Couples Treatment Integrity Rating Scale (C-TIRS)

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COUPLES TREATMENT INTEGRITY RATING SCALE (C-TIRS)

Introduction to the C-TIRS

This coding system is designed specifically to code the therapist's delivery of the treatment in Alcohol Behavioral Couple Therapy (ABCT). This version of the C-TIRS was based on a version of the TIRS developed for Alcohol Behavioral Couple Therapy (ABCT, McCrady & Epstein, 2009; McCrady et al., 2009) and Alcohol Behavioral Individual Therapy (ABIT, Epstein & McCrady, 2009), modified to assess therapy integrity for a model of Drug Behavioral Couple Therapy (DBCT, Epstein et al., 2007), and further modified for ABCT and ABIT through a second randomized trial (McCrady et al., 2011). These manuals originally were based on the Improving Addiction Counseling Though Technology Transfer Tape Rating Scale (ITRS) developed for a Cognitive Behavioral Therapy (CBT) study for alcohol use disorders (Morgenstern et al., 2001) which had itself been based on the Project MATCH Tape Rating Scale (MTRS) designed by Carroll et al. (1998). Like previous versions of the measure, the C-TIRS assesses CBT treatment elements, but the adaptation for ABCT items assessing treatment delivery for significant other- (SO) and couple therapy-specific interventions as well as additional items to assess therapeutic alliance and adherence/skillfulness in following the treatment protocol. The C-TIRS is focused on alcohol use disorders, but could potentially be tested for other drug use by expanding all codes related to "drinking" to "drugs of abuse."

Scaling and Calibration of Scores

C-TIRS ratings are intended to capture the overall behavior of the therapist, not the client, during the therapy session. Items are rated based on the whole therapy session. A 5-point Likert scale is used to assign C-TIRS ratings, with the coder beginning at a 3 (somewhat or adequate) and moving either up toward a 5 (extensively or excellent) or down toward a 1 (not at all or poor) based on the therapist's overall functioning in the session (see Figure 1).

Figure 1. C-TIRS rating scales.

a. Rate the *quantity* of the delivery of this component as specified in the manual:

1	2	3	4	5	99 (session 1)
not at all	a little	somewhat	considerably	extensively	N/A

b. Rate the *quality* of the delivery of this component as specified in the manual:

1	2	3	4	5	99 (session 1)
poor	fair	adequate	good	excellent	N/A

Structure of C-TIRS

The C-TIRS has five sections and 37 items. Sections include: (1) CBT-specific interventions, (2) SO interventions, (3) couple-level interventions, (4) common factors in therapy, and (5) overall

treatment manual adherence (see Appendix A for C-TIRS measure). Assessing treatment integrity requires the evaluation of both the degree to which the therapist carried out prescribed treatment activities (quantity), and the skillfulness with which the therapist delivered each component (quality). Therefore, each of the 37 items is rated with respect to both quantity and quality. The C-TIRS is intended to be used in one coding pass and the entire therapy session should be listened to during the coding pass. To protect confidentiality and make ratings based on the therapy session as a whole, tapes should be reviewed in a quiet and distraction free location.

General Information Regarding Coding the C-TIRS

1. Following Along with the Treatment Manual While Coding

Before beginning to code a session, a coder needs to participate in training to reach acceptable levels of reliability for the C-TIRS items. As part of the training the coder needs to become thoroughly familiar with the description in the treatment manual of the session to be coded. The manual also should be positioned in front of the coder while the coder is listening to the session and coding, so that the coder can follow along with the manual to determine if the therapist is delivering the components of the session in the prescribed manner. Items should never be coded from memory of the manual.

2. Rate Observable Therapist Behavior

Ratings should be given based on what the therapist executed in the session and should be based only partially on the reaction or response of the client. Additionally, rating of the therapist should be done in the context of the clinical presentation and material of the client. Ratings should be based only on the explicit behavior of the therapist and not behaviors that are inferred. When calculating ratings, the coder should note specific examples from the therapy session to support his or her decision.

3. Independent Ratings

Raters should not be influenced by the likability of the therapist, the type of therapy being delivered, the ratings that have been given to other items, ratings given to the therapist in other therapy sessions, or other factors outside the session being rated.

4. Compare Therapist to an Effective CBT Therapist

Coders should rate the therapist in comparison to a well-trained, effective CBT therapist, not to an expert CBT Clinician. An effective CBT therapist delivers the treatment in a manner that balances the structure and integrates the content of the treatment manual with the needs of the individual couple. Therapists who receive “excellent” codes should engage the couple and put therapeutic exercises in the context of the couple’s lives so that the therapy is personalized and clinically meaningful to the clients, in the context of the prescribed manual-guided therapy. The therapy should not sound “cookie cutter” to the coder, nor should it sound as though the administration of the manual is more important than the therapeutic content and process. The

therapist personalizes the manual to the couple (e.g., not just ask about "drinking friends" but about specific people the identified patient [IP] used to drink with).

Scoring Adherence (Quantity)

When assigning quantity ratings, coders should consider how extensively and thoroughly the therapist covers the prescribed interventions in the manual for that particular session, compared to the directions provided in the manual. Time and attention should be considered and coding should reflect the number of discrete times the behavior occurred as well as the depth to which each item was covered. Coding guidelines vary in specificity, depending on the difficulty of coding the item.

Raters should use the following guidelines when making their quantity ratings.

"Extensively (5)" - should be assigned in the context of the amount of time that is allotted in the manual to each intervention, and/or to the thoroughness of coverage of all components (i.e., provide rationale, describe intervention, personalize to client, practice skills, discuss IP's of SO's reaction to intervention). If the therapist is very thorough and completely covers all aspects of prescribed intervention as per the manual, but the therapist is also succinct and the couple is not talkative, then the time spent covering a particular intervention may not exactly match (i.e., may be slightly lower) the time suggested in the manual to allot to that intervention. However, it can still be coded extensively.

"Considerably (4)" – should be assigned if the therapist dedicates a large amount of time to the item with relative thoroughness.

"Somewhat (3)" – should be assigned if the therapist dedicates an expected (as described by the manual) amount of time to the topic and the topic is covered in enough detail as described by the manual.

"A little (2)" should be assigned if the therapist mentions the item one or two times but with little detail.

"Not at all" should be assigned if the therapist does not cover the item.

When rating quantity, the coder should start at "Somewhat (3)" and move up or down as specified in the manual.

Scoring Therapist Competence (Quality)

When assigning quality ratings, coders are coding the skillfulness with which the therapist presents the material. Coding guidelines vary in specificity, depending on the difficulty of coding the item.

Raters should use the following guidelines when making their quality ratings.

"Excellent (5)" – This rating should be assigned when the therapist explains (but does not obviously read word-for-word) the rationale and links it to the couple's particular situation, and also explains why this particular intervention may be useful to them. Therapists with this rating are able to link the intervention to the material discussed with the couple in the current and

previous sessions. The therapist "brings the treatment manual to life" by transforming the manual-guided intervention into a clinically meaningful "moment" for the couple. The therapist integrates insight of an accurate case conceptualization into the intervention, thus clinically personalizing the intervention to yield added benefit.

"Good (4)" - This rating should be assigned when the therapist competently administers the intervention in a way that makes it relevant and understandable to the couple, generates enthusiasm for the significance of the intervention, and generates interest in the intervention and in the practice of the skill. A therapist with this rating will tailor the intervention to the clinical issues and material the couple brings to the session, or to previous sessions that were "saved" for the current intervention.

