DEPARTMENT OF HEALTH
REPUBLIC OF THE PHILIPPINES

INTREPRET SERIES 6

# GUIDELINES FOR FIELD EVALUATION

## INTENSIVE TREATMENT AND REHABILITATION PROGRAM FOR RESIDENTIAL TREATMENT AND REHABILITATION CENTERS FOR DRUG DEPENDENTS (INTREPRET)

**NOVEMBER 2020**

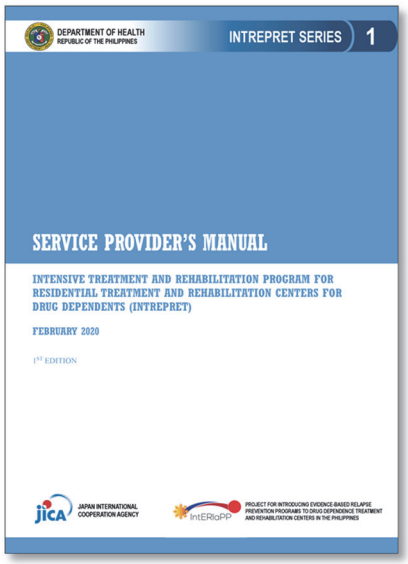
1ST EDITION

JAPAN INTERNATIONAL COOPERATION AGENCY

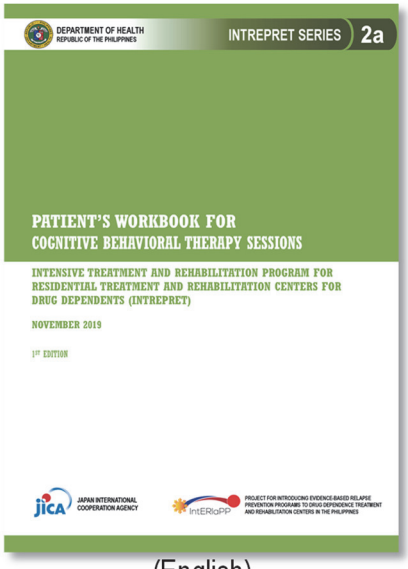
PROJECT FOR INTRODUCING EVIDENCE-BASED RELAPSE PREVENTION PROGRAMS TO DRUG DEPENDENCE TREATMENT AND REHABILITATION CENTERS IN THE PHILIPPINES

# INTREPRET Series

## 1 Service Provider's Manual




## 2 Patient's Workbook for Cognitive Behavioral Therapy Sessions

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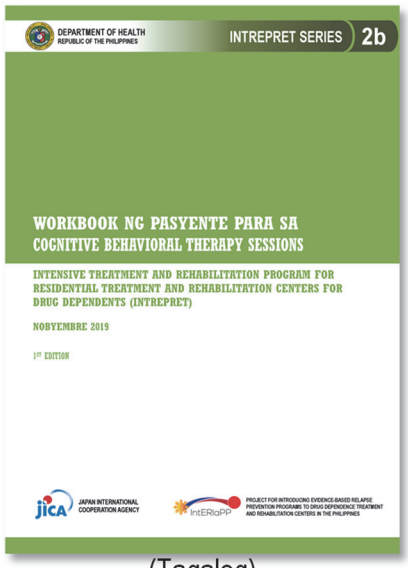
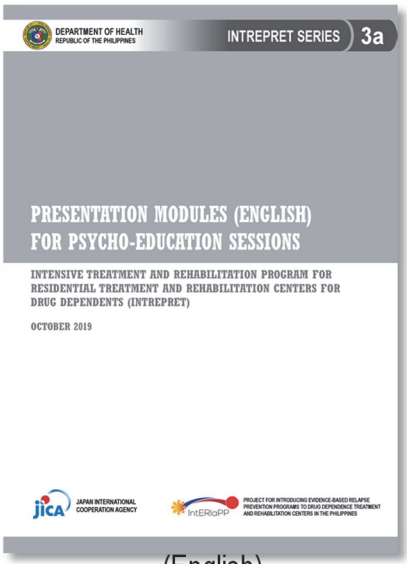



(Tagalog)

