

Appendix E

Formative Evaluation and Cost Analysis Measures

1. Program Training Needs (PTN; Year 1)
2. Survey of Organizational Functioning (SOF; Year 1 and Year 4/5)
3. Demographics – Staff (including Site Coordinator, upon hire)
4. Demographics – Facilitator (at training)
5. Demographics – Agency Director (upon entry of agency into study)
6. Demographics – State/County-Level Key Stakeholder (at outset of SCIN Network)
7. Evaluation Questionnaire for Certification (at end of facilitator training)
8. Template for SCIN Network Call Agenda
9. Semi-Structured Interview Protocol 2 – Agency Trial Period Feedback
10. Cost-Analysis Spreadsheet (1x during active intervention and 1x during sustainability)
11. Participant Evaluation of Intervention – RR (at post-test)
12. Facilitator Evaluation of Couples – RR (at post-test or loss to follow-up)
13. Facilitation Skills Fidelity Scale for Risk Reduction Sessions (at end of cohort(s) completed)
14. Site Coordinator Training Evaluation (at end of active intervention)
15. Site Coordinator Project Evaluation (at end of active intervention)
16. Facilitator Project Evaluation (at end of active intervention)
17. Key Stakeholder Semi-Structured Interview Protocol (pre-sustainability)
18. Key Stakeholder Semi-Structured Interview Protocol (post-sustainability)
19. Maslach Burnout Inventory (MBI)
20. Evidence-Based Practice Attitude Scale Items and Scoring Instructions

1. Program Training Needs (PTN; Year 1)

Survey of Program Training Needs (TCU PTN)

Staff Version (TCU PTN-S)

To be completed by Clinical Supervisor and Clinical Staff

Please answer the following questions by filling in the circle that describes your substance abuse program. For the purpose of this survey, a "program" refers to a single treatment modality (e.g., outpatient or therapeutic community) at a single site delivered by a designated staff.

Are you: ☐ Male ☐ Female

Your Birth Year: 19

Are you Hispanic or Latino? ☐ No ☐ Yes

Are you: [MARK ONE]

☐ American Indian/Alaska Native

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American

☐ White

☐ More than one race

☐ Other (specify): _____

1. Today's Date:
MO DAY YR

2. Zip code of program:

3. Are you the clinical supervisor for this program? ☐ Yes ☐ No

Number of Years							
1	2	3	4	5	6	7	8+

4. Background:

Years you have worked –

a. in the drug treatment field? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

b. at this program? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

c. in your current position? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
(1)	(2)	(3)	(4)	(5)

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

Facilities and Climate

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5. Offices, equipment, and supplies are <u>adequate</u> at your program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Your program has <u>enough</u> counselors and staff to meet current client needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Your program has adequate resources for meeting most <u>medical and psychiatric</u> client needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Most program staff feel positive and confident about the <u>quality of services</u> at your program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Your program has a <u>secure future</u> ahead. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Program staff here <u>get along</u> very well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Program staff <u>morale</u> is very good. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Satisfaction with Training

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 12. Good <u>in-house</u> (inservice) training is provided to program staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. You found good <u>outside</u> training events to attend last year. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Your state-funded drug or alcohol agency provided good training in the past year. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. <u>Regional authorities</u> or groups (e.g., ATTC, ACA) provided good training in the past year. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

<i>Disagree Strongly (1)</i>	<i>Disagree (2)</i>	<i>Uncertain (3)</i>	<i>Agree (4)</i>	<i>Agree Strongly (5)</i>
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Training Content Preferences

- | | <i>Disagree
Strongly
(1)</i> | <i>Disagree
(2)</i> | <i>Uncertain
(3)</i> | <i>Agree
(4)</i> | <i>Agree
Strongly
(5)</i> |
|---|--------------------------------------|-------------------------|--------------------------|-----------------------|-----------------------------------|
| 16. You want more scientific information on the <u>neurobiology</u> of addiction. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. More pharmacotherapy information and training are needed on <u>new medications</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Program staff need sensitivity training for dealing with <u>special populations</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Program staff training is needed on <u>ethics</u> and confidentiality of information. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Specialized training is needed for improving <u>family</u> involvement and related issues. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. Program staff training is needed on <u>dual diagnoses</u> and appropriate treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Training to use <u>brief diagnostic screening</u> tools would be helpful to program staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. Program staff need to be <u>trained</u> to understand other staff functions (e.g., correctional officer duties). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Counseling staff needs more training for –

- | | <i>Disagree
Strongly
(1)</i> | <i>Disagree
(2)</i> | <i>Uncertain
(3)</i> | <i>Agree
(4)</i> | <i>Agree
Strongly
(5)</i> |
|---|--------------------------------------|-------------------------|--------------------------|-----------------------|-----------------------------------|
| 24. assessing client <u>problems and needs</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. increasing client <u>participation</u> in treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. monitoring client <u>progress</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. improving <u>rapport</u> with clients. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. improving client <u>thinking</u> skills. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. improving client <u>problem-solving</u> skills. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. improving <u>behavioral management</u> of clients. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. improving <u>cognitive focus</u> of clients during group counseling. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

<i>Disagree Strongly (1)</i>	<i>Disagree (2)</i>	<i>Uncertain (3)</i>	<i>Agree (4)</i>	<i>Agree Strongly (5)</i>
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32. using computerized client assessments. ☐ ☐ ☐ ☐ ☐
33. working with staff in other units/agencies. ☐ ☐ ☐ ☐ ☐

Training Strategy Preferences

34. General introductory sessions on multiple topics is an effective workshop format. ☐ ☐ ☐ ☐ ☐
35. Intensive full-day training on special topics is an effective workshop format. ☐ ☐ ☐ ☐ ☐
36. A conceptual treatment process model documenting how treatment activities contribute to "recovery" would be helpful. ☐ ☐ ☐ ☐ ☐
37. Training workshops should be based on evidence-based interventions. ☐ ☐ ☐ ☐ ☐
38. Training workshops should be based on manual-guided interventions. ☐ ☐ ☐ ☐ ☐
39. Training workshops should include role playing and group activities. ☐ ☐ ☐ ☐ ☐
40. Telephone consultations following specialized training would be useful. ☐ ☐ ☐ ☐ ☐
41. Specialized training made available over the Internet would be useful. ☐ ☐ ☐ ☐ ☐
42. Exchanging ideas with other programs that have interests similar to yours would be helpful. ☐ ☐ ☐ ☐ ☐
43. On-site consultation following training would be helpful. ☐ ☐ ☐ ☐ ☐

Computer Resources

44. Most client records for this program are computerized. ☐ ☐ ☐ ☐ ☐
45. Program staff here feel comfortable using computers. ☐ ☐ ☐ ☐ ☐

<i>Disagree Strongly</i> (1)	<i>Disagree</i> (2)	<i>Uncertain</i> (3)	<i>Agree</i> (4)	<i>Agree Strongly</i> (5)
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46. More computer resources are needed here. ☐ ☐ ☐ ☐ ☐
47. Program staff here have easy access for using e-mail and the Internet at work. ☐ ☐ ☐ ☐ ☐
48. This program has policies that limit program staff access to the Internet and use of e-mail. ☐ ☐ ☐ ☐ ☐

Barriers to Training

49. The workload and pressures at this program keep motivation for new training low. ☐ ☐ ☐ ☐ ☐
50. The budget does not allow most program staff to attend professional conferences annually. ☐ ☐ ☐ ☐ ☐
51. Topics presented at recent training workshops and conferences have been too limited. ☐ ☐ ☐ ☐ ☐
52. The quality of trainers at recent workshops and conferences has been poor. ☐ ☐ ☐ ☐ ☐
53. Training activities take too much time away from delivery of program services. ☐ ☐ ☐ ☐ ☐
54. Training interests of program staff are mostly due to licensure or certification requirements. ☐ ☐ ☐ ☐ ☐
55. It is often too difficult to adapt things learned at workshops so they will work in this program. ☐ ☐ ☐ ☐ ☐
56. Limited resources (e.g., office space or budget) make it difficult to adopt new treatment ideas. ☐ ☐ ☐ ☐ ☐
57. The background and training of program staff limits the kind of treatment changes possible here. ☐ ☐ ☐ ☐ ☐
58. There are too few rewards for trying to change treatment or other procedures here. ☐ ☐ ☐ ☐ ☐

2. Survey of Organizational Functioning (SOF; Year 1 and Year 4/5)

Please type your REFERENCE NUMBER here:

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Survey of Organizational Functioning (TCU SOF)

Instruction Page

This survey asks questions about how you see yourself as a counselor and how you see your program. It begins on the next page with a short demographic section that is for descriptive purposes only. The *Anonymous Linkage Code* is requested so that information you give now can be "linked" to your responses to similar questions you may be asked later.

To complete the form, please mark your answers by completely filling in the appropriate circles. 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 an item does not apply to you or your workplace, leave it blank. PLEASE DO NOT FOLD FORMS. The examples below show how to mark the circles.

For Example – ●

<i>Disagree</i>				<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly</i>
(1)	(2)	(3)	(4)	(5)

Person 1. I like chocolate ice cream. ○ ● ○ ○ ○

This person disagrees a little so she probably doesn't like chocolate ice cream.

Person 2. I like chocolate ice cream. ○ ○ ○ ○ ●

This person likes chocolate ice cream a lot.

Please type your REFERENCE NUMBER here:

Survey of Organizational Functioning (TCU SOF)

The anonymous linkage code below will be used to match data from different evaluation forms without using your name or information that can identify you.

