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TECHNICAL REPORT

A Fidelity Coding Guide for a Group Cognitive Behavioral Therapy for Depression

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Sponsored by the National Institute on Alcohol Abuse and Alcoholism
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Preface

This report provides information on the development and use of fidelity rating tools for the Building Recovery by Improving Goals, Habits, and Thoughts (BRIGHT) interventions, two group cognitive behavioral therapy (CBT) interventions for clients with co-occurring depression and substance use problems. BRIGHT is designed to treat depression in clients with substance use problems, while BRIGHT-2 is designed to treat both depression and substance abuse in a fully integrated intervention. Both interventions were developed for delivery by trained substance abuse treatment counselors. The treatment manuals for these interventions[1] can be obtained from RAND. More information about the process for developing the manuals is given in Osilla et al., 2009. The effectiveness of the BRIGHT intervention is discussed in Watkins et al., 2011, and the effectiveness of the BRIGHT-2 intervention is discussed in Hunter et al., in preparation.

The fidelity tools described in this report can be used for both research and clinical purposes. They provide a method for monitoring treatment fidelity in the context of treatment outcome (research) studies and are designed to provide information on the degree to which a treatment was delivered as intended. Fidelity tools are necessary to determine the internal validity of an intervention and to draw conclusions about the relationship between exposure to the intervention and changes in client outcomes. They can also be used for training and clinical supervision and to educate practitioners about treatment fidelity, evaluate group leader performance, and provide feedback during clinical supervision.

This work was sponsored by the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse. The research was conducted within RAND Health, a division of the RAND Corporation. A profile of RAND Health, abstracts of its publications, and ordering information can be found at www.rand.org/health.

[1] Hepner, Miranda, Woo, Watkins, Lagomasino, Wiseman, and Muñoz, 2011; Hepner, Muñoz, Woo, Osilla, Wiseman, and Watkins, 2011.

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Summary

This report describes the development of the fidelity rating tools for the BRIGHT and BRIGHT-2 interventions, including consideration of the tools, which assess adherence to and competence in administering the BRIGHT treatments, and their interrater reliability. It also provides a recommended training plan for fidelity coders in research settings. The training plan includes coder selection, initial training, and ongoing training. Finally, it provides specific guidance on how to apply the fidelity tools. This guidance is based on experience using the tools within a research context, but it should be helpful for supervisors in clinical settings as well.

Acknowledgments

We would like to thank many individuals who contributed to this work, including counselors at Behavioral Health Services who delivered the BRIGHT interventions, administrators at Behavioral Health Services for supporting the implementation of the intervention and research study, Nancy Lyon for serving as a fidelity coder, and Lynn Polite for providing administrative support.

The RAND Health Quality Assurance process employs peer reviewers, including at least one who is external to the RAND Corporation. This study benefited from two rigorous technical reviews that improved the quality of the report.

Glossary

adherence	The degree to which therapeutic techniques used by a group leader are consistent with what is included in the treatment manual
adherence prompters	Checklists used by group leaders to promote treatment adherence
BI	Bias index, a measure of the difference in proportions of positive ("yes") ratings between two raters
BRIGHT	Building Recovery by Improving Goals, Habits, and Thoughts, the cognitive behavioral therapy for depression in substance users
BRIGHT-2	An adaptation of BRIGHT, an integrated cognitive behavioral therapy for depression and substance use
CBT	Cognitive behavioral therapy, a therapeutic approach that describes how thoughts, feelings, and behaviors interact and how changes in these components can bring about improvement in clients with mental health problems such as depression and alcohol abuse
competence	The level of skill and judgment shown by a group leader in delivering the treatment
CTACS	The Cognitive Therapy Adherence Competence Scale
kappa statistic	A statistical measure of interrater reliability that ranges from 0 to 1, with values closer to 1 indicating greater reliability of rater assessments
p_0	The proportion of observed agreement between coders, i.e., the number of items rated the same by two coders divided by the number of items rated by both coders
PABAK	Prevalence-adjusted bias-adjusted kappa, a measure of interrater reliability that adjusts for the presence of very high or very low numbers of positive ratings across raters and for the difference (or bias) between two raters' average ratings
PI	Prevalence index, a measure of the difference between the proportions of positive and negative ratings for all raters
SSET	Support for Students Exposed to Trauma, a group CBT intervention for students exposed to trauma

treatment fidelity	The extent to which a treatment is delivered as intended, also known as treatment integrity

CHAPTER ONE

Introduction

This report provides information about monitoring the treatment fidelity of two group cognitive behavioral therapies designed to address co-occurring depression and substance use, the Building Recovery by Improving Goals, Habits, and Thoughts (BRIGHT) interventions.

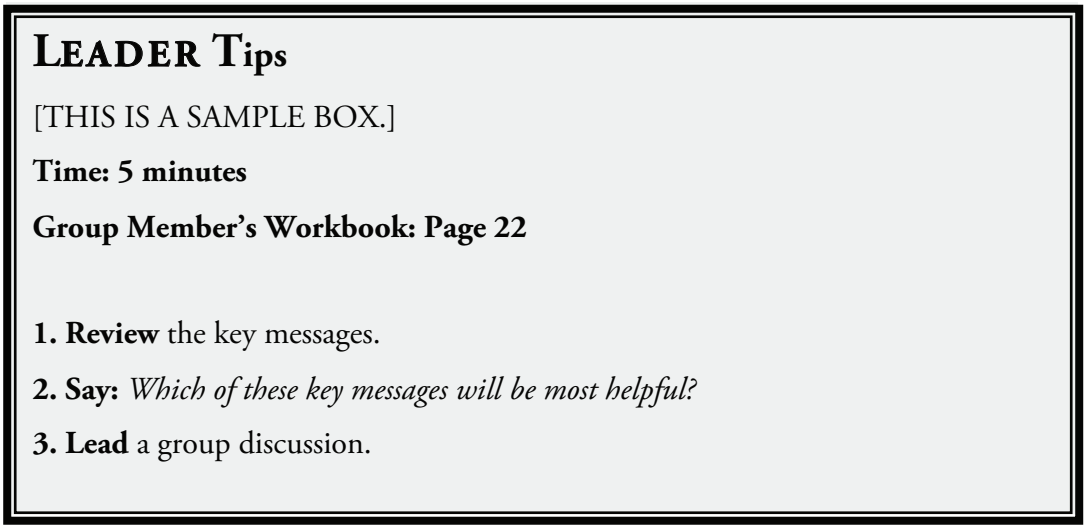
The BRIGHT Interventions

The BRIGHT interventions are group cognitive behavioral therapy (CBT) interventions for individuals with co-occurring depression and substance use problems. They have been implemented in two different formats, which serve two different purposes. BRIGHT targets depression symptoms in individuals who also have substance abuse problems. BRIGHT-2 is an integrated treatment for both depression and substance abuse. Clients in the BRIGHT program are expected to receive their primary therapy or other treatment for substance abuse via another intervention method (e.g., outpatient or residential substance abuse treatment). BRIGHT-2 could be implemented as a stand-alone program to address both types of problems (e.g., in an integrated or dual diagnosis treatment program). BRIGHT is implemented via 16 two-hour sessions conducted in four modules (Thoughts, Activities, People, and Substance Abuse). BRIGHT-2 is conducted via 18 two-hour sessions in three modules (Thoughts, Activities, and People). Group leaders' manuals and group member workbooks are available for both interventions (see Hepner, Miranda, et al., 2011; Hepner, Muñoz, et al., 2011).

Delivery of both BRIGHT and BRIGHT-2 is guided by a treatment manual that explains how to apply CBT to improve client mood and reduce substance use. The group leaders' manuals include instructions in boxes labeled Leader Tips, which suggest how much time to allow for a particular section and the page number to which the box relates in the group member workbook. Italicized text suggests actual words the group leaders might use when talking with the group (see Figure 1.1). A similar structure is used for each session (introducing new members, setting an agenda, etc.), with new material covered in each session. The interventions are highly structured, with a dedicated agenda and objectives for each session. The treatment is designed to be delivered or co-led by two facilitators or group leaders.

The BRIGHT interventions are an innovative approach to using CBT. They are innovative in that they are delivered in a group rather than an individual format. A group format has the benefit of group learning as participants observe others who share similar concerns, perhaps lessening the stigma of depression and increasing awareness with a broad array of examples (Bieling, McCabe, and Antony, 2006). It also allows for collaboration among clients

Figure 1.1
Illustrative Leader Tips Box



RAND *TR960-1.1*

and sharing responsibility for defining problems and solutions (Bieling, McCabe, and Antony, 2006). Further, because it can be more cost-effective, a group format may also increase access to empirically supported interventions for depression. The majority of substance abuse treatment is provided in a group format, so BRIGHT is a good fit for those delivery settings. In addition, the BRIGHT interventions are innovative in that diverse individuals—nurses, social service workers, substance abuse counselors, and others—can be trained to implement and deliver them. While CBT has been found to be very effective in treating depression symptoms, there are not enough adequately trained practitioners—typically psychiatrists, psychologists, and licensed clinical social workers—to provide CBT to all those who might benefit from it. The BRIGHT interventions can be delivered by a broad spectrum of practitioners who treat clients with co-occurring depression and substance abuse. This may ultimately increase access to evidence-based depression treatment for clients seen in substance abuse treatment settings.

Structure of This Report

The remainder of this report is organized into three chapters. Chapter Two describes the development of the fidelity rating tools, including considerations in developing the measures and their interrater reliability. Chapter Three presents a recommended training plan for fidelity coders in research settings, including coder selection, initial training, and ongoing training. Chapter Four provides guidance on how to use the fidelity tool. This guidance is based on our experience in using the tools within a research context, but we believe it will also be helpful for supervisors in clinical settings. The fidelity measurement tools are provided in the appendixes.

CHAPTER TWO

Development of the Fidelity Rating Tools

In this chapter, we describe the development of the BRIGHT fidelity rating tools. We designed these tools to assess two aspects of treatment fidelity: *adherence*, the degree to which group leaders implement specified therapeutic techniques, and *competence*, the level of skill and judgment shown in delivering the CBT treatment. It is important to note that we did not include a tool to assess treatment differentiation. Treatment differentiation is a method for determining whether treatments differ from one another along critical dimensions. For example, our fidelity tools do not assess the presence of elements from other therapeutic approaches (e.g., 12-step). Therefore, application of these fidelity rating tools allows only assessment of CBT and not whether other therapy approaches were applied as well.

The BRIGHT Fidelity Measures

Treatment fidelity, also called *treatment integrity*, is the accuracy and consistency with which a treatment is delivered, and it provides assurance that the treatment itself, when delivered as intended, is linked to treatment outcomes (Perepletchikova and Kazdin, 2005). Treatment fidelity is important for evaluating internal validity. A good treatment fidelity rating tool assesses both the clinician's adherence to a treatment intervention and his or her competence (i.e., level of skill and quality in implementing the therapy being evaluated) (McGlinchey and Dobson, 2003). A more extensive review of existing fidelity measures for CBT is provided in Waltz et al., 1993.

We adapted and developed fidelity measures for the BRIGHT program for three reasons. First, we could not locate any validated measures of fidelity for group CBT. Second, because group leaders follow a treatment manual that has less flexibility than might be observed in individual CBT, some of the items that evaluate provider-client collaboration would need to be modified. For example, clients in group CBT participate less in agenda-setting because the agenda for each session is established by the manual. This suggested that competence items that assessed collaborative agenda-setting would need to be specific to the BRIGHT interventions. Third, not all aspects of CBT are integrated into each BRIGHT session. Instead, each treatment module focuses on one aspect of the CBT model (e.g., the Thoughts module focuses on cognitive restructuring, while the Activities module focuses on behavioral activation). Therefore, the competence items would need to be tailored to allow for the diverse content of different group CBT sessions.

