

8. Training, Certification, and Clinical Supervision

Training, certification, and clinical supervision are three critical elements for the successful use of the GAIN whether for treatment or a research study. Our national training model consists of four days of training with the purpose of training staff members to return to their agency or site and become Local Trainers (see chapter 1, section 1.3 for details) who can then train others at their site to administer the GAIN. Local Trainers have the role of training staff at their site, both initially and ongoing to deal with staff turnover. This chapter deals with the practical issues involved with this work. The first section (8.1) is a how-to list for holding that first staff training, while the next section (8.2) describes effective methods for training new staff due to turnover. Section 8.3 describes our certification process, including a list of certification levels available from the GAIN Coordinating Center (GCC; see chapter 1 for description). Section 8.4 includes information on how to reach each level of certification. Section 8.5 contains required documentation for certification. Improving one's clinical use of the GAIN through clinical supervision is discussed in section 8.6. While the certification process described in section 8.3 focuses on the collection of reliable and valid data using the GAIN, clinical interpretation of information collected using the GAIN as discussed in section 8.6 requires the integration of other information and should always be done by someone with formal clinical training (e.g., counseling, psychology, social work).

8.1 Holding a Major Initial Training

Conducting an effective training requires a lot of forethought and action. Initial trainings are typically large group trainings that cover a wide scope of information. This section contains a series of action lists for holding a major initial training. The information is broken down by time: items to do before, during, and after the training.

Before the Training. Prior to holding an initial training, a series of decisions and arrangements need to be made and materials need to be created. Decisions related to the training structure, materials, and logistics are listed below.

- **Decide on scope of training (research, clinical, or both)** – The GAIN instruments were designed to integrate research and clinical assessments for substance abuse treatment. They can and have been used effectively for research projects, in clinical settings, and for both simultaneously. When planning a training, knowing where the instruments will be used and for what purposes will help define the scope of the training.
- **Choose a form of the GAIN (I, M90, GAIN-Q, GCI, GCF)** – Depending on the purpose of the training, one of several forms of the GAIN instruments could be used. The GAIN-I is the most comprehensive and is used for intake assessments; the GAIN-M90 is used for follow-up, and items cover behaviors during the previous 90 days; the GAIN-Quick is a general assessment used to identify various life problems; and the GCI and GCF are for an adolescent participant's parent or caregiver, an adult participant's spouse or partner, or other people who have in-depth knowledge of the participant's behavior. The GCI is an

initial collateral assessment and the GCF is a follow-up or monitoring collateral assessment.

- **Choose a version of the GAIN** –There are different versions within each form of the GAIN. Originally, versions were tracked by date (e.g., 1296 meant December 1996), but we now use a three-digit numbering system (e.g., 5.6.0). The first digit refers to the version and identifies a group of instruments that are almost identical. The second digit indicates a change (addition, deletion, or modification) of the questions or responses has been made that impacts data entry, scoring, or interpretation. This is generally limited to a small number of items and has little impact on the overall form. The third digit indicates that minor edits (such as fixing typos) have been corrected.
- **Finalize instrument design (e.g., delete or add items to the GAIN version)** – Depending on the needs of a particular research or clinical site, the item set on the chosen GAIN instrument may be over- or underinclusive of the desired item set. It is not unusual for research or clinical groups using a GAIN to tailor it to their needs, either by adding or deleting items. One way to delete items is to manually cross them off the instrument and inform interviewers to skip those items. Additional scales could be added to the GAIN by stapling them to the end or just adding separate assessment packages. Common measures added to the assessment package include service contact logs, family environment scales, and measures of adolescent or adult psychological and social functioning. We do not recommend making changes to the GAIN documents themselves because the number of multiple versions with the same version number can quickly get out of hand.
- **Identify training topics (administration and QA, interpretation, data entry)** – It is necessary to identify the set of training topics to be covered in the training. A training focused on clinical interpretation may not be interesting for research staff not associated with treatment, and those who are collecting data for clinical purposes may not be interested in using the data entry software or training on rigorous quality assurance standards.
- **Anticipate group size** – The size of the group determines the size of the facilities, the room configuration to be used, and amount of materials needed.
- **Identify trainers (total number, roles)** – The number of trainers needed is driven by the scope of the training. If the training covers a wide scope or if simultaneous sessions will be run, multiple trainers will be needed. When identifying roles of trainers, be sure to match trainers with their expertise.
- **Identify training dates and times** – Blocking out the dates and times for the training is necessary before a training location can be named. If the training is being held in anticipation of a large, funded multisite project, decisions about dates and times will be heavily influenced by the funding cycle. Sites may need time to procure funding and hire staff prior to training staff members.
- **Identify training location** – If the research or clinical site hosting the training does not have adequate facilities to hold a major training it would be necessary to look into conferencing locations such as hotels and conference centers. Conference locations typically are booked well in advance, so allow enough lead time in your planning to secure necessary space.

- **Decide on catering** – Decide whether meals and snacks will be provided as part of the training or whether participants will be on their own.
- **Decide whether continuing education units (CEUs) will be offered** – Certified GAIN Local Trainers may wish to apply for CEUs for trainees prior to hosting the training. The procedure for registering with the state agency overseeing CEUs varies from state to state, but in general one would need to submit evidence of the educational value of the training.
- **Create an agenda (including scheduled breaks)** – Once the scope, topics, instrument package, trainers, time and date, location, and availability of catering have been decided, the training agenda can be created. Be sure to schedule breaks throughout the training days: a minimum of one break in the morning, lunch, and one break in the afternoon. The GAIN training CD includes an example of an agenda for a large, multisite initial training with a wide scope for researchers and clinicians.

