Northern Nova Scotia's Journey in Implementing and Sustaining Evidence Based Practice

PRESENTER

Greg Purvis:
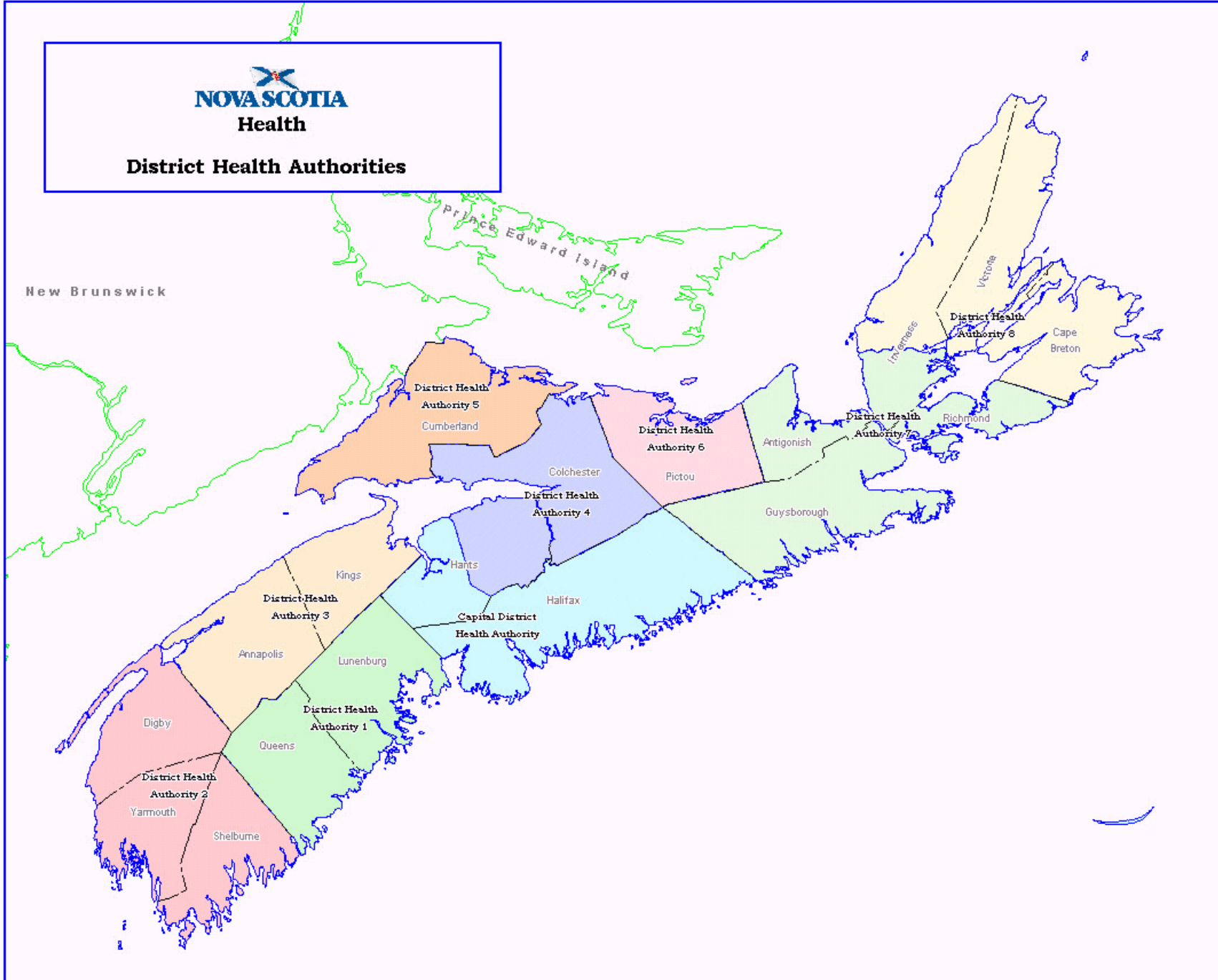
Director, Addiction Services
Northern Nova Scotia