The BRIGHT Adherence Measures

Adherence measures reflect the degree to which group leaders implement the activities prescribed in the treatment manual. The content for the BRIGHT adherence items follows the unique outline of topics for each session. The content is also included in *adherence prompters* (Carroll et al., 2000), checklists at the end of each session designed to promote leader adherence to the manual. The number of adherence items varies by session and ranges from 10 to 18 for BRIGHT and 9 to 18 for BRIGHT-2, depending on the number of exercises and new topics introduced (see Appendixes A and B). Response options were adapted from an existing adherence measure (Jaycox et al., 2009) and range from 0 (not covered at all) to 2 or 3 (covered thoroughly).

The BRIGHT Competence Measure

Competence measures evaluate how skillfully or with what level of proficiency the intervention is performed. The 14-item BRIGHT competence measure (see Appendix C) includes items from two existing measures. Several items are adapted from the Cognitive Therapy Adherence Competence Scale (CTACS) (Barber, Liese, and Abrams, 2003), which includes 21 items and is an adaption of the widely used Cognitive Therapy Scale (Vallis, Shaw, and Dobson, 1986). We selected 10 items that were appropriate for a highly structured group therapy and modified the language to refer to group leaders rather than a practitioner providing individual therapy. For example, we did not include items that addressed case conceptualization (e.g., conceptualization provided to an individual client for his or her own problems), shared responsibility for the session agenda (e.g., collaborative agenda-setting), or other therapeutic techniques (e.g., psychoanalysis). We added four items from the Support for Students Exposed to Trauma (SSET) study (Jaycox et al., 2009), a group CBT intervention for students exposed to trauma. We selected these items for their focus on group dynamics, specifically group motivation, group participation, and the group's level of comprehension of material. Additionally, we selected an item from the SSET that measures how group leaders convey empathy to their clients. These 14 items collectively make up a competence measure that covers the cognitive therapy structure, the development of a collaborative therapeutic relationship, and group engagement. Response options range from 0 to 6, with option labels specific to each item. An additional fifteenth item is used to identify whether something unusual occurred in the session that could be related to a reduction in competence scores.

Interrater Reliability

Methods

The *adherence* measure is specific to each intervention session and assesses how adequately group leaders cover the material in each section. Individual items are rated on either a 3- or 4-point scale (ranging from either 0 to 2 or 0 to 3). A score of 0 means "not covered at all," a score of 1 means "cursory reference to this topic and quick review," and a score of 2 means "group leader adequately covers the topic." A score of 3 means "group leader covers the topic thoroughly" (e.g., brings in real-life examples, draws in group members) and applies only to

selected items that assess session elements that would allow for thorough coverage. For all items, a score of 2 or higher indicates adequate adherence to the specified section of the session. The 14-item *competence* measure was adapted from the CTACS (Barber, Liese, and Abrams, 2003). Items are scored on a 7-point scale (0 to 6), with an average score of 4 or higher indicating competent CBT delivery (Barber, Liese, and Abrams, 2003). Response options have descriptions that are unique to each item.

All of the BRIGHT and BRIGHT-2 sessions in our study were digitally recorded. Thirty-three percent of the BRIGHT sessions (N = 80) and 37 percent of the BRIGHT-2 sessions (N = 49) were randomly selected for fidelity coding by at least one trained coder. Coders were instructed to score based on the performance of the group leaders together, or on average, rather than focusing on one better or poorer performing group leader.

Interrater reliability estimates were generated using the 33 BRIGHT and 27 BRIGHT-2 sessions that were randomly selected for double coding—41 percent and 55 percent of the randomly selected sessions, respectively. The interrater agreement was examined by calculating the *proportion of observed agreement between coders,* p_0, considering whether the raters agreed that adherence to each section was adequate (for adherence items) or that CBT was delivered competently (for competence items). Since agreement can be expected by chance alone, the *kappa statistic* was also examined as a measure of interrater reliability. The kappa statistic ranges from 0 to 1, with values closer to 1 indicating greater reliability of rater assessments. However, it has some limitations. First, kappa can be relatively low if the proportion of "yes" responses is extreme (very high or very low) across coders. The *prevalence index* (PI) is the difference between the proportions of "yes" and "no" responses among all raters, with larger PI values indicating relatively more extreme proportions of "yes" responses, which could adversely affect kappa. Second, kappa can be relatively high if the coders disagree on the overall proportion of "yes" assessments. The *bias index* (BI) captures this disagreement and is equal to the difference in proportions of "yes" responses for two raters. Thus, the *prevalence-adjusted bias-adjusted kappa* (PABAK) is presented, along with the PI and BI, to help understand whether differences between kappa and PABAK are due to very high or low "yes" responses across raters or bias in the raters' responses (Byrk, Bishop, and Carlin, 1993). The level of interrater agreement is reported for each item, based on PABAK, with the following agreement levels: poor (< 0.41), moderate (0.41–0.60), substantial (0.61–0.80), and almost perfect (0.81–1.00) (Landis and Koch, 1977).

Results

Table 2.1 shows the interrater agreement observed in the BRIGHT study. Thirteen of the 15 adherence items had at least substantial agreement (PABAK > 0.60 and percent agreement exceeding p_0 = 80). The only exceptions were *Key messages* (PABAK = 0.333) and *How have you been feeling?* (PABAK = 0.125), with the low PABAK scores a function of relatively low observed agreement (p_0 = 0.667 and 0.563, respectively).

The observed interrater agreement for the component competence items is also presented for 14 items in Table 2.1. The level of interrater agreement was distributed as follows: poor agreement on four items, moderate agreement on four items, substantial agreement on one item (*Collaboration*), and almost perfect agreement on 5 of the 14 items (*Warmth/genuineness*, *Convey empathy*, *Group motivation*, *Group participation*, and *Group comprehension*).

Table 2.1
BRIGHT: Interrater Agreement and Reliability of Adherence and Competence Items

Item	Number of Double-Coded Items	Range of Items	P_o	Kappa	PI	BI	PABAK
Adherence items							
Purpose/outline	32	0–2	0.875	0.448	0.750	–0.125	0.750
How have you been feeling?	16	0–2	0.563	–0.273	0.563	0.063	0.125
Group rules	10	1–2	0.900	0.000	0.900	1.00	0.800
Introductions	8	2–3	1.000	—[a]	1.000	0.000	1.000
What is depression?	10	2–3	1.000	—[a]	1.000	0.000	1.000
What is CBT?	10	2–3	1.000	—[a]	1.000	0.000	1.000
How does CBT treat depression?	10	2–3	1.000	—[a]	1.000	0.000	1.000
Review practice	32	1–3	0.938	–0.032	0.938	0.000	0.875
Review last session	32	1–3	0.875	–0.049	0.875	–0.625	0.750
Key messages	33	0–3	0.667	–0.052	0.606	–0.030	0.333
Practice	33	1–3	0.848	0.200	0.788	–0.030	0.697
Feedback	33	0–3	0.818	0.667	0.758	0.061	0.636
Look ahead	30	0–3	0.867	0.268	0.800	–0.067	0.733
Review module	8	1–3	0.875	0.600	0.625	0.125	0.750
Goodbye	3	0–3	1.000	—[a]	1.000	0.000	1.000
Competence items							
Bridge from previous visit	33	3–6	0.576	0.000	0.394	0.061	0.152
Reviewing previous practice (homework)	32	3–5	0.667	–0.177	0.688	–0.063	0.375
Assigning new practice (homework)	32	2–5	0.576	0.080	0.344	–0.031	0.188
Capsule summaries	33	3–5	0.758	0.478	–0.273	–0.061	0.515
Patient summary and feedback	32	2–5	0.636	0.178	–0.273	–0.061	0.515
Focus/structure (time management)	33	2–6	0.636	0.227	–0.273	–0.121	0.273
Socialization to CBT model	33	3–6	0.788	–0.055	0.788	0.152	0.576
Warmth/genuineness	33	3–5	0.970	0.000	0.970	0.030	0.939
Convey empathy	33	3–5	0.909	–0.042	0.909	0.030	0.818
Collaboration	33	3–5	0.879	–0.048	0.879	0.061	0.758
Guided discovery	33	2–5	0.758	0.114	0.697	0.182	0.515
Group motivation	33	3–5	0.909	–0.042	0.909	0.030	0.818
Group participation	33	2–5	0.909	–0.042	0.909	0.030	0.818
Group comprehension	33	2–5	0.909	0.353	0.849	0.030	0.818

NOTES: Full item content and coding instructions are included in the coding manual (Chapter Four). Session elements labeled "New topic" are not included because they are unique to each session. p_o = proportion of observed agreement between coders; PI = prevalence index; BI = bias index.

[a] kappa is not defined when PI = 1 and BI = 0.

Table 2.2 shows the observed interrater agreement in the BRIGHT-2 study. Twelve of the 16 adherence items for which interrater agreement was examined had almost perfect agreement (PABAK > 0.81), and *Feedback* had substantial agreement (PABAK = 0.630). The three items with less-than-substantial agreement based on PABAK were *Purpose/outline*, *How are you feeling?*, and *Review module*; these items had substantially lower p_0 values than the others.

The observed interrater agreement for the competence items for BRIGHT-2 showed more variation. In particular, two items (*Reviewing previous practice* and *Warmth/genuineness*) had almost perfect agreement (PABAK = 0.913 and 0.926); four items had substantial agreement (PABAK between 0.61 and 0.80); three items had moderate agreement (PABAK between 0.41 and 0.60); and the remaining five items had poor agreement.

Most of the items for both BRIGHT and BRIGHT-2 shown in Tables 2.1 and 2.2 suffer from the problem of restricted range, i.e., the full response scale was not used by the raters. For example, competence scores were reported as being between 2 and 6 in both studies, but the possible range was 0 to 6. Some items—e.g., *Group rules* and *Serenity prayer* in Table 2.2—had no variability at all. Given the cutoffs used to define whether material was delivered with competence or adherence, this resulted in larger PIs. Most PIs were positive, reflecting the tendency of raters to report higher levels of adherence and competence; only four items had negative PIs. This underlines the importance of correcting for the PI when examining interrater reliability for these data. Most of the BIs were around zero, indicating that both raters generally agreed on the overall level of adherence or competence for each item examined. Thus, BI did not adversely affect the interrater reliability estimates.

Limitations

The BRIGHT fidelity coding tools and our application of them have some limitations. First, as noted earlier, the fidelity tools focus on only two aspects: adherence and competence. They do not include measures of treatment differentiation. Adding items to assess other therapy approaches, while valuable, would increase the length of the tools and the cost associated with applying them. Future iterations and applications of the tools could be extended to assess other therapy approaches.

Second, the fidelity tools were developed for these studies and have not been validated elsewhere. This research was the first to evaluate the BRIGHT interventions, so new fidelity tools needed to be developed. It is not unusual to create a new adherence measure that is specific to a particular intervention. For the competence measure, every effort was made to draw from existing measures and make minimal adaptations to ensure that the measure was appropriate to the BRIGHT interventions.

Third, the generalizability of the interrater reliability findings shown in Tables 2.1 and 2.2 is limited by the fact that coders assigned a restricted range of competence and adherence scores to items. While we accounted for very high or very low rates of items being endorsed by the raters using PABAK, this required us to dichotomize scores, which discards information. The restricted range of ratings observed is likely attributable to group leaders being carefully trained and closely monitored, which resulted in positive skewness of the competence and adherence items. Future studies that allow more variability in treatment fidelity would help to more broadly address the reliability of these items in other settings.