There are also numerous logistical details to attend to once basic decisions have been made:

- **Set up registration and payment protocols** – Decide what the training will cost, what it will include and not include, and how a participant will register and pay for the training. Develop the appropriate forms to gather necessary registration information that can be tracked in a simple database. Check with your parent organization about payment protocol. Also have a cancellation procedure in place.
- **Identify trainees (total number, roles)** – Gather enough identifying information on the registration form to generate a list of participants and include this list in the training materials. This is helpful to participants after the training if they want to contact a fellow participant. We suggest the participant list include participants' names, roles or professional titles, organizations or projects, addresses, e-mail addresses, phone and fax numbers.
- **Arrange for CEUs (if applicable)** – If you have decided to register for CEUs, keep in mind that the application process can take a number of weeks and may need to be repeated for each training. The GAIN training CD includes an example of a CEU application that has been used for national training.
- **Advertise training** – If using e-mail or the U.S. mail, attach a copy of your agenda. Even when working with a captive audience (e.g., clinical staff members in a program or research assistants on a study), it is important to keep people informed about the logistics and what is expected of them (e.g., the need to bring computers).
- **Arrange for training location** – Working out the details with a conference center or hotel can take time and will require signing a contract. Be aware of contract details regarding services provided or not provided, payment, and cancellation policies. If training is conducted on-site, try to find a location or situation where the participants (and trainers) will not be regularly interrupted or paged.
- **Arrange for catering (lunches, snacks)** – If the training includes meals and snacks, gather menus from catering services or the conference center or hotel. Keep in mind that conference centers and hotels often prohibit food from the outside being brought in.

- **Arrange for equipment** – E.g., overhead projectors, LCDs, screens, laptops, tape recorders and cassettes or digital recorders, extension cords, video equipment, microphones, overhead pens, etc. Conference centers and hotels may be able to supply equipment, and some may have stipulations requiring that no outside equipment be brought in. Think about your equipment needs ahead of time and make necessary arrangements.
- **Arrange lodging and, if necessary, transportation for participants** – Large or local trainings held in a hotel bypass the need for transportation. However, if the training is held at a distance from participants' lodging, look into transportation issues. Providing a logistics summary to participants as part of the registration packet is useful. This summary should include basic information such as training dates, times, location, lodging and travel information (including available shuttle services, directions to the facility from airports and train stations, and driving directions), and contact information for pertinent staff. Additional information given may include CEU availability, training attire, training rules and courtesies (e.g., turning off mobile phones/pagers during training), and if it would benefit participants to bring laptops or other electronic equipment.
- **Outline notebook materials needed (with deadlines)** – If you are creating your own training materials, create an outline of materials with deadlines and assign specific materials to staff members/trainers. All original materials should be completed at least a week before the training to allow time for duplication and notebook assembly.

Training materials take time to create and duplicate. Below are necessary materials for conducting a GAIN training:

- **Study-specific guidelines document** – Study-specific guidelines (see appendix A for an example) hold information used to complete the cover page of the GAIN. This document provides the range of values to use for each identifying field on the cover page and contact information and roles of key research and clinical staff members using the GAIN.
- **Evaluation forms** – Create an evaluation form keeping the following questions in mind. What do you want to know from the participants? What is the best way to ask questions that will provide the answers you are seeking? Generally, an evaluation form for training should ask questions on the quality of the logistics, materials, training sessions and trainers. Keep in mind that if you are offering CEU credits, CEU agencies may require you to collect and forward evaluation information.
- **Certificates of completion** – Consider developing a means to track participant training attendance hours. Make certificates of completion based on their qualifying hours and send to the trainees after the training. For trainees who wish to claim their CEUs, the CEU agency may require a copy of the certificate as proof of attendance.
- **Other materials** – Think ahead and plan for additional training materials you may need such as handouts, overheads, slides, cassette tapes or memory cards, CDs, and videotapes.
- **Notebooks** - Allow plenty of time for creating new materials and for copying the notebooks for the trainees and trainers, plus a few extras. There are a number of options for obtaining GAIN notebooks for your training:

- Paper copies of the GAIN notebooks can be purchased from Chestnut Health Systems for \$50 per copy for the GAIN-I manual and \$25 for the GAIN-Q manual.
- The text of the GAIN notebooks can be downloaded free from the Chestnut Health Systems website (see specific versions of the GAIN at <http://www.chestnut.org/LI/gain/index.html#Instruments.>)
- Notebook materials obtained at a Chestnut-conducted GAIN training may be copied. Copies of all the notebook materials, training handouts and other materials are included on the CD that accompanies this manual.

During the Training. Almost everyone has attended a training that was boring or unhelpful. This section discusses some tips to make the most of your training and keep your participants interested.

- **Teach by demonstration** – We use a round-robin approach during GAIN trainings. That is, the trainer has a sample script of a GAIN assessment and pretends to be the participant, and the trainees take turns being the assessment administrator. This keeps the trainees active and their attention focused, since they know that their turn will be coming. We also incorporate quality assurance feedback (as discussed in chapter 4) throughout the round robin sessions.
- **Use prerecorded examples** – Prerecord a sample assessment administration based on an actual case and play it during the training as part of the quality assurance presentation, asking participants to offer quality assurance feedback on the taped administration. This is a good way to help them put what they are learning into practice and to see administration from another point of view. Basing your example on an actual case and using a script is helpful because it keeps the administration session more realistic. It is difficult to create a case without many inconsistent responses, especially on the fly. When creating made-up cases, resist the temptation to create an impossibly difficult case – a conglomeration of every worst-case scenario encountered.
- **Incorporate practice sessions** – In addition to the round robin sessions, schedule time for participants to pair up and practice administering the GAIN to each other. During this time the trainer can circulate and give feedback to the trainees as they practice. Holding practice sessions for quality assurance (as in the audio-recorded session described in the previous bullet), scoring and interpretation, and data entry are also helpful to trainees.
- **Vary the agenda** – Try to switch back and forth between demonstrating, talking, and doing practice exercises. It is often easier for trainees to absorb information about the assessment process if they first see a demonstration.
- **Stick to the agenda** – To keep trainees’ attention and energy up, stay on topic during sessions and start and end sessions on time, especially around a break or lunch.
- **Review “next steps” homework assignments before trainees leave** – If trainees are required to audio-record assessments for A-QA review or have any paperwork to complete after the training has ended, be sure to remind them of it. Give them a handout to take with them explaining their next steps.

