

MESA GRANDE CODING MANUAL

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TREATMENT MODALITY CODES

AA	Alcoholics Anonymous
AC	Acupuncture
AF	Affective Contra-attribution
AM	Antidipsotropic Medication
AMcc	Calcium Carbimide
AMdi	Disulfiram
Amdc	Disulfiram with spouse/SO compliance enhancement training (CRA)
AMme	Metronidazole
AS	Assessment as tested intervention
AU	Autogenic Training
AV	Aversion Therapy
AVap	Apneic
AVcs	Covert Sensitization
AVel	Electrical
Avem	Negative emotional experience
AVna	Nausea - apomorphine
AVne	Nausea - emetine
AVnl	Nausea - lithium
AVnm	Nausea - motion sickness
BA	BAC Discrimination Training (by internal cue feedback)
BC	Behavior Contracting
BE	Behavioral Self-Control Training
BF	Biofeedback
BFee	EEG biofeedback (alpha/theta, etc.)
BFem	EMG biofeedback
BFte	Temperature biofeedback
BI	Brief Intervention (advice)
BU	Buddy system
CE	Cue Exposure
CG	Counseling - General Alcoholism (a single unspecified individual or group treatment)
CH	Client Choice among options
CM	Case management
CN	Confrontational Counseling
CNji	Johnson Institute Intervention
CO	Correspondence (back and forth - not merely mailing SH materials or standard letters to client)
CR	Community Reinforcement Approach
CT	Cognitive Therapy (including cognitively-based relapse prev)
DC	Developmental Counseling (Egan)
DT	Detoxification
ED	Education (lectures, films, written materials not codable as SH)
EDd	Disease-model education
EDl	Learning theory education
ES	Electrical stimulation (cranial)
EX	Exercise program (e.g., aerobic)
FA	Functional Analysis
FB	Feedback of assessment results
FT	Family Therapy (not marital therapy)
FTcb	Cognitive-Behavioral family therapy
FTfs	Family Systems/Structural
FTo	Family Therapy, other or unspecified orientation

FTun	Unilateral Family (or Marital) Therapy (behavioral skills training)
GS	Guided self-change
HO	Housing provided as part of treatment
HOac	Housing contingent upon abstinence (not residential treatment setting)
HOnc	Housing noncontingent (not residential treatment setting)
HY	Hypnosis
JT	Job-finding or job-skill training (specifically; do not code with OT)
ME	Motivational Enhancement or Motivational Interviewing
MI	Milieu Therapy (include therapeutic community)
MN	Minnesota Model
MO	Self-Monitoring
MP	Medical Procedure (e.g., surgical - <u>not</u> medication)
MR	Moral Reconciliation Therapy
MT	Marital
MTcb	Cognitive/Behavioral Marital Therapy
MTss	Marital Therapy, Systems/Structural
MTto	Marital Therapy, other or unspecified orientation
MU	Music Therapy
NS	Neurotherapy (low intensity electrical stimulation of head)
NU	Nutritional Therapy
OC	Operant Contingency Management
OM	Other Medications
OMai	Angiotensin-converting enzyme inhibitor (enalapril)
OMap	Apomorphine
OMin	Interferon
OT	Occupational Therapy
PI	Sodium Pentothal interview
PM	Psychotropic Medication
PMan	Anti-anxiety
PMbb	Beta blockers
PMda	Dopamine agonist (bromocriptine)
PMde	Antidepressant
PMdn	Dopamine antagonist (tiapride)
Pmdp	Dopamine precursor
PMga	GABA agonist (acamprosate)
PMhy	Hypnotic
PMLi	Lithium
PMna	Opiate antagonist (Naltrexone, nalmefene)
PMsa	Serotonin antagonist (ritanserin)
PMsc	Antipsychotic
Pmsp	Serotonin precursor
PMsr	Selective serotonin reuptake inhibitors (sertraline, fluoxetine, zimelidine)
PMst	Stimulant
PMsy	Psychedelic
PS	Problem-Solving
PT	Psychotherapy
PTcl	Client-centered, nondirective, supportive
Ptgp	Group process (not merely group - focused on group process as therapeutic)
PTin	Insight-oriented
PTip	Interpersonal Psychotherapy, or Interpersonal Counseling
PTre	Reality Therapy (Glasser)
RM	Reminiscence Therapy
RP	Relapse Prevention (cognitive-behavioral skill training; if not more specifically codable)
RT	Recreational Therapy
SH	Self-Help Manual (materials with instructions on how to change drinking)
SM	Stress Management
SMde	Systematic Desensitization

