



DEPARTMENT OF HEALTH  
REPUBLIC OF THE PHILIPPINES

# Service Provider's Manual

**ENTREPOSE SERIES vol. 1**

## **ENHANCED TREATMENT PROGRAM FOR OUTPATIENT SERVICES FOR DRUG USERS (ENTREPOSE)**

**1<sup>ST</sup> EDITION**

**SEPTEMBER 2021**

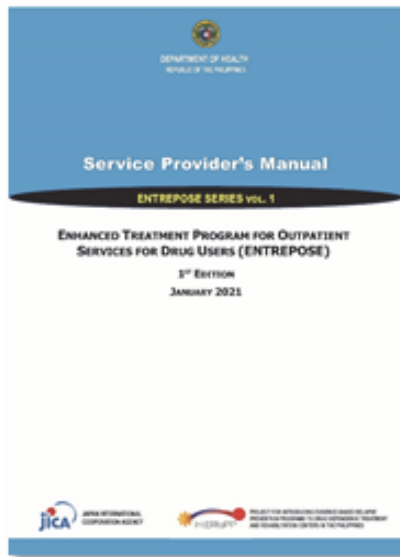


JAPAN INTERNATIONAL  
COOPERATION AGENCY



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

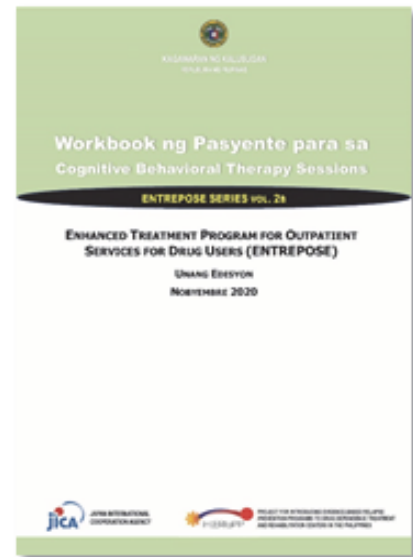
## 1 Service Provider's Manual



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



(English)



(Tagalog)

## 3 Schedule Book



(English)

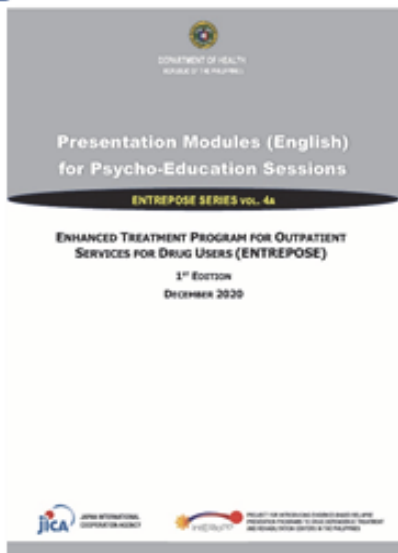


(Tagalog)

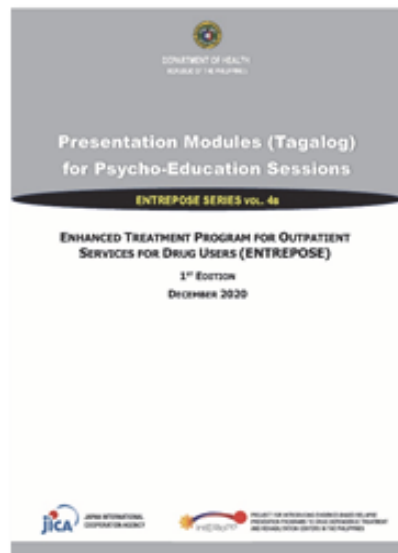
## 5 Training Kit



## 4 Presentation Modules for Psycho-Education Sessions

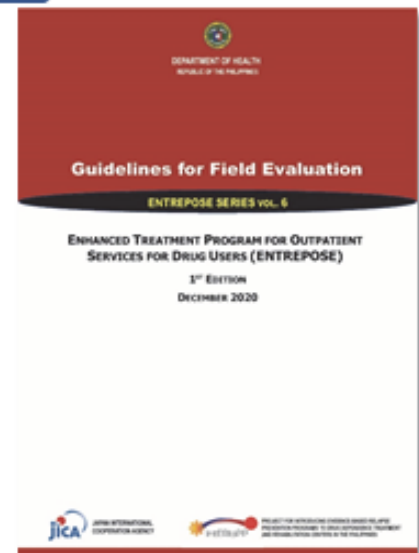


(English)



(Tagalog)

## 6 Guidelines for Field Evaluation



*ENTREPOSE SERIES vol. 1*

# **SERVICE PROVIDER'S MANUAL**

Enhanced Treatment Program for Outpatient Services for Drug Users  
(ENTREPOSE)

1<sup>st</sup> Edition

September 2021

**Department of Health**

Republic of the Philippines

Published in the Philippines by

**Department of Health - Dangerous Drug Abuse Prevention and Treatment Program**

San Lazaro Compound, Sta. Cruz

1003 Manila, Philippines

ENTREPOSE Series Vol. 1

Service Provider's Manual: Enhanced Treatment Program for Outpatient Services for Drug Users  
(ENTREPOSE) 1<sup>st</sup> Edition

First Published in September 2021

*National Library of the Philippines Cataloguing in Publication Data*

ISBN: 978-621-96390-5-7

This publication is sponsored by:

Japan International Cooperation Agency (JICA)

## ACKNOWLEDGMENT

This “Service Provider’s Manual” was developed as part of the activities under the “Project for Introducing Evidence-based Relapse Prevention Programs to Drug Dependence Treatment and Rehabilitation Centers in the Philippines (IntERlaPP)” that was implemented by the Department of Health (DOH) with the technical support of Japan International Cooperation Agency (JICA).

The contents of this document were 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 settings of the Treatment and Rehabilitation Centers (TRCs) in the Philippines.

The DOH acknowledges the following members for their technical inputs and logistic support through a series of workshops in developing the content of this document.

### DOH Officials:

1. **Dr. Jose Bienvenido M. Leabres**, Program Manager, Dangerous Drug Abuse Prevention and Treatment Program/ Project Manager (February 2019 onward), IntERlaPP
2. **Dr. Carol V. Narra**, Medical Officer, Dangerous Drug Abuse Prevention and Treatment Program
3. **Ms. Sabrina Angela Tayo**, Health Program Officer, Dangerous Drug Abuse Prevention and Treatment Program
4. **Dr. Alfonso A. Villaroman**, Chief of Hospital, TRC Bicutan
5. **Dr. Leah S. Panopio**, Chief, Outpatient & Aftercare Division, TRC Bicutan
6. **Ms. Alpha R. Martin**, Chief Psychologist, Psychological Services Section, TRC Bicutan
7. **Dr. Joseph B. Fama**, Chief Health Program Officer, TRC Dagupan
8. **Mr. Karl S. Anthony Rufo**, Psychologist, TRC Dagupan
9. **Dr. Trinidad A. Geraldine Purugganan**, Chief Health Program Officer, TRC Tagaytay
10. **Ms. Jonafer S. Geronimo**, Dormitory Manager, TRC Cagayan de Oro
11. **Dr. Jasmin T. Peralta**, Chief of Hospital, TRC Cebu
12. **Dr. Nelson J. Dancel**, Chief of Hospital, Mega TRC Fort Magsaysay
13. **Dr. Ma. Teresa C. Iñigo**, Chief of Hospital, TRC Malinao
14. **Dr. Mariano S. Hembra**, Chief of Hospital, Don Jose S Monfort Notesrial Medical Center Extension Hospital (DJSMMCEH)
15. **Dr. Clarette Dy**, OPD Head, Baguio General Hospital
16. **Dr. Caridad Matalam**, Aftercare Unit Chief, Regional Office XI
17. **Ms. Ma. Lourdes R. Sare**, Training Specialist, National Center for Mental Health
18. **Ms. Jocelyn Sosito**, Senior Health Program Officer, Bureau of International Health Cooperation

### Resource Persons in the Philippines

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

### Japanese Collaborators

23. **Prof. Takayuki Harada**, Professor, Faculty of Human Sciences, University of Tsukuba
24. **Dr. Noriko Ishizuka**, Visiting Researcher, Faculty of Human Sciences, University of Tsukuba
25. **Dr. Tomohiro Shirasaka**, Director, Department of Psychiatry, Teine Keijinkai Hospital
26. **Dr. Toshiaki Baba**, Assistant Director, Division of Human Capacity Building, Bureau of International Health Cooperation, National Center for Global Health and Medicine
27. **Dr. Kazutaka Nomura**, Assistant Professor, Faculty of Human Sciences, Waseda University
28. **Dr. Ayumi Takano**, Associate Professor, Department of Mental Health and Psychiatric Nursing, Tokyo Medical and Dental University

### JICA Experts and Secretariat Members

29. **Dr. Shogo Kanamori**, Chief Advisor, IntERlaPP
30. **Ms. Aya Mizusawa**, Project Coordinator, IntERlaPP
31. **Ms. Marcelyn D. Bonhaon**, Technical Assistant, IntERlaPP
32. **Mr. Amando A. Francisco Jr.**, Driver/Office Assistant, IntERlaPP
33. **Mr. Ric Jayson C. Bernardino**, Administrative Assistant, IntERlaPP

This document was field-tested at seven pilot facilities including Baguio General Hospital, Regional Office XI Aftercare Unit, TRC Bicutan, TRC Cebu, Mega TRC Fort Magsaysay, TRC Malinao, and TRC Tagaytay and finalized by incorporating feedback from these facilities. DOH appreciates the hospital chiefs and staff members of these facilities for their cooperation throughout the field-testing process.