## 3 Presentation Modules for Psycho-Education Sessions

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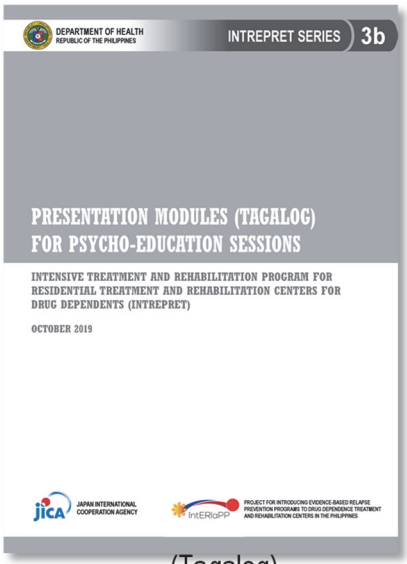
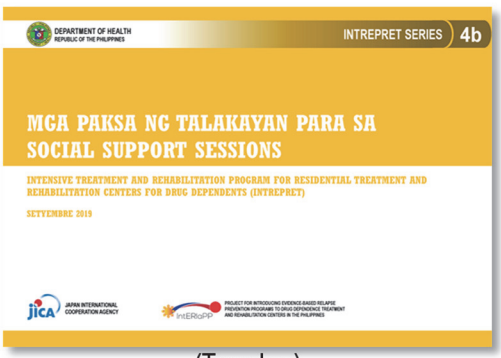



(Tagalog)

## 4 Discussion Topics for Social Support Sessions

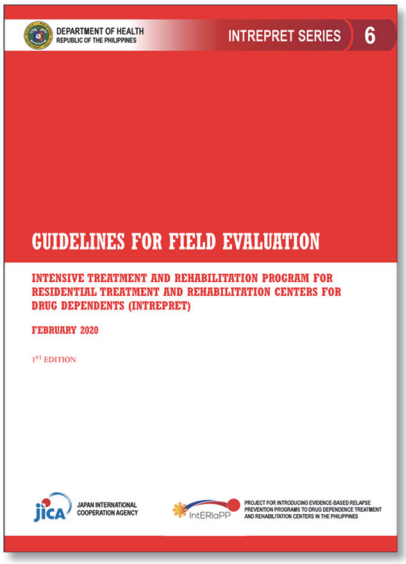

(English)




(Tagalog)

## 5 Training Kit


## 6 Guidelines for Field Evaluation




REPUBLIC OF THE PHILIPPINES DEPARTMENT OF HEALTH

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The treatment model proposed in this manual was developed by adapting the "Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders" (published by the Substance Abuse and Mental Health Service Administration, U.S. Department of Health and Human Services) to the residential settings of the Treatment and Rehabilitation Centers (TRCs) in the Philippines.

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In addition, the DOH extends special thanks to the Japan International Cooperation Agency (JICA) for its technical and financial assistance in the process of developing this document through IntERlaPP.

## 1. Introduction

These guidelines provide practical guidance on conducting the field evaluation and providing guidance to clinical and administrative staff members in better implementing the Intensive Treatment and Rehabilitation Program for Residential Treatment and Rehabilitation Centers (INTREPRET) at government treatment and rehabilitation centers (TRCs) for drug users in the Philippines.

These guidelines will be used to ensure the adherence of the clinical and administrative staff members to the administrative and quality standards of INTREPRT. They can be used as:

1) a checklist used by the TRC's administration to start INTREPRET

2) a self- and peer-evaluation tool periodically used by clinical and administrative staff members at TRCs

3) a post-training evaluation tool used by external experts to provide technical advice for better implementation of INTREPRET at TRCs

4) an evaluation tool used by supervisory bodies such as Central and Regional DOH offices to routinely conduct supportive supervision on the TRCs' implementation of INTREPRET

## 2. Evaluation Forms

The following forms will be used to evaluate the adherence of the clinical and administrative staff members to the administrative and quality standards of INTREPRET. These forms are used to evaluate the administrative aspects (A-I and A-II) and clinical aspects (B-I, B-II, B-III, and B-IV).

| Forms | Purposes |
|---|---|
| *For Administrative Aspects:* | |
| A-I. INTREPRET Administration [Facilitator's Activities] | To identify the factual information about the INTREPRET sessions conducted at the TRC during the past one week. |
| A-II. INTREPRET Administration [Organization and Management] | To evaluate the TRC's adherence to the administrative standards of INTREPRET. |
| *For Clinical Aspects:* | |
| B-I. Session Facilitation [CBT Session] | To evaluate facilitator's adherence to the standard operating procedures (SOP) and the quality standards of the Cognitive Behavioral Therapy (CBT) Session. |
| B-II. Session Facilitation [CBT-R Session] | To evaluate facilitator's adherence to the standard operating procedures (SOP) and the quality standards of the CBT-Review (CBT-R) Session. |
| B-III. Session Facilitation [PE Session] | To evaluate facilitator's adherence to the standard operating procedures (SOP) and the quality standards of the Psycho-Education (PE) Session. |
| B-IV. Session Facilitation [SS Session] | To evaluate facilitator's adherence to the standard operating procedures (SOP) and the quality standards of the Social Support (SS) Session. |

## 3. Evaluation Mechanisms

To ensure the quality of the INTREPRET implementation continuously, the following field evaluation schemes will be applied.

