6-20-03 (version 3); contact info updated 12-10-14

***SEEKING SAFETY* ADHERENCE SCALE**

This scale can be used for either individual or group treatment. It has three sections:

PART 1: FORMAT

Did the clinician follow the session structure of Seeking Safety? (e.g., check-in)

PART 2: CONTENT

Did the clinician use the Seeking Safety content? (e.g., topics such as Honesty)

PART 3: PROCESS

Did the clinician use strong general clinical skills? (e.g., empathy, warmth)

Please note:

(1) Many items have two ratings:
- ***Adherence*****,** which is the idea of quantity (i.e., how much did the clinician do the Seeking Safety treatment?)
- ***Helpfulnes****s*, which is the idea of quality (i.e., how helpful was the clinician?). This item is based both on how the clinician came across and also by how clients seemed to respond.

(2) All items range from 0 (low) to 3 (high), with higher equal to "better". You can use .5 ratings such as "1.5" and this is recommended to offer the most fine-tuned, useful ratings.

(3) It is helpful to use the Score Sheet and to fill out the *Format Worksheet* on the last two pages of the Score Sheet, for all sessions.

(4) You can mark "can't rate" on the scoring sheet if you feel unable to rate an item (e.g., part of the tape was inaudible; the session was very short; or you did not understand the item).

(5) **Please complete all ratings based on watching the full session, and in comparison to a very high standard: how an expert, well-trained in this treatment, would conduct it.** This means that you will generally be using the full range of the scale, as most sessions have some flaws. Please be honest about both strengths and weaknesses; giving a clinician all positive ratings does not help growth, nor does it result in the highest quality work being provided to clients. *Keep clients' well-being as the central goal*. Note that it is unusual for a clinician, especially one new to the model, to obtain mostly 3's.

(6) The "not applicable" (NA) code for adherence will rarely be used as all items are part of each session except in the rare event of a life-or-death emergency, or the use of session 1a (case management. *If NA is used, list the reason on the scoring sheet in the margin.*

(7) While listening to a session tape, take on-going notes as indicated on the Score Sheet. Use marks to identify issues that are important to raise with the clinician in supervision, e.g., + (plus sign) for strengths, and - (minus sign) for weaknesses. After listening to the entire tape, rate the items using the notes as a guide.

(8) For each item, relevant page numbers in the manual are provided to assist supervision of the clinician. Direct the clinician to reread specific sections of the manual for all areas that are weak (e.g., 0 and 1 ratings). Also, have the clinician read other relevant works as needed (e.g., books on trauma, PTSD, substance abuse, cognitive-behavioral therapy).

(9) This scale is copyrighted Najavits, L.M. (2003), based on earlier versions starting with Najavits L.M. & Liese, B.S. (1996). You are welcome to use this scale and score sheet for research on Seeking Safety or for clinical use within your agency or practice. **For permission to adapt the scale or score sheet for other purposes or to distribute it beyond these uses, please contact Lisa M. Najavits, Ph.D**., Treatment Innovations, 28 Westbourne Rd., Newton Centre, MA 02459; info@seekingsafety.org (email); 617-299-1620 (telephone); or see www.treatment-innovations.org (section "assessment"). For information about the Seeking Safety treatment, please see www.seekingsafety.org.

Najavits, LM (2003). *Seeking Safety Adherence Scale*. Unpublished manuscript, McLean Hospital, Belmont, MA. See page 1 for information on adapting and distributing this scale.

Part 1: Structure

*****For PART 1 please fill out the "worksheet" on the scoresheet as the basis for ratings*****

(1) CHECK-IN

The goal of the check-in is a brief update (up to 5 minutes per client), using the five check-in questions. The clinician makes only brief comments (e.g., praise or concern), and notes material to return to later in the session. *In group, clinician promotes each client's "space" without cross-talk from other group members.*

📖 **For supervision.** Pages in the manual to assist clinician: 33-35; 54-55.

