Northwest ATTC & Connections Behavior Planning and Intervention, LLC.

Implementing Motivational Interviewing to Address Organizational Goals

PROJECT REPORT

Northwest (HHS Region 10)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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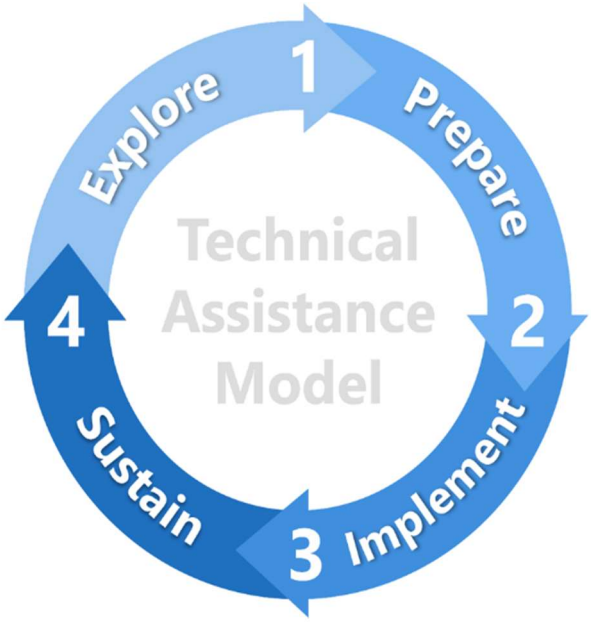
AUTHORSHIP AND ACKNOWLEDGEMENTS

Bryan Hartzler, PhD
Director, Northwest ATTC
Research Associate Professor
Addictions, Drug & Alcohol Institute
Department of Psychiatry & Behavioral Sciences
University of Washington School of Medicine

An initial version of this report, to which former Northwest ATTC staff member Susan Stoner PhD and Laura Cooley MA contributed, was distributed to leadership officials at the partnering community health organization at project conclusion in January, 2020. Several years later, and incorporating substantive re-organization and revisions by Dr. Hartzler, the current version of the report was created for purposes of broader dissemination as a case example of intensive technical assistance. As for other project acknowledgements, the training and technical assistance facilitation offered by Dr. Annie Roepkeproject were vital to its success, as were the collective efforts of the participating leadership and staff at Connections Behavioral Planning and Intervention, LLC. The work described herein was supported by SAMHSA H79TI080201, and the contents are those of the author and do not necessarily represent official views of, nor endorsement by, HHS, SAMHSA, or the U.S. Government.

BACKGROUND



The Northwest ATTC, in intensive technical assistance (ITA) projects undertaken with community partners like Connections Behavior Planning and Intervention, LLC., is guided by the Exploration-Preparation-Implementation-Sustainment (EPIS) framework of Aarons and colleagues[1]. This widely-cited implementation science framework is intended to guide effective implementation of useful health practices, like Motivational Interviewing (MI). The popular appeal of the EPIS framework may be largely due to its chronological orientation in which project activities occur in a sequential fashion in phases of exploration, preparation, implementation, and sustainment (illustrated in the figure at right). Typically, in Northwest ATTC ITA projects, the initial exploration phase involves assessment of local needs/resources of the partnering community treatment organization, and the selection and adaptation a focal clinical practice for customized use. The subsequent preparation phase involves readying of the organization's systems and staff to implement the clinical practice, with staff preparation oftentimes involving online, in-person, or virtual training. An implementation phase then provides additional, ongoing assistance (via provisions like organizational consultation, or individual coaching provided to clinical staff) as the clinical practice is implemented on a provisional basis. The eventual sustainment phase often includes the provision of a project report, summarizing processes and outcomes to date, to aid a collaborative determination about whether and how the focal clinical practice may be sustained. Oftentimes, this leads to the creation of a written sustainability plan.