1) Post-training Evaluation: The post-training evaluation will be conducted 3 months after the INTREPRET training. An external evaluation team comprising training lecturers and other expert members will visit the TRC and review the facility's adherence to the administrative standards of INTREPRET based on A-I and AII forms. The team will also observe INTREPRET sessions and evaluate the quality of the session facilitation using B-I, B-II, B-III, and B-IV forms. Within the given schedule of the facility visit, the priority of the quality evaluation should be given to CBT sessions. The other programs, namely CBT-R, PE, and SS sessions, will also be evaluated if time permits. The evaluation team members should be distributed to different sessions, if they are conducted simultaneously, to enable evaluation of as many facilitators and sessions as possible. Upon completing the evaluation, the team members will provide feedback to the TRC staff members for improvement of the INTREPRET implementation.

2) Peer-evaluation: The peer-evaluation will be conducted biannually among facilitators in the same TRC. A CBT session conducted by a facilitator will be observed by at least two other peer facilitators and evaluated using the B-I form. All the facilitators will be peer-evaluated at least twice a year. After each evaluation session, feedback will be shared among the facilitators. The peer-evaluation's focus is the CBT Program; however, it may optionally cover CBT-R, PE, and SS using the B-II, B-III, and B-IV forms, if it is considered necessary. All the peer-evaluation results should be compiled and prepared for submission on occasions of the routine supportive supervision described below.

3) Routine Supportive Supervision: The supportive supervision will be conducted once in two years by DOH's central and regional offices to ensure the continuous implementation of the INTREPRET sessions in accordance with the administrative and quality standards. The evaluation team will visit the TRC and mainly review the administrative aspects based on the A-I and A-II forms. In most of the occasions, it is not practicable to evaluate the quality of INTREPRET sessions on site because of the time constraint. Therefore, the team will refer to the results of the peer-evaluation conducted by the facilitators to understand the quality aspects of the INTREPRET implementation.

| Evaluation Scheme | Timing | Focuses | Evaluators | Evaluation Forms |
|---|---|---|---|---|
| 1. Post-training Evaluation | 3 months after the INTREPRET training | - INTREPRET Administration<br>- Facilitation of CBT Sessions<br>- Facilitation of CBT-R, PE and SS Sessions (less priority) | External experts including training lecturers | A-I, A-II, B-I<br>B-II, B-III, B-IV |
| 2. Peer-evaluation | Biannually | - Facilitation of CBT Sessions<br>- Facilitation of CBT-R, PE and SS Sessions (optional) | At least two peer facilitators at the TRC | B-I<br>B-II, B-III, B-IV |
| 3. Routine Supportive Supervision | Once in two years | - INTREPRET Administration<br>- Facilitation of CBT Sessions (based on the peer-evaluation results during the last three months) | Representatives of the DOH's Central Regional Offices | A-I, A-II |

# Evaluation Sheet – INTREPRET Administration [Facilitator's Activities]

Sheet ID: **A-I**

**A. Instruction**

- Each facilitator of INTREPRET sessions is requested to list up the sessions that she/he facilitated during the last 7 days, counting back from yesterday.
- Please give this form to the evaluator upon completing it.

**B. General Information**

| Coverage Period (7 days): (MM/DD/YY) -- (MM/DD/YY) | Facility: |
|---|---|

**C. Facilitator Information**

| Name: | Designation: |
|---|---|

| | Data (MM/DD/YY) | Co-facilitator | Topic | Number in the Group | Group ID/ Dormitory (optional) |
|---|---|---|---|---|---|
| **I.** | **Program Orientation** | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| **II.** | **CBT Session** | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| **III.** | **CBT-R Session** | | | | |
| 1. | | | | | |
| 2. | | | | | |
| **IV.** | **PE Session** | | | | |
| 1. | | | | *Patients* *Family* | |
| 2. | | | | *Patients* *Family* | |
| **V.** | **SS Session** | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| **VI.** | **SHGM Session** (list up sessions that you supervised) | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

*Signature of Facilitator:* _____ *Date:* _____

# Evaluation Sheet – INTREPRET Administration [Organization and Management]

Sheet ID: **A-II**

## A. Instructions

- The evaluator is to fill this form based on:
  - Review of the A-I forms filled by INTREPRET facilitators,
  - Interviews with key staff members involved in INTREPRET facilitation and administration, and
  - Review of existing registers and other documents.
- The coverage period of the facilitators' activities (Part 1) is the past 7 days, counting back from yesterday.