Rating	**ADHERENCE (quantity)**	Rating	**HELPFULNESS (quality)**
NA	Check-in not required (e.g., case management session, or life/death emergency).	**NA**	Can't rate because appropriately not done in session
0 Not done	Did not conduct check-in, but should have	**0 Harmful**	Check-in punitive (e.g., "You were bad to use substances"), hurtful, or neglectful (e.g., ignores client's suicidal feelings)
1 Done A little	Minimally complete (e.g., made attempt at check-in, but clearly lacking in some components or time limits; or intervened far too much or too little)	**1 Ineffective**	Uninvolved, listened but did not appear supportive or helpful; cut clients off abruptly rather than redirecting in a kind way
2 Done A lot	Mostly complete; did check-in with only minor flaws	**2 Somewhat helpful**	Attentive and basically good, but some flaws (e.g., overly rushed)
3 Done thor-oughly	100% complete: all components of check-in completed within time limits and with optimal level of interaction from clinician	**3 Extremely helpful**	Conveyed sincere interest and support in clients' progress; clients appeared to feel heard and cared for

(2) QUOTATION

Conducted after check-in; no more than two minutes on quotation; have client read quote out loud; ask "What is the main point?" and allow client to answer; clarify if patient does not understand; link to session topic.

📖 **For supervision.** Pages in the manual to assist clinician: 35, 54-55.

Rating	**ADHERENCE (quantity)**	Rating	**HELPFULNESS (quality)**
NA	Quotation not applicable (e.g., more than one session on same topic).	**NA**	Can't rate because appropriately not done in session
0 Not done	Quotation not done, but should have been done	**0 Harmful**	Client made to feel stupid for not understanding quotation; or a harmful message conveyed about the quotation
1 Done A little	Too much or too little time on quotation, done at wrong time, or clinician alone identifying main point	**1 Ineffective**	Went through the motions, misunderstood the quotation, or told client what to think without letting client explore it

2 Done A lot	Quotation mostly conducted as planned, with only minor flaws (e.g., asked "How do you like the quote?")	**2 Somewhat helpful**	Used the quotation in a way that appeared somewhat beneficial
3 Done thor-oughly	Quotation fully addressed as specified in the manual	**3 Extremely helpful**	Able to use the quotation to fullest advantage to help client feel inspired and engaged in the session

(3) HANDOUTS

Each topic has a set of handouts. After the quotation (see item #2 above), the clinician encourages clients to take a few minutes to look through the handouts, and then asks an open-ended question (e.g., "Any reactions?") to start the discussion. The clinician may want to summarize the handouts briefly if clients have trouble reading, or in a group, clients may take turns reading small sections out loud. But in general, it's best to allow clients to explore the handouts rather than over-controlling the process (e.g., reading every line, "lecturing" at clients, going through each page in order).

📖 **For supervision.** Pages in the manual to assist clinician: 36-40; 54-55.

	ADHERENCE (quantity)	Rating	**HELPFULNESS (quality)**
NA	Handout not required (e.g., case management session, or life/death emergency).	**NA**	Cannot be rated because appropriately not done in session
0 Not done	Omitted handouts entirely, or gave them out but then did not work with them	**0 Harmful**	Used handouts in way that made clients feel ignored, judged, or unimportant (e.g., just had clients read handouts out loud with no attempt to process it or relate it to their lives)
1 Done A little	Minimal attention to handouts (little time spent on them)	**1 Ineffective**	Superficial attempt to use handouts, going through the motions (e.g., "We need to get through this"), or disorganized and unclear
2 Done A lot	Reviewed handouts with considerable thoroughness and only minor flaws (e.g., went off-topic briefly)	**2 Somewhat helpful**	Tried to help clients understand and benefit from the handout (e.g., asked for clients' own examples, clarified terms); but overall effect was less than excellent
3 Done thor-oughly	Handouts used as described in manual; and spent most of the session on them (e.g., reading, discussion, rehearsal).	**3 Extremely helpful**	Used the handouts in outstanding and highly therapeutic manner; did not appear "bookish" but rather deeply moved clients toward change

(4) CHECK-OUT

The goal of the check-out is to close out the session using three questions. Note that the commitment can be any specific homework; it does not have to relate to the session topic.

📖 **For supervision.** Pages in the manual to assist clinician: 41-44, 54-55.

