



DEPARTMENT OF HEALTH
REPUBLIC OF THE PHILIPPINES

INTREPRET SERIES

1

SERVICE PROVIDER'S MANUAL

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

NOVEMBER 2020

1ST EDITION



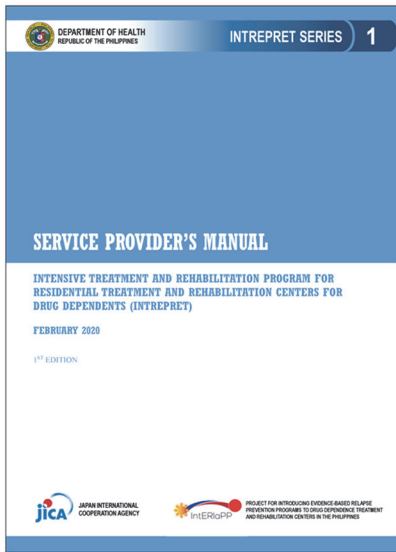
JAPAN INTERNATIONAL
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PREVENTION PROGRAMS TO DRUG DEPENDENCE TREATMENT
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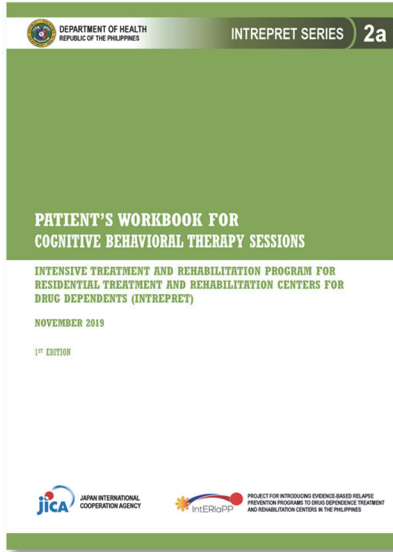
INTREPRET Series

1 Service Provider's Manual

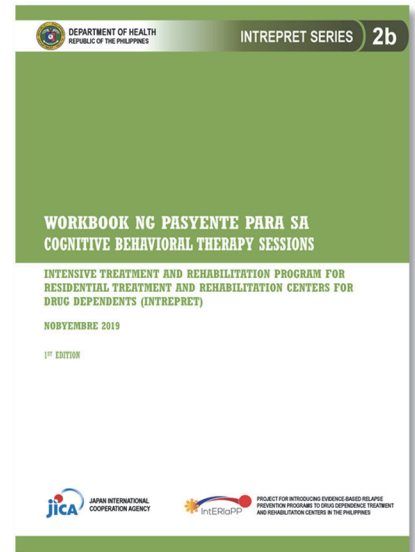


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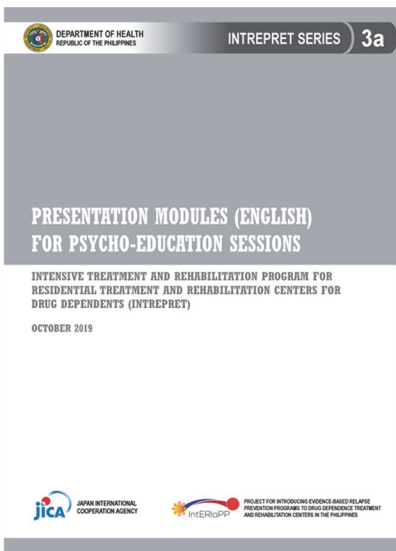


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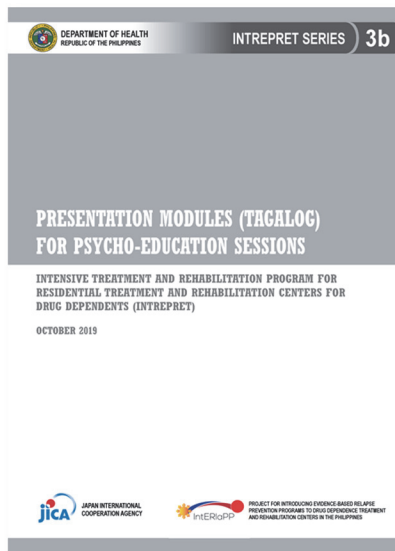


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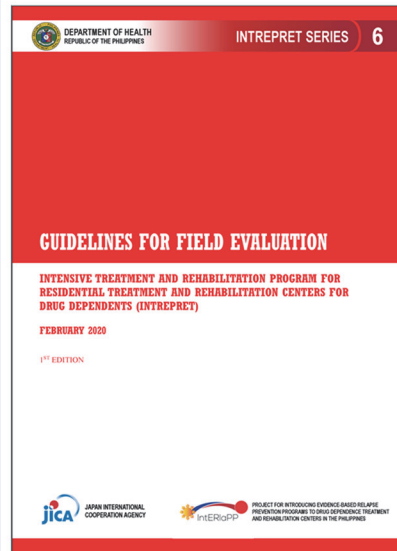


(Tagalog)

5 Training Kit



6 Guidelines for Field Evaluation



INTREPRET SERIES No. 1

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Intensive Treatment and Rehabilitation Program for Residential
Treatment and Rehabilitation Centers for Drug Dependents
(INTREPRET)

November 2020

Department of Health
Republic of the Philippines

Published in the Philippines by

Department of Health

San Lazaro Compound, Sta. Cruz
1003 Manila, Philippines

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INTREPRET Series No. 1

Service Provider's Manual:

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1st Edition

First Published in November 2020

National Library of the Philippines Cataloguing in Publication Data

ISBN: 978-621-96390-2-6

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

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.

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This document was field-tested at TRC Bicutan, TRC Dagupan, and TRC Tagaytay and finalized by incorporating feedback from those pilot facilities. 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 the Japan International Cooperation Agency (JICA) for its technical and financial assistance in the process of developing this document through IntERlaPP.