Table 2.2
BRIGHT-II: Interrater Agreement and Reliability of Adherence and Competence Items

Item	Number of Double-Coded Items	Range of Items	P_o	Kappa	PI	BI	PABAK
Adherence Items							
Purpose/outline	26	0–2	0.769	0.355	0.539	0.077	0.539
How have you been feeling?	8	1–2	0.625	0.143	0.375	0.125	0.250
Group rules	2	2–2	1.000	—[a]	1.000	0.000	1.000
Introductions	2	2–3	1.000	—[a]	1.000	0.000	1.000
What is depression?	2	2–3	1.000	—[a]	1.000	0.000	1.000
What are alcohol/drug use problems?	2	2–3	1.000	—[a]	1.000	0.000	1.000
What is CBT?	2	2–3	1.000	—[a]	1.000	0.000	1.000
Serenity prayer	2	3–3	1.000	—[v]	1.000	0.000	1.000
Review practice	24	0–3	1.000	—[a]	1.000	0.000	1.000
Review last session	24	0–3	0.958	0.647	0.875	−0.042	0.917
Key messages	27	2–3	1.000	—[a]	1.000	0.000	1.000
Practice	27	1–3	0.963	0.000	0.963	−0.037	0.926
Feedback	27	1–3	0.815	0.237	0.741	−0.185	0.630
Look ahead	25	1–2	0.960	0.000	0.960	−0.040	0.920
Review module	8	1–3	0.625	0.000	0.625	0.375	0.250
Good-bye	5	2–3	1.000	—[a]	1.000	0.000	1.000
Competence Items							
Bridge from previous visit	25	2–6	0.600	−0.016	0.520	0.240	0.200
Reviewing previous practice (homework)	24	0–5	0.957	0.000	0.957	0.044	0.913
Assigning new practice (homework)	27	2–5	0.444	−0.278	0.444	−0.259	−0.111
Capsule summaries	27	2–5	0.667	0.103	−0.519	0.111	0.333
Patient summary and feedback	27	3–5	0.593	0.182	0.074	0.037	0.185
Focus/structure (time management)	27	2–5	0.630	0.187	0.333	−0.148	0.259
Socialization to CBT model	27	3–6	0.778	0.129	0.704	−0.074	0.556
Warmth/genuineness	27	3–5	0.963	0.000	0.963	−0.037	0.926
Convey empathy	27	3–6	0.889	0.000	0.889	−0.111	0.778
Collaboration	27	3–6	0.741	−0.118	0.741	−0.111	0.482
Guided discovery	27	2–5	0.815	0.201	0.741	−0.111	0.630
Group motivation	26	3–6	0.808	−0.102	0.808	−0.039	0.615
Group participation	27	2–6	0.815	−0.063	0.815	−0.111	0.630
Group comprehension	27	3–6	0.704	0.000	0.704	−0.296	0.407

NOTE: Full item content and coding instructions are included in the coding manual (Chapter Four). Session elements labeled "New topic" are not included because they are unique to each session.

[a] kappa is not defined when PI=1 and BI=0.

Fourth, our application of the fidelity coding tools was limited by what could be observed through audio recordings. Use of video recordings or live observation may provide more information (e.g., leader and client body language). Audio recordings are subject to problems such as capturing some client voices more clearly than others and capturing background noise. We attempted to minimize these limitations by using a high-quality digital recording device with multiple microphones placed around the table, using high-quality headphones to listen to the recordings, and using a check-in label to help group leaders write down pertinent information about the group as they recorded each session.

Finally, we were limited by sample size from examining the interrater reliability of *New topic* items. These items will require further examination in future studies.

Summary

The interrater reliabilities of the items examined in BRIGHT and BRIGHT-2 are generally sound, yet some items with less-than-substantial agreement may require further investigation and modification. One issue in need of further investigation is the performance of adherence and competence measures when group leaders are not supervised as closely as in they were in the BRIGHT studies. Such investigation should result in a greater range of fidelity ratings, which could affect interrater reliability assessments. In these cases, it might be feasible to compute an intraclass correlation that would account for the full range of reported values rather than estimating the PABAK for dichotomized ratings. The results suggest that items with relatively low PABAK scores (< 0.6) should be prioritized in a further refinement of these items.

CHAPTER THREE

Recommended Training Plan for Fidelity Coders

This chapter provides recommendations for selecting and training fidelity coders for applying the BRIGHT and BRIGHT-2 fidelity measures within a research context. These recommendations are based our experiences in applying these measures in two treatment outcome studies (Watkins et al., 2011; Hunter et al., in preparation) and reflect the training plan used in these studies.

Selecting Coders

The individuals who rate group leader facilitation typically have some understanding of the therapeutic environment. A background in psychology, public health, education, sociology, anthropology, behavioral health sciences, or social work is helpful, although not absolutely necessary. The coders for the initial evaluation of BRIGHT and BRIGHT-2 had master's degrees, one in public policy and one in education, and one had a Ph.D. in clinical psychology. Individuals selected for fidelity coding must be able to listen to audio recordings lasting approximately two hours. If two or more individuals are to conduct the ratings, they may reside in different locations, but they should be able to discuss the coding in person or by phone.

Training

The initial training in applying the BRIGHT fidelity tools should take at least two days (16 hours). This training should include reading the treatment manuals, practicing coding sessions, and meeting regularly with the coding team. It should be provided by a research or clinical supervisor with expertise in both the therapy and fidelity coding. This trainer can also serve as an expert coder, providing scores that serve as a gold standard for comparison with those of the other coders.

Reading the Treatment Manual and Coding Manual

Each coder should be provided with a copy of the treatment manual (BRIGHT and/or BRIGHT-2) and this report. Coders should read the treatment manuals (group leader version), along with the manuals for the adherence and competence coding tools (the coding manual in Chapter Four). The members of the coding team—ideally, a research or clinical supervisor and the coders—should meet to discuss any questions concerning either the treatment manual or the coding manual. The coding team should also agree on the plan for accessing sessions and

the time line for returning session codes. In the BRIGHT studies, sessions were available via a secure website, and coders were instructed to listen to the sessions either on headphones or in a room where the session could not be heard by any other person, to ensure confidentiality. Alternatives include using cassette or videotapes of sessions and live observation of sessions. We do not have direct experience with these alternatives, but they have been used successfully in other training and research settings (e.g., Hill, O'Grady, and Elkin, 1992). In the BRIGHT study, coders were asked to code sessions as they became available throughout the study. This allowed the results of the fidelity ratings to be used in ongoing clinical supervision. An alternative would be to code all of the sessions at the end of a research study.

Using Practice Coding Sessions and Reaching Consensus

After reading the treatment manuals, the coders should practice applying the fidelity tools and meet with the coding team to ensure that they are all applying the tools similarly. This process is essential for ensuring interrater reliability. The coders should code a minimum of three to four sessions independently of other coders, with meetings after each coding to discuss the scores. In the BRIGHT studies, the first four sessions delivered were used as practice coding sessions.

After rating each session, the coders should review their ratings and discuss areas of agreement and disagreement. When coders score an item the same, they should discuss why they gave the item that score. In some cases, the coders may select the same score, but perhaps for different reasons. Thus, it is important to come to a consensus about how to score each item in the future. When an item is given a different score by each of the coders, they should discuss their reasons for giving that score. When scores differ by only one number, it is not of great concern, but coders should still have a discussion to understand each other's reasoning. When ratings differ by more than one, it is essential to have a longer discussion to achieve consensus about what the final score should be. The coders should then proceed with rating the second session independently, followed by discussion to reach consensus. It is expected that fewer differences in ratings should be observed with each session.

An alternative approach would be to conduct the coding of a session as a group. In this process, all of the coders listen to a session together, stopping after each section to score and discuss their thoughts on scoring. This "real-time" coding may help to illustrate more examples than what coders can remember when they meet to discuss. This approach may also provide the opportunity to rewind and listen to a section again when disagreements occur. An additional approach could be to develop exemplar sessions that demonstrate clear examples of very high or very low adherence and competence.

As noted above, the initial training should include the independent coding and discussion of a minimum of three to four sessions. Most coders should be able to score the sessions in a similar way after several sessions. However, if the scores do not align, coders should continue this process until they are applying the tools similarly.

Ongoing Training

After the initial training, coders should continue to have the opportunity for ongoing training to encourage high interrater reliability. Coders should consult with each other and/or a supervisor as issues and questions arise (e.g., with the start of a new group leader, or when only one client is in the group). In the BRIGHT research protocols, approximately 30 percent of the sessions were selected for coding by more than one coder. This double coding of sessions allows

for computation of interrater reliability. It also allows for periodic meetings among the coders to discuss their scores and to identify disagreements or drift in applying the fidelity tools that may have occurred since the initial training. Finally, an expert coder or supervisor could code a small subset of sessions throughout the study (e.g., 5 percent of all sessions) to check for coder drift and the need for additional training.

Summary

When applying the BRIGHT fidelity measures within a research context, careful selection of fidelity coders and thorough training will help to ensure that assessments of fidelity to the BRIGHT treatments are reliable and valid.

CHAPTER FOUR

Coding Manual

This coding manual describes how to apply the fidelity tools developed to assess adherence and competence to the BRIGHT treatments. This information should be relevant for both research and clinical settings. The adherence measure assesses how well group leaders adhere to each section of the sessions. The competence measure assesses how well group leaders deliver the session. In this chapter, we first present general guidelines for using the coding tools, then describe how to apply the adherence and competence measures.

General Guidelines

The following are some general guidelines for using the coding tools:

- Coders may code several sessions from the same group or group leaders in one sitting, but they should score each session independently. Specifically, coders should not carry over positive or negative feelings about group leaders or clients from previous sessions.
- Similarly, coders should score each item independently of other items. Group leaders can perform poorly on one section and do well on the next section.
- Coders should focus primarily on the group leaders' behaviors (e.g., what they say and how they interact with the client), rather than on the clients' behaviors (e.g., how they respond to the group leaders). However, a few specific competence items focus on the group dynamics and ask coders to pay attention to client behaviors.
- As coders listen to a session, they should code each adherence item *as the session progresses*. For competence items, it is helpful to make notes of group leader behaviors that correspond with each item, but coders should score the competence items *after they have listened to the entire session*.
- It can be more challenging to code a session led by two group leaders than one led by a single group leader. When there are two group leaders, coders should score the leaders' skills together or on average, rather than focusing on one better or poorer performer.

Specific Guidelines

The next two sections describe specific guidelines for the adherence and competence measures, respectively. The first part of each section describes the rating scale in detail. The second part provides specific guidelines on how to apply the rating scale to each item. The complete rating

forms for adherence and competence for both BRIGHT and BRIGHT-2 are found in the Appendixes to this report.

Adherence Measure: Specific Guidance for Rating Items

The adherence measure evaluates the extent to which group leaders follow the assigned protocol in either the BRIGHT or BRIGHT-2 leader manuals and do not skip or only partially cover relevant sections. Each two-hour group session is divided into several sections, changing slightly from session to session, depending on content. The measure assesses the group leaders' adherence to each of the sections in the session. The individual adherence items are listed below:

1. Purpose/outline
2. How have you been feeling?
3. Group rules
4. Introductions
5. What is depression?
6. What are alcohol/drug use problems? (BRIGHT-2 only)
7. What is cognitive behavioral therapy (CBT)?
8. Serenity prayer (BRIGHT-2 only)
9. Review practice
10. Review last session/module
11. New topic (represented by multiple adherence items)
12. Key messages
13. Practice
14. Feedback
15. Looking ahead

Next, we review the response options used to code adherence items and provide specific guidance for coding each item.

Adherence Response Scale

All items on the adherence scale use the same response options. These scores range from 0 to 2 (for *Purpose/outline*, *How have you been feeling?*, *Group rules*, *Looking ahead*, and *Key messages*) or 0 to 3 (for *Introductions*, *What is depression?*, *What are alcohol/drug use problems?*, *What is cognitive behavioral therapy (CBT)*, *Serenity prayer*, *Review practice*, *Review last session/module*, *New topic*, *Practice*, and *Feedback*), with 9 being "not applicable." The shorter scoring range of 0 to 2 (instead of 0 to 3) is used for a subset of items that are completed by the group leaders very quickly and are more straightforward, and therefore a score of 2 or 3 could likely not be differentiated. Scores of 2 and 3 indicate that the group leaders demonstrated acceptable adherence to that session element. Scores of 2 or higher indicate adherence across all items, regardless of the range of response options. Table 4.1 provides the description for each score and guidelines on when to select each score.

