Purpose
The purpose of this project was to evaluate the response from clients regarding a newly implemented therapy model by assessing therapeutic alliance with the clients as well as scores that reflect self-reported well-being.

Agency
This project was completed at an addiction treatment center that is connected with a larger mental health center within the same community. This facility is located in a Midwestern city with a population of approximately 120,000 citizens.

Client
The client indicated in this project is a therapy group utilizing the CRAFT therapeutic model developed by Robert Meyers, Ph.D. This model focuses on the family members of individuals with addiction issues. In this particular project, the identified patients (IP) were individuals currently participating in intensive treatment for their addiction issues. Some were involved in Intensive Outpatient Programming (IOP) and others were involved in Residential Treatment Programming. The family members are identified as Concerned Significant Others (CSOs) and were invited to participate in this group by their loved ones and therapists at the treatment center.

Practice Theory and Treatment Plan
The therapeutic model being evaluated in this project is the Community Reinforcement Approach and Family Training (CRAFT) program developed by Robert J. Meyers, Ph.D. This approach is an evidence-based practice that provides treatment for family members, which the program identifies as Concerned Significant Others (CSOs). The addicts and alcoholics are represented by the phrase Identified Patients (IPs). This model strives to empower family members to actively encourage their loved one’s to engage in treatment and/or continue in a treatment program and recovery.
Findings
The measurement tool utilized in data collection are the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) developed by Scott Miller, Ph.D. and associates. The regression trendline analysis for the summative ORS scores suggests an increase in summative ORS scores over time. The same analysis was conducted for the SRS scores which resulted in a decrease in summative averages over time. The ORS subscale mean ratings indicate poor results in terms of individual, interpersonal, social, and overall well-being ratings. All of these averages fell between a score of 7 and 8. The SRS scores indicate a fair alliance in terms of relationship, approach, and overall connection with the therapist. A poor alliance is indicated in regards to the goals and topics of the sessions.

Discussion and Conclusion
The data collection for this project was initialized at the first CRAFT group session. In addition, the family members in attendance were invited by their loved ones involved in intensive treatment programs that require the IP to have family attend at least 4 CRAFT sessions. The group topics varied from week to week and included: communication skills, happiness, functional analysis, problem solving, and positive consequences of drug use. The first four sessions were facilitated by the same therapist and the last session evaluated was led by another therapist, both of which are certified CRAFT facilitators.

“Incredible change happens in your life when you decide to take control of what you do have power over instead of craving control over what you don’t.”
~Steve Maraboli

Agency
This project was completed at a specialized office of Southwestern Behavioral Healthcare. Southwestern is a community mental health center located in Southern Indiana. Southwestern’s headquarters is located in Evansville, Indiana, and provides a range of mental health services to the community. This agency has offices throughout Vanderburgh County and also serves clients through satellite offices in Posey, Gibson, and Warrick Counties in Indiana. The mission of Southwestern is “to provide quality mental health services to the citizens
of Gibson, Posey, Vanderburgh, and Warren counties. The services provided shall be consistent with demonstrated community needs and prudent utilization of Southwestern’s resources. The services shall be reasonably available and accessible to all citizens and shall be provided in an environment in which the rights of individual patients are recognized and respected.”

Southwestern charges for services on a sliding-fee scale based on the client’s current income. The agency also accepts most major insurance plans.

Evansville has a population of approximately 120,000 citizens. The racial make-up of this community is as follows: White or Caucasian, 82%; Black or African American, 12.6%; two or more races, 2.8%; Hispanic or Latino, 2%; other race, 1%; Asian, <1%; American Indian, <1%; and three or more races, <11%. Males represent 48% of this population and females 52%. The mean age of this population is 36. The median household income of this community is currently $35,947 (all statistics are reflective of census data from 2012).

