

Adult-Focused Family Behavior Therapy

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Workshop Agenda

Theory

Evidence

Overview

Therapeutic Style

Performance Interventions

AGENDA

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Introductions

1. Name

2. Current positions

3. Experiences to assist learning FBT (or experiences that have helped to learn FBT)

4. Experiences hoping to gain in the FBT training

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## 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

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## 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).



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## 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

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## Evidence for FBT

### Controlled Studies

Azrin, Acierno 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., 2014

### Uncontrolled Studies

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

## Mechanisms of Change in FBT



- Intervention attempts to prevent antecedent conditions that facilitate drug use & other problem behaviors by:
  - Enhancing social relationships and skills needed to establish abstinence and pro-social behavior.
  - Teaching strategies to prevent urges and impulsive behaviors that make drug use and other problem behaviors easier.
  - Allowing or facilitating neg. consequences for drug use and other problem behaviors.

## Outcome Success

- Avoidance of substance misuse:
- Mood
- Relationships with Family, Teammates, Coaches, and Friends
- Conduct
- Employment/School Attendance
- Child Care and Protection
- Decreased Anxiety, including PTSD
- Sport Performance



### FBT Intervention Components in Adults

- ♦ Structured Agendas
- ♦ Program Orientation
- ♦ Goals and Rewards
- ♦ Intervention Planning
- ♦ Relationship Enhancement
- ♦ Communication Skills Training
- ♦ Environmental Control
- ♦ Self Control
- ♦ Job Skills Training
- ♦ Financial Management
- ♦ Planning for Success

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### Format of Intervention Components

- Each intervention component includes:
- Manual
  - Detailed explanation of how to implement each intervention
- Initial Session Protocol
  - Step by step checklist used 1st time an intervention is implemented
- Future Session Protocol
  - Step by step checklist used for interventions in subsequent sessions
- Worksheets
  - Assist clients in understanding interventions
- Practice Assignments
  - Homework assignments for client & family to practice skills outside sessions

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### 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 exclusive individual applications, and add: as 7. FBT has been anecdotally field tested in groups, although group applications of FBT have yet to be evaluated in formalized trials.
  7. FBT has been anecdotally field tested in groups, although group applications of FBT have yet to be evaluated in formalized trials.

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## Assessment

- Administer assessment measures before, during & after intervention
- Person administering, interpreting, and recording assessment needs to be legally, competently, and ethically qualified
- Measures must be consistent with presenting problems and agency requirements (Allen, Donohue, Sutton, Haderlie, and LaPota, 2009).
  - Broad-screen urinalysis testing/breathalyzers
  - Self-reports of substance use (e.g., Timeline Follow-back)
  - Measures of psychiatric symptoms & mental health diagnoses
  - Family Environment Scale/satisfaction measures
  - Home tours



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## Therapeutic Style and Approach

- Differential Reinforcement
- Descriptive Praise
- Eliminate Blame (Blame the Situation or Environment)
- Learn by Doing (Role-playing)
- Involve Significant Others
- Target Antecedents to Problem Behavior
- Permit Negative Consequences to Occur After Undesired Behavior

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## 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.

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## 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.

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## Significant Other Support

- Identified client
- Primary sig. others = usually partner/family/close friend(s)
- 2ndry sig. others = other family/friends
- Sig. others need to be:
  - 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)



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## What if a Significant Other is Unavailable for Session?

- Emphasize intervention components that do not require participation of significant others.
- Indicate *not applicable* (NA) for prescribed protocol steps in prompting checklists not conducted due to absence of sig. other.
  - These instructional steps are not considered for intervention integrity.

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Take Out Your SO Contact Form  
and SO Acknowledgment Form!



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## CLIENT & 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: ☐ parent/caregiver (1); ☐ grandparent (2); ☐ other family member (3); ☐ spouse/intimate partner (4); ☐ coworker (5); ☐ friend (6).  
 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

**Please report an additional person who could attend at least some of the FBT meetings with you:**

2) Name: \_\_\_\_\_  
 Relationship to you: ☐ parent/caregiver (1); ☐ grandparent (2); ☐ other family member (3); ☐ spouse/intimate partner (4); ☐ coworker (5); ☐ friend (6).  
 Email Address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Please list which of the following options are possible:  
       \_\_\_\_\_ In Person        \_\_\_\_\_ Video Conferencing        \_\_\_\_\_ Telephone Conferencing

**If you DID NOT indicate a parent/spouse/intimate partner above, please report a parent/spouse/intimate partner who could participate in the FBT meetings with you:**

3) Name: \_\_\_\_\_  
 Relationship to you: ☐ parent/caregiver (1); ☐ grandparent (2); ☐ other family member (3);  
 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 could attend at least some of the FBT meetings with you:**

4) Name: \_\_\_\_\_  
 Relationship to you (client): ☐ parent/caregiver (1); ☐ grandparent (2); ☐ other family member (3); ☐ spouse/intimate partner (4); ☐ coworker (5); ☐ friend (6); ☐ None (7).  
 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 intervention meetings and to review their role and expectations in being my supportive other. I also give permission to contact the above persons to review my participation in the program, including information relevant to my effort with goals. This authorization is good for one year.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

CLIENT & SO INFORMATION & RELEASE TO CONTACT FORM

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## Supportive Other Acknowledgement Checklist (Client & Supportive Other)

- ☐ Attend meetings w/ Client and Provider through telephone, videoconferencing or live.
  - Meetings target achieving Client'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 SOs role will always be focused on supporting the Client 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.
- ☐ 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 Client.
  - Maintain all information that is reviewed in the meetings confidentially
  - When telephone calls ensure complete privacy of the location

The following information was reviewed with the supportive other (SO) and client prior to involvement in FBT meetings.

Name of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

INITIAL ENLISTMENT CALL (Client 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 1<sup>st</sup> 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.



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



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## Initial Engagement Call (Client and Supportive Other) Provider Prompting List

Client identification: \_\_\_\_\_ Provider: \_\_\_\_\_ Date of Call: \_\_\_\_\_ Duration (minutes) \_\_\_\_\_

### **Initial Phone Orientation Protocols (with Client)**

- \_\_\_\_ a. Introduce self (First/Last Name), & indicate role at agency.
- \_\_\_\_ b. State call is made in preparation for upcoming FBT meetings (assure client knows about them).
- \_\_\_\_ c. Query whether person has 15 minutes to talk.
  - If yes, continue w/ protocol, and if no, schedule time to talk when available.
- \_\_\_\_ d. Query what is desired during upcoming FBT meetings.
  - \_\_\_\_ 1. Provide supportive statements.
  - \_\_\_\_ 2. Empathize w/ concerns.
- \_\_\_\_ e. State looking forward to meetings.
- \_\_\_\_ f. Ask how person feels about referral.
  - \_\_\_\_ 1. Empathize w/ concerns.
- \_\_\_\_ g. State how treatment can help family achieve goals.
- \_\_\_\_ h. State clinic location, time and date of first meeting.
- \_\_\_\_ i. Ask to verify clinic location, time, and date of first meeting.
- \_\_\_\_ j. State other clients report high satisfaction with program.
- \_\_\_\_ k. State how client is expected to benefit from program
- \_\_\_\_ l. Solicit best method of contact, and record telephone number.

### **Rationale for Involving Significant Others in Meetings (with Client)**

- \_\_\_\_ a. Indicate research shows family & friends are in an optimum position to assist goal achievement.
- \_\_\_\_ b. Indicate how family & friends can be involved in FBT meetings:
  - \_\_\_\_ 1. Content of discussion is future-focused, strength-based, skill building, and client guided.
  - \_\_\_\_ 2. Provider will help SOs assist client w/ goal attainment & therapy assignment completion.
  - \_\_\_\_ 3. Provider can assist SOs in communication guidelines/skills
  - \_\_\_\_ 4. SOs usually include family or other supportive adults of client's choice.
  - \_\_\_\_ 5. SOs don't have to attend all meetings, or the entire meeting.
  - \_\_\_\_ 6. Involved via telephone contacts, videoconferencing, in person.
  - If client expresses concerns that SO shouldn't be involved, query why, empathize & attempt to determine methods of incorporating SOs.
- \_\_\_\_ c. Indicate 1<sup>st</sup> meeting will better review potential SOs and how to involve them, if at all.
- \_\_\_\_ d. Indicate SO participation is completely voluntary, & SO may withdraw at any time.
- \_\_\_\_ e. Indicate SO will be told to keep information in meetings confidential unless legally not able.
  - when meeting participation is on telephone, Client should ask SO to assure private location.
  - exceptions include mandate from judge, child maltreatment, suicidal/homicidal intent.
  - verify relevant federal and State laws to assure all exceptions are reported.
- \_\_\_\_ f. Attempt to obtain permission to do Initial Phone Orientation w/ SO.

### **Initial Phone Orientation Protocols (with Supportive Other)**

- \_\_\_\_ a. Introduce self (First/Last Name), & indicate role at agency.
- \_\_\_\_ b. State call is made in preparation for client's upcoming FBT meetings (assure client knows about them).
- \_\_\_\_ c. Query whether person has 15 minutes to talk.
  - If yes, continue w/ protocol, and if no, schedule time to talk when available.
- \_\_\_\_ d. Indicate research shows family & friends are in optimum position to assist goal achievement of clients
- \_\_\_\_ e. Indicate how family & friends can be involved in FBT meetings:
  - \_\_\_\_ 1. Content of discussion is future-focused, strength-based, skill building, and client guided.
  - \_\_\_\_ 2. Provider will help SOs assist client w/ goal attainment & therapy assignment completion.