Table 4.1
Adherence Measure Response Option

Score	Description	Guidelines
0	Group leaders do not cover the section at all.	The section was not discussed. *Tip*: Occasionally, group leaders may skip a section and go back to it later in the session. If group leaders eventually cover the section, code their level of adherence.
1	Group leaders make cursory reference to this section and provide a quick review.	The section was not adequately covered. Examples include covering only part of the section or rushing through the section.
2	Group leaders adequately cover the section.	The group leaders reviewed all the material but did not collaborate or engage the client in the discussion. *Tip*: If a group leader follows questions that elicit collaboration in the "leader tips," questions should be genuinely asked instead of reviewed quickly.
3	Group leaders cover the section thoroughly (e.g., bring in real-life examples, draw in group members).	The section was covered with a good amount of interaction with clients. The group leaders did not simply read the examples but had follow-up comments from sections or examples covered from previous sessions or asked for client interaction (e.g., to read or to respond to other clients' comments), gave helpful hints to help remember, did problem-solving together with clients, asked follow up questions, dug deeper, etc. The leader also encouraged clients to connect their experiences with the CBT model (e.g., How does that affect your mood? How can you make that statement more balanced? What kinds of thoughts were you having? What can you do to keep your mood up?). This code is available for only some of the session elements that allow for more thorough coverage.
9	Item is not applicable.	This code is used when it is not appropriate to code adherence for a particular item. Examples include review of practice when all clients are attending their first session and assigning of practice on the last session of the group. This code would also be used if a portion of the session was not audiotaped (e.g., because of recording issues).

Individual Adherence Items: Coding Guidance

Table 4.2 provides specific guidance on how to code each of the 15 adherence items, with a focus on when scores of 2 or 3 are appropriate. Some items do not include a score of 3 (noted as NA, meaning not applicable). A score of 1 on any of these items reflects a cursory review, e.g., group leaders may have read and/or explained only part of the topic.

Competence Measure: Specific Guidance for Rating Items

The competence measure assesses how well group leaders implement the BRIGHT or BRIGHT-2 sessions; this is different from adherence, which measures how well they follow the assigned protocol. The competence measure includes the following 15 items:

1. Bridge from previous visit
2. Reviewing previous practice (homework)
3. Assigning new practice (homework)
4. Capsule summaries
5. Client summary and feedback
6. Focus/structure (time management)
7. Socialization to the CBT model and concepts
8. Warmth/genuineness
9. Empathy

10. Collaboration
11. Guided discovery
12. Group motivation
13. Group participation
14. Comprehension
15. Departure due to unusual factors

These items are coded on a scale of 0 to 6, with an additional item used to identify sessions that were unusual in some way. There are four topic areas: cognitive therapy structure (six items), development of a collaborative therapeutic relationship (five items), group engagement (three items), and atypical circumstances (one item). Each item has unique descriptions associated with the response options, with adequate competence anchored at a score of 4. In the sections below, we provide a general description of the response options and specific guidance on how to code each of the competence items.

Competence Response Scale

In contrast to the adherence ratings that use the same 0-to-3 scale, the competency rating wording varies by item, and a scale from 0 to 6 is used for most items. Detailed descriptions for ratings of a 0, 2, 4, and 6 for each item are presented in Table 4.3.

Coders are encouraged to score these competence items at the end of the session, after making an overall assessment of the session. They should take notes while listening to the session (e.g., phrases said by the group leaders that correspond to a particular competence item) in order to score each item and to discuss specific examples with other coders. Competence rating is generally more difficult than adherence rating, because it requires listening for and keeping track of examples throughout the entire session, as well as developing a sense of the nuances between the ratings for each of the 15 items.

Summary

This chapter has described how to apply the BRIGHT and BRIGHT-2 adherence and competence measures. These guidelines can assist in training fidelity coders by helping to ensure that all coders use a similar standard when assigning ratings.

Table 4.2
Individual Adherence Items: Coding Guidance

Topic	Criteria for a 2 Rating	Criteria for a 3 Rating
1. Purpose/outline *Group leaders must read or explain both the purpose of the session and the outline for the session.*	Group leaders read and explained all of the purpose and/or outline items and asked if clients had any questions.	NA
2. How have you been feeling? *To assess client progress, the Patient Health Questionnaire (PHQ-9) depression measure is distributed by group leaders at every other session.*	Group leaders explained the purpose of filling out the questionnaire. Clients may be asked to fill out the questionnaire when they first arrive for the session rather than during the session. If so, group leaders should still read through this section during the session.	NA
3. Group rules *Group rules are discussed at the beginning of each new module.*	Group leaders reviewed all of the rules and asked if anyone had any questions or comments.	NA
4. Introductions *Introductions are reviewed at the beginning of each new module* (Thoughts, People, Activities, *and* Substance Abuse *for BRIGHT, and* Thoughts, People, *and* Activities *for BRIGHT-2). In essence, the group leaders and clients introduce themselves.*	Group leaders engaged all clients and allowed them to share answers to one or two questions about themselves (e.g., Where did you grow up? What kind of work have you done?).	Group leaders additionally introduced themselves first and reminded clients that the purpose of introductions is to get to know each other apart from their depression or drinking/using.
5. What is depression? *At the beginning of each new module, group leaders review information about depression to help clients understand the symptoms of depression.*	Group leaders reviewed all content material and asked clients to share their experiences and answers to the questions.	Group leaders reviewed all of the content material and actively engaged clients in sharing their own experience, encouraged clients to reflect on their own experience to gain insight, and summarized the comments so that depression was normalized (e.g., "Everyone in this group has experienced symptoms of depression") and linked to why the clients are attending the group.
6. What are alcohol/drug use problems? (BRIGHT-2 only) *At the beginning of each new module in BRIGHT-2, group leaders review information about using alcohol and drugs, how this may have caused problems, and how this may have affected depression symptoms.*	Group leaders reviewed all content material, asked clients to evaluate how alcohol or drugs have affected their depression and/or caused problems and what life would be like if they stopped using.	Group leaders encouraged open discussion to help clients identify specific areas of their lives that would improve if they stopped using/drinking and their mood improved.
7. What is cognitive behavioral therapy (CBT)? *At the beginning of each new module, group leaders review the CBT approach and go over the CBT circle.*	Group leaders reviewed all material and stopped and asked for questions after each section.	Group leaders encouraged clients who have been to previous sessions to explain CBT to the group and encouraged questions and discussion among group members. Group leaders should have summarized the CBT circle again if clients had not adequately described it.

Topic	Criteria for a 2 Rating	Criteria for a 3 Rating
8. Serenity prayer (BRIGHT-2 only) *At the beginning of each new module in BRIGHT-2* (Thoughts, People, *and* Activities), *a section is dedicated to introducing/reviewing the* Serenity prayer.	Group leaders reviewed content material.	Group leaders reviewed content material, asked for feedback or questions, and engaged clients in further discussion.
9. Review practice *This item will depend on the practice assigned from the previous session.*	Group leaders encouraged two to three clients to review their practice aloud for the group.	Group leaders reviewed all parts of the practice and engaged clients in exploring how their practice went and/or what they noticed about how they responded to the practice. Group leaders should also have checked in with clients about why they did not do their practice (if applicable).
10. Review last session/module *Reviewing the last session or module is an important way to bring in clients to help them remember and express what they learned in the last session.*	Group leaders reviewed content material and asked clients what they remember from the last module and what was most helpful (or least helpful) to them.	Group leaders engaged clients to bring up sections from the past (even if they needed to look through their books to do so) and linked these sections to what was most helpful to them in improving mood and recovery.
11. New topic *New topics take the majority of the time in each session. These topics are different in each session and introduce new concepts regarding how mood and substance use impacts thoughts, people, and activities. One example of a new topic is* Good communication *in the* People module; *it includes sections of* Listening well, What is your communication style?, Making requests assertively, *and* Expressing your feelings and thoughts assertively.	Group leaders reviewed all of the content material, asked clients to follow the instructions for practicing active listening, and had clients fill in their particular communication style in their workbooks.	Group leaders actively engaged clients in sharing their own experience and evaluating their own behavior or communication style to gain insight, and they asked clients to reflect on their experiences and lessons learned from the exercises.
12. Key messages *Summary of the main lessons in the session, reviewed at the end of each session.*	Group leaders read aloud the key messages and asked for any comments or questions; in the case of BRIGHT-2, they gave the clients the opportunity to write their own key message in their books and share with the group.	NA
13. Practice *Practice (assigning homework) occurs at the end of each session and—most important—should not be rushed.*	Group leaders allowed clients to spend time with the assignments and get a thorough understanding of what to do before the next session.	Group leaders checked in with clients about whether or how they plan to do their practice (e.g., asked how others will remember to do their coping cards).
14. Feedback *Feedback is conducted at the end of each session, gathering input from clients about their impressions of the session. While group leaders may gather feedback throughout the session, this item codes how well they facilitate feedback at the end of the session.*	Group leaders asked group members about what was helpful and what was unhelpful/difficult/ etc.	Group leaders asked these two questions and engaged clients further, using follow-up questions (e.g., Why was that helpful to you?).
15. Looking ahead *Group leaders tell clients what sections will be covered in the next session to encourage them to return the next week.*	Group leaders reviewed the content material.	NA

Table 4.3.
Individual Competence Items: Coding Guidance

Topic	Criteria for a 0 Rating	Criteria for a 2 Rating	Criteria for a 4 Rating	Criteria for a 6 Rating
Cognitive therapy structure				
1. Bridge from previous visit *This item refers to how extensively the group leaders integrate information from a previous session (or sessions). This may include referencing information from past sessions (including client contact) or asking clients about previous sessions. Bridging is commonly done during* Last session key messages*. A score of 4 or higher reflects integration of previous lessons and/or client-specific feedback throughout the session. A score lower than 4 would be rare if adherence was moderate or high.*	The group leaders seemed to ignore the previous session/ contact with the clients.	The group leaders made superficial reference to the previous session.	The group leaders bridged by mentioning the previous session or by asking clients about the previous session.	The group leaders discussed the previous session with clients, emphasized important issues, and related the previous session to the present agenda.
2. Reviewing previous practice (homework**)** *This review is usually done at the beginning of the session. To achieve a score of 4 or higher, the group leaders need to assess the client's understanding of the exercises and review examples from multiple clients' practice. Group leaders should also integrate different parts of the practice—cards, mood scale, thoughts, etc. Additionally, group leaders should include some problem solving if necessary (e.g., if a client did not complete the practice).*	The group leaders seemed to ignore previous practice activities.	The group leaders mentioned previous practice activities but did not review them.	The group leaders briefly reviewed previous practice activities (e.g., integrated different practice activities, if relevant) or, if the activities were not done, inquired why not.	The group leaders thoroughly reviewed previous practice activities or discussed incomplete practice activities.
3. Assigning new practice (homework) *This item measures the extent to which group leaders explained and assigned new practice. Group leaders should receive a score lower than 4 if they do not review in detail new practice activities. To receive a 4 or higher, group leaders should have had clients start practice during the session, should check clients' understanding of the practice, and/or should check in with clients about their plan to complete the activities.*	The group leaders seemed to avoid assigning important new practice activities relevant to the present session.	The group leaders had significant difficulties incorporating new practice activities (e.g., providing sufficient detail or starting homework in the session).	The group leaders assigned appropriate practice relevant to issues dealt with in the session (e.g., checked on clients' understanding or whether clients planned to do the practice).	The group leaders (collaboratively) assigned excellent, detailed homework, discussed the homework fully with clients, and began to plan and practice homework in the session.

