

# Manager/Clinical Supervisors Survey

CTN0008

Protocol Number: NIDA - CTN - 0008

STUDYID

DOMAIN: QS

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Web ID \_\_\_\_\_ USUBJID \_\_\_\_\_

IRB# \_\_\_\_\_ 6701 \_\_\_\_\_

Approved:

*OHSU IRB Stamp*

*Oregon Health & Science University*

*Institutional Review Board*

*Consent Form Approval Date*

*February 6, 2002*

*Approved by: Susan Hansen, M.D.*

*Phone number (503) 494-7887*

## OREGON HEALTH & SCIENCE UNIVERSITY

Manager/Clinical Supervisors Survey Information Sheet

### TITLE:

Assessment of the National Drug Abuse Treatment Clinical Trials Network: A Baseline for Investigating Diffusion of Innovation (Baseline Study)

### PRINCIPAL INVESTIGATOR:

Dennis McCarty, Ph.D. 503-494-1177

### CO-INVESTIGATOR:

Merwyn Greenlick, Ph.D. 503-494-2555

### SPONSOR:

National Institute on Drug Abuse

**PURPOSE:**

You are invited to participate in this research study because you supervise staff in an organization that participates in the National Drug Abuse Treatment Clinical Trials Network (CTN). The study characterizes treatment organizations, treatment units, and treatment staff in the CTN. Information is collected on staff demographics, experience, and beliefs and attitudes in order to understand the acceptance and use of the treatment innovations. Employees with direct patient contact and their supervisors are eligible to complete the survey. The study includes as many as 6,000 individuals nationally.

**PROCEDURES:**

You have received a sealed envelope that includes a copy of the survey, the information sheet and a return envelope. Respondents may complete the survey using the Internet; directions to the web site are included. Completed paper surveys will be sealed in the return envelope. Use the US mail or return the sealed survey to you node study coordinator or a trained research associate. The survey requests information on your clinical experience, education, licensing, credentials, position in the program, and your attitudes and beliefs related to the treatment of alcohol and drug abuse and your treatment program. The survey can be completed in 30 to 60 minutes.

**RISKS AND DISCOMFORTS:**

Risks associated with participation in the survey are minimal. Some respondents may be concerned that their answers could jeopardize their employment if disclosed to their employer. The code numbers and sealed envelopes are designed to prevent potential disclosure. Some questions may seem very personal. You may refuse to answer any questions that you do not wish to answer.

**BENEFITS:**

You may or may not personally benefit from participating in this study. However, by completing the survey, you may contribute new information that may help to improve future program operations and, more generally, substance abuse.

**ALTERNATIVES:**

You may choose not to participate in this study. If you prefer not to participate, place the survey in the return envelope, seal, and return.

**CONFIDENTIALITY:**

Neither your name nor your identity will be used for publication or publicity purposes. Neither your participation nor your nonparticipation will be disclosed. A code number is the only mechanism used to identify respondents. Your name will never be attached to the responses. Unique identifiers are being used so that individual data can be linked and change can be assessed if future studies of treatment organization (or program) directors and supervisors are approved. Currently, the National Institute on Drug Abuse has approved six studies that may use some of these data; the Principal Investigators are Cynthia Arfken (Wayne State University), Lawrence Brown (Addiction Research and Treatment Corporation, New York), Robert Forman (University of Pennsylvania), Joseph Gwydish (University of San Francisco), Paul Roman (University of Georgia) and Jody Sindelar (Yale University). The Roman study may conduct follow-up interviews with the Clinical Trials Network. The list of identifiers is kept secure on a separate computer and controlled by individuals not associated with the Clinical Trials Network. Data will be transmitted to the study sponsor but names will not be released. Representatives of the study sponsor and the OHSU IRB may review and/or copy research records but names will not be attached to the records.

**COSTS:**

There are no costs associated with study participation.

**LIABILITY:**

It is not the policy of the U.S. Department of Health and Human Service, or any federal agency funding the research project in which you are participating, to compensate or provide medical treatment for human subjects in the event the research results in physical injury.

The Oregon Health & Science University is subject to the Oregon Tort Claims Act (ORS 30.260 through 30.300). If you suffer any injury and damage from this research project through the fault of the University, its officers or employees, you have the right to bring legal action against the University to recover the damage done to you subject to the limitations and conditions of the Oregon Tort Claims Act. You have not waived your legal rights. For clarification on this subject, or if you have further questions, please call the OHSU Research Support Office at 503-494-7887.

**PARTICIPATION:**

Dennis McCarty 503-494-1177 and Bret Fuller 503-494-6553 have offered to answer any other questions you may have about this study. If you have any questions regarding your rights as a research subject, you may contact the OHSU Research Support Office at 503-494-7887. You may refuse to participate, or you may withdraw from this study at any time without affecting your relationship with the Oregon Health Sciences University.

## **Manager/Clinical Supervisors Survey**

Employees with management/clinical supervision responsibilities.

One of the objectives of the clinical trials network is to characterize the substance abuse treatment workforce in programs that may be participating in the NIDA Clinical Trials Network. Multiple factors determine the services and therapeutic techniques used in treatment programs. To help us better understand these factors and identify strategies to help treatment programs provide therapies and programs they believe important, we need information about the treatment programs and their staff. You or other managers or clinical supervisors have already completed surveys that describe the treatment agency and its substance abuse treatment programs. The description included a list of staff with direct patient contact, management or clinical supervisory responsibilities.

This survey asks questions about how you see yourself as a counselor and how you see your agency. It begins with a short demographic section that allows us to contrast demographic factors with your thoughts about yourselves and your agency.

Thank you for helping us gain a better understanding of the NIDA Clinical Trials Network treatment provider workforce characteristics.

*If you do not feel comfortable giving an answer to a particular statement, you may skip it and move on to the next statement. If you do not wish to complete the survey, place the blank survey in the return envelope. Thanks.*

Date:      /      /      QSDTC 2

QSSCAT=EMPLOYMENT

1. What do you perceive as your primary job?

- |   |  |
|---|--|
| <p><b>QSTEST / QSTESTCD</b></p> <p>Counselor <input type="checkbox"/> 01<br/>                 Case Manager <input type="checkbox"/> 02<br/>                 Clinical Supervisor <input type="checkbox"/> 03<br/>                 Program Director <input type="checkbox"/> 04<br/>                 Administrator <input type="checkbox"/> 05<br/>                 Training Coordinator <input type="checkbox"/> 06<br/>                 Research Coordinator <input type="checkbox"/> 07<br/>                 Research Investigator <input type="checkbox"/> 08</p> | <p><b>QSORRES</b></p> <p>Research Assistant <input type="checkbox"/> 09 <span style="float: right;">3</span><br/>                 Research Associate <input type="checkbox"/> 10<br/>                 Assistant Counselor <input type="checkbox"/> 11<br/>                 Counselor Aide or Assistant (other) <input type="checkbox"/> 12<br/>                 Intake Administrator <input type="checkbox"/> 13<br/>                 Reception <input type="checkbox"/> 14<br/>                 Other <input type="checkbox"/> 15</p> |
|---|--|

2. How many hours per week do you regularly work in this agency? **QSORRESU='HOUR'**          4

3. Employment history:

- a. Years of full time employment in substance abuse (any role)? **QSORRESU='YEAR'**          6
- b. Number of years in the substance abuse field as a counselor, therapist or clinician? **QSORRESU='YEAR'**          7
- c. Number of years working in your present agency? **QSORRESU='YEAR'**          8
- d. How many years have you been in your current position? **QSORRESU='YEAR'**          9

4. Your employee relationship with this agency?

- Regular Employee  1 10  
 Fee for Service/Contract  2  
 Un-Paid Volunteer  3  
 Other (Specify)  4

QSSCAT=COUNSEL PATIENTS/SUPERVISE COUNSELORS

5. Do you provide counseling to patients or supervise counselors? Yes  12  
 (If no, skip to 6) No  0

If yes, **QSTEST / QSTESTCD**

a. In a typical week, estimate how many direct client contact hours you have within this organization? **QSORRESU='HOUR'** No direct client contact  1 13  
Client contact hrs/week      14

b. Approximately, how many clients (group, individual and family sessions combined) do you counsel each week? Less than 10 per week  1 15  
10 - 20 per week  2  
21 - 30 per week  3  
31 - 40 per week  4  
41 and greater per week  5

c. What is your current active caseload (approximately) within this organization? (Number of patients)          16

**QSSCAT=STATE CREDENTIAL**

6. State or National Substance Abuse Counseling credentials

a. State credential (Certification).

Yes  17  
No  0

<i>(If yes, check which states and level of certification)</i>		<b>QSORRES</b>			
<b>QSTEST / QSTESTCD</b>		Alcohol	Drug	Combined	
a1. State: (specify): _____		Beginning <input type="checkbox"/> 1 Advanced <input type="checkbox"/> 2	Beginning <input type="checkbox"/> 3 Advanced <input type="checkbox"/> 4	Beginning <input type="checkbox"/> 5 Advanced <input type="checkbox"/> 6	18,19
a2. State: (specify): _____		Beginning <input type="checkbox"/> 1 Advanced <input type="checkbox"/> 2	Beginning <input type="checkbox"/> 3 Advanced <input type="checkbox"/> 4	Beginning <input type="checkbox"/> 5 Advanced <input type="checkbox"/> 6	20,21
a3. State: (specify): _____		Beginning <input type="checkbox"/> 1 Advanced <input type="checkbox"/> 2	Beginning <input type="checkbox"/> 3 Advanced <input type="checkbox"/> 4	Beginning <input type="checkbox"/> 5 Advanced <input type="checkbox"/> 6	22,23

**QSSCAT=NATIONAL CERTIFICATION**

b. National certification

Yes  24  
No  0

<b>QSTEST / QSTESTCD</b>	<b>QSORRES</b>
<i>If "Yes" continue to 6b1, if "No" skip to question 6c.</i>	
b1. National Association of Alcohol and Drug Abuse Counselors	
	National Certified Addiction Counselor Level I <input type="checkbox"/> 25
	National Certified Addiction Counselor Level II <input type="checkbox"/> 2
	Master Addiction Counselor <input type="checkbox"/> 3
b2. International Certification Reciprocity Consortium (ICRC)	
	Certified Alcohol and Drug Abuse Counselor <input type="checkbox"/> 1 26
	Certified Clinical Supervisor <input type="checkbox"/> 2
	Certified Prevention Specialist <input type="checkbox"/> 3
	Advanced Alcohol and Drug Counselor Credential <input type="checkbox"/> 4
b3. Certificate of Proficiency in the Treatment of Alcohol and Psychoactive Substance Use Disorders (American Psychology Association College of Professional Psychology)	Yes <input type="checkbox"/> 1 27 No <input type="checkbox"/> 0
b4. Master Addiction Counselor (American Counseling Association and the International Association of Addiction and Offenders Counselors)	Yes <input type="checkbox"/> 1 28 No <input type="checkbox"/> 0
b5. Any others:	Yes <input type="checkbox"/> 1 29 No <input type="checkbox"/> 0
<i>If yes, specify:</i> _____	30
b6. Any others:	Yes <input type="checkbox"/> 1 31 No <input type="checkbox"/> 0
<i>If yes, specify:</i> _____	32

**QSSCAT=PROFESSIONAL LICENSURE**

- c. Professional licensure, currently licensed Yes  1 33  
QSTEST / QSTESTCD QSORRES No  0

If "Yes" complete 6c2, if "No" skip to question 7.