Please complete the following items for your anonymous code:

First letter in mother's first name:

First letter in father's first name:

First digit in your social security number:

Last digit in your social security number:

Today's Date:
MO DAY YR

Your Birth Year: 19

Are you: ☐ Male ☐ Female

Are you Hispanic or Latino? ☐ No ☐ Yes

Are you: [MARK ONE]

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Black or African American

- ☐ White
- ☐ More than one race
- ☐ Other (specify): _____

Highest Degree Status: [MARK ONE]

- ☐ No high school diploma or equivalent
- ☐ High school diploma or equivalent
- ☐ Some college, but no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctoral degree or equivalent
- ☐ Other (medical assistant, RN, post-doctorate)

Discipline/Profession: [MARK ALL THAT APPLY]

- ☐ Addictions Counseling
- ☐ Other Counseling
- ☐ Education
- ☐ Vocational Rehabilitation
- ☐ Criminal Justice
- ☐ Psychology
- ☐ Social Work/Human Services
- ☐ Physician Assistant
- ☐ Medicine: Primary Care
- ☐ Medicine: Psychiatry
- ☐ Medicine: Other
- ☐ Nurse
- ☐ Nurse Practitioner
- ☐ Administration
- ☐ None, unemployed
- ☐ None, student
- ☐ Other (specify): _____

Certification Status in Addictions Field: [MARK ONE]

- ☐ Not certified or licensed in addiction
- ☐ Previously certified or licensed, not now
- ☐ Currently certified or licensed
- ☐ Intern

How many years of experience do you have in drug abuse counseling?

- ☐ 0-6 months
- ☐ 6-11 months
- ☐ 1 to 3 years
- ☐ 3 to 5 years
- ☐ over 5 years

How long have you been in your present job?

- ☐ 0-6 months
- ☐ 6-11 months
- ☐ 1 to 3 years
- ☐ 3 to 5 years
- ☐ over 5 years

How many clients are you currently treating (i.e., your caseload)?

- ☐ 0
- ☐ 1-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ > 40

Please type your REFERENCE NUMBER here:

Survey of Organizational Functioning (TCU SOF)

PLEASE FILL IN THE CIRCLE THAT SHOWS YOUR ANSWER TO EACH ITEM.

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
(1)	(2)	(3)	(4)	(5)

Your program needs additional guidance in –

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. assessing client needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. matching needs with services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. increasing program participation
by clients. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. measuring client performance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. developing more effective
group sessions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. raising overall quality
of counseling. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. using client assessments to guide
clinical and program decisions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. using client assessments to document
program effectiveness. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

You need more training for –

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 9. assessing client problems and needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. increasing client participation
in treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. monitoring client progress. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. improving rapport with clients. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. improving client thinking and
problem solving skills. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. improving behavioral management
of clients. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. improving cognitive focus of clients
during group counseling. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. using computerized
client assessments. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please type your REFERENCE NUMBER here:

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<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

**Current pressures to make
program changes come from –**

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 17. clients in the program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. program staff members. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. program supervisors or managers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. agency board members. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. community action groups. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. funding and oversight agencies. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. accreditation or licensing authorities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 24. You feel overwhelmed by paperwork. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. Your offices and equipment
are adequate. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. You have the skills needed to conduct
effective group counseling. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. Some staff get confused about
the main goals for this program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. Staff here all get along very well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. You are satisfied with your present job. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. You would like to find a job
somewhere else. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. Program staff understand how this
program fits as part of the treatment
system in your community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please type your REFERENCE NUMBER here:

<i>Disagree</i>				<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly</i>
(1)	(2)	(3)	(4)	(5)

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 32. Treatment planning decisions for clients here often have to be revised by a counselor supervisor. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. Staff training and continuing education are priorities at this program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. Facilities here are adequate for conducting group counseling. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. You frequently share your knowledge of counseling with other staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. You were satisfied with the training offered at workshops available to you last year. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. 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="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. Management here fully trusts your professional judgment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39. You feel appreciated for the job you do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. There is too much friction among staff members. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. Counselors at this program make a conscious effort to coordinate with other service professionals. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. Ideas and suggestions from staff get fair consideration by program management. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 43. Staff generally regard you as a valuable source of information. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 44. You have easy access for using the Internet at work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please type your REFERENCE NUMBER here:

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
(1)	(2)	(3)	(4)	(5)

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 45. The staff here always work together as a team. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 46. Client assessments here are usually conducted using a computer. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 47. Your duties are clearly related to the goals of this program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 48. You learned new skills or techniques at a professional conference in the past year. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 49. You consistently plan ahead and carry out your plans. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 50. You are under too many pressures to do your job effectively. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 51. Counselors here are given broad authority in treating their own clients. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 52. This program encourages and supports professional growth. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 53. You like the people you work with. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 54. You read about new techniques and treatment information each month. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 55. Staff here are always quick to help one another when needed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 56. Computer problems are usually repaired promptly at this program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 57. Novel treatment ideas by staff are discouraged. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 58. There are enough counselors here to meet current client needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 59. The budget here allows staff to attend professional conferences each year. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please type your REFERENCE NUMBER here:

--	--	--

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 60. You have enough opportunities to keep your counseling skills up-to-date. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 61. Mutual trust and cooperation among staff in this program are strong. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 62. Most client records here are computerized. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 63. You are willing to try new ideas even if some staff members are reluctant. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 64. Learning and using new procedures are easy for you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 65. This program operates with clear goals and objectives. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 66. Staff members often show signs of stress and strain. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 67. You feel like you aren't making a difference. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 68. You usually accomplish whatever you set your mind on. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 69. It is easy to change procedures here to meet new conditions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 70. Counselors here often try out different techniques to improve their effectiveness. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 71. You used the Internet (World Wide Web) to access drug treatment information in the past month. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 72. The formal and informal communication channels here work very well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 73. Most counselors at this program are cordial. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please type your REFERENCE NUMBER here:

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 74. Offices here allow the privacy needed for individual counseling. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 75. You are sometimes too cautious or slow to make changes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 76. Staff members are given too many rules here. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 77. You feel that it is a real effort to come into work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 78. Counselors here design therapeutic interventions together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 79. Program staff are always kept well informed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 80. The heavy workload here reduces program effectiveness. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 81. You regularly read professional journal articles or books on drug abuse treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 82. You feel depressed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 83. Other staff often ask your advice about program procedures. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 84. More open discussions about program issues are needed here. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 85. This program holds regular inservice training. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 86. You give high value to the work you do here. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 87. You frequently hear good staff ideas for improving treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 88. Other staff often ask for your opinions about counseling and treatment issues. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please type your REFERENCE NUMBER here:

<i>Disagree</i>				<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly</i>
(1)	(2)	(3)	(4)	(5)

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 89. You are effective and confident in doing your job. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 90. You have a computer to use in your personal office space at work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 91. Everybody here does their fair share of work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 92. A larger support staff is needed to help meet program needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 93. The general attitude here is to use new and changing technology. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 94. You do a good job of regularly updating and improving your skills. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 95. Staff members always feel free to ask questions and express concerns in this program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 96. You have the skills needed to conduct effective individual counseling. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 97. Staff frustration is common here. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 98. You feel tired. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 99. Management here has a clear plan for this program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 100. You often influence the decisions of other staff here. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 101. You are proud to tell others where you work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 102. You have convenient access to e-mail at work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 103. You are encouraged here to try new and different techniques. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please type your REFERENCE NUMBER here:

<i>Disagree</i> <i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree</i> <i>Strongly</i>
(1)	(2)	(3)	(4)	(5)

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 104. You are able to adapt quickly when you have to shift focus. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 105. You feel disillusioned and resentful. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 106. You are viewed as a leader by other staff here. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 107. Computer equipment at this program is mostly old and outdated. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 108. This program provides a comfortable reception/waiting area for clients. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 109. Staff here feel comfortable using computers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 110. Frequent staff turnover is a problem for this program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 111. Counselors here are able to spend enough time with clients. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 112. Support staff here have the skills they need to do their jobs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 113. Clinical staff here are well-trained. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 114. The director, counselors, and staff collaborate to make this program run effectively. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 115. More computers are needed in this program for staff to use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 116. You were satisfied with the training opportunities available to you last year. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 117. You feel that talking to clients is a waste of time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please type your REFERENCE NUMBER here:

	<i>None</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4 or more</i>
118. In the last year, how often did you attend training workshops held within 50 miles of your agency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. In the last year, how often did you attend training workshops held more than 50 miles from your agency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. How many workshops do you expect to attend in the next 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. In the last year, how many times did outside trainers come to your agency to give workshops?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. In the last year, how many times did your agency offer special, in-house training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>A lot</i>	<i>Almost Always</i>
123. When you attend workshops, how often do you try out the new interventions or techniques learned?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. Are your clients interested or responsive to new ideas or counseling materials when you try them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. In recent years, how often have you adopted (for regular use) new counseling interventions or techniques from a workshop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. When you have adopted new ideas into your counseling, how often have you encouraged other staff to try using them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. How often do new interventions or techniques that the staff from your program learn at workshops get adopted for general use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. How often do new ideas learned from workshops get discussed or presented at your staff meetings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. How often does the management at your program recommend or support new ideas or techniques for use by all counselors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please type your REFERENCE NUMBER here:

<i>Disagree</i>					<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly</i>	
(1)	(2)	(3)	(4)	(5)	

