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Improving Patients' Engagement and Retention in Intensive Outpatient Substance Abuse Treatment

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Abstract

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MSW, Governors State University, 2012

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Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the degree of

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Abstract

Substance use disorder continues to be a major health crisis in the United States. Thousands of people die yearly due to substance use and related criminal activity. Substance abuse treatment is a remedy to the disorder and treatment centers admit thousands of patients yearly to address the dilemma. Throughout the years retention has been an ongoing barrier to successful treatment. This study explored significant obstacles to retention: motivation and engagement. The Baldrige Excellence Framework was utilized to assess the training, supervision, procedures, and leadership roles at an intensive outpatient substance abuse treatment center. This study utilized a qualitative case study design, interviewing three behavioral health leaders who managed the outpatient program. Content analysis was used to identify themes and understand how procedures helped or hindered patient motivation and engagement. Recommendations derived from this study included: thorough assessments, intense individual counseling, ongoing supervision, and counselor training, unifying the organizational culture, and the importance of managerial and therapeutic rapport. Focusing on improving retention will have a positive social change impact on the lives of those entering substance abuse treatment and may produce transferrable solutions for other treatment centers facing the same dilemma.

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Dedication

I dedicate this dissertation to future adult learners working two jobs and raising a family that has a desire to learn on a doctoral level. All things are possible for those who love the Lord and are called according to His purpose. You can accomplish anything with support, motivation, and an unwavering attitude toward your goals.

Acknowledgments

I want to acknowledge my family, friends, and co-workers for their understanding and giving me the space needed to endure this process. I would also like to recognize my fantastic committee from Walden University for pushing me to succeed. Even when life events took center stage, they stood with me and encouraged me to move forward. The entire Walden University staff provided every resource necessary to accomplish this task. Much thanks to all of you.

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Section 1a: The Behavioral Health Organization

Introduction

The Midwest Substance Abuse Treatment Center (MSATC), a pseudonym, is the focus of this study. MSATC has provided over 54 years of assistance to people suffering from various levels of substance use disorders and related mental illnesses. According to their website, patients that MSATC serves come from the department of children and family services, the department of correction, area high schools, and can be referred by concerned loved ones (e.g., parents, partners, and spouses), and of course, walk-ins.

MSATC began as a client referral service and according to their 2020 annual report, people seeking substance abuse treatment would call their 800 number and receive referrals for detoxification, residential treatment, or outpatient services. Currently, MSATC is one of the few treatment centers in the Midwest that includes residential treatment for substance abusers, multiple levels of outpatient services, including driving while intoxicated (DWI) classes, recovery coaching, mental health counseling, and recently opened a 20-bed recovery home on site. The MSATC's mission as stated on their website: "to provide a continuum of treatment and support services regardless of a person's ability to pay" has remained unchanged over the years. Currently, the organization is under new management as they strive to stay competitive in the behavioral health market (behavioral health leader 1 (BHL1), personal communication, July 28, 2021).

Practice Problem

The practice problem for this study evolved out of a desire to understand why retention in substance abuse outpatient services and patient engagement have continued to decrease at MSATC. Over the past several years, MSATC has noticed a steady decline in patient retention, motivation, and engagement in the adult intensive outpatient program (BHL1, personal communication, July 28, 2021). MSATC is unsure of the exact nature of this phenomenon but suspects the decrease may be due to a high turnover rate among counselors and/or new counselors lacking the experience to address an ever-evolving population. Further complicating a solution is the fact that there have always been seasonal changes in retention and engagement (BHL1, personal communication, July 28, 2021).

Over the past several years, the decline has been steady and affects the financial margins (BHL1, personal communication, July 28, 2021). The residential and outpatient programs make up the majority of income (BHL1, personal communication, July 28, 2021). The interest in this project was to discover what changes in service delivery, the patient make-up, or the interventions used have impacted patient retention and engagement in the intensive outpatient program. Supervision was one of the factors explored. Forshaw et al. (2019) argued that behavioral health leaders are responsible for the counselor's development through supervision. Another factor explored was how the complex barriers of the patients enrolled in the program were addressed. McKowen et al. (2018) believed that neuropsychological changes in substance abusers make sustained attention in intensive outpatient programs challenging. An additional factor was trauma;

if counselors were not able to address trauma experiences, patients might exit the program if triggered (Giordano et al., 2016). This study examined how behavioral health leaders address these areas of concern by answering the following research questions:

- What interventions encourage program engagement and help sustain motivation?
- What strategies are in place to assure counselors can implement interventions to engage and motivate patients?
- How are engagement and motivation measured or determined within the program?
- When did lack of engagement and motivation to change become significant enough to investigate, and what evidence brought it to your attention?
- What have leaders already tried to address the issue, and what were the barriers to their success?

Purpose

The purpose of this qualitative study was to explore barriers to retention and engagement and high recidivism in intensive outpatient substance abuse treatment. The Baldrige Excellence Framework (2021) questions helped construct an organization profile. The profile and interviewing of the chosen behavioral health leaders (BHL1, BHL2, and BHL3) generated essential data to evaluate the organization's performance. The interviews provided inquiry into the nature of the problem, how long the problem has existed, and how the BHLs have tried to solve the problem providing the framework to evaluate the depth and severity of the practice problem. This study utilized an exhaustive

search of current peer-reviewed literature concerning the cause and effect of the retention deficits, contemporary outpatient interventions, the process of nurturing motivation, and the behavioral health leader's role in maintaining consistent desired outcomes. These sources were acceptable using the Baldrige Excellence Framework (2021).