Rating	**ADHERENCE (quantity)**	Rating	**HELPFULNESS (quality)**
NA	Check-out not required (e.g., case management session, or life/death emergency).	**NA**	Can't rate because appropriately not done in session

0 Not done	Did not conduct check-out at all, but should have	**0 Harmful**	Check-out negative (e.g., angry at client's critical feedback about session) or neglectful (e.g., ignores suicidal feelings)
1 Done A little	Minimal (e.g., made attempt, but clearly lacking in some components, intervened too much, or time was too long or too short)	**1 Ineffective**	Uninvolved or unsupportive; e.g., unable to help client identify a new commitment
2 Done A lot	Mostly complete (e.g., did check-out solidly for each client, but minor problems)	**2 Somewhat helpful**	Attentive and basically good, but somewhat lacking (e.g., talking too much)
3 Done thor-oughly	100% complete: all components of check-out completed within time limits and with optimal level of interaction from clinician	**3 Extremely helpful**	Conveyed sincere interest and support in clients' progress, provided optimal level of guidance; clients appeared to feel heard and cared for; helped clients identify useful commitments and community resources

Part 2: Content

(5) FOCUS ON TRAUMA/PTSD

Every session, the clinician should address trauma/PTSD in some way. This may include bringing up trauma-relevant examples, helping the client work on trauma symptoms; helping the client understand the connection between trauma and substance abuse, etc.

📖 **For supervision.** Pages in the manual to assist clinician: 5-8, 40 (top of page), 46-48, 110-116.

Rating	**ADHERENCE (quantity)**	Rating	**HELPFULNESS (quality)**
NA	Appropriately not done (e.g., case management session or life/death emergency)	**NA**	Can't rate because not done in session
0 Not done	No mention of trauma/PTSD.	**0 Harmful**	Dealt with trauma/PTSD in harsh, disrespectful, angry, controlling, or judgmental way, or, gave wrong information (e.g., "No one recovers from PTSD")
1 Done A little	Minimal amount of time spent on trauma/PTSD	**1 Ineffective**	Ignored obvious opportunities to focus on trauma/PTSD, or attended to them in ways that were overly superficial (e.g., "Just learn to forgive")
2 Done A lot	A fair amount of time in session spent on trauma/PTSD	**2 Somewhat helpful**	Trauma/PTSD interventions were somewhat useful, e.g., conveyed knowledge, or provided simple but helpful interventions ("How about reading a book on PTSD?")
3 Done thor-oughly	Considerable amount of time in session was devoted to trauma/ PTSD, in ways specified in the manual	**3 Extremely helpful**	Sophisticated, state-of-the art effort to intervene on trauma/PTSD (e.g., important new learning, worked on clients' examples in very meaningful way, or helped to decrease symptoms)

(6) FOCUS ON SUBSTANCE ABUSE

Every session, the clinician should address substance abuse in some way. This may include exploring reasons why client used substances, identifying ways to prevent substance use, linking trauma/PTSD with substance use, etc.

📖 **For supervision.** Pages in the manual to assist clinician: 6-8, 14, 44, 49, 51, 137-163, 360.

Rating	**ADHERENCE (quantity)**	Rating	**HELPFULNESS (quality)**
NA	Appropriately not done (e.g., case management session or life/death emergency)	**NA**	Can't rate because appropriately not done in session
0 Not done	No mention of substance abuse	**0 Harmful**	Dealt with substance abuse in harsh, disrespectful, angry, controlling, or judgmental way, or, gave wrong information
1 Done A little	Minimal amount of time spent on substance abuse	**1 Ineffective**	Ignored obvious opportunities to focus on substance abuse, or attended to it in superficial way that appeared to have little impact
2 Done A lot	A fair amount of time in session spent on substance abuse	**2 Somewhat helpful**	Substance abuse interventions were somewhat useful, e.g., conveyed useful knowledge, or provided simple but helpful interventions ("How about going to AA?")
3 Done thor-oughly	Considerable amount of time in session was devoted to substance abuse, in ways specified in the manual	**3 Extremely helpful**	Sophisticated, state-of-the art effort to intervene on substance abuse (e.g., important new learning, worked on clients' examples in very meaningful way, or helped to develop contract and/or strategies to prevent future use)

(7) SAFE COPING

The goal is to help clients learn to cope in safe ways, no matter what happens. There are many ways the clinician can work on safe coping, including the session topic (each of which is a safe coping skill), use of the *List of Safe Coping Skills,* and use of the *Safe Coping Sheet*. Even if the session goes off topic at times, it should still recognizably attend to safe coping skills (which may be cognitive, behavioral, interpersonal, or a mix of these).

📖 **For supervision.** Pages in the manual to assist clinician: 5-6, 40-41, 50-51, 58, 94-109.

