

OUTCOME IMPROVEMENT
through
Organizational and Clinical
PROCESS IMPROVEMENT

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GULF COAST
ADDICTION
TECHNOLOGY
TRANSFER
CENTER



The Addiction Technology Transfer Center Network

Funded by Substance Abuse and
Mental Health Services Administration

Unifying science, education and services to transform lives.



**The Addiction
Research Institute**
of the Center for Social Work Research
The University of Texas at Austin



SCHOOL OF
SOCIAL
WORK

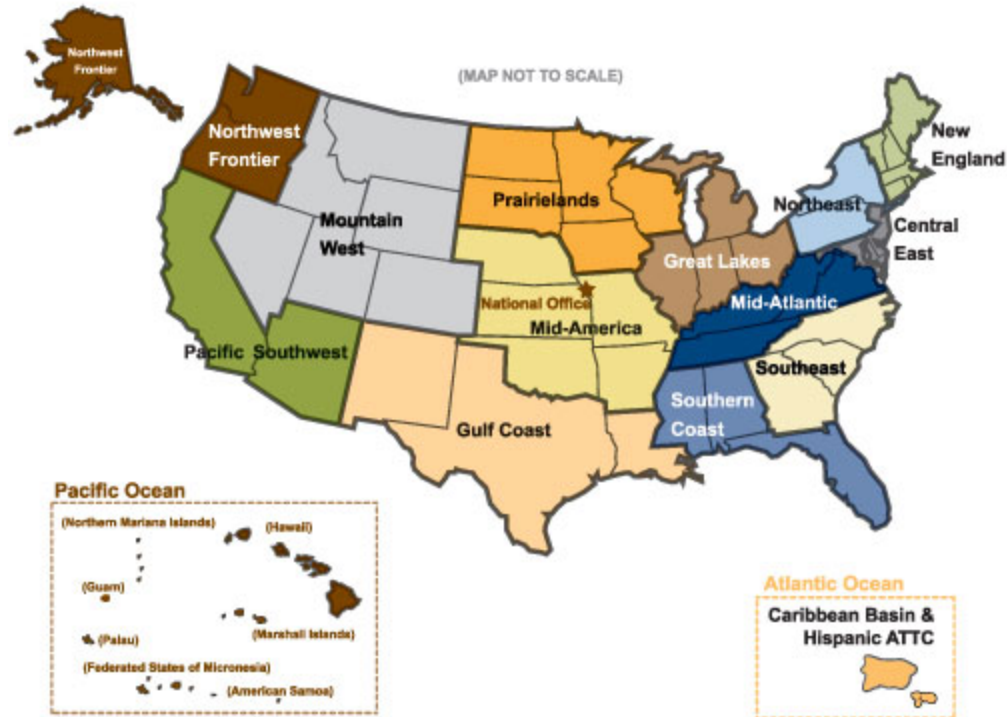
Educating for Change



THE UNIVERSITY OF TEXAS AT AUSTIN
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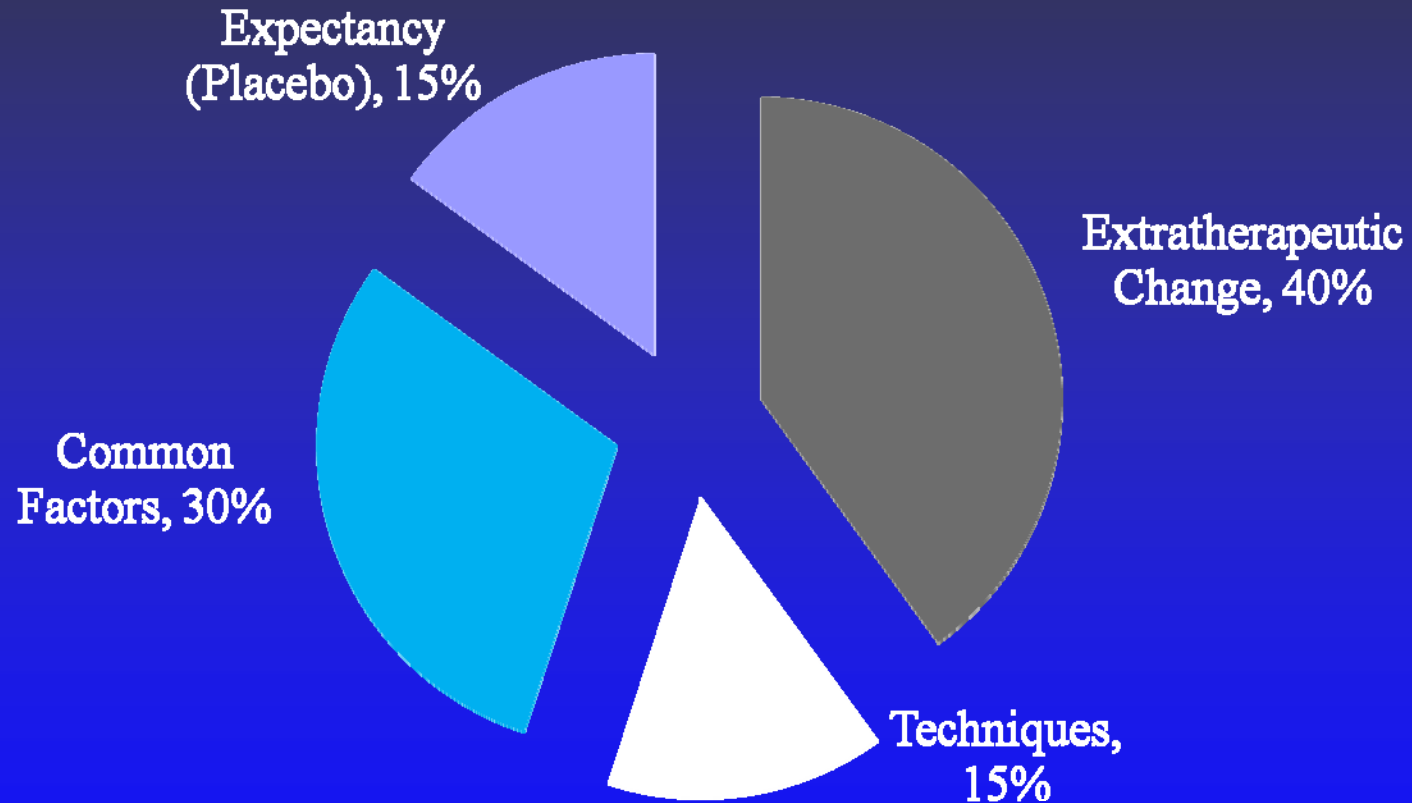
Educating for Change