- **Ask trainees to complete an evaluation form** – Ask the trainees to evaluate their training experience. Collect completed evaluation forms before trainees leave the training so their training experience will be fresh in their minds and you can be assured of getting completed evaluation forms.

After the Training. After all is said and done, there are still a few more things to say and do.

- **Hold a debriefing meeting for all training staff members** – Take time to bring real closure to your training by reviewing your experience. Solicit impressions of the training process from all staff members and review completed evaluation forms and any notes taken during the training.
- **Make decisions about adaptations for future trainings** – Using the information gained in the debriefing meeting, decide on any adaptations for future trainings. Designate who will be responsible for revisions.
- **Distribute certificates of training completion to participants** – Make certificates of completion based on their qualifying hours and send to the trainees after the training.
- **Submit required post-training information to state CEU agency (if offered)** – Although the organization providing the training submits required information such as attendance lists to the state CEU agency, trainees are responsible for claiming their own CEUs. Trainees would need to check on requirements for claiming CEUs earned in another state as reciprocal agreements exist between some states
- **Provide ongoing supervision for certification** – If your staff members are providing ongoing supervision (e.g., A-QA feedback) for certification, set up a protocol for managing the receipt of audio recordings, feedback distribution, and certification tracking. You may need to send periodic reminders to trainees to send in audio-recorded submissions. Upon completion of certification for administration, send certificates of completion to successful trainees.

8.2 Training for Turnover

This section contains a series of guidelines for conducting a small training for turnover, which typically involves targeting one or a few individuals and can usually be tailored more specifically to the staff members' roles. Although there is some overlap in process between a smaller and larger training, preparations are far more focused. All the major decisions have been made and it is mostly a matter of getting the new staff members up to speed on administration, interpretation, and data entry.

In a one-on-one or small group training, the main ingredients are logistics (such as setting a training setting and time), materials, equipment, and trainers. The training curriculum (e.g., notebooks and handouts) and methods (e.g., teaching by example, taped examples, and practice sessions) are identical to those used in a larger training, though with smaller trainings there is the advantage of increased one-on-one time with the trainers and experienced staff members. Some of the common activities of one-on-one or small group trainings are:

- **Start with an orientation session** – This is done to review the materials and set expectations about the training. It may involve a review of the quality assurance criteria so trainees are aware of the features of a quality assessment administration.
- **Role play an interview** – This is done to help walk the person through the assessment, highlight frequently asked questions, and provide some practice.
- **Review frequently asked questions** – Ask trainees to review the FAQs on their own. Provide an opportunity to go over any FAQs the trainees do not understand.
- **Have trainees shadow an experienced interviewer administering the GAIN** – The trainee observes an experienced interviewer administering the GAIN and practices using the quality assurance form to help understand how each criteria is met. This should be followed by an opportunity for the trainee to debrief the interviewer on why or how they did things and on when and why they may have deviated from the planned protocol.
- **Proctor an administration** – Here, the trainee administers the GAIN to several participants while being observed by an experienced interviewer. The experienced interviewer is there to review the administration using the quality assurance criteria and can step in if there is a need to. This session should be followed by a debriefing session with the experienced interviewer. Note that the nature of this observed administration should be disclosed up front so the participant understands what is going on.
- **Audio-record an administration** – For logistical reasons it may be desirable or necessary to have early administrations recorded and reviewed at a later time.
- **Provide group feedback** – When a small group of people are trained it may be useful to do some group debriefings in which trainees share with one other what they have learned. This can also be done as part of a staff meeting if trainees are in various stages of training.

Post-training supervision and certification processes are identical to those used following larger trainings. Keep in mind that arrangements for CEUs, if offered, will most likely have to be made ahead of time for each training. Regardless of whether you are holding a large or small affair, the key to a successful, effective training is planning.

8.3 Global Appraisal of Individual Needs (GAIN) Certification

The Global Appraisal of Individual Needs (GAIN) is a family of semistructured assessments designed to meet both clinical needs for a preliminary biopsychosocial assessment and research needs for a standardized measure of problem severity, service utilization and outcomes. Appropriate administration requires balancing rigid rules of standardized tests that are designed to maximize reliability with the more flexible approaches used in clinical interviews that are designed to maximize validity. Like all measures, the information gathered will be more reliable and valid if the person administering the assessment understands how to appropriately balance these competing styles. Thus, training is the starting point, but we view ongoing quality assurance as the primary process through which all GAIN interviewers and trainers are pushed to their best. As they master each level, we recognize their achievements through a certification process.

Certification Levels. Below is a list of the levels of GAIN certification, at whom they are targeted, and what they require. Our Train the Trainer model is designed assuming that the GAIN Coordinating Center (GCC; see chapter 1, section 1.4 for description) will provide initial training and support with the goal of each agency or research site moving toward “detaching” from the GCC and providing their own ongoing training and support.

In order to achieve this goal, we have found it most effective to use the A-QA model described in chapter 4 of the manual and to “guide” trainees and their sites through an effective, multistep certification process. In this process, individuals who will be in charge of training and supervising research or clinical staff attend training and attain Coursework certification (level 2 below); work toward and achieve Administration certification (level 1 below); conduct a local training of line staff who will be administering the GAIN, conduct reviews of the local line staff as both a means of certifying interviewers at the site (level 1 below) and simultaneously working toward Local Trainer certification (level 4 below).

Usually at least two staff members from each agency work toward Local Trainer level for two important reasons: to have backup so that all the burden does not fall on one staff member and for the agency to be prepared for possible staff turnover. Once the designated staff members have reached Local Trainer certification, the site no longer relies on the GCC for A-QA reviews and regular guidance and support, but may call from time to time with specific questions or to request updated materials. Details on how to reach each level of certification can be found below. Note that all certificates are issued by the GCC.