INITIAL ENLISTMENT CALL (Client and SO)

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- \_\_\_ 3. Provider can assist SOs in communication guidelines/skills
- \_\_\_ 4. SOs usually include family or other supportive adults of client's choice.
- \_\_\_ 5. SOs don't have to attend all meetings, or the entire meeting.
- \_\_\_ 6. Involved via telephone contacts, videoconferencing, in person.
- If SO doesn't want to be involved, query why, empathize & attempt to determine methods of incorporating SOs.
- \_\_\_ f. Indicate 1st meeting will better review potential SOs and how to involve them, if at all.
- \_\_\_ g. Indicate SO participation is completely voluntary, & SO may withdraw at any time.
- \_\_\_ h. Obtain commitment from SO to keep information in meetings confidential unless legally not able.
  - when meeting participation is on telephone, client should ask SO to assure private location.
  - exceptions include mandate from judge, child maltreatment, suicidal/homicidal intent.
  - verify relevant federal and State laws to assure all exceptions are reported.
- \_\_\_ i. Query what is desired during upcoming meetings.
  - \_\_\_ 1. Provide supportive statements.
  - \_\_\_ 2. Empathize w/ concerns.
- \_\_\_ j. State looking forward to meetings.
- \_\_\_ k. Ask how person feels about client's referral.
  - \_\_\_ 1. Empathize w/ concerns.
- \_\_\_ l. State how treatment can help family achieve goals.
- \_\_\_ m. State clinic location, time and date of first meeting.
- \_\_\_ n. Ask to verify clinic location, time, and date of first meeting.
- \_\_\_ o. State other SOs report high satisfaction with program.
- \_\_\_ p. State how SO is expected to benefit from program
- \_\_\_ q. Solicit best method of contact, and record telephone number.

INITIAL ENLISTMENT CALL (Client 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)



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### 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.



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### 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.



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Consumer Satisfaction Scores

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

\_\_\_ a. Solicit how helpful client 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 client (& 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:** \_\_\_\_\_

\_\_\_ d. Solicit how rating was derived, and methods of optimizing intervention in future.

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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

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Orientation Session

- Includes client & significant others at start of therapy to review:
  - 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, sig. other w/ client, client w/ sig. other)
      - 0 = completely unhappy, 100 = completely happy
    - Assess how 100% satisfaction can occur in areas that are low.

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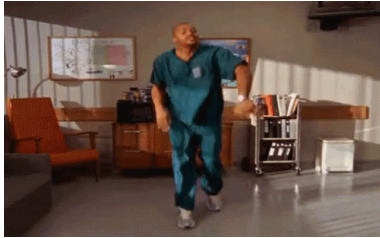
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Take Out Your Orientation Protocol and  
Let's Practice!



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**Exhibit 1.1.** Orientation Prompting Checklist.

**ADULT 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 Life Satisfaction Scale (possibly Couple Satisfaction Scales, if intimate partner present).
- 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:
    - \_\_\_\_ 1. Avoid interruptions; instead, wait for person to pause or ask if it is O.K. to speak

ORIENTATION PROMPTING CHECKLIST

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- \_\_\_ 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
  - \_\_\_ 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 completed Couple Satisfaction Scales to client & intimate partners.
  - \_\_\_ 1. For several areas that are rated high, query what couple 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.

<b>COMMUNICATION GUIDELINES HANDOUT</b>
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<b>1. Avoid interruptions.</b> Instead, wait for the person to pause, or ask if it is O.K. to speak.
--

<b>2. Avoid talking for more than a minute.</b>
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<b>3. Avoid saying “no” when someone asks for something.</b> Instead, tell the person what you can do.
--

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

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

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

<b>7. Talk about things you want, do not give criticisms about the negative attitudes you dislike.</b>
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<b>8. Speak in a soft and conversational tone of voice.</b>
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ORIENTATION PROMPTING CHECKLIST

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**Exhibit 1.3.** Treatment Integrity Review Form.

<b>TREATMENT INTEGRITY REVIEW FORM</b>
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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):**

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ORIENTATION PROMPTING CHECKLIST

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## Preparing Initial Drafts for Session Agendas

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

SESSION AGENDA	
THERAPY PROMPTING CHECKLIST	
Client ID: _____	Session # _____ Session Date: _____
Begin Time: _____	
Establishing the Session Agenda (Usually the Youth and Adult Significant Others)	
<input type="checkbox"/> 1. State which outstanding efforts and/or accomplishments occurred during last session. <input type="checkbox"/> 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 aforementioned table prior to session.	
____ 3. Provide opportunity for youth/significant others to modify proposed agenda.	
End Time: _____	

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## Time to Practice Creating an Agenda!




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**Prompting Checklist 4.1.** Session Agenda Provider Prompting Checklist.

<b>SESSION AGENDA</b> <b>Provider Prompting Checklist</b>
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Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Begin Time:** \_\_\_\_\_ am / pm

**Establishing the Session Agenda (Usually Client & 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 client and significant others to modify proposed agenda.

**End Time:** \_\_\_\_\_ am / pm

SESSION AGENDA

Page 1 of 1

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## Intervention Planning Rationale

- Intervention Plans determined by client & sig. others.
- Client & sig. other(s) determine extent to which interventions will be emphasized in therapy.

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## Intervention Priority Worksheet

- Read summaries
- Solicit how helpful
- Obtain rankings from client & sig. other
- Sum priorities
- Implement interventions in order corresponding to rankings (lowest to highest)

FFT Interventions	How Helpful?	Priority Rank for Client (lowest to highest)	Priority Rank for Significant Other (lowest to highest)	Priority Rank from Interviewer (lowest to highest)
<b>Establishing Relationship Skills and Other Workplace Behaviors</b>				
a) Establishing Control = Learning to establish a role or job, negotiating issues with people, others, and situations that do not provide help or as needed. How might this be useful?	a)	a)	a)	a)
b) Self Control = Learning to control impulses, anger, & thoughts that increase drug use and other problems. How might this be useful?	b)	b)	b)	b)
<b>Improving Communication &amp; Relationships</b>				
a) I've Got a Great Family = Family members learn to communicate, things that are, others, respect or appreciate about each other. How might this be useful?	a)	a)	a)	a)
b) Positive Request = Learning how to ask others requests or things are more likely to do what you want, and have and what is best for both relationships. How might this be useful?	b)	b)	b)	b)
<b>Learn New Skills</b>				
a) Job-Getting Skills Training = Learning ways to find interesting job opportunities and to learn job interviewing skills. How might this be useful?	a)	a)	a)	a)
b) Financial Management = Learning how to reduce expenses and increase income. How might this be useful?	b)	b)	b)	b)

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## Time to Practice Treatment Planning!




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**Prompting Checklist 6.1. Treatment Planning Provider Prompting Checklist**

**TREATMENT PLANNING**  
**Provider Prompting Checklist**  
Initial Session

Client ID: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

- Intervention Priority Worksheet (IPW)

**Begin Time:** \_\_\_\_\_ am / pm

**Developing the Treatment Plan**

- \_\_\_ a. Distribute IPW to client and significant other(s).
- \_\_\_ b. State what each treatment targets as per 1<sup>st</sup> column in IPW, & solicit how each tx. would be useful.
  - If family indicates tx. will not be helpful, assist in explaining how it has helped others.
  - If family continues to believe the tx. will not be helpful, disclose it will not be implemented.
  - Notes regarding perceptions of usefulness may be recorded in 2<sup>nd</sup> column.
- \_\_\_ c. State txs. will be introduced according to summed ranking of client & adult sig. others.
- \_\_\_ d. Instruct client & significant others to each rank interventions in order of priority (expected usefulness).
  - Rankings can be determined w/ client and adult sign. others together or separately.
  - Record their rankings in the IPW 3<sup>rd</sup> and 4<sup>th</sup> columns.
- \_\_\_ e. Instruct client & adult sign. others to disclose how they arrived at their rankings & praise their decisions.
- \_\_\_ f. Sum rank scores & state txs. will be introduced according to derived ranking (smallest to highest).
  - Provider has discretion to adjust order of implementation.
  - Record sum of rank scores in the IPW.
- \_\_\_ g. State order of implementation may be adjusted during session agendas.
- \_\_\_ h. State order of treatments can be changed in future sessions once all interventions are attempted.

**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

TREATMENT PLANNING

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**Worksheet 6.1.** Intervention Priority Worksheet.

## INTERVENTION PRIORITY WORKSHEET

Client ID: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FBT Interventions	How Helpful?	Priority Rank for Client (lowest # is top priority)	Priority Rank for Significant Other (lowest # is the top priority)	Priority Rank Sum (lowest # is the top priority)
<b>Eliminating Substance Abuse and Other Problem Behaviors</b>  <b>a) Environmental Control</b> = Learning to arrange your life so you can spend more time with people, places, and situations that do not involve drug use or trouble. - How might this be useful?  <b>b) Self Control</b> = Learning to control impulses, urges, & thoughts that increase drug use and other problems. -How might this be useful?	a)          b)	a)          b)	a)          b)	a)          b)
<b>Improving Communication &amp; Relationships</b>  <b>a) I've Got a Great Family</b> = Family members learn to communicate things they love, admire, respect or appreciate about each other. - How might this be useful?  <b>b) Positive Request</b> = Learning how to best make requests so people are more likely to do what you want, and how and when it's best to settle disagreements. - How might this be useful?	a)          b)	a)          b)	a)          b)	a)          b)
<b>Show Me the Money!</b>  <b>a) Job-Getting Skills Training</b> = Learning ways to find satisfying job opportunities and to learn job interviewing skills. - How might this be useful?  <b>b) Financial Management</b> = Learning how to reduce expenses and increase income. - How might this be useful?	a)          b)	a)          b)	a)          b)	a)          b)

TREATMENT PLANNING

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## Establishing Goals and Rewards for Maintaining a Drug-Free Lifestyle

- There are people, places, emotions, thoughts, and situations that trigger drug use.
- Client will set goals with sig other assistance to stay clean.
- Drug-Incompatible Goals Worksheet establishes lifestyle choices and behavioral stimulus which lead to drug use.
- (Child Welfare Only) Positive Parenting Goals focuses on life goals the client feels will facilitate desired parenting behavior.
- Primary Goals worksheet focused on life goals the client feels will maintain drug-free lifestyle.