ATTC Network



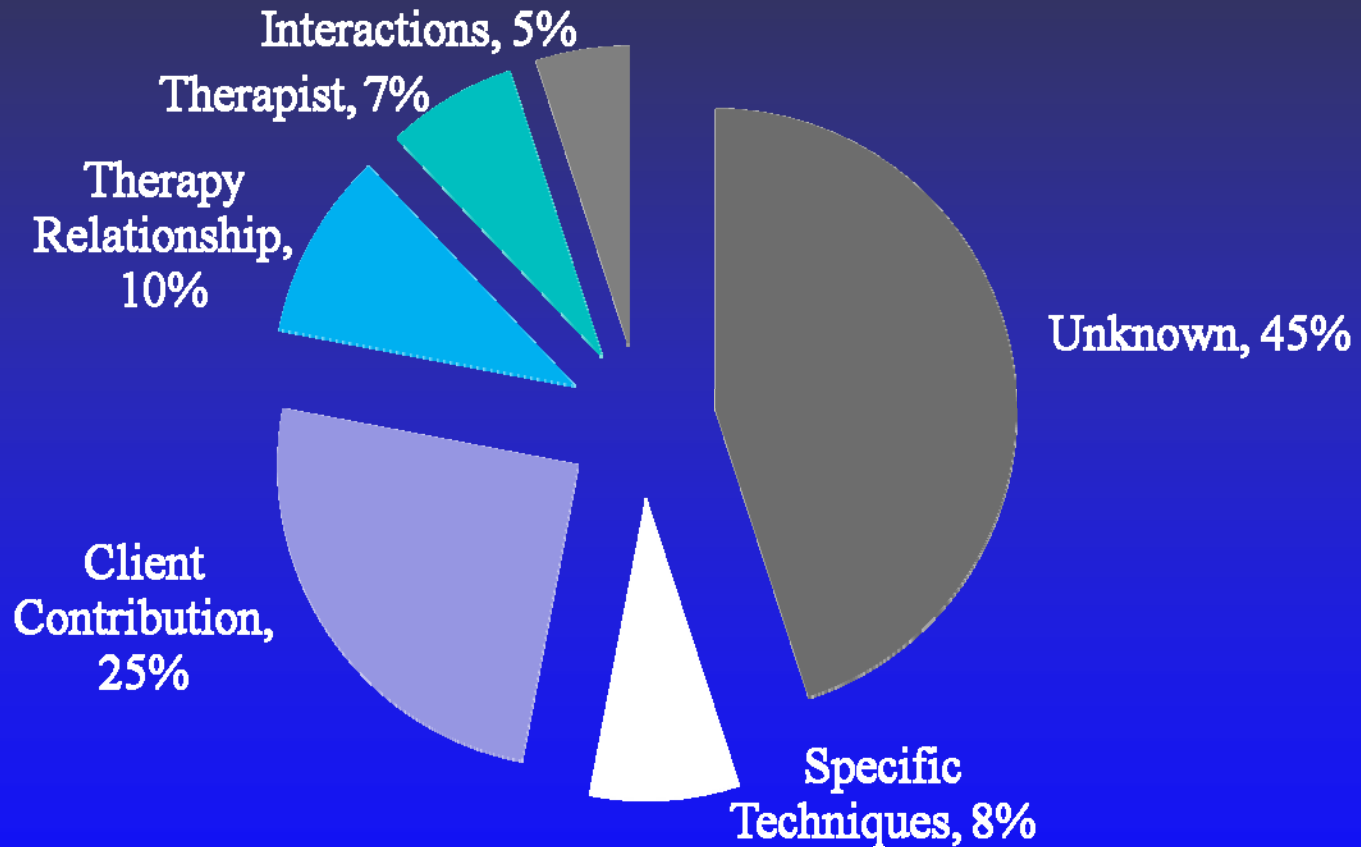
www.nattc.org

Sources of Therapy Outcome Variance (Lambert)



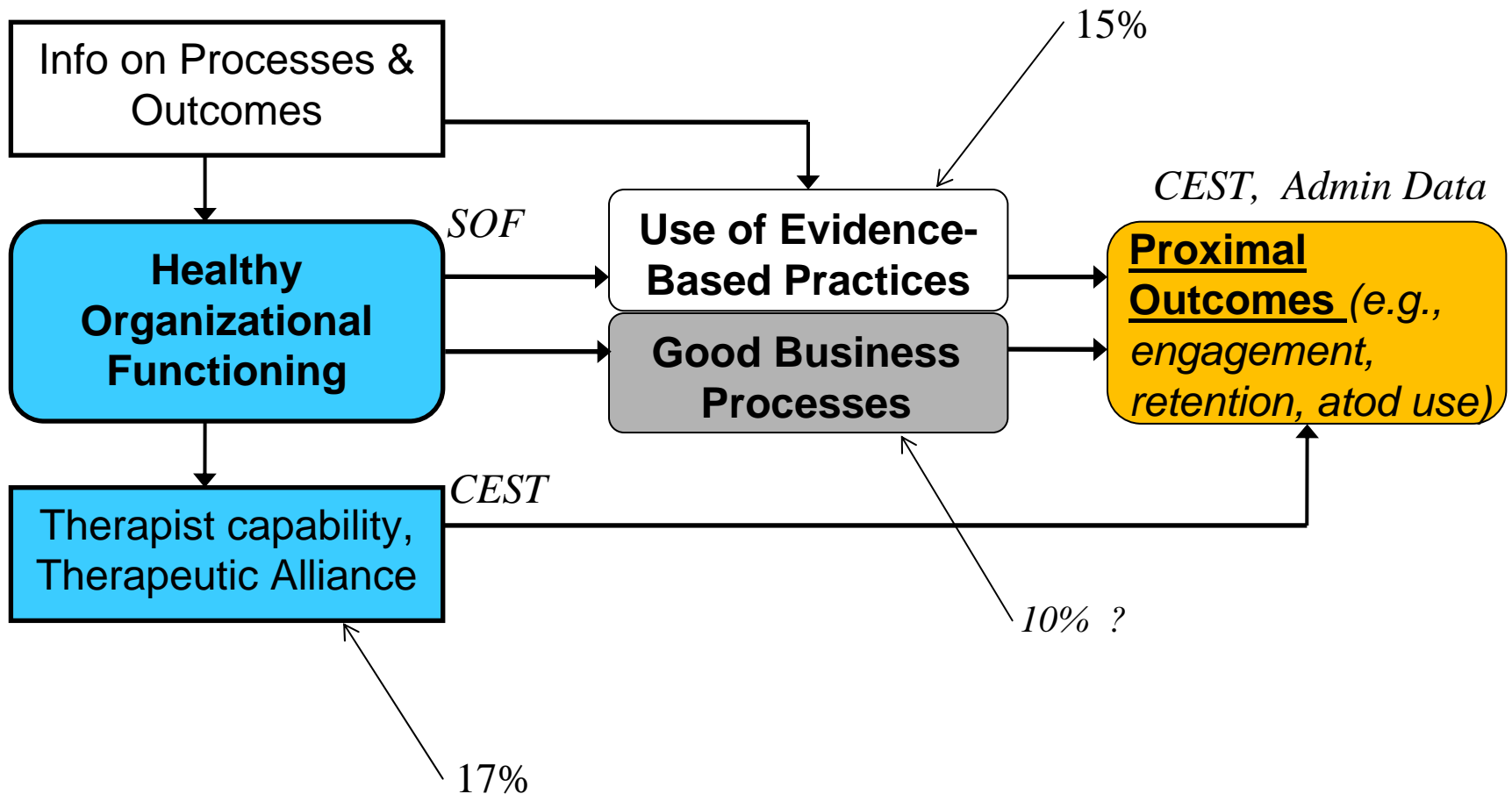
Lambert, M.J., Barley, D.E. (2002) Research summary on the therapeutic relationship and psychotherapy outcome. In John Norcross (Ed.) *Psychotherapy Relationships That Work* (pp. 17-32). New York, Oxford.

