis testing in the form of <u>statements</u>, as opposed to questions. (E.g., Alt sounds like you...@ A So, you...@ A It seems to you that...@)
- Reflective statements can be simple or more complex as follows:
  - a. Repeating

<sup>&</sup>lt;sup>1</sup> Some information adapted from Motivational Interviewing Treatment Integrity (MITI) Code: Version 2.0Theresa B. Moyers, Tim Martin, Jennifer K. Manuel & William R. Miller, University of New Mexico, Center on Alcoholism, Substance Abuse and Addictions (CASAA)

- b. Rephrasing using slightly different word
- c. Paraphrasing using words which infer and extend meaning of what was said
- d. Reflection of feeling infers and emphasizes the emotional meaning of what was said.

#### Examples of reflective statements:

- #1. Client: "I've made it through the worst of the detox and I'm not going to waste it."
- Rephrasing: "You've handled the worst of the detox and you're not going to let it go to waste."
- Paraphrasing: "You've put in a lot of effort to get through detox and you're not going to throw away what you've accomplished."
- Reflection of feeling: ""It sounds as though feel proud of how you've hung in there and made it through so far, and you're determined not to waste your effort."

#2. Client: "I wouldn't mind coming here for treatment but I don't want to go to one of those places where everyone sits around crying and complaining all day."

Counselor: "You don't want to do that." Simple Reflection

Counselor: "So you're kind of wondering what it would be like here." **Complex Reflection** Client: "The court sent me here."

Counselor: "That's why you're here." Simple Reflection

Counselor: "That's the only reason you're here." Complex Reflection (by implication)

Client: "At one time I was pretty much anti anything but marijuana.

Counselor: "Marijuana was OK" Simple Reflection

Counselor: "That's where you drew the line." Complex Reflection

Client: "Everyone's getting on me about my drinking."

Counselor: "Kind of like a bunch of crows pecking at you." Complex Reflection (simile)

Client: "I don't like what smoking does to my health, but it really reduces my stress.

Counselor: "On one hand you're concerned about your health, on the other you need the relief." Complex Reflection

(double-sided)

#### Counselor statements that are not examples of empathy:

- Giving information
- > Giving directions
- Giving advice
- Offering opinions
- Discussing the counselor's point of view
- Confronting resistance
- > Asking for factual information without a follow-up about what the client's experience was
- Using a critical or judgmental tone in what is said

# Twelve Step Facilitation Adherence Competence Empathy Scale (TSF ACES) Group Sessions Rating Form

Ac	Adherence Scale for Group Sessions (ASGS)										
Che	eck session topic (check only one):	□ <sub>2</sub> Topic 2:	Step 1 and A People, Place Steps 2 and 3	es, Thi	ngs		_	Active in 12-Steping Emotions	Program		
	riew and check-in: what extent did the group counseld	or	Not At All	2	Somewhat	Cons	iderably 5	Extensively 6	N/A		
1	Review members' reactions to last week's session recovery tasks (meetings, readings using telephone to contact 12-Step peers, and written assignments):	, sponsor,			□₃	$\square_4$		□ <sub>6</sub>			
2	Encourage 12-Step participation: meeting, discuss resistances to meetings, and rece experiences of group members at 12-Step	nt	□₁	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$			
3	Discuss group member's responses/quest assigned recovery readings:	ions to	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$				
4	Discuss group members' thoughts/urges/of stimulant drugs or other substances at manage cravings using 12-Step tools:		□₁	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$			
5	Discuss slips: what was used, what led to to avoid slipping using 12-Step tools:	use, and how	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\Box_6$			
6	Review efforts group members made at ge in 12-Step programs: attending meetings, on the phone, setting up meetings, getting	calling membe	ers □₁	$\square_2$	□₃	$\square_4$	$\square_5$	$\square_6$			
			Unsatisfacto	ory 2	Fair 3	4	Good 5	Excellent 6			
7	Overall, how well did the counselor handle	review and c	-								
	mments:										