[1] Aarons, G.A., Hurlburt, M. & Horwitz, S.M. Advancing a Conceptual Model of Evidence-Based Practice Implementation in Public Service Sectors. *Adm Policy Ment Health* **38,** 4–23 (2011). https://doi.org/10.1007/s10488-010-0327-7.

PROJECT DESCRIPTION

This MI-focused ITA project was undertaken with Connections Behavior Planning and Intervention, LLC., a Seattle-based behavioral health organization, with its impetus stemming from a January 2019 personal inquiry for MI training received by Bryan Hartzler PhD, a longstanding member of the Motivational Interviewing Network of Trainers (MINT) and director of the Northwest Addiction Technology Transfer Center (Northwest ATTC). External facilitation was initially provided by Dr. Hartzler, who engaged Connections' leadership in exploratory discussion to identify organizational goals (i.e., utilization of MI by clinical staff to enhance interactions with counselors, teachers, and parents, and by managerial staff to enhance supervisory interactions with clinical staff). Amidst this exploratory discussion, Dr. Hartzler provided options for educational and consultative services, including longitudinal participation in a Northwest ATTC-sponsored ITA project, whereby the organizational goals may be achieved. Ultimately, Connections' leadership officials agreed to organizational participation in a 12-month ITA project.

Consistent with Aarons and colleagues' (2011) *EPIS* framework, ITA was provided in sequential phases. An initial exploration phase included the aforementioned conceptual discussions, agreement on timing and nature of the MI workshop and subsequent ITA activities, and identification of an external subject matter expert (MINT member Annie Roepke PhD) to facilitate the educational and consultative services. A subsequent preparation phase included a meeting of Dr. Roepke and Connections leadership, her review of organizational website and clinic policies, subsequent tailoring of educational curricula, and provision of a two-day MI workshop in April, 2019. The implementation phase included as its primary strategy the applied development of MI skills via individual coaching and performance-based feedback during six monthly virtual sessions with Connections staff, occurring May – October, 2019. An eventual sustainment phase included identification of an in-house team of staff 'champions' committed to further improve and sustain use of MI in the organization, including fidelity-monitoring and provision of helpful performance-based feedback to supervisees. In-house 'champions' also reviewed organizational policies and clinical protocols to identify opportunities for current practice to be more 'MI-consistent.'

EDUCATIONAL ACTIVITIES

Amidst Dr. Hartzler's external facilitation in the exploration phase of the project, Dr. Roepke was identified among the pool of Northwest ATTC contractors to provide all subsequent MI-focused educational and consultative services. Dr. Hartzler initially conferred with Dr. Roepke to share the organizational information gathered to that point, and an introductory meeting with Connections leadership was then arranged—after which dates for an initial two-day MI training workshop were set. All educational and consultative services offered thereafter were provided by Dr. Roepke.

The initial MI training workshop was attended by 35 board-certified behavior analysts (BCBAs) employed across multiple Connections facilities, and provided an introduction to MI concepts. Subsequently, this group of BCBAs attended virtual coaching sessions to build core MI skills, and strengthen them through support of skill application to routine clinical practice activities. This included targeted observation of and modeling by staff volunteers (including senior management), as well as participation in a 'buddy system' to provide and receive direct peer feedback. A local team of six 'champions' then worked with Dr. Roepke to additionally: 1) refine their MI skills via further coaching and feedback; 2) develop capacity to provide coaching/feedback to others, via peer-to-peer practice and co-facilitation of a large group training session on 'MI spirit'; and 3) survey Connections staff about psychological safety and MI spirit in the workplace, and lead the consequent process improvement efforts for identified areas.