- 1.) **GAIN Site Interviewer Certification** – This level of certification is for people who have been trained by a certified Local or National Trainer to administer the GAIN at a training other than one sponsored by the GAIN Coordinating Center. Certifications are issued by the GCC based on the recommendation of the certified Trainer and a review of a final written feedback form of Administration QA feedback. A certified Site Interviewer may not go on to Local Trainer certification without attending a subsequent GCC-sponsored national training and achieving Administration certification.
- 2.) **GAIN Coursework Certification** – This is the most general level of certification and the first step toward all other certifications.
 - **Prerequisites**
 - ✓ None
 - **Requisites**
 - ✓ Actively participating in and completing at least 90% of training hours at a GCC-sponsored GAIN training (either a four-day national Train the Trainer event in Bloomington, Illinois or a full on-site 3.5 day GCC-sponsored training).
 - ✓ A signed GAIN usage agreement.
- 3.) **GAIN Administration Certification** – This level of certification enables a paraprofessional or clinician to administer the GAIN. Note: a supervisor should continue to review the Administrator’s interviews over time to guard against any deterioration in the quality of the administration.

- **Prerequisites**
 - ✓ GAIN Coursework certification.
- **Requisites**
 - ✓ Ratings of sufficient or excellent by a GCC A-QA reviewer on all areas of the feedback form based on reviews of audio-recorded administrations.

4.) **GAIN Local Trainer Certification** – This level of certification is available for those who will be responsible for leading local GAIN trainings at their own agency. These trainings are for staff members at the Local Trainer’s site and are covered under the same GAIN license as the Local Trainer. The Local Trainer performs quality assurance reviews on trained interviewers and recommends them to the GCC for Site Interviewer certification. In most cases people who wish to become GAIN Local Trainers must attend a GCC training. A certified National Trainer who is also a certified GAIN National QA Reviewer can, on a limited basis and with permission from the GCC, train GAIN Local Trainers. Most Local Trainers are trained at GCC-sponsored GAIN trainings and work directly with the GCC to attain this level of certification.

- **Prerequisites**
 - ✓ GAIN Administration certification.
- **Requisites**
 - ✓ A signed GAIN Local Trainer’s Agreement.
 - ✓ Pass Stage One and Stage Two of the Local Trainer process by writing feedback for GAIN interviewers and submitting the audio-recorded interview and feedback to the GCC until mastery level is reached.

5.) **GAIN National Trainer Certification** – This level of certification is available on an invitation-only basis for people who will train nationally and be eligible for paid consultant training work with GCC on national and on-site trainings. Certified National Trainers can train others as Site Interviewers outside their own agency or project with proper communication with the GCC. National Trainers can train Administrators and Local Trainers if they are collaborating with the GCC in a GAIN Train the Trainer event. Additionally, certified National Trainers may train a limited number of Administrators and Local Trainers if they also achieve National QA Reviewer certification (see below) and have written permission from the GCC to do so. Requirements for certification:

- **Prerequisites**
 - ✓ GAIN Local Trainer certification.
- **Requisites**
 - ✓ Invitation to apply from GCC training team.
 - ✓ A signed GAIN National Trainer’s Agreement.
 - ✓ Approval of an application by senior certified National Trainers.
 - ✓ Successful participation at a week-long GAIN Trainers Institute and successful participation in national GAIN trainings (usually one or two) until mastery of all GAIN training material is demonstrated.
 - ✓ Successful completion of a general competency exam and exams in areas of specialization (e.g. clinical, GAIN-Q, GAIN ABS user).

- ✓ Submission of participant evaluations of each regional non-GCC sponsored training conducted.
- ✓ Paid participation in at least one national or onsite training with GCC each year (or videotaped submission of training with GCC permission).

Specialty Certification

GAIN National QA Reviewer Certification – This level of certification is available to people who wish to review audio-recorded submissions for the GAIN Coordinating Center on a consultant basis. It is available on an invitation-only basis. More information on this level of certification is available by e-mailing the GAIN research projects manager at GAINInfo@chestnut.org.

8.4 How To Get Certified

The purpose of this section is to provide specific information on how to reach each level of certification and to answer some frequently asked questions about the process. It is important to start by reviewing the steps an agency or research site typically takes to get started once making the decision to use the GAIN. Generally a clinical director, principal investigator, or project director or coordinator will:

- **First:** call the GAIN Projects Manager or e-mail GAINInfo@chestnut.org to find out the requirements and options for training.
- **Second:** complete and submit a GAIN license agreement and, if interested in using GAIN ABS, a GAIN ABS license agreement (see <http://www.chestnut.org/li/gain> and <http://www.chestnut.org/li/abs> for more information).
- **Third:** decide whether to send appropriate staff to the next national GAIN training, to host a single, on-site training, pursue becoming a regional training center, or a combination of these options (more information on this process can be found in section 1.4 of this manual).
- **Fourth:** decide which staff members are most appropriate to fit the role of Local Trainer: who will likely be training and supervising the agency or site staff who will be administering the GAIN?

Once these initial decisions have been made (see chapter 9 for a list of common implementation questions to answer when deciding to use the GAIN), the training is conducted and coursework certification (level 1) is awarded to trainees who meet the criteria described above. After training, the next step for trainees is to begin working on administration certification. This process is described in the following section (see also attachment 8-1 at the end of this chapter for a summary of how to reach each certification level).

How to get Administration certification. As described in detail in chapter 4, we use a process in which the trainee first practices administrations, then audiotapes actual administrations and submits them for A-QA review. After review, the trainee receives detailed written feedback with a recommendation of what to do next. The process continues until the trainee receives a rating of

Sufficient or better on all four major sections of the feedback form with a recommendation to certify. Before leaving a GCC-sponsored GAIN training, you will receive a handout specifying your next steps in the A-QA process, including the name and contact information of the designated GCC A-QA reviewer who will be your main point of contact for submitting tapes and asking questions, deadlines for submissions and a summary of what to do next. Following is a detailed description for proceeding through this process starting with the moment you leave training.

What do I do first? Practice at least twice and read through the GAIN aloud to increase your familiarity with it. This will help you get certified with fewer taped submissions.