Ac	Iherence Scale for Group Sess	ions (AS	GS							
	ntent of group sessions and recovery issues: what extent did the group counselor	Not At All 1	2	Son	newhat 3	Consi	iderably 5	Ext	ensively	N/A
1a	Cover objectives and content of group session in an interactive manner with clients.  • Topic 1: Format of STAGE-12: overview of 12-Step Programs; Step 1; acceptance and denial  • Topic 2: People, places and things (PPT); when to avoid PPT; how to manage PPT  • Topic 3: Surrender; Step 2; Step 3  • Topic 4: Abstinence vs. recovery; strategies to get "active" in 12-Step programs  • Topic 5: Emotions associated with relapse; strategies to manage emotions	□₁	$\square_2$		□₃	$\square_4$	□₅		6	
		Unsatisfacto	ory 2		Fair 3	4	Good 5	Exce		N/A
		1	2		3	4	9	•		
1b	How well did the counselor handle this item?	□₁	$\square_2$		□₃	$\square_4$	$\square_5$		6	
		Not At All		Som	ewhat	Consid	derably	Exte	ensively	N/A
То	what extent did the group counselor	1	2		3	4	5	6		
2a	Encourage group members to become active or plan specific 12-Step program activities, or use the 12-Step program tools as a means of managing addiction and related problems?				□₃	$\square_4$			6	
		Unsatisfacto	ory 2		Fair 3	4	Good 5	Exce	ellent	N/A
2b	How well did the counselor handle this item?	$\square_1$	$\square_2$		$\square_3$	$\square_4$	□₅	$\Box_6$		
	ntent of group sessions and recovery issues: what extent did the group counselor	Not At All	1	s 2	omewhat	t Cor	nsiderab	ly I	Extensively 6	N/A
3а	Assign recovery tasks for next week: attending 12-Step meetings, completing interactive written handouts, using the phone, seeking a sponsor, reading recovery literature?	$\square_1$		$\beth_2$			4		$\square_6$	
		Unsatisfac	ctory	2	Fair		4	Good 5	Excellent 6	N/A
3b	How well did the counselor handle this item?	$\square_1$		$\square_2$		<sub>3</sub> 1	$\square_4$	$\square_5$	$\square_6$	
	scribed Counselor Behaviors Skill Rating: what extent did the group counselor	Not At 1	AII	2	Somew	hat 4	Conside	rably 5	Extensively 6	у
4	Present didactic material in an overly structured, non-interactive manner?	□₁				<sub>3</sub> [	$\beth_4$	$\square_5$	$\square_6$	
5	Use excessive, inappropriate or irrelevant self-disclosure?	□₁		$\square_2$		3	$\square_4$	$\square_5$	$\square_6$	
6	Allow the prescribed focus of the session to shift to irrelevant topics?	$\square_1$		$\square_2$	□₃	ĺ	$\beth_4$	$\square_5$	$\square_6$	

A	Adherence Scale for Group Sessions (ASGS)										
Global Skill Item:		Unsatisfact	ory 2	Fair 3	4	Good 5	Excellent 6				
7	Overall, how well did the counselor understand or make an effort to grasp the clients' perspectives?	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$				
8	Overall, how well did the counselor conduct this specific group session?	□₁	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$				
Co	mments:										