"Adequate (3)" –This rating should be assigned when the therapist administers the intervention with a moderate level of competency and makes it relevant and understandable to the couple, but only to a moderate degree. For example, a therapist may execute items in the manual as prescribed but without giving the couple time to digest the material.

"Fair (2)" – This rating should be assigned when the therapist administers the intervention in a way that makes it only somewhat relevant to the couple, or that fails to generate enthusiasm or interest in the intervention. For example, the therapist may appear to be reading from the manual, only occasionally stopping to "translate" the material to be somewhat understandable to the client or may not be allowing time for the couple to discuss much or give feedback.

"Poor (1)" - This rating should be assigned when the therapist appears to be reading from the manual, does not appear to be connected to the couple, is not getting feedback from the couple, and/or is presenting the material incorrectly. Therapists with this rating do not personalize the material to the couple or may be rude, obnoxious, or insulting while delivering it. Therapists may speak quickly, mumble or use overly sophisticated jargon such that the clients do not appear to be following or understanding the therapist. Coders will notice that the couple does not seem engaged in the material and the therapist makes no effort to engage them.

When rating quality, coders should start at a 3 and move up or down, depending on the behavior of the therapist.

Rating of 99 (not applicable [N/A])

Some items also include a rating of 99/ N/A. This code should be assigned only when the following occurs:

**99 N/A (session 1): Assign this code only when listening to the couple's first therapy session and the item is not applicable ("N/A"). For example, in session 1, the couple will not have homework or self-monitoring cards to review, so C-TIRS items that refer to the therapist's reviewing homework or self-monitoring cards do not apply and a code of "99 N/A" for quantity and "99 N/A" for quality should be assigned.

**99 N/A (1/2 session only): Assign this code only when listening to a therapy session that is cut short and/or only half (or less) of the therapy session is available to code. This code applies only to specific items that are difficult or impossible to assess if only a half session is available (e.g., items prescribed to be covered later in the session).

**99 N/A (if tape runs out): Assign this code only when listening to a therapy session that is cut short close to the end of the session. This applies only to specific items that are difficult or impossible to assess if a tape runs out before a specific topic is covered (e.g., a review of homework to be assigned, which typically occurs at the end of sessions).

**99 N/A (final session only, for homework assignment). This code also should be assigned when coding a final therapy session and the assigning homework item is not applicable. In this case, items that refer to the therapist assigning homework do not apply and a code of "99 N/A" for quantity and "99 N/A" for quality should be assigned.

When to Code 1 for Quantity and 3 for Quality

When, according to the treatment manual, items ***are not*** supposed to occur in the session being coded and the therapist does not cover the item, a code of 1 ("not at all") and 3 ("adequate") should be assigned. This means that the item was not covered by the therapist but that the coder judges the therapist was appropriate in choosing not to cover the item.

When to Code 1 for Quantity and lower or higher than 3 for Quality

When the treatment manual specifies that specific items ***are*** supposed to occur in the session being coded and the therapist does not cover the item, a code of 1 ("not at all") and 1 ("poor") should be assigned. This means that the item was not covered by the therapist and the coder judges that the therapist was inappropriate in failing to address this particular item. However, there may be certain instances where it is appropriate for the therapist not to cover such items, which should be reflected in the therapist quality score. For example, in the first session the therapist may not be able to cover skills such as teaching the use of self-monitoring cards because the IP or SO is reported suicidal ideation or was intoxicated at the time of the session, requiring the therapist to deviate from the manual material and instead address urgent issues.

C-TIRS Item Descriptions

Section I. CBT INTERVENTIONS
(NOTE: Items 1 through 5 in Section 1 relate to interventions that are routine (i.e., done in every session) or general (i.e., skill training in general that does not refer to a specific intervention).

1. ASSESSMENT OF CLIENT'S DRINKING & RELATIONSHIP SATISFACTION:

This item is intended to measure the extent to which the therapist assesses the IP's drinking since the last session, including the pattern of alcohol use (if any) and the extent and pattern of the IP's cravings or urges, by reviewing and graphing the IP's self -monitoring cards for the week, as well as the IP's daily recording of relationship satisfaction. It also is intended to measure the therapist's review of the SO's self-monitoring cards and graphing of the SO's daily recording of relationship satisfaction.

Other than for session 1 (see above) this item should be rated (i.e., not scored as 99) for all therapy sessions.

For a rating of 4 for quantity and for quality on this item, the therapist should collect the cards from the IP and SO at the beginning of the session. The therapist should go through each daily card to discuss triggers and how the IP dealt with the triggers and urges, as well as summarize the intensity and frequency of urges and relationship satisfaction, update the IP's and SO's graphs of drinking, urges, and relationship satisfaction, and go over the graphs with the couple. During or at the close of the discussion of self-monitoring cards, the therapist should review what they discussed, give the couple feedback about how they are doing, and discuss their progress or lack of progress. The therapist should put the information in context for the couple.

To get a 5 for quantity and quality the therapist should do all of above in a way that is completely personalized and moves the IP forward in terms of new ways to deal with triggers/cravings, to help increase motivation to change, and to move the IP forward toward abstinence in a nonconfrontational and therapeutic way.

For a 3 ("somewhat") rating, cards should be examined and commented on, but in contrast to a rating of 4 or 5 comments are not made on a day by day basis.

Sometimes, the therapist will not have enough time to graph progress in session. If the therapist reviews the self-monitoring cards thoroughly but does not graph in session, rate this item as 4 ("considerably"), unless it is clinically appropriate for the therapist not to spend the time to graph in session (in which case a five might be given if appropriate). Quality rating will depend on the skill level of the therapist when presenting the material.

If quantity is 99 N/A then quality also must be 99 N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to deliver a specific treatment element, quality might be rated a 3 or 4. However, if the coder

believes it was a mistake not to deliver a specific treatment element, quality would be rated as a 1 or 2.

2. REVIEW OF HOMEWORK: This item is intended to measure the extent to which the therapist reviews the previous week's homework assignment. This item does not include a review of the self-monitoring cards for drinking or relationship satisfaction (this is covered in item 1).

For a therapist to receive high ratings on this item, he or she should explore the IP's and SO's reactions to the assignments from the previous session, address difficulties that were encountered in carrying out the assignment and reinforce the importance of practicing skills outside of the therapy session. A therapist rated high on this item should explicitly go through the homework assignments that the IP, SO, and couple completed. If the assignment was written, the therapist should ask to see the written assignment. To receive a rating of 4 or 5 the therapist should discuss what the IP/SO/couple did or wrote. The therapist also should solicit feedback from them regarding what they thought about the homework. If the assignment was not completed or only partially completed, the therapist should do some problem-solving around the challenges the IP, SO, or couple faced in completing the homework. Often, the therapist will modify and/or reassign the incomplete homework for the next week. Therapists should review homework in a clinically meaningful way. They should use the homework as a source of content for consolidating the previous week's skills. The inquiry about homework should be linked to helping the IP, SO, and couple progress toward drinking and relationship goals in the therapy.

If the therapist simply asks "Did you do your homework?" and does not ask any further questions, a rating of "a little" and "poor" typically would be assigned. If the therapist helped make the homework relevant to the IP's, SO's and couple's goals in therapy, a rating of "excellent" typically would be assigned. Quantity does not always refer to the amount of time spent on homework in session but is instead reflective of the degree to which the therapist covered the previously mentioned components.

Review of homework should usually be done at the beginning of the therapy session but the placement of interventions in the session should not be considered for ratings because the therapists are trained to be flexible as necessary.

