

*"Ideas for Treatment Improvement"*

# ADDICTION *Messenger*

MAY 2007 • VOLUME 10, ISSUE 5

PLEASE COPY OR POST

## SERIES 26

Northwest Frontier  
Addiction Technology  
Transfer Center

810 "D" Street NE  
Salem, OR 97301  
Phone: (503) 373-1322  
FAX: (503) 373-7348

A project of  
OHSU  
Department of Public Health  
& Preventive Medicine

Steve Gallon, Ph.D.,  
Principal Investigator

Mary Anne Bryan, MS, LPC  
Program Manager, Editor  
bryanm@ohsu.edu

Be sure to check out  
our web page at:

[www.nfattc.org](http://www.nfattc.org)



The Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

*Unifying science,  
education and services  
to transform lives*

## Improving Agency Processes - Part 2 How To Make Change Happen

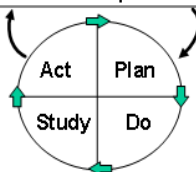
*"I have always known  
That at last I would  
Take this road, but yesterday  
I did not know that it would be today."*

~ Narihira (9th century) ~

Network for the Improvement of Addiction Treatment (NIATx), introduced in last month's issue, uses the Plan-Do-Study-Act (PDSA) model to turn a change idea into action - to make it happen. The PDSA model's structure is simple and represents the flow of information gathering, problem identification, decision-making, action, and assessment to test ideas for agency process improvement. Implementing a rapid PDSA change cycle is a way to try out an innovative idea that could solve a problem or improve customer service. It begins with a Plan, and ends with Action based on the learning gained from the Plan, Do, and Study parts of the cycle. The following diagram illustrates for Model for Improvement using the PDSA Cycle:

### Model for Improvement

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we test that will result in an improvement?



**(P)**lan the change. The first step in planning is understanding the problem and what contributes to it.

- What is the aim of the plan, and how will an agency know if the change being planned is an improvement?
- What does the agency predict will happen?
- What steps are needed to prepare for the plan, (who, what where, when)?

**(D)**o the plan. Implement the change for a limited period of time in a portion of the agency and measure the results. Document problems and unexpected observations.

**(S)**tudy the results. Review the data and compare the actual results to the predicted results. Has the change resulted in an improvement? Why or why not? Summarize what has been learned.

**(A)**ct on the new knowledge. Should the change be increased in scope or modified? Should the change be adopted, adapted, or abandoned? What modification needs to be made to potentially improve the results?

When an agency tests a change this way, it: 1) minimizes risks and expenditures of time and money, 2) makes change in a way that is less disruptive to clients and staff, 3) reduce s resistance to change by starting on a small scale, and 4) learns from the ideas that work, as well as those that do not.

### **Key Roles & Responsibilities**

It is crucial to recognize and understand the different roles played by members of an organization when undertaking a change in agency processes and procedures.

#### ***Agency Director***

In order for a change project to be successful, the director must see it as a priority and be committed to supporting the change process. It is important to find and partner with a Change Leader selected from within the organization, work to remove barriers, and provide a “steady drumbeat” to support the project. The Director fosters and sustains the change process by asking for updates at management meetings, visiting change team meetings, reading and commenting on team minutes, rewarding and acknowledging team efforts.

The Director’s role in supporting process improvement involves:

1. Identifying the problem and articulating the vision (What does the organization hope to gain from the change?).
2. Demonstrating that management is committed to the process of change and will provide the resources to make change happen.
3. Managing potential defensiveness from staff.
  - Acknowledging that processes, not people, are the problems the organization is addressing.
  - Exposing potential difficulties/barriers and brainstorming how to address them.
4. Empowering the Change Leader and Change Teams to:
  - Identify innovative ideas for improvement.
  - Experiment with new processes.
5. Maintaining and sustaining improvements by making them permanent within the organization.

#### ***Change Leader***

The Change Leader provides day-to-day leadership, energy, enthusiasm, and coordination for the improvement process. It’s important that the leader have sufficient power and respect to influence all levels of the organization.

The Change Leader supports process improvement by:

1. Serving as a catalyst to develop ideas for a change initiative.
2. Supervising measurement, collection and compilation of data for the study and act phases of the change process.
3. Facilitating change team meetings:
  - Encouraging participation.
  - Providing minutes of key decisions .
  - Assigning responsibilities.
  - Keeping members on task.
  - Soliciting opinions, discussing ideas and working to reach a consensus.
  - Communicating key decisions to Change Team and Agency Director.
4. Supervising the change process and helping the team with implementation issues.
5. Empowering employees to overcome barriers to implementation of a change.
6. Keeping the team moving with weekly analysis of new data.
7. Keeping the Director updated on Change Team activities.