## B. General Information

| Facility: | Date of Evaluation (MM/DD/YY): | Coverage Period (7 days): (MM/DD/YY) -- (MM/DD/YY) |
|---|---|---|

## C. Evaluator Information

| Name: | Designation: |
|---|---|

## Part 1: Summary of Facilitators' Activities during the Coverage Period

| | Facilitators | Program Orientation (# patients) | Number of Sessions Facilitated | | | | |
|---|---|---|---|---|---|---|---|
| | | | CBT | CBT-R | SS | PE | SHGM |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |

## Part 2: Evaluation of INTREPRET Administration

| Evaluation Standards | | Yes/No | Comments |
|---|---|---|---|
| **I. Organizational Aspects** | | | |
| *A. Patients* | | | |
| 1. | The facility's own eligibility criteria for patients to participate in INTREPRET are established and implemented. | Yes No | |
| 2. | Patients' individual registers are developed and updated to keep their attendance to the INTREPRET sessions. | Yes No | |
| 3. | Eligible patients' treatment stages are reflected in their group assignments in the CBT and CBT-R programs. | Yes No | |
| *B. Family Members* | | | |
| 4. | Family members' statuses of participation in the PE sessions are updated in the patients' individual registers. | Yes No | |
| 5. | Family members of more than 50% of all the eligible patients in the pre-discharge program have attended at least 6 PE sessions since their admission. | Yes No | |
| *C. Scheduling* | | | |
| 6. | A weekly timetable is available with at least 8 INTREPRET sessions (CBTx3, CBT-Rx1, PEx1, SSx2, SHGMx1) incorporated in a printed form. | Yes No | |

| Evaluation Standards | | Yes/No | Comments |
|---|---|---|---|
| 7. | A calendar with topics of CBT, PE, and SS sessions and facilitators' names is available to show future schedules of at least the next three months and those sessions are conducted in the numerical sequence of the session numbers. | Yes No | |
| 8. | A calendar with a schedule of the PE sessions meant for family members is available for the next three months and its copy is provided with them upon admission of the patients. | Yes No | |
| *D. Facilitators* | | | |
| 9. | All the staff members facilitating sessions have attended a training program for INTREPRET facilitators. | Yes No | |
| 10. | All the facilitators weekly record their activities in the Weekly Reporting Form for INTREPRET Facilitators. | Yes No | |
| 11. | At least one peer-evaluation session per facilitator, using the evaluation forms, was conducted to ensure the facilitation quality of the CBT program during the last 6 months. | Yes No | |
| *E. Environment* | | | |
| 12. | Appropriate places are secured for the INTREPRET group sessions (e.g. not too noisy to conduct group sessions). | Yes No | |
| **II. INTREPRET Implementation Status during the past 7 days** (based on the facilitators' activities during the coverage period) | | | |
| *F. Program Orientation* | | | |
| 13. | Eligible patients attended an orientation program before entering INTREPRET groups. | Yes No | |
| *G. Cognitive Behavioral Therapy (CBT) & Cognitive Behavioral Therapy-Review (CBT-R)* | | | |
| 14. | Eligible patients attended at least 3 CBT sessions. | Yes No | |
| 15. | Eligible patients attended at least 1 CBT-R session. | Yes No | |
| 16. | Copies of Patient's Workbooks were given to all the eligible patients. | Yes No | |
| 17. | The group size was mostly less than 15 and did not exceed 20. | Yes No | |
| 18. | A co-facilitator was assigned to the CBT sessions. | Yes No | |
| *H. Psycho-Education (PE)* | | | |
| 19. | Eligible patients attended at least 1 PE session. | Yes No | |
| 20. | The group size was less than 50. | Yes No | |
| *I. Social Support (SS)* | | | |
| 21. | Eligible patients attended at least 2 SS sessions. | Yes No | |
| 22. | The group size was mostly less than 15 and did not exceed 20. | Yes No | |
| *J. Self-help Group Meeting (SHGM)* | | | |
| 23. | Eligible patients attended at least 1 SHGM session. | Yes No | |
| 24. | The group size was mostly less than 12 and did not exceed 15. | Yes No | |
| 25. | SHGM sessions were conducted without involving TRC staff members and led by chairpersons selected from patients. | Yes No | |

