

## **Attachment B**

### **Site Visit Protocol and Interview Guide**

## NATIONAL EVALUATION OF THE ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK

### Site Visit Protocol Guidelines and Instructions

The *Site Visit Protocol* is the data collection instrument that will be used by the national ATTC evaluation team to collect data from the 14 Addiction Technology Transfer Centers and the National Coordinating Center during on-site visits. The data collected during the site visit will contribute to the Planning and Partnering Substudy of the ATTC evaluation.

The purpose of each site visit is to understand the ATTC's program planning processes and how the ATTC establishes priorities within its region. During the site visit, the national evaluation team will identify the local, State, national, and Federal partners that collaborate with the ATTC in the planning and delivery of services and collect data on how the ATTC acquires and leverages resources to serve State and regional needs. Finally, the evaluation team will collect information about the range of services delivered by the ATTC and the technology transfer objectives for these services. The evaluation team will ask how the ATTC decides on the technology transfer objective for specific types of services and whether the ATTC groups, or bundles, services to meet particular objectives.

Two members of the ATTC evaluation team—a lead site visitor and associate site visitor—will be assigned to conduct each site visit, which will occur over a two- to three-day period. The responsibilities of each member of the site visit team are shown in Table 1 below.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 1.5 hours per interview, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

**Table 1. Site Visitor Responsibilities**

Lead Site Visitor Responsibilities	Associate Site Visitor Responsibilities
<ul style="list-style-type: none"> <li>• Contacts the ATTC director at least 6 weeks in advance of the intended site visit to explain the purpose and schedule the dates of the visit.</li> <li>• Coordinates with the ATTC director (or his or her designee) to identify individuals who will be interviewed and develop an agenda for the visit.</li> <li>• Arranges for a two-hour focus group with ATTC field staff (full- or part-time staff who serve as the ATTC’s liaisons with States in the region).</li> <li>• Leads selected interviews and the focus group, with support from the associate site visitor.</li> <li>• Takes detailed notes of the interviews.</li> <li>• If needed, follows up with ATTC staff after returning from the site visit to fill gaps in the information collected.</li> <li>• Drafts the site visit report, in collaboration with the associate site visitor, and sends it to the director of the Planning and Partnering Substudy for review.</li> <li>• Revises the draft report to respond to comments received from the Substudy director.</li> <li>• Sends the revised report to the ATTC director for review to ensure accuracy and completeness of the data.</li> <li>• Finalizes the site visit report after receiving comments from the ATTC.</li> </ul>	<ul style="list-style-type: none"> <li>• Supports the lead site visitor in all interviews, which includes asking questions and taking detailed notes.</li> <li>• Leads selected interviews, as agreed upon with lead site visitor.</li> <li>• Supports the lead site visitor in the focus group.</li> <li>• Compares notes with the lead site visitor during and after the visit to ensure data consistency.</li> <li>• Writes portions of the site visit report.</li> </ul>

For scheduling purposes, it will be important to arrange the site visit during a time that the ATTC director, ATTC evaluator, and key ATTC staff, including field staff, will be available. The lead site visitor should schedule the site visit during a time when all staff will be on site at the ATTC’s offices. If field staff are not scheduled to be at the ATTC’s offices, the lead site visitor should ask the ATTC director whether arrangements could be made to bring these staff to the ATTC to participate in the site visit (see script for initial contact). The focus group will be conducted using the *Focus Group Protocol*.

## **A. Sources of Data**

Two critical elements of a successful site visit are 1) to become familiar with and knowledgeable about the ATTC before the site visit by reviewing available program documents and materials and 2) to collect all of the information that may be important to the topics of inquiry while on site. The following summarizes the expectations related to site visit preparation and data collection.

*Note to interviewers: Highlighted comments are not to be read as part of the interview guide.*

### ***Program Documents and Materials***

Prior to the site visit, the site visitor should collect and analyze relevant documents. These include: the ATTC's 2007 funded application, Annual Work Plan (if one exists), project website, Advisory Board membership lists, workforce survey reports, and training schedules and catalog. When scheduling the site visit, the site visitor should request other ATTC-specific documents in advance or ask that copies be provided on site. These include: county or State strategic plans, county or State needs assessments, partnership agreements, or other documents identified in collaboration with the ATTC project director as being instrumental to the ATTC's planning and partnering processes.

The *Site Visit Protocol* identifies the key informants and program documents that may be relevant for each set of questions. An asterisk (\*) preceding the question indicates that one data source for the question is likely to be a program document. A plus sign (+) preceding a question designates a question that is specifically for the ATTC evaluator.

### ***Key Informants***

Key informants, or interviewees, should include individuals who perform the following job functions (note that the same individual may serve more than one role):

- ATTC director
- ATTC associate director or program manager
- ATTC evaluator
- Training coordinator
- Coordinator for the National Institute on Drug Abuse (NIDA) Blending Initiative
- Technology transfer specialists
- Other region-specific key informants (e.g., tribal leaders, cultural experts)

Site visitors should also interview other staff associated with the ATTC who have a role in planning ATTC services. These individuals may include:

- Staff affiliated with the lead agency (e.g., university) for the ATTC
- Members of the ATTC’s regional advisory board
- Partner organizations

It may not be possible to schedule face-to-face interviews with everyone associated with the ATTC, as these individuals and organizations are likely to be located throughout the ATTC region. If possible, however, interviews should be scheduled with those who are located in close proximity to the ATTC. Site visitors will schedule key informant interviews with others by telephone (see *Key Informant Interview Guide*).

Guidance regarding the length of the interviews with each key informant is provided below (see Table 2). However, these timeframes are estimates only, and site visitors should be flexible in scheduling interviews. Some key informants may have multiple roles, and therefore the time needed to interview these individuals could be longer.

**Table 2. Illustrative Interview Schedule**

Key Informant Type	# of Hours	Name and Title	Date and Time
ATTC Project Director	2		
ATTC Program Manager or Associate Director	2		
ATTC Evaluator	1.5		
Training Coordinator	1		
NIDA Blending Initiative Coordinator	1		
Technology Transfer Specialists	1		
Others	0.5 - 1		

## **B. Topics of Inquiry**

There are 12 topics of inquiry, covering background information on the respondent, background information on the ATTC, ATTC goals, organization and structure of the ATTC, the ATTC Advisory Board, planning and priority setting, ATTC partners, service delivery, technology transfer strategies, ATTC funding, program evaluation, and challenges and successes. Specific questions, along with intended respondents and other possible data sources, associated with each topic of inquiry are provided later in this protocol. While answers to the questions in the *Site Visit Protocol* will come primarily from the ATTC director and ATTC staff, answers to some questions will be available in program documents (e.g., the number of States in the ATTC region).

## **C. Site Visit Reports**

Site visit reports should follow the same heading structure as the *Site Visit Protocol* and should also include the five tables provided in the Appendix. The report may also include other tables or diagrams (e.g., organization charts), as appropriate to each section.

Site visitors are encouraged to begin the analysis and report-writing process immediately after the site visit. This will enable site visitors to determine quickly whether any follow-up is needed with the ATTC to fill in data gaps. Site visit reports should be completed no later than 10 days following the site visit.

Following the site visit, the lead site visitor should send the draft report to the Substudy director, who will review it and send it back with comments and questions. After revising the report, the lead site visitor should then email the revised draft to the ATTC director and ask that he or she review it for accuracy and completeness. The lead site visitor should ask the ATTC director to send comments on the report within 2 weeks. After receiving comments, the lead site visitor should prepare the final site visit report, making changes as appropriate based on comments received.

## **Script for Initial Telephone Call with the ATTC Director**

Hello, my name is [Name] from [Name of Company]. I am a member of the team that is conducting the National Evaluation of the ATTC Network under contract with the Center for Substance Abuse Treatment.

As you may know, the goals of the evaluation are to:

- Identify the successes of technology transfer efforts and build upon them in the future;
- Share lessons learned across ATTC regions for the improvement of all regions' activities; and
- Identify region-specific and cross-regional processes and outcomes.

One of the first activities of the evaluation is to conduct an on-site visit to each ATTC. The site visit will last three days and will involve interviews with you and others on the ATTC staff, as well as a 2-hour focus group with field staff who serve as liaisons with States in your region. The main purpose of the site visit is to understand the ATTC's processes and procedures related to planning, partnering, and providing ATTC services and activities.

I am calling to discuss potential dates for the site visit, and I'd also like to review the topics we plan to cover during the visit, so that we can begin to work together on developing an agenda.

We would like to conduct the site visit within the next 6 weeks. Are there specific dates that are preferable for you for our visit? [The ATTC director may have to check his calendar and the availability of other staff before giving you specific dates. If this is the case, ask when you could call him/her back to discuss dates, or ask him/her that he call you or send you an email with these dates.]

During the interview we will cover the following broad topics:

- ATTC goals
- Organization and structure of the ATTC
- The ATTC Advisory Board
- Planning and priority setting
- ATTC partners
- Service delivery
- Technology transfer strategies
- ATTC funding
- Program evaluation
- Challenges and successes of the ATTC to date

### **Script for Initial Telephone Call with the ATTC Director (cont'd)**

As the ATTC director, you will probably be able to provide us information related to most of these topics, and we would like to schedule a 2-hour interview with you on the first morning of our visit, and another hour at the end for a debriefing. Can you give me the names of other staff whom we should interview?

Would you prefer that we contact these individuals ourselves to schedule the interviews, or would you rather arrange the agenda for us? [If the director would like you to schedule the interviews, ask for telephone numbers and email addresses for all staff. The director may also ask you to contact someone else at the ATTC who will work with you to arrange the site visit agenda.]

As I mentioned earlier, we would also like to conduct a focus group with the ATTC's field staff, and therefore we would prefer to schedule the site visit during a time when these staff will be at the ATTC. Can the field staff be available at the ATTC's offices during our site visit? If convenient for you and the staff, we would like to schedule the focus group for the morning of the last day of our site visit.

Thank you for working with me to schedule the site visit. We look forward to meeting with you and others on the ATTC staff. Please don't hesitate to call or contact me by email if you have any questions about the evaluation or the site visit. [Provide your telephone number and email address.]

## Site Visit Protocol - Face Sheet

<b>Date of Site Visit:</b>	_____
<b>Lead Site Visitor:</b>	_____
<b>Associate Site Visitor:</b>	_____

<b>Name of ATTC:</b>	_____
<b>Lead Organization:</b>	_____
<b>States in ATTC Region:</b>	_____
<b>New States in Region (with current award):</b>	_____
<b>ATTC Funding Since:</b>	_____

Respondent (# of hrs)	Name and Title	Date of Interview
<b>ATTC Director (2):</b>	_____	_____
<b>ATTC Associate Director/ Program Manager (1-2):</b>	_____	_____
<b>ATTC Evaluator (1):</b>	_____	_____
<b>Training Coordinator(s) (1):</b>	_____	_____
<b>NIDA Blending Initiative Coordinator (1):</b>	_____	_____
<b>Technology Transfer Specialists (1):</b>	_____	_____
<b>Others (0.5 - 1):</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

## Interview Guide

### SECTION 1: PARTICIPANT INFORMATION

(All)

1. What is your position title?
2. How long have you been in this position?
3. What are the responsibilities of this position?
4. How long have you been with this ATTC?
5. What was your previous position?
6. How long were you in that position?
7. How long have you been in the addictions field?
8. Is this a “second career” for you? If so, what was your previous field or discipline?

### SECTION 2: BACKGROUND INFORMATION OF THE ATTC

(ATTC Director,  
Associate Director,  
Funded Grant  
Application, ATTC  
Website, Census  
Data)

9. \*When did the ATTC first receive SAMHSA/CSAT funding?
10. Did the ATTC exist prior to receiving funding from SAMHSA/CSAT? If so, what was the prior program? When did it begin? What was (were) the source(s) of funding?
11. \*What States are currently in the ATTC region?
12. \*Which States, if any, are new to the region in the current funding cycle?
13. \*What is the geographic size of the region – e.g., square miles?
14. \*What is the population of the region?
15. \*How many a) treatment providers and b) recovery support providers are in the region?

16. \*Who are the major target audiences for the ATTC?  
*Probe for: Primary and secondary audiences.*

### **SECTION 3: ATTC GOALS AND OVERVIEW OF ACTIVITIES/ SERVICES**

**(ATTC Director,  
Associate  
Director,  
Funded Grant  
Application,  
ATTC Work  
Plan, GPRA)**

#### **Program Goals:**

17. \*What are the goals of the ATTC?
18. Have the goals of the ATTC changed over time? If so, how have they changed and what are the reasons for the change?
19. How are these goals established?  
Probe for whether goals are set by CSAT, by the ATTC, by the Advisory Board, by States, by treatment providers, by other stakeholders within the region, or by some combination of these stakeholders.
20. Are the goals of the ATTC likely to change during the five-year funding period? If so, how often, and what would influence any change in ATTC goals?

#### **Overview of ATTC Services/Activities:**

21. \*What is the range of services/activities the ATTC is engaged in (e.g., classroom training, online courses, technical assistance, meetings/conferences, academic programming, research dissemination, product development, partnership development, other)? What would you estimate is the relative percentage of ATTC effort that goes into your 3 or 4 major types of activities?
22. \*How many individuals participate in ATTC services each year? Are the number that participate in services what you would expect?
23. Where are services delivered?
24. Are services initiated by the ATTC or by the individuals or organizations the ATTC serves?

25. Are there specific key issues or conditions within the region as a whole and/or in specific States that influence the range and type of ATTC services and how they are provided?

*Probe for: Whether geography or size of the region affects how services are provided.*

26. Are there other organizations within your region or within individual States that provide services and activities that are similar to those provided by the ATTC? Who are they? Do you consider these organizations your competitors? Why or why not?

**Outreach and Publicity Efforts:**

27. How are individuals and organizations within the ATTC region informed about the ATTC's services?

28. What mechanisms are used to publicize or promote ATTC activities? Probe for: ATTC website, brochures, posters, etc. Request a copy of promotional materials.

29. Are other organizations/agencies within the region involved in outreach for the ATTC?

**SECTION 4: ORGANIZATION AND STRUCTURE**

**(ATTC Director, Associate Director, ATTC Evaluator [as designated by a +], Funded Grant Application, Organization Chart, Strategic Plan)**

**Organizational Structure:**

30. \*What organization or institution is the lead agency for the ATTC?

31. Is this organization/institution also the fiscal agent?

32. Where does the ATTC sit within the institution's organizational structure?

*Probe for: University center, department, medical school, etc.*

*Ask for a chart that shows where the ATTC sits within the larger institution.*

33. What is the organizational structure of the ATTC?

*Ask for an organization chart for the ATTC.*

**Staffing Structure:**

34. \*What is the management structure of the ATTC?
35. Please describe the number of ATTC staff and their roles and responsibilities.
36. Which of these staff are full-time? Are any staff part-time? Are any volunteers?
37. Are any staff also employed by other agencies, organizations, or partners?
38. Are there specific qualifications required for staff of the ATTC? Probe for previous experience in the addictions field, specific degrees, certification.
39. What percent of your staff, both full and part time, turn over in a typical year? Over two years?
40. Where are the ATTC staff located?  
*Probe for: Whether all staff are co-located or located in different parts of the region.*
41. If some staff, are dispersed throughout the region, in what organizations are field staff located?
42. How often are meetings held with the entire ATTC staff?
43. What is the purpose of these meetings?
44. To what extent do meetings address planning and service delivery issues?

**External Influences on Organizational Structure and Staffing of the ATTC:**

45. +How has the type of institution where the ATTC is housed affected:
  - a) The organizational structure of the ATTC?
  - b) The services of the ATTC?
  - c) The staffing of the ATTC?
46. +Are there other issues or conditions within the region that influence how the ATTC is organized?

**SECTION 5: ATTC ADVISORY BOARD**

**(ATTC Director, Associate Director, Advisory Board agendas, Minutes, Rosters, Bylaws)**

47. \*Is there an advisory board for the ATTC?

48. What role does it have?  
*Probe for: Whether the advisory board has procedural/operational guidelines, bylaws, etc. and, if available, request a copy.*
49. \*What is the composition of the board and how are members selected?  
*Ask for a list of advisory board members, their contact information (name, organizational affiliation, address, phone number, e-mail address), and the disciplines they represent. Complete Tables A1 and A2 in the Appendix.*
50. What is the membership term?  
*If no formal “term limits” exist, probe for how long board members typically stay involved.*
51. How often does the advisory board meet face-to-face?
52. How often does the advisory board meet via conference call, or some method other than face to face?
53. Do ATTC staff consult with advisory board members at times other than scheduled meetings or conference calls? If so, for what purpose?  
*Probe for: Specific examples of when and why this occurs.*

## **SECTION 6: PLANNING AND PRIORITY SETTING**

**(All respondents, Funded Grant Application, Strategic Plan, Needs Assessments)**

### **Overall Planning and Priority Setting Process:**

54. How does the ATTC plan its overall service delivery program? Who is involved in this process?  
*Probe for: Whether planning occurs on an annual basis (or with some other frequency) and at what point in the year?*  
*Probe for: Whether a formal needs assessment is conducted? If so, what does this involve?*  
*Probe for: Involvement of the ATTC Advisory Board? ATTC staff? SSA directors? Other regional stakeholders?*
55. What role do each of the participants have in the planning process?  
*Complete Table A3 (see Appendix).*

56. What role does the CSAT project officer have in the ATTC's planning process? Are other CSAT staff involved? Other Federal agencies?
57. How does the ATTC set priorities among the various needs in the region? Who participates in this process?
58. How is CSAT involved in setting priorities for the ATTC?
59. Does the ATTC involve the SSAs in planning and priority setting? If so, how does this occur?
60. How often do priorities change and what are the circumstances that lead to these changes?  
*Ask for examples of priority changes and the circumstances that led to them? Distinguish between changes in priorities vs. changes in a specific activity or event. Priorities are meant to be more general, potentially involving a number of activities or events.*
61. Does the ATTC have a work plan (or strategic plan) that is developed from the planning process? If so, what time period does it cover?  
*If available, request a copy of the work plan.*
62. \*What components are included in the work plan?  
*Probe for: Mission of the ATTC? ATTC goals? Strategies for achieving goals? Action steps? Measures for assessing progress toward achieving goals?*
63. How often is the work plan updated?
64. How is the work plan used?  
*Probe for: Using the plan to guide program planning and service delivery? To allocate resources? To measure achievement of ATTC goals?*
65. To whom has the work plan been disseminated?
66. Aside from the planning process, what role do the Advisory Board, ATTC staff, SSA directors, and other stakeholders have in deciding on the priorities of the ATTC?