My program director –

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 130. inspires others with his/her plans for this facility for the future. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 131. leads by example. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 132. gets people to work together for the same goal. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 133. insists on only the best performance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 134. treats each of us as individuals with different needs, abilities, and aspirations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 135. takes time to listen carefully to and discuss people's concerns. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 136. encourages new ways of looking at how we do our jobs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 137. gives special recognition to others' work when it is very good. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 138. provides well-defined performance goals and objectives. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 139. emphasizes using new ideas, services, administrative techniques, etc., before most other programs do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

In the past year, you have –

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 140. invited someone in to help facilitate your sessions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 141. had colleagues observe your sessions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 142. received meaningful feedback on your performance from colleagues. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 143. visited other counselors' sessions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 144. received useful suggestions for counseling materials from colleagues. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please type your REFERENCE NUMBER here:

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

<i>Disagree</i>				<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly</i>
(1)	(2)	(3)	(4)	(5)

- | | | | | | | |
|------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 145. | Many counselors in this program set high standards for themselves. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 146. | Counselors support the director in enforcing program policies and rules. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 147. | When making important decisions, the program always focuses on what's best for client improvement. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 148. | In the past year, you have had frequent conversations with colleagues about the goals of this program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 149. | A conscious effort is made by staff to make new counselors feel welcome here. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 150. | In the past year, you have had frequent conversations with colleagues about what helps clients improve. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 151. | Experienced counselors invite new counselors into their sessions to observe, give feedback, etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 152. | In the past year, you have had frequent conversations with colleagues about development of new curriculum. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 153. | Many counselors in this program feel responsible that all clients improve. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 154. | Counselors in this program regularly discuss assumptions about counseling and behavior change. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

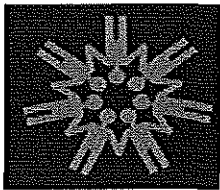
Please type your REFERENCE NUMBER here:

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<i>Disagree</i>				<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 155. Our workday is organized to maximize counseling time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 156. This program sets high standards for client improvement. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 157. Many counselors in this program feel responsible to help each other do their best. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 158. Many counselors in this program help maintain discipline in the entire program, not just their sessions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 159. Many counselors in this program take responsibility for improving the program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 160. At this program, counselors work together to do what is "best for the clients." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 161. This program has well-defined expectations for all clients. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 162. Counselors talk about counseling in staff meetings, in the break room, etc. ... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

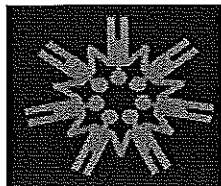
3. Demographics – Staff (including Site Coordinator, upon hire)



THE EBAN II PROJECT DEMOGRAPHICS (STAFF)

1. Date: _____ (mm/dd/yy) date(6) _____
2. Respondent ID _____ respid(3) _____
3. Date of Interview _____ interv(6) _____
4. Date of birth _____ (mm/dd/yy) DOB(6) _____
age (2) _____
5. Gender: Female 1
Male 2 gender(1) _____
6. Ethnicity:
Is your ethnic or racial background...?
- ☐ Black or African American 1
☐ White or Caucasian 2
☐ Latino/Hispanic 3
☐ Asian/Pacific Islander 4
☐ Mixed (specify) _____
☐ Other (specify) _____ ethnic(1) _____
7. What is the highest degree that you received?
- ☐ None 1
☐ High School Diploma 2
☐ G.E.D. 3
☐ Vocational/Technical Degree 4
☐ Associates Degree 5
☐ B.A/B.S. 6
☐ Graduate Degree 7 educatio(1) _____
8. Do you have any special training in the following:
- | | Yes | No |
|----------------|-----|----|
| Running Groups | 1 | 2 |
| HIV/AIDS | 1 | 2 |
| Interventions | 1 | 2 |
| Other(_____) | 1 | 2 |
9. What is your job title? _____ jobtitle(2) _____
- 9a. Can you please describe what kind of work you do: _____

_____ jobdescr(2) _____



THE EBAN II PROJECT DEMOGRAPHICS (STAFF)

10. Agency:

- | | |
|--------------------------------------|----|
| <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 |
| <input type="checkbox"/> | 8 |
| <input type="checkbox"/> | 9 |
| <input type="checkbox"/> | 10 |
| <input type="checkbox"/> | 11 |
| <input type="checkbox"/> Other _____ | 12 |

agency(1)_____

11. How many months have you been with this agency? _____

monthfte(2)_____

12. How many projects or programs do you work on? _____

projects(2)_____

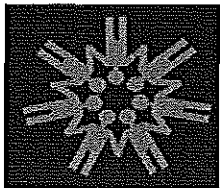
13. How many hours per week do you work? _____

hourspwk(3)_____

14. How many clients do you see per week? _____

clientsee(3)_____

4. Demographics – Facilitator (at training)



THE EBAN II PROJECT DEMOGRAPHICS (FACILITATOR)

PLEASE PRINT YOUR INFORMATION IN THE SPACES BELOW WEHRE INDICATED

1. Date: _____ (mm/dd/yy) date(6) _____

2. Respondent ID _____ respid(3) _____

3. Date of birth _____ (mm/dd/yy) DOB(6) _____
age (2) _____

4. Gender: Female 1
Male 2 gender(1) _____

5. Ethnicity:
Is your ethnic or racial background...?

- ☐ Black or African American 1
- ☐ White or Caucasian 2
- ☐ Latino/Hispanic 3
- ☐ Asian/Pacific Islander 4
- ☐ Mixed (specify) _____
- ☐ Other (specify) _____

ethnic(1) _____

6. What is the highest degree that you received?

- ☐ None 1
- ☐ High School Diploma 2
- ☐ G.E.D. 3
- ☐ Vocational/Technical Degree 4
- ☐ Associates Degree 5
- ☐ B.A/B.S. 6
- ☐ Graduate Degree 7

educatio(1) _____

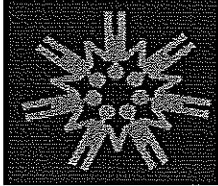
7. Do you have any special training in the following:

	Yes	No
Counseling and Testing	1	2
Recruitment for Programs	1	2
Case Management	1	2
HIV/AIDS	1	2
Other()	1	2

8. What is your job title (print)? _____ jobtitle(2) _____

8a. Can you please describe what kind of work you do (print): _____

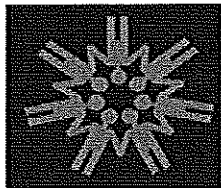
_____ jobdescr(2) _____



THE EBAN II PROJECT
DEMOGRAPHICS (FACILITATOR)

9. Please print the name of the agency where you are working: _____ agency(1) _____
10. How many months have you been with this agency? _____ monthfte(2) _____
11. How many projects or programs do you work on? _____ projects(2) _____
12. How many hours per week do you work? _____ hourspwk(3) _____
13. How many clients do you see per week? _____ clientsee(3) _____
14. How many DEBI Programs are offered at your agency? _____ debiprog(3) _____

5. Demographics – Agency Director (upon entry of agency into study)



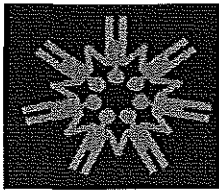
THE EBAN II PROJECT

DEMOGRAPHICS (Agency Director)

PLEASE PRINT YOUR INFORMATION IN THE SPACES BELOW WHERE INDICATED

1. Date: _____ (mm/dd/yy) ddate(6) _____
2. Respondent ID _____ drespid(3) _____
3. Date _____ dinterv(6) _____
4. Date of birth _____ (mm/dd/yy) dDOB(6) _____
dage (2) _____
5. Gender: Female 1 dgender(1) _____
Male 2
6. Ethnicity:
Is your ethnic or racial background...?
☐ Black or African American 1
☐ White or Caucasian 2
☐ Latino/Hispanic 3
☐ Asian/Pacific Islander 4
☐ Mixed (specify) _____
☐ Other (specify) _____ dethnic(1) _____
7. What is the highest degree that you received?
☐ None 1
☐ High School Diploma 2
☐ G.E.D. 3
☐ Vocational/Technical Degree 4
☐ Associates Degree 5
☐ B.A/B.S. 6
☐ Graduate Degree 7 deducat(1) _____
8. What is your job title? (print) _____ djobtitl(2) _____
- 8a. Can you please describe what kind of work you do (print): _____

_____ djobdesc(2) _____
9. Please print the name of the agency where you are working: _____ dagency(1) _____
10. What is your agency's annual budget? _____ anaulbud (10) _____
11. How many months have you been with this agency? _____ dmonfte(3) _____
12. How many months have you directed this agency? _____ dmondir(3) _____
13. How many projects/programs do you direct? _____ dprojects(3) _____
14. How many hours per week do you work? _____ dhourswk(3) _____

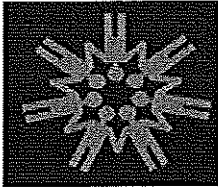


THE EBAN II PROJECT
DEMOGRAPHICS (Agency Director)

15. How many full-time staff are employed by your agency? _____ dstaff(3)_____
- 15a. How many part-time staff are employed by your agency? _____ dptstaff(3)_____
16. How many clients does your agency serve? _____ dclients(8)_____
17. What is the age range of clients? _____ dclieage(2)_____
18. Does your agency serve clients in relationships?
yes 1
no 2 dservcou(1)_____
- 18a. If yes, what percentage of clients are in relationships? _____ dpercenc(3)_____
- 18b. What percentage of these couples are:
Black or African American _____% dethnic1(2)_____
White or Caucasian _____% dethnic2(2)_____
Latina/Hispanic _____% dethnic3(2)_____
Asian/Pacific Islander _____% dethnic4(2)_____
Mixed (specify) _____% dmixethni(2)_____
Other (specify) _____% dethnoth(2)_____
19. Does your agency have specific services for HIV+ couples?
yes 1
no 2 dserhivc(1)_____
- 19a. If yes, please describe: _____ dhivserv(2)_____
20. Does your agency have support groups for couples?
yes 1
no 2 dsuppgrp(1)_____
- 20a. If yes, please describe what's covered in the group (print)?