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ABBREVIATIONS

| | |
|------------------|---|
| CBT | Cognitive Behavioral Therapy |
| CBT-R | Cognitive Behavioral Therapy Review |
| DDAPTP | Dangerous Drug Abuse Prevention and Treatment Program |
| DOH | Department of Health |
| ERSP | Early Recovery Skill Program |
| IntERlaPP | Project for Introducing Evidence-based Relapse Prevention Programs to Drug Dependence Treatment and Rehabilitation Centers in the Philippines |
| INTREPRET | Intensive Treatment and Rehabilitation Program for Residential Treatment and Rehabilitation Centers for Drug Dependents |
| JICA | Japan International Cooperation Agency |
| LGU | Local Government Unit |
| MI | Motivational Interview |
| NA | Narcotics Anonymous |
| PDP | Pre-discharge Program |
| PE | Psycho-Education |
| RPP | Relapse Prevention Program |
| SHGM | Self-Help Group Meeting |
| SOP | Standard Operating Procedure |
| SS | Social Support |
| TC | Therapeutic Community |
| TRC | Treatment and Rehabilitation Center |
| TWG | Technical Working Group |

INTRODUCTION

This manual provides practical guidance on introducing the Intensive Treatment and Rehabilitation Program for Residential Treatment and Rehabilitation Centers (INTREPRET) to treatment and rehabilitation centers (TRCs) for drug users in the Philippines. INTREPRET is primarily designed for residential services provided by TRCs run by the Department of Health (DOH). However, it could also be used by 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 |
|--|--|--|
| Part I: Program Administration at TRCs | <ul style="list-style-type: none">- Administrative and managerial staff members of TRCs- Facilitators of INTREPRET program sessions | <ul style="list-style-type: none">- An overview of the six treatment components that compose INTREPRET- Organization and resource requirements for the implementation of each treatment component- Materials and tools required to implement INTREPRET |
| Part II: Session Facilitation | <ul style="list-style-type: none">- Facilitators of INTREPRET program sessions | <ul style="list-style-type: none">- Procedures to facilitate program sessions of each treatment component- Quality standards of session facilitation |

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

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

The Technical Working Group (TWG) composed of Filipino and Japanese experts designed INTREPRET's framework by adapting the Matrix Model for outpatient treatment of stimulant users in the United States. Through a series of workshops, the TWG members enhanced INTREPRET's treatment components by providing technical inputs that took into consideration the unique culture and social backgrounds of drug users in the Philippines. The program was also field-tested to ensure its practicability and applicability in the residential TRC settings and its effectiveness was studied through a clinical trial at three TRCs.

PART I:

Program Administration at TRCs

1. Components of INTREPRET

INTREPRET comprises five program components designed for psychological and social skill improvements in drug users. In principle, these program components are conducted through eight scheduled sessions per week (Table 1).

Table 1. Composition of INTREPRET

| | Components | # sessions/ week* | Proposed Content |
|---|---|------------------------------|--|
| 1 | Cognitive Behavioral Therapy (CBT) | 3 | Group CBT sessions based on worksheets designed for each session. CBT sessions are composed of (1) Early Recovery Skill Program (12 sessions), (2) Relapse Prevention Program (36 sessions), and (3) Pre-discharge Program (6 sessions). |
| 2 | Cognitive Behavioral Therapy Review (CBT-R) | 1 | Weekly review of the CBT sessions. |
| 3 | Psycho-Education (PE) for Patients and Family Members | 1 | Interactive lectures to provide patients and their family members with accurate information about addiction, recovery, treatment, and the resulting interpersonal dynamics. PE is based on recurring sessions over 12 topics. |
| 4 | Social Support (SS) | 2 | Discussion group to practice resocialization skills. SS is based on recurring sessions over 40 topics. |
| 5 | Self-Help Group Meeting (SHGM) | 1 | Narcotics Anonymous (NA) group meetings facilitated by recovering personnel or patients. |
| | Total | 8 | |

* One hour is assumed per session.

Under INTREPRET, these sessions will be incorporated into the TRCs' weekly timetables. A sample timetable is shown in Table 2. Note that INTREPRET does not replace the existing treatment programs, but incorporates some therapeutic elements into the TRCs' existing therapeutic community (TC) platforms. Different timetables may be developed per dormitory or TC group if the TRCs cannot manage all the patients participating in the same activities at once.

Table 2. Sample Timetable with INTREPRET Program Components Incorporated

| Time | Mon | Tue | Wed | Thu | Fri |
|---------------|---|---------------|----------------|---------------|---------------------------|
| 05:00 - 06:00 | Rising Time/ Job Function | | | | |
| 06:00 - 06:30 | Morning Exercise | | | | |
| 06:30 - 08:15 | Wash-up/ Breakfast | | | | |
| 08:15 - 08:30 | Pre-morning Meeting | | | | |
| 08:30 - 09:30 | Morning Meeting | | | | |
| 09:30 - 09:45 | Departmental Meeting | | | | |
| 09:45 - 10:00 | Follow-up | | | | |
| 10:00 - 11:00 | CBT (1) | Athletics | CBT (2) | Athletics | CBT (3) |
| 11:00 - 12:00 | Lunch | | | | |
| 12:00 - 13:00 | Personal Time | | | | |
| 13:00 - 14:00 | Job Functions | | | | |
| 14:00 - 15:00 | Recreation/ Vocational | SS (1) | Spiritual | SS (2) | Recreation/ Vocational |
| 15:00 - 16:00 | Encounter Group | PE | Static Group | SHGM | CBT-R |
| 16:00 - 16:30 | Spiritual Enhancement Activity | | | | |
| 16:30 - 19:00 | Personal Time/ Wash-up | | | | |
| 19:00 - 20:00 | Evening Meeting | | | | |
| 20:00 - 21:00 | Journal Writing/Responsible Interaction | | | | |
| 21:00 | "Off the Floor" | | | | |

CBT = Cognitive Behavioral Therapy, PE = Psycho-Education, SHGM = Self-Help Group Meeting, SS = Social Support.

2. Proposed Content of INTREPRET Components

INTREPRET is composed of the following components. The content of each component is elaborated in the subsequent sections.

- (1) Cognitive Behavioral Therapy (CBT)
- (2) Cognitive Behavioral Therapy Review (CBT-R)
- (3) Psycho-Education (PE) for Patients and Family Members
- (4) Social Support (SS)
- (5) Self-Help Group Meeting (SHGM)

2.1. Cognitive Behavioral Therapy (CBT)

| | |
|------------------------|--|
| Modality: | Group therapy |
| Group Size: | Ideally 10–15 per group (20 per group maximum) |
| Frequency: | Three sessions per week (1 hour per session) |
| Materials Used: | Patient’s Workbook (INTREPRET Series No. 2) |

The Cognitive Behavioral Therapy (CBT) component of INTREPRET aims to help patients to understand their thoughts, feelings, and behaviors that may often drive them to substance use based on group sessions. The CBT sessions will be conducted three times a week. They will be led by facilitators and supported by co-facilitators. In each 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.

2.1.1. CBT Programs by Recovery Stages

Three different CBT Programs—Early Recovery Skill Program (ERSP), Relapse Prevention Program (RPP), and Pre-discharge Program (PDP)—are designed for each stage of patients’ recovery (Table 3).

