## Brief Situational Confidence Questionnaire (BSCQ) Instructions, Administration, and Scoring

The BSCQ is a state dependent measure that assesses self-confidence to resist the urge to drink heavily or use drugs in a variety of situations. A gambling version of the BSCQ also exists. The 8-item BSCQ, derived from the original 100-item Situational Confidence Questionnaire (SCQ), compares favorably to the original 100-item questionnaire and is available in English and Spanish. Based on Marlatt and Gordon's content analysis of clients' description of relapse determinants, the BSCQ includes eight situations: (1) negative emotional states; (2) negative physical states; (3) positive emotional states; (4) testing personal control; (5) urges and temptations; (6) interpersonal conflict; (7) social pressure; and (8) positive emotional states.

The BSCQ first asks people to imagine themselves as they are "right now" in each of the eight situations noted above. They are then asked to indicate on a visual analog scale how confident they are **at the present time** (i.e., right now) that they can resist the urge to drink heavily (the definition of heavy is purposely left up to the person to define) or to use drugs in each of the situations. Each of the 8 scale situations consists of a 100-mm line, anchored by 0% ("**not at all confident**") and 100% ("**totally confident**") where clients are asked to place an "X" along the line, from **0%** to **100%**.

### **Preparing the BSCQ Graph**

The intent in using the BSCQ is to identify and highlight client's 3 highest risk situations; that is, the 3 situations where they say they are the least confident to resist the urge to drink heavily or use drugs.

To create the graph, take the score (percent confidence) for each of the 8 scales and draw them in on the blank graph (use the file labeled **BSCQ Blank Graph**). For the 3 situations, where the client indicated having the least confidence (i.e., lowest percentage of confidence) highlight them in a different color (e.g., dark color) compared to the other 5 situations (e.g., light blue). To see a final sample graph open the file labeled **BSCQ Sample Graph**.

#### **How to Present BSCQ Profile Feedback to Clients**

Therapist can say "Based on one of the forms you filled out recently, the Brief Situational Confidence Questionnaire, I prepared a personalized graph showing your confidence that you could resist drinking in 8 different situations."

## Show the graph to the client and ask......

What do you see in terms of situations where you are showing high and low confidence to resist the urge to drink heavily or use drugs? From a motivational interviewing standpoint, asking the question in this way is intended to have clients give voice to where their level of self-confidence is with respect to different high-risk situations.

## Using High Risk Triggers Exercise with the BSCQ

For clients who also have completed the behavioral high risk/triggers exercise in relation to what has triggered their heavy drinking or drug in the last year, you can say "Now that we have looked at your BSCQ profile, tell me how your BSCQ profile of risk situations compares to your individual high-risk situations from Homework Exercise #2. What this graph shows is areas where you appear to be very confident to resist the urge to drink heavily or use drugs and 2 or 3 situations where you have also indicated you are least confident or vulnerable and thus need to be more on guard."

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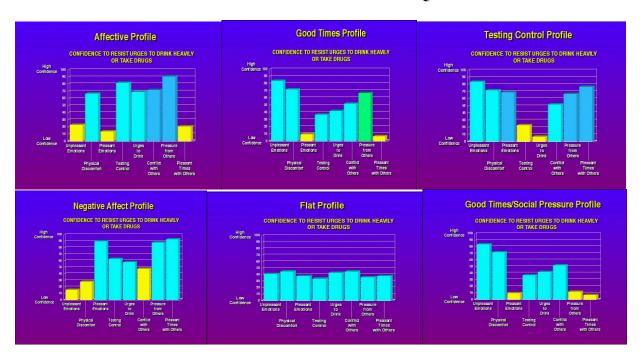
# **BSCQ Profiles**

Statistical analysis of clients' BSCQ scores yielded six different profile types. The six profile names and the scales that are affected are shown in the next box. Profile names (e.g., negative affect; good times) provide a shorthand clinical recognition of triggers for the client and therapists and can be used to help clients be more vigilant between sessions about their high-risk situations. For example, **therapists can say to a client** "You may find it helpful to think of ways to identify and plan for your lowest confidence situations in advance. For example, if you have little confidence that you can resist drinking heavily or using drugs in **social pressure situations**, you may want to avoid such situations or deal with them differently. You can also look at your daily alcohol or drug use calendar to see if your heavier drinking days or drug use occurred when you had trouble resisting urges to drink heavily or use drugs."

### **TYPES OF BSCQ PROFILES**

- . **GOOD TIMES**: good times alcohol/drug use = positive affective profile. **When the following two scales are low**: Pleasant emotions, Pleasant times with others
- . GOOD TIMES, SOCIAL PRESSURE: same as above with social pressure component. When the scale Pressure from others to use and at least 1 of the following 2 scales is low: Pleasant emotions, Pleasant times with others.
- . **NEGATIVE AFFECTIVE**: negative affective situations associated with risky alcohol/drug use. **When at least 2 of the following three scales are low**: Unpleasant emotions, Physical discomfort, Conflict with others
- . **TESTING PERSONAL CONTROL:** often associated with trying to limit one's alcohol/drug use. When the following two scales are low: Testing control and Urges to Use
- . **AFFECTIVE:** includes both positive and negative emotional states. When 2 of the following three scales are low: Unpleasant emotions, Pleasant emotions, Pleasant times with others
- . **UNDIFFERENTIATED FLAT**: often associated with daily drug/alcohol pattern. When all of the 8 three scales are of relatively equal value (typically low).

## Thumbnails Sketches of the Six BSCQ Profiles



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## What is the Value of the BSCQ for the Client?

The value of the BSCQ is that it can provide a short hand way for the therapist to communicate to the client what appear to be high risk trigger situations for alcohol/drug use that the client should be on guard for in the coming weeks.

**Therapists can say to the client**, "It appears that the 3 situations in which you have indicated that you **currently** have the least confidence are unpleasant emotions, conflict with others and physical discomfort. We call this a Negative Affect Profile."

**Therapists can then say to the client** "To better prepare yourself and to be on guard in the coming weeks what specific situations (e.g., fights with girlfriend, arguments with boss) can you think of that you might encounter between now and your next session that might involve negative emotions or cause you interpersonal conflict? **Therapists can then discuss these with the client.** At the next session, **therapists can ask clients** if any of these situations came up during the week and if so how the client handled them.

# Repeating the BSCQ: Evaluating Changes in Self-Confidence and Providing Feedback of Changes Over Time

Because the BSCQ is a state measure, assessing self-efficacy at the start of and during treatment will allow for an evaluation of increases or decreases in self-efficacy as a function of the intervention. The reason this is important is that several studies have shown that clients' self-efficacy at the end of treatment is associated with positive client outcomes. Thus, a goal of therapy is to help clients have a high level of self-confidence by the end of treatment. The file labeled **BSCQ Comparison Graphs** displays a client's assessment BSCQ scores and a client's BSCQ scores at another point in treatment. A BSCQ comparison graph provides a comparison of self-confidence scores at two different times. In this case, **therapists can ask the client** "How did these changes come about and how do you feel about the changes you made?" In motivational interviewing, this is referred to as having the client "give voice" to the change process. In addition, any BSCQ scales that are still low (i.e., situations where the client still lacks confidence to resist urges to use) can be a point of discussion between the therapist and client. **Therapists can ask the client** "What individual trigger situations do you still see as risky; that is, where you might use and how are you planning on handling them, or what has not worked in handling these situations up to now."