#### ***Change Team***

The Change Team is made up of front line workers and supervisors in areas where the changes will be implemented, other employees who are affected by the change, and persons with special knowledge about a specific change (e.g., clients, information technology staff).

The Change Team supports process improvement by:

1. Deciding what changes might help meet the targeted objectives.
2. Determining how the Change Team will know if the change is an improvement.
3. Deciding how to implement the change.
4. Studying the data and results, deciding whether any modifications need to be made, and then conducting another PDSA cycle, abandoning the change or recommending the change as a permanent process in the organization.

#### **Common Pitfalls**

As the Change Team members begin the change process they may encounter barriers to change. It’s important for the Change Leader to recognize these barriers when implementing PDSA change cycles, and when necessary seek help from the Director in resolving them.

Effective communication and empowerment of staff from the Director and Change Leader will enhance staff commitment to change.

Strategies for overcoming common pitfalls include:

1. Empowering the Change Leader and Change Team to move quickly to avoid losing momentum and enthusiasm.
2. Communicating constantly with all those involved to insure and maintain enthusiasm.
3. Understanding customer needs.
4. Gathering data quickly (weekly) to insure immediate feedback and study by the Change Team.
5. Breaking projects into manageable chunks.
6. Looking for some easy early successes (not tackling the hardest jobs first).
7. Sticking with one main aim and doing several change cycles to maximize impact.
8. Remembering that the change is an experiment, not permanent change until the Agency Director decides to adopt the new process.

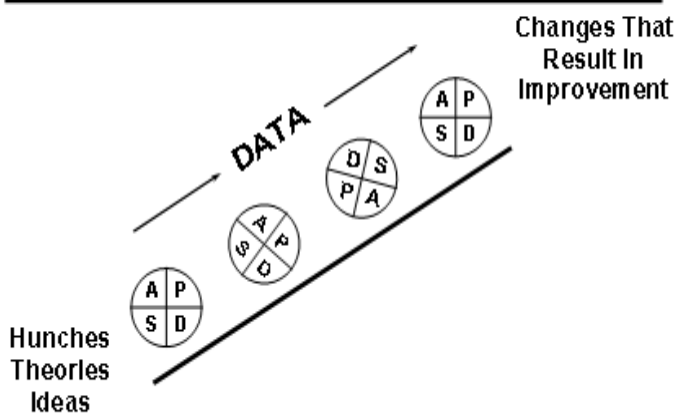
Of these eight strategies, communication may be of greatest importance.

### An Effective Communication Plan

An effective communication plan can be established by the Agency Director and Change Leader by:

- involving staff in every step of the process,
- getting input on how things are going and why,
- being willing to adapt to changing conditions, and
- by having clear goals and communicating them often to the entire organization.

## Repeated Use of Cycle



### Example: PSDA Cycle

**Aim:** Reduce New Client No-Shows from 50% to 20%

#### Cycle 1

- **Plan:** Experiment with a daily intake clinic.
- **Do:** Tell all prospective clients to come in at a set time each day. If that time does not work schedule another appointment within the next 5 days.
- **Study:** Evaluate the change. An example: We find that this change resulted in more clients coming in immediately, and decreased to 25%. The staff revised their workloads to do more flexible tasks (such as paperwork).
- **Act:** The change did not work perfectly the first time. So in the spirit of improvement, we initiated a new change cycle.

#### Cycle 2

- **Plan:** Decide to continue not assigning prospective clients assessment appointments.
- **Do:** Assign managers to work alongside intake and assessment staff to personally experience and solve problems that staff encounter.
- **Study:** We found most clients used the walk-in assessment time. No shows decreased to 15%. In addition, client continuation from assessment to treatment increased from 19% to 52%.
- **Act:** The change was fully implemented. The improvement benefited clients, who could come in right away; staff, who didn't have as many unexpected no-shows; and the agency, which increased its number of billable hours.

The next issue in this series, Improving Agency Processes - Part 3, will focus on sustaining change once it has been adopted, the importance of data collection during the change process and case studies that highlight successes in establishing a business case for process improvement.

### Next Issue:

“Sustaining Systems Improvement”

#### Source:

NIATx: The Network for Improvement of Addiction Treatment. Retrieved from the world Wide Web on April 16, 2007 at <http://chess.chsra.wisc.edu/NIATx/Home/Home.aspx?CategorySelected=HOME>



## Northwest Frontier ATTC

810 "D" Street NE  
Salem, Oregon 97301  
Phone: (503) 373-1322  
FAX: (503) 373-7348

## "Substance Abuse Treatment Workforce Survey 2005" HIGHLIGHTS #5

*Did you know important  
workforce demographics are  
shifting?*

**For example:**

- ✓ The newest clinical entries into the field are significantly more likely to be female ( $p < .01$ ) than their colleagues with more experience.
- ✓ The newest clinical entries into the field are significantly less likely to be in recovery ( $p < .001$ ) than their colleagues with more experience.