- c1. If licensed: (Check all that apply.)
- |   |  |
|---|--|
| Alcohol/Drug Counselor <input type="checkbox"/> 1 34          | Psychiatrist <input type="checkbox"/> 1 41             |
| Clergy <input type="checkbox"/> 1 35                          | Clinical Psychologist <input type="checkbox"/> 1 42    |
| Licensed Professional Counselor <input type="checkbox"/> 1 36 | Prevention Specialist <input type="checkbox"/> 1 43    |
| Nurse <input type="checkbox"/> 1 37                           | Rehabilitation Counselor <input type="checkbox"/> 1 44 |
| Nurse Practitioner <input type="checkbox"/> 1 38              | Social Worker <input type="checkbox"/> 1 45            |
| Physician Assistant <input type="checkbox"/> 1 39             | Other: (Specify) <input type="checkbox"/> 1 46         |
| Physician <input type="checkbox"/> 1 40                       | _____ <input type="checkbox"/> 1 47                    |
|   | Other (Specify) <input type="checkbox"/> 1 48          |
|   | _____ <input type="checkbox"/> 1 49                    |

**QSSCAT=EDUCATION**

7. Select the highest degree held: (Check one)
- |                          |   |
|--------------------------|---|
|                          | No High School Diploma <input type="checkbox"/> 1 50      |
|                          | <i>(If no high school diploma, skip to 12)</i>            |
|                          | High School Diploma/Equivalent <input type="checkbox"/> 2 |
|                          | <i>(If high school diploma/equivalent, skip to 12)</i>    |
| <b>QSTEST / QSTESTCD</b> | <b>QSORRES</b>  |
|                          | Associate <input type="checkbox"/> 3                      |
|                          | Bachelor's <input type="checkbox"/> 4                     |
|                          | Master's <input type="checkbox"/> 5                       |
|                          | Doctoral <input type="checkbox"/> 6                       |

**8. Degree majors**

- a. If Associate Degree, indicate major : (Check all that apply.)
- |   |  |
|---|--|
| General Studies <input type="checkbox"/> 1 51 | Social Services <input type="checkbox"/> 1 55      |
| Nursing <input type="checkbox"/> 1 52         | Addiction Counseling <input type="checkbox"/> 1 56 |
| Psychology <input type="checkbox"/> 1 53      | Human Service <input type="checkbox"/> 1 57        |
| Education <input type="checkbox"/> 1 54       | Other (Specify) <input type="checkbox"/> 1 58      |
|   | _____ <input type="checkbox"/> 1 59                |

- b. If Bachelor's Degree, indicate major (Check all that apply.)
- |   |   |
|---|---|
| General Studies <input type="checkbox"/> 1 60 | Counseling <input type="checkbox"/> 1 65          |
| Nursing <input type="checkbox"/> 1 61         | Nurse Practitioner <input type="checkbox"/> 1 66  |
| Psychology <input type="checkbox"/> 1 62      | Physician Assistant <input type="checkbox"/> 1 67 |
| Education <input type="checkbox"/> 1 63       | Pharmacy <input type="checkbox"/> 1 68            |
| Social Work <input type="checkbox"/> 1 64     | Other (Specify) <input type="checkbox"/> 1 69     |
|   | _____ <input type="checkbox"/> 1 70               |





**QSSCAT=OPINIONS ABOUT SUBSTANCE ABUSE INTERVENTIONS**

**For the following questions, mark the answer that comes closest to how you feel. Don't spend too long on any single item. You may skip any item that you prefer not to answer.**

QSTEST / QSTESTCD	QSORRES					
	Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly	
14. Opinions about Substance Abuse Interventions						
a. Clients who continually abuse substances are not committed to treatment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	105
b. Non-compliant patients should be discharged.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	106
c. Confrontational approaches should be used more in addiction treatment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	107
d. Patients will respond better to encouragement than coercion.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	108
e. Methadone maintenance should be used more to treat heroin dependence.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	109
f. Naltrexone should be used more in the treatment of alcohol dependence.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	110
g. Buprenorphine is an effective treatment for opiate dependence.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	111
h. Psychiatric medications should be used more in addiction treatment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	112
i. It is okay to pay patients for attending treatment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	113
j. It's okay for patients to have the opportunity to earn prizes worth as much as \$100 for abstinence.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	114
k. Incentives can have a positive effect on the patient/counselor relationship.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	115
l. Scientifically-supported treatments can be useful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	116
m. Treatment manuals interfere with treatment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	117
n. Treatment manuals are useful tools for learning new interventions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	118
o. Antabuse can be an effective treatment for cocaine abuse.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	119
p. Buprenorphine should not be used with adolescents.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	120
q. Cognitive Behavioral Therapy is effective with inmates treated in correctional settings.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	121

QSSCAT=OPINIONS ABOUT SUBSTANCE ABUSE INTERVENTIONS

QSTEST / QSTESTCD	Disagree Strongly	QSORRES			Agree Strongly	
		Disagree	Undecided	Agree		
r. Smoking cessation should be integrated into treatments for alcohol and drug abuse.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	122
s. Primary care physicians can provide effective treatments for drug abuse.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	123
t. Addiction treatment services should routinely provide mental health services.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	124
u. Addiction treatment programs should provide pharmacotherapy for psychiatric disorders.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	125
v. Substance abuse patients should be assessed for psychiatric disorders routinely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	126

QSSCAT=OPINIONS ABOUT CLINICAL RESEARCH

15. Opinions about clinical research

a. Patient confidentiality is difficult to maintain in a clinical trial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	127
b. Patient participation in a clinical trial increases the likelihood of a successful recovery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	128
c. Random assignment to a study treatment is appropriate in a clinical trial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	129
d. Participants in a clinical trial have a hard time understanding what will take place	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	130
e. Paying participants for their involvement in a clinical trial undermines their recovery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	131

QSSCAT=OPINIONS ABOUT NIDA CTN

16. Opinions about the NIDA Clinical Trials Network (CTN)

a. Involvement in the CTN has increased my understanding of the role that research can play in improving substance abuse treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	132
b. Involvement in the CTN has increased my willingness to use research findings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	133
c. I would like to be more involved in the CTN research activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	134
d. I am very active in conducting research at my agency	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	135
e. I have an interesting idea for a CTN study	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	136

QSSCAT=OPINIONS GENERAL

17. Evidence-based practice guidelines are useful to improve quality of care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	137
18. Evidence-based practice guidelines promote oversimplified "cookbook" care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	138

QSSCAT=RATER DEMOGRAPHICS

QSTEST / QSTESTCD

QSORRES

19. a. Race (Check all that apply)?

- White  1 139
- Black or African American  1 140
- American Indian or Alaska Native  1 141
- Spanish, Hispanic or Latino  1 142

If Spanish, Hispanic or Latino

(check all that apply)

Mexican, Mexican-American, or Chicano  1 143

Puerto Rican  1 144

QSTEST=ETHNICITY

Cuban  1 145

Other (Specify) \_\_\_\_\_  1 146,147

Asian  1 148

Hawaiian or Pacific Islander  1 149

b. Do you speak Spanish? Yes  1 150  
 (Skip to 20 if "no.") No  0

c. If yes, do you provide services in Spanish? Yes  1 151  
 No  0

d. Please list the languages (other than English) that you speak fluently enough to use for the delivery of services

\_\_\_\_\_ 152

\_\_\_\_\_ 153

\_\_\_\_\_ 154

\_\_\_\_\_ 155

\_\_\_\_\_ 156

20. Gender Male  1 157  
 Female  0

21. Year of birth \_\_\_\_\_ 158

22. Is your treatment unit currently participating in a CTN sponsored clinical trial? Yes  1 159  
 No  0  
 Don't know  2

If yes, please indicate which trials: (Check all that apply.)

- NIDA - CTN -0001 Inpatient buprenorphine detox  1 160
- NIDA - CTN -0002 Outpatient buprenorphine detox  1 161
- NIDA - CTN -0003 Outpatient buprenorphine long-term detox  1 162
- NIDA - CTN -0004 Motivational enhancements therapy  1 163
- NIDA - CTN -0005 Motivational interviewing (one session)  1 164
- NIDA - CTN -0006 Motivational incentives in outpatient  1 165
- NIDA - CTN -0007 Motivational incentives in methadone  1 166
- NIDA - CTN -0009 Smoking cessation  1 167
- NIDA - CTN -0010 Buprenorphine with adolescents  1 168
- NIDA - CTN - 011 TELE Study  1 169
- NIDA - CTN-012 Infection and substance abuse  1 170

23. If your treatment unit is currently participating in a CTN sponsored clinical trial, are you personally participating as clinical staff or research assistant? Yes  1 171  
 No  0

QSSCAT=RATER DEMOGRAPHICS

QSTEST / QSTESTCD

QSORRES

24. Have you been a principal investigator on an NIH research grant?

Yes  1 172  
No  0

*This section asks questions about your perceptions about your agency and your job. If you do not feel comfortable giving an answer to a particular statement, you may skip it and move on to the next statement.*

QSSCAT=RATER PERCEPTION THAT PROGRAM NEEDS GUIDANCE IN

Your program needs guidance in

Disagree Strongly Disagree Undecided Agree Strongly

QSORRES

- |  |                            |                            |                            |                            |                            |     |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| 25. Documenting service needs of clients for making treatment placements               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 173 |
| 26. Tracking and evaluating performance of clients over time                           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 174 |
| 27. Obtaining information that can document program effectiveness                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 175 |
| 28. Automating client records for billing and financial applications                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 176 |
| 29. Evaluating staff performance and organizational functioning                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 177 |
| 30. Selecting new treatment interventions and strategies for which staff need training | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 178 |
| 31. Improving the recording and retrieval of financial information                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 179 |
| 32. Generating timely "management" reports on clinical, financial, and outcome data    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 180 |

QSSCAT=RATER PERCEPTION THAT STAFF NEEDS TRAINING IN

Your counseling staff needs training in

- |  |                            |                            |                            |                            |                            |     |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| 33. Assessing client problems and needs                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 181 |
| 34. Increasing client participation in treatment                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 182 |
| 35. Monitoring client progress                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 183 |
| 36. Improving rapport with clients                               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 184 |
| 37. Improving client thinking and problem solving skills         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 185 |
| 38. Improving behavioral management of clients                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 186 |
| 39. Improving cognitive focus of clients during group counseling | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 187 |
| 40. Using computerized client assessments                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 188 |

**QSSCAT=RATER PERCEPTION THAT PRESSURE TO MAKE PROGRAM CHANGE COMES FROM**

**QSORRES**

*Current pressures to make program changes come from*

	Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly	
41. Clients in the program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	189
42. Program staff members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	190
43. Program supervisors and managers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	191
44. Agency board members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	192
45. Community action groups	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	193
46. Funding and oversight agencies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	194
47. Accreditation or licensing authorities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	195

**QSTEST / QSTESTCD**

*How strongly do you agree or disagree with each of the following statements?*

**QSSCAT=RATER AGREE OR DISAGREE WITH THE FOLLOWING**

48. You prefer workshop training that is based on scientific evidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	196
49. Your offices and equipment are adequate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	197
50. You have the skills needed to conduct effective staff meetings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	198
51. Some staff get confused about the main goals for this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	199
52. Staff here all get along very well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	200
53. Psychodynamic theory is commonly used in counseling here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	201
54. Your staff often have trouble implementing concepts learned at conferences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	202
55. Program staff understand how this program fits as part of the treatment system in your community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	203
56. Treatment planning decisions for clients here often have to be revised by a counselor supervisor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	204
57. Staff training and continuing education are priorities at this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	205
58. Offices are adequate for conducting group counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	206
59. You frequently discuss new counseling ideas with staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	207
60. You were satisfied with the training available to your staff last year	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	208
61. You used the Internet (World Wide Web) to communicate with other treatment professionals (e.g., list serves, bulletin boards, chat rooms) in the past month	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	209

**QSEVLINT='-P1Y'**

**QSEVLINT='-P30D'**

QSSCAT=RATER AGREE OR DISAGREE WITH THE FOLLOWING

QSTEST / QSTESTCD	QSORRES					
	Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly	
62. You fully trust the professional judgment of staff who work with clients here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	210
63. Pharmacotherapy and medications are important parts of this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	211
64. There is too much friction among staff members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	212
65. Some staff members here resist any type of change	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	213
66. You always listen to ideas and suggestions from staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	214
67. Staff generally regard you as a valuable source of information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	215
68. You have easy access for using the Internet at work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	216
69. The staff here always works together as a team	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	217
70. Client assessments here are usually conducted using a computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	218
71. Your duties are clearly related to the goals of this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	219
72. You learned new management skills or techniques at a professional conference in the past year	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	220
73. You consistently plan ahead and carry out your plans	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	221
74. You are under too many pressures to do your job effectively	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	222
75. Counselors here are given broad authority in treating their own clients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	223
76. This program encourages and supports professional growth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	224
77. Behavior modification (contingency management) is used with many clients here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	225
78. You read about new techniques and treatment information each month	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	226
79. Staff here are always quick to help one another when needed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	227
80. Computer problems are usually repaired promptly at this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	228
81. Novel treatment ideas by staff are discouraged	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	229
82. There are enough counselors here to meet current client needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	230

