

Seeking Safety Format Worksheet

As you listen, please check off whether the clinician did the following, which serves as the basis for your format ratings (part 1 of the adherence scale). *For a group session, check as complete only if done for each client. Use left margin to keep track of each client.* This worksheet is not meant to be “picky”. Rather, it has been found that clients usually like the format. The format is designed to mirror the process of recovery from trauma/PTSD and substance abuse: balanced and safe, good use of time, clear boundaries, and attentiveness to each client’s current issues.

1) Check-In. Note: the clinician does not have to ask these; instead, s/he may guide the client to look at pg. 55 from manual (posted on board, or in hand). After a while, clients tend to go through the questions on their own, and the clinician just redirects if needed and asks any missed questions.

- “How are you feeling?”
- “What good coping have you done?” [does not have to relate to prior question]
 - Did the clinician guide clients to use the Safe Coping List if they can’t name anything?
- “Any substance use or other unsafe behavior?”
 - If yes, did the clinician ask about amount and type? (e.g., number of drinks)
- “Did you complete your commitment?”
 - Did the clinician remember what the client’s commitment was?
 - Did the clinician express concern if the client forgot the commitment, and discuss how the client can keep track of the commitment?
- “Community resource update”
 - Did the clinician remember what the client’s community resource was?

Also, did the clinician:

- Contain the check-in to no more than five minutes per client? (e.g., redirecting in kind way)
- Mostly listen to client, and speak little (e.g., short statements of concern or praise; no major interventions, no problem-solving)?
- For group:* have each client answer all five questions before going on to the next client?
- For group:* preserve each client’s check-in “space” and prevent others from talking during it?
- For group:* ask for a volunteer to start the check-in?

1) Quotation. Did the clinician:

- Ask the client to read the quote? (if group, ask for a volunteer)
- Ask “What is the main point of the quote?”
- Limit discussion of the quote to no more than about 2 minutes?
- Tell clients what the quote means, if they don’t understand
- Avoid making the quote into a school-like exercise (e.g., “Let’s break down each part...”)

1) Hand-Outs. Did the clinician:

- Give clients the handouts?
- Give clients a few minutes to look over the handouts?
- Ask “What strikes you?” or “Anything you’d like to start in on?” [i.e., start with clients’ reactions]
- Periodically connect the discussion to the handouts?

4) Check-out. Did the clinician:

- Guide clients to look at the Ideas for a Commitment at the end of the handouts?
- Ask “Name one thing you got out of today’s session?”
 - Allow client to name anything (does not have to relate to the topic covered)
 - Support, but do not judge/correct client (e.g., “I think you got something else out of it”)
- Ask “Any problems with the session?”

- ❑ Ask “What is your new commitment?”
 - Suggest ideas if they can’t think of commitment
 - Encourage client to choose any helpful commitment (does not have to be from manual)
 - Make sure each commitment is concrete enough to actually do it
 - Make sure client is writing it down/clinician is writing it down
- ❑ Contain check-in to no more than about 2-3 minutes per client?
- ❑ Avoid bringing up new interventions during check-out?

Special circumstances? Note below any compelling reasons why the clinician may not have followed the format. For example, if a group has 15 people, the check-in may be limited to just one question.

General notes. Note below any general notes you would like to discuss with the clinician. This may include, for example, themes or areas of growth across the clinician’s work, and ideas for additional reading or further training.