DIALOG+ Adherence Scale

The DIALOG+ Adherence Scale is composed of 19 items (20 if a video recording is available) and has been developed in order to test adherence to the DIALOG+ manual. Most items assess clinician behaviours specific to the administration of the DIALOG+ procedure (e.g. selection of areas for further discussion, the 4-step approach). Please place the score for each item in the coloured boxes adjacent to the question. Please be aware that the audio/video recording will not always follow the question sequence. The total score range is 0-19 for audio recordings (0-20 for video recordings).

Assessment Date (DD/MM/YY):

Clinician ID:

Patient ID:

Researcher ID:

DIALOG+ Session Number:

Commented [A1]: Please make sure to read each of the questions and response items answers carefully whilst scoring the items.

Commented [A2]: High familiarity of the DIALOG+ manual is required.

This is a measurement of the adherence to the procedure of DIALOG+ as defined in the manual, not of the quality of the clinical session per se.

Commented [A3]: Please be aware that the session may follow a different order than the questions

Commented [A4]: This is the date when a recording from a DIALOG+ session is scored using the Adherence Scale.

Commented [A5]: Very important to log the Session Number, especially to distinguish if this is the first session as that will impact on the rating/ score.

	Score
Reviewing Actions **1)** Are action(s) set in the previous session reviewed? *(if this is Session 1 of DIALOG+ then rate this item 1)*	
0 – Previous action(s) are not reviewed 1 – Previous action(s) are reviewed	
Satisfaction – DIALOG Scale **2)** Does the patient rate his/her satisfaction on all 11 areas? *(Assume all areas have been rated unless patient explicitly refuses to rate some areas)*	
0 – Not all areas are rated 1 – All areas are rated	
Review of ratings **3)** Does the clinician provide an overview of the current strengths and problems in the patient's life, after all areas have been rated?	
0 - Clinician does not review patient's ratings overall 1 - Clinician reviews patient's ratings overall	
Comparison **4)** Does the clinician offer to compare this session's ratings with those of a previous session after all areas have been rated? *(if this is Session 1 of DIALOG+ then rate this item 1)*	
0 – Clinician does not offer comparison of ratings after all areas have been rated 1 – Clinician offers comparison of ratings after all areas have been rated	
Positive reinforcement **5)** Does the clinician comment on positive or improved ratings of satisfaction with some of the areas?	
0 – Clinician does not comment on improved ratings of satisfaction 1 – Clinician comments on improved ratings of satisfaction	
Patient involvement in selecting areas **6)** Do the patient and clinician collaboratively select areas to discuss after rating the DIALOG scale?	
0 – Patient view or agreement was not taken into account when selecting areas to discuss 1 – The patient was actively involved in the selection of the areas to discuss (including seeking agreement to a clinician's suggestion)	
Number of areas **7)** How many areas are selected to be discussed?	
0 – No areas, or more than 3 areas, are selected to be discussed 1 – 1 to 3 areas are selected to be discussed	

Commented [A6]: This item refers to the manual instructions to begin DIALOG+ sessions by reviewing the actions agreed during the previous session.

If this is the first DIALOG+ session between patient and clinician then always give this item a score of 1.

Commented [A7]: The patient must be given the opportunity to rate all 11 areas, but if they decline to rate then the score of 1 should still be given.

When rating an audio file it may be hard to distinguish if all areas were rated, however give the clinician the benefit of the doubt if there is not audio evidence to the contrary.

Commented [A8]: In an audio recording, the names of all 11 areas may not be vocalized, in which case you can assume that all areas have been rated unless the patient explicitly refuses to rate some areas.

Commented [A9]: This item refers to the 'Review' stage (the stages of the intervention are listed along the bottom of the DIALOG+ app screen). Once all areas have been rated a reflection should be made by the clinician on both strengths and problems in the patients' life based on the overview of all the ratings and answers to the questions as to whether more help is needed. ... [1]

Commented [A10]: This item also refers to the 'Review' stage, after all areas have been rated. The clinician must *offer* to compare and contrast ratings from previous sessions, a feature offered by the app. ... [2]

Commented [A11]: There must be evidence of positive reinforcement. This means clear evidence of the clinician emphasising positive aspects of the patients' life or situation and drawing their attention to these positives.

Commented [A12]: This item refers to the "Select" stage when the clinician and patient should *collaboratively* select areas to be discussed in the 4-step approach. This is separate from asking whether the patient needs help in this area after rating each ... [3]

Commented [A13]: "Actively involved" means that the patient voice was centralised in this decision-making process. Even if the patient shows difficulty in selecting areas then the clinician should facilitate this process, without imposing a selection on them ... [4]

You will now score the 4-step approach used by the clinician for up to 3 selected areas. If more than 3 areas were discussed during the session, please score only the first 3. Please write the name of the selected area under the Area number. To calculate the total score per area, sum up the scores on items 8-16 for each area and include only the highest rated area in the overall total adherence score calculation at the end.