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## Drug Incompatible Goals Worksheet

- Provide rationale
  - Choose goals from list
  - Get rewards from sig. other for doing goals
  - Provide sig. other rewards.
- Review DIG worksheet
- Assist client with creating specific drug incompatible goals w/ sig. other.

Drug Incompatible Goals Worksheet			
Client: _____, Christian: _____, Session #: _____, Session Date: _____		Therapist: _____, Session #: _____, Session Date: _____	
<b>1. Choose drug incompatible goals from the list below, including the drug incompatible goals worksheet.</b> a. Choose goals from the list below that are drug incompatible goals. b. Choose goals from the list below that are drug incompatible goals.	<b>2. Choose drug incompatible goals from the list below, including the drug incompatible goals worksheet.</b> a. Choose goals from the list below that are drug incompatible goals. b. Choose goals from the list below that are drug incompatible goals.	<b>3. Choose drug incompatible goals from the list below, including the drug incompatible goals worksheet.</b> a. Choose goals from the list below that are drug incompatible goals. b. Choose goals from the list below that are drug incompatible goals.	<b>4. Choose drug incompatible goals from the list below, including the drug incompatible goals worksheet.</b> a. Choose goals from the list below that are drug incompatible goals. b. Choose goals from the list below that are drug incompatible goals.
<b>5. Choose drug incompatible goals from the list below, including the drug incompatible goals worksheet.</b> a. Choose goals from the list below that are drug incompatible goals. b. Choose goals from the list below that are drug incompatible goals.	<b>6. Choose drug incompatible goals from the list below, including the drug incompatible goals worksheet.</b> a. Choose goals from the list below that are drug incompatible goals. b. Choose goals from the list below that are drug incompatible goals.	<b>7. Choose drug incompatible goals from the list below, including the drug incompatible goals worksheet.</b> a. Choose goals from the list below that are drug incompatible goals. b. Choose goals from the list below that are drug incompatible goals.	<b>8. Choose drug incompatible goals from the list below, including the drug incompatible goals worksheet.</b> a. Choose goals from the list below that are drug incompatible goals. b. Choose goals from the list below that are drug incompatible goals.

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## Primary Goals Worksheet

- Complete Primary Goals Worksheet
- Show Primary Goals Worksheet w/ obligatory & personal goals
- Determine what goals will be a focus for upcoming week
- Solicit and record rewards from client and sig other
- Obtain signature/commitment from client and sig other

Goal	FOCUS FOR THE WEEK	Indicate how goal was completed	Goal	FOCUS FOR THE WEEK	Indicate how goal was completed
Attend treatment sessions	X		Focus on which aspects of treatment	X	
Stay clean from drugs	X		Complete personal commitments	X	

Review the client from significant other if all focus goals are completed.

Review the significant other from client if significant other suggests client.

I agree to complete all my focus goals for the week and reward my significant other if I receive support.

Client's Signature: \_\_\_\_\_

I agree to support client in focus goals and provide a reward if they are completed.

Significant Other's Signature: \_\_\_\_\_

Submit up rewards for the week: \_\_\_\_\_

\*Note: If significant other is not present, therapist has option to either ask client to identify a reward to be provided by the significant other or to provide a reward.

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Take Out Your  
Behavioral Goals Protocol and Let's  
Practice!



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**Prompting Checklist 5.1.** Behavioral Goals Provider Prompting Checklist for Initial Session.

**BEHAVIORAL GOALS**  
**Provider Prompting Checklist**  
Initial Session

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

- Drug Incompatible Goals Worksheet (DIGW)
- Primary Goals Worksheet (PGW)

**Begin Time:** \_\_\_\_\_ am / pm

**Rationale (Client & Adult Significant Others)**

- \_\_\_ a. Next intervention involves setting goals regarding staying clean.
- \_\_\_ b. Client will choose goals from a list.
- \_\_\_ c. State how client expected to benefit from intervention, and/or solicit how behavioral goals will help.
- \_\_\_ d. Solicit questions and provide answers.

**Reviewing drug incompatible goals worksheet (Client, Adult Significant Others When Appropriate)**

- State or review the following:
  - \_\_\_ a. Other drug users have indicated there are things that trigger drug use.
  - \_\_\_ b. Client will be asked to indicate which triggers have occurred prior to drug use from a list.
  - \_\_\_ c. Client will have opportunity to set goals to prevent triggers that have been experienced in past.
  - \_\_\_ d. Provide “almost never, sometimes, almost always” response card, and indicate how it will be used.
  - \_\_\_ e. Determine if triggers in 1st column of DIGW have occurred.
    - \_\_\_ 1. For each trigger endorsed “sometimes” or “almost always,” ask if goal should be set.
      - For each desired goal, the provider has the option of doing the following:
        - Assess how to make goal easier & record client’s response.
        - Generate beneficial alternatives to inappropriate responses.
        - Assist in stating the goal more specifically.
        - Record specific goal in last column of Drug Incompatible Goals Worksheet.
  - \_\_\_ f. State all goals will be included in Primary Goals Worksheet, which helps identify focus goals in future.
- Put all endorsed goals in the Primary Goals Worksheet, including non-optional goals, such as attending therapy sessions, staying clean from drugs, completing therapy practice assignments, ensuring adult significant others attend treatment sessions, ensuring children complete practice assignments (if assigned), and maintaining contact w/ client services representative (if assigned).

**Creating Goals for the First Time (Client & Appropriate Adult Significant Others)**

- \_\_\_ a. Provide a completed copy of the completed Primary Goals Worksheet (PGW)
- \_\_\_ b. Review program goals client is expected to complete each week (those w/ pre-determined “X”)
- \_\_\_ c. Solicit which of the additional listed goals client would like to focus on during upcoming week
  - \_\_\_ 1. Review how each goal can be accomplished.
    - If client made/makes a more specific or elaborated goal, place this goal next to generic goal.
    - Record a check in the corresponding box of each focus goal on provider copy of PGW.
  - \_\_\_ 2. Instruct client to put a check next to each focus goal on client copy of PGW.
- \_\_\_ d. Solicit reward sig. other can provide if all focus goals are completed & client is drug free.
  - \_\_\_ 1. Solicit from client if reward provided by sig. other would be inspiring.
    - If not, attempt to get a more inspiring reward.
- \_\_\_ e. Record promised reward in Primary Goals Worksheet.

BEHAVIORAL GOALS

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- \_\_\_f. Solicit reward client can provide if sig. other supports client in completing focus goals.
- \_\_\_1. Solicit from sig. other if reward would be inspiring.
- If not, attempt to get a more inspiring reward.
  - Record promised reward on the PGW.
- \_\_\_g. Obtain signature & commitment from client.
- \_\_\_h. Obtain signature & commitment from sig. other.
- \_\_\_i. Disclose goal sheet will be reviewed next week.
- \_\_\_j. Query place to put client's copy of Primary Goals Worksheet so it won't be lost.

**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 5.2.** Behavioral Goals Provider Prompting Checklist for Future Sessions.

**BEHAVIORAL GOALS**  
**Provider Prompting Checklist**  
Initial Session

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

- Primary Goals Worksheet (PGW), 2 copies

**Begin Time:** \_\_\_\_\_ am / pm

**Review Goals for Future Sessions (significant other and client should be present)**

- \_\_\_ a. Ask client to provide copy of completed PGW.
  - Provide PGW if client is unable to do so.
- \_\_\_ b. Praise client for completing focus goals.
- \_\_\_ c. Query how client completed goals and remained drug free.
- \_\_\_ d. Query if sig. other provided reward for focus goals & do following:
  - If **all** focus goals were performed, & **reward provided**, praise sig. other.
  - If **all** focus goals were performed, & **reward not provided**, instruct sig. other to provide, or arrange to provide, a make up reward.
  - If **all focus goals were not performed, & reward was provided**, inform sig. other to avoid rewards unless all focused goals were completed.
  - If **all focus goals were not performed, & a reward was not provided**, inform sig. other this is a good thing b/c a reward should not be provided if goals not met & client was not drug free.
- \_\_\_ e. Query if client provided reward to sig. other for supporting client & do the following:
  - If client provided reward for support given, praise client.
  - If client didn't provide reward & support was given, instruct client to provide a make-up reward.
  - If client provided a reward, but no support was given, instruct client not to provide reward.
  - If client didn't provide a reward, and support not given, inform all this is appropriate.
- \_\_\_ f. Assess/praise for completion of non-focus goals.
- \_\_\_ g. Assist client in arranging to do more focus and non-focus goals, or do them more efficiently.
- \_\_\_ h. Query if client would like to modify and/or add goals.
  - If yes, modify or develop goals & record in blank section of client & provider copies of PGW.
- \_\_\_ i. Solicit from client which of the listed goals will be focus during upcoming week.
- \_\_\_ j. Instruct client to put a check mark next to goals that will become a focus during the next week.
- \_\_\_ k. Instruct client to fill out how she has completed/made significant effort to complete a goal.
- \_\_\_ l. Solicit and record a reward from sig. other if focus goals are completed.
- \_\_\_ m. Record reward to be provided to sig. other.
- \_\_\_ n. Obtain signature & commitment from client to complete focus goals during week.
- \_\_\_ o. Obtain signature & commitment from sig. other to provide reward.
- \_\_\_ p. Tell client & sig. other the goal sheet will be reviewed next week and query place to put form.