Table 3. CBT Programs by Recovery Stages of Patients

| Recovery Stages | Standard Duration | CBT Programs |
|-----------------------------|-------------------|--|
| 1. Induction Stage | 4 weeks | Program Orientation: single session conducted at the end of Induction Stage |
| 2. Early Recovery Stage | 4 weeks | Early Recovery Skill Program: 12 group sessions (3 times per week x 4 weeks) |
| 3. Relapse Prevention Stage | 12+ weeks | Relapse Prevention Program: 36 group sessions (3 times per week x 12 weeks) |
| 4. Pre-discharge Stage | 2 weeks | Pre-discharge Program: 6 group sessions (3 times per week x 2 weeks) |

Patients will attend a CBT Program Orientation at the end of the Induction Stage and start participating in ERSP sessions upon entering the Early Recovery Stage. The standard duration of both the Induction Stage and the Early Recovery Stage is 4 weeks. Upon completing the Early Recovery Stage, the patients will then enter the Relapse Prevention Stage and continue to attend the recurring RPP sessions until they proceed to the Pre-discharge Stage 2 weeks before their discharge. Patients may stay longer than the indicated standard duration at each recovery stage depending on their readiness to proceed to the next stage. Also, TRCs may harmonize the duration of the recovery stages with the existing treatment phases that they currently apply to patients.

2.1.2. Predetermined Topics of Group Sessions

Group sessions on predetermined topics will be the basis for the CBT Programs. The topics covered in each of the four recovery stages are shown in Table 4. These topics must be applied in the listed sequence, and one topic will be adopted in every group session. There are Program Orientation and 49 predetermined topics (10 ERSP, 33 RPP, and 6 PDP) available as worksheets in the Patient’s Workbook. However, since several spare slots are provided in ERSP, RPP, and PDP and a Pre-discharge Conference with Family Members will also be organized amid the PDP sessions, the total number of the counseling sessions shown in the table is 55 (12 ERSP, 36 RPP, and 7 PDP). The spare slots can be used to make up for delays or cancellation of sessions.

The series of topics will also be applied in a recurring manner. For example, at the end of each 4-week cycle, the ERSP’s 12 group sessions will begin again, repeating the same content.

Table 4. Composition of Group Sessions and Predetermined Topics by CBT Programs

| Schedule in a cyclic period | Topics (Session # in Patient's Workbook) |
|---|---|
| A. Induction Stage | |
| <i>Program Orientation</i> | |
| Week 1 | |
| Week 2 | |
| Week 3 | |
| Week 4 | ● Program Orientation |
| B. Early Recovery Stage | |
| <i>Early Recovery Skill Program (ERSP; 4 weeks)</i> | |
| Week 1 | 1. Triggers (#1) |
| | 2. Coping with Triggers (#2) |
| | 3. Thought Stopping Techniques (#3) |
| Week 2 | 4. External Triggers (#4) |
| | 5. Internal Triggers (#5) |
| | 6. Road Map for Recovery (#6) |
| Week 3 | 7. Self-Help Group Meetings (#7) |
| | 8. 12-Step Wisdom (#8) |
| | 9. Common Challenges in Early Recovery (#9) |
| Week 4 | 10. Thinking, Feeling, and Doing (#10) |
| | 11. (Spare slot) |
| | 12. (Spare slot) |
| C. Relapse Prevention Stage | |
| <i>Relapse Prevention Program (RPP; 12 weeks)</i> | |
| Week 1 | 1. Alcohol (#11) |
| | 2. Boredom (#12) |
| | 3. Avoiding Relapse Drift (#13) |
| Week 2 | 4. Lapse and Relapse (#14) |
| | 5. Work and Recovery (#15) |
| | 6. Guilt and Shame (#16) |
| Week 3 | 7. Staying Busy (#17) |
| | 8. Motivation for Recovery (#18) |
| | 9. Truthfulness (#19) |
| Week 4 | 10. Alcohol Arguments (#20) |
| | 11. Sex and Recovery (#21) |
| | 12. Anticipating and Preventing Relapse (#22) |
| Week 5 | 13. Trust (#23) |
| | 14. Be Smart, Not Strong (#24) |
| | 15. Defining Spirituality (#25) |
| Week 6 | 16. Managing Life; Managing Money (#26) |
| | 17. Relapse Justification (1) (#27) |
| | 18. Taking Care of Yourself (#28) |
| Week 7 | 19. Emotional Triggers (#29) |
| | 20. Illness (#30) |
| | 21. Recognizing Stress (#31) |
| Week 8 | 22. Reducing Stress (#32) |
| | 23. Managing Anger (#33) |
| | 24. Acceptance (#34) |
| Week 9 | 25. Making New Friends (#35) |
| | 26. Repairing Relationships (#36) |
| | 27. Serenity Prayer (#37) |

| | |
|---|---|
| Week 10 | 28. Compulsive Behaviors (#38) |
| | 29. Coping with Feelings (#39) |
| | 30. Depression (#40) |
| Week 11 | 31. Relapse Justification (2) (#41) |
| | 32. Past, Present, and Future (#42) |
| | 33. Recreational Activities (#43) |
| Week 12 | 34. (Spare slot) |
| | 35. (Spare slot) |
| | 36. (Spare slot) |
| D. Pre-discharge Stage | |
| <i>Pre-discharge Program (PDP; 2 weeks)</i> | |
| Week 1 | 1. Scheduling (#44) |
| | 2. Looking Forward; Managing Downtime (#45) |
| | 3. Holidays and Recovery (#46) |
| Week 2 | 4. Recovery Status Review (#47) |
| | 5. Analyzing Behaviors for Relapse Prevention (#48) |
| | 6. Continuing Treatment Planning (#49) |
| | 7. Pre-discharge Conference with Family Members |

2.1.3. Patients' Treatment Path

Toward the end of the Induction Stage, those considered ready to proceed to the Early Recovery Stage will attend the Program Orientation. Thereafter, the patients will participate in a series of group sessions under the CBT Program. In managing patients' treatment path, the following guidance should be noted.

- Since the 12 sessions are scheduled under the ERSP in a recurring manner, patients exiting from the Induction Stage can join the ERSP from any topic ongoing in the group – not necessarily starting from the Session No.1. Likewise, when they proceed to the RPP and PDP, they will start from any topics ongoing in those groups.
- Upon completing all the 12 ERSP sessions, a patient may proceed to the RPP; however, TRC staff may decide to keep him/her longer in the ERSP to repeat the same sessions if they consider him/her not ready.
- RPP is completed with 36 sessions or in 12 weeks; however, since patients can proceed to the PDP 2 weeks before their discharge, they will usually stay in the RPP for longer than its cyclic period of 12 weeks, which eventually makes them repeat several RPP sessions until their discharge schedule is determined.

An example of a patient's treatment path under the CBT Programs is shown in Figure 1. In this example, the patient attends the Program Orientation at the end of Week 4 and proceeds to the ERSP to complete the 12 sessions (from #7 to #12, then from #1 to #6) by the end of Week 8. From Week 9, she/he joins the RPP and completes the 36 sessions (from #31 to #36, then from #1 to #30) by the end of Week 20. She/he remains in the same program and repeats several RPP sessions (from #31 to #36, then #1 to #6) until the end of Week 24. From Week 25 onward, she/he attends the six sessions of the PDP to be discharged at the end of Week 26.

