

This article (Luborsky et al., 1996) on the HAQ-II was based on a sample of 246 adult patients diagnosed with DSM-III-R cocaine dependence, and the results refer to the patient and therapist versions of the HAQ-II in a pilot study. The following is a quick analysis of scoring the HAQ-II based on the current paper.

As far as scoring goes, you add up the positively scored items and reverse score the negatively worded items, thus arriving at a total score. That is the score of the HAQ-II. For example, for item 1, if the score is 5 you add 5 to the total score since that item is positive, but in the case of item 4, for example, a score of 5 would add only 2, 1 is 6, 2 is 5, etc., to the total score since that is a negative and thus reverse-scored item. (Items 4, 8, 11, 16, and 19 should be reverse scored)

What does the final total score of the HAQ-II mean? We can begin to answer this looking at Table 1. The table shows mean scores based on session and whether the therapist or patient filled out the HAQ-II. Let's just look at session 2, since that has been regarded as a good session that one can look at alliance. The mean score based on patient reports is 5.15 +/- 0.58, with a minimum of 2.11 and a max of 6.00. To get the mean Total score, just multiply by 19, the amount of items on the scale. The therapist scores are generally lower, but studies have shown that the patient scores are most valid, so let's stick to those. Dr. Luborsky and I suggest that a good cutoff point for good versus poor alliance may be the mean score minus 1 standard deviation, so in this case that would be  $5.15 - 0.58 = 4.57$ . Translating this into a total score,  $4.57 \times 19 = 86.83$ . Tentatively, based on this study alone and on 2<sup>nd</sup> session patient reported alliance scores, 86.83 seems to be a good cutoff point, let's call it 86. So scores that fall below 86 are poor alliance. Of course, we will look at many more samples and studies before we come up with an official number.