**Workforce Survey (ATTC Director, Associate Director, ATTC Evaluator):**

67. When does the ATTC plan to conduct its workforce survey in the current 5-year funding period?

*If not sure, probe for: What considerations or influences will determine this (i.e. what they are waiting for in order to decide).*

68. When will the results of the region's workforce survey be available?
69. How will the ATTC use the survey data and findings?
70. Will this be the first time a workforce survey has been conducted by the ATTC? In the region? If not, when was the last survey conducted and what part of the ATTC region and treatment workforce did it cover?
71. If a previous survey was conducted, how has the ATTC used the survey findings? How have other organizations/agencies used the survey findings?

**Best Practices:**

72. In your opinion, are there specific planning processes that the ATTC has implemented that you would consider "best practices"? Why?

**SECTION 7: ATTC PARTNERS**

**(ATTC Director, Associate Director, Partnership Agreements, Committee Meeting Agendas, ATTC Work Plans, Strategic Plan)**

**Planning Committees and Consortia:**

73. In addition to the Advisory Board, does the ATTC have other committees or consortia that collaborate with the ATTC for planning purposes?
74. If so, what is the composition of these committees/consortia?  
*Ask for a list of the members of each committee/consortium.*
75. When were these committees/consortia created?
76. How often do they meet?
77. Do the committees/consortia have other roles in addition to planning?

**Other Partners and Collaborators in the Delivery of Services:**

78. At present, what organizations and/or agencies is the ATTC collaborating with to provide technology transfer services?  
*Probe for: Local, State, and Federal partners.*

*Complete Table A4 (see Appendix).*

79. How long has the ATTC partnered with each organization/agency?

80. What services/activities is each partner collaborating on?
81. What is each partner's role?  
*Complete Table A4 (see Appendix).*
82. Are any formal or informal agreements in place related to these collaborations?
83. \*Do organizational or agency partners provide funding to help support ATTC activities?  
*If so, ask for details of these funding arrangements – e.g., how much, for how long, to cover what activities?*
- Remind respondents of the privacy of their responses—i.e., no individual ATTC will be associated with a specific response to any of these questions AND the evaluation is not focusing on specific regions, but rather, the full ATTC Network.*
84. Does the ATTC provide funding or other resources to any of its partners to support their collaboration with the ATTC?  
*If so, ask for details of these funding arrangements – e.g., how much, for how long, to cover what activities?*
85. Are there other organizations that the ATTC plans to collaborate with in the future?  
*If so, for what purpose?*
86. Are there organizations/agencies that the ATTC has wanted to collaborate with, but has not been able to, to date?

**Processes of Building New Partnerships and Relationships:**

87. How has the ATTC gone about building new partnerships or relationships—e.g., with new State directors (e.g., when there is turnover)? With new States (for ATTCs that have had new States added to their regions)? With new organizational partners?  
*Probe for: Specific activities that were involved in building relationships with States that are new to the ATTC region.*
- Ask for examples of two new partners (including SSAs) and the activities that went into building a relationship with the partner.*
88. When the director of the SSA turns over or when the ATTC has had to build a relationship with a new State in the region, what has been important to the ATTC's success in building this relationship?

89. Has the ATTC ever tried to build a new relationship or partnership and not been as successful as you would like? If so, why were the ATTC's efforts not entirely successful?
90. What would you recommend that other ATTCs do when they are faced with having to build new relationships?

**Best Practices:**

91. In your opinion, are there specific practices that the ATTC has used that you would consider "best practices" for building and maintaining successful collaborative relationships with States? With organizational partners? With other stakeholders?

**SECTION 7: SERVICE DELIVERY**

**(ATTC Director,  
Associate Director,  
Technology Transfer  
Specialists, NIDA  
Blending Initiative  
Coordinator, ATTC  
Evaluator)**

92. \*What activities and services has the ATTC planned to provide during the first year of its grant?  
*Complete Table A5 (see Appendix).*
93. What are the principal components of each activity/service?  
*Probe for: Name of activity/service, duration of activity (e.g., 2-day training), frequency of activity (e.g., same activity offered 2 times during the year).*
94. Who is the target audience for each activity/service?
95. Has the ATTC planned its services for Year 2? If so, what activities and services will the ATTC provide in the second year of the grant? What are the principal components of each activity/service? Target audience(s)?  
*Probe for: The reasons for any differences in Year 1 and Year 2 activities/services.*
96. How did the ATTC decide on the activities and services it would provide each year?
97. What influenced the types and mix of activities and services the ATTC is providing?

98. Are there specific activities that the ATTC is providing that are aimed at preparing the treatment and recovery workforce to deliver services in recovery-oriented systems of care?
99. Are there regional needs that are within the mission of the ATTC that cannot be met because of resource constraints or staff capacity issues?

**NIDA Blending Initiative:**

100. \*How many NIDA-funded Clinical Trials Network (CTN) nodes are located in your region? Do you work closely with any of them? How, or in what topical areas?

*Probe for: Examples and relate back to previous discussion about partners and collaborators.*

101. \*Are there particular evidence-based practices (EBPs) in addictions treatment that are the focus of the ATTC's activities? Which EBPs are you focusing on? What services/activities are related to these EBPs?

102. What activities does your ATTC provide to support the NIDA Blending Initiative?

103. What ATTC staff are involved in these activities?

104. Are you working with other regional ATTCs? Which ones and on which EBPs?

105. Which ATTC partners work with the ATTC to support the Blending Initiative? For each, what is their role?

**Bundling of ATTC Activities and Services:**

106. Does the ATTC "bundle" activities and services within a topical/content area and, if so, how is this done?

*Note: Bundling means that multiple activities and services are connected to each other—e.g., training that is followed by technical assistance on the same topic; development of products that support training or technical assistance, etc.; or activities/services aimed at raising awareness followed by activities/services that are aimed at skill building and/or practice change.*

107. What activities/services address:
- a) Regional needs?
  - b) State needs?
  - c) National needs?

108. What determines this mix of services?

### **Immediate Service Needs:**

109. Are some activities planned well in advance and others planned in response to more immediate issues or needs as they arise?

*Ask for examples of each, including 2-3 examples of activities that occur in response to immediate needs.*

110. How does the ATTC become aware of these immediate needs and what are the factors that affect decision making about whether the ATTC will respond to these needs or service requests?

*Probe for: Whether requests from particular entities/individuals (SSAs, CSAT) have higher priority. If an explicit set of criteria or decision tree exists, request a copy.*

111. What proportion of the ATTC's activities is planned in advance vs. activities that are responsive to more immediate needs?

112. Is there a formal stance taken on this proportion, or some notion that a certain proportion of resources are reserved for immediate needs? If not, how do immediate needs fit in or affect more formally developed service plans? Do they force revisions?

113. Are there occasions when the ATTC is asked to provide a service to meet a specific, targeted need and is not able to provide the service? If so, how often does this happen and what are the reasons why the service cannot be provided?

*Probe for: Resource constraints? Staff capacity? Requests that fall outside the mission of the ATTC? Other reasons?*

### **Coordination of Services:**

114. How does the ATTC avoid duplicating efforts of other agencies and organizations within the region—e.g., SSAs, CAPTs, NIATx or other discretionary funding grantees, other HHS training centers, etc.?

115. How does the ATTC collaborate with other organizations in delivering its services?

*Ask for examples of collaboration with each of these agencies/organizations. If they are discretionary funding grantees, be explicit about the funding agency (e.g., CSAT, NIDA) and the discretionary grant program (e.g., SBIRT, CTN).*

116. How does the ATTC collaborate or coordinate with other ATTCs to provide services? Please explain.

**Best Practices:**

117. In your opinion, are there specific practices that the ATTC has used that you would consider “best practices” for delivering services within the region?

**SECTION 9: TECHNOLOGY TRANSFER STRATEGIES**

**(ATTC Director,  
Associate Director,  
Technology Transfer  
Specialists, Blending  
Initiative Coordinator,  
ATTC Evaluator,  
Strategic Plan, ATTC  
Work Plan)**

118. In general, what are the expected outcomes of the ATTC’s technology transfer activities?
119. What are the technology transfer objective(s) for each of the ATTC’s activities/services?  
*Complete Table A3 (see Appendix). We are not looking for narrative statements of TT objectives here but, rather, a selection among the 3 TT objectives specified in the evaluation logic model: (a) awareness raising, (b) skill building, or (c) practice change.*
120. How does the ATTC decide on the specific technology transfer objective(s) for each of its activities?
121. Are the Advisory Board and/or other planning committees involved in these decisions?
122. What proportion of ATTC activities fall within each technology transfer objective—awareness raising, skill building, changing practice?  
*Refer to February 2007 Activity Inventory for this ATTC, if available, when asking this question.*
123. Has the emphasis on these different technology transfer objectives changed over time? If so, how and why? Do you see it changing during the 4 or 5 years remaining in the current funding period? If so, how and why?
124. What range of technologies does the ATTC use to provide services?  
*Probe for: Online courses, Web conferencing, video/audio teleconferencing, CD-ROM, streaming video, information dissemination via ATTC website, etc.*
125. How does the ATTC select the technology transfer strategies to use?

**Best Practices:**

126. In your opinion, are there specific strategies that the ATTC has used that you would consider “best practices” for technology transfer?

**SECTION 10: ATTC FUNDING**

**(ATTC Director, Funded Grant Application, ATTC Work Plan)**

127. \*What is the ATTC’s total budget?

*Ask for a copy of the budget.*

128. What are the ATTC’s current and anticipated sources of funding in the current year?

129. What amount is from what source?

130. Are certain funding sources designated for particular activities?

131. What proportion of the ATTC’s budget is the ATTC grant it receives from SAMHSA/CSAT?

132. Has the ATTC been able to leverage its SAMHSA/CSAT grant to obtain resources from other sources? Please explain.

133. Does the ATTC receive revenue (tuition, fees) from any of its activities/services? How much and for what?

134. What are the ATTC’s greatest resource needs?

**SECTION 11: PROGRAM EVALUATION**

**(ATTC Director, Evaluator, Evaluation Plan, Evaluation Reports)**

135. Is there a formal, written evaluation plan for the ATTC? How long a period of time does it cover? Is it shared with or reviewed by anyone?

*Request a copy.*

136. What kinds of data are routinely collected to monitor and evaluate ATTC activities and services?

137. Who collects the data?

138. How are the data maintained (computerized or on paper)?
139. What is done with the data that are collected? How are the data used?
140. Does the ATTC prepare evaluation reports? If so, what reports? How often?  
With whom are the reports shared?  
*Request copies of any reports that are available.*
141. From your perspective, what could the ATTC do to improve its services and activities?
142. From your perspective, what could the ATTC do to enhance the outcomes of its activities and services?

## **SECTION 12: CHALLENGES AND SUCCESSES**

**(ATTC Director, Associate Director, ATTC Evaluator, Evaluation Reports)**

143. What have been the ATTC's major challenges?
144. How have these challenges been overcome (if at all)?
145. What do you consider the biggest success(es) of the ATTC so far? What factor(s) led to this success?
146. If you could make any change in the way the ATTC plans and provides its services, what would it be and why?
147. Is there anything you would like to add to what we have already discussed?

## **APPENDIX**

**Table A1: Types of Organizations Represented on the ATTC Advisory Board, Fiscal Year 2008**

Type of Organization	Number of Individuals	% of Total
Addiction Education (College/ University)		
Certification Board		
Child Welfare		
Criminal Justice		
Federal Agency		
Healthcare Agency/Organization		
Professional Association		
Recovery Organization		
Research Center/ Organization		
SSA		
Treatment Provider Organization		
Other: _____		
Other: _____		
TOTAL		

**Table A2. Disciplines Represented on the ATTC Advisory Board, Fiscal Year 2008**

<b>Discipline</b>	<b>Number of Individuals</b>	<b>% of Total</b>
Addiction Research		
Addiction Treatment		
Counseling		
Criminal Justice		
Education		
General Medicine/Primary Care		
Law		
Mental Health		
Nursing		
Psychology		
Substance Abuse Prevention		
Other: _____		
Other: _____		
Other: _____		
<b>TOTAL</b>		





**Table A5. Activities and Services Provided by the [Name of ATTC], Fiscal Year 2008**

Activity/Service	Principal Components of Activity/Service	Tech Transfer Objective(s) (a) Awareness (b) Skill Building (c) Practice Change	Organizational or Agency Partners	Frequency (# of Times Provided During Year)	Target Population
<b>REGION-WIDE ACTIVITIES</b>					
<b>STATE-SPECIFIC ACTIVITIES</b>					
<b>NATIONAL ACTIVITIES</b>					

**Attachment C**

**Focus Group Protocol**

## NATIONAL EVALUATION OF THE ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK

### Focus Group Protocol General Guidelines for Conducting Focus Groups with ATTC Field Staff

The national evaluation of the Addiction Technology Transfer Center Network includes focus groups with ATTC field staff at each ATTC. These two-hour focus groups will be conducted during three-day site visits to each ATTC. The purpose of the focus groups is to gather information about the technology transfer process at each ATTC, including how ATTCs plan and deliver services within their regions and how staff participate in the planning and service delivery process. Focus group participants will also be asked to identify potential best practices in planning and service delivery, and to offer suggestions about how planning and service delivery processes could be improved.

The lead site visitor will arrange the focus group, with assistance from the ATTC director, while planning for the site visit (see *Site Visit Protocol*) and may contact ATTC field staff individually before the visit to discuss the purpose of the focus group and ask for their participation. Each staff person should be given a copy of the consent form and be asked to read and sign it before the focus group begins.

During the focus group, participants will be asked to offer their opinions about a number of topics. In some instances, individuals' opinions may be erroneous or misinformed. However, it is important for the focus group moderator to understand that the discussion is not about right or wrong answers. Instead, the purpose is to uncover ideas and opinions about ATTC planning and service delivery practices. Participants should be encouraged to be honest and will be guaranteed privacy.

The Focus Group Protocol includes four main sections and a series of questions within each section. The role of the focus group moderator is to facilitate the discussion so that all topics of interest are addressed. However, the questions do not need to be asked word-for-word or in order. Often the discussion happens in a circuitous manner, depending on the individuals involved and their interest in and knowledge of the topic areas. The moderator should be familiar with all questions on the protocol and return to topics that are "skipped over" in the course of the discussion.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 2 hours per group, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## **INFORMED CONSENT FORM: ATTC STAFF**

### **Voluntary Consent to Participate in a Focus Group: Discussing the ATTC and Your Role in the ATTC's Planning and Service Delivery Process**

#### **INTRODUCTION**

You are being invited to take part in a focus group that is being conducted as part of the national evaluation of the Addiction Technology Transfer Center (ATTC) Network. A focus group is a small group discussion of 4-6 people. You have been asked to participate because you are a staff member who works for the ATTC and serves as a liaison with one or more States in the ATTC region or with one or more of the ATTC's potential target audiences.

Focus groups are being held with staff at each ATTC during site visits that are being conducted for the national evaluation. The Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration, is sponsoring this study. The MANILA Consulting Group, a research company in McLean, Virginia, along with two subcontractors—RMC Research Corporation and Abt Associates Inc.—is carrying out the evaluation. At MANILA Consulting Group, Richard Finkbiner is the Project Director. These focus groups will help the evaluation team, and CSAT, understand how ATTCs plan and deliver services within their regions; how staff participate in the planning and service delivery process; and best practices in planning and service delivery, along with how these processes could be improved. The evaluation team wants to learn about these issues from ATTC field staff. You are being asked to sign a consent form to participate in the focus group.

#### **PURPOSE**

The purpose of this focus group is to learn about the experiences of ATTC staff. If you choose to participate you will be asked to join with other ATTC staff in a 2 hour discussion about your work with the ATTC. The group will be facilitated by an interviewer from the MANILA evaluation team.

The focus group will last approximately 2 hours and will be audiotaped so the evaluation team can ensure accurate quotes (without attribution) in project reports and full documentation of the discussion. Information collected during the focus groups will be used to describe the ATTC planning and service delivery processes from the perspective of field staff. The discussion will be kept private. The findings from the discussion will be summarized, along with other data that are collected. Your name will not be associated with any comments you make. You can choose not to answer a particular question during the focus group, without affecting your continued participation in the group.

#### **RISKS OF TAKING PART IN THE STUDY**

The main risk to you of participating in this focus group is that your privacy might not be preserved by other participants in the group. The evaluation team will do everything

allowable by law to assure that your privacy is protected.

**COSTS AND FINANCIAL RISKS**

There are no costs for participating in the focus group.

**POSSIBLE BENEFITS OF TAKING PART IN THE STUDY**

As staff of the ATTC, you are supporting the national evaluation effort and the future improvement of the Network by participating in this focus group. You may also benefit from the opportunity to hear about other staff member’s experiences within the ATTC region.

**COMPENSATION**

You will not receive compensation for participating in the focus group.

**PRIVACY**

Information collected in the focus group will be kept private to the maximum extent allowed by law.

The focus group discussion and its audiotapes will be labeled with a study code, and will not include your name or the names of others in the group. The tapes will be kept in a locked file in the offices MANILA Consulting Group, RMC Research Corporation, or Abt Associates Inc. The tapes may be transcribed for use by the evaluation team, and any information that can be linked to an individual will be removed. The comments made during the focus group, will be used in reports to the government, in summary form only; no names will be included in the report.

**PARTICIPATION IS VOLUNTARY**

It is up to you to decide whether to be in the focus group. If you decide not to participate in the focus group, you will not be penalized in any way. Even if you agree to participate, you are not required to answer all the questions you are asked.

**QUESTIONS**

You may call Richard Finkbiner of MANILA Consulting Group (703-772-4906) to have your questions answered.

**STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS FOCUS GROUP**

I have read and understand this information. I have had all my questions answered fully and I freely and voluntarily choose to participate in the focus group. I have been given a copy of this consent form.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Focus Group Protocol – Interview Guide

## A. Introduction (5 minutes)

*Note to moderators: Highlighted comments are not to be read as part of the guide. Comments in brackets are to be read when appropriate.*

Hi, my name is [name of lead site visitor] and this is [name of associate site visitor]. I'm with [name of company] and [first name of associate site visitor] is with [name of company]. We'll be leading the discussion today.

We're conducting this focus group as part of the national evaluation of the ATTC Network. We are not evaluating this ATTC, but rather the Network as a whole. The purpose of our discussion today is to learn how you work with States and others in the region to plan and deliver services. We are interested in learning about differences in how each of you does this across the region, and about best practices that might benefit the Network as a whole. The overall goal of the national evaluation is to identify successful technology transfer efforts across the Network and to share best practices and lessons learned among the ATTC regions for the improvement of all regions' activities. We'll be holding focus groups like this one with staff at each ATTC.

You should have received an informed consent form to sign. Is there anyone here who did not sign the form?

**IF YES,** give the individual a Consent Form to read and sign.

**IF NO,** Does anyone have any questions about the evaluation or about your participation?

Answer any questions raised by participants.

### ***How Focus Group Will Work***

Before we get started, I just want to go over how this focus group will work:

- We want to keep the discussion informal and relaxed.
- You may eat or leave to use restroom as you like.
- If anyone wants to take a break during the discussion, just let me know.
- During the discussion, you should feel free to ask each other questions if something is not clear.
- There are no right or wrong answers.
- If you disagree with what someone else says or do something differently in your work, please say so.

- If something isn't clear, please ask me to explain it.
- Please don't talk all at once; I don't want to miss anything that is said.
- I also want to make sure we hear from everyone; don't take it personally if I am encouraging a quiet person to speak or not encouraging a talkative person to continue.
- Before we get started, I'd like to ask that we maintain privacy of responses. It is up to each of you to keep what we discuss today private and not repeat what's been said outside the group. Can everyone agree to that?
- We'll be taking notes and also audiotaping the discussion. Is everyone OK with this? Our reports may contain quotes from this focus group, but will not include names or identifying information.
- Does anyone have any questions?

### **Introductions**

I'd now like to go around the table and ask each of you to introduce yourselves.

Please say:

- Your name;
- How long you've worked at the ATTC;
- Where your office is located;
- Whether you work full-time or part-time at the ATTC;
- If you work part-time with the ATTC, what percentage of your time is with the ATTC, and whether you work with an other organization; and finally
- What States or parts of the region you work with.

Consider writing these six points on a flip chart, so participants can refer to them as they make their introductions.

### **B. Getting Started (15 minutes)**

1. First, tell us what you find to be the most rewarding aspects of your job.  
*Probe: Why is this the most rewarding aspect?*
2. And, what are the most challenging aspects of your job?  
*Probe: Why is this the most challenging aspect?*
3. What three activities or job responsibilities take up most of your time?

## C. Technology Transfer Process (65 minutes)

Now I'd like to discuss the technology transfer process and hear about your role in each part of this process: the needs assessment process, the planning process, the process of working with partners and the delivery of services, and follow-up after service delivery. Please answer the questions as they relate to the scope of your own work. In other words, if you work with a particular State in the region, please answer the questions as they relate to your experience with this State. On the other hand, if your work involves all (or several) States, please answer the questions from this perspective.

### ***Needs Assessment Process (20 minutes)***

4. How does the ATTC learn about needs within the region?  
*Probe: Is there a formal needs assessment process, or is it more informal?  
Are the field staff involved in assessing needs?*
5. In your opinion, does the ATTC have good information about the needs within each State?
6. Do you think the ATTC is well informed about the needs of various stakeholders within the State, such as treatment providers, certification boards, clinicians, special populations, related professions, and others?
7. When identifying needs, does the ATTC determine whether the need is for (a) awareness about a particular issue, topic, or practice, (b) skill building, or (c) change in practice or policy?
8. How do you think the ATTC could improve its needs assessment process?

### ***Planning Process (20 minutes)***

9. Once the ATTC identifies needs within the region, how does it decide on the services it will provide overall and within a particular State?  
*Probe: What factors are important to these decisions:*
  - *Budget*
  - *Staffing resources*
  - *Balancing priorities and needs across the region*
  - *Balancing regional needs with national or Federal needs and priorities*
  - *Availability of services in other agencies/organizations (including other ATTCs)*
  - *Amount of time needed to plan/design the service*
  - *Other?*

10. How are you involved in the service planning process?
11. When needs arise outside the regular needs assessment or planning process, how are these needs or requests for services handled?
12. What do you think are the key factors that make the ATTC's planning process successful?
13. What could be done to make the planning process better?

***Partnering and the Service Delivery Process (20 minutes)***

14. From your experience, to what extent is the ATTC proactive vs. reactive in its provision of services?  
*Probe: What proportion of the ATTC's services are proactive?  
What proportion are reactive?*
15. What proportion of the ATTC's services is focused on promoting the adoption of evidence-based practices vs. addressing other issues within the region?
16. Which evidence-based practices are being addressed?
17. What are the other key issues that the ATTC is focusing on?
18. To what extent does the ATTC partner with other organizations to provide services?  
*Probe for: How often and when does this occur?  
What are some examples of partnering and, for each example, who are the partner organizations?*
19. What strengths do you utilize to build partnerships with others?
20. Have there been barriers or challenges to partnering with others?
21. What types of technologies or innovative technology transfer strategies has the ATTC used to deliver services?  
*Probe for: Examples of when web-based or other strategies have been used.*

## **Technology Transfer Process**

As technology transfer specialists, we are also interested in learning more about your perspective on the technology transfer process.

22. How is addiction science – for example, best practices, treatment models, technology, and so on – translated for clinicians, providers, and others in your region?

*Probe for: Is there a formal process?  
Who is involved in the process?  
Does the process vary by audience served?  
Is feedback collected?*

23. How is addiction science (best practices, treatment models, technology, etc) adapted or made relevant culturally within your region?

*Probe for: Is there a formal process?  
Who is involved in the process?  
Does the process vary by audience served?  
Is feedback collected?*

24. How often do you participate in the development of national products?

25. How often do you contribute to the development of products for other regions?

26. Can you provide examples of culturally appropriate products and services that you have developed or helped to develop to meet specific needs in the region?

*Probe for: Their involvement in the development process, what the process has entailed, and what needs were met.*

27. Do you think the ATTC is doing a good job of addressing unique cultural issues?

*Probe for: Why they give the responses they do.*

28. From your perspective, are States and others you work with getting their needs met by the ATTC?

*Probe for: Why they give the responses they do.*

29. From your perspective, do you receive the support you need to do your job and to meet the needs within the region?

## **Follow-up After Service Delivery (5 minutes)**

30. To what extent is there follow-up to assess whether additional services are needed, after the ATTC has provided a particular service?

*Probe for: The type of follow-up, whether it happens routinely or is ad hoc, and how participants are involved.*

31. When other services are provided to the same individual or organization as a follow-up to a previous service, is the technology transfer objective usually the same or different?

*Probe for: Examples and how the technology transfer objective is established.*

32. Please think about one ATTC service or activity that you've been involved with over the past year. I'd like each of you to give us the name of the activity, tell us who was involved in providing the service, who the recipients were, and what the impact or outcomes of the service have been to date.

#### **D. Wrap-Up (15 minutes)**

To wrap-up, I'd like you to think broadly about what the ATTC is doing especially well and what it could do differently.

33. If you could name one thing that the ATTC is doing especially well and that could be considered a best practice for this ATTC, what would it be?

*Probe for: Why they give the responses they do.*

34. If you could recommend that the ATTC do one thing differently, what would it be?

*Probe for: Why they give the responses they do.*

Thank you for your participation in the focus group today! We will be here for a few more minutes, if you have questions or other comments.

## **Attachment D**

# **Key Informant Interview Protocol**

## NATIONAL EVALUATION OF THE ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK

### Key Informant Interview Protocol Guidelines and Instructions

The *Key Informant Interview Protocol* will be used by the national ATTC evaluation team to collect data from a sample of key stakeholders in each ATTC region. Stakeholders will include Single State Agency Directors, addiction educators, treatment provider association presidents, cultural leaders, and leaders of recovery associations. Interviews with these stakeholders will be conducted by telephone.

The purpose of the key informant interviews is to understand how the ATTCs engage stakeholders in their planning processes and the partnerships they develop with stakeholders for service delivery. The key informant interviews will also provide information about the types of services for which stakeholders contact the ATTCs, their general satisfaction with these services, and their perceptions of the benefit and impact of the ATTCs within the addictions treatment and recovery field.

Interviewers will call each informant in advance to schedule a time for the interview. A script for this call is provided on the next page.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 1 hour per interview, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## Introductory Script

Hello, my name is [name]. I am a member of the team that is conducting the national evaluation of the ATTC Network under contract with the Center for Substance Abuse Treatment.

The National Evaluation is interviewing key stakeholders in each ATTC region to learn how ATTCs work with organizations and individuals in their region to plan and deliver services. Interviews will be conducted by telephone and will last approximately 1 hour. Everything you say in the interview will be kept private, and we will not identify you by name in our reports.

May we interview you for the evaluation?

**IF NO:** Thank you for speaking with me today. Goodbye.

**IF YES:** We are scheduling interviews over the next two weeks. Is there a particular date and time during this period that would be convenient for you?

**IF THE INFORMANT IS NOT AVAILABLE DURING THIS PERIOD, ASK WHEN HE/SHE WOULD BE AVAILABLE.**

**DATE AND TIME:** \_\_\_\_\_

**NAME OF INFORMANT:** \_\_\_\_\_

What number should I call to reach you for the interview?

**TELEPHONE NUMBER:** \_\_\_\_\_

May I also get your email address, so that I can send you an email confirming the date and time of the interview?

**EMAIL ADDRESS:** \_\_\_\_\_

Would you like me to e-mail you in advance a copy of the questions I will be asking you in the interview?

Thank you for your interest in participating in the evaluation. I look forward to speaking with you on [date]. Goodbye.

### **SUGGESTED TEXT FOR FOLLOW-UP EMAIL:**

Thank you for your interest in participating in the National Evaluation of the Addiction Technology Transfer Centers. As we discussed, I will call you on [date] at [time] to interview you for the evaluation. The interview will last approximately 1 hour. I will call you at [telephone number]. (If applicable: Attached are the questions I will ask you during the interview).

If you have questions or need to reschedule, please don't hesitate to contact me by email or phone (*your telephone number*). I look forward to talking with you.

## Key Informant Interview Guide

*Note to interviewers: Highlighted comments are not to be read. Comments in brackets are to be read when appropriate.*

### A. Background Information

1. What is your position title?
2. How long have you been in this position?
3. What are the responsibilities of this position?
4. What position did you hold previously?
  - 4a. What organization was this with?  
*If organization is the same as current organization, SKIP to Question 6.*
5. Where is this organization located?
6. How long were you in that position?
7. How long have you worked in the addictions treatment and recovery field?

### B. Nature of Interaction with ATTC

8. In the past 3 years, have you had any interaction with the [*name of ATTC*]?

**If No:**

- 8a. Have you had interaction with any other ATTC?  
**If No to Question 8a, SKIP to Question 14 and ask Questions 15 - 18. Then SKIP to Question 31.**

**If Yes:**

- 8b. Which one?
9. What type of interaction have you had with the [*name of ATTC*] during the past 3 years?

*Probe for:*

- 9a. Have you participated in training events offered by the ATTC? If Yes, what training events did you participate in? (Focus on training topics, rather than dates or places)

- 9b. Have you been the recipient of technical assistance provided by the ATTC? If Yes, what technical assistance did you receive? (Focus on TA topics, rather than dates or places)
- 9c. Have you attended any meetings or conferences sponsored by the ATTC? **If Yes**, what meetings or conferences did you attend?
- 9d. Have you received or used any ATTC products? **If Yes**, what 3 – 5 products were most significant or useful to you?
- 9e. Have you visited the ATTC’s website? **If Yes**, what were you searching for on the ATTC website?
- 9f. Have you participated on any ATTC planning committees? **If Yes**, which one(s)? Are you currently a member of this (these) committee(s)?
- 9g. Have you (or your organization/agency) partnered with the ATTC to jointly sponsor an event? **If Yes**, which one(s)?

### C. Planning and Priority Setting

10. What are the three most important needs or highest priorities for your organization, and the addiction treatment field more generally?

10a. In your opinion, is there a role for the ATTCs in addressing these issues?

10b. How well do you think the ATTC’s services meet these needs?

11. What role have you (or anyone in your organization) had in helping to identify the regional priorities that should be addressed by the ATTC?

12. What role have you (or anyone in your organization) had in helping to plan the services offered by the [name of ATTC]?

13. **If informant has had a role in identifying priorities and/or planning:** In what ways do you think your participation in priority setting and/or planning has influenced the services offered by the [name of ATTC]?

14. In your opinion, are there specific planning processes that the ATTC has implemented that you would consider “best practices”? Why?

15. From your point of view, what other needs, if any, are not being met by the [name of ATTC] at this time?

16. What do you believe the reasons for this are? *Probe for: higher priorities exist, resource constraints, need to balance priorities across the region?*

### D. Partnering

17. Have you or your organization partnered with the ATTC on specific activities or services during the past 3 years?

**If Yes:**

- 17a. Who initiated the partnering relationship?
- 17b. Why did you want to partner with the ATTC?
- 17c. When did you begin to partner?
- 17d. On which activities or services have you partnered?
- 17e. What was your (your organization's) role as a partner? *Probe for whether the partnership involved collaboration on planning and/or service delivery, financial support, etc.*

**If No:**

- 17f. Have you tried to partner with the ATTC and not been able to? **If No, SKIP to Question 22.**
18. What barriers or issues have you encountered, if any, when partnering (or trying to partner) with the ATTC?
- 18a. How have you overcome these barriers or issues?
  - 18b. On any occasion, have you found partnering to be difficult because:
    - You and the ATTC had different philosophies about a topic?
    - The ATTC was constrained due to federal policy on an issue?
    - Your agreed upon statement of work with CSAT placed limitations on what you could work on?
    - There was inadequate time to pursue certain topics or interests?
19. What is important to you (or your organization) when deciding whether to partner with the ATTC?
20. What benefits have you received from partnering with the ATTC?
21. Are there plans for you (or your organization) to partner with the ATTC in the future?

**If Yes:**

- 21a. On what activities or services?

**E. ATTC Service**

- 22. For what kinds of needs do you contact the ATTC, or view them as a resource? Why do you see them as a resource in these areas?
- 23. Are there other types of needs where you would contact another resource rather than the ATTC?

**If Yes:**

- 23a. Who would you contact and why?
24. In your opinion, how well does the ATTC do in translating the latest research on addictions treatment to practical knowledge and tools that are of use to the field?
- 24a. How well does the ATTC do compared to the other groups or resources you mentioned (i.e., in 23a)?
25. Have there been occasions when you've asked for assistance from the ATTC and they have not been able to help you? When has this happened?
26. In general, how satisfied are you with the services you've received from the [name of ATTC]?  
*Probe for: very satisfied, satisfied, dissatisfied, very dissatisfied and for reasons why the respondent feels this way?*
27. In general, how strong is your (or your organization's) relationship with the [name of ATTC]? *If informant says the relationship is strong or very strong, probe for: Specific practices that the ATTC has used that the informant would consider "best practices" for building and maintaining successful relationships. If not very strong, probe for reasons and see if they converge to the barriers and issues discussion in item 18 above.*

**F. Benefit and Impact of ATTC**

28. In summary, how has the [name of ATTC] benefited you (or your organization)?
29. Are there specific achievements or changes in practice or policy that you would point to as examples of the value of the ATTC?

**If Yes:**

- 29a. How has the ATTC supported or contributed to this achievement or change?
30. Given your exposure to the [name of ATTC] and its work, what impact if any has the [name of ATTC] had on the addictions field?
- 30a. Would you consider this impact to be more short or long term?
- 30b. What are the keys to sustaining this impact?
- 30c. Has the provision of addiction treatment benefited?
- 30d. Do you feel there is a stronger substance abuse treatment workforce as a result of the ATTC's efforts?
31. In your opinion, what one improvement could the ATTC make to serve you better?

32. From the perspective of your organization, if the ATTC Network were to go away, would addiction treatment field be worse off?

**If Yes:**

- 32a. What would be the biggest loss?
33. This is the end of my questions. Is there anything else you would like to add that we have not covered?

***Thank you for sharing your comments with me today.***

# **Attachment E**

## **Collaborative Functioning Survey**

## NATIONAL EVALUATION OF THE ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK

### Regional Advisory Board Survey

This survey is part of a federally funded evaluation of the Addiction Technology Transfer Center (ATTC) network. It is intended to gather your opinions about the planning processes you are involved in with your regional ATTC. Throughout the survey we use the terminology “Regional Advisory Board” to refer to a region-wide group formally convened and consulted by the ATTC to advise its product development and service delivery. We realize that you may be involved in a number of planning groups, and that you may have been involved in planning groups for other ATTC regions in the past. For purposes of this survey, however, please respond to the questions with reference to this particular ATTC region (pre-coded just prior to Section 1 below). Furthermore, please respond to the questions with reference to all the years you have been involved with this ATTC group. Please be candid in your responses to all items on the survey, as this will allow us to better understand the planning and collaboration that exists among key stakeholders in all ATTC regions.

While we ask for some background information about you, your responses will remain anonymous and kept private. The analysis and reporting of data collected via this survey will always be done at a group level, and no responses will ever be associated with the individual who provided them.

Please note that while your responses are highly valued, your participation in this survey is strictly voluntary. You have the right to refuse to complete this survey. Any questions regarding this survey, should be directed to Richard Finkbiner, Ph.D., ATTC Evaluation Project Director, (571) 633-9797, ext. 206.