QSEVLINT='-P1Y'



QSSCAT=RATER AGREE OR DISAGREE WITH THE FOLLOWING

QSTEST / QSTESTCD	QSORRES					
	Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly	
83. The budget here allows staff to attend professional conferences each year	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	231
84. You have enough opportunities to keep your management skills up-to-date	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	232
85. Mutual trust and cooperation among staff in this program are strong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	233
86. Most client records here are computerized	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	234
87. You are willing to try new ideas even if some staff members are reluctant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	235
88. Learning and using new procedures are easy for you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	236
89. This program operates with clear goals and objectives	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	237
90. Staff members often show signs of stress and strain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	238
91. You have staff meetings weekly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	239
92. You usually accomplish whatever you set your mind on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	240
93. You can change procedures here quickly to meet new conditions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	241
94. Counselors here often try out different techniques to improve their effectiveness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	242
95. You used the Internet (World Wide Web) to access drug treatment information in the past month	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	243
96. The formal and informal communication channels here work very well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	244
97. You have program policies that limit staff access to the Internet and use of e-mail	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	245
98. Offices here allow the privacy needed for individual counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	246
99. You are sometimes too cautious or slow to make changes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	247
100. Staff members think they have too many rules here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	248
101. You feel a lot of stress here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	249
102. 12-step theory (AA/NA) is followed by many of the counselors here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	250

QSSCAT=RATER AGREE OR DISAGREE WITH THE FOLLOWING

QSTEST / QSTESTCD	QSORRES					
	Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly	
103. Program staff are always kept well informed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	251
104. The heavy workload here reduces program effectiveness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	252
105. You regularly read professional journal articles or books on drug abuse treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	253
106. Communications with other programs that have similar interests would help	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	254
107. Staff readily implement your ideas for changing program procedures	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	255
108. More open discussions about program issues are needed here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	256
109. This program holds regular in-service training	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	257
110. You learned new management skills or techniques from manuals or other self-education materials in the past year QSEVLINT='-P1Y'	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	258
111. You frequently hear good staff ideas for improving treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	259
112. Staff seek your opinions about counseling and treatment issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	260
113. You are effective and confident in doing your job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	261
114. You have a computer to use in your personal office space at work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	262
115. Some staff here do not do their fair share of work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	263
116. A larger support staff is needed to help meet program needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	264
117. The general attitude here is to use new and changing technology	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	265
118. You do a good job of regularly updating and improving your skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	266
119. Staff members always feel free to ask questions and express concerns in this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	267
120. You are highly effective in working with community leaders and board	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	268
121. Staff frustration are common here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	269



QSSCAT=RATER AGREE OR DISAGREE WITH THE FOLLOWING

QSTEST / QSTESTCD	QSORRES					
	Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly	
122. Direct access to counseling resources on the Internet is needed by staff here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	270
123. You have a clear plan for this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	271
124. Your staff readily follows your leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	272
125. You have easy access to specialized medical or psychiatric advice for clients when needed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	273
126. You have convenient access to e-mail at work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	274
127. You encourage counselors to try new and different techniques	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	275
128. You are able to adapt quickly when you have to shift focus	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	276
129. Cognitive theory (RET, RBT, Gorski) guides much of your counseling here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	277
130. You are viewed as a strong leader by other staff here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	278
131. Computer equipment at this program is mostly old and outdated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	279
132. This program provides a comfortable reception/waiting area for clients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	280
133. Staff here feel comfortable using computers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	281
134. Frequent staff turnover is a problem for this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	282
135. Counselors here are able to spend enough time with clients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	283
136. Support staff here have the skills they need to do their jobs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	284
137. Clinical staff here are well-trained	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	285
138. The workload and pressures at your program keep motivation for new training low	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	286
139. More computers are needed in this program for staff to use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	287

Thank you for your time. Your answers are very helpful to us.



**PURPOSE:**

You are invited to participate in this research study because you direct an organization that participates in the National Drug Abuse Clinical Trials Network (CTN). The study characterizes treatment organizations, treatment units, and treatment staff in the CTN. The study includes as many as 150 treatment organizations nationally.

**PROCEDURES:**

Executive Directors receive sealed envelopes that include the information sheet and directions to a secure Internet site. Respondents are asked to complete the survey using the Internet. The survey requests information on the treatment organization, its size and sources of revenue, access to computers, and a list of treatment units. The survey can be completed in 20 to 30 minutes for most agencies.

**RISKS AND DISCOMFORTS:**

Risks associated with participation in the survey are minimal. The questions are about the treatment organization; personal information is not requested. Code numbers are designed to prevent potential disclosure of respondents. You may refuse to answer any questions that you do not wish to answer.

**BENEFITS:**

As an Executive Director, you will receive a confidential report on your treatment organization, treatment units, and workforce. You may or may not receive additional benefits from participating in this study. However, by completing the survey, you may contribute new information that may help to improve future program operations.

**ALTERNATIVES:**

You may choose not to participate in this study. If you prefer not to, log into the web site and decline participation.

**CONFIDENTIALITY:**

Neither your name nor your identity will be used for publication or publicity purposes. A code number is the only mechanism used to identify respondents. Your name will never be attached to the responses. Unique identifiers are being used so that individual data can be linked and change can be assessed if future studies of treatment organizations are approved. Currently, the National Institute on Drug Abuse has approved six studies of that may use some of these data; the Principal Investigators are Cynthia Arfken (Wayne State University), Lawrence Brown, M.D. (Addiction Research and Treatment Corporation, New York), Robert Forman (University of Pennsylvania), Joseph Gurdish (University of San Francisco), Paul Roman (University of Georgia) and Jody Sindelar (Yale University). The Roman study may conduct follow-up interviews with the Clinical Trials Network. The list of identifiers is kept secure on a separate computer and controlled by individuals not associated with the Clinical Trials Network. Data will be transmitted to the study sponsor but names will not be released. Representatives of the study sponsor and the OHSU IRB may review and/or copy research records but names will not be attached to the records.

**COSTS:**

There are no costs associated with study participation other than the time required to complete the instrument.

**LIABILITY:**

It is not the policy of the U.S. Department of Health and Human Service, or any federal agency funding the research project in which you are participating, to compensate or provide medical treatment for human subjects in the event the research results in physical injury.

The Oregon Health & Science University is subject to the Oregon Tort Claims Act (ORS 30.260 through 30.300). If you suffer any injury and damage from this research project through the fault of the University, its officers or employees, you have the right to bring legal action against the University to recover the damage done to you subject to the limitations and conditions of the Oregon Tort Claims Act. You have not waived your legal rights. For clarification on this subject, or if you have further questions, please call the OHSU Research Support Office at 503-494-7887.

**PARTICIPATION:**

Dennis McCarty 503-494-1177 and Bret Fuller 503-494-6553 have offered to answer any other questions you may have about this study. If you have any questions regarding your rights as a research subject, you may contact the OHSU Research Support Office at 503-494-7887. You may refuse to participate, or you may withdraw from this study at any time without affecting your relationship with the Oregon Health Sciences University.

## **Organizational Survey**

One of the objectives of the Clinical Trials Network is to characterize the substance abuse treatment programs that are currently participating (or will participate) in clinical trials through the National Institute of Drug Abuse. To help us better understand the diverse and multi-faceted nature of the Clinical Trials Network, we would like to hear your input about how your treatment organization operates, the make-up of your staff and treatment population. This information will be helpful for us to understand how different programs operate and what kinds of services are offered through your treatment organization .

We also are interested in having you list for us at the end of the survey, the separate treatment units which make up your treatment organization. We ask for the director's name and address, the location of the treatment unit, and we will then send the identified director the Treatment Unit Survey. All information you provide to us will be kept completely confidential and be handled in the most professional and sensitive manner. We very much appreciate the information, your time, and effort. If you have any questions, please feel free to contact your Node Baseline Coordinator listed in the introduction letter sent to you by the Coordinating Center.

Date:      /      /      <sup>QSDTC</sup>  
m m / d d / y y y y <sup>2</sup>

**QSSCAT=STRUCTURE AND SERVICE SETTING (CORPORATION)**

**A. Structure and Service Setting (Corporation)**

1. What type of corporation is the owner or legal entity responsible for the operation of your substance abuse treatment facilities?

Type of Corporation: *(Check one)*

**QSTEST / QSTESTCD**

**QSORRES**

- Private not-for-profit organization *(complete box below)*  1 <sup>3</sup>
- Private for-profit organization  2
- Unit of state government  3
- Unit of local county or community government  4
- Unit of tribal government  5
- Federal Department of Veterans Affairs  6
- Other federal agency  7
- Other public corporation  8

*If private not-for-profit organization,*

- |    |  |   |  |
|----|--|---|--|
| a. | Are more than 51% of the Board members African-American, Hispanic, or other ethnic minority?<br>(If other ethnic minority, specify: _____) | Yes <input type="checkbox"/> 1 <sup>4</sup> | No <input type="checkbox"/> 0 <sup>5</sup> |
| b. | Are more than 51% of the Board members women?  | Yes <input type="checkbox"/> 1 <sup>6</sup> | No <input type="checkbox"/> 0              |
| c. | Are more than 51% of the Board members in recovery?  | Yes <input type="checkbox"/> 1 <sup>7</sup> | No <input type="checkbox"/> 0              |

2. Which one category best describes the primary setting or service of this corporation? *(Check one response only, if checking "None of the above" continue to question 3, otherwise go to question 4.)*

- Health Maintenance Organization or Integrated Health Plan  01 <sup>8</sup>
- Hospital  02
- Medical School or University  03
- Health Center (including primary care setting)  04
- Mental Health System or Community Mental Health Clinic  05
- Independent Alcohol and Drug Abuse Treatment or Prevention Program (not part of a larger health or human service agency)  06
- Family and/or Children's Service Agency  07
- Social Services Agency  08
- Corrections  09
- None of the above  10



**QSSCAT=STRUCTURE AND SERVICE SETTING (CORPORATION)**

**QSTEST / QSTESTCD**

4. How large is the portion of your corporation that provides alcohol and drug abuse treatment services? *(Answer each item.)* **QSORRES**
- a. Approximate Full-Time Equivalent Employees providing direct care substance abuse treatment services \_\_\_\_\_ 11
- b. Approximate Full-Time Equivalent Employees providing administrative and support services \_\_\_\_\_ 12
- c. Approximate annual substance abuse revenues **QSORRESU='DOLLAR'** \_\_\_\_\_ 13
5. Please indicate your major sources of revenue for alcohol and drug abuse services and check the box that indicates the approximate proportion of revenues from that source.

**QSSCAT=CORPORATION SOURCE OF REVENUE**

**Source of Revenue** **Estimated % of total revenues** **QSTEST / QSTESTCD** **QSORRES**

<i>Public, private and commercial revenues</i>	*N/A	1-10	11-20	21-30	31-40	41-50	51+	
a. County or local grants and contracts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	14
b. State or county criminal justice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	15
c. State funds from grants and contracts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	16
d. State/local Medicaid fee-for-service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	17
e. State/local Medicaid managed care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	18
f. Federal block grant funds	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	19
g. Other SAMHSA grants & contracts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	20
h. VA Benefits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	21
i. CHAMPUS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	22
j. Medicare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	23
k. Other federal funds: (Specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	24
_____								25
l. Private contracts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	26
m. Private insurance fee-for-service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	27
n. Private/commercial managed care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	28
o. Patient/client fees and payments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	29
p. Charities and foundations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	30

\*Not-applicable = N/A



## QSSCAT=CORPORATION TREATMENT UNITS DEFINITION

6. Each treatment organization may differ in the definition of treatment units and the organization and delivery of alcohol and drug abuse treatment services. Traditionally, treatment units have been defined as a single service within a single facility. Contemporary treatment units are more likely to include multiple levels and types of care and may encompass multiple facilities.

### QSTEST / QSTESTCD

Within your organization's management structure .....

