

Seeking Safety Adherence Scale – Expert Rating

This “expert rating” was designed as a teaching tool for use with the video Session for Adherence Rating (see www.seekingsafety.org, section *Store*). The Adherence Scale can also be downloaded from the website (section *Assessment*).

Counselor: Meredith

Session: “Healthy Relationships”

PART 1: STRUCTURE

(1) Check-In

Adherence = 1.5

(+) Strengths:

- Nice job praising good coping and completion of commitments.
- Clients responded to all 5 questions.
- Good job reassuring client that concerns/unsafe behavior would be explored during session (but needed to follow through with this in session).
- Good that helped clarify unsafe behavior for the client.
- Good probing of amount of alcohol consumed. ("And how much did you drink?")
- Good observation of time limits (up to five minutes per person).
- Kept track of and reminded client of commitment.

(-) Areas of Growth:

- Ask for a volunteer to start check-in rather than calling on someone. Instead, Clinician said "Let's start on the left and go around."
- Make sure that each client answers **all** 5 questions. Then move on to next volunteer. Instead, clinician asked each client the first question, then each the second, etc. This makes the process too long and does not allow each client her "space." Also, clinician should not ask each question out loud -- it is more empowering to let clients read and respond to the questions (e.g. posted on the wall).
- For the first check-in question (*How are you feeling?*) clinician tried to push for an emotion word ("So are you feeling angry today?") rather than letting the client give an update in her own words. The client does not have to give a feeling word (sad, angry etc.), but rather can give an overall update of what's new.
- Client reported cutting; clinician should briefly inquire how badly she hurt herself to assess danger.
- Avoid using open-ended questions or doing major interventions.
- Preserve each client's check-in "space" and prevent others from talking during it. Clinician allowed a client to interrupt another client's check-in.
- Clarify whether any unsafe behavior occurred (e.g., "I had a little bit of a fall."; "I reacted in inappropriate ways", "I did things I shouldn't have done.").
- If clients forget what commitment they had chosen, refer to "Commitment to Recovery" sheet (p.59) that had been filled out at the end of the previous session.
- Clinician interrupted a client unnecessarily.
- Client asks if "good coping" refers to triggers and clinician says yes. Rather, good coping can be anything the client did that week.
- At times, clinician is not asking the check-in questions as written.

Helpfulness = 2.5**(+) Strengths:**

- Good job expressing praise and concern.
- Attentive and basically good.

(-) Areas of Growth:

- Allowing each person the space to answer all 5 questions before moving on to the next volunteer would have increased focus on each person and made the check-in more helpful.
- Be careful not to sound judgmental when expressing concern about substance use (e.g., client reported drinking alcohol and clinician said, "I'm disappointed that you weren't able to use safer coping").
- Clinician's tone is critical and challenging and draws client into too much detail ("So why didn't you do any of those things?", and "How accidentally?").

(2) Quotation

Adherence = 1.5**(+) Strengths:**

- Followed basic structure of quotation.
- Time limit observed (up to two minutes).
- Gave clients a stapled set of handouts with the quotation on top.

(-) Areas of Growth:

- Clinician read the quotation aloud. Instead, she should ask for a volunteer.
- Make sure to ask the question exactly as written: "What is the main point of the quotation?"
- Link quotation to the topic. (Clinician did not do this.)

Helpfulness = 2.0**(+) Strengths:**

- Used the quotation in a way that appeared somewhat beneficial.
- Clinician did a good job of validating clients' responses.

(-) Areas of Growth:

- Clinician's open-ended interventions may have led clients "off track" from the main point.
- A client made a joke and clinician appeared to make too much of it.

(3) Handouts

Adherence = 3.0**(+) Strengths:**

- Clinician allowed clients some time to look through the handouts.
- Clinician generally reviewed handouts and stayed on topic.

(-) Areas of Growth:

- It's generally best to make a brief statement, such as: "Take a few minutes to look over the handouts. Then we'll talk about what stands out for you." The clinician doesn't need to give an introduction.
- Be careful not to over-control process. Let clients skim the entire handout, rather than limiting them to a particular section (unless there are special circumstances, such as group members have limited reading skills). Clinician appears to constrict clients too much ("Just focus on the first hand-out and just the healthy relationship beliefs").
- After clients have skimmed handouts, focus on clients' reactions. Ask an open question, such as: "What stood out for you?" (Clinician used this intervention later in session, which was good). But here, Clinician said, "I'm going to go through these...", which comes across as over-controlling.