SMre	Relaxation training only
SMsd	Sensory deprivation (includes REST)
SO	<i>Separate</i> treatment for the significant other
SP	Spiritual intervention
SPsc	Spiritual counseling
SPsd	Spiritual direction
SPip	Intercessory prayer
SS	Social Skills Training
SSas	Assertiveness training
SSbr	Behavior rehearsal
SSco	Communication training
SScs	Culturally sensitive social skills training
ST	Standard Treatment, unspecified or minimally specified (Treatment as usual) [If also received by EXP groups, specify them ST + . . .] [If a single individual or group treatment, classify as CG]
SV	Surveillance
SX	Sexual Counseling
TC	Therapeutic Community (residential)
TO	Tobacco cessation treatment
TS	Twelve-Step Facilitation
VS	Videotape Self-Confrontation

Treatment modalities (including BI) must be delivered in person (or via telephone); if only written materials are provided they are coded as SH if they include instructions for implementing change, or ED if factual.

When including multiple modalities, (e.g., ED/SC/SMre/VS) list in alphabetical order. If multiple components can be subsumed under a primary treatment code, *circle* the primary treatment code.

Additional codes may be created as new modalities are evaluated

CONTROL GROUP CODES (to be used instead of modality code)

	Assessment only: Code as NT (Formerly AS)
AD	Brief advice
LE	Legal sanctions only
MM	Medical Monitoring only
NA	No pre-assessment or treatment
NT	No treatment, but assessed
PL	Placebo
PLat	Attention identified as placebo (e.g. discussion) including altered (sham) form of nonmedical treatment
PLnc	Placebo - noncontingent (operant) control condition
PLom	Oral medication
PLsu	Sham surgery
PR	Probation only
WL	Waiting List

(Comparison treatment groups are specified by their modality codes)

TREATMENT SETTING CODES

AF	Aftercare (outpatient)
DA	Day Treatment
CL	Classroom, educational, college
EA	Employee Assistance Program
ER	Emergency Room or Trauma Center
GP	General Practitioner medical practice
HA	Halfway House
IO	Intensive outpatient treatment program
IP	Inpatient Hospital
IPad	Alcoholism/Drug special hospital or ward
IPgh	General hospital - not special ward
IPps	Psychiatric hospital - not special ward
JA	Jail or Prison
MA	Mail contact only
MH	Mental health outpatient, psychology clinic (not alcohol)
MS	Mixed settings (e.g., inpatient phase plus outpatient phase; AA is not a setting)
NO	No Treatment provided for alcohol problems (e.g., recruited for drug study only)
OP	Outpatient Alcohol/Drug Treatment
PC	Prenatal Care
PH	Telephone contact only
RE	Residential Alcohol Treatment, not hospital (including TC)
SH	Self-Help (including AA, bibliotherapy)
UT	Unspecified treatment setting

TREATMENT FORMAT CODES

CO	Computer-administered
FA	Family treatment (more than dyad)
GR	Group treatment
IN	Individual treatment
INph	Telephone contact only
MA	Marital/couples treatment
MI	Minimal therapist contact
MIad	Brief advice contact (not more than one session)
MIbi	Bibliotherapy
MX	Mixed format (e.g., group plus individual)
NC	No treatment contact (e.g., by mail only; no treatment; assessment only)
SO	Significant other treatment (without identified patient)
SOal	Al-Anon group
SOin	Individual SO treatment
SOgr	Group SO treatment
US	Unspecified treatment format

PRIMARY TREATMENT AGENT CODES

AC	Alcohol/Drug Counselor (less than MA)
AP	Acupuncturist
CM	Case Manager
MA	Master's Level Counselor (other than Social Worker)
MD	Physician, Psychiatrist
MX	Mixed - treatment provided by varying levels of professionals
NA	Not Applicable - no treatment agent
PA	Paraprofessional or student trained especially for research project - not regular alcohol counselor
PC	Pastoral Counselor, Clergy
PO	Probation Officer
PS	Psychologist
RN	Nurse
SW	Social Worker (MSW minimum)
TE	Team
UN	Unspecified treatment agent