- |   | QSORRES                        |       |
|---|--------------------------------|-------|
| a. How many distinct treatment units does your corporation operate?   | _____                          | 31    |
| b. At how many distinct locations?  | _____                          | 32    |
| c. How are your treatment units defined? ( <i>Check all that apply</i> )  |                                |       |
| 1. Geographic location  | Yes <input type="checkbox"/> 1 | 33    |
|   | No <input type="checkbox"/> 0  |       |
| 2. Treatment modality or service  | Yes <input type="checkbox"/> 1 | 34    |
|   | No <input type="checkbox"/> 0  |       |
| 3. Funding streams  | Yes <input type="checkbox"/> 1 | 35    |
|   | No <input type="checkbox"/> 0  |       |
| 4. Client characteristics   | Yes <input type="checkbox"/> 1 | 36    |
|   | No <input type="checkbox"/> 0  |       |
| 5. Other (Specify): _____   | Yes <input type="checkbox"/> 1 | 37,38 |
|   | No <input type="checkbox"/> 0  |       |
| 7. Thinking only of your treatment units that might participate in an investigation sponsored by the Clinical Trial Network ... |                                |       |
| a. How many distinct treatment units does your corporation operate that might participate in the CTN?                           | _____                          | 39    |
| b. At how many distinct locations?  | _____                          | 40    |

## QSSCAT=CORPORATION INFORMATION TECHNOLOGY INFORMATION

### B. Information and technology systems

#### QSTEST / QSTESTCD

- |   | QSORRES                         |    |
|---|---------------------------------|----|
| 8. Number of personal computers:  | _____                           | 41 |
| 9. Number of computers with web access:                                 | _____                           | 42 |
| 10. How many clinical and medical staff have computers with web access? | None <input type="checkbox"/> 0 | 43 |
|   | Some <input type="checkbox"/> 1 |    |
|   | All <input type="checkbox"/> 2  |    |

C. For each of the treatment units (specified in 7a), treatment units that could potentially participate in a Clinical Trial protocol, list the name and contact person for that unit. The name and contact information are requested so that we can address the next survey (Treatment Unit Survey) to the lead respondent for the treatment unit. If multiple locations operate as a single management/clinical unit, list each facility and indicate that you manage it as a single facility. Please list the broad categories of services provided at each program.

Complete items 11 - 19 for each treatment unit.

*Copy additional pages as needed*

- QUESTIONS 11 THROUGH 16 NOT DATABASED
11. Name of Treatment Unit: \_\_\_\_\_ 44
12. Director: \_\_\_\_\_ 45,46  
First Name Last Name
13. Director E-mail: \_\_\_\_\_ 47
14. Director Telephone: (\_\_\_\_\_) \_\_\_\_\_ 48
15. Director Fax: (\_\_\_\_\_) \_\_\_\_\_ 49
16. Mailing Address: (1) \_\_\_\_\_ 50  
 Mailing Address: (2) \_\_\_\_\_ 51  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ 52,53,54
- QSSCAT= CORPORATION TREATMENT UNITS DEMOGRAPHICS
17. Sometimes through mergers and acquisitions larger corporations are composed of autonomous smaller corporations.  
 a. Is this treatment unit a separate corporate entity? Yes  1 55  
 No  0  
QSTEST / QSTESTCD
18. Number of locations included in this treatment unit? QSORRES \_\_\_\_\_ 56
19. Please check the general categories of services available at this treatment unit.
- a. Inpatient or residential services Yes  1 57  
 No  0
- b. Outpatient services Yes  1 58  
 No  0
- c. Medication services (e.g., methadone) Yes  1 59  
 No  0
- d. Outreach and support services Yes  1 60  
 No  0
- e. Medical services Yes  1 61  
 No  0
- f. Prevention services Yes  1 62  
 No  0

**Staff Survey**

**DOMAIN: QS**

Protocol Number: NIDA - CTN - 0008

**STUDYID**

Place Sticker Here

Web ID \_\_\_\_\_ **USUBJID** \_\_\_\_\_

**IRB#** 6701

**Approved:**

*OHSU IRB Stamp*

*Oregon Health & Science University*

*Institutional Review Board*

*Consent Form Approval Date*

*February 6, 2002*

*Approved by: Susan Hansen, M.D.*

*Phone number (503) 494-7887*

**OREGON HEALTH & SCIENCE UNIVERSITY**

Staff Survey Information Sheet

**TITLE:**

Assessment of the National Drug Abuse Treatment Clinical Trials Network: A Baseline for Investigating Diffusion of Innovation (Baseline Study)

**PRINCIPAL INVESTIGATOR:**

Dennis McCarty, Ph.D. 503-494-1177

**CO-INVESTIGATOR:**

Mervyn Greenlick, Ph.D. 503-494-2555

**SPONSOR:**

National Institute on Drug Abuse

**PURPOSE:**

You are invited to participate in this research study because you work with patients in an organization that participates in the National Drug Abuse Treatment Clinical Trials Network (CTN). The study characterizes treatment organizations, treatment units, and treatment staff in the CTN. Information is collected on staff demographics, experience, and beliefs and attitudes in order to understand the acceptance and use of the treatment innovations. Employees with direct patient contact are eligible to complete the survey. The study includes as many as 6,000 individuals nationally.

**PROCEDURES:**

You have received a sealed envelope that includes a copy of the survey, the information sheet and a return envelope. Respondents may complete the survey using the Internet; directions to the web site are included. Completed paper surveys should be sealed in the return envelope. Use the US mail or return the sealed survey to your node study coordinator or a trained research associate. The survey requests information on your clinical experience, education, licensing, credentials, position in the program, and your attitudes and beliefs related to the treatment of alcohol and drug abuse and your treatment program. The survey can be completed in 30 to 60 minutes.

**RISKS AND DISCOMFORTS:**

Risks associated with participation in the survey are minimal. Some respondents may be concerned that their answers could jeopardize their employment if disclosed to their employer. The code numbers and sealed envelopes are designed to prevent potential disclosure. Some questions may seem very personal. You may refuse to answer any questions that you do not wish to answer.

**BENEFITS:**

You may or may not personally benefit from participating in this study. However, by completing the survey, you may contribute new information that may help to improve future program operations and, more generally, substance abuse.

**ALTERNATIVES:**

You may choose not to participate in this study. If you prefer not to participate, place the survey in the return envelope, seal, and return.

**CONFIDENTIALITY:**

Neither your name nor your identity will be used for publication or publicity purposes. Neither your participation nor your nonparticipation will be disclosed. A code number is the only mechanism used to identify respondents. Your name will never be attached to the responses. Unique identifiers are being used so that individual data can be linked and change can be assessed if future studies of treatment program staff are approved. Currently, the National Institute on Drug Abuse has approved six studies of that may use some of these data; the Principal Investigators are Cynthia Arfken (Wayne State University), Lawrence Brown (Addiction Research and Treatment Corporation, New York), Robert Forman (University of Pennsylvania), Joseph Gurdish (University of San Francisco), Paul Roman (University of Georgia) and Jody Sindelar (Yale University). The Roman study may conduct follow-up interviews with the Clinical Trials Network. The list of identifiers is kept secure on a separate computer and controlled by individuals not associated with the Clinical Trials Network. Data will be transmitted to the study sponsor but names will not be released. Representatives of the study sponsor and the OHSU IRB may review and/or copy research records but names will not be attached to the records.

**COSTS:**

There are no costs associated with study participation.

**LIABILITY:**

It is not the policy of the U.S. Department of Health and Human Service, or any federal agency funding the research project in which you are participating, to compensate or provide medical treatment for human subjects in the event the research results in physical injury.

The Oregon Health & Science University is subject to the Oregon Tort Claims Act (ORS 30.260 through 30.300). If you suffer any injury and damage from this research project through the fault of the University, its officers or employees, you have the right to bring legal action against the University to recover the damage done to you subject to the limitations and conditions of the Oregon Tort Claims Act. You have not waived your legal rights. For clarification on this subject, or if you have further questions, please call the OHSU Research Support Office at 503-494-7887.

**PARTICIPATION:**

Dennis McCarty 503-494-1177 and Bret Fuller 503-494-6553 have offered to answer any other questions you may have about this study. If you have any questions regarding your rights as a research subject, you may contact the OHSU Research Support Office at 503-494-7887. You may refuse to participate, or you may withdraw from this study at any time without affecting your relationship with the Oregon Health Sciences University.

## **Staff Survey**

One of the objectives of the clinical trials network is to characterize the substance abuse treatment workforce in programs that may be participating in the NIDA Clinical Trials Network. Multiple factors determine the services and therapeutic techniques used in treatment programs. To help us better understand these factors and identify strategies to help treatment programs provide therapies and programs they believe important, we need information about the treatment programs and their staff. Executive Directors and Program Directors have already completed surveys that describe the treatment agency and its substance abuse treatment programs. The description included a list of staff with direct patient contact.

This survey asks questions about how you see yourself as a staff member and how you see your agency. It begins with a short demographic section that allows us to contrast demographic factors with your thoughts about yourselves and your agency.

Thank you for helping us gain a better understanding of the NIDA Clinical Trials Network treatment provider workforce characteristics.

*If you do not feel comfortable giving an answer to a particular statement, you may skip it and move on to the next statement. If you do not wish to complete the survey, place the blank survey in the return envelope. Thanks.*

Date:      /      /      /      /      /      /      /      2

QSSCAT=EMPLOYMENT

1. What do you perceive as your primary job?

- |  |   |
|--|---|
| Counselor <input type="checkbox"/> 01                              | Research Assistant <input type="checkbox"/> 09 <sup>3</sup>     |
| Case Manager <input type="checkbox"/> 02                           | Research Associate <input type="checkbox"/> 10                  |
| Clinical Supervisor <input type="checkbox"/> 03                    | Assistant Counselor <input type="checkbox"/> 11                 |
| Program Director <input type="checkbox"/> 04                       | Counselor Aide or Assistant (other) <input type="checkbox"/> 12 |
| <b>QSTEST / QSTESTCD</b> Administrator <input type="checkbox"/> 05 | Intake Administrator <input type="checkbox"/> 13                |
| Training Coordinator <input type="checkbox"/> 06                   | Reception <input type="checkbox"/> 14                           |
| Research Coordinator <input type="checkbox"/> 07                   | Other <input type="checkbox"/> 15                               |
| Research Investigator <input type="checkbox"/> 08                  |   |

**QSORRES**

2. How many hours per week do you regularly work in this agency? \_\_\_\_\_ 5

3. Employment history:

- a. Years of full time employment in substance (any role)? \_\_\_\_\_ 6
- b. Number of years in the substance abuse field as a counselor, therapist or clinician? \_\_\_\_\_ 7
- c. Number of years working in your present agency? \_\_\_\_\_ 8
- d. How many years have you been in your current position? \_\_\_\_\_ 9

4. Your employee relationship with this agency?

- Regular Employee  1 <sup>10</sup>
- Fee for Service/Contract  2
- Un-Paid Volunteer  3
- Other (Specify)  4

QSSCAT=COUNSEL PATIENTS/SUPERVISE COUNSELORS

5. Do you provide counseling to patients and/or supervise counselors? Yes  1 <sup>12</sup>  
(If no, skip to 6) No  0

<p>If yes, <b>QSTEST / QSTESTCD</b></p> <p>a. In a typical week, estimate how many direct client contact hours you have within this organization? _____</p> <p>b. Approximately, how many clients (group, individual and family sessions combined) do you counsel each week?</p> <p>c. What is your current active caseload (approximately) within this organization? _____</p>	<p><b>QSORRES</b></p> <p>No direct client contact <input type="checkbox"/> 1 <sup>13</sup></p> <p>Client contact hrs/week _____ <sup>14</sup></p> <p>Less than 10 per week <input type="checkbox"/> 1 <sup>15</sup></p> <p>10 - 20 per week <input type="checkbox"/> 2</p> <p>21 - 30 per week <input type="checkbox"/> 3</p> <p>31 - 40 per week <input type="checkbox"/> 4</p> <p>41 and greater per week <input type="checkbox"/> 5</p> <p>(Number of patients) _____ <sup>16</sup></p>
---	--

**QSSCAT=STATE CREDENTIAL**

6. State or National Substance Abuse Counseling credentials

a. State credential (Certification).

