Evaluation Sheet – Session Facilitation Sheet ID: **B-IV** [SS Session] A. Session Information Date: Time: Facility: Session Number Number of Participants: and Topic: **B.** Facilitator Information Name: Designation: C. Evaluator Information Designation

Standard Operating Procedure (SOP) of SS Session					
Facilitation Step	s	Facilitator's Actions			
1. Check-in	a.	Give greetings and introductory remarks for icebreaking			
	b.	Introduce new members (if any)			
2. Introduction	C.	Open a flipchart (INTREPRET Series No. 4: Discussion Topics for Social Support Sessions) to present the discussion topic of the day	5 min		
	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			
	f.	Facilitate discussion in a manner for participants to practice resocialization skills for recovery and maintaining abstinence	FOi		
		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:

	Eval	uation Standards		uat cor	ion*	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		
п.	Motivational Int	erview (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 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.	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:

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 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 So	cial 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:

Overall comments and suggestions to the facilitator:	
Signature of Evaluator:	Date:

^{*} Evaluation Score: