Organizational Readiness for Change (TCU ORC)

Treatment Staff Version (TCU ORC-S)

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 <u>filling in</u> 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 – ●

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
Person 1. I like chocolate ice cream	0	•	0	0	0
This person disagrees a little so she	e probably	doesn't lil	ke chocolate	ice crean	ı.
Person 2. I like chocolate ice cream	0	0	0	0	•
This person likes	chocolate	ice cream	a lot.		
Person 3. I like chocolate ice cream	0	0	•	0	0
This person is not sure if I	ne likes ch	ocolate ice	cream or no	ot.	

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The anonymous linkage code using your name or informat			ifferent evaluation forms withou
Please complete the following	items for your anony	mous code:	
First letter in mother's first nan	ne:	First letter in fath	er's first name:
First digit in your social securit	y number:	Last digit in your	social security number:
Today's Date: _ DAY	YR	Are yo	ou: O Male O Female
Your Birth Year: 19	Are you	Hispanic or Latin	o? ○ <i>No</i> ○ <i>Yes</i>
Are you: [MARK ONE] O American Indian/Alaska O Asian O Native Hawaiian or Oth O Black or African Americ	er Pacific Islander	○ White ○ More than one ○ Other (specify)	race :
Highest Degree Status: [MAR O No high school diploma O High school diploma or O Some college, but no deg O Associate's degree	or equivalent O B equivalent O M gree O D	achelor's degree laster's degree Ooctoral degree or e Other (medical assis	equivalent tant, RN, post-doctorate)
Discipline/Profession: [MARK	ALL THAT APPLY]		
 Addictions Counseling Other Counseling Education Vocational Rehabilitatio Criminal Justice Psychology 	O Social Work/I O Physician Ass O Medicine: Pr O Medicine: Ot O Nurse	sistant imary Care ychiatry	 Nurse Practitioner Administration None, unemployed None, student Other (specify)
Certification Status in Addict	tions Field: [MARK ONE	E]	
Not certified or licensedPreviously certified or li		Surrently certified o ntern	r licensed
How many years of experience	<u>ee</u> do you have in drug	abuse counseling?	
○ 0-6 months ○ 6-11 m	onths 01 to 3 years	O 3 to 5 years	O over 5 years
How long have you been in yo	our <u>present job</u> ?		
○ 0-6 months ○ 6-11 m	onths 01 to 3 years	O 3 to 5 years	O over 5 years
How many clients are you cu	rrently treating (i.e., <u>v</u>	our caseload)?	
O 1-10 O 11-20	0 21-30	0 31-40	O > 40
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FOR ADMINISTRATIVE	

DRUG TREATMENT UNIT INFORMATION

Is your drug treatment unit – [MARK ONE]	.:)				
O Independent (not part of a parent organizat					
One of several drug treatment units under a	i parent organization				
What is the zip code for your treatment unit? .			_		
Which of the following best <u>describes</u> this treat	ment unit? [MARK ONE]				
O Intensive outpatient – 9 or more hours of st	ructured programming p	er week	(non-	-meth	adone)
O Outpatient services – less than 9 hours of st	tructured programming p	er weel	k (non	-meth	adone)
O Outpatient methadone					
O Therapeutic community					
O Inpatient/residential					
O Halfway house/work release					
Other (please specify)					
Which one category best describes the <u>primary</u>	setting of this treatmen	t unit?	ГМАІ	RK ON	El
Health Maintenance Organization	○ Free-standing sub				
or Integrated Health Plan Facility	O Family/children so				
O Hospital or university	O Social services ag	ency			
O Psychiatric or other	O Other multi-service	e agen	сy		
specialized hospital	O Jail or prison				
O Health center (including	O Juvenile detention				
primary care setting) O Mental health service setting	O Private or group p O Other (please spec				
or community mental health clinic	——————————————————————————————————————	-17 9 7			
Primary service area for treatment unit? [MAR	K ONE]				
O Rural O Suburban	0 Urba	ın			
Type of substance abuse problems treated? [M.	ARK ONE]				
O Alcohol problems only	,				
O Drug problems only					
O Both alcohol and drug problems					
Does your treatment unit <u>primarily</u> serve –					
Adults?				O No	O Yes
Adolescents?					O Yes
Criminal justice referrals?					O Yes
Women only?					O Yes
Pregnant women or women with children?					O Yes
Dual diagnosis clients (e.g., mental health and					O Yes

TCU FORMS/W/ORC-S (5/03)

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

		Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)	
Your	program needs additional guidance in	ı –					
1.	assessing client needs.	0	0	0	0	0	
2.	matching needs with services	0	0	0	0	0	
3.	increasing program participation by clients.	O	0	0	0	0	
4.	measuring client performance	0	0	0	0	0	
5.	developing more effective group session	ons O	0	0	0	0	
6.	raising overall quality of counseling	0	0	0	0	0	
7.	using client assessments to guide clinical and program decisions	0	0	0	0	0	
8.	using client assessments to document program effectiveness.	0	0	0	0	0	
<u>You</u> n	eed more training for –						
9.	assessing client problems and needs	0	0	0	0	0	
10.	increasing client participation in treatment.	0	0	0	0	0	
11.	monitoring client progress	0	0	0	0	0	
12.	improving rapport with clients	0	0	0	0	0	
13.	improving client thinking and problem solving skills.	0	0	0	0	0	
14.	improving behavioral management of clients.	0	0	0	0	0	
15.	improving cognitive focus of clients during group counseling.	O	0	0	0	0	
16.	using computerized client assessments	0	0	0	0	0	

		Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
	ent <u>pressures</u> to make am changes come from –					
17.	clients in the program.	0	0	0	0	0
18.	program staff members	0	0	0	0	0
19.	program supervisors or managers	0	0	0	0	0
20.	agency board members	0	0	0	0	0
21.	community action groups	0	0	0	0	0
22.	funding and oversight agencies	0	0	0	0	0
23.	accreditation or licensing authorities	s O	0	0	0	0
	strongly do you <u>agree</u> or <u>disagree</u> ach of the following statements?					
24.	You prefer training content that is based on scientific evidence	0	0	0	0	0
25.	Your offices and equipment are adequate.	0	0	0	0	0
26.	You have the skills needed to condu effective group counseling		0	0	0	0
27.	Some staff get confused about the main goals for this program	O	0	0	0	0
28.	Staff here all get along very well	0	0	0	0	0
29.	Psychodynamic theory is commonly used in your counseling here		0	0	0	0
30.	You often have trouble implementing concepts learned at conferences		0	0	0	0
31.	Program staff understand how this p fits as part of the treatment system in your community.	C	0	0	0	0

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
		$\frac{300020}{(1)}$	(2)	(3)	(4)	(5)
32.	Treatment planning decisions for clients here often have to be revised by a counselor supervisor.	O	0	0	0	0
33.	Staff training and continuing education are priorities at this program.		0	0	0	0
34.	Facilities here are adequate for conducting group counseling	O	0	0	0	0
35.	You frequently share your knowledge new counseling ideas with other staff		0	0	0	0
36.	You were satisfied with the training of at workshops available to you last year		0	0	0	0
37.	You used the Internet (World Wide V to communicate with other treatment professionals (e.g., list serves, bulleting boards, chat rooms) in the past month	n	0	0	0	0
38.	Management here fully trusts your professional judgment.	0	0	0	0	0
39.	Pharmacotherapy and medications are important parts of this program		0	0	0	0
40.	There is too much friction among staff members.	O	0	0	0	0
41.	Some staff members here resist any type of change.	O	0	0	0	0
42.	Ideas and suggestions from staff get f consideration by program manageme		0	0	0	0
43.	Staff generally regard you as a valuable source of information	O	0	0	0	0
44.	You have easy access for using the Internet at work.	0	0	0	0	0
45.	The staff here always works together as a team.		0	0	0	0
46.	Client assessments here are usually conducted using a computer.	0	0	0	0	0

		Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)	
47.	Your duties are clearly related to the goals of this program.	O	0	0	0	0	
48.	You learned new skills or techniques at a professional conference in the past year.	O	0	0	0	0	
49.	You consistently plan ahead and carry out your plans.	O	0	0	0	0	
50.	You are under too many pressures to do your job effectively.	O	0	0	0	0	
51.	Counselors here are given broad auth in treating their own clients		0	0	0	0	
52.	This program encourages and suppor professional growth.		0	0	0	0	
53.	Behavior modification (contingency management) is used with many of your clients here	O	0	0	0	0	
54.	You read about new techniques and treatment information each mont	h O	0	0	0	0	
55.	Staff here are always quick to help or another when needed.		0	0	0	0	
56.	Computer problems are usually repair promptly at this program.		0	0	0	0	
57.	Novel treatment ideas by staff are discouraged.	O	0	0	0	0	
58.	There are enough counselors here to meet current client needs	O	0	0	0	0	
59.	The budget here allows staff to attend professional conferences each year.		0	0	0	0	
60.	You have enough opportunities to ke your counseling skills up-to-date		0	0	0	0	
61.	Mutual trust and cooperation among in this program are strong.		0	0	0	0	

		Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)	
62.	Most client records here are computerized.	0	0	0	0	0	
63.	You are willing to try new ideas even if some staff members are reluctant	0	0	0	0	0	
64.	Learning and using new procedures are easy for you.	0	0	0	0	0	
65.	This program operates with clear goals and objectives.	0	0	0	0	0	
66.	Staff members often show signs of stress and strain.	0	0	0	0	0	
67.	You have staff meetings weekly	0	0	0	0	0	
68.	You usually accomplish whatever you set your mind on.	0	0	0	0	0	
69.	It is easy to change procedures here to meet new conditions.	0	0	0	0	0	
70.	Counselors here often try out different techniques to improve their effectiveness.	0	0	0	0	0	
71.	You used the Internet (World Wide We to access drug treatment information in the past month.		0	0	0	0	
72.	The formal and informal communication channels here work very well.		0	0	0	0	
73.	Program policies here limit staff access to the Internet and use of e-mail		0	0	0	0	
74.	Offices here allow the privacy needed for individual counseling	0	0	0	0	0	
75.	You are sometimes too cautious or slov to make changes.		0	0	0	0	
76.	Staff members are given too many rules here.	0	0	0	0	0	