- Introduction
- EBDM & Best Practices
- Stages of Change
- Program Feedback
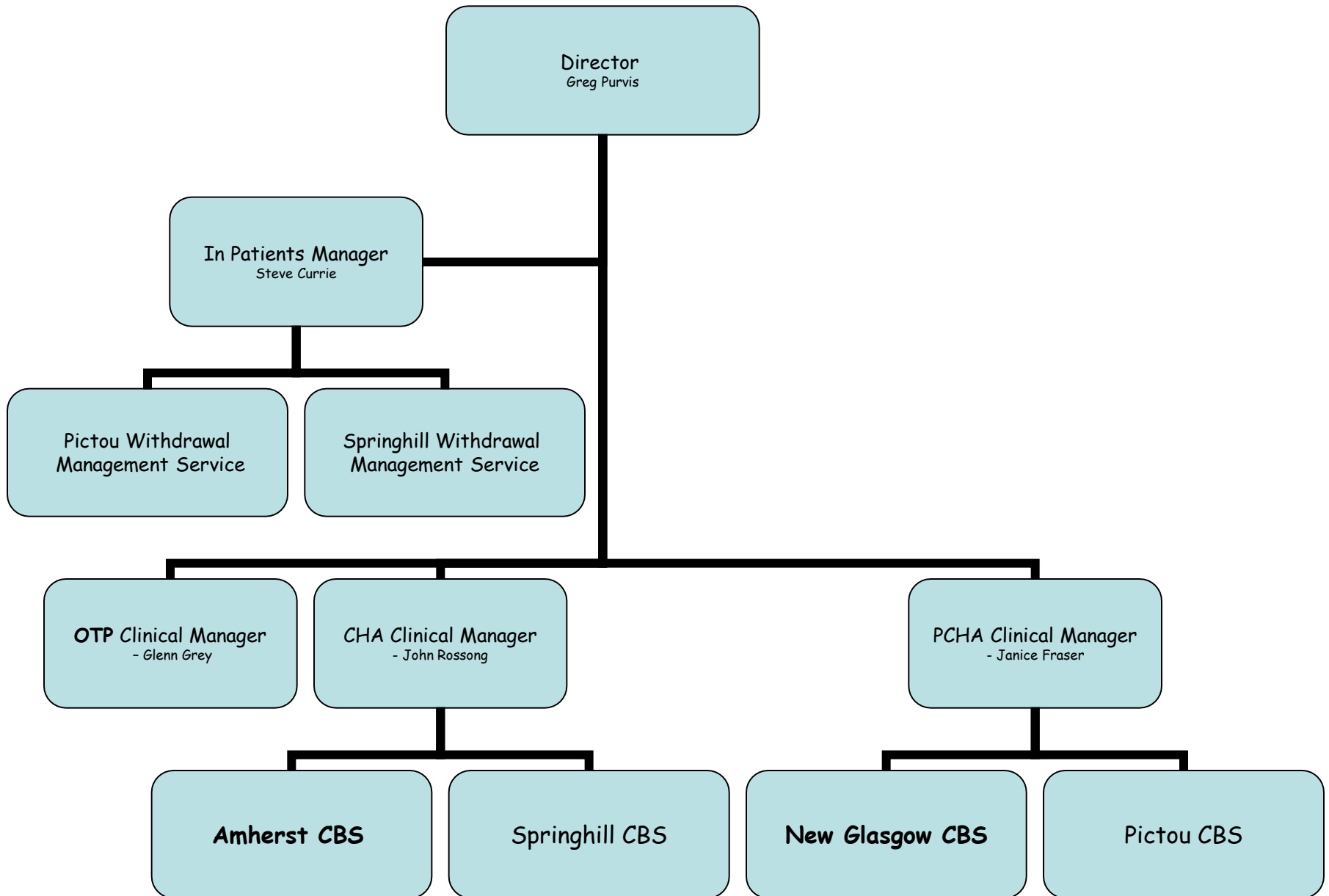- Barriers & Continuous Improvement

NOVA SCOTIA
Health

District Health Authorities

Prince Edward Island

New Brunswick

Victoria

District Health
Authority 8

Cape
Breton

District Health
Authority 5

Cumberland

District Health
Authority 6

Antigonish

District Health
Authority 7

Richmond

Colchester

Pictou

District Health
Authority 4

Guysborough

Hants

Kings

District Health
Authority 3

Halifax

Capital District
Health Authority

Annapolis

Lunenburg

Digby

District Health
Authority 1

Queens

District Health
Authority 2

Yarmouth

Shelburne

Organizational Chart

Director
Greg Purvis

In Patients Manager
Steve Currie

Pictou Withdrawal Management Service

Springhill Withdrawal Management Service

OTP Clinical Manager
– Glenn Grey

CHA Clinical Manager
– John Rossong

PCHA Clinical Manager
– Janice Fraser

Amherst CBS

Springhill CBS

New Glasgow CBS

Pictou CBS

Addiction Services

Core Values

➢ People First

➢ Integrity in Action

➢ Excellence in Service
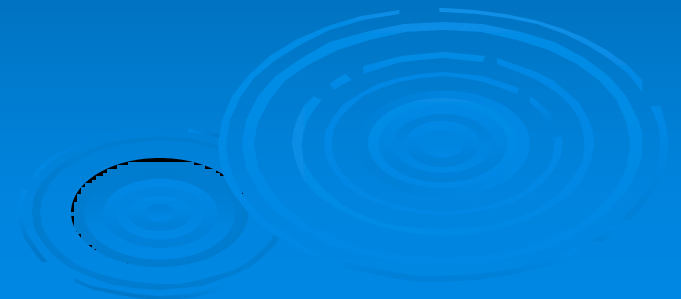
Treatment works

but evidence-based treatment works better…

Health Canada   Santé Canada

Best Practices

Substance Abuse
Treatment and Rehabilitation

Canada

Nova Scotia Gaming Foundation

"If you build it they will come"