Figure 1. An Example of a Patient's Treatment Path under the CBT Programs at TRCs.

| # weeks from admission | Induction Stage | Early Recovery Stage | Relapse Prevention Stage | Pre-discharge Stage |
|------------------------|---------------------|--|--|--------------------------------------|
| | | ERSP Sessions (12 sessions/4 weeks) | RPP Sessions (36 sessions/12 weeks) | PDP Sessions (6 sessions/2 weeks) |
| | | 1-3 | 1-3 | 1-3 |
| | | 4-6 | 4-6 | 4-6 |
| Week 1 | Admission | 7-9 | 7-9 | 1-3 |
| Week 2 | | 10-12 | 10-12 | 4-6 |
| Week 3 | | 1-3 | 13-15 | 1-3 |
| Week 4 | | 4-6 | 16-18 | 4-6 |
| Week 5 | Program Orientation | 7-9 | 19-21 | 1-3 |
| Week 6 | | 10-12 | 22-24 | 4-6 |
| Week 7 | | 1-3 | 25-27 | 1-3 |
| Week 8 | | 4-6 | 28-30 | 4-6 |
| Week 9 | | 7-9 | 31-33 | 1-3 |
| Week 10 | | 10-12 | 34-36 | 4-6 |
| Week 11 | | 1-3 | 1-3 | 1-3 |
| Week 12 | | 4-6 | 4-6 | 4-6 |
| Week 13 | | 7-9 | 7-9 | 1-3 |
| Week 14 | | 10-12 | 10-12 | 4-6 |
| Week 15 | | 1-3 | 13-15 | 1-3 |
| Week 16 | | 4-6 | 16-18 | 4-6 |
| Week 17 | | 7-9 | 19-21 | 1-3 |
| Week 18 | | 10-12 | 22-24 | 4-6 |
| Week 19 | | 1-3 | 25-27 | 1-3 |
| Week 20 | | 4-6 | 28-30 | 4-6 |
| Week 21 | | 7-9 | 31-33 | 1-3 |
| Week 22 | | 10-12 | 34-36 | 4-6 |
| Week 23 | | 1-3 | 1-3 | 1-3 |
| Week 24 | | 4-6 | 4-6 | 4-6 |
| Week 25 | | 7-9 | 7-9 | 1-3 |
| Week 26 | | 10-12 | 10-12 | 4-6 |
| | | 1-3 | 13-15 | 1-3 |
| | | 4-6 | 16-18 | 4-6 |

2.1.4. Organization and Facilitation of Group Sessions

In principle, each group session of the CBT Programs will be conducted in one hour. However, a spare slot may be used to complete a session if the facilitator considers it more appropriate to spend more than one hour on a particular session topic.

The CBT Program sessions should be conducted in places where participants can be free from distraction. The chiefs of the TRCs should, therefore, secure appropriate venues for the sessions that are not too noisy or too hot.

All the patients participating in the CBT Programs will be provided with the following materials:

- Patient's Workbook (1)
- Pencil (1)
- Eraser (1)

The Patient’s Workbook consists of a series of worksheets. Each worksheet focuses on a specific topic predetermined under the CBT Programs. 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. They will keep their copy of the Patient’s Workbook, and it will not be shared with other patients. In some worksheets, patients will be instructed to do homework assignments.

2.2. Cognitive Behavioral Therapy Review (CBT-R)

| | |
|------------------------|--|
| Modality: | Group therapy |
| Group Size: | Ideally 10–15 per group (20 per group maximum) |
| Frequency: | One session per week (1 hour per session) |
| Materials Used: | Patient’s Workbook (INTREPRET Series No. 2) |

In principle, a CBT-R session will be scheduled once a week to review CBT sessions conducted during the previous week in the same group. If necessary, the frequency of the CBT-R sessions could be increased at the discretion of TRC staff. The aims of the CBT-R sessions include, but are not limited to:

- enhancing patients’ knowledge, and cognitive and behavioral improvements by reviewing the CBT topics that they previously learned; and
- helping slow learners to fully digest the CBT topics that they learned.

The CBT-R sessions will be conducted similarly to the CBT sessions and could be customized at the discretion of the facilitators.

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

| | |
|------------------------|---|
| Modality: | Interactive lecture |
| Group Size: | 30–50 per group (including patients and family members) |
| Frequency: | One session per week (1 hour per session) |
| Materials Used: | Psycho-Education Modules for Patients and Family Members (INTREPRET Series No. 3) |

The Psycho-Education (PE) program component of INTREPRET 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 30-50 people including patients and family members.

2.3.1. Predetermined Topics of PE Program

The PE Program is composed of 12 interactive lectures on predetermined topics (Table 5). Conducted once a week, the PE component will be completed in 12 weeks. A patient staying at a TRC for 26 weeks or 6 months will participate in at least two rounds of the PE program component.

Table 5. 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 |

2.3.2. Family Members' Participation

Family members of the patients¹ are mandated to attend at least 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 admitted and instruct them about the requirement. Ideally, the family members should attend the PE sessions together with the patients; however, separate sessions for the family members could be organized if TRCs have some constraints in mixing them with the patients.

In addition to instructing the family members about the requirement to attend the PE sessions, TRCs should place some measures to further encourage their participation. Some of the examples to provide incentives toward the family members' participation are as follows:

- Conducting PE sessions on weekends.

¹ 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.

- Scheduling 2-3 PE sessions combined in one day for family members who come from far areas.
- Allowing the family members to briefly meet the patients after the PE sessions without consuming a family visitation count.
- Increasing the time duration or frequency of the visitation if a family member achieves a certain level of participation in the PE sessions.

2.4. Social Support (SS)

| | |
|------------------------|--|
| Modality: | Discussion group |
| Group Size: | Ideally 10–15 per group (20 per group maximum) |
| Frequency: | Two sessions per week (1 hour per session) |
| Materials Used: | Discussion Topics for Social Support Sessions (INTREPRET Series No. 4) |

The Social Support (SS) component of INTREPRET aims to provide patients with drug-free resocialization skills through participation in discussion groups on 40 predetermined topics (Table 6). The SS sessions will be conducted twice a week. They will be led by facilitators and supported by co-facilitators in a similar manner to the CBT sessions. In each SS session, discussion groups will be guided by a flipchart that shows a discussion topic and related questions. 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.