**ATTC Region:** \_\_\_\_\_

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 30 minutes per interview, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## **SECTION 1: BACKGROUND INFORMATION**

**1. How long have you been a member of this ATTC Regional Advisory Board?**

- Less than a year
- 1-3 years
- 4-6 years
- 6-10 years
- More than 10 years

**2. In addition to this group, how long had you been a member of another ATTC's Regional Advisory Board?**

- I have not been a member of any other regional ATTC's Regional Advisory Board
- Less than 4 years
- 4-10 years
- More than 10 years

**3. In the ATTC's current funding period (beginning October, 2007), approximately how many new members have been added to the membership of the Regional Advisory Board?**

- No new members
- One or two new members
- 3-5 new members
- 6-10 new members
- More than 10 new members
- Not sure

**4. How long have you worked in the addictions field?**

- Less than 5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years

**5. Which of the following best characterizes the constituency you are representing (or the person you are representing if you do so on a regular basis)?**

- Single State Agency (SSA)
- Treatment provider association
- Local treatment agency directors
- Addictions counselors
- Addiction educators
- Certification board
- Other. (Please specify: \_\_\_\_\_)

**6. How regularly have you attended these Regional Advisory Board meetings?**

- I rarely attend or participate in the meetings (i.e., less than 20% of the meetings)
- I attend or participate in some, but fewer than half, of these meetings (20% - 40%)
- I attend or participate in about half or a little more than half of these meeting (40% - 60%)
- I attend almost all of the meetings (60% - 80%)
- I hardly ever miss these meetings (80% - 100%)

**7. Outside of these formal regional planning meetings, how frequently do you interact with the ATTC staff in this region?**

- Rarely. Most of my contact with the ATTC is in the context of these meetings
- Several times a year
- Almost monthly
- More than once a month

*The questions in the following sections attempt to tap into the ways in which the members of the Regional Advisory Board collaborate with each other in this ATTC planning process, and the ways in which the ATTC interacts with the group.*

**SECTION 2: ATTC INTERACTION WITH THE REGIONAL ADVISORY BOARD**

Interactions between ATTC and Board	1 = "strongly disagree" 5 = "strongly agree"
8. The ATTC leadership understands the values and culture of the organization I represent on this Regional Advisory Board.	1    2    3    4    5
9. The ATTC leadership encourages expressions of all points of view in discussions among Regional Advisory Board members.	1    2    3    4    5
10. The ATTC leadership effectively manages different points of view and/or resolves any conflicts in discussions among Regional Advisory Board members.	1    2    3    4    5
11. The ATTC leadership makes effective use of the skills and expertise of its Regional Advisory Board members.	1    2    3    4    5
12. Regional Advisory Board meetings are well organized and well run by the ATTC.	1    2    3    4    5
13. The services and products provided by the ATTC accurately reflect the needs determined and decisions made in consultation with this Regional Advisory Board.	1    2    3    4    5
14. The ATTC is effective in assembling sufficient resources and expertise to address the most important priorities and needs identified by this Regional Advisory Board.	1    2    3    4    5
15. The ATTC is making sufficient progress in meeting the needs of substance abuse treatment systems across the region	1    2    3    4    5

**16. Please elaborate on your response to Item 15. Why (or why not) do you feel the ATTC is making sufficient progress in meeting the needs of the region?**

---



---



---



---

**SECTION 3: REGIONAL ADVISORY BOARD COMPOSITION AND MEMBER PARTICIPATION**

<b>Board Composition and Member Participation</b>	<b>1 = “strongly disagree” 5 = “strongly agree”</b>
17. The key organizations and stakeholders in the substance abuse treatment community in this region are included in the Regional Advisory Board.	1 2 3 4 5
18. The Regional Advisory Board includes members that sufficiently represent the geographic area spanned by the region.	1 2 3 4 5
19. The cultural diversity across the region is well represented in this Regional Advisory Board.	1 2 3 4 5
20. There is a mechanism for adding new members to the Regional Advisory Board if the need arises.	1 2 3 4 5
21. Members of the Regional Advisory Board are able to speak for their agencies or constituencies, rather than just as individuals.	1 2 3 4 5
22. Members of the Regional Advisory Board feel their input is valued and influence decisions made by the ATTC.	1 2 3 4 5
23. The purpose of this Regional Advisory Board is clear.	1 2 3 4 5
24. I am clear about my role on the Regional Advisory Board.	1 2 3 4 5
25. My input is sufficiently considered in determining the needs and services provided by the ATTC.	1 2 3 4 5
26. Members of this Regional Advisory Board work well together in providing input to the ATTC.	1 2 3 4 5
27. Members of the Regional Advisory Board share a common vision as to the primary needs of the substance abuse treatment system and workforce in the region.	1 2 3 4 5
28. I communicate with other Regional Advisory Board members outside the context of these meetings without the involvement of the ATTC.	1 2 3 4 5
29. In addition to discussion, members of the Regional Advisory Board present data to demonstrate needs for ATTC services.	1 2 3 4 5
30. In relation to assisting the ATTC in determining needs and planning services, the discussion among Regional Advisory Board members is open and active.	1 2 3 4 5

**31. Please elaborate on your response to Item 29 above. In relation to their participation in discussion of regional priorities and needs, do you feel that certain stakeholders’ or individuals’ points of view get more attention than others? Less attention? Please specify.**

---



---



---



---

**SECTION 4: PERCEIVED OUTCOMES OF PARTICIPATING IN THIS REGIONAL ADVISORY BOARD**

As a result of participating in this Regional Advisory Board, I feel that. . .	1 = “strongly disagree” 5 = “strongly agree”
32. . . . the services and products provided by the ATTC are more on target with the system’s needs.	1    2    3    4    5
33. . . . ATTC services and products are better defined and more effectively delivered.	1    2    3    4    5
34. . . . I have gained a better perspective on the substance abuse treatment system across the region.	1    2    3    4    5
35. . . . I have formed relationships and alliances with other colleagues in the substance abuse treatment field that benefit me in my work.	1    2    3    4    5
36. . . . I have gained greater knowledge of effective substance abuse treatment practices.	1    2    3    4    5

As a member of the ATTC Regional Advisory Board, we would like to know more about the role you see the Board playing in a variety of ATTC activities and functions. We will ask you to characterize your role in any of the following four ways (in addition to playing no role at all):

Advisory — in which the Board provides general guidance or ideas to the development and planning of ATTC products and services.

Development — in which Board members actively participate in the development of products or specific planning of services.

Review — in which Board members provide comments and reactions to specific products or services of the ATTC.

Approval — in which Board members exercise final approval of products or services before they can be used in the field.

Please complete the table below, selecting one or more of these roles as they apply to each of ATTC activities and functions provided.

ATTC Activity or Function	Regional Advisory Board Role				
	No role	Advise	Develop	Review	Approve
37. Designing the ATTC's goals and objectives for each year.	1	2	3	4	5
38. Developing the ATTC's plan for services.	1	2	3	4	5
39. Determining the technology transfer objective(s) for specific ATTC services.	1	2	3	4	5
40. Determining the target audience for specific services.	1	2	3	4	5
41. Evaluating the effectiveness of ATTC products and services.	1	2	3	4	5
42. Revising and refining ATTC products and services after they have been used in the field.	1	2	3	4	5

**43. Finally, the questions above relate to a range of roles the ATTC may have in mind for you as a member of its Regional Advisory Board. We would also like to know (a) what your expectations were in agreeing to serve on the Regional Advisory Board and (b) whether they have been met? Please elaborate.**

---



---



---

***Thank you very much for completing this survey!***

# **Attachment F**

## **Customer Satisfaction and Benefit Survey**

## **NATIONAL EVALUATION OF THE ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK**

### **Customer Satisfaction and Benefit Survey**

This survey is being conducted as part of a federally funded, external evaluation of the national Addiction Technology Transfer Center (ATTC) Network. You have been selected to participate in this survey because you have received services from one or more of the regional ATTCs and/or are a member of one of the key constituencies served by the ATTCs.

Please respond to the items on this survey as honestly and candidly as possible. Your privacy is assured in that we are not asking for any personally identifying information and you will send your completed survey directly to the MANILA Consulting Group, lead contractor for the national evaluation of the ATTC Network. Evaluation staff at MANILA will be responsible for all data handling and analysis. The surveys do include a code number for purposes of tracking who responds to this survey and who does not. MANILA will engage in follow-up contacts with non-respondents in an effort to get as complete a sample as possible. Absolutely no respondent identification or specific comments will be shared with anyone, including the ATTCs or their funders, or anyone at your agency or in the state substance abuse treatment system.

Please note that while your opinion is highly valued, your participation in this evaluation is strictly voluntary. You have the right to refuse to complete this survey, and/or to participate in a follow up interview. If you have questions or concerns about filling out this survey, please contact the Richard Finkbiner, MANILA Consulting Group, telephone number: 571-633-9797 or [rfinkbiner@manilaconsulting.net](mailto:rfinkbiner@manilaconsulting.net).

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 30 minutes per interview, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## SECTION 1: PARTICIPANT INFORMATION

**1. Which of the following roles best describes your current involvement in the addictions field?**

- Single State Agency (SSA) director or staff
- State substance abuse treatment provider association staff
- Addictions educator
- Community-based substance abuse treatment agency director or staff
- None of the above, but I have received services from an ATTC.

(Please describe your profession: \_\_\_\_\_)

**2. Please indicate which other roles you have played in your experience in the addictions field. (Check all that apply)**

- Single State Agency director or staff
- State substance abuse treatment provider association staff
- Addictions educator
- Community-based substance abuse treatment agency director or staff
- I serve on planning committees with the ATTC
- None of the above, my current role is the only one I've had since I entered the addictions field

**3. How many years have you worked in the addictions field?**

- 0 to 4 years
- 5 - 9 years
- 10 -14 years
- 15 - 19 years
- 20 + years

**4. Please check the response that best describes you in each of the following categories:**

Age:

- Under 20 years old
- 20 - 29 years old
- 30 - 39 years old
- 40 - 49 years old
- 50 - 59 years old
- 60 + years old

Are you of Hispanic/Latino origin?

- Yes
- No

Gender:

- Male
- Female

Race Categories (check all that apply):

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

**SECTION 2: EXPERIENCE WITH THE ADDICTION TECHNOLOGY TRANSFER CENTER**

**5. Please indicate below the approximate number of each of these services you have participated in or received from the ATTC in the past 3 years.**

	None	1-2	3-5	6-8	More than 8
ATTC . . .					
Training Events					
Technical Assistance					
Meetings/Conferences					

	None	1-10	11-20	More than 20
ATTC . . .				
Products				
Web site visits				

*If you checked “None” for all 5 of these ATTC service types, please skip to question 14 of the survey.*

**6. For those ATTC products or services you have received in the past 3 years (i.e., those for which you did not reply “None” in Question 5 above), please rate your overall satisfaction in the table below.**

ATTC Services	Very Satisfied			Very Dissatisfied	
One or more ATTC training events	5	4	3	2	1
Targeted technical assistance from ATTC staff	5	4	3	2	1
Meetings or Conferences	5	4	3	2	1
ATTC Products	5	4	3	2	1
Visits to ATTC Web Site	5	4	3	2	1

**7. Please indicate which ATTCs you have had these experiences with in the past 3 years. (Check all that apply)**

- Caribbean Basin and Hispanic ATTC (CBATTC)
- Central East ATTC (CEATTC)
- Great Lakes ATTC (GLATTC)
- Gulf Coast ATTC (UTATTC)
- Mid-America ATTC (MATTC)
- Mid-Atlantic ATTC (MID-ATTC)
- Mountain West ATTC (MWATTC)
- ATTC of New England (ATTC-NE)
- Northeast ATTC (NEATTC)
- Northwest Frontier ATTC (NFATTC)
- Pacific Southwest ATTC (PSATTC)
- Prairielands ATTC (PATTC)
- Southeast ATTC (SATTC)
- Southern Coast ATTC (SCATTC)
- ATTC National Office (NATTC)

**8. In the table below, please indicate which of the following addiction treatment-related topics you have received ATTC products or services on in the past 3 years (Yes/No) and your satisfaction with each of these ATTC services.**

Topic of ATTC Product or Service	Received Product/ Service?		Satisfaction with Product or Service				
	Yes	No	Very Satisfied				Very Dissatisfied
General knowledge of addiction	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
Addiction treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
Screening and assessment of substance use disorders	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
Drug-specific knowledge or related treatment approaches (e.g., methamphetamine)	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
Specific evidence-based treatment practices (e.g., motivational interviewing, cognitive behavioral therapy, multi-systemic therapy)	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1

Adolescent treatment	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
Clinical supervision	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
Pharmacological treatment practices	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
Co-occurring (substance abuse and mental health) treatment	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
Working with special populations in addiction treatment (e.g., offenders, cultural groups, homeless)	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
Working with other professions in dealing with addictions (e.g., criminal justice, faith community, nurses/physicians)	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1

**9. In addition to those topics listed above, please identify up to 3 other specific topics on which you have received significant ATTC products or services in the past 3 years and your satisfaction with each.**

Topic of ATTC Product or Service (Please write in)			Very Satisfied					Very Dissatisfied
			5	4	3	2	1	
1) _____ _____			5	4	3	2	1	
2) _____ _____			5	4	3	2	1	
3) _____ _____			5	4	3	2	1	

**10. What motivated you to seek or participate in ATTC products or services?  
(Please check one that is most descriptive of your motivation)**

- I didn't seek them. They were provided to me
- I was interested in the topic and knew the ATTC had expertise in it
- I needed Continuing Ed credit and ATTC services were available
- My supervisor or agency asked/required me to go
- Other reason. (Specify: \_\_\_\_\_)

**11. Are there any barriers that keep you from participating in more ATTC services? (Check all that apply)**

- No, I am able to participate when I want to or am required/asked to
- Yes, it is difficult to take time away from my daily work
- Yes, there are travel and/or tuition/registration costs that are not supported
- Yes, there are other less expensive ways to get this assistance. (Specify these other sources of assistance: \_\_\_\_\_)

### SECTION 3: PERCEIVED BENEFITS OF ATTC SERVICES

We will now ask you a series of questions about your experience with the ATTC in each of these topical areas. Please check the response that most closely indicates your experience. Please respond only for those topics you indicated you participated in from questions 8 and 9 above.

**12. For the set of topics previously listed, in the table below we would like you to answer the following three questions:**

**As a result of receiving ATTC products or services in this topical area:**

- **Have you increased your knowledge of this topic?**
- **Have you improved your skills in this topical area?**
- **Are you doing your job better related to this topic?**

Topic of ATTC Product or Service	Increased my Knowledge		Improved my Skills		Am Doing my Job Better	
	Yes	No	Yes	No	Yes	No
General knowledge of addiction						
Addiction treatment planning						
Screening and assessment of substance use disorders						
Drug-specific knowledge or related treatment approaches (e.g., methamphetamine)						
Specific evidence-based treatment practices (e.g., motivational interviewing, cognitive behavioral therapy, multi-systemic therapy)						
Adolescent treatment						
Clinical supervision						
Pharmacological treatment practices						
Co-occurring (substance abuse and mental health) treatment						
Working with special populations in addiction treatment (e.g., offenders, cultural groups, homeless)						
Working with other professions in dealing with addictions (e.g., criminal justice, faith community, nurses/physicians)						
<b><i>Other topics you listed (please write in the blanks below)</i></b>						
1) _____ _____						
2) _____ _____						
3) _____ _____						

**13. If you have received assistance in the topical areas listed in question 12 above from other experts or agencies, how satisfied were you with this assistance in relation to your satisfaction with ATTC products and services in these areas?**

- I am more satisfied with ATTC products and services than those provided by others in these addiction-related topical areas.
- I am equally satisfied with ATTC products and services and those provided by others in these addiction-related topical areas.
- I am less satisfied with ATTC products and services than those provided by others in these addiction-related topical areas.
- Not applicable. I have not received products or services from other sources in these topical areas.

**14. How interested would you be in receiving products or services in the future from the ATTC in each of these topical areas?**

<b>Topic of ATTC Product or Service</b>	<b>Very Interested</b>	<b>Somewhat Interested</b>	<b>Neutral</b>	<b>Not Very Interested</b>	<b>Not at all Interested</b>
General knowledge of addiction					
Addiction treatment planning					
Screening and assessment of substance use disorders					
Drug-specific knowledge or related treatment approaches (e.g., methamphetamine)					
Specific evidence-based treatment practices (e.g., motivational interviewing, cognitive behavioral therapy, multi-systemic therapy)					
Adolescent treatment					
Clinical supervision					
Pharmacological treatment practices					
Co-occurring (substance abuse and mental health) treatment					
Working with special populations in addiction treatment (e.g., offenders, cultural groups, homeless)					
Working with other professions in dealing with addictions (e.g., criminal justice, faith community, nurses/physicians)					
<b><i>Other topics you listed (please write in the blanks below)</i></b>					
1) _____ _____					
2) _____ _____					
3) _____ _____					

**15. In addition to the general areas of assistance listed above, how interested would you be in receiving products or services from the ATTCs in the following more specific topical areas?**

<b>Specific Topic of ATTC Product or Service</b>	<b>Very Interested</b>	<b>Somewhat Interested</b>	<b>Neutral</b>	<b>Not Very Interested</b>	<b>Not at all Interested</b>
12-Step Principles					
Behavior Modification					
Cognitive Behavioral Therapy					
Community Reinforcement					
Dialectic Behavior Model					
Family Therapy					
Harm Reduction					
Motivational Interviewing					
Multi-systemic Therapy					
Opiate Substitution					
Pharmacotherapy					
Relapse Prevention					
Strengths-based Treatment					

**16. What other addiction-related topical areas would you like ATTC assistance with?**

---



---



---



---

*We conclude the survey with a series of questions that ask about your experience and views of ATTC services across all types of service (products, training events, etc.) and topical areas. So we ask you to shift your perspective here away from specific topical areas and toward your overall experience with ATTC products and services.*

**17. In general, across all types of services and topical areas, how satisfied are you with products and services you have received from the ATTC(s)?**

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

**18. In general, across all types of services and topical areas, to what extent do you feel you have learned more or increased your knowledge as a result of products or services of the ATTC(s)?**

- A great deal
- Somewhat
- A little
- Not at all

**19. In general, across all types of services and topical areas, to what extent do you feel you have improved your skills as a result of products or services of the ATTC(s)?**

- A great deal
- Somewhat
- A little
- Not at all

**20. In general, across all types of services and topical areas, to what extent do you feel you are able to do your job better as a result of the products or services you have received from the ATTC(s)?**

- A great deal better
- Somewhat better
- A little better
- No better

**21. In general, across all types of services and topical areas, to what extent do you feel the overall addiction treatment system has improved due to the products and services of the ATTC(s)?**

- Great improvement
- Slight improvement
- No effect on the system
- A decline in the system due to ATTC products and services

**22. In your own words how else would you, as a professional in the addictions field, describe the benefits you feel you have obtained from ATTC products and services.**

---

---

---

---

**23. Again in your own words, is there any one thing that you would change about ATTC services and products to make them more beneficial to you?**

---

---

---

---

***Thank you very much for completing this survey!***

## **Attachment G**

# **Evidence-Based Critical Action Survey on Clinical Supervision**

## NATIONAL EVALUATION OF THE ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK

### Clinical Supervision Training Initiative Participant Survey

The following survey is intended to assess the value of the ATTC Clinical Supervision Training Initiative. By completing the following items, you will help us understand your involvement in the initiative and what impact it had on your practice of clinical supervision.