Stepping Stone is a specialized office of Southwestern focusing on addiction issues. A full continuum of services are available through Stepping Stone including social detoxification, residential, transitional residential, intensive outpatient, outpatient group therapy, psychoeducation, as well as individual therapy. Curriculum for all the programs offered at Stepping Stone are adapted from evidence-based practices. Such practices include: Matrix, Seeking Safety, Mindfulness, CRAFT, Motivational Interviewing. Services are available not only for chemical dependency issues, but also for those experiencing process addictions (i.e., sex addiction and gambling) In addition, Stepping Stone is the host of many community recovery meetings and community education forums. More recently, Stepping Stone began providing services focused on the family members of individuals with addiction issues. The treatment model being utilized for this population is presented in both individual and group formats.
The client indicated in this project is a therapy group utilizing the CRAFT therapeutic model developed by Robert Meyers, Ph.D. This model focuses on the family members of individuals with addiction issues. In this particular project, the identified patient (IP) were individuals currently participating in intensive treatment for their addiction issues. Some were involved in Intensive Outpatient Programming (IOP) and others were involved in Residential Treatment Programming. The family members are identified as Concerned Significant Others (CSOs) and were invited to participate in this group by their loved ones and therapists at the treatment center.

As displayed in Figure 1, White or Caucasian individuals represented 88% of those participating. Black or African American and Hispanic individuals both made up 6% of the population involved with this evaluation. Figure 2 represents the gender ratio of the participants.

Females made up 71% of the individuals participating in this evaluation and males 29%.

The age of participants seems to be closely represented among all of the age ranges. The most number of participants represented the 45-54 age range and the fewest number of participants were ages 65-74.
The CRAFT model was specifically developed for family members of addicts, so one requirement of the group is to be a family member. Previous attempts at treating natural supports included close friends and even sponsors of IPs, but for this particular model, it was limited to family to include significant others. Figure 4 below, is a representation of the relationship of the CSOs to the IPs. The largest number of individuals, 41%, were the significant other of the individual with addiction issues. Parents made up 29% of this project’s participants. Twenty-four percent of participants were either the child of an IP or the sibling of an IP. Extended family members, cousins in particular, represented 6% of participants. Also included in the demographic questionnaire completed by CSOs on their first group session, was the substance(s) their loved one use(s)(d). This information was provided by the participant (CSOs) and was to the best of their knowledge. The table to the right, figure 5, provides a visual analysis of the answers provided by participants. Opiates were found to be the most commonly used substance among this group of IPs, with a total of seven individuals. Six individuals were reported to use alcohol. Methamphetamine and Marijuana were used by five of the seventeen IPs. Fewer individuals were reported to be using bath salts, K2/Spice, Heroin, and Benzodiazepines. "If you do what you have always done, you will get what you have always got.” ~Mark Twain
Practice Theory and Intervention Plan

For many years, substance use treatment was initially focused on the addicts themselves. Addiction was first recognized as a family issue with the beginnings of Al-Anon around 1935. Traditional intervention models for the treatment of family members have previously included attendance and involvement with Al-Anon and Families Anonymous. Another traditional treatment model was developed by Dr. Vernon Johnson after his work with alcoholics in the 1960s. He believed that alcoholics did not spontaneously come to a realization that they need treatment. Rather, they may come to this conclusion after they experience devastating consequences in their life and they are forced into treatment once they hit “their bottom.” The birth of the Johnson Institute Intervention model then ensued. Families have also been treated throughout the years with traditional mental health counseling focuses on the symptoms of anxiety and depression that is typically among family members of addicts.

The therapeutic model being evaluated in this project is the Community Reinforcement Approach and Family Training (CRAFT) program developed by Robert J. Meyers, PhD. This approach is an evidence-based practice that provides treatment for family members, which the program identifies as Concerned Significant Others (CSOs). The addicts and alcoholics are represented by the title of Identified Patients (IPs). At this particular agency, there were two certified CRAFT clinicians that implemented and facilitated the CRAFT model in a therapeutic group setting. The project data was collected at the implementation of this group. This model strives to empower family members to actively encourage their loved one’s to engage in treatment and/or continue in a treatment program and recovery.