Yes  17  
No  0

<i>(If yes, check which states and level of certification)</i>		<b>QSORRES</b>			
<b>QSTEST / QSTESTCD</b>		Alcohol	Drug	Combined	
a1. State: (specify): _____		Beginning <input type="checkbox"/> 1 Advanced <input type="checkbox"/> 2	Beginning <input type="checkbox"/> 3 Advanced <input type="checkbox"/> 4	Beginning <input type="checkbox"/> 5 Advanced <input type="checkbox"/> 6	18,19
a2. State: (specify): _____		Beginning <input type="checkbox"/> 1 Advanced <input type="checkbox"/> 2	Beginning <input type="checkbox"/> 3 Advanced <input type="checkbox"/> 4	Beginning <input type="checkbox"/> 5 Advanced <input type="checkbox"/> 6	20,21
a3. State: (specify): _____		Beginning <input type="checkbox"/> 1 Advanced <input type="checkbox"/> 2	Beginning <input type="checkbox"/> 3 Advanced <input type="checkbox"/> 4	Beginning <input type="checkbox"/> 5 Advanced <input type="checkbox"/> 6	22,23

**QSSCAT=NATIONAL CERTIFICATION**

b. National certification

**QSTEST / QSTESTCD**

**QSORRES**

Yes  24  
No  0

*If "Yes" continue to 6b1, if "No" skip to question 6c.*

b1. National Association of Alcohol and Drug Abuse Counselors

National Certified Addiction Counselor Level I  25  
National Certified Addiction Counselor Level II  2  
Master Addiction Counselor  3

b2. International Certification Reciprocity Consortium (ICRC)

Certified Alcohol and Drug Abuse Counselor  1 26  
Certified Clinical Supervisor  2  
Certified Prevention Specialist  3  
Advanced Alcohol and Drug Counselor Credential  4

b3. Certificate of Proficiency in the Treatment of Alcohol and Psychoactive Substance Use Disorders (American Psychology Association College of Professional Psychology)

Yes  1 27  
No  0

b4. Master Addiction Counselor (American Counseling Association and the International Association of Addiction and Offenders Counselors)

Yes  1 28  
No  0

b5. Any others:

Yes  1 29  
No  0

*If yes, specify:* \_\_\_\_\_ 30

b6. Any others:

Yes  1 31  
No  0

*If yes, specify:* \_\_\_\_\_ 32



QSSCAT=PROFESSIONAL LICENSURE

- c. Professional licensure, currently licensed QSORRES Yes  1 33  
 No  0

If "Yes" complete 6c1, if "No" skip to question 7.

- c1. If licensed: (Check all that apply.)

- |   |  |
|---|--|
| Alcohol/Drug Counselor <input type="checkbox"/> 1 34          | Psychiatrist <input type="checkbox"/> 1 41             |
| Clergy <input type="checkbox"/> 1 35                          | Clinical Psychologist <input type="checkbox"/> 1 42    |
| Licensed Professional Counselor <input type="checkbox"/> 1 36 | Prevention Specialist <input type="checkbox"/> 1 43    |
| Nurse <input type="checkbox"/> 1 37                           | Rehabilitation Counselor <input type="checkbox"/> 1 44 |
| Nurse Practitioner <input type="checkbox"/> 1 38              | Social Worker <input type="checkbox"/> 1 45            |
| Physician Assistant <input type="checkbox"/> 1 39             | Other: (Specify) <input type="checkbox"/> 1 46         |
| Physician <input type="checkbox"/> 1 40                       | _____ <input type="checkbox"/> 1 47                    |
|   | Other (Specify) <input type="checkbox"/> 1 48          |
|   | _____ <input type="checkbox"/> 1 49                    |

QSSCAT=EDUCATION

7. Select the highest degree held: (Check one)

- No High School Diploma  01 50  
*(If no high school diploma, skip to 12)*  
 High School Diploma/Equivalent  02  
*(If high school diploma/equivalent, skip to 12)*  
 Associate  03  
 Bachelor's  04  
 Master's  05  
 Doctoral  06

QSTEST / QSTESTCD

8. Degree majors

- a. If Associate Degree, indicate major : (Check all that apply.)

- |   |  |
|---|--|
| General Studies <input type="checkbox"/> 1 51 | Social Services <input type="checkbox"/> 1 55      |
| Nursing <input type="checkbox"/> 1 52         | Addiction Counseling <input type="checkbox"/> 1 56 |
| Psychology <input type="checkbox"/> 1 53      | Human Service <input type="checkbox"/> 1 57        |
| Education <input type="checkbox"/> 1 54       | Other (Specify) <input type="checkbox"/> 1 58      |
|   | _____ <input type="checkbox"/> 1 59                |

- b. If Bachelor's Degree, indicate major (Check all that apply.)

- |   |   |
|---|---|
| General Studies <input type="checkbox"/> 1 60 | Counseling <input type="checkbox"/> 1 65          |
| Nursing <input type="checkbox"/> 1 61         | Nurse Practitioner <input type="checkbox"/> 1 66  |
| Psychology <input type="checkbox"/> 1 62      | Physician Assistant <input type="checkbox"/> 1 67 |
| Education <input type="checkbox"/> 1 63       | Pharmacy <input type="checkbox"/> 1 68            |
| Social Work <input type="checkbox"/> 1 64     | Other (Specify) <input type="checkbox"/> 1 69     |
|   | _____ <input type="checkbox"/> 1 70               |



**QSSCAT=OPINIONS ABOUT SUBSTANCE ABUSE INTERVENTIONS**

**For the following questions, mark the answer that comes closest to how you feel. Don't spend too long on any single item. You may skip any item that you prefer not to answer.**

QTEST / QTESTCD	QSORRES					
	Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly	
14. Opinions about Substance Abuse Interventions						
a. Clients who continually abuse substances are not committed to treatment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	105
b. Non-compliant patients should be discharged.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	106
c. Confrontational approaches should be used more in addiction treatment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	107
d. Patients will respond better to encouragement than coercion.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	108
e. Methadone maintenance should be used more to treat heroin dependence.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	109
f. Naltrexone should be used more in the treatment of alcohol dependence.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	110
g. Buprenorphine is an effective treatment for opiate dependence.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	111
h. Psychiatric medications should be used more in addiction treatment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	112
i. It is okay to pay patients for attending treatment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	113
j. It's okay for patients to have the opportunity to earn prizes worth as much as \$100 for abstinence.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	114
k. Incentives can have a positive effect on the patient/counselor relationship.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	115
l. Scientifically-supported treatments can be useful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	116
m. Treatment manuals interfere with treatment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	117
n. Treatment manuals are useful tools for learning new interventions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	118
o. Antabuse can be an effective treatment for cocaine abuse.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	119
p. Buprenorphine should not be used with adolescents.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	120
q. Cognitive Behavioral Therapy is effective with inmates treated in correctional settings.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	121

QSSCAT=OPINIONS ABOUT SUBSTANCE ABUSE INTERVENTIONS

QSTEST / QSTESTCD	Disagree Strongly	QSORRES			Agree Strongly	
		Disagree	Undecided	Agree		
r. Smoking cessation should be integrated into treatments for alcohol and drug abuse.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	122
s. Primary care physicians can provide effective treatments for drug abuse.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	123
t. Addiction treatment services should routinely provide mental health services.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	124
u. Addiction treatment programs should provide pharmacotherapy for psychiatric disorders.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	125
v. Substance abuse patients should be assessed for psychiatric disorders routinely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	126

QSSCAT=OPINIONS ABOUT CLINICAL RESEARCH

15. Opinions about clinical research

a. Patient confidentiality is difficult to maintain in a clinical trial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	127
b. Patient participation in a clinical trial increases the likelihood of a successful recovery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	128
c. Random assignment to a study treatment is appropriate in a clinical trial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	129
d. Participants in a clinical trial have a hard time understanding what will take place	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	130
e. Paying participants for their involvement in a clinical trial undermines their recovery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	131

QSSCAT=OPINIONS ABOUT NIDA CTN

16. Opinions about the NIDA Clinical Trials Network (CTN)

a. Involvement in the CTN has increased my understanding of the role that research can play in improving substance abuse treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	132
b. Involvement in the CTN has increased my willingness to use research findings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	133
c. I would like to be more involved in the CTN research activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	134
d. I am very active in conducting research at my agency	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	135
e. I have an interesting idea for a CTN study	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	136

QSSCAT=OPINIONS GENERAL

17. Evidence-based practice guidelines are useful to improve quality of care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	137
18. Evidence-based practice guidelines promote oversimplified "cookbook" care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	138

QSSCAT=RATER DEMOGRAPHICS  
QSTEST / QSTESTCD

QSORRES

19. a. Race (Check all that apply)?

- White  1 139  
Black or African American  1 140  
American Indian or Alaska Native  1 141  
Spanish, Hispanic or Latino  1 142

If Spanish, Hispanic or Latino	
<i>(check all that apply)</i>	
Mexican, Mexican-American, or Chicano <input type="checkbox"/> 1	143
<b>QSTEST=ETHNICITY</b> Puerto Rican <input type="checkbox"/> 1	144
Cuban <input type="checkbox"/> 1	145
Other (Specify) _____ <input type="checkbox"/> 1	146, 147

- Asian  1 148  
Hawaiian or Pacific Islander  1 149

b. Do you speak Spanish? Yes  1 150  
*(Skip to 20 if "no.")* No  0

c. If yes, do you provide services in Spanish?	Yes <input type="checkbox"/> 1 151
	No <input type="checkbox"/> 0

d. Please list the languages (other than English) that you speak fluently enough to use for the delivery of services

\_\_\_\_\_ 152  
\_\_\_\_\_ 153  
\_\_\_\_\_ 154  
\_\_\_\_\_ 155  
\_\_\_\_\_ 156

20. Gender Male  1 157  
Female  0

21. Year of birth \_\_\_\_\_ 158

22. a. Is your treatment unit currently participating in a CTN sponsored clinical trial? Yes  1 159  
No  0  
Don't know  2

b. If yes, please indicate which trials: (Check all that apply.)	
NIDA - CTN 0001 Inpatient buprenorphine detox <input type="checkbox"/> 1	160
NIDA - CTN 0002 Outpatient buprenorphine detox <input type="checkbox"/> 1	161
NIDA - CTN 0003 Outpatient buprenorphine long-term detox <input type="checkbox"/> 1	162
NIDA - CTN 0004 Motivational enhancements therapy <input type="checkbox"/> 1	163
NIDA - CTN 0005 Motivational interviewing (one session) <input type="checkbox"/> 1	164
NIDA - CTN 0006 Motivational incentives in outpatient <input type="checkbox"/> 1	165
NIDA - CTN 0007 Motivational incentives in methadone <input type="checkbox"/> 1	166
NIDA - CTN 0009 Smoking cessation <input type="checkbox"/> 1	167
NIDA - CTN -010 Buprenorphine with adolescents <input type="checkbox"/> 1	168
NIDA - CTN - 011 TELE Study <input type="checkbox"/> 1	169
NIDA - CTN - 012 Infection and substance abuse <input type="checkbox"/> 1	170

**QSSCAT=RATER DEMOGRAPHICS**

QSTEST / QSTESTCD

QSORRES

23. If your treatment unit is currently participating in a CTN sponsored clinical trial, are you personally participating as clinical staff or research assistant? Yes  1 171  
No  0
24. Have you been a principal investigator on an NIH research grant? Yes  1 172  
No  0

*This section asks questions about your perceptions about your agency and your job. If you do not feel comfortable giving an answer to a particular statement, you may skip it and move on to the next statement.*

**QSSCAT=RATER PERCEPTION THAT PROGRAM NEEDS GUIDANCE IN**

Disagree Strongly Disagree Undecided Agree Strongly  
QSORRES

- Your program needs guidance in*
25. Assessing client needs  1  2  3  4  5 173
26. Matching needs with services  1  2  3  4  5 174
27. Increasing program participation by clients  1  2  3  4  5 175
28. Measuring client performance  1  2  3  4  5 176
29. Developing more effective group sessions  1  2  3  4  5 177
30. Raising overall quality of counseling  1  2  3  4  5 178
31. Using client assessments to guide clinical and program decisions  1  2  3  4  5 179
32. Using client assessments to document program effectiveness  1  2  3  4  5 180

**QSSCAT=RATER PERCEPTION NEEDS TRAINING IN**

*You need training for*

33. Assessing client problems and needs  1  2  3  4  5 181
34. Increasing client participation in treatment  1  2  3  4  5 182
35. Monitoring client progress  1  2  3  4  5 183
36. Improving rapport with clients  1  2  3  4  5 184
37. Improving client thinking and problem solving skills  1  2  3  4  5 185
38. Improving behavioral management of clients  1  2  3  4  5 186
39. Improving cognitive focus of clients during group counseling  1  2  3  4  5 187
40. Using computerized client assessments  1  2  3  4  5 188