Table 6. Predetermined Topics of Discussion Groups under the SS Component

| Discussion Topics | | |
|-------------------|---------------------|----------------------|
| 1. Aging | 15. Guilt and Shame | 29. Rules |
| 2. Anger | 16. Happiness | 30. Scheduling |
| 3. Codependence | 17. Honesty | 31. Self-esteem |
| 4. Commitment | 18. Intimacy | 32. Selfishness |
| 5. Compulsions | 19. Isolation | 33. Sex |
| 6. Control | 20. Justifications | 34. Smart |
| 7. Cravings | 21. Masks | 35. Spirituality |
| 8. Depression | 22. Overwhelmed | 36. Thought Stopping |
| 9. Emotions | 23. Patience | 37. Trauma |
| 10. Fear | 24. Physical | 38. Triggers |
| 11. Forgiveness | 25. Recovery | 39. Trust |
| 12. Friendship | 26. Rejection | 40. Work |
| 13. Fun | 27. Relaxation | |
| 14. Grief | 28. Resentment | |

2.5. Self-Help Group Meeting (SHGM)

| | |
|------------------------|---|
| Modality: | Group meeting |
| Group Size: | 10–12 per group (15 per group maximum) |
| Frequency: | One session per week (1 hour per session) |
| Materials Used: | NA Meeting Kit |

The Self-Help Group Meeting (SHGM) will be organized once a week 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 leaving 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.

2.5.1. 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 discharged leaving the group. Since each group comprises patients at different recovery stages, the grouping arrangement will be different from that of the CBT sessions.

2.5.2. 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 SHGM sessions.
- appointing chairpersons of the groups.
- intervening in situations where groups lose control.

2.5.3. 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 eight sessions so that many patients can experience the role of the chair.

2.5.4. Topics and Schedule of SHGM Sessions

The 12 Steps of Narcotic Anonymous is the basis of the SHGM sessions conducted at the TRCs (Table 7). In each SHGM session, one of the 12 Steps will be used as the topic of the day, and patients will share their stories and thoughts around it.

Table 7. 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. |

TRC staff members will develop a schedule of the SHGM sessions with the 12 topics repeated in a cyclic manner. Conducted once a week, the SHGM program component will be completed in 12 weeks. A patient staying at a TRC for 26 weeks or 6 months will participate in at least two rounds of the SHGM program component.

2.5.5. 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 8.

Table 8. Content of the NA Meeting Kit

| | Title | Color |
|----|---|--------------|
| 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 Labindalawang 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.

3. Management of Facilitators

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

3.1. Facilitators' Qualifications for the INTREPRET Sessions

Suggested qualifications for facilitators of the INTREPRET sessions are as follows. For the CBT, CBT-R, and SS 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, social workers, and dormitory managers.
- Trained as INTREPRET facilitators.
- Trained in Motivational Interviewing.

Co-facilitators:

- Recovering persons and INTREPRET graduates who remain as volunteer staff at TRCs, or senior patients who completed at least the ERSP and a cycle of the RPP.
- Capable of supporting group sessions (as judged by facilitators).

3.2. Assignments of Facilitators to Patients' Groups

Usually, several facilitators will conduct simultaneous sessions, particularly of the CBT, CBT-R, and SS Programs. Especially for the CBT and CBT-R programs, because patients' groups need to be formed by the recovery stages, at least three facilitators are required to simultaneously run ERSP, RPP, and PDP sessions, respectively.

The required number of facilitators depends on the size of the dormitories or Therapeutic Community (TC) groups; nevertheless, assumptive figures on requirements of facilitators to conduct group sessions for a dormitory of 100 patients are indicated in Table 9. Table 10 shows sample calculations of required facilitators based on different numbers of eligible patients.

Table 9. Assumptive figures on the Required Numbers of Facilitators to Conduct Group Sessions for a Dormitory of 100 Patients.

| Patients' Recovery Stage | Duration of Stay | # Patients* | # Facilitators Required** |
|--------------------------|------------------------|-------------|---------------------------|
| Induction Stage | 4 weeks | 15 | - |
| Early Recovery Stage | 4 weeks | 15 | 1-2 |
| Relapse Prevention Stage | 16 weeks | 62 | 4-6 |
| Pre-discharge Stage | 2 weeks | 8 | 1 |
| Total | 26 weeks (6 months) | 100 | 6-9 |

* The estimated number of patients at each stage is based on the assumption that patients are admitted evenly over time and all of them stay at the facility for 26 weeks or 6 months. Under this assumption, the numbers are calculated as follows: Induction Stage (100 x 4/26); Early Recovery Stage (100 x 4/26); Relapse Prevention Stage (100 x 16/26); and Pre-discharge Stage (100 x 2/26).

** The estimated number of facilitators required at each stage is based on the group size range of 10–15 patients per group.

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

| # Eligible Patients | Induction Stage | | Early Recovery Stage | | Relapse Prevention Stage | | Pre-discharge Stage | | # Facilitators Required |
|---------------------|-----------------|-------------|----------------------|-------------|--------------------------|-------------|---------------------|-------------|-------------------------|
| | Patient | Facilitator | Patient | Facilitator | Patient | Facilitator | Patient | Facilitator | |
| 20 | 3 | - | 3 | 1 | 12 | 1 | 2 | 1 | 3 |
| 30 | 5 | - | 5 | 1 | 18 | 2 | 2 | 1 | 4 |
| 50 | 8 | - | 8 | 1 | 30 | 3 | 4 | 1 | 5 |
| 100 | 15 | - | 15 | 2 | 62 | 6 | 8 | 1 | 9 |
| 150 | 23 | - | 23 | 2 | 92 | 9 | 12 | 1 | 12 |

In relation to the facilitator assignments, the following rules should be respected.

- For the CBT program, facilitators should be assigned to particular groups of patients, but not to particular topics in the Patient's Workbook. The latter arrangement may cause some inconveniences in reviewing homework assignments of the previous session conducted by a different facilitator and in conducting CBT-R sessions.
- For the PE program, topics may or may not be divided among facilitators; however, paired sessions (e.g. Triggers and Cravings [1] and Triggers and Cravings [2]) must be presented by the same facilitator in order of the session number to ensure the consistency of the content delivered.
- For the SS program, facilitators' assignments and patients' grouping may or may not be the same as those of the CBT sessions.

3.3. Tracking Facilitators' Activities

To enable the TRC to track the facilitators' activities, each facilitator is required to fill out the "Weekly Reporting Form for INTREPRET Facilitators" (ANNEX 3). The facilitators will indicate the sessions that they conducted during the last seven days and submit the form weekly 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" [INTREPRET Series No.6] for details).

4. Management of Patients and Their Participation in INTREPRET

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

4.1. Grouping Arrangements of Patients

The CBT and CBT-R sessions must be grouped by recovery stages. The grouping arrangements for the PE and SS sessions may not necessarily be based on the recovery stages; they could be determined by TRC staff in consideration of the practical and therapeutic aspects. The group members of the SHGM should be fixed except in the events of newcomers joining and those discharged leaving the group; therefore, its grouping arrangement will consequently be different from that of the CBT sessions.

4.2. Tracking Patients' Participation in INTREPRET Sessions

Tracking the patients' participation in the INTREPRET sessions is important to ensure their exposure to all the essential topics under INTREPRET. It is also necessary to adequately manage the patients' moves to the next recovery stages especially in the CBT Program. Each facilitator, therefore, needs to update the "INTREPRET Attendance Register" (ANNEX 4) for each patient after each session.

