""SURVEY OF PROVIDERS ON TREATMENT APPROACHES IN ADOLESCENT SUBSTANCE ABUSE FOR NORTH CAROLINA"

The purpose of this survey is to obtain information on the current treatment approaches used across North Carolina to address adolescent substance abuse. We are particularly interested in learning about provider practices related to evidence-based practices (EBPs). The information collected here will be used to summarize current practices and support ongoing training for the successful implementation of EBPs in the future.

Your information is vital! Thank you so much for taking the time to complete this survey!

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1. Do you use any of the following as screening/assessment tools? ***(Please check all categories that apply)***

			If yes, in what settings?				If yes, did you receive training from a certified trainer?	
			Outpatient	Intensive Outpatient	In Home	Residential		
Screenings								
Global Appraisal of Individual Needs (GAIN-Short Screener)	☐ YES	☐ NO					☐ YES	☐ NO
Substance Abuse Subtle Screening Inventory-Adolescent Version	☐ YES	☐ NO					☐ YES	☐ NO
Teen Addiction Severity Index (T-ASI)	☐ YES	☐ NO					☐ YES	☐ NO
Problem Oriented Screening Instruments for Teenagers (POSIT)	☐ YES	☐ NO					☐ YES	☐ NO
Personal Experiences Screening Questionnaire (PES-Q)	☐ YES	☐ NO					☐ YES	☐ NO
Drug Abuse Screening Test	☐ YES	☐ NO					☐ YES	☐ NO
Other (please describe):	☐ YES	☐ NO					☐ YES	☐ NO
Assessments								
Global Appraisal of Individual Needs (GAIN-Q or GAIN-I)	☐ YES	☐ NO					☐ YES	☐ NO
Adolescent Drug Abuse Diagnosis	☐ YES	☐ NO					☐ YES	☐ NO
Diagnostic Interview for Children and Adolescents (DICA-R)	☐ YES	☐ NO					☐ YES	☐ NO
Practical Adolescent Dual Diagnostic Interview (PADDI)	☐ YES	☐ NO					☐ YES	☐ NO
Personal Experiences Inventory	☐ YES	☐ NO					☐ YES	☐ NO
Alcohol Use Inventory	☐ YES	☐ NO					☐ YES	☐ NO
CAGE Questionnaire	☐ YES	☐ NO					☐ YES	☐ NO
Adolescent Diagnostic Interview (ADI)	☐ YES	☐ NO					☐ YES	☐ NO
Composite International Diagnostic Interview - Substance Abuse Module	☐ YES	☐ NO					☐ YES	☐ NO
Other (please describe):	☐ YES	☐ NO					☐ YES	☐ NO
Standardized Treatment Matching Tools								
ASAM (American Society for Addictive Medicine)	☐ YES	☐ NO					☐ YES	☐ NO
Other (please describe):	☐ YES	☐ NO					☐ YES	☐ NO

(If you answered yes to any of the items, be sure to check the additional boxes to the right)

2. **Do you currently use any of the following treatment approaches?** ***(Please check all categories that apply)***

			If yes, in what settings?				If yes, did you receive training from a certified trainer?	
			Outpatient	Intensive Outpatient	In Home	Residential		
Cannabis Youth Treatment	☑ YES	☐ NO					☐ YES	☐ NO
Motivational Interviewing	☐ YES	☐ NO					☐ YES	☐ NO
Motivational Enhancement Therapy	☐ YES	☐ NO					☐ YES	☐ NO
Cognitive-Behavioral Therapy	☐ YES	☐ NO					☐ YES	☐ NO
Behavioral Therapy	☐ YES	☐ NO					☐ YES	☐ NO
Multisystemic Therapy	☐ YES	☐ NO					☐ YES	☐ NO
Multidimensional Family Therapy	☐ YES	☐ NO					☐ YES	☐ NO
Brief Strategic Family Therapy	☐ YES	☐ NO					☐ YES	☐ NO
Seven Challenges Program	☐ YES	☐ NO					☐ YES	☐ NO
Seeking Safety for Trauma	☐ YES	☐ NO					☐ YES	☐ NO
Relapse Prevention Therapy	☐ YES	☐ NO					☐ YES	☐ NO
Family Support Network for Adolescent Substance Abuse	☐ YES	☐ NO					☐ YES	☐ NO
Matrix Intensive Outpatient Program	☐ YES	☐ NO					☐ YES	☐ NO
Trauma-Focused Cognitive Behavioral Therapy	☐ YES	☐ NO					☐ YES	☐ NO
Other (please describe):	☐ YES	☐ NO					☐ YES	☐ NO

(If you answered yes to any of the items, be sure to check the additional boxes to the right)

3. **Have you made any modifications or adaptations to the treatment approaches listed above?**
☐ YES ☐ NO

a. If YES, were you able to consult with the trainers or experts in making these modifications or adaptations? ☐ YES ☐ NO

4. **Do any of the following individuals monitor and track fidelity of the EBP(s)?** ***(Please check all that apply)***

			If yes, through what ways?				
			Direct Observation	Clinical Supervision	Check Lists	Audio/Video Taping	Other
Self	☑ YES	☐ NO					
Clinical supervisor	☐ YES	☐ NO					
Program manager/agency director	☐ YES	☐ NO					
Evaluator	☐ YES	☐ NO					
Other (please describe):	☐ YES	☐ NO					
No one	☐ YES	☐ NO					

(If you answered yes to any of the items, be sure to check the additional boxes to the right)

5. Have you experienced any of the following barriers to adopting and implementing this/these EBP(s)? ***(Please check all that apply)***