		Area 1: _____	Area 2: _____	Area 3: _____
Step 1 – Understanding	8) Does the clinician <u>explore</u> with the patient the patient's rating of this domain (in relation to their current situation)?			
	0 – Clinician does not explore with the patient the rating of area 1 – Clinician explores with the patient the rating of area			
	9) Does the clinician <u>identify</u> what is working well for this patient in this area?			
	0 – Clinician does not identify what is working well for the patient in this area 1 – Clinician identifies what is working well for the patient in this area			
Step 2 – Looking forward	10) Does the clinician establish or refer to a 'best case scenario' in this area?			
	0 – Clinician does not establish or refer to a 'best case scenario' in this area 1 – Clinician establishes or refers to a 'best case scenario' in this area			
	11) Does the clinician ask the patient to consider small, meaningful improvements to the current situation in the chosen area?			
	0 – Clinician does not discuss small, meaningful improvements to the current situation 1 – Clinician facilitates discussion around small, meaningful improvements to the current situation			
Step 3 – Exploring options	12) Does the clinician encourage the patient to consider possible actions that <u>they can take themselves</u> to achieve the changes that they would like in the chosen area?			
	0 – Clinician does not encourage the patient to consider any actions that could be taken by the patient themselves 1 – Clinician encourages the patient to consider any actions that could be taken by the patient themselves			

DIALOG+ Adherence Scale v1.0_annotated, 09.June.2020

Commented [A14]: Please read these instructions carefully.

Commented [A15]: The name of the area selected to be discussed should be clearly written on the white line in the top row of the adjacent table.

Although the area to be discussed in more detail must be specifically labelled here, the conversation that follows may be across domains and not stick to the boundaries of one "area". This is absolutely fine and clinicians should not be penalised for this. Care planning conversations have to be holistic and inclusive of many different areas of life.

Commented [A16]: This item refers to the clinician exploring with the patient their reasons for the level of their satisfaction with the chosen area as reflected in the given rating; The item should be scored 1 even if this exploration did not take place during 4 step approach but prior to it, for example, during the process of rating DIALOG scale

Commented [A17]: This question is all about the "identifying what works" section of the manual. The clinician should ask the patient about what is working well in the current situation. Building awareness of the strengths and resources within the given situation. Even if the patient scores a 1 on the scale for this area, they are still managing to cope and thus must have access to some resources.

Commented [A18]: The clinician may use a different term to 'best case scenario' that has the same meaning, such as "long term goal" or "best possible situation"

Commented [A19R18]: This question is all about establishing an ideal outcome that is personal to the patient, and not one applied by the clinician to the patient. The patient should be given an opportunity to describe what they would like to achieve as ... [5]

Commented [A20]: This item should be given a score of 1 even if the clinician asks about improvements in general, without specifying if they are small and meaningful.

Commented [A21R20]: This question refers to the "what small changes would make a difference" section of the manual. The clinician should provide evidence that they have asked the pa ... [6]

Commented [A22]: It may occur that the patient answers "I don't know" to this question. In this case it is expected that the clinician offers support or guidance to identify possible actions that the patient can do in order for this item to be given a score o ... [7]

	Area 1: _____	Area 2: _____	Area 3: _____
13) Does the clinician encourage the patient to consider possible actions that <u>the clinician or service</u> can take to achieve the changes that they would like in the chosen area?			
0 – Clinician does not encourage the patient to consider any actions that could be taken by the clinician or service 1 – Clinician encourages the patient to consider any actions that could be taken by the clinician or service			
14) Does the clinician encourage the patient to consider possible actions that <u>other people</u> besides the clinician and patient (e.g. caregiver) can take to achieve the changes that they would like in the chosen area?			
0 – Clinician does not encourage the patient to consider any actions that could be taken by other people 1 – Clinician encourages the patient to consider any actions that could be taken by other people			

Step 4: Agreeing on actions

	Area 1	Area 2	Area 3
15) Do the clinician and patient set action(s) to be taken in the chosen area? (Note that either patient or clinician may take the lead in suggestions for action)			
0 – Clinician and patient do not set any action(s) to be taken in the chosen area 1 – Clinician and/ or patient set action(s) to be taken in the chosen area.			
16) Does the clinician summarise all the actions that have been agreed upon before the end of session?			
0 – Clinician does not summarise the actions agreed upon 1 - Clinician summarises the actions agreed upon			
Total score per area			

Commented [A23]: It may occur that the patient answers ''I don't know" to this question. In this case it is expected that the clinician offers support or guidance to identify possible actions that the clinician can do in order for this item to be given a score of 1.

Commented [A24]: It may occur that the patient answers ''I don't know" to this question. In this case it is expected that the clinician offers support or guidance to identify possible actions that the other people can do in order for this item to be given a score of 1.

Commented [A25]: Other people could be family members, caregivers, social networks etc.

Commented [A26]: A score of 1 should be given if there is evidence that actions are set and/ or documented. These actions can be for any of the three groups previously discussed: the patient, the clinic/ team, or other people.

Commented [A27]: The clinician may summarise the actions from all areas together or separately. A score of 1 is given for any evidence that actions were summarised after all domains have been discussed following the 4-step approach.

