PsyCheck

Responding to mental health issues
within alcohol and drug treatment

Program
Implementation
Guidelines

Contents

Introduction

The development and dissemination of clinical treatment guidelines does not guarantee their effective implementation. Ideally 'bottom up' approaches, such as training in guideline use, are supported by 'top down' organisational changes such as supporting policies and clinical procedures to encourage long-term practice and organisational change.

Many barriers can affect the implementation of any new procedure or activity within an organisation or service. Hunter et al. (2005) recommend undertaking a comprehensive package of strategies to target these multiple barriers to change. Other researchers agree that a number of elements are fundamental to producing meaningful, sustainable uptake of screening and treatment practices for comorbidity (Maslin et al., 2001; Proudfoot et al., 2003; Welch & Mooney, 2001).

Graham (2004), for example, recommends a multi-faceted program to implement an integrated treatment for comorbid conditions, which includes:

- using a whole-team approach
- providing ongoing, service-based training as well as individual and group clinical supervision
- addressing attitudes and perceptions about mental health and AOD use among clinicians
- adopting a flexible and user-friendly approach to delivery of treatment
- involving key stakeholders and team leaders in every phase of implementation

The *PsyCheck* Program was developed with these considerations in mind. It takes a multi-modal approach, which includes strategies to assist managers and other leaders to:

- address barriers to change
- expand the service's capacity for clinical supervision
- provide user-friendly materials for clinicians and support for their use through flexibly delivered and tailored training

Evidence from the evaluation of *PsyCheck* strongly supports the importance of involving all key stakeholders in each phase of implementation. This includes managers, team leaders and AOD workers. In many cases this will also involve clients. Client enthusiasm for changed practices can assist in the change process.

These implementation guidelines are designed to assist managers and other leaders to prepare their organisations and staff for sustainable practice change in screening and intervention for mental health disorders among AOD treatment clients. They are designed to be used in conjunction with the other guidelines that make up the *PsyCheck* Program, but the principles can be also used to guide other changes in practice.

Preparing for change

Prior to introducing any new initiative or practice in the service context, a variety of preparatory steps are recommended to enhance uptake. There are four key steps in preparing for change:

Step 1: Identify the managers of change

Step 2: Understand the organisation's readiness to change

Step 3: Establish current practice and evidence–practice gaps

Step 4: Examine reasons for best practice gaps

Step 1: Identify the managers of change

Change needs a driver, especially when it may require fundamental changes to practice or attitudes. For this reason, once the need for change has been established, it is important to identify staff within the workplace who can provide credible leadership on practice change. According to the National Institute of Clinical Studies (NICS, 2006), typically a 'clinical champion' and an 'executive sponsor' should work together to lead an implementation team and should, ideally, be supported by a third person who guides the change on a day-to-day basis. Others who may be involved are interested staff and possibly a consumer representative, depending on the extent of the changes. An effective implementation team will comprise six to eight people.

Managers and team leaders, in particular, have a critical role in encouraging the uptake of the *PsyCheck* Program by AOD workers. In the Phase II implementation of the *PsyCheck* Project, those sites without a strong mandate from management to participate in the *PsyCheck* Project showed higher rates of attrition of AOD workers as participants in the trial. The project evaluation also showed that uptake and commitment was maximised at those sites where the *PsyCheck* Program was incorporated into existing screening, assessment and intervention practices.

This approach arguably adds to the sustainability of the *PsyCheck* Program outside the context of a research trial. Clearly, managers and other leaders are ideally placed to recommend that this occur and to decide practically how and when the *PsyCheck* resources should be integrated within existing structures. Furthermore, the attitudes of managers and other leaders regarding the importance and appropriateness of addressing mental health issues within their service will undoubtedly influence the uptake of the program, as well as the attitudes of the AOD workers.

Initial meetings between the change management team should take place prior to implementation. These meetings should cover at least the following points:

- discussion about the stage of change of the service
- discussion about which components of the *PsyCheck* Program to implement within the service
- discussion about how to examine evidence–practice gaps
- a decision about whether to mandate the use of the *PsyCheck* resources
- a decision about how to incorporate the *PsyCheck* resources into routine practices carried out by the service
- agreement on how to support training and supervision in the use of the *PsyCheck* resources
- identification of key stakeholders likely to be affected by the use of the *PsyCheck* resources (e.g. other services, consumer groups) and development of a plan to discuss the *PsyCheck* Program with them

Step 2: Understand the organisation's readiness to change

It is important to have a good understanding of the organisation's readiness to change. In order to make practice change, staff need to:

- know what the best practice recommendations are
- agree with the recommendations
- believe they have the personal and organisational capacity to carry them out
- make a commitment to adopt the recommendations into their practice
- be able to maintain adherence

Levesque, Prochaska and Prochaska (1999) outline a series of five stages through which people in organisations will progress in adopting a new technique:

- **Precontemplation** – not intending to make a change within the next six months.
- **Contemplation** – intending to make a change within the next six months.
- **Preparation** – intending to take action within the next 30 days.
- **Action** – have made overt changes less than six months ago.
- **Maintenance** – have made overt changes more than six months ago.