Therapy Outcome Variance (Norcross)



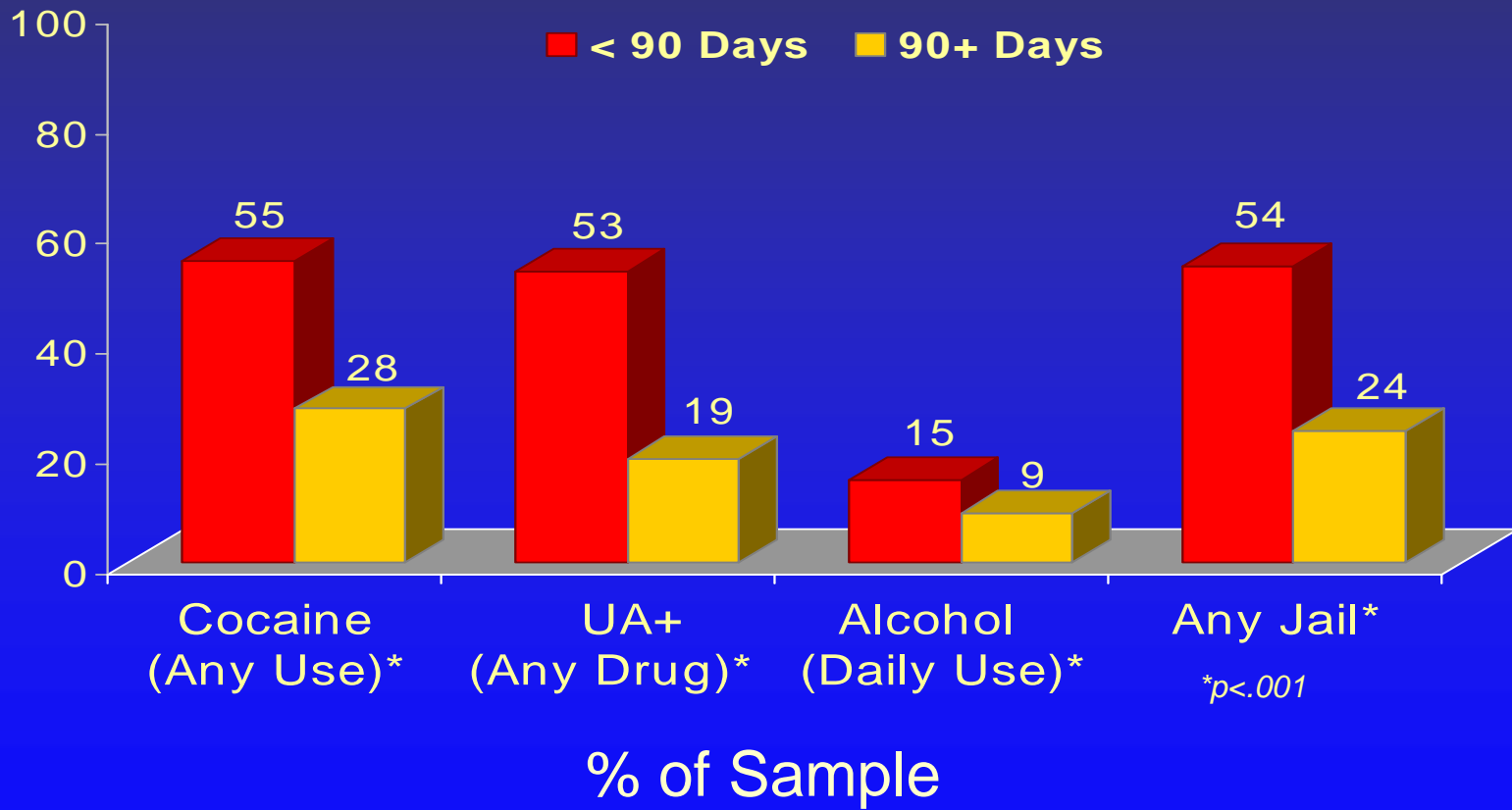
Source: Presentation by John Norcross, ICTAB-11 Conference, Santa Fe, NM, 2/1/2006

Relationships Between Data, Processes, and Outcomes



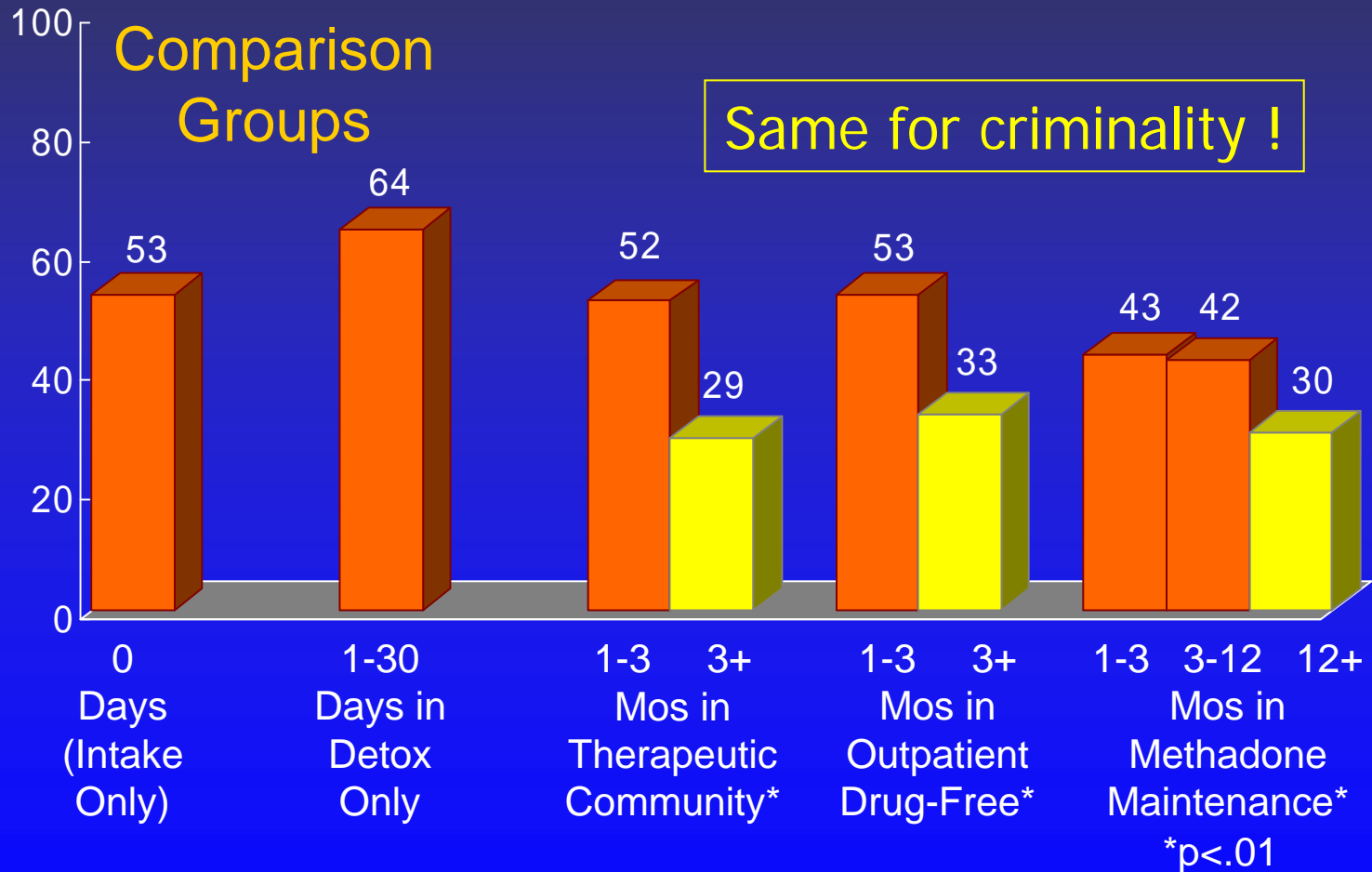
Treatment As Usual is Effective
(on average).

