

ADHERENCE/COMPETENCE INDEX FOR IAC

# Adherence/Competence Index for Individual Addiction Counseling (IAC) *CBT for PTSD Randomized Pilot Trial Study Form*

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Counselor Initials or ID #: \_\_\_\_\_ Patient ID#: \_\_\_\_\_

Total number of sessions in this treatment: \_\_\_\_\_

Date of first session: \_\_\_\_\_ Date of last session: \_\_\_\_\_

Rater Initials or ID#: \_\_\_\_\_ Date ratings were completed: \_\_\_\_\_

Please rate the entire treatment episode (listen to all tapes of all sessions) using the summary scale below. For each item, rate both the frequency (how much the counselor engaged in the described behavior) and the quality (how competently the counselor carried out the behavior) on the blanks to the left of the item. When rating quality, be sure to take into consideration the context of the session and the timeliness of the intervention. Use the 7-point rating scale below for both ratings.

**Frequency:**

- 1: did not occur at all
- 2: passing comment, briefly touched on
- 3: some, mentioned, briefly discussed
- 4: moderate level of frequency
- 5: pretty frequent
- 6: very frequent
- 7: exceptionally frequent

**Quality:**

- 1: extremely poor, possibly detrimental to patient
- 2: poor (vague, critical, judgmental)
- 3: mediocre (implicit, rambling, poor focus)
- 4: acceptable
- 5: good quality
- 6: very good quality
- 7: excellent quality

If the behavior described in an item did not occur at all, rate frequency 1 and rate quality according to how detrimental the exclusion of the intervention was to the patient. If it was extremely bad that the counselor did not carry out the intervention, rate quality 1; if it was acceptable that the counselor did not carry out the intervention (it was not necessary in the context of the session, or the patient carried it out spontaneously) rate quality 4; and if it was excellent that the counselor did not carry out the intervention, rate quality 7. **Do not** use a rating of “not applicable” for either frequency or quality.

1	2	3	4	5	6	7
Low			Moderate			Very high

## MONITORING SUBSTANCE USE BEHAVIORS

### Frequency/Quality

\_\_\_\_\_ **1. Monitoring substance use.** Give a frequency rating of 4 (or above) if this occurs and a rating of 1 if it does not. A frequency rating of 4 may be given even if the counselor does not explicitly ask about cocaine use (i.e., "Have you used any drugs at all since we last met?"). A lower quality should be given in this instance, however. To receive a high quality rating, the monitoring must be done at the beginning of the session.

\_\_\_\_\_ **2. Monitoring alcohol usage.** Give a frequency rating of 4 (or above) if this occurs and a rating of 1 if it does not. Rate quality according to how completely and competently it is covered. To receive a high quality rating, the counselor must do a full drill at the beginning of the session and establish the date of last use.

\_\_\_\_\_ **3. Monitoring craving.** At least one specific question must be asked to get a rating of 4 or above. Sample questions: "Did you want to use this week?" or "Did you have any cravings/urges this week?"

\_\_\_\_\_ **4. Monitoring high-risk situations.** (situational triggers)  
The situations must be explicitly tied into drug use to get a rating of 4 or above.

\_\_\_\_\_ **5. Monitoring emotional triggers.** (feelings that can lead to substance use)  
The feelings must be explicitly tied into drug use to get a rating of 4 or above. Sample question: "Have those feelings led you to pick up?"

\_\_\_\_\_ **6. Monitoring withdrawal or post acute withdrawal symptoms.**  
This must occur specifically within the context of a discussion on withdrawal/post acute withdrawal symptoms. To receive a rating of 4 or above, specific monitoring questions must be asked.

## ENCOURAGING ABSTINENCE

### Frequency/Quality

\_\_\_\_\_ **7. Helping the client structure his/her time.**  
To get a rating of 4 or above, the counselor must offer plans or suggestions or discuss concrete ideas.

\_\_\_\_\_ **8. Discussing current employment and/or money management.**

\_\_\_\_\_ **9. Discouraging drug and alcohol use.**  
If only implicit, do not rate frequency above 4.

\_\_\_\_\_ **10. Discussing client compliance or resistance to treatment.**  
This should be concrete, referring to the treatment plan and whether the client is doing what s/he agreed to do (i.e., meetings, group therapy, abstinence, phone calls, etc.).

\_\_\_\_\_ **11. Helping the client to develop healthy social skills and/or recreational activities.**

\_\_\_\_\_ **12. Encouraging personal responsibility for recovery.**

\_\_\_\_\_ **13. Reviewing consequences of drug/alcohol use.**

*This refers to past or progressing consequences, rather than future or possible ones. Also, consequences should relate directly to the client.*

\_\_\_\_\_ **14. Discussing issues of spirituality.**

## **ENCOURAGING 12-STEP PARTICIPATION**

### **Frequency/Quality**

\_\_\_\_\_ **15. Monitoring attendance at 12-step groups.**

*Includes frequency of attendance and type of group.*

\_\_\_\_\_ **16. Encouraging attendance at or involvement in 12-step programs.**

*Includes suggesting that the client get a sponsor, attend more meetings, attend different types of meetings, etc.*

\_\_\_\_\_ **17. Discussing specific steps and 12-step philosophy.**

*(i.e., steps, philosophy, traditions, and slogans)*

\_\_\_\_\_ **18. Examining client's concerns about or resistance to any aspect of the 12-step program.**