_____ dspecsup(2)_____
21. Would your agency be interested in expanding services to include relationship issues?
yes 1
no 2 dexprela(1)_____
22. Would your agency be interested in expanding services to include interventions for couples affected by HIV?
yes 1
no 2 dexpahiv(1)_____

6. Demographics – State/County-Level Key Stakeholder (at outset of SCIN network)



THE EBAN II PROJECT

DEMOGRAPHICS (State Official)

PLEASE PRINT YOUR INFORMATION IN THE SPACES BELOW WHERE INDICATED

1. Date: _____ (mm/dd/yy) ddate(6) _____
2. Respondent ID _____ drespid(3) _____
3. Date _____ dinterv(6) _____
4. Date of birth _____ (mm/dd/yy) dDOB(6) _____
dage (2) _____
5. Gender: Female 1 dgender(1) _____
 Male 2
6. Ethnicity:
Is your ethnic or racial background...?
☐ Black or African American 1
☐ White or Caucasian 2
☐ Latino/Hispanic 3
☐ Asian/Pacific Islander 4
☐ Mixed (specify) _____
☐ Other (specify) _____ dethnic(1) _____
7. What is the highest degree that you received?
☐ None 1
☐ High School Diploma 2
☐ G.E.D. 3
☐ Vocational/Technical Degree 4
☐ Associates Degree 5
☐ B.A/B.S. 6
☐ Graduate Degree 7 deducat(1) _____
8. What is your job title? (print) _____ djobtitl(2) _____
- 8a. Can you please describe what kind of work you do (print): _____

_____ djobdesc(2) _____
9. Please print the name of the agency where you are working: _____ dagency(1) _____
10. What is your agency's annual budget? _____ anaulbud (10) _____
11. How many months have you been with this agency? _____ dmonfte(3) _____
12. How many months have you directed this agency? _____ dmondir(3) _____
13. How many projects/programs do you direct? _____ dprojects(3) _____
14. How many hours per week do you work? _____ dhourswk(3) _____



THE EBAN II PROJECT
DEMOGRAPHICS (State Official)

15. How many full-time staff are employed under you? _____ dstaff(3) _____
- 15a. How many part-time staff are employed under you? _____ dptstaff(3) _____
16. How many agencies do you provide for? _____ dclients(8) _____
17. Since the Eban II Project began, what incidents are you aware of?
from staff _____ incstaff(1) _____
from agencies _____ incagenc(1) _____
your colleagues _____ inccolle(1) _____
Explain _____ incidenc(-) _____
18. What impact has the Eban II Project had on current implementation efforts?
_____ currdis(-) _____
19. What impact has the Eban II Project had on your funding?
_____ funding(-) _____
20. What impact has the Eban II Project had on your staffing?
_____ staffing(-) _____
21. Has your opinion of Eban II Project changed since the beginning?
yes 1
no 2
implementation opinion(1) _____
- 21a. If so how? _____ descopin(-) _____
22. How likely will the Eban II Project be implemented into state efforts?

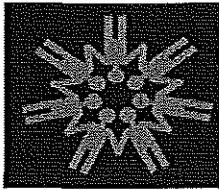
Not at all 1	Somewhat 2	A little 3	Very Likely 4
-----------------	---------------	---------------	------------------

 implement _____
23. How closely does Eban II Project fit into the mandates of the states?

Not at all 1	Somewhat 2	A little 3	A lot 4
-----------------	---------------	---------------	------------

 fitmandat _____
- 24.

7. Evaluation Questionnaire for Certification (at end of facilitator training)



THE EBAN II PROJECT

EVALUATION QUESTIONNAIRE FOR CERTIFICATION

This questionnaire is designed to assess each facilitator's competencies and readiness to deliver the intervention. The first 11 questions examine how well the facilitator demonstrates knowledge of the content and skills covered in the intervention, delivery skills, and ability to engage the couples in both individual and group sessions. Several questions examine the facilitator's level of comfort with the content, skills, and cultural context. Finally, 6 questions assess overall competencies, weaknesses and strengths. The Principal Investigator or Master Trainer will administer this questionnaire at the end of the training, in order to determine whether the facilitator meets the criteria for certification. Scores range between 17 and 68; passing scores are at or above 90 percentile.

Facilitator _____ Site _____

Date _____

1. How well did this facilitator demonstrate knowledge of the content of the intervention?

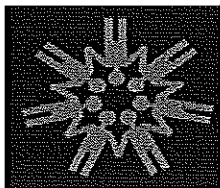
- 4. Very well
- 3. Well
- 2. Satisfactory
- 1. Less than satisfactory

2. How well did this facilitator demonstrate knowledge of the goals of the intervention?

- 4. Very well
- 3. Well
- 2. Satisfactory
- 1. Less than satisfactory

3. How well did this facilitator demonstrate knowledge about the skills delivered in the intervention?

- 4. Very well
- 3. Well
- 2. Satisfactory
- 1. Less than satisfactory



THE EBAN II PROJECT

4. How well did this facilitator demonstrate knowledge about the materials related to cultural contexts?

- 4. Very well
- 3. Well
- 2. Satisfactory
- 1. Less than satisfactory

5. How well did this facilitator demonstrate competence in the delivery of the content of the intervention?

- 4. Very well
- 3. Well
- 2. Satisfactory
- 1. Less than satisfactory

6. How well did this facilitator demonstrate competence in teaching the skills covered in the intervention?

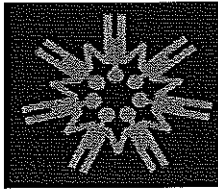
- 4. Very well
- 3. Well
- 2. Satisfactory
- 1. Less than satisfactory

7. How well was this facilitator able to engage the couples in the session?

- 4. Very well
- 3. Well
- 2. Satisfactory
- 1. Less than satisfactory

8. How well was this facilitator able to pay attention to the couple dynamics during an individual couple session?

- 4. Very well
- 3. Well
- 2. Satisfactory
- 1. Less than satisfactory



THE EBAN II PROJECT

9. How well was this facilitator able to pay attention to the couple dynamics during group sessions?

- 4. Very well
- 3. Well
- 2. Satisfactory
- 1. Less than satisfactory

10. How well did this facilitator demonstrate competence in dealing with difficult situations?

- 4. Very well
- 3. Well
- 2. Satisfactory
- 1. Less than satisfactory

11. How well did this facilitator work with the co-facilitator?

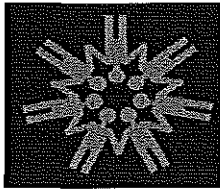
- 4. Very well
- 3. Well
- 2. Satisfactory
- 1. Less than satisfactory

12. Overall, how would you rate the facilitator's competencies in delivering the intervention?

- 4. Outstanding
- 3. Very good
- 2. Satisfactory
- 1. Less than satisfactory

13. Overall, how would you rate the facilitator's competencies in teaching the behavioral skills covered in the sessions?

- 4. Outstanding
- 3. Very good
- 2. Satisfactory
- 1. Less than satisfactory



THE EBAN II PROJECT

14. Overall, how would you rate the facilitator's competencies in teaching the technical skills covered in the sessions?

- 4. Outstanding
- 3. Very good
- 2. Satisfactory
- 1. Less than satisfactory

15. Overall, how would rate the facilitator's level of comfort in working with a couple?

- 4. Very comfortable
- 3. Comfortable
- 2. Somewhat comfortable
- 1. Not comfortable at all

16. Overall, how would rate the facilitator's level of comfort in working with groups of couples?

- 4. Very comfortable
- 3. Comfortable
- 2. Somewhat comfortable
- 1. Not comfortable at all

17. Overall, how would rate the facilitator's level of comfort with the content of the sessions?

- 4. Very comfortable
- 3. Comfortable
- 2. Somewhat comfortable
- 1. Not comfortable at all

Specify strengths

Specify weaknesses

Overall outcome:

- 1. Pass (scored at least 90%)
- 2. Pass with actions for further training (scored at least 80%)
- 3. Fail (scored less than 80%)

8. Template for SCIN Network Call Agenda

The Eban II Project
Template for SCIN Network Call Agenda

- A. Old business/approve call minutes
- B. Updates from Management Team
 - a. Northern California
 - b. Southern California
- C. Updates from Eban Project Managers
 - a. Training
 - b. Recruitment
 - c. Retention
 - d. Facilitator Issues
- D. Updates from Evaluation Data Collectors
 - a. Surveys
 - b. Interviews
 - c. Other data collection
- E. Updates from Site Coordinators
 - a. Number groups run
 - b. Process issues
- F. Review of Action Items
- G. Adjourn Call

9. Semi-Structured Interview Protocol 2 – Agency Trial Period Feedback

THE EBAN II PROJECT
SEMI-STRUCTURED INTERVIEW PROTOCOL
2-AGENCY TRIAL FEEDBACK

1. What is your general understanding of the aims of the Eban II project?
2. In general, how did the project go here at this agency?
 - a. Is this the first time your agency has used a couples-based approach?
3. What were the main challenges to getting the intervention going, if any?
 - a. Recruitment of eligible couples
 - b. Logistics of sessions
4. What were the main challenges to sustaining the intervention, if any?
 - a. Retention of couples
 - b. Attitudes of staff toward project
5. Do you think your clinical staff benefitted from having Eban II groups here? If so, in what ways? If not, why not?
6. How did data collection with the couples go? Were there any significant problems? Things that went well?
 - a. Any specific problems with the ACASI?
7. What was it like to have a waitlist group?
8. Did the SCDC Network [or participating agencies] help you in any way during the project? Please describe.
9. How did the management team do in supporting your efforts during the study? What could we have done better or differently?
10. Having run the Eban II groups here, what is the likelihood that this agency will continue to use Eban II for couples?
 - a. [If unlikely] Why is it unlikely? Is there anything that we could do to strengthen the possibility that your agency would use Eban II?
 - b. [If likely] Is there anything that we could do to support you in continuing to use Eban II?
11. What is the likelihood that this agency will participate in the SCDC Network calls and other project activities during the 5-year project?
12. We are about to use Eban II in several agencies throughout Northern and Southern California. Do you have any suggestions for us as to how to make this roll-out go smoothly?