For more information on this topic, and others, please go to [www.nfattc.org](http://www.nfattc.org) Click on **HOT TOPICS** to access the full report or executive summary for Alaska, Hawai'i, Idaho, Oregon and Washington.

## Pharmacotherapy: Integrating New Tools into Practice

**July 27, 2007**  
**Edmond, WA**

The goal of *NAADAC's Life-Long Learning Series* is to bring together addiction professionals from many backgrounds to discuss pharmacotherapy in a way that challenges ideas and perceptions, and to pre-sent unbiased information that can be used to assess the best possible treatment for patients.

This workshop will include **6 CEUs**, a continental breakfast and an opportunity to network with your colleagues for only **\$20**.

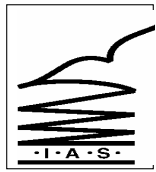
**Call us today to register at 1.800.548.0497 or  
respond via e-mail to [dkamp@naadac.org](mailto:dkamp@naadac.org).**

Don't miss this event, call today!

# The Art and Science of Addiction Treatment: Energizing Your Practice

July 25-27, 2007

Lewis & Clark College  
Portland, Oregon



## Northwest Institute of Addictions Studies

in partnership with

The Addictions Studies  
Program at the Graduate School  
of Education and Counseling,  
Lewis & Clark College

with support from  
DHS Addictions and Mental Health Division,  
Oregon Department of Corrections,  
Northwest Frontier ATTC, ACCBO,  
Moonshine Consulting, and Fifth Avenue  
Consulting

For full workshop descriptions go to:  
[lclark.edu/dept/ccps](http://lclark.edu/dept/ccps)

To register: see reverse

### Wednesday, July 25

*Plenary: Gender Matters*

*Stephanie Covington, Ph.D., Center for Gender and Justice*

#### Breakout Sessions

- Drawing on Recovery: Art Therapy in Addiction Treatment: Jeanne Cory, MA, CGAC-II, LifeWorks NW
- Ethics in Corrections Treatment: Wayne Scott, LCSW, Multnomah County Dept. of Community Justice
- Forgiving Others and Ourselves: What is Good for Whom: Gordon Lindbloom, Ph.D., Lewis & Clark College
- Opioids – Past, Present and Future: Jeanine Bassett, MA, NCACII, CODA, Inc.
- Problem Gambling and Money Disorder: Marcy Nichols, CGACII, No Dice Inc.
- Treating ADHD in Addiction Clients: Catherine Mossefin, MD, OHSU
- They Don't Get It and They Don't Want to Hear: How to Deal with Difficult Employees: Tracey Varner, LCSW, Daybreak
- Women in the Criminal Justice System: Stephanie Covington, Ph.D

### Thursday, July 26

*Plenary: Harm Reduction*

*Alan Marlett, Ph.D., The Addictive Behaviors Research Center*

#### Breakout Sessions

- Barriers to the Treatment of African Americans in Addiction Counseling: Harry Watson, CDAC, HHS Associates
- Behavioral Incentives in Drug Abuse Treatment: Dace Svikis, Ph.D., Virginia Commonwealth University
- Ethical Imperatives: Multicultural Treatment and Clinical Supervision: Cathy Moonshine, Ph.D., Moonshine Consulting
- Finding Calm in a Chaotic World: Donald Altman, MA, West Linn Counseling
- The Hidden Addiction: An Overview of Problem Gambling Assessment and Treatment: Joe Reisman, LPC, NCGC-II, LifeWorks NW
- Mindfulness Based Relapse Prevention: Alan Marlatt, Ph.D., University of Washington
- Parenting Skills Training for Drug Dependent Women: Dace Svikis, Ph.D.
- Family Centered Approach to Adolescent Treatment: Megan Dunbar, LPC, DePaul Treatment Centers, Inc

### Friday, July 27

*Plenary: Developments in Addiction Treatment*

*Darryl Inaba, Pharm. D., Asante Health Systems and CNS Productions*

#### Breakout Sessions

- Right Side of the Brain: Innovations in Accessing Emotion: Virginia Walker, LPC, Private Practice
- Addiction Treatment in Private Practice: Peter Barbur, LPC, Fifth Avenue Consulting
- Developments in Addiction Treatment: Darryl Inaba, Pharm. D.
- Domestic Violence and Substance Abuse: Dace Svikis, Ph.D., Virginia Commonwealth University
- Improving Treatment for Alcohol and Drug Disorders: Why and How: Dennis McCarty, OHSU
- Motivational and Legal Aspects in DUII Referrals: Robert Ryan, LPC, Multnomah County DUII Evaluation Services
- Infusing Evidence Based Practices Into Counseling: Joe Hromco, Ph.D., LifeWorks NW
- Cultural Sensitivity Working with Diverse Youth: Angelo Adson, PHMC, The Bridge