Lack of opportunities to be trained in EBP	☐ YES	☐ NO
Cannot fit EBP into existing service definitions	☐ YES	☐ NO
Lack of ability to bill for clinical supervision/ongoing coaching for EBP	☐ YES	☐ NO
Lack of knowledge about which EBP (s) is best	☐ YES	☐ NO
Lack of opportunities to become a licensed Substance Abuse Counselor	☐ YES	☐ NO
Lack of agency support and infrastructure	☐ YES	☐ NO
Lack of practical fidelity monitoring instruments	☐ YES	☐ NO
I do not philosophically support the use of EBP(s)	☐ YES	☐ NO
Not enough time to provide an EBP	☐ YES	☐ NO
Other (please describe):	☐ YES	☐ NO
Other (please describe):	☐ YES	☐ NO
Other (please describe):	☐ YES	☐ NO

(If you answered yes to any of the items, be sure to check the additional boxes to the right)

6. *Thinking about the clients that you treat for adolescent substance abuse problems*, how many clients (# of clients) on your caseload are currently receiving an evidence-based practice (EBP)? ___________

7. *Thinking about the clients that you treat for adolescent substance abuse problems*, about how many clients (# of clients) do you serve per year? ___________

8. Do you use any of the following methods to evaluate client progress? ☐ Do Not Use Formal Instrument
(Please check all that apply)

			If yes, how often do you collect this data?					
			Weekly	**Monthly**	**Every 3 Months**	**Every 6 Months**	**Once Per Year**	**Other**
Agency Developed Checklist	☐ YES	☐ NO						
Goals Set and Met	☐ YES	☐ NO						
GAF/Axis V Score	☐ YES	☐ NO						
NC Topps	☐ YES	☐ NO						
Beck Depression Inventory (BDI)	☐ YES	☐ NO						
Beck Anxiety Inventory (BAI)	☐ YES	☐ NO						
Global Appraisal of Individual Needs (GAIN-Q or GAIN-I)	☐ YES	☐ NO						
Practical Adolescent Dual Diagnostic Interview (PADDI)	☐ YES	☐ NO						
Adolescent Diagnostic Interview (ADI)	☐ YES	☐ NO						
Child Behavior Checklist (CBCL)	☐ YES	☐ NO						
Behavioral Scales for Children (BASC)	☐ YES	☐ NO						
Other (please describe):	☐ YES	☐ NO						

(If you answered yes to any of the items, be sure to check the additional boxes to the right)

9. If you use EBP(s), are you able to provide them in: ☐ Do Not Use EBP(s)

a. Spanish? ☐ YES ☐ NO
b. Other language? ___________________________ ☐ YES ☐ NO

10. If you use EBP(s), to what degree do you believe that it has been successfully implemented?
(Please circle your response). ☐ Do Not Use EBP(s)

------------------1--------------------------2-------------------------3---------------------------------4-----------------

1	2	3	4
Not at All Successful	A Little Bit Successful	Very Successful	Extremely Successful

a. **If you answered 1 or 2 on the previous item, why do you feel this way?** ___________________________
____
____

11. On which of the following EBP(s) would you like to receive more training?

a. Global Appraisal of Individual Needs (GAIN-Q or GAIN-I)	☐ YES	☐ NO
b. Cannabis Youth Treatment	☐ YES	☐ NO
c. Motivational Interviewing	☐ YES	☐ NO
d. Multisystemic Therapy	☐ YES	☐ NO
e. Multidimensional Family Therapy	☐ YES	☐ NO
f. Brief Strategic Family Therapy	☐ YES	☐ NO
g. Seeking Safety for Trauma/PTSD & Substance Abuse	☐ YES	☐ NO
h. Relapse Prevention Therapy	☐ YES	☐ NO
i. Family Support Network	☐ YES	☐ NO
j. Matrix Intensive Outpatient Program	☐ YES	☐ NO
k. Seven Challenges Program	☐ YES	☐ NO
l. Trauma-Focused CBT	☐ YES	☐ NO

m. Other (Please List): ____

12. So that we can target our trainings accordingly, please answer the following questions:

a. Do any of the following certifications apply to you:

i. Certified Substance Abuse Counselors (CSAC)?	☐ YES	☐ NO
ii. Licensed Clinical Addiction Specialists (LCAS)?	☐ YES	☐ NO
iii. Certified Substance Abuse Counselors (CSAC)	☐ YES	☐ NO
iv. Licensed Clinical Addiction Specialists (LCAS)	☐ YES	☐ NO
v. Certified Criminal Justice Addiction Professionals (CCJP)	☐ YES	☐ NO
vi. Certified Clinical Supervisors (CCS)	☐ YES	☐ NO
vii. Certified Substance Abuse Prevention Consultant (CSAPC)	☐ YES	☐ NO
viii. Certified Substance Abuse Residential Facility Directors (CSARFD)	☐ YES	☐ NO

b. In what county are you located? __________________
c. In what year were you born? __________________
d. Describe your gender. ☐ Female ☐ Male
d. Describe your ethnicity.
☐ African American, non-Hispanic
☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander
☐ Hispanic
☐ White, non-Hispanic
☐ Biracial
e. Describe your highest academic degree. ☐ Associates ☐ Bachelors ☐ Masters ☐ Doctorate
f. Are you a contracted provider with your LME? ☐ Yes ☐ No

<u>Thank you very much for completing this survey.</u>

Your information is essential to the continued improvement of services for adolescent substance abuse across North Carolina.