ViVA Fidelity Rating (1-5)	1: Not observed/poor	2: Fair		3: Good	4. Very Good	5. Excellent
Material		Scale		Notes	Rating	
Introduction and Setting Agenda	<ul> <li>Welcomes the particle session. [is welcomin necessarily required say "welcome"; also that the counseling so coming after the assemeasures have been with the participant]</li> <li>Provides an overview session [stating the transferior session [stating the transferior session and also ask in participant has any question.</li> </ul>	to explicitly keep in mind ression is ressment a conducted wof the ropic is replaced by add to the ricipants if rons.	2 - 3 - Misserushed Oloverview; the agence 4- 5 - Does a	s an element OR seems R unclear/disorganized Takes too long to get to da		
Assessing Vaping Status and Primary/Weekl Goal Follow-up (i.e., quitting oreducing vaping)	participant to state the	e vaping  asks the heir goal from states the accuracy a X, do I have	2- 3 - Establ status this OR relate baseline l	nimal goal follow-up lishes change in vaping s week compared to goal ed current vaping to behavior; AND discusses e following:		

	whether the goal was achieved (if yes, through what strategies; if no, discuss and problem-solve).  • Discusses any positives(s)/negative(s) they have experienced since the last visit:  ○ Relating to the medication  ○ (positives = reduced craving/enjoyment; negatives = side effects)  ○ Relating to quitting/cutting down  ○ (positives = successes associated w/ behavioral goal or perceived benefits of quitting; negatives = challenges or withdrawal sx)  Note: For V1, there is no expectation to review a previous behavioral goal, but it is expected that baseline vaping behavior will be discussed	positives/negatives of medication OR positives/negatives related to behavioral goal OR positives/negatives related to vaping status OR there is limited follow-up 4-  5 - Goal directly reviewed, AND discusses all of the following: Discussion of strategies used AND positives/negatives of medication AND positives/negatives related to behavioral goal AND positives/negatives related to vaping status	
Homework	<ul> <li>Shares and discusses worksheet from prior session [doesn't have to "share screen" to "share" homework].</li> <li>Note: Rate as a "5" when N/A (i.e., session 1)</li> </ul>	<ul> <li>1 - No homework review</li> <li>2-</li> <li>3 - Asks about homework completion; reviews all parts of the worksheet but no substantive follow-up questions and does not facilitate any reflection</li> </ul>	

		5 - Asks about homework completion; prompts client to talk through all parts of worksheet; asks at least 1 substantive, open-ended question; if homework isn't completed: problem-solve homework completion; reviewing worksheets together in real-time	
Discussion of Session Topic	<ul> <li>Shows the session video.</li> <li>Asks participant questions relating to the video.</li> <li>Asks the participant to relate the session topic to their own experience.</li> <li>Encourages participant to engage in the discussion using reflecting, normalizing, empathy, and encouragement</li> </ul>	1- Very minimal discussion (absence of questions/attempts on the counselor's part)  2-  3 - Counselor asks questions about some parts of the video, but misses opportunities to discuss the core session topic; may also ask questions that promote the participant to make general reflections rather than personalized ones  4 - May be some missed opportunities to explore content ancillary to the core session topic  5 - Counselor is directive; promotes person to link the content to their own experience (facilitated with questions/attempts, even if participant doesn't reflect much in response)	

Medication Adherence	Discusses and troubleshoots medication adherence, side effects (if applicable), and medication tolerability. [80% is target level – may mean less discussion/ troubleshooting]  Note: V12 does not require a review of med adherence since not in the manual.	1 - Glosses over med adherence; minimal attempts to discuss (e.g., "looks like you're missing medication on the weekends", counselor accepts excuse without discussing further)  2-  3 - May not clearly state number of missed doses; offers ideas for problem solving without effort to elicit ideas from ptp; barriers may be identified but there is no effort to trouble-shoot  4 - Clearly states number of missed doses; identifies barriers; some effort to elicit ptp's ideas about how to trouble-shoot  5 - Reflection of actual medication adherence level; identification of any barriers (including side effects if relevant); elicits ideas from participant for troubleshooting med adherence	
Goal Setting	<ul> <li>Creates a plan with the participant for the following week.</li> <li>Shares current session worksheet and reminds participant to complete the worksheet. Troubleshoots homework completion if this is an issue</li> </ul>	1- Goal isn't really ptp's goal (counselor prescribed); goal isn't realistic (or is overly modest) in the context of previously set goals without counselor discussion  2-	