Topic	Criteria for a 0 Rating	Criteria for a 2 Rating	Criteria for a 4 Rating	Criteria for a 6 Rating
4. Capsule summaries *This item measures the extent to which group leaders provide capsule summaries that are reflective and summarize the points just covered. Capsule summaries help to ensure check in and learning and can be used throughout the session; they often occur at the end of a section. Saying "OK, great" is not a capsule summary. Capsule summaries contain a few sentences that summarize key points (e.g., We've been talking about x, y, and z in this module, or It sounds like some common harmful thoughts you've mentioned throughout this module are x, y, and z). It is correct to give a score of 0 if group leaders are not using capsule summaries and a 1, 2, or 3 if capsule summaries are superficial or blatantly inaccurate.*	The group leaders provided capsule summaries during the session that were blatantly inaccurate.	The group leaders provided capsule summaries that appeared to be superficial or irrelevant.	The group leaders provided capsule summaries that appeared to be accurate and meaningful.	The group leaders reliably and accurately provided excellent capsule summaries that were meaningful to the clients; the group leaders also checked capsule summaries for accuracy and revised when it was appropriate to do so.
5. Client summary and feedback *This item measures how extensively group leaders provide client summary and feedback throughout the session. To receive a 4 or higher, group leaders should be asking clients if things are clear, what they have understood of the session thus far, what questions they have, etc. Client summary is often conducted in a review of the previous session (e.g., What do you remember from the last session?) or in practice (e.g., What have you noticed about your mood and patterns of thinking?). A score below 4 (e.g., a 3) should be given if leaders are not providing client summary and feedback throughout the session; a score of 2, 1, or 0 should be given if group leaders are actively discouraging clients from summarizing or giving feedback.*	The group leaders discouraged the client from summarizing or giving feedback about the session.	The group leaders superficially asked for summary or feedback but did not respond adequately.	The group leaders effectively asked for summary and feedback throughout the session and acknowledged clients' responses.	The group leaders asked for summary and feedback throughout the session; responded in a positive, supportive manner; and appropriately adjusted behaviors based on the clients' feedback.

Topic	Criteria for a 0 Rating	Criteria for a 2 Rating	Criteria for a 4 Rating	Criteria for a 6 Rating
6. Focus/structure (time management) *This item evaluates how appropriately group leaders managed time during the session. In the group leader manuals, suggested time allotments are given for each section of the therapeutic sessions to help facilitators manage their time. However, these are really time "estimates," and treatment delivery does not need to match the times exactly to be fully adherent and competent. The types of questions the coders should ask themselves when coding this item are, Did group leaders leave time for practice and feedback at the end? Did the group leaders keep participants on track (e.g., did they keep a talkative client from going on too long)? Did they go over session time or end early? The goal for group leaders is appropriate pacing, where they move through the sections at a pace at which they do not get behind and therefore skip over certain sections. For example, time management could be challenging because the session contains a lot of exercises. A less experienced group leader can find time management challenging, spending more time at the beginning and not enough time at the end. This can compromise the practice. This measure is typically coded lower when timing for given sections was significantly off, i.e., by 10 or more minutes in comparison to the time allocated for that section, or if the total time for the session was significantly off. A score lower than 4 should also be given if the session felt rushed or was too short.*	The group leaders were unfocused, and the session seemed aimless.	The group leaders seemed to have some direction but were distracted by peripheral issues.	The group leaders were reasonably successful at maintaining focus and following main issues (e.g., they managed time appropriately).	The group leaders used time extremely effectively by directing the flow of conversation and redirecting when necessary; the session seemed well-paced, focused, and structured.

Topic	Criteria for a 0 Rating	Criteria for a 2 Rating	Criteria for a 4 Rating	Criteria for a 6 Rating
Development of a collaborative therapeutic relationship				
7. Socialization to CBT *This item measures the group leaders' ability to use the CBT model and concepts throughout the session. This involves linking thoughts, mood, and actions; facilitating the concept of having control over one's mood; helping clients examine their own thoughts and mood; exploring thoughts for accuracy and balance; etc. Leaders might refer to the CBT circle and ask questions such as, When you had that helpful thought, how did that affect your mood?, What were you thinking when you felt that way?, How did doing those activities affect your mood?, How did your mood affect your treatment plan?, and What changes have you made in your activities to improve your mood? Some sessions will lend themselves to more time for exploring CBT concepts, and it is correct to score those sessions higher.*	The group leaders missed important opportunities to explain the CBT conceptualization of depression and to discuss such concepts as harmful thoughts.	The group leaders superficially mentioned the cognitive model and concepts, but not in a timely manner or relevant to the client.	The group leaders described the relevant model and concepts of CBT.	The group leaders did an outstanding job of describing the relevant model and concepts, applied these to clients in a timely manner, checked the clients' understanding, and elicited feedback.
8. Warmth/genuineness *This item measures how extensively the group leaders showed warmth and genuineness in their therapeutic style. Warmth may come out through body language (e.g., nodding). Sometimes this is difficult to score when only an audio recording is available, since coders must rely on verbal cues. For example, group leaders would score 4 or higher if they made statements that show caring, encouragement (e.g., saying something supportive after a client discloses sensitive information), and validation of a client's feelings or behavior (e.g., saying his or her issue occurs in other clients as well). Some statements showing warmth are, You're doing a good job recognizing your harmful thoughts, Sounds like you've been having a difficult time but are using your tools and that has been helpful, and I commend you for showing up today even though you didn't feel like it. When two group leaders are being evaluated, the score must reflect a combination of both individuals. That is, a more positive or negative comment would move the score up or down for a shared score in the end. Scoring in such cases can be difficult for group leaders that have different styles.*	The group leaders appeared cold, detached, or uncaring.	The group leaders appeared slightly aloof or distant.	The group leaders appeared reasonably warm and genuine.	The group leaders appeared very warm, genuine, and caring.

Topic	Criteria for a 0 Rating	Criteria for a 2 Rating	Criteria for a 4 Rating	Criteria for a 6 Rating
9. Empathy *This item measures how the group leaders convey empathy to the clients. Empathy communicates that they understand the clients, and it can be conveyed through statements that reflect back what the client says (e.g., If I understand what you're saying, it's been difficult for you to meet new people). Empathy may also be shown by body language (e.g., nodding, empathetic expressions).*	The group leaders showed major and consistent lack of empathy, e.g., they were consistently "reading to" the group and likely to be missing major cues over the entire session; they made no effort to understand the clients.	Although there may have been moments of empathic connection, the session as a whole was marked by absence of empathy; the group leaders were clearly annoyed, impatient, or intolerant of clients.	The group leaders made consistent efforts to understand clients and responded with empathy to their emotions.	The group leaders met criteria for a score of 4 and maintained an empathic relationship throughout the session.
10. Collaboration *This item measures how extensively group leaders share the talking with the client when they and the client both read and have similar amounts of "talk time" (i.e., the group leaders do not dominate the conversation or lecture but let the clients participate as well). For example, the group leaders may give more time for comments and discussion (e.g., Can other group members suggest other possibilities to add to what Client A has already said?). To be given a score higher than 4, group leaders must not only ask questions but must also engage the clients in the process of their own decision making and exploration of the issues (i.e., sharing responsibility). Group leaders may also divide clients into small groups when appropriate.*	The group leaders monopolized the session or left all responsibility to the clients.	The group leaders attempted to collaborate but took too little or too much responsibility for defining or resolving the clients' problems.	The group leaders were somewhat collaborative and shared some responsibility with clients.	The group leaders were extremely collaborative, shared responsibility for defining clients' problems and potential solutions, and functioned with the clients as a team.
11. Guided discovery *This item measures the extent to which the group leaders use guided discovery, i.e., strategic questioning (sometimes called* Socratic questioning*), to help clients elicit their own conclusions rather than making conclusions for them. For example, How did you feel when you …? How did that practice affect your mood? How does that compare to what you would have done in the past?"*	The group leaders did not use guided discovery but instead were too passive or directive.	The group leaders were somewhat passive or directive but were still supportive to the clients.	The group leaders used some questioning and some reflective responses to help clients begin to understand important issues.	The group leaders very skillfully used a balance of open-ended questions and reflective, interpretive responses to guide clients' understanding of important issues.

Topic	Criteria for a 0 Rating	Criteria for a 2 Rating	Criteria for a 4 Rating	Criteria for a 6 Rating
Group Engagement				
12. Group motivation *This item measures the overall level of group motivation, generally the group's motivation for being there and motivation to change. Scores must be based on overall motivation of all members (the coders may check attendance sheets to determine how many clients were in attendance).*	Group members demonstrated a *very low* level of motivation (e.g., did not complete practice, had not tried new activities since the previous session, did not share noticing and/or evaluating their thoughts since the previous session).	Group members demonstrated a *low* level of motivation.	Group members demonstrated a *moderate* level of motivation.	Group members demonstrated an *ideal* level of motivation (e.g., completed practice activities, made behavioral changes such as trying new activities or interactions with others, and identified and/or evaluated harmful thoughts).
13. Group participation *This score represents the overall group participation level. Group participation involves client talk time. The score must be based on overall participation of all members (the coders may check attendance sheets to determine how many clients were in attendance).*	Group members demonstrated a *low* level of participation (i.e., most clients were reticent).	Group participation was *low* for some group members and *moderate* to *high* for others.	Group participation was *moderate* to *high* for most group members.	Group participation was *high* for all group members (i.e., all group members actively participated throughout the session).
14. Comprehension *This score represents the overall level of comprehension among group members. Group comprehension involves clients making statements in line with the discussion, offering thoughtful input or questions, and understanding the information presented to them. Scores must be based on an average level of comprehension of all members (the coders may check attendance sheets to determine how many clients were in attendance).*	Comprehension was *low* for most group members.	Comprehension was *low* for some group members and *moderate* to *high* for others.	Comprehension was *moderate* to *high* for most group members.	Comprehension was *high* for all group members.
Atypical Circumstances				
15. Departure *This item allows for atypical circumstances that may have led group leaders to make changes from the usual treatment. If it is coded yes, the coders must explain what the circumstances were and how they might have led to the standard fidelity coding being inappropriate. In the BRIGHT study, the most frequent use of this item was in sessions where there were problems with the audio recording. Other atypical circumstances that are likely to happen infrequently are the group not starting on time or low attendance.*	NO		YES	

Module: Thoughts and Your Mood **Rater Name** _____

Session: 1 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

Appendix A: BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. GROUP RULES	0	1	2		9
3. INTRODUCTIONS	0	1	2	3	9
4. WHAT IS DEPRESSION?	0	1	2	3	9
5. WHAT IS COGNITIVE BEHAVIORAL THERAPY?	0	1	2	3	9
6. HOW DOES CBT TREAT DEPRESSION?	0	1	2	3	9
7. HOW HAVE YOU BEEN FEELING?	0	1	2		9
8. REVIEW - PRACTICE	0	1	2	3	9
9. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: THE CONNECTION BETWEEN THOUGHTS & MOOD					
10. THOUGHTS ARE SENTENCES WE TELL OURSELVES	0	1	2	3	9
11. WHAT YOU THINK AFFECTS HOW YOU FEEL	0	1	2	3	9
12. IDENTIFY YOUR HARMFUL THOUGHTS	0	1	2	3	9
13. EXAMPLES OF HARMFUL THOUGHTS	0	1	2	3	9
14. EXAMPLES OF HELPFUL THOUGHTS	0	1	2	3	9
15. KEY MESSAGES	0	1	2		9
16. PRACTICE	0	1	2	3	9
17. FEEDBACK	0	1	2	3	9
18. LOOKING AHEAD	0	1	2		9