How do I send in a tape? After practicing, try to use a real participant, but if one is not available you may use a mock assessment for your first attempt. This mock interview should be done with someone who uses a premade case, such as one of the cases included on the training CD. The person pretending to be the participant should purposely throw in some of the common errors listed in chapter 4 of the manual, but the case should not be made overly difficult. For the assessment itself:

- Be sure you have permission to tape the assessment if using a real participant. An example of an audiotape consent form can be found on the training CD accompanying this manual.
- Tape the entire assessment from beginning to end.
- You may use standard or mini-cassettes, but standard is preferred.
- Tape the assessment at regular speed.
- Keep the recorder close to the participant.
- Use pen, not pencil, on the assessment.

After you have finished the assessment:

- Make a copy of the assessment and, if you would like a copy of the tape, make a copy of the tape. **Send the a copy to the GCC, not the actual assessment**—neither the tape nor the assessment will be returned to you.
- Label the tape with the following information:
 - Participant's ID number (but not his full name).
 - Interviewer's name.
 - Date the assessment was recorded.
 - A number to call in case the tape is lost in the mail (e.g., "If found, call 1-800-XXX-XXXX)."
- Prepare a short cover letter that states:
 - The name of the interviewer.
 - To whom the feedback should be sent and that person's e-mail address (we prefer to send all feedback via e-mail).

- That you are submitting the tape for review for administration certification.
- Whether the administration was conducted with a real participant or if a mock case was used.
- Any additional information that would help us in reviewing the tape (one example would be including a comment such as, “Participant scored high on cognitive impairment check but felt OK to do the assessment, but about halfway through started having greater difficulty understanding and following along”).
- Send the tape, the copy of the assessment, and the cover letter to the designated GCC A-QA reviewer listed on the A-QA Process Handout you received as part of training. Please send only the assessment copy and the tape, not any consent forms.
 - All tapes will be sent to the same address: QA Tape Reviews, Chestnut Health Systems, 448 Wylie Drive, Normal IL 61761.
 - Be sure to use a box or heavy padded envelope to ensure that the tape remains in the package until it reaches Chestnut.
 - Double-check that no actual participant names are present on the assessment or tape. On the taping itself, it is okay to call the participant by their first name only.
- We suggest sending the tapes overnight or 2-day mail (see “Deadlines” section below for information regarding why this is preferable).
- E-mail GAINSupport@chestnut.org to alert the A-QA team that you sent a tape and include information on when it should be arriving. Again, during training you will receive information on who to send the e-mail to. Taking this extra step to send the e-mail helps us be on the lookout for the tape and notify you right away if we have not received it in a reasonable amount of time.

I sent a tape. Now what happens?

- The designated GCC A-QA reviewer will send you an e-mail message when the tape arrives at Chestnut confirming its receipt and stating a date by which you will receive feedback.
- You can keep practicing, but do not send any more tapes until you receive your feedback.
- A thorough review is conducted and feedback will be sent to the e-mail address indicated in the cover letter. The e-mail will include some summary information of our overall impressions of the assessment, and what you should do next.
- We typically are able to send you feedback within one week of the first full day after we receive your tape.
- Very few trainees have ever been certified based on only one taped submission, so it is likely that your first set of feedback will be rated “pending” with a recommendation that you:
 - Review the feedback carefully.
 - Contact your designated GCC A-QA reviewer or A-QA supervisor with questions about the review.
 - Practice problem areas.
 - Tape another administration to submit.

- This process is repeated until certification is achieved. It usually takes two to four tries to reach certification. Sometimes there may be one problem area that seems to be giving a trainee trouble, in which case additional technical assistance in the form of phone review and practice with the GCC A-QA team may be recommended before the trainee can submit another tape. This is done to help ensure the trainee will become certified on their next attempt.

When can I train my staff? Once Administration certification (level 2 above) is reached, you may conduct a site staff training. In fact, in order to work toward Local Trainer certification, you will need to conduct such a training.

How do I become a Local Trainer? Becoming a Local Trainer is desirable because a Local Trainer can train site staff and recommend them for Site Interviewer certification.

- The first step is to conduct a local training of site staff who will be conducting GAIN interviews.
- Have your trainees use the same process of taping their assessments, but instead of sending them to Chestnut, you will review them.
- Before reviewing a tape, make a copy of the assessment so that you will have a “clean” copy to send us after conducting your review.
- Review the trainee’s administration using the same criteria found in chapter 4 and that the GCC used to review your administrations.
- You will use the GCC feedback form to conduct these reviews until you become certified as a Local Trainer. This form is located in chapter 4 of this manual and a usable Word version of the form is located on the CD that accompanies this manual. Once you are certified, you can use any method you choose for initial or ongoing QA (e.g., in-person review with oral feedback or any other method you choose).
- After conducting your review and preparing feedback, you will be sending the tape, a copy of the assessment, and a cover letter to the designated GCC A-QA reviewer. You will also e-mail your feedback to the GCC A-QA reviewer.
- The GCC will conduct a blind review of the assessment and will then compare your feedback with the GCC A-QA reviewer’s feedback in order to prepare written suggestions and recommendations. You will be contacted to schedule a time to conduct a phone review to walk through the comparison and feedback. You will also be e-mailed the feedback our A-QA reviewer did, for comparison, and our written feedback and recommendations.

What do you look for in the reviews? We are concerned with both the ability of the reviewer to prepare detailed, easily understood feedback that catches most of the issues and includes positive feedback, with the ability of the reviewer to appropriately rate each section on the feedback form. We also look for the ability of the reviewer to make an overall decision of pending or certified (hopefully one that matches the decision from our blind review). Remember, once certified, a Local Trainer is able to recommend his or her staff for certification.

Two stages of reviews to reach Local Trainer certification. There are two stages involved in the Local Trainer process.

- **For stage one**, send a submission by a trainee you feel is not ready to be certified so we can rate your ability to give specific, behavioral feedback, catch issues, rate each section on the feedback form, and rate the overall quality of the assessment. It often takes two attempts to pass this stage.
- **For stage two** (after passing stage one), send a submission on a trainee you believe is ready for certification. The agreement on knowledge of mastery level required for certification is key in this stage.