Rating	**ADHERENCE (quantity)**	Rating	**HELPFULNESS (quality)**
NA	Appropriately not done (e.g., life/death emergency).	**NA**	Can't rate because not done in session
0 Not done	No attention to safe coping	**0 Harmful**	Clinician harsh or coercive (e.g., "You have to do it my way"), gave poor information (e.g., "Rethinking means thinking positively"); was demeaning (e.g., "If you don't set a boundary, you're a masochist"); or used coping inappropriately (e.g., told client to do grounding when she does not have money for food)

1 Done A little	Minimal amount of time spent on safe coping	**1 Ineffective**	Vague or overly abstract; superficial advice rather than therapeutic processing; unable to get clients to explore or change their coping; "lite" interventions ("Just do it!")
2 Done A lot	A fair amount of time in session spent on safe coping. *Use this rating if clinician strayed from the session topic, but still did a lot of work on safe coping.*	**2 Somewhat helpful**	Reasonable work though did not go far enough (e.g., asked client to go to an AA meeting, but did not explore possible obstacles); conveyed some useful help but not deep enough, or not fully convincing
3 Done thor-oughly	Considerable amount of time in session was devoted to safe coping. *For this rating, clinician needs to have spent most of the session on the session topic.*	**3 Extremely helpful**	Masterfully helped clients develop and implement new safe coping to promote recovery; convincing, realistic, and specific (e.g., did successful rethinking exercise or role-play); worked on emotional obstacles to change; helped clients move to a higher level; was respectful and insightful.

(8) TOPIC DISCUSSION AND REHEARSAL

The clinician promotes clients' growth by encouraging discussion and rehearsal of the session topic (e.g., Honesty) in relation to the clients' current life problems. Rehearsal refers to active techniques such as role play, think-aloud, the *Safe Coping Sheet*, making a tape, replaying the scene, experiential exercise, question/answer, etc. The clinician does not need to review everything on handout; it is fine to be selective and adapt to the clients' needs, but whatever is covered should be done in-depth.

📖 **For supervision.** Pages in the manual to assist clinician: 36-39, 40, 58, and "Session Content" in each topic's therapist guide.

Rating	**ADHERENCE (quantity)**	Rating	**HELPFULNESS (quality)**
NA	Appropriately not done (e.g., life/death emergency).	**NA**	Can't rate because appropriately not done in session
0 Not done	No discussion or rehearsal (i.e., clinician totally off-topic)	**0 Harmful**	No new learning (e.g., clinician chats about trivial issues, is not focused on providing growth experience for client, or covers topic in way that makes client feel hurt, diminished, or put down
1 Done A little	Minimal amount of discussion and rehearsal (e.g., not enough time or effort to truly accomplish learning of topic)	**1 Ineffective**	Superficial attention to the topic; jumping all over to too many different things; or clinician unable to really help the client understand
2 Done A lot	Solid discussion and rehearsal (e.g., did both somewhat, or did one very well)	**2 Somewhat helpful**	Some good work on the topic, some new learning, but a sense that it didn't go as far as might have
3 Done thor-oughly	Excellent attention to both discussion and rehearsal (only rate "3" if both present)	**3 Extremely helpful**	Expert intervention that appeared to have genuine impact on client; a sense of new understanding and important change

(9) FOCUS ON CURRENT, SPECIFIC, IMPORTANT CLIENT PROBLEMS

While many client issues could be worked on, the goal is to select ones that are (a) described during check-in to be recent unsafe behavior (e.g., substance use or self-harm); (b) current (e.g., problems in the past week or two or upcoming week or two rather than lengthy discussion of the far past or distant future); (c) specific (e.g., solvable problems); and (d) ones that clients want to work on. If clients brings up abstract goals such as "wanting to feel better", the clinician's role is to help identify how to work on these in specific ways in the present.

📖 **For supervision.** Pages in the manual to assist clinician: 13, 37-39, and "Ways to Relate the Material to Patients' Lives" in each topic's therapist guide.

Rating	**ADHERENCE (quantity)**	Rating	**HELPFULNESS (quality)**
NA	Appropriately not done	**NA**	Can't rate because not done in session
0 Not done	Clinician never addressed current, specific, important client problems	**0 Harmful**	Avoided or ignore major issues (e.g., current domestic violence goes unaddressed); or clinician talked most of the time ("lecturing") and did not allow space for clients to address their issues
1 Done A little	Some amount of focus on current, specific, important client problems	**1 Ineffective**	The clinician selected trivial concerns; too "bookish" (session felt like school rather than therapy); or session unfocused, aimless, or rambling.
2 Done A lot	Moderate amount of focus on current, specific, important client problems	**2 Somewhat helpful**	Focused on relevant problems, but may have gotten bogged down (e.g., an abstract discussion)
3 Done thor-oughly	High amount of focus on current, specific, important client problems	**3 Extremely helpful**	Used time extremely effectively by guiding conversation to specific client concerns, redirecting when needed; good pacing; selected "hot" examples that tapped prominent issues; specific rather than vague or abstract.