4.3. Patients' Eligibility Criteria for INTREPRET Participation

During the induction stage, patients undergo suitable programs including detox, baseline interview, initial assessment, social care, psychological assessment, physical assessment, and assessment of the dependency severity. Thereafter, they will be assessed for their eligibility to participate in the INTREPRET sessions.

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

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

4.4. 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.

5. Training Program of INTREPRET

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

- Administrators: To make necessary organizational arrangements to implement INTREPRET at TRCs and ensure the adherence to its administrative standards.
- Representatives of the DOH Center for Health Development (DOH-CHD): To supervise the INTREPRET implementation at the TRCs within their purview.
- Facilitators: To facilitate INTREPRET sessions according to the quality standards.

The training program consists of the 5 modules, of which TRCs' administrators and DOH-CHD representatives also attend the Module 1 conducted on the first day (Table 11).

Table 11. INTREPRET Training Program and Target Personnel.

| Schedule | Module | Participants | | |
|----------|--|--------------------|-------------------------|--------------|
| | | TRC Administrators | DOH CHD Representatives | Facilitators |
| Day 1 | Module 1: Administration of INTREPRET at TRCs | X | X | X |
| Day 2 | Module 2: Basic Counselling 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 INTREPRET Sessions | | | X |

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

6. Evaluation Criteria for INTREPRET Administration

To ensure the provision of quality services, TRCs’ adherence to the administrative standards of INTREPRET must be evaluated. The “Guidelines for Field Evaluation” (INTREPRET Series No.6) elaborates on the evaluation criteria for the INTREPRET administration. Table 12 presents the content of the evaluation criteria for the INTREPRET administration. Additionally, an evaluation form for the INTREPRET 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 INTREPRET Administration.

| |
|---|
| I. Organizational Aspects |
| <p><i>A. Patients</i></p> <ol style="list-style-type: none"> 1. The facility’s own eligibility criteria for patients to participate in INTREPRET are established and implemented. 2. Patients’ individual registers are developed and updated to keep their attendance to the INTREPRET sessions. 3. Eligible patients’ treatment stages are reflected in their group assignments in the CBT and CBT-R programs. |
| <p><i>B. Family Members</i></p> <ol style="list-style-type: none"> 4. Family members’ statuses of participation in the PE sessions are updated in the patients’ individual registers. 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. |
| <p><i>C. Scheduling</i></p> <ol style="list-style-type: none"> 6. A weekly timetable is available with at least 8 INTREPRET sessions (CBTx3, CBT-Rx1, PEx1, SSx2, SHGMx1) incorporated in a printed form. 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. 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. |
| <p><i>D. Facilitators</i></p> <ol style="list-style-type: none"> 9. All the staff members facilitating sessions have attended a training program for INTREPRET facilitators. 10. All the facilitators weekly record their activities in the Weekly Reporting Form for INTREPRET Facilitators. 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. |
| <p><i>E. Environment</i></p> <ol style="list-style-type: none"> 12. Appropriate places are secured for the INTREPRET group sessions (e.g. not too noisy to conduct group sessions). |

| |
|---|
| <p>II. INTREPRET Implementation Status during the past 7 days (based on the facilitators' activities during the coverage period)</p> |
| <p><i>F. Program Orientation</i></p> <p>13. Eligible patients attended an orientation program before entering INTREPRET groups.</p> |
| <p><i>G. Cognitive Behavioral Therapy (CBT) & Cognitive Behavioral Therapy-Review (CBT-R)</i></p> <p>14. Eligible patients attended at least 3 CBT sessions.</p> <p>15. Eligible patients attended at least 1 CBT-R session.</p> <p>16. Copies of Patient's Workbooks were given to all the eligible patients.</p> <p>17. The group size was mostly less than 15 and did not exceed 20.</p> <p>18. A co-facilitator was assigned to the CBT sessions.</p> |
| <p><i>H. Psycho-Education (PE)</i></p> <p>19. Eligible patients attended at least 1 PE session.</p> <p>20. The group size was less than 50.</p> |
| <p><i>I. Social Support (SS)</i></p> <p>21. Eligible patients attended at least 2 SS sessions.</p> <p>22. The group size was mostly less than 15 and did not exceed 20.</p> |
| <p><i>J. Self-help Group Meeting (SHGM)</i></p> <p>23. Eligible patients attended at least 1 SHGM session.</p> <p>24. The group size was mostly less than 12 and did not exceed 15.</p> <p>25. SHGM sessions were conducted without involving TRC staff members and led by chairpersons selected from patients.</p> |

7. Materials to Support INTREPRET Implementation at TRCs

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

Table 13. Series of materials to Support INTREPRET Implementation at TRCs

| Series Number | Title | Content | Language |
|---------------|--|---|---------------------|
| 1 | Service Provider's Manual | The manual elaborates on the framework and administrative aspects of INTREPRET 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 on 10 ERSP, 33 RPP, and 6 PDP topics. It will be used by facilitators and patients. | English and Tagalog |
| 3 | 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 |
| 4 | Discussion Topics for Social Support (SS) Sessions | The flipchart consists of 40 topics and related questions. It will be shown during the SS sessions to guide discussion groups of patients. | English and Tagalog |
| 5 | Training Kit | The kit contains the program and presentations of the 5-day training for administrators and facilitators of INTREPRET. It will be used by trainers and participants. | English |
| 6 | Guidelines for Field Evaluation | The guidelines elaborate on the evaluation protocols of INTREPRET and provide tools to evaluate its administrative and clinical aspects. They will be used for the internal and external evaluation of INTREPRET and its post-training monitoring. | English |

ERSP = Early Recovery Skill Program, RPP = Relapse Prevention Program, PDP = Pre-discharge Program.

PART II: Session Facilitation

8. Facilitation Standards of INTREPRET Sessions

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

- I. Cognitive Behavioral Therapy (CBT)
- II. Cognitive Behavioral Therapy Review (CBT-R)
- III. Psycho-Education (PE) for Patients and Family Members
- IV. Social Support (SS)












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 INTREPRET sessions elaborated in "Guidelines for Field Evaluation" (INTREPRET Series No.6).

