

# Chesterfield Substance Abuse Services

## One Agency's Journey of Change

(Or How to Make It Work in Your Agency)



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# Chesterfield County Community Services Board



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# Program Description

- **Outpatient substance abuse treatment program for an urban, suburban and rural population.**
- **Referrals - Criminal justice system, self-referrals, ASAP, schools, social services, etc.**
- **Staffing = 2 Clinical Supervisors 13.5 Clinicians, & 3 Case Managers** (Almost all staff are Masters level and licensed in Virginia)

# Consumer Demographics

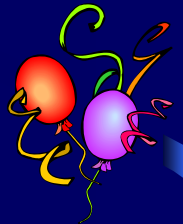
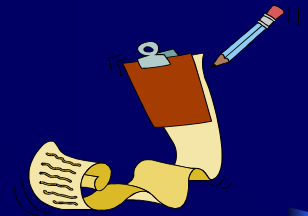
- **Clients are generally working class or impoverished with multiple problems**
- **56% are male and 44% are female**
- **Drug prevalence are alcohol, marijuana, cocaine and opioids**
- **Over 50% have co-occurring mental health disorders and are trauma victims**

# **Motivational Interviewing: How Did We Get Involved in This Effort**

- **1999 Opportunity to Join NIDA's Clinical Trials Network.**
- **2000-2001 Worked on protocol development within the Mid-Atlantic Node with Motivational Interviewing as a high priority to test at my CTP.**
- **The MI protocol was a good fit as we were already trying to use it.**
- **Participated in CTN Protocol 0005 Single Sessions MI Intervention at Admission compared to Treatment as Usual**

# Create a Climate that Encourages Change

- **Premise: Staff are responsible for identifying and solving service delivery problems.**
  - identify, plan and develop program solutions.
  - implement and evaluate solutions.
  - accept accountability for successes and failures.
  - recognize, celebrate and reward successful changes.
- **Result: Staff who are invested take responsibility for change.**



# Key Components

- **Intensive coordination and planning prior to implementation may help you to avoid internal conflicts.**
- **Extensive training and practice in MI using a “rated” taping system and an external expert supervisor is necessary to ensure staff competency.**
- **Clinical supervisors require an advanced level of training and experience to bring them to the level of skill necessary to provide fidelity and supervision for MI.**

# What Didn't Help

(Or What My Clinical Staff Tell Me)

- **Being overly enthusiastic for MI before clinicians were ready to change.**
- **Too much paperwork, particularly at admission, creates resistance to using MI as staff feel time pressured.**
- **Clinician preferences and their naturally occurring resistance to change.**

# Some of the Lessons Learned

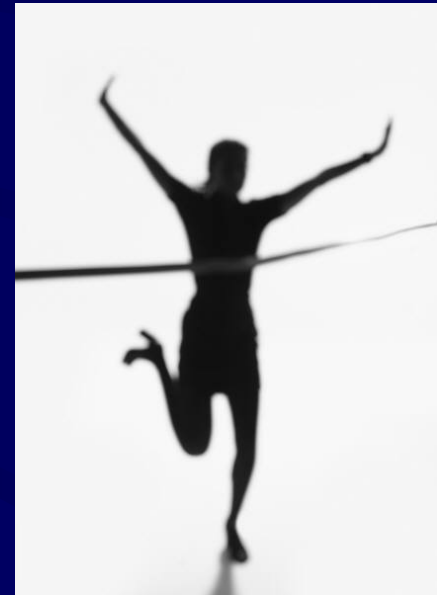
- **Change is a process; be patient and persistent.**
- **Test the waters by doing a pilot project with volunteers.**
- **Create buy-in by empowering staff to help plan, define and implement change.**
- **It is essential to train clinical supervisors to an expert level.**

# **Some of the Lessons Learned** cont.

- **Establish and maintain ongoing supervision to ensure fidelity.**
- **Respect style differences and support as needed.**
- **Celebrate successes, mark and move-on from failures.**

# Crossing the Finish Line

- Completed the protocol.
- And we were successful!