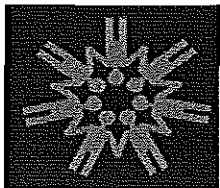
10. **Cost-Analysis Spreadsheet (1x during active intervention and 1x during sustainability)**

COST ANALYSIS SPREADSHEET				
SERVICE DELIVERY (BY GRANTEE)				
VERSION 1.8.08				
[contact D. Holtgrave at dholtgrave@jhsph.edu]				
<i>NOTE: Blue cells are to be entered; yellow cells are calculated for you. Please roll your cursor over individual cells with an orange triangle in the right corner for further information</i>				
STEP 1: Specify time frame of analysis ==>				
STEP 2: Below, define ConnectHIV service for your site				
<i>NOTE: All costs below should be expressed in the same year dollars (e.g., 2008 dollars)</i>				
STEP 3: Input summary client data (note: this step focuses on costs <i>the clients</i> incur)				
No. enrolled clients served ==>				
No. enrolled client contacts ==>				
Total clients ==>		0		
Total contacts ==>		0		
Input average time (in hours) each client spends in your service (total across visits) ==>				
Input average time (in hours) each client spends in travel to/from your service (total) ==>				
Input appox average wage level for clients ==>	\$	-		
Input appox average transportation cost for client (for roundtrip; all visits combined) ==>	\$	-		
Input fraction of clients needing child care during receipt of services (0 through 1.0) ==>				
Total client cost to receive services ==>	\$	-		

STEP 4: Enter payor's costs below:				
<i>Staff/Personnel</i>	<i>Hours Spent</i>	<i>Hourly Wage</i>	<i>Fringe Rate</i>	<i>Row Total</i>
Case managers		\$ -		\$ -
Counselors		\$ -		\$ -
Nurses		\$ -		\$ -
Peer-opinion leaders working as staff		\$ -		\$ -
Outreach workers		\$ -		\$ -
TA providers who conduct training		\$ -		\$ -
Staff support/clerical		\$ -		\$ -
Volunteers (enter 0 if don't wish to 'cost' vol time)		\$ -		\$ -
Other project supervision		\$ -		\$ -
Other staff		\$ -		\$ -
Other staff		\$ -		\$ -
Other staff		\$ -		\$ -
Total -- Staff/Personnel	0			\$ -
<i>Materials and Other Consumables</i>	<i>Unit Definition</i>	<i>Units Consumed</i>	<i>Cost per Unit</i>	<i>Row Total</i>
Staff/personnel (not client) travel costs			\$ -	\$ -
Travel tokens (not already entered above)			\$ -	\$ -
Equipment devoted ConnectHIV services			\$ -	\$ -
Other equipment			\$ -	\$ -
Other equipment			\$ -	\$ -
Other equipment			\$ -	\$ -
Brochures/handouts/other printed materials			\$ -	\$ -
Incentives			\$ -	\$ -
Risk reduction supplies			\$ -	\$ -
Printing			\$ -	\$ -
Computer supplies			\$ -	\$ -
Office supplies			\$ -	\$ -
General supplies			\$ -	\$ -
Postage and handling			\$ -	\$ -
Rent			\$ -	\$ -
Phone			\$ -	\$ -
Other materials and consumables			\$ -	\$ -
Other materials and consumables			\$ -	\$ -
Other materials and consumables			\$ -	\$ -
Total -- Materials and Other Consumables				\$ -
Total -- Staff/Personnel and Materials				\$ -

STEP 5: Enter overhead rate to capture items				
not listed or completed above (0 to 1.0) ==>				
COST ANALYSIS RESULTS				
Total cost -- <i>societal perspective</i>	\$ -			
Expressed per client	#DIV/0!			
Expressed per contact	#DIV/0!			
Total cost -- <i>payor's perspective</i>	\$ -			
Expressed per client	#DIV/0!			
Expressed per contact	#DIV/0!			
THRESHOLD ANALYSIS RESULTS				
Societal perspective: HIV infections to be averted				
in order for service to be cost-saving				
(assumes discounted, lifetime cost for				
HIV care and treatment is \$239,253				
per Journal of Urban Health, 2007)	0			
Societal perspective: Number of quality-adjusted				
life years to be saved in order to be cost-				
effective (assuming it is cost-effective if a				
QALY can be saved for \$50,000 or less)	0			

11. Participant Evaluation of Intervention – RR (at post-test)



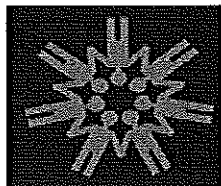
THE EBAN II PROJECT

Cohort ID: ____ Group ID: ____ Site #: ____ Date completed: ____/____/____
SEQUENCE #: ____

Participant Evaluation Form-R

Thank you for your participation in Eban II Project. In order to make our project the best it can be, we need your feedback. Please answer the following questions. Your honest opinions are very valuable to us. Thank you.

1. Overall, how satisfied were you with the Eban II Project?
 - ☐₁ Not at all satisfied
 - ☐₂ Slightly satisfied
 - ☐₃ Somewhat satisfied
 - ☐₄ Very satisfied
 - ☐₅ Extremely satisfied
2. Overall, how knowledgeable was your female co-facilitator about the information presented in the Eban II Project?
 - ☐₁ Not at all knowledgeable
 - ☐₂ Slightly knowledgeable
 - ☐₃ Somewhat knowledgeable
 - ☐₄ Very knowledgeable
 - ☐₅ Extremely knowledgeable
3. Overall, how knowledgeable was your male co-facilitator about the information presented in the Eban II Project?
 - ☐₁ Not at all knowledgeable
 - ☐₂ Slightly knowledgeable
 - ☐₃ Somewhat knowledgeable
 - ☐₄ Very knowledgeable
 - ☐₅ Extremely knowledgeable
4. Overall, how comfortable were you with the female co-facilitator who worked with you in the Eban II Project?
 - ☐₁ Not at all comfortable
 - ☐₂ Slightly comfortable
 - ☐₃ Somewhat comfortable
 - ☐₄ Very comfortable
 - ☐₅ Extremely comfortable



THE EBAN II PROJECT

Cohort ID: _____ Group ID: _____ Site #: _____ Date completed: ____/____/____
SEQUENCE #: _____

Participant Evaluation Form-R

5. Overall, how comfortable were you with the male co-facilitator who worked with you in the Eban II Project?

- ☐₁ Not at all comfortable
- ☐₂ Slightly comfortable
- ☐₃ Somewhat comfortable
- ☐₄ Very comfortable
- ☐₅ Extremely comfortable

6. Overall, how much do you feel the female facilitator valued what you said?

- ☐₁ Not at all valued
- ☐₂ Slightly valued
- ☐₃ Somewhat valued
- ☐₄ Very valued
- ☐₅ Extremely valued

7. Overall, how much do you feel the male facilitator valued what you said?

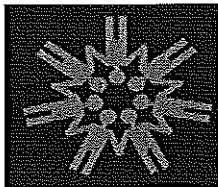
- ☐₁ Not at all valued
- ☐₂ Slightly valued
- ☐₃ Somewhat valued
- ☐₄ Very valued
- ☐₅ Extremely valued

8. Overall, how honest did you feel you could be during the Eban II Project sessions?

- ☐₁ Not at all honest
- ☐₂ Slightly honest
- ☐₃ Somewhat honest
- ☐₄ Very honest
- ☐₅ Extremely honest

9. How much did the Talk and Listen technique lead you to communicate better with your study partner?

- ☐₁ Not at all
- ☐₂ Slightly
- ☐₃ Somewhat
- ☐₄ Very
- ☐₅ Extremely



THE EBAN II PROJECT

Cohort ID: _____ Group ID: _____ Site #: _____ Date completed: ____/____/____
SEQUENCE #: _____

Participant Evaluation Form-R

10. How much did the FENCE technique lead you and your study partner to solve problems?

- ☐₁ Not at all
- ☐₂ Slightly
- ☐₃ Somewhat
- ☐₄ Very
- ☐₅ Extremely

11. How much did the Eban Café lead you to practice enjoyable safer sex?

- ☐₁ Not at all
- ☐₂ Slightly
- ☐₃ Somewhat
- ☐₄ Very
- ☐₅ Extremely

12. How much did identifying barriers to safer sex lead you to practice safer sex behaviors?

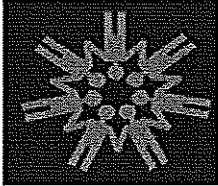
- ☐₁ Not at all
- ☐₂ Slightly
- ☐₃ Somewhat
- ☐₄ Very
- ☐₅ Extremely