8.1. CBT Session Facilitation

| I. CBT 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. 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 |  | |
| 4. Text Reading | h. Have texts read out loud by patients i. Give supplementary explanations as necessary j. Allow participants to ask questions |  | 15 min |
| 5. Exercise | k. Give instructions on exercise l. Give time to participants to work on the exercise |  | 25 min |
| 6. Discussion | m. Pose questions to start discussion n. Facilitate discussion among participants |  | |
| 7. Highlight | o. Reflect important points of the session |  | 10 min |
| 8. Summary | p. Summarize the session in light of the session objectives |  | |
| 9. Homework | q. Give instructions on a homework assignment (if any) | | |
| <p><i>*Icons used in Patient's Workbook:</i></p> <p>  Objective  Text reading  Exercise  Discussion  Highlight </p> | | | |

| B: Quality Standards | |
|---|--|
| I. CBT Content | |
| 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 |
| II. Motivational Interview (MI) Facilitation Style | |
| 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 |
| 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 |
| 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> |
| IV. Elements of CBT Session | |
| 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 |
| V. Time Allocation | |
| 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 |

8.2. CBT-R Session Facilitation

| II. CBT-R 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. 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 |
| *Icons used in Patient's Workbook:  Objective  Text reading  Exercise  Discussion  Highlight | | | |

* 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.

| B: Quality Standards | |
|--|--|
| VI. CBT Content | |
| 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 |
| VII. Motivational Interview (MI) Facilitation Style | |
| 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 |
| VIII. 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 |
| 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> |
| IX. Elements of CBT-R Session | |
| 21. Use of Patient's Workbook | Make all the participants use the Patient's Workbook throughout the session |
| 22. Text review | Explain digested content instead of reading the whole texts, giving opportunities to participants to share their understanding |
| 23. Group wrap-up | Finish by highlighting important points and summarizing the content reviewed |
| 24. Adherence to SOP | Largely adhere to the steps specified in the SOP |
| X. Time Allocation | |
| 25. Session duration | Spend 60 minutes and do not finish earlier |

8.3. PE Session Facilitation

| III. PE Session Facilitation Standards | | |
|--|---|---------------------------------|
| A: Standard Operating Procedure (SOP) | | |
| 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 |
| B: Quality Standards | | |
| I. Psycho-Education Content | | |
| 1. Accurate teaching | Give accurate information when lecturing and responding to questions that is based on the literature rather than a belief system | |
| 2. Referencing CBT sessions | Reference related topics in CBT sessions | |
| II. Lecture Style | | |
| 3. Interaction with patients and family members | Encourage both patients and family members to raise questions or opinions and make the session interactive (do not make it a one-way communication session) | |
| 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 | |
| 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) | |
| 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 | |
| IV. Time Allocation | | |
| 12. Session duration | Spend 60 minutes and do not finish earlier | |

8.4. SS Session Facilitation

| IV. SS Session Facilitation Standards | | |
|--|---|---------------------------------|
| A: Standard Operating Procedure (SOP) | | |
| 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 |

| B: Quality Standards | |
|---|--|
| 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 |
| 2. Referencing CBT topics | Occasionally reference related topics in CBT sessions to support participants' talks |
| II. Motivational Interview (MI) Facilitation Style | |
| 3. Adequate listening attitude | Face to the speaker, smile, and gently nod while a participant talks |
| 4. Positive reinforcement and affirmations with empathy | Apply cheerleading, coaching, encouraging, and/or affirming styles with empathy |
| 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> |
| 6. Reflective listening with empathy | Apply reflective listening with empathy |
| 7. Clarifying participants' talk | Listen to participants, help them clarify what they are saying, but do not speak for them |
| 8. No generalization | Avoid making generalizations |
| 9. No demotivating questions | Avoid asking "why" questions about patients' actions or motivations, or posing any other demotivating questions |
| 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 |
| 11. No sarcasm | Avoid being rude, biting or cutting to participants |
| 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 |
| 13. Eliciting mutual support | Encourage group members to accept and support one another and facilitate interactions between participants |
| 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 |
| 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> |
| 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) |

| | |
|------------------------------------|--|
| 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 |
| 18. Presentation of question items | Have question items under the discussion topic read out loud by or participants |
| 19. Group wrap-up | Finish by summarizing the session, highlighting resocialization skills for recovery and maintaining abstinence |
| 20. Adherence to SOP | Largely adhere to the steps specified in the SOP |
| V. Time Allocation | |
| 21. Session duration | Spend 60 minutes and do not finish earlier |
| 22. Duration of the core content | Spend at least 50 minutes on the group discussion |

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 Labindalawang 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: Weekly Reporting Form for INTREPRET Facilitators

| | |
|--|--------------|
| Facilitator's Name: | Designation: |
| Covering Period (7 days): (MM/DD/YY) -- (MM/DD/YY) | Facility: |

| | 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: _____

ANNEX 4: INTREPRET Attendance Register

Patient's Name: _____ Date of Admission: _____

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

| Topic | 1st Round | | | 2nd Round | | |
|--|--------------------|-----------------------|-----------|--------------------|-----------------------|-----------|
| | Date (MM/DD/YY) | Facilitator/TRC Staff | | Date (MM/DD/YY) | Facilitator/TRC Staff | |
| | | Name | Signature | | Name | Signature |
| Sesyon 42. Ang Nakaraan, Pangkasalukuyan, at ang Hinaharap | | | | | | |
| Sesyon 43. Mga Gawaing Nakakalibang | | | | | | |
| <i>Pre-discharge Program (PDP)</i> | | | | | | |
| Sesyon 44. Pag-iskedyul | | | | | | |
| Sesyon 45. Pagpapalano, Pamamahala sa Oras ng Pamamahinga | | | | | | |
| Sesyon 46. Holidays at Paggaling | | | | | | |
| Sesyon 47. Pagsusuri ng Katayuan ng Paggaling | | | | | | |
| Sesyon 48. Pagsusuri sa mga Pag-uugali para sa Pag-iwas sa Muling Paggamit | | | | | | |
| Sesyon 49. Pagpapatuloy ng "Treatment Planning" | | | | | | |
| III. COGNITIVE BEHAVIORAL THERAPY REVIEW (CBT-R) SESSIONS | | | | | | |
| <i>Early Recovery Skills Program (ERSP)</i> | | | | | | |
| Sesyon 1. Mga Tukso | | | | | | |
| Sesyon 2. Pagkaya sa Mga Tukso | | | | | | |
| Sesyon 3. Pagkontrol sa Kaisipan | | | | | | |
| Sesyon 4. External Triggers | | | | | | |
| Sesyon 5. Internal Triggers | | | | | | |
| Sesyon 6. Daan Tungo sa Paggaling | | | | | | |
| Sesyon 7. Mga Meeting ng Self-Help Group | | | | | | |
| Sesyon 8. Ang Karunungan 12-Steps | | | | | | |
| Sesyon 9. Mga Karaniwang Hamon sa Pagpapanatili ng Abstinence | | | | | | |
| Sesyon 10. Pag-iisip, Pakikiramdam, at Pagsasagawa | | | | | | |
| <i>Relapse Prevention Program (RPP)</i> | | | | | | |
| Sesyon 11. Alak | | | | | | |
| Sesyon 12. Pagkabagot | | | | | | |
| Sesyon 13. Pag-iwas sa Relapse Drift | | | | | | |
| Sesyon 14. Lapse and Relapse | | | | | | |
| Sesyon 15. Trabaho at Paggaling | | | | | | |
| Sesyon 16. Konsensya at Kahihyan | | | | | | |
| Sesyon 17. Pananatiling Abala | | | | | | |
| Sesyon 18. Motibasyon para sa Paggaling | | | | | | |
| Sesyon 19. Pagkamatapat | | | | | | |
| Sesyon 20. Mga Argumento sa Alak | | | | | | |
| Sesyon 21. Sex at Paggaling | | | | | | |
| Sesyon 22. Pag-agap at Pag-iwas sa muling paggamit | | | | | | |
| Sesyon 23. Tiwala | | | | | | |
| Sesyon 24. Maging Matalino, Hindi Malakas | | | | | | |
| Sesyon 25. Ang Kahulugan ng Ispiritwalidad | | | | | | |
| Sesyon 26. Pamamahala ng Buhay at Pera | | | | | | |
| Sesyon 27. Pangangatwiran sa Muling Paggamit | | | | | | |
| Sesyon 28. Pag-aalaga sa Iyong Sarili | | | | | | |
| Sesyon 29. Mga Emosyonal na Tukso | | | | | | |
| Sesyon 30. Sakit | | | | | | |
| Sesyon 31. Pagkilala sa Stress | | | | | | |
| Sesyon 32. Pagbabawas ng Stress | | | | | | |
| Sesyon 33. Pamamahala ng Galit | | | | | | |
| Sesyon 34. Pagtanggap | | | | | | |
| Sesyon 35. Pagkakaroon ng mga Bagong Kaibigan | | | | | | |
| Sesyon 36. Pag-aayos ng mga Relasyon | | | | | | |
| Sesyon 37. Dasal ng Kahinahunan | | | | | | |