BEHAVIORAL GOALS

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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

**Worksheet 5.1.** Drug Incompatible Goals Worksheet

## Drug Incompatible Goals Worksheet

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Review **Drug Incompatible Goals Rationale** before completing the **Drug Incompatible Goals Worksheet**

How often have you (potential drug trigger below) before using drugs?	“Would you like to set (drug incompatible behavior below) as a goal?”	“What would make it easier for you to (drug incompatible behavior)?” (Empathize, Solicit Info, Volunteer help)	Assist in defining goals behaviorally/ specifically.
<b>Smoked cigarettes</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> almost always	<b>Avoid cigarettes</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Stashed or hidden drugs</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> almost always	<b>Keep secret stashes of drugs away from you</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Drunk alcohol</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> almost always	<b>Avoid alcohol use</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Kept drug paraphernalia like papers, foil, needles, &amp; pipes close to you</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> almost always	<b>Keep drug paraphernalia away from you</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		

BEHAVIORAL GOALS

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How often have you (potential drug trigger below) before using drugs?	“Would you like to set (drug incompatible behavior below) as a goal?”	“What would make it easier for you to (drug incompatible behavior)?” (Empathize, Solicit Info, Volunteer help)	Assist in defining goals behaviorally/ specifically.
<b>Gotten angry</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> <b>almost always</b>	<b>Effectively manage anger</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Gotten bored</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> <b>almost always</b>	<b>Stay busy doing things that do not involve drugs</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Gotten stressed</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> <b>almost always</b>	<b>Effectively manage stress</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Gotten sad</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> <b>almost always</b>	<b>Stay happy and satisfied</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Gotten anxious or excited</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> <b>almost always</b>	<b>Effectively manage anxiety or excited</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Experienced bad memories or images</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> <b>almost always</b>	<b>Effectively manage or stop bad memories or images</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Experienced urges or cravings</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> <b>almost always</b>	<b>Effectively manage/stop cravings, urges to use drugs</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		

BEHAVIORAL GOALS

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How often have you (potential drug trigger below) before using drugs?	“Would you like to set (Drug incompatible behavior below) as a goal?”	“What would make it easier for you to (drug incompatible behavior)?” (Empathize, Solicit Info, Volunteer help)	Assist in defining goals behaviorally/ specifically.
<b>Experienced tension in your muscles</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> almost always	<b>Relax when you feel tense</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Experienced arguments</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> almost always	<b>Effectively manage conflicts with others</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Attended parties, events, or get-togethers, or celebrations where drugs are present</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> almost always	<b>Avoid parties, events, or get-togethers, or celebrations where drugs are present</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Spent time with other drug users</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> almost always	<b>Meet and spend time with people who do not use drugs</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Had lots of cash available just</b> <input type="checkbox"/> almost never (proceed to next trigger) <input type="checkbox"/> sometimes <input type="checkbox"/> almost always	<b>Effectively manage savings and avoid having large sums of cash easily available.</b> <input type="checkbox"/> no (proceed to next trigger) <input type="checkbox"/> yes		
<b>Is there anything else that has triggered drug use for you that I did not ask you about:</b> _____. <input type="checkbox"/> almost never (assessment completed) <input type="checkbox"/> sometimes <input type="checkbox"/> almost always	<b>(INDICATE SOMETHING THAT IS INCOMPATIBLE WITH THE MENTIONED DRUG TRIGGER HERE):</b> <input type="checkbox"/> no (assessment completed) <input type="checkbox"/> yes		

BEHAVIORAL GOALS

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# Primary Goals Worksheet

[illegible]

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**Reward for client** from significant other if all focus goals are completed:\_\_\_\_\_.

**Reward for significant other** from client if significant other supports client:\_\_\_\_\_.

I agree to complete all my focus goals for the week and reward my significant other if I receive support:

\_\_\_\_\_  
Client's Signature

I agree to support client in focus goals and provide a reward if they are completed.

\_\_\_\_\_  
Significant Other's Signature

Make up rewards for the  
week\_\_\_\_\_

\_\_\_\_\_  
**\*Note:** If significant other is not present, provider has option to either ask client to identify a reward to be provided by the significant other or to include a self-reward.



## Relationship Enhancement

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

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## Relationship Enhancement

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

THINGS I LOVE, ADMIRE & RESPECT ABOUT MY FAMILY SESSION WORKSHEET					
Client ID: _____	Clinician: _____	Session #: _____	Session Date: _____		
Instructions: In the top row of this form, list the names of each member of your family in the rows. For each of the remaining rows write something you love, admire, or respect about each member.					
Write something you love, admire or respect about each person?	Name of Family Member	Name of Family Member	Name of Family Member	Name of Family Member	Name of Family Member

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## Relationship Enhancement

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

THINGS I LOVE, ADMIRE & RESPECT ABOUT MY FAMILY ASSIGNMENT SHEET							
Client ID: _____	Clinician: _____	Session #: _____	Session Date: _____				
Instructions: Write the name of each member of your family in the left column. Then write how you showed these persons that you love, admire or respect them. At least one positive statement should be made for each person each week.							
Family Member	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
How did you show that you love, admire, or respect _____?							
How did you show that you love, admire, or respect _____?							
How did you show that you love, admire, or respect _____?							

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Take Out Your Relationship  
Enhancement Protocol and Let's  
Practice!



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**Prompting Checklist 7.1.** I've Got a Great Family Provider Prompting Checklist for Initial Session.

**I'VE GOT A GREAT FAMILY**  
**Provider Prompting Checklist**  
Initial Session

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

- Things I Love, Admire, or Respect About My Family Session Worksheet (TILW)
- Things I Love, Admire, or Respect About My Family Assignment Sheet (TILAS)

**Begin Time:** \_\_\_\_\_ am / pm

**Rationale (Client & All Significant Others)**

- State (or solicit) the following:
  - \_\_\_ a. People who say positive things to each other are more likely to have good relationships.
  - \_\_\_ b. I've Got a Great Family (IGGF) helps family members recognize good things they do for each other.
  - \_\_\_ c. IGGF helps family members say more positive things to each other, so they can feel appreciated.
  - \_\_\_ d. State why IGGF is expected to be effective w/ the family.
  - \_\_\_ e. Solicit why the family thinks IGGF will be helpful.
  - \_\_\_ f. Solicit questions.

**Positive Statement Exchange (Client & All Significant Others)**

- Provide each family member a copy of the TILW.
  - \_\_\_ a. Assist each person in completing session worksheet.
    - Record names in the top row.
    - Each person should record at least 1 thing that is loved, admired, or respected about all others.
    - Walk around room, comment how good things are being written, and provide prompts.
  - \_\_\_ b. Instruct family member in taking turns telling each other what they love, admire or respect about one another.
  - \_\_\_ c. Instruct family members to respond to the positive statements by expressing:
    - \_\_\_ 1. how the comment was appreciated.
    - \_\_\_ 2. an attempt will be made to continue the desired behavior.
    - \_\_\_ 3. something loved, admired, or respected about the other person.

**Homework (Client & All Significant Others)**

- Give each a copy of the TILAS.
  - \_\_\_ a. Assist family in recording each family member's name in the left column.
  - \_\_\_ b. Assign each to demonstrate how listed family members are loved, admired, or respected throughout the week.
    - State at least 1 statement should be recorded in the Assignment Sheet per person during the week.
    - Remind family each positive statement should be reciprocated.

**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 7.2.** I've Got a Great Family Provider Prompting Checklist for Future Sessions.

**I'VE GOT A GREAT FAMILY**  
**Provider Prompting Checklist**  
Future Sessions

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required**

- Things I Love, Admire, or Respect About My Family Assignment Sheet (TILAS)

**Begin Time:** \_\_\_\_\_ am / pm

**Review Homework**

- \_\_\_ a. Solicit completed TILAS .
  - Praise homework completion or instruct family to complete assignment in retrospect.
- \_\_\_ b. Solicit or point out what efforts were done to make positive statements.
- \_\_\_ c. Praise efforts in providing positive statements & solicit how it felt to receive them.
  - Provide each person w/ a new copy of TILAS, and assign family to complete TILAS, if clinically indicated.

**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

**Worksheet 7.1.** Things I Love, Admire, or Respect About My Family Session Worksheet.

<b>THINGS I LOVE, ADMIRE &amp; RESPECT ABOUT MY FAMILY SESSION WORKSHEET</b>
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Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions:** In the top row of this form, list the names of each member of your family in the room. For each of the remaining rows write something you love, admire, or respect about each member.

	Name of Family Member:	Name of Family Member:	Name of Family Member:	Name of Family Member:	Name of Family Member:
Write something you love, admire or respect about each person?					
Write something you love, admire or respect about each person?					
Write something you love, admire or respect about each person?					
Write something you love, admire or respect about each person?					

I'VE GOT A GREAT FAMILY

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**Worksheet 7.2.** Things I Love, Admire, or Respect About My Family Assignment Sheet.

**THINGS I LOVE, ADMIRE & RESPECT ABOUT MY  
FAMILY ASSIGNMENT SHEET**

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions:** Write the name of each member of your family in the far left column. Then write how you showed these persons that you love, admire or respect them. At least one positive statement should be made for each person each week.

Family Member	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
How did you show that you love, admire, or respect _____?							
How did you show that you love, admire, or respect _____?							
How did you show that you love, admire, or respect _____?							
How did you show that you love, admire, or respect _____?							
How did you show that you love, admire, or respect _____?							

I'VE GOT A GREAT FAMILY

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## Positive Request

- Poorly stated requests result in less reinforcement, leading to upset/dissatisfaction.
- Negative emotional states lead to undesired behaviors.
  - Arguments to intensify importance of what is desired.
  - Drug use to eliminate negative emotional states.
- Positive Request is designed to improve positive communication.

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## Positive Request Role-Play

- Distribute PR Handout.
- Indicate all listed steps will be attempted in practice, but all are not necessary in real-life situations.
- Solicit example of something desired by 1 member.
- Role-play w/ family.

POSITIVE REQUEST HANDOUT	
1. Request a specific action using "I want" and specify "when action is desired."	
2. Describe in words the difficulty for other persons to do action.	
3. Describe in words the good for other persons if the request was performed.	
4. Describe in words the good for you if the request was performed.	
5. Offer to help other persons get the action done.	
6. Offer to do something for recipient.	
7. Tell the other persons that you would appreciate the action being done.	
8. Suggest something that would be acceptable as an alternative action.	
9. Ask other persons to suggest an alternative to use the action isn't to done.	

