

Youth Family Behavior Therapy



Agenda

Theory
Evidence
Overview
Therapeutic Style
Performance Interventions



Introductions

1. Name
2. What is your position/role at the agency?
3. What experiences do you have that are likely to help you learn FBT?
4. What are you looking forward to in training?

Theoretical Basis



Problem behaviors, such as drug abuse, are conceptualized to occur through positive & negative reinforcement enhanced by:

- Modeling
- Encouragement & guidance
- Physiological & situational prompts
- Insufficient reinforcement for non-problem activities
- Remoteness/uncertainty of neg. consequences of problem behavior

FBT Derived from Community Reinforcement Approach

The environment or community contributes to development and maintenance of problem behaviors, and therefore treatment should incorporate community influences, such as family, friends, teachers, employers, and so on (Hunt & Azrin, 1973).



Evidence for CRA

Examples of Controlled CRA Alcohol Studies

Azrin, 1976; Azrin, Sisson, Meyers, & Godley, 1982; Miller & Meyers, 2001; Hunt & Azrin, 1973; Smith, Meyers, & Delaney, 1998; Miller, Meyers, & Tonigan, 1999; Smith, Meyers, & Delaney, 1998; Campos-Melady et al., 2016; Henderson et al., 2016

Examples of Controlled CRA Drug Studies

Abbott, Wellner et al., 1998; Bickel, Amass et al., 1997; Dennis, Godley et al. 2001; Godley, S. H., Garner, B. R., Smith, J. E., Meyers, R. J., & Godley, M. D., 2011; Higgins, Budney, & Bickel, 1994; Higgins, Budney et al., 1995; Higgins, Budney et al., 1997; Higgins, Wong et al., 2000; Higgins, Sigmon et al., 2003; Garner et al., 2016; Garner et al., 2009; McGarvey et al., 2014

Evidence for FBT Engagement

- Donohue et al., 2008; Donohue et al., In Press; Donohue et al., 2016; Lefforge, Donohue & Strada, 2007

Evidence for FBT in Mental Health/Substance Abuse

Controlled Trials

Azrin, Aciermo et al., 1996; Azrin, Donohue et al., 2001; Azrin, Donohue et al., 1994; Azrin, McMahon et al., 1994; Donohue, Azrin et al., 1998; Donohue, Azrin et al., 2015; Chow et al., 2015

Uncontrolled Trials

Donohue, Romero et al., 2010; Donohue & Azrin, 2002; LaPota, Donohue, Warren, & Allen, 2011; Romero, Donohue, Allen, 2010; Romero, Donohue et al., 2010; Donohue, Chow et al., 2015; Pitts et al., 2015; Gavrilova et al., 2016

Mechanisms of Change in FBT



Performance interventions aimed at rewarding desired healthy behaviors, & preventing antecedent conditions that facilitate problem behavior by:

- enhancing motivation to eliminate problem behavior.
- developing skills that establish & maintain social relationships that compete with problem behavior.
- developing skills that prevent urges & impulsive behaviors that lead to problem behavior.
- allowing or facilitating negative consequences for problem behavior to occur.

Appropriate Targets

- Drug and alcohol abuse
- Mood disorders
- Family dysfunction
- Conduct
- Unemployment/school truancy
- Child Maltreatment
- PTSD
- HIV risk behaviors
- Poor Sport Performance



Appropriate Settings for FBT

- Outcome studies of FBT in adolescent samples have been conducted in outpatient mental health facilities – so this is the preferred setting.
- Some community-based agencies have been funded to implement FBT in home and inpatient mental health settings.

Appropriate Settings for FBT

Factors to consider when implementing FBT in inpatient facilities

1. Significant others must be able to visit the facility
2. Patients must have enough time in facility to learn FBT
3. Must have outpatient care after discharge.
4. Need opportunities to practice learned skill sets during brief excursions from facility.
5. Outcomes have yet to be formally examined within the context of inpatient therapeutic milieus.
6. FBT is not appropriate for peer group, multi-family, or exclusive individual applications.

Assessment

- Administered before, during & after FBT program
- Specific to performance intervention targets & agency requirements
- Person administering and interpreting assessment measures needs to be legally, competently, & ethically qualified
 - Broad-screen urinalysis testing/breathalyzers
 - Timeline Follow-back (e.g., drug use, school/work attendance)
 - Measures of psychiatric symptoms & mental health diagnoses
 - Child Behavior Problem Checklist
 - Caregiver Satisfaction w/ Youth Scale (0 to 100; % happy)
 - Youth Satisfaction w/ Caregiver Scale (0 to 100; % happy)
 - Life Satisfaction Scales (0 to 100, % happy)



Therapeutic Style & Approach

- Differential reinforcement (shaping)
- Descriptive praise
- State how desired actions reflect positive characteristics
- Eliminate blame (blame situation or environment)
- Learn by doing (role-playing)

Role-Playing



- Role-plays are used to assess scenarios & teach skills.
 - Responding to upset or criticism
 - Being assertive in soliciting reinforcement
 - Refusing prompts from others to do problem behavior.

Therapy Assignments

- Strategies to increase homework completion:
 1. Do role-plays until clients can do skills in difficult scenarios (start w/ easy scenarios & get more difficult).
 2. Role-play how family will review assignments at home.
 3. Establish where recording form will be kept & when it will be reviewed.
 4. When reviewing homework during meetings, *instruct* family to provide form, don't *ask* for it.
 5. Blame homework failure on external event.
 6. Instruct family to complete missed assignments in retrospect based on memory or what they would have liked to have done.

Significant Other Support

- Identified client
- Primary sig. others = usually partner/family/close friend(s)
- 2ndry sig. others = other family/friends
- Sig. others are ideally:
 - sober or desire sobriety and be relatively adjusted
 - have an interest in client's well-being
- Sig. others help client:
 - attend therapy
 - complete homework assignments
 - provide encouragement & rewards
 - model skills
 - provide insights
- Role of small children is limited (review of scheduled family activities, appreciation exchanges; non-problem behavior conversation)



Take Out Your Youth & SO Contact Form and SO Acknowledgment Form!



YOUTH & SUPPORTIVE OTHER INFORMATION & RELEASE TO CONTACT FORM

Please report someone who you would ideally like to attend your FBT meetings. This person will be asked to assist you in providing support/rewards for completion of your goals:

1) Name: _____
 Relationship to you (youth): ☐ parent/caregiver (1); ☐ grandparent (2); ☐ other family member (3); ☐ boyfriend/girlfriend (4); ☐ friend (5)
 Email Address: _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____
 Your supportive other may participate in person, through video conferencing using a computer or by telephone.
 Please list which of the following options are possible:
 _____ In Person _____ Video Conferencing _____ Telephone Conferencing

If you DID NOT indicate a parent/caregiver above, please report a parent/caregiver who could participate in the meetings:

2) Name: _____
 Relationship to you (youth): ☐ parent/caregiver (1); ☐ grandparent (2); ☐ other family member (3); ☐ boyfriend/girlfriend (4); ☐ friend (5)
 Email Address: _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____
 Please list which of the following options are possible:
 _____ In Person _____ Video Conferencing _____ Telephone Conferencing

Please report an additional person who you would also like to attend at least some of the FBT meetings:

3) Name: _____
 Relationship to you (youth): ☐ parent/caregiver (1); ☐ grandparent (2); ☐ other family member (3); ☐ boyfriend/girlfriend (4); ☐ friend (5)
 Email Address: _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____
 Please list which of the following options are possible:
 _____ In Person _____ Video Conferencing _____ Telephone Conferencing

Please report an additional person who you would also like to attend at least some of the FBT meetings:

4) Name: _____
 Relationship to you (youth): ☐ parent/caregiver (1); ☐ grandparent (2); ☐ other family member (3); ☐ boyfriend/girlfriend (4); ☐ friend (5)
 Email Address: _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____
 Please list which of the following options are possible:
 _____ In Person _____ Video Conferencing _____ Telephone Conferencing

I hereby give permission for _____ to schedule an intervention meeting and to review their role and expectations in the study with the above person(s). I also give permission to contact the above persons to review w/them my participation in this study including information relevant to my participation and effort with my goals. This authorization is good for one year.

Legal Guardian:

Print Name: _____ Signature: _____ Date: _____
 Child's Name: _____ Child's Signature: _____ Date: _____
 Email Address: _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

Youth & SO INFORMATION & RELEASE TO CONTACT FORM

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Supportive Other Acknowledgement Checklist (Youth & Supportive Other)

- ☐ **Attend meetings w/ youth and therapist through telephone or live.**
 - Meetings target achieving youth's goals relevant to:
 - Avoiding problems due to substances and risk of HIV/STIs
 - Optimum thoughts, feelings, and behaviors (personal accomplishments)
 - Optimum relationships with family and friends
 - Mental strength and stability
- ☐ **Participation may vary, but will always be focused on supporting the youth in:**
 - Goal attainment and completion of assignments
 - Communicating desired actions
 - Providing encouragement, rewards and support for goal attainment
 - Generating solutions
- ☐ **Participation is completely voluntary, and SO may withdraw at any time.**
 - **Personal & identifying information**, including **name**, will not be included in our records **except** for **contact information**
- ☐ **Confidentiality**
 - Protects information that is reviewed during therapy in the event of attempted legal mandates to obtain information (e.g. judge, probation officer)
 - **Exception:** threats to **harm** self or others, child abuse or abuse of vulnerable population
- ☐ **SO is responsible for ensuring personal privacy and privacy of youth.**
 - Maintain all information that is reviewed in the meetings confidentially
 - When telephone calls ensure complete privacy of the location
- ☐ **Therapist's signature** assuring all guidelines have been presented to SO.

Name of Therapist: _____ Date: _____

INITIAL ENLISTMENT CALL (Youth and SO)

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Phone Contact to Enhance Attendance & Participation

- Initial engagement call (client & primary significant other separately)
 - Solicit reasons for referral.
 - Empathize w/ concerns.
 - Query goals & express importance of such desires.
 - Briefly express desires will be targeted in FBT.
 - Have repeat scheduled session time & how to get to clinic.
 - Tell to come 5-mins. early to beat traffic.
 - Review obstacles to session attendance and review solutions.
- Between session calls (right after 1st visit; 2 or 3 days prior to sessions; client & significant other separately)
 - Review things done well in past.
 - Review therapy assignments.
 - Review what looking forward to in next session.



Take Out Your Initial Engagement Protocol and Let's Practice!



Initial Engagement Call (Youth and SO)

Therapist Prompting List

Youth Initials: _____ Therapist: _____ Date of Call: _____ Duration (minutes) _____

Materials Required

- Emergency Contact Form
- Athlete & SO Information & Release to Contact Form
- Supportive Other Acknowledgement Checklist (SOAC)

Initial Phone Orientation Protocols with Parent and Separately Youth

- ___ a. Introduce self (First/Last Name), & indicate role at agency.
- ___ b. State call is made in preparation for upcoming meetings.
- ___ c. Query whether youth and parent have 15 minutes to talk.
 - If yes, continue w/ protocol.
 - If no, schedule time to talk when youth and parent available.
- ___ d. Query what family hopes to achieve during upcoming meetings.
 - ___ 1. Support family statements.
 - ___ 2. Empathize w/ concerns.
- ___ e. State looking forward to working with family
- ___ f. Ask how person feels about the referral
 - ___ 1. Empathize w/ concerns
- ___ g. State how treatment can help family achieve goals
- ___ h. State time and date of first session
- ___ i. Ask to verify directions to clinic
- ___ j. State other families report high satisfaction with program
- ___ k. State expect family to benefit from program
- ___ l. Solicit best method of contact, and record telephone number.

Involvement of Significant Others with Parent Only

- ___ a. Indicate research shows family & friends help youth goal achievement.
- ___ b. Review how family & friends can be involved using Supportive Other Acknowledgement Checklist.
- ___ c. State youth **must** have SOs attend meetings, but who, and for how long is up to family.
 - State the following about SOs:
 - ___ 1. usually include family or other supportive adults
 - ___ 2. don't have to commit to all meetings.
 - ___ 3. may schedule to attend all or some of the meetings, including telephone contacts.
 - If parent expresses concerns that SO shouldn't be involved, query why & attempt to determine methods of incorporating SOs.
- ___ d. Solicit/review family & friends who can help youth achieve goals in upcoming meetings.

INITIAL ENLISTMENT CALL (Youth and SO)

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How To Manage Upset During Performance Intervention Sessions?

- Establish communication guidelines early in therapy
- Empathize with all involved parties.
- Instruct all involved parties to explain something in environment that may have contributed to undesired behavior that is beyond control.
- Instruct all involved parties to use Positive Request handout.
- Hear, Empathize, Alternatives, Review, Decide (HEARD)



Number of Sessions

- Usually 12 to 16 performance meetings.
- 60 to 90 minute meetings
- Program usually lasts 4 to 6 months.
- Sessions fade in frequency with goal accomplishment.



Prompting Checklists Guide Providers During Sessions

General content of *initial intervention meeting prompting checklists*:

1. materials required
2. rationale for performance intervention
3. steps necessary to do intervention
4. ratings of helpfulness & youth compliance

General format of *future intervention meeting prompting checklists*:

1. materials required
2. steps necessary in reviewing assignment
3. steps necessary in giving new assignment
4. ratings of helpfulness & youth compliance

-Glance at checklist, look up, and proceed to implement.