Module: Thoughts and Your Mood **Rater Name** _____

Session: 2 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - PRACTICE	0	1	2	3	9
3. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: IDENTIFYING HARMFUL AND HELPFUL THOUGHTS					
4. THE LINK BETWEEN THOUGHTS AND MOOD: A CHAINING ACTIVITY	0	1	2	3	9
5. HARMFUL THOUGHTS ARE NOT ACCURATE, COMPLETE, AND BALANCED	0	1	2	3	9
6. COMMON HABITS OF HARMFUL THINKING	0	1	2	3	9
7. KEY MESSAGES	0	1	2		9
8. PRACTICE	0	1	2	3	9
9. FEEDBACK	0	1	2	3	9
10. LOOKING AHEAD	0	1	2		9

Module: Thoughts and Your Mood

Session: 3

Date of Session/Session # _____/_____

Rater Name _____

Rater Number _____

Date of Rating _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. HOW HAVE YOU BEEN FEELING?	0	1	2		9
3. REVIEW - PRACTICE	0	1	2	3	9
4. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: WHAT CAN YOU DO ONCE YOU HAVE IDENTIFIED YOUR HARMFUL THOUGHTS?					
5. EXAMINE THE EVIDENCE	0	1	2	3	9
6. FIND A REPLACEMENT THOUGHT FOR YOUR HARMFUL THOUGHT	0	1	2	3	9
7. CATCH IT, CHECK IT, CHANGE IT	0	1	2	3	9
8. KEY MESSAGES	0	1	2		9
9. PRACTICE	0	1	2	3	9
10. FEEDBACK	0	1	2	3	9
11. LOOKING AHEAD	0	1	2		9

Module: Thoughts and Your Mood **Rater Name** _____

Session: 4 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - PRACTICE	0	1	2	3	9
3. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: HOW TO HAVE MORE HELPFUL THOUGHTS					
4. IDENTIFY YOUR HELPFUL THOUGHTS	0	1	2	3	9
5. BALANCING YOUR THOUGHTS WITH "YES, BUT" STATEMENTS	0	1	2	3	9
6. SET ASIDE SOME WORRY TIME	0	1	2	3	9
7. KEY MESSAGES	0	1	2		9
8. PRACTICE	0	1	2	3	9
9. FEEDBACK	0	1	2	3	9
10. REVIEW OF MODULE: "THOUGHTS AND YOUR MOOD"	0	1	2	3	9
11. GOODBYE TO GRADUATING GROUP MEMBERS	0	1	2	3	9
12. LOOKING AHEAD	0	1	2		9

Module: Activities and Your Mood

Session: 1

Date of Session/Session # _____/_____

Rater Name _____

Rater Number _____

Date of Rating _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. GROUP RULES	0	1	2		9
3. INTRODUCTIONS	0	1	2	3	9
4. WHAT IS DEPRESSION?	0	1	2	3	9
5. WHAT IS COGNITIVE BEHAVIORAL THERAPY?	0	1	2	3	9
6. HOW DOES CBT TREAT DEPRESSION?	0	1	2	3	9
7. HOW HAVE YOU BEEN FEELING?	0	1	2		9
8. REVIEW - PRACTICE	0	1	2	3	9
9. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: THE CONNECTION BETWEEN ACTIVITIES & MOOD					
10. HOW DOES DEPRESSION GET IN THE WAY OF DOING ACTIVITIES?	0	1	2	3	9
11. WHAT ACTIVITIES DID YOU USED TO ENJOY?	0	1	2	3	9
12. COMING TO GROUP CBT IS A HEALTHY ACTIVITY	0	1	2	3	9
13. KEY MESSAGES	0	1	2		9
14. PRACTICE	0	1	2	3	9
15. FEEDBACK	0	1	2	3	9
16. LOOKING AHEAD	0	1	2		9

Module: Activities and Your Mood **Rater Name** _____

Session: 2 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - PRACTICE	0	1	2	3	9
3. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: DOING NEW ACTIVITIES					
4. THE LINK BETWEEN ACTIVITIES AND MOOD: A CHAINING ACTIVITY	0	1	2	3	9
5. GETTING PAST DEPRESSION: DOING ACTIVITIES EVEN WHEN YOU DON'T FEEL LIKE IT	0	1	2	3	9
6. HOW TO GET IDEAS FOR ACTIVITIES	0	1	2	3	9
7. MORE IDEAS FOR HEALTHY ACTIVITIES	0	1	2	3	9
8. KEY MESSAGES	0	1	2		9
9. PRACTICE	0	1	2	3	9
10. FEEDBACK	0	1	2	3	9
11. LOOKING AHEAD	0	1	2		9

Module: Activities and Your Mood **Rater Name** _____

Session: 3 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. HOW HAVE YOU BEEN FEELING?	0	1	2		9
3. REVIEW - PRACTICE	0	1	2	3	9
4. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: OVERCOMING OBSTACLES					
5. PROBLEM SOLVING	0	1	2	3	9
6. PACING YOURSELF	0	1	2	3	9
7. BALANCING YOUR ACTIVITIES	0	1	2	3	9
8. PREDICTING PLEASURE	0	1	2	3	9
9. KEY MESSAGES	0	1	2		9
10. PRACTICE	0	1	2	3	9
11. FEEDBACK	0	1	2	3	9
12. LOOKING AHEAD	0	1	2		9

Module: Activities and Your Mood **Rater Name** _____

Session: 4 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - PRACTICE	0	1	2	3	9
3. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: DOING ACTIVITIES TO SHAPE YOUR FUTURE					
4. THE IMPORTANCE OF SETTING GOALS	0	1	2	3	9
5. WHAT ARE YOUR DREAMS FOR THE FUTURE?	0	1	2	3	9
6. LONG-TERM AND SHORT-TERM GOALS	0	1	2	3	9
7. KEY MESSAGES	0	1	2		9
8. PRACTICE	0	1	2	3	9
9. FEEDBACK	0	1	2	3	9
10. REVIEW OF MODULE: "ACTIVITIES AND YOUR MOOD"	0	1	2	3	9
11. GOODBYE TO GRADUATING GROUP MEMBERS	0	1	2	3	9
12. LOOKING AHEAD	0	1	2		9

Module: People and Your Mood **Rater Name** _____

Session: 1 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. GROUP RULES	0	1	2		9
3. INTRODUCTIONS	0	1	2	3	9
4. WHAT IS DEPRESSION?	0	1	2	3	9
5. WHAT IS COGNITIVE BEHAVIORAL THERAPY?	0	1	2	3	9
6. HOW DOES CBT TREAT DEPRESSION?	0	1	2	3	9
7. HOW HAVE YOU BEEN FEELING?	0	1	2		9
8. REVIEW - PRACTICE	0	1	2	3	9
9. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: THE CONNECTION BETWEEN DEPRESSION AND HEALTHY INTERACTIONS WITH PEOPLE					
10. THE IMPORTANCE OF HEALTHY RELATIONSHIPS	0	1	2	3	9
11. THE LINK BETWEEN PEOPLE INTERACTIONS AND MOOD: A CHAINING ACTIVITY	0	1	2	3	9
12. YOUR SOCIAL SUPPORT NETWORK	0	1	2	3	9
13. MEETING NEW PEOPLE	0	1	2	3	9
14. KEY MESSAGES	0	1	2		9
15. PRACTICE	0	1	2	3	9
16. FEEDBACK	0	1	2	3	9
17. LOOKING AHEAD	0	1	2		9

Module: People and Your Mood **Rater Name** _____

Session: 2 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - PRACTICE	0	1	2	3	9
3. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: WHAT GETS IN THE WAY OF GOOD RELATIONSHIPS?					
4. RELATIONSHIP PROBLEM AREAS	0	1	2	3	9
5. GRIEF AND LOSS	0	1	2	3	9
6. ROLE CHANGES	0	1	2	3	9
7. ROLE DISAGREEMENTS	0	1	2	3	9
8. KEY MESSAGES	0	1	2		9
9. PRACTICE	0	1	2	3	9
10. FEEDBACK	0	1	2	3	9
11. LOOKING AHEAD	0	1	2		9

Module: People and Your Mood **Rater Name** _____

Session: 3 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. HOW HAVE YOU BEEN FEELING?	0	1	2		9
3. REVIEW - PRACTICE	0	1	2	3	9
4. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: COMMUNICATION SKILLS FOR BUILDING BETTER RELATIONSHIPS AND IMPROVING YOUR MOOD					
5. LISTENING WELL	0	1	2	3	9
6. WHAT IS YOUR COMMUNICATION STYLE?	0	1	2	3	9
7. MAKING REQUESTS ASSERTIVELY	0	1	2	3	9
8. EXPRESSING YOUR FEELINGS AND THOUGHTS ASSERTIVELY	0	1	2	3	9
9. KEY MESSAGES	0	1	2		9
10. PRACTICE	0	1	2	3	9
11. FEEDBACK	0	1	2	3	9
12. LOOKING AHEAD	0	1	2		9

Module: People and Your Mood **Rater Name** _____

Session: 4 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - PRACTICE	0	1	2	3	9
2. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: GETTING AROUND OBSTACLES SO YOU CAN USE YOUR NEW SKILLS					
4. FEAR	0	1	2	3	9
5. FEELING THAT YOU DON'T HAVE THE RIGHT TO BE ASSERTIVE	0	1	2	3	9
6. OLD HABITS IN THE FORM OF RELATIONSHIP RULES	0	1	2	3	9
7. KEY MESSAGES	0	1	2		9
8. PRACTICE	0	1	2	3	9
9. FEEDBACK	0	1	2	3	9
10. REVIEW OF MODULE: "PEOPLE INTERACTIONS AND YOUR MOOD"	0	1	2	3	9
11. GOODBYE TO GRADUATING GROUP MEMBERS	0	1	2	3	9
12. LOOKING AHEAD	0	1	2		9

Module: Substance Abuse and Your Mood **Rater Name** _____

Session: 1 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. GROUP RULES	0	1	2		9
3. INTRODUCTIONS	0	1	2	3	9
4. WHAT IS DEPRESSION?	0	1	2	3	9
5. WHAT IS COGNITIVE BEHAVIORAL THERAPY?	0	1	2	3	9
6. HOW DOES CBT TREAT DEPRESSION?	0	1	2	3	9
7. HOW HAVE YOU BEEN FEELING?	0	1	2		9
8. REVIEW - PRACTICE	0	1	2	3	9
9. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: YOUR MOOD AND SUBSTANCE ABUSE ARE CONNECTED					
10. HOW DOES YOUR MOOD AFFECT YOUR USE OF DRUGS OR ALCOHOL?	0	1	2	3	9
11. HOW DOES USING DRUGS OR ALCOHOL AFFECT YOUR MOOD?	0	1	2	3	9
12. NOTICE YOUR THOUGHTS	0	1	2	3	9
13. KEY MESSAGES	0	1	2		9
14. PRACTICE	0	1	2	3	9
15. FEEDBACK	0	1	2	3	9
16. LOOKING AHEAD	0	1	2		9

Module: Substance Abuse and Your Mood **Rater Name** _____

Session: 2 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - PRACTICE	0	1	2	3	9
3. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: YOUR THOUGHTS, MOOD, AND SUBSTANCE ABUSE ARE CONNECTED					
4. THE SERENITY PRAYER	0	1	2	3	9
5. YOUR THOUGHTS HAVE POWER	0	1	2	3	9
6. HARMFUL THOUGHTS CAN LEAD TO DEPRESSION AND SUBSTANCE ABUSE	0	1	2	3	9
7. HELPFUL THOUGHTS CAN IMPROVE YOUR MOOD AND SUPPORT YOUR RECOVERY	0	1	2	3	9
8. REPLACE HARMFUL THOUGHTS WITH HELPFUL THOUGHTS	0	1	2	3	9
9. CATCH IT, CHECK IT, CHANGE IT: THREE STEPS TO NOTICE AND CHANGE YOUR HARMFUL THOUGHTS	0	1	2	3	9
10. KEY MESSAGES	0	1	2		9
11. PRACTICE	0	1	2	3	9
12. FEEDBACK	0	1	2	3	9
13. LOOKING AHEAD	0	1	2		9