13. How much did identifying solutions to barriers (to safer sex) lead you to practice safer sex behaviors?

- ☐₁ Not at all
- ☐₂ Slightly
- ☐₃ Somewhat
- ☐₄ Very
- ☐₅ Extremely

14. How much did the condom demonstration lead you use male condoms correctly?

- ☐₁ Not at all
- ☐₂ Slightly
- ☐₃ Somewhat
- ☐₄ Very
- ☐₅ Extremely
- ☐₉₉ Did not use condoms in the past



THE EBAN II PROJECT

Cohort ID: _____ Group ID: _____ Site #: _____ Date completed: ____/____/____
SEQUENCE #: _____

Participant Evaluation Form-R

15. How much did the condom demonstration lead you to use female condoms?

- ☐₁ Not at all
- ☐₂ Slightly
- ☐₃ Somewhat
- ☐₄ Very
- ☐₅ Extremely
- ☐₉₉ Did not use condoms in the past

16. How much did you learn about STD's during the sessions?

- ☐₁ None of it
- ☐₂ A little bit of it
- ☐₃ Some of it
- ☐₄ Most of it
- ☐₅ All of it

17. How much of the information that you learned about STD's was new to you?

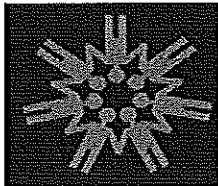
- ☐₁ None of it
- ☐₂ A little bit of it
- ☐₃ Some of it
- ☐₄ Most of it
- ☐₅ All of it

18. How much did the principles of Nguzo Saba motivate you to use condoms?

- ☐₁ Not at all
- ☐₂ Slightly
- ☐₃ Somewhat
- ☐₄ Very
- ☐₅ Extremely

19. How much did the principles of Nguzo Saba lead you to believe that using a condom is important?

- ☐₁ Not at all
- ☐₂ Slightly
- ☐₃ Somewhat
- ☐₄ Very
- ☐₅ Extremely



THE EBAN II PROJECT

Cohort ID: _____

Group ID: _____

Site #: _____

Date completed: ____/____/____

SEQUENCE #: _____

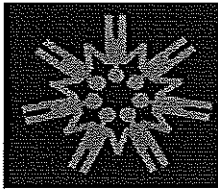
Participant Evaluation Form-R

20. To what extent did you and your partner achieve the goals you set for yourselves during the Eban II Project?

- ☐₁ Achieved none of our goals
- ☐₂ Achieved less than half of our goals
- ☐₃ Achieved half of our goals
- ☐₄ Achieved more than half of our goals
- ☐₅ Achieved all of our goals

21. What are your suggestions for improving the Eban II Project?

12. Facilitator Evaluation of Couples – RR (at post-test or loss to follow-up)



THE EBAN II PROJECT

Cohort ID: _____ Group # _____ Site #: _____ Date of Session: ____/____/____
Couple ID: _____

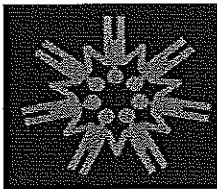
Facilitator Evaluation for Couples - RR

1. Facilitator ID# (completing form): _____ - _____ - _____
2. Co-Facilitator ID#: _____ - _____ - _____
3. Racial Composition: ☐₁ Interracial ☐₂ Both African American
4. Date of Last Session: ____/____/____

For items 5-29, please indicate your level of agreement/disagreement with one of the following:

- (1) Strongly Disagree
- (2) Disagree
- (3) Neither Agree or Disagree
- (4) Agree
- (5) Strongly Agree

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
5. This female partner participated fully during the sessions of the intervention that she attended	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. This male partner participated fully during the sessions of the intervention that he attended	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. This female partner was very motivated to attend sessions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. This male partner was very motivated to attend sessions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. This female partner liked the sessions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. This male partner liked the sessions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. I was satisfied with how this intervention went for this female partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12. I was satisfied with how this intervention went for this male partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13. This female partner learned how to effectively use the Talk and Listen technique	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14. This male partner learned how to effectively use the Talk and Listen technique	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15. This couple is likely to use the Talk and Listen technique in the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
16. This female partner learned how to effectively use the FENCE problem solving technique	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



THE EBAN II PROJECT

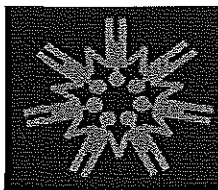
Cohort ID: _____ Group # _____ Site #: _____ Date of Session: ____/____/____
 Couple ID: _____

Facilitator Evaluation for Couples - RR

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
17. This male partner learned how to effectively use the FENCE problem solving technique	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18. This couple is likely to use the FENCE problem solving technique in the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
19. This female partner was receptive to practicing alternative ways of having safer sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
20. This male partner was receptive to practicing alternative ways of having safe sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
21. This female partner was receptive to practicing ways of eroticizing condom use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
22. This male partner was receptive to practicing ways of eroticizing condom use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
23. This couple was able to achieve the goals they set for themselves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
24. This couple was able to articulate plans for using condoms in the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
25. This couple demonstrated an understanding of how to use male condoms correctly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
26. This couple demonstrated an understanding of how to use female condoms correctly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
27. This couple demonstrated an understanding about STD's	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
28. This couple demonstrated an understanding of the principles of Nguzo Saba	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
29. Learning the principles of Nguzo Saba facilitated the couple's practice of safer sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

30. Please describe any events that took place in any session(s) that occurred because of the couple's racial composition.

13. **Facilitator Skills Fidelity Scale for Risk Reduction Sessions (at end of cohort(s) completed)**



THE EBAN II PROJECT

Cohort ID: ____

Group ID: ____

Site #: ____

Date of Session: ____/____/____

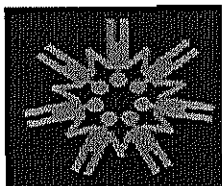
The Eban II Project Multisite Facilitation Skills Scale For All HIV/STD Risk Reduction Sessions

[Adapted from the NIMH Multisite HIV Prevention Trial Facilitator Rating Scale II]

The purpose of this instrument is to assess the ability among facilitators to properly run groups and follow the curriculum in conducting the planned process of the intervention for couples and groups. This rating scale is designed to rate audio recordings of sessions. It is important that the evaluator be familiar with the Eban II Project HIV/STD Risk Reduction Intervention and with all the criteria specified in the *Rater's Manual*. This 33-item measure will assess the facilitator's skills in nine areas: Presentation Skills, Reinforcement, Modeling, Goal Setting, Role Playing, Problem Solving, Group Cohesion, Facilitator's Coordination, and Rapport Building.

Although full instructions are provided in the *Rater's Manual*, an abbreviated summary is provided below for convenience:

- Rate every item. Make your best rating but do not leave any item blank. If you cannot answer an item, indicate this by circling the "-3 Not Applicable" rating.
 - Four-point Likert-type scales: A multi-step decision rule should be used when rating each item:
 - (1) Determine whether the facilitators met the criteria for a rating of "sufficient."
 - (2) If the answer is no to sufficient, then the criteria of "Not Sufficient" applies and circle the corresponding number.
- If the answer is yes to sufficient, ask if it is better than sufficient
- (a) If the answer is no to better than sufficient, assign a rating of 2.
 - (b) If the answer is yes to better than sufficient, then determine whether the criteria of "More than sufficient" or "Optimal" applies and assign a rating of 3 or 4, respectively.



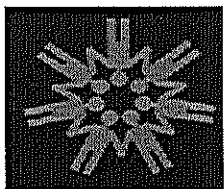
THE EBAN II PROJECT

Cohort ID: _____ Group ID: _____ Site #: _____ Date of Session: ____/____/____

The Eban II Project Multisite Facilitation Skills Scale For All HIV/STD Risk Reduction Sessions

1. Date of Rating: ____/____/____
2. QA Staff ID (completing form): _____
3. Co-Facilitator ID's : _____ - _____ - _____
4. Abbreviated Session: ☐ Yes ☐ No
5. If abbreviated, Participant ID #'s: _____, _____

Category & Questions	How adequately?					Comments
Didactic/Presentation Skills: The following items rate whether one or both of the facilitators worked with participants to ensure and confirm that information and materials were delivered in a comprehensible manner and rate.						
1. The extent that facilitators communicated the topics in the session to the participants clearly	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
2. The extent that facilitators ensured the language they used was appropriate for the participants	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
3. The extent that facilitators ensured appropriate pacing in the presentation of information and materials	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
4. The extent that facilitators ensured that participants understood the information and materials presented	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
Reinforcement: The following items rate whether one or both of the facilitators reinforced behaviors that were engaged in the participants during the group or individually during the week. The facilitators' reinforcement includes showing respect and positive regard for participants.						
5. The extent that facilitators verbally rewarded positive participant behaviors	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	



THE EBAN II PROJECT

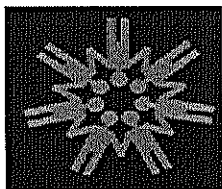
Cohort ID: _____

Group ID: _____

Site #: _____

Date of Session: ____/____/____

6. The extent that facilitators verbally rewarded movement toward couple success in reducing HIV-related risk acts	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
7. The extent that facilitators reframed HIV-related risk behavior reported by any participant from a negative to a more positive experience	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
Modeling: The following items rate how well the facilitators were able to use observational learning principles in teaching couples about how to adopt safer sexual behavior strategies.						
8. The extent that facilitators modeled equality between two members of a partnership	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
9. The extent that facilitators demonstrated assertive skills in managing the group process	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
10. The extent that facilitators effectively modeled use of HIV-related risk reduction strategies	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
11. The extent that facilitators modeled effective responses to intense emotion and self-disclosure	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
12. The extent that facilitators demonstrated comfort in talking about sex with the participants	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
13. The extent that facilitators were comfortable in talking about HIV status and mixed HIV status issues with the participants	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
14. The extent that facilitators explicitly related principles of Nguzu Saba to HIV risk reduction behaviors and couple/group cohesion	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	



THE EBAN II PROJECT

Cohort ID: _____

Group ID: _____

Site #: _____

Date of Session: ____/____/____

Goal Setting: The following items rate how well the facilitators reviewed goals set for homework and worked with each couple to set goals for behavior change in the context of their life that were HIV-related, achievable in the time period, and behaviorally defined.