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
		(1)	(2)	(3)	(4)	(5)
77.	You feel a lot of stress here		0	0	0	0
78.	12-step theory (AA/NA) is followed by many of the counselors here		0	0	0	0
79.	Program staff are always kept well informed.	0	0	0	0	0
80.	The heavy workload here reduces program effectiveness.	0	0	0	0	0
81.	You regularly read professional journal articles or books on drug abuse treatment.	O	0	0	0	0
82.	Communications with other program that have similar interests would help	18	0	0	0	0
83.	Other staff often ask your advice abordorgram procedures.		0	0	0	0
84.	More open discussions about program issues are needed here	0	0	0	0	0
85.	This program holds regular inservice training.	0	0	0	0	0
86.	You learned new clinical skills or techniques from manuals or other self-education materials in the past y	ear O	0	0	0	0
87.	You frequently hear good staff ideas for improving treatment.		0	0	0	0
88.	Other staff often ask for your opinion about counseling and treatment issue		0	0	0	0
89.	You are effective and confident in doing your job	O	0	0	0	0
90.	You have a computer to use in your personal office space at work	O	0	0	0	0
91.	Some staff here do not do their fair sof work.		0	0	0	0

		Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
92.	A larger support staff is needed to help meet program needs	O	0	0	0	0
93.	The general attitude here is to use ne and changing technology		0	0	0	0
94.	You do a good job of regularly updating and improving your skills.	0	0	0	0	0
95.	Staff members always feel free to ask questions and express concerns in this program.	O	0	0	0	0
96.	You have the skills needed to conductive individual counseling		0	0	0	0
97.	Staff frustration is common here		0	0	0	0
98.	You need better access while at work counseling resources on the Internet.		0	0	0	0
99.	Management here has a clear plan for this program.	0	0	0	0	0
100.	You often influence the decisions of other staff here.	0	0	0	0	0
101.	You have easy access to specialized medical or psychiatric advice for clie when needed.		0	0	0	0
102.	You have convenient access to e-ma at work.		0	0	0	0
103.	You are encouraged here to try new and different techniques	O	0	0	0	0
104.	You are able to adapt quickly when you have to shift focus	O	0	0	0	0
105.	Cognitive theory (RET, RBT, Gorsk guides much of your counseling here		0	0	0	0
106.	You are viewed as a leader by other staff here.	O	0	0	0	0

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
		$\frac{\text{strongty}}{(1)}$	(2)	(3)	(4)	$\frac{5000 \text{ GeV}}{(5)}$
107.	Computer equipment at this program is mostly old and outdated	O	0	0	0	0
108.	This program provides a comfortable reception/waiting area for clients	O	0	0	0	0
109.	Staff here feel comfortable using computers.	O	0	0	0	0
110.	Frequent staff turnover is a problem for this program.	O	0	0	0	0
111.	Counselors here are able to spend enough time with clients.	O	0	0	0	0
112.	Support staff here have the skills they need to do their jobs	O	0	0	0	0
113.	Clinical staff here are well-trained		0	0	0	0
114.	The workload and pressures at your program keep motivation for new training low.	O	0	0	0	0
115.	More computers are needed in this program for staff to use	O	0	0	0	0
116.	You were satisfied with the training opportunities available to you last year	r O	0	0	0	0
117.	The instruction methods for learning new counseling strategies or materials that work best for you are:					
	a. Lectures	0	0	0	0	0
	b. Self-study	O	0	0	0	0
	c. Workshops		0	0	0	0
	d. Consultants	0	0	0	0	0
	e. In-services	0	0	0	0	0
	f. Supervision/feedback	O	0	0	0	0

FOR ADMINISTRATIVE PURPOSES

		None	1	2	3	4 or more
118.	In the last year, how often did you attend training workshops held within 50 miles of your agency?	0	0	0	0	0
119.	In the last year, how often did you attend training workshops held more than 50 miles from your agency?	O	0	0	0	0
120.	How many workshops do you expect to attend in the next 12 months?		0	0	0	0
121.	In the last year, how many times did outside trainers come to your agency to give workshops?		0	0	0	0
122.	In the last year, how many times did you agency offer special, in-house training		0	0	0	0
						Almost
		<u>Never</u>	Rarely	Sometimes	A lot	Always
123.	When you attend workshops, how often do you try out the new interventions or techniques learned?	O	0	0	0	0
124.	Are your clients interested or responsive to new ideas or counseling materials when you try them?		0	0	0	0
125.	In recent years, how often have you adopted (for regular use) new counseling interventions or techniques from a workshop?	0	0	0	0	0
126.	When you have adopted new ideas into your counseling, how often have you encouraged other staff to try using them		0	0	0	0
127.	How often do new interventions or tech that the staff from your program learn a workshops get adopted for general use	at	0	0	0	0
128.	How often do new ideas learned from workshops get discussed or presented a your staff meetings?		0	0	0	0
129.	How often does the management at you program recommend or support new id or techniques for use by all counselors.	eas	0	0	0	0