Note: This item generally should be rated 99 (not applicable, or N/A) for session 1. The homework rated in item number 2 should be covered in every other session, so should be coded as a 1 if the therapist does not cover this content at all.

If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover homework, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover homework, quality would be rated as a 1.

3. PRESENTATION OF RATIONALE: This item is intended to measure the extent to which the therapist provides a rationale for the skills presented in the session.

Therapists rated high on this general item present the rationale for each skill *before* the skill is taught. Therapists should give a rationale for why each proposed skill is relevant for each particular person at each particular time. Therapists should link the couple or individual's experience to the importance and usefulness of the skill to be covered.

A rating of "not at all" for quantity is likely to be rated "poor" for quality, but could be "fair" or "adequate." The therapist might spend a minimal amount of time on the rationale if the IP or SO is familiar with the material or if it seems that a complex rationale is unnecessary or would not be understood or helpful. Coders should think about the couple's level of psychological sophistication and apparent education when rating how appropriately the therapist provides the rationale. Therapists who talk excessively may be given lower ratings if the rationale should be presented more concisely and in a manner that is more relevant to the couple.

4. AGENDA SETTING: This item is intended to measure the extent to which the therapist provided an overview of the topics to be covered in the session. The agenda should be given toward the beginning of the session, often after the review of self-monitoring cards and homework.

The purpose of the agenda is to orient everyone to the plan for the session. For a high rating, the therapist should identify topics for the session, list other items that will be covered, and ask the couple if there is anything else that they would like to discuss. Discussion of the agenda should be meaningful to the couple and described at their level of understanding. For example, instead of stating that a functional analysis will be covered in the session, the therapist should inform the couple that they will be looking at the IP's drinking pattern and the events, thoughts, and feelings that lead to the IP's drinking.

If agenda setting is not prescribed in the version of the ABCT manual that the therapist is following, assign a rating of "not at all" and "adequate." If the therapist is vague or not specific about the agenda, quantity is typically in the "little" range. If each item is covered, the therapist typically should be assigned a rating of at least "somewhat." If the therapist asks the couple what they think about the agenda and/or asks them if there is anything else that they would like to cover, the therapist typically should be assigned a rating of "considerably." Agenda setting does not need to take much time, so even 1-2 minutes of agenda setting, if done well, as described above can get a quantity rating of extensively and a quality rating of excellent.

5. SKILL TRAINING: This item is intended to measure the extent to which the therapist attempted to teach, model, rehearse, review, or discuss specific skills during the session.

This is a general item that refers to the skills training component in any CBT session, such as teaching the IP and SO how to complete self-recording cards in session 1, functional analysis, drink refusal, coping with craving, social skills, and all the other skills taught in the manual. Each session should have time devoted to some sort of skills training, as designated for each session in the manual. For a high rating, the therapist should introduce the skill and present a rationale for the skill. He or she should go through the elements of the skill (e.g., for drink refusal: "'no' should be the first word out of your mouth," offer an alternative) and actively work with the couple on the skill in the session. This active component sometimes involves a worksheet and other times a role play. The therapist should make it personally relevant and apply it to the IP or SO.

To get a quality rating of "excellent," the therapist should elicit reactions from both partners (e.g., "What do you make of this?"). Failure to ask this question should not affect quantity ratings but should affect quality ratings. If the therapist does not spend a lot of time on the skill, the quantity rating should be lower. The coder should make sure to take into consideration the portion of the session recommended for the skill in the manual. If the therapist spends the time he/she should based on the time allotted by the manual, and hits most of the elements, a rating of "considerably" would be appropriate for quantity.

This item should cover all CBT skills and should include the extent to which the therapist covers skills training. This item includes the self-recording card training that is covered in session 1, as well as skills for the IP, SO, and couple.

(NOTE: GENERAL INFORMATION FOR ITEMS #6-13: *When completing quantity ratings for each of the specific CBT skills, the degree to which the therapist is putting in the time required by the manual AND the extent to which the therapist covers the rationale, specific elements, and makes the information personally relevant should be considered. The quality rating for each item pertains to the skill in delivery of the specified components, how well the therapist helped the couple understand the skill, how well the therapist personalized the skill and made it clinically meaningful, and how the therapist responded to the couple's reactions to a skill. A therapist that proceeds with administration of the manual in a dogmatic fashion regardless of the couple's response should receive lower quality ratings.)*

6. FUNCTIONAL ANALYSIS: This item is intended to measure the extent and quality of teaching the couple about behavior chains (triggers, thoughts/feelings, response, and consequences) as a core CBT component to help understand and stop drinking behavior.

For a high quantity rating, the therapist should introduce the idea that people drink in response to specific events. He/she should also explain each of the boxes on the functional analysis (FA) sheet. He/she can use a standard example to help with explanation but the therapist should then run though a behavior chain using a trigger that is personally relevant to the IP, and work through the chain with the IP. The therapist also should help the IP identify other triggers for homework.

Quality should be rated lower if the therapist does not go through a personally relevant example.

This item is mostly relevant when the therapist is discussing behavior chain or FA material early in therapy. However, it is possible for the therapist to revisit functional analysis or behavior chains at any point in the treatment. When this happens, this item should be rated. If the therapist reminds the IP of behavior chains in later sessions or at times when FA is not specified in the manual, quality should typically be rated as "adequate" or "a little." However, when the therapist is discussing negative consequences of drinking identified through FA as a way to enhance motivation for abstinence, coders should rate this content on item 14 (Enhancing Motivation to Change) instead.

Note: This item generally should be rated 99 (not applicable, or N/A) only when a tape is cut short and only ½ (or less) of the therapy session is available to code. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the

therapist does not cover this content at all and more than ½ of the therapy session is available to be coded.

If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover functional analysis, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover functional analysis, quality would be rated as a 1.

7. MOTIVATIONAL ENHANCEMENT: This item is intended to measure the extent to which the therapist helped the IP resolve ambivalence about abstinence through *specific interventions* described in the manual using procedures such as personalized feedback, decisional matrix, positive/negative cards, etc.

For a high quantity rating, the therapist should cover specific motivational enhancement interventions as specified in the manual in particular sessions on: 1. Feedback from assessment, and 2. Decisional Matrix. .For the feedback intervention in session 1, feedback from the initial assessment (such as information on peak blood alcohol levels and drinking patterns prior to treatment) should be provided to the IP as well as consequences of drinking, how the SO copes with the IP's drinking, and the couple's concerns. For a high quality rating, the therapist should deliver this information with compassion, not in a judgmental way, and in a way that makes the couple feel at ease and not defensive. The point of feedback is to increase motivation to change drinking behavior; this purpose should be emphasized. A therapist with high ratings should be joining with the couple.

Discussion of the decisional matrix also should be scored under this item. The decisional matrix should highlight the pros and cons of drinking and abstinence in the context of the IP's life in a way that is clinically meaningful and helps move the client away from ambivalence about abstinence. The therapist should help the IP fill out the decisional matrix. He/she should also ask the SO if there is anything else that should be added.

The therapist may revisit a skill related to the decisional matrix in a later session (for instance, discussing the negative consequences card) to expand/enhance or reinforce the decisional balance. If this occurs, the item would be rated at least "a little" for quantity in that later session. Note that this item is not designed to tap Motivational interviewing skills but rather specific Motivational Enhancement Therapy (MET)/CBT interventions that focus on enhancing motivation. Motivational interviewing skills are captured in item 14.

