

Template for Page 1: Important People Instrument
01/22/01
Relationships & Numerical Code

Spouse, legal or common law, same sex partner = 10

Family members = 20

Mother, Step-mother = 21

Father, Step-father = 22

Sister, step-sister, half-sister = 23

Brother, step-brother, half-brother = 24

Daughter, step-daughter, adopted daughter = 25

Son, step-son, adopted son = 26

Grandmother = 27

Grandfather = 28

Granddaughter = 29

Grandson = 30

Aunt = 31

Uncle = 32

Cousins = 33

Other family member (e.g., sister-in-law, brother-in-law) = 34

Friends = 40

"Girl-friend" = 41

"Boy-friend" = 42

Other female friend (but not a "girlfriend") = 43

Other male friend (but not a "boyfriend") = 44

Female friend from work = 45

Male friend from work = 46

People from work = 50

Employer, or supervisor = 51

Co-worker = 52

Employee or subordinate = 53

Customer = 54

Self-Help Group Member = 60

AA member or spouse = 61

Member from another self-help group (specify) = 62

Other important people in the person's network = 70

Any one who doesn't fit into any of the above categories but with whom the patient says he or she has had contact within the past 6 months and wants to list as one of the members of his or her social network. Specify the nature of the relationship of the person to the patient, e.g., priest, treatment provider, mailman.

Manual for the Administration of the Important People Instrument*
Adapted for Use for BST Decision Trees

by

Richard Longabaugh, Ed.D.

Center for Alcohol and Addiction Studies

Brown University

Box-G

Providence, RI 02912

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Communications should be directed to Dr. Longabaugh

Phone: 401-444-1835

Fax: 401-444-1850

E-mail: Richard_Longabaugh@brown.edu

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*Originally developed by Martha C. Beattie, Ph.D. and Richard Longabaugh, Ed.D.

Important People Instrument (IPI) Instructions

PREFACE

This manual has been revised to facilitate BST decision tree assignment based on assessment of psychosocial resource domains. While the information collected with the instrument includes that which is collected in Project COMBINE, there are two notable differences. First, there are additional questions beyond those included in COMBINE. More importantly, the structure of the instrument has been modified to ensure that the patient's relationships with network members in specified relationship categories are assessed. This second change may modify the psychometric properties of the instrument. This potentially significant shortcoming was judged acceptable because of the higher priority of collecting the necessary information for the clinical decision trees of Broad Spectrum Therapy.

INTRODUCTION

The Important People and Activities (IPA) data collection instrument was originally designed for the purpose of gathering information pertaining to an alcohol abuser's social support system. The present version is focused on assessing the client's network on two dimensions: 1) establishing the presence or absence of various relationships in the client's social network, and 2) assessing the support of network members in these relationships for the client's drinking and participation in key components of the treatment.

Clients are queried regarding the presence or absence of specific relationships in their self-reported network: spouse/partner, family members, those who live with them, friends, and co-workers. Additionally, other members of the network with whom the client has contact are included. If the patient regards any one of these network relationships as 'primary', this relationship is so designated. Once the network has been established and described, then the subject is queried regarding each person in the network vis. a vis.: their drinking status, frequency and intensity of drinking, response to the patient's drinking and not drinking alcohol, and support of the patient's participating in the treatment and taking medication to help them with not drinking.

All information requested in the first interview is limited to the 6-month period immediately preceding the initial interview. At follow-ups, the period of observation is the interval between the preceding administration of the IPI and the present administration.

ADMINISTRATION

The IPI is an interviewer-assisted instrument designed to be utilized in a face-to-face interview format and requiring, on average, approximately 20 minutes to complete. The interviewer should introduce the instrument by informing the client of the types of questions that (s)he will be presenting to the client. For example, the interviewer may initiate the IPI data collection session as follows: "Hi, my name is _____. During the course of this interview I am going to ask you some questions about the people with whom you have had contact during the past 6 months who have been important to you. These people may be a spouse, other family members, friends, people from work, or anyone that you see as having had a significant impact on your life, regardless of whether or not you like them. The people I want to know about are those with whom you've had contact in the past 6 months. Should you have any questions during the interview procedure please don't hesitate to ask. Now before we begin, do you have any questions?" Once you have responded to all the client's expressed concerns proceed with the interview.

PAGE 1: COVER PAGE (TO BE RECONSTRUCTED)

The first page of the IP instrument is a cover page that contains a brief introduction to the IP interview session and pertinent respondent and interviewer identification information. For example, information is recorded on the cover page that identifies the respondent and the research interviewer by study number.

TEMPLATES

To assist the client in responding to your questions about the people in his/her network, we provide three templates listing the response categories. Hand the client the first template as a guide to helping the patient to describe his or her network. This template provides the categories for describing the patient's relationships to people in his or her social network.

PAGE 2: THE NETWORK

In order to ensure that the patient provides information on specific categories of people in their social network, we provide them with the category of relationship and then ask them to list people in that category with whom they have had contact in the past 6 months. Have the patient complete all of the information for each person listed on this page before having the patient respond to the questions having to do with each person's drinking, listed on the next page.

Clients will vary considerably in the size of their social networks. Some will have difficulty naming anyone. In such cases you should try hard to elicit at least some names. A standard prompt should be used to assist in this task: "Is there anyone [else] that you can think of with whom you have spent time with in the past 6 months in this category [that you have not mentioned yet]?"

IDENTITY CODE NUMBER OF THE PERSON LISTED

Each person listed on the IPI will have a unique numerical code. This code should be repeated on each separate page of the IPI and again re-used at each subsequent IPI administration. The first person listed gets assigned the numerical code of 01. The second person listed is assigned the code of 02, and so on. The person receiving this numerical code keeps this same code identity throughout the study.

THE RELATIONSHIP

Because the BST psychosocial assessment decision trees are based on specific relationships, it is necessary to query the patient with regard to each of these possible relationships.

The sequence for asking patients about people in their social network is organized by category of relationship. First, you ask about spouse/partner, then other family relationships, then other people living in their household, then friends, people from work, self-help group members, and then any other people who have not fit into one of these categories. Finally, you ask whether any of these relationships is the "primary relationship".

Spouse/Partner Relationship. The first relationship to ask the patient about is whether he/she has a spouse or partner equivalent to a spouse (e.g., in a same-gender sexual relationship). Common law partners would also qualify for this category. If the answer is "no", then you move on to the next category, Family. If the patient indicates a person who occupies the spouse/partner role relationship, then complete the remaining columns on this page for the relationship. Thus, in the next column enter the person's first name. The third column indicates whether or not the spouse/partner lives in the same household as the patient. The fourth column indicates how often the patient sees this person. The fifth column asks the patient to rate how important this person has been to them over this period. The sixth column asks the patient to assess how generally supportive the person has been of them.

After this information has been entered for the spouse/partner, then go to the next category of relationship, Family.

Family

Family can include any kin other than the patient's spouse.

As some patients will have very large families, we will need to limit them to those with whom they consider to be most important, spend the most time with, or live in their household.

Minimal criteria for the patient to list a family member is that they have had contact with the person in the last 6 months and the person is rated as at least "somewhat important" to them.

Maximum number of family members included: When the patient seeks to list more than eight family members, then those that are to be included are: 1) family members living in the same household, who are 12 years or older. If there are more than eight family members who meet this criterion, then include those eight who, in addition to living with the patient, are rated as more important. If there is eight or more family living in the same household and more than one has the same importance rating and this rating will result in more than eight people being listed, then eliminate the person(s) receiving this rating who the patient rates as having the least amount of contact. If they are tied for amount of contact, then eliminate the youngest person so tied.

The specific categories listed on the template are to assist the research interviewer and patient in deciding where the person fits into this general category. If the more specific classification is not easily forthcoming, at least code the more general classification.

Other Household Members

After spouse/partner relationship and family are characterized, the next category to complete is for others who may be living in the same household as the patient. If there are one or more such people, they should be listed and described within this block.

If the patient lives in a group residence of some kind, then only house members who the patient sees on a daily basis should be listed and characterized.

Friends

After the person has finished listing spouse/partner, family, and other household members, ask whether they have any friends who are important to them whom they have seen in the past 6 months. If they indicate they have no friends that they have seen during this period, then go on to the next category.

If a person is both a friend and a family member, code them as a family member.

Friends from work — If a person has a friend with whom they currently work, this friend should be coded as a friend. Also included as friends are people who they originally got to know at work, and who are still friends in their lives, despite the fact that they no longer have a work connection.

If the patient lists one or more friends, the patient should provide sufficient identification to allow them to identify the person at future follow-up points. Friends should be at least 13 years or older.

People at Work

After completing the friends section, ask the person if they have people at work who are important to them (who they have not already listed as spouse, family, housemate, or friends). These may include bosses, co-workers, peers, or subordinates. The person should limit this list to people at work who are important to them. They need not necessarily like the person, just that the person be important to them (e.g., a supervisor or employer).