The CRAFT intervention was designed for the treatment of the CSOs rather than around that of the IP. The IP’s behaviors may be identified and discussed as part of the therapeutic process, but the main focus of the treatment
is on the family members. The goals of CRAFT are to reduce the secondary symptoms of addiction that the family members experience (i.e., depression, anger, and anxiety). In addition, CRAFT aims to reduce enabling behaviors and improve communication within the family system. Dr. Meyers and his collaborators believe that family members are crucial to the recovery process and no one typically knows the behaviors of the IP better than those closest to him or her. They also identify five components that are critical in understanding this model. The first is that the love the CSOs have for the IP is powerful. There research supports that family members are able to learn techniques that encourage their addicted loved ones to engage in treatment. Secondly, the intervention reiterates that the family members are not alone in this process. There are many other families that are dealing with the same issues with similar details. In addition, the phrase Dr. Meyers uses repeatedly, “you can catch more flies with honey than vinegar,” is a main mantra of the therapeutic model. This program encourages the use of positive reinforcement for pro-social behaviors rather than punishment for negative behaviors. CRAFT and those implementing the model explain to the CSOs that they can try as many times as they choose and that no one is there to tell them to walk away for their loved one. Finally, the model stresses that the CSO can live a happier, healthier life despite whether or not their loved one is sober or active using substances.

For this evaluation, the CRAFT model was implemented in a group format to provide services to the family members of client’s currently involved in intensive outpatient substance abuse treatment. Enrollment into the group is open. The therapists facilitating the CRAFT sessions have been certified in providing services utilizing this model by the associates of Dr. Meyer. The sessions were offered on Thursday evenings at 6PM, while their loved ones were involved in their own treatment program. The sessions were scheduled to last 60 minutes, although, some session exceeded the allotted time due to more participation from the participants than expected. Each week, a different topic and skill was introduced to the participants by the therapist. The sessions included an educational piece that introduced the skills and provided examples of how the skills can be utilized. The participants were then given the opportunity to practice the skills with the therapist or with other group members. This technique, according to Dr. Meyers, allows for the CSOs to become more familiar with the skills and therefore more likely to implement them.

“Surrender to what is. Let go of what was. Have faith in what will be.”
~ Sonia Ricotti
The material presented at each group session was designed to be stand alone session so it was not required to be in attendance at each session to understand the material be presented. Each session focused on a different topic focused at improving individual quality of life and sense of well-being as well as improving family relationships. Week 1 focused on positive communication skills and demonstrated the foundation of this concept as **PIOUS**.

<table>
<thead>
<tr>
<th>P</th>
<th>Say it in a <em>positive</em> way by saying what you want as opposed to what you don’t want</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Start with an “I” statement and express a feeling</td>
</tr>
<tr>
<td>O</td>
<td>Use an “offer to help” statement</td>
</tr>
<tr>
<td>U</td>
<td>Use an <em>understanding</em> statement</td>
</tr>
<tr>
<td>S</td>
<td><em>Share</em> the responsibility</td>
</tr>
</tbody>
</table>

Week 2 centered around the happiness scales utilized in CRAFT as well as goal setting ideas to improve the happiness scale scores, and improve the individual’s level of happiness personally and socially. The topic of week 3 explained the functional analysis of substance using behavior. Essentially, this analysis assists the CSO with creating a “roadmap” to the behaviors of the IP. The goal of this exercise is to find a pattern in the behaviors of the IP and the reaction of the CSO. This also allowed the CSOs to identify their triggers how the pattern of response to these triggers. The final week of this evaluation, week 4, centered around reinforcing positive consequence to pro-social behaviors. In addition, this session discussed the period of time out from positive reinforcement in response to...

Throughout all the sessions, it was stressed to be positive as well as to communicate and **be consistent**!
Upon the development of this evaluation project, the identified problem was the effect of substance abuse/dependence on the family members of the individuals dealing personally with these substance-related issues. The major concerns of this population were identified as increased anxiety, increased depressive symptoms, decline in quality of life and well-being. In addition, the concern as to the effectiveness of a newly implemented program was considered. The concerns targeted in this evaluation were the increase in well-being and effectiveness of the treatment modality when implementing the CRAFT in a group format.