In addition to completing the survey, a sample of participants will be asked to take part in a 30 minute follow-up telephone interview that will focus on more in-depth issues of training experience and impact. Interviews are an extremely important part of the evaluation as they will focus on more in-depth issues of training experience and impact. Interviews will be scheduled in approximately 30 days.

Due to the need to conduct follow-up interviews with participants, you are asked to provide your name and telephone number below. Contact information will be housed in a separate database, and will be used only for follow-up purposes. RMC Research will be responsible for all data handling and analysis, and will utilize personal codes, not names, when reporting data. Absolutely no participants or specific comments will be individually identified to anyone, including the ATTC or anyone at your agency.

Please note that while your involvement is highly valued, your participation in this evaluation is strictly voluntary. You have the right to refuse to complete this survey, and/or to participate in a follow up interview.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 30 minutes per interview, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## Clinical Supervision Training Initiative – Participant Survey

### Personal Code Form

This form and your contact information will be kept separate from the survey.

#### Contact Information:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Contact Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

#### Personal Code:

First letter of mother's first name: \_\_\_\_\_ First letter of mother's maiden name: \_\_\_\_\_

First digit of social security number: \_\_\_\_\_ Last digit of social security number: \_\_\_\_\_

Month of Birth (circle): Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

The following survey is intended to assess the value of the ATTC Clinical Supervision Training Initiative. Please complete the following items, which will allow us to detail your involvement in the initiative and what impact it had on your practice of clinical supervision.

## **SECTION 1: PARTICIPANT INFORMATION**

### **1. Personal code:**

First letter of mother's first name: \_\_\_ First letter of mother's maiden name: \_\_\_

First digit of social security number: \_\_\_ Last digit of social security number: \_\_\_

Month of Birth (circle): Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

### **2. Name of organization/chemical dependency treatment agency:**

\_\_\_\_\_

### **3. Is your agency affiliated with a NIDA Clinical Trials Network Node?**

Yes       No       Not Sure

### **4. How many direct service treatment staff work at your facility? \_\_\_\_\_**

### **5. How often is clinical supervision provided in your facility?**

Daily       Weekly       Bi-weekly       Monthly       Not applicable

### **6. What is your primary role at your agency: (Please select one)**

Agency director/administrator (*if selected, end survey*)

Clinician (*if selected, end survey*)

Clinical supervisor

Other. (Specify: \_\_\_\_\_) (*if selected, end survey*)

### **7. How many years have you worked? (If less than one year, please record as < 1.)**

**Total number of years:**

**In the chemical dependency treatment field? \_\_\_\_\_**

**In your current role? \_\_\_\_\_**

**At your current position in your agency? \_\_\_\_\_**

**8. How many clinical staff do you supervise?**

\_\_\_\_\_ Staff members

**9. On average, how many hours per week do you spend providing clinical supervision?**

\_\_\_\_\_ Hours

**10. Do you provide direct services?**

Yes       No

**a. If you provide direct services, please estimate the average number of clients on your caseload (over the past six months?)**

\_\_\_\_\_ Number of clients

**11. What is your certification/ licensing status as a clinical supervisor in the substance abuse treatment field? (Check only one)**

- Never certified/licensed
- Previously certified/licensed, but not currently
- Certification/licensure pending
- Currently certified/licensed
- There is no certification or license for clinical supervision in this state

**12. Have you completed any clinical supervision *coursework* before?**

Yes       No (*skip to Q13*)

**a. If you have completed coursework in clinical supervision, where? (Check all that apply)**

- 2 year college
- 4 year college / university
- Graduate school
- Other. (Specify: \_\_\_\_\_)

**b. Please indicate how many clinical supervision courses you have completed.**

- 1–3
- 4–10
- More than 10

**13. Have you previously completed any clinical supervision *training* before your participation in this ATTC Clinical Supervision Training Initiative?**

Yes                       No (*skip to Q14*)

**a. If you have, what organization(s) provided the training? Please specify \_\_\_\_\_**

**b. Please indicate approximately how many hours of clinical supervision training you have previously completed:**

\_\_\_\_\_ Hours

**14. Please indicate your agreement or disagreement with the following statements regarding clinical supervision at your agency.**

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Clinical supervision only occurs at my agency when there is a problem.	<input type="radio"/>				
b. Clinical supervision plays an important role in the operation and management of my agency.	<input type="radio"/>				
c. There is a strong relationship between clinical supervision and quality treatment provision at my agency.	<input type="radio"/>				
d. Clinical supervision is supported at my agency in terms of policy and management.	<input type="radio"/>				
e. Clinical supervision is supported at my agency in terms of resources.	<input type="radio"/>				
f. Clinical supervision is primarily an administrative or disciplinary task at my agency.	<input type="radio"/>				
g. Clinical supervision is primarily a mentoring or professional development task at my agency.	<input type="radio"/>				

**SECTION 2: PARTICIPATION IN ATTC CLINICAL SUPERVISION TRAINING INITIATIVE**

**15. Approximately how many hours of clinical supervision training would you estimate you received as a part of the ATTC Clinical Supervision Training Initiative (include related meetings and technical assistance):**

\_\_\_\_\_ Hours

**16. Was the amount of training you received as a part of the ATTC Clinical Supervision Training Initiative:**

- More than needed
- About what was needed
- Less than was needed

**17. Upon completion of the ATTC Clinical Supervision Training Initiative, how confident were you that you could improve the quality of your clinical supervision practice?**

- I was very confident that I had acquired knowledge, skills, and/or attitudes, and that I would be able to use them to improve the quality of my clinical supervision practice
- I felt that I had acquired some knowledge, skills, and/or attitudes, but was uncertain about whether or not I would be able to improve the quality of my clinical supervision practice as a result
- I did not feel that the training gave me the knowledge, skills, and/or attitudes necessary to improve the quality of my clinical supervision practice

### SECTION 3: CHANGES IN CLINICAL SUPERVISION PRACTICE

**18. Prior to the ATTC Clinical Supervision Training Initiative, how much experience had you had with the clinical supervision activities listed below. (Check the appropriate box in each row)**

<b>Before Initiative</b>	<b>None</b> (I had never completed the activity)	<b>Limited</b> (I had tried the activity to some extent)	<b>Moderate</b> (I had completed the activity from time to time, as necessary)	<b>Extensive</b> (I had completed the activity often, as an integral part of my work)
a. Creating a professional development/ learning plan with supervisees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Conducting supervisory interviews with supervisees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Observing clinical staff in their work, either in person or using audio and video taping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Using rating forms or rubrics to evaluate counselor performance and assess skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Acknowledging supervisees' development and celebrate accomplishments through frequent rewards and recognition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Providing adequate and appropriate feedback to clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**19. Since participating in the ATTC Clinical Supervision Training Initiative, to what extent have you been able to implement the Clinical Supervision activities listed below? (Check the appropriate box in each row)**

<b>After Initiative</b>	<b>I have no plans to try the activity</b>	<b>I have not yet tried the activity, but intend to</b>	<b>I am in the process of trying the activity, but have not finished</b>	<b>I have tried the activity but have not yet experienced clear results</b>	<b>I have tried the activity and experienced positive results</b>	<b>Unsure how to rate</b>
a. Creating a professional development/ learning plan with supervisees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Conducting supervisory interviews with supervisees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Observing clinical staff in their work, either in person or using audio and video taping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Using rating forms or rubrics to evaluate counselor performance and assess skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Acknowledging supervisees' development and celebrate accomplishments through frequent rewards and recognition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Providing adequate and appropriate feedback to clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**20. Please rate your proficiency with the following clinical supervision techniques both before and after participating in the ATTC Clinical Supervision Training Initiative using the following scale.**

**Not at all Proficient**      **Mostly Lacking Proficiency**      **Somewhat Proficient**      **Mostly Proficient**      **Completely Proficient**  
 1.....2.....3.....4.....5

<b>Proficiency</b>	<b>Before Training</b>	<b>After Training</b>
a. Creating a professional development/ learning plan with supervisees	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
b. Conducting supervisory interviews with supervisees	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
c. Observing clinical staff in their work, either in person or using audio and video taping	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
d. Using rating forms or rubrics to evaluate counselor performance and assess skills	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
e. Acknowledging supervisees' development and celebrate accomplishments through frequent rewards and recognition	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
f. Providing adequate and appropriate feedback to clinical staff	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

**21. Please indicate whether or not you have seen change in the following areas as a result of your participation in the Clinical Supervision Training Initiative. For those areas where you have seen change, please rate the amount of change.**

Change Area	Change?	Amount of Change				
		A little	Some	A lot		
a. Improved clinical supervision knowledge	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
b. Increased clinical supervision skills	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
c. Increased clinical supervision abilities	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
d. Improved comfort in clinical supervision knowledge and skills	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
e. Improved confidence in clinical supervision knowledge and skills	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
f. More focus on job performance of clinical staff	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
g. Improved skills of clinical staff	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
h. Attitude shift in clinical staff, marked by increased interest in professional development and individual learning	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5

#### **SECTION 4: FACTORS IMPACTING ABILITY TO CHANGE**

**22. As you review your experience in the ATTC Clinical Supervision Training Initiative, what factors (if any), helped you implement the clinical supervision knowledge, skills, and/or attitudes you acquired: (Check all that apply)**

- Not applicable, I did not acquire knowledge, skills, or attitudes
- My understanding before the training of the clinical supervision activities I received training on and how they relate to the role and duties of the clinical supervisor
- My belief that clinical supervision is essential to quality client care
- Clear management direction that provision of clinical supervision is to be taken seriously
- Availability of coaching and support related to the implementation of new clinical supervision knowledge and skills
- Budgeted and planned clinical supervision time and resources
- A supportive work environment in which clinical supervision is valued and promoted
- Other. (Specify: \_\_\_\_\_)

**23. As you review your experience in the ATTC Clinical Supervision Training Initiative, what factors (if any), hindered your ability to implement the clinical supervision knowledge, skills, and/or attitudes you acquired: (Check all that apply)**

- Not applicable, I did not acquire knowledge, skills, or attitudes
- My incomplete understanding before the training of the clinical supervision activities I received training on and how they relate to the role and duties of the clinical supervisor
- My belief that clinical supervision is not essential to quality client care
- Lack of clear management direction that provision of clinical supervision is to be taken seriously
- Lack of available coaching and support related to the implementation of new clinical supervision knowledge and skills
- Lack of budgeted and planned clinical supervision time and resources
- A work environment in which clinical supervision is neither valued nor promoted
- Other. (Specify: \_\_\_\_\_)

***Thank you very much for completing this survey!***

## **Attachment H**

# **Evidence-Based Critical Action Survey on Motivational Interviewing**

## **NATIONAL EVALUATION OF THE ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK**

### **Motivational Interviewing Training Initiative Participant Survey**

The following survey is intended to assess the value of the ATTC Motivational Interviewing Training Initiative. By completing the following items, you will help us understand your involvement in the initiative and what impact it had on your clinical practice.

In addition to completing the survey, a sample of participants will be asked to take part in a 30 minute follow-up telephone interview that will focus on more in-depth issues of training experience and impact. Interviews are an extremely important part of the evaluation as they will focus on more in-depth issues of training experience and impact. Interviews will be scheduled in approximately 30 days.

Due to the need to conduct follow-up interviews with participants, you are asked to provide your name and telephone number below. Contact information will be housed in a separate database, and will be used only for follow-up purposes. RMC Research will be responsible for all data handling and analysis, and will utilize personal codes, not names, when reporting data. Absolutely no participants or specific comments will be individually identified to anyone, including the ATTC or anyone at your agency.

Please note that while your involvement is highly valued, your participation in this evaluation is strictly voluntary. You have the right to refuse to complete this survey, and/or to participate in a follow up interview.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 30 minutes per interview, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## Motivational Interviewing Training Initiative – Participant Survey

### Personal Code Form

This form and your contact information will be kept separate from the survey.

#### Contact Information:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Contact Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

#### Personal Code:

First letter of mother's first name: \_\_\_\_\_ First letter of mother's maiden name: \_\_\_\_\_

First digit of social security number: \_\_\_\_\_ Last digit of social security number: \_\_\_\_\_

Month of Birth (circle): Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

The following survey is intended to assess the value of the ATTC Motivational Interviewing Training Initiative. Please complete the following items, which will allow us to detail your involvement in the initiative and what impact it had on your clinical practice.

## **SECTION 1: PARTICIPANT INFORMATION**

### **1. Personal code:**

First letter of mother's first name: \_\_\_\_ First letter of mother's maiden name: \_\_\_\_

First digit of social security number: \_\_\_\_ Last digit of social security number: \_\_\_\_

Month of Birth (circle): Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

### **2. Name of organization/chemical dependency treatment agency:**

\_\_\_\_\_

### **3. Is your agency affiliated with a NIDA Clinical Trials Network Node?**

Yes                       No                       Not sure

### **4. How many direct service treatment staff work at your facility? \_\_\_\_\_**

### **5. How often is clinical supervision provided in your facility?**

Daily     Weekly     Bi-weekly     Monthly     Not applicable

### **6. What is your primary role at your agency (please select one):**

- Agency director/administrator
- Clinician
- Clinical supervisor
- Other. (Specify: \_\_\_\_\_)

### **7. How many years have you worked? (If less than one year, please record as < 1.)**

**Total number of years:**

**In the chemical dependency treatment field? \_\_\_\_\_**

**In your current role? \_\_\_\_\_**

**At your current position in your agency? \_\_\_\_\_**

**8. Over the past six months, please estimate the average number of clients on your caseload at any given time.**

Number of clients \_\_\_\_\_       I do not provide direct service

**9. Have you completed any Motivational Interviewing *coursework* before?**

Yes       No (*skip to Q10*)

**a. If you have completed coursework in Motivational Interviewing, where?**  
(Check all that apply)

2 year college

4 year college/university

Graduate school

Other. (Specify: \_\_\_\_\_)

**b. Please indicate how many Motivational Interviewing courses you have completed.**

1–3

4–10

More than 10

**10. Have you previously completed any Motivational Interviewing *training* before your participation in this ATTC Motivational Interviewing Training Initiative?**

Yes       No (*skip to Q11*)

**a. If you have, what organization(s) provided the training?**

Please specify \_\_\_\_\_

**b. Please indicate approximately how many hours of Motivational Interviewing training you have previously completed:**

\_\_\_\_\_ Hours

**11. Does your agency currently use Motivational Interviewing?**

Yes       No (*skip to Section Q13*)

**12. If your agency does use Motivational Interviewing (MI), to what extent does the delivery of MI emphasize the following. (Use a 0-to-5 scale where 0 = “not at all emphasized” and 5 = “heavily emphasized”, or indicate “don’t know.”)**

<b>MI Delivery</b>	<b>0 = “not at all emphasized” 5 = “heavily emphasized”</b>						
a. Assessing clients with regard to the 5 stages of change (precontemplation, contemplation, preparation, action, maintenance)	0	1	2	3	4	5	Don't Know
b. Confronting clients about their substance-related problems	0	1	2	3	4	5	Don't Know
c. Encouraging clients to evaluate how their behaviors are different from their goals and ideals	0	1	2	3	4	5	Don't Know
d. Allowing clients to compare the costs and benefits of continuing or stopping their substance abuse	0	1	2	3	4	5	Don't Know
e. Exploring the areas in which the client wants to achieve change	0	1	2	3	4	5	Don't Know
f. Avoiding the use of argumentation with clients	0	1	2	3	4	5	Don't Know
g. Expressing support for the client’s ability to succeed	0	1	2	3	4	5	Don't Know
h. The use of “reflective listening”	0	1	2	3	4	5	Don't Know
i. Encouraging clients to develop their own “change plan” with goals and plans for dealing with barriers to those goals	0	1	2	3	4	5	Don't Know
j. Confronting clients about resistance	0	1	2	3	4	5	Don't Know

## **SECTION 2: PARTICIPATION IN ATTC MOTIVATIONAL INTERVIEWING TRAINING INITIATIVE**

**13. Approximately how many hours of Motivational Interviewing training would you estimate you received as a part of this ATTC Motivational Interviewing Training Initiative (include related meetings and technical assistance):**

\_\_\_\_\_ Hours

**14. Was the amount of training you received as a part of this initiative:**

- More than needed
- About what was needed
- Less than was needed

**15. Upon completion of this training initiative, how confident were you that you could improve the quality of your clinical practice?**

- I was very confident that I had acquired knowledge, skills, and/or attitudes, and that I would be able to use them to improve the quality of my clinical practice
- I felt that I had acquired some knowledge, skills, and/or attitudes, but was uncertain about whether or not I would be able to improve the quality of my clinical practice as a result
- I did not feel that the training gave me the knowledge, skills, and/or attitudes necessary to improve the quality of my clinical practice

### SECTION 3: IMPLEMENTATION OF MI

**16. Prior to the ATTC Motivational Interviewing Training Initiative, what was your experience with the following therapist behaviors characteristic of Motivational Interviewing? (Check the appropriate box in each row)**