The managers of change identified in Step 1 need to first identify the organisational stage of change and move forward accordingly. This should be reflected in the flavour and content of training, supervision and implementation activities. Different strategies are required for different stages of organisational change. Some examples of these are outlined in Table 1.

Matching the implementation of the *PsyCheck* Program to the stage of change of the service and/or worker will increase participation and uptake of the program's resources and minimise resistance to change. Levesque et al. (1999) indicate that around 20 per cent of employees within an organisation will be ready to take action and make changes at any one time. These individuals can be encouraged to commence using the *PsyCheck* resources as a matter of routine, participate in the *PsyCheck* training and provide feedback to other AOD workers about the outcomes of the implementation. This can occur in conjunction with other strategies to encourage other staff to participate in the change.

Regardless of the stage of change or the strategies selected to manage the change process, clear and consistent communication is key. Some suggestions for supporting readiness to change include:

- **Involve staff in the process** – find out what motivates the staff: usually clinicians at least need to see that the changes will result in improved care.
- **Include clients in the process** – provide clients with information about the changes to educate them about the need for change and what to expect from treatment. Well-informed clients can support change by cooperating with the changes, making them less difficult to maintain, and by asking questions of clinicians.
- **Include management in the process** – managers generally need to see that changes will result in improved care, increased efficiency and improved team operation, and will support accreditation standards.

Table 1: Strategies for change

Stage of change	Broad strategies for change	Specific *PsyCheck* examples
Precontemplation	Information exchange Consciousness raising Examination of frustrations of current system Review of current activities	Regular information about comorbidity rates in the service Research updates Brief informational session (only) about the *PsyCheck* program Discussion about frustrations of current practice, including issues of clinicians self-efficacy and client outcomes
Contemplation	Evaluation of benefits for change Service engagement to increase self-efficacy for making change	Discussion at team meetings about potential benefits to change (without suggesting change will happen) Discussions that focus on how little change is required so as not to overwhelm clinicians A practice audit, focusing on the big picture, without judgement toward individual clinicians' practice
Preparation	Identification of practice–evidence gaps Specific training in new strategies	Training in the *PsyCheck* Clinical Treatment Guidelines for clinicians Training in the *PsyCheck* Training and Supervision Guidelines for potential clinical supervisors Audit of organisational practices and policies
Action	Specific training Ongoing support strategies	Ongoing *PsyCheck* training and professional development by senior staff for clinicians Clinical supervision structures in place Routine data collection and review of outcomes Regular clinical supervision
Maintenance	Ongoing support strategies Rewards for change Application of review cycles	Regular feedback of outcomes to staff Regular input from staff about the process of screening and intervention Reports of the use of *PsyCheck* as part of client review procedures Use of monitoring and outcome data for presentations at conferences 'Promotion' of staff as resource person for *PsyCheck* program Ongoing professional development for supervisors and clinicians

Based on Levesque et al. (1999)

Step 3: Establish current practice and evidence–practice gaps

Depending on the organisational stage of change identified in Step 2, establishing current practice and gaps may need to be undertaken in several stages, with each stage also designed to enhance the participants' readiness for change. For precontemplative and contemplative organisations, a simple discussion of frustrations in current practice may lead to a recognition of the need for practice change and a commitment to engage in more action-oriented strategies, such as the implementation of routine data collection or a full practice audit.

Ideally, in an action or preparation stage organisation, objective quantifiable data about current practices should be collected prior to making any changes to practice or procedures, as impressions and opinions about how a system is functioning are not always accurate (NICS, 2006). If possible, use reliable and meaningful routinely collected data to indicate current practice and develop activities around the proposed change. Supplementary interviews with staff and/or clients may also be helpful in this process. Clinical case note audits can also give a sense of current practice and can be used as an indicator of change.

These data can assist in identifying practice gaps in screening, detection, recording, treatment or follow-up activities, and can guide the implementation of the change process. Consider which areas are most easily addressed and target these first.

Step 4: Examine reasons for best practice gaps

Evidence–practice gaps may be maintained by:

- individual clinicians (e.g. their attitudes to mental health assessment and treatment)
- the system in which they work (e.g. team structures, policies and procedures)
- external practices (e.g. the way referrals in and out of the service are managed)

Identifying where gaps exist will assist in deciding which approach to take. It is important to involve clinicians and other staff in the change process by including the whole team in a meaningful way. However, individuals outside the change management team should not be given so much influence that they are able to railroad the process.