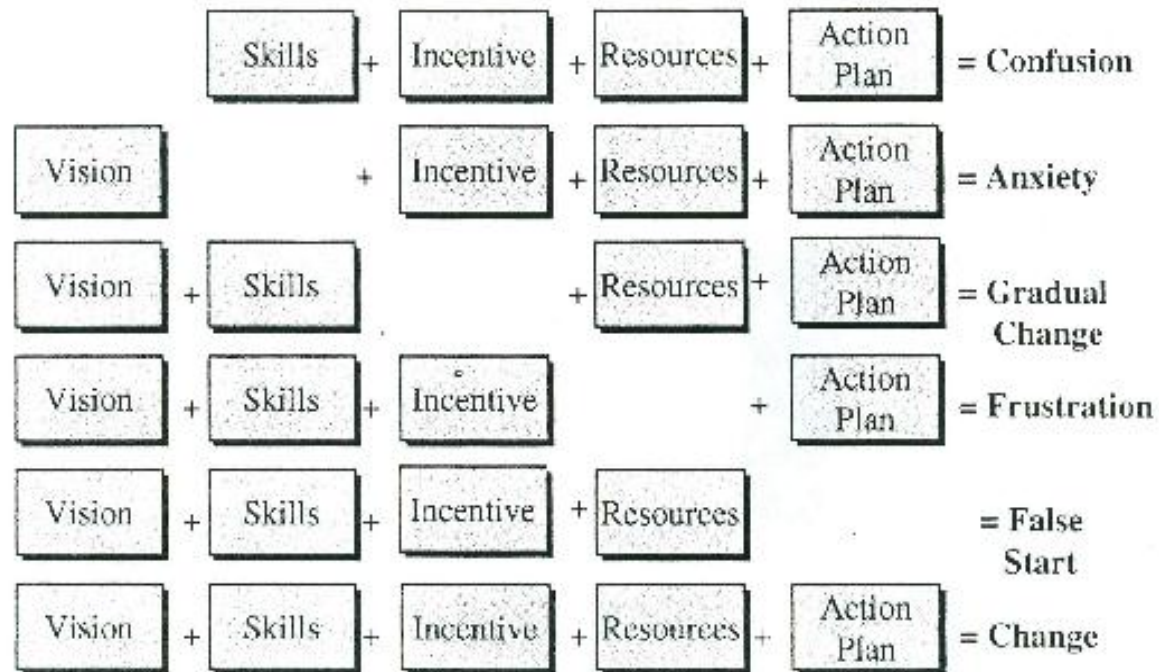Consent to Change

Understand Current Context

Specify Outcomes

Assess Readiness for Change

Prepare for Change

Implement Change

Support and Maintain Change

Targeted Change

Communication and Engagement

Evaluation
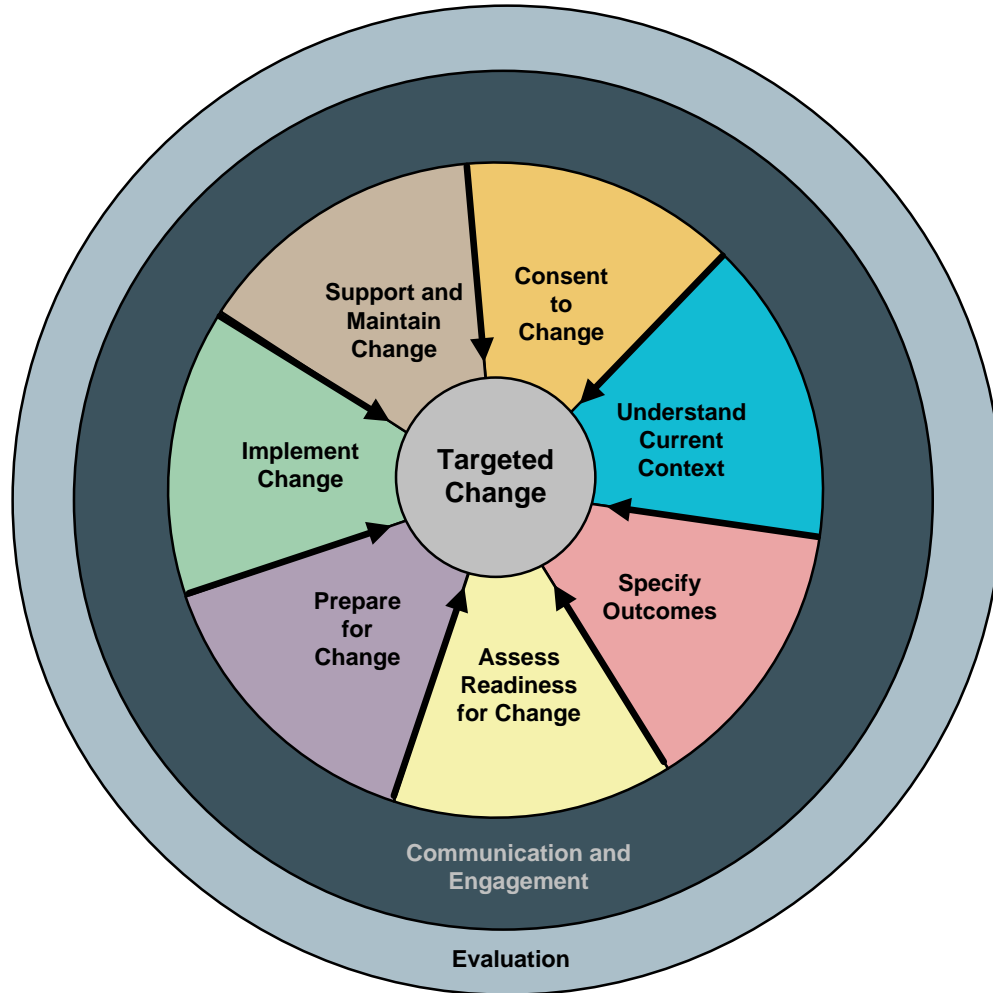
Critical Success Factors For Change

$$\text{Skills} + \text{Incentive} + \text{Resources} + \text{Action Plan} = \text{Confusion}$$

$$\text{Vision} + \text{Incentive} + \text{Resources} + \text{Action Plan} = \text{Anxiety}$$

$$\text{Vision} + \text{Skills} + \text{Resources} + \text{Action Plan} = \text{Gradual Change}$$

$$\text{Vision} + \text{Skills} + \text{Incentive} + \text{Action Plan} = \text{Frustration}$$

$$\text{Vision} + \text{Skills} + \text{Incentive} + \text{Resources} = \text{False Start}$$

$$\text{Vision} + \text{Skills} + \text{Incentive} + \text{Resources} + \text{Action Plan} = \text{Change}$$

Ambrose 1967

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Stages of Change

➢ Prochaska - DiClemente (1982)

