



DEPARTMENT OF HEALTH
REPUBLIC OF THE PHILIPPINES

Guidelines for Field Evaluation

ENTREPOSE SERIES vol. 6

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

2ND EDITION

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JAPAN INTERNATIONAL
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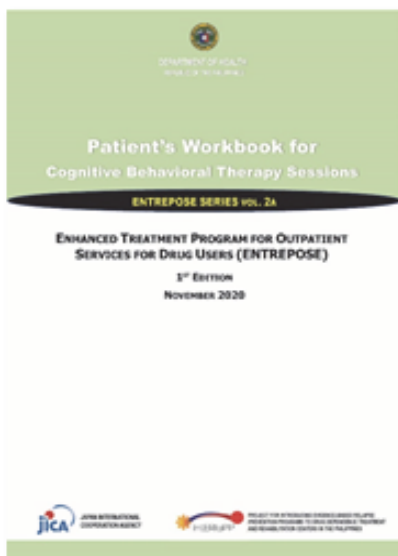


PROJECT FOR INTRODUCING EVIDENCE-BASED RELAPSE
PREVENTION PROGRAMS TO DRUG DEPENDENCE TREATMENT
AND REHABILITATION CENTERS IN THE PHILIPPINES

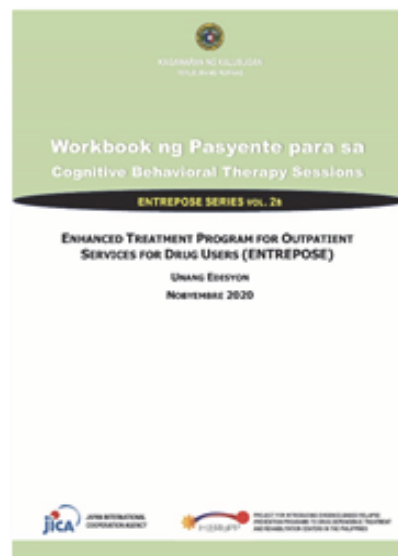
1 Service Provider's Manual



2 Patient's Workbook for Cognitive Behavioral Therapy Sessions



(English)

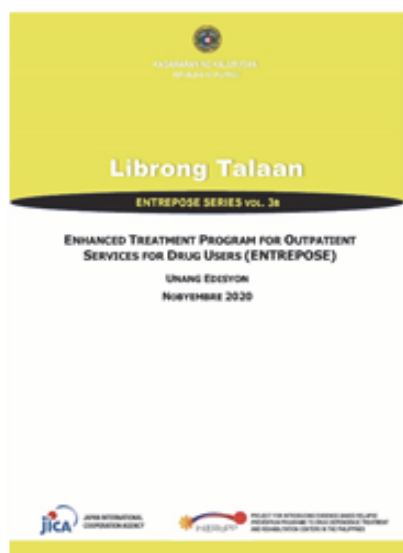


(Tagalog)

3 Schedule Book



(English)



(Tagalog)

5 Training Kit



4 Presentation Modules for Psycho-Education Sessions

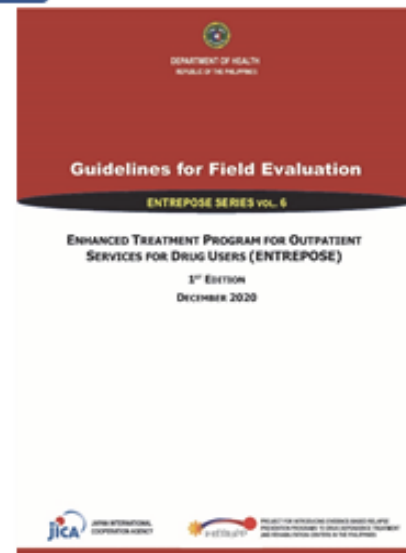


(English)



(Tagalog)

6 Guidelines for Field Evaluation



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 settings of the Treatment and Rehabilitation Centers (TRCs) in the Philippines.

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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. The 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 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 Enhanced Treatment Program for Outpatient Services for Drug Users (ENTREPOSE) 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 ENTREPOSE. They can be used as:

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

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 ENTREPOSE. These forms are used to evaluate the administrative (A-I and A-II) and clinical (B-I, B-II) 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. ENTREPOSE Administration (Facilitator's Activities)	To identify the factual information about the ENTREPOSE sessions conducted at the TRC during the past one week.
A-II. ENTREPOSE Administration (Organization and Management)	To evaluate the TRC's adherence to the administrative standards of ENTREPOSE.
<i>For Clinical Aspects:</i>	
B-I. Session Facilitation (CBT & CBT-E Session)	To evaluate facilitator's adherence to the standard operating procedures (SOP) and the quality standards of the Cognitive Behavioral Therapy (CBT) and Cognitive Behavioral Therapy-Evaluation (CBT-E) Session.
B-II. 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.
<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 ENTREPOSE implementation, the following field evaluation schemes will be applied.

- 1) Post-training Evaluation: The post-training evaluation will be conducted three months after the ENTREPOSE 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 ENTREPOSE based on A-I and A-II forms. The team will also observe ENTREPOSE sessions and evaluate the quality of the session facilitation using B-I and B-II forms. Within the given schedule of the facility visit, the priority of the quality evaluation should be given to CBT and CBT-E sessions. The other program, namely PE 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 ENTREPOSE implementation using C-I form.