# Twelve Step Facilitation Adherence Competence Empathy Scale (TSF ACES) Individual Session 1 Rating Form

Adherence Scale for Individual	Sessions	(ASIS	S) Sessic	n 1			
Rater:							
Check individual session number (check only one):	$\boxtimes_1$ Session $\#$						
Session date:/	Date Rated: _			month	— year		
Participant number:							
Session 1:  To what extent did the individual counselor	Not At All 1	2	Somewhat 3	Cons	iderably 5	Extensively 6	N/A
1a Review and discuss 12-Step programs' philosophy of recovery, structure and terminology of meetings, and any concerns of the participant regarding participation	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\Box_6$	
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
1b How well did the counselor handle this item?		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
To what extent did the individual counselor	Not At All	2	Somewhat	Cons	iderably 5	Extensively 6	N/A
2a Encourage the participant to identify and agree to attend specific 12-Step meeting(s) prior to the next individual session.		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
2b How well did the counselor handle this item?		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
To what extent did the individual counselor	Not At All 1	Som 2	ewhat	Cor 4	siderably 5	Extensively 6	N/A
3a Review NA, CA, CMA and/or AA meeting list and discuss with participant.	$\square_1$	$\square_2$	$\square_3$	$\square_4$	□₅	$\square_6$	
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
3b How well did the counselor handle this item?		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
	Not At All	•	Somewhat		siderably	Extensively	N/A
To what extent did the individual counselor  4a Encourage the participant to set goals for attending 12-Step meetings, "working" Steps 1—3; joining a home group, and getting a sponsor.	1	<b>2</b> □2	<b>3</b>	<b>4</b> □ <sub>4</sub>	<u>5</u>	6	
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
4b How well did the counselor handle this item?				$\square_4$		$\square_6$	

Ac	therence Scale for Individual	Sessions	(AS	IS) Sessio	n 1			
To	what extent did the individual counselor	Not At All	2	Somewhat	Consi	iderably 5	Extensively 6	N/A
5a	Encourage the participant to talk with a 12-Step program volunteer by telephone during the session, and make arrangements to attend a meeting with this person (if volunteer was available).			$\square_3$	$\square_4$		$\Box_6$	
		Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
5b	How well did the counselor handle this item?	$\square_1$	$\square_2$	$\square_3$	$\square_4$			
То	what extent did the individual counselor	Not At All	2	Somewhat	Cons	siderably 5	Extensively 6	N/A
6a	Instruct the participant to keep a "journal" to record 12-Step meetings attended (dates, times, locations) and personal reactions (thoughts, feelings, behaviors) about the meetings.		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
		Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
6b	How well did the counselor handle this item?	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
	scribed Counselor Behaviors Skill Rating: what extent did the counselor	Not At All 1	2	Somewhat 3	Cons	iderably 5	Extensively 6	
7	Present didactic material in an overly structured, non-interactive manner?		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\Box_6$	
8	Use excessive, inappropriate or irrelevant self-disclosure?	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\Box_6$	
9	Allow the prescribed focus of the session to shift to irrelevant topics?	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
Glo	bal Skill Item:	Unsatisfactor	y 2	Fair 3	4	Good 5	Excellent 6	
10	Overall, how well did the counselor understand or make an effort to grasp the client's perspective?			$\square_3$	$\square_4$		j □ <sub>6</sub>	
11	Overall, how well did the counselor conduct this specific individual session?	□₁	$\square_2$	$\square_3$	$\square_4$		j □ <sub>6</sub>	
	mments:							

