



GUIDELINES FOR FIELD EVALUATION

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

FEBRUARY 2024

2ND EDITION



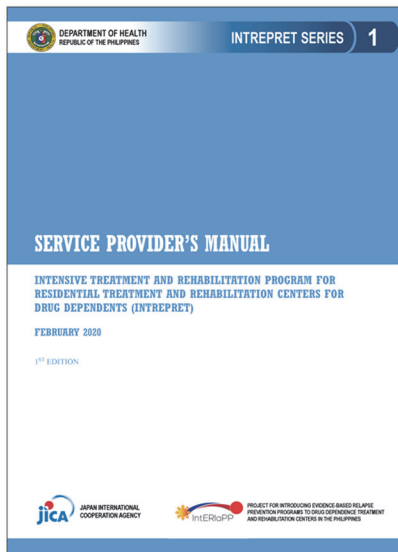
JAPAN INTERNATIONAL
COOPERATION AGENCY



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

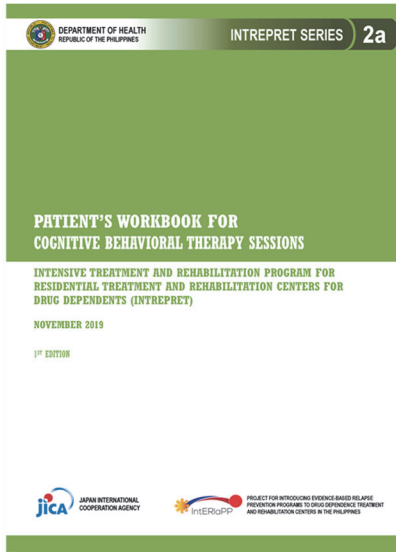
INTREPRET Series

1 Service Provider's Manual

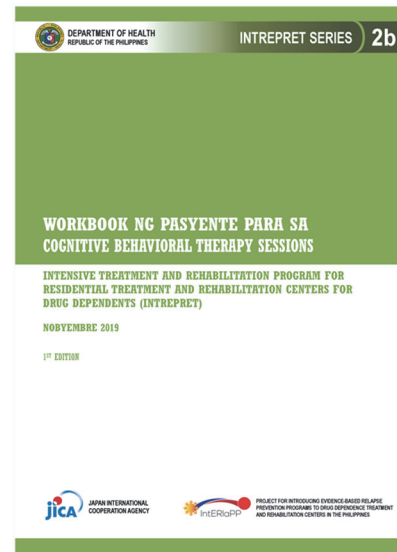


(English)

2 Patient's Workbook for Cognitive Behavioral Therapy Sessions

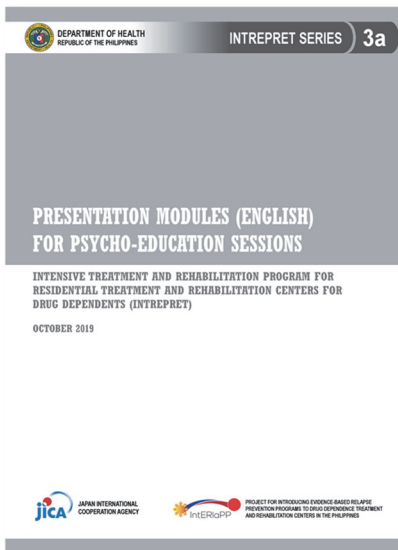


(English)

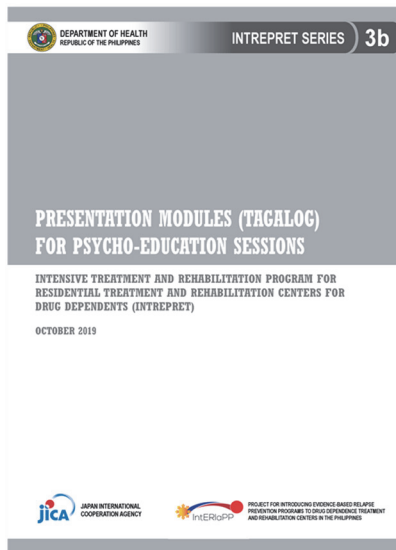


(Tagalog)

3 Presentation Modules for Psycho-Education Sessions



(English)



(Tagalog)

4 Discussion Topics for Social Support Sessions



(English)

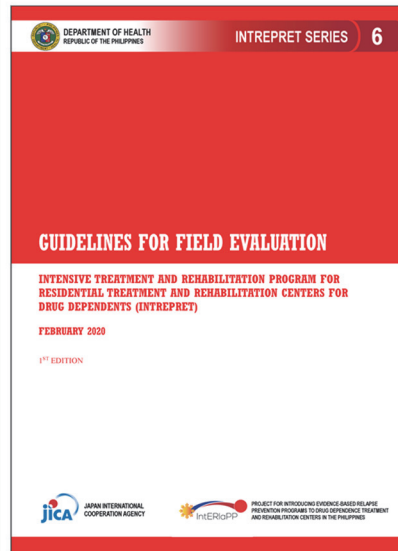


(Tagalog)