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
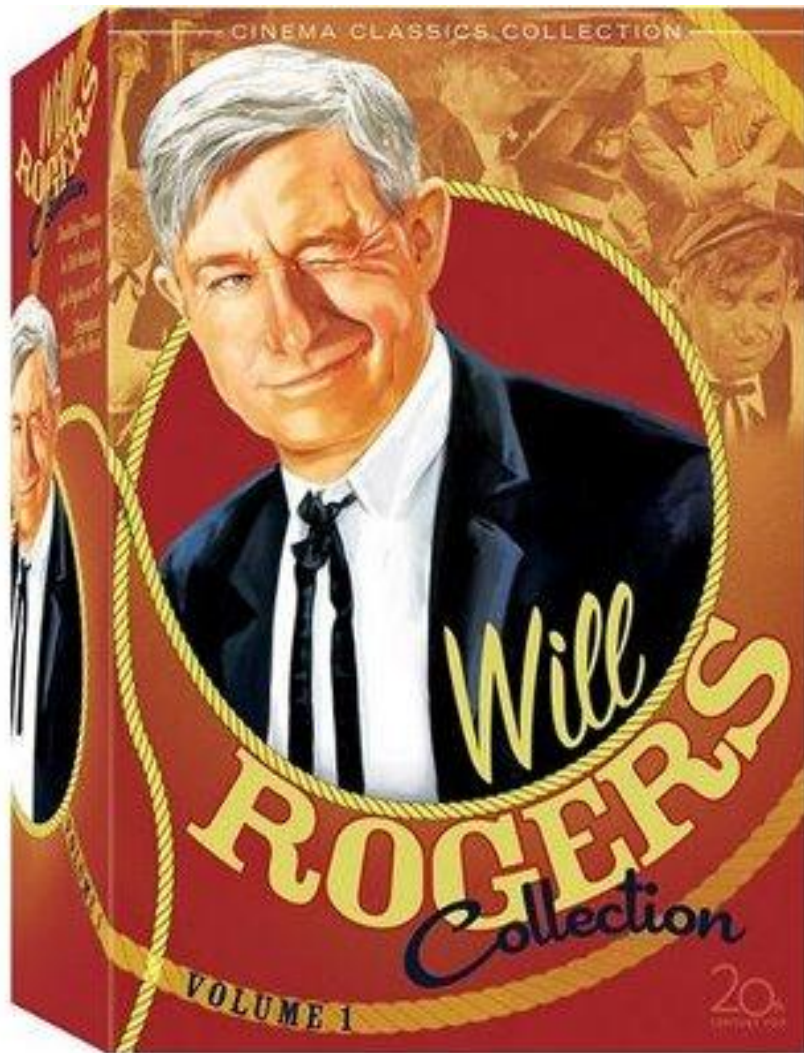
- "People need to know you care, before they care what you know."
  - Will Rogers

Precontemplation
(Why change, we're perfect?)

➤ Senior leadership support was secured & communicated

➤ The new approach was presented to the team
- clear, credible and continuous manner
- several months prior to training

➤ Opportunities were taken to discuss the model
- team meeting, individual supervisions, informal meetings

➤ Asking Questions & eliciting feedback
- how the model would impact culture & work style

➤ A Presentation was delivered summarizing:
- previous 3 months of preparation
- similarities and differences with current approaches to treatment
- sampling of CRA tools

Contemplation
(This will effect me how?)

- Provided Practitioners manual with all tools and Text Book
  - Clinical Guide to Alcohol Treatment; The Community Reinforcement Approach (Meyers and Smith)

- Audio taping introduced.

- Training was always presented as an option.

- Life Link Training Institute 3 day training
  - began formal implementation process.
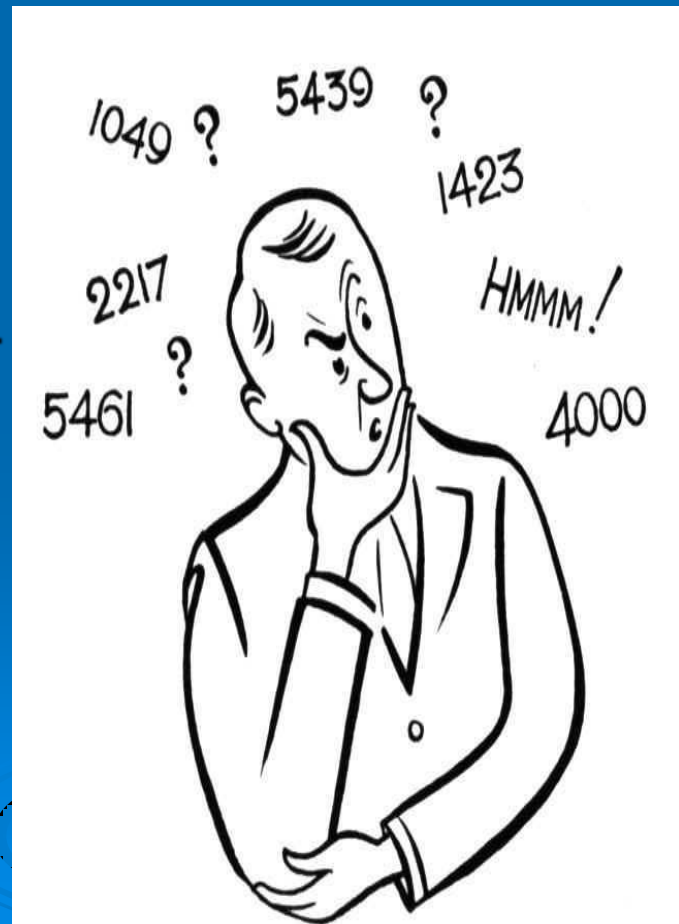
Preparation
## (You want to put a tape recorder where?)