**QSSCAT=RATER PERCEPTION THAT PRESSURE TO MAKE PROGRAM CHANGE COMES FROM**

*Current pressures to make program changes come from*

41. Clients in the program  1  2  3  4  5 189
42. Program staff members  1  2  3  4  5 190
43. Program supervisors and managers  1  2  3  4  5 191
44. Agency board members  1  2  3  4  5 192
45. Community action groups  1  2  3  4  5 193
46. Funding and oversight agencies  1  2  3  4  5 194
47. Accreditation or licensing authorities  1  2  3  4  5 195

QSSCAT=RATER AGREE OR DISAGREE WITH THE FOLLOWING

QSORRES

QSTEST / QSTESTCD

*How strongly do you agree or disagree with each of the following statements?*

	Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly	
48. You prefer workshop training that is based on scientific evidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	196
49. Your offices and equipment are adequate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	197
50. You have the skills needed to conduct effective group counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	198
51. Some staff get confused about the main goals for this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	199
52. Staff here all get along very well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	200
53. Psychodynamic theory is commonly used in your counseling here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	201
54. You often have trouble implementing concepts learned at conferences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	202
55. Program staff understand how this program fits as part of the treatment system in your community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	203
56. Treatment planning decisions for clients here often have to be revised by a counselor supervisor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	204
57. Staff training and continuing education are priorities at this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	205
58. Facilities here are adequate for conducting group counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	206
59. You frequently share your knowledge of new counseling ideas with other staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	207
60. You were satisfied with the training offered at workshops available to you last year	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	208
61. You used the Internet (World Wide Web) to communicate with other treatment professionals (e.g., list serves, bulletin boards, chat rooms) in the past month	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	209
62. The leadership here fully trusts your professional judgment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	210
63. Pharmacotherapy and medications are important parts of this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	211
64. There is too much friction among staff members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	212
65. Some staff members here resist any type of change	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	213
66. Ideas and suggestions from staff get fair consideration by program leaders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	214



QSSCAT=RATER AGREE OR DISAGREE WITH THE FOLLOWING

QSTEST / QSTESTCD	QSORRES					
	Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly	
67. Staff generally regard you as a valuable source of information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	215
68. You have easy access for using the Internet at work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	216
69. The staff here always works together as a team	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	217
70. Client assessments here are usually conducted using a computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	218
71. Your duties are clearly related to the goals of this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	219
72. You learned new skills or techniques at a professional conference in the past year	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	220
73. You consistently plan ahead and carry out your plans	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	221
74. You are under too many pressures to do your job effectively	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	222
75. Counselors here are given broad authority in treating their own clients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	223
76. This program encourages and supports professional growth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	224
77. Behavior modification (contingency management) is used with many of your clients here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	225
78. You read about new techniques and treatment information each month	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	226
79. Staff here are always quick to help one another when needed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	227
80. Computer problems are usually repaired promptly at this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	228
81. Novel treatment ideas by staff are discouraged	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	229
82. There are enough counselors here to meet current client needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	230
83. The budget here allows staff to attend professional conferences each year	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	231
84. You have enough opportunities to keep your management skills up-to-date	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	232
85. Mutual trust and cooperation among staff in this program are strong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	233
86. Most client records here are computerized	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	234

QSEVLINT='-P1Y'



QSSCAT=RATER AGREE OR DISAGREE WITH THE FOLLOWING

QSTEST / QSTESTCD	QSORRES					
	Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly	
87. You are willing to try new ideas even if some staff members are reluctant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	235
88. Learning and using new procedures are easy for you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	236
89. This program operates with clear goals and objectives	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	237
90. Staff members often show signs of stress and strain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	238
91. You have staff meetings weekly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	239
92. You usually accomplish whatever you set your mind on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	240
93. It is easy to change procedures here to meet new conditions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	241
94. Counselors here often try out different techniques to improve their effectiveness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	242
95. You used the Internet (World Wide Web) to access drug treatment information in the past month	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	243
96. The formal and informal communication channels here work very well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	244
97. Program policies here limit staff access to the Internet and use of e-mail	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	245
98. Offices here allow the privacy needed for individual counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	246
99. You are sometimes too cautious or slow to make changes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	247
100. Staff members are given too many rules here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	248
101. You feel a lot of stress here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	249
102. 12-step theory (AA/NA) is followed by many of the counselors here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	250
103. Program staff are always kept well informed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	251
104. The heavy workload here reduces program effectiveness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	252
105. You regularly read professional journal articles or books on drug abuse treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	253

QSSCAT=RATER AGREE OR DISAGREE WITH THE FOLLOWING

QSTEST / QSTESTCD	QSORRES					
	Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly	
106. Communications with other programs that have similar interests would help	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	254
107. Other staff often ask your advise about program procedures	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	255
108. More open discussions about program issues are needed here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	256
109. This program holds regular in-service training	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	257
110. You learned new clinical skills or techniques from manuals or other self-education materials in the past year QSEVLINT='-P1Y'	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	258
111. You frequently hear good staff ideas for improving treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	259
112. Other staff often ask for your opinions about counseling and treatment issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	260
113. You are effective and confident in doing your job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	261
114. You have a computer to use in your personal office space at work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	262
115. Some staff here do not do their fair share of work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	263
116. A larger support staff is needed to help meet program needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	264
117. The general attitude here is to use new and changing technology	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	265
118. You do a good job of regularly updating and improving your skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	266
119. Staff members always feel free to ask questions and express concerns in this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	267
120. You have the skills needed to conduct effective individual counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	268
121. Staff frustration is common here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	269
122. You need better access while at work to counseling resources on the Internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	270
123. The leadership here has a clear plan for this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	271
124. You often influence the decisions of other staff here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	272

QSSCAT=RATER AGREE OR DISAGREE WITH THE FOLLOWING

QSTEST / QSTESTCD	Disagree Strongly	QSORRES			Agree Strongly	
		Disagree	Undecided	Agree		
125. You have easy access to specialized medical or psychiatric advice for clients when needed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	273
126. You have convenient access to e-mail at work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	274
127. You are encouraged here to try new and different techniques	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	275
128. You are able to adapt quickly when you have to shift focus	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	276
129. Cognitive theory (RET, RBT, Gorski) guides much of your counseling here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	277
130. You are viewed as a leader by other staff here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	278
131. Computer equipment at this program is mostly old and outdated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	279
132. This program provides a comfortable reception/waiting area for clients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	280
133. Staff here feel comfortable using computers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	281
134. Frequent staff turnover is a problem for this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	282
135. Counselors here are able to spend enough time with clients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	283
136. Support staff here have the skills they need to do their jobs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	284
137. Clinical staff here are well-trained	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	285
138. The workload and pressures at your program keep motivation for new training low	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	286
139. More computers are needed in this program for staff to use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	287

Thank you for your time. Your answers are very helpful to us.

## Treatment Unit Survey

**DOMAIN: QS**

Protocol Number: NIDA - CTN - 0008 **STUDYID**

Place Sticker Here

Web ID USUBJID

IRB# 6701

**Approved:**

*OHSU IRB Stamp*

*Oregon Health & Science University  
Institutional Review Board  
Consent Form Approval Date  
February 6, 2002*

*Approved by: Susan Hansen, M.D.  
Phone number (503) 494-7887*

### OREGON HEALTH & SCIENCE UNIVERSITY

#### Treatment Unit Survey Information Sheet

**TITLE:**

Assessment of the National Drug Abuse Treatment Clinical Trials Network: A Baseline for Investigating Diffusion of Innovation (Baseline Study)

**PRINCIPAL INVESTIGATOR:**

Dennis McCarty, Ph.D. 503-494-1177

**CO-INVESTIGATOR:**

Merwyn Greenlick, Ph.D. 503-494-2555

**SPONSOR:**

National Institute on Drug Abuse

**PURPOSE:**

You are invited to participate in this research study because you direct a treatment unit that participates or may participate in the National Drug Abuse Treatment Clinical Trials Network (CTN). The study characterizes treatment organizations, treatment units, and treatment staff in the CTN. The study includes as many as 500 treatment units nationally.

**PROCEDURES:**

Directors of treatment units receive sealed envelopes that include the information sheet and directions to a secure Internet site. Respondents are asked to complete the survey using the Internet. The survey requests information on the treatment unit, accreditation and licensure, use of medications and drug tests, services provided, the use of clinical tools and guidelines, patient characteristics, staffing, and program orientation. A list of staff with patient contact is also requested for the next phase of the study - a staff survey. The survey can be completed in 30 to 60 minutes for most agencies.

**RISKS AND DISCOMFORTS:**

Risks associated with participation in the survey are minimal. The questions are about the treatment organization; personal information is not requested. Code numbers are designed to prevent potential disclosure of respondents. You may refuse to answer any questions that you do not wish to answer.

**BENEFITS:**

Your treatment organization will receive a confidential report on its organization, treatment units, and workforce. You may or may not receive additional benefits from participating in this study. However, by completing the survey, you may contribute new information that may help to improve future program operations.

**ALTERNATIVES:**

You may choose not to participate in this study. If you prefer not to, log into the web site and decline participation.

**CONFIDENTIALITY:**

Neither your name nor your identity will be used for publication or publicity purposes. A code number is the only mechanism used to identify respondents. Your name will never be attached to the responses. Unique identifiers are being used so that individual data can be linked and change can be assessed if future studies of treatment units are approved. Currently, the National Institute on Drug Abuse has approved six studies of that may use some of these data; the Principal Investigators are Cynthia Arfken (Wayne State University), Lawrence Brown (Addiction Research and Treatment Corporation, New York), Robert Forman (University of Pennsylvania), Joseph Gurdish (University of San Francisco), Paul Roman (University of Georgia) and Jody Sindelar (Yale University). The Roman study may conduct follow-up interviews with the Clinical Trials Network. The list of identifiers is kept secure on a separate computer and controlled by individuals not associated with the Clinical Trials Network. Data will be transmitted to the study sponsor but names will not be released. Representatives of the study sponsor and the OHSU IRB may review and/or copy research records but names will not be attached to the records.

**COSTS:**

There are no costs associated with study participation other than the time required to complete the instrument.

**LIABILITY:**

It is not the policy of the U.S. Department of Health and Human Service, or any federal agency funding the research project in which you are participating, to compensate or provide medical treatment for human subjects in the event the research results in physical injury.

The Oregon Health & Science University is subject to the Oregon Tort Claims Act (ORS 30.260 through 30.300). If you suffer any injury and damage from this research project through the fault of the University, its officers or employees, you have the right to bring legal action against the University to recover the damage done to you subject to the limitations and conditions of the Oregon Tort Claims Act. You have not waived your legal rights. For clarification on this subject, or if you have further questions, please call the OHSU Research Support Office at 503-494-7887.

**PARTICIPATION:**

Dennis McCarty 503-494-1177 and Bret Fuller 503-494-6553 have offered to answer any other questions you may have about this study. If you have any questions regarding your rights as a research subject, you may contact the OHSU Research Support Office at 503-494-7887. You may refuse to participate, or you may withdraw from this study at any time without affecting your relationship with the Oregon Health Sciences University.

## **Treatment Unit Survey**

One of the objectives of the Clinical Trials Network is to characterize the substance abuse treatment programs that may or are currently participating in clinical trials sponsored by the National Institute of Drug Abuse. To help us better understand the diverse and multi-faceted nature of the Clinical Trials Network, we would like to hear your input about how your treatment unit operates, the make-up of your staff and treatment population. Your treatment unit was identified by the director of your treatment organization. This survey was designated for you to complete and return to our Coordinating Center. This information will be helpful for us to understand how different programs operate, how the program is staffed, and other pertinent information related to your treatment unit.

At the end of the survey, we ask you to list staff members that make up your treatment unit including their names and titles. We ask this so that we may send them a survey to assess staffing characteristics including education, role in the treatment unit and other pertinent information. We ask that you include any staff member who has direct contact with patients including, but not limited to, receptionists, custodial and housekeeping staff, kitchen staff and, of course, clinical and management staff as well. All of your responses will be kept completely confidential and the information you provide us will be treated in the most professional and sensitive manner. This applies also to the information that a staff member will provide us on the Workforce Survey. We very much appreciate your time and effort. If you have any questions, please feel free to contact your Node Baseline Coordinator listed on the introduction letter sent to you by the Coordinating Center.