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.

# CONTENTS

INTRODUCTION .....	1
--------------------	---

## ***Part I: Program Administration at TRCs***

<b>1. OUTLINE OF ENTREPOSE .....</b>	<b>5</b>
<b>2. COMPONENTS OF ENTREPOSE .....</b>	<b>5</b>
<b>3. TRC'S SCHEDULE ARRANGEMENTS .....</b>	<b>5</b>
<b>4. PATIENT'S TREATMENT PATH .....</b>	<b>6</b>
<b>5. PROPOSED CONTENT OF ENTREPOSE COMPONENTS .....</b>	<b>7</b>
<b>5.1. PROGRAM ORIENTATION (PO) .....</b>	<b>8</b>
<b>5.2. COGNITIVE BEHAVIORAL THERAPY (CBT) .....</b>	<b>8</b>
5.2.1. <i>Predetermined Topics of Group Sessions .....</i>	<i>8</i>
5.2.2. <i>Materials for CBT Sessions .....</i>	<i>9</i>
<b>5.3. COGNITIVE BEHAVIORAL THERAPY EVALUATION (CBT-E) .....</b>	<b>10</b>
<b>5.4. PSYCHO-EDUCATION (PE) FOR PATIENTS AND FAMILY MEMBERS .....</b>	<b>11</b>
5.4.1. <i>Predetermined Topics of PE Program .....</i>	<i>11</i>
5.4.2. <i>Family Members' Participation .....</i>	<i>12</i>
<b>5.5. SELF-HELP GROUP MEETING (SHGM) .....</b>	<b>12</b>
5.5.1. <i>Grouping of Patients for SHGM Sessions .....</i>	<i>12</i>
5.5.2. <i>Roles of TRC Staff Members in SHGM Sessions .....</i>	<i>13</i>
5.5.3. <i>Nominating Chairpersons .....</i>	<i>13</i>
5.5.4. <i>Topics and Schedule of SHGM Sessions .....</i>	<i>13</i>
5.5.5. <i>SHGM Session Protocol and Materials .....</i>	<i>14</i>
<b>5.6. INDIVIDUAL COUNSELING AND ASSIGNMENTS (ICA) .....</b>	<b>15</b>
5.6.1. <i>Individual Meeting with a Counselor .....</i>	<i>15</i>
5.6.2. <i>Individual Work on Scheduling Assignments .....</i>	<i>15</i>
<b>6. MANAGEMENT OF FACILITATORS .....</b>	<b>16</b>
6.1. <i>Facilitators' Qualifications for the ENTREPOSE Sessions .....</i>	<i>16</i>
6.2. <i>Assignments of Facilitators to Patients' Groups .....</i>	<i>16</i>
6.3. <i>Tracking Facilitators' Activities .....</i>	<i>17</i>
<b>7. MANAGEMENT OF PATIENTS AND THEIR PARTICIPATION IN ENTREPOSE .....</b>	<b>17</b>
7.1. <i>Grouping Arrangements of Patients .....</i>	<i>17</i>
7.2. <i>Tracking Patients' Participation in ENTREPOSE Sessions .....</i>	<i>18</i>
7.3. <i>Patients' Eligibility Criteria for ENTREPOSE Participation .....</i>	<i>18</i>

7.4.	<i>Management of Special Populations</i> .....	18
7.5.	<i>Motivating Patients' Participation</i> .....	18
<b>8.</b>	<b>TRAINING PROGRAM OF ENTREPOSE</b> .....	<b>18</b>
<b>9.</b>	<b>EVALUATION CRITERIA FOR ENTREPOSE ADMINISTRATION</b> .....	<b>19</b>
<b>10.</b>	<b>MATERIALS TO SUPPORT ENTREPOSE IMPLEMENTATION AT TRCS</b> .....	<b>21</b>

***Part II: Session Facilitation***

<b>11.</b>	<b>FACILITATION STANDARDS OF ENTREPOSE SESSIONS</b> .....	<b>25</b>
11.1.	<b>CBT AND CBT-E SESSION FACILITATION</b> .....	26
11.2.	<b>PE SESSION FACILITATION</b> .....	29

***ANNEXES***

	ANNEX 1: Instructions for Chairperson of Self-Help Group Meeting (60 min).....	33
	ANNEX 2: Mga tagubilin para sa Tagapangulo ng Pagpupulong ng Grupo ng Tulong sa Sarili (60 minuto).....	34
	ANNEX 3: Monthly Reporting Form for ENTREPOSE Facilitators (The form should be filled for each group batch.).....	35
	ANNEX 4: ENTREPOSE Attendance Register .....	36
	ANNEX 5: Evaluation Form for ENTREPOSE Administration .....	38



## ABBREVIATIONS

<b>CBT</b>	Cognitive Behavioral Therapy
<b>CBT-E</b>	Cognitive Behavioral Therapy Evaluation
<b>DDAPTP</b>	Dangerous Drug Abuse Prevention and Treatment Program
<b>DOH</b>	Department of Health
<b>ENTREPOSE</b>	Enhanced Treatment Program for Outpatient Services for Drug Users
<b>IntERlaPP</b>	Project for Introducing Evidence-based Relapse Prevention Programs to Drug Dependence Treatment and Rehabilitation Centers in the Philippines
<b>JICA</b>	Japan International Cooperation Agency
<b>LGU</b>	Local Government Unit
<b>MI</b>	Motivational Interview
<b>NA</b>	Narcotics Anonymous
<b>PE</b>	Psycho-Education
<b>PO</b>	Program Orientation
<b>SHGM</b>	Self-Help Group Meeting
<b>SOP</b>	Standard Operating Procedure
<b>TRC</b>	Treatment and Rehabilitation Center
<b>TWG</b>	Technical Working Group

## INTRODUCTION

This manual provides practical guidance on introducing the Enhanced Treatment Program for Outpatient Services for Drug Users (ENTREPOSE) to treatment and rehabilitation centers (TRCs) for drug users in the Philippines. ENTREPOSED is primarily designed for outpatient services provided by TRCs run by the Department of Health (DOH). However, it could also be used by other TRCs operated by Local Government Units and private owners.

The manual comprises two parts; target users and the content of each part are outlined below.

Title	Target Users	Content
<u>Part I:</u> Program Administration at TRCs	<ul style="list-style-type: none"><li>- Administrative and managerial staff members of TRCs</li><li>- Facilitators of ENTREPOSE program sessions</li></ul>	<ul style="list-style-type: none"><li>- An overview of the treatment components that compose ENTREPOSE</li><li>- Organization and resource requirements for the implementation of each treatment component</li><li>- Materials and tools required to implement ENTREPOSE</li></ul>
<u>Part II:</u> Session Facilitation	<ul style="list-style-type: none"><li>- Facilitators of ENTREPOSE program sessions</li></ul>	<ul style="list-style-type: none"><li>- Procedures to facilitate program sessions of each treatment component</li><li>- Quality standards of session facilitation</li></ul>

It is assumed that this manual will be used for the following purposes:

- as a practical handbook for TRC staff members in implementing ENTREPOSE; and
- as a guiding document during training sessions on ENTREPOSE for service providers.

The Technical Working Group (TWG) composed of Filipino and Japanese experts designed ENTREPOSE's framework by adapting the Matrix Model for outpatient treatment of stimulant users developed in the United States. Through a series of workshops, the TWG members enhanced ENTREPOSE's treatment components by providing technical inputs that took into consideration the unique cultural and social backgrounds of drug users in the Philippines. The program was also field-tested to ensure its practicability and applicability at seven pilot facilities including Baguio General Hospital, Regional Office XI Aftercare Unit, TRC Bicutan, TRC Cebu, Mega TRC Fort Magsaysay, TRC Malinao, and TRC Tagaytay.