Effectiveness of the treatment model can be defined as an improvement of relationships with addicted loved one(s), engagement of loved one in substance abuse treatment, continued involvement in 12-step program, increase in quality of life, increase/development of healthy coping skills, and development of healthy communication skills. In addition, the effectiveness may also represent a decrease in symptoms of anxiety and depression, as well as an increase in one’s sense of well-being.

The objective of this intervention was to increase the emotional and social well-being of the CSOs in addition to measuring the effectiveness of the therapist/client alliance while presenting the CRAFT material.

In regards to this project, the effectiveness of the model is operationalized as the analysis of the average summative scores using the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) developed by Scott Miller, Ph.D., and associates. The subscale averages for each rating scale were also analyzed. The ORS is a rating scale designed to rank an individual’s self-reported well-being by the summation of four sub-scales which are individual, interpersonal, social, and overall well-being. The SRS focuses on the effectiveness of the therapist facilitating the session. The subscales rated in this measurement tool include: relationship, how well the individual feels understood by the therapist; goals and topics; was the session focused on goals of the client; approach or method, the therapist’s approach throughout the session; and the overall impression of the session. 

“Healing doesn’t mean the damage never existed. It means the damage no longer controls our lives.”
~ Unknown Scott Miller, Ph.D.
The evaluator completed the Collaborative Institutional Training Initiative (CITI) online course regarding the conducting of human subject research. Due to the nature of the research and the evaluation designed, faculty and agency administrators did not feel a formal institutional review board (IRB) application was warranted.

At the beginning of each group session, the evaluator explained the nature of the research to the participants. It was explained that participation was completely voluntary and that their decision to participate would not impact service delivery for themselves or their loved ones. In addition, all group members were provided with a copy of an informed consent statement (Appendix A). Individuals that did agree to participate were given a demographic questionnaire (Appendix B) at their first group session in addition to their ORS and SRS scales. For data purposes, participants were asked to list their initials as an identifier to compare results from session to session. The completed rating scale forms were kept separately from the rating scale results in a locked filing cabinet with access available only by the evaluator and agency administration. All participant information was protected under HIPPA Privacy standards.

The participants were instructed to complete the rating forms by placing a hash mark along a line measuring ten centimeters. No numbers were associated with the form and the scale was anchored by words describing the extremes for each subscale. The ORS forms (Appendix C) were completed at the beginning of each session and participants were asked to reflect upon the past week when completing the forms. The SRS forms (Appendix D) were completed at the end of each session and the participants were asked to focus on that particular session.

The forms were collected at the end of the session by the evaluator. The results were tabulated by utilizing a metric ruler to measure where the lines fell (i.e., 0-10 centimeters). This measurement became the score for that particular subscale. The total of all four subscales were then totaled to arrive at the summative rating score. The data was collected utilizing an A-B single-system design and was then entered into Microsoft Excel to conduct the graphical, descriptive and inferential analysis.

Protection of Clients

The evaluator completed the Collaborative Institutional Training Initiative (CITI) online course regarding the conducting of human subject research. Due to the nature of the research and the evaluation designed, faculty and agency administrators did not feel a formal institutional review board (IRB) application was warranted.

At the beginning of each group session, the evaluator explained the nature of the research to the participants. It was explained that participation was completely voluntary and that their decision to participate would not impact service delivery for themselves or their loved ones. In addition, all group members were provided with a copy of an informed consent statement (Appendix A). Individuals that did agree to participate were given a demographic questionnaire (Appendix B) at their first group session in addition to their ORS and SRS scales. For data purposes, participants were asked to list their initials as an identifier to compare results from session to session. The completed rating scale forms were kept separately from the rating scale results in a locked filing cabinet with access available only by the evaluator and agency administration. All participant information was protected under HIPPA Privacy standards.

