# **Product Feedback Survey**

## Hosted on Survey Monkey and accessed via a link on the KAP website

[Note: We assume that this survey will be taken by people who have recently used a KAP product and have chosen to follow the link to the product survey, which will be hosted on the KAP website and for which a link will be provided in the product itself. Questions in this survey were developed under the assumption that respondents will have reviewed the product and can provide meaningful feedback.]

#### **Introduction Page:**

Thank you for taking the time to complete this survey. Your feedback will help ensure future products meet your needs.

We will not collect or retain any personal identification information, including your email address, without your permission. All responses are combined for reporting purposes.

We really appreciate your help!

Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) Knowledge Application Program (KAP)

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 0930-0197. Public reporting burden for this collection of information is estimated to average 7 minutes per respondent, per year, including the time for including the time for reviewing instruction. 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, 5600 Fishers Lane Rockville, MD 20857.

### **Product Feedback**

**1.** The following questions refer to the product you recently ordered or accessed online. Please select the product about which you are providing feedback:

<u>TIP</u>
○○ TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment
○○ TIP 41: Substance Abuse Treatment: Group Therapy
○○ TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders
○○ TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women
○○ TIP 52: Clinical Supervision and Professional Development of the Substance Abuse Counselor
○○ TIP 57: Trauma-Informed Care in Behavioral Health Services
○○ TIP 59: Improving Cultural Competence
○○ Other TIP, please specify:
<u>TAP</u>
○○ TAP 21: Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice
TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors
TAP 33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment
Other TAP, please specify:
Advisory/In-Brief
Advisory: Obsessive-Compulsive Disorder and Substance Use Disorders
Advisory: Clients with Attention Deficit Hyperactivity Disorder and Substance Use Disorders
O In-Brief: Rural Behavioral Health: Telehealth Challenges and Opportunities
In-Brief: Prescription Drug Monitoring Programs: A Guide for Healthcare Providers
In-Brief: Adult Drug Courts and Medication-Assisted Treatment for Opioid Dependence
O In-Brief: An Introduction to Co Occurring Borderline Personality Disorder and Substance Use Disorders
Other Advisory/In-Brief, please specify:
Brochure/Booklet
○ Alcohol and Depression: Steve's Path to a Better Life
○ What is Substance Abuse Treatment? A Booklet for Families
○ Take Action Against Hepatitis C – Education Session Guide
○ Faces of Change: Do I Have a Problem with Alcohol or Drugs?
○ The Next Step Toward a Better Life Based on TIP 45
Other Brochure/Booklet, please specify:
Quick Guide/KAP Key
Ouick Guide for Clinicians Based on TIP 57: Trauma-Informed Care in Behavioral Health Services
O Quick Guide for Administrators Based on TIP 59: Improving Cultural Competence
○ KAP Keys for Clinicians Based on TIP 57: Trauma-Informed Care and Behavioral Health Services
Other Quick Guide/KAP Key (please specify:)
Training Material/Guide
O Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual
Anger Management for Substance Abuse and Mental Health Clients Participant Workbook
O Brief Counseling for Marijuana Dependence: A Manual for Treating Adults
Cannabis Youth Treatment Series, Vol. 1: Motivational Enhancement Therapy and Cognitive Behavioral Therapy
for Adolescent Cannabis Users. 5 Sessions
O Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders: Counselor's Family Education
Manual w/CD
○ Substance Abuse Treatment: Group Therapy Inservice Training, Based on TIP 41
Other Training Manual/Guide (please specify:)
Spanish Products
Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual
(Spanish Version)
Anger Management for Substance Abuse and Mental Health Clients Participant Workbook (Spanish Version)
© El Tratamiento para el Abuso de las Drogas y el Alcohol (Alcohol and Drug Treatment: How it Works, and How i
Can Help You)
○ Other Spanish Product, (please specify:)

2.	Α.	΄ Γhrough which source did you first hear about this <sub>l</sub>	orodi	ict? (please select all that apply)							
		SAMHSA		Google or other online search engine							
		Other government agency									
		(Please specify:)									
		Professional organization		(Please specify:)							
		(Please specify:)		Trade or commercial news source							
		Consumer advocacy or recovery group		(Please specify:)							
		(Please specify:)		Other: (Please specify:)							
	В.	Through which method did you first hear about this	proc	duct?							
		Email notification		Mentioned/cited in a webinar or e-learning							
		Text message		course							
		Blog post		Mentioned at an in-person conference,							
		Social media (e.g., Twitter, Facebook, LinkedIn)		training, or workshop							
		Podcast		Mentioned in an academic course							
		Video									
		Word-of-mouth		material on a topic and this product appeared							
		Mentioned/cited in a journal, book, newsletter,		among your search results)							
		or other professional publication									
		·									
3.		w did you use this product? (Please select all that a	_								
		As a resource for clients to use on their own		In training/workforce development efforts							
		To provide psychoeducation for clients		To support clinical supervision and consultation For program development (e.g., policies and procedures, administrative guidelines, community partnership-building)							
		To gather talking points for sharing information									
		with colleagues (e.g., at conferences, in									
		presentations)									
		To obtain guidance on useful resources		To provide materials in languages other than English (please specify							
		To inform myself of best practices for screening,									
		assessment, and treatment		languages:)							
		w satisfied are you with how this product met your		-							
$\circ$	) Vei	ry satisfied O Somewhat satisfied Neutral	$\bigcirc$ S	omewhat dissatisfied  Overy dissatisfied							
	Col	mmonts									
_		mments:									
5.	Please provide feedback on the content, format, and accessibility of this resource in the scaled questions										
	below. Please also comment on what could be improved or what you like most about each element.										
		e content in this resource was:  1 2	3	4 5							
	a.	Much too basic An appropriat									
		Comments:									
	b.	1 2		3 4 5							
		Very out-of-date Somewha	t date	ed, but still relevant Very current							
		Comments:									
	r	1 2 3		4 5							
	c.	Not at all comprehensive Somewhat con	nnrek								
		•	i i pi Ci	very comprehensive							
		Comments:									

