

Programming Quality & Engagement Workshop

From Optional Attendance to Mandatory Participation Excellence
Facilitator packet

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Workshop Purpose

Optional programming in addiction treatment creates dangerous gaps in recovery knowledge that may not appear until patients face real-world challenges. This workshop helps treatment centers assess programming quality, identify patterns undermining effectiveness, and transform from optional participation models to mandatory excellence that ensures comprehensive skill development.

Assess Quality

Programming effectiveness

Identify Issues

Undermining patterns

Build Excellence

Mandatory participation

Part 1: Treatment Center Profile

Understanding your programming context

Organization Name (Optional)

Your Role

Treatment Setting

Weekly Programming Hours

Number of Program Facilitators

Part 2: Programming Quality & Engagement

Rate: 1 = Strongly Disagree, 5 = Strongly Agree

Current Programming Effectiveness

All programming is mandatory with clear clinical rationale and accountability systems

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Our programming content maintains direct substance use disorder focus

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Facilitators combine personal recovery experience with clinical training

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

We track attendance with real-time data enabling immediate intervention

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Programming integrates seamlessly with individual therapy and groups

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Content is engaging, interactive, and focused on skill practice

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

We assess engagement quality beyond simple physical presence

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Patients cannot avoid difficult material through selective participation

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Small groups immediately process and personalize programming content

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Our attendance policy treats addiction as life-threatening, not academic

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Programming avoids generic wellness dilution with SUD-specific focus

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Clinical team coordination maintains message consistency across modalities

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Facilitators receive ongoing supervision and professional development

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

We have tiered response protocols for attendance and engagement issues

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Programming quality is regularly evaluated with outcome correlation analysis

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Programming Quality Score: ____ / 75

✓ Excellent Programming Quality: Outstanding mandatory participation and engagement. Focus on continuous enhancement and field leadership.

i Strong Foundation: Solid programming with specific improvement opportunities in lowest-scoring domains.

△ Moderate Quality: Significant enhancement needed in mandatory participation, content quality, or facilitation excellence.

△ Low Quality: Major gaps creating clinical risk. Comprehensive programming transformation essential.

□ Crisis-Level Deficits: Urgent need for intensive transformation. Optional programming culture creates severe patient safety concerns.

Part 3: Quality Issues Identification

Check all issues present in your programming

Current Programming Problems

Attendance Policy

- ☐ Optional programming allows avoidance
- ☐ College curriculum model mentality

Content Quality

- ☐ Generic wellness content vs SUD-specific
- ☐ Random content with no progression

Facilitation

- ☐ Facilitators lack recovery experience

Engagement

- ☐ Low participation and engagement

Accountability

- ☐ No attendance tracking systems
- ☐ No consequences for non-participation

Clinical Integration

- ☐ No integration with therapy/groups

Resource Issues

- ☐ Optional due to staffing constraints

Part 4: Mandatory vs Optional Programming

Understanding your attendance policy

Attendance Policy Assessment

What percentage of your programming is mandatory vs optional?

What is the clinical rationale for optional programming?

What patterns of avoidance exist with optional programming?

What consequences exist for non-participation?

How do administrative factors (staffing, budget) influence programming requirements?

Part 5: Programming Content Quality

SUD-specific vs generic wellness

Content Evaluation

How SUD-specific is your programming content?

- ☐ Highly SUD-specific
- ☐ Mix of SUD and wellness
- ☐ Mostly generic wellness

What evidence-based curriculum guides your programming?

How interactive and engaging is programming delivery?

How do you prevent content dilution with non-SUD material?

Part 6: Recovery-Informed Facilitation

Personal experience meets clinical expertise

Facilitator Quality Assessment

What percentage of facilitators have personal recovery experience?

How do you balance recovery experience with clinical training requirements?

What training exists for facilitators on boundary maintenance and appropriate self-disclosure?

What supervision and professional development support do facilitators receive?

How do you assess and develop facilitator engagement skills?

Part 7: Programming & Treatment Integration

Cohesive therapeutic experience

Integration Assessment

How does programming content reinforce individual therapy goals?

Do small groups process and apply programming content immediately after sessions?

- ☐ Always
- ☐ Sometimes
- ☐ Rarely/Never

How does the clinical team coordinate to maintain message consistency?

Is there intentional sequencing building knowledge progressively?

Part 8: Engagement Quality & Accountability

Beyond attendance tracking

Engagement Systems Assessment

How do you track attendance and participation?

What metrics assess engagement quality beyond presence?

How quickly do you respond clinically to attendance or engagement issues?

What tiered response protocols exist for disengagement?

Part 9: Evidence-Based Programming Excellence

Best practices for transformation

✓ Programming Excellence Practices

Mandatory Participation:

- All programming mandatory with clear clinical rationale
- Admission materials communicate expectations
- Real-time attendance tracking enabling intervention
- Tiered response protocols for non-participation

Content Quality:

- Direct SUD focus in all programming
- Evidence-based addiction curriculum
- Interactive skill practice vs passive lecture
- Real-world application emphasis

Facilitator Excellence:

- Recovery experience plus clinical training
- Boundary and self-disclosure training
- Ongoing supervision and development
- Regular performance evaluation

Integration Systems:

- Small group processing after programming
- Clinical team coordination protocols
- Intentional progressive sequencing
- Message consistency across modalities

X Programming Quality Killers

Optional Programming Culture:

- Allowing impaired judgment to choose treatment
- College curriculum model mentality
- No consequences for avoidance patterns
- Gaps in knowledge discovered post-discharge

Content Dilution:

- Generic wellness vs SUD-specific content
- Random topics with no progression
- Passive lecture without skill practice
- No addiction treatment curriculum basis

Facilitator Deficits:

- No recovery experience or credibility
- Poor engagement and facilitation skills
- No supervision or development support
- Inappropriate self-disclosure boundaries

Integration Failure:

- Siloed programming disconnected from therapy
- No small group processing opportunities
- Inconsistent messages across team
- No clinical coordination protocols

Part 10: Programming Excellence Action Plan

Concrete implementation timeline

IMMEDIATE (Months 1-3):

Emergency interventions and quick wins:

SHORT-TERM (Months 4-6):

Building mandatory participation systems:

MEDIUM-TERM (Months 7-12):

Excellence development and integration:

LONG-TERM (Year 2+):

Sustainability and field leadership:

Programming Excellence Commitment

We commit to eliminating optional programming that allows patients with impaired judgment to avoid essential recovery education. We will implement mandatory participation with clear clinical rationale, enhance content quality with SUD-specific focus, develop facilitator excellence, and create comprehensive integration systems. Addiction treatment demands complete engagement, and we will ensure programming excellence that maximizes the limited window of residential treatment opportunity.

Your Signature:

Date:

Workshop Facilitation Guide**Preparation:**

- Leadership and clinical staff complete assessments independently
- Gather current attendance and engagement data
- Review programming curriculum and content
- Assess facilitator qualifications and training needs

Discussion Format (3-4 hours):

- Opening (20 min): Optional programming dangers
- Assessment Review (40 min): Current state and score analysis
- Issue Identification (45 min): Specific problems undermining quality

- Mandatory Policy (60 min): Transition planning and rationale
- Action Planning (60 min): Phased implementation timeline