*Overall comments and suggestions to the facilitator:*

*Signature of Evaluator:* _____ *Date:* _____

# Evaluation Sheet – Session Facilitation [CBT Session]

Sheet ID: **B-I**

## A. Session Information

| | |
|---|---|
| Date: | Time: |
| Facility: | |
| Session Number and Topic: | Number of Participants: |

## B. Facilitator Information

| | |
|---|---|
| Name: | Designation: |

## C. Evaluator Information

| | |
|---|---|
| Name: | Designation |

## Standard Operating Procedure (SOP) of CBT Session

| Facilitation Steps | Facilitator's Actions | Standard Time Allocation |
|---|---|---|
| 1. Check-in | a. Give greetings and introductory remarks for icebreaking<br>b. Introduce new members (if any) | 10 min |
| 2. Reflection | c. Briefly reflect the previous session<br>d. Review the homework assignment of the previous session<br>e. Ask a few participants to share their work<br>f. Ask for a reason in a non-blaming manner if someone fails to complete his/her homework assignment | |
| 3. Introduction | g. Briefly explain the session topic, objectives, and the session proceeding today | 15 min |
| 4. Text Reading | h. Have texts read out loud by patients<br>i. Give supplementary explanations as necessary<br>j. Allow participants to ask questions | |
| 5. Exercise | k. Give instructions on exercise<br>l. Give time to participants to work on the exercise | 25 min |
| 6. Discussion | m. Pose questions to start discussion<br>n. Facilitate discussion among participants | |
| 7. Highlight | o. Reflect important points of the session | 10 min |
| 8. Summary | p. Summarize the session in light of the session objectives | |
| 9. Homework | q. Give instructions on a homework assignment (if any) | |

** Evaluation Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*

| Evaluation Standards | | Evaluation* Score | Comments |
|---|---|---|---|
| **I. CBT Content** | | | |
| 1. Accurate teaching | Give accurate information that is based on the literature rather than a belief system | 3 2 1 | |
| 2. 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 | |
| 3. Exploring measurable behavior changes | Give concrete examples that lead to measurable behavior changes | 3 2 1 | |
| 4. Referencing other CBT sessions | Reference CBT topics from other sessions | 3 2 1 | |
| 5. Use of CBT terminology | Adequately explain and apply the CBT terminology used in the Patient's Workbook | 3 2 1 | |
| 6. Limited process commentary | Limit the application of process comments | 3 2 1 | |
| **II. Motivational Interview (MI) Facilitation Style** | | | |
| 7. Adequate listening attitude | Face to the speaker, smile, and gently nod while a participant talks | 3 2 1 | |
| 8. Positive reinforcement and affirmations with empathy | Apply cheerleading, coaching, encouraging, and/or affirming styles with empathy | 3 2 1 | |
| 9. Eliciting participants' motivations to speak out | Elicit participants' motivations to speak out voluntarily during discussion instead of rotating or nominating speakers<br>*Note: Rotating or nominating speakers may be unavoidable in some groups, especially of participants mostly with a low educational background who are less talkative. However, it should be used as a last resort.* | 3 2 1 | |
| 10. Reflective listening with empathy | Apply reflective listening with empathy (at least one reflection for every three questions) | 3 2 1 | |
| 11. Summarizing responses | Periodically summarize responses of participants | 3 2 1 | |
| 12. Using open-ended questions | Mostly use open-ended questions that require more than one to two words to answer | 3 2 1 | |
| 13. Limited self-disclosure of the facilitator | Limit referencing the facilitator's own experience | 3 2 1 | |
| 14. Non-authoritative attitude | Avoid showing an authoritative attitude toward participants or asking them to speak in an authoritative tone | 3 2 1 | |
| 15. 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 | |
| 16. No sarcasm | Avoid being rude, biting or cutting to participants | 3 2 1 | |