# Twelve Step Facilitation Adherence Competence Empathy Scale (TSF ACES) Individual Session 2 Rating Form

Adherence Scale for Individual	Sessions (	(ASIS)	Session 2	2			
Rater:							
Check individual session number (check only one):	⊠ <sub>2</sub> Session # 2	2					
	□ <sub>4</sub> Other (speci	ify):					
Session date://	Date Rated:	/		D			
day month year			day month	n ye	ear		
Participant number:							
Session 2: If the participant DID attend 12-Step	)						
meetings since the previous individual session to what extent did the individual counselor		2	Somewhat 3	Conside	erably 5	Extensively 6	N/A
1a Determine 12-Step meeting(s) attendance since last	·			•			
session, and review reactions to any meeting(s) attended.	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
1b How well did the counselor handle this item?	_	_	_	_			
		$\square_2$	□₃	$\Box_4$			
	Not At All		Somewhat		derably	Extensively	N/A
To what extent did the individual counselor	1	2	3	4	5	6	
2a Review participant's written journal from the last session until the present time.	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
2b How well did the counselor handle this item?							
			$\square_3$	$\square_4$			
	Not At All		Somewhat	Consid	derably	Extensively	N/A
To what extent did the individual counselor	1	2	3	4	5	6	
3a Encourage the participant to ask at a 12-Step meeting about/for individuals who might serve as a sponsor,		_		_	_	_	_
and encourage the participant to ask one of these individuals to serve as a "temporary" sponsor.		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	Ц
	Unsatisfactory 1	Fa 2	air 3	Good 4	5	Excellent 6	N/A
3b How well did the counselor handle this item?							
	□₁		□3	$\Box_4$	□ <sub>5</sub>		
	Not At All		Somewhat	Conside	erably	Extensively	N/A
To what extent did the individual counselor	1	2	3	4	5	6	
4a Encourage the participant to attend additional 12 Step meeting(s).	$\square_1$	$\square_2$	□₃	$\square_4$	$\square_5$	$\square_6$	
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
4b How well did the counselor handle this item?							
	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	

Ac	therence Scale for Individual	Sessions	(ASIS)	Sessior	າ 2			
		Not At All		Somewhat	Consid	erably	Extensively	N/A
To	what extent did the individual counselor	1	2	3	4	5	6	
5a	Instruct the participant to keep a written "journal" to							
	record 12-Step meetings attended (dates, time, location and personal reactions (thoughts, feelings, behaviors) about the meetings attended.	ns) $\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
		Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
5b	How well did the counselor handle this item?	-			-			
			$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
	scribed Counselor Behaviors Skill Rating:	Not At All		Somewhat		derably	Extensively	/
	what extent did the counselor	1	2	3	4	5	6	
6	Present didactic material in an overly structured,		_					
_	non-interactive manner?		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\Box_6$	
7	Use excessive, inappropriate or irrelevant self- disclosure?	$\square_1$	$\square_2$	□₃	$\square_4$	$\square_5$	$\square_6$	
_		Ш1	<b>L</b> <sub>2</sub>	Ш3	<b>L</b> 4	<u> </u>	<u> Ц</u>	
8	Allow the prescribed focus of the session to shift to irrelevant topics?	□₁	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\Box_{6}$	
01.	<u> </u>	· .	<u> </u>		— —4			
GIO	bal Skill Item:	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	
9	Overall, how well did the counselor understand or make an effort to grasp the client's perspective?		$\square_2$	Пз	$\square_4$		□6	
10	Overall, how well did the counselor conduct this specific individual session?		$\square_2$	$\square_3$	$\square_4$		□6	
	sion 2: If the participant DID NOT attend 12							
	etings since the previous individual session what extent did the individual counselor	Not At All 1	2	Somewhat 3	Consi 4	derably 5	Extensively 6	N/A
10 1	viiat exterit ulu tile iliulviuuai couriseioi	-			<u> </u>			
1a	Focus on the barriers to meeting attendance.		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\Box_6$	
		Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
1b	How well did the counselor handle this item?							
		□₁		$\square_3$	$\square_4$			
		Not At All		Somewhat	Cons	iderably	Extensively	N/A
То	what extent did the individual counselor	1	2	3	4	5	6	
2a	Encourage the participant to agree to attend a meeting before next session.	□₁	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\Box_6$	
		Unsatisfactory		Fair		Good	Excellent	N/A
		1	2	3	4	5	6	
2b	How well did the counselor handle this item?	$\square_1$	$\square_2$	□₃	$\square_4$	$\square_5$	$\square_6$	
		Not At All		Somewhat	Consi	derably	Extensively	N/A
To	what extent did the individual counselor	1	2	3	4	5	6	11/4
3a	Encourage the participant to talk with a 12-Step program volunteer by telephone during the session, and make arrangements to attend a meeting with this person (if volunteer was available).		$\square_2$	$\square_3$	$\square_4$	$\square_5$		