Note: This item generally should be rated 99 (not applicable, or N/A) only when a tape is cut short and only ½ (or less) of the therapy session is available to code. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the therapist does not cover this content at all and more than ½ of the therapy session is available to be coded.

If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to

motivational enhancement, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover motivational enhancement, quality would be rated as a 1.

8. SELF-MANAGEMENT PLANS/STIMULUS CONTROL: This item is intended to measure the extent to which the therapist helped the IP develop strategies to deal with triggers. This item refers to a specific CBT skill introduced in session 4. A therapist with a high rating should list some environmental triggers of drinking, brainstorm strategies for dealing with each trigger, identify pros and cons of each strategy, rate the feasibility of each strategy and help the IP pick a plan. When explaining this skill, the therapist should offer a rationale for and explanation of the skill and walk through an example of it before helping the IP come up with personally relevant strategies. During the explanation, the coder may hear the therapist explain to the IP that his/her options are to change it, avoid it, or change his/her response to it. Therapists with high ratings also should be encouraging and/or introducing some new ideas for how to handle each trigger.

When rating this item, coders should attend to the therapist's ability to teach the IP how to *do* the skill. This item does not include planning for high risk situations (this item is focused on how the therapist teaches the IP to problem solve, not to strategize for upcoming high-risk situations at the end of the session.) SO self-management planning should be rated on item 18 (Significant other content), not this item.

Note: This item generally should be rated 99 (not applicable, or N/A) when a tape is cut short and only ½ (or less) of the therapy session is available to code. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the therapist does not cover this content at all and more than ½ of the therapy session is available to be coded.

If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover self-management/stimulus control, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover self-management/stimulus control, quality would be rated as a 1.

9. DEALING WITH CRAVINGS FOR ALCOHOL: This item is intended to measure the extent to which the therapist helped the IP develop strategies to deal with urges or cravings for alcohol.

A therapist with a high rating should give a rationale and explain that cravings have a natural life course, one in which they go up and down. This item is intended to focus on specific skills to deal with craving. These skills include distraction, imagery (helping the IP come up with a specific image, like riding a wave), or "thinking through the drink" (thinking through the decision to drink and the negative consequences that could arise).

Coders should remember that thoughts and feelings about drinking are viewed as a form of craving. Although the treatment manuals may contain specific sessions that focus explicitly on strategies to deal with cravings, the therapist may help the IP deal with cravings during most therapy sessions.

Note: This item generally should be rated 99 (not applicable, or N/A) when a tape is cut short and only ½ (or less) of the therapy session is available to code. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the therapist does not cover this content at all and more than ½ of the therapy session is available to be coded. If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover dealing with cravings for alcohol, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover dealing with cravings for alcohol, quality would be rated as a 1.

10. ALTERNATIVE BEHAVIORS: This item is intended to measure the extent to which the therapist helped the IP identify positive consequences of alcohol based on the decisional matrix and then developed alternative non-drinking strategies to obtain these and other positive consequences. These positive behaviors need not co-occur with drinking-related situations.

Therapists with a high rating will focus on behaviors that can allow the IP to experience the same or similar types of positive consequences to those they experience from drinking without using alcohol. Examples include relaxation, positive social interactions, and time alone.

Note: This item generally should be rated 99 (not applicable, or N/A) when a tape is cut short and only ½ (or less) of the therapy session is available to code. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the therapist does not cover this content at all and more than ½ of the therapy session is available to be coded.

If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover alternatives to drinking, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover alternatives to drinking, quality would be rated as a 1.

11. RELAPSE PREVENTION: This item focuses on maintaining gains and specific relapse prevention modules, which include "seemingly irrelevant decisions," identifying warning signs of relapse, plans to avoid relapse, and managing relapses if they occur. Therapists with higher ratings will consider environmental, cognitive, and emotional warning signs and help the IP and SO articulate the types of thoughts to look out for, as well as changes in behavior. If delivered with high quality, the IP and SO also should develop specific strategies to apply when they become aware of warning signs. For example, the therapist could suggest that the IP stop and think about the situation and ask, "What do I need to do to avoid going back to previous behavior?"

"Seemingly irrelevant decisions" are a part of relapse prevention. To be scored as "excellent," the therapist should help the IP identify small decisions that led to his or her drinking (or what may lead to future relapse), and help the IP understand how these may contribute to potential relapse in a personally relevant manner.

Examples of this item will appear in many sessions, especially towards the end of the therapy. If the IP stopped drinking early in therapy, this conversation may be initiated sooner.

Note: This item generally should be rated 99 (not applicable, or N/A) when a tape is cut short and only ½ (or less) of the therapy session is available to code. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the therapist does not cover this content at all and more than ½ of the therapy session is available to be coded. If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover relapse prevention, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover relapse prevention, quality would be rated as a 1.

12. ANTICIPATING HIGH RISK SITUATIONS: This item is intended to measure the extent to which the therapist helps the couple anticipate high risk situations for drinking in the coming week and develop strategies to cope with these situations without drinking. Therapists with high ratings on this item should talk to the couple about high-risk situations that may come up during the week. If the couple cannot think of any situations, the therapist should help the couple think of ideas and then develop some strategies for handling the situation.

If the therapist helps the couple to identify situations and strategies for dealing with the situation, quantity should typically be rated high. If the therapist does not go into specific situations and ways of handling the situation, it would be very unlikely for the therapist to receive a high quality rating. Once the client has been abstinent for a while (i.e. towards the middle or end of the therapy protocol) there may be weeks where there are no high risk situations. In these cases, therapists may only need to check in and discuss high-risk situations briefly, in which case he or she may be rated as "adequate" or "considerably" for quantity and "good" for quality.

Note: Because this item is generally covered at the end of the therapy session, this item should be rated 99 (not applicable, or N/A) when a tape is cut short and the end of the therapy session is not available to code. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the therapist does not cover this content at all and the entire therapy session is available to be coded.

If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover high risk situations, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover high risk situations, quality would be rated as a 1.

13. ASSIGNING HOMEWORK: This item is intended to measure the extent to which the therapist assigned homework for the upcoming week, gave a rationale for the assignment, reinforced the importance of extra-session skills practice, and provided a summary of the assigned homework at the end of the session

A therapist with a high rating should go over each element of the homework and be clear about what is expected from the IP and the SO. Although the therapist may describe the homework as each section of the manual is covered during the session, a more highly rated therapist also will include a brief review and summary of homework at the end of the session. Therapists may add, "What might be a situation where you can try the homework this week?" or help the couple to problem solve ways to ensure the homework is completed.

The homework explanation does not need to be lengthy to be rated "considerably" or "good." If homework is articulated throughout the session, ratings could be "considerably."

This item is rated mostly based on what happens at the end of the session (e.g., the therapist providing a summary of assigned homework). The therapist always should assign homework for the upcoming week. A rationale should be included with the homework but there may not always be time for a rationale if other items are covered in more detail.

Note: Because this item is generally covered at the end of the therapy session, this item should be rated 99 (not applicable, or N/A) when a tape is cut short and the end of the therapy session is not available to code. This item should also be rated 99 (not applicable, or NA) when coding the final therapy session. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the therapist does not cover this content at all and the entire therapy session is available to be coded.

If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover high homework, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover homework, quality would be rated as a 1.

(NOTE: INSTRUCTIONS FOR ITEMS 14 – 17. These items are not directed to any specific session or intervention in any specific session. Rather, these are general items intended to capture some non-specific therapist factors important in alcohol treatment.)