- Establishing of date to begin audio taping (3months)

- Began using role play

- Team cohesion became evident

- Challenges/language/philosophical fit/cultural fit

Action
(You're a star!)

- Presented clinical tapes at team meetings

- Use of "positive sandwiches" introduced

- Art of *how* VS the Mechanics of *what*

- Team began using the various tools in an integrated way

- All team members actively used CRA during this phase
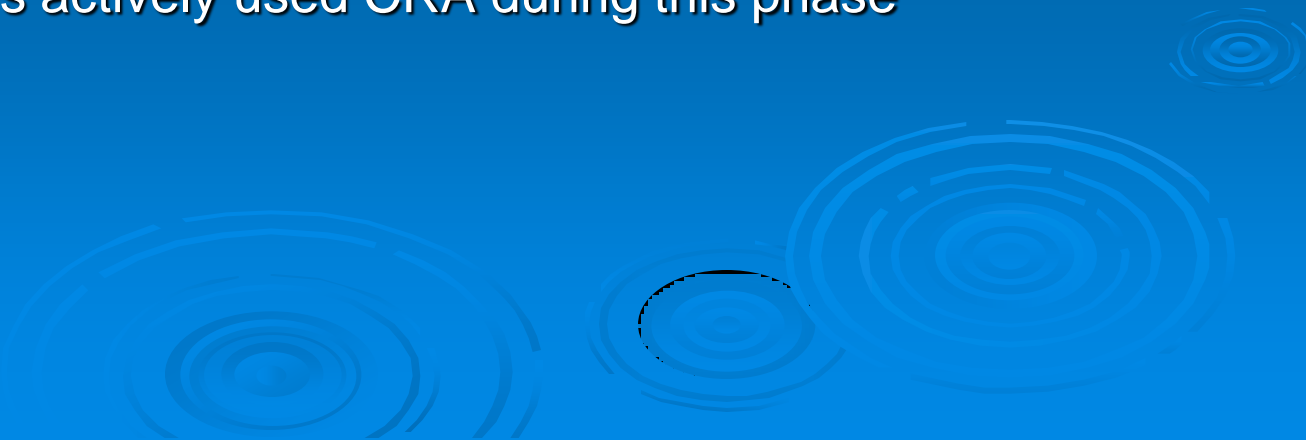
Maintenance
(What was all the fuss about)

➢ First team in Canada to be CRA certified

➢ Final training and graduation celebration

➢ Team members began mentoring each other

➢ Continued audio taping, coaching sessions and team trainings

➢ Challenge: "therapist drift"

Are we meeting objectives?

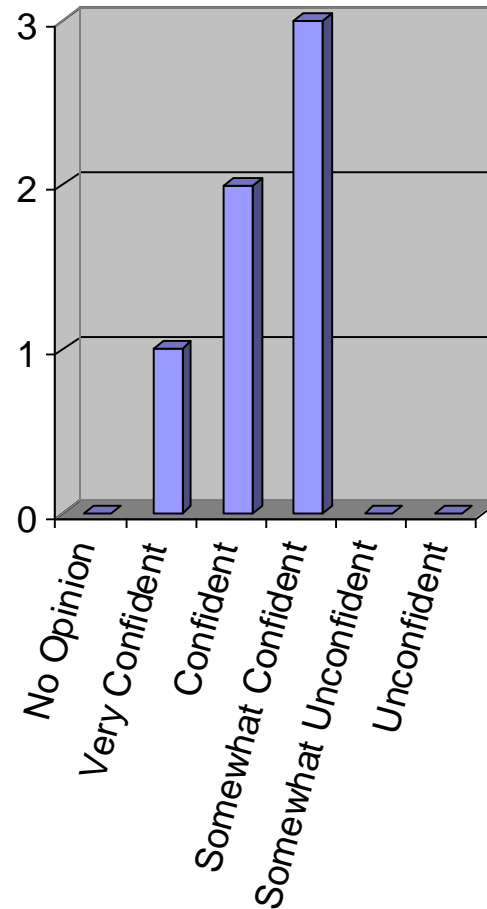**Were the objectives of CRA made clear?**

