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

Facilities and Climate

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

Satisfaction with Training

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

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<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

- 16. You want more scientific information on the neurobiology of addiction.
- 17. More pharmacotherapy information and training are needed on new medications.
- 18. Program staff need sensitivity training for dealing with special populations.
- 19. Program staff training is needed on ethics and confidentiality of information.
- 20. Specialized training is needed for improving family involvement and related issues.
- 21. Program staff training is needed on dual diagnoses and appropriate treatment.
- 22. Training to use brief diagnostic screening tools would be helpful to program staff.
- 23. Program staff need to be trained to understand other staff functions (e.g., correctional officer duties).

Counseling staff needs more training for –

- 24. assessing client problems and needs.
- 25. increasing client participation in treatment.
- 26. monitoring client progress.
- 27. improving rapport with clients.
- 28. improving client thinking skills.
- 29. improving client problem-solving skills.
- 30. improving behavioral management of clients.
- 31. improving cognitive focus of clients during group counseling.

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<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.

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<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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- 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.