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## Positive Request Homework

- Assign homework for review in future session.

Exhibit 9.3: Positive Request Practice Assignment Worksheet.

POSITIVE REQUEST PRACTICE ASSIGNMENT WORKSHEET	
Client Name _____	Trainer _____
Session # _____	Date of Session _____
Write a description of what was requested and how you used each step of Positive Request.	
What was requested:	
How did you request it? (I want, need)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you use phrases "I think, want"	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you state when the action was desired? (when, need)	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you feel how difficult for the person to do:	
How did you feel in regard to the good for the other persons if the request was done:	
How did you feel in regard to the good for you if the request was done:	
How did you offer to help the other persons if the request:	
How did you offer to do for the other persons if the request was performed:	
Did you tell the other persons you would appreciate the action being done:	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you suggest an alternative action:	
How did you ask the other persons to suggest an alternative to use:	
What was the result of your request:	

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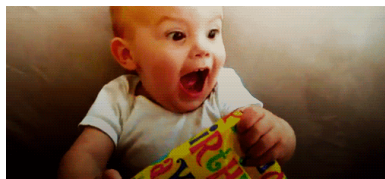
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Time to Practice  
Positive Request!



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**Prompting Checklist 8.1.** Positive Request Provider Prompting Checklist for Initial Session

**POSITIVE REQUEST (PR)**  
**Provider Prompting Checklist**  
Initial Session

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

- Positive Request Handout (PRH)
- Positive Request Practice Assignment (PRPA)

**Begin Time:** \_\_\_\_\_ am / pm

**Rationale (Client & Adolescent And Adult Significant Others)**

- State each of the following:
  - \_\_\_ a. People who are skilled in requesting things from others usually get what they want w/out arguments.
  - \_\_\_ b. Positive Request (PR) is designed to improve communication.
  - \_\_\_ c. PR increases likelihood the recipient will do what is requested.
  - \_\_\_ d. Anger associated w/ arguments will probably decrease due to mutually satisfying solutions.
  - \_\_\_ e. Disclose why PR will be beneficial for family.
  - \_\_\_ f. Solicit how PR will be beneficial to family.
  - \_\_\_ g. Solicit questions and provide answers.

**Provider Models Positive Request (Client & Adolescent And Adult Significant Others)**

- Distribute copies of the PRH to family members.
  - \_\_\_ a. Instruct family to use PRH when things are desired from others at home or in tx. sessions.
  - \_\_\_ b. Explain all steps will be practiced in sessions as listed, but all may not be necessary at home.
  - \_\_\_ c. Solicit example of something that is desired by a family member.
  - \_\_\_ d. Model PR for solicited example, using each of the following steps w/ person who gave example.
    - \_\_\_ 1. Request specific action using “please” and saying when action is desired.
    - \_\_\_ 2. State how it would be difficult for other person do action.
    - \_\_\_ 3. State how it would be good for other person if request was performed.
    - \_\_\_ 4. State how it would be good for you if the request was performed.
    - \_\_\_ 5. Offer to help the other person get the action done.
    - \_\_\_ 6. Offer to do something for other person if request is performed.
    - \_\_\_ 7. Tell other person you would appreciate the action being done.
    - \_\_\_ 8. Suggest something that would be acceptable as an alternative action.
    - \_\_\_ 9. Ask other person to suggest an alternative action in case the request can’t be fully done.
  - \_\_\_ e. Tell recipient to state what was liked about the request.
  - \_\_\_ f. Tell recipient to either accept the request or do PR as a compromise.
    - When motivation is low, to increase client buy-in, query why each step is important.

**Client/Family Members Role-play Positive Request (Client & Adolescent & Adult Significant Others)**

- \_\_\_ a. Solicit who would like to attempt positive request first
- \_\_\_ b. Solicit example of something desired by the person who volunteered to do PR.
  - If request is too emotionally laden, provider may instruct client to use a hypothetical request.
  - Client may role-play PR w/ provider first, rather than a family member
- \_\_\_ c. Tell recipient not to respond until all steps are finished.
- \_\_\_ d. Tell requestor to initiate PR for solicited example using each of the following steps in handout:
  - \_\_\_ 1. Request specific action using “please” and saying when action is desired.

POSITIVE REQUEST

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- \_\_\_ 2. State how it would be difficult for other person do action.
- \_\_\_ 3. State how it would be good for other person if request was performed.
- \_\_\_ 4. State how it would be good for you if the request was performed.
- \_\_\_ 5. Offer to help the other person get the action done.
- \_\_\_ 6. Offer to do something for other person if request is performed.
- \_\_\_ 7. Tell other person you would appreciate the action being done.
- \_\_\_ 8. Suggest something that would be acceptable as an alternative action.
- \_\_\_ 9. Ask other person to suggest an alternative action in case the request can't be fully done.
- \_\_\_ e. Tell recipient to indicate what was liked about PR to requestor.
- \_\_\_ f. Tell recipient to either accept request, or attempt compromise using PRH as guide.
- \_\_\_ g. Repeat preceding steps w/ client and/or family members until the steps are performed well.

### Homework Assignment

- Distribute PRPA.
- \_\_\_ a. Inform family to practice PR prior to next session whenever requests are desired.
- \_\_\_ b. Review how to complete PRPA.

#### 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

POSITIVE REQUEST

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**Prompting Checklist 8.2.** Positive Request Provider Prompting Checklist for Future Sessions.

**POSITIVE REQUEST (PR)**  
**Provider Prompting Checklist**  
Future Sessions

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

- Positive Request Handout (PRH)
- Positive Request Practice Assignment (PRPA)

**Begin Time:** \_\_\_\_\_ am / pm

**Homework Review (Client & All Family Members Aged 13+ Years)**

- Distribute PRH
  - \_\_\_ a. Instruct family to provide completed PR homework
  - \_\_\_ b. Review homework and instruct family to role-play how PR was used **OR** if PR was not used, instruct family to role-play PR using hypothetical situation following steps in PRH.
    - \_\_\_ 1. Request specific action using “please” and state when action is desired.
    - \_\_\_ 2. State how it would be difficult for other person do action.
    - \_\_\_ 3. State how it would be good for other person if request were performed.
    - \_\_\_ 4. State how it would be good for you if the request were performed.
    - \_\_\_ 5. Offer to help the other person get the action done.
    - \_\_\_ 6. Offer to do something for other person if request is performed.
    - \_\_\_ 7. Tell other person you would appreciate the action being done.
    - \_\_\_ 8. Suggest something that would be acceptable as an alternative action.
    - \_\_\_ 9. Ask other person to suggest an alternative action in case the request can’t be fully done.
  - \_\_\_ c. Provide descriptive praise/corrective feedback.
  - \_\_\_ d. Instruct family to use PR prior to next session and distribute new PRPA.

**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

**Worksheet 8.1.** Positive Request Handout

<b>POSITIVE REQUEST HANDOUT</b>
---------------------------------

1. Request a specific action using “please” and specify when action is desired.
2. State how it would be difficult for other person to do action.
3. State how it would be good for other person if the request was performed.
4. State how it would be good for you if the request was performed.
5. Offer to help other person get the action done.
6. Offer to do something for recipient.
7. Tell the other person that you would appreciate the action being done.
8. Suggest something that would be acceptable as an alternative action.
9. Ask other person to suggest an alternative in case the action can’t be done.

POSITIVE REQUEST

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**Worksheet 8.2.** Positive Request Practice Assignment.

<b>POSITIVE REQUEST PRACTICE ASSIGNMENT</b>
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Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

<b>What was requested:</b>	   
<b>Did you say please: (check one)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did you state when the action was desired: (check one)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>How would it be difficult for the person to do:</b>	   
<b>How would it be good for the other person:</b>	   
<b>How would it be good for you if action was performed:</b>	   
<b>How did you offer to help the other person get the action done:</b>	   
<b>What did you offer to do for the other person:</b>	   
<b>Did you tell the other person you would appreciate the action being done?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What did you suggest as an alternative action:</b>	   
<b>How did you ask the other person to provide an alternative action:</b>	   
<b>What was the result of the request:</b>	   

POSITIVE REQUEST

Page 5 of 5

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- Triggers in the environment lead to drug use and problem behaviors.
- In this intervention, client and sig. others 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.

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- Obtain items w/ client & sig. other individually to generate a comprehensive list of “safe” and “at-risk” items to drug use/problem behavior.

[illegible]

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

<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>THINGS TO DO AND PLACES I LIKE TO VISIT</b> </div>			
Client ID _____	Clinician _____	Session # _____	Session Date _____
<p><b>Instructions:</b> Put a check mark next to each thing you like to do and each place you like to visit that do not involve drug use or benefits your family.</p>			
<b>Leisure Activities</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attending sporting events, football, basketball, hockey</li> <li><input type="checkbox"/> High School sports as an opponent</li> <li><input type="checkbox"/> Shopping to enjoy a sport</li> <li><input type="checkbox"/> Shopping in mall</li> <li><input type="checkbox"/> Community Center, Hall</li> <li><input type="checkbox"/> City sponsored activities free or low cost</li> <li><input type="checkbox"/> Check the paper weekly for activities at community events</li> </ul>		<b>Home Activities continued</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Talking on the phone</li> <li><input type="checkbox"/> Cooking</li> <li><input type="checkbox"/> Having a picnic in the living room back yard</li> <li><input type="checkbox"/> Pick a new movie</li> <li><input type="checkbox"/> Reading</li> <li><input type="checkbox"/> Read stories to children</li> <li><input type="checkbox"/> Start a book club</li> <li><input type="checkbox"/> Writing</li> <li><input type="checkbox"/> Doing a journal and write every week</li> <li><input type="checkbox"/> Work on photo album writing notes about the pictures</li> <li><input type="checkbox"/> Play board games, arcade</li> <li><input type="checkbox"/> Doing repair work (example: change the tire, change the oil, change the timing belt on the car)</li> <li><input type="checkbox"/> Family Gatherings</li> <li><input type="checkbox"/> Spend time with the house to spend time with family</li> <li><input type="checkbox"/> Get more a place you like to visit</li> </ul>	
<b>School Related Activities</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attending School/Vocational events</li> <li><input type="checkbox"/> Some activities include free books, supplies</li> <li><input type="checkbox"/> Discount rates at community events</li> </ul>		<b>Other Activities</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participating in a court, rock band or church choir</li> <li><input type="checkbox"/> Other _____</li> </ul>	

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Environmental/Stimulus Control

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

THINGS THAT MAY LEAD TO DRUG USE AND OTHER PROBLEM BEHAVIORS

Client ID: \_\_\_\_\_ Clinician: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_\_

Instructions: Please indicate if you have engaged in each of the following items that have been associated with increasing your risk of drug use and problem behaviors.