Initiating and supporting change

In supporting the change process, there are two key areas for managers and other leaders:

Step 1: Choose the best approach to make change

Step 2: Set up processes that assist to maintain the change

Step 1: Choose the best approach to make change

NICS (2006) has identified a theoretical framework to assist in tailoring a change package. They note that decisions can be informed by a mix of theory, evidence, clinical ability and local knowledge. Problems or barriers that have been identified need to be matched specifically to solutions. This mimics clinical practice in terms of assessment, formulation and tailored intervention, and can be framed in this way for staff to understand. Table 2 includes some examples.

Table 2: Some barriers to change and recommended solutions

Barrier	Solution
Knowledge deficits	Education
Erroneous beliefs about current effectiveness	Clinical audits and feedback
Lack of motivation	Incentives, 'workshopping' issues
Beliefs, attitudes	Leadership, education

Meaningful involvement of staff in planning

AOD workers within services need to have meaningful involvement in planning the implementation of the *PsyCheck* Program. The *PsyCheck* Project Phase II: Implementation commenced at each site with an initial meeting with AOD workers, which contributed to determining evidence–practice gaps.

This first meeting with AOD workers should take the form of a 'needs analysis' and should cover the following issues:

- attitudes about the detection and treatment of comorbidity within the service
- preparedness to implement the *PsyCheck* Screening Tool and Intervention
- stages of change for service/AOD workers
- training needs and format of training
- supervision needs and format of supervision
- barriers to and concerns about implementation
- decisional balance activity in relation to implementing the use of *PsyCheck* resources or remaining with the same practice
- timeline for training, supervision and commencement of the *PsyCheck* Screening Tool and Intervention

The information collected from this meeting will assist in the planning of training, supervision and other implementation activities.

Evaluation of the *PsyCheck* Project Phase II: Implementation indicated that AOD workers have a range of skills and experiences in detecting and treating mental health conditions, as well as a range of attitudes about their role in undertaking mental health interventions. These factors clearly influenced the extent to which AOD workers at each site in the project benefited from training and supervision, as well as their use of the various *PsyCheck* resources.

Implementation adapted to service context

PsyCheck screening and intervention practices should be implemented in a way that is consistent with the existing practices of the service. Deciding when and how to incorporate regular screening using the *PsyCheck* Screening Tool should occur within the specific service context and may differ between services. This type of flexibility in application by an individual service is encouraged to maximise uptake and to minimise resistance to adopting 'yet another new procedure'. However, there should be consistency within a service about the approach adopted so as to maintain a consistent standard for clients of the service.

Step 2: Set up processes that assist to maintain the change

A plan to maintain change should be developed in earlier planning. This is more usefully done before change occurs, as it will also support the change process. In particular, two specific practices are recommended to help maintain change. A system of regular review and reflection at a service level and ongoing clinical supervision processes will help to ensure that the new processes are maintained in the service's collective awareness and can help prevent practice slippage.

Regular review of processes and reflection

Change is a process and requires planning, action and review. The action learning cycle describes this process. It is useful for all staff to understand the cycle and to understand that change may take time. Realistic timeframes are important, as are constant evaluation and review.
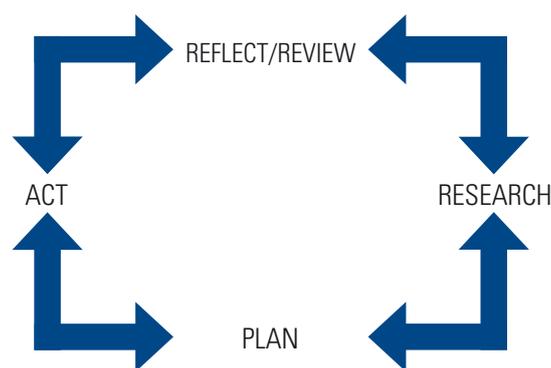

Figure 1: Action learning cycle

Ongoing service-based supervision

Clinical supervision is central to the implementation of the *PsyCheck* Program. Several researchers have identified clinical supervision as the key component to practice change and it is considered by many to be more powerful than traditional forms of training. It was likewise identified as one of the most important aspects of the *PsyCheck* Project Phase II: Implementation.

Specific considerations for clinical supervision are outlined in the *PsyCheck* Training and Supervision Guidelines. Some factors include regularity and whether to support group, as well as individual, supervision. Conveying the importance of clinical supervision to good practice, not just for the *PsyCheck* Program, is an essential role for the change management team.