Module: Substance Abuse and Your Mood **Rater Name** _____

Session: 3 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. HOW HAVE YOU BEEN FEELING?	0	1	2		9
3. REVIEW - PRACTICE	0	1	2	3	9
4. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: YOUR ACTIVITIES, MOOD, AND SUBSTANCE ABUSE ARE CONNECTED					
5. STAYING ACTIVE HELPS YOU FEEL HAPPIER AND SUPPORTS YOUR RECOVERY	0	1	2	3	9
6. HARMFUL ACTIVITIES TO AVOID	0	1	2	3	9
7. HEALTHY ACTIVITIES YOU COULD DO	0	1	2	3	9
8. HOW TO GET GOING AND DO HEALTHY ACTIVITIES	0	1	2	3	9
9. WHAT GETS IN THE WAY OF DOING HEALTHY ACTIVITIES?	0	1	2	3	9
10. PHYSICAL ACTIVITY IMPROVES YOUR MOOD AND SUPPORTS YOUR RECOVERY	0	1	2	3	9
11. TIPS TO IMPROVE YOUR SLEEP	0	1	2	3	9
12. KEY MESSAGES	0	1	2		9
13. PRACTICE	0	1	2	3	9
14. FEEDBACK	0	1	2	3	9
15. LOOKING AHEAD	0	1	2		9

Module: Substance Abuse and Your Mood **Rater Name** _____

Session: 4 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - PRACTICE	0	1	2	3	9
3. REVIEW - LAST SESSION/MODULE	0	1	2	3	9
NEW TOPIC: YOUR INTERACTIONS WITH PEOPLE, YOUR MOOD, AND SUBSTANCE ABUSE ARE CONNECTED					
4. INTERACTIONS WITH PEOPLE HELP YOU FEEL HAPPIER AND SUPPORT YOUR RECOVERY	0	1	2	3	9
5. MEETING NEW PEOPLE	0	1	2	3	9
6. WHO WOULD YOU LIKE TO GET TO KNOW BETTER?	0	1	2	3	9
7. WHAT GETS IN THE WAY OF HEALTHY INTERACTIONS WITH PEOPLE?	0	1	2	3	9
8. KEY MESSAGES	0	1	2		9
9. PRACTICE	0	1	2	3	9
10. FEEDBACK	0	1	2	3	9
11. REVIEW OF MODULE: "SUBSTANCE ABUSE AND YOUR MOOD"	0	1	2	3	9
12. GOODBYE TO GRADUATING GROUP MEMBERS	0	1	2	3	9
13. LOOKING AHEAD	0	1	2		9

Module: Thoughts, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 1 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

Appendix B: BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. HOW HAVE YOU BEEN FEELING?	0	1	2		9
3. GROUP RULES	0	1	2		9
4. INTRODUCTIONS	0	1	2	3	9
5. WHAT IS DEPRESSION?	0	1	2	3	9
6. WHAT ARE ALCOHOL/DRUG USE PROBLEMS?	0	1	2	3	9
7. WHAT IS COGNITIVE BEHAVIORAL THERAPY (CBT)?	0	1	2	3	9
8. SERENITY PRAYER	0	1	2	3	9
9. REVIEW MODULE	0	1	2	3	9
10. REVIEW PRACTICE	0	1	2	3	9
11. THOUGHTS ARE SENTENCES WE TELL OURSELVES	0	1	2	3	9
12. IDENTIFY YOUR HARMFUL THOUGHTS	0	1	2	3	9
13. EXAMPLES OF HARMFUL THOUGHTS	0	1	2	3	9
14. EXAMPLES OF HELPFUL THOUGHTS	0	1	2	3	9
15. KEY MESSAGES	0	1	2		9
16. PRACTICE	0	1	2	3	9
17. FEEDBACK	0	1	2	3	9
18.LOOKING AHEAD	0	1	2		9

Module: Thoughts, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 2 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - LAST SESSION	0	1	2	3	9
3. REVIEW - PRACTICE	0	1	2	3	9
4. WHAT YOU THINK AFFECTS HOW YOU FEEL	0	1	2	3	9
5. HOW DOES YOUR MOOD AFFECT DRINKING/USING?	0	1	2	3	9
6. HOW DOES DRINKING/USING AFFECT YOUR MOOD?	0	1	2	3	9
7. THE "OH, WHATEVER" EFFECT	0	1	2	3	9
8. YOU CAN LEARN TO NOTICE YOUR THOUGHTS	0	1	2	3	9
9. KEY MESSAGES	0	1	2		9
10. PRACTICE	0	1	2	3	9
11. FEEDBACK	0	1	2	3	9
12. LOOKING AHEAD	0	1	2		9

Module: Thoughts, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 3 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. HOW HAVE YOU BEEN FEELING?	0	1	2		9
3. REVIEW - LAST SESSION	0	1	2	3	9
4. REVIEW - PRACTICE	0	1	2	3	9
5. COMMON HABITS OF HARMFUL THINKING	0	1	2	3	9
6. HARMFUL THOUGHTS ARE NOT ACCURATE, COMPLETE, AND BALANCED	0	1	2	3	9
7. CATCH IT, CHECK IT, CHANGE IT	0	1	2	3	9
8. KEY MESSAGES	0	1	2		9
9. PRACTICE	0	1	2	3	9
10. FEEDBACK	0	1	2	3	9
11. LOOKING AHEAD	0	1	2		9

Module: Thoughts, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 4 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - LAST SESSION	0	1	2	3	9
3. REVIEW - PRACTICE	0	1	2	3	9
4. ONE THOUGHT CAN LEAD TO ANOTHER: A CHAINING ACTIVITY	0	1	2	3	9
5. WHAT HARMFUL THOUGHTS ARE HIGH-RISK FOR YOU?	0	1	2	3	9
6. COPING WITH CRAVINGS	0	1	2	3	9
7. KEY MESSAGES	0	1	2		9
8. PRACTICE	0	1	2	3	9
9. FEEDBACK	0	1	2	3	9
10. LOOKING AHEAD	0	1	2		9

Module: Thoughts, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 5 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. INTRODUCTIONS	0	1	2		9
3. HOW HAVE YOU BEEN FEELING?	0	1	2		9
4. REVIEW - LAST SESSION	0	1	2	3	9
5. REVIEW - PRACTICE	0	1	2	3	9
6. EXAMINE THE EVIDENCE	0	1	2		9
7. BALANCING YOUR THOUGHTS WITH "YES, BUT" STATEMENTS	0	1	2	3	9
8. FIND A REPLACEMENT THOUGHT FOR YOUR HARMFUL THOUGHT	0	1	2	3	9
9. KEY MESSAGES	0	1	2		9
10. PRACTICE	0	1	2	3	9
11. FEEDBACK	0	1	2	3	9
12. LOOKING AHEAD	0	1	2		9

Module: Thoughts, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 6 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - LAST SESSION	0	1	2	3	9
3. REVIEW - PRACTICE	0	1	2	3	9
4. CATCH IT, CHECK IT, CHANGE IT	0	1	2	3	9
5. COPING CARDS CAN HELP YOU USE HELPFUL THOUGHTS AND LIVE THE LIFE YOU WANT	0	1	2	3	9
6. KEY MESSAGES	0	1	2		9
7. PRACTICE	0	1	2	3	9
8. REVIEW OF MODULE	0	1	2	3	9
9. GOODBYE TO GRADUATING GROUP MEMBERS	0	1	2		9
10. FEEDBACK	0	1	2	3	9
11. LOOKING AHEAD TO THE NEXT MODULE	0	1	2		9

Module: Activities, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 1 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. HOW HAVE YOU BEEN FEELING?	0	1	2		9
3. GROUP RULES	0	1	2		9
4. INTRODUCTIONS	0	1	2	3	9
5. WHAT IS DEPRESSION?	0	1	2	3	9
6 WHAT ARE ALCOHOL/DRUG USE PROBLEMS	0	1	2	3	9
7. WHAT IS COGNITIVE BEHAVIORAL THERAPY (CBT)?	0	1	2	3	9
8. SERENITY PRAYER	0	1	2	3	9
9. REVIEW - LAST MODULE	0	1	2	3	9
10. REVIEW - PRACTICE	0	1	2	3	9
11. HOW DO DEPRESSION AND DRINKING/USING GET IN THE WAY OF DOING HELPFUL ACTIVITIES?	0	1	2	3	9
12. WHAT HELPFUL ACTIVITIES COULD YOU DO BEFORE THE NEXT SESSION?	0	1	2	3	9
13. KEY MESSAGES	0	1	2		9
14. PRACTICE	0	1	2	3	9
15. FEEDBACK	0	1	2	3	9
16. LOOKING AHEAD	0	1	2		9

Module: Activities, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 2 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - LAST SESSION	0	1	2	3	9
3. REVIEW - PRACTICE	0	1	2	3	9
4. NOTICING YOUR ACTIVITIES: CATCH IT, CHECK IT, CHANGE IT	0	1	2	3	9
5. HARMFUL ACTIVITIES TO AVOID	0	1	2	3	9
6. HOW TO GET IDEAS FOR HELPFUL ACTIVITIES	0	1	2	3	9
7. KEY MESSAGES	0	1	2		9
8. PRACTICE	0	1	2	3	9
9. FEEDBACK	0	1	2	3	9
10. LOOKING AHEAD	0	1	2		9

Module: Activities, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 3 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. HOW HAVE YOU BEEN FEELING?	0	1	2		9
3. REVIEW - LAST SESSION	0	1	2	3	9
4. REVIEW - PRACTICE	0	1	2	3	9
5. FILLING YOUR DAY WITH HELPFUL ACTIVITIES	0	1	2	3	9
6. DAILY PHYSICAL ACTIVITY IMPROVES YOUR MOOD AND SUPPORTS YOUR RECOVERY	0	1	2	3	9
7. GETTING STARTED: DOING ACTIVITES EVEN WHEN YOU DON'T FEEL LIKE IT	0	1	2	3	9
8. KEY MESSAGES	0	1	2		9
9. PRACTICE	0	1	2	3	9
10. FEEDBACK	0	1	2	3	9
11. LOOKING AHEAD	0	1	2		9

Module: Activities, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 4 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - LAST SESSION	0	1	2	3	9
3. REVIEW - PRACTICE	0	1	2	3	9
4. ONE ACTIVITY CAN LEAD TO ANOTHER: A CHAINING ACTIVITY	0	1	2	3	9
5. KNOW YOUR RISKY ACTIVITIES	0	1	2	3	9
6. COPING WITH RISKY SITUATIONS	0	1	2	3	9
7. KEY MESSAGES	0	1	2		9
8. PRACTICE	0	1	2	3	9
9. FEEDBACK	0	1	2	3	9
10. LOOKING AHEAD	0	1	2		9

Module: Activities, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 5 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - LAST SESSION	0	1	2		9
3. REVIEW - PRACTICE	0	1	2	3	9
4. TIPS TO IMPROVE SLEEP	0	1	2	3	9
5. LISTENING WELL	0	1	2	3	9
6. PROBLEM SOLVING	0	1	2	3	9
7. PACING YOURSELF	0	1	2	3	9
8. PLEASURE PREDICTING	0	1	2	3	9
9. SETTING GOALS	0	1	2	3	9
10. KEY MESSAGES	0	1	2		9
11. PRACTICE	0	1	2	3	9
12. FEEDBACK	0	1	2	3	9
13. LOOKING AHEAD	0	1	2		9