What are the possible outcomes from a Local Trainer submission? Both in stage one and stage two, a decision will accompany your feedback letting you know if you:

- **Did not pass** – Must review feedback and resubmit for whichever stage you are working on.
- **Tentatively passed** – Feedback is good and ratings were in agreement but more detail could have been given in a couple of feedback areas. Must rewrite feedback for same submission and e-mail revised feedback only. Does not need to resubmit another tape for the level being worked on.
- **Passed** – Ready to either move on to stage two (if in stage one) or become certified as a Local Trainer (if in stage two).

What happens when I get certified? You will receive a certificate showing your new status as a certified Local Trainer as well as a Site Interviewer certificate for your trainee whose tape was used to pass Stage Two. In addition, this information will be updated in our list of certified trainers. In order to determine whether you are on a list of certified individuals, e-mail GAINSupport@chestnut.org.

Do I need to submit more tapes to certify other Site Interviewers? No. In order to certify Site Interviewers after you have reached Local Trainer certification, e-mail the feedback form only (do not send tape or assessment) for only the interview meeting certification requirements (do not send prior reviews) to GAINSupport@chestnut.org with an e-mail message recommending the person for certification. You will receive a response within 24 hours. Please note:

- You need to use our feedback form for these requests but are not required to use our form for any other reviews you conduct.
- We thank you for sending these requests, since they help us keep our records updated.
- Please also inform us if a certified staff member leaves the agency or project so we can update our records. This can also be done by e-mailing GAINSupport@chestnut.org.

Deadlines for completing the certification process. We have found that trainees who wait for months to submit a tape to us often have a much more difficult time reaching certification. Based

on our experiences from reviewing hundreds of tapes, we have adopted a deadline schedule that begins at the end of training:

- **Deadline to submit first tape:** 2 weeks after last day of training
- **Deadline to reach administration certification:** 3 months after last day of training
- **Deadline to reach Local Trainer certification:** 6 months after last day of training

If you face difficulties reaching the first two deadlines, contact us right away and explain your situation (GAINSupport@chestnut.org; for confidential situations, ask to speak to the GAIN Research Projects Manager). Once you have gone past the 6-month deadline, you must attend another national training to be able to continue your certification process.

8.5 Documentation of Certification

The names of certified National Trainers are posted at <http://www.chestnut.org/LI/gain/GAIN%20Training/index.html>. Any certified Local or National GAIN trainer can submit documentation for review for appropriate certification for persons whom he or she has trained. Please e-mail GAINSupport@chestnut.org for more information. Names and signed GAIN usage agreements (exhibit 8.1) should be submitted to:

Joan Unsicker
Chestnut Health Systems
448 Wylie Drive
Normal IL 61761
E-mail: junsicker@chestnut.org

Requests for certificates at levels 3 and 4 will be accepted only from certified National Trainers. Completed certificates will be returned to the Local or National Trainer requesting them and issued only to individuals or staff members from an agency with a current GAIN license agreement. A copy of this license agreement is in appendix G. A list of agencies with GAIN licensees is also posted on the GAIN website. Contact GAINSupport@chestnut.org for further information.

Continuing Education Credits. GAIN training is approved for continuing education unit (CEU) credits by the Illinois Alcohol & Other Drug Abuse Professional Certification Association (IAODAPCA) for the following Categories: Counselor I or II, Assessor I or II, Mentally Ill Substance Abusers (MISA) I or II or Gambling II. Contact Joan Unsicker at Chestnut Health Systems regarding information on CEUs. If you want to apply for CEUs from another agency, an example of one of our applications is included on the CD.

Exhibit 8-1. GAIN Usage Agreement
(last updated June 2007)

By signing below I am agreeing to:

- use the GAIN only if I (or my agency) have a valid GAIN license agreement.
- represent the GAIN only as a tool for research or program evaluation and, if used clinically, as one of several sources of information that should be combined with clinical judgment in making diagnosis, placement and other clinical decisions.
- not train others to use the GAIN until I have been certified, or not otherwise misrepresent my certification level to others.

Name: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Grant Program (if applicable): _____

Grant # (if applicable): _____

Sponsor/Funder (if applicable): _____

GAIN License #: _____

Trainee Signature

____/____/_____
Date (MM/DD/YYYY)

Print Trainee's name

GAIN Certified Trainer

____/____/_____
Date (MM/DD/YYYY)

Print Trainer's name

Trainer, please initial all that apply:
____ **GAIN Coursework Certificate**
____ **GAIN Administration Certification**

Exhibit 8-2. GAIN Local Trainer's Agreement
(last updated November 2003)

By signing below I am agreeing to:

- conduct training only within my own licensed agency or a collaborating agency on my research project that is listed on my GAIN license;
- conduct quality assurance reviews on local trainees and assist them in moving toward Site Interviewer certification;
- submit a qualifying A-QA review to the national A-QA supervisor when recommending a Site Interviewer for certification and keep the national A-QA supervisor informed when certified staff leave the agency;
- represent the GAIN only as a tool for research or program evaluation and, if used clinically, as one of several sources of information that should be combined with clinical judgment in making diagnosis, placement and other clinical decisions;
- not misrepresent certification levels for myself or others;
- identify to Chestnut Health Systems anyone whose certification should be revoked for violating this agreement or because they are not meeting satisfactory ratings in quality assurance reviews (after attempts to correct them).