# **PART I:**

## **Program Administration at TRCs**



## 1. Outline of ENTREPOSE

<b>Scope of Service</b>	Outpatient treatment for substance use disorders	
<b>Target Population</b>	Persons having moderate substance use disorder/dependence	
<b>Standard Treatment Period</b>	6 months (26 weeks)	
<b>Schedule of Visit to TRC</b>	At least once a week; 3 hours per visit	
<b>Treatment Program per Visit</b>	1 <sup>st</sup> Hour	Cognitive Behavioral Therapy (CBT)
	2 <sup>nd</sup> Hour	Psycho-Education (PE), Self-Help Group Meeting (SHGM) or CBT
	3 <sup>rd</sup> Hour	Individual Counseling & Assignments (ICA)

## 2. Components of ENTREPOSE

ENTREPOSE comprises six program components designed for psychological and skill improvements for drug users' recovery from problematic drug use and their well-being (Table 1).

**Table 1. Composition of ENTREPOSE**

	<b>Components</b>	<b>Proposed Content</b>
1	Program Orientation (PO)	A group session to orient patients on ENTREPOSE before their participation in it.
2	Cognitive Behavioral Therapy (CBT)	Group sessions to help patients to understand their thoughts, feelings, and behaviors that may drive them to substance use and to provide them with essential skills to overcome their problematic drug use based on pre-determined topics.
3	Cognitive Behavioral Therapy Evaluation (CBT-E)	Group sessions to evaluate individual progress at the 5 <sup>th</sup> week, 13 <sup>th</sup> week, and the last week of the treatment period.
4	Psycho-Education (PE) for Patients and Family Members	Interactive lectures to provide patients and their family members with accurate information about addiction, recovery, treatment, and the resulting interpersonal dynamics.
5	Self-Help Group Meeting (SHGM)	Narcotics Anonymous (NA) group meetings facilitated by ex-patients and patients themselves. Each session is based on the 12 Steps approach.
6	Individual Counseling & Assignments (ICA)	Individual counseling sessions conducted by a TRC staff. While others attend counseling, patients will do individual assignments.

## 3. TRC's Schedule Arrangements

Table 2 shows a sample timetable of ENTREPOSE at a TRC. It is based on the assumption that 10 patients are registered every month, and the size of each group is limited to 10.

It is recommended that static groups of patients be formed because they are required to attend CBT program sessions in a pre-determined sequence of topics. One way to maintain static groups is to batch patients by months of registration. For example, in Table 2, SP patients registered in January 2020 will be batched as Group 1 and keep attending sessions Monday mornings throughout their treatment period.

**Table 2. Sample Timetable of ENTREPOSE at a TRC (in July 2020)**

Day	AM	PM
Mon	Group 1 (Registered in Jan 2020)	
Tue	Group 2 (Registered in Feb 2020)	
Wed	Group 3 (Registered in Mar 2020)	Group 4 (Registered in Apr 2020)
Thu	Group 5 (Registered in May 2020)	
Fri	Group 6 (Registered in Jun 2020)	

**4. Patient’s Treatment Path**

All the patients will attend a Program Orientation (PO) session before starting the treatment program. They will then participate in three different programs per each visit. The minimum requirement of the sessions a patient needs to attend during a 6-month course of the treatment is shown in Table 3.

**Table 3. Minimum requirement of sessions to be attended by a patient**

Components	Minimum requirement of sessions
1. Program Orientation Session	1
2. CBT Sessions	28
3. CBT-E Sessions	3
4. PE Sessions	12
5. SHGM Sessions	6
6. ICA Sessions	26

An example of a patient’s treatment path that satisfies the requirement is shown in Table 4.

**Table 4. An Example of a Treatment Path of a Patient Registered in January 2020 (attending Monday morning sessions)**

Month	Week	Visit	1 <sup>st</sup> Hour	2 <sup>nd</sup> Hour	3 <sup>rd</sup> Hour
January 2020		1.	Registration		
		2.	Program Orientation		
February 2020	Week 1	3.	CBT Session 1	PE Session 1	ICA
	Week 2	4.	CBT Session 2	SHGM Step 1&2	ICA
	Week 3	5.	CBT Session 3	PE Session 2	ICA
	Week 4	6.	CBT Session 4	CBT Session 5	ICA
March 2020	Week 5	7.	CBT-E Session 1	PE Session 3	ICA
	Week 6	8.	CBT Session 6	SHGM Step 3&4	ICA
	Week 7	9.	CBT Session 7	PE Session 4	ICA
	Week 8	10.	CBT Session 8	CBT Session 9	ICA
	Week 9	11.	CBT Session 10	PE Session 5	ICA
April 2020	Week 10	12.	CBT Session 11	SHGM Step 5&6	ICA
	Week 11	13.	CBT Session 12	PE Session 6	ICA
	Week 12	14.	CBT Session 13	CBT Session 14	ICA
	Week 13	15.	CBT-E Session 2	PE Session 7	ICA
May 2020	Week 14	16.	CBT Session 15	SHGM Step 7&8	ICA
	Week 15	17.	CBT Session 16	PE Session 8	ICA
	Week 16	18.	CBT Session 17	CBT Session 18	ICA
	Week 17	19.	CBT Session 19	PE Session 9	ICA
June 2020	Week 18	20.	CBT Session 20	SHGM Step 9&10	ICA
	Week 19	21.	CBT Session 21	PE Session 10	ICA
	Week 20	22.	CBT Session 22	CBT Session 23	ICA
	Week 21	23.	CBT Session 24	PE Session 11	ICA
	Week 22	24.	CBT Session 25	SHGM Step 11 & 12	ICA
July 2020	Week 23	25.	CBT Session 26	PE Session 12	ICA
	Week 24	26.	CBT Session 27	CBT Session 28	ICA
	Week 25	27.	(Spare slot)	(Spare slot)	ICA
	Week 26	28.	CBT-E Session 3	(Spare slot)	ICA

CBT = Cognitive Behavioral Therapy, CBT-E = Cognitive Behavioral Therapy Evaluation, PE = Psycho-Education, SS = Social Support, SHGM = Self-Help Group Meeting, ICA = Individual Counseling & Assignments.

## 5. Proposed Content of ENTREPOSE Components

ENTREPOSE is composed of the following components. The contents of each component are elaborated in the subsequent sections.

- (1) Program Orientation (PO)
- (2) Cognitive Behavioral Therapy (CBT)
- (3) Cognitive Behavioral Therapy Evaluation (CBT-E)
- (4) Psycho-Education (PE) for Patients and Family Members
- (5) Self-Help Group Meeting (SHGM)
- (6) Individual Counseling & Assignments (ICA)



### 5.1. Program Orientation (PO)

<b>Modality:</b>	Group workshop
<b>Group Size:</b>	Ten or less per group
<b>Session Duration:</b>	One hour
<b>Materials Used:</b>	Patient's Workbook (ENTREPOSE Series No. 2)

All the patients will attend the program orientation before participating in the ENTREPOSE sessions. The session will be led by a facilitator based on the “Program Orientation” worksheet in the Patient’s Workbook. The group size should be ten or less.

### 5.2. Cognitive Behavioral Therapy (CBT)

<b>Modality:</b>	Group therapy
<b>Group Size:</b>	Ideally 10–15 per group (20 per group maximum)
<b>Session Duration:</b>	One hour
<b>Materials Used:</b>	Patient's Workbook (ENTREPOSE Series No. 2)

The Cognitive Behavioral Therapy (CBT) component of ENTREPOSE aims to help patients to understand their thoughts, feelings, and behaviors that may often drive them to substance use based on group sessions. The sessions will be led by facilitators. In each one-hour CBT session, patients will work on a worksheet in the Patient’s Workbook. Each group should ideally be composed of 10-15 patients; however, the group size could be increased up to 20 if the facility faces a resource constraint.

#### 5.2.1. Predetermined Topics of Group Sessions

Group sessions on predetermined topics are the basis for the CBT Programs. The priority and optional topics are shown in Table 5. While the priority topics should primarily be considered, optional topics may be adopted in place of some primary topics, except the required ones, if facilitators consider that they better meet patients’ needs. These topics must be applied in the listed sequence, and one topic will be adopted in every group session. The spare slots can be used to make up for delays or cancellation of sessions.