Helpfulness = 2.0

(+) Strengths:

- Tried to help clients understand and benefit from the handout, but overall effect was less than excellent.
- Offered praise.
- Encouraged exploration in a kind way.

(-) Areas of Growth:

- Weaving points from handout 2 into the discussion may have helped the clients to process the information more thoroughly.
- Clinician is talking quite a lot rather than encouraging clients to talk. For example, she reads parts of the handout out loud rather than asking clients to do so.
- Clinician appears to be mind reading ("Is it because you think you're such a great friend?" And "I'm guessing...") It is more helpful to ask open-ended questions, when possible, to elicit clients' point of view.

(4) Check-Out

Adherence = 2.0

(+) Strengths:

- All clients were able to name something that they got out of the session.
- Good observation of time limits.

(-) Areas of Growth:

- Invite clients to read over "Ideas for Commitment" page.
- Make sure clients respond to **all** questions (e.g., "Any problems with session?").
- Make sure **all** clients select a clear and specific commitment.
- Have clients fill out "Commitment to Recovery" forms (p. 59) after everyone has completed the check-out. Clients should be attentive while peers are checking out.

Helpfulness = 0.5

(+) Strengths:

- Some good praising/responding to clients.

(-) Areas of Growth:

- Check-out was negative, as clinician became defensive and engaged in a power struggle when client gave her negative feedback. She needed to validate client's point or thank her for the feedback. Further discussion might have been helpful after the session.
- Clinician's opinion that clients can just "choose to use safe coping skills" minimizes how difficult this can be for clients and can be experienced as invalidating and demoralizing.

PART 2: CONTENT

(5) Focus on Trauma/PTSD

Adherence = 1.5

(+) Strengths:

- No harmful interventions.
- Clients raised and discussed trauma-related relationship issues (e.g., they acknowledged that they had problems of bad relationships; not putting their own needs first; and not leaving destructive relationships).

(-) Areas of Growth:

- Although there was some discussion about trauma-related relationship issues, the trauma work was never made explicit. For example, the terms "PTSD" and "trauma" were never even mentioned. The

clinician should keep using these terms so that clients make the connection between current symptoms/issues and trauma.

- Clients kept providing “windows of opportunity” that clinician missed (e.g., clients reported trauma-related symptoms such as cutting behavior and angry outbursts but clinician did not follow-up). Clinician needs to help clients explore these recent unsafe behaviors and identify safe coping skills that they can use next time they are triggered.
- Help clients see connections between present struggles with coping skills (e.g., developing healthy relationships) and their trauma histories. A few times, clients commented that they had difficulty changing their behaviors in relationships, but clinician did not explore this further or connect it to past traumas.

Helpfulness = 1.0

(+) Strengths:

- No harmful interventions.
- Clinician praised client for keeping clear boundaries and not engaging in affair with friend (i.e., client had mentioned that in the past, affairs had negatively impacted her relationship).

(-) Areas of Growth:

- Clinician missed obvious opportunities to focus on trauma/PTSD (e.g., discussing and rehearsing coping strategies related to client’s report of cutting).

(6) Focus on Substance Abuse

Adherence = 1.5

(+) Strengths:

- Some meaningful discussion about avoiding interactions with friends who are still using substances.

(-) Areas of Growth:

- Clinician might have helped clients explore how using substances (or not using) impacts their current relationship behaviors.
- Clinician did not return to any discussion with the client who reported alcohol use at check-in. In general, the goal is to focus at least somewhat on current substance use and other unsafe behaviors.
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Helpfulness = 1.0

(+) Strengths:

- Praised client’s attendance at AA meetings.
- Praised client for setting boundaries with father in early recovery.
- Praised client for asking partner not to bring substances home.

(-) Areas of Growth:

- When client disclosed drinking behavior during check-in, clinician’s response sounded fairly judgmental (e.g., “Why didn’t you use your safe coping skills?”).
- Clinician missed obvious opportunities to focus on substance abuse (e.g., needed to explore client’s recent drinking behavior and identify safe coping skills).