**QSSCAT=RESPONDENT AND UNIT IDENTIFICATION**

**QSTEST / QSTESTCD**

5a. Is a period of sobriety required before individuals may be admitted to the program? **QSORRES** Yes  1 <sup>12</sup>  
No  0

Can vary by patient need  2

a1. If "yes" or "can vary by patient need," typical period of sobriety required? **QSORRESU='DAY'**  
Days: \_\_\_\_\_ <sup>13</sup>

**B. Methadone or LAAM Services**

**QSSCAT=METHADONE OR LAAM SERVICES**

6a. Do you use methadone or LAAM at this facility? (If yes complete the following items) **QSTEST / QSTESTCD** Yes  1 <sup>14</sup>  
**QSORRES** No  0

*If use of Methadone or LAAM, at this facility:*

a1. Number of active patients: \_\_\_\_\_ <sup>15</sup>

a2. Percent receiving take homes: \_\_\_\_\_ <sup>16</sup>

a3. Percent receiving LAAM: \_\_\_\_\_ <sup>17</sup>

a4. Percent of patients receiving more than 80 mgs per day: \_\_\_\_\_ <sup>18</sup>

a5. Mean daily medication level: (mgs) **QSORRESU='MG'** \_\_\_\_\_ <sup>19</sup>

**C. Use of urine and breath tests**

**QSSCAT=USE OF URINE AND BREATH TESTS**

7. Typical number of urine tests per month per patient: \_\_\_\_\_ <sup>20</sup>

8. Do you routinely use breath testing to assess alcohol intoxication? **QSTEST / QSTESTCD** Yes  1 <sup>21</sup>  
**QSORRES** No  0

9. Which drug metabolites do you routinely assess in urine tests?

a. Amphetamines: Yes  1 <sup>22</sup>  
No  0

b. Cocaine: Yes  1 <sup>23</sup>  
No  0

c. Marijuana: Yes  1 <sup>24</sup>  
No  0

d. Opiates: Yes  1 <sup>25</sup>  
No  0

e. Psychedelics: Yes  1 <sup>26</sup>  
No  0

f. Benzodiazapines: Yes  1 <sup>27</sup>  
No  0

g. Specify all others Yes  1 <sup>28</sup>  
No  0

\_\_\_\_\_ <sup>29</sup>

**D. Services**

10. What major types of care for alcohol and drug dependence or abuse are provided at this unit? (Indicate "Yes" or "No" for each item and if "Yes" report the number of beds [residential services], the number of admissions per month [outpatient services], or the number of users per month [other services provided on site]. We recognize that many programs link with service systems to provide access to comprehensive services. At this time, however, we are only interested in the services provided at your treatment unit. Please note each service provided "on-site" including those provided by other programs or practitioners.)

**QSSCAT=UNIT SERVICES: INPATIENT AND RESIDENTIAL  
Inpatient and Residential Services**

**QSTEST / QSTESTCD**

- a. Inpatient or residential detoxification
- b. Residential care (less than 30 days)
- c. Residential care (more than 30 days)
- d. Halfway house/recovery home
- e. Therapeutic community
- f. Sober living facility/alcohol & drug free housing

**QSORRES Beds  
QSORRESU='BED'**

Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		30,31
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		32,33
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		34,35
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		36,37
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		38,39
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		40,41

**QSSCAT=UNIT SERVICES: AMBULATORY  
Ambulatory Services**

**QSTEST / QSTESTCD**

- g. Outpatient detoxification
- h. Outpatient methadone maintenance
- i. Outpatient LAAM maintenance
- j. Outpatient (drug free)
- k. Intensive outpatient
- l. Day treatment/Partial Hospitalization

**QSORRES Admits/mo  
QSORRESU='ADMIT/MONTH'**

Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		42,43
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		44,45
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		46,47
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		48,49
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		50,51
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		52,53

QSSCAT=UNIT SERVICES: OTHER COMPREHENSIVE

Other Comprehensive Services Provided on Site

QSTEST / QSTESTCD

QSORRES

Users/mo  
QSORRESU='USER/MONTH'

m. Outreach/Case finding	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		54,55
n. Aftercare	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		56,57
o. Case Management	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		58,59
p. Vocational Services	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		60,61
q. Primary Medical Care	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		62,63
r. TB testing	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		64,65
s. HCV testing	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		66,67
t. HIV risk screening	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		68,69
u. HIV testing	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		70,71
v. Screening for other infectious diseases	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		72,73
w. Mental health counseling services	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		74,75
x. Mental health medication services	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		76,77
y. 12-step support meetings	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		78,79
z. Routine urine screens	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		80,81
aa. Couples or family counseling	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		82,83
bb. Smoking cessation	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		84,85
cc. Specialized services gay, lesbian, and bisexual patients	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		86,87

**QSSCAT=UNIT SERVICES: OTHER COMPREHENSIVE**

dd. Specialized interventions for women

**QSTEST / QSTESTCD**

**QSORRES**

Users/mo

Child care

Yes  1  
No  0

88,89

Mothering groups

Yes  1  
No  0

90,91

Trauma counseling

Yes  1  
No  0

92,93

Other: (Specify) \_\_\_\_\_

94,95

ee. Specialized prevention services

Children and adolescents

Yes  1  
No  0

96,97

Community interventions

Yes  1  
No  0

98,99

**E. Assessments**

For each *client assessment* tool listed, please indicate if it is never, sometimes or always used in your *substance abuse treatment program*.

**IF YOUR SUBSTANCE ABUSE OUTPATIENT PROGRAM DOES NOT USE ONE OF THE TOOLS LISTED, PLEASE ANSWER "NEVER."**

**QSSCAT=UNIT ASSESSMENTS: SUBSTANCE ABUSE**

11. Substance abuse assessment tool developed by our program(s)

**QSTEST / QSTESTCD**

**QSORRES**

Never  1 100  
Sometimes  2  
Always  3

12. Standardized substance abuse assessment tools used?

a. Addiction Severity Index (ASI or ASI-Lite)

Never  1 101  
Sometimes  2  
Always  3

b. Adolescent Drug Abuse Diagnosis (ADAD)

Never  1 102  
Sometimes  2  
Always  3

c. Composite International Diagnostic Interview (CIDI-2)  
(alcohol and drug units)

Never  1 103  
Sometimes  2  
Always  3

d. Diagnostic Interview Schedule AF IV (DIS-IV)  
(alcohol and drug units)

Never  1 104  
Sometimes  2  
Always  3

e. Diagnostic Statistical Manual AF IV (DSM AF IV)  
Checklist

Never  1 105  
Sometimes  2  
Always  3

QSSCAT=UNIT ASSESSMENTS: SUBSTANCE ABUSE

QSTEST / QSTESTCD	QSORRES
f. Drug Use Screening Instrument (DUSI)	Never <input type="checkbox"/> 1 <sup>106</sup> Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
g. Problem Oriented Screening Instrument for Teenagers (POSIT)	Never <input type="checkbox"/> 1 <sup>107</sup> Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
h. Structured Clinical Interview for DSM-IV (SCID) (alcohol and drug units)	Never <input type="checkbox"/> 1 <sup>108</sup> Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
i. Substance Dependence Severity Scale (SDSS)	Never <input type="checkbox"/> 1 <sup>109</sup> Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
j. Any Other(s)? (Please list most frequently used)	Yes <input type="checkbox"/> 1 <sup>110</sup> No <input type="checkbox"/> 0
1. _____	Never <input type="checkbox"/> 1 <sup>111,112</sup> Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
2. _____	Never <input type="checkbox"/> 1 <sup>113,114</sup> Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3

QSSCAT=UNIT ASSESSMENTS: PSYCHIATRIC

13. Psychiatric assessment tool developed by our program(s)	Never <input type="checkbox"/> 1 <sup>115</sup> Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
14. Standardized psychiatric assessment tools used	
a. BASIS 32	Never <input type="checkbox"/> 1 <sup>116</sup> Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
b. Beck Depression or Anxiety Scale	Never <input type="checkbox"/> 1 <sup>117</sup> Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
c. Composite International Diagnostic Interview	Never <input type="checkbox"/> 1 <sup>118</sup> Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
d. DSM-IV Checklist	Never <input type="checkbox"/> 1 <sup>119</sup> Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
e. Diagnostic Interview Schedule - IV	Never <input type="checkbox"/> 1 <sup>120</sup> Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
f. Global Assessment of Functioning (GAF)	Never <input type="checkbox"/> 1 <sup>121</sup> Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3

QSSCAT=UNIT ASSESSMENTS: PSYCHIATRIC

QSTEST / QSTESTCD	QSORRES
g. Structured Clinical Interview for DSM-IV (SCID)	Never <input type="checkbox"/> 1 Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
h. Any Other(s)? (Please list most frequently used)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
1. _____	Never <input type="checkbox"/> 1 Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
2. _____	Never <input type="checkbox"/> 1 Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3
3. _____	Never <input type="checkbox"/> 1 Sometimes <input type="checkbox"/> 2 Always <input type="checkbox"/> 3

**F. Practice Guidelines**

QSSCAT=UNIT PRACTICE GUIDELINES

Standardized tools such as written **practice guidelines** and **treatment protocols** can be used by substance abuse treatment programs to assist in or guide treatment planning and service delivery

QSTEST / QSTESTCD

QSORRES

15. Does your treatment unit use the American Psychiatric Association Practice Guidelines for the Treatment of Substance Use Disorders: Alcohol, Cocaine, Opioids? Yes  1 No  0

*Please indicate if your treatment unit uses any of the guidelines currently posted on the NIDA or NIAAA web sites for questions 16 through 18.*

QSSCAT=UNIT PRACTICE GUIDELINES: NIAAA

16. NIAAA Project Match Therapy Manuals

a. Twelve Step Facilitation Therapy Manual	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
b. Motivational Enhancement Therapy Manual	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
c. Cognitive Behavioral Coping Skills Therapy Manual	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0

17. NIDA Therapy Manuals QSSCAT=UNIT PRACTICE GUIDELINES: NIDA

a. A Cognitive Behavioral Approach: Treating Cocaine Addiction	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
b. A Community Reinforcement Approach: Treating Cocaine Addiction	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
c. An Individual Counseling Approach to Treat Cocaine Addiction: The Collaborative Cocaine Treatment Study Model	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
d. Approaches to Drug Abuse Counseling	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
e. Recovery Training and Self-Help: Relapse Prevention and Aftercare for Drug Addicts	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0

QSSCAT=UNIT PRACTICE GUIDELINES: CSAT TIPS

18. CSAT TIPS Yes  1 139  
QSTEST / QSTESTCD No  0

Which one(s)? (Specify):

a.	_____	140
b.	_____	141

19. Any Other(s)? (Specify): Yes  1 142  
No  0

QSSCAT=UNIT PRACTICE GUIDELINES: OTHERS

a.	_____	143
b.	_____	144
c.	_____	145

G. Please provide summary information on your treatment population.  
 (Answer or estimate each item based on annual admissions data.)