-Free to do whatever clinically indicated between prompts.



Consumer Satisfaction Scores

- After each performance intervention
- Opportunity for family to provide feedback
- Opportunity for therapist to provide feedback

___ a. Solicit how helpful youth thought intervention was using 7-pt. scale.

Record Client's Score Here: _____

___ b. Solicit how rating was derived, and methods of optimizing intervention in future.

___ c. Disclose provider's optimization score for youth (& family's) participation using 0 to 100 scale.

Factors that contribute to optimization score's:

- Attendance
- Effort
- Conduct
- Homework completion

Record Provider's Score Here: _____


___ h. Solicit how rating was derived, and methods of optimizing intervention in future.

FBT Performance Interventions for Youth

1. Preparatory:
Program Orientation
Structured Agendas

2. Motivation-Focused:
Consequence Review
Performance Planning
Contingency Management (Level System)

3. Skill-Based Modules:
Stimulus Control
Self-Control
Job Getting Skills Training
Positive Request
Reciprocity Awareness



Format of Performance Interventions

- Each performance intervention includes:
- Manual**
 - Detailed explanation of how to implement each intervention
- Initial Session Protocol**
 - Step by step checklist used the first time an intervention is implemented
- Future Session Protocol**
 - Step by step checklist used for interventions in subsequent sessions
- Worksheets**
 - Layout the steps of the specific intervention in simplified terms
- Practice Assignments**
 - Homework assignment for client/family to practice skills outside of sessions

Orientation Session

- Tailor to fit culture of agency & its needs:
 - Intervention structure & approach (e.g., number of sessions, duration)
 - Solicit feelings about referral
- Review feedback about assessment findings (to clarify accuracy and establish goals)
 - Satisfaction Scales (life satisfaction, parent satisfaction with youth, youth satisfaction with parent)
 - 0 = completely unhappy, 100 = completely happy
 - Assess how 100% satisfaction can occur in areas that are low.

Time to Practice Orientation!



Exhibit 1.1. Orientation Prompting Checklist.

ADOLESCENT ORIENTATION PROMPTING CHECKLIST

Client ID#: _____ Provider: _____ Session #: _____ Session Date: ____/____/____

Reviewer (if person completing checklist is different from treatment provider): _____

Materials Required:

- Summaries of the assessments that were administered pretreatment.
- Completed Satisfaction Scales (e.g., Parent Satisfaction with Youth, Youth Satisfaction with Parent, Youth Life Satisfaction Scale).
- Communication Guidelines Handout.

Begin Time: _____ am / pm

Program Policies

Review of General Issues Relevant to FBT Context (Client & Appropriate Significant Others):

- ____ a. Sessions may be audio-recorded so supervisors can assure compliance w/ FBT programming.
- ____ b. Explain how prompting checklists will be used during sessions to assure optimum care.
- Sessions usually:
 - ____ 1. Last 60 mins.
 - ____ 2. Occur once per week.
 - ____ 3. Last 4 to 6 months.
 - Show copy of a protocol checklist.
- ____ c. No smoking, alcohol use, or intoxication is permitted during sessions.
- ____ d. Phone calls should be avoided during sessions unless emergency or special circumstance.
- Check-up calls may occur each week between sessions so treatment provider may:
 - ____ 1. Ensure client's needs are met.
 - ____ 2. Answer questions.
 - ____ 3. Assist in obtaining referrals for additional support.
 - ____ 4. Assist w/implementation of interventions.
 - ____ 5. Assist w/practice assignments.
 - ____ 6. Develop plans in working w/court or other professionals.
 - Review following program policy issues relevant to missing sessions:
 - ____ 1. With consent, others may be notified of missed/late sessions.
 - ____ 2. Treatment provider should be contacted 24 hrs. in advance to reschedule.
 - ____ 3. Provide appointment card w/scheduled day/time of future session (tell put in conspicuous place).
- ____ e. Assure methods of contacting provider is available.
- ____ f. Assure all persons understand relevant State and federal laws, including confidentiality, and its limits.

Communication Policy

Rationale for Communication Policy (Client & Significant Others)

- Explain the following:
 - ____ a. Lots of material to cover in upcoming sessions.
 - ____ b. Important to review guidelines to maintain good communication and get through session material quickly.
 - ____ c. Guidelines apply to all family members.
 - ____ d. If a guideline is broken, person will be instructed to correct guideline.
 - ____ e. Other families have found these guidelines to be effective
 - ____ f. Solicit questions.

Review Communication Policy (Client & Significant Others)

- ____ a. Give participants a copy of Communication Guidelines Handout
- State the following guidelines and obtain commitments from each family member to comply w/each one:

ORIENTATION PROMPTING CHECKLIST

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- ___ 1. Avoid interruptions; instead, wait for person to pause or ask if it is O.K. to speak
- ___ 2. Avoid talking for more than a minute.
- ___ 3. Avoid saying "no" when someone asks for something, instead say the part you can do.
- ___ 4. Avoid rolling eyes back or using other negative facial expressions.
- ___ 5. Avoid swearing, shouting, use of sarcasm, spite, or statements that are hurtful.
- ___ 6. Avoid talking about past problems or weaknesses; instead, suggest solutions and build on strengths.
- ___ 7. Stay focused on specific desired actions, not overall criticisms of what negative attitudes are disliked.
- ___ 8. Speak in a soft and conversational tone of voice.

Case Review

Review of Client Experiences and Feelings About Referral (Client & Significant Others)

- ___ a. Review reasons for referral.
 - Empathize w/expressed concerns.
 - Generate solutions to expressed concerns.
- ___ b. Solicit problems experienced, or expected to occur w/person/agency making referral.
- ___ c. Solicit things that can be done to support family w/person/agency responsible for referral.
- ___ d. Solicit general goals.
 - Provide support/empathy, and clarify inaccuracies.

Review of Pretreatment Assessment (Usually Client & Appropriate Significant Others)

- ___ a. Solicit potential concerns w/pre-FBT assessment.
 - Empathize and/or generate solutions to manage expressed concerns.
 - For primary goals, do the following **(may need to review w/client only)**.
 - ___ 1. Solicit circumstances when goal was accomplished, if at all .
 - ___ 2. Solicit current circumstances that have, or may, facilitate goal attainment.
 - ___ 3. Solicit positive and negative consequences of goal attainment.
- ___ b. Show client completed Life Sat. Scale and Youth Sat. w/ Parent Scale **(may need to review w/client only)**.
 - ___ 1. For several areas that are rated high, query what client is doing or thinking to assist goals in area.
 - ___ 2. For several areas that are rated low, query what would need to be done to have 100% satisfaction.
- ___ c. Attempt to obtain commitment from client to attempt goal attainment.
- ___ d. Attempt commitment from significant others to help client w/ goal attainment.
- ___ e. Show parent completed Parent Satisfaction with Youth Scale **(may need to review w/appropriate significant others only)**.
 - ___ 1. For several areas that are rated high, query what parent is doing or thinking to assist goals in area.
 - ___ 2. For several areas that are rated low, query what would need to be done to have 100% satisfaction.
- ___ f. Attempt commitment from both client & significant others to help client w/ goal attainment.
- ___ g. Provide results for other assessment measures, if administered, & solicit/answer questions.
 - If disagreements occur, query reasons for disagreement, empathize, and mention the respective areas will be emphasized in treatment.
- ___ h. Query how client can be supported in life.
 - ___ 1. Show how provider will attempt to assist client & client's family:
 - supportive letters/calls w/ person(s) responsible for referral, goal achievement, keeping family together/calm home environment, assisting greater income
- ___ i. Solicit how provider can assist goals.
- ___ j. Solicit greatest motive for being involved in FBT.
- ___ k. Solicit what motivates client & family.
- ___ l. Explain success of FBT.
- ___ m. Explain how FBT is expected to be particularly beneficial to client and significant others.

ASSESSING CONSUMER SATISFACTION & COMPLIANCE OF FAMILY IN TREATMENT

Client's Assessment of Helpfulness of the Intervention

- ___ a. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:
7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful
- Record Client's Rating Here: _____
- ___ b. Solicit how rating was derived, and methods of improving intervention in future.

Provider's Rating of Client's Compliance With Intervention

- ___ a. Disclose provider's rating of client's compliance using 7-point rating scale:
7 = extremely compliant, 6 = very compliant, 5 = somewhat compliant, 4 = neutral,
3 = somewhat noncompliant, 2 = very noncompliant, 1 = extremely noncompliant
- Factors that contribute to compliance ratings are:
 - Attendance
 - Participation and conduct in session
 - Homework completion
 - Record Provider's Rating of Client's Compliance Here: _____
- ___ b. Disclose client's compliance rating.
- ___ c. Explain how rating was derived, and methods of improving performance in future.

End Time: _____ am / pm

Reviewer notes:

Exhibit 1.2. Communication Guidelines Handout.

COMMUNICATION GUIDELINES HANDOUT

<p>1. Avoid interruptions. Instead, wait for the person to pause, or ask if it is O.K. to speak.</p>

<p>2. Avoid talking for more than a minute.</p>
--

<p>3. Avoid saying “no” when someone asks for something. Instead, tell the person what you can do.</p>

<p>4. Avoid rolling eyes or using negative facial expressions.</p>

<p>5. Avoid swearing, shouting, sarcasm, or statements that are hurtful.</p>

<p>6. Avoid talking about past problems or weaknesses. Instead, suggest solutions and talk about strengths.</p>
--

<p>7. Talk about things you want, do not give criticisms about the negative attitudes you dislike.</p>

<p>8. Speak in a soft and conversational tone of voice.</p>
--

ORIENTATION PROMPTING CHECKLIST

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Exhibit 1.3. Treatment Integrity Review Form.

TREATMENT INTEGRITY REVIEW FORM
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Name of Trainer (or rater): _____ Name of Provider(s) Reviewed: _____

Date of Session Reviewed: _____ Intervention Reviewed: _____

Provider Protocol Adherence

Adherence according to provider: # of steps reportedly completed by provider divided by # of steps possible x 100 = _____.

Adherence according to rater: # of steps reportedly completed by provider divided by # of steps possible x 100 = _____.

Reliability: # of steps agreed upon by provider and trainer ÷ (# steps agreed upon by provider and trainer + # of steps disagreed upon by provider and trainer) X 100 = _____.

Provider Skill Rating

Trainer: Indicate the extent of provider skill demonstrated when implementing the intervention using the following 7 point scale:

7 = extremely skilled, 6 = very skilled, 5 = somewhat skilled, 4 = neutral,
3 = somewhat unskilled, 2 = very unskilled, 1 = extremely unskilled

Record Trainer Rating of Provider Skill Here: _____

Notes (optional):

ORIENTATION PROMPTING CHECKLIST

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Preparing Initial Drafts for Session Agendas

- Agendas are determined by performance plan & progress in therapy components.
- Review interventions planned.
- Review time needed for each intervention.
- Solicit potential modifications.

Exhibit 4.1. Session Agenda Therapist Prompting Checklist.

SESSION AGENDA THERAPIST PROMPTING CHECKLIST	
Client ID: _____	Session #: _____
Therapist: _____	Session Date: _____
Begin Time: _____	
Establishing the Session Agenda (Usually the Youth and Adult Significant Others)	
1. State/reflect connecting others and/or accomplishments occurring during last session.	
2. State planned interventions to be implemented in session & how long each will take.	
Scheduled Interventions	Estimated Time
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
Note: Complete announcements prior to session.	
3. Provide opportunity for youth/adult/other to modify proposed agenda.	
End Time: _____	

Time to Practice Creating an Agenda!



Exhibit 4.1. Session Agenda Provider Prompting Checklist.

SESSION AGENDA Provider Prompting Checklist
--

Client ID#: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Begin Time: _____ am / pm

Establishing the Session Agenda (Usually the Youth & Adult Significant Others)

- ____ 1. State/solicit outstanding efforts and/or accomplishments occurring during last session.
____ 2. State planned interventions to be implemented in session & how long each will take.

	Scheduled Interventions	Estimated Time	Rationale
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Note: Complete aforementioned table prior to session.

- ____ 3. Provide opportunity for youth/significant others to modify proposed agenda.

End Time: _____ am / pm **Notes:** _____

Consequence Review Rationale

- Youth are more likely to discontinue problem behaviors when their aversive consequences are perceived to be greater than their reinforcing aspects.
- Getting youth to be motivated to eliminate their problem behaviors is difficult because they don't truly appreciate the extent of their negative consequences.
- Consequence Review designed to increase awareness of negative consequences of problem behavior.

Consequence Review

- Provide Rationale
- Solicit at least one drug and up to several problem behaviors
- Obtain unpleasantness ratings (0 = not at all, 100 = couldn't get more unpleasant).
- Obtain initial neg. consequences
- Prompt additional neg. consequences.
 - List of Annoyances Worksheet may be helpful (See Exhibit 5.3 p. 101; also in next slide)
- Review Positive consequences
- Obtain final rating.

Exhibit 5.2. Consequence Review Worksheet.