"God, grant me the serenity to except the things I cannot change, the courage to change the things I can, and the wisdom to know the difference"
~Reinhold Niebuhr
Findings

This project sought to evaluate the effectiveness of the CRAFT model with a group of family members whom had loved ones participating in intensive substance abuse treatment. Another goal of this evaluation was to assess the well-being of the group participants over a number of sessions. After each session the individual subscale scores and summative scores were entered into a Microsoft Excel spreadsheet. Figure 6 represents a graphical analysis of the summative ORS average.

The summative average of the outcome rating scale appears to increase throughout the sessions. The material presented in the CRAFT group (intervention) appears to be improving the outcome ratings. Regression trendline analysis indicates the ratings will continue to increase across time. The table below (Figure 7) displays the mean, standard deviation, mode, median, and statistical significance prior to intervention and after four CRAFT sessions. This data indicates that the change is not statistically significant. The mean summative scores increased between the baseline and after session 1, x=26.20 vs. 27.71, p > .10. The mean summative scores increased between the end of session 1 and the end of session 2, x=27.71 vs. 34.45, p < .10. The mean summative scores increased between the end of session 1 and the end of session 2, x=27.71 vs. 34.45, p < .10. Variability of summative outcome rating scores decreased between the baseline ratings and after 1 session. A decrease of variability is observed between the end of 1 session and the end of 2 sessions. Between the end of 2 sessions and 3 sessions, variability increased. The variability then decreased dramatically between the end of 3 sessions and the end of 4 session.
As depicted in figure 8, the summative average of the session rating scale appears to both increase and decrease throughout the sessions. The material presented in the CRAFT group (intervention) appears to have fluctuating effects on the session rating scores. Regression trendline analysis indicates the ratings will continue to slightly decrease across time. The mean summative scores increased between session 1 and session 2, \( x=32.21 \) vs. 37.66, \( p < .05 \). The mean summative scores decreased between session 2 and session 3, \( x=37.76 \) vs. 32.30, \( p > .10 \). The mean summative scores increased between session 3 and session 4, \( x=32.30 \) vs. 34.48, \( p > .10 \). The mean summative scores decreased between session 4 and session 5, \( x=34.48 \) vs. 33.25, \( p > .10 \).

Variability of summative outcome rating scores decreased between session 1 and session 2, as well as sessions 3 and 4. Variability of summative outcome rating scores increased between session 2 and session 3, in addition to sessions 4 and 5. The statistical analysis, figure 9, represents the baseline ratings of the mean, standard deviation, mode, median, and statistical significance. The table also shows the same information post-intervention. The change in rating scores appears to be statistically significant.

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>26.2</td>
<td>35.3</td>
</tr>
<tr>
<td>SD</td>
<td>9.54</td>
<td>5.13</td>
</tr>
<tr>
<td>Mode</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Median</td>
<td>26</td>
<td>38.5</td>
</tr>
<tr>
<td>t-test</td>
<td></td>
<td>0.05</td>
</tr>
</tbody>
</table>

“Optimism is essential to achievement and it is also the foundation of courage and true progress.”

~ Nicholas Butler

Figure 8: Summative SRS Average

Figure 9: Statistical Analysis
The table to the left indicates an adapted rating scale for each of the subscales. Research suggests that a score lower than 9 warrants concern and should be addressed with the client.

The mean ratings for each subscale of the ORS were also recorded and analyzed. Figure 11 is a graphical analysis of the mean ratings for each of these areas during course of the data collection. The ratings fall between 7.20 and 7.80 with the highest ratings in the area of overall well-being and, secondly, in the area of individual well-being. All of the mean ratings for the ORS subscales fall within the poor category of the subscale rating scale. The table below, figure 12, provides additional statistical analysis data that indicates there was a statistical significance in the outcomes on the interpersonal and social subscales.
Figure 13 captures the statistical analysis of the SRS subscale ratings. The mean scores listed in the table are graphically presented further on the page in figure 14. There was found to be statistical significance in the data for the scales of Approach or Method as well as the Overall rating.