**Table 5. Predetermined Topics under CBT Program**

<b>Topics (Session # in Patient's Workbook)</b>	<b>Priority</b>	<b>Optional</b>
1. Schedule and Calendar	X (required)	
2. Triggers	X (required)	
3. Coping with Triggers	X (required)	
4. Thought Stopping Techniques	X (required)	
5. External Triggers	X (required)	
6. Internal Triggers	X (required)	
7. Road Map for Recovery	X (required)	
8. Self-Help Group Meetings	X (required)	
9. 12-Step Wisdom		X
10. Common Challenges in Early Recovery	X	
11. Thinking, Feeling, and Doing		X
12. Alcohol	X	
13. Boredom	X	
14. Avoiding Relapse Drift	X (required)	
15. Lapse and Relapse	X	
16. Work and Recovery		X
17. Guilt and Shame		X
18. Staying Busy	X	
19. Motivation for Recovery	X	
20. Truthfulness		X
21. Alcohol Arguments		X
22. Sex and Recovery		X
23. Anticipating and Preventing Relapse	X (required)	
24. Trust	X	
25. Be Smart, Not Strong	X (required)	
26. Defining Spirituality	X	
27. Managing Life; Managing Money		X
28. Relapse Justification (1)	X	
29. Taking Care of Yourself		X
30. Emotional Triggers	X (required)	
31. Illness		X
32. Recognizing Stress	X (required)	
33. Reducing Stress	X	
34. Managing Anger		X
35. Acceptance		X
36. Making New Friends		X
37. Repairing Relationships	X	
38. Serenity Prayer		X
39. Compulsive Behaviors		X
40. Coping with Feelings	X (required)	
41. Depression	X	
42. Relapse Justification (2)		X
43. Past, Present, and Future		X
44. Recreational Activities	X	
45. Looking Forward; Managing Downtime	X	
46. Holidays and Recovery		X

**5.2.2. Materials for CBT Sessions**

All the patients participating in the CBT Program will be provided with the following items:

- Patient's Workbook

- Schedule Book

The patients will bring them home to do their homework assignments. They are also required to bring a pencil and eraser along with the Patient’s Workbook and the Schedule Book for every session. These items will NOT be shared with other patients. The patients will keep their copies of the Patient’s Workbook and the Schedule Book after the treatment period.

(1) Patient’s Workbook

The Patient’s Workbook consists of a series of worksheets. Each worksheet focuses on a specific topic predetermined under the CBT Program. During the group sessions, both facilitators and patients will refer to a hard copy of the worksheet. The patients will be instructed to write down their answers on the worksheets in pencil. In some worksheets, patients will be instructed to do homework assignments.

(2) Schedule Book

Having a structured lifestyle, patients have a lower risk of relapse. Therefore, making patients schedule their daily activities is an important element of the treatment program. The Schedule Book is used to keep the patients’ schedules and to monitor their relapse risks daily<sup>1</sup>. During the ICA sessions, the patients are required to fill out their hourly schedule for the days until the next TRC visit. They are also asked to write down relapse risk monitoring results daily before going to bed. Their relapse risk monitoring results will be shared during the next CBT sessions.

### 5.3. Cognitive Behavioral Therapy Evaluation (CBT-E)

<b>Modality:</b>	Group therapy
<b>Group Size:</b>	Ideally 10–15 per group (20 per group maximum)
<b>Session Duration:</b>	One hour
<b>Materials Used:</b>	Patient’s Workbook (ENTREPOSE Series No. 2)

The Cognitive Behavioral Therapy Evaluation (CBT-E) component of ENTREPOSE aims to monitor the individual progress of the CBT Program. The sessions will be based on the Patient’s Workbook and conducted in the same manner as those of the CBT sessions.

---

<sup>1</sup> Patients are to start writing down the daily statuses of the “A. Stayed away from Triggers?” in the Schedule Book after attending the “CBT Session 2. Triggers” and the “B. Secured the Mooring Lines?” after attending the “CBT Session 14. Avoiding Relapse Drift”.

CBT-E sessions are to be conducted at the 5<sup>th</sup> week, 13<sup>th</sup> week, and the last week of the treatment period. The topics covered in each session are shown in Table 6.

**Table 6. Predetermined Topics under CBT-E Program**

Topics	Schedule
1. Recovery Status Review	5 <sup>th</sup> week
2. Analyzing Behaviors for Relapse Prevention	13 <sup>th</sup> week
3. Continuing Treatment Planning	Last week

#### 5.4. Psycho-Education (PE) for Patients and Family Members

<b>Modality:</b>	Interactive lecture
<b>Group Size:</b>	Less than 50 per group (including patients and family members)
<b>Session Duration:</b>	One hour
<b>Materials Used:</b>	Psycho-Education Modules for Patients and Family Members (ENTREPOSE Series No. 3)

The Psycho-Education (PE) program component of ENTREPOSE aims to provide patients and their family members with accurate information about addiction, recovery, treatment, and the resulting interpersonal dynamics. Facilitators will make one-hour presentations using standardized PowerPoint slides to groups of less than 50 people including patients and family members.

##### 5.4.1. Predetermined Topics of PE Program

The PE Program is composed of 12 interactive lectures on predetermined topics (Table 7). The sessions could be scheduled twice a month to cover 12 sessions in 26 weeks and joined by patients and family members of both SP and IP groups.

**Table 7. Predetermined Topics of Interactive Lectures under the PE Component**

1. Triggers and Cravings (1)
2. Triggers and Cravings (2)
3. Alcohol and Recovery (1)
4. Alcohol and Recovery (2)
5. Methamphetamine and Cocaine (1)
6. Methamphetamine and Cocaine (2)
7. Roadmap for Recovery (1)

8. Roadmap for Recovery (2)
9. Families in Recovery (1)
10. Families in Recovery (2)
11. Marijuana
12. Opioid and Club Drugs

#### 5.4.2. Family Members' Participation

Family members of the patients<sup>2</sup> are required to attend the 12 PE sessions to cover all the topics. TRC staff need to provide the family members with a copy of the PE session schedule at least for the next three months, when the patients are registered and instruct them about the requirement. The family members will attend the PE sessions together with the patients.

### 5.5. Self-Help Group Meeting (SHGM)

<b>Modality:</b>	Group meeting
<b>Group Size:</b>	10–12 per group (15 per group maximum)
<b>Session Duration:</b>	One hour
<b>Materials Used:</b>	NA Meeting Kit

The Self-Help Group Meeting (SHGM) aims to solve patients' common problems through self-help and mutual support and to connect them to Narcotics Anonymous (NA) groups for their continuous participation after completing the treatment program at TRCs. The SHGM sessions will be conducted only by patients. The patients will be guided to adhere to the principles and requirements of the NA group.

#### 5.5.1. Grouping of Patients for SHGM Sessions

Patients will be divided to form NA groups to conduct SHGM sessions. The size of each group should be around 10-12 and not exceed 15. In principle, the group members will be fixed except in the events of newcomers joining and those leaving the group.

---

<sup>2</sup> The family members in this context are not necessarily the legal petitioners, but the most significant members who will closely support the patients' recovery after their discharge.

### 5.5.2. Roles of TRC Staff Members in SHGM Sessions

TRC staff members will minimize their presence during the sessions so that the patients can freely share their stories and real thoughts in their groups. Their roles will be limited to:

- ensuring that SHGM sessions are conducted as scheduled.
- time management and record-keeping of the SGHM sessions.
- appointing chairpersons of the groups.
- intervening in situations where groups lose control.

### 5.5.3. Nominating Chairpersons

A chairperson nominated in each group will facilitate SHGM sessions. The chairpersons are also one of the NA group members, and there is no hierarchical relationship between the chairperson and others. To initiate an SHGM session at a TRC, an external NA member and/or a TRC graduate who is familiar with the NA sessions may be invited to serve as a chairperson at the beginning. After the group has experienced several SHGM sessions, a new chairperson can be selected from the patients in the group.

TRC staff members are to appoint new chairpersons in consideration of the patients' capability to facilitate group meetings and in consultation with the previous chairpersons. Serving as a chairperson in SHGM sessions could benefit the patient's recovery process; therefore, it is recommended that each chairperson's term be limited to five sessions so that many patients can experience the role of the chair.

### 5.5.4. Topics and Schedule of SHGM Sessions

The 12 Steps of Narcotic Anonymous is the basis of the SHGM sessions conducted at the TRCs (Table 8). In each SHGM session, one or two of the 12 Steps will be used as the topic of the day, and patients will share their stories and thoughts around it.

**Table 8. The 12 Steps of Narcotic Anonymous**

Steps	Narratives
1.	We admitted that we were powerless over our addiction, that our lives had become unmanageable.
2.	We came to believe that a Power greater than ourselves could restore us to sanity.
3.	We made a decision to turn our will and our lives over to the care of God as we understood Him.
4.	We made a searching and fearless moral inventory of ourselves.
5.	We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6.	We were entirely ready to have God remove all these defects of character.
7.	We humbly asked Him to remove our shortcomings.
8.	We made a list of all persons we had harmed and became willing to make amends to them all.
9.	We made direct amends to such people wherever possible, except when to do so would injure them or others.
10.	We continued to take personal inventory and when we were wrong promptly admitted it.
11.	We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12.	Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs.