TARGET BEHAVIORS	INITIAL RATING	INITIAL UNPLEASANT CONSEQUENCES	PROMPTED CONSEQUENCES	FINAL RATING

Consequence Review Continued

- Obtain ratings of unpleasantness and likelihood.
- Provider must use discretion in using consequences w/ high ratings in both domains as prompted consequences to review in Consequence Review Worksheet (see Exhibit 5.2)

Exhibit 5.3. Consequence Review List of Annoyances Worksheet.

CONSEQUENCE REVIEW LIST OF ANNOYANCES WORKSHEET		
ANNOYANCES	RATING OF UNPLEASANTNESS (0-100)	RATING OF LIKELIHOOD (0-100)
1. Jail or detention center (checked while sleeping, hearing, or seeing)		
2. Drug busts		
3. Negative relationships with others (checked if not involved by others)		
4. Beating/spanning others		
5. Arguments with others		
6. Disrespect from others		
7. Being held in school		
8. Getting in fights		
9. Suspensions and detentions		
10. Get in trouble at home		
11. Not being able to get a job (checking no answer)		

Time to Practice
Consequence Review!



Exhibit 5.1. Consequence Review Provider Prompting Checklist.

CONSEQUENCE REVIEW Provider Prompting List

Client ID: _____ Provider: _____ Session #: _____ Session Date: ____/____/____

Materials Required:

- Consequence Review Worksheet (CRW)
- List of Annoyances Worksheet (LAW)

Begin Time: _____ am / pm

Rationale (Client)

- ___ a. Report drugs and troublesome behaviors identified to be problematic by Client and/or others.
 - State these behaviors are difficult to eliminate:
 - ___ 1. Due to powerful positive consequences.
 - ___ 2. Because negative consequences are usually delayed, avoided, or suppressed.
- ___ b. State this intervention aimed at gaining better appreciation of neg. consequences w/ these behaviors.

Reviewing Negative Consequences (Client)

- ___ a. Insert 1 or more drugs and/or 1 or more troublesome behaviors in 1st column of CRW.
- ___ b. Obtain & record initial unpleasantness ratings for drugs & prob. behaviors in 2nd column of CRW.
 - 0 = not at all unpleasant, 100 = couldn't get any more unpleasant.
- ___ c. Obtain & record initial consequences for drugs and prob. behaviors from Client in 3rd column of CRW.
- ___ d. Prompt & record additional neg. consequences & solicit details re. unpleasantness in 4th column of CRW.
- ___ e. Instruct Client to complete LAW.
- ___ f. For annoyances in LAW rated relatively high in both unpleasantness & likelihood (both usually > 70) ask Client to indicate the drug or behavior problem listed in CRW that is most likely to lead to the annoyance.
 - e.g., "jail" might result from "stealing" behavior listed in CRW.
- ___ g. Record each solicited annoyance in 4th column of CRW in the row representing the respective behavior. If Client indicates an annoyance will not result from listed behaviors, do not include it in CRW.
- ___ h. Obtain & record more details regarding unpleasantness for prompted consequences in 4th column of CRW.
- ___ i. State consequences for each drug and troublesome behavior and after each provide empathy.
- ___ j. State consequences for each drug and troublesome behavior and after each obtain final ratings.
 - 0 = not at all unpleasant, 100 = couldn't get any more unpleasant.
- ___ k. Record each final rating in the 5th column of CRW next to its respective problem behavior.
- ___ l. For each final rating that is rated higher in unpleasantness than its initial rating, query why this is so.

Reviewing Positive Consequences (Client)

- ___ a. Discuss how Client can change behavior to make neg. consequences turn into positive consequences.
 - ___ 1. Provide encouragement and support.
 - ___ 2. Provide suggestions to assist Client in accomplishing alternative behaviors

CONSEQUENCE REVIEW

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Client's Assessment of Helpfulness with the Intervention Component

___ a. Solicit how helpful client thought intervention was using the following 7-point rating scale:

7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful

• **Record Client's Rating Here:** _____

___ b. Solicit how rating was derived, and methods of improving intervention component in future.

Provider's Optimization Rating for Client's Participation With Intervention Component

___ a. Disclose provider's rating of optimization (0 = non-optimal, 100 = optimal) with Client's participation.

• Factors that contribute to optimization rating:

- Conduct/Effort in performing skills
- Questions/comments
- Homework completion

• **Record Provider's Rating of Client's Optimization Score Here:** _____

___ b. Disclose client's optimization rating.

Explain how rating was derived, and methods of improving performance in future.

End Time: _____ am / pm **Note:** Reviewer notes can be written below:

CONSEQUENCE REVIEW

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Exhibit 5.2. Consequence Review Worksheet.

CONSEQUENCE REVIEW WORKSHEET

Target Behaviors	Initial Rating	Initial Unpleasant Consequences	Prompted Consequences	Final Rating

CONSEQUENCE REVIEW

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Exhibit 5.3. Consequence Review List of Annoyances Worksheet.

CONSEQUENCE REVIEW List of Annoyances Worksheet
--

Annoyances	Rating Of Unpleasantness (0–100)	Rating Of Likelihood
1. Jail or detention center		
2. Poor health		
3. Negative relationships with others		
4. Hurting/upsetting others		
5. Arguments with others		
6. Disrespect from others		
7. Doing bad at school		
8. Getting in fights		
9. Suspensions and detentions		
10. Get in trouble at home		
11. Not being able to get a job (having no money)		

Performance Planning Rationale

- Performance Planning is determined by youth & caregivers.
- Youth and caregivers determine the extent to which 6 skill-based performance interventions will be emphasized in therapy.

Performance Planning

- Read intervention summaries in the Intervention Summary Worksheet
 - Solicit how each intervention might be helpful
 - Agree or empathize with responses.
- I. Managing the Environment to be Substance and Trouble Free (Environmental Control)**
 Restructuring the environment to avoid and manage people, places, and situations that increase risk of using drugs and getting into trouble, and spending more enjoyable time with people, places and situations that are not associated with drug use or trouble.
- II. Managing Self to Stay Free of Drugs and Trouble (Self-Control)**
 Learning to identify circumstances that may lead to substance use or trouble, increase motivation to avoid substance use and trouble, assess chances while generating and evaluating appropriate alternatives to drug use and trouble, and being able to choose the right solutions.
- III. Improving Family Relationships (Reciprocity Awareness)**
 Family members exchange what is appreciated about each other.
- IV. Improving Communication (Positive Request)**
 Making positive requests so people are more likely to do what asked, and disagreements are settled with mutual satisfaction.
- V. Job-Getting Skills Training**
 Learning strategies to obtain satisfying jobs at higher wages.
- VI. Level System**
 Establishing systems in which avoidance of substance use and trouble are rewarded by parents.

Performance Planning

- Solicit youth & caregiver rankings of interventions using Intervention Priority Worksheet for Adolescents.
- Sum youth & caregiver intervention rankings.
- Rank summative rankings from lowest to highest priority.
- Interventions will be administered in the order to which they are prioritized (highest to lowest), which emphasizes them in therapy.

Exhibit 7.3. Intervention Priority Worksheet for Adolescents.

INTERVENTION PRIORITY WORKSHEET FOR ADOLESCENTS				
Client ID# _____		Clinician _____		Date of Session _____
Adolescent PBT Interventions	Priority Rank (Youth)	Priority Rank (Caregiver)	Sum of the Youth and Caregiver's Ranking	Priority Rank (Summed to Highest)
Managing the Environment to be Substance and Trouble Free (Environmental Control)				
Managing Self to Stay Free of Drugs and Trouble (Self-Control)				
Improving Family Relationships (Reciprocity Awareness)				
Improving Communication (Positive Request)				
Job-Getting Skills Training				

Time to Practice
Performance Planning!



Exhibit 7.1. Performance Plan for Adolescents Provider Prompting Checklist.

PERFORMANCE PLAN FOR ADOLESCENTS
Provider Prompting Checklist
Initial Session

Reviewer: _____ Date of Review: _____
Youth ID: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Materials Required:

- Intervention Summary Worksheet for Adolescents (ISWA)
- Intervention Priority Worksheet for Adolescents (IPWA)

Begin Time: _____ am / pm

Rationale (Youth and Adult Significant Others)

- ___ a. Explain Performance Planning involves youth & family determining programs to emphasize.
- ___ b. Solicit why good for family to choose order & extent to which programs are implemented.

Determination of Order of Performance Interventions (Youth and Adult Significant Others)

- ___ a. Show ISWA.
- ___ b. Disclose what each intervention targets as per worksheet, & solicit how each intervention might be helpful.
 - If family can't identify how a particular tx. is helpful, assist in explaining how it might help.
- ___ c. Show IPWA.
- ___ d. State preferred order of programs based on sum ranking of youth & adult sig. others.
- ___ e. Instruct youth & adult significant others to each rank programs in order of priority.
- ___ f. Instruct youth and adult sig. others to disclose rationale for rankings.
- ___ g. Disclose order of interventions according to the following guidelines:
 - Lowest avg. rankings for youth & adult significant others are implemented first.
 - Therapist has discretion to adjust order of implementation.
- ___ h. State order of interventions can be changed in future sessions once all interventions are attempted.

Youth's Assessment of Helpfulness with the Intervention Component

- ___ a. Solicit how helpful youth thought intervention was using the following 7-point rating scale:
7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful
 - **Record Youth's Rating Here:** _____
- ___ b. Solicit how rating was derived, and methods of improving intervention component in future.

Provider's Optimization Rating for Youth's Participation with Intervention Component

- ___ a. Disclose provider's rating of optimization (0 = non-optimal, 100 = optimal) with youth's participation.
 - Factors that contribute to optimization rating:
 - Conduct/Effort in performing skills
 - Questions/comments
 - Homework completion
 - **Record Provider's Rating of Youth's Optimization Score Here:** _____
- ___ b. Disclose youth's optimization rating.
- ___ c. Explain how rating was derived, and methods of improving performance in future.

End Time: _____ am / pm **Note:** Reviewer notes can be written on the back of this page.

INTERVENTION SUMMARY WORKSHEET FOR ADOLESCENTS

___ I. **Managing the Environment to be Substance and Trouble Free (Environmental Control)**

Restructuring the environment to avoid and manage people, places, and situations that increase risk of using drugs and getting into trouble, and spending more enjoyable time with people, places and situations that are not associated with drug use or trouble.

How might this intervention be helpful?

___ II. **Managing Self to Stay Free of Drugs and Trouble (Self-Control)**

Learning to identify circumstances that may lead to substance use or trouble, increase motivation to avoid substance use and trouble, assure calmness while generating and evaluating appropriate alternatives to drug use and trouble, and being able to choose the right solutions.

How might this intervention be helpful?

___ III. **Improving Family Relationships (Reciprocity Awareness)**

Family members exchange what is appreciated about each other.

How might this intervention be helpful?

___ IV. **Improving Communication (Positive Request)**

Making positive requests so people are more likely to do what asked, and disagreements are settled with mutual satisfaction.

How might this intervention be helpful?

___ V. **Job-Getting Skills Training**

Learning strategies to obtain satisfying jobs at higher wages.

How might this intervention be helpful?

___ VI. **Level System**

Establishing systems in which avoidance of substance use and trouble are rewarded by parents.

How might this intervention be helpful?

Exhibit 7.3. Intervention Priority Worksheet for Adolescents.

INTERVENTION PRIORITY WORKSHEET FOR ADOLESCENTS
--

Youth ID: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Adolescent FBT Interventions	Priority Rank (Youth)	Priority Rank (Caregiver)	Sum of the Youth and Caregiver's	Priority Rank (Lowest to Highest)
Managing the Environment to be Substance and Trouble Free (Stimulus Control)				
Managing Self to Stay Free of Drugs and Trouble (Self-Control)				
Improving Family Relationships (Reciprocity Awareness)				
Improving Communication Skills (Positive Request)				
Job-Getting Skills Training				
Level System				

PERFORMANCE PLAN FOR ADOLESCENTS

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[illegible]

- “Record of Chores” may assist in obtaining & monitoring chores for each level.

[illegible]

[illegible]

- Daily School Progress Report can assist in managing conduct & achievement in school w/ teachers

[illegible][illegible][illegible]

- Level System Recording Form assists in managing contingencies.
- Goals should ideally be made more specific in this form to reduce misunderstandings.

[illegible]

Take Out Your
Level System Protocol and Let's
Practice!



Exhibit 6.1. Level System Therapist Prompting Checklist Initial Session.

LEVEL SYSTEM
Therapist Prompting Checklist
Initial Session

Youth ID: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Begin Time: _____ am / pm

Providing Rationale (Both Youth & Adult Significant Others):

- ____ a. Level System (LS) is designed to motivate youth to avoid drug use and trouble.
- ____ b. LS involves parent giving youth rewards for staying clean and out of trouble.

Determining Desired Reinforcers from Youth (Youth Only):

- ____ 1. For each desired Potential Daily Reward in Rewards Worksheet assess what currently provided by parent.
 - Record in “currently receiving” column of Rewards Worksheet.
- ____ 2. Solicit “Other Potential Daily Rewards” in Potential Daily Rewards section of Rewards Worksheet.
Record in “Currently Receiving” column of Rewards Worksheet.
- ____ 3. For each desired Potential Daily Reward in Rewards Worksheet assess what is ideally desired.
 - Record in “ideally desired” column of Rewards Worksheet.
- ____ 4. For each desired Potential Bonus Reward in Rewards Worksheet assess what is ideally desired.
 - Record in “Ideally Desired” column of Rewards Worksheet.

