

## Attachment 7. Client Focus Group Guide

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Qualitative client focus groups will occur annually starting in Year 2 of the project and ending in Year 4. Below we provide examples of questions that will be addressed in the focus groups. As focus groups are discussions among the participants, some domains may be discussed more or less than others within a given group, depending on the composition of that group. Also, in several places, we indicate “[insert relevant treatment].” Here the facilitator would refer to either BUP and NAL, MMT, or COUN depending on which group is convening. Similarly, we have noted when questions would be asked of only one group type.

### **Client Focus Group Questions:**

*Moderator will guide questions to capture data across the various domains.*

### **Introduction**

Thank you all for taking the time to meet with us today. I am [MODERATOR NAME] and will be leading this discussion. [NOTE TAKER NAME] will be taking notes. Our team has been hired by the Centers for Disease Control and Prevention (CDC) to conduct a study of treatment for opioid addiction. Although we are funded by CDC, we are not part of that federal agency (or any other federal agency). We are independent researchers.

Information gathered from this virtual group discussion will help us to better understand treatment for opioid addiction in the United States. Your participation in this virtual focus group is completely voluntary. Your name will not appear in any report. Although we are taking detailed notes, we would also like to audio record the session in case we need to check our notes. In doing so, we request that full names not be used during the session and the moderator will not refer or identify any focus group participant by their full name. Rather, first names only will be used during the session. We will remove all names and other identifiable information from all notes and transcripts. Audio recordings will be used only to ensure that notes are accurately capturing your input and we will delete all audio files immediately after notes and transcriptions are complete. No visual (camera) recording will

be done.

Is this set-up OK with everyone?

Finally, we also ask that each of you understand the importance of keeping information discussed in this group confidential and to respect each other's privacy. [*Moderator will ask each participant to verbally agree to keep everything discussed in the room confidential and will remind them at the end of the focus group not to discuss the material outside.*]

We expect this discussion will take no more than 90 minutes. During the discussion, I want to encourage you to talk to each other rather than to me. It is okay to disagree with what others have said or to give a different opinion. I am interested in hearing everyone's experiences. I may redirect the discussion if I feel that others opinions are not being heard. I will let you know when we are near the end of our time. Are there any questions before we begin?

### **Domain 1. Decisions to enter treatment for opioid addiction**

- o Tell me about your decision to enter treatment?
  - *Probe 1:* What were some of the factors or events that motivated you to enter drug treatment for your most recent treatment episode?
  - *Probe 2:* Why did you select the form of drug treatment you are currently enrolled in?
  - *Probe 3:* Did you receive information about the treatment facility before deciding to enter treatment there? If so, what information?
  
- o What contributed to you starting [*insert relevant treatment*]?
  - *Probe:* What people or institutions played a role in your decision?
  
- o What role, if any, did your family and/or close friends play in your decision to go into [*insert relevant treatment*]?
  - *Probe:* In what ways, if any, does your family and friends serve as a support
    - system for your treatment plans?
  
- o What challenges make it difficult to stay on treatment?
  - *Probe:* How do you deal with cravings?
  
- o What motivates you to stay on [*insert relevant treatment*]?
  - *Probes:* What strategies, if any, do you use to stay in treatment?
  
- o How is your story typical or different from your peers in drug treatment? What other paths have you seen people take?

Rationale: This will allow us to get know the factors that influence seeking any form of treatment. We will also learn more about their treatment history.

## **Domain 2. Treatment Access and Treatment Options**

- o Please tell us a little about the place where you receive your treatment and how long you've been there.
  - *Probe:* Did you have any direct experience with that program before you most recently started?
  - *Probe:* Did you have any direct experience with that particular clinician/provider within this program before you most recently started?"
- o Did you have to wait for treatment at this facility? If so, how long did you have to wait? What were the reasons for the delay?"
- o Did your provider offer you different treatment options, for MAT or counseling without medication?
- o Are you currently in outpatient individual or group therapy? Is it at this clinic or separate group?
- o What other services are you getting as part of your treatment? Are there services you would like to receive, but aren't?

Rationale: This will provide information on the setting.

## **Domain 3. Barriers and Facilitators**

- o What about your treatment has been the most helpful?
  - *Probe:* In what ways does your treatment provider help you navigate treatment? Have there been programs to help you enter treatment, like Church or faith-based programs or police and other community efforts?
- o What factors at home or in your personal life have helped you stay on treatment?
- o What makes treatment most difficult?

- *Probe:* What makes it difficult for you to stay on treatment? How do you cope with challenges that arise?
- o Not everyone who needs help with opioid addiction gets it. What do you think keeps people with opioid problems from getting the treatment services they need?

#### **Domain 4. Experience with providers**

- o Tell me about some things you like about your doctor (your counselor). What do you wish was different?
- o What support systems are you offered at [*insert relevant treatment*] in addition to medication?
- o Please give an example of a discussion you've had with your provider about your addiction and/or addiction in general?
- o What is it like being a patient at [*insert relevant treatment*]?
  - *Probes:* How are you treated as a patient at [*insert relevant treatment*]? Are there any program rules or practices that present challenges for you continuing treatment? Can you describe what these are and offer suggestions for strengthening the treatment experience at [*insert relevant treatment*]?

Rationale: This will give us a little more information on the client-provider interaction.