TREATMENT GOAL CODES

AB	Total Abstinence (may be inferred from total abstinence as the outcome measure)
CD	Controlled/Moderate Drinking
HR	General Harm Reduction; AB or CD not specified; include programs working toward alcohol problem improvement without specifying goal (use for treatments with unspecified goal or client-selected goal)
NG	No goal (use for untreated controls, etc.)
OT	Primary treatment goal is other than modification of drinking (e.g., family therapy to improve family communication)

POPULATION SEVERITY RATING

4 = Severely Impaired Clinical Population (e.g., alcoholics in treatment, with documented moderate to severe dependence)

3 = Problem Drinker Clinical Population (e.g., drinkers seeking treatment because of problems related to alcohol; available evidence does not indicate severe dependence)

2 = Problem Drinker Nonclinical (e.g., drinkers with clear alcohol-related problems, but not seeking treatment; recruited for research only, not treatment; includes populations mandated into treatment where available evidence does not indicate severe problems or dependence, and populations identified via medical screening)

1 = Nonclinical (e.g., recruited for research only; available evidence indicated mild or no problems; in treatment for problems other than alcohol)

0 = Insufficient information to classify

Do not infer from population severity from setting alone (e.g. inpatient ... 4)

OUTCOME LOGIC SCORES (OLS) FOR TREATMENT EFFECTS

A main effect is reported for any follow-up point on any alcohol consumption or alcohol problems measure, given appropriate statistical analysis. A “matching” interaction effect in the absence of a main effect is not coded. Also, do not code a reported effect that occurs only within a select subgroup of patients (e.g., smokers, older, nonabstainers) in the absence of an overall main effect.

Effects for Treatment A

+2	A>0	A > no treatment, sham, placebo [also A=B>0; A>B=0]
+2	AB>B	Additive effect > treatment without A
+1	A>B	A > alternative treatment B without control; medication > no medication without a placebo control
+1	A>b	A > brief, dissimilar treatment without control
+1	A>a	A > briefer form of same treatment without control
+1	a≥B	a (brief A) better than or equal to more extensive B without control
-1	A=B	A nsd from alternative treatment of comparable/greater intensity without control
-1	A=a	A nsd from briefer form of same treatment without control
-1	a<B	a (minimal A) less effective than more extensive B without control
-1	C>A>B	Mixed differences among treatments without control
-1	AB=B	No additive effect above alternative or standard treatment without control
-1	ABC=B	No additive effect of combination of modalities above alternative treatment
-2	A<B	A worse than alternative treatment B of comparable intensity, without control
-2	A<b	A not better than brief, dissimilar treatment
-2	AB<B	Outcome with B is worse when A is added
-2	A<0	A not better than no treatment, sham, placebo, or assessment only

"Control" above refers to a group not receiving treatment A or an alternative active treatment: no treatment, sham, or placebo

If a modality is found to be significantly better than an alternative on one drinking outcome measure, but significantly worse on another within the same study, no code is entered for that modality.

When a control group is present, the comparison of A with controls takes precedence over any other comparison in determination of the treatment effect classification

In additive studies where a single component is added to a standard treatment (or set of components) that is present in all groups, the standard treatment is not given an OLS

In a dismantling design (e.g., AB vs B vs NT), the specific component test (AB vs B) takes precedence over the combined effect (AB vs NT) in judging the effect of an additive component (A). Thus if AB=B>NT, the OLS for A would be -1, and for B would be +2.

In additive designs with multiple components, ABCD>B cannot be used to support individual components A, C, and D. However a lack of additive effect (ABCD=B) yields -1 scores for A, C, and D. Positive effects may not be attributed for more than two components. With multicomponent treatments, if one modality may be designated as the principal treatment method (and subsumes others), it can be given an OLS.

Placebo can only be given an OLS when it is compared with a control group, not just with an active treatment group

An asterisk (*) may be used instead of an OLS, if in the reviewer's judgment the study is so flawed as to be uninterpretable (e.g., large overall attrition; conclusion based on clearly inappropriate statistical procedures). The justification for * rating must be specified.

