Organizational Readiness for Change
(TCU ORC)
Treatment Director Version (TCU ORC-D)
Instruction Page

This survey asks questions about how you see yourself as a program director or counseling supervisor, 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.	○	●	○	○	○
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.					
Person 3. I like chocolate ice cream.	○	○	●	○	○
This person is not sure if he likes chocolate ice cream or not.					

Organizational Readiness for Change (TCU ORC)
Treatment Director Version (TCU ORC-D)

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: |___|___||___|___||___|___| **Are you:** ○ *Male*   ○ *Female*
             MO   DAY   YR

Your Birth Year: 19 |___|___| **Are you Hispanic or Latino?** ○ *No*   ○ *Yes*

Are you: [MARK ONE]

○ *American Indian/Alaska Native*   ○ *White*
○ *Asian*   ○ *More than one race*
○ *Native Hawaiian or Other Pacific Islander*   ○ *Other (specify):* _____
○ *Black or African American*

Highest Degree Status: [MARK ONE]

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

Discipline/Profession: [MARK ALL THAT APPLY]

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

Certification Status in Addictions Field: [MARK ONE]

○ *Not certified or licensed in addiction*   ○ *Currently certified or licensed*
○ *Previously certified or licensed, not now*   ○ *Intern*

How many <u>years of experience</u> do you have in the drug abuse counseling field?

○ *0-6 months*   ○ *6-11 months*   ○ *1 to 3 years*   ○ *3 to 5 years*   ○ *over 5 years*

How long have you been in your <u>present job</u>?

○ *0-6 months*   ○ *6-11 months*   ○ *1 to 3 years*   ○ *3 to 5 years*   ○ *over 5 years*

<u>How many clients</u> are currently being treated in your program?

○ *1-20*   ○ *21-40*   ○ *41-80*   ○ *81-160*   ○ *> 160*

DRUG TREATMENT UNIT INFORMATION

Is your drug treatment unit – [MARK ONE]
- ○ *Independent (not part of a parent organization)*
- ○ *One of several drug treatment units under a parent organization*

What is the zip code for your treatment unit? ....|___|___|___|___|___|

Which of the following best <u>describes</u> this treatment unit? [MARK ONE]
- ○ *Intensive outpatient – 9 or more hours of structured programming per week (non-methadone)*
- ○ *Outpatient services – less than 9 hours of structured programming per week (non-methadone)*
- ○ *Outpatient methadone*
- ○ *Therapeutic community*
- ○ *Inpatient/residential*
- ○ *Halfway house/work release*
- ○ *Other (please specify)* _____

Which one category best describes the <u>primary setting</u> of this treatment unit? [MARK ONE]
- ○ *Health Maintenance Organization or Integrated Health Plan Facility*
- ○ *Hospital or university*
- ○ *Psychiatric or other specialized hospital*
- ○ *Health center (including primary care setting)*
- ○ *Mental health service setting or community mental health clinic*
- ○ *Free-standing substance abuse services*
- ○ *Family/children service agency*
- ○ *Social services agency*
- ○ *Other multi-service agency*
- ○ *Jail or prison*
- ○ *Juvenile detention*
- ○ *Private or group practice*
- ○ *Other (please specify)* _____

Primary <u>service area</u> for treatment unit? [MARK ONE]
- ○ *Rural*   ○ *Suburban*   ○ *Urban*

Type of substance abuse <u>problems treated</u>? [MARK ONE]
- ○ *Alcohol problems only*
- ○ *Drug problems only*
- ○ *Both alcohol and drug problems*

Does your treatment unit <u>primarily</u> serve –

Adults?	○ *No*	○ *Yes*
Adolescents?	○ *No*	○ *Yes*
Criminal justice referrals?	○ *No*	○ *Yes*
Women only?	○ *No*	○ *Yes*
Pregnant women or women with children?	○ *No*	○ *Yes*
Dual diagnosis clients (e.g., mental health and substance abuse)?	○ *No*	○ *Yes*

Organizational Readiness for Change (TCU ORC)
Treatment Director Version (TCU ORC-D)

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 –

1. documenting service needs of clients for making treatment placements. .... ○ ○ ○ ○ ○

2. tracking and evaluating performance of clients over time. .... ○ ○ ○ ○ ○

3. obtaining information that can document program effectiveness. .... ○ ○ ○ ○ ○

4. automating client records for billing and financial applications. .... ○ ○ ○ ○ ○