<b>Before MI Training Initiative</b>	<b>None</b> (I never engaged in the behavior)	<b>Limited</b> (I engaged in the behavior to some extent)	<b>Moderate</b> (I engaged in the behavior from time to time, as necessary)	<b>Extensive</b> (I engaged in the behavior often, as an integral part of my work)
a. Asking open rather than close ended questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Reflecting rather than disagreeing with client resistance or denial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Seeking to understand your clients' frame of reference via reflective listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Expressing acceptance and affirmation to your clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Eliciting and selectively reinforcing your clients' own self motivational statements, expressions of problem recognition, concern, desire and intention to change, and ability to change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Monitoring your clients' degree of readiness to change, and ensuring that resistance is not generated by jumping ahead of the client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Affirming your clients' freedom of choice and self-direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**17. Since participating in the ATTC Motivational Interviewing Training Initiative, to what extent have you been able to implement the following therapist behaviors characteristic of Motivational Interviewing? (Check the appropriate box in each row)**

<b>After MI Training Initiative</b>	<b>I have no plans to engage in the behavior</b>	<b>I have not yet engaged in the behavior, but intend to</b>	<b>I have engaged in the behavior, but have not yet experienced clear results</b>	<b>I have engaged in the behavior and experienced positive results</b>	<b>Unsure how to rate</b>
a. Asking open rather than close ended questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Reflecting rather than disagreeing with client resistance or denial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Seeking to understand your clients' frame of reference via reflective listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Expressing acceptance and affirmation to your clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Eliciting and selectively reinforcing your clients' own self motivational statements, expressions of problem recognition, concern, desire and intention to change, and ability to change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Monitoring your clients' degree of readiness to change, and ensuring that resistance is not generated by jumping ahead of the client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Affirming your clients' freedom of choice and self-direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**18. Please rate your proficiency with the following therapist behaviors characteristic of Motivational Interviewing both before and after participating in the ATTC Motivational Interviewing Training Initiative using the following scale.**

**Not at all Proficient      Mostly Lacking Proficiency      Somewhat Proficient      Mostly Proficient      Completely Proficient**

1.....2.....3.....4.....5

<b>Proficiency</b>	<b>Before Training</b>	<b>After Training</b>
a. Asking open rather than close ended questions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
b. Reflecting rather than disagreeing with client resistance or denial	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
c. Seeking to understand your clients' frame of reference via reflective listening	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
d. Expressing acceptance and affirmation to your clients	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
e. Eliciting and selectively reinforcing your clients' own self motivational statements, expressions of problem recognition, concern, desire and intention to change, and ability to change	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
f. Monitoring your clients' degree of readiness to change, and ensuring that resistance is not generated by jumping ahead of the client	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
g. Affirming your clients' freedom of choice and self-direction	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

**19. Please indicate whether or not you have seen change in the following areas as a result of your participation in the Motivational interviewing Training Initiative. For those areas where you have seen change, please rate the amount of change.**

Change Area	Change?	Amount of Change				
		A little	Some	A lot		
a. Improved Motivational Interviewing knowledge	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
b. Increased Motivational Interviewing skills	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
c. Decreased client resistance	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
d. Improved client engagement	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
e. Improved client retention	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
f. Better client outcomes	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5

**SECTION 4: FACTORS IMPACTING ABILITY TO CHANGE**

**20. As you review your experience in the ATTC Motivational Interviewing Training Initiative, what factors (if any), helped you implement the knowledge, skills, and/or attitudes acquired (check all that apply):**

- Not applicable, I did not acquire knowledge, skills, or attitudes
- My understanding before the training of the Motivational Interviewing behaviors I received training on and how they relate to counseling
- My belief that Motivational Interviewing is a technique essential to the provision of quality client care
- Ability to “try out” Motivational Interviewing during training
- Ability to “try out” Motivational Interviewing back at work
- Clear management direction to use Motivational Interviewing
- Monitoring and feedback from my clinical supervisor
- Availability of coaching and support related to the implementation of new Motivational Interviewing knowledge and skills
- A supportive work environment in which Motivational Interviewing is valued and promoted
- Other. (Specify: \_\_\_\_\_)

**21. As you review your experience in the ATTC Motivational Interviewing Training Initiative, what factors (if any), hindered your ability to implement the knowledge, skills, and/or attitudes acquired (check all that apply):**

- o Not applicable, I did not acquire knowledge, skills, or attitudes
- o My incomplete understanding before the training of Motivational Interviewing techniques and how they relate to counseling
- o My belief that Motivational Interviewing is not essential to quality client care
- o Inability to “try out” Motivational Interviewing during training
- o Inability to “try out” Motivational Interviewing back at work
- o Lack of clear management direction to use Motivational Interviewing
- o Lack of clinical supervision concerning the implementation of Motivational Interviewing
- o Lack of available coaching and support related to the implementation of new Motivational Interviewing knowledge and skills
- o A work environment in which Motivational Interviewing is neither valued nor promoted
- o Other. (Specify:\_\_\_\_\_)

***Thank you very much for completing this survey!***

## **Attachment I**

# **Evidence-Based Critical Action Survey on Treatment Planning M.A.T.R.S.**

## **NATIONAL EVALUATION OF THE ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK**

### **Treatment Planning M.A.T.R.S Training Initiative Participant Survey**

The following survey is intended to assess the value of the ATTC Treatment Planning M.A.T.R.S. Training Initiative. By completing the following items, you will help us understand your involvement in the initiative and what impact it had on your clinical practice.

In addition to completing the survey, a sample of participants will be asked to take part in a 30 minute follow-up telephone interview that will focus on more in-depth issues of training experience and impact. Interviews are an extremely important part of the evaluation as they will focus on more in-depth issues of training experience and impact. Interviews will be scheduled in approximately 30 days.

Due to the need to conduct follow-up interviews with participants, you are asked to provide your name and telephone number below. Contact information will be housed in a separate database, and will be used only for follow-up purposes. RMC Research will be responsible for all data handling and analysis, and will utilize personal codes, not names, when reporting data. Absolutely no participants or specific comments will be individually identified to anyone, including the ATTC or anyone at your agency.

Please note that while your involvement is highly valued, your participation in this evaluation is strictly voluntary. You have the right to refuse to complete this survey, and/or to participate in a follow up interview.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 30 minutes per interview, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## Treatment Planning M.A.T.R.S. Training Initiative – Participant Survey

### Personal Code Form

This form and your contact information will be kept separate from the survey.

#### Contact Information:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Contact Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

#### Personal Code:

First letter of mother's first name: \_\_\_\_\_ First letter of mother's maiden name: \_\_\_\_\_

First digit of social security number: \_\_\_\_\_ Last digit of social security number: \_\_\_\_\_

Month of Birth (circle): Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

The following survey is intended to assess the value of the ATTC Treatment Planning M.A.T.R.S. Training Initiative. Please complete the following items, which will allow us to detail your involvement in the initiative and what impact it had on your clinical practice.

## **SECTION 1: PARTICIPANT INFORMATION**

### **1. Personal code:**

First letter of mother's first name: \_\_\_ First letter of mother's maiden name: \_\_\_

First digit of social security number: \_\_\_ Last digit of social security number: \_\_\_

Month of Birth (circle): Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

### **2. Name of organization/chemical dependency treatment agency: .**

\_\_\_\_\_

### **3. Is your agency affiliated with a NIDA Clinical Trials Network Node?**

Yes       No       Not sure

### **4. How many direct service treatment staff work at your facility? \_\_\_\_\_**

### **5. How often is clinical supervision provided in your facility?**

Daily       Weekly       Bi-weekly       Monthly       Not applicable

### **6. What is your primary role at your agency (please select one):**

Agency director/ administrator

Clinician

Clinical supervisor

Other \_\_\_\_\_

### **7. How many years have you worked? (If less than one year, please record as < 1.)**

**Total number of years:**

**In the chemical dependency treatment field? \_\_\_\_\_**

**In your current role? \_\_\_\_\_**

**At your current position in your agency? \_\_\_\_\_**

**8. Have you completed any treatment planning *coursework* before?**

- Yes       No (*skip to Q9*)

**a. If you have completed coursework in treatment planning, where?  
(Check all that apply)**

- 2 year college  
 4 year college / university  
 Graduate school  
 Other. (Specify: \_\_\_\_\_)

**b. Please indicate how many treatment planning courses you have completed.**

- 1–3  
 4–10  
 More than 10

**9. Have you previously completed any treatment planning *training* before your participation in this ATTC Treatment Planning M.A.T.R.S. Training Initiative?**

- Yes  No (*skip to Q10*)

**a. If you have, what organization(s) provided the training?**

Please specify \_\_\_\_\_

**b. Please indicate approximately how many hours of treatment planning training you have previously completed:**

\_\_\_\_\_ Hours

**10. Prior to the Treatment Planning M.A.T.R.S. training, did your agency use any standardized tools to assess clients at intake?**

- Yes       No (*skip to Q11*)

**a. If yes, please indicate which tools (check all that apply):**

- i.  ASI      For how long? \_\_\_\_ yrs \_\_\_\_ months  
ii.  GAIN      For how long? \_\_\_\_ yrs \_\_\_\_ months  
iii.  Other: \_\_\_\_\_ For how long? \_\_\_\_ yrs \_\_\_\_ months  
iv.  Other: \_\_\_\_\_ For how long? \_\_\_\_ yrs \_\_\_\_ months  
v.  Other: \_\_\_\_\_ For how long? \_\_\_\_ yrs \_\_\_\_ months

- vi. o Other: \_\_\_\_\_ For how long? \_\_\_\_ yrs \_\_\_\_ months
- vii. o Other: \_\_\_\_\_ For how long? \_\_\_\_ yrs \_\_\_\_ months

**b. How were assessments completed? (Check all that apply)**

- On computer
- Paper and pencil
- Face-to-face interviews between client and agency staff
- Other. (Specify: \_\_\_\_\_)

**c. How were data from completed assessments stored? (Check all that apply)**

- Computer software package designed for specific assessment tool
- Internal electronic database
- In file cabinets
- Other. (Specify: \_\_\_\_\_)

**11. Prior to the ATTC Treatment Planning M.A.T.R.S. Training Initiative, did your agency use other, less-standardized, tools to assess clients at intake?**

Yes  No (*skip to Q12*)

**a. If yes, please indicate the tools:**

Name of Instrument	Information/ Content of Instrument
i. _____	_____
ii. _____	_____
iii. _____	_____
iv. _____	_____
v. _____	_____

**b. How were assessments completed? (Check all that apply)**

- On computer
- Paper and pencil
- Face-to-face interviews between client and agency staff
- Other. (Specify: \_\_\_\_\_)

**c. How were data from completed assessments stored? (Check all that apply)**

- Computer software package designed for specific assessment tool

- Internal electronic database
- In file cabinets
- Other. (Specify: \_\_\_\_\_)

**12. Since participating in the ATTC Treatment Planning M.A.T.R.S. Training Initiative, does your agency use any standardized tools to assess clients at intake?**

- Yes  No (*skip to Section Q13*)

**a. If yes, please indicate which tools (Check all that apply):**

- i.  ASI For how long? \_\_\_\_ yrs \_\_\_\_ months
- ii.  GAIN For how long? \_\_\_\_ yrs \_\_\_\_ months
- iii.  Other: \_\_\_\_\_ For how long? \_\_\_\_ yrs \_\_\_\_ months
- iv.  Other: \_\_\_\_\_ For how long? \_\_\_\_ yrs \_\_\_\_ months
- v.  Other: \_\_\_\_\_ For how long? \_\_\_\_ yrs \_\_\_\_ months

**b. How are assessments completed? (Check all that apply)**

- On computer
- Paper and pencil
- Face-to-face interviews
- Other. (Specify: \_\_\_\_\_)

**c. How are data from completed assessments stored? (Check all that apply)**

- Computer software package designed for specific assessment tool
- Internal electronic database
- In file cabinets
- Other. (Specify: \_\_\_\_\_)

**SECTION 2: PARTICIPATION IN ATTC TREATMENT PLANNING M.A.T.R.S. TRAINING INITIATIVE**

**13. Approximately how many hours of Treatment Planning M.A.T.R.S. training would you estimate you received as a part of this initiative (include related meetings and technical assistance):**

\_\_\_\_\_ Hours

**14. Was the amount of training you received as a part of this initiative:**

- More than needed
- About what was needed
- Less than was needed

**15. Upon completion of this training initiative, how confident were you that you could improve the quality of your treatment planning practice?**

- I was very confident that I had acquired knowledge, skills, and/or attitudes, and that I would be able to use them to improve the quality of my treatment planning practice
- I felt that I had acquired some knowledge, skills, and/or attitudes, but was uncertain about whether or not I would be able to improve the quality of my treatment planning practice as a result
- I did not feel that the training gave me the knowledge, skills, and/or attitudes necessary to improve the quality of my treatment planning practice

**SECTION 3: IMPLEMENTATION OF TREATMENT PLANNING M.A.T.R.S.**

**16. Prior to the ATTC Treatment Planning M.A.T.R.S. Training Initiative, what was your experience with the following treatment planning activities? (Check the appropriate box in each row)**

	<b>None</b> (I had never completed the activity)	<b>Limited</b> (I had tried the activity to some extent)	<b>Moderate</b> (I had completed the activity from time to time, as necessary)	<b>Extensive</b> (I had completed the activity often, as an integral part of my work)
a. Using the ASI or other standardized assessment tool for client assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Using a reporting system/ computer software to produce client level reports from standardized assessment tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Producing individualized treatment plans that include: problem statements (reflecting domains in assessment tool)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Producing individualized treatment plans that include: goals (reflecting what client wants to achieve)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Producing individualized treatment plans that include: objectives (reflecting what will client say or do)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Producing individualized treatment plans that include: interventions (reflecting what counselor/ staff will do to assist client)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Using progress note technique(s) to monitor and update treatment plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**17. Since participating in the ATTC Treatment Planning M.A.T.R.S. Training Initiative, to what extent have you been able to implement the following treatment planning activities? (Check the appropriate box in each row)**

	I have no plans to try the activity	I have not yet tried the activity, but intend to	I am in the process of trying the activity, but have not finished	I have tried the activity but have not yet experienced clear results	I have tried the activity and experienced positive results	Unsure how to rate
a. Using the ASI or other standardized assessment tool for client assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Using a reporting system/ computer software to produce client level reports from standardized assessment tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Producing individualized treatment plans that include: problem statements (reflecting domains in assessment tool)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Producing individualized treatment plans that include: goals (reflecting what client wants to achieve)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Producing individualized treatment plans that include: objectives (reflecting what will client say or do)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Producing individualized treatment plans that include: interventions (reflecting what counselor/ staff will do to assist client)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Using progress note technique(s) to monitor and update treatment plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**18. Please rate your proficiency with the following treatment planning activities both before and after participating in the ATTC Treatment Planning M.A.T.R.S. Training Initiative using the following scale.**

**Not at all Proficient                  Mostly Lacking Proficiency                  Somewhat Proficient                  Mostly Proficient                  Completely Proficient**

1.....2.....3.....4.....5

<b>Proficiency</b>	<b>Before Training</b>	<b>After Training</b>
a. Using the ASI or other standardized assessment tool for client assessment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
b. Using a reporting system/ computer software to produce client level reports from standardized assessment tool	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
c. Producing individualized treatment plans that include: problem statements (reflecting domains in assessment tool)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
d. Producing individualized treatment plans that include: goals (reflecting what client wants to achieve)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
e. Producing individualized treatment plans that include: objectives (reflecting what will client say or do)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
f. Producing individualized treatment plans that include: interventions (reflecting what counselor/ staff will do to assist client)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
g. Using progress note technique(s) to monitor and update treatment plans	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

**19. Please indicate whether or not you have seen change in the following areas as a result of your participation in the Treatment Planning M.A.T.R.S. Training Initiative. For those areas where you have seen change, please rate the amount of change.**

Change Area	Change?	Amount of Change				
		A little	Some	A lot		
a. Improved quality of treatment plans	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
b. Improved quality of progress reports	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
c. More quantifiable measures of program success	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
d. Better client–service matching	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
e. Better clinician–client matching	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
f. Improved client–clinician rapport	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
g. More empowered clinical staff	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
h. Increased client retention	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5
i. Improved client outcomes	<input type="radio"/> yes <input type="radio"/> no	1	2	3	4	5

**SECTION 4: FACTORS IMPACTING ABILITY TO CHANGE**

**20. As you review your experience in the ATTC Treatment Planning M.A.T.R.S. Training Initiative, what factors (if any), helped you implement the knowledge, skills, and/or attitudes acquired (check all that apply):**

- Not applicable, I did not acquire knowledge, skills, or attitudes
- An understanding before the training of the ASI and how it and other standardized assessment tools relate to treatment planning
- A belief that treatment planning plays an essential role in the provision of quality client care
- Clear management direction that treatment planning is to be taken seriously
- Technological resources necessary to make use of standardized assessment data in the treatment planning process
- Technological know-how necessary to make use of standardized assessment data in the treatment planning process
- Monitoring and feedback from clinical supervisors to assure quality of treatment plans
- Availability of coaching and support related to the implementation of new treatment planning knowledge and skills
- A supportive work environment in which treatment planning is valued and promoted
- Other. (Please specify: \_\_\_\_\_)

**21. As you review your experience in the ATTC Treatment Planning M.A.T.R.S. Training Initiative, what factors (if any), hindered your ability to implement the knowledge, skills, and/or attitudes acquired (check all that apply):**

- Not applicable, I did not acquire knowledge, skills, or attitudes
- An incomplete understanding of the ASI and how it and other standardized assessment tools relate to treatment planning
- A belief that treatment planning is not essential to quality client care
- Lack of clear management direction that treatment planning is to be taken seriously
- Agency lacks the technological resources necessary to make use of standardized assessment data in the treatment planning process
- Agency lacks the technological know-how necessary to make use of standardized assessment data in the treatment planning process
- Lack of clinical supervision concerning treatment planning
- Lack of available coaching and support related to the implementation of new treatment planning knowledge and skills
- A work environment in which treatment planning is neither valued nor promoted
- Other. (Please specify: \_\_\_\_\_)

***Thank you very much for completing this survey!***

## **Attachment J**

# **Success Case Interview Protocol on Clinical Supervision**

**NATIONAL EVALUATION OF  
THE ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK**

**Clinical Supervision Training Initiative  
Success Case Interview Protocol**

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 1 hour per interview, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## Clinical Supervision Training Initiative Success Case Interview Protocol

*Questions 1- 3 are intended only for those clinicians deemed “successful” based on survey results. Question 4 is intended for both those deemed “successful” and “unsuccessful.”*

### Categories for Success Interviews:

<b>What was used?</b>	<b>What results were achieved?</b>	<b>What good did it do? (value)</b>	<b>What helped?</b>	<b>Suggestions?</b>
-----------------------	------------------------------------	-------------------------------------	---------------------	---------------------



#### **1. Success of application of learning after engaging in process:**

From your survey responses, it looks like you’ve used your learning from the ATTC Clinical Supervision Training Initiative effectively and have achieved some positive results. I’d like to understand in more detail how you applied your learning and what positive things have happened because of and since the training.