14. ENHANCING MOTIVATION TO CHANGE: This item is intended to measure the extent to which the therapist attempted to enhance the IP's motivation to change (related to alcohol only) via a generally non-confrontational MET approach (not formal motivational interviewing), not via any specific motivational intervention.

Therapists rated high on this item recognize subtle or blatant ambivalence and work to help the IP resolve it. Therapists also may be more explicit with the IP (e.g., "Let's think back to the reasons you decided to seek treatment with us."), or more directive and impassioned in trying to help an IP recognize reasons to change his or her drinking. Therapists also could include references to long-term consequences or relapse-related motivation not to drink or reinforce positive statements or behaviors in favor of change. Low quality rating should be given for therapists who provide feedback without enhancing motivation (e.g., the therapist marches along without recognizing IP ambivalence).

Rating this item "not at all" for quantity and "adequate" for quality is usually not appropriate because the therapist usually should do *something* to enhance motivation, particularly in the first few sessions. Even if the IP is doing well, the therapist should reinforce the positive changes that have been made. Assign a rating of "not at all" if the therapist never makes a statement related to motivation but this assign a low rating for quality. A lower rating (e.g., "somewhat") should be assigned if the therapist seems present and supports the IP in his or her desire to change but the support is not prominent. A higher rating (e.g., "considerably") should be assigned if the

therapist expresses several motivational enhancement statements and provides several instances of support. An even higher rating (e.g., "extensively") should be assigned if there are many therapist motivational enhancement behaviors and instances of support.

Although ABCT is not Motivational Interviewing (MI) and therapists are not trained in MI, it is possible that therapists will use some MI skills. Therefore, coders should listen for statements/questions from the therapist that could elicit change talk, reinforce change talk, remind an IP of reasons for changing, or provide support for the IP's positive efforts.

This item should capture more general motivational enhancement strategies than the items that come before it, which capture more specific modules of the treatment protocol. Reviewing personalized feedback should be used to rate this item and item #7 (Motivational Enhancement).

15. COPING WITH DRINKING SITUATIONS: This item is intended to measure the extent to which the therapist helped the couple cope with drinking situations. This includes coping with drinking situations in general, and does not refer to a specific prescribed intervention in the manual or a particular session. Therapists with higher ratings should cover the details of the drinking situation and the appropriate behavior for that situation. The therapist should help the couple think about dealing with drinking situations as they are identified in session.

High ratings should be used if the therapist is client-focused and discusses the IP's drinking patterns and relapses in a meaningful way that helps the IP learn better coping skills rather than having a general discussion about a slip or high-risk situation. Often, an IP spends time in session discussing drinking situations or triggers that he or she experienced over the week. Discussing the triggers and how the IP coped with them, as well as planning how to cope in the future, would fit under this item. This item also is related to item #5 (Skills Training). Drink refusal might fit under this item. Dealing with an urge/craving does not fit here but should be included in item #9 (Dealing with Cravings for Alcohol). There may also be overlap with other items (e.g., item #12, Anticipating High Risk Situations).

This item should never be rated N/A for quantity or quality.

16. COPING WITH NEGATIVE EMOTIONS[1]: This item is intended to measure the extent to which the therapist helped the IP cope with negative emotions surrounding alcohol.

This item is specifically dealing with negative emotions and does not always refer to a particular CBT skill. Item #30 (Exploration of Feelings) focuses on emotions in general; this item is designed to address negative emotions (e.g., sadness, anxiety, anger) related to alcohol.

Therapists with higher ratings should be attentive when the IP talks about negative emotions and discuss specific coping strategies for dealing with these emotions rather just identifying the emotions.

[1] Although this item is coded specifically for negative emotions surrounding alcohol, it may also be useful for other studies to code for negative emotions in general.

Note: This item generally should be rated 99 (not applicable, or N/A) when a tape is cut short and only ½ (or less) of the therapy session is available to code. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the therapist does not cover this content at all and more than ½ of the therapy session is available to be coded.

If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover coping with negative emotions, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover coping with negative emotions, quality would be rated as a 1.

17. DEALING WITH INTERPERSONAL RELATIONSHIPS[2]: This item is intended to measure the extent to which the therapist helped the IP deal with interpersonal relationships regarding alcohol (with persons other than the SO).

Information used to score this item should involve people other than the SO, and may include skills such as Drink Refusal skills or practicing communication skills during conversations with other persons about the IP's drinking.

Therapists with high ratings should identify one or more specific individual(s), other than the SO, that potentially impact the IP's drinking. Therapists should help the IP identify potential ways that the individual impacts the IP's drinking (e.g., offers the IP drinks, affects the IP's emotional state) and help the IP identify effective strategies for handling the interpersonal situation more effectively without drinking. For example, drink refusal training or assertiveness training around alcohol could apply here.

Information should include a specific example of a person/situation. Hypothetical persons/situations would not fit here. This item is geared toward relationships in the IP's life that make it difficult for the person to stay sober

Note: This item generally should be rated 99 (not applicable, or N/A) when a tape is cut short and only ½ (or less) of the therapy session is available to code. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the therapist does not cover this content at all and more than ½ of the therapy session is available to be coded.

If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover dealing with interpersonal relationships, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover dealing with interpersonal relationships, quality would be rated as a 1.

II. SIGNIFICANT OTHER DRINKING-RELATED INTERVENTIONS

[2] Although this item is coded specifically for interpersonal relationships surrounding alcohol, it may also be useful for other studies to code for interpersonal relationships in general.

18. **SIGNIFICANT OTHER CONTENT**: This item is intended to measure the extent to which the therapist discussed SO-related triggers or specific SO-related interventions.

Therapists rated high on this item will engage the SO, obtain details from the SO, and make the information personally relevant. The therapist also will involve the IP in the discussion.

This item is designed to cover interventions that are specifically focused on SO insight or the SO changing his/her behavior. Examples that fit under this item include: teaching SO self-recording, giving SO feedback on how he/she has been coping, identifying triggers, discussing SO behavior chains, SO assertiveness, and helping the SO identify ways he/she is reinforcing drinking or protecting the IP from negative consequences. Specific interventions that are focused on SO involvement are clearly prescribed by the manual and include: reinforcing positive IP behavior change, decreasing protection behaviors, SO decisional matrix, and clarifying the SO's role in drink refusal or assisting when the IP has an urge to drink.

If the therapist simply asks if the SO has something to add, this does not count in this item. Therapists should be rated "a little" if there is not a lot of SO content covered (e.g., this will often be the case in the first session). If the therapist introduces, describes, and goes through the components of a skill, rate quantity as "somewhat." If the therapist makes the skill personalized, the quality rating should increase. If the therapist continues to engage the SO, obtains more information, and makes the information more personal (e.g., discusses more specific details and struggles), the therapist may be rated as "considerably" or "extensively." A therapist should be rated as "good" or "excellent" if he or she also engages both the SO and IP in the discussion and discusses these topics in a way that is personalized and understandable to both clients.

Note: This item generally should be rated 99 (not applicable, or N/A) when a tape is cut short and only ½ (or less) of the therapy session is available to code. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the therapist does not cover this content at all and more than ½ of the therapy session is available to be coded.

If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover significant other content, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover significant other content, quality would be rated as a 1.

19. **SIGNIFICANT OTHER PROCESS:** This item is intended to measure the extent to which the therapist encouraged the SO to take an active and effective role in supporting the abstinence efforts of the IP. In contrast to item #18 (Significant Other Content), which measures the therapist's delivery of specific SO interventions, this item is intended to more broadly measure the degree to which the therapist elicits the support and active involvement of the SO, regardless of the content of the session.