	<ul> <li>[counselor shares screen with client].</li> <li>Discusses goals to increase medication adherence (if applicable).</li> <li>Mentions target quit day (if applicable: weeks 1 and 2)</li> <li>Note: Rate as a "5" when N/A (i.e., V12)</li> </ul>	3 - Shakier behavioral goal related to vaping is the focus of discussion; may not have all SMART elements in goal; counselor does not initiate discussion to try to problem-solve around goal that ptp may have had difficulty with before  4 - Sets a fairly specific goal that includes problem-solving  5 - Discussion of SMART goal AND reminders about homework; troubleshoots med adherence; links to relevant session content discussed; ideally links weekly goal with overall vaping goal	
Session Summary	<ul> <li>Asks the participant to summarize key points of the session as well as the participant's plan for the following week.</li> <li>Reminds participant of any relevant information missed.</li> </ul>	1 - Doesn't ask for any summary/session reflection  2- Counselor provides summary without asking ptp  3 - Prompting summary for specific parts of the session (but not all); Rushed/glossed over/vague summary; lacking specifics; clear that ptp missed info but counselor didn't provide info  4-  5 - Prompts reflection on session (major points/biggest take-away)	

		1	-	
		at/near the end of session; evidence at <i>any</i> point in the session of the counselor encouraging the ptp to clearly and succinctly state behavioral goal(s) to address vaping reduction/cessation and/or strategies in own words; also reviews any plans for how to increase med adherence (if applicable)		
Interpersonal				
Counselor - Participant Relationship	<ul> <li>Has a positive relationship with the participant.</li> <li>Is considerate of the participant's personality, race, religion, culture.</li> <li>Encourages and respects the participant.</li> </ul>	1 - Invalidating, unsupportive; micro/macroaggressions; engages in a disagreement with ptp  2-  3 - Generally neutral tone by counselor regardless of what is going on with the participant (positive or negative); misses some opportunities for reinforcement/empathy but also not actively negative; acknowledgements without genuine empathy  4-  5 - Appropriately reinforces ptp effort and goal achievement/progress; actively demonstrates empathy; curious stance to resistance		

Communication	Effective and clearly communicates with the participant regarding:	1- Rambling and confusing explanations/ questions throughout; failure to check for understanding; factual inaccuracies; off topic 2- 3 - Rambling or confusing	
		explanations or questions (can be combinations of multiple questions), but ultimately clarifies (through rephrases or understanding checks)	
		5 - Clear, efficient presentation of session material; clear questions	
Listening	<ul> <li>Prompts participant in ways where they are actively engaging in and/or leading the conversation.</li> <li>Acknowledges any conflicts or issues the participant is experiencing with empathy and helps problem-solve when the participant consents to help.</li> </ul>	1 - No/inaccurate (without attempt to correct/check) reflection of ptp responses; misses ptp's interest in problem-solving (either imposing problem solving or doesn't take an opportunity to collaborate)  2-  3 - Only surface level reflections, OR repeating back ptp phrasing without adding/furthering conversation; OR could do a better job demonstrating understanding/empathy  4-	

		5 - Counselor uses normalization, empathy, and accurately reflects skillfully most/all of the time; checks understanding (e.g., "Do I have this right"); demonstrates openness to incorrect reflection (humility to correction); some examples of paraphrased reflections	
Organization	Introduces and switches between materials     (video/worksheet/instruments)     efficiently.     Covers 5 major topic areas:         Past week behavioral goal         Homework         New session content         New behavioral goal         Medication adherence within the 20-minute session	1- 3 or more major topic areas missed; disjointed session content (i.e., organization of the session disrupts client learning); 30+ minute session  2- > 25 minute < 30 minute session OR missing at least 2 major topic areas of content OR moderately disjointed OR awkward transitions  3 - One major content areas not introduced OR choppy or slow transitions between components; 25-minute session max  4-  5 - All major topic areas introduced; smooth transitions between sections of session; session proceeds smoothly and remains within time limit (20 min)	