Name: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Licensee: _____

GAIN Local Trainer's Signature

____/____/_____
Date (MM/DD/YYYY)

Print GAIN Local Trainer's Name

GCC A-QA Supervisor's Signature

____/____/_____
Date (MM/DD/YYYY)

Print A-QA Supervisor's Name

Exhibit 8-3. GAIN National Trainer's Agreement
(last updated June 2007)

By signing below I am agreeing to:

- Only conduct training for agencies with a **valid GAIN license agreement** and identify to Chestnut Health Systems GCC any agency using the GAIN without proper licensure.
- **Contact GAIN Coordinating Center (GCC) at GAINInfo@chestnut.org at least 4 weeks prior to contracting to provide training services and provide them with:**
 - ✓ **Agenda for the training and training date**
 - ✓ **Agency and GAIN license number**
 - ✓ **Names of trainees**
 - ✓ **How quality assurance will be conducted**
 - ✓ **A copy of the signed "GCC Services and Disclosure"**
- Complete a "GCC Services and Disclosure" form with the client for every non-GCC GAIN training (with the exception of local trainings);
- Request from GAINInfo@chestnut.org updated GAIN materials and information prior to conducting training;
- Maintain a trainee to trainer ratio of 6:1 at every training (12:1 at GAIN-Quick Trainings);
- Not misrepresent certification levels for myself or others;
- Notify Chestnut Health Systems of anyone whose certification should be revoked due to violation of this agreement;
- Inform GAIN training participants that they are eligible for GAIN site interviewer certification only;
- Train others using the National Training, Quality Assurance (QA) model, and materials unless permission is received from the GCC to use alternate materials;
- Conduct at least one GAIN training per year as a GCC representative and receive feedback, or with GCC permission, submit a videotape of a full GAIN training conducted and receive feedback.

Failure to comply with these requirements will result in revocation of your GAIN National Trainer Certification

Name: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Licensee: _____

_____/_____/_____
National Trainer Candidate's Signature Date (MM/DD/YYYY)

Print National Trainer Candidate's Name

_____/_____/_____
GCC Research Projects Manager's Signature Date (MM/DD/YYYY)

Print GCC Research Projects Manager's Name

Exhibit 8-4. Achieving GAIN Certification

To move from level...	To level...	You are required to...	Notes
2–Coursework	3–Administration	<ul style="list-style-type: none"> • Provide evidence of a GAIN Coursework certificate. • Pass an Administration QA review. • Practice administering the GAIN. • Tape yourself administering a GAIN. • Send the tape and a hard copy of a paper-administered GAIN to A-QA Team, Chestnut Health Systems, 448 Wylie Drive, Normal IL 61761 • You will receive feedback from the A-QA review within one week of tape receipt. The process continues until all areas of the feedback form are rated sufficient or better. 	See chapter 4 in the GAIN manual on QA for important details about sending tapes and assessments through the mail.
3–Administration	4–Local Trainer	<ul style="list-style-type: none"> • Provide evidence of a GAIN Administration certificate. • Submit a signed GAIN Local Trainer’s Agreement. • Conduct a training of local staff. • Conduct A-QA reviews on taped assessments of trained Site Interviewers. • Submit taped administrations and feedback to A-QA Team, Chestnut Health Systems, 448 Wylie Drive, Normal IL 61761, where a blind review of the same assessment will be conducted. • You will be contacted by a Chestnut A-QA reviewer to set a time for a phone review within two weeks of tape and feedback receipt. You will receive both written feedback and a phone review. • Process continues until both stage one and stage two are passed. 	There are two stages to the Local Trainer process. The first stage involves submitting a taped assessment and feedback on a trainee who is not ready to be certified. The second stage involves submitting a taped assessment and feedback on a trainee who is ready to be certified. See section 8.4 of the manual.
4–Local Trainer	5–National Trainer	<ul style="list-style-type: none"> • Available by invitation and application only. Contact GAIN Info (GAINInfo@chestnut.org) for additional information. • Provide evidence of a GAIN Local Trainer certificate. • Submit a signed GAIN National Trainer’s Agreement. • Approval of an application by senior certified National Trainers. • Successful participation in a week-long GAIN Trainers Institute and at least one GCC-sponsored national training to mastery level. • Successful completion of a general competency exam and exams in each specialization area of interest (e.g. clinical, GAIN-Q, GAIN ABS user). • Submission of participant evaluations of each regional non-GCC training conducted. • Annual submission of videotaped training (of one full training) for comments and feedback to maintain certification or sometimes participation in a GCC-sponsored training. 	National Trainers are similar to Local Trainers but can train Administrators and Local Trainers across multiple agencies in a region.

8.6 Clinical Supervision

Beyond quality assurance and individual supervision, clinical coordinators and directors can play a pivotal role in getting the most out of using the GAIN. It starts with setting up the expectation that assessment is an important component of high quality care. Would you want surgery done by a doctor who did not do a careful diagnosis, make adequate preparations, take necessary safe guards, and provide adequate follow through? Would you want to ride on an airplane where the pilot did not conduct systems or safety checks? While many counselors can quickly get to an issue, they may not be as good at consistently identifying the multiple overlapping problems that commonly occur. While standardized assessment suggests that 50% to 80% of people entering substance abuse treatment have multiple co-occurring psychiatric problems, treatment records suggest that clinicians regularly identify only about 3% to 10% (Kessler et al., 2001; Regier et al., 1990; Robins & Regier, 1991; Womack et al., in press). If counseling is to be effective, it is important to identify these other problems and understand how they are related to substance use and each other, both for program planning and because it is what the participants expect from us (Frank & Frank, 1991).

The next step is to avoid the trap of treating assessment as paperwork to be checked off a to-do list. To accomplish this, clinical supervisors must encourage staff members to actively use the results of the assessment in the diagnosis, placement recommendations, and treatment plans. As, or perhaps more important, the results should be regularly discussed as part of staff meetings, individual case reviews, and quality improvement meetings. For instance, clinical supervisors can require staff members to bring the assessment to staff meetings so everyone can ask follow-up questions (which even junior staff members should be able to answer since it is a standardized assessment). They can talk about whether or not to exclude someone from a general group session because of a high number of symptoms related to conduct disorder or violence (which are associated with negative effects on the other group members). They might develop a protocol of individual counseling or special groups for participants with high scores on the GAIN's general victimization scale (who typically have a whole cluster of internal distress problems and often require residential treatment or a change in their environment in order to sustain recovery).