Determining Goals w/Parent (Adult Significant Others Only)

- ____ 1. Assist parent in determining a 1st Level Goal (i.e., slight improvements in youth’s behavior) for each “Behavioral Domain” in Goals Worksheet.
 - Record goals as “1st-Level Goals” in Goals Worksheet.
 - Record all Level 1 chores in Record of Chores Worksheet (insert “X” for days chores are to be completed).
 - Record all courses in “Daily School Progress Report.”
- ____ 2. Assist in determining a 3rd-Level Goal (i.e., ideal behavior for youth) for each “Behavioral Domain” in Goals Worksheet.
 - Record these goals as “Third-Level Goals” in Goals Worksheet.
 - Record all Level 3 chores in Record of Chores Worksheet (insert “X” for days chores are to be completed).
 - Record all courses in “Daily School Progress Report.”
- ____ 3. Assist in determining a 2nd-Level Goal (i.e., behavior somewhere between slight improvement and ideal behavior) for each “Behavioral Domain” in the Goals Worksheet.
 - Record these goals as “2nd-Level Goals” in Goals Worksheet.
 - Record all Level 2 chores in Record of Chores Worksheet (insert “X” for days chores are to be completed).
 - Record all courses in “Daily School Progress Report.”

NOTE: When pressed for time, it may be beneficial to only develop level 1 goals and rewards during the first LS meeting, and develop 2nd and 3rd level goals in subsequent meetings based on negotiation -- future LS sessions would be conducted as usual.

Determining Reinforcers With Parent (Adult Significant Others Only)

- Show copy of Rewards Worksheet.
- ____ 1. Indicate youth -desired daily rewards the youth reports earning currently.
- ____ 2. Indicate youth desired daily rewards the youth would ideally like to receive.
- ____ 3. Solicit ideal daily rewards to be earned by youth for doing all Level 3 goals.
 - Record as “Parent 3rd-Level Rewards” in Rewards Worksheet.
- ____ 4. Solicit daily rewards that are slight improvements over rewards currently offered (1st level).
 - Record as “Parent 1st-Level Rewards” in Rewards Worksheet.

LEVEL SYSTEM

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- ___ 5. Determine daily rewards somewhere in middle compared w/1st-and 3rd-level rewards.
 - Record as “Parent 2nd-Level Rewards” in Rewards Worksheet.
- ___ 6. Transfer all Parent 1st-level rewards in Rewards Worksheet to 1st-Level System Recording form.

Note: 2nd- and 3rd-Level Rewards can be transferred to 2nd- and 3rd-LS Recording forms later.
- ___ 7. Disclose potential bonus rewards youth ideally desires, & for each determine bonus reward acceptable to parent.
 - Record as bonus rewards in “Bonus Rewards” section of Level System Recording form for Level 1.

Note: Bonus rewards can be inserted into the 2nd- and 3rd-LS Recording forms later.
- ___ 8. Determine number of consecutive days youth will need to perform all goals to earn each bonus reward.
 - Record # of consecutive days needed to earn each bonus reward in Level System Recording form for Level 1.

Note: # of consecutive days needed for each bonus reward can be inserted into 2nd- & 3rd-Level System Recording forms later.

Reviewing the Level System Daily Review (Youth & Adult Significant Others)

- ___ 1. Explain all daily goals for a given level must be performed to get daily rewards for same level next day.
- ___ 2. Review daily rewards listed for each of the 3 levels in Rewards Worksheet.
- ___ 3. Review goals for each of the 3 levels in Goals Worksheet.
 - ___ a. Explain how to utilize Daily School Progress Report.
 - ___ b. Explain how to determine “chores” in Record of Chores Worksheet.
- ___ 4. Explain parent must restrict all daily rewards if all goals for same level were not performed previous day.
- ___ 5. Show bonus rewards in LS Recording form and # of consecutive days in which all goals need to be accomplished to earn them.
- ___ 6. Explain youth will advance 1 level for each week in which all goals are accomplished.
- ___ 7. Explain youth will drop 1 level for each week substance use or a report of misconduct is evidenced.
- ___ 8. Explain it is parent’s discretion to determine if youth can “make up” goals that weren’t performed.
 - Make-ups need to be more difficult to achieve than original goals.
 - Make-ups should be performed prior to providing rewards during the following day.
 - Make-ups are not permitted for drug use or illicit behavior.
- ___ 9. Model how to review LS Recording form in role of parent w/ youth for hypothetical day, including:
 - ___ a. Praising performance of target behaviors.
 - ___ b. Making arrangements to provide rewards during next day.
 - ___ c. Providing next day encouragement for goals that were not accomplished.
- ___ 10. Instruct parent to review LS Recording form w/ youth for current day.
 - ___ a. Praise/prompt parent for performance of target behaviors.
 - ___ b. Praise/prompt parent for making arrangements to provide rewards next day.
 - ___ c. Praise/prompt parent for providing encouragement for goals that were not accomplished.
- ___ 11. Schedule a time for youth and parent to review level system at home each night.
- ___ 12. Instruct youth and parent to sign contract.

Youth’s Assessment of Helpfulness with the Intervention Component

- ___ a. Solicit how helpful youth thought intervention was using the following 7-point rating scale:

7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful

 - **Record Youth’s Rating Here:** _____
- ___ b. Solicit how rating was derived, and methods of improving intervention component in future.

Provider’s Optimization Rating for Youth’s Participation With Intervention Component

- ___ a. Disclose provider’s rating of optimization (0 = non-optimal, 100 = optimal) with youth’s participation.
 - Factors that contribute to optimization rating:
 - Conduct/Effort in performing skills
 - Questions/comments
 - Homework completion
 - **Record Therapist’s Rating of Youth’s Optimization Score Here:** _____
- ___ b. Disclose youth’s optimization rating.

Explain how rating was derived, and methods of improving performance in future.

Exhibit 6.2. Rewards Worksheet.

REWARDS WORKSHEET

Type of Reward	Currently Receiving	Ideally Desired	Parent 1st-Level Reward	Parent 2nd-Level Reward	Parent 3rd-Level Reward
Potential Daily Rewards					
Money					
Transportation					
Type of meal/dessert					
Cell phone use					
TV/video/games/Wii					
Time w/friends and activities					
Privacy time					
Other Potential Daily Reward:					
Potential Bonus Rewards	NA	NA	NA	NA	NA
Clothing	NA		NA	NA	NA
Magazine subscription	NA		NA	NA	NA
Bike/motorcycle/scooter/car	NA		NA	NA	NA
Letter to probation officer or others	NA		NA	NA	NA
Pet/fish	NA		NA	NA	NA
Trips w/family/friends	NA		NA	NA	NA
Own car	NA		NA	NA	NA
Phone	NA		NA	NA	NA
Gifts (computer, weights, stereo, CD player)	NA		NA	NA	NA
Own room	NA		NA	NA	NA
Sport/fitness/club membership/lessons (horseback riding, scuba, guitar)	NA		NA	NA	NA
Pet/pet supplies	NA		NA	NA	NA
Laundry	NA		NA	NA	NA
Non-drug/alc. party/get-together/barbecue	NA		NA	NA	NA
Overnight sleepover	NA		NA	NA	NA
Concerts	NA		NA	NA	NA
Other Bonus Rewards:	NA		NA	NA	NA

LEVEL SYSTEM

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Exhibit 6.3. Goals Worksheet.

GOALS WORKSHEET

Behavioral Domain	1st-Level Goals	2nd-Level Goals	3rd-Level Goals
Illegal or troublesome behavior—good conduct	Absence of misconduct reports	Absence of misconduct reports, and _____ _____.	Absence of misconduct reports, and _____ _____.
Substance use—substance free	Abstinence from illicit drugs and alcohol	Abstinence from illicit drugs and alcohol	Abstinence from illicit drugs and alcohol
Curfew	Weekdays: Weeknights:	Weekdays: Weeknights:	Weekdays: Weeknights:
Parent informed of whereabouts	Every ____ mins. When changing whereabouts	Every ____ mins. When changing whereabouts	Every ____ mins. When changing whereabouts
Communication	Talk calmly and truthfully throughout day	Talk calmly and truthfully throughout day, maintain ____ mins. conversation, and _____ _____.	Talk calmly throughout day, maintain ____ min. conversation, and _____ _____.
Chores	Record desired chores in “Record of Chores” form	Record desired chores in “Record of Chores” form.	Record desired chores in “Record of Chores” form
Work	____ hours worked/day or efforts to gain job	____ hours worked/day, and/or efforts to gain job	____ hours worked/day, and/or effort to gain job
School	____ classes need to be attended/day, with ____ classes needing satisfactory conduct and achievement “OR” demonstrated efforts to gain an education	____ classes need to be attended/day, with ____ classes needing satisfactory conduct and achievement	____ classes need to be attended/day, with ____ classes needing satisfactory conduct and achievement
Other:			

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Exhibit 6.4. Level System Recording Form.

LEVEL SYSTEM RECORDING FORM

Level: _____

Goals	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
See record of chores														
See daily school progress report														
Daily Rewards														
	NA													
	NA													
	NA													
	NA													
	NA													
	NA													
	NA													
	NA													
	NA													
	NA													
	NA													

Bonus Rewards

Reward = _____ # of days=	NA													
Reward = _____ # of days=	NA													
Reward = _____ # of days=	NA													
Reward = _____ # of days=	NA													
Reward = _____ # of days=	NA													

I promise to provide my child all listed daily rewards the day after all goals are accomplished, and to restrict my child from getting any daily reward that are listed the day after 1 or more daily rewards are not accomplished. I may permit my child to **“make up”** missed goals. I will provide bonus rewards only when my child is able to demonstrate the specified number of consecutive days of performing all goals.

Parent Signature: _____ **Date:** _____

I agree to bring this form to my parent by _____ P.M. for review. Reinforcers will be provided the next day (if earned).

Youth Signature: _____ **Date:** _____

RECORD OF CHORES

Exhibit 6.5. Record of Chores.

Chores for Level 1 Week

Chores	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Chores for Level 2

Chores	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Chores for Level 3

Chores	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

LEVEL SYSTEM

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DAILY SCHOOL PROGRESS REPORT

Exhibit 6.6. Daily School Progress Report.

Daily School Progress Report **Date:** ____/____/____

Course	Conduct and Achievement (Satisfactory/Unsatisfactory)	Signature

Dear Teachers:

Please refer to the **class** in which you are this youth's teacher (e.g., Social Studies), and indicate if this youth attended class, and if this youth's conduct and achievement were "**satisfactory**" or "**unsatisfactory**" for the day. Please also record your **signature**.

*NOTES: _____

LEVEL SYSTEM

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Exhibit 6.7. Level System Therapist Prompting Checklist Future Sessions.

Youth ID: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Begin Time: _____ am / pm

Reviewing Level System Daily Review (Youth & Adult Significant Others)

- ___ 1. Instruct family to provide completed Level System Recording form.
- ___ 2. Praise youth for outstanding efforts to complete goals.
- ___ 3. Praise parent for monitoring goal completion.
 - Use problem solving to learn methods of monitoring goal completion.
- ___ 4. Praise parent for assuring earned reinforcers were available to youth or encourage parent to provide rewards if not provided as agreed upon.
- ___ 5. Praise parent for restricting youth from accessing unearned rewards.
 - Problem-solve methods of making sure youth doesn't have access to unearned rewards.
- ___ 6. Query if level system should be modified, & modify, if desired.
 - Modify system if necessary.

Youth's Assessment of Helpfulness with the Intervention Component

- ___ a. Solicit how helpful youth thought intervention was using the following 7-point rating scale:
 7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
 3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful
 - **Record Youth's Rating Here:** _____
- ___ b. Solicit how rating was derived, and methods of improving intervention component in future.

Provider's Optimization Rating for Youth's Participation With Intervention Component

- ___ c. Disclose provider's rating of optimization (0 = non-optimal, 100 = optimal) with youth's participation.
 - Factors that contribute to optimization rating:
 - Conduct/Effort in performing skills
 - Questions/comments
 - Homework completion
 - **Record Therapist's Rating of Youth's Optimization Score Here:** _____
- ___ d. Disclose youth's optimization rating.
 Explain how rating was derived, and methods of improving performance in future.

.End Time: _____ am / pm **Reviewer notes:**

Relationship Enhancement Rationale

- Healthy relationships marked by equitable exchange of reinforcement.
- Family members express appreciation for one another.
- Implemented early in FBT, & when tension is present in family.

Relationship Enhancement

- Provide rationale
- Instruct members to record things that are appreciated about one another.
- Exchange appreciations.
- Encourage recipient to indicate these things will continue.

Exhibit 8.3. Things I Appreciate About My Family Worksheet.

THINGS I APPRECIATE ABOUT MY FAMILY WORKSHEET					
Client Name _____		Session # _____		Date of Session _____	
In the top row of the form, list the names of each of your family members (1 family member should be listed in each column). For each family member that is listed, write something that family member does for you that you appreciate. Do 1 row at a time.					
Family Member 1	Family Member 2	Family Member 3	Family Member 4	Family Member 5	Family Member 6

Relationship Enhancement

- Provide form to assign homework.
- Assist family in recording family members.
- Assign 1 appreciation for each family member each day.
- Get commitment from each member to complete assignment.
- Remind family each positive statement should be reciprocated!