If the person has no work, or works in a situation that does not involve contact with others, then go on to the next category.

Self-Help Group Member

The patient may have people in their network who are important to them that they have come to know through participation in a self-help group such as AA. If the patient has participated in any such self-help group in the past, you should say to them: You have participated in [AA or whichever self-help group they have identified], or you are currently a member of [a mutual self-help group]. Are there any individual members in the group who are especially important to you, such as a sponsor for example? If so, you may list such people as individuals in your network."

Other Important People in the Person's Network

There may be people in the person's social network who are important to them who do not fit into any of the above categories. You need to give the client the opportunity to name any such persons by asking, "Is there anyone else important to you with whom you have contact who you have not listed?" If they indicate there is, you should list such people.

Recording names: While a whole name is preferred, the client can list first name and initial if he/she is worried about identification or confidentiality. The important thing is that the client will be able to identify this person later on in the study when the interview is re-administered. People are numbered in the order of their appearance as they are identified. This will help in computer data processing.

PRIMARY RELATIONSHIP

After the patient has completed the listing of his/her network members, ask the question; "Who, if anyone, on this list would you consider to be your primary relationship?" If the patient responds that no one is primary, then record "no one". If, however, the patient indicates that one person in the list is his/her primary relationship, enter that person's name and assigned number in the box provided for this.

Other classifications on this page.

Live in Household. For every person listed by the patient it should be determined whether or not they live in the patient's household. After you have completed the beginning of the IP: for spouse, family members, and other people living in the household, the list of people living with the patient should be totally determined. However, just to be sure, for subsequent categories of people listed by the patient, check to make sure the person doesn't live with the person, and then enter the appropriate numerical code in the "Live in Household" column.

Amount of Contact. Refers to the number of days that the client has contact with the individual during an average week. Contact can be in-person, over the telephone, or email. "Daily contact" means that the client "talks" with the individual at least once every day. "3-6 times a week", includes less than daily, but more than twice. "Once or twice a week" is as it says. "Every other week", encompasses less often than once a week, but more than once a month. "Less than monthly", encompasses less than once a month but more than once in 6 months.

Importance to Client

How important has this person been to you? This question is trying to measure the relative importance of the most important people in the client's social network. Ratings of importance are according to the client. If two people are rated as equally important, you should ask the question: "are these two people equally important to you?" If one is judged more important than the other, then you should try to get the client to change one of the responses.

Often times a client will be unable to assign differential importance to people named. For example, this may happen when two or more of the client's children are listed. In such an instance, it is perfectly o.k. that they receive the same ratings.

General supportiveness of the client

A network member may be generally supportive in one or more ways: they may be emotionally supportive, helpful to the person in thinking things through, giving the patient things that s/he needs, or may provide moral support to the client. If the client initiates that the person is helpful in some of these ways, but not in others, ask them to make a rating of the person's overall helpfulness.

Completing the next page: Network Members Drinking, Support for Drinking, Abstinence and Treatment.

At this point you are ready to gather information on the client's perceptions of the drinking behavior and support of treatment by the members of his/her network. You should exchange Template 3 *Network Members Drinking Behavior and Support for Treatment* for Template 2 with the patient, and continue the interview.

It will be more expedient to query the client about one variable at a time for all persons before asking about the next variable (as opposed to completing one person at a time for all variables before going on to the next person).

For each of these questions, the client can use the response template to guide them in giving their response. They should provide the response number and descriptor. If they supply just the number, the interviewer should say the descriptor aloud, so as to confirm and check the response. For example, if the client responds with the number "five" when asked how the person felt about his drinking, you would confirm by saying "he encouraged it" as you record the number provided on the answer sheet. If the client responded instead with "encouraged," you would confirm by saying "five" as you recorded the number.

If the client cannot respond between two adjacent response categories, try to get him/her to choose one or the other. If this doesn't work, code the response category that is less socially acceptable. For example, if the patient says the person is "either a heavy drinker" or a "moderate drinker" and can't decide which, code the person as a heavy drinker".

Frequency of the Person's Drinking

How often does this person drink alcohol? The judgment is the clients, and is independent of the amount of the client's personal observations of the person's drinking.

Daily means the person has at least one drink virtually every day.

Several times a week, would be less than daily, but more than 2 days of the week (e.g., more than 2 days on the weekend.)

Once or twice a week would cover people who drink only on weekends for example.

Every other week would cover occasional drinkers who drink less than once a week but more often than once a month. It would also cover a binge drinker in which the number of binge days over the 6-month period was less than 13.

About once a month. As above, this could also cover a binge drinker who drank on 6 or less days in the past 6 months.