ORGANIZATIONAL ACTIVITIES

Organizationally, senior management and staff examined incorporation of MI principles in Connections' institutional practices, and consulted with Dr. Roepke regarding potential organizational change efforts. Among the resulting efforts undertaken were:

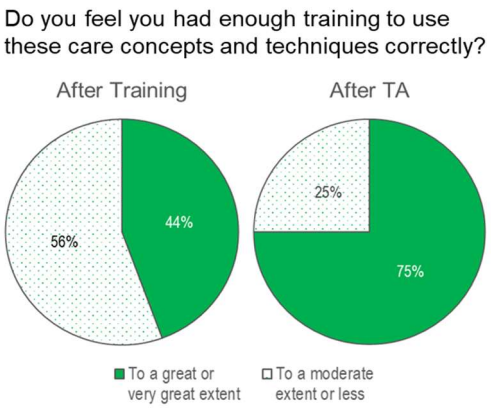
- Creation of a document describing the organizational mission and how it relates to MI practices and day-to-day work interactions
- Collaborative revision of the company's MI training documents (e.g., presentation materials, handouts) and MI coaching procedures used in future onboarding of new staff
- Creation of a psychological safety survey with repeated survey administration, analysis, and creation of action steps to increase psychological safety and incorporate the MI spirit into the workplace
- Initiation of a plan to create an in-house video library to serve as a resource for staff to study good examples of MI practice within specific care settings
- Collaborative creation of a customized, streamlined rating system to be used for giving quantitative and qualitative feedback about MI practice

PROJECT OUTCOMES

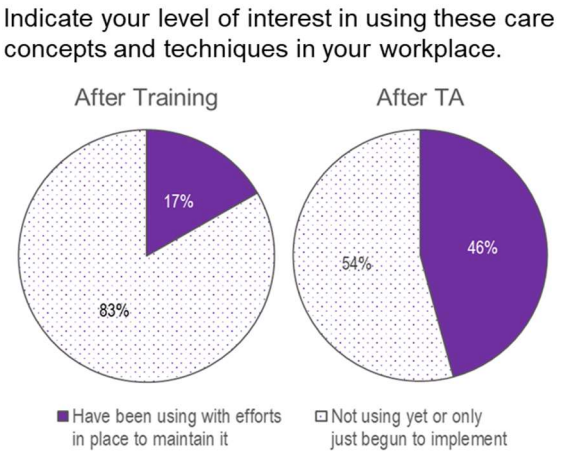
Utilizing SAMHSA's post-event Government Performance and Results Act (GPRA) survey at conclusion of the initial MI training workshop, 24 Connections staff offered a rating of their satisfaction with the training workshop. Specifically, and based on the GPRA survey item on which satisfaction is rated on a 5-point scale (5 = Very Satisfied, 1 = Very Dissatisfied), 96% of these Connections staff reported being either "Very Satisfied" or "Satisfied" with the training workshop.

Other project outcomes derive from a set of local performance measures, including a survey assessing adoption readiness and self-efficacy to implement as well as Dr. Roepke's qualitative impressions. These survey-based measures were assessed in April 2019 after the initial training workshop, and then again (following virtual coaching sessions) in October 2019 at project conclusion. Salient results included:

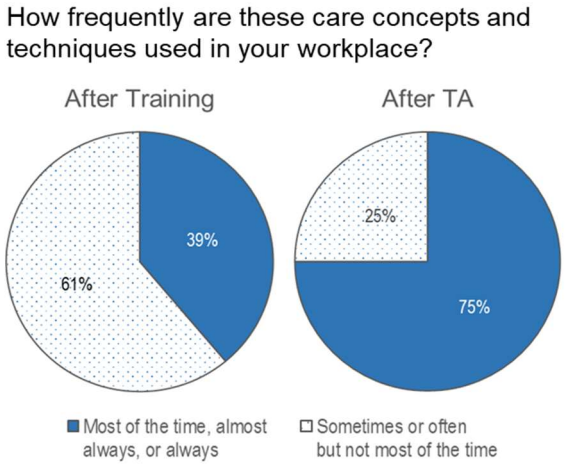
- After the initial training workshop, 44% of Connections staff reported they had enough training to apply MI concepts and techniques correctly. At project conclusion, 75% of Connections staff endorsed that they had enough training to apply MI concepts and techniques correctly. This reflects a 31% increase, suggesting that participation in the virtual coaching offered widespread beneficial impacts among Connections staff in terms of ***self-efficacy to implement MI***. This is illustrated in the pair of figures to the right. Relatedly, at project conclusion 96% of Connections staff reported intermediate or better confidence in sustaining use of MI concepts and techniques in the future.