The scores indicate a fair alliance in terms of relationship, approach, and overall connection with the therapist. A poor alliance is indicated in regards to the goals and topics of the sessions. The area of relationship resulted in the highest mean rating at 9.04. The lowest ratings appears to be the subscale of goals and topics.
The following graphs reflect the session rating averages for each subscale by session. The graphical analysis of the data during week 1, figure 15, exhibited fair results in terms of the relationship between therapist and participants. The participants rated the other categories within the poor range. Week 2, figure 16, displayed higher ratings with the subscales of approach or method, goals and topics, as well as the overall rating within the fair range. The relationship rating was found to be within the strong range. The analysis for week 3, figure 17, demonstrates the overall rating and rating for goals and topics within the poor range. However, approach or method and relationship were found to be in the fair alliance range. Week 4, figure 18, resulted in the same inference, although, the individual averages were slightly higher than those for week 3.

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending."
~ Maria Robinson
The purpose of this project was to evaluate the response from clients regarding a newly implemented therapy model by assessing therapeutic alliance with the clients as well as scores that reflect self-reported well-being. In terms of overall results, there was an increase throughout the sessions. However, the individual subscales showed poor average results. In terms of the therapeutic ratings, the summative scores differed from session to session and the overall averages for each subscale fell into the fair and poor categories.

The data collection for this project was initiated at the first CRAFT group session. In addition, the family members in attendance were invited by their loved ones involved in intensive treatment programs that require the IP to have family attend of at least four CRAFT sessions. The group topics varied from week to week and included: communication skills, happiness, functional analysis, problem solving, and positive consequences of drug use. The first four sessions were facilitated by the same therapist and the last session evaluated was led by another therapist, both of which are certified CRAFT facilitators. In addition, the same group of participants were not present at each session. A total of seventeen individuals participated in this evaluation. Less than half of these individuals attended more than two sessions and five participants were present for four sessions.

The challenges that have surfaced since the program’s implementation have been few, but making slight changes may improve further practice evaluation.
results. The participants have expressed that they expected changes to occur more rapidly than they have experienced in their relationships. Also, the participants have had difficulty conceptualizing the functional analysis component of the program in terms of what they believe their loved one is thinking or feeling while actively using.\[15\]

For more conclusive results, additional research and evaluation is needed with a larger sample size. Also the manner in which the CSOs become involved in CRAFT may also need to be recorded for comparative reasons. Some CSOs were present because they were interested in treatment for themselves while others verbalized that they were only present because it was required of their loved ones to have someone at the family sessions (i.e., CRAFT). The well-being scores were lower than expected by the evaluator. Although, the amount of time collecting data was only 4 weeks and assessing their well-being after four, eight, and twelve sessions may show more statistical significance than what was found in the data collected and presented in this report.

Another variable that may have affected the results of this data involved program implementation. The program was adapted for a total of eight sessions and data was collected during the first four sessions. The program has now been adapted to spread out the material to cover twelve sessions. This allows for the therapist to spend more time focusing on the skills and also allows for a lesser chance of repeated material for those that are not able to attend the sessions consecutively.

Comments made by participants reflect positive outcomes of the group sessions. As was apparent with the collected data, some topics/sessions seemed more popular among the participants than others. Being that this is the first program of its kind to be offered at Stepping Stone, the data collected and the results of this project could be used in the future as baseline data to compare the progress and effectiveness of CRAFT with family members of clients involved in intensive substance abuse treatment.

“Be grateful for your seat in the rooms. Some people will die because they never sat in one.”

Unknown
References


15. S. Mann, personal communication, May 1, 2014).
Appendix A: Informed Consent

Informed Consent Statement

A Master of Social Work student intern from the University of Southern Indiana is conducting an evaluation of the CRAFT program. It is also a way for agency staff to see what is being done well and in what areas improvements are needed. The agency staff wishes to provide the best possible services to their clients and this is one way to keep them on track.

Part of the evaluation involves asking program participants to complete a rating scale about how the services affect them. If you choose not to participate in this evaluation, your identity will be kept confidential. No identifying information will be shared with anyone outside of the program.

Other information about the evaluation

Your participation is voluntary. Your services, or the services of your loved one, will NOT be affected by your participation or lack of participation.