# 2007 NWIAS Conference Registration

Fee:

\$210 - three day conference, 19.5 CEUs

\$115 - single day rate, 6.5 CEUs

Agency discount: \$190 per person for three or more individuals from the same agency **registering at the same time.**

## Register by mail or fax:

Center for Continuing and Professional Studies  
Graduate School of Education and Counseling  
Lewis & Clark College  
0615 S.W. Palatine Hill Road  
Portland, Oregon 97219-7899

Fax to: 503-768-6045

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer/Agency Affiliation \_\_\_\_\_

### Payment Options

Check enclosed

P.O. # \_\_\_\_\_

VISA  MasterCard

Print name as it appears on card

Cardholder name \_\_\_\_\_

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Card #

V-code

Expiration date

Signature \_\_\_\_\_

Lewis & Clark offers on-campus housing throughout the conference – go to [lclark.edu/dept/ccps](http://lclark.edu/dept/ccps) for more details on housing options, including local hotels.

**FREE ON-CAMPUS PARKING ALL SUMMER**

**For more information: [lclark.edu/dept/ccps](http://lclark.edu/dept/ccps)  
or call 503-768-6040**

Please select the workshops you will attend.

Go to [lclark.edu/dept/ccps](http://lclark.edu/dept/ccps) to see descriptions and tracks.

*Check in opens at 7:30 a.m. each day*

## WEDNESDAY, JULY 25

**Plenary: Gender Matters, 8:30-9:30 a.m. Covington**

**Option 1: One all day session 10 a.m.-4:30 p.m.**

\_\_\_\_\_ Forgiving Others and Ourselves Lindbloom

\_\_\_\_\_ Women in the Criminal Justice System Covington

**Option 2: Select one AM and one PM workshop**

**Morning 10 a.m.-12 p.m.**

\_\_\_\_\_ Art Therapy in Addiction Treatment Cory

\_\_\_\_\_ Treating ADHD in Addiction Clients Mossefin

\_\_\_\_\_ How to Deal with Difficult Employees Varner

**Afternoon 1:30-4:30 p.m.**

\_\_\_\_\_ Ethics in Corrections Treatment Scott

\_\_\_\_\_ Opioids – Past, Present and Future Bassett

\_\_\_\_\_ Problem Gambling and Money Disorder Nichols

## THURSDAY, JULY 26

**Plenary: Harm Reduction, 8:30-9:30 a.m. Marlatt**

**Option 1: One all day session 10 a.m.-4:30 p.m.**

\_\_\_\_\_ Hidden Addiction: Problem Gambling Reisman

\_\_\_\_\_ A Family Centered Approach to Dunbar

Adolescent Substance Abuse Treatment

**Option 2: Select one AM and one PM workshop**

**Morning 10 a.m.-12 p.m.**

\_\_\_\_\_ Behavioral Incentives in Drug Treatment Svikis

\_\_\_\_\_ Ethical Imperatives: Multicultural Treatment Moonshine

\_\_\_\_\_ Mindfulness Based Relapse Prevention Marlatt

**Afternoon 1:30-4:30 p.m.**

\_\_\_\_\_ Barriers to Treatment of African Americans Watson

\_\_\_\_\_ Finding Calm in a Chaotic World Altman

\_\_\_\_\_ Parenting Skills for Drug Dependent Women Svikis

## FRIDAY, JULY 27

**Plenary: Developments in Addiction Treatment,**

**8:30-9:30 a.m.**

**Inaba**

**Option I: One all day session 10 a.m.-4:30 p.m.**

\_\_\_\_\_ Domestic Violence and Substance Abuse Svikis

\_\_\_\_\_ Cultural Sensitivity with Diverse Youth Adson

**Option 2: Select one AM and one PM workshop**

**Morning 10 a.m.-12 p.m.**

\_\_\_\_\_ Developments in Addiction Treatment Inaba

\_\_\_\_\_ Improving Treatment for Alcohol and McCarty

Drug Disorders

\_\_\_\_\_ Reaching the Right Side of the Brain Walker

**Afternoon 1:30-4:30 p.m.**

\_\_\_\_\_ Motivational and Legal Aspect in DUI Referrals Ryan

\_\_\_\_\_ Infusing Evidence Based Practices Hromco

\_\_\_\_\_ Addiction Treatment in Private Practice Barbur