Annual Admission numbers or percent of admissions with specific characteristic

<i>Annual Counts</i>	Number	%	Don't Know	
20. Admissions (including re-admits)	_____		<input type="checkbox"/>	146
21. Individuals served (unduplicated admissions)	_____		<input type="checkbox"/>	147
<i>Women</i>				
22. Number of pregnant women per year	_____		<input type="checkbox"/>	148
23. Percent admissions who are women (annual)		_____	<input type="checkbox"/>	149
<i>Minorities</i>				
24. Percent admissions who are African American		_____	<input type="checkbox"/>	150
25. Percent admissions who are Hispanic		_____	<input type="checkbox"/>	151
26. Percent admissions with Spanish as their primary language		_____	<input type="checkbox"/>	152
27. Percent admissions who are Asian		_____	<input type="checkbox"/>	153
28. Percent admissions who are Hawaiian/Pacific Islander		_____	<input type="checkbox"/>	154
29. Percent admissions who are American Indian/Alaska Native		_____	<input type="checkbox"/>	155
<i>Children and Adolescents</i>				
30. Percent admissions who are 12 to 17 years of age		_____	<input type="checkbox"/>	156
31. Percent admissions who are 18 to 21 years of age		_____	<input type="checkbox"/>	157

<b>QSSCAT=UNIT TREATMENT POPULATION: OTHER PATIENT ATTRIBUTES%</b>		<b>Don't Know</b>
<i>Other Patient Attributes</i>	<b>QSTEST / QSTESTCD</b>	
	<b>QSORRES</b>	
32. Percent admissions who are <b>homeless</b>	_____	<input type="checkbox"/> 158
33. Percent admissions who are <b>Veterans</b>	_____	<input type="checkbox"/> 159
34. Percent admissions who are <b>Uninsured</b>	_____	<input type="checkbox"/> 160
35. Percent admissions with <b>full-time employment</b>	_____	<input type="checkbox"/> 161
36. Percent admissions in <b>Welfare to Work</b> programs	_____	<input type="checkbox"/> 162
<b>Drug Use QSSCAT=UNIT TREATMENT POPULATION: DRUG USE</b>		
37. Percent admissions using <b>opioids</b> past month	_____	<input type="checkbox"/> 163
38. Percent admissions using <b>cocaine/crack</b> past month	_____	<input type="checkbox"/> 164
39. Percent admissions using <b>marijuana</b> past month	_____	<input type="checkbox"/> 165
40. Percent admissions using <b>methamphetamine</b> past month	_____	<input type="checkbox"/> 166
41. Percent admissions using <b>ecstasy (or other designer drug)</b> past month	_____	<input type="checkbox"/> 167
42. Percent admissions using <b>alcohol</b> past month	_____	<input type="checkbox"/> 168
43. Percent admissions using <b>tobacco</b> past month	_____	<input type="checkbox"/> 169
44. Percent admissions using both <b>alcohol and illicit drugs</b> past month	_____	<input type="checkbox"/> 170
45. Percent admissions <b>injecting drugs</b> in past month	_____	<input type="checkbox"/> 171
<b>Mental Illness QSSCAT=UNIT TREATMENT POPULATION: MENTAL ILLNESS</b>		
46. Percent admissions with <b>severe and persistent mental illness</b>	_____	<input type="checkbox"/> 172
47. Percent admissions with <b>other psychiatric diagnosis</b>	_____	<input type="checkbox"/> 173
<b>Criminal Justice QSSCAT=UNIT TREATMENT POPULATION: CRIMINAL JUSTICE</b>		
48. Percent admissions on probation	_____	<input type="checkbox"/> 174
49. Percent admissions on parole	_____	<input type="checkbox"/> 175
50. Percent admissions from drug court	_____	<input type="checkbox"/> 176
<b>Language Services QSSCAT=UNIT TREATMENT POPULATION: LANGUAGE SERVICES</b>		
51. Services provided in languages other than English		
a. Spanish		Yes <input type="checkbox"/> 1 177 No <input type="checkbox"/> 0
b. Other		Yes <input type="checkbox"/> 1 178 No <input type="checkbox"/> 0
b1. Other (Specify): _____		179
b2. Other (Specify): _____		180
b3. Other (Specify): _____		181
b4. Other (Specify): _____		182
b5. Other (Specify): _____		183



## QSSCAT=UNIT STAFF TURNOVER RATES

### H. Staff Turnover Rates

52. During the 2001 calendar year approximately how many staff left your employment?

a. Counselors/Social Workers/Psychologists or Marriage and Family Therapists	QSTEST / QSTESTCD	QSORRES	184
b. Counselor assistants and clinical aides			185
c. Nurses/Physician Assistant/Nurse Practitioner			186
d. Physicians			187
e. Administrative and Support			188

53. During the 2001 calendar year approximately how many staff were hired?

a. Counselors/Social Workers/Psychologists or Marriage and Family Therapist			189
b. Counselor assistants and clinical aides			190
c. Nurses/PA/NP			191
d. Physicians			192
e. Administrative and Support			193

54. What is your typical caseload for counseling staff? QSORRESU='PATIENT/COUNSELOR'  
(Patients/Counselor) \_\_\_\_\_ 194

55. What is the productivity expectation for counseling staff working in this treatment unit? QSORRESU='HOUR/WEEK'  
(Direct service hours per week) \_\_\_\_\_ 195

## I. Program Checklist

The Program Checklist differentiates substance abuse treatment services. The checklist is used in many settings, ranging from sober living environments to programs in medical centers. Some of the items may not apply well to your setting. Please don't feel like there is something wrong if a question seems awkward or silly. Most of the questions ask for a yes or no response. Check the box that is most applicable. A few items have three categories; check the best answer. Some items ask for a percent to be estimated – please provide your best guess.

### QSSCAT=UNIT PROGRAM CHECKLIST

56. Are services delivered primarily outside of a formal office (e.g. on the streets or in a recipient's home?) **QSTEST / QSTESTCD** **QSORRES** Yes  1 196  
No  0

*If "yes" skip to section J; if "no" complete the items below.*

### Environment QSSCAT=UNIT PROGRAM CHECKLIST: ENVIRONMENT

57. Is the program site part of a hospital or clinic? **QSTEST / QSTESTCD** **QSORRES** Yes  1 197  
No  0
58. Are admissions referred to by staff as: **QSTEST / QSTESTCD** **QSORRES** Patients  1 198  
(Check all that apply.) Clients  1 199  
Participants  1 200  
Residents  1 201
59. Are clinical staff referred to as: (Check all that apply.) Therapists  1 202  
Counselors  1 203  
Other (Specify)  1 204  
\_\_\_\_\_ 205
60. What percent of rooms is dedicated to staff offices? \_\_\_\_\_ 206
61. What is the estimated percent of time staff spend outside of their office when on site? \_\_\_\_\_ 207
62. Is there a comfortable group area, a living room or sofas for socializing? (Check all that apply.) Patients  1 208  
Staff  1 209  
Joint  1 210  
No space available  1 211
63. Does the site operate without a reception desk to screen people upon arrival? Yes  1 212  
No  0

**QSSCAT=UNIT PROGRAM CHECKLIST: COMPOSITION**

*Program Composition*

**QSTEST / QSTESTCD**

- 64. Are alumni (graduates of your program) on staff?
- 65. Approximately what percent of staff are in recovery?
- 66. According to program policy, certification (e.g., CAC, CADC or CADAC) is required for what proportion of the direct care positions (enter % of positions requiring a certificate)?
- 67. According to program policy is a master's degree or higher required for most direct care positions?
- 68. Most of the time, are half or more of your caseload/participants abstinent 4 weeks or more?
- 69. Are people with long-term sobriety on site at the program often, getting actively involved with the participants?
- 70. Are people with long-term sobriety on site via structured self-help and alumni events?

**QSORRES**

Yes  1 213  
No  0  
\_\_\_\_\_ 214  
Unable to estimate

**QSSCAT=UNIT PROGRAM CHECKLIST: TREATMENT PERSPECTIVES**

*Treatment Perspectives*

**QSTEST / QSTESTCD**

- 71. Is this treatment program a recovery program rather than a treatment program?
- 72. Are more than 50 percent of the participants mandated by an external institution or agency?
- 73. In terms of record keeping, does this program use a fact sheet with progress notes rather than a complete clinical file?
- 74. Does the program provide vocational or academic training for participants?
- 75. Are participants encouraged to engage one another in informal activities and conversation?
- 76. Are participants allowed to remain in the program if they drink or use?

**QSORRES**

Yes  1 220  
No  0  
Yes  1 221  
No  0  
Yes  1 222  
No  0  
Yes  1 223  
No  0  
Yes  1 224  
No  0  
Yes  1 225  
No  0

**QSSCAT=UNIT PROGRAM CHECKLIST: COMMUNITY ORIENTATION**

*Community Orientation*

**QSTEST / QSTESTCD**

- 77. At self-help meetings hosted at the program, are more than one-third of the attendees from the community?
- 78. At self-help meetings hosted at the program, are nearly all of the participants enrolled in the program?
- 79. Does the program help participants find a sponsor if they are having trouble finding one?
- 80. What proportion of participants find sponsors before leaving the program?

**QSORRES**

Yes  1 226  
No  0  
Does not apply  2  
Yes  1 227  
No  0  
Does not apply  2  
Yes  1 228  
No  0  
\_\_\_\_\_ 229

QSSCAT=UNIT PROGRAM CHECKLIST: COMMUNITY ORIENTATION

QSTEST / QSTESTCD

QSORRES

81. Are there formal links with the community such as job search, education, family services, health and/or housing programs that participants may easily use? Yes  1 <sup>230</sup>  
No  0
82. Do program participants engage in community relations and interactions to promote kinship with other recovery communities and goodwill for recovery services? Yes  1 <sup>231</sup>  
No  0
83. Are sober social events scheduled regularly (each participant can attend at least one)? Yes  1 <sup>232</sup>  
No  0
84. Does the treatment unit have a pet? Yes  1 <sup>233</sup>  
No  0

*If residential, answer questions below. If outpatient or inpatient, skip to Section J.*

QSSCAT=UNIT PROGRAM CHECKLIST: RESIDENTIAL SERVICES

*Residential Services*

QSTEST / QSTESTCD

QSORRES

85. Can participants with a required amount of sobriety leave the site without staff permission? Yes  1 <sup>234</sup>  
No  0
86. Are participants involved in food preparation? Yes  1 <sup>235</sup>  
No  0
87. Do staff eat with the participants? Yes  1 <sup>236</sup>  
No  0
88. Does participant responsibility increase with their length of stay in the program? Yes  1 <sup>237</sup>  
No  0
89. Do residents make rules that they enforce? Yes  1 <sup>238</sup>  
No  0
90. Is there a resident's council? Yes  1 <sup>239</sup>  
No  0
91. Who has the authority to terminate a participant's continued participation in the program?
- |  |   |
|--|---|
| a. Resident's council without staff approval | Yes <input type="checkbox"/> 1 <sup>240</sup> |
|  | No <input type="checkbox"/> 0                 |
| b. Resident's council working with staff     | Yes <input type="checkbox"/> 1 <sup>241</sup> |
|  | No <input type="checkbox"/> 0                 |
| c. Staff alone make that decision            | Yes <input type="checkbox"/> 1 <sup>242</sup> |
|  | No <input type="checkbox"/> 0                 |

QSSCAT=UNIT PROGRAM CHECKLIST: RESIDENTIAL SERVICES

- |   | QSTEST / QSTESTCD | QSORRES   |
|---|-------------------|---|
| 92. When a participant shows up drunk or high who handles the situation?<br><i>(Check only one response.)</i> |                   | Participants <input type="checkbox"/> 1 243<br>Participants and staff <input type="checkbox"/> 2<br>Staff <input type="checkbox"/> 3                                  |
| 93. Generally, who makes appointments for services outside the program?<br><i>(Check only one response.)</i>  |                   | Participants required to <input type="checkbox"/> 1 244<br>Staff encourage participants <input type="checkbox"/> 2<br>Staff make the calls <input type="checkbox"/> 3 |
| 94. Do residents or a resident's council have the authority to punish or demote other participants?           |                   | Yes <input type="checkbox"/> 1 245<br>No <input type="checkbox"/> 0   |
| 95. Do consequences include the bench, the mirror, or LEs?  |                   | Yes <input type="checkbox"/> 1 246<br>No <input type="checkbox"/> 0   |
| 96. Are encounter groups used to confront negative behavior and attitudes?                                    |                   | Yes <input type="checkbox"/> 1 247<br>No <input type="checkbox"/> 0   |

QSSCAT=UNIT PROGRAM CHECKLIST: IT SYSTEMS

*Information and technology systems*

- |   | QSTEST / QSTESTCD | QSORRES  |
|---|-------------------|--|
| 97. Number of personal computers:                                       |                   | _____ 248  |
| 98. Number of computers with web access:                                |                   | _____ 249  |
| 99. How many clinical and medical staff have computers with web access? |                   | None <input type="checkbox"/> 0 250<br>Some <input type="checkbox"/> 1<br>All <input type="checkbox"/> 2 |











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**Management staff/Clinical Supervisors:**

THIS INFORMATION NOT DATABASSED

Thank you for taking the time to complete this questionnaire on your treatment unit. Your answers will contribute to a more complete understanding of differences between the programs participating in the clinical trial network. We will also gain insight into the effect of program attributes on the use of different clinical approaches.

End