- 2) Peer-evaluation: The peer-evaluation will be conducted biannually among facilitators in the same TRC. A CBT or CBT-E 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 and CBT-E Program; however, it may optionally cover the PE Program using the B-II form 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 ENTREPOSE 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 ENTREPOSE 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 ENTREPOSE implementation.

Evaluation Scheme	Timing	Focuses	Evaluators	Evaluation Forms
1. Post-training Evaluation	3 months after the ENTREPOSE training	<ul style="list-style-type: none"> - ENTREPOSE Administration - Facilitation of CBT and/or CBT-E Sessions (priority) - Facilitation of PE Sessions (less priority) 	External experts including training lecturers	A-I, A-II B-I B-II
2. Peer-evaluation	Biannually	<ul style="list-style-type: none"> - Facilitation of CBT and/or CBT-E Sessions (required) - Facilitation of PE Sessions (optional) 	At least two peer facilitators at the TRC	B-I B-II
3. Routine Supportive Supervision	Once in two years	<ul style="list-style-type: none"> - ENTREPOSE Administration - Facilitation of CBT and/or CBT-E Sessions (based on the peer-evaluation results during the last three months) 	Representatives of the DOH's Central and Regional Offices	A-I, A-II

Evaluation Sheet – ENTREPOSE Administration [Facilitator's Activities]

Sheet ID:

A-I

A. Instruction

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

B. General Information

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

C. Facilitator Information

Name:	Designation:
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	Data (MM/DD/YY)	Co-facilitator	Topic	Number in the Group	Group ID (optional)
I. Program Orientation					
1.		/	/		
2.		/	/		
3.		/	/		
II. CBT & CBT-E Session					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
III. PE Session					
1.		/		Patients Family	
2.		/		Patients Family	
3.		/		Patients Family	
4.		/		Patients Family	
5.		/		Patients Family	
IV. SHGM Session (list up sessions that you supervised)					
1.					
2.					
3.					
4.					
5.					
6.					

Signature of Facilitator: _____

Date: _____

Evaluation Sheet – ENTREPOSE 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 ENTREPOSE facilitators, ➤ Interviews with key staff members involved in ENTREPOSE facilitation and administration, and ➤ Review of existing registers and other documents. - The coverage period of the facilitators' activities (Part 1) is the past one month, counting back from yesterday. 			
B. General Information			
Facility:	Date of Evaluation (MM/DD/YY):	Coverage Period (one month):	(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-E	PE	SHGM
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Part 2: Evaluation of ENTREPOSE Administration

Evaluation Standards		Yes/No	Comments
I. Organizational Aspects			
A. Patients			
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	
B. Family Members			
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 their 5 th and 6 th month period of treatment have attended at least 6 PE sessions.	Yes No	
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: <ul style="list-style-type: none"> ● PO-1, CBT-28, CBT-E-3, PE-12, SHGM-6, ICA-26 	Yes No	

Evaluation Standards		Yes/No	Comments
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	
D. Facilitators			
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	
E. Environment			
10.	Appropriate places are secured for the ENTREPOSE group sessions (e.g. not too noisy to conduct group sessions).	Yes No	
II. ENTREPOSE Implementation Status during the past one month (based on the facilitators' activities during the coverage period)			
F. Program Orientation			
11.	Eligible patients attended an orientation program before entering ENTREPOSE groups.	Yes No	
G. Cognitive Behavioral Therapy (CBT) & Cognitive Behavioral Therapy-Evaluation (CBT-E)			
12.	Eligible patients attended CBT and CBT-E sessions according to the schedule.	Yes No	
13.	Copies of Patient's Workbooks and Schedule Books 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	
H. Psycho-Education (PE)			
16.	Eligible patients attended PE sessions according to the schedule.	Yes No	
17.	The group size was less than 50.	Yes No	
I. Self-help Group Meeting (SHGM)			
18.	Eligible patients attended 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: _____

Evaluation Sheet – Session Facilitation [CBT & CBT-E 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 & CBT-E 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) 	10 min	
2. Reflection	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> h. Briefly explain the session topic, objectives, and the session proceeding today 		15 min
4. Text Reading	<ul style="list-style-type: none"> i. Have texts read out loud by patients j. Give supplementary explanations as necessary k. Allow participants to ask questions 		
5. Exercise	<ul style="list-style-type: none"> l. Give instructions on exercise m. Give time to participants to work on the exercise 		
6. Discussion	<ul style="list-style-type: none"> n. Pose questions to start discussion o. Facilitate discussion among participants 		
7. Highlight	<ul style="list-style-type: none"> p. Reflect important points of the session 	10 min	
8. Summary	<ul style="list-style-type: none"> q. Summarize the session in light of the session objectives 		
9. Homework	<ul style="list-style-type: none"> r. 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 [PE Session]

Sheet ID:
B-II

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 (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

Evaluation Standards	Evaluation* Score	Comments
I. Psycho-Education Content		
1. Accurate teaching	3 2 1	
2. Referencing CBT sessions	3 2 1	
II. Lecture Style		
3. Interaction with patients and family members	3 2 1	
4. No confrontation	3 2 1	

* 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 (ENTREPOSE Series No. 4: 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

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: _____