Therapists rated high on this item will encourage the SO to be supportive and involved inside and outside of the therapy session. They will encourage the SO to help the IP work towards abstinence in a variety of ways (e.g., encouraging the SO to help identify upcoming high-risk situations and assist the IP in identifying and implementing ways to cope). Therapists with high ratings will ask the couple about their strategy together or plans as a couple to deal with

upcoming situations that may be challenging. In addition, therapists with high ratings will include the SO in all of the IP-specific CBT interventions.

If the therapist includes the SO in an intervention or asks the SO to support the IP only sometimes, assign a quantity rating of "a little" or "somewhat."

Note: This item generally should be rated 99 (not applicable, or N/A) when a tape is cut short and only ½ (or less) of the therapy session is available to code. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the therapist does not cover this content at all and more than ½ of the therapy session is available to be coded.

If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover significant other process, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover significant other process, quality would be rated as a 1.

III. COUPLE LEVEL INTERVENTIONS

20. COUPLE THERAPY CONTENT – RECIPROCITY ENHANCEMENT: This item is intended to measure the extent to which the therapist focused on encouraging the couple to behave nicely towards one another, do nice things for each other, and share positive activities together such as going on a date. The goal of this category of interventions is to increase positive exchanges in the couple; specific reciprocity enhancement interventions should be rated. Components may include the following: notice something nice, notice something nice and tell, shared activities (e.g., going on a date), improving shared activities, and love days.

If a therapist merely carries specific reciprocity enhancement interventions through from previous sessions and does not discuss these in further detail, an appropriate rating may be "a little." When the therapist covers the basics of what is in the manual and does not go into detail, quantity typically should be rated as "somewhat." When the therapist gives a rationale and discusses details, this typically should be rated as "considerably."

Although some sessions explicitly focus on this item, others do not. The coder should be sure to consider homework for the couple when rating this item.

Note: This item generally should be rated 99 (not applicable, or N/A) when a tape is cut short and only ½ (or less) of the therapy session is available to code. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the therapist does not cover this content at all and more than ½ of the therapy session is available to be coded.

If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover reciprocity enhancement, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover reciprocity enhancement, quality would be rated as a 1.

21. **COUPLE THERAPY CONTENT - COMMUNICATION:** This item is intended to measure the extent to which the therapist focused on enhancing communication within the couple. This item is meant to capture specific communication modules in the manual.

Therapists rated high on this item will use specific interventions designed to enhance communication. These include leveling and editing, reflective listening, validation, intent vs. impact, stop-action, and problem solving. Therapists will teach the new skills and help the couple practice them. Communication training also may include lower-level interventions such as asking the IP and SO to speak one at a time or asking that something be rephrased in a nicer way.

Simply stopping the couple when they argue does not count toward communication training. Just managing the session does not count either. These therapist interventions are rated under item #25 (Couples Therapy Process – Controlling the Session). If the therapist offers only small amounts of communication training (e.g., directing clients to let each other finish speaking, speak one at a time, or talk in more positive or constructive ways) they should be assigned a quantity rating of "a little."

Typically, assertiveness training is not considered under this item, as it is more of an IP CBT skill. However, it may be considered if therapist refers to IP and/or SO assertiveness within the context of the couple's communication.

Note: This item generally should be rated 99 (not applicable, or N/A) when a tape is cut short and only ½ (or less) of the therapy session is available to code. When specified in the manual, the content rated in this item should be covered, so should be coded as a 1 if the therapist does not cover this content at all and more than ½ of the therapy session is available to be coded.

If quantity is N/A then quality also must be N/A. However, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to cover communication, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to cover communication, quality would be rated as a 1.

22. COUPLES THERAPY CONTENT - ADDRESSING THE COUPLE'S RELATIONSHIP: This item is intended to measure the extent to which the therapist addressed the quality and status of the couple's relationship outside of the therapy session.

Therapists with high ratings may give the couple feedback regarding disagreements that they may be having or may help the couple address an issue brought into the therapy session. Highly rated therapists may also incorporate specific ABCT treatment elements to address relationship issues, such as communication skills, reciprocity enhancement, or discussing relationship satisfaction from the self-monitoring cards. Coders also may hear the therapist ask the couple, "How is your relationship doing?"

While there is not a specific module for this item, the focus is the couple's relationship, in general, outside of the therapy session. Specific relationship problems do not always need to be addressed for the therapist to attain high ratings on this item if the therapist still inquires about the quality of the couple's relationship outside of treatment sessions.

23. COUPLES THERAPY PROCESS - INVOLVEMENT: This item is intended to measure the extent to which the therapist involved both members of the couple in the session.

Therapists rated high on this item will acknowledge both members of the couple and treat them both as part of the therapy session. The therapist may use reflective listening and validation of the IP's and SO's differing perspectives to help achieve this. The therapist also may ask both members of the couple questions or use the word "both" when addressing the couple. If one member of the couple is less engaged, the therapist will check in with them and try to elicit their involvement. Therapists high in this item also may attempt to manage a monopolizing IP or SO while providing room for both clients to be involved or interact. Therapists who allow one member of the couple to monopolize or withdraw from a session should be assigned a low rating for this item.

This item is focused on engaging both members of the couple in the session. Coders should distinguish this item from Item #19, which is intended to measure how the therapist engages the SO around drinking and abstinence.

24. COUPLES THERAPY PROCESS - COUPLES THERAPY APPROACH: This item is intended to measure the extent to which the therapist used a couple therapy approach rather than an individual therapy approach.

For high ratings on this item, the therapist should try to engage the couple and encouraging them to work together rather than doing individual work with each partner. Therapists may redirect the couple to talk to each other in the first person or speak to each other directly, especially in later sessions. Therapists with high ratings will refer to the couple using their names, not as "he" or "she."

Quantity for this item may be lower in early sessions compared to later therapy sessions when couple therapy content is more commonly addressed or when the IP and SO become more familiar with CBT and SO-specific skills. If an IP or SO consistently talks to the therapist about his or her partner in the third person and the therapist does not intervene, quality ratings should go down.

Communication skills training interventions may be considered while rating this item. Also, if there is a high level of contempt or conflict it may be better for the therapist not to use a couples therapy approach, in which case quality ratings may still be high even if a couples therapy approach is not used. In this case, ratings should reflect the appropriateness of this approach for the couple.

25. COUPLES THERAPY PROCESS – CONTROLLING THE COUPLES SESSION: This item is intended to measure the extent to which the therapist attempted to control the session by defusing the couple's angry exchanges, intervening to redirect ineffective communication, controlling partners' interruptions of one another, etc.

Therapists with high ratings help to control fighting and escalation between the IP and SO for the purpose of achieving the stated goals of the session. For example, they may defuse angry exchanges, try to improve poor communication, or reduce interruptions between partners.

Therapists with high ratings may have missed few or no opportunities to intervene when it would have been helpful.

There may not always be material (e.g., conflict, ineffective communication) in the session that the therapist needs to control. When rating this item the coder should consider a ratio. The denominator is the amount of material that requires therapist intervention and the numerator is what the therapist does to intervene. If the ratio is 1, a quantity rating of "extensively" should be assigned. If the ratio is 0, a quantity rating of "not at all" should be assigned. If no intervention or redirecting is necessary, a quantity rating of "not at all" and a quality rating of "adequate" should be assigned.