(7) Safe Coping

Adherence = 2.5

(+) Strengths:

- Clinician spent a fair amount of time in session on safe coping.
- Used language of safety (e.g., “That was a safe choice”).

(-) Areas of Growth:

- Session may have been more helpful if clinician could have focused more on helping clients explore unhealthy beliefs (rather than healthy beliefs).

Helpfulness = 1.0

(+) Strengths:

- Clinician made it a point to praise safe coping behavior (e.g., client set boundaries with male friend who wanted to have an affair).

(-) Areas of Growth:

- Superficial advice rather than therapeutic processing (e.g., “Why can’t you just use your safe coping skills?” “If you have healthy relationship beliefs, you should be able to stop unhealthy behavior.”). Also, clinician’s tone was, at times, demeaning to clients.
- Clinician did not help clients explore what emotional obstacles might prevent them from developing healthy relationships.
- Used coping inappropriately (e.g., When client mentioned that having healthy relationships was difficult, clinician asked: “Why can’t you use the grounding skills you've learned in Seeking Safety?”).

(8) Topic Discussion and Rehearsal

Adherence = 2.5

(+) Strengths:

- Some good discussion about unhealthy relationship beliefs occurred.
- Clinician used rehearsal (i.e., role-play).
- Tried to elicit clients’ responses (e.g., “What would that be like?”, “Any thoughts on that?”)

(-) Areas of Growth:

- Some good work on the topic, but a sense that it didn’t go far enough. In this session, the role-play would have been more helpful to client if it had focused on her unsafe behavior (i.e., cutting), rather than on saying “no” to babysitting job. Recent unsafe behavior or substance use should always be addressed before other issues.

Helpfulness = 2.0

(+) Strengths:

- Some good work and new learning.

(-) Areas of Growth:

- The clients endorsed several healthy relationship beliefs. However, they acknowledged that their behavior was often not in accordance with these beliefs. Clinician could have helped clients explore this discrepancy and help them identify what emotional obstacles or cognitive distortions may be impeding their abilities to engage in healthier behaviors.

(9) Focus on Current, Specific, Important Patient Problems

Adherence = 1.5

(+) Strengths:

- Some amount of focus on current, specific, important client problems (e.g., “Is there any situation that you’re in right now...?”)

(-) Areas of Growth:

- Clinician “missed” several serious issues that had been named at check-in (e.g., clients’ angry outburst at child, cutting behavior, drinking behavior). In general, the goal is to return to these during the session.

Helpfulness = 2.0

(+) Strengths:

- Clinician helped clients focus on current timeframe.

(-) Areas of Growth:

- Focus needed to be on unsafe behaviors reported during check-in.

(10) Balance of Support and Accountability

Adherence = 2.5

(+) Strengths:

- High amounts of both support and accountability.

(-) Areas of Growth:

- Clinician highlighted that clients were accountable for substance use and unsafe behavior, but did not help them determine how they could make safer choices in the future.

Helpfulness = 1.5

(+) Strengths:

- Throughout the session, clinician explicitly praised and acknowledged clients' good coping behavior.
- Clients were held to reasonably high standards.

(-) Areas of Growth:

- Clinician's use of praise and support was inconsistent. For example, during the check-in, her tone sounded judgmental in response to client's report of drinking. On several occasions throughout session, clinician insisted that using safe coping skills was easy.

Note: This item was difficult to score, because of clinician's inconsistent use of support. Overall, she used quite a bit of sincere and genuine praise, but she gave overly critical feedback on more than one occasion.

(11) Case Management

Adherence = N/A

No case management issues necessary to address.

Helpfulness = N/A

Can't rate because not done in session.

(12) Absence of Graphic Details of Trauma or Substance Abuse

Adherence = 3.0

No discussion of graphic trauma or substance abuse details.

Helpfulness = 3.0

Atmosphere in room is safe from graphic details of trauma or substance abuse.

PART 3: PROCESS

(13) Warmth and Caring

Adherence/Helpfulness = 2.0

(+) Strengths:

- Clinician praised frequently throughout the session in a sincere and genuine manner (e.g., "That's a really good point", "Nice job").