| Topic | 1st Round | | | 2nd Round | | |
|--|--------------------|-----------------------|-----------|--------------------|-----------------------|-----------|
| | Date (MM/DD/YY) | Facilitator/TRC Staff | | Date (MM/DD/YY) | Facilitator/TRC Staff | |
| | | Name | Signature | | Name | Signature |
| Sesyon 38. Hindi Mapigilang Pag-uugali | | | | | | |
| Sesyon 39. Pagkaya sa mga Emosyon | | | | | | |
| Sesyon 40. Depresyon | | | | | | |
| Sesyon 41. Pangangatwiran sa Muling Paggamit (2) | | | | | | |
| Sesyon 42. Ang Nakaraan, Pangkasalukuyan, at ang Hinaharap | | | | | | |
| Sesyon 43. Mga Gawaing Nakakalibang | | | | | | |
| <i>Pre-discharge Program (PDP)</i> | | | | | | |
| Sesyon 44. Pag-iskedyul | | | | | | |
| Sesyon 45. Pagpapalano, Pamamahala sa Oras ng Pamamahinga | | | | | | |
| Sesyon 46. Holidays at Paggaling | | | | | | |
| Sesyon 47. Pagsusuri sa Katayuan ng Paggaling | | | | | | |
| Sesyon 48. Pagsusuri sa mga Pag-uugali para sa Pag-iwas sa Muling Paggamit | | | | | | |
| Sesyon 49. Pagpapatuloy ng "Treatment Planning" | | | | | | |
| IV. PSYCHO-EDUCATION (PE) SESSIONS – PATIENTS | | | | | | |
| 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 | | | | | | |
| V. PSYCHO-EDUCATION (PE) SESSIONS – FAMILY MEMBERS | | | | | | |
| 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 | | | | | | |
| VI. SOCIAL SUPPORT (SS) SESSSIONS | | | | | | |
| Sesyon 1. Pagtanda | | | | | | |
| Sesyon 2. Galit | | | | | | |
| Sesyon 3. Pagkunsinti | | | | | | |
| Sesyon 4. Paninindigan | | | | | | |
| Sesyon 5. Kompulsyon (hindi mapigilang kilos) | | | | | | |
| Sesyon 6. Pagpipigil | | | | | | |
| Sesyon 7. Pananabik | | | | | | |
| Sesyon 8. Lungkot o Depresyon | | | | | | |
| Sesyon 9. Emosyon o Damdamin | | | | | | |
| Sesyon 10. Takot | | | | | | |

| Topic | 1st Round | | | 2nd Round | | |
|--|--------------------|-----------------------|-----------|--------------------|-----------------------|-----------|
| | Date (MM/DD/YY) | Facilitator/TRC Staff | | Date (MM/DD/YY) | Facilitator/TRC Staff | |
| | | Name | Signature | | Name | Signature |
| Sesyon 11. Pagpapatawad | | | | | | |
| Sesyon 12. Pakikipagkaibigan | | | | | | |
| Sesyon 13. Saya | | | | | | |
| Sesyon 14. Pagdadalamhati | | | | | | |
| Sesyon 15. Konsiyensya at Kahihyan | | | | | | |
| Sesyon 16. Kaligayahan | | | | | | |
| Sesyon 17. Pagiging Matapat | | | | | | |
| Sesyon 18. Pagpapalagayang-loob o Pagiging Matalik | | | | | | |
| Sesyon 19. Pag-iisa | | | | | | |
| Sesyon 20. Pangangatuwiran | | | | | | |
| Sesyon 21. Pagkukunwari | | | | | | |
| Sesyon 22. Nasagad o Napuno | | | | | | |
| Sesyon 23. Pagpapasensiya | | | | | | |
| Sesyon 24. Pisikal | | | | | | |
| Sesyon 25. Pagpapagaling | | | | | | |
| Sesyon 26. Pagtakwil o Di Pagtanggap | | | | | | |
| Sesyon 27. Pagpapahinga | | | | | | |
| Sesyon 28. Sama ng loob | | | | | | |
| Sesyon 29. Alituntunin | | | | | | |
| Sesyon 30. Pag-iiskedyul | | | | | | |
| Sesyon 31. Pagpapahalaga sa Sarili | | | | | | |
| Sesyon 32. Pagkamakasariili | | | | | | |
| Sesyon 33. Pakikipagtalik | | | | | | |
| Sesyon 34. Matalino | | | | | | |
| Sesyon 35. Espirituwalidad | | | | | | |
| Sesyon 36. Pampatigil-Isip (Thought Stopping) | | | | | | |
| Sesyon 37. Trauma | | | | | | |
| Sesyon 38. Tukso/Trigger | | | | | | |
| Sesyon 39. Tiwala | | | | | | |
| Sesyon 40. Trabaho | | | | | | |

VII. SELF-HELP GROUP MEETING (SHGM) SESSIONS

| | | | | | | |
|---------|--------------------------------------|--|--|--|--|--|
| 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 Discharge: _____

ANNEX 5: Evaluation Form for INTREPRET Administration

| 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 Weekly Reporting Forms of 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 | | | |
| <i>A. Patients</i> | | | |
| 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 | |
| <i>B. Family Members</i> | | | |
| 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 | |
| <i>C. Scheduling</i> | | | |
| 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: _____