Exhibit 8.4. Things I Appreciate About My Family Assignment Sheet.

THINGS I APPRECIATE ABOUT MY FAMILY ASSIGNMENT SHEET							
Client Name _____		Session # _____		Date of Session _____		Time of Session _____	
Write the name of each member of your family in the left column. At least one member of your family should be listed in each row. Each statement should be recorded under the day of the week.							
Family Member	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Take Out Your Reciprocity
Awareness Protocol and Let's
Practice!



Exhibit 8.1. Reciprocity Awareness Therapist Prompting Checklist for Initial Session.

RECIPROCITY AWARENESS
Therapist Prompting Checklist
Initial Session

Youth ID#: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Materials Required:

- Things I Appreciate About My Family Worksheet
- Things I Appreciate About My Family Assignment Sheet

Begin Time: _____ am / pm

Rationale (Youth & All Family Members)

- State (or solicit) the following:
 - ___ a. Families who appreciate one another are more likely to have good relationships.
 - ___ b. Reciprocity Awareness (RA) helps family members express their appreciation for one another.

Positive Statement Exchange (Youth & All Family Members)

- Give each family member a copy of “Things I Appreciate About My Family Worksheet.”
 - ___ a. Instruct/assist each person to record all family names on the worksheet.
 - ___ b. Instruct/assist each person to write at least one thing that is appreciated about all other family members.
 - ___ c. Instruct each family member to state one thing that is appreciated about the other family members, & after each statement, instruct the recipient to respond to appreciation w/the following:
 - ___ 1. How it felt to hear the positive statement.
 - ___ 2. Appreciation or thanks.
 - ___ 3. Stating attempt will be made to continue desired behavior.

Homework Assignment (Youth & All Family Members)

- Give each family member a copy of “Things I Appreciate About My Family Assignment Sheet.”
 - ___ a. Instruct/assist each in recording family members' names in left column of assignment sheet, except own.
 - ___ b. Inform family > 1 positive statement should be made for each person by next session.
 - ___ c. Instruct family to record each positive statement on day it occurred.
 - ___ d. Remind family each positive statement should be reciprocated.

End Time: _____ am / pm **Reviewer notes:** _____

Youth's Assessment of Helpfulness with the Intervention Component

- ___ a. Solicit how helpful youth thought intervention was using the following 7-point rating scale:
7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful

• **Record Youth's Rating Here:** _____

- ___ b. Solicit how rating was derived, and methods of improving intervention component in future.

Provider's Optimization Rating for Youth's Participation With Intervention Component

- ___ a. Disclose provider's rating of optimization (0 = non-optimal, 100 = optimal) with youth's participation.

- Factors that contribute to optimization rating:
 - Conduct/Effort in performing skills
 - Questions/comments
 - Homework completion

• **Record Therapist's Rating of Youth's Optimization Score Here:** _____

- ___ b. Disclose youth's optimization rating.

Explain how rating was derived, and methods of improving performance in future.

RECIPROCITY AWARENESS

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Exhibit 8.3. Things I Appreciate About My Family Worksheet.

THINGS I APPRECIATE ABOUT MY FAMILY WORKSHEET
--

Youth ID#: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

In the top row of the form, list the names of each of your family members (1 family member should be listed in each column). For each family member that is listed, write something that family member does for you that you appreciate. Do one row at a time.

Family Member 1	Family Member 2	Family Member 3	Family Member 4	Family Member 5	Family Member 6

RECIPROCITY AWARENESS

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Exhibit 8.4. Things I Appreciate About My Family Assignment Sheet.

THINGS I APPRECIATE ABOUT MY FAMILY ASSIGNMENT SHEET

Youth ID#: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Write the name of each member of your family in the far left column. At least one statement of appreciation should be made for each person each week. Each statement should be recorded under the day it occurred.

Family Member	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

RECIPROCITY AWARENESS

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Exhibit 8.2. Reciprocity Awareness Therapist Prompting Checklist for Future Sessions.

RECIPROCITY AWARENESS
Therapist Prompting Checklist
Future Session

Youth ID#: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Materials Required:

- Things I Appreciate About My Family Assignment Sheet

Begin Time: _____ am / pm

Homework Review (Youth & All Family Members)

- ___ a. Solicit completed assignment sheet & praise for completion or instruct family to complete in retrospect.
- ___ b. Solicit what efforts made to make appreciations.
- ___ c. Praise efforts to provide appreciations & solicit how it felt to experience appreciations.
- ___ d. Provide members with new copy of Things I Appreciate About My Family Assignment Sheet.
- ___ e. Assign members to give > 1 appreciation for each family member prior to next session.

Youth's Assessment of Helpfulness with the Intervention Component

- ___ c. Solicit how helpful youth thought intervention was using the following 7-point rating scale:

7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful

- **Record Youth's Rating Here:** _____

- ___ d. Solicit how rating was derived, and methods of improving intervention component in future.

Provider's Optimization Rating for Youth's Participation With Intervention Component

- ___ a. Disclose provider's rating of optimization (0 = non-optimal, 100 = optimal) with youth's participation.

- Factors that contribute to optimization rating:
 - Conduct/Effort in performing skills
 - Questions/comments
 - Homework completion

- **Record Therapist's Rating of Youth's Optimization Score Here:** _____

- ___ b. Disclose youth's optimization rating.

Explain how rating was derived, and methods of improving performance in future.

End Time: _____ am / pm **Reviewer notes:** _____

Time to Practice
Positive Request!

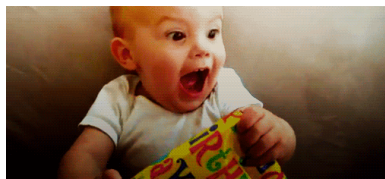


Exhibit 9.1. Positive Request Therapist Prompting Checklist for Initial Session.

POSITIVE REQUEST
Therapist Prompting Checklist
Initial Session

Client ID#: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Materials Required:

- Positive Request Handout
- Positive Request Practice Assignment Worksheet

Begin Time: _____ am / pm

Rationale (Client, Adult & Adolescent Significant Others, When Appropriate)

State each of the following:

- ___ a. PR designed to improve how requests are made in the family.
- ___ b. PR designed to teach family members to compromise without arguments.

Modeling Positive Request (Client, Adult & Adolescent Significant Others, When Appropriate)

- Distribute copies of PR handout to family members.
 - ___ a. Instruct family to use PR steps in handout when things are desired from others at home or in tx. sessions.
 - ___ b. Explain all steps will be practiced in sessions as listed, but at home it may be unnecessary to do them all.
 - ___ c. Solicit example of something that is desired by a family member.
- Model PR for solicited example, using the following steps w/person who gave example.
 - ___ 1. Request specific action using “please” and saying when action is desired.
 - ___ 2. State how it might be difficult for other person to do the request.
 - ___ 3. State how it might be good for the person if the request gets done.
 - ___ 4. State how it might be good for you if the request gets done.
 - ___ 5. State how you can help the person get the request done.
 - ___ 6. State how you will reward the other person if the requested action gets done.
 - ___ 7. Tell other person you’d appreciate the request getting done.
 - ___ 8. Suggest something as an acceptable alternative.
 - ___ 9. Ask person to suggest alternative action if request can’t be done.
- ___ d. State that if the request is denied by recipient, the recipient should do a PR as a compromise.
 - When motivation is low, to increase client “buy-in” query why each step is important prior to modeling.

Role-playing of Positive Request by Family Members (Client, Adult & Adolescent Significant Others, When Appropriate)

- ___ a. Solicit someone to practice PR w/TP (usually person who participated in the modeled role-play).
- ___ b. Solicit from the volunteer an example of something desired.
 - Usually best to make a hypothetical, silly request (moving pen to other side of the table).
 - Recipient of request shouldn’t respond until all steps are finished.
- ___ d. Instruct volunteer to initiate PR using PR Handout.
- ___ e. Instruct recipient to either accept request or attempt compromise using PR Handout as a guide.
 - Assist all family members in practicing PRs, as appropriate.

Assigning Homework (Client, Adult & Adolescent Significant Others, When Appropriate)

- ___ a. Distribute PR Practice Assignment Worksheets.
- ___ b. Instruct family to do at least 1 PR prior to next session, & record in PR Practice Assignment Worksheet.
- ___ c. Review how to complete PR Practice Assignment Worksheet.

POSITIVE REQUEST

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Youth's Assessment of Helpfulness with the Intervention Component

___ a. Solicit how helpful youth thought intervention was using the following 7-point rating scale:

7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful

• **Record Youth's Rating Here:** _____

___ b. Solicit how rating was derived, and methods of improving intervention component in future.

Provider's Optimization Rating for Youth's Participation With Intervention Component

___ a. Disclose provider's rating of optimization (0 = non-optimal, 100 = optimal) with youth's participation.

• Factors that contribute to optimization rating:

- Conduct/Effort in performing skills
- Questions/comments
- Homework completion

• **Record Therapist's Rating of Youth's Optimization Score Here:** _____

___ b. Disclose youth's optimization rating.

Explain how rating was derived, and methods of improving performance in future.

End Time: _____ am / pm **Notes:** _____

Exhibit 9.2. Positive Request Handout.

POSITIVE REQUEST HANDOUT

1. Briefly state what exactly is wanted and when it is wanted (use “please”).
2. State how you think it might be difficult for the person to do the request.
3. State how it might be good for other person if the request gets done.
4. State how it would be good for you if the request gets done.
5. Tell how you could help the other person to do the request.
6. Tell how you will reward the person if the request gets done.
7. Tell the person you’d appreciate the request being done .
8. Suggest an acceptable alternative if the person can’t do what is being asked.
9. Ask person to suggest an acceptable alternative if the person can’t do request.

NOTE: Respond to Positive Requests by first stating what was liked about HOW request was made, then either accept or make own Positive Request.

POSITIVE REQUEST

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Exhibit 9.3. Positive Request Practice Assignment Worksheet.

POSITIVE REQUEST PRACTICE ASSIGNMENT WORKSHEET

Client ID#: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Write a description of what was requested and how you used each step of Positive Request.

What was requested:	
Was the request specific? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you say please? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you state when the action was desired? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
What did you say was difficult for the person if request was done?	
What did you say might it be good for other person if request was done?	
What did you say might be good for you if request was done?	
<u>How did you offer</u> to help other person do the request?	
What did you offer to do for the person if request was performed?	
Did you say you'd appreciate the action being done?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was your alternative action?	
Did you ask person to provide alternative if unable to do request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Write the result of your request:	

POSITIVE REQUEST

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Exhibit 9.4. Positive Request Therapist Prompting Checklist for Future Sessions.

**POSITIVE REQUEST
Therapist Prompting Checklist
Future Sessions**

Client ID#: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Materials Required:

- Positive Request Handout
- Positive Request Practice Assignment Worksheet

Begin Time: _____ am / pm

Reviewing Homework (Client, Adult & Adolescent Significant Others, When Appropriate)

- Distribute PR Handout
 - ___ a. Solicit completed PR Practice Assignment Worksheets.
 - ___ b1. Review homework & instruct family to demonstrate how PR was performed.
OR
 - ___ b2. If PR was not used, instruct family to role play PR using hypothetical situation following PR handout.
 - ___ c. Instruct family to attempt 1 PR prior to next session & provide new PR Practice Assignment Worksheet.

Youth's Assessment of Helpfulness with the Intervention Component

- ___ a. Solicit how helpful youth thought intervention was using the following 7-point rating scale:
7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful
- **Record Youth's Rating Here:** _____
- ___ b. Solicit how rating was derived, and methods of improving intervention component in future.

Provider's Optimization Rating for Youth's Participation With Intervention Component

- ___ c. Disclose provider's rating of optimization (0 = non-optimal, 100 = optimal) with youth's participation.
 - Factors that contribute to optimization rating:
 - Conduct/Effort in performing skills
 - Questions/comments
 - Homework completion
 - **Record Therapist's Rating of Youth's Optimization Score Here:** _____
- ___ d. Disclose youth's optimization rating.
Explain how rating was derived, and methods of improving performance in future.

End Time: _____ am / pm **Notes:** _____

Environmental/Stimulus Control

- Triggers in the environment lead to drug use and problem behaviors.
- In this intervention, client & family members are taught to identify “at-risk” and “safe” triggers for client.
- The team then works to restructure the environment to minimize time with “at-risk” items.

-
-
-
-
-
-

[illegible]

- [illegible]

Environmental/Stimulus Control

• Use the “Things to Do and Places I Like to Visit Worksheet” to generate additional “Safe” items.