Mesa Grande Rater's Sheet

Study: _____

Rater: _____

Country: _____

Treatment Groups	Modalities/Controls	Setting	Format	Agent	Goal
1	_____	/_____	/_____	/_____	/_____
2	_____	/_____	/_____	/_____	/_____
3	_____	/_____	/_____	/_____	/_____
4	_____	/_____	/_____	/_____	/_____
5	_____	/_____	/_____	/_____	/_____
6	_____	/_____	/_____	/_____	/_____

Assignment: Random
 Arbitrary/nonrandom (e.g., alternating)
 Within-S counterbalanced
 Case-control or matching Matched on: _____
 Cohorts
 Violated random
 Nonequivalent groups (do not include in Mesa Grande)

Stated diagnosis: _____

Characteristics of sample: _____% male Mean age: _____ years

Severity Classification: _____ Notes: _____

N randomized/initiated into study sample: _____ (use as denominator for % completed)

FU Intervals*	_____	_____	_____	_____	_____	_____
N completed	_____	_____	_____	_____	_____	_____
% completed	_____	_____	_____	_____	_____	_____
Outcome code (1=2>3, etc.)	_____	_____	_____	_____	_____	_____

*Follow-up interval is from intake/baseline, not from treatment termination

Methodology Ratings

_____	GROUP ALLOCATION	4 = Randomization 3 = Within-S counterbalanced 2 = Case control / matching 1 = Quasi-experimental design; arbitrary assignment; sequential; cohorts 0 = Violated randomization or nonequivalent groups
_____	QUALITY CONTROL	1 = Treatment standardized by manual, specific training, content coding, etc. 0 = No standardization of treatment is specified
_____	FOLLOW-UP RATE (at any follow-up point of at least 3 months)	2 = 85-100% follow-ups completed 1 = 70-84.9% follow-ups completed 0 = fewer than 70% follow-ups completed, or longest follow-up was < 3 months
_____	FOLLOW-UP LENGTH	2 = 12 months or longer 1 = 6-11 months 0 = less than 6 months, or unspecified
_____	CONTACT	1 = Personal or telephone contact for at least 70% of completed follow-ups 0 = Questionnaire, unspecified, or completed in less than 70% of cases
_____	COLLATERALS	1 = Collaterals interviewed in more than 50% of cases 0 = No collateral verification in most cases, or unspecified
_____	OBJECTIVE	1 = Objective verification (records, serum, breath) in more than 50% of cases 0 = No objective verification in most cases, or unspecified
_____	DROP-OUT	This category applies to cases that dropped out of treatment after randomization/treatment assignment. 1 = Treatment drop-outs are clearly enumerated, and/or the characteristics of drop-outs are compared with those for completed cases on baseline characteristics 0 = Treatment drop-outs are not reported, or all non-completers were excluded from outcome analyses
_____	ATTRITION	This category applies to cases lost to follow-up after completion of treatment 1 = Cases lost to follow-up are enumerated <i>and</i> are considered in outcome by any one of the following: ___(a) at least some follow-up points are included in analyses, rather than excluding from all follow-up analyses ___(b) outcomes are imputed for lost cases (e.g., assumed relapsed; used mean group value) and included in analyses ___(c) characteristics of lost cases on compared with those for retained cases at baseline or at a prior follow-up point, <i>and</i> found generally comparable 0 = Cases lost to follow-up are are not considered in outcome (e.g., excluded from all outcome analyses)
_____	INDEPENDENT	1 = Follow-up interviews done by independent interviewers blind to group 0 = follow-up nonblind; unspecified; questionnaire data only
_____	ANALYSES	1 = Acceptable statistical analyses of group differences 0 = No statistical analysis; inappropriate, or unspecified
_____	MULTISITE	1 = Parallel replications at 2 or more sites with separate research teams 0 = Single site or comparison of sites offering different treatments
_____	Total MQS (Methodological Quality Score)	

Modality Codes Resulting From This Study

Modality Code	OLS (-2 to +2)	multiply by	MQS (from above)		Final Score
		W		=	
		W		=	
		W		=	
		W		=	
		W		=	