- How have you used any of the clinical supervision skills/activities emphasized in this training?
- [For each skill/activity mentioned] And then what? What did this lead to?
- Have products been developed in your agency? Systems changed in your agency? Has the way you conduct supervision changed?
- What has implementing these new skills/activities achieved? How has it helped you?
- What strikes you as the most important benefit you got from implementing clinical supervision skills/activities?
- What benefits to your agency/clients have resulted?
- Are there any particular stories that illustrate the impact of the training?

#### **2. Factors that supported the application of your learning:**

What supports/factors contributed to your being able to successfully implement the clinical supervision skills/activities discussed above? As you think about your job, your organization, your work environment, your professional colleagues, etc., what made this all work for you?

Probe for:

- Your work environment

- Timing of the ATTC training
- Expectations of supervisor/agency director
- Personal expectations
- Incentives/rewards at your agency
- Experienced peers and/or support personnel to help you use what you learned
- Other supports?
- Other motivators?
- Specifically, how much of a support was your ATTC trainer to the process?
  - Value as a trainer?
  - Value outside of training sessions?
  - Sufficient availability?

**3. Characteristics of the ATTC Clinical Supervision Training Initiative that worked/helped:**

It seems like the ATTC Clinical Supervision Training Initiative resulted in some positive outcomes. What about the experience itself made it especially successful for you?

- The curriculum/approach (the clinical supervision activities taught)
- The design of the training (length of time, materials, etc)
- Delivery (facilitator)
- Timing
- Consultation/assistance from ATTC after the training initiative
- Other

**Categories for Nonsuccess Interviews:**

Barriers?

Suggestions?



**4. Barriers to learning/implementation:**

In instances where you were unable to implement the clinical supervision skills/activities taught in the training initiative:

- What got in the way of using the clinical supervision skill/activity?
- Why did the skill/activity not fit?
- What barriers/resistance did you experience?

In instances where you were able to implement clinical supervision skills/ activities, but did not experience any valuable results:

- Was the activity not a good fit?
- What barriers/resistance did you experience?
- What results (if any) were experienced? Were they negative, or just not valuable?

## **Attachment K**

### **Success Case Interview Protocol on Motivational Interviewing**

**NATIONAL EVALUATION OF  
THE ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK**

**Motivational Interviewing Training Initiative  
Success Case Interview Protocol**

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 1 hour per interview, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

**Motivational Interviewing Training Initiative  
Success Case Interview Protocol**

*Questions 1- 3 are intended only for those clinicians deemed “successful” based on survey results. Question 4 is intended for both those deemed “successful” and “unsuccessful.”*

**Categories for Success Interviews:**



**1. Success of application of learning after engaging in process:**

From your survey responses, it looks like you’ve used your learning from the ATTC Motivational Interviewing Training Initiative effectively and have achieved some positive results. I’d like to understand in more detail how you applied your learning and what positive things have happened because of and since the training.

- How have you used any of the Motivational Interviewing skills/activities emphasized in this training?
- [For each skill/activity mentioned] And then what? What did this lead to?
- Have products been developed? Systems changed? Has the way you conduct supervision changed?
- What has implementing these new skills/activities achieved? How has it helped you?
- What strikes you as the most important benefit you got from implementing Motivational Interviewing skills/activities?
- What benefits to your agency/clients have resulted?
- Any particular stories that illustrate the impact of the training?

**2. Factors that supported the application of your learning:**

What supports/factors contributed to you being able to successfully implement the Motivational Interviewing skills/activities discussed above? As you think about your job, your organization, your work environment, your professional colleagues, etc, what made this all work for you?

Probe for:

- Your work environment

- Timing of the ATTC training
- Expectations of supervisor/agency director
- Personal expectations
- Incentives/rewards
- Experienced peers and/or support personnel to help you use what you learned
- Other supports?
- Other motivators?
- Specifically, how much of a support was the ATTC trainer to the process?
  - Value as a trainer?
  - Value outside of training sessions?
  - Sufficient availability?

**3. Characteristics of the ATTC Motivational Interviewing Training Initiative that worked/helped:**

It seems like this training initiative resulted in some positive outcomes. What about the experience itself made it especially successful for you?

- The curriculum/approach (the Motivational Interviewing skills/activities taught)
- The design of the training (length of time, materials, etc)
- Delivery (facilitator)
- Timing
- Consultation/assistance from ATTC after the training initiative
- Other

**Categories for Nonsuccess Interviews:**

**Barriers?**

**Suggestions?**



**4. Barriers to learning/implementation:**

In instances where you were unable to implement the motivational interviewing skills/ activities taught in the training initiative:

- What got in the way of using the motivational interviewing skill/activity?
- Why did the skill/activity not fit?
- What barriers/resistance did you experience?

In instances where you were able to implement motivational interviewing skills/activities, but did not experience any valuable results:

- Was the activity not a good fit?
- What barriers/resistance did you experience?
- What results (if any) were experienced? Were they negative, or just not valuable?

## **Attachment L**

### **Success Case Interview Protocol on Treatment Planning M.A.T.R.S.**

**NATIONAL EVALUATION OF  
THE ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK**

**Treatment Planning M.A.T.R.S. Training Initiative  
Success Case Interview Protocol**

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 1 hour per interview, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

**Treatment Planning M.A.T.R.S. Training Initiative  
Success Case Interview Protocol**

*Questions 1- 3 are intended only for those clinicians deemed “successful” based on survey results. Question 4 is intended for both those deemed “successful” and “unsuccessful.”*

**Categories for Success Interviews:**

<b>What was used?</b>	<b>What results were achieved?</b>	<b>What good did it do? (value)</b>	<b>What helped?</b>	<b>Suggestions?</b>
-----------------------	------------------------------------	-------------------------------------	---------------------	---------------------



**1. Success of application of learning after engaging in process:**

From your survey responses, it looks like your agency has used knowledge and skills from the Treatment Planning M.A.T.R.S. Training Initiative effectively and have achieved some positive results. I’d like to understand in more detail how your agency applied its learning and what positive things have happened because of and since the training.

- How have you used any of the Treatment Planning skills/activities emphasized in this training?
- [For each skill/activity mentioned] And then what? What did this lead to?
- Have products been developed? Systems changed? Has the way you conduct supervision changed?
- What has implementing these new skills/activities achieved? How has it helped you?
- What strikes you as the most important benefit you got from implementing Treatment Planning skills/activities?
- What benefits to your agency/clients have resulted?
- Any particular stories that illustrate the impact of the training?

**2. Factors that supported the application of your learning:**

What supports/factors contributed to you being able to successfully implement the Treatment Planning skills/activities discussed above? As you think about your job, your organization, your work environment, your professional colleagues, etc., what made this all work for you?

Probe for:

- Your work environment
- Timing of the program
- Expectations of supervisor/agency director

- Personal expectations
- Incentives/rewards
- Experienced peers and/or support personnel to help you use what you learned
- Other supports?
- Other motivators?
- Specifically, how much of a support was the ATTC trainer to the process?
  - Value as a trainer?
  - Value outside of training sessions?
  - Sufficient availability?

**3. Characteristics of the Treatment Planning M.A.T.R.S. Training Initiative that worked/helped:**

It seems like the Treatment Planning M.A.T.R.S. Training Initiative resulted in some positive outcomes. What about the experience itself made it especially successful for you?

- The curriculum/approach (the Treatment Planning skills/activities taught)
- The design of the training (length of time, materials, etc)
- Delivery (facilitator)
- Timing
- Consultation/assistance from ATTC after the training initiative
- Other

**Categories for Nonsuccess Interviews:**

**Barriers?**

**Suggestions?**



**4. Barriers to learning/implementation:**

In instances where you were unable to implement the Treatment Planning skills/ activities taught in the training initiative:

- What got in the way of using the Treatment Planning skill/activity?
- Why did the skill/activity not fit?
- What barriers/resistance did you experience?

In instances where you were able to implement Treatment Planning skills/ activities, but did not experience any valuable results:

- Was the activity not a good fit?
- What barriers/resistance did you experience?
- What results (if any) were experienced? Were they negative, or just not valuable?

**Attachment M**

**Organizational Readiness  
for Change Survey**

OMB No. 0930-xxxx  
Expiration Date:

**NATIONAL EVALUATION OF  
THE ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK**

**Organizational Readiness for Change (TCU ORC)  
Treatment Director Version (TCU ORC-D)**

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-~~xxxx~~. Public reporting burden for this collection of information is estimated to average 30 minutes per interview, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

# Organizational Readiness for Change (TCU ORC) Treatment Director Version (TCU ORC-D) *Instruction Page*

This survey asks questions about how you see yourself as a program director or counseling supervisor, and how you see your program. It begins on the next page with a short demographic section that is for descriptive purposes only. The *Anonymous Linkage Code* is requested so that information you give now can be “linked” to your responses to similar questions you may be asked later.

To complete the form, please mark your answers by completely filling in the appropriate circles. If you do not feel comfortable giving an answer to a particular statement, you may skip it and move on to the next statement. If an item does not apply to you or your workplace, leave it blank. PLEASE DO NOT FOLD FORMS. The examples below show how to mark the circles –

For Example – ●

	<i>Disagree Strongly</i> (1)	<i>Disagree</i> (2)	<i>Uncertain</i> (3)	<i>Agree</i> (4)	<i>Agree Strongly</i> (5)
<b>Person 1.</b> I like chocolate ice cream. .... ○      ●      ○      ○      ○					
<i>This person disagrees a little so she probably doesn't like chocolate ice cream.</i>					
<b>Person 2.</b> I like chocolate ice cream. .... ○      ○      ○      ○      ●					
<i>This person likes chocolate ice cream a lot.</i>					
<b>Person 3.</b> I like chocolate ice cream. .... ○      ○      ●      ○      ○					
<i>This person is not sure if he likes chocolate ice cream or not.</i>					

## Organizational Readiness for Change (TCU ORC)

### Treatment Director Version (TCU ORC-D)

The anonymous linkage code below will be used to match data from different evaluation forms without using your name or information that can identify you.

Please complete the following items for your anonymous code:

First letter in mother's first name:

First letter in father's first name:

First digit in your social security number:

Last digit in your social security number:

Today's Date:    |   |     
MO DAY YR

Are you:  Male  Female

Your Birth Year: 19

Are you of Hispanic/Latino origin?  No  Yes

**Race Categories:** [CHECK ALL THAT APPLY]

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

Asian

White

Black/African American

**Highest Degree Status:** [MARK ONE]

No high school diploma or equivalent

Bachelor's degree

High school diploma or equivalent

Master's degree

Some college, but no degree

Doctoral degree or equivalent

Associate's degree

Other (medical assistant, RN, post-doctorate)

**Discipline/Profession:** [MARK ALL THAT APPLY]

Addictions Counseling

Social Work/Human Services

Nurse Practitioner

Other Counseling

Physician Assistant

Administration

Education

Medicine: Primary Care

None, unemployed

Vocational Rehabilitation

Medicine: Psychiatry

None, student

Criminal Justice

Medicine: Other

Other (specify \_\_\_\_\_)

Psychology

Nurse

**Certification Status in Addictions Field:** [MARK ONE]

Not certified or licensed in addiction

Currently certified or licensed

Previously certified or licensed, not now

Intern

**How many years of experience do you have in the drug abuse counseling field?**

0-6 months  6-11 months  1 to 3 years  3 to 5 years  over 5 years

**How long have you been in your present job?**

0-6 months  6-11 months  1 to 3 years  3 to 5 years  over 5 years

**How many clients are currently being treated in your program?**

1-20  21-40  41-80  81-160  > 160

--	--	--	--	--

**DRUG TREATMENT UNIT INFORMATION**

**Is your drug treatment unit – [MARK ONE]**

- Independent (not part of a parent organization)*
- One of several drug treatment units under a parent organization*

**What is the zip code for your treatment unit?** ..... 

--	--	--	--	--

**Which of the following best describes this treatment unit? [MARK ONE]**

- Intensive outpatient – 9 or more hours of structured programming per week (non-methadone)*
- Outpatient services – less than 9 hours of structured programming per week (non-methadone)*
- Outpatient methadone*
- Therapeutic community*
- Inpatient/residential*
- Halfway house/work release*
- Other (please specify) \_\_\_\_\_*

**Which one category best describes the primary setting of this treatment unit? [MARK ONE]**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="radio"/> <i>Health Maintenance Organization<br/>or Integrated Health Plan Facility</i></li> <li><input type="radio"/> <i>Hospital or university</i></li> <li><input type="radio"/> <i>Psychiatric or other<br/>specialized hospital</i></li> <li><input type="radio"/> <i>Health center (including<br/>primary care setting)</i></li> <li><input type="radio"/> <i>Mental health service setting<br/>or community mental health clinic</i></li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> <i>Free-standing substance abuse services</i></li> <li><input type="radio"/> <i>Family/children service agency</i></li> <li><input type="radio"/> <i>Social services agency</i></li> <li><input type="radio"/> <i>Other multi-service agency</i></li> <li><input type="radio"/> <i>Jail or prison</i></li> <li><input type="radio"/> <i>Juvenile detention</i></li> <li><input type="radio"/> <i>Private or group practice</i></li> <li><input type="radio"/> <i>Other (please specify) _____</i></li> </ul> |
|---|---|

**Primary service area for treatment unit? [MARK ONE]**

- Rural*
- Suburban*
- Urban*

**Type of substance abuse problems treated? [MARK ONE]**

- Alcohol problems only*
- Drug problems only*
- Both alcohol and drug problems*

**Does your treatment unit primarily serve –**

- Adults?* .....  *No*  *Yes*
- Adolescents?* .....  *No*  *Yes*
- Criminal justice referrals?* .....  *No*  *Yes*
- Women only?* .....  *No*  *Yes*
- Pregnant women or women with children?* .....  *No*  *Yes*
- Dual diagnosis clients (e.g., mental health and substance abuse)?* .....  *No*  *Yes*



# Organizational Readiness for Change (TCU ORC)

## Treatment Director Version (TCU ORC-D)

*PLEASE FILL IN THE CIRCLE THAT SHOWS YOUR ANSWER TO EACH ITEM.*

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
(1)	(2)	(3)	(4)	(5)

**Your program needs additional guidance in –**

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. documenting service needs of clients for making treatment placements. ....               | <input type="radio"/> |
| 2. tracking and evaluating performance of clients over time. ....                           | <input type="radio"/> |
| 3. obtaining information that can document program effectiveness. ....                      | <input type="radio"/> |
| 4. automating client records for billing and financial applications. ....                   | <input type="radio"/> |
| 5. evaluating staff performance and organizational functioning. ....                        | <input type="radio"/> |
| 6. selecting new treatment interventions and strategies for which staff need training. .... | <input type="radio"/> |
| 7. improving the recording and retrieval of financial information. ....                     | <input type="radio"/> |
| 8. generating timely “management” reports on clinical, financial, and outcome data. ....    | <input type="radio"/> |

**Your counseling staff needs more training for –**

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 9. assessing client problems and needs. ....                   | <input type="radio"/> |
| 10. increasing client participation in treatment. ....         | <input type="radio"/> |
| 11. monitoring client progress. ....                           | <input type="radio"/> |
| 12. improving rapport with clients. ....                       | <input type="radio"/> |
| 13. improving client thinking and problem solving skills. .... | <input type="radio"/> |
| 14. improving behavioral management of clients. ....           | <input type="radio"/> |

--	--	--	--	--

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
(1)	(2)	(3)	(4)	(5)

- 15. improving cognitive focus of clients during group counseling.  (1)  (2)  (3)  (4)  (5)
- 16. using computerized client assessments.  (1)  (2)  (3)  (4)  (5)

**Current pressures to make program changes come from –**

- 17. clients in the program.  (1)  (2)  (3)  (4)  (5)
- 18. program staff members.  (1)  (2)  (3)  (4)  (5)
- 19. program supervisors or managers.  (1)  (2)  (3)  (4)  (5)
- 20. agency board members.  (1)  (2)  (3)  (4)  (5)
- 21. community action groups.  (1)  (2)  (3)  (4)  (5)
- 22. funding and oversight agencies.  (1)  (2)  (3)  (4)  (5)
- 23. accreditation or licensing authorities.  (1)  (2)  (3)  (4)  (5)

**How strongly do you agree or disagree with each of the following statements?**

- 24. Your staff prefer training content that is based on scientific evidence.  (1)  (2)  (3)  (4)  (5)
- 25. Your offices and equipment are adequate.  (1)  (2)  (3)  (4)  (5)
- 26. You have the skills to conduct effective staff meetings.  (1)  (2)  (3)  (4)  (5)
- 27. Some staff get confused about the main goals for this program.  (1)  (2)  (3)  (4)  (5)
- 28. Staff here all get along very well.  (1)  (2)  (3)  (4)  (5)
- 29. Psychodynamic theory is commonly used in counseling here.  (1)  (2)  (3)  (4)  (5)

--	--	--	--	--

<i>Disagree</i>				<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly</i>
(1)	(2)	(3)	(4)	(5)