AC	Iherence Scale for Individual	Sessions	(ASIS)	Session	1 2			
		Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
3b	How well did the counselor handle this item?							
0.0	Tion went did the obtained in indicate the form.	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
		N. 4 A4 A11					_,	D1/0
То	what extent did the individual counselor	Not At All	2	Somewhat 3	4	lerably 5	Extensively 6	N/A
	Instruct the participant to keep a written "journal" to	<u> </u>			<u> </u>			
	record 12-Step meetings attended (dates, time, location and personal reactions (thoughts, feelings, behaviors) about the meetings attended.	s)	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
		Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
4b	How well did the counselor handle this item?							
		$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
	scribed Counselor Behaviors Skill Rating: what extent did the counselor	Not At All 1	2	Somewhat 3	Cons 4	siderably 5	Extensive 6	ely
5	Present didactic material in an overly structured,	<u></u>	_	_	<u>_</u>			
	non-interactive manner?		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\Box_6$	
6	Use excessive, inappropriate or irrelevant self-disclosure?		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\Box_{6}$	
7	Allow the prescribed focus of the session to shift to irrelevant topics?	□₁	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\Box_6$	
Glo	bal Skill Item:	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	
8	Overall, how well did the counselor understand or	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
9	Overall, how well did the counselor conduct this specific individual session?		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\Box_6$	Š
Со	mments:							
								_
								_
								_
								_
								_
								_
								_
								_

# Twelve Step Facilitation Adherence Competence Empathy Scale (TSF ACES) Individual Session 3 Rating Form

Adherence Scale for Individual	Sessions	S (Sess	sion 3)				
Rater:							
Check individual session number (check only one):	$\square_3$ Session : $\square_4$ Other (sp						
Session date:/	Date Rated:		<b>/</b>		 n year		
Participant number:	Clinic ID			Counse	lor ID		
Session 3: If the participant DID attend 12-Step meetings since the previous individual session to what extent did the individual counselor	Not At All	2	Somewhat	Con 4	siderably 5	Extensively 6	N/A
1a Determine 12-Step meeting(s) attendance since last session, and review reactions to any meeting(s) attend	ed. $\square_1$	$\square_2$	. □3	$\square_4$	$\square_5$	$\square_6$	
U	Insatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
<b>1b</b> How well did the counselor handle this item?	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
To what extent did the individual counselor	Not At All	s 2	omewhat 3	Coi	nsiderably 5	Extensively 6	N/A
2a Review participant's written journal from the last session until the present time.	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
u	Insatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
2b How well did the counselor handle this item?	$\square_1$		$\square_3$	$\square_4$	$\square_5$	$\square_6$	
To what extent did the individual counselor	Not At All	s 2	omewhat	Cor	nsiderably 5	Extensively 6	N/A
3a Determine if participant has asked about/for a sponsor 12-Step meeting and whether they have gotten a "temp sponsor. If they have, reinforce their having done so. If have not, ask about barriers and encourage the participask at a 12-Step meeting about/for individuals who mig serve as a sponsor, and encourage the participant to a of these individuals to serve as a "temporary" sponsor	orary" they pant to ht $\square_1$ sk one	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
U	Insatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
3b How well did the counselor handle this item?			□₃	$\square_4$	□₅	$\Box_6$	
To what extent did the individual counselor	Not At All	s 2	omewhat	Coi	nsiderably 5	Extensively 6	N/A
4a Encourage the participant to attend additional 12-Step meeting(s).	□₁			$\square_4$			