5. evaluating staff performance and organizational functioning. .... ○ ○ ○ ○ ○

6. selecting new treatment interventions and strategies for which staff need training. ..... ○ ○ ○ ○ ○

7. improving the recording and retrieval of financial information. .... ○ ○ ○ ○ ○

8. generating timely "management" reports on clinical, financial, and outcome data. ... ○ ○ ○ ○ ○

Your counseling staff needs more training for –

9. assessing client problems and needs. .... ○ ○ ○ ○ ○

10. increasing client participation in treatment. .... ○ ○ ○ ○ ○

11. monitoring client progress. .... ○ ○ ○ ○ ○

12. improving rapport with clients. .... ○ ○ ○ ○ ○

13. improving client thinking and problem solving skills. .... ○ ○ ○ ○ ○

14. improving behavioral management of clients. .... ○ ○ ○ ○ ○

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
15. improving cognitive focus of clients during group counseling.	O	O	O	O	O
16. using computerized client assessments.	O	O	O	O	O

Current pressures to make program changes come from –

17. clients in the program.	O	O	O	O	O
18. program staff members.	O	O	O	O	O
19. program supervisors or managers.	O	O	O	O	O
20. agency board members.	O	O	O	O	O
21. community action groups.	O	O	O	O	O
22. funding and oversight agencies.	O	O	O	O	O
23. accreditation or licensing authorities.	O	O	O	O	O

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

24. Your staff prefer training content that is based on scientific evidence.	O	O	O	O	O
25. Your offices and equipment are adequate.	O	O	O	O	O
26. You have the skills to conduct effective staff meetings.	O	O	O	O	O
27. Some staff get confused about the main goals for this program.	O	O	O	O	O
28. Staff here all get along very well.	O	O	O	O	O
29. Psychodynamic theory is commonly used in counseling here.	O	O	O	O	O

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
30. Your staff often has trouble implementing concepts they learn at conferences.	○	○	○	○	○
31. Program staff understand how this program fits as part of the treatment system in your community.	○	○	○	○	○
32. Treatment planning decisions for clients here often have to be revised by a counselor supervisor.	○	○	○	○	○
33. Staff training and continuing education are priorities at this program.	○	○	○	○	○
34. Offices here are adequate for conducting group counseling.	○	○	○	○	○
35. You frequently discuss new counseling ideas with staff.	○	○	○	○	○
36. You were satisfied with outside training available to your staff last year.	○	○	○	○	○
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.	○	○	○	○	○
38. You fully trust the professional judgment of staff who work with clients here.	○	○	○	○	○
39. Pharmacotherapy and medications are important parts of this program.	○	○	○	○	○
40. There is too much friction among staff members.	○	○	○	○	○
41. Some staff members here resist any type of change.	○	○	○	○	○
42. You always listen to ideas and suggestions from staff.	○	○	○	○	○

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
43. Staff generally regard you as a valuable source of information.	O	O	O	O	O
44. You have easy access for using the Internet at work.	O	O	O	O	O
45. The staff here always works together as a team.	O	O	O	O	O
46. Client assessments here are usually conducted using a computer.	O	O	O	O	O
47. Your duties are clearly related to the goals of this program.	O	O	O	O	O
48. You learned new management skills or techniques at a professional conference in the past year.	O	O	O	O	O
49. You consistently plan ahead and carry out your plans.	O	O	O	O	O
50. You are under too many pressures to do your job effectively.	O	O	O	O	O
51. Counselors here are given broad authority in treating their own clients.	O	O	O	O	O
52. This program encourages and supports professional growth.	O	O	O	O	O
53. Behavior modification (contingency management) is used with many clients here.	O	O	O	O	O
54. You read about new techniques and treatment information each month.	O	O	O	O	O
55. Staff here are always quick to help one another when needed.	O	O	O	O	O
56. Computer problems are usually repaired promptly at this program.	O	O	O	O	O