Significance

The initial value of this project was restoring the experienced treatment and recovery support services mentioned in the organization's mission statement. This project assisted in regaining the community's confidence and maintaining the organization's bottom line. Finally, another potential value of this study was to produce additional tools that are transferable to other intensive outpatient programs. The national drop-out rate for programs with similar patients to MSATC's was 30% (Lappan et al., 2020), suggesting a broader problem in the substance abuse industry. Solving the substance abuse dilemma could give patients a second chance with their families, communities, and the workforce (BHL1, personal communication, July 28, 2021).

Summary

The MSATC is a behavior health organization providing substance use disorder and mental health services to patients 14 years of age and older (MSATC, annual report, 2020). In recent years, the adult intensive outpatient program has struggled to meet its desired outcome (BHL1, personal communication, July 28, 2021). MSATC behavioral health leaders attribute the problem to their counselor's inability to retain patients through the duration of the program while keeping patients engaged in the interventions, and past

attempts to resolve the barriers to meeting the desired outcome have failed (BHL1, personal communication, July 28, 2021). This study further explored barriers to retention and engagement by understanding the roles of behavioral health leaders, counselors, and patients. A robust understanding of the problem might allow new resolutions. Section 1b provides a detailed analysis of the organizational profile for MSATC.

Section 1b: Organizational Profile

Introduction

According to Ali et al. (2017), one of the significant health concerns in the United States today is substance use disorder (SUD). Costing more than a trillion dollars yearly, Ali et al. (2017) pointed to SUD as a significant factor in increased crime and health care deficits. MSATC offers patients meeting the American Society of Addiction Medicine (ASAM) criteria for substance abuse dependence, residential and outpatient programs to solve this dilemma (ASAM, 2021). The problem explored in this study was the steady decline in patient retention and lack of engagement and motivation in the adult intensive outpatient program at MSATC.

This section contains the organization profile and key factors, current interventions, counselors, supervision, and education requirements, average patient make-up, the organizational mission, vision, and values, and organizational background and context.

Organizational Profile and Key Factors

MSATC is a not-for-profit organization licensed to provide substance abuse and mental health services for adolescents and adults. MSATC delivers its services through various outpatient, residential, and recovery home platforms. According to the Annual Report (2020), the mission statement expanded to include pursuing alliances of other health service providers to extend their influence in the health care market to serve their patients better.

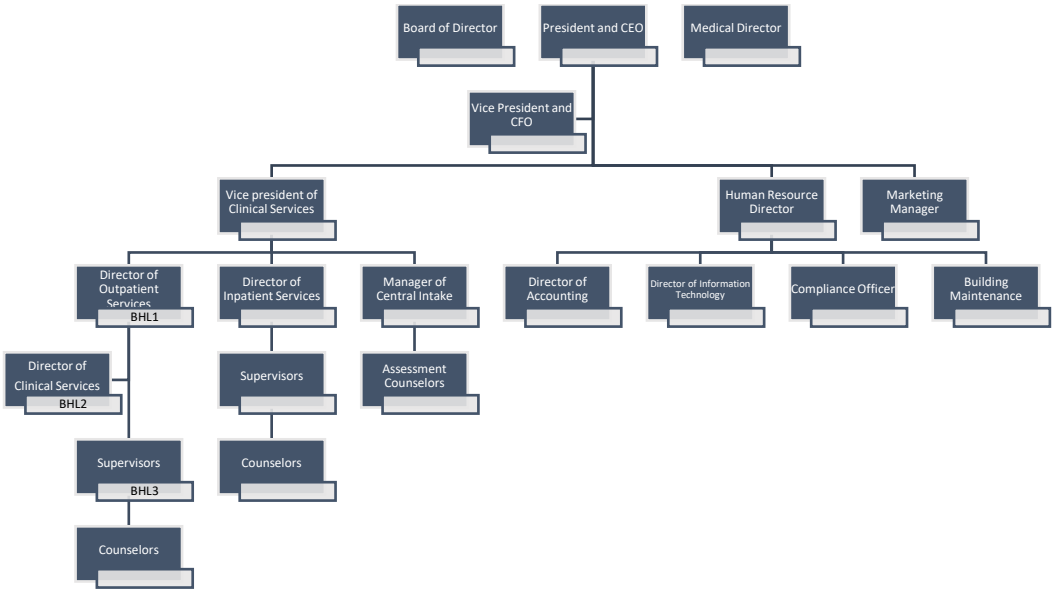
How an organization governs matters, Baldrige Excellence Framework (2021) has credited senior leadership with creating a clear vision, ethical standards, and high expectations for the workforce. A board of directors governs MSATC, and currently, the board's president serves as the chief executive officer due to the recent vacancy of that position (BHL1, personal communication, July 28, 2021). According to BHL1 (personal communication, July 28, 2021), the not-for-profit status has always contributed to an unstable financial environment and currently a shift in philosophy in senior leadership. Being a not-for-profit organization has two distinct limitations. First, funding amounts might vary year to year, making it difficult to plan for the future, and second, expectations often come with the funds (BHL2, personal communication, October 4, 2021). Over the past three years, there has been a stark difference in the direction of senior leadership from fulfilling the mission to keeping the census high (BHL1, personal communication, July 28, 2021).

Organizational Structure

MSATC currently employs 96 full-time staff, including senior leadership, behavioral health leaders, administrators, and supporting staff (see Figure 1).

Figure 1

MSATC Organizational Chart



According to BHL2 (personal communication, October 4, 2021), the MSATC structure is as follows:

- The board of directors is the governing body that protects the interests of the patients served and the stakeholders.
- The president of the board and chief executive officer oversee the overall operations of MSATC. They are also responsible for reporting and protecting their financial standing in the business market
- The medical director makes sure all services are performed within the guidelines of the American Medical Association when