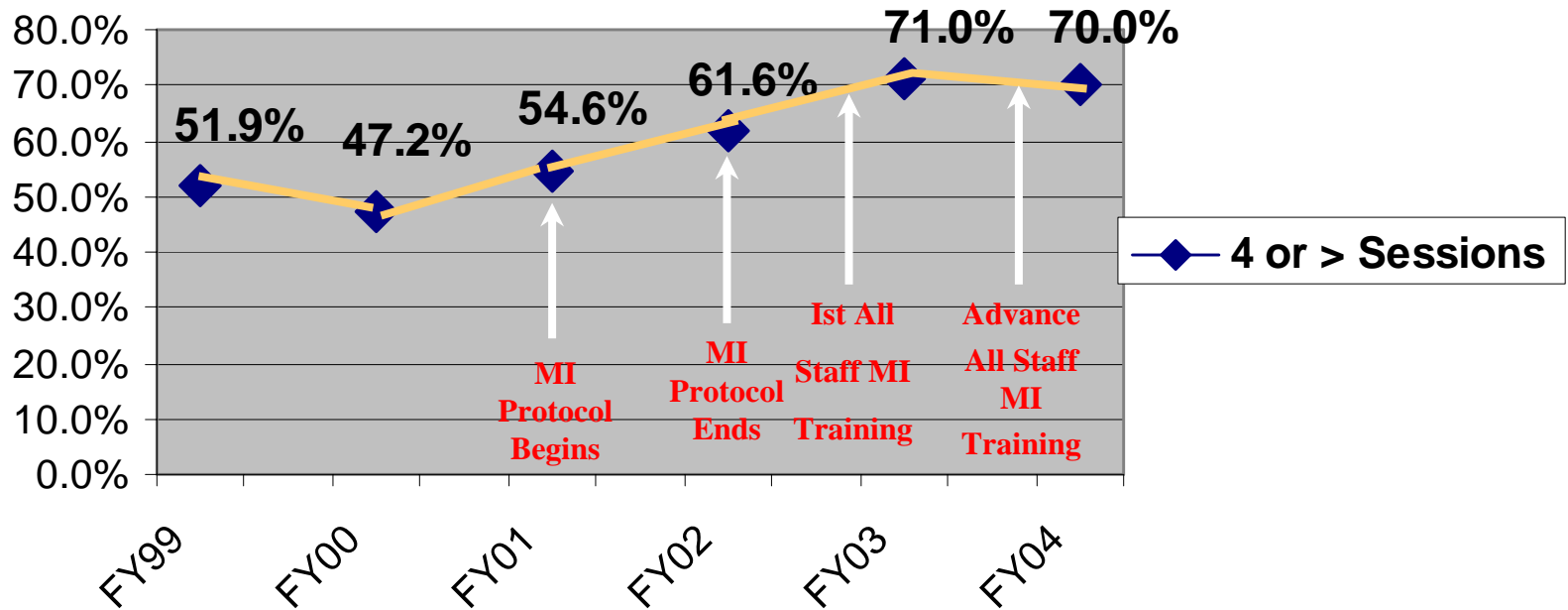


# Beyond the CTN Experience

- **Interest in MI increased with with knowledge of protocol results.**
- **Fulfilled promise to train all staff in MI.**
- **Opportunity for supervisors to become MINTed.**
- **Advanced training for all staff with encouragement to incorporate MI in to their general practice.**

# Retention Rates Over the Past 5 and 1/2 Years

## 4 or > Sessions



# Success Begets Success

- Use success to create momentum.
- Move forward from there!



# Where We Are Now

- **Clinician survey reflects different levels of integration with the use of MI.**
- **To improve the level of integration and use of MI, we are planning to provide:**
  - ✓ **regular booster MI trainings for all staff,**
  - ✓ **ongoing supervision with an MI focus for all staff,**
- **“Continue to roll with resistance.”**

# **A Summary of Things To Do**

- 1. Create a climate for your staff that supports change.**
- 2. Assess your organization & determine where MI is most likely to work.**
- 3. Involve staff in planning and implementation of the proposed change.**
- 4. Recruit and train supervisors to a high level of expertise.**
- 5. Train staff**
- 6. Roll with resistance and celebrate successes!**

# Acknowledgments & Thanks

- **NIDA and the Clinical Trials Network (CTN)**
- **Mid-Atlantic Node of the CTN**
  - Virginia Commonwealth University
  - Johns Hopkins University
  - Mid-Atlantic Addictions Technology Transfer Center
  - Node CTPs
- **The Staff of Chesterfield Substance Abuse Services**