	d.		1 Not at all i	useful useful		3 ewhat useful	•	5 Very us	seful		
		Comments: _						•			
	e.		Hard t	1 to underst	2 and	Somewhat	3 understa	andable	4	•	erstand
		Comments: _									
	f.	Totally i			Somewhat appropriate			5 Completely appropriate for diverse audiences		-	
		Comments: _									<del></del>
g.			horitative		3 Somewhat authoritative				4 5 Completely authoritative		
		Comments: _									
6.	<u>Th</u>	e format and o	lesign/layo	ut of this r	esource:						
	a.	Was m		2 ort		3 ust the right	ength	4	Was	5 s much too	long
		Comments: _			•	•	•				8
	b.	Hindered my	1	2		3		4		5 anced my co	
		Comments: _	-			•	-			ŕ	·
	c.	Included con uninteresting			ima	3 ncluded figur ges that were elpful nor un	e neither		Inc		
		Comments: _				<del> </del>					
7.	<u>Ac</u>	<u>cessibility</u>									
	a. How quickly did the product load on your in the second			4	5	5			N/A		
		-		_			-				
	b. How legible/readable was the product on your mobile device?										
		1	2	3	4	5				N/A	
		•				Very easy					bile device
		Comments: _									
c. How accessible was this product's content via screen reac								xt-to-spe	ech to		
		1 Totally	2	Som	3 iewhat	4	5 Very	Did n	not iise	N/A e a screen re	eader or text-
		inaccessib	le			aco	•				
		Name of prog	gram or too	I used, if a	pplicable	:					
		Comments:									

### **Professional Background**

Knowing a little about the users of our products helps us tailor them to be most useful. Please share some information about your background.

8.	What is your area of specialization? (Please select all  Addiction treatment  Substance use prevention/education services  Primary care/nursing/other health care  Behavioral health services  Criminal justice/courts			nat apply.)  Employee assistance services  Recovery support  Tribal leadership  Other (Please specify:)				
9.	How many years have you worked in Total number of years:	n this area?						
10.	Which best describes your current p  ☐ Counselor/therapist  ☐ Peer counselor/SUD  program volunteer  ☐ Primary care practitioner  ☐ Clinical supervisor  ☐ Program manager	osition at work? (P     Administrator     Case manage     Intake counse     or evaluator     Policymaker     Outreach wor	r elor,	assessor,		Analyst Trainer/educator Employee assistance provider Law enforcement officer Behavioral health service provider Other (Please specify:)		
	<ul> <li>Which population(s) do you serve? (Please select all th</li> <li>Women</li> <li>Men</li> <li>Families</li> <li>Rural/remote populations</li> <li>Urban populations</li> <li>Adolescents (ages 12-17)</li> <li>Young adults (ages 18-24)</li> <li>Specific cultural groups (Please specify:</li></ul>			Individuals in primary medical care People with/in recovery from substance use disorders People with or in recovery from mental disorders People with medical/physical health issues I do not work directly with people receiving services or in an agency that provides services Other (Please specify:)				
12.	In which region do you or your agend Northeast (CT, ME, MA, NH, NJ, South (AL, AR, DE, FL, GA, KY, LA Midwest (IL,IN, IA, KS, MI, MN, N West (AK, AZ, CA, CO, HI, ID, NM Puerto Rico, Guam, or other U.S. N/A - I do not work directly with	NY, PA, RI, VT) , MD, MS, NC, OK, NE, ND, OH, SD, WI I, MT, NV, OR, UT, . Territories	SC, )Rui WA,	TN, TX, VA, WV) ral/remote popu , WY)	ılat	ions		
	Would you consider the area where ☐ Rural ☐ Urban ○ N/A - I do not work directly with services	☐ Suburban		☐ Reservat	ion	or tribal lands		
14.	Do you hold a degree, license, or cer professional counselor or social work  Yes (Please specify:	ker, Ph.D. psycholo				_		

Thank you for completing this survey. To help us further understand how we can meet the needs of professionals like you, we invite you to participate in future discussions about KAP's product topics and formats, promotional efforts, and audience engagement initiatives. If you are interested in joining the conversation, please send your name and contact information to [INSERT SAMHSA EMAIL ADDRESS]. Your responses on this survey will remain anonymous and your contact information will not be shared with anyone other than KAP staff members running the sessions. *Thank you!*