26. COUPLES THERAPY PROCESS – IN-SESSION: This item is intended to measure the extent to which the therapist initiated, addressed, or discussed relational issues that arose in the session. Ratings for this item should correspond to material that is brought into the context of the current therapy session (i.e., there should be an element of what is happening right now, in the session).

Therapists with high ratings on this item will help identify relationship patterns or dynamics that occur within therapy sessions. Therapists will address these issues as they arise and will personalize them to the couple. When rating this item, coders should listen for exchanges from the couple that should be addressed by the therapist (e.g., passivity, criticism, hostility, contempt). Coders also should listen for therapist behaviors that address these exchanges (e.g., "I've noticed when the two of you talk about your daughter you get much more intense. Let's explore that issue a bit"). A variety of issues could be used to rate this item (e.g., issues with children, discussions of SO involvement) as long as they implicate relationship patterns or dynamics that arise in-session.

This item is similar to Item #22 (Couples Therapy Content – Addressing the Couple's Relationship), but it pertains to interactions that specifically come up in the session. Past or future problem-solving only should be considered when rating item #22.

IV. COMMON FACTORS IN THERAPY* (*CBT THERAPY)

(NOTE: For Common Factors in Therapy items 27- 37, it is never appropriate to code N/A for quantity and N/A for quality, nor is it ever appropriate to code 1 for quantity and N/A for quality. Common factors should almost always be present in every session so N/A should never be used (except with rating "Continuity/Reference to Past Sessions" in the first session). If quantity is 1 but the coder deems it appropriate to not use that particular common factor in that particular session, then quality would be "3". If quantity is 1 for an item like consistency of problem focus, then quality should almost always be 2 or less.)

27. CONSISTENCY OF PROBLEM FOCUS: This item is intended to measure the extent to which the therapist attempted to keep the session focused on prescribed activities and on relevant therapeutic content.

Therapists rated high on this item stay on task throughout the therapy session. They often redirect discussion when it strays and organize the therapy session so that defined tasks are covered. Quality ratings are affected by smooth transitions, which may require reflective listening. If the therapist simply jumps directly back to the manual after something has been covered or after the session goes off topic, quality should be lower. At the beginning of each session, the therapist may engage the couple in start-up conversation or small talk that does not include treatment material. If this is done only at the beginning of the session, ratings should not be affected. However, if this is done throughout the session, ratings should decline.

If the therapist stays on topic and follows the manual all the way through, assign a quantity rating of "extensively." If the session wanders a bit, but the therapist eventually brings the discussion back, assign a quantity rating of "considerably."

This item should never be rated N/A for quantity or quality.

28. CONTINUITY/REFERENCE TO PAST SESSIONS: This item is intended to measure the extent to which the therapist referred to material discussed in previous sessions as a means of building continuity across sessions.

For a therapist to receive high ratings on this item, he or she should appear to be familiar with the couple's life and family and integrate that material into the session discussions. Therapists with high ratings will stress rehearsal and repetition as a means of mastering material and also build on previous sessions. At various points in the session, the coder will hear times when it would be appropriate for the therapist to refer back to previous material (particularly in the mid- to later treatment sessions). By early to mid-treatment, the coder almost always should hear some reference to past material. For example, if an IP is struggling with a particular drinking situation, the therapist might refer the IP back to previous skills that were learned or to previous relevant situations. The therapist also should review homework from the previous week in a way that is relevant for the current session. This type of homework review should be considered when rating this item. Reminding the couple of previously learned skills and referencing previously discussed content (e.g., information about children) to improve the personal relevance of the material is also evidence of continuity. When rating quality, the coder should consider how much the reference to past sessions is relevant, supportive, compassionate, and demonstrates understanding of the couple.

When rating this item, coders may assign "99" in session 1. However, during session 1, if the therapist makes explicit reference to anything that happened at initial screening or baseline assessment this item should be rated. However, if the therapist does not mention the baseline session or screen, then a "99" should be assigned (session 1 only). Simply saying, "Here is your feedback," would warrant a "99" rating. Saying "Remember your baseline where you filled out all those questionnaires with Noelle?" would warrant a 1-5 rating rather than a "99." There does not need to be a lot of reference to past sessions to assign a quantity rating of "somewhat" or "considerably." An example of a low quality statement is, "Oh yeah, you mentioned that before."

Note: This item generally should be rated 99 (not applicable, or N/A) for session 1. Therapists should try to keep every other session connected to the previous sessions, and should be coded as a 1 if the therapist does not offer continuity/reference to previous sessions at all.

However, other than session 1, if quantity is rated a 1, quality could be rated anywhere from 1-5. For example, if the coder believes that it was appropriate not to reference previous sessions, quality might be rated a 3 or 4. However, if the coder believes it was a mistake not to reference previous sessions, quality would be rated as a 1.

29. REFLECTIVE LISTENING: This item is intended to measure the extent to which the therapist communicated understanding of the couple's comments and concerns via reflective listening.

It pertains to any kind of reflection or reframe of content that either the IP or SO has presented, with the intent of showing some understanding. At higher levels of quality, these reflections often occur with the intent of moving the client or couple along to some therapeutic goal. Reflective listening can be in the form of simple rewording or more complex reframing. It does not need to be in the form of reflections used in the Motivational Interviewing framework, although statements provided in an MI style should be considered in this category.

For high ratings, the coder should hear reflective listening and the expression of understanding from the therapist throughout the session. In sessions where the IP or the SO may be struggling with what to say, the therapist should exhibit a higher quantity of reflective listening. If there is no expression of understanding in the therapy session a quantity rating of "not at all" and a quality rating of "poor" should be assigned. Therapists who offer many reflections of poor quality (e.g., continually parroting back what the client said without advancing any therapeutic goal) would be rated high in quantity but low in quality. When assigning ratings, coders should listen for a balance between skills training and reflective listening. Too much or too little reflective listening should result in the assignment of a low quality rating.

Note that the ratio of reflections to questions in MI (3 to 1) is very different than in CBT. This item should *not* be rated according to MI criteria.

This item should never be rated N/A for quantity or quality.

30. EXPLORATION OF FEELINGS: This item is intended to measure the extent to which the therapist helped the IP explore his or her feelings related to current symptoms or clarify affective states as related to alcohol use or any other target problems. This item is connected to Item #29 (Reflective Listening).

Therapist rated high on this item will discuss, reflect, elicit, and explore emotional content within the session at a quantity appropriate for a CBT context. For example, the therapist may invoke a discussion of hurt or disappointed feelings by asking "How did you feel during the role play?" If the therapist spends too much time exploring feelings to the exclusion of covering other prescribed interventions, quantity would be high but quality would be low.

Some sessions may require a rating of "not at all" and "adequate" if it was appropriate for the therapist not to discuss emotional states. However in most sessions, there will be enough content to rate this item. If the therapist is able to identify a feeling but does not take the time to explore the feeling (e.g., "how do you feel about X"), assign a rating of "a little."

During a typical session in which skills are taught therapists often will be rated "somewhat" for this item. If the coder encounters a session where the therapist talks about the IP's feelings completely unrelated to drinking and the topic is appropriate, the therapist should be assigned a rating of "extensively" and "adequate." An example would be if the couple came to session and revealed that the SO had just been diagnosed with a serious illness or that they had just lost a loved one. If the discussion does not seem appropriate, the therapist should be assigned a rating of "extensively" and "poor."

Because this therapy is skills based, the therapist should not be exploring emotions for exploration's sake. Generally, asking about cravings and urges does not fit in this item. However, if the IP goes on to say something like, "I felt horrible, guilty, or relieved" in relation to a drinking urge, it should be considered exploration of feelings.