- After the initial training workshop, 17% of Connections reported that staff reported they had been using MI concepts and techniques in their workplace with efforts in place to maintain doing so. At project conclusion, 46% of Connections staff endorsed that they were utilizing MI concepts and techniques. This reflects a 29% increase, suggesting that participation in the virtual coaching offered widespread beneficial impacts among Connections staff in terms of adoption readiness—and specifically, the ***incorporation of MI into their clinical practice***. This is illustrated in the pair of figures to the right.



- After the initial training workshop, 39% of Connections staff estimated that MI concepts and techniques were used in their workplace "most of the time," "almost always," or "always." At project conclusion, 75% of Connections staff endorsed that they were regularly utilizing MI concepts and techniques. This reflects a 36% increase, suggesting that participation in the virtual coaching offered widespread beneficial impacts among Connections staff in term of adoption readiness—and specifically, the ***routinization of MI into daily clinical practice***. This is illustrated in the pair of figures to the right.



ADDITIONAL QUALITATIVE IMPRESSIONS

Based on Dr. Roepke's observations, the six MI 'champions' were pivotal in integrating and sustaining MI in the Connections workplace. In addition to imbuing the organization with MI spirit, the team identified appropriate procedures and policies where the MI approach could be useful, and have supported the use of MI techniques with Connections clients, in supervision of staff, and in subsequent onboarding of new staff. The team's composition was a key part of its success, with members from leadership, operations, training/education, and supervisory roles, as well as representation from the organization's multiple facilities. While supported by Dr. Roepke, this team was also lead by their own local expertise concerning organizational needs, strengths, opportunities, and solutions.

BROADER IMPLICATIONS

This project demonstrated what is possible when strong organizational leadership and commitment exists at a community health organization for the adoption of MI as means of a 'culture change.' Notably, even when such organizational attributes are present, that will often not be sufficient as the current work evidences how post-workshop activities in a longitudinal ITA process: 1) prompted more widespread adoption readiness and self-efficacy for implementation among staff, and 2) enabled efforts of a team of internal 'champions' to undertake systems-level changes in this organization to fully embrace an ethos of MI in its managerial, supervisory, administrative, and clinical processes.

Issues of inclusivity often arise as a point of debate about staff training. In the current project, it is noteworthy that—even in initial exploratory discussions with Dr. Hartzler—Connections leadership voiced a strong interest in having all managerial-level staff fully participate in ITA processes. Moreover, the organization offered staff protected time for learning and implementation support activities throughout the course of the project, and this inclusive approach appeared to pay dividends.

Organizational attributes are increasingly recognized as important predictors of implementation success. In this case, the partnering organization clearly evidenced a strongly supportive climate for adopting new practices. This included recognition that such adoption is an opportunity, for which there are inherent risks that need to be taken individually and collectively. This is captured in a portion of the organization's mission statement, which states: "we understand that mistakes are an essential part of learning… we are lifelong learners… if we are not growing anywhere, we are not going anywhere."

At project conclusion, and based in no small part on Dr. Roepke's impressions, the organization was provided a set of recommendations to mitigate potential drift in MI fidelity over time and enable effective onboarding of future staff, given the inevitability of staffing turnover. These recommendations included: continued utilization of internal 'champions' to engage in pragmatic methods of fidelity-monitoring the noted supervisory coaching processes, development of an MI-themed resource library (i.e., books/articles, demonstration videos) to be freely-available for remedial referencing by existing staff as well as to serve as orienting materials by new staff in future onboarding processes; and future consultation with Northwest ATTC (or other MINT member or purveyor organization) who may provide additional external facilitation as needed.