People

- Friends
- Co-Workers
- Family/Members

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

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Environmental/Stimulus Control

- Solicit family activity from client.

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!

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Environmental/Stimulus Control

- Future sessions involve:
  - Review assigned family activity, & assign another activity.
  - Meet w/ client & sig. other to review Safe Items.
  - Meet w/ client & sig. others individually to review At-Risk items.
  - Solicit things client did (or can do) to stay clean & out of trouble.
  - Solicit things sig. other did (or can do) to assist client in staying clean & out of trouble.

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## Time to Practice Environmental Control!



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**Prompting Checklist 9.1.** Environmental Control Provider Prompting Checklist for Initial Session.

**ENVIRONMENTAL (STIMULUS) CONTROL**  
**Provider Prompting Checklist**  
Initial Session

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

- Safe and At-Risk Associations List (SARAL)
- Things I like to Do and Places I Like to Visit list (TILD)
- Things That Put Client At Risk list (TPCAR)
- Family Invitation for Fun Form (FIFF)

**Begin Time:** \_\_\_\_\_ am / pm

**Rationale for Environmental Control (Client & Adult Significant Others)**

- State the following:
  - \_\_\_ a. Things in environment make drug use and problem behaviors more or less likely to occur.
  - \_\_\_ b. Client & sig. others will together develop safe list of people, places and situations that increase likelihood of staying clean from drugs & avoiding problem behavior.
  - \_\_\_ c. Client & sig. other 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.
  - \_\_\_ e. Intervention has been successful w/ other clients.
  - \_\_\_ f. Indicate how intervention is expected to be successful w/ client.
  - \_\_\_ g. Solicit questions.

**Obtaining “Safe” Associations (Client & Adult Significant Others)**

- \_\_\_ a. Solicit enjoyable people who do not use drugs or problem behavior.
- \_\_\_ b. Solicit enjoyable activities/places that do not involve drugs or problem behavior.
- \_\_\_ c. Solicit enjoyable activities that have not involved drug use or problem behavior from TILD.
  - Record solicited safe stimuli in the safe column of the SARAL.
- \_\_\_ d. Assure all generated items have not involved drug use or problems.
  - If time permits, solicit things liked about safe items.

**Obtaining “At-Risk” Associations (Client)**

- \_\_\_ a. Solicit people who increase client’s drug use and problem behavior.
- \_\_\_ b. Solicit enjoyable activities/places that have involved drug use or problem behavior.
- \_\_\_ c. Solicit enjoyable activities/places that have involved drug use or problem behavior from TPCAR.
  - 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.
  - If time permits, solicit things liked and disliked about at-risk items.

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

- \_\_\_ a. Solicit people who increase client’s drug use and problem behavior.
- \_\_\_ b. Solicit enjoyable activities/places that have involved drug use or problem behavior.
- \_\_\_ c. Solicit enjoyable activities/places that have involved drug use or problem behavior from TPCAR.
  - Record solicited at-risk stimuli in the At-Risk column of the Safe and At-Risk Associations List.
- \_\_\_ d. Query if information in at-risk lists should remain confidential, & modify future reviews accordingly.

ENVIRONMENTAL (STIMULUS) CONTROL

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- If time permits, solicit things liked and disliked about at-risk items.

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

- \_\_\_ a. Praise client and sig. other in developing lists and being honest.
- \_\_\_ b. Review how client & sign. others can each increase client's time & enjoyment w/ safe stimuli.
- \_\_\_ c. Review how client & sign. others can decrease client's time & risk w/ at-risk stimuli.
  - Assist in developing goals to include in Goals Worksheet.
  - Suggest solutions that may help increase time spent in safe situations.
  - Descriptively praise suggestions that assist client in spending more time w/ safe stimuli.
  - Descriptively praise suggestions that assist client in spending less time w/ safe stimuli.

**Planning a Family Activity (Client & All Significant Others, Including Children If Available)**

- \_\_\_ a. Solicit 1 family activity.
- \_\_\_ b. Record information about family activity in the FIFF.

**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 9.2.** Environmental Control Provider Prompting Checklist for Future Sessions.

**ENVIRONMENTAL (STIMULUS) CONTROL**  
**Provider Prompting Checklist**  
Future Sessions

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ 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 (Client & Significant Others)**

- \_\_\_ a. Provide Safe and At-Risk Associations recording form.
- \_\_\_ b. Instruct client to put checks in boxes for days in which time was spent w/ stimuli.
- \_\_\_ c. Review Safe & At-Risk list, 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:
    - Determining goals to put in Goals Worksheet (Behavioral Goals and Rewards).
    - Soliciting & performing job interviews (Job Getting Skills Training).
    - Balancing financial budget (Financial Management).
    - Practicing requests (Positive Request Procedure).
    - Developing impulse control & problem-solving skills (Self Control).
    - Enhancing overall tone in relationships (I've Got a Great Family).

**Reviewing Family Activity (Client & Significant Others, Including Small Children)**

- \_\_\_ a. Solicit completed copy of Family Invitation for Fun form.
  - If not complete, instruct to complete in retrospect or discuss what would have been enjoyed if assignment were performed.
- \_\_\_ b. Instruct family to discuss what they liked about the activity they performed.
- \_\_\_ c. Descriptively praise family for positive experiences, and encourage future family activities.
- \_\_\_ d. Provide "Family Invitation for Fun" form, & schedule new activity.

ENVIRONMENTAL (STIMULUS) CONTROL

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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

**Worksheet 9.1. Safe and At-Risk Associations List.**

## SAFE AND AT-RISK ASSOCIATIONS LIST

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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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**Worksheet 9.2.** Things To Do and Places I Like to Visit.

## THINGS TO DO AND PLACES I LIKE TO VISIT

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions:** Put a check mark next to each thing you like to do and places you like to visit that do not involve drug use or and benefits your family.

### Leisure Activities

- ☐ Attending sporting events, football, baseball, hockey
  - High School sports are an inexpensive way to enjoy a sport
- ☐ Shopping in malls
- ☐ Community Events
  - Community Centers, Halloween parties,
  - City sponsored activities free or low cost
  - Check the paper weekly for activities or community events

### School Related Activities

- ☐ Attending School/Vocational events
  - Some activities include free books, crafts, etc.
  - Discount rates at community partners
- ☐ Participating in choir, a rock band or band at school, church, or with friends

### Religious Activities

- ☐ Attending Sunday church/temple or attending church outreach events.

### Home Activities

- ☐ Using a computer
- ☐ Practicing music: guitar, drums, etc.
  - Make homemade instruments
  - Dance to music
  - Play musical pillows (like musical chairs but with pillows)
  - Name that tune
- ☐ Playing board and card games
  - Make up your own games
  - Play get to know you games

### Home Activities continued

- ☐ Talking on the phone
- ☐ Cooking
  - Have a picnic in the living room back yard
  - Pick favorite meal
- ☐ Reading
  - Read stories to children.
  - Start a book club
- ☐ Writing
  - Keep a journal and write every week
  - Work on photo album writing stories about the pictures
- ☐ Playing video games, arcade
- ☐ Doing repair work (example: carpentry, landscaping fixing car.)
- ☐ Family Gatherings
  - Invite friends over to the house to spend time with family.
  - Organize a family reunion.

### Outdoor Activities

- ☐ Hiking, picnicking, swimming, camping, skiing

### Other Activities

- ☐ Employment/work
- ☐ Trips with clean/sober family or friends
- ☐ County, City or State Fairs
- ☐ Circus or amusement parks
- ☐ Volunteering
- ☐ Libraries
  - Reading programs
  - Free arts and crafts
  - Free movies
  - Free family nights
  - Check out books, movies, games.

ENVIRONMENTAL (STIMULUS) CONTROL

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**Worksheet 9.3.** Things that May Lead to Drug Use and Other Problem Behaviors.

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

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions:** Please indicate if you have engaged in each of the following items that have been associated with increasing your risk of drug use and problem behaviors.

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**People**

- ☐ Friends
- ☐ Co-Workers
- ☐ Family/friends

**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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# Family Invitation For Fun

What?

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When?

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Who?

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Have Fun!

## Self Control

- Drug use & troublesome behavior are associated with w/ impulse control problems.
- Self Control is designed to teach client to identify antecedents to problem behavior, and subsequently engage in a specified skill set that emphasizes problem-solving




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## Self Control

- Solicit trigger situation
- Model steps 1–8
- Review pre/post likelihood ratings
- Indicate step that helped most
- Grade trial
- Have client practice SC

Exhibit 11.2. Self-Control Rating Form.