Comparison of Year 1 Outcomes by Length of Stay in LTR



N=342; Simpson, Joe, & Brown, 1997, PAB

Daily Opioid Use: % in Year 1 After Discharge

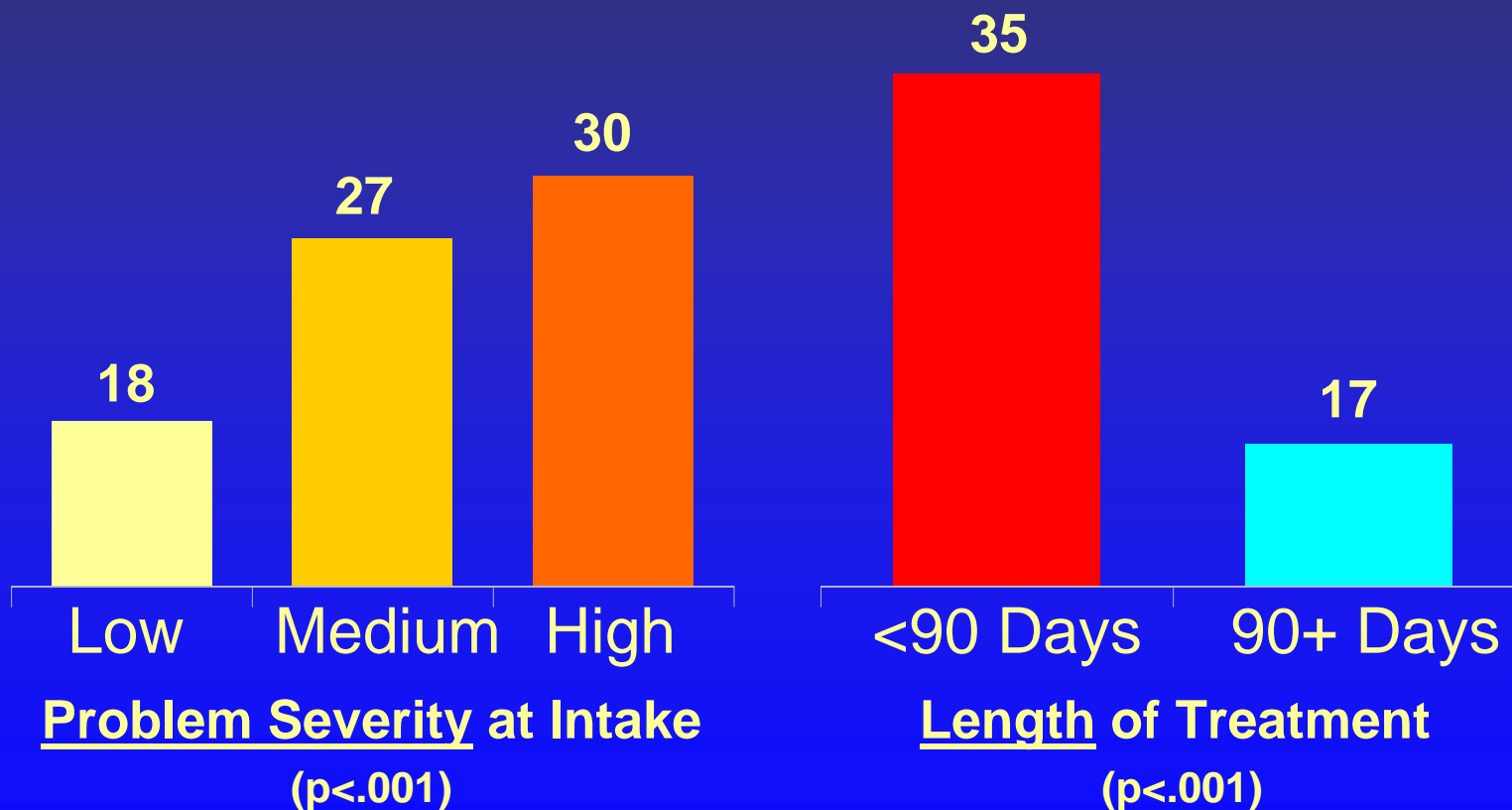


N=3,248; Simpson & Sells, 1982 (AASA)

Cocaine Treatment Outcomes

(in Year After Discharge in DATOS)

Weekly Cocaine Use



Simpson, Joe, Fletcher, Hubbard, & Anglin, 1999, Arch Gen Psy

A decorative vertical bar on the left side of the slide, featuring a gradient from blue at the bottom to orange at the top. It includes a grey arrow pointing left at the top, a red arrow pointing right, and a white arrow pointing up.

Retention Predicts Outcomes

- **Findings Consistent from National Studies**
 - 1970s (44,000 admissions in DARP)
 - 1980s (11,000 admissions in TOPS)
 - 1990s (10,000 admissions in DATOS)
 - ➔ Also in England's NTORS (1990s)!
- **Conclusions from Major Reviews**
 - Institute of Medicine ('90, '96, & '98)

**These results apply to the
Black Box of Treatment**

However, There is a lot of
Variation Between and Within
Programs

What Makes the Difference in Outcomes?

- Between Programs?
- Between Clients in the same program?

One predictor is better than any other - - -

RETENTION

So – Specifically How Can we
improve retention ?