\_\_\_\_\_ **19. Discussing sponsor-sponsee relationships.**

## **RELAPSE PREVENTION**

### **Frequency/Quality**

\_\_\_\_\_ **20. Discussing stressors and how they influence recovery.**

*Stressors refer to any ongoing external situation to which the client must adapt (e.g., employment, relationships, kids). The counselor must specifically tie the stressor into recovery (e.g., "Does that make you want to use?" "What can you do instead of using?" "How does this affect your recovery?" "Has this led you to use in the past?") to receive a rating of 4 or above. If the patient complains but the counselor does not respond, F=1. Frequency reflects the presence of discussion, and quality reflects the helpfulness of discussion.*

\_\_\_\_\_ **21. Confronting denial and ambivalent feelings.**

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**22. Processing most recent relapse.**

*This includes the people, places, and things of the relapse (i.e., what happened when the relapse occurred).*

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**23. Addressing relapse symptoms.**

*This should occur in the context of relapse prevention and includes identifying specific relapse symptoms. Changes in thoughts, attitudes, and behaviors count as relapse symptoms.*

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**24. Establishing concrete behavioral changes to get out of the relapse process.** *Includes questions, such as “How can you interrupt it?” and “What can you do differently?” as well as interventions, such as formulating safety or crisis plans. An actual relapse does not have to have taken place; change in attitude, behavior, and thinking counts here as part of the relapse process.*

**EDUCATING THE CLIENT**

**Frequency/Quality**

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**25. Teaching about substance use triggers.**

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**26. Teaching about withdrawal and post acute withdrawal.**

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**27. Teaching about the process of addiction.**

*Includes talking about the stages of addiction, tolerance, diagnostic criteria, etc., in a didactic manner that is informative and declarative.*

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**28. Teaching about the relapse and/or recovery process.**

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**29. Teaching about high-risk sexual behaviors (especially HIV-related ones) and/or substance use and sex connection.**

**MISCELLANEOUS**

**Frequency/Quality**

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**30. Dealing with anger** (how to acknowledge the feeling and express it appropriately). *If this behavior does not occur (F=1), rate quality low only if it is clear that the patient does have feelings of anger that need to be addressed. If the patient explicitly states that s/he is angry and the counselor ignores it, rate F=1, Q=1. If the patient implies that s/he may be angry (e.g., describes a situation in which a person would typically be angry) and the counselor ignores it, rate F=1, Q=3. If the patient does not mention anything in the session that indicates there may be anger issues, rate F=1, Q=4. For F>1, the counselor must offer concrete suggestions for how to deal with anger to receive a quality rating of 4 or above.*

\_\_\_\_\_ **31. Discussing management of post acute withdrawal symptoms.**

(e.g., encouraging good nutrition, good sleeping habits, and physical exercise)  
*To receive a rating of 4 or above, the counselor must suggest concrete behavioral changes tailored specifically to the patient and her/his circumstances.*

\_\_\_\_\_ **32. Addressing other compulsive behaviors.** (i.e., gambling, sex,

overworking, eating, thrill seeking). *If this behavior does not occur (F=1), rate quality low only if it is clear that the patient does have a compulsive behavior that needs to be addressed. Quality ratings depend both on the counselor's response and the degree to which a problem seems to be present. If the patient explicitly states that s/he has a problem with a compulsive behavior and the counselor ignores it, rate F=1, Q=1. A rating of F=1, Q=4 is equivalent to N/A, meaning that the counselor does not address the problem, and there does not seem to be a problem to discuss. As Q approaches 1, it becomes more obvious that there is a problem. For Q>4, the therapist must address the problem, and Q approaches 7 as the intervention becomes more helpful.*

\_\_\_\_\_ **33. Discussing specific unhealthy relationships.**

\_\_\_\_\_ **34. Discussing family issues.** (codependency, enabling, alcoholism, etc.) *This item only refers to family issues that are related to drug use and/or other negative behaviors. The focus must be on the way that these issues affect the patient. The counselor must explore the ways in which family issues relate to recovery for Q > 4.*

## **SPECIFIC ELEMENTS OF CBT FOR PTSD**

### **Frequency/Quality**

\_\_\_\_\_ **35. Introducing and framing the treatment as CBT for PTSD**

\_\_\_\_\_ **36. Teaching client breathing retraining techniques**

\_\_\_\_\_ **37. Cognitive restructuring: Examined relationship between thoughts and feelings, common styles of thinking, or evaluation of evidence for or against thoughts related to PTSD/traumatic life events.**

\_\_\_\_\_ **38. Educated client about PTSD symptoms or associated symptoms.**

## **SUMMARY**

### **Frequency/Quality**

\_\_\_\_\_ **39. Overall performance as an IAC counselor.**

*A rating of 4 means that the counselor was an acceptable IAC counselor. A rating below 4 means that the counselor was unacceptable in some way—s/he did not adhere to the IAC manual, exhibited inappropriate behavior, was a poor counselor, etc. A rating above 4 means that the counselor was an especially good IAC counselor.*

\_\_\_\_\_ **40. Overall judgment of the level of difficulty presented by the patient.**  
*How difficult do you think this patient was to treat? If the patient was easy, rate her/him low (1, 2, or 3). If the patient was difficult, give a high rating (5, 6, or 7). A rating of 4 means that the patient was of about average difficulty. 1 = not difficult at all 7 = extremely difficult patient.*

## **TREATMENT MODALITY**

### **Degree of focus**

\_\_\_\_\_ **41. Is this an Individual Addiction Counseling treatment?**  
To what degree was this session focused on IAC  
1 = not at all 2/3= partly 4 = mostly 5/6 primarily 7 = totally

\_\_\_\_\_ **42. Is this a Cognitive Behavioral Therapy (CBT) treatment?**  
To what degree was this session focused on CBT?  
1 = not at all 2/3= partly 4 = mostly 5/6 primarily 7 = totally