(10) BALANCE OF SUPPORT AND ACCOUNTABILITY

The clinician offers genuine support, praise, and positive feedback, while also guiding clients to take greater responsibility for their actions by providing constructive critical feedback, appropriate confrontation, limit-setting, and motivating clients to "do the work" in session.

📖 **For supervision.** Pages in the manual to assist clinician: 11, 30-31.

Rating	**ADHERENCE (quantity)**	Rating	**HELPFULNESS (quality)**
NA	Appropriately not done	**NA**	Can't rate because not done in session
0 Not done	No use of support or accountability	**0 Harmful**	Destructive accountability (e.g., set limits in abusive way, gave harsh feedback that appeared to induce shame, guilt, despair, or hopelessness); and/or no support
1 Done A little	Minimal amount of support and accountability (or just used one and not the other)	**1 Ineffective**	Support felt superficial or ingenuine; accountability was absent or poorly done (e.g., clinician "walked over" by clients, appeared victimized or afraid, unable to set appropriate limits or give critical feedback; allowed client to get away with inappropriate behavior in the session; or did all the work, not requiring client effort).

2 Done A lot	Fair amount of support and accountability, and reasonably balanced	**2 Somewhat helpful**	Support felt validating, and clients were held to reasonably high standards; but with some flaws (e.g., gave critical feedback indirectly)
3 Done thor-oughly	High amounts of support and accountability, in balanced fashion	**3 Extremely helpful**	An outstanding job of genuine support while also encouraging clients to do their best within their developmental level; did not give up on any client; gave accurate critical feedback in caring way

(11) CASE MANAGEMENT

The case management aspect of the treatment is designed to provide guidance and referrals to help clients locate additional help (e.g., for domestic violence, housing, medication, self-help groups).

📖 **For supervision.** Pages in the manual to assist clinician: 10-11, 65-93.

Rating	**ADHERENCE (quantity)**	Rating	**HELPFULNESS (quality)**
NA	Appropriately not done (i.e., no case management issues necessary to address)	**NA**	Can't rate because not done in session
0 Not done	Case management issues not addressed despite need to address them	**0 Harmful**	Addressed case management issues in harmful ways (e.g., forcing a treatment client does not want; minimizing valid concerns) or giving destructive advice (e.g., "Stay with your clinician even if it feels unhelpful")
1 Done A little	Addressed case management issues a little but less than appeared necessary	**1 Ineffective**	Attempts to address case management issues were unlikely to result in real progress (e.g., gave referral without checking whether client could pay for it)
2 Done A lot	Addressed most of case management issues that appeared necessary	**2 Somewhat helpful**	Reasonable success in addressing case management needs, but with some limitations (e.g., addressed practical issues but not emotional obstacles)
3 Done thor-oughly	Fully addressed case management issues that appeared necessary. *Can include setting up time for individual case management session*	**3 Extremely helpful**	Conducted case management in a way that therapeutically addressed both the practical needs of clients (appropriate referrals) and also emotional obstacles (e.g., fear of new treaters, lack of initiative)

(12) ABSENCE OF GRAPHIC DETAILS OF TRAUMA OR SUBSTANCE USE

The clinician focuses on trauma and substance abuse without allowing clients to go into graphic detail, which could become unsafe. Clinician redirects client if necessary, but in kind, validating way. However, clients can briefly mention nature of trauma (e.g., "I was sexually abused as a child") and relevant details of substance abuse (e.g., "I had six drinks at a bar").

📖 **For supervision.** Pages in the manual to assist clinician: 8, 14-15, 46-48, 113-114.

Rating	**ADHERENCE (quantity)**	Rating	**HELPFULNESS (quality)**
NA	Appropriately not done	**NA**	Can't rate because not done in session

0 Not done	Considerable graphic details of trauma or substance abuse details (e.g., "war stories")	**0 Harmful**	"Digs" for details, or allows client to trigger self or others through graphic, lengthy details of trauma or substance use; some harmful reaction observed (e.g., client dissociates, leaves room, or complains)
1 Done A little	Fair amounts of graphic trauma or substance abuse details	**1 Ineffective**	Tries to keep trauma or substance use details out of session but unable to do so (e.g., asks client to stop, but client keeps going)
2 Done A lot	Minimal amounts of graphic trauma or substance abuse details	**2 Somewhat helpful**	Makes reasonable attempt to keep trauma or substance use details out of session but does not go far enough (e.g., client cut off in abrupt way)
3 Done thor-oughly	No discussion of graphic trauma or substance abuse details; clinician able to redirect if needed	**3 Extremely helpful**	Protects safe atmosphere in room by redirecting clients away from graphic details of trauma or substance use; does so in caring, validating way (e.g., explains rationale) *[or: rate 3 if gave "3" on adherence]*

Part 3: Process

(13) WARMTH AND CARING

Clinician offers genuine compassion, kindness, praise, and high level of care.

📖 **For supervision.** Pages in the manual to assist clinician: 11, 30-31, and the section "Countertransference" in each topic's therapist guide.

Rating	ADHERENCE/HELPFULNESS
NA	Use "NA" if for any reason it is not applicable to rate this item
0 Not done/ Harmful	Indifferent, cold (e.g., ignores client crying); hurtful (e.g., mean, shaming, or blaming); total absence of praise or praise insincere, sarcastic, or excessive; and/or overwhelmed by own emotions (e.g., very frustrated and angry)
1 Done a little/ Ineffective	Too little warmth; clinician's own emotions or needs seem to get in the way of "being there" for client emotionally; praise, if done, is superficial (e.g., says the right words but tone is not genuine)
2 Done a lot/ Somewhat helpful	Quite warm and caring but some flaws (e.g., less than optimal amount of praise)
3 Done thoroughly/ Extremely helpful	The clinician did an outstanding job of conveying heartfelt warmth and caring, and avoided all traces of hostility or blame. Exemplary use of praise (specific, sincere) that appeared to motivate clients

(14) DEPTH

Depth refers to a sense that the work is highly important, meaningful, and taps new levels of awareness for the client.

📖 **For supervision.** Pages in the manual to assist clinician: 29-32.

Rating	**ADHERENCE/HELPFULNESS**
NA	Use "NA" if for any reason it is not applicable to rate this item
0 Not done/ Harmful	Depth absent (e.g., session focused only on trivial issues), missed major opportunities, and/or aimed for depth but did so in disrespectful or harmful way (e.g., "You have to write a letter to your abuser forgiving him")
1 Done a little/ Ineffective	Mostly superficial, with little attempt or ability to get to meaningful client issues
2 Done a lot/ Somewhat helpful	Quite able to attain depth, but with some flaws (e.g., chatting about the weather for some part of the session)
3 Done thoroughly/ Extremely helpful	Ability to work with clients at a deeply meaningful level, understanding their experience in a way that conveys genuine, intelligent perception of clients (e.g., beyond clients' own understanding of self); able to resonate with their way of looking at the world yet see beyond it as well.

(15) MANAGEMENT OF CRISES AND EXTREME EMOTION

The goal is to soothe and contain clients who become overly upset (using grounding and empathy), address important crises (e.g., client has been assaulted and needs medical care), solve crises in professional yet kind ways, and, in group treatment, to do so while preventing other clients' from becoming upset.

📖 **For supervision.** Pages in the manual to assist clinician: 30, 49-51,125-136.

Rating	**ADHERENCE/HELPFULNESS**
NA	No crises to manage (e.g., client cutting arm in session); no extreme affects to manage (e.g., rage, dissociation, crying, panic attack).
0 Not done/ Harmful	Did not address crisis or extreme affect (e.g., ignored it); or addressed in destructive way (e.g., power struggles); clients deteriorated or increasingly upset, and negative feelings were increased rather than decreased
1 Done a little/ Ineffective	Attempted resolution of crisis or extreme affect, but unsuccessful (e.g., was overly anxious, could not get client to safe place)
2 Done a lot/ Somewhat helpful	Attentive to clients' extreme affects or crises in a way that allowed diffusion, calming, and adequate plan; able to maintain reasonable professional demeanor, but with some deficiency (e.g., took too long or dealt with one client to exclusion of other clients' needs)
3 Done thoroughly/ Extremely helpful	Excellent job of attending sensitively and effectively to extreme affects and crises; quick diffusion, calming, and helpful resolution (e.g., did grounding and then moved on to rest of session); made appropriate referrals if needed (e.g., to inpatient level of care); clients may have learned important lessons and become closer; clinician able to manage difficult situation

(16) POWER DYNAMICS

In managing power dynamics, the goal is for the clinician to both help empower clients yet also to take charge by leading as needed, within a safe and empowering therapeutic atmosphere. The clinician is also aware of the unconscious reenactments that can occur with clients (e.g., replaying roles of victim, perpetrator, bystander, or rescuer), and is aware of anger and handles it effectively.