"Don't Know" should be used rarely, only when the client has no idea whether the person has or has not drank any alcohol in the past 6 months. If the client believes the person has drank during this period, but is unsure how often, ask for a "best guess".

When ascertaining how often the person drinks alcohol, if the person's pattern has varied over the 6-month period, get the patient to give an average estimate. Sometimes, however, the pattern will have changed dramatically, such that a heavy drinker has become abstinent, or an abstainer initiates a period of heavy drinking. In such cases, the predominant pattern, if lasting for 3 or more months, should be the most recent period.

Most Drinks on a Drinking Day

When this person drinks, what's the most drinks in a single day? This question is attempting to determine, in a rough way, how much the person might drink on their heaviest drinking day. As above, this judgement need not depend on the client's personal observation. Remember, the time period referred to is the past 6 months.

In getting an estimate of *the most the person has drunk* in a single day during the past 6-month period, you need not worry about variability. We are after just one occasion, the day of maximum intake the client believes to have occurred. Remember, this measure is different from the average amount the person drinks on a drinking day. (We do not try to measure this later variable).

How has this person reacted to your drinking?

This question is attempting to measure the potential influence of the most important people in the client's social network with respect to the client's drinking.

Encouraged implies that the person actively attempts to get the client to drink. For example, the person may take the client to a bar, or tell him that one drink won't do him any harm. The person may also offer the patient a drink or give him/her one. The person is intentionally providing stimuli to drink, and takes the initiative in doing so.

Accepted implies the person did not actively encourage the client to drink, but does respond in a way that is likely to be rewarding to the client. For example, the person may drink right along with the client, or let them know that they are fun to be with when they are drinking. If the person both encourages and reinforces the client's drinking, then the response should be coded as "encourages" (rather than accepted).

Neutral implies the person neither responds positively or negatively to the client's drinking. The person neither encourages nor discourages it. The client has no idea how the person feels about his/her drinking, even when the client has consumed alcohol in the presence of this person.

Didn't Accept implies the person has let the patient know that he or she disapproves of, or is worried about their drinking, but doesn't make the continuation of their interaction contingent upon the client's not drinking.

Left or made you leave when you're drinking. The other person will not remain in the client's presence when s/he is drinking. Either the person leaves, or makes the client leave their presence.

Doesn't Know Client Drinks. This category is reserved for the infrequent occasions when the client would say s/he doesn't know how the other person feels about their drinking because this person doesn't know that the client drinks. If the client has consumed alcohol in the presence of the other person, but doesn't know how the person feels about his/her drinking, this should be categorized as neutral.

How has this person reacted to your not drinking?

This question is attempting to measure the potential influence of the most important people in the client's social network with respect to the client's attempts to not drink alcohol.

Encouraged implies that the person actively attempts to get the client to not drink. For example, the person may initiate activities with the client that are incompatible with drinking. The person may also offer the patient non-alcoholic drinks or give him/her one. The person is intentionally providing alternative stimuli to drink, and takes the initiative in doing so.

Accepted implies the person did not actively encourage the client to not drink, but does respond in a way that is likely to be rewarding to the client not to do so. For example, the person may drink non-alcoholic drinks right along with the client, or let them know that they are fun to be with when they are not drinking. If the person both encourages and reinforces the client's not drinking, then the response should be coded as "encourages" (rather than accepted).

Neutral implies the person neither responds positively or negatively to the client's not drinking. The person neither encourages nor discourages it. The client has no idea how the person feels about his/her not drinking.

Didn't Accept implies the person has let the patient know that he or she disapproves of their not drinking, but doesn't make the continuation of their interaction contingent upon the client's drinking. May tell the patient that they are "less fun" or "no fun" to be around when they are not drinking.

Left or made you leave when you're not drinking. The other person will not remain in the client's presence when s/he is not drinking. Either the person leaves, or makes the client leave their presence.

Doesn't Know Client Isn't Drinking. This category is reserved for the infrequent occasions when the client would say s/he doesn't know how the other person feels about their drinking because this person doesn't know that the client no longer drinks.

Baseline information regarding responses to entering treatment, taking medication

Prior to treatment initiation, when the IPI interview occurs, people in the client's network may not yet know that the client has entered treatment, or may be taking medication (the client him/herself may not know this information either.) In either case, however, the client's expectancy about network member responses to these events may be just as important as their actual reactions. Therefore, the client should complete the following questions on the basis of the anticipated reactions of others in his/her network if he or she doesn't feel that they know what their actual responses have been. Either way, at follow-up the client will be queried again about the following questions. At that time, it will be clear whether initial reactions were in accord with the client's expectations.