Exhibit 10.4. Things to Do and Places I Like to Visit.

youth ID _____	_____	_____	_____
_____	_____	_____	_____
<p>Instructions: Put an “X” next to each thing you like to do and place you like to visit that does not involve drugs or alcohol and is healthy for your family.</p> <ul style="list-style-type: none">• Attending sporting events, football, baseball, hockey, etc.• Consuming creative activities• Attending school activities, visit museum or historical site• Read papers for community events or jobs• City-sponsored school/dance/drama, band, sport leagues, bowling, yoga, photography/sewing/knitting, school clubs)• Participating in outdoor events (fishing, picnicking, swimming, camping, skiing/sledging, ice skating, hiking, gardening)• Collecting garbage, turtles, seashells, etc.• Computer games• Practicing a musical instrument, dancing• Playing board and/or games• Talking on the phone• Cooking• Write/videotape a play• Volunteer at the national school or charitable organization• Read stories to/with children• Start a club (book club, poetry club/sports)• Keep a journal and write every week• Work on their school, writing letters about the pictures• Painting/crafting, drawing• Doing repair work (car repair, landscaping, fixing car)• Family gatherings (invite friends to spend time w/ family)• Organize a family reunion• Employment work• Volunteering for community or school• Lifestyle (school bus, books, movies, games)			

- | Exhibit 10.4. Things to Do and Places to Visit. | | |
|--|-----------|-----------|
| Year/Dist. | Classroom | Scenes/Ex |
| <p>Instruction: Put up a sign that says "things you like to do and places you'd like to visit that don't cost money."</p> | | |
| <ul style="list-style-type: none"> • Attending sporting events, football, baseball, hockey, etc. • Community centers • City-sponsored activities, state museum or historic site • Road trips for community events • Museums (child-like, adult, hands-on, sports, bowling, yoga, photography, swimming) • Participating in outdoor events (hiking, picnicking, swimming, camping, skiing/snowing) • Community centers • Attending church, concerts, movies, etc. • Community games • Participating in musical instruction, dancing • Playing board and card games • Taking on a phone • Writing/videotape a play • Writing a letter to the shelter or charitable organization • Road trips to visit state children • Road trips to check out the city (parent) • Going to a juvenile and visiting children • Working on a project, writing notes about the pictures • Parenting network, discussion • Using story writing (journaling, blogging, being an) • Family gatherings (family French to spend time w/ family) • Creating a family museum • Employment • Volunteering for community or school • Lifesize (child and books, stories, etc.) | | |

Environmental/Stimulus Control

- Use “Things That May Lead to Drug Use and Other Problem Behaviors” Worksheet to generate additional “At-risk” items.

Exhibit 10.5. Things That May Lead to Drug Use and Other Problem Behaviors.

Youth ID: _____ Clinician: _____ Session #: _____ Session Date: _____

Instructions: If you have used illicit drugs (drugs), or gotten in trouble, with any of the following risk factors, please indicate this with a check.

People

☐ Friends/Peers/Acquaintance

☐ Coworkers

☐ Family

Places and Situations

☐ Attending parties or get-togethers

☐ Smoking cigarettes

☐ Drinking alcohol

☐ Being angry or sad

☐ Stress

☐ Being bored

☐ Being alone

☐ Experiencing tension

☐ Having lots of cash available

☐ Car

☐ Specific times of day

☐ Excessiveness/excess

☐ Celebrations

☐ Being in places where you have used before (e.g., parks, casinos, people's homes)

Environmental/Stimulus Control

- Solicit family activity

Exhibit 10.6. Family Invitation for Fun.

Family Invitation for Fun

What are we going to do?

When are we going to do the fun activity?

Who is going to attend the fun activity?

We can't wait to have fun!

Environmental/Stimulus Control

- Future sessions involve:
 - Reviewing assigned family activity, & assign another activity.
 - Meeting w/ youth & caregiver to review Safe Items.
 - Meeting w/ youth & caregivers individually to review At-Risk items.
 - Solicit things youth did (or can do) to stay clean & out of trouble.
 - Solicit things caregiver did (or can do) to assist youth in staying clean & out of trouble.

Time to Practice Environmental Control!



Exhibit 10.1. Environmental (Stimulus) Control Therapist Prompting Checklist for Initial Session.

ENVIRONMENTAL (STIMULUS) CONTROL
Therapist Prompting Checklist
Initial Session

Youth ID#: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Materials Required:

- Safe and At-Risk Associations List (SARAL)
- Things I Like to Do and Places I Like to Visit List (TILDPLVL)
- Things That May Lead to Drug Use and Other Problem Behaviors (TLDUOPB)
- Family Invitation for Fun Form (FIFF)

Begin Time: _____ am / pm

Presenting Rationale (Youth & Adult Significant Others)

- State the following:
 - ___a. Things in environment make drug use & troublesome behaviors more or less likely to occur.
 - ___b. Youth & sig. other will together develop safe list of people, places, and situations that increase likelihood of staying clean from drugs & avoiding problem behavior.
 - ___c. Youth & sig. others will separately develop at-risk list of people, places, and situations that decrease likelihood of staying clean from drugs and avoiding problem behavior.
 - ___d. Lists will be reviewed each session to discover how to enjoy more time w/safe items & avoid risky items.

Obtaining “Safe” Associations (Youth & Adult Significant Others)

- ___a. Solicit enjoyable people, places, & situations not involved in drug use/problem behavior.
- ___b. Solicit enjoyable people, places & situations from TILDPLVL not involved in drug use/ problem behavior.
- ___c. Record solicited safe stimuli in the Safe column of the SARAL.
 - If time permits, solicit things liked about safe items.

Obtaining “At-Risk” Associations (Youth)

- ___a. Solicit people, places and situations that have involved drug use and problem behavior.
- ___b. Solicit people places, & situations from TILDPLVL that have involved drug use or problem behavior.
- ___c. Record solicited at-risk stimuli in the At-Risk column of the SARAL.
- ___d. Query if information in at-risk lists should remain confidential, & modify future reviews accordingly.

Obtaining “At-Risk” Associations (Adult Significant Others)

- ___a. Solicit people, places & situations that have involved drug use & problem behavior in youth.
- ___b. Solicit people, places, situations from TLDUOPB that have involved drug use or problem behavior in youth.
- ___c. Record solicited at-risk stimuli in the At-Risk column of the SARAL.
- ___d. Query if information in at-risk lists should remain confidential, & modify future reviews accordingly.

Reviewing Safe and At-Risk Associations List (Youth & Adult Significant Others)

- ___a. Review how youth & sig. others can each increase youth’s time & enjoyment w/safe stimuli.
- ___c. Review how youth & sig. others can decrease youth’s time & risk w/at-risk stimuli.
 - If time permits, solicit things liked and disliked about at-risk items.
 - Suggest solutions that may help increase time spent in safe situations.
 - Praise suggestions that assist youth in spending more time w/safe stimuli.
 - Praise suggestions that assist youth in spending less time w/at-risk stimuli.

Planning a Family Activity (Youth and All Family Members)

- ___a. Generate and assign family activity using FIFF.

ENVIRONMENTAL (STIMULUS) CONTROL

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Youth's Assessment of Helpfulness with the Intervention Component

- ___ a. Solicit how helpful youth thought intervention was using the following 7-point rating scale:
7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful

• **Record Youth's Rating Here:** _____

- ___ b. Solicit how rating was derived, and methods of improving intervention component in future.

Provider's Optimization Rating for Youth's Participation With Intervention Component

- ___ a. Disclose provider's rating of optimization (0 = non-optimal, 100 = optimal) with youth's participation.

- Factors that contribute to optimization rating:
 - Conduct/Effort in performing skills
 - Questions/comments
 - Homework completion

• **Record Therapist's Rating of Youth's Optimization Score Here:** _____

- ___ b. Disclose youth's optimization rating.

Explain how rating was derived, and methods of improving performance in future.

End Time: _____ am / pm **Notes:** _____

Exhibit 10.2. Environmental (Stimulus) Control Therapist Prompting Checklist for Future Sessions.

ENVIRONMENTAL (STIMULUS) CONTROL
Therapist Prompting Checklist
Future Session

Youth ID#: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Materials Required:

- Safe and At-Risk Associations List (SARAL)
- Family Invitation for Fun Form (FIFF)

Begin Time: _____ am / pm

Reviewing Safe and At-Risk Associations Recording Sheet (Youth & Adult Significant Others)

- ___a. Provide Safe and At-Risk Associations List (SARAL).
- ___b. Instruct youth to put checks in boxes for days in which time was spent w/stimuli.
- ___c. Review completed SARAL, including:
 - ___1. Solicit actions performed w/stimuli to stay clean and free of problems.
 - ___2. Encourage/descriptively praise actions consistent w/staying clean & free of problems.
 - ___3. Encourage/assist in plans to stay clean & free of problems.
 - ___4. Integrate other FBT interventions, including:
 - adding target behaviors & rewards to Level System
 - practicing Job-Getting Skills Training
 - practicing Positive Requests
 - using Self-Control
 - enhancing overall tone in family relationship (Reciprocity Awareness).

Reviewing Family Activity (Youth and All Family Members)

- ___a. Solicit completed copy of Family Invitation for Fun Form (FIFF).
- ___b. Instruct family to discuss what they liked about the activity they performed (or would have if performed).
- ___c. Reinforce family for positive experiences, and encourage future family activities.
- ___d. Provide Family Invitation for Fun Form, & schedule new activity.

Youth's Assessment of Helpfulness with the Intervention Component

- ___a. Solicit how helpful youth thought intervention was using the following 7-point rating scale:
7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful

● **Record Youth's Rating Here:** _____

- ___b. Solicit how rating was derived, & methods of improving intervention component in future.

Provider's Optimization Rating for Youth's Participation With Intervention Component

- ___c. Disclose provider's rating of optimization (0 = non-optimal, 100 = optimal) with youth's participation.

- Factors that contribute to optimization rating:
 - Conduct/Effort in performing skills
 - Questions/comments
 - Homework completion

● **Record Therapist's Rating of Youth's Optimization Score Here:** _____

- ___d. Disclose youth's optimization rating.

Explain how rating was derived, and methods of improving performance in future.

End Time: _____ am / pm **Notes:** _____

ENVIRONMENTAL (STIMULUS) CONTROL

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Exhibit 10.3. Safe and At-Risk Associations List.

SAFE AND AT-RISK ASSOCIATIONS LIST

Instructions: Please indicate each day you spent time with each item on your safe list and at-risk list over the past week.

[illegible]

ENVIRONMENTAL (STIMULUS) CONTROL

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Exhibit 10.4. Things I Like to Do and Places I Like to Visit List.

THINGS I LIKE TO DO AND PLACES I LIKE TO VISIT LIST

Instructions: Put an “X” next to each thing you like to do and place you like to visit that does not involve drug use and/or benefits your family.

- ☐ Attending sporting events, football, baseball, hockey, etc.
- ☐ Community center activities
- ☐ City-sponsored activities, visit museum or historical site
- ☐ Read paper for community events or jobs
- ☐ Attending school/clubs (choir, band, sport leagues, bowling, yoga, photography, sewing/knitting, school clubs)
- ☐ Participating in outdoor events (hiking, picnicking, swimming, camping, skiing/sledding, fishing, hunting, gardening)
- ☐ Attending church, temple, mosque, etc.
- ☐ Computer games
- ☐ Practicing a musical instrument, dancing
- ☐ Playing board and card games
- ☐ Talking on the phone
- ☐ Cooking
- ☐ Write/videotape a play
- ☐ Volunteer at the animal shelter or charitable organization
- ☐ Read stories to/entertain children
- ☐ Start a club (book club, poetry club/party)
- ☐ Keep a journal and write every week
- ☐ Work on photo album, writing stories about the pictures
- ☐ Painting/artwork, drawing
- ☐ Doing repair work (carpentry, landscaping, fixing car)
- ☐ Family gatherings (invite friends to spend time w/family)
- ☐ Organize a family reunion
- ☐ Employment/work
- ☐ Volunteering for community or school
- ☐ Libraries (check out books, movies, games)

ENVIRONMENTAL (STIMULUS) CONTROL

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Exhibit 10.5. Things That May Lead to Drug Use and Other Problem Behaviors.

**THINGS THAT MAY LEAD TO DRUG USE AND
OTHER PROBLEM BEHAVIORS**

Instructions: If you have used illicit drugs/alcohol, or gotten in trouble with any of the following risk factors, please indicate this with a check.

People

- ☐ Friends/Peers/Acquaintance
- ☐ Coworkers
- ☐ Family

Places and Situations

- ☐ Attending parties or get-togethers
- ☐ Smoking cigarettes
- ☐ Drinking alcohol
- ☐ Being angry or sad
- ☐ Stress
- ☐ Being bored
- ☐ Being alone
- ☐ Experiencing tension
- ☐ Having lots of cash available
- ☐ Car
- ☐ Specific times of day
- ☐ Excitement/anxiety
- ☐ Celebrations
- ☐ Being in places where you have used before (e.g., parks, casinos, people's homes)

ENVIRONMENTAL (STIMULUS) CONTROL

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Exhibit 10.6. Family Invitation for Fun.

FAMILY INVITATION FOR FUN

What are we going to do?

When are we going to do the fun activity?

Who is going to attend the fun activity?

WE CAN'T WAIT TO HAVE FUN!

ENVIRONMENTAL (STIMULUS) CONTROL

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Self Control

- Drug use & troublesome behavior are associated with w/ impulse control problems.
- Self Control designed to teach clients to identify antecedents to problem behavior, and generate and rehearse non-problem behaviors.

Self Control

- Solicit trigger situation.
- Role-play self control trials.

Exhibit 11.2 Self-Control Rating Form.

SELF CONTROL RATING FORM		Record Results for Session with client		Record Results for Session with staff	
		Session #1	Session #2	Session #1	Session #2
1. Stage	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
2. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
3. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
4. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
5. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
6. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
7. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
8. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
9. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
10. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
11. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
12. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
13. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
14. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
15. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
16. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
17. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
18. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
19. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced
20. Check for understanding	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced	Stage to be practiced

Take Out Your Self Control Protocol and Let's Practice!