** Evaluation Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*

| Evaluation Standards | | Evaluation* Score | Comments |
|---|---|---|---|
| **III. Management of Group Discussion** | | | |
| 17. 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 | |
| 18. Facilitating interactions between participants | Facilitate interactions between participants during discussion instead of sticking to bilateral communications between the facilitator and participants | 3 2 1 | |
| 19. 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 | |
| 20. Focusing on the discussion topic | Control discussion and do not allow it to deviate too much from the discussion topic<br>*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 | |
| **IV. Elements of CBT Session** | | | |
| 21. Use of Patient's Workbook | Make all the participants use the Patient's Workbook throughout the session | 3 2 1 | |
| 22. Introduction of topic | Explain the relevance of the topic to the recovery process along with session objectives | 3 2 1 | |
| 23. Reading of texts | Have texts read out loud by participants | 3 2 1 | |
| 24. Group wrap-up | Finish by highlighting important points and summarizing the session | 3 2 1 | |
| 25. Adherence to SOP | Largely adhere to the steps specified in the SOP | 3 2 1 | |
| **V. Time Allocation** | | | |
| 26. Session duration | Spend 60 minutes and do not finish earlier | 3 2 1 | |
| 27. Duration of the core content | Spend at least 40 minutes on the main content (Introduction, Text Reading, Exercise, and Discussion) | 3 2 1 | |
| 28. Duration of discussion | Spend at least 15 minutes on the Discussion part | 3 2 1 | |

** Evaluation Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*

*Overall comments and suggestions to the facilitator:*

*Signature of Evaluator:* _____ *Date:* _____

** Evaluation Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*

# Evaluation Sheet – Session Facilitation [CBT-R Session]

Sheet ID: **B-II**

## A. Session Information

| | |
|---|---|
| Date: | Time: |
| Facility: | |
| Session Numbers and Topics: | Number of Participants: |

## B. Facilitator Information

| | |
|---|---|
| Name: | Designation: |

## C. Evaluator Information

| | |
|---|---|
| Name: | Designation |

| Standard Operating Procedure (SOP) of CBT-R Session | | |
|---|---|---|
| Facilitation Steps | Facilitator's Actions | Standard Time Allocation |
| 1. Check-in | a. Give greetings and introductory remarks for icebreaking<br>b. 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) | | |
| 2. Session Overview | c. Briefly review what has been learned previously in light of the session objectives | 15 min (x 3 CBT sessions)* |
| 3. Text Review | d. Review the text content in an interactive manner with participants (but do not read aloud the whole texts)<br>e. Allow participants to ask questions | |
| 4. Exercise Review | f. Review the exercise in an interactive manner with participants | |
| 5. Discussion | g. Facilitate discussion on selected questions | |
| 6. Highlight | h. Reflect important points of the session | |
| | | |
| 7. Summary | i. Summarize the content reviewed today<br>j. 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 Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*

| Evaluation Standards | | Evaluation* Score | Comments |
|---|---|---|---|
| **I. CBT Content** | | | |
| 1. Accurate teaching | Give accurate information that is based on the literature rather than a belief system | 3 2 1 | |
| 2. 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 | |
| 3. Exploring measurable behavior changes | Give concrete examples that lead to measurable behavior changes | 3 2 1 | |
| 4. Referencing other CBT sessions | Reference CBT topics from other sessions | 3 2 1 | |
| 5. Use of CBT terminology | Adequately explain and apply the CBT terminology used in the Patient's Workbook | 3 2 1 | |
| 6. Limited process commentary | Limit the application of process comments | 3 2 1 | |
| **II. Motivational Interview (MI) Facilitation Style** | | | |
| 7. Adequate listening attitude | Face to the speaker, smile, and gently nod while a participant talks | 3 2 1 | |
| 8. Positive reinforcement and affirmations with empathy | Apply cheerleading, coaching, encouraging, and/or affirming styles with empathy | 3 2 1 | |
| 9. Eliciting participants' motivations to speak out | Elicit participants' motivations to speak out voluntarily during discussion instead of rotating or nominating speakers<br>*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 | |
| 10. Reflective listening with empathy | Apply reflective listening with empathy (at least one reflection for every three questions) | 3 2 1 | |
| 11. Summarizing responses | Periodically summarize responses of participants | 3 2 1 | |
| 12. Using open-ended questions | Mostly use open-ended questions that require more than one to two words to answer | 3 2 1 | |
| 13. Limited self-disclosure of the facilitator | Limit referencing the facilitator's own experience | 3 2 1 | |
| 14. Non-authoritative attitude | Avoid showing an authoritative attitude toward participants or asking them to speak in an authoritative tone | 3 2 1 | |
| 15. 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 | |
| 16. No sarcasm | Avoid being rude, biting or cutting to participants | 3 2 1 | |