How has the person felt about your coming for treatment?

Strongly supports my getting treatment. The person has initiated the suggestion on one or more occasions that the client get treatment.

Supports getting treatment. The person, while not initiating the idea that the patient should get treatment, has reacted only favorably to the event. Has let the client know in one or more ways that it is a good thing for the client to be doing.

Neutral, doesn't say, or hasn't indicated. Although the client knows that the person is aware that the client has initiated treatment, it is the client's perception that he or she does not know whether the person supports this effort.

Mixed. The patient has gotten contradictory signals from the person, indicating that the person may be ambivalent about it. While supporting the effort, the person indicates in one or more ways that there are negatives to doing so.

Opposes getting treatment. Has let the client know that seeking treatment is problematic in one or more ways, and has not indicated that he/she is supportive of it.

Strongly opposes getting treatment. Has indicated to the client that the basis of their relationship is jeopardized by the client seeking treatment.

Doesn't know that the client is getting treatment. The network member has no reaction to the client's seeking treatment because the client has not let the person know that treatment is being pursued.

How would the person feel about your taking medication for your drinking problem?

Would strongly support my taking medication. The person has initiated the suggestion on one or more occasions that the client try medication for curbing his drinking.

Would support taking medication. The person, while not initiating the idea that the patient should take medication for his/her drinking, would react only favorably to the event. Has let the client know in one or more ways that it would be a good thing for the client to be doing.

Neutral, doesn't say, or hasn't indicated. Although the client knows that the person is aware that medication may be involved in the client's treatment, the client doesn't know whether the person would be supportive of this effort.

Mixed. The patient has gotten contradictory signals from the person, indicating that the person may be ambivalent about it. While the person may be supportive of the effort, he/she indicates in one or more ways that there are negatives to doing so.

Would oppose taking medication. Has let the client know that using medication to treat his/her drinking would be problematic in one or more ways, and has not indicated in any way that he/she would be supportive of it.

Strongly opposes using medication. Has indicated to the client that the basis of their relationship would be jeopardized by the client's using medication for treating his/her drinking problem. Doesn't know that the client may take medication. The network member has no reaction to the client's taking medication because the client has not let the person know that this may be the case.

REASSESSMENT AT FOLLOW-UP INTERVALS

When the client is re-interviewed at follow-up, the format for administering the instrument is largely the same, with a few exceptions.

Information concerning the client's network is collected in the same way, with one exception. After the client has completed providing you with the people in their network, you compare this list with the one provided prior to treatment. The numbers you use to assign to the people in the network at follow-up should be those assigned to each person on the earlier form administered prior to treatment. (You will need to have the hard copy of the baseline interview with you when interviewing the client at follow-up).

After you have entered these numbers along side of the persons' names, you may find that some of the people listed are new to the network. They should be assigned new numbers in the order they were listed, starting with the first number available from where the earlier listing left off.

Once this listing has been completed, consult the prior list to determine whether anyone on this initial list has been omitted from the new list. Whenever you find such an instance, you follow-up by asking the following question: "When you provided us with this information earlier, you listed (person's name) as someone who you spent time with. During the past 6 months, have you continued to spend time with him/her?" If the answer is "no", you would not enter the person on the new list. However, if the answer is "yes", you would enter the person on the new list by name/relationship and number, and complete the rest of the information for that person as well.

You should add an asterisk after the number of any person who was on the original list but only got on to the follow-up list because of your prompt.

In getting the client's perceptions of the person at follow-up, you should remind them that the answers pertain to the person since the last IP administration, irrespective of what they might have been like prior to that time. In order to minimize any influence on this account, you should not share the client's prior responses with him/her at the present time.

CLOSING COMMENTS

Should the interviewer be unclear as how to code a client's response, the interviewer should record as much information as necessary to afford a later determination of the most appropriate response category. However, it is important to remember that it is the client's perception that is of interest.

Prior to terminating an interview session, be sure to ask the client if (s)he has any questions. If you, the interviewer, cannot answer the client's question(s), inform him/her that you will get back to him/her with the requisite information. Be certain to thank the client for his/her time and willingness to respond to your inquiries.

To complete the interview responses for data entry, be sure that all answers have been coded into one of the response categories available. There should be no blanks. Be sure every person entered has an assigned identity number.

If you have any questions as to how to score a particular answer, consult your supervisor. If neither of you can determine the right coding, e-mail me at Richard_Longabaugh@brown.edu. I will get back to you.