Module: Activities, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 6 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - LAST SESSION	0	1	2	3	9
3. REVIEW - PRACTICE	0	1	2	3	9
4. WHAT ARE YOUR DREAMS FOR THE FUTURE?	0	1	2	3	9
5. COPING CARDS CAN HELP TO IMPROVE YOUR MOOD AND SUPPORT YOUR RECOVERY	0	1	2	3	9
6. KEY MESSAGES	0	1	2		9
7. PRACTICE	0	1	2	3	9
8. REVIEW OF MODULE	0	1	2	3	9
9. GOODBYE TO GRADUATING GROUP MEMBERS	0	1	2	3	9
10. FEEDBACK	0	1	2	3	9
11. LOOKING AHEAD	0	1	2		9

Module: People, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 1 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. HOW HAVE YOU BEEN FEELING?	0	1	2		9
2. GROUP RULES	0	1	2		9
3. INTRODUCTIONS	0	1	2	3	9
4. WHAT IS DEPRESSION?	0	1	2	3	9
5. WHAT ARE ALCOHOL/DRUG USE PROBLEMS?	0	1	2	3	9
6. WHAT IS COGNITIVE BEHAVIORAL THERAPY (CBT)?	0	1	2	3	9
7. SERENITY PRAYER	0	1	2	3	9
8. REVIEW - LAST SESSION	0	1	2		9
9. REVIEW - PRACTICE	0	1	2	3	9
10. THE IMPORTANCE OF HELPFUL PEOPLE INTERACTIONS	0	1	2	3	9
11. HOW TO BEGIN HAVING MORE HELPFUL INTERACTIONS WITH PEOPLE	0	1	2	3	9
12. KEY MESSAGES	0	1	2		9
13. PRACTICE	0	1	2	3	9
14. FEEDBACK	0	1	2	3	9
15. LOOKING AHEAD	0	1	2		9

Module: People, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 2 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - LAST SESSION					
3. REVIEW - PRACTICE	0	1	2	3	9
4. MAPPING YOUR SOCIAL SUPPORT NETWORK	0	1	2	3	9
5. HOW TO MEET NEW PEOPLE	0	1	2	3	9
6. GETTING AROUND ROADBLOCKS	0	1	2	3	9
7. KEY MESSAGES	0	1	2		9
8. PRACTICE	0	1	2	3	9
9. FEEDBACK	0	1	2	3	9
10. LOOKING AHEAD	0	1	2		9

Module: People, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 3 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. HOW HAVE YOU BEEN FEELING?	0	1	2		9
3. REVIEW - LAST SESSION	0	1	2	3	9
4. REVIEW - PRACTICE	0	1	2	3	9
5. LISTENING WELL	0	1	2	3	9
6. WHAT IS YOUR COMMUNICATION STYLE?	0	1	2	3	9
7. MAKING REQUESTS ASSERTIVELY	0	1	2	3	9
8. EXPRESSING YOUR FEELINGS AND THOUGHTS ASSERTIVELY	0	1	2	3	9
9. KEY MESSAGES	0	1	2		9
10. PRACTICE	0	1	2	3	9
11. FEEDBACK	0	1	2	3	9
12. LOOKING AHEAD	0	1	2		9

Module: People, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 4 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - LAST SESSION	0	1	2	3	9
3. REVIEW - PRACTICE	0	1	2	3	9
4. ONE PEOPLE INTERACTION LEADS TO ANOTHER: A CHAINING ACTIVITY	0	1	2	3	9
5. YOU CAN CHANGE DIRECTION ANY TIME	0	1	2	3	9
6. KEY MESSAGES	0	1	2		9
7. PRACTICE	0	1	2	3	9
8. FEEDBACK	0	1	2	3	9
9. LOOKING AHEAD	0	1	2		9

Module: People, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 5 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - LAST SESSION	0	1	2	3	9
3. REVIEW – PRACTICE	0	1	2	3	9
4. WHAT KIND OF PEOPLE INTERACTIONS BRING YOUR MOOD DOWN OR MAKE YOU FEEL LIKE DRINKING/USING?	0	1	2	3	9
5. OLD HABITS THAT GET IN THE WAY OF HELPFUL INTERACTIONS WITH PEOPLE	0	1	2	3	9
6. HOW TO BEGIN TO CHANGE THOSE OLD HABITS AND IMPROVE YOUR INTERACTIONS WITH PEOPLE	0	1	2	3	9
7. KEY MESSAGES	0	1	2		9
8. PRACTICE	0	1	2	3	9
9. FEEDBACK	0	1	2	3	9
10. LOOKING AHEAD	0	1	2		9

Module: People, Alcohol/Drug Use, and Your Mood **Rater Name** _____

Session: 6 **Rater Number** _____

Date of Session/Session # _____/_____ **Date of Rating** _____

BRIGHT-2 Adherence Measure

Topic	Not covered at all	Cursory reference to this topic and quick review	Group leader adequately covers the topic	Group leader covers the topic thoroughly (e.g., brings in real life examples, draws in group members)	Not applicable
1. PURPOSE/OUTLINE	0	1	2		9
2. REVIEW - LAST SESSION	0	1	2	3	9
3. REVIEW - PRACTICE	0	1	2	3	9
4. YOU CAN NOTICE AND CHANGE YOUR HARMFUL INTERACTIONS: CATCH IT, CHECK IT, CHANGE IT	0	1	2	3	9
5. COPING CARDS CAN HELP YOU TO IMPROVE YOUR RECOVERY	0	1	2	3	9
6. KEY MESSAGES	0	1	2		9
7. PRACTICE	0	1	2	3	9
8. REVIEW OF MODULE	0	1	2	3	9
9. GOODBYE TO GRADUATING GROUP MEMBERS	0	1	2	3	9
10. FEEDBACK	0	1	2	3	9
11. LOOKING AHEAD	0	1	2		9

Module: Thoughts/Activities/People/Substance **Rater Name** _____

Session: 1 / 2 / 3 / 4 **Rater Number** _____

Date of Session/Session ID # _____/_____ **Date of Rating** _____

Appendix C: BRIGHT and BRIGHT-2 Competence Measure

Cognitive Therapy Structure

C1. Bridge from Previous Visit

0: The group leaders seemed to ignore the previous session/contact with the clients.
1
2: The group leaders made superficial reference to the previous session.
3
4: The group leaders bridged by mentioning previous session or by asking clients about previous session.
5
6: The group leaders discussed previous session with clients; emphasized important issues; related previous session to present agenda.

C2. Reviewing Previous Practice (Homework)

0: The group leaders seemed to ignore previous practice activities.
1
2: The group leaders mentioned previous practice activities but did not review.
3
4: The group leaders briefly reviewed previous practice activities (e.g., integrated different practice activities, if relevant) or if not done, inquired about reasons.
5
6: The group leaders thoroughly reviewed previous practice activities or discussed incomplete practice activities.

C3. Assigning New Practice (Homework)

0: The group leaders seemed to avoid assigning important new practice activities relevant to the present session.
1
2: The group leaders had significant difficulties incorporating new practice activities (provide sufficient detail or begin homework in session).
3
4: The group leaders assigned appropriate practice relevant to issues dealt with in session (e.g., checked on clients' understanding or whether clients planned to do practice).
5
6: The group leaders [collaboratively] assigned excellent, detailed homework; discussed fully with patient and began to plan and practice homework in the session.

C4. Capsule Summaries

0: The group leaders provided capsule summaries during the session which were blatantly inaccurate.

1

2: The group leaders provided capsule summaries which appeared to be superficial or irrelevant.

3

4: The group leaders provided capsule summaries which appeared to be accurate and meaningful.

5

6: The group leaders reliably and accurately provided excellent capsule summaries which were meaningful to the clients; the group leaders also checked capsule summaries for accuracy and revised when appropriate to do so.

C5. Patient Summary and Feedback

0: The group leaders discouraged the client from summarizing or giving feedback about the session.

1

2: The group leaders superficially asked for summary or feedback but did not adequately respond.

3

4: The group leaders effectively asked for summary and feedback throughout session and acknowledged clients' responses.

5

6: The group leaders asked for summary and feedback throughout session, responded in a positive, supportive manner, and appropriately adjusted behaviors based on the clients' feedback.

C6. Focus/Structure [Time Management]

0: The group leaders were unfocused. Session seemed aimless.

1

2: The group leaders seemed to have some direction, but were distracted by peripheral issues.

3

4: The group leaders were reasonably successful at maintaining focus and following main issues (e.g., managed time appropriately).

5

6: The group leaders used time extremely effectively by directing the flow of conversation and redirecting when necessary. Session seemed well-paced, focused, and structured.

Development of Collaborative Therapeutic Relationship

C7. Socialization to the Cognitive Therapy (CT) Model and Concepts

0: The group leaders missed important opportunities to explain the CT conceptualization of depression; missed opportunities to discuss such concepts as "harmful thoughts."

1

2: The group leaders superficially mentioned cognitive model and concepts, but not in a timely manner or relevant to the patient.

3

4: The group leaders described relevant model and concepts of CT.

5

6: The group leaders did an outstanding job of describing relevant model and concepts; applied these to clients in a timely manner; checked the clients' understanding and elicited feedback.

C8. Warmth/Genuineness

0: The group leaders appeared cold, detached, uncaring.

1

2: The group leaders appeared slightly aloof, or distant.

3

4: The group leaders appeared reasonably warm and genuine.

5

6: The group leaders appeared optimally warm, genuine, and caring.

C9. Did the group leaders convey empathy to the clients?

0: Major and consistent lack of empathy, e.g., group leaders are consistently "reading to" the group, and likely to be missing major cues over entire session; no effort to understand the clients

1

2: Although there may be moments of empathic connection, session as a whole is marked by absence of empathy; group leaders clearly annoyed, impatient or intolerant of clients.

3

4: Group leaders make consistent effort to understand clients and respond with empathy to the emotions of the clients.

5

6: Group leaders meet criteria for 2, above, and maintain empathic relationship throughout session.

C10. Collaboration

0: The group leaders monopolized the session or left all responsibility to the clients.

1

2: The group leaders attempted to collaborate but took too little or too much responsibility for defining or resolving the clients' problems.

3

4: The group leaders were somewhat collaborative; shared some responsibility with clients.

5

6: The group leaders were extremely collaborative; shared responsibility for defining clients' problems and potential solutions; functioned as a "team."

C11. Guided Discovery

0: The group leaders did not use guided discovery; instead were too passive or directive.
1
2: The group leaders were somewhat passive or directive but were still supportive to the clients.
3
4: The group leaders used some questioning and some reflective responses to help clients begin to understand important issues.
5
6: The clients very skillfully used a balance of open-ended questions, reflective, confrontive, and interpretive responses to guide clients' understanding of important issues.

Group Engagement

C12. What was the overall level of group motivation?

0: Group members demonstrated a *very low* level of motivation (e.g., did not complete practice, did not try new activities since the previous session, did not share noticing and/or evaluating their thoughts since the previous session)
1
2: Group members demonstrated a *low* level of motivation.
3
4: Group members demonstrated a *moderate* level of motivation.
5
6: Group members demonstrated an *ideal* level of motivation (e.g., completed practice activities, made behavioral changes such as trying new activities or interactions with others, and identified and/or evaluated harmful thoughts)

C13 What was the overall group participation level?

0: Group members demonstrated a *low* level of participation (i.e., most clients reticent).
1
2: Group participation was *low* for some group members and *moderate* to *high* for other group members.
3
4: Group participation was *moderate* to *high* for most group members.
5
6: Group participation was *ideal* for all group members (i.e., all group members actively participated throughout the session).

C14 What was the overall level of comprehension of material in the group?

0: Comprehension was *low* for most group members.
1
2: Comprehension was *low* for some group members, and *moderate* to *high* for others group members.
3
4: Comprehension was *moderate* to *high* for most group members.
5
6: Comprehension was *ideal* for all group members.

C15. Were there any unusual factors in this session that you feel justified the group leaders' departure from the standard approach measured by this scale?

1: No
2: Yes (Please explain below)

Please add any notes that would be useful for clinical supervision:

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