

## CHIRS/TEACH – 3 Month Follow-up

### **Adapting Substance Use Treatment for People with Acquired Brain Injury**

**INSERT DATES OF COURSE**

Thank you for taking the time to complete this brief 3-month follow-up survey. We are interested in hearing about any changes you've made to your clinical practice after participating in the TEACH Course *Adapting Substance Use Treatment for People with Acquired Brain Injury*. Please take a few minutes to answer the following questions.

We appreciate that practice changes take time, and that you have many other competing priorities – therefore, even if you have not made significant changes to your practice, it would be helpful to learn about the barriers to change, your ideas for ways of overcoming these barriers, as well as possible future plans around substance use treatment with individuals living with acquired brain injury. This survey will take approximately 10-15 minutes to complete.

**DUE DATE:** \_\_\_\_\_

#### **Demographic Information:**

1. Are you currently working in the *same* position as when you attended the TEACH course *Adapting Substance Use Treatment for People with Acquired Brain Injury*?

- Yes
- No (please answer Question #2)

2. If you answered “no” to the previous question, what is your current discipline? (Please select one response which best reflects your current professional affiliation/position.)

- |   |   |
|---|---|
| <input type="radio"/> Aboriginal Health Worker              | <input type="radio"/> Manager/Coordinator   |
| <input type="radio"/> Addiction Counsellor                  | <input type="radio"/> Midwife   |
| <input type="radio"/> Advanced Practice Nurse/Clinician     | <input type="radio"/> Nurse Practitioner  |
| <input type="radio"/> Board Member/Volunteer                | <input type="radio"/> Occupational Therapist  |
| <input type="radio"/> Case Manager/Public Health Nurse      | <input type="radio"/> Pharmacist  |
| <input type="radio"/> Chiropractor                          | <input type="radio"/> Physiotherapist   |
| <input type="radio"/> Community Health Worker               | <input type="radio"/> Practitioner of Natural Healing                                 |
| <input type="radio"/> Dental assistant                      | <input type="radio"/> Psychologist  |
| <input type="radio"/> Dental Hygienist or Dental Therapist  | <input type="radio"/> Registered Nurse  |
| <input type="radio"/> Dentist                               | <input type="radio"/> Registered Practical Nurse                                      |
| <input type="radio"/> Dietitian or Nutritionist             | <input type="radio"/> Registered Psychotherapist                                      |
| <input type="radio"/> General practitioner/Family Physician | <input type="radio"/> Researcher  |
| <input type="radio"/> Health promoter/Educator              | <input type="radio"/> Respiratory Therapist, Clinical Perfusionist or Asthma Educator |

- Senior Administrator
- Social Worker
- Specialist Physician
- Support/Administrative Staff
- Tobacco Quit Specialist
- Other

3. If other, please specify:

**Current Clinical Practice Activities:**

4. How frequently do you screen your clients/patients for acquired brain injury?

- Always
- Often
- Occasionally
- Seldom
- Never

5. How frequently do you screen your clients/patients for substance use?

- Always
- Often
- Occasionally
- Seldom
- Never

6. In your role at your agency/program, do you currently provide any counselling to clients/patients?

- Yes (please answer Question #7)
- No (please answer Questions #8)
- Don't know

7. If you answered "yes" to the previous question, what forms of counselling do you currently provide to clients/patients in your agency/program?

- I currently provide group sessions
- I currently provide individual sessions
- I currently provide both group and individual sessions
- Other

8. If other, please specify \_\_\_\_\_

9. If you answered "no" to the previous question, do you plan to provide counselling sessions to clients/patients in the next 3 months?

- Yes, I plan to provide group sessions
- Yes, I plan to provide individual sessions
- Yes, I plan to provide both group and individual sessions
- No, I do not plan to provide any group or individual sessions

10. **With** approximately how many clients have you provided individual counselling over the last 3 months?

- >20
- 16-20
- 11-15
- 6-10
- 1-5
- None
- Unsure
- Not applicable

11. **Approximately** how many group counselling sessions have you offered over the last 3 months?

- > 20
- 16 – 20
- 11 – 15
- 6 – 10
- 1 – 5
- None
- Unsure
- Not applicable

**Individual Practice Change:**

*For the next question, please choose your response according to the following scale: 0 = I retained nothing to 10 = I retained everything*

12. How much knowledge related to substance use treatment for individuals living with acquired brain injury have you retained since completing the TEACH course?

13. *For the next question, please choose your response according to the following scale: 0 = no skills to 10 = highly skilled*

How would you rate your skills related to substance use treatment for individuals living with acquired brain injury since completing the TEACH course.