- 100% agree

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Yes
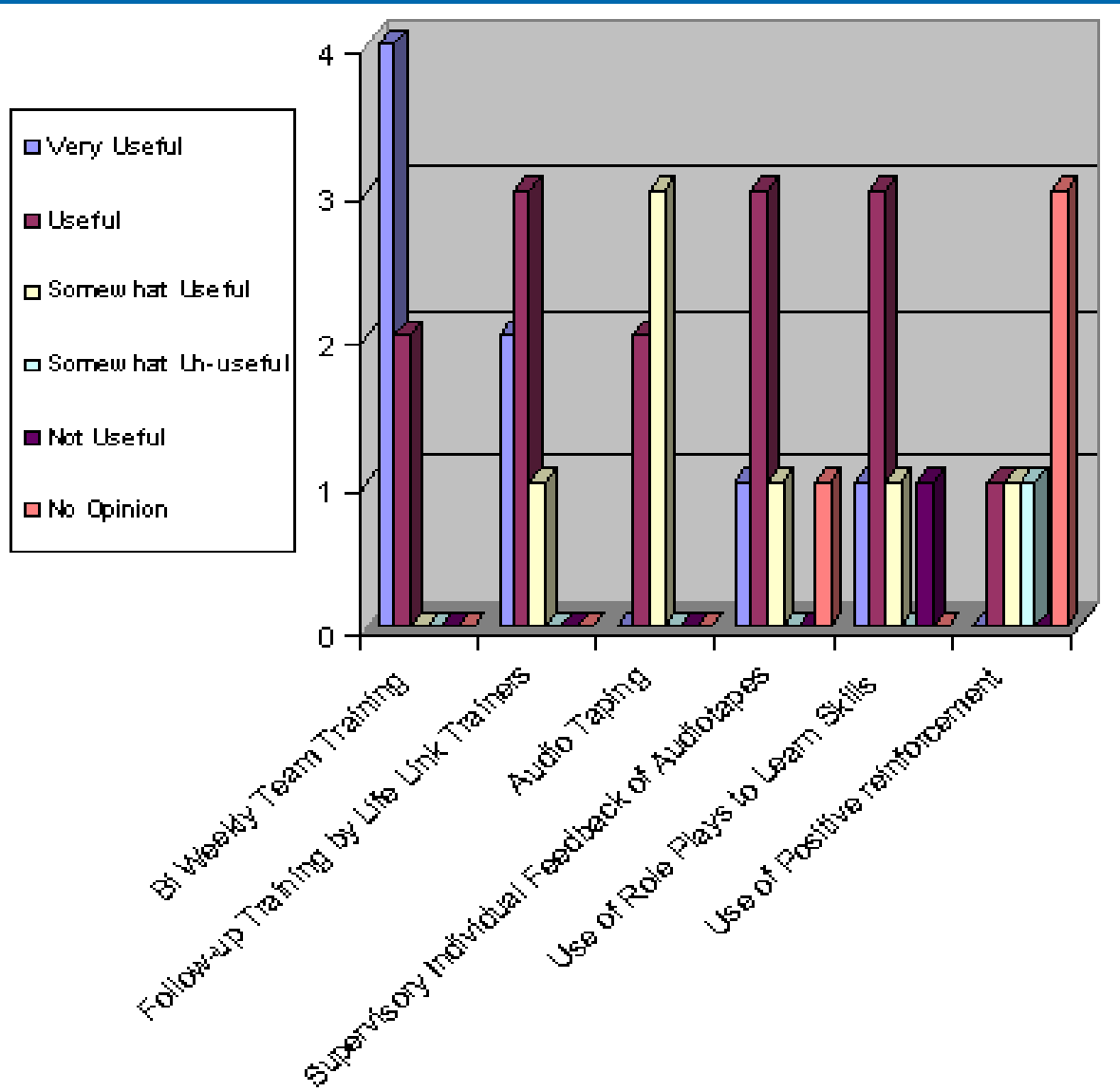No
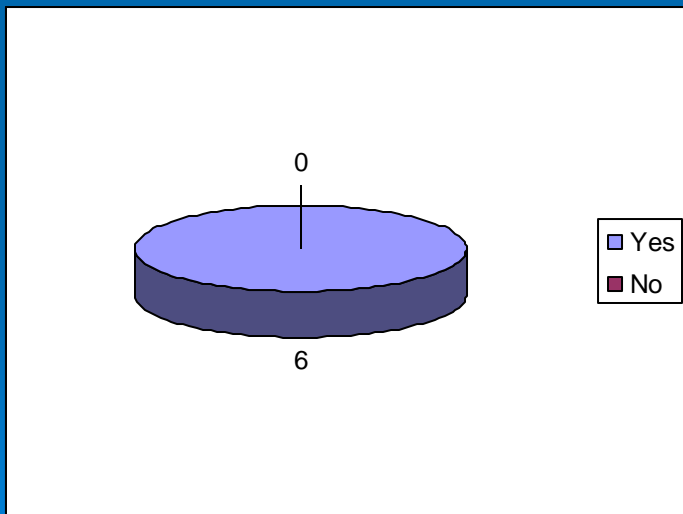
Has training met these objectives

- 100% agree

Confidence in CRA Application

- Are we confident in applying CRA in the clinical setting?

Are CRA Training Activities Useful?

> Any comments?

> Positive Reinforcement
  - Specific feedback is useful
  - Does this refer to staff?
    - Useful vs. manipulative

Barriers to Learning CRA

- Focus on alcoholism
  - Gambling not in learning material

- Counters feminist counseling principles

- Directiveness VS the client centered approach
  - Meshing of therapist and client agenda

- Less beneficial for clients with a 'quick turnaround.'
  - Gamblers see to be gone before building relationship, work plans

Improving CRA Implementation

- ➢ Role-play practice
  - More = Better

- ➢ Case Discussions
  - At team meetings

- ➢ The paperwork process
  - CRA forms

if you don't support it they will leave

ANY PERSONS (EXCEPT PLAYERS)
CAUGHT COLLECTING GOLF BALLS
ON THIS COURSE WILL BE
PROSECUTED AND HAVE THEIR
BALLS REMOVED

"Systems intended to support our work shouldn't interfere with our work"

What have we tried

➢ Teams lead training

➢ Clinical Managers lead training

➢ Imbed on going training in research projects

Does someone close to you
have a gambling problem?