5 Training Kit



6 Guidelines for Field Evaluation



ACKNOWLEDGMENT

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The treatment model proposed herein 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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DOH Officials:

1. **Dr. Jose Bienvenido M. Leabres**, Chief of Hospital III, TRC Las Piñas/ Project Manager (September 2019 – October 2021), IntERlaPP
2. **Dr. Clara Fuderanan**, Head, Medical Ancillary Services Division, TRC Dulag/ Project Manager (October 2021 – July 2022), IntERlaPP
3. **Dr. Jan Aura Laurelle Llevado**, Division Chief, Mental Health Division, Disease Prevention and Control Bureau, DOH/ Project Manager (July 2022 – February 2024), IntERlaPP
4. **Dr. Alfonso A. Villaroman**, Medical Center Chief II, TRC Bicutan
5. **Mr. Karl S. Anthony Rufo**, Psychologist II, TRC Dagupan
6. **Dr. Ma. Teresa C. Iñigo**, Medical Center Chief II, TRC Tagaytay
7. **Dr. Trinidad A. Geraldine Purugganan**, Chief Health Program Officer, TRC Tagaytay (December 2017 – October 2021)
8. **Dr. Jasmin T. Peralta**, Chief of Hospital III, TRC Cebu
9. **Dr. Nelson J. Dancel**, Chief of Hospital III, Mega TRC Fort Magsaysay
10. **Ms. Alpha R. Martin**, Psychologist III, Mega TRC Fort Magsaysay
11. **Dr. Mariano S. Hembra**, Medical Center Chief I, Don Jose S Monfort Memorial Medical Center Extension Hospital (DJSMMCEH)
12. **Dr. Joseph B. Fama**, Medical Specialist III, Region I Medical Center
13. **Ms. Ma. Lourdes R. Sare**, Training Specialist IV, National Center for Mental Health
14. **Dr. Carol V. Narra**, Medical Officer IV, Philippine Cancer Center
15. **Ms. Sabrina Angela Tayo**, Health Program Officer, Dangerous Drug Abuse Prevention and Treatment Program
16. **Ms. Jocelyn Sosito**, Senior Health Program Officer, Bureau of International Health Cooperation, DOH
17. **Ms. Jeanne R. Bernas**, Supervising Health Program Officer, Bureau of International Health Cooperation, DOH

Resource Persons in the Philippines

18. **Mr. Reniel B. Cristobal**, Executive Director, Family Wellness Center Foundation, Inc.
19. **Dr. Ivanhoe C. Escartin**, Deputy Chief of Party, Renew Health Project USAID/ Project Manager (December 2017 – February 2019), IntERlaPP
20. **Ms. Ma. Alodia C. Mercado**, Clinical Psychologist, A-max Psychological Services
21. **Mr. Christopher M. Amata**, Director, Cocoon Foundation for Substance Abuse, Inc., Center for Substance Abuse Prevention

Japanese Collaborators

22. **Prof. Takayuki Harada**, Professor, Faculty of Human Sciences, University of Tsukuba, Japan
23. **Dr. Noriko Ishizuka**, Visiting Researcher, Faculty of Human Sciences, University of Tsukuba, Japan
24. **Dr. Tomohiro Shirasaka**, Director, Department of Psychiatry, Teine Keijinkai Medical Center, Japan
25. **Dr. Toshiaki Baba**, Assistant Director, Division of Human Capacity Building, Bureau of International Health Cooperation, National Center for Global Health and Medicine, Japan
26. **Dr. Kazutaka Nomura**, Assistant Professor, Faculty of Human Sciences, Waseda University, Japan
27. **Dr. Ayumi Takano**, Section Chief, Department of Drug Dependence Research, National Institute of Mental Health, National Center of Neurology and Psychiatry, Japan

JICA Experts and Secretariat Members

28. **Dr. Shogo Kanamori**, Chief Advisor, IntERlaPP
29. **Ms. Aya Mizusawa**, Project Coordinator, IntERlaPP
30. **Ms. Marcelyn D. Bonhaon**, Technical Assistant, IntERlaPP (December 2017 – June 2022)
31. **Mr. Jimmy Acebu Recilla**, Technical Assistant, IntERlaPP (July 2022 onward)
32. **Mr. Amando A. Francisco Jr.**, Driver/Office Assistant, IntERlaPP
33. **Mr. Ric Jayson C. Bernardino**, Administrative Assistant, IntERlaPP (December 2017 – March 2023)
34. **Mr. Jorge Patrick Bernardo Baduya**, Administrative Assistant (May 2023 onward)

This document was field-tested at TRC Bicutan, TRC Dagupan, and TRC Tagaytay, and finalized by incorporating feedback from these pilot facilities. The DOH appreciates the hospital chiefs and staff members of these TRCs for their cooperation throughout the field testing process.

In addition, the DOH extends special thanks to JICA for its technical and financial assistance in 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 terms of 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 clinical and administrative staff members to the administrative and quality standards of INTREPRET. 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 (A-I and A-II) and clinical (B-I, B-II, B-III, and B-IV) aspects as well as for external evaluators to provide feedback to the facility's adherence to the standards (C-I).

