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| **Evaluation Sheet – Session Facilitation****[CBT-R Session]** | Sheet ID:**B-II** |
| 1. **Session Information**
 |
| Date: |  | Time: |  |
| Facility: |  |
| Session Numbers and Topics: |  | Number of Participants: |  |
| 1. **Facilitator Information**
 |
| Name: |  | Designation: |  |
| 1. **Evaluator Information**
 |
| Name: |  | Designation |  |

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| **Standard Operating Procedure (SOP) of CBT-R Session** |
| **Facilitation Steps** | **Facilitator’s Actions** | **Standard Time Allocation** |
| 1. Check-in
 | 1. Give greetings and introductory remarks for icebreaking
2. Explain which CBT sessions to review and the session proceeding today
 | 5 min |
| (Repeat the steps 2–6 below for each CBT session to review) |
| 1. Session Overview
 | 1. Briefly review what has been learned previously in light of the session objectives
 | 15 min(x 3 CBT sessions)\* |
| 1. Text Review
 | 1. Review the text content in an interactive manner with participants (but do not read aloud the whole texts)
2. Allow participants to ask questions
 |
| 1. Exercise Review
 | 1. Review the exercise in an interactive manner with participants
 |
| 1. Discussion
 | 1. Facilitate discussion on selected questions
 |
| 1. Highlight
 | 1. Reflect important points of the session
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| 1. Summary
 | 1. Summarize the content reviewed today
2. Allow participants to ask questions, if any
 | 10 min |

\* Based on the assumption that three CBT sessions are reviewed. The time allocation will be adjusted if the number of CBT sessions to review is different.

| **Evaluation Standards** | **Evaluation\* Score** | **Comments** |
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| 1. **CBT Content**
 |
| 1. Accurate teaching
 | Give accurate information that is based on the literature rather than a belief system | 3 2 1 |  |
| 1. Exploring high-risk behaviors
 | Adequately connect the session topic with high-risk or potential relapse situations and measures to avoid such situations | 3 2 1 |  |
| 1. Exploring measurable behavior changes
 | Give concrete examples that lead to measurable behavior changes | 3 2 1 |  |
| 1. Referencing other CBT sessions
 | Reference CBT topics from other sessions | 3 2 1 |  |
| 1. Use of CBT terminology
 | Adequately explain and apply the CBT terminology used in the Patient’s Workbook | 3 2 1 |  |
| 1. Limited process commentary
 | Limit the application of process comments | 3 2 1 |  |
| 1. **Motivational Interview (MI) Facilitation Style**
 |
| 1. Adequate listening attitude
 | Face to the speaker, smile, and gently nod while a participant talks | 3 2 1 |  |
| 1. Positive reinforcement and affirmations with empathy
 | Apply cheerleading, coaching, encouraging, and/or affirming styles with empathy | 3 2 1 |  |
| 1. Eliciting participants’ motivations to speak out
 | Elicit participants’ motivations to speak out voluntarily during discussion instead of rotating or nominating speakers*Note: Rotating or nominating speakers may be unavoidable in some groups, especially of participants mostly witha low educational background who are less talkative. However, it should be used as a last resort.* | 3 2 1 |  |
| 1. Reflective listening with empathy
 | Apply reflective listening with empathy (at least one reflection for every three questions) | 3 2 1 |  |
| 1. Summarizing responses
 | Periodically summarize responses of participants | 3 2 1 |  |
| 1. Using open-ended questions
 | Mostly use open-ended questions that require more than one to two words to answer | 3 2 1 |  |
| 1. Limited self-disclosure of the facilitator
 | Limit referencing the facilitator’s own experience | 3 2 1 |  |
| 1. Non-authoritative attitude
 | Avoid showing an authoritative attitude toward participants or asking them to speak in an authoritative tone | 3 2 1 |  |
| 1. No confrontation
 | Avoid attacking, harsh, disrespectful, and mean-spirited responses; just take no notice of, or give mild non-supportive remarks on, participants’ inappropriate behavior/comments | 3 2 1 |  |
| 1. No sarcasm
 | Avoid being rude, biting or cutting to participants | 3 2 1 |  |
| 1. **Management of Group Discussion**
 |
| 1. All members’ participation in discussion
 | Direct all members to pay attention to other participants’ talks during discussion instead of dropping their eyes on Patient’s Workbook, and give opportunities to all the participants to speak evenly | 3 2 1 |  |
| 1. Facilitating interactions between participants
 | Facilitate interactions between participants during discussion instead of sticking to bilateral communications between the facilitator and participants | 3 2 1 |  |
| 1. Limited interruption of participants’ talk
 | Allow participants to complete a sentence and avoid talking over them—however, respectfully control a lengthy talk in a manner that does not demotivate the speaker | 3 2 1 |  |
| 1. Focusing on the discussion topic
 | Control discussion and do not allow it to deviate too much from the discussion topic*Note: In particular, participants’ talk on personal histories of drug use tends to be lengthy. They can share such stories to a certain extent, but the facilitator should adequately redirect the group to the discussion topic.* | 3 2 1 |  |
| 1. **Elements of CBT Session**
 |
| 1. Use of Patient’s Workbook
 | Make all the participants use the Patient’s Workbook throughout the session | 3 2 1 |  |
| 1. Text review
 | Explain digested content instead of reading the whole texts, giving opportunities to participants to share their understanding | 3 2 1 |  |
| 1. Group wrap-up
 | Finish by highlighting important points and summarizing the content reviewed | 3 2 1 |  |
| 1. Adherence to SOP
 | Largely adhere to the steps specified in the SOP | 3 2 1 |  |
| 1. **Time Allocation**
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| 1. Session duration
 | Spend 60 minutes and do not finish earlier | 3 2 1 |  |

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| *Overall comments and suggestions to the facilitator:* |

*Signature of Evaluator: Date:*