Call to find out more about a research study looking
at the best way to help concerned family and friends.

helpgambler.net   1-866-299-4099

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How's that been working for ya

CRA Training & Certification

CRA Training

- Formal Training 42%
- Mentoring 29%
- No Training 29%

CRA Certification

- In Process 14%
- Certified 43%
- Not Certified 43%
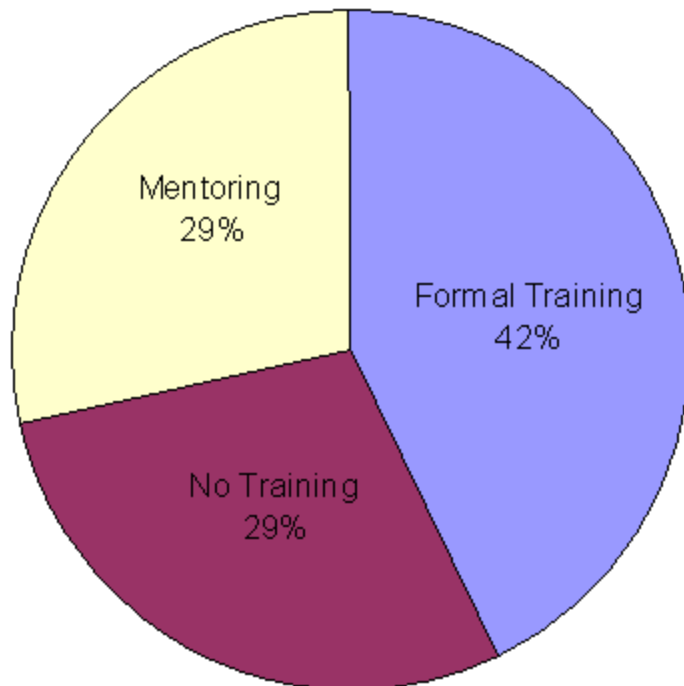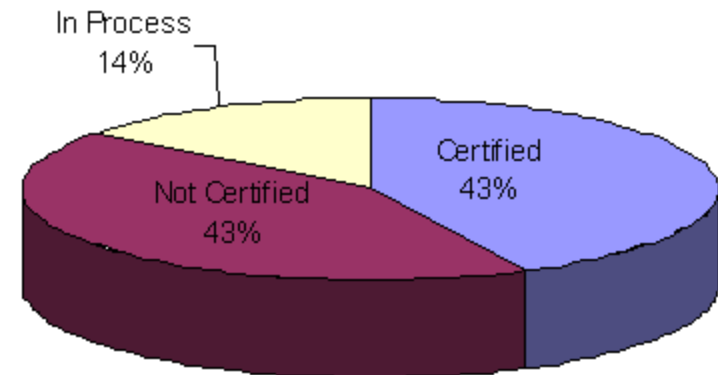
CRAFT Training & Certification