Forms	Purposes
<i>For Administrative Aspects:</i>	
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.
<i>For Clinical Aspects:</i>	
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.

<i>For External Evaluation:</i>	
C-I. Feedback Form for External Evaluators	To provide feedback from external evaluators on the facility's adherence to the standards.

3. Evaluation Mechanisms

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

- 1) Post-training Evaluation: The post-training evaluation will be conducted three 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, quality evaluation of CBT sessions should be given priority. The other programs, namely CBT-R, PE, and SS sessions, will also be evaluated if time permits. If sessions are conducted simultaneously, the evaluation team members should be distributed to different sessions 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 using C-I form.

- 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 facilitators will be peer-evaluated at least twice a year. After each evaluation session, feedback will be shared among the facilitators. The focus of the peer-evaluation 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 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: To ensure the continuous implementation of the INTREPRET sessions in accordance with the administrative and quality standards, the supportive supervision will be conducted once in two years by DOH's central and regional offices. The evaluation team will visit the TRC and mainly review the administrative aspects based on the A-I and A-II forms and provide feedback using C-I form. On most occasions, evaluation of the quality of INTREPRET sessions on site is not practicable 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	<ul style="list-style-type: none"> - INTREPRET Administration - Facilitation of CBT Sessions - Facilitation of CBT-R, PE and SS Sessions (less priority) 	External experts including training lecturers	A-I, A-II, B-I B-II, B-III, B-IV, C-I
2. Peer-evaluation	Biannually	<ul style="list-style-type: none"> - Facilitation of CBT Sessions - Facilitation of CBT-R, PE and SS Sessions (optional) 	At least two peer facilitators at the TRC	B-I B-II, B-III, B-IV
3. Routine Supportive Supervision	Once in two years	<ul style="list-style-type: none"> - INTREPRET Administration - 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, C-I

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:
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C. Facilitator Information

Name:	Designation:
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	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.				<i>Patients</i> <i>Family</i>	
2.				<i>Patients</i> <i>Family</i>	
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		
<ul style="list-style-type: none"> - The evaluator is to fill this form based on: <ul style="list-style-type: none"> ➤ 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:
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C. Evaluator Information

Name:	Designation:
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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 b. Introduce new members (if any)	10 min
2. Reflection	c. Briefly reflect the previous session d. Review the homework assignment of the previous session e. Ask a few participants to share their work 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 i. Give supplementary explanations as necessary j. Allow participants to ask questions	
5. Exercise	k. Give instructions on exercise l. Give time to participants to work on the exercise	
6. Discussion	m. Pose questions to start discussion n. Facilitate discussion among participants	25 min
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-Partly 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 <i>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.</i>	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-Partly 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 <i>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.</i>	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-Partly 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-Partly 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:
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C. 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	a. Give greetings and introductory remarks for icebreaking 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) 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 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 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 <i>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.</i>	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-Partly 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 <i>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.</i>	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-Partly 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-Partly 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:
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C. Evaluator Information

Name:	Designation:
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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) 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	3 2 1	
2. Referencing CBT sessions		
II. Lecture Style		
3. Interaction with patients and family members	3 2 1	
4. No confrontation		

* Evaluation Score:

3-Satisfied the standard; 2-Partly 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-Partly 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:
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C. Evaluator Information

Name:	Designation:
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Standard Operating Procedure (SOP) of SS Session

Facilitation Steps	Facilitator's Actions	Standard Time Allocation
1. Check-in	<ul style="list-style-type: none"> a. Give greetings and introductory remarks for icebreaking b. Introduce new members (if any) 	5 min
2. Introduction	<ul style="list-style-type: none"> c. Open a flipchart (INTREPRET Series No. 4: Discussion Topics for Social Support Sessions) to present the discussion topic of the day 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	<ul style="list-style-type: none"> 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 <p><i>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.</i></p>	50 min
4. Summary	<ul style="list-style-type: none"> g. Summarize the session, highlighting resocialization skills for recovery and maintaining abstinence 	5 min

* Evaluation Score:

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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 <i>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.</i>	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-Partly 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 <i>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.</i>	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-Partly 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-Partly satisfied the standard; 1-Not satisfied the standard*

Feedback Form for Evaluators

Sheet ID:

C-I**A. General Information**

Date: (MM/DD/YY)

Facility:

Type of Activity: Post-training Evaluation Supportive SupervisionProgram: INTREPRET ENTREPOSE**B. Evaluator's Information**

Name:

Designation:

I. Peer-review of INTREPRET/ENTREPOSE Facilitation*Recommendations:***II. INTREPRET/ENTREPOSE Administration***Please mark one from the following four categories:*

1. Program is not implemented.

2. Program is implemented but not integrated into the service platform.

3. Program is integrated into the service platform but has some issues to be worked out.

4. Program is fully integrated into the service platform.

Recommendations:

Signature of Evaluator: _____

Date: _____