Source: <https://www.drugrehab.com/recovery/narcotics-anonymous/>

#### 5.5.5. SHGM Session Protocol and Materials

To conduct SHGM sessions, each group is to use a set of the NA Meeting Kit composed of the eight sheets in different colors presented in Table 9.

**Table 9. Content of the NA Meeting Kit**

	<b>Title</b>	<b>Color</b>
1.	Instructions for Chairperson of Self-Help Group Meeting (Mga tagubilin para sa Tagapangulo ng Pagpupulong ng Grupo ng Tulong sa Sarili)	Pink
2.	Who is an Addict? (Sino ang Adik?)	Blue
3.	What is NA? (Ano ang Programa ng N.A.?)	Yellow
4.	Why are we here? (Bakit tayo Naririto?)	Cream
5.	How it Works (Paano Ito Magagawa)	White
6.	12 Traditions (Ang Labingdalawang Tradisyon ng N.A.)	Gray
7.	We do Recover (Tayo ay Gumagaling)	Green
8.	Just for Today (Para sa araw na ito)	Purple

The chairperson of the group will facilitate the SHGM session referring to the “Instructions for Chairperson of Self-Help Group Meeting” (ANNEX 1 and ANNEX 2). It shows the standard protocol of the 60-minute SHGM session and explains how to use the materials in the NA Meeting Kit.

### **5.6. Individual Counseling and Assignments (ICA)**

<b>Modality:</b>	Individual Session & Individual Work
<b>Session Duration:</b>	One hour
<b>Materials Used:</b>	Schedule Book

During the Individual Counseling and Assignments (ICA) session, patients will engage in the following two activities conducted in parallel: (1) individual meeting with a counselor and (2) individual work on scheduling assignments.

#### **5.6.1. Individual Meeting with a Counselor**

Selected patients in a group will be called for individual meetings with a counselor in turn. TRC staff may determine the selection criteria and content of the meeting depending on the individual needs of the group members. The counselor may refer to the Schedule Book to identify the relapse risk status of the patients.

#### **5.6.2. Individual Work on Scheduling Assignments**

While individual meetings are conducted with selected patients, all the other patients will work on the scheduling assignment. Based on the Schedule Book, they will write down hourly schedules for the days



until the next TRC visit. Upon finishing the scheduling assignment, they may also work on the homework assignments given in the Patient's Workbook.

## **6. Management of Facilitators**

TRC staff members serving as facilitators will lead the ENTREPOSE's group sessions. The subsequent sections explain the qualifications required by facilitators, their assignments to patient groups, and how to track the facilitators' activities.

### **6.1. Facilitators' Qualifications for the ENTREPOSE Sessions**

Suggested qualifications for facilitators of the ENTREPOSE sessions are as follows. For the CBT sessions, co-facilitators should also be assigned to assist the facilitators, but they are not expected to deliver treatment; rather, they are expected to share their experiences and thoughts.

#### Facilitators:

- TRC staff members with a relevant background including physicians, psychologists, psychometricians, nurses, and social workers.
- Trained as ENTREPOSE facilitators.
- Trained in Motivational Interviewing.

#### Co-facilitators:

- Recovering persons and ENTREPOSE graduates who volunteer to play the co-facilitator's role.
- Capable of supporting group sessions (as judged by facilitators).

### **6.2. Assignments of Facilitators to Patients' Groups**

TRCs should arrange facilitators to take care of the same groups of patients throughout their treatment period. In particular, it is recommended that, in a group of patients, the same facilitator conduct all the CBT sessions, instead of assigning responsible topics among facilitators.

The required number of facilitators depends on the number of patients registered. Table 10 shows sample calculations of required facilitators based on different numbers of eligible patients.

**Table 10. Sample Calculations of Required Facilitators based on Different Numbers of Eligible Patients**

Number of Eligible Patients	Number of Patients in Treatment*						Minimum Requirement of Facilitators**
	1 <sup>st</sup> Month	2 <sup>nd</sup> Month	3 <sup>rd</sup> Month	4 <sup>th</sup> Month	5 <sup>th</sup> Month	6 <sup>th</sup> Month	
18	3 (1 Group)	3 (1 Group)	3 (1 Group)	3 (1 Group)	3 (1 Group)	3 (1 Group)	1
30	5 (1 Group)	5 (1 Group)	5 (1 Group)	5 (1 Group)	5 (1 Group)	5 (1 Group)	1
60	10 (1 Group)	10 (1 Group)	10 (1 Group)	10 (1 Group)	10 (1 Group)	10 (1 Group)	1
90	15 (2 Groups)	15 (2 Groups)	15 (2 Groups)	15 (2 Groups)	15 (2 Groups)	15 (2 Groups)	2
120	20 (2 Groups)	20 (2 Groups)	20 (2 Groups)	20 (2 Groups)	20 (2 Groups)	20 (2 Groups)	2
180	30 (3 Groups)	30 (3 Groups)	30 (3 Groups)	30 (3 Groups)	30 (3 Groups)	30 (3 Groups)	3
300	50 (5 Groups)	50 (5 Groups)	50 (5 Groups)	50 (5 Groups)	50 (5 Groups)	50 (5 Groups)	5

\* The estimated number of patients at each month is based on the assumption that patients are registered evenly over time and all of them stay in the treatment for 6 months.

\*\* The minimum requirement of facilitators is based on the assumption that each facilitator covers 6 groups per week.

### 6.3. Tracking Facilitators' Activities

To enable the TRC to track the facilitators' activities, each facilitator is required to fill out the "Monthly Reporting Form for ENTREPOSE Facilitators" (ANNEX 3) for each group batch. The facilitators will indicate the sessions that they conducted and submit the form monthly to the TRC's administration. The forms will also be reviewed when a post-training evaluation or routine supportive supervision is conducted (refer to the "Guidelines for Field Evaluation" [ENTREPOSE Series No. 6] for details).

## 7. Management of Patients and Their Participation in ENTREPOSE

The subsequent sections provide practical guidance on the overall management of the patients and their participation in ENTREPOSE.

### 7.1. Grouping Arrangements of Patients

It is recommended that the group members of the ENTREPOSE be fixed during the course of the treatment. In order to do so, patients could be grouped by the months of their registration. If a patient needs to be placed in a different and ongoing group, facilitators should make sure that the patient is oriented how to fill out the Schedule Book and his/her progress is individually evaluated at the 5<sup>th</sup>, 13<sup>th</sup>, and the last week of the treatment period using the CBT-E worksheets.

## 7.2. Tracking Patients' Participation in ENTREPOSE Sessions

Tracking the patients' participation in the ENTREPOSE sessions is important to ensure their exposure to all the essential topics under ENTREPOSE. Each facilitator, therefore, needs to update the "ENTREPOSE Attendance Register" (ANNEX 4) for each patient after each session.

## 7.3. Patients' Eligibility Criteria for ENTREPOSE Participation

While the following criteria could be used as the basis, each TRC needs to establish its own eligibility criteria of the patients for their ENTREPOSE participation.

- 18 years of age or older
- Those motivated to participate in the ENTREPOSE
- Capable of participating in group sessions (no major mental/behavioral or other health problems)

## 7.4. Management of Special Populations

In principle, minors should be grouped separately and provided with different treatment programs. Illiterate people and those with learning disabilities or psychiatric comorbidities should also be grouped separately from the other adult patients participating. Programs for special populations will be designed at each TRC.

## 7.5. Motivating Patients' Participation

Patients in outpatient services, especially those not mandated, are more likely to drop out of the treatment than those admitted to residential services. Therefore, facilitators should take measures to motivate patients to continuously participate in treatment sessions. While applying the motivational interviewing technique and establishing a rapport with patients is one way, providing non-monetary incentives to complete the treatment course, such as affixing a sticker or stamp to attest participation in each session, could be another strategy.

# 8. Training Program of ENTREPOSE

The training program to implement ENTREPOSE is designed for the following personnel and purposes.

- Administrators: To make necessary organizational arrangements to implement ENTREPOSE at TRCs and ensure the adherence to its administrative standards.
- DOH CHD Representatives: To supervise the ENTREPOSE implementation at the TRCs within their purview.
- Facilitators: To facilitate ENTREPOSE sessions according to the quality standards.

The training program consists of the five modules, of which TRCs’ administrators and DOH CHD representatives also attend Module 1 conducted on the first day (Table 11).

**Table 11. ENTREPOSE Training Program and Target Personnel.**

Schedule	Module	Participants		
		TRC Administrators	DOH CHD Representatives	Facilitators
Day 1	Module 1: Administration of ENTREPOSE at TRCs	X	X	X
Day 2	Module 2: Basic Counseling Skills			X
Day 3	Module 3: Motivating Clients for Treatment and Addressing Resistance			X
Day 4	Module 4: Cognitive Behavioral and Relapse Prevention Strategies			X
Day 5	Module 5: Application of Facilitation Skills to ENTREPOSE Sessions			X

To become a qualified facilitator of ENTREPOSE, one is required to complete the 5-day ENTREPOSE training program. The training content is elaborated in the “Training Kit” (ENTREPOSE Series No.5).