This item should never be rated N/A for quantity or quality.

31. SUPPORT FOR CLIENT EFFORTS: This item is intended to measure the extent to which the therapist supported the IP's (*not* SO's) efforts and promoted the belief that it is possible for the IP to change. There are two components to this item. The first component is supporting efforts. The second is enhancing self-efficacy (e.g., promoting the belief that the IP can change). Discussing the effectiveness of the treatment would also fit here.

A therapist rated high on this item will incorporate his or her role as the "encouraging coach" into his or her therapeutic style. The therapist may offer affirmations, be positive about changes that the IP has made and try to enhance the IP's self-efficacy. A therapist with high ratings will support the IP throughout treatment. In session 1, the therapist might say something like, "You made a good decision to come to treatment," or, "It sounds like you've been trying hard to make changes. This therapy is going to help you achieve your goals." Therapists might also say, "It sounds like you have some real strengths." Therapists rated high on this item should make comments that suggest that the IP will be able to be successful in the treatment. In early- to mid-treatment, the therapist should consistently point out positive changes, support homework completion, and acknowledge successes from previous weeks (e.g., "It seems like you've been handling the situation well the last couple weeks"). It is not necessary for the therapist to make these statements throughout the entire session, but only when it seems appropriate (e.g., when the IP faces a difficulty).

If the therapist's efforts at support elicit push back from the IP, the quality rating should be decreased. In an average session, a rating of "somewhat" and "adequate" is an appropriate rating. If the therapist makes statements at a number of points in the session, a higher quantity rating should be assigned.

This item should never be rated N/A for quantity or quality.

32. THERAPIST RAPPORT WITH CLIENT: This item is intended to measure the extent to which the therapist attempted to have a positive rapport with the IP.

A therapist with high ratings will address the IP, support the IP, and try to connect with the IP in a meaningful way. The therapist might ask questions that elicit information and express interest (e.g., "Tell me about your kids"). The therapist should be working to build rapport with the IP. By mid-treatment, there may not be as many efforts from the therapist to establish rapport because it should already be established, but it should be clear that the therapist is continuing to engage in appropriate empathic relational behaviors in every session.

During session 1, a greater attempt to build rapport is required to receive a high rating because it is important for therapists to build rapport early in therapy. Quantity should be rated according to how much the therapist is trying to establish rapport. Quality should be rated according to the actual rapport that is developed throughout the session.

This item should never be rated N/A for quantity or quality.

33. THERAPIST RAPPORT WITH PARTNER: This item is intended to measure the extent to which the therapist attempted to have a positive rapport with the SO.

A therapist with high ratings will address the SO, support the SO, and try to connect with the SO in a meaningful way. The therapist might ask questions that elicit information and express interest (e.g., what do you do for work?"). The therapist should be working to build rapport with the SO. By mid-treatment, there may not be as many efforts from the therapist to establish rapport because it should already be established, but it should be clear that the therapist is continuing to engage in appropriate empathic relational behaviors in every session.

During session 1, a greater attempt to build rapport is required to receive a high rating. Quantity should be rated according to how much the therapist is trying to establish rapport. Quality should be rated according to the actual rapport that is developed throughout the session.

This item should never be rated N/A for quantity or quality.

34. GENERAL SKILLFULNESS/EFFECTIVENESS: Overall, this item is intended to measure the extent to which the therapist demonstrates expertise, competence, and commitment during the session, the extent to which the therapist engages the IP and SO, and the appropriateness of the timing of interventions.

Coders should pay attention to their overall impression of how the therapist handled the session. Therapists with higher ratings will leave the coder feeling that the session went very well or as well as the session could possibly go. Therapists will appear to be in charge of the session without dominating. The therapist will attempt to engage both members of the couple, have rapport, cover the content in a personally meaningful way, and explain things well. The therapist will appear to demonstrate expertise, competence, and commitment, and appropriately time

interventions. Examples of therapist behaviors that would decrease ratings on this item include excessive talking or glossing over important content that the couple mentions.

The average therapist might be assigned a quantity rating of "somewhat" and a quality rating of "adequate." If the therapist follows the manual but is not able to engage the couple, or, in contrast, does not follow the manual but engages the couple, lower ratings should be assigned. Quantity should measure whether the therapist followed the manual and how well the therapist handled difficult situations that arose in the session (e.g., the couple arguing). Quality should measure the therapist's ability to practice therapy in an artful way (e.g., did the therapist bring the manual to life?)

Coders should remember to keep the CBT context in mind. Ratings should reflect their global impression of the whole session while also considering the specifics of the session.

This item should never be rated N/A for quantity or quality.

35. EMPATHY: This item is intended to measure the extent to which the therapist is able to convey warmth and sensitivity, demonstrate concern, appear nonjudgmental, and understand and express the IP and SO's feelings and concerns. Empathy should be conveyed toward both the IP and the SO.

Therapists who are rated high on this item will appear warm, sensitive, and understanding of the couple's concerns. Empathic therapists should demonstrate an overall tone of caring about the person (e.g., showing excitement when good things occur). Empathic therapists are "with" the couple in an emotional way.

Quantity should reflect how often the therapist was able to convey empathy toward the IP and SO. Quality should reflect how well the therapist was able to convey empathy toward the IP and SO.

This item should never be rated N/A for quantity or quality.

36. ESTABLISHMENT OF TREATMENT BOUNDARIES: This item is intended to measure the extent to which the therapist is able to maintain session focus, set an appropriate tone and structure for the session, use appropriate role behavior, exhibit appropriate use of therapist self-disclosure, and exhibit an appropriate level of therapist activity/directiveness.

A therapist who is rated high on this item should behave in the typically prescribed role of a CBT therapist. The therapist should act professionally, set an agenda, and teach skills. The session should seem to proceed smoothly and content should be covered appropriately. A lower rating should be assigned if the therapist appears to act excessively casual, uses too much self-disclosure, is overly directive, talks excessively, is ineffectively confrontational, or takes the focus off of the IP and/or SO. Therapists' scores are more easily decreased than increased if they fail to establish proper treatment boundaries. This item should not be rated as "not at all" and "adequate" if treatment boundaries were not present.

The first two considerations for this item (maintaining session focus and setting appropriate tone and structure for the sessions) also should be considered when rating item #37 (General Adherence).

This item should never be rated N/A for quantity or quality.

V. OVERALL ADHERENCE

37. GENERAL ADHERENCE: This item measures the extent to which the therapist adheres to the prescribed structure and content of the session.

A therapist with high ratings on this item will adhere to the prescribed structure and content of the therapy session. The therapist should cover each item listed in the manual in a clinically meaningful way while also showing empathy, maintaining rapport, and using appropriate reflective listening. Ratings should decrease if the therapist discusses tangential topics or fails to cover the material prescribed for that session.

If the therapist needs to stray from the manual for a legitimate reason then the quantity rating should decrease slightly but the quality rating should not be affected. For example, this may occur when an IP is still drinking at mid-treatment and the therapist chooses to focus on increasing motivation for abstinence rather than introducing all of the prescribed content of the given session. This may also occur if the therapist covers content from a different session because it was appropriate to move through the treatment sessions more slowly (e.g., if the clients struggle to grasp the concepts or needed to end previous sessions early) or more quickly (e.g., if the clients appear to grasp some concepts very well and could benefit from more time spent on subsequent topics).

This item should never be rated N/A for quantity or quality.