Prompting Checklist 10.1. Self-Control Provider Prompting Checklist for Initial Session.

SELF-CONTROL
Provider Prompting Checklist
Initial Session

Client ID: _____ Provider: _____ Session #: _____ Session Date: ____/____/____

Materials Required:

- Self-Control Rating Form (SCRF), 1 copy for client, 1 copy for client

Note: Although this checklist will be utilized to target drug use and problem behavior primarily, Self-Control (SeC) is robust, and may be utilized to ameliorate various impulsive/disruptive behaviors, such as HIV risk behaviors, school truancy, symptoms associated w/ mental health disorders, aggression, arguments, aversive thoughts associated w/ traumatic experiences, etc.

Begin Time: _____ am / pm

Rationale (Client & Adult Significant Others)

- Review the following:
 - ___ a. SeC assists in decreasing drug use & other problem behaviors.
 - ___ b. SeC improves recognition of cues that signal urges or desires to use drugs or do things that may lead to problems.
 - ___ c. SeC assists in learning to generate effective alternatives.
 - ___ d. Solicit how SeC will be useful.
 - ___ e. Explain how SeC is expected to be useful.
 - ___ f. Solicit & answer questions.

Identification of At Risk Situation for Drug Use (Usually Client Alone)

- Explain each of the following:
 - ___ a. Things in environment that lead to drug use called triggers.
 - ___ b. Brainstorm drug use triggers for the client.
 - ___ c. Easier to focus drug urges or desires when these triggers are 1st recognized, before they intensify.
 - ___ d. Practice trials will be performed “thinking out loud” to assist in managing triggers to drug use.
 - ___ e. Solicit recent situation in which drug urges or use occurred.
 - If client resistant, choose item from Environmental Control At-Risk list and use hypothetical situation.
 - ___ f. Assist client in identifying 1st thought of drug use in solicited situation (use backward chaining).

Modeling SeC Procedure for Identified Drug Use Situation (Usually Client & Adult Significant Other)

- ___ a. Provide SCRF form to Client.
- ___ b. Model 9 steps in SeC Rating form for earliest trigger in solicited situation, including:
 - ___ 1. Focus!
 - ___ 2. State 1 neg. consequence of drug use for self.
 - ___ 3. State 1 neg. consequence for friends/loved ones.
 - ___ 4. 5 to 10 seconds of deep, rhythmic breathing and/or a muscle relaxation.
 - ___ 5. State 4 drug incompatible behaviors.
 - ___ 6. Briefly evaluate some of the pro’s and con’s for significant incompatible behaviors.
 - ___ 7. Imagine doing 1 or more of the drug incompatible behaviors.
 - ___ 8. Imagine telling loved one about drug incompatible behavior & person responding positively.
 - ___ 9. State several + consequences that might result from drug incompatible behavior.

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Evaluation of Provider's Performance for 1st Drug Use Trial (Usually Client & Adult Significant Other)

- ___ a. Record trial 1 and date in client & provider versions of SCRF.
 - ___ 1. Record word to describe solicited situation in client & provider versions of SCRF.
 - Client scores provider's performance on client's copy of this rating form.
- ___ b. Instruct client to grade each step in SCRF form using 0 to 100% correctness scale.
- ___ c. After soliciting client scores for each SeC step, do each of the following:
 - ___ 1. Disclose provider's score.
 - ___ 2. State how client and provider scores were consistent.
 - ___ 3. Ask what client liked about modeled step.
 - ___ 4. Ask what client would do differently, if anything.
 - ___ 5. Agree w/ areas of client's critique, & suggest methods of improving in future.
- ___ d. State likelihood of using drugs immediately prior to stating focus in the trial (0=not thinking about drugs, 100=using drug).
 - ___ 1. Show where to record this rating in SCRF.
- ___ e. State likelihood of using drugs immediately after the last step in the trial (0=not thinking about drugs, 100=using drugs).
 - ___ 1. Show how to record this rating in SCRF.
- ___ f. Disclose which step helped decrease likelihood of drug use most.
 - ___ 1. Record # of most helpful step in SCRF.

Client's 1st SeC Trial for Drug Use Situation (Usually Client Alone)

- ___ a. For most recent drug use situation, instruct client to do following 9 steps:
 - ___ 1. Focus!
 - ___ 2. State 1 neg. consequence of drug use for self.
 - ___ 3. State 1 neg. consequence for friends/loved ones.
 - ___ 4. 5 to 10 seconds of deep, rhythmic breathing and/or a muscle relaxation.
 - ___ 5. State 4 drug incompatible behaviors.
 - ___ 6. Briefly evaluate some of the pro's and con's for significant incompatible behaviors.
 - ___ 7. Imagine doing 1 or more of the drug incompatible behaviors.
 - ___ 8. Imagine telling loved one about drug incompatible behavior & person responding positively.
 - ___ 9. State several + consequences that might result from drug incompatible behavior.
 - Provide the following assistance throughout the trial:
 - ___ a. Prompt client in performing steps, fading assistance w/ improved performance.
 - ___ b. Make suggestions to better performance.

Evaluation of Client's 1st SeC Trial for Drug Use Situation (Usually Client Alone)

- ___ a. Instruct client to complete SCRF, assisting as necessary.
 - Provider scores client's performance on provider's copy of this rating form.
- ___ b. Instruct client to grade each step & record in SCRF using 0 to 100% correct sale.
- ___ c. Solicit client's scores, and after each score is reported perform the following:
 - ___ 1. Disclose provider's score.
 - ___ 2. State how client and provider scores were consistent.
 - ___ 3. Ask what client would do differently in the implementation of the step.
 - ___ 4. Express areas of agreement w/ client's critique, & suggest ways to improve in future.
- ___ d. Solicit client's rating of likelihood of using drugs immediately prior to stating "focus" in the trial.
- ___ e. Solicit client's rating of likelihood to using drugs immediately after performing last step in trial.
- ___ f. Solicit which step helped decrease likelihood to engage in drug use the most.
 - ___ 1. Encourage client to emphasize this step when practicing SeC.

Identification of At-Risk Situation for Problem Behavior (Usually Client Alone)

- Explain each of the following:
 - ___ a. There are things in environment that lead to problems called triggers.
 - ___ b. Brainstorm triggers to problems experienced by client.

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- ___ c. Easier to focus problems when triggers are 1st recognized, before they intensify.
- ___ d. Practice trials will be performed “thinking out loud” to assist in managing triggers to problems.
- ___ e. Solicit recent situation in which a problem was experienced.
 - If client is resistant, choose item from Environmental Control At-Risk list and use hypothetical situation.
- ___ f. Assist client in identifying 1st thought leading to problem in solicited situation (use backward chaining).

Modeling 1st SeC Trial for Problem Behavior (Usually Client & Adult Significant Other)

- ___ a. Model 9 steps on SCRF to prevent earliest trigger in solicited situation, including:
 - ___ 1. Focus!
 - ___ 2. State 1 neg. consequence of problem behavior for self
 - ___ 3. State 1 neg. consequence of problem behavior for friends/loved ones
 - ___ 4. 5 to 10 seconds of deep, rhythmic breathing and/or a muscle relaxation
 - ___ 5. State 4 behaviors that are incompatible w/ problem behavior
 - ___ 6. Briefly evaluate some of the pro’s and con’s for incompatible behaviors.
 - ___ 7. Imagine doing one or more of the incompatible behaviors.
 - ___ 8. Imagine telling friend/family member about having done the alternative behaviors.
 - ___ 9. State several positive consequences that might result from the alternative behaviors.

Evaluation of 1st Trial for Problem Behavior (Usually Client & Adult Significant Other)

- ___ a. Record trial 3 and date in SCRF for client and provider.
- ___ b. Record cue word to describe situation in SCRF.
- ___ c. Solicit each of the client’s scores, and do the following for each step:
 - ___ 1. Disclose provider’s score.
 - ___ 2. State how client and provider scores were consistent.
 - ___ 3. Ask what client liked about the provider’s performance.
 - ___ 4. Ask what client would do differently, if anything.
 - ___ 5. Agree w/ areas of client’s critique, & suggest methods of improving future performance.
- ___ d. Solicit client’s rating of likelihood of avoiding problem immediately prior to stating “focus” in the trial.
- ___ e. Solicit client’s rating of likelihood of avoiding problem immediately after performing last step in the trial.
- ___ f. Solicit which step helped decrease likelihood to engage in problem behavior.
 - ___ 1. Encourage client to emphasize this step when practicing self-control.

Client’s 1st SeC Trial for Problem Situation (Usually Client Alone)

- ___ a. For most recent problem situation, instruct client to do following 9 steps:
 - ___ 1. Focus!
 - ___ 2. State 1 neg. consequence of problem behavior for self.
 - ___ 3. State 1 neg. consequence of problem behavior for friends/loved ones.
 - ___ 4. 5 to 10 seconds of deep, rhythmic breathing and/or a muscle relaxation.
 - ___ 5. State 4 behaviors that are incompatible w/ problem behavior.
 - ___ 6. Briefly evaluate some of the pro’s and con’s for incompatible behaviors.
 - ___ 7. Imagine doing one or more of the incompatible behaviors.
 - ___ 8. Imagine telling friend/family member about having done the alternative behaviors.
 - ___ 9. State several positive consequences that might result from the alternative behaviors.
 - Provide the following assistance throughout the trial:
 - ___ a. Prompt client in performing steps, fading assistance w/ improved performance.
 - ___ b. Make suggestions to better performance.

Evaluation of Client’s 1st SeC Trial for Problem Situation (Usually Client Alone)

- ___ a. Instruct client to complete SCRF, assisting as necessary.
 - Provider scores client’s performance on provider’s copy of this rating form.
- ___ b. Solicit client’s scores, and after each score is reported perform the following:
 - ___ 1. Disclose provider’s score.

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- ___ 2. State how client and provider scores were consistent.
- ___ 3. Ask what client liked about the performance.
- ___ 4. Ask what client would do differently in the implementation of the step.
- ___ 5. Express areas of agreement w/ client's critique, & suggest ways of improving.
- ___ c. Solicit client's rating of likelihood of doing problem behavior prior to stating "focus" in the trial.
- ___ d. Solicit client's rating of likelihood of doing problem behavior after last step in the trial.
- ___ e. Solicit which step helped increase likelihood of avoiding problems.
 - ___ 1. Encourage client to emphasize this step when practicing self-control.
- Additional trials are completed at discretion of provider, but not recorded for adherence.
- Situations for additional trials often come from at risk list in Environmental Control or behavioral goals.
- Can do additional trials w/ adolescent or adult significant others at provider's discretion (usually sign. others are faded into room).

Client's Assessment of Helpfulness of the Intervention

- ___ a. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:
 7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
 3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful
 - **Record Client's Rating Here:** _____
- ___ b. Solicit how rating was derived, and methods of improving intervention in future.

Provider's Rating of Client's Compliance With Intervention

- ___ a. Disclose provider's rating of client's compliance using 7-point rating scale:
 7 = extremely compliant, 6 = very compliant, 5 = somewhat compliant, 4 = neutral,
 3 = somewhat noncompliant, 2 = very noncompliant, 1 = extremely noncompliant
 - Factors that contribute to compliance ratings are:
 - Attendance
 - Participation and conduct in session
 - Homework completion
 - **Record Provider's Rating of Client's Compliance Here:** _____
- ___ b. Disclose client's compliance rating.
- ___ c. Explain how rating was derived, and methods of improving performance in future.

End Time: _____ am / pm

Prompting Checklist 10.2. Self-Control Provider Prompting Checklist for Future Sessions.

SELF-CONTROL
Provider Prompting Checklist
Future Sessions

Client ID: _____ Provider: _____ Session #: _____ Session Date: ____/____/____

Materials Required:

- Self-Control Rating Form (SCRF)

Note: Although this checklist will be utilized to target drug use and problem behavior primarily, Self-Control (SeC) is robust, and may be utilized to ameliorate various impulsive/disruptive behaviors, such as HIV risk behaviors, school truancy, symptoms associated w/ mental health disorders, aggression, arguments, aversive thoughts associated w/ traumatic experiences, etc.

Begin Time: _____ am / pm

Reviewing Drug Use and Problem Behavior Trials (Client & Significant Other, If Appropriate)

- ___ a. Solicit a recent drug use or problems situation.
- ___ b. For most recent drug use or problem situation, instruct client to do following 9 steps:
 - ___ 1. Focus!
 - ___ 2. State 1 neg. consequence of drug use or other problem behavior for self.
 - ___ 3. State 1 neg. consequence of drug use or other problem behavior for friends/loved ones.
 - ___ 4. 5 to 10 seconds of deep, rhythmic breathing and/or a muscle relaxation.
 - ___ 5. State 4 behaviors that are incompatible w/ drug use or other problem behavior.
 - ___ 6. Briefly evaluate some of the pro's and con's for incompatible behaviors.
 - ___ 7. Imagine doing one or more of the incompatible behaviors.
 - ___ 8. Imagine telling friend/family member about having done the alternative behaviors.
 - ___ 9. State several positive consequences that might result from the alternative behaviors.
- Provide the following assistance throughout the trial:
 - ___ a. Prompt client in performing steps, fading assistance w/ improved performance.
 - ___ b. Make suggestions to better performance.
- ___ c. Ask what was generally liked about client's performance.
- ___ d. Instruct client to complete SCRF (provider completes own copy)
- ___ e. Solicit client's scores, and after each score is reported perform the following:
 - ___ 1. Disclose provider's score.
 - ___ 2. State how client and provider scores were consistent.
 - ___ 3. Ask what client liked about the performance.
 - ___ 4. Ask what client would do to enhance scores.
 - ___ 5. Express areas of agreement w/ client's critique, & suggest how to improve performance.
- ___ f. Solicit client's rating of likelihood to perform undesired behavior immediately before stating focus in trial.
- ___ g. Solicit client's rating of likelihood to perform undesired behavior after last step in trial.
- ___ h. Solicit which step decreased likelihood of engaging in undesired behavior the most.