**9. Evaluation Criteria for ENTREPOSE Administration**

To ensure the provision of quality services, TRCs’ adherence to the administrative standards of ENTREPOSE must be evaluated. The “Guidelines for Field Evaluation” (ENTREPOSE Series No.6) elaborates on the evaluation criteria for the ENTREPOSE administration. Table 12 presents the content of the evaluation criteria for the ENTREPOSE administration. Additionally, an evaluation form for the ENTREPOSE administration is provided as ANNEX 5. It could be used as a checklist to ensure the facility’s adherence to the standards.

**Table 12. Evaluation Criteria for ENTREPOSE Administration.**

<b>I. Organizational Aspects</b>
<p><i>A. Patients</i></p> <ol style="list-style-type: none"> <li>1. The facility’s own eligibility criteria for patients to participate in ENTREPOSE are established and implemented.</li> <li>2. Patients’ individual registers are developed and updated to keep their attendance to the ENTREPOSE sessions.</li> </ol>
<p><i>B. Family Members</i></p> <ol style="list-style-type: none"> <li>3. Family members’ statuses of participation in the PE sessions are updated in the patients’ individual registers.</li> <li>4. Family members of more than 50% of all the eligible patients in their 5<sup>th</sup> and 6<sup>th</sup> month period of treatment have attended at least 6 PE sessions.</li> </ol>

*C. Scheduling*

5. Timetables of all the patient groups throughout the treatment period are available with the information of the scheduled ENTREPOSE sessions that satisfy the minimum requirements as follows:
  - PO-1, CBT-28, CBT-E-3, PE-12, SHGM-6, ICA-26
6. 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 registration of the patients.

*D. Facilitators*

7. All the staff members facilitating sessions have attended a training program for ENTREPOSE facilitators.
8. All the facilitators weekly record their activities in the Weekly Reporting Form for ENTREPOSE Facilitators.
9. 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.

*E. Environment*

10. Appropriate places are secured for the ENTREPOSE group sessions (e.g., not too noisy to conduct group sessions).

**II. ENTREPOSE Implementation Status during the last month**  
(based on the facilitators' activities during the coverage period)

*F. Program Orientation*

11. Eligible patients attended an orientation program before entering ENTREPOSE groups.

*G. Cognitive Behavioral Therapy (CBT) & Cognitive Behavioral Therapy-Evaluation (CBT-E)*

12. Eligible patients attended CBT and CBT-E sessions according to the schedule.
13. Copies of Patient's Workbooks and Schedule Books were given to all the eligible patients.
14. The group size was mostly less than 15 and did not exceed 20.
15. A co-facilitator was assigned to the CBT sessions.

*H. Psycho-Education (PE)*

16. Eligible patients attended PE sessions according to the schedule.
17. The group size was less than 50.

*I. Self-help Group Meeting (SHGM)*

18. Eligible patients attended SHGM sessions according to the schedule.
19. The group size was mostly less than 12 and did not exceed 15.
20. SHGM sessions were conducted without involving TRC staff members and led by chairpersons selected from patients.

## 10. Materials to Support ENTREPOSE Implementation at TRCs

The complete series of materials to support ENTREPOSE implementation at TRCs are listed in Table 13.

**Table 13. Series of materials to Support ENTREPOSE Implementation at TRCs**

Series Number	Title	Content	Language
1	Service Provider's Manual	The manual elaborates on the framework and administrative aspects of ENTREPOSE implementation at TRCs as well as providing practical instructions and tips for facilitating sessions. It consists of (a) Part I: Program Administration at TRCs, and (b) Part II: Session Facilitation. Part I will be used by both TRC administrators and facilitators, whereas Part II will be used only by facilitators.	English
2	Patient's Workbook for Cognitive Behavioral Therapy (CBT) Sessions	The Workbook consists of worksheets PO, CBT, and CBT-E sessions. It will be used by facilitators and patients.	English and Tagalog
3	Schedule Book	The Book has standardized forms for patients to fill out their hourly schedule and to monitor relapse risks.	English and Tagalog
4	Psycho-Education (PE) Modules for Patients and Family Members	The presentation slides provide educational content on 12 PE topics. They will be projected during PE sessions and explained by facilitators.	English and Tagalog
5	Training Kit	The kit contains the program and presentations of the 5-day training for administrators and facilitators of ENTREPOSE. It will be used by trainers and participants.	English
6	Guidelines for Field Evaluation	The guidelines elaborate on the evaluation protocols of ENTREPOSE and provide tools to evaluate its administrative and clinical aspects. They will be used for the internal and external evaluation of ENTREPOSE and its post-training monitoring.	English



# **PART II: Session Facilitation**





## 11. Facilitation Standards of ENTREPOSE Sessions

This section provides standards for the facilitation of 60-minute sessions under each of the following ENTREPOSE Components:

- I. Cognitive Behavioral Therapy (CBT) and Cognitive Behavioral Therapy Evaluation (CBT-E)
- II. Psycho-Education (PE) for Patients and Family Members

In conducting a session, facilitators are required to adhere to the standards elaborated for each component in the following forms.

A: Standard Operating Procedure (SOP): A table indicating facilitation steps and facilitator's actions to conduct a 60-minute session and time allocations for each step.







B: Quality Standards: A list of criteria used to evaluate the quality of session facilitation. These quality standards will be used as guidance for facilitators as well as evaluation criteria for supervisors.

These standards are also used as evaluation criteria of ENTREPOSE sessions elaborated in "Guidelines for Field Evaluation" (ENTREPOSE Series No.6).

## 11.1. CBT and CBT-E Session Facilitation

# I. CBT and CBT-E Session Facilitation Standards

### A: Standard Operating Procedure (SOP)

Facilitation Steps	Facilitator's Actions	Related Icons*	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. Ask a few participants to share their relapse risk statuses of the past week with reference to the Schedule Book d. Briefly reflect the previous session e. Review the homework assignment of the previous session f. Ask a few participants to share their work g. Ask for a reason in a non-blaming manner if someone fails to complete his/her homework assignment		
3. Introduction	h. Briefly explain the session topic, objectives, and the session proceeding today		
4. Text Reading	i. Have texts read out loud by patients j. Give supplementary explanations as necessary k. Allow participants to ask questions		15 min
5. Exercise	l. Give instructions on exercise m. Give time to participants to work on the exercise		25 min
6. Discussion	n. Pose questions to start a discussion o. Facilitate discussion among participants		
7. Highlight	p. Reflect important points of the session		10 min
8. Summary	q. Summarize the session in light of the session objectives		
9. Homework	r. Give instructions on a homework assignment (if any)		

\*Icons used in Patient's Workbook:



Objective



Text reading



Exercise



Discussion



Highlight

<b>B: Quality Standards</b>	
<b>I. CBT Content</b>	
1. Accurate teaching	Give accurate information that is based on the literature rather than a belief system
2. Exploring high-risk behaviors	Adequately connect the session topic with high-risk or potential relapse situations and measures to avoid such situations
3. Exploring measurable behavior changes	Give concrete examples that lead to measurable behavior changes
4. Referencing other CBT sessions	Reference CBT topics from other sessions
5. Use of CBT terminology	Adequately explain and apply the CBT terminology used in the Patient's Workbook
6. Limited process commentary	Limit the application of process comments
<b>II. Motivational Interview (MI) Facilitation Style</b>	
7. Adequate listening attitude	Face to the speaker, smile, and gently nod while a participant talks
8. Positive reinforcement and affirmations with empathy	Apply cheerleading, coaching, encouraging, and/or affirming styles with empathy
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>
10. Reflective listening with empathy	Apply reflective listening with empathy (at least one reflection for every three questions)
11. Summarizing responses	Periodically summarize responses of participants
12. Using open-ended questions	Mostly use open-ended questions that require more than one to two words to answer
13. Limited self-disclosure of the facilitator	Limit referencing the facilitator's own experience
14. Non-authoritative attitude	Avoid showing an authoritative attitude toward participants or asking them to speak in an authoritative tone
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
16. No sarcasm	Avoid being rude, biting or cutting to participants
<b>III. Management of Group Discussion</b>	
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
18. Facilitating interactions between participants	Facilitate interactions between participants during discussion instead of sticking to bilateral communications between the facilitator and participants
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