Lets try looking inside
the Black Box of Treatment

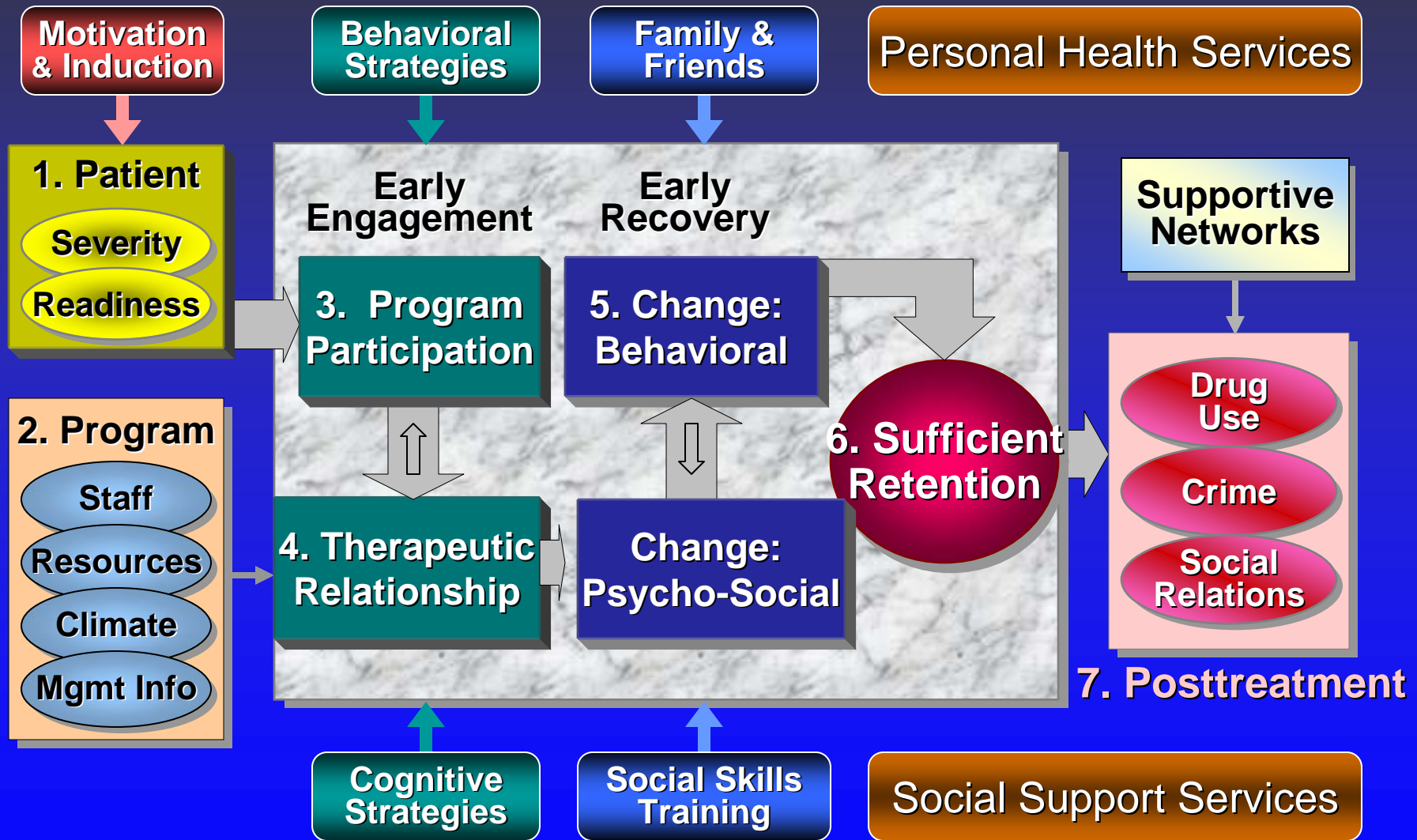


Some Measures of Retention

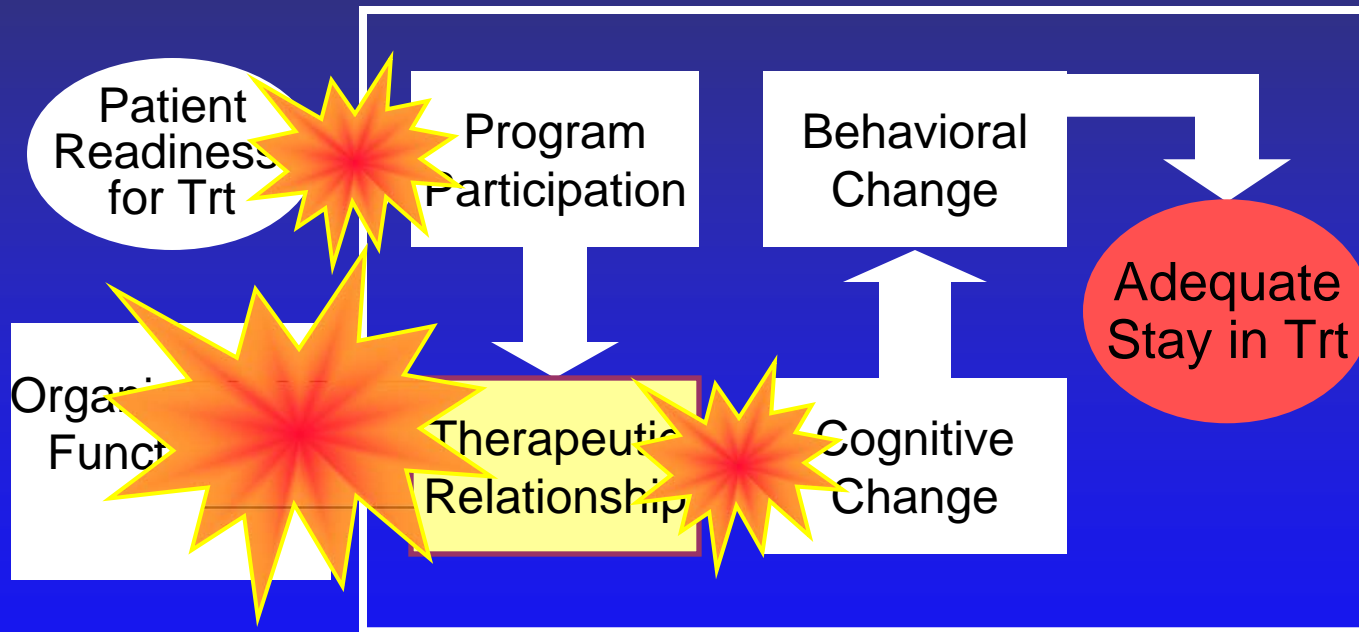
- **Engagement** (percent of clients who stay in treatment for more than one visit)
- **Length of Stay** (average number of days in treatment)
- **Completion of Treatment** (percent of clients who complete treatment)
- **90-day Retention Rate** (percent of clients who stay in an **episode** of treatment for 90 days or longer)
- **Drop-out Rate** (percent of clients who stay in treatment in 7 days or less)