📖 **For supervision.** Pages in the manual to assist clinician: 11, 29-32, and see "Countertransference" in each topic's therapist guide.

Rating	**ADHERENCE/HELPFULNESS**
NA	Use "NA" if for any reason it is not applicable to rate this item
0 Not done/ Harmful	Mismanaged power dynamics in way that created lack of safety: e.g., was abusive, attacking, coercive, allowed clients to trigger each other, engaged in power struggles, allowed clients to scapegoat each other, or conveyed extreme negative countertransference reactions
1 Done a little/ Ineffective	Attempts to manage power dyamics were ineffective. Clinician was either over-controlling or appeared overly weak (e.g., "victimized" by clients; inconsistent in way that clients may have felt unsure of how to act; or allowing clients to talk at great length without focus). Or, clinician seemed unable to "own" important negative feelings in the room, by either self or clients (anger, frustration, anxiety). In group treatment, overly addressing needs of one group member at expense of others; allowed clients to interrupt each other
2 Done a lot/ Somewhat helpful	A reasonably good job of managing power dynamics, with quite safe atmosphere. In group treatment, largely protected group members from each other, largely maintained balance of own authority and empowerment of clients. No obvious major negative countertransference.
3 Done thoroughly/ Extremely helpful	Excellent job of managing power dynamics. Created safe atmosphere; allowed clients to talk openly, sought to empower them while also maintaining own authority; promoted an egalitarian mood that was respectful of all. In group treatment, fully protected clients from each other; good balance of individual versus group needs (e.g., sharing time, taking turns); no scapegoating; group functioned "as a team".

(17) LISTENING

Follows "80/20" rule (client talks approximately 80% of session, with clinician talking only about 20%). Also, clinician appears to accurately hear clients' intended messages, and focuses on client rather than on own issues (e.g., self-disclosure does not occur unless client initiates question).

📖 **For supervision.** Pages in the manual to assist clinician: 30, 32, 34-35.

Rating	**ADHERENCE/HELPFULNESS**
NA	Use "NA" if for any reason it is not applicable to rate this item
0 Not done/ Harmful	Talking way too much or too little; did not hear clients; imposed own understanding incorrectly; important messages were missed; talked over or interrupted client; told client what to think rather than listening; distorted the meaning in destructive way; became defensive at clients' criticism; talked about self and own needs
1 Done a little/ Ineffective	Talked more than client during session; "lectured" or overly controlled the session flow; interrupted client; overly concrete (e.g., not hearing emotions underneath); did self-disclosure that took focus off of client
2 Done a lot/ Somewhat helpful	A reasonable amount of listening; hearing clients accurately and sensitively, but with some flaws (e.g., client needed to correct clinician repeatedly before she got it, or clinician talked more than 25% of session)
3 Done thoroughly/ Extremely helpful	Kept "80/20 rule"; excellent job of hearing clients sensitively ("listening with the third ear") to both verbal and non-verbal messages; able to listen to clients' critical feedback without defensiveness; clients may have given strong indications that they felt understood (e.g., "Exactly!", "That's just what I meant")

(18) LEVEL OF ENGAGEMENT

This item addresses the clinician's degree of involvement in the work, which may appear in terms of effort level; sense of the clinician being present as a human being; and use of engaging language, humor, examples, or other ways of connecting with the client.

.📖 **For supervision.** Pages in the manual to assist clinician: 11, 12, 13, 75.