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>
<b>IV. Elements of CBT Session</b>	
21. Use of Patient's Workbook	Make all the participants use the Patient's Workbook throughout the session
22. Introduction of topic	Explain the relevance of the topic to the recovery process along with session objectives
23. Reading of texts	Have texts read out loud by participants
24. Group wrap-up	Finish by highlighting important points and summarizing the session
25. Adherence to SOP	Largely adhere to the steps specified in the SOP
<b>V. Time Allocation</b>	
26. Session duration	Spend 60 minutes and do not finish earlier
27. Duration of the core content	Spend at least 40 minutes on the main content (Introduction, Text Reading, Exercise, and Discussion)
28. Duration of discussion	Spend at least 15 minutes on the Discussion part

## 11.2. PE Session Facilitation

<b>II. PE Session Facilitation Standards</b>		
<b>A: Standard Operating Procedure (SOP)</b>		
<b>Facilitation Steps</b>	<b>Facilitator's Actions</b>	<b>Standard Time Allocation</b>
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 (ENTREPOSE Series No. 4: 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
<b>B: Quality Standards</b>		
<b>I. Psycho-Education Content</b>		
1. Accurate teaching	Give accurate information when lecturing and responding to questions that is based on the literature rather than a belief system	
2. Referencing CBT sessions	Reference related topics in CBT sessions	
<b>II. Lecture Style</b>		
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)	
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	
5. No sarcasm	Avoid being rude, biting or cutting to participants	
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	
<b>III. Elements of Psycho-Education Session</b>		
7. Use of presentation slides	Use standardized presentation slides (ENTREPOSE Series No. 4: Psycho-Education Modules for Patients and Family Members)	
8. Introduction of topic	Explain the topic and what participants will learn	
9. Presentation of content	Present the slide content with the facilitator's own words instead of just reading texts on the slides	
10. Wrap-up	Finish by summarizing what participants have learned	
11. Adherence to SOP	Largely adhere to the steps specified in the SOP	
<b>IV. Time Allocation</b>		
12. Session duration	Spend 60 minutes and do not finish earlier	



# ANNEXES





## **ANNEX 1: Instructions for Chairperson of Self-Help Group Meeting (60 min)**

### **1. Introduce yourself (1 min).**

- Hi. My name is \_\_\_\_\_ and I'm an addict.
- Welcome to the NA Meeting here at \_\_\_\_\_.

### **2. Have all the members introduce themselves (2 min).**

- Hi. My name is \_\_\_\_\_ and I'm an addict.

### **3. Read the Serenity Prayer (1 min).**

- Can we please have a moment of silence followed by the Serenity Prayer?  
*God grant me the serenity to accept the things I can't change, the courage to change the things I can, and the wisdom to know the difference.*

### **4. Ask members to read aloud the following sheets in the Meeting Kit in turn (5 min).**

- Who is an Addict? (Sino ang Adik?)
- What is NA? (Ano ang Programa ng N.A.?)
- Why are we here? (Bakit tayo Naririto?)
- How it Works (Paano Ito Magagawa)
- 12 Traditions (Ang Labingdalawang Tradisyon ng N.A.)

### **5. Explain principles and rules of the meeting (2 min).**

- Before we begin there are a few things that we ask:
  - Give the speaker the same respect you would want if and when you get the opportunity to speak at a meeting;
  - Identify with (his/her) feelings and not compare (his/her) story with yours. (He/She) may not have used like you did but the feelings are the same.
  - Keep an "atmosphere of recovery." After the speaker shares, we will open the floor for you to have the opportunity to share freely.

### **6. Read one of the 12 Steps selected as today's topic (1 min).**

### **7. Allow members to share their stories and thoughts related to today's topic (45 min).**

### **8. When time is up, ask members to read aloud the following sheets in the Meeting Kit in turn (2 min).**

- We do Recover (Tayo ay Gumagaling)
- Just for Today (Para sa araw na ito)

### **9. Close the meeting with the Serenity Prayer (1 min).**

- Can we please have a moment of silence followed by the Serenity Prayer?  
*God grant me the serenity to accept the things I can't change, the courage to change the things I can, and the wisdom to know the difference.*

## **ANNEX 2: Mga tagubilin para sa Tagapangulo ng Pagpupulong ng Grupo ng Tulong sa Sarili (60 minuto)**

### **1. Ipakilala ang sarili (1 minuto).**

- Magandang umaga/hapon. Ako po ay si \_\_\_\_\_ at ako ay isang adik.
- Maligayang pagdating sa pagpupulong ng Narkotiko Anonimo dito sa \_\_\_\_\_.

### **2. Ipakikilala ng lahat ng mga miyembro ang kanilang sarili (2 minuto).**

- Magandang umaga/hapon. Ako po ay si \_\_\_\_\_ at ako ay isang adik.

### **3. Basahin ang dasal para sa Kahinahunan (1 minuto).**

- Maari ba tayong magkaroon ng isang sandali ng katahimikan at sundan ang Dasal para sa Kahinahunan?

*Panginoon, kalooban Mo po ako ng kapayapaang tanggapin ang mga bagay na hindi ko kayang baguhin, tapang na baguhin ang mga bagay na kaya ko, at ang dunong na malaman ang pagkakaiba.*

### **4. Hilingin sa mga miyembro na basahin nang malakas ang mga sumusunod na mga polyeto na nasa kit (5 minuto).**

- Sino ang Adik?
- Ano ang Programa ng N.A.?
- Bakit tayo Naririto?
- Paano Ito Magagawa
- Ang Labindalawang Tradisyon ng N.A.

### **5. Ipaliwanag ang mga prinsipyo at panuntunan ng pagpupulong (2 minuto).**

- Bago kami magsimula may mga ilang bagay kaming hinihiling:
  - Mangyaring bigyan ang speaker ng paggalang katulad ng paggalang na nais mong makuha kung at kapag nagkaroon ka ng pagkakataon na magsalita sa isang pulong;
  - Kilalanin ang kanyang damdamin at hindi ihambing ang kanyang kuwento sa inyong kuwento. Maaaring magkaiba kayo ng paggamit ngunit ang mga damdamin ay pareho.
  - Mahalaga din na panatilihin ang “atmosphere of recovery.” Matapos ang pagbabahagi ng speaker, bubuksan namin ang pagpupulong para sa inyo upang magkaroon kayo ng pagkakataon na malayang magbahagi.

### **6. Basahin ang isa sa mga labindalawang hakbang/tradisyon (12 Steps) na napiling paksa ngayon (1 minuto).**

### **7. Payagan ang mga miyembro na ibahagi ang kanilang mga kwento at kaisipan na may kaugnayan sa paksa ngayon (45 minuto).**

### **8. Kapag natapos ang oras, hilingin sa mga miyembro na basahin nang malakas ang mga sumusunod na mga polyeto na nasa kit (2 minuto).**

- Tayo ay Gumagaling
- Para sa araw na ito

### **9. Isara ang pulong sa Dasal para sa Kahinahunan (1 minuto).**

- Maari ba tayong magkaroon ng isang sandali ng katahimikan at sundan ang Dasal para sa Kahinahunan?

*Panginoon, kalooban Mo po ako ng kapayapaang tanggapin ang mga bagay na hindi ko kayang baguhin, tapang na baguhin ang mga bagay na kaya ko, at ang dunong na malaman ang pagkakaiba.*

### ANNEX 3: Monthly Reporting Form for ENTREPOSE Facilitators

(The form should be filled for each group batch.)

Facilitator's Name:			Designation:		
Group Batch:	Group ID:	No of Patients:	Covering Month (MM/YY):	Facility:	

	Data (MM/DD/YY)	Co-facilitator	Session		Number in the Group
			No.	Topic	
<b>I. Program Orientation</b>					
1.					
<b>II. CBT Session</b>					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
<b>III. CBT-E Session</b>					
1.					
2.					
3.					
<b>IV. PE Session</b>					
1.					Patients Family
2.					Patients Family
3.					Patients Family
<b>V. SHGM Session (list up sessions that you supervised)</b>					
1.					
2.					
3.					
4.					
5.					