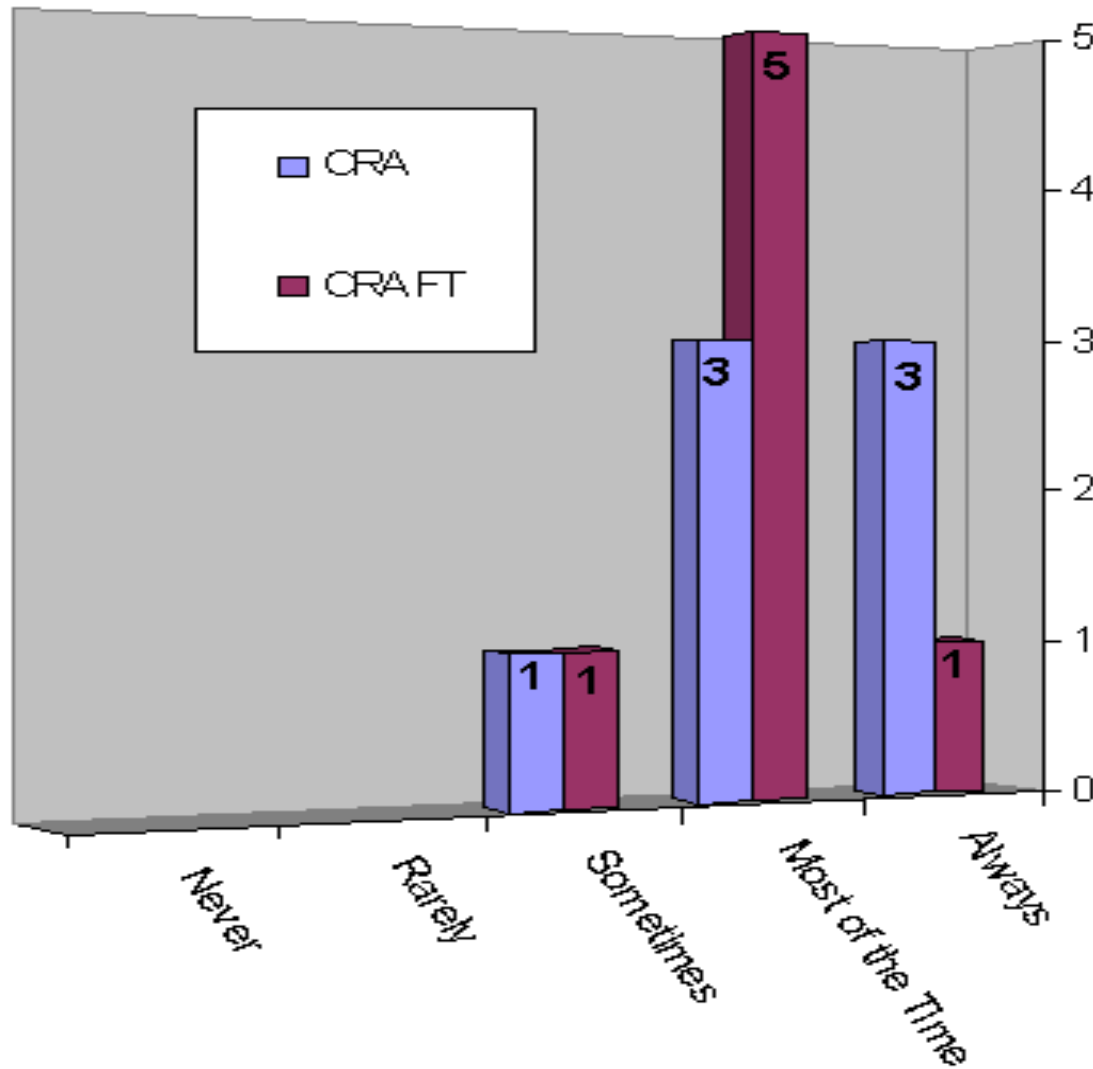CRAFT Training
100%

CRAFT Certification

In Process 29%

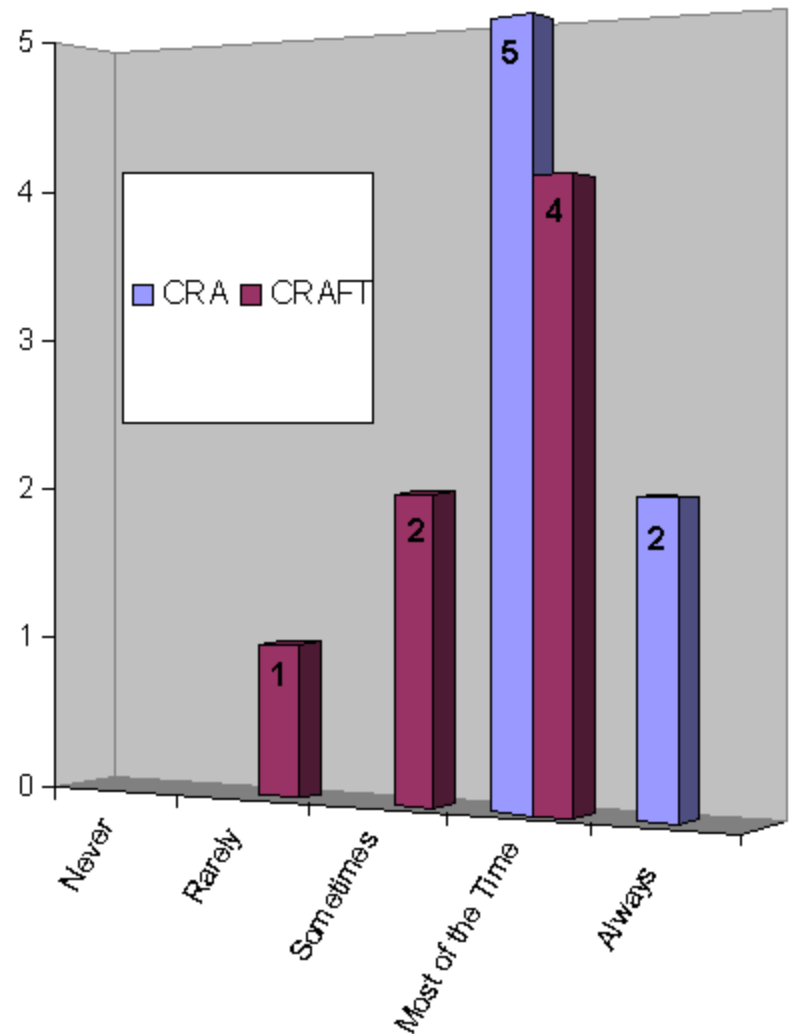Certified 42%

Not Certified 29%
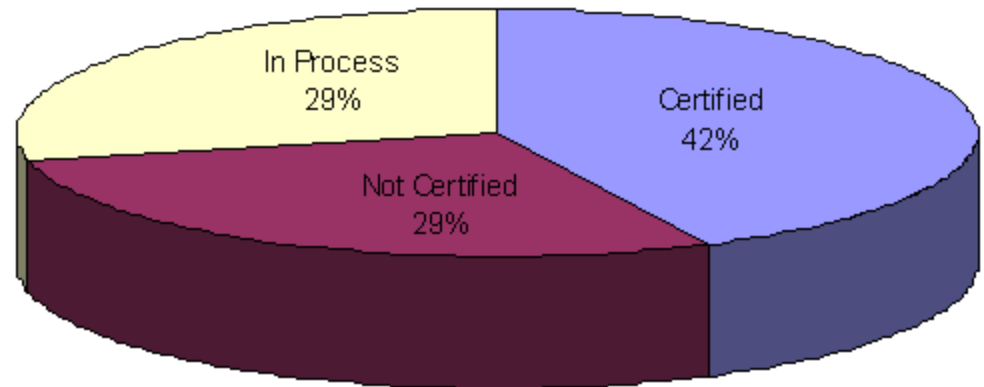
How often are CRA & CRAFT practiced?

Functional Analysis Use

- Clinician comments:
  - would use more if more accessible
    - Standard Assessment

What other regions have tried in Nova Scotia

➢ Clinical Manager as Training Leader (part of an existing position)

➢ Clinical Therapist as Training Leader (part of an existing position)

What other regions have tried in Nova Scotia

➢ Clinical Practice Educators
(2 full time positions)

Resources

➢ Miller, W. R., Sorensen, J. L., Selzer, J. A., & Brigham, G. S. (2006). Disseminating evidence-based practices in substance abuse treatment: A review with suggestions. *Journal of Substance Abuse Treatment, 31*, 25-39.

➢ Purvis, G., & Mac Innis, D. (2009) ' Implementation of the Community Reinforcement Approach (CRA) In a Long-Standing Addictions Outpatient Clinic *Journal of Behavior Analysis in Health, Sports, Fitness and Medicine* Vol 2(1) pp.32-42

➢ Meyers, R. J., & Smith, J. E. (1995). *Clinical guide to alcohol treatment: The community reinforcement approach.* New York, NY: The Guilford Press.

➢For Further Information:

greg.purvis@pcha.nshealth.ca