Rating	ADHERENCE/HELPFULNESS
NA	Use "NA" if for any reason it is not applicable to rate this item
0 Not done/ Harmful	Uninvolved, bored, "robotic," predictable, obvious, unenthusiastic; resembled a bump on a log; too passive or appeared lazy to a degree that neglected clients' needs; or appeared unwilling or unmotivated to make necessary efforts to help (e.g., client asks for referral and clinician doesn't bother giving one); or ended session early
1 Done a little/ Ineffective	No bells or whistles; bland, uninspired (e.g., may have done everything "by the book"; no obvious spark, interest, or excitement in clinician demeanor; perhaps a feeling of too much quiet or deadness in room, but nothing destructive going on; rater may have needed a cup of coffee to get through the tape; somewhat passive, low in effort, didn't extend self to try to really make it work)
2 Done a lot/ Somewhat helpful	Applied solid effort and showed moderate desire to help clients but with some flaws (e.g., tells client will give a referral and then doesn't follow through); style was reasonably engaging, enthusiastic, interesting; conveyed a human, engaging side with some success; but could have been better
3 Done thoroughly/ Extremely helpful	Worked with exemplary effort, persistence, motivation; modeled how to strive for results; active attempts to help in any way possible within professional bounds; style was highly engaging (e.g., personable, enthusiastic, colorful, charming, good use of own affect); able to draw clients in, motivate

(19) ABSENCE OF INTERVENTIONS THAT CONFLICT WITH THE MANUAL

This item addresses whether the clinician stayed within the treatment model, and used interventions that were congruent with it. Examples of interventions *not* congruent with the model would be intensive interpersonal processing (e.g., exploration of transference), exposure therapy (processing of graphic trauma details), and psychoanalytic therapy (e.g., unstructured session focusing on free associations). This item is rated for adherence only.

📖 **For supervision.** Pages in the manual to assist clinician: 14-15, 19-21.

Rating	ADHERENCE
NA	Use "NA" if for any reason it is not applicable to rate this item
0 Not done	Considerable amount of interventions from other modalities that conflict with the manual (e.g., long silences; extensive discussion of childhood; exposure therapy methods such as detailed exploration of trauma history; passive clinician; interpretations of negative motives that clients have not articulated themselves, e.g., "You don't really want to get better")
1 Done a little	Fair amount of interventions from other modalities that conflict with the manual (e.g., sounded largely like an interpersonal process session)
2 Done a lot	Minimal amount of interventions from other modalities that conflict with the manual
3 Done thoroughly	No use of interventions from other modalities that conflict with the manual

(20) BUILDING GROUP COHESION *(RATE FOR GROUP THERAPY ONLY)*

This item addresses whether, for group therapy, clinician helped create a bond between group members.

📖 **For supervision.** Pages in the manual to assist clinician: 32, 34, 35, 46.

Rating	ADHERENCE/HELPFULNESS
NA	Not a group therapy session.
0 Not done/ Harmful	Poor performance. Ignored the group (e.g., focused solely on one group member to exclusion of all others); or, allowed group to run wild in way that prevented cohesion (e.g., separate conversations going on at same time)
1 Done a little/ Ineffective	Some attempt to help group relate to each other, but ineffective or insufficient such that group cohesion suffered (e.g., allowed one member to take up too much time, or conducted group in a way that clients rarely talked to each other)
2 Done a lot/ Somewhat helpful	Clear evidence of some group cohesion (e.g., clients responding to each other, mutual support, etc.), and/or clinician clearly making efforts to build such rapport (e.g., encouraging comments, asking questions of group as a whole)
3 Done thoroughly/ Extremely helpful	Outstanding group bonding (e.g., clinician involving all members, a spirit of camaraderie, group members sharing time and attention in balanced way, a feeling of a group rather than just separate clients)

(21) OVERALL PERFORMANCE

Create a global rating, across all items.

Rating	ADHERENCE/HELPFULNESS
NA	Use “NA” if for any reason it is not applicable to rate this item
0 Not done/ Harmful	Poor performance. Does not demonstrate a grasp of the treatment model; major flaws in use of the treatment format, content, or process to detriment of clients; or stuck slavishly to manual in a way that lost the spirit of the work
1 Done a little/ Ineffective	Fair performance. Demonstrates some basic skills but does not use the treatment model consistently or with effectiveness. Needs to improve format, content, process, timing, and/or tactfulness of interventions.
2 Done a lot/ Somewhat helpful	Good performance. Has learned the treatment well and applies it comfortably. Is skillful in the application of techniques in the context of strong process skills. However, some areas that could still use improvement.
3 Done thoroughly/ Extremely helpful	Excellent performance. Evidenced outstanding knowledge of the treatment with no obvious deficiencies; appeared at ease, flexible, and extremely sensitive; "state of the art”; able to use the manual as a resource without being overrun by it