CLINICAL PROCESS

TCU Treatment Process Model



“Sequence” of Treatment Process Stages



ORGANIZATIONAL FUNCTIONING

Systems Infrastructure for Treatment Process and Change



Findings Using the ORC/CEST

Organizational factors → Client Retention Factors

Staff Autonomy,
Good Communication,
Open to Change



Client Satisfaction

Mission, Cohesion,
Autonomy,
Good Communication,
Open to Change



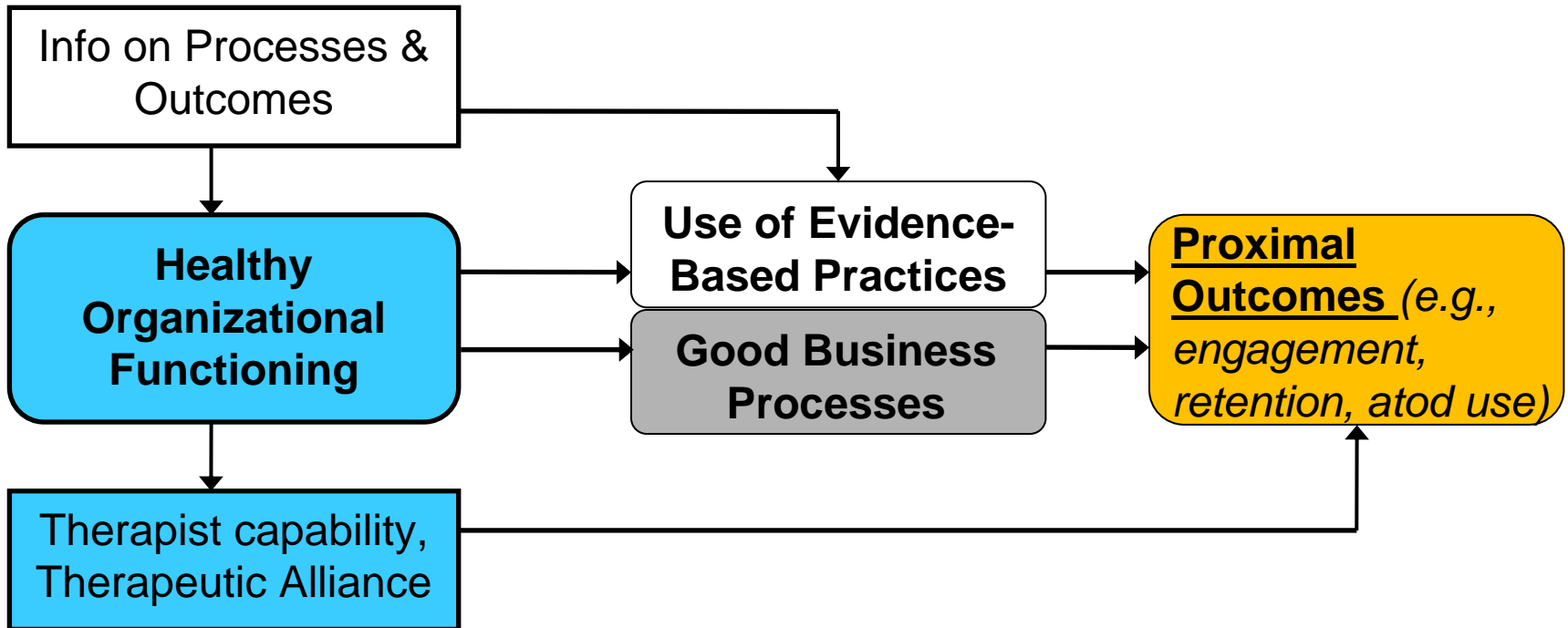
Client Rapport

Staffing Levels
Perceived Staff Influence



Client Engagement

Relationships Between Data, Processes, and Outcomes



Organizational Assessments

Motivation

- Program Needs
- Training Needs
- Pressures

Resources

- Offices/Staffing
- Training
- Equipment

Organizational Dynamics

Staff:

- Growth
- Efficacy
- Influence
- Adaptability
- Orientation

Climate:

- Mission
- Cohesion
- Autonomy
- Communication
- Stress
- Change

Treatment Process Assessments

Motivation

- Desires Help
- Ready for Tmt

Social

- Hostility
- Risk Taking

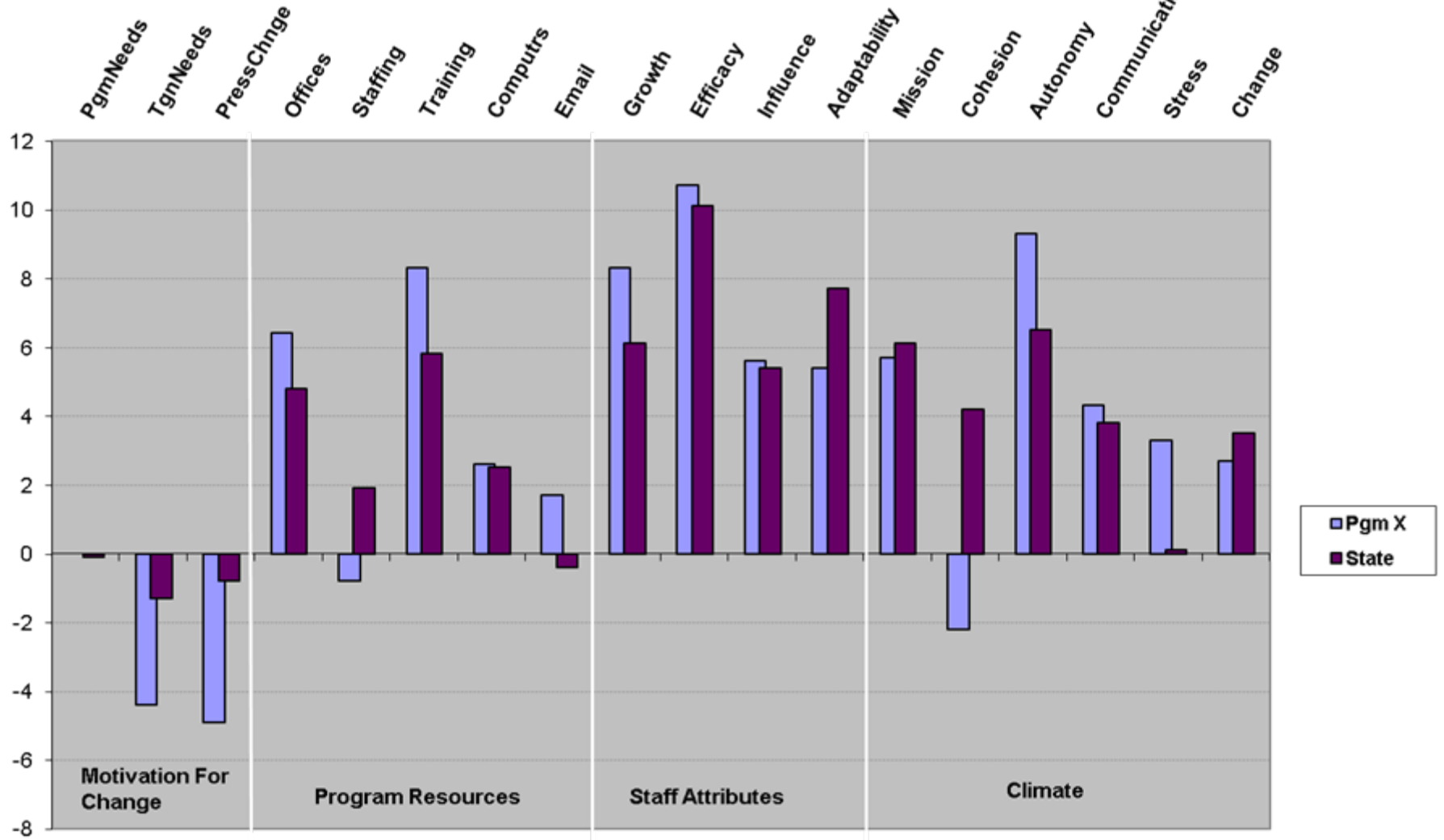
Psychology

- Self Esteem
- Depression
- Anxiety

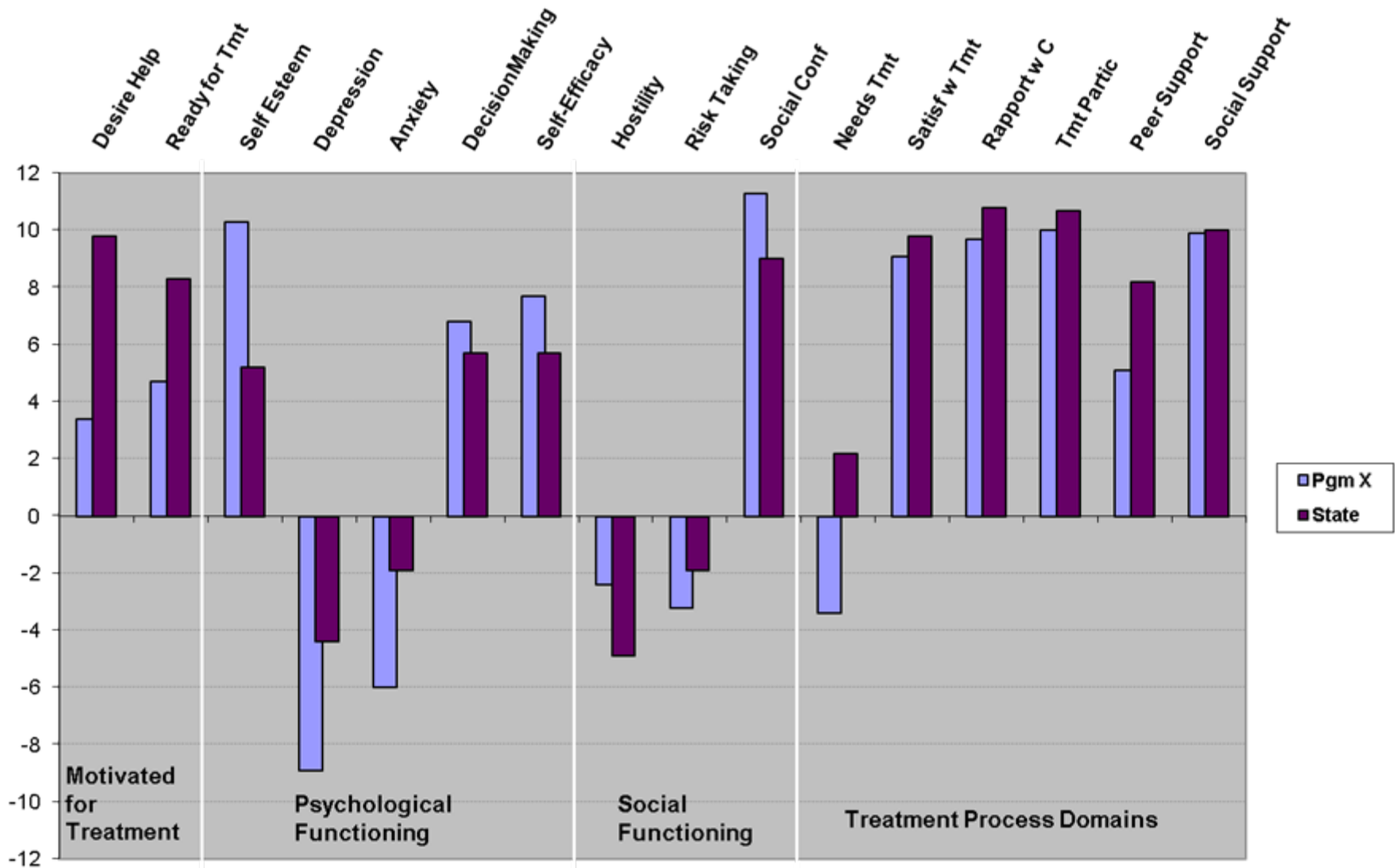
Tmt Process

- Couns Rapport
- Tx Participation
- Peer Support

Program X vs Statewide Staff/ Organizational Functioning



Program X vs Statewide Client/Clinical Functioning



AN ORGANIZATIONAL INTERVENTION

TEAM WORKSHEETS – ORGANIZATIONAL CHANGE

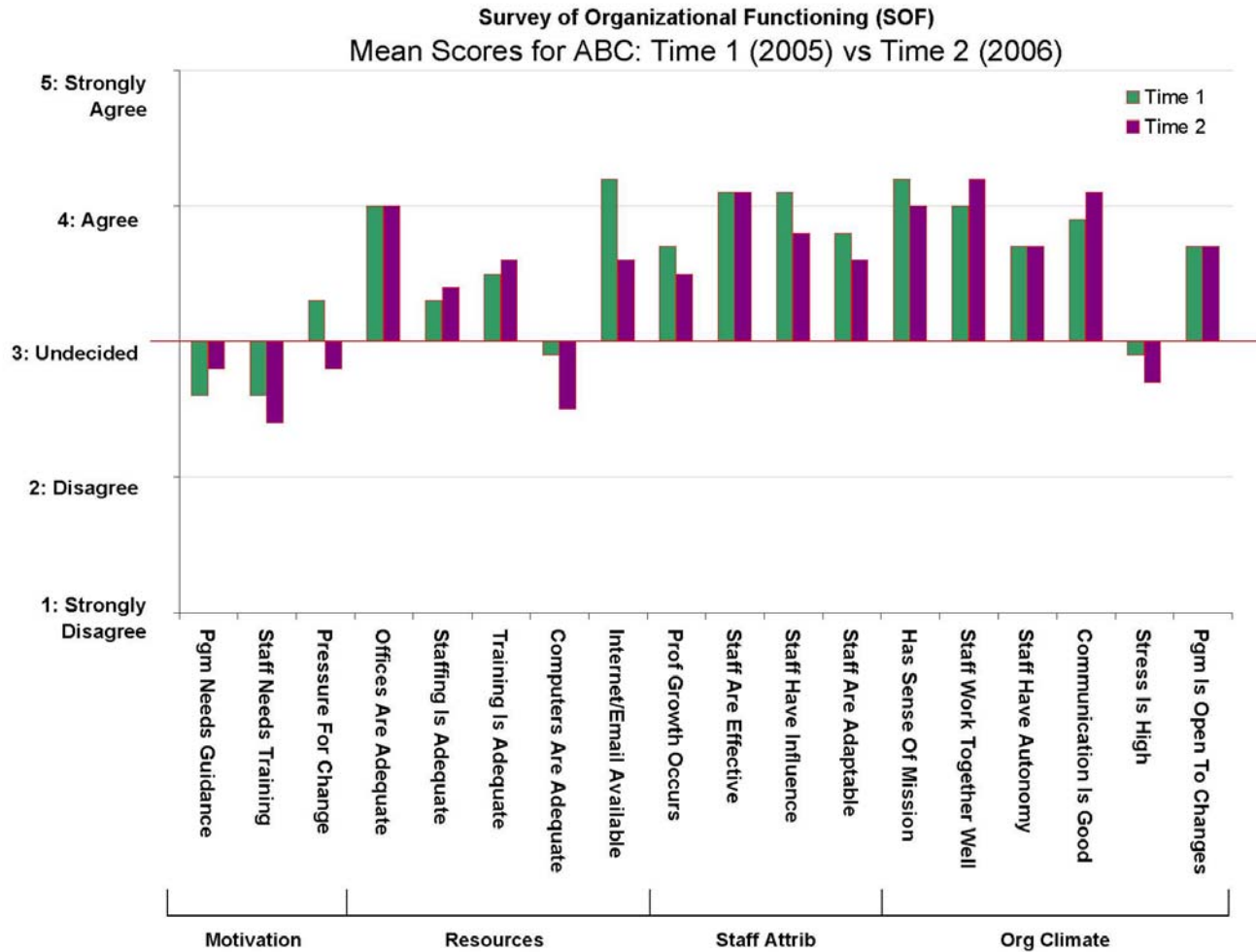
Step 1: Prioritize problem areas

- ⊙ List the agency's top four problem areas.
- ⊙ Then for each problem from 1 to 5 based on its importance and feasibility for improvement:
1 (least) ...2.....3.....4.....5 (most)

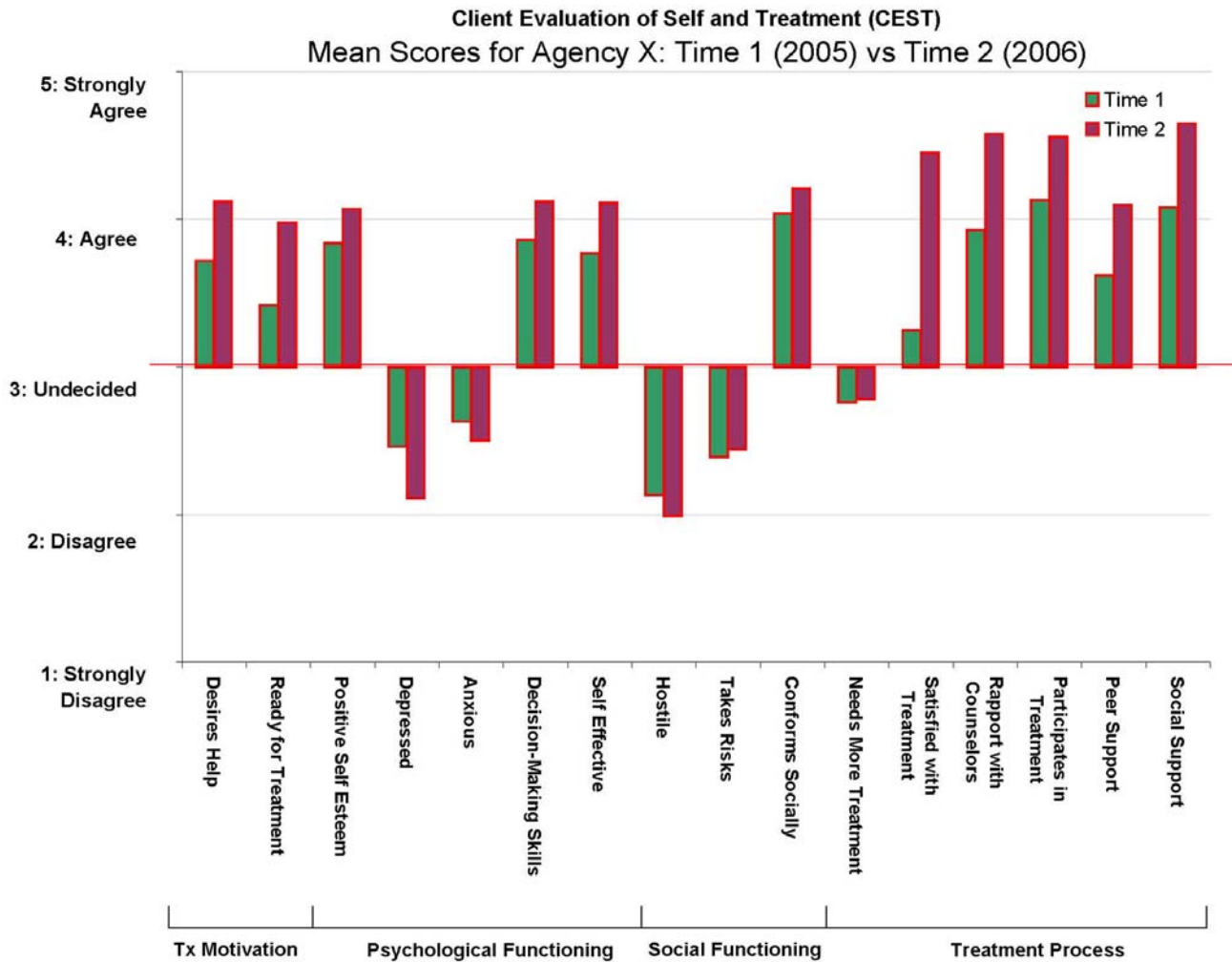
Problem Area	How important is this problem?	How likely is it we can solve this problem?

1 (least)2.....3.....4.....5 (most)

SOF Sample Feedback



CEST Sample Feedback



Planning
Organizational Changes
to Improve Quality

The Change Book



THE CHANGE BOOK

A Blueprint for Technology Transfer



Uniting Research, Education, and Practice to Transform Lives

Ten Steps for Effective Organizational Change

GETTING STARTED

- **Step 1** Identify the problem.
- **Step 2** Organize a team to address the problem.
- **Step 3** Identify the desired outcome.

IDENTIFYING TARGETS

- **Step 4** Assess the organization.
- **Step 5** Assess the specific group to be targeted.

STRATEGIES AND ACTIVITIES

- **Step 6** Identify an approach likely to succeed
- **Step 7** Design an action plan for the change.

IMPLEMENTATION AND EVALUATION

- **Step 8** Implement your action plan.
- **Step 9** Evaluate the progress of your change.
- **Step 10** Revise your action plan based on your evaluation.

Using the ORC and CEST to Support Organizational Change

As tools to aid in these 10 steps, the ORC and CEST can help you to:

- Identify a problem
- Identify a desired outcome
- Assess the organization and the target group
- Evaluate progress and outcomes of the changes.

Resources

Institute of Behavioral Research at TCU

www.ibr.tcu.edu

Addiction Technology Transfer Center

Network www.nattc.org