- |     |   |                       |                       |                       |                       |                       |
|-----|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 30. | Your staff often has trouble implementing concepts they learn at conferences. ....  | <input type="radio"/> |
| 31. | Program staff understand how this program fits as part of the treatment system in your community. ....  | <input type="radio"/> |
| 32. | Treatment planning decisions for clients here often have to be revised by a counselor supervisor. ....  | <input type="radio"/> |
| 33. | Staff training and continuing education are priorities at this program. ....  | <input type="radio"/> |
| 34. | Offices here are adequate for conducting group counseling. ....   | <input type="radio"/> |
| 35. | You frequently discuss new counseling ideas with staff. ....  | <input type="radio"/> |
| 36. | You were satisfied with outside training available to your staff last year. ....  | <input type="radio"/> |
| 37. | You used the Internet (World Wide Web) to communicate with other treatment professionals (e.g., list serves, bulletin boards, chat rooms) in the past month. .... | <input type="radio"/> |
| 38. | You fully trust the professional judgment of staff who work with clients here. ....   | <input type="radio"/> |
| 39. | Pharmacotherapy and medications are important parts of this program. ....   | <input type="radio"/> |
| 40. | There is too much friction among staff members. ....  | <input type="radio"/> |
| 41. | Some staff members here resist any type of change. ....   | <input type="radio"/> |
| 42. | You always listen to ideas and suggestions from staff. ....   | <input type="radio"/> |

--	--	--	--	--

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
(1)	(2)	(3)	(4)	(5)

- |     |   |                       |                       |                       |                       |                       |
|-----|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 43. | Staff generally regard you as a valuable source of information. ....                                | <input type="radio"/> |
| 44. | You have easy access for using the Internet at work. ....   | <input type="radio"/> |
| 45. | The staff here always works together as a team. ....  | <input type="radio"/> |
| 46. | Client assessments here are usually conducted using a computer. ....                                | <input type="radio"/> |
| 47. | Your duties are clearly related to the goals of this program. ....                                  | <input type="radio"/> |
| 48. | You learned new management skills or techniques at a professional conference in the past year. .... | <input type="radio"/> |
| 49. | You consistently plan ahead and carry out your plans. ....  | <input type="radio"/> |
| 50. | You are under too many pressures to do your job effectively. ....                                   | <input type="radio"/> |
| 51. | Counselors here are given broad authority in treating their own clients. ....                       | <input type="radio"/> |
| 52. | This program encourages and supports professional growth. ....                                      | <input type="radio"/> |
| 53. | Behavior modification (contingency management) is used with many clients here. ....                 | <input type="radio"/> |
| 54. | You read about new techniques and treatment information each month. ....                            | <input type="radio"/> |
| 55. | Staff here are always quick to help one another when needed. ....                                   | <input type="radio"/> |
| 56. | Computer problems are usually repaired promptly at this program. ....                               | <input type="radio"/> |

--	--	--	--	--

<i>Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree</i>
<i>Strongly</i>	<i>Strongly</i>	<i>Strongly</i>	<i>Strongly</i>	<i>Strongly</i>
(1)	(2)	(3)	(4)	(5)

- |     |   |                       |                       |                       |                       |                       |
|-----|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 57. | Novel treatment ideas by staff are discouraged. ....  | <input type="radio"/> |
| 58. | There are enough counselors here to meet current client needs. ....                                 | <input type="radio"/> |
| 59. | The budget here allows staff to attend professional conferences each year. ....                     | <input type="radio"/> |
| 60. | You have enough opportunities to keep your management skills up-to-date. ....                       | <input type="radio"/> |
| 61. | Mutual trust and cooperation among staff in this program are strong. ....                           | <input type="radio"/> |
| 62. | Most client records here are computerized. ....   | <input type="radio"/> |
| 63. | You are willing to try new ideas even if some staff members are reluctant. ....                     | <input type="radio"/> |
| 64. | Learning and using new procedures are easy for you. ....  | <input type="radio"/> |
| 65. | This program operates with clear goals and objectives. ....   | <input type="radio"/> |
| 66. | Staff members often show signs of stress and strain. ....   | <input type="radio"/> |
| 67. | You have staff meetings weekly. ....  | <input type="radio"/> |
| 68. | You usually accomplish whatever you set your mind on. ....  | <input type="radio"/> |
| 69. | You can change procedures here quickly to meet new conditions. ....                                 | <input type="radio"/> |
| 70. | Counselors here often try out different techniques to improve their effectiveness. ....             | <input type="radio"/> |
| 71. | You used the Internet (World Wide Web) to access drug treatment information in the past month. .... | <input type="radio"/> |



<i>Disagree</i>				<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly</i>
(1)	(2)	(3)	(4)	(5)

- 72. The formal and informal communication channels here work very well.  (1)  (2)  (3)  (4)  (5)
- 73. You have program policies that limit staff access to the Internet and use of e-mail.  (1)  (2)  (3)  (4)  (5)
- 74. Offices here allow the privacy needed for individual counseling.  (1)  (2)  (3)  (4)  (5)
- 75. You are sometimes too cautious or slow to make changes.  (1)  (2)  (3)  (4)  (5)
- 76. Staff members think they have too many rules here.  (1)  (2)  (3)  (4)  (5)
- 77. You feel a lot of stress here.  (1)  (2)  (3)  (4)  (5)
- 78. 12-step theory (AA/NA) is followed by many of the counselors here.  (1)  (2)  (3)  (4)  (5)
- 79. Program staff are always kept well informed.  (1)  (2)  (3)  (4)  (5)
- 80. The heavy workload here reduces program effectiveness.  (1)  (2)  (3)  (4)  (5)
- 81. You regularly read professional journal articles or books on drug abuse treatment.  (1)  (2)  (3)  (4)  (5)
- 82. Communications with other programs that have similar interests would help.  (1)  (2)  (3)  (4)  (5)
- 83. Staff readily implement your ideas for changing program procedures.  (1)  (2)  (3)  (4)  (5)
- 84. More open discussions about program issues are needed here.  (1)  (2)  (3)  (4)  (5)
- 85. This program holds regular inservice training.  (1)  (2)  (3)  (4)  (5)
- 86. You learned new management skills or techniques from manuals or other self-education materials in the past year.  (1)  (2)  (3)  (4)  (5)

--	--	--	--	--

<i>Disagree</i>				<i>Agree</i>
<u>Strongly</u>	<u>Disagree</u>	<u>Uncertain</u>	<u>Agree</u>	<u>Strongly</u>
(1)	(2)	(3)	(4)	(5)

- |      |   |                       |                       |                       |                       |                       |
|------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 87.  | You frequently hear good staff ideas for improving treatment. ....                              | <input type="radio"/> |
| 88.  | Staff seek your opinions about counseling and treatment issues. ....                            | <input type="radio"/> |
| 89.  | You are effective and confident in doing your job. ....   | <input type="radio"/> |
| 90.  | You have a computer to use in your personal office space at work. ....                          | <input type="radio"/> |
| 91.  | Some staff here do not do their fair share of work. ....  | <input type="radio"/> |
| 92.  | A larger support staff is needed to help meet program needs. ....                               | <input type="radio"/> |
| 93.  | The general attitude here is to use new and changing technology. ....                           | <input type="radio"/> |
| 94.  | You do a good job of regularly updating and improving your skills. ....                         | <input type="radio"/> |
| 95.  | Staff members always feel free to ask questions and express concerns in this program. ....      | <input type="radio"/> |
| 96.  | You are highly effective in working with community leaders and board members. ....              | <input type="radio"/> |
| 97.  | Staff frustrations are common here. ....  | <input type="radio"/> |
| 98.  | Direct access to counseling resources on the Internet is needed by staff here. ....             | <input type="radio"/> |
| 99.  | You have a clear plan for leading this program. ....  | <input type="radio"/> |
| 100. | Your staff readily follows your leadership. ....  | <input type="radio"/> |
| 101. | You have easy access to specialized medical or psychiatric advice for clients when needed. .... | <input type="radio"/> |



<i>Disagree</i>				<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly</i>
(1)	(2)	(3)	(4)	(5)

- 102. You have convenient access to e-mail at work.  (1)  (2)  (3)  (4)  (5)
- 103. You encourage counselors to try new and different techniques.  (1)  (2)  (3)  (4)  (5)
- 104. You are able to adapt quickly when you have to shift focus.  (1)  (2)  (3)  (4)  (5)
- 105. Cognitive theory (RET, RBT, Gorski) guides much of the counseling here.  (1)  (2)  (3)  (4)  (5)
- 106. You are viewed as a strong leader by the staff here.  (1)  (2)  (3)  (4)  (5)
- 107. Computer equipment at this program is mostly old and outdated.  (1)  (2)  (3)  (4)  (5)
- 108. This program provides a comfortable reception/waiting area for clients.  (1)  (2)  (3)  (4)  (5)
- 109. Staff here feel comfortable using computers.  (1)  (2)  (3)  (4)  (5)
- 110. Frequent staff turnover is a problem for this program.  (1)  (2)  (3)  (4)  (5)
- 111. Counselors here are able to spend enough time with clients.  (1)  (2)  (3)  (4)  (5)
- 112. Support staff here have the skills they need to do their jobs.  (1)  (2)  (3)  (4)  (5)
- 113. Clinical staff here are well-trained.  (1)  (2)  (3)  (4)  (5)
- 114. The workload and pressures at your program keep motivation for new training low.  (1)  (2)  (3)  (4)  (5)
- 115. More computers are needed in this program for staff to use.  (1)  (2)  (3)  (4)  (5)

# **Attachment N**

## **Motivational Interviewing Adherence**

### **Clinician Self-Assessment Form**

**NATIONAL EVALUATION OF  
THE ADDICTION TECHNOLOGY TRANSFER CENTER (ATTC) NETWORK**

**Motivational Interviewing Adherence  
Clinician Self-Assessment Form**

Instrument is borrowed from: Martino, S., Ball, S.A., Gallon, S.L., Hall, D., Garcia, M., Ceperich, S., Farentinos, C., Hamilton, J., and Hausotter, W. (2006) *Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency*. Salem, OR: Northwest Frontier Addiction Technology Transfer Center, Oregon Health and Science University.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 30 minutes per interview, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

<b>Clinician ID:</b> _____ <b>Tape #:</b> _____ <b>Date:</b> _____
--

## MOTIVATIONAL INTERVIEWING CLINICIAN SELF-ASSESSMENT REPORT

Listed below are a variety of Motivational Interviewing consistent and inconsistent skill areas. Please rate the degree to which you incorporated any of these strategies or techniques into your session with your client. Feel free to write comments below each item about any areas you want to discuss with your supervisor. For each item please rate your best estimate about how frequently you used the strategy using the definitions for each scale point.

<b>1 (NOT AT ALL) .....</b>	<b>Never used the strategy</b>
<b>2 (A LITTLE) .....</b>	<b>Used the strategy 1 time briefly</b>
<b>3 (INFREQUENTLY)...</b>	<b>Used the strategy 2 times briefly</b>
<b>4 (SOMEWHAT) .....</b>	<b>Used the strategy 3–4 times briefly or once or twice extensively</b>
<b>5 (QUITE A BIT) .....</b>	<b>Used the strategy 5–6 times briefly or thrice extensively</b>
<b>6 (CONSIDERABLY) ..</b>	<b>Used the strategy during more than half of the session</b>
<b>7 EXTENSIVELY .....</b>	<b>Used the strategy almost the entire session</b>

### MOTIVATIONAL INTERVIEWING CONSISTENT ITEMS

#### 1. Motivational Interviewing Style or Spirit:

To what extent did you provide low-key feedback, roll with resistance (e.g., avoiding arguments, shifting focus), and use a supportive, warm, non-judgmental, collaborative approach? To what extent did you convey empathic sensitivity through words and tone of voice, demonstrate genuine concern and an awareness of the client’s experiences? To what extent did you follow the client’s lead in discussions instead of structuring the discussion according to your agenda?

.....1 .....	2.....	3 .....	4 .....	5 .....	6 .....	7 .....
NOT AT ALL	A LITTLE	INFREQUENTLY	SOMEWHAT	QUITE A BIT	CONSIDERABLY	EXTENSIVELY

Comments:

---



---



---



---

**2. Open Ended Questions:**

To what extent did you use open-ended questions (i.e., questions or requests that elicit more than yes/no responses) to elicit the client’s perception of his/her problems, motivation, change efforts, and plans? These questions often begin with the interrogatives: “What,” “How,” and “In what” or lead off with the request, “Tell me...” or “Describe...”

.....1 .....	2.....	3 .....	4 .....	5 .....	6 .....	7 .....
NOT AT ALL	A LITTLE	INFREQUENTLY	SOMEWHAT	QUITE A BIT	CONSIDERABLY	EXTENSIVELY

Comments:

---



---



---



---

**3. Affirmation of Strengths and Change Efforts:**

To what extent did you verbally reinforce the client’s strengths, abilities, or efforts to change his/her behavior? To what extent did you try to develop the client’s confidence by praising small steps taken by the client in the direction of change or by expressing appreciation for the client’s personal qualities that might facilitate successful change efforts?

.....1 .....	2.....	3 .....	4 .....	5 .....	6 .....	7 .....
NOT AT ALL	A LITTLE	INFREQUENTLY	SOMEWHAT	QUITE A BIT	CONSIDERABLY	EXTENSIVELY

Comments:

---



---



---



---

**4. Reflective Statements:**

To what extent did you use reflective listening skills such as repeating (exact words), rephrasing (slight rewording), paraphrasing (e.g., amplifying the thought or feeling, use of analogy, making inferences) or making reflective summary statements of what the client says?

.....1 .....	2.....	3 .....	4 .....	5 .....	6 .....	7 .....
NOT AT ALL	A LITTLE	INFREQUENTLY	SOMEWHAT	QUITE A BIT	CONSIDERABLY	EXTENSIVELY

Comments:

---

---

---

---

---

**5. Fostering a Collaborative Atmosphere:**

To what extent did you convey in words or actions that counseling is a collaborative relationship in contrast to one where you are in charge? How much did you emphasize the (greater) importance of the client's own decisions, confidence, and perception of the importance of changing? To what extent did you verbalize respect for the client's autonomy and personal choice?

---

.....1 ..... 2..... 3 ..... 4 ..... 5 ..... 6 ..... 7 .....

---

NOT AT ALL    A LITTLE    INFREQUENTLY    SOMEWHAT    QUITE A BIT    CONSIDERABLY    EXTENSIVELY

---

Comments:

---

---

---

---

---

**6. Motivation to Change:**

To what extent did you try to elicit client discussion of change (self-motivational statements) through evocative questions or comments designed to promote greater awareness/concern for the problem, recognition of the advantages of change, increased intent/optimism to change, or elaboration on a topic related to change? To what extent did you discuss the stages of change, help the client develop a rating of current importance, confidence, readiness or commitment, or explore how motivation might be strengthened?

---

.....1 ..... 2..... 3 ..... 4 ..... 5 ..... 6 ..... 7 .....

---

NOT AT ALL    A LITTLE    INFREQUENTLY    SOMEWHAT    QUITE A BIT    CONSIDERABLY    EXTENSIVELY

---

Comments:

---

---

---

---

---

**7. Developing Discrepancies:**

To what extent did you create or heighten the internal conflicts of the client relative to his/her substance use? To what extent did you try to increase the client's awareness of a discrepancy between where his or her life is currently versus where he or she wants it to be in the future? How much did you explore how substance use may be inconsistent with a client's goals, values, or self-perceptions?

---

.....1 ..... 2..... 3 ..... 4 ..... 5 ..... 6 ..... 7 .....

---

NOT AT ALL    A LITTLE    INFREQUENTLY    SOMEWHAT    QUITE A BIT    CONSIDERABLY    EXTENSIVELY

---

Comments:

---

---

---

---

---

**8. Pros, Cons, and Ambivalence:**

To what extent did you address or explore with the client the positive and negative effects or results of his or her substance use and what might be gained and lost by abstinence or reduction in substance use? To what extent did you conduct a decisional balance activity consisting of a cost-benefits analysis or list of pros and cons of substance use? How much did you develop and highlight the client's ambivalence, support it as a normal part of the change process, and reflect back to the client the mixed thoughts and feelings that underpin the client's ambivalence?

---

.....1 ..... 2..... 3 ..... 4 ..... 5 ..... 6 ..... 7 .....

---

NOT AT ALL    A LITTLE    INFREQUENTLY    SOMEWHAT    QUITE A BIT    CONSIDERABLY    EXTENSIVELY

---

Comments:

---

---

---

---

---

**9. Change Planning Discussion:**

To what extent did you develop a change plan with the client in a collaborative fashion. How much did you cover critical aspects of change planning such as facilitating discussion of the client’s self-identified goals, steps for achieving those goals, supportive people available to help the client, what obstacles to the change plan might exist, and how to address impediments to change?

.....1 ..... 2..... 3 ..... 4 ..... 5 ..... 6 ..... 7 .....  
NOT AT ALL    A LITTLE    INFREQUENTLY    SOMEWHAT    QUITE A BIT    CONSIDERABLY    EXTENSIVELY

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Client-Centered Problem Discussion and Feedback:**

To what extent did you facilitate a discussion of the problems for which the client entered treatment instead of directing the conversation to problems identified by you but not by the client? To what extent did you provide feedback to the client about his or her substance use or problems in other life areas only when solicited by the client or when you explicitly sought the client’s permission first?

.....1 ..... 2..... 3 ..... 4 ..... 5 ..... 6 ..... 7 .....  
NOT AT ALL    A LITTLE    INFREQUENTLY    SOMEWHAT    QUITE A BIT    CONSIDERABLY    EXTENSIVELY

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Unsolicited Advice, Direction-Giving, or Feedback:**

To what degree did you provide unsolicited advice, direction, or feedback (e.g., offering specific, concrete suggestions for what the client should do)? To what extent was your style one of instructing the client how to be successful in his/her recovery?

.....1 ..... 2..... 3 ..... 4 ..... 5 ..... 6 ..... 7 .....  
NOT AT ALL    A LITTLE    INFREQUENTLY    SOMEWHAT    QUITE A BIT    CONSIDERABLY    EXTENSIVELY

Comments:

---

---

---

---

---