

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:*

TIP

- 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: _____

TAP

- 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
- 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
- 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

- Quick Guide for Clinicians Based on TIP 57: Trauma-Informed Care in Behavioral Health Services
- 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

- 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
- 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
- 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 it Can Help You)
- Other Spanish Product, (please specify:) _____

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 that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Addiction treatment | <input type="checkbox"/> Employee assistance services |
| <input type="checkbox"/> Substance use prevention/education services | <input type="checkbox"/> Recovery support |
| <input type="checkbox"/> Primary care/nursing/other health care | <input type="checkbox"/> Tribal leadership |
| <input type="checkbox"/> Behavioral health services | <input type="checkbox"/> Other (Please specify:_____) |
| <input type="checkbox"/> Criminal justice/courts | |

9. How many years have you worked in this area?

Total number of years: ____

10. Which best describes your current position at work? (Please select all that apply.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Counselor/therapist | <input type="checkbox"/> Administrator | <input type="checkbox"/> Analyst |
| <input type="checkbox"/> Peer counselor/SUD program volunteer | <input type="checkbox"/> Case manager | <input type="checkbox"/> Trainer/educator |
| <input type="checkbox"/> Primary care practitioner | <input type="checkbox"/> Intake counselor, assessor, or evaluator | <input type="checkbox"/> Employee assistance provider |
| <input type="checkbox"/> Clinical supervisor | <input type="checkbox"/> Policymaker | <input type="checkbox"/> Law enforcement officer |
| <input type="checkbox"/> Program manager | <input type="checkbox"/> Outreach worker | <input type="checkbox"/> Behavioral health service provider |
| | | <input type="checkbox"/> Other (Please specify:_____) |

11. Which population(s) do you serve? (Please select all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Women | <input type="checkbox"/> Individuals in primary medical care |
| <input type="checkbox"/> Men | <input type="checkbox"/> People with/in recovery from substance use disorders |
| <input type="checkbox"/> Families | <input type="checkbox"/> People with or in recovery from mental disorders |
| <input type="checkbox"/> Rural/remote populations | <input type="checkbox"/> People with medical/physical health issues |
| <input type="checkbox"/> Urban populations | <input type="checkbox"/> I do not work directly with people receiving services or in an agency that provides services |
| <input type="checkbox"/> Adolescents (ages 12-17) | |
| <input type="checkbox"/> Young adults (ages 18-24) | |
| <input type="checkbox"/> Specific cultural groups (Please specify:_____) | <input type="checkbox"/> Other (Please specify:_____) |
| <input type="checkbox"/> Individuals in the criminal justice system | |

12. In which region do you or your agency provide services? (please select all that apply)

- | |
|---|
| <input type="checkbox"/> Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, VT) |
| <input type="checkbox"/> South (AL, AR, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV) |
| <input type="checkbox"/> Midwest (IL, IN, IA, KS, MI, MN, NE, ND, OH, SD, WI) |
| <input type="checkbox"/> West (AK, AZ, CA, CO, HI, ID, NM, MT, NV, OR, UT, WA, WY) |
| <input type="checkbox"/> Puerto Rico, Guam, or other U.S. Territories |
| <input type="checkbox"/> N/A - I do not work directly with clients/patients or in an agency that provides client/patient services |

13. Would you consider the area where you or your agency provide services to be: (please select all that apply)

- | | | | |
|--|--------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Rural | <input type="checkbox"/> Urban | <input type="checkbox"/> Suburban | <input type="checkbox"/> Reservation or tribal lands |
| <input type="radio"/> N/A - I do not work directly with clients/patients or in an agency that provides client/patient services | | | |

14. Do you hold a degree, license, or certification in addiction treatment or a related area (e.g., licensed professional counselor or social worker, Ph.D. psychologist, M.D. psychiatrist/general practitioner)?

- Yes (Please specify:_____)
- No

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!*