Signature of Facilitator: \_\_\_\_\_

Date: \_\_\_\_\_

## ANNEX 4: ENTREPOSE Attendance Register

Patient's Name: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

Topic	Date (MM/DD/YY)	Facilitator /TRC Staff	
		Name	Signature
<b>I. PROGRAM ORIENTATION</b>			
Oryentasyon sa Programa			
<b>II. COGNITIVE BEHAVIORAL THERAPY (CBT) SESSIONS</b>			
Sesyon 1. Pag-iskedyul			
Sesyon 2. Mga Tukso			
Sesyon 3. Pagkaya sa Mga Tukso			
Sesyon 4. Pagkontrol sa Kaisipan			
Sesyon 5. External Triggers			
Sesyon 6. Internal Triggers			
Sesyon 7. Daan Tungo sa Paggaling			
Sesyon 8. Mga Meeting ng Self-Help Group			
Sesyon 9. Ang Karunungan 12-Steps			
Sesyon 10. Mga Karaniwang Hamon sa Pagpapanatili ng Abstinence			
Sesyon 11. Pag-iisip, Pakikiramdam, at Pagsasagawa			
Sesyon 12. Alak			
Sesyon 13. Pagkabagot			
Sesyon 14. Pag-iwas sa Relapse Drift			
Sesyon 15. Lapse and Relapse			
Sesyon 16. Trabaho at Paggaling			
Sesyon 17. Konsenya at Kahihyan			
Sesyon 18. Pananatiling Abala			
Sesyon 19. Motibasyon para sa Paggaling			
Sesyon 20. Pagkamatapat			
Sesyon 21. Mga Argumento sa Alak			
Sesyon 22. Sex at Paggaling			
Sesyon 23. Pag-agap at Pag-iwas sa muling Paggamit			
Sesyon 24. Tiwala			
Sesyon 25. Maging Matalino, Hindi Malakas			
Sesyon 26. Ang Kahulugan ng Ispiritwalidad			
Sesyon 27. Pamamahala ng Buhay at Pera			
Sesyon 28. Pangangatwiran sa Muling Paggamit (1)			
Sesyon 29. Pag-aalaga sa Iyong Sarili			
Sesyon 30. Mga Emosyonal na Tukso			
Sesyon 31. Sakit			
Sesyon 32. Pagkilala sa Stress			
Sesyon 33. Pagbabawas ng Stress			
Sesyon 34. Pamamahala ng Galit			
Sesyon 35. Pagtanggap			
Sesyon 36. Pagkakaroon ng Mga Bagong Kaibigan			
Sesyon 37. Pag-aayos ng mga Relasyon			
Sesyon 38. Dasal ng Kahinahunan			
Sesyon 39. Hindi Mapigilang Pag-uugali			
Sesyon 40. Pagkaya sa mga Emosyon			
Sesyon 41. Depresyon			
Sesyon 42. Pangangatwiran sa Muling Paggamit (2)			
Sesyon 43. Ang Nakaraan, Pangkasalukuyan, at ang Hinaharap			
Sesyon 44. Mga Gawaing Nakakalibang			
Sesyon 45. Pagpapalano, Pamamahala sa Oras ng Pamamahinga			
Sesyon 46. Holidays at Paggaling			

Topic	Date (MM/DD/YY)	Facilitator /TRC Staff	
		Name	Signature
<b>III. COGNITIVE BEHAVIORAL THERAPY EVALUATION (CBT-E) SESSIONS</b>			
Sesyon 1. Pagsusuri ng Katayuan ng Paggaling			
Sesyon 2. Pagsusuri sa mga Pag-uugali para sa Pag-iwas sa Muling Paggamit			
Sesyon 3. Pagpapatuloy ng "Treatment Planning"			
<b>IV. PSYCHO-EDUCATION (PE) SESSIONS – PATIENTS</b>			
Sesyon 1: Triggers/Mga Tukso at Cravings/Giyang (1)			
Sesyon 2: Triggers/Mga Tukso at Cravings/Giyang (2)			
Sesyon 3: Alak at Recovery (1)			
Sesyon 4: Alak at Recovery (2)			
Sesyon 5: Shabu at Cocaine (1)			
Sesyon 6: Shabu at Cocaine (2)			
Sesyon 7: Daan Tungo sa Recovery (1)			
Sesyon 8: Daan Tungo sa Recovery (2)			
Sesyon 9: Ang Pamilya at Recovery (1)			
Sesyon 10: Ang Pamilya at Recovery (2)			
Sesyon 11: Marijuana			
Sesyon 12: Opioids at Club Drugs			
<b>V. PSYCHO-EDUCATION (PE) SESSIONS – FAMILY MEMBERS</b>			
Sesyon 1: Triggers/Mga Tukso at Cravings/Giyang (1)			
Sesyon 2: Triggers/Mga Tukso at Cravings/Giyang (2)			
Sesyon 3: Alak at Recovery (1)			
Sesyon 4: Alak at Recovery (2)			
Sesyon 5: Shabu at Cocaine (1)			
Sesyon 6: Shabu at Cocaine (2)			
Sesyon 7: Daan Tungo sa Recovery (1)			
Sesyon 8: Daan Tungo sa Recovery (2)			
Sesyon 9: Ang Pamilya at Recovery (1)			
Sesyon 10: Ang Pamilya at Recovery (2)			
Sesyon 11: Marijuana			
Sesyon 12: Opioids at Club Drugs			
<b>VI. SELF-HELP GROUP MEETING (SHGM) SESSIONS</b>			
Step 1	<input type="checkbox"/> Chairperson		
Step 2	<input type="checkbox"/> Chairperson		
Step 3	<input type="checkbox"/> Chairperson		
Step 4	<input type="checkbox"/> Chairperson		
Step 5	<input type="checkbox"/> Chairperson		
Step 6	<input type="checkbox"/> Chairperson		
Step 7	<input type="checkbox"/> Chairperson		
Step 8	<input type="checkbox"/> Chairperson		
Step 9	<input type="checkbox"/> Chairperson		
Step 10	<input type="checkbox"/> Chairperson		
Step 11	<input type="checkbox"/> Chairperson		
Step 12	<input type="checkbox"/> Chairperson		

**Date of Completion:** \_\_\_\_\_

## ANNEX 5: Evaluation Form for ENTREPOSE Administration

A. Instructions		
- The evaluator is to fill this form based on: <ul style="list-style-type: none"> <li>➤ Review of the Weekly Reporting Forms of ENTREPOSE facilitators,</li> <li>➤ Interviews with key staff members involved in ENTREPOSE facilitation and administration, and</li> <li>➤ Review of existing registers and other documents.</li> </ul>		
- The coverage period of the facilitators' activities (Part 1) is the last month.		
B. General Information		
Facility:	Date of Evaluation (MM/DD/YY):	Coverage Period (MM/YY):
C. Evaluator Information		
Name:	Designation:	

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

	Facilitators	Group Batch		Number of Sessions Facilitated				
		Group ID	Number of Patients	PO	CBT & CBT-E	SS	PE	SHGM
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

### Part 2: Evaluation of ENTREPOSE Administration

Evaluation Standards		Yes/No	Comments
<b>I. Organizational Aspects</b>			
<i>A. Patients</i>			
1.	The facility's own eligibility criteria for patients to participate in ENTREPOSE are established and implemented.	Yes No	
2.	Patients' individual registers are developed and updated to keep their attendance to the ENTREPOSE sessions.	Yes No	
<i>B. Family Members</i>			
3.	Family members' statuses of participation in the PE sessions are updated in the patients' individual registers.	Yes No	
4.	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 registration.	Yes No	

Evaluation Standards		Yes/No	Comments
<b>C. Scheduling</b>			
5.	Timetables of all the patient groups throughout the treatment period are available with the information of the scheduled ENTREPOSE sessions that satisfy the minimum requirements as follows: ● PO-1, CBT-28, CBT-E-3, PE-12, SHGM-6, ICA-26	Yes No	
6.	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 registration of the patients.	Yes No	
<b>D. Facilitators</b>			
7.	All the staff members facilitating sessions have attended a training program for ENTREPOSE facilitators.	Yes No	
8.	All the facilitators weekly record their activities in the Weekly Reporting Form for ENTREPOSE Facilitators.	Yes No	
9.	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	
<b>E. Environment</b>			
10.	Appropriate places are secured for the ENTREPOSE group sessions (e.g., not too noisy to conduct group sessions).	Yes No	
<b>II. ENTREPOSE Implementation Status during the last month</b> (based on the facilitators' activities during the coverage period)			
<b>F. Program Orientation</b>			
11.	Eligible patients attended an orientation program before entering ENTREPOSE groups.	Yes No	
<b>G. Cognitive Behavioral Therapy (CBT) &amp; Cognitive Behavioral Therapy Evaluation (CBT-E)</b>			
12.	Eligible patients attended CBT and CBT-E sessions according to the schedule.	Yes No	
13.	Copies of Patient's Workbooks were given to all the eligible patients.	Yes No	
14.	The group size was mostly less than 15 and did not exceed 20.	Yes No	
15.	A co-facilitator was assigned to the CBT sessions.	Yes No	
<b>H. Psycho-Education (PE)</b>			
16.	Eligible patients attended PE sessions according to the schedule.	Yes No	
17.	The group size was less than 50.	Yes No	
<b>I. Self-help Group Meeting (SHGM)</b>			
18.	Eligible patients attended at SHGM sessions according to the schedule.	Yes No	
19.	The group size was mostly less than 12 and did not exceed 15.	Yes No	
20.	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: \_\_\_\_\_