** Evaluation Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*

| Evaluation Standards | | Evaluation* Score | Comments |
|---|---|---|---|
| **III. Management of Group Discussion** | | | |
| 17. 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 | |
| 18. Facilitating interactions between participants | Facilitate interactions between participants during discussion instead of sticking to bilateral communications between the facilitator and participants | 3 2 1 | |
| 19. 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 | |
| 20. Focusing on the discussion topic | Control discussion and do not allow it to deviate too much from the discussion topic<br>*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 | |
| **IV. Elements of CBT Session** | | | |
| 21. Use of Patient's Workbook | Make all the participants use the Patient's Workbook throughout the session | 3 2 1 | |
| 22. Text review | Explain digested content instead of reading the whole texts, giving opportunities to participants to share their understanding | 3 2 1 | |
| 23. Group wrap-up | Finish by highlighting important points and summarizing the content reviewed | 3 2 1 | |
| 24. Adherence to SOP | Largely adhere to the steps specified in the SOP | 3 2 1 | |
| **V. Time Allocation** | | | |
| 25. Session duration | Spend 60 minutes and do not finish earlier | 3 2 1 | |

** Evaluation Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*

*Overall comments and suggestions to the facilitator:*

*Signature of Evaluator:* _____ *Date:* _____

** Evaluation Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*

# Evaluation Sheet – Session Facilitation [PE Session]

Sheet ID: **B-III**

## A. Session Information

| | |
|---|---|
| Date: | Time: |
| Facility: | |
| Session Number and Topic: | Number of Participants: |

## B. Facilitator Information

| | |
|---|---|
| Name: | Designation: |

## C. Evaluator Information

| | |
|---|---|
| Name: | Designation |

| Standard Operating Procedure (SOP) of PE Session | | |
|---|---|---|
| Facilitation Steps | Facilitator's Actions | Standard Time Allocation |
| 1. Check-in | a. Give greetings and introductory remarks for icebreaking | 5 min |
| 2. Introduction | b. Briefly explain the topic of the day and what participants will learn about today | |
| 3. Lecture | c. Give a lecture on the topic based on presentation slides (INTREPRET Series No. 3: Psycho-Education Modules for Patients and Family Members)<br>d. Allow participants to ask questions and encourage them to share their opinions | 50 min |
| 4. Summary | e. Summarize what participants have learned today | 5 min |

| Evaluation Standards | | Evaluation* Score | Comments |
|---|---|---|---|
| **I. Psycho-Education Content** | | | |
| 1. Accurate teaching | Give accurate information when lecturing and responding to questions that is based on the literature rather than a belief system | 3 2 1 | |
| 2. Referencing CBT sessions | Reference related topics in CBT sessions | 3 2 1 | |
| **II. Lecture Style** | | | |
| 3. Interaction with patients and family members | Encourage both patients and family members to raise questions or opinions and make the session interactive (do not make it a one-way communication session) | 3 2 1 | |
| 4. 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 | |

** Evaluation Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*

| Evaluation Standards | | Evaluation* Score | Comments |
|---|---|---|---|
| 5. No sarcasm | Avoid being rude, biting or cutting to participants | 3 2 1 | |
| 6. 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 | |
| **III. Elements of Psycho-Education Session** | | | |
| 7. Use of presentation slides | Use standardized presentation slides (INTREPRET Series No. 3: Psycho-Education Modules for Patients and Family Members) | 3 2 1 | |
| 8. Introduction of topic | Explain the topic and what participants will learn | 3 2 1 | |
| 9. Presentation of content | Present the slide content with the facilitator's own words instead of just reading texts on the slides | 3 2 1 | |
| 10. Wrap-up | Finish by summarizing what participants have learned | 3 2 1 | |
| **IV. Time Allocation** | | | |
| 11. Session duration | Spend 60 minutes and do not finish earlier | 3 2 1 | |

*Overall comments and suggestions to the facilitator:*

*Signature of Evaluator:* _____ *Date:* _____

** Evaluation Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*

# Evaluation Sheet – Session Facilitation [SS Session]

Sheet ID: **B-IV**

## A. Session Information

| | |
|---|---|
| Date: | Time: |
| Facility: | |
| Session Number and Topic: | Number of Participants: |