Your privacy will be protected. Your name will not appear on the survey, only your initials (first, middle, and last) which will only appear on each rating scale as your ID for week to week comparison ONLY. Only authorized program personnel will have access to the completed rating scales and the individual papers will not be shared with anyone. Once you have completed the rating scales, the information on it will be transferred to a database and the actual scales will be destroyed.

We hope you will help us by participating in this evaluation. Your participation will help us improve services to all clients and families who may need it.

☐ I agree to participate in the evaluation by responding to the demographics questionnaire, Outcome Rating Scales (ORS), and Session Rating Scales (SRS V.3.0). I understand that this information is part of the evaluation of the CRAFT Group programming that I am receiving and that my participation in this survey is voluntary and will not affect my services. If I participate in this survey, my identity will be kept confidential. Once the survey is complete, I authorize the transferring of the information on the questionnaire and rating scales to a database and the transmission of the database for compilation and review by student and program staff.

☐ I choose not to participate at this time.

Participant’s Signature       Date
Appendix B: Demographic Questionnaire

ID: ________________

Demographic Questionnaire

Age:

- [ ] 14-17
- [ ] 18-24
- [ ] 25-34
- [ ] 35-44
- [ ] 45-54
- [ ] 55-64
- [ ] 65-74
- [ ] 75 & older

Gender:

- [ ] Male
- [ ] Female
- [ ] Other (please specify) _________________

Race/Ethnic Origin (check all that apply):

- [ ] Asian/Pacific Islander
- [ ] Black or African American
- [ ] Hispanic or Latino
- [ ] Native American or American Indian
- [ ] White or Caucasian
- [ ] Other (please specify) _____________________

Relationship to Identified Patient (substance user)

- [ ] Significant Other
- [ ] Parent
- [ ] Grandparent
- [ ] Child
- [ ] Grandchild
- [ ] Sibling
- [ ] Aunt/Uncle
- [ ] Cousin

Identified Patient’s (substance user’s) Substance of Choice
(to the best of your knowledge, check all that apply)

- [ ] Alcohol
- [ ] Marijuana
- [ ] Opiates (i.e., Lortab, Percocet, Vicaden)
- [ ] Methamphetamine
- [ ] Benzodiazepines (i.e., Xanax, Klonopin, Valium)
- [ ] Cocaine/Crack
- [ ] Ecstasy/ Molly
- [ ] Hallucinogens (i.e., Mushrooms)
- [ ] K2, Spice
- [ ] Bath Salts
- [ ] Heroin
- [ ] Other (please specify) _____________________
Appendix C: Outcome Rating Scale

Looking back over the last week, including today, help me understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

**Individually**
(Personal well-being)

Low | High
--- | ---

**Interpersonally**
(Family, close relationships)

Low | High
--- | ---

**Socially**
(Work, school, friendships)

Low | High
--- | ---

**Overall**
(General sense of well-being)

Low | High
--- | ---

Institute for the Study of Therapeutic Change

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**Appendix D: Session Rating Scale**

Session Rating Scale (SRS V.3.0)

Session Focus:

Please rate today’s session by placing a mark on the line nearest to the description that best fits your experience.

<table>
<thead>
<tr>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>I did not feel heard by the therapist, understood, and respected.</td>
</tr>
<tr>
<td>I felt heard by the therapist, understood, and respected.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goals and Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>We did <em>not</em> work on or talk about what I wanted to work on and talk about.</td>
</tr>
<tr>
<td>We worked on and talked about what I wanted to work on and talk about.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approach or Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>The therapist’s approach is not a good fit for me.</td>
</tr>
<tr>
<td>The therapist’s approach is a good fit for me.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was something missing in the session today.</td>
</tr>
<tr>
<td>Overall, today’s session was right for me.</td>
</tr>
</tbody>
</table>

Institute for the Study of Therapeutic Change
“Each morning when I open my eyes I say to myself: I, not events, have the power to make me happy or unhappy today. I can choose which it shall be. Yesterday is dead, tomorrow hasn’t arrived yet. I have just one day, today, and I’m going to be happy in it.”

-Groucho Marx