SELF CONTROL RATING FORM					
Recent details to describe each step		Recent details to describe each step			
Step	Rating	Step	Rating		
1. Stage	Rating to Perfect (0 to 100) =	2. State positive things that each person can avoid	Rating to Perfect (0 to 100) =	Performance of the SC (0 to 100) =	Performance of the SC (0 to 100) =
3. Cue list thing to avoid	Rating to Perfect (0 to 100) =	4. Cue list thing to avoid	Rating to Perfect (0 to 100) =	5. State positive things that each person can avoid	Rating to Perfect (0 to 100) =
6. Cue list thing to avoid	Rating to Perfect (0 to 100) =	7. Cue list thing to avoid	Rating to Perfect (0 to 100) =	8. State positive things that each person can avoid	Rating to Perfect (0 to 100) =
9. Cue list thing to avoid	Rating to Perfect (0 to 100) =	10. State positive things that each person can avoid	Rating to Perfect (0 to 100) =	11. State positive things that each person can avoid	Rating to Perfect (0 to 100) =
12. State of readiness	Rating to Perfect (0 to 100) =	13. State positive things that each person can avoid	Rating to Perfect (0 to 100) =	14. State positive things that each person can avoid	Rating to Perfect (0 to 100) =
15. State of readiness	Rating to Perfect (0 to 100) =	16. State positive things that each person can avoid	Rating to Perfect (0 to 100) =	17. State positive things that each person can avoid	Rating to Perfect (0 to 100) =
18. State of readiness	Rating to Perfect (0 to 100) =	19. State positive things that each person can avoid	Rating to Perfect (0 to 100) =	20. State positive things that each person can avoid	Rating to Perfect (0 to 100) =
21. State of readiness	Rating to Perfect (0 to 100) =	22. State positive things that each person can avoid	Rating to Perfect (0 to 100) =	23. State positive things that each person can avoid	Rating to Perfect (0 to 100) =
24. State of readiness	Rating to Perfect (0 to 100) =	25. State positive things that each person can avoid	Rating to Perfect (0 to 100) =	26. State positive things that each person can avoid	Rating to Perfect (0 to 100) =
27. State of readiness	Rating to Perfect (0 to 100) =	28. State positive things that each person can avoid	Rating to Perfect (0 to 100) =	29. State positive things that each person can avoid	Rating to Perfect (0 to 100) =
30. State of readiness	Rating to Perfect (0 to 100) =	31. State positive things that each person can avoid	Rating to Perfect (0 to 100) =	32. State positive things that each person can avoid	Rating to Perfect (0 to 100) =

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




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**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 provider, 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 stop drug urges or desires when these triggers are 1<sup>st</sup> 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. Stop!
  - \_\_\_ 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.

SELF-CONTROL

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**Evaluation of Provider's Performance for 1<sup>st</sup> 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 stop 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 1<sup>st</sup> SeC Trial for Drug Use Situation (Usually Client Alone)**

- ☐ a. For most recent drug use situation, instruct client to do following 9 steps:
  - ☐ 1. Stop!
  - ☐ 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 1<sup>st</sup> 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 "stop" 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 stop problems when triggers are 1<sup>st</sup> 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 1<sup>st</sup> 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. Stop!
  - \_\_\_ 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 1<sup>st</sup> 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 “stop” 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 1<sup>st</sup> SeC Trial for Problem Situation (Usually Client Alone)**

- \_\_\_ a. For most recent problem situation, instruct client to do following 9 steps:
  - \_\_\_ 1. Stop!
  - \_\_\_ 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 1<sup>st</sup> 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 "stop" 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. Stop!
  - \_\_\_ 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 stop 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%
	<b>Trial # 1</b>		<b>Trial # 2</b>		<b>Trial # 3</b>	
	Date: _____		Date: _____		Date: _____	
	Word to describe situation _____		Word to describe situation _____		Word to describe situation _____	
1) Stop!						
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 usually incompatible with drug use/problem behavior.
- Job-Getting Skills Training assists in getting job interviews, and doing well in these interviews.

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## Gaining Employment

- Review how a job would assist client.
- Determine 3 strengths of client relevant to gaining employment.
- Determine potential employers.
- Use Interviewing Skills Worksheet to role-play job-interview solicitation (usually via phone call).
- Role-play preparation of job interview using Interviewing Skills Worksheet.
- Assist client in making phone calls to potential employers.

Exhibit 12.2. Job Interviewing Skills Worksheet

Interviewers follow these steps when attempting to set up an interview with an employee over the phone.

1. Introduce yourself.
2. Ask the name of the manager on duty.
3. Ask to speak with the manager.  
If asked only to leave a message, answer "I'm personal."  
If manager is unavailable, state that "you'll call back."
4. When manager answers, do the following:  
Interviewer will:  
Thank manager for taking call (state if someone referred you).  
State your qualifications or personal strengths.  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

Ask to schedule an in-person interview to further discuss qualifications.

- a. If scheduled, enter your best time to be interviewed.
- b. If manager can't arrange interview, attempt to schedule a later time.
- c. If manager can't schedule later time, ask to be called.

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?

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## Time to Practice Job-Getting Skills Training!



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**JOB GETTING SKILLS TRAINING**  
**Provider Prompting Checklist**  
Initial Session

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

- Interviewing Skills Worksheet (ISW)

**Begin Time:** \_\_\_\_\_ am / pm

**Rationale for Job Interview Solicitation**

- \_\_\_ a. Assure client is interested in obtaining a satisfying job.
- \_\_\_ b. Query why a satisfying job would be important.
- \_\_\_ c. Solicit components of a dream job or career.
- \_\_\_ d. Solicit benefits of a dream job or career.
- \_\_\_ e. Solicit methods of making the dream job or career happen.
- \_\_\_ f. Determine solutions to obstacles involved in obtaining a “dream job” or career.
  - Problem-solve if necessary
- \_\_\_ g. State JG is designed to obtain job interviews.
- \_\_\_ h. State JG helps individuals learn how to present themselves well during interviews.
- \_\_\_ i. State JG has been successful w/ others.
- \_\_\_ j. State why JG is expected to be particularly effective w/ client.
- \_\_\_ k. Solicit questions and provide answers as indicated.

**Modeling Solicitation of Job Interview**

- Provide client 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.
      - \_\_\_ a. If scheduled, state you’re looking forward to the interview.
      - \_\_\_ b. If manager can’t arrange interview, attempt to schedule later time.
      - \_\_\_ c. If not scheduled, solicit referral to other employers & verify it’s okay to reference manager.

**Client Role-play of Job Interview Solicitation**

- \_\_\_ a. Instruct client to solicit interview w/ potential employer via telephone using ISW.
- \_\_\_ b. Descriptively praise client for performing each of the following:
  - \_\_\_ 1. Introduce self.
  - \_\_\_ 2. Solicit managers 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 or leave message to 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. Ask to solicit an in-person interview.
    - \_\_\_ i. If scheduled, state you're looking forward to the interview.
    - \_\_\_ ii. If manager can't arrange interview, attempt to schedule later time.
    - \_\_\_ iii. If not scheduled, solicit referral to other similar employers.

#### **Client Job Interview Solicitation w/ Potential Employer**

- \_\_\_ a. Instruct client to solicit interview w/ potential employer via phone using ISW.
- \_\_\_ b. Prompt client in performing each of the following steps, if not initiated by client:
  - \_\_\_ 1. Introduce self.
  - \_\_\_ 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 or leave message to 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. Ask to solicit an in-person interview.
      - \_\_\_ i. If scheduled, state you're looking forward to the interview.
      - \_\_\_ ii. If manager can't arrange interview, attempt to schedule later time.
      - \_\_\_ iii. If not scheduled, solicit referral to other similar employers.
- \_\_\_ c. Descriptively praise client after call is completed.

#### **Preparation for Job Interview**

- \_\_\_ a. Solicit client's understanding of how to dress for job interview, & assist when appropriate.
- \_\_\_ b. Indicate usually important to dress formally/conservatively (suit and/or tie for men, suit or dress for women).
- \_\_\_ c. Indicate to hide tattoos, don't wear nose rings, hats, torn, unfit, baggy, or worn clothing, gaudy jewelry.
- \_\_\_ d. Solicit client's understanding of what to say during interview, and assist when appropriate.
  - Keep conversation focused on client's strengths, being honest, being passionate about opportunities, stating positive qualities of employer and agency.
  - Don't speak derogatorily about other employers or other people
- \_\_\_ e. Review the following list of common interview questions w/ client, including potential solutions.
  - \_\_\_ 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 client should indicate happiness w/ offer, but that hoping for more given personal strengths and qualifications.

**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 11.2. Job Getting Skills Training Provider Prompting Checklist for Future Sessions**

**JOB GETTING SKILLS TRAINING**  
**Provider Prompting Checklist**  
Future Sessions

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required**

- Interviewing Skills Worksheet (ISW)

**Begin Time:** \_\_\_\_\_ am / pm

**Client Solicits Interview with Provider's Assistance**

- \_\_\_ a. Instruct client to solicit an interview w/ a potential employer over the telephone utilizing the ISW as a guide.
- \_\_\_ b. Assist client 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 or leave message.
  - \_\_\_ 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 scheduled, state you're looking forward to the interview.
      - \_\_\_ ii. If manager can't arrange interview, attempt to schedule later time.
      - \_\_\_ iii. If not scheduled, solicit referral to other similar employer & verify it's okay to reference the manager.
- \_\_\_ c. Descriptively praise client for performance once call is completed.
- \_\_\_ d. Review things to focus on during job interviews, as well as things to avoid during job interviews.

**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

JOB-GETTING SKILLS TRAINING

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**Worksheet 11.1.** Interviewing Skills Worksheet.

<b>INTERVIEWING SKILLS WORKSHEET</b>
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**Instructions:** Follow these steps when attempting to set up an interview with an employer over the phone.

<b>1. Introduce yourself.</b>
-------------------------------

<b>2. Ask the name of the manager on shift.</b>
---

<b>3. Ask to speak with the manager.</b>
--

- If asked why or what it is regarding, answer that it's personal.
- If manager is unavailable, state that you will call back or leave a message to call back.