## B. Facilitator Information

| | |
|---|---|
| Name: | Designation: |

## C. Evaluator Information

| | |
|---|---|
| Name: | Designation |

## Standard Operating Procedure (SOP) of SS Session

| Facilitation Steps | Facilitator's Actions | Standard Time Allocation |
|---|---|---|
| 1. Check-in | a. Give greetings and introductory remarks for icebreaking<br>b. Introduce new members (if any) | 5 min |
| 2. Introduction | c. Open a flipchart (INTREPRET Series No. 4: Discussion Topics for Social Support Sessions) to present the discussion topic of the day<br>d. Briefly explain the discussion topic and its association with the recovery process, abstinence issues, and/or problems that patients experience in establishing a substance-free lifestyle | |
| 3. Discussion | e. Have question items under the discussion topic on the flipchart read out loud by participants<br>f. Facilitate discussion in a manner for participants to practice resocialization skills for recovery and maintaining abstinence<br>*Note: Question items are used merely to facilitate discussion; therefore, discussion among participants may go beyond the scope of the questions. However, the facilitator should control the discussion and not allow it to deviate too much from the discussion topic.* | 50 min |
| 4. Summary | g. Summarize the session, highlighting resocialization skills for recovery and maintaining abstinence | 5 min |

** Evaluation Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*

| Evaluation Standards | | Evaluation* Score | Comments |
|---|---|---|---|
| **I. Social Support Content** | | | |
| 1. Steering discussion to practice resocialization skills | Steer discussion for participants to practice resocialization skills for recovery and maintaining abstinence; do not simply let patients chat | 3 2 1 | |
| 2. Referencing CBT topics | Occasionally reference related topics in CBT sessions to support participants' talks | 3 2 1 | |
| **II. Motivational Interview (MI) Facilitation Style** | | | |
| 3. Adequate listening attitude | Face to the speaker, smile, and gently nod while a participant talks | 3 2 1 | |
| 4. Positive reinforcement and affirmations with empathy | Apply cheerleading, coaching, encouraging, and/or affirming styles with empathy | 3 2 1 | |
| 5. Eliciting participants' motivations to speak out | Elicit participants' motivations to speak out voluntarily during discussion instead of rotating or nominating speakers<br>*Note: Rotating or nominating speakers may be unavoidable in some groups, especially of participants mostly with a low educational background who are less talkative. However, it should be used as a last resort.* | 3 2 1 | |
| 6. Reflective listening with empathy | Apply reflective listening with empathy | 3 2 1 | |
| 7. Clarifying participants' talk | Listen to participants, help them clarify what they are saying, but do not speak for them | 3 2 1 | |
| 8. No generalization | Avoid making generalizations | 3 2 1 | |
| 9. No demotivating questions | Avoid asking "why" questions about patients' actions or motivations, or posing any other demotivating questions | 3 2 1 | |
| 10. 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 | |
| 11. No sarcasm | Avoid being rude, biting or cutting to participants | 3 2 1 | |
| **III. Management of Group Discussion** | | | |
| 12. All members' participation in discussion | Give opportunities to all the participants to speak evenly and make sure that the group is not dominated by one or two members | 3 2 1 | |
| 13. Eliciting mutual support | Encourage group members to accept and support one another and facilitate interactions between participants | 3 2 1 | |
| 14. 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 | |

** Evaluation Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*

| Evaluation Standards | | Evaluation* Score | Comments |
|---|---|---|---|
| 15. Focusing on the discussion topic | Control discussion and do not allow it to deviate too much from the discussion topic—however, permit the group to depart briefly from the topic if the discussion seems beneficial to all members<br>*Note: The participants should be given more leeway to talk on personal histories of drug use than in CBT Sessions. However, the facilitator should keep their personal stories from being too lengthy and adequately redirect the group to the discussion topic.* | 3 2 1 | |
| **IV. Elements of Social Support Session** | | | |
| 16. Use of flipchart | Show the discussion topic and questions on a flipchart (INTREPRET Series No. 4: Discussion Topics for Social Support Sessions) | 3 2 1 | |
| 17. Introduction of topic | Explain the relevance of the topic to the recovery process, abstinence issues, and/or problems that patients experience in establishing a substance-free lifestyle | 3 2 1 | |
| 18. Presentation of question items | Have question items under the discussion topic read out loud by or participants | 3 2 1 | |
| 19. Group wrap-up | Finish by summarizing the session, highlighting resocialization skills for recovery and maintaining abstinence | 3 2 1 | |
| 20. Adherence to SOP | Largely adhere to the steps specified in the SOP | 3 2 1 | |
| **V. Time Allocation** | | | |
| 21. Session duration | Spend 60 minutes and do not finish earlier | 3 2 1 | |
| 22. Duration of the core content | Spend at least 50 minutes on the group discussion | 3 2 1 | |

** Evaluation Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*

*Overall comments and suggestions to the facilitator:*

*Signature of Evaluator:* _____ *Date:* _____

** Evaluation Score:*
*3-Satisfied the standard; 2-Patrly satisfied the standard; 1-Not satisfied the standard*