(-) Areas of Growth:

- Clinician should have explicitly validated African American client's disclosure of her experience of marginalization and racism (rather than simply thanking her for sharing).
- Clinician's opinion that "using coping skills should be easy" was not compassionate.

Note: This item was difficult to score because of clinician's inconsistent use of warmth and caring. Overall, she was quite warm and caring, yet the above incidents were significant enough to lower her score.

(14) Depth

Adherence/Helpfulness = 2.0

(+) Strengths:

- Attained some depth.

(-) Areas of Growth:

- Depth could be increased by focusing more specifically on trauma/PTSD and exploring recent substance use and unsafe behavior. Also, clinician could deepen focus by helping clients to process feelings.

(15) Management of Crises and Extreme Emotion

Adherence/Helpfulness = N/A

No crises or extreme affects to manage.

(16) Power Dynamics

Adherence/Helpfulness = 1.5

(+) Strengths:

- Generally managed power dynamics except in cases described below.
- Invited rather than forced participation (e.g., "...If you want to").

(-) Areas of Growth:

- One client (unintentionally) invalidated African American client's disclosure about experiencing racism in social situations by stating that it "wasn't reality" but "just the client's belief." Unfortunately, racism is a "reality" in our society. Clinician should have intervened.
- Clinician engaged in power struggles several times (e.g., insisting that "using safe coping skills should be easy").
- Clinician seemed unable to "own" important negative feelings in room, by either self or clients (anger, frustration, anxiety).

(17) Listening

Adherence/Helpfulness = 1.5

(+) Strengths:

- Clinician generally did a reasonable amount of listening (e.g., spoke about 25% of session).
- Appeared responsive at times (e.g., when client said during check-out that she felt there wasn't enough time, clinician "hears" this and is sympathetic).

(-) Areas of Growth:

- Clinician imposed own understanding incorrectly (e.g., "Using safe coping skills is easy").
- Clinician was overly concrete and seemed to "miss" emotions or struggles underneath (e.g., "I don't get it—I believe that if you really believe something, you can accomplish it.")
- Clinician became defensive at clients' criticism ("I need you to hear what I'm saying").

Note: This item was difficult to score. The clinician did do some good listening in this session. However, she also made several therapeutic errors, as described above. Thus, she gets an overall score of “1.5”.

(18) Level of Engagement

Adherence/Helpfulness = 2.0

(+) Strengths:

- Applied solid effort and showed moderate desire to help clients but with some flaws.
- Style was reasonably engaging, enthusiastic, interesting.

(-) Areas of Growth:

- Clinician occasionally gave superficial answers (e.g., “You should just be able to use the safe coping skill.”) which made her appear less motivated and willing to help clients.

(19) Absence of Interventions that Conflict with the Manual

Adherence/Helpfulness = 3.0

No use of interventions from other modalities that conflict with the manual.

(20) Building Group Cohesion

Adherence/Helpfulness = 2.0

(+) Strengths:

- Clear evidence of some group cohesion (e.g., clients responding to each other, mutual support, etc).
- Clinician made efforts to build rapport by asking questions of group as a whole.

(-) Areas of Growth:

- Clinician could increase group cohesion by encouraging comments and validating instances in which clients connect with one another.
- Clinician at times directed attention toward herself rather than the group (e.g., "Can you tell me...?", "Can you fill this out for me...?")

(21) Overall Performance

Adherence/Helpfulness = 1.5

(+) Strengths:

- Fair performance. Demonstrates basic skills.
- At times conveyed good listening, sensitivity, and concern.
- Puts forth a high degree of effort.
- Applies treatment comfortably overall.

(-) Areas of Growth:

- Needs to improve format, content, process, timing, and/or tactfulness of interventions.
- Some suggestions: (1) Review “Session Format Checklist” to improve structural items; (2) Increase focus on PTSD; (3) Explore substance use and unsafe behaviors reported during check-in and identify safe coping skills; (4) Explore emotional obstacles to using safe coping skills and validate that change can be difficult; (5) Validate clients’ feelings (e.g., feelings of marginalization reported by African American client); and (6) Accept feedback; and (7) Avoid power struggles.