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
57. Novel treatment ideas by staff are discouraged.	○	○	○	○	○
58. There are enough counselors here to meet current client needs.	○	○	○	○	○
59. The budget here allows staff to attend professional conferences each year.	○	○	○	○	○
60. You have enough opportunities to keep your management skills up-to-date.	○	○	○	○	○
61. Mutual trust and cooperation among staff in this program are strong.	○	○	○	○	○
62. Most client records here are computerized.	○	○	○	○	○
63. You are willing to try new ideas even if some staff members are reluctant.	○	○	○	○	○
64. Learning and using new procedures are easy for you.	○	○	○	○	○
65. This program operates with clear goals and objectives.	○	○	○	○	○
66. Staff members often show signs of stress and strain.	○	○	○	○	○
67. You have staff meetings weekly.	○	○	○	○	○
68. You usually accomplish whatever you set your mind on.	○	○	○	○	○
69. You can change procedures here quickly to meet new conditions.	○	○	○	○	○
70. Counselors here often try out different techniques to improve their effectiveness.	○	○	○	○	○
71. You used the Internet (World Wide Web) to access drug treatment information in the past month.	○	○	○	○	○

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

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
72. The formal and informal communication channels here work very well.	○	○	○	○	○
73. You have program policies that limit staff access to the Internet and use of e-mail.	○	○	○	○	○
74. Offices here allow the privacy needed for individual counseling.	○	○	○	○	○
75. You are sometimes too cautious or slow to make changes.	○	○	○	○	○
76. Staff members think they have too many rules here.	○	○	○	○	○
77. You feel a lot of stress here.	○	○	○	○	○
78. 12-step theory (AA/NA) is followed by many of the counselors here.	○	○	○	○	○
79. Program staff are always kept well informed.	○	○	○	○	○
80. The heavy workload here reduces program effectiveness.	○	○	○	○	○
81. You regularly read professional journal articles or books on drug abuse treatment.	○	○	○	○	○
82. Communications with other programs that have similar interests would help.	○	○	○	○	○
83. Staff readily implement your ideas for changing program procedures.	○	○	○	○	○
84. More open discussions about program issues are needed here.	○	○	○	○	○
85. This program holds regular inservice training.	○	○	○	○	○
86. You learned new management skills or techniques from manuals or other self-education materials in the past year.	○	○	○	○	○

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
87. You frequently hear good staff ideas for improving treatment.	O	O	O	O	O
88. Staff seek your opinions about counseling and treatment issues.	O	O	O	O	O
89. You are effective and confident in doing your job.	O	O	O	O	O
90. You have a computer to use in your personal office space at work.	O	O	O	O	O
91. Some staff here do not do their fair share of work.	O	O	O	O	O
92. A larger support staff is needed to help meet program needs.	O	O	O	O	O
93. The general attitude here is to use new and changing technology.	O	O	O	O	O
94. You do a good job of regularly updating and improving your skills.	O	O	O	O	O
95. Staff members always feel free to ask questions and express concerns in this program.	O	O	O	O	O
96. You are highly effective in working with community leaders and board members.	O	O	O	O	O
97. Staff frustrations are common here.	O	O	O	O	O
98. Direct access to counseling resources on the Internet is needed by staff here.	O	O	O	O	O
99. You have a clear plan for leading this program.	O	O	O	O	O
100. Your staff readily follows your leadership.	O	O	O	O	O
101. You have easy access to specialized medical or psychiatric advice for clients when needed.	O	O	O	O	O

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
102. You have convenient access to e-mail at work.	○	○	○	○	○
103. You encourage counselors to try new and different techniques.	○	○	○	○	○
104. You are able to adapt quickly when you have to shift focus.	○	○	○	○	○
105. Cognitive theory (RET, RBT, Gorski) guides much of the counseling here.	○	○	○	○	○
106. You are viewed as a strong leader by the staff here.	○	○	○	○	○
107. Computer equipment at this program is mostly old and outdated.	○	○	○	○	○
108. This program provides a comfortable reception/waiting area for clients.	○	○	○	○	○
109. Staff here feel comfortable using computers.	○	○	○	○	○
110. Frequent staff turnover is a problem for this program.	○	○	○	○	○
111. Counselors here are able to spend enough time with clients.	○	○	○	○	○
112. Support staff here have the skills they need to do their jobs.	○	○	○	○	○
113. Clinical staff here are well-trained.	○	○	○	○	○
114. The workload and pressures at your program keep motivation for new training low.	○	○	○	○	○
115. More computers are needed in this program for staff to use.	○	○	○	○	○