<b>4. When manager answers do the following:</b>
--

- Introduce self
- Thank manager for taking call (& indicate if someone referred you).
- State a few qualifications or personal strengths:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
- Ask to schedule an in-person 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.

<b>Prepare for Common Interview Questions</b>
---

- |  |
|--|
| 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?                         |

## Financial Management Training

- Drug use/problems make it difficult to manage finances and poor financial management associated with stress which may trigger drug use.
- Individuals who carry a lot of cash are at a greater risk to spend excess money on drugs.
- Financial Management Training used to assist client in reviewing sources of income and expenses to create a budget, identify areas to save money, and identify ways to make more money

## Financial Management Worksheet

- Review rationale
- Record monthly expenses in "Amount" section of FMW
- Record "Total Monthly Expenses" in this section
- Determine "Ways to Decrease Expenses" in this section
- Record "Total Projected Savings" in this section

Expenses Section			
Monthly Expenses	Amount	Ways to Decrease Expenses	Projected Savings
House Mortgage	\$		\$
Average salary (in hand per week) $\times 4 =$	\$		\$
Electric Bill	\$		\$
Gas Bill	\$		\$
Water Bill	\$		\$
Phone Plan	\$		\$
Car Payment	\$		\$
Car Insurance	\$		\$
Car Repair Bills	\$		\$
Cable	\$		\$
Credit Cards	\$		\$
Medical	\$		\$
Home Repairs and Furniture	\$		\$
Paid Memberships, Subscriptions, Gym Memberships, etc.	\$		\$
Bus Fares, Gas, Tolls, Parking, Concessions, etc.	\$		\$
Other:	\$		\$
Total Monthly Expenses =	\$	Total Projected Savings =	\$

## Financial Management

- Record monthly income in "Amount" section of FMW
- Record "Ways to Increase Income" in this section
- Record "Projected Gains" in this section
- Record total income, expense, savings and gain totals
- Record balances in their respective sections, including their projections

See Pages 224-225

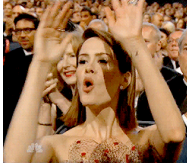
Monthly Income	Amount	Ways to Increase Income	Projected Gains
Salary	\$		\$
Paid for job(s)	\$		\$
Child Support	\$		\$
Legal Settlement Awards	\$		\$
State & Federal Assistance	\$		\$
Private or Charitable Fund Assistance	\$		\$
Subsidies for Investment Income (e.g., Stocks, Bonds, Real Estate, etc.)	\$		\$
Assistance from Family/Friends	\$		\$
Other	\$		\$
Total Monthly Income	\$	Total Projected Gains	\$

Total Monthly Income	\$	Projected Savings	\$
Total Monthly Expenses	\$	Projected Gains	\$
Remaining Balance (Income - Expenses)	\$	Projected Extra Income (Gains - Savings)	\$
Total Monthly Income	\$	Projected Savings	\$
Total Monthly Expenses	\$	Projected Gains	\$
Remaining Balance (Income - Expenses)	\$	Projected Extra Income (Gains - Savings)	\$



Take Out Your  
Financial Management  
Protocols and Let's Practice!



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**Prompting Checklist 12.1.** Financial Management Provider Prompting Checklist for Initial Session.

**FINANCIAL MANAGEMENT**  
**Provider Prompting Checklist**  
Initial Session

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

- Financial Management Worksheet (FMW)

**Begin Time:** \_\_\_\_\_ am / pm

**Presenting Rationale for Financial Management (Client & Significant Others)**

- \_\_\_ a. State financial difficulties often trigger drug use & other problem behaviors.
- \_\_\_ b. State many people have difficulties balancing a financial budget.
- \_\_\_ c. Determine if client is interested in learning Financial Management (FM) skills.
- \_\_\_ d. State FM involves:
  - \_\_\_ 1. Developing a list for both income and expenses to determine financial need or surplus.
  - \_\_\_ 2. Prioritizing expenses, and determining how best to cut expenses.
  - \_\_\_ 3. Brainstorming methods of saving or achieving greater income.
  - \_\_\_ 4. Making specific plans to implement methods of saving or achieving greater income & cutting expenses.
- \_\_\_ e. Solicit reasons FM skills are beneficial.
  - For each of following if not mentioned, query if client believes reason is important:
    - \_\_\_ 1. Ability to pay utility bills and rent on time.
    - \_\_\_ 2. Ability to purchase desired healthy foods.
    - \_\_\_ 3. Less stress.
    - \_\_\_ 4. Ability to purchase things that are desired.
    - \_\_\_ 5. Caseworkers usually give more freedom to clients who are financially secure.

**Determining Financial Need or Surplus (Client & Significant Others)**

- \_\_\_ a. Provide copy of FMW.
- \_\_\_ b. Instruct to review expense prompts, & report monthly expenses in amount column of Expense Section of FMW.
- \_\_\_ c. Instruct to review income prompts, & report monthly income in amount column of Income & Total Budget Sections of FMW.
- \_\_\_ d. Assist in subtracting total income from total expenses, and record in appropriate boxes at the bottom of the Income & Total Budget Sections of FMW.
- \_\_\_ e. Disclose the extent client is in a surplus or deficit.

**Brainstorming Methods of Decreasing Expenses (Client & Significant Others)**

- \_\_\_ a. Identify methods of decreasing expenses, and record in “ways to decrease expenses” column of the Expenses Section of FMW.
  - Estimate amount of money that would be saved by managing costs in each area.
- \_\_\_ b. Indicate total estimated amount of money saved.
  - Record estimated amount of money in appropriate sections of Expense section of FMW.

**Brainstorming Methods of Achieving Greater Income (Client & Significant Others)**

- \_\_\_ a. Identify methods of achieving extra income, and record in “ways to increase income” column of Income & Total Budget sections of FMW.

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- \_\_\_ b. Indicate total amount of money that would be gained by incorporating these new sources of income.
- Record total estimated amount gained in Income and Total Budget Sections of FMW.

**Determining New Financial Need or Surplus (Client & Significant Others)**

- \_\_\_ a. Add total projected savings to total projected gains to get projected extra income.
- \_\_\_ b. Assist client in developing plans relevant to implementing methods of saving or achieving more income & decreasing expenses.
- \_\_\_ c. Add developed plans to Behavioral Goals & Rewards and Environmental Control Worksheets.

**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 12.2.** Financial Management Provider Prompting Checklist for Future Sessions.

**FINANCIAL MANAGEMENT**  
**Provider Prompting Checklist**  
Future Sessions

Client ID#: \_\_\_\_\_ Provider: \_\_\_\_\_ Session #: \_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

- Financial Management Worksheet (FMW)

**Begin Time:** \_\_\_\_\_ am / pm

**Implementing Methods of Saving or Achieving Greater Income (Client & Significant Others)**

\_\_\_ a. Utilize and/or modify the FMW to assist client in saving or achieving greater income, & reducing expenses.

**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

**Worksheet 12.1.** Financial Management Worksheet.

<b>FINANCIAL MANAGEMENT WORKSHEET</b> Expenses Section
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	Monthly Expenses	Amount	Ways to Decrease Expenses	Projected Savings
	Rent/Mortgage	\$		\$
	Average spent on food per week \$_____ X 4 =	\$		\$
	Electric Bill	\$		\$
	Gas Bill	\$		\$
	Water Bill	\$		\$
	House Phone	\$		\$
	Car Payment	\$		\$
	Car Insurance	\$		\$
	Car Repair Bills	\$		\$
	Cell Phone	\$		\$
	Cable	\$		\$
	Credit Cards	\$		\$
	Medical	\$		\$
	Home Products and Furniture	\$		\$
	Fun Things: Movies, Bowling, Restaurants, Gym Memberships, etc.	\$		\$
	Bad Habits: Alcohol, Drugs, Gambling, Cigarettes, etc.	\$		\$
	Other:	\$		\$
	<b>Total Monthly Expenses =</b>	\$	<b>Total Projected Savings =</b>	\$

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## FINANCIAL MANAGEMENT WORKSHEET

### Income & Total Budget Sections

Monthly Income	Amount	Ways to Increase Income	Projected Gains
Main Job	\$		\$
Part-time Job(s)	\$		\$
Child Support	\$		\$
Legal Settlement Awards	\$		\$
State & Federal Assistance	\$		\$
Private or Church-Based Assistance	\$		\$
Inheritance &/or Investment Income (e.g., Stocks, Bonds, Real Estate Sales)	\$		\$
Assistance from Family/Friends	\$		\$
Other	\$		\$
<b>Total Monthly Income:</b>	\$	<b>Total Projected Gains:</b>	\$

<b>Total Monthly Income:</b>	\$	<b>Projected Savings:</b>	\$
<b>Total Monthly Expenses:</b>	\$	<b>Projected Gains:</b>	\$
<b>Remaining Balance:</b> (income – expenses)	\$	<b>Projected Extra Income:</b> (savings + gains)	\$

## Intervention Integrity

- What is intervention integrity?
- How do you feel about intervention integrity?
- Programs that utilize standardized manuals and evaluate intervention integrity are consistently rated better than those programs that do not (Moyer, Finney, & Swearingen, 2002).
  - **Integrity** = # of protocol items completed / #possible.
  - **Reliability** = # of agreements / # agreements + disagreements X 100.
    - *intervention Integrity Review Form (see p. 17 in book)*



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## Time to Practice Treatment Integrity!



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**Exhibit 1.1.** Treatment Integrity Review Form.

<b>TREATMENT INTEGRITY REVIEW FORM</b>
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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 ÷ (# of 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):**

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TREATMENT INTEGRITY REVIEW FORM

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## Concluding Performance Intervention & Planning for Success

Solicit & provide strengths of family relevant to maintaining:

- great family relationships
- personal achievements
- treatment goals

Instruct family in exchanging what is appreciated about each other,  
including provider.

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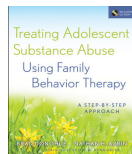
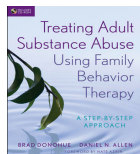
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