14. Please check all the activities you have engaged in over the past 3 months. (*Please indicate your answer by checking your response*):

Item	Activities	Yes, I have engaged in this activity	No, I have not engaged in this activity	Unsure	This is not applicable to my practice
a.	Describe the relationship between acquired brain injury and substance use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Apply a model of substance use disorder care for persons with acquired brain injury.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Identify basics of cognitive accommodation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Design a program for substance use disorder for persons with acquired brain injury.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. What are some of the **barriers** to offering substance use interventions for your patients/clients living with acquired brain injury? (*Please indicate your answer by checking your response*):

Item	Barriers	Yes	No	Unsure	Not applicable
a.	Client/Patient lack of motivation to participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Funding / finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Length of client stay is too short for multiple sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Need more concrete clinical tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Need more practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	Not enough staff for implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	Organizational support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	Staff / peer resistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. If applicable, please describe any additional barriers that were not listed:

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17. What are some of the **enablers** to offering substance use interventions for your patients/clients living with acquired brain injury? (*Please indicate your answer by checking your response*):

Item	Enablers	Yes	No	Unsure	Not applicable
a.	Client/Patient motivation to participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Community support and collaboration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Concrete clinical tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Funding / finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Length of client stay was adequate for multiple sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	Opportunities for professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	Opportunities to practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	Organizational support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	Promoting and marketing of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j.	Staff / peer support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k.	Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. If applicable, please describe any additional enablers that were not listed:

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### **Organizational Practice Change**

19. To what extent do you agree or disagree that this training influenced the improvement of programs *in your organization*?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

20. Since the TEACH training, have you implemented any of the following initiatives in your organization? *(Please indicate your answer by checking your response):*

Item	Initiatives	Yes, we have implemented	No, we have not implemented	Unsure	This is not applicable to my practice
a.	My organization integrated substance use screening and assessment into routine intake/assessment questionnaires and tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	My organization integrated brain injury screening and assessment into routine intake/assessment questionnaires and tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Substance use was routinely noted on the patient's/client's chart as a diagnosis or presenting issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Brain injury was routinely noted on the patient's/client's chart as a diagnosis or presenting issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	My organization started offering individual counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	My organization started offering group counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	My organization developed and implemented policies related to this topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h. Others in my organization registered for TEACH training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Clinical staff in my organization joined or developed a local Community of Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. If applicable, please describe other initiatives that you implemented in your organization:

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### **Knowledge Transfer Activities**

22. Have you shared any knowledge gained through completing the TEACH course online?

- Yes
- No
- Not applicable

23. In what way(s) have you communicated to your colleagues any knowledge learned through completing the TEACH course online? (*Check all that apply*):

- Presentations(s) and/or workshop(s)
- Informal discussion/information sharing with staff/colleagues
- Written article or report
- Other

24. Please specify: \_\_\_\_\_

25. What resources have you used to help support your learning? (*Please indicate your answer by checking your response*):

Item	Resources	Yes	No
a.	TEACH Community of Practice Listserv	<input type="radio"/>	<input type="radio"/>
b.	TEACH website for tools/resources ( <a href="http://www.teachproject.ca">www.teachproject.ca</a> )	<input type="radio"/>	<input type="radio"/>
c.	TEACH Educational Rounds	<input type="radio"/>	<input type="radio"/>

d.	TEACH Toolkits such as:	<input type="radio"/>	<input type="radio"/>
	➤ Fundamentals of Tobacco Interventions (FTI)		
	➤ Motivational Interviewing (MI)		
	➤ Indigenous Tools & Strategies on Tobacco: Interventions, Medicines and Education (IT'S TIME)		
e.	Consultation with colleagues in your organization/community	<input type="radio"/>	<input type="radio"/>
f.	Other non-TEACH related continuing education opportunities (e.g. webinars, workshops)	<input type="radio"/>	<input type="radio"/>
g.	Other websites	<input type="radio"/>	<input type="radio"/>
h.	Research literature	<input type="radio"/>	<input type="radio"/>
i.	Other	<input type="radio"/>	<input type="radio"/>

26. Please specify the other resources you used to help support your learning:

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27. In the past 3 months, how many TEACH Educational Rounds did you attend?

- 2-3 webinars
- 1 webinar
- I have not attended a webinar but plan to attend in the future
- I have not attended a webinar and have no plans to attend in the future

28. Have you joined the TEACH Listserv?

- Yes and I have posted/responded to questions
- Yes but I have not posted/responded to questions
- No but I plan to join
- No and I do not plan to join

**Thank you for completing this 3-month follow-up survey!**

We appreciate your time in answering these questions.

Please note that you will be contacted in 3-months' time to complete a follow-up survey similar to this assessment. These surveys help us to ensure that TEACH courses are providing practitioners with the concrete skills and knowledge needed for clinical work over the short- and long-term. The information you provide us with helps us to plan and improve our courses.