The same score should be given across all domains (rather than a different score for each of the domains).

Commented [A28]: The total of each column should be summed here and the area with the highest score is the one that contributes the '4-step approach' sub-scale score to the Global score.

You will now rate the overall quality of the interaction between the clinician and patient during the DIALOG+ session.

		Score
Quality of interaction	**17)** Does the clinician express positive regard throughout the session?	
	0 – Clinician expresses little or no positive regard towards the patient 1 – Clinician expresses considerable and consistent positive regard towards the patient	
	18) *Patient involvement (in discussing the 4-step approach)*: Do the patient and clinician collaboratively complete the 4-step approach?	
	0 – The patient was not actively involved in the 4 step approach, and was not asked to contribute to the discussion 1 – The patient was actively involved in the discussion, and at minimum was asked for their view and/or agreement during the 4-step approach	
	19) Overall are the actions agreed upon clear – i.e. who is doing them and is the behaviour specific enough so that it can be reviewed? *(Score this item 0, if the score to the item 15 is 0)*	
	0 – The action(s) agreed upon are not precisely defined and relevant 1 – Overall the action(s) agreed upon are precisely defined and relevant	

Commented [A32]: Overall quality of the interaction is a subjective rating of the clinical quality and patient centredness of the whole interaction.

Commented [A29]: Positive regard refers to the clinician being supportive, accepting and respectful of patients as they are- without judgement or non-constructive criticism. For this to be scored 1, the clinician should show positive regard consistently throughout the session and not just once or twice.

Commented [A30]: It is expected that the patient is at minimum asked for their view and/or agreement when discussing the chosen domains using the 4-step approach.

Commented [A31]: The actions set as a result of the 4-step approach should be clear and precise. A score of 1 is given if the actions are clear and specific.

Actions where the patient is asked to *consider* doing something or *think about* what could be done should also be accepted.

The most important things to consider are: is it clear who should be doing the action, and is the behaviour to accomplish the action clear.

If no actions are set and Q15 scored zero then this question should automatically receive a score of zero also.

If <u>video recording</u> data is available then please also rate the following item.

	Score
Use of tablet **20)** Does the clinician share the tablet with the patient?	

0 – The tablet is used by the clinician only
1 – Clinician and patient share the tablet some of the time

> **Commented [A33]:** Only score this item if a video recording is available.
>
> To score a 1 there must be visual evidence that the tablet was shared between the patient and clinician, or the clinician offered to hand over the tablet. At a minimum the clinician must allow the patient to see the screen and witness the rating of the scale.

Scoring

	Total score
DIALOG + procedure (Select & Review) *(items 1-7; score range is 0 to 7)*	
4-step procedure *(items 8-16; score range is 0 to 9)*	
Quality of interaction *(items 17-19; score range is 0 to 3)*	
Tablet usage *(item 20; score range is 0 to 1)*	
Total score *(total max score is 19; 20 if video recording is available)*	

Page 2: [1] Commented [A9]   **Author**

This item refers to the 'Review' stage (the stages of the intervention are listed along the bottom of the DIALOG+ app screen). Once all areas have been rated a reflection should be made by the clinician on both strengths and problems in the patients' life based on the overview of all the ratings and answers to the questions as to whether more help is needed.

In essence, the clinician should use the collection of scores that have been given to provide a general overview of the patients wellbeing and situation.

Page 2: [2] Commented [A10]   **Author**

This item also refers to the 'Review' stage, after all areas have been rated. The clinician must *offer* to compare and contrast ratings from previous sessions, a feature offered by the app.

If this is the first DIALOG+ session, then always give this item a score of 1.

Page 2: [3] Commented [A12]   **Author**

This item refers to the "Select" stage when the clinician and patient should *collaboratively* select areas to be discussed in the 4-step approach. This is separate from asking whether the patient needs help in this area after rating each of life areas. The patient should be given the opportunity to select areas that are important to them.

Page 2: [4] Commented [A13]   **Author**

"Actively involved" means that the patient voice was centralised in this decision-making process. Even if the patient shows difficulty in selecting areas then the clinician should facilitate this process, without imposing a selection on them e.g. the clinician suggests some areas to discuss in further detail and then seeks agreement from the patient.

Page 3: [5] Commented [A19R18]   **Author**

This question is all about establishing an ideal outcome that is personal to the patient, and not one applied by the clinician to the patient. The patient should be given an opportunity to describe what they would like to achieve as part of their recovery. This does not have to be directly linked to the area under discussion, as goals and outcomes may be be cross-domain.

Page 3: [6] Commented [A21R20]   **Author**

This question refers to the "what small changes would make a difference" section of the manual. The clinician should provide evidence that they have asked the patient to identify or describe smaller changes that would make a meaningful difference. This can be related to the 'best case scenario' or not.

Page 3: [7] Commented [A22]   **Author**

It may occur that the patient answers ''I don't know" to this question. In this case it is expected that the clinician offers support or guidance to identify possible actions that the patient can do in order for this item to be given a score of 1. This includes the clinician encouraging the patient to spend time considering or reflecting what could be done before the next session.