15. The extent that facilitators helped the participants review HIV-related goals that were developed for homework	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
16. The extent that facilitators helped the participants set achievable HIV-related goals for homework	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	

Role Playing: The following item rates how effectively the facilitators provided an opportunity for role playing which permit practicing skills learned in the sessions

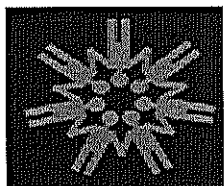
17. The extent that facilitators set up and executed role plays and communication techniques	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
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Problem Solving: The following items rate how effectively the facilitators encouraged participants to problem solve actively during the group/couple session.

18. The extent that facilitators helped participants generate options that were positive choices	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
19. The extent that facilitators helped the participants to think through potential consequences of options generated	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
20. The extent that facilitators were able to shift strategies when one strategy was not working for a couples or the group	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	

Group Cohesion: The following items rate how effective the facilitators were in developing a setting in which communication and support occurs.

21. The extent that facilitators successfully elicited active participation from the participants	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
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THE EBAN II PROJECT

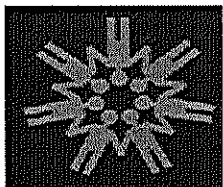
Cohort ID: _____

Group ID: _____

Site #: _____

Date of Session: ____/____/____

22. The extent that facilitators managed unexpected disclosures, emotional outbursts, inappropriate physical behavior, or perseveration on any issue	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
23. The extent that facilitators effectively facilitated participant to participant interactions	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
24. The extent that facilitators successfully maintained a "nonjudgmental" stance and did not side with or focus on a single partner, couple, gender, HIV status, etc	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
25. The extent that facilitators skillfully managed concerns or skepticism raised by participants	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
26. The extent that facilitators skillfully redirected participants away from health-related risk reduction topics	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
Facilitators' Coordination: The following items rate how effectively the facilitators coordinated the session and shared the responsibility for meeting the goals of the session and how effectively they supported each other in actions and comments during group role plays, skills practice, goals setting, logistical management, and use of audio-visual aids.						
27. The extent that facilitators actively participated in a cooperative and coordinated manner	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
28. The extent that facilitators handled the logistical management of the session in a smooth and non-disruptive way	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
Rapport Building: The following items rate how effectively facilitators established an alliance and a working relationship with participants.						
29. The extent that facilitators created a collaborative working relationship with participants	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	



THE EBAN II PROJECT

Cohort ID: ____

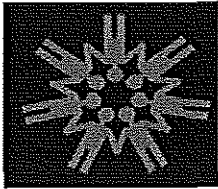
Group ID: ____

Site #: ____

Date of Session: ____/____/____

30. The extent that facilitators demonstrated respect and acceptance	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
31. The extent that facilitators validated emotions	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
32. The extent that facilitators demonstrated empathy	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	
33. The extent that facilitators highlighted soft emotions	1 Not Sufficient	2 Suff.	3 >Suff.	4 Optimal	-3 N/A	

14. Site Coordinator Training Evaluation (at end of active intervention)



THE EBAN II PROJECT

PROJECT EVALUATION

Training

1. Date: _____ (mm/dd/yy) date(6) _____
2. Respondent ID _____ respid(3) _____
3. Date of Interview _____ interv(6) _____
4. Gender: Female 1 gender(1) _____
 Male 2

5. Please rate how well the training prepared you to implement the Eban II Project:

		Not at all	Somewhat	Quite	Very	
5a.	How the overall project was implemented	1	2	3	4	Train5a_____
5b.	Recruiting couples for the program	1	2	3	4	Train5b_____
5c.	How to obtain informed consent	1	2	3	4	Train5c_____
5d.	Components of the ACASI	1	2	3	4	Train5d_____
5e.	How to conduct HIV/STD Tracking	1	2	3	4	Train5e_____
5f.	How to assign couples to groups	1	2	3	4	Train5f_____
5g.	How to take group attendance	1	2	3	4	Train5g_____
5h.	How to make sure the group stays together	1	2	3	4	Train5h_____
5i.	How to handle some of the issues couples bring up in group	1	2	3	4	Train5i_____
5j.	How to conduct follow-up Interviews	1	2	3	4	Train5j_____
5k.	How to maintain contact with couples	1	2	3	4	Train5k_____
5l.	Your role on the project	1	2	3	4	Train5l_____

7. Are there any other topics you feel you would like training in?
- yes 1
- no 2
- othtopic(1) _____

If yes, please describe, _____

8. How well was the curriculum structured to address:

		Not at all	Somewhat	Quite	Very	
8a.	Clients who miss appointments	1	2	3	4	curr8a__
8b.	Clients who are reluctant to engage in conversation in group	1	2	3	4	curr8b__
8c.	Clients who are regularly late	1	2	3	4	curr8c__
8d.	Problems getting mental health services	1	2	3	4	curr8d__
8e.	Problems getting good health care	1	2	3	4	curr8e__
8f.	Problems of being stigmatized	1	2	3	4	curr8f__
8g.	Problems of being HIV-positive or in relationships with someone who is	1	2	3	4	curr8g__
8h.	Issues that impact African Americans	1	2	3	4	curr8h__
8i.	Problems with taking HIV medication	1	2	3	4	curr8i__

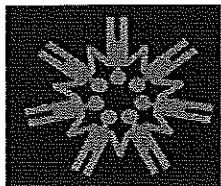
9. Were there any other issues you wished the curriculum covered?

yes 1
no 2

othcovered(1)_____

If yes, please describe, _____

15. Site Coordinator Project Evaluation (at end of active intervention)



THE EBAN II PROJECT **PROJECT EVALUATION (STAFF)** Implementation

1. Date: _____ (mm/dd/yy) date(6) _____
2. Respondent ID _____ respid(3) _____
3. Date of Interview _____ interv(6) _____
4. Gender: Female 1 gender(1) _____
 Male 2

5. In your opinion, how much do you feel the Eban II Program has helped you with the following:

		Not at all	Somewhat	Quite a bit	Very Much	
5a.	To better serve my HIV-positive clients	1	2	3	4	help5a_____
5b.	To improve the services at this agency	1	2	3	4	help5b_____
5c.	To provide better services overall to HIV-positive couples	1	2	3	4	help5c_____
5d.	To improve my facilitation skills	1	2	3	4	help5d_____
5e.	Understanding of the needs of HIV-positive couples	1	2	3	4	help5e_____
5f.	Understanding of intervention programs	1	2	3	4	help5f_____
5g.	Understanding the need for more resources to help(specify _____)	1	2	3	4	help5g_____

sresour1_____ sresour2_____ sresour3_____

6. How often did you experience difficulty or challenges at the following:

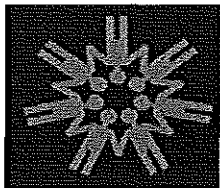
		Not at all	Somewhat	Quite often	Very Often	
6a.	Collecting documents/data	1	2	3	4	challp6a__
6b.	Getting the support of staff	1	2	3	4	chall6b__
6c.	Getting support from your director	1	2	3	4	chall6c__
6d.	Getting support from your Eban Coordinator	1	2	3	4	challp6d__
6e.	Getting support from the Office of AIDS	1	2	3	4	chall6e__
6f.	Getting support from UCLA	1	2	3	4	clexp6f__
6g.	Implementing the Eban II Project	1	2	3	4	chall6g__
6h.	Including Eban II into your regular services	1	2	3	4	chall6h__
6i.	Contacting the couples	1	2	3	4	chall6i__
6j.	Keeping up with the facilitators	1	2	3	4	chall6j__
6k.	Keeping up with the Research Coordinator	1	2	3	4	chall6k__
6l.	Keeping up with the Clinical Coordinator	1	2	3	4	chall6l__
6m.	Getting additional funding to maintain the program	1	2	3	4	chall6m__

7. Please describe how services have expanded at your agency as a result of EBAN II participation.

8. Please comment on other issues that you feel is relevant to the needs of HIV-serodiscordant and seroconcordant couples:

8. Please comment on what types of services are most needed in your agency beyond the Eban II Project:

16. Facilitator Project Evaluation (at end of active intervention)



THE EBAN II PROJECT

PROJECT EVALUATION

Implementation

1. Date: _____ (mm/dd/yy) date(6) _____
2. Respondent ID _____ respid(3) _____
3. Gender: Female 1 gender(1) _____
 Male 2
4. To date, how many Eban II intervention groups have been run at your agency nointerv(2) _____
5. In your opinion, how much do you feel the Eban II Program has helped you with the following:

		Not at all	Somewhat	Quite a bit	Very Much	
5a.	To better serve my HIV-impacted clients	1	2	3	4	help5a_____
5b.	To improve the services at this agency	1	2	3	4	help5b_____
5c.	To provide better services overall to high-risk couples	1	2	3	4	help5c_____
5d.	To improve my facilitation skills	1	2	3	4	help5d_____
5e.	Understanding of the needs of HIV-positive couples	1	2	3	4	help5e_____
5f.	Understanding the intervention program	1	2	3	4	help5f_____
5g.	How to teach women about the male or female condom	1	2	3	4	help5g_____
5h.	How to teach men about the male or female condom	1	2	3	4	help5h_____
5i.	Understanding and teaching the Talk and Listen communication technique	1	2	3	4	help5i_____
5j.	Teach how to solve problems using FENCE	1	2	3	4	help5j_____
5k.	Understanding the triggers to risky sexual behaviors	1	2	3	4	help5k_____
5l.	Understanding the importance of support from family and friends	1	2	3	4	help5l_____
5m.	Understanding the importance of support from social circles	1	2	3	4	help5m_____
5n.		1	2	3	4	help5n_____
5o.		1	2	3	4	help5o_____
5p.		1	2	3	4	help5n_____

6. How often did you experience difficulty or challenges at the following:

		Not at all	Somewhat	Quite often	Very Often	
6a.	Collecting documents/data	1	2	3	4	challp6a__
6b.	Getting support from staff at your agency	1	2	3	4	chall6b__
6c.	Getting support from your director	1	2	3	4	chall6c__
6d.	Getting support from your Eban Coordinator	1	2	3	4	challp6d__
6e.	Getting support from the _____ SC	1	2	3	4	chall6e__
6f.	Getting support from the UCLA Administrator/Data manager	1	2	3	4	challp6f__
6g.	Implementing the Eban II Project	1	2	3	4	chall6g__
6h.	Integrating Eban II into your regular everyday services	1	2	3	4	chall6h__
6i.	Contacting couples	1	2	3	4	chall6i__
6j.	Meeting with facilitators	1	2	3	4	chall6j__
6k.	Meeting with the _____ Coordinator	1	2	3	4	chall6k__
6l.	Getting additional funding to maintain the program	1	2	3	4	chall6l__

7.	How satisfied are you with the Eban II Project?	Not at all 1	Somewhat 2	A little 3	A lot 4	satis1__
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8. Please describe how services have expanded at your agency as a result of EBAN II participation.

9. Please comment on other issues you feel are relevant to the needs of high risk couples:

10. Please comment on what part of the Eban II Project was most helpful:

17. Key Stakeholder Semi-Structured Interview Protocol (pre-sustainability)

THE EBAN II PROJECT
SEMI-STRUCTURED INTERVIEW PROTOCOL
KEY STAKEHOLDERS
-PRE-SUSTAINABILITY-

1. What is your general understanding of the aims of the Eban II project?
2. In general, how did the project go here at this agency?
 - a. Is this the first time your agency has used a couples-based approach?
3. What were the main challenges to getting the intervention going, if any?
 - a. Recruitment of eligible couples
 - b. Logistics of sessions
4. What were the main challenges to sustaining the intervention, if any?
 - a. Retention of couples
 - b. Attitudes of staff toward project
5. Do you think your clinical staff benefitted from having Eban II groups here? If so, in what ways? If not, why not?
6. How did data collection with the couples go? Were there any significant problems? Things that went well?
 - a. Any specific problems with the ACASI?
7. What was it like to have a waitlist group?
8. Did the SCDC Network [or participating agencies] help you in any way during the project?
9. How did the management team do in supporting your efforts during the study? What could we have done better or differently?
10. Having run the Eban II groups here, what is the likelihood that this agency will continue to use Eban II for couples in the next 6 months?
 - a. [If unlikely] Why is it unlikely? Is there anything that we could do to strengthen the possibility that your agency would use Eban II?
 - b. [If likely] Is there anything that we could do to support you in continuing to use Eban II?
11. What is the likelihood that this agency will participate in the SCDC Network calls and other project activities after the next 6 months?
12. Do you think that Eban II could be (or already is) saving this agency money, for example by providing services to couples instead of individuals?
 - a. Are there things that could be done to Eban II to make it more cost-effective?
 - b. [If perceived to be cost-effective] Do the cost-savings associated with Eban II make it more appealing as a service that this agency could continue to provide?

18. Key Stakeholder Semi-Structured Interview Protocol (post-sustainability).

THE EBAN II PROJECT
SEMI-STRUCTURED INTERVIEW PROTOCOL
KEY STAKEHOLDERS
-POST-SUSTAINABILITY-

1. *[If the agency continued to run groups]* This agency continued to run Eban II groups. Can you tell me about what went into sustaining Eban II?
2. What were the main challenges to sustaining the intervention, if any?
 - a. Retention of couples
 - b. Attitudes of staff toward project
3. What were the main things that helped this agency to sustain Eban II?
4. Did the SCDC Network [or participating agencies] help you in any way during the past 6 months?
5. What is the likelihood that this agency will continue to use Eban II for couples in the future?
 - a. *[If unlikely]* Why is it unlikely? Is there anything that we could do to strengthen the possibility that your agency would use Eban II?
 - b. *[If likely]* Is there anything that we could do to support you in continuing to use Eban II?
 - c. Do you feel that it is important to have couples-oriented services? Did this project affect your thoughts on this? If so, in what ways?
6. What is the likelihood that this agency will continue to participate in the SCDC Network?
7. You mentioned in our last interview that you felt Eban II was/was not cost-saving for this agency. What is your perspective on this aspect of Eban II now that you've run it without the support of the research grant?
 - a. Are there things that could be done to Eban II to make it more cost-effective?

[If the agency did NOT continue to run groups]

1. This agency didn't continue to run Eban II groups. Can you tell me what you think happened for Eban II to not be sustained?
2. Do you think that these are problems or barriers that could be solved so that the agency could use Eban II?
3. Is there anything that the SCDC Network could have or should have done to help you sustain Eban II, if it was desirable but not feasible to do so?
4. Do you feel that it is important to have couples-oriented services? Did this project affect your thoughts on this? If so, in what ways?

19. Maslach Burnout Inventory (MBI)

Maslach Burnout Inventory (MBI)*
[Sample items; total of 22 items]

Three subscales; responses on a Likert scale from Never (1) to Every Day (6)

Emotional exhaustion (9 items total)

I feel emotionally drained by my work.
I feel burned out by my work.
Working with people all day is a real strain for me.

Personal accomplishment (8 items total)

I deal very effectively with the problems of my recipients.
I feel I am positively influencing other people's lives through my work.
I feel exhilarated after working closely with my recipients.

Depersonalization (5 items total)

I feel I treat some recipients as if they were impersonal objects.
I've become more callous towards people since I took this job.
I don't really care what happens to some recipients.

Scoring:

Emotional exhaustion

- High burnout score: >27
- Moderate burnout score: 17–26
- Low burnout score: 0–16

Personal accomplishment

- High burnout score: 0–31
- Moderate burnout score: 32–38
- Low burnout score: >39

Depersonalization

- High burnout score: >13
- Moderate burnout score: 7–12
- Low burnout score: 0–6

* Maslach, C. and Jackson, S. E. 1982: *Maslach Burnout Inventory manual*. Michigan, MI: Consulting Psychiatry Press.

20. Evidence-Based Practice Attitude Scale Items and Scoring Instructions

Appendix 1: Evidence-Based Practice Attitude Scale Items and Scoring Instructions[23]

Instructions

The following questions ask about your feelings about using new types of therapy, interventions, or treatments. Manualized therapy, treatment, or intervention refers to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that are to be followed in a structured or predetermined way. Indicate the extent to which you agree with each item using the following scale:

0	1	2	3	4
Not at All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent
Item	Subscale	Question		
1.	3	I like to use new types of therapy/interventions to help my clients.		
2.	3	I am willing to try new types of therapy/interventions even if I have to follow a treatment manual.		
3.	4	I know better than academic researchers how to care for my clients.		
4.	3	I am willing to use new and different types of therapy/interventions developed by researchers.		
5.	4	Research based treatments/interventions are not clinically useful.		
6.	4	Clinical experience is more important than using manualized therapy/interventions.		
7.	4	I would not use manualized therapy/interventions.		
8.	3	I would try a new therapy/intervention even if it were very different from what I am used to doing.		
		For questions 9–15: If you received training in a therapy or intervention that was new to you, how likely would you be to adopt it if:		
9.	2	it was intuitively appealing?		
10.	2	it “made sense” to you?		
11.	1	it was required by your supervisor?		
12.	1	it was required by your agency?		
13.	1	it was required by your state?		
14.	2	it was being used by colleagues who were happy with it?		
15.	2	you felt you had enough training to use it correctly?		

Note: Subscale 1 = Requirements; 2 = Appeal; 3 = Openness; 4 = Divergence.

Scoring the Subscales

The score for each subscale is created by computing a mean score for the items that load on a given subscale. For example, items 11, 12, and 13 constitute subscale 1.

Computing the Total Scale Score

For the total score, all items from the Divergence subscale (Subscale 4) must be reverse scored before being used in computing the overall EBPAS mean score.

Please contact the author for permission to use the EBPAS and for more detailed instructions.

Acknowledgements

Author Note

This work was supported by National Institute of Mental Health Grant number MH01695. The author thanks the program managers, clinicians, and case managers who participated in the scale development study.