One advantage of standardized assessment is that it allows a group of clinicians to work more effectively with one other or take advantage of the findings of other groups. The clinical supervisor can develop decision rules for when cases should be referred to senior staff or specialty staff members (e.g., nurses, psychiatrists, vocational specialists) based on what is available in their system. Specialty programs (e.g., a program from pregnant or postpartum women, a methadone program or an adolescent residential program) that draw from a large catchment area may work with other agencies to do an initial assessment using the GAIN or the GAIN-Quick. For rural areas, this may allow an assessment to be done by another program and used for the initial placement/admission decision without requiring the person to travel several hours multiple times. For student assistance, employee assistance, juvenile justice, or criminal justice programs, it may allow a staff member to identify whether it would be better to refer a person to a substance abuse provider, a mental health provider or even to provide a brief intervention on site. Because the assessments are standardized, they also reduce the number of times participants are asked the same information over and over. Since assessments take a considerable amount of time and resources, these efficiencies are appreciated by both the program staff and participant.

Some other practices that supervisors can encourage to further hone their staff members' ability to interpret and use the GAIN include:

- Have staff members present difficult or special cases in staff meetings and brainstorm about how to handle such cases.
- Have new staff members review an intake assessment for a participant admitted several months prior, recommend a course of treatment and speculate about the participant's response. This is a particularly useful training tool since the participant's treatment result is actually known.
- Have staff members review and report to the group on an article using the GAIN with a related population, then discuss its implication for your program.
- Have staff members develop specific procedures (e.g., motivational interviewing) or curricula (e.g., a group on dependence or victimization) that use information from the GAIN (pooled across people) as a starting point.
- Have staff members use the GAIN scales to talk about caseload severity and distribution.
- Have staff members identify specific types of problems that are occurring for which there is a gap in the current service system (discussed further in the next chapter).

Since many staff members are involved in professional training or continuing education, there are often opportunities for them to use the data and report to their colleagues.

Since April 2003 it has been necessary for clinical supervisors to develop explicit policies regarding access to GAIN data. The GAIN includes personal health information and, thus, comes under the Health Insurance Portability and Accountability Act of 1996. Therefore, there needs to be an organizational policy regarding who has access to both the hard and electronic copies of the GAIN. The GAIN's computer applications are written in ABS (Hodgkins & Dennis, 2002), which is HIPAA compliant and allows you to specify access in terms of both roles (e.g., supervisor, a clinical team) and individual staff member ID numbers. It also is capable of tracking who accesses the records, exporting password-protected copies of the data or report (used for transferring a case or making a referral) and exporting the data (with or without confidential information). Clinical supervisors will have to define the clinical team or role-based access or procedures for allowing specific individuals to access a record. Generally speaking, the supervisory role is also one that allows them to have access to all cases or grant access to other staff members.

When first implementing the GAIN with existing staff it is important to win over a couple of senior counselors to whom the other staff look up and will follow and bring them into the planning and implementing process. A quick way to win over senior staff is to suggest they use the GAIN with an existing case that has reached a clinical "plateau." Assuming the initial or primary problem was addressed, the plateau is likely due to a problem that was originally missed or one that arose after the initial assessment was done. Since the senior staff likely has been working the case for some time, they are vested in it and will be impressed if the planning and implementing process results in a breakthrough. Asking a long-standing participant to help staff members practice a new assessment provides a positive opportunity for the participant to "turn the tables" and may result in a treatment breakthrough for staff.

Another way to get senior staff members vested in the assessment is to have them debrief the participant by interpreting the results. Despite the large amount of time invested in assessment, it

is relatively rare for participants to be told what it all means. Debriefing the participant forces the staff member out of a skeptic mode and helps them focus on integrating the information into a clinical impression and use skills like motivational interviewing (discussed further in chapter 7).

Both senior and junior staff may initially raise concerns about how the GAIN will impact the establishment of early clinical rapport. The two most common concerns are about the need for more open ended discussion and about the invasiveness of some questions. While a few minutes of rapport building is often beneficial, the working or therapeutic alliance (the goal of this process) is actually equal to or slightly better after doing a standardized assessment and providing some insightful feedback. Given that the median participant stays in treatment for only 4 sessions, we cannot afford to spend 1-2 whole sessions in an unstructured rapport-building process. Moreover, this is also counterproductive and frustrating for the participants: can you imagine going to a doctor for a specific problem and having them spend the first or two visits just getting to know you?

The second concern staff members often raise is that participants will be uncomfortable talking about sexual activity or past victimization. This is actually the staff members saying that they are uncomfortable with it since certified staff members easily and routinely collect this information without any problems. Moreover, it is often critical information for understanding the participant's situation.

Some staff members will also shy away from collecting information related to suicide risk, victimization, or current pregnancy (with current substance use) because they do not know what to do about it or are afraid of invoking reporting requirements. This is particularly true in research studies where staff members may have less clinical training or be under institutional review boards with a "don't ask, don't tell" policy. The unfortunate reality is that these problems are common among people entering substance abuse treatment and staff members using the GAIN will be increasingly identifying these situations. It is, therefore, important for clinical supervisors and programs to have clear procedures for handling such incidents.

It is important to recognize that some participants will have problems estimating when something happened, be cognitively impaired or may simply lie. Clinical staff members often view the calendaring exercise as unnecessary, but research suggests that failure to correctly anchor the time points is the major source of inconsistency and unreliability in assessments (Cottler et al., 1994). Similarly, staff members often complain about using the cognitive impairment check, but about 10% of the participants have problems that are likely to impact the validity of the assessment. In some cases the problems are so severe the GAIN must be postponed or alternative methods such as collateral reports must be relied on to collect the information.

Finally, this is a population with a high rate of personality disorders and a subset of people who blatantly lie about their substance use, illegal activity and other behaviors. Therefore, it is important to look for inconsistencies (e.g., a large number of arrests with no self-reported illegal activity) and combine information collected using the GAIN assessment with other information (e.g., urine tests, collateral reports, referrals). As a clinical supervisor, your enthusiasm for using the GAIN has to be tempered with efforts to get staff members to address these issues.