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Client's Assessment of Helpfulness of the Intervention

___ c. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:

7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,

3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful

• **Record Client's Rating Here:** _____

___ d. Solicit how rating was derived, and methods of improving intervention in future.

Provider's Rating of Client's Compliance With Intervention

___ a. Disclose provider's rating of client's compliance using 7-point rating scale:

7 = extremely compliant, 6 = very compliant, 5 = somewhat compliant, 4 = neutral,

3 = somewhat noncompliant, 2 = very noncompliant, 1 = extremely noncompliant

• Factors that contribute to compliance ratings are:

- Attendance
- Participation and conduct in session
- Homework completion

• **Record Provider's Rating of Client's Compliance Here:** _____

___ b. Disclose client's compliance rating.

___ c. Explain how rating was derived, and methods of improving performance in future.

End Time: _____ am / pm

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Worksheet 10.1. Self-Control Rating Form Worksheet.

SELF-CONTROL RATING FORM

Client ID: _____ Provider: _____ Session #: _____ Session Date: ____/____/____

Instructions: For each drug use or other problem situation trial, record date and word to describe the situation. Grade steps 1-9 using a 0 to 100% scale of correctness (0% = forgot to do step, 100% = did perfectly) and list solutions and pros/cons. Then record pre- and post-likelihood ratings (0=not even thinking about drug use or problem, 100 = engaging in drug use or problem behavior). Record which of the 9 steps helped the most in decreasing the likelihood of drug use or problems.

Self-Control Steps	Record details to describe each step	Rate your performance on a scale of 0-100%	Record details to describe each step	Rate your performance on a scale of 0-100%	Record details to describe each step	Rate your performance on a scale of 0-100%
	Trial # 1		Trial # 2		Trial # 3	
	Date: _____		Date: _____		Date: _____	
	Word to describe situation _____		Word to describe situation _____		Word to describe situation _____	
1) Focus!						
2) One bad thing for self						
3) One bad thing for others						
4) Take a deep breath & relax						
5) State 4 solutions	1. 2. 3. 4.		1. 2. 3. 4.		1. 2. 3. 4.	
6) Briefly evaluate some of the pro's and con's for significant incompatible behaviors.	1. 2. 3. 4.		1. 2. 3. 4.		1. 2. 3. 4.	
7) Imagine doing 1 or more solution(s)						
8) Imagine telling someone about using the solution brainstormed						
9) State positive things that will happen as a result of using the solution						
Pre-Likelihood rating						
Post-Likelihood rating						
Step that helped the most and why it helped the most						

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Job-Getting Skills Training

- Employment is usually incompatible with drug use/problem behavior because it raises self-worth and provides learning opportunities.
- Job-Getting Skills Training may be used to assist youth in getting job interviews, and doing well in these interviews.

Gaining Employment

- Review how a job would be helpful.
- Determine 3 strengths of client in gaining employment.
- Determine potential employers.
- Use Job Interviewing Skills Worksheet to role-play job-interview solicitation and later do on telephone.
- Role-play preparation of job interview using Job Interviewing Skills Worksheet.
- Assist youth in making phone calls to potential employers.

Table 12.2 Job Interviewing Skills Worksheet

Instructions: Follow these steps when attempting to set up an interview with a manager or owner for a job.

1. Introduce yourself.
2. Ask the name of the manager or owner.
3. Ask to speak with the manager.
If asked why you are calling, say "I am calling to see if you have any openings." If you are not sure, say "I am calling to see if you have any openings."
4. When manager answers, do the following:
a. Thank manager for taking call (State if response related yes).
b. Ask for qualifications and personal strengths.
c. Ask for schedule for personal interview (ask if other than office qualifications).
d. If scheduled, ask for location and time for the interview.
e. If manager not available, ask for a return call time.
f. If manager not available, ask for a return call time.

Signature for Customer Interview Questions

1. Tell me about yourself.
2. Why are you interested in this job?
3. What are some of your strengths and weaknesses?
4. Why did you leave your last job?
5. Why should we hire you?

Time to Practice Job-Getting Skills Training!



Exhibit 12.1. Job-Getting Skills Training Provider Prompting Checklist for Initial Session.

JOB-GETTING SKILLS TRAINING
Provider Prompting Checklist
Initial Session

Youth ID#: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Materials Required:

- Interviewing Skills Worksheet (ISW)

Rationale for Job Interview Solicitation (Youth & Adult Significant Others)

- ___ a. Query why a satisfying job would be important.
- ___ b. Solicit components of a dream job or career.
- ___ c. Solicit benefits of a dream job or career.
- ___ d. Solicit methods of making the dream job or career happen.
- ___ e. Determine solutions to obstacles involved in obtaining a “dream job.”
 - Problem-solve if necessary.
- ___ f. State JG is designed to obtain job interviews.
- ___ g. State JG helps individuals learn how to present themselves well during interviews.

Modeling Solicitation of Job Interview (Youth & Adult Significant Others)

- Provide youth a copy of ISW.
- Model the following telephone interviewing components:
 - ___ a. Introduce self.
 - ___ b. Solicit name of manager on shift.
 - ___ c. Ask to speak w/manager.
 - ___ 1. If asked what it is regarding, state it is “personal.”
 - ___ 2. If unavailable, disclose that you will call back (do not leave a message to call back).
 - ___ d. When manager answers do the following:
 - ___ 1. Introduce self.
 - ___ 2. Thank manager for taking call.
 - ___ 3. List a few qualifications or personal strengths.
 - ___ 4. Solicit an in-person interview to discuss qualifications.
 - ___ e. If manager can’t arrange interview, attempt to schedule later time.
 - ___ f. If not scheduled, solicit referral to other employers & verify it’s O.K. to reference manager.

Youth Role-Play of Job Interview Solicitation (Youth & Adult Significant Others)

- ___ a. Instruct youth to solicit interview w/MHP pretending to be potential employer via phone using ISW.
- ___ b. Prompt or descriptively praise youth for performing each of the following:
 - ___ 1. Introduce self.
 - ___ 2. Solicit manager on shift.
 - ___ 3. Ask to speak w/ manager.
 - ___ a. If asked what it is regarding, state it is “personal.”
 - ___ b. If unavailable, disclose that you will call back.
 - ___ 4. When manager answers, do the following:
 - ___ a. Introduce self.
 - ___ b. Thank manager for taking call.
 - ___ c. List a few qualifications or personal strengths.
 - ___ d. Solicit an in-person interview.
 - ___ i. If manager can’t arrange interview, attempt to schedule later time.
 - ___ ii. If not scheduled, solicit referral to other similar employers.

Youth Job Interview Solicitation w/ Potential Employer (Youth & Adult Significant Others)

- ___ a. Instruct youth to solicit interview w/potential employer via phone using ISW.
- ___ b. Prompt youth in performing each of the following steps, if not initiated by youth:
 - ___ 1. Introduce self.

JOB-GETTING SKILLS TRAINING

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- ___ 2. Solicit manager on shift.
- ___ 3. Ask to speak w/ the manager.
 - ___ a. If asked what it is regarding, state it is "personal."
 - ___ b. If unavailable, disclose that you will call back.
- ___ 4. When manager answers do the following:
 - ___ a. Introduce self.
 - ___ b. Thank manager for taking call.
 - ___ c. List a few qualifications or personal strengths.
 - ___ d. Solicit an in-person interview.
 - ___ i. If manager can't arrange interview, attempt to schedule later time.
 - ___ ii. If not scheduled, solicit referral to other similar employers.
- ___ c. Descriptively praise youth after call is completed.

Preparation for Job Interview (Youth & Adult Significant Others)

- ___ a. Review how to dress formally for interview.
 - Indicate to hide tattoos; don't wear nose rings, hats, torn, ill-fitting, baggy, or worn clothing, or gaudy jewelry.
- ___ b. Review customs of interviews, including what to say or not say.
 - keep conversation focused on youth's strengths, be honest, use passion words, state positive qualities of employer and agency and others.
 - Don't speak derogatorily about other employers or other people.
- ___ e. Role-play responses to following list of common interview questions:
 - ___ 1. Tell me about yourself.
 - ___ 2. Why do you want to work here?
 - ___ 3. What are some of your strengths and weaknesses?
 - ___ 4. Why did you leave your last job?
 - ___ 5. Why should we hire you?
 - State if offer is made youth should indicate happiness w/offer, but that hoping for more given personal strengths and qualifications.

Youth's Assessment of Helpfulness with the Intervention Component

- ___ a. Solicit how helpful youth thought intervention was using the following 7-point rating scale:
 - 7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure, 3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful
 - **Record Youth's Rating Here:** _____
- ___ b. Solicit how rating was derived, and methods of improving intervention component in future.

Provider's Optimization Rating for Youth's Participation With Intervention Component

- ___ c. Disclose provider's rating of optimization (0 = non-optimal, 100 = optimal) with youth's participation.
 - Factors that contribute to optimization rating:
 - Conduct/Effort in performing skills
 - Questions/comments
 - Homework completion
 - **Record Provider's Rating of Youth's Optimization Score Here:** _____
- ___ d. Explain how rating was derived, and methods of improving performance in future.

Exhibit 12.2. Job Interviewing Skills Worksheet.

JOB INTERVIEWING SKILLS WORKSHEET
--

Instructions: Follow these steps when attempting to set up an interview with an employer over the phone.

1. Introduce yourself.

2. Ask the name of the manager on shift.

3. Ask to speak with the manager.

- If asked why or what call is regarding, answer “it’s personal.”
- If manager is unavailable, state that “you’ll call back.”

4. When manager answers, do the following:

- Introduce self.
- Thank manager for taking call (& state if someone referred you).
- State a few qualifications or personal strengths:
 - a. _____
 - b. _____
 - c. _____
- Ask to schedule an interview to further discuss qualifications.
 - a. If scheduled: state you’re looking forward to the interview.
 - b. If manager can’t arrange interview: attempt to schedule a later time.
 - c. If manager can’t schedule later time: ask for referral.

Prepare for Common Interview Questions

1. Tell me about yourself.

2. Why do you want to work here?

3. What are some of your strengths and weaknesses?

4. Why did you leave your last job?

5. Why should we hire you?

Exhibit 12.3. Job-Getting Skills Training Provider Prompting Checklist for Future Sessions.

JOB-GETTING SKILLS TRAINING
Provider Prompting Checklist
Future Sessions

Youth ID#: _____ Clinician: _____ Session #: _____ Session Date: ____/____/____

Materials Required:

- Interviewing Skills Worksheet (ISW)

Begin Time: _____ am / pm

Youth Solicits Interview With Provider's Assistance (Youth & Adult Significant Others)

- ___ a. Instruct youth to solicit an interview w/a potential employer over the telephone utilizing the ISW as a guide.
- ___ b. Assist youth in performing each of the following:
 - ___ 1. Introduce self.
 - ___ 2. Solicit manager on shift.
 - ___ 3. Ask to speak w/manager.
 - ___ a. If asked what it is regarding, state it is "personal."
 - ___ b. If unavailable, disclose that you will call back.
 - ___ 4. When manager answers do the following:
 - ___ a. Introduce self.
 - ___ b. Thank manager for taking call.
 - ___ c. List a few qualifications or personal strengths.
 - ___ d. Solicit an in-person interview to further discuss qualifications.
 - ___ i. If manager can't arrange interview, attempt to schedule later time.
 - ___ ii. If not scheduled, solicit referral to other similar employer & verify it's O.K. to reference the manager.
- ___ c. Review things to focus on during job interviews, as well as things to avoid during job interviews.

Youth's Assessment of Helpfulness with the Intervention Component

- ___ a. Solicit how helpful youth thought intervention was using the following 7-point rating scale:
7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful

- **Record Youth's Rating Here:** _____

- ___ b. Solicit how rating was derived, and methods of improving intervention component in future.

Provider's Optimization Rating for Youth's Participation With Intervention Component

- ___ c. Disclose provider's rating of optimization (0 = non-optimal, 100 = optimal) with youth's participation.

- Factors that contribute to optimization rating:
 - Conduct/Effort in performing skills
 - Questions/comments
 - Homework completion

- **Record Provider's Rating of Youth's Optimization Score Here:** _____

- d. Explain how rating was derived, and methods of improving performance in future.

Future Directions

-Effectiveness trials specific to evaluating training models.

-Continuing to build website & training materials to assist dissemination.

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