Adherence Scale for Individual Sessions (Session 3 continued)										
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A			
4b How well did the counselor handle this item?	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$				
To what extent did the individual counselor	Not At All	2	Somewhat	Coi	nsiderably 5	Extensively 6	N/A			
5a Review and compare what the participant's views of addiction were prior to treatment and what they are	f		□₃			$\square_6$	П			
addiction were prior to deadlicht and muchay are	Unsatisfactory		Баіг Баіг	4	Good 5	Excellent	N/A			
5b How well did the counselor handle this item?					□₅	□₅				
To what extent did the individual counselor	Not At All	2	Somewhat	Coi	nsiderably 5	Extensively 6	N/A			
6a Review and compare what the participant's underst of NA/CA/AA/CMA was prior to treatment and what i	tanding		□₃	$\square_4$	$\square_5$	$\square_6$				
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A			
6b How well did the counselor handle this item?		$\square_2$	$\square_3$	$\square_4$		$\square_6$				
To what extent did the individual counselor	Not At All	2	Somewhat	Coi	nsiderably 5	Extensively 6	N/A			
7a Review what the participant's plans are regarding 12 Step meeting attendance for the next 90 days.	<b>2-</b>		□₃	$\square_4$	$\square_5$	$\square_6$				
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A			
7b How well did the counselor handle this item?		$\square_2$	□₃	$\square_4$	$\square_5$	$\square_6$				
To what extent did the individual counselor	Not At All	2	Somewhat	Coi	nsiderably 5	Extensively 6	N/A			
8a Ask whether the participant is willing to continue keeping his/her journal.		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$				
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A			
8b How well did the counselor handle this item?			₂ <b>□</b> ₃	$\square_4$	$\square_5$	$\square_6$				
To what extent did the individual counselor	Not At All	2	Somewhat	Coi	nsiderably 5	Extensively 6	N/A			
<b>9a</b> Review participant's perceptions of STAGE-12 prog most/least helpful parts; would the participant recommet treatment program to someone else with a drug problem suggestions for improving STAGE-12).	end this	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$				
saggestions for improving \$11.102 (2).	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A			
9b How well did the counselor handle this item?	$\square_1$		□₃	$\square_4$		$\square_6$				

Adherence Scale for Individual Sessions (Session 3 continued)								
Proscribed Counselor Behaviors Skill Ra	iting:	Not At All		Somewhat	Consi	derably	Extensively	
To what extent did the counselor		1	2	3	4	5	6	
10 Present didactic material in an overly structu	ıred,	_	_	_	_	_	_	
non-interactive manner?			$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
11 Use excessive, inappropriate or irrelevant se	:lf-	_	_	П		_	_	
disclosure?			$\square_2$	∐₃	<u>Ц</u> <sub>4</sub>	Ш <sub>5</sub>		
12 Allow the prescribed focus of the session to	shift	_	_	-	_	_	_	
to irrelevant topics?		□₁	$\square_2$	$\square_3$	$\square_4$	□₅		
Global Skill Item:	Ur	nsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	
13 Overall, how well did the counselor understa make an effort to grasp the client's perspect			$\square_2$	□₃	$\square_4$		$\square_6$	
14 Overall, how well did the counselor conduct specific individual session?	this		$\square_2$	$\square_3$	$\square_4$	□₅	$\square_6$	
Session 3: If the participant DID NOT at meetings since the previous individual to what extent did the individual counse	session	itep Not At A 1	.II :	Somewhat 3	Con 4	siderably 5	Extensively 6	N/A
1a Focus on the barriers to meeting attendance				I <sub>2</sub>	$\square_4$	$\square_5$	□6	
	Un	nsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A
1b How well did the counselor handle this item			$\square_2$	□₃	$\square_4$	$\square_5$	$\square_6$	
		Not At All		Somewhat		siderably	Extensively	N/A
To what extent did the individual couns		1	2	3	4	5	6	
<b>2a</b> Encourage the participant to agree to attend before next session.	a meeting	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
	Ur	nsatisfactory		Fair		Good	Excellent	N/A
		1	2	3	4	5	6	
2b How well did the counselor handle this item	?	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	
		Not At All		Somewhat	Con	siderably	Extensively	N/A
To what extent did the individual couns	elor	1	2	3	4	5	6	14,5-
3a Encourage the participant to talk with a 12-S volunteer by telephone during the session, a arrangements to attend a meeting with this p	ind make	n □1	$\square_2$	$\square_3$	$\square_4$	□₅	$\square_6$	
	Un	nsatisfactory	2	Fair	4	Good	Excellent	N/A
		1		3	4	5	6	
3b How well did the counselor handle this item	?		$\square_2$	$\square_3$	$\square_4$	$\square_5$		
		Not At All	!	Somewhat	Con	siderably	Extensively	N/A
To what extent did the individual couns	elor	1	2	3	4	5	6	
4a Review and compare what the participant's valued addiction were prior to treatment and what the		<i>ı</i> . □₁ I	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	

Adherence Scale for Individual Sessions (ASIS) (Session 3 continued)								
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A	
4b How well did the counselor handle this item?	□₁		$\square_3$	$\square_4$	$\square_5$	$\square_6$		
To the standard did the individual compoler	Not At All		Somewhat		nsiderably	Extensively	N/A	
To what extent did the individual counselor	. 1	2	3	4	5	6		
5a Review and compare what the participant's undersort of NA/CA/AA/CMA was prior to treatment and what		$\square_2$	□₃	$\square_4$	□₅	$\square_6$		
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A	
<b>5b</b> How well did the counselor handle this item?			$\square_3$	$\square_4$	$\square_5$	$\square_6$		
To what extent did the individual counselor	Not At All	2	Somewhat	Con	nsiderably 5	Extensively 6	N/A	
6a Review what the participant's plans are regarding 12-Step meeting attendance for the next 90 days.			$\square_3$	$\square_4$		$\square_6$		
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A	
<b>6b</b> How well did the counselor handle this item?		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$		
To what extent did the individual counselor	Not At All	2	Somewhat	Con	nsiderably 5	Extensively 6	N/A	
7a Ask whether the participant is willing to continue keeping his/her journal.	□1		□₃	$\square_4$	□₅	$\square_6$		
	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A	
7b How well did the counselor handle this item?		$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$		
To what extent did the individual counselor	Not At All	2	Somewhat	Con	nsiderably 5	Extensively 6	N/A	
8a Review participant's perceptions of STAGE-12 prog			<u> </u>		3	0		
(e.g., most/least helpful parts; would the participant rec this treatment program to someone else with a drug pro suggestions for improving STAGE-12).	commend	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$		
caggodiono foi improving a rive i i i j	Unsatisfactory 1	2	Fair 3	4	Good 5	Excellent 6	N/A	
8b How well did the counselor handle this item?	$\square_1$		$\square_3$	$\square_4$	$\square_5$	$\square_6$		
Proscribed Counselor Behaviors Skill Rating:	Not At All		Somewhat	Co	onsiderably	Extensively		
To what extent did the counselor	1	2	3	4	5	6		
9 Present didactic material in an overly structured, non-interactive manner?	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$		
10 Use excessive, inappropriate or irrelevant self-								

Adherence Scale for Individual Sessions (Session 3 continued)							
11 Allow the prescribed focus of the session to shift	-		_	_	_	-	
to irrelevant topics?  Global Skill Item:	Unsatisfactory		□ <sub>3</sub>	$\Box_4$	□ <sub>5</sub>	Excellent	
Global Skill Item:	1	2	Fair 3	4	5	6	
12 Overall, how well did the counselor understand or make an effort to grasp the client's perspective?		$\square_2$	□₃	$\square_4$	$\square_5$	$\square_6$	
13 Overall, how well did the counselor conduct this specific individual session?		$\square_2$	Пз	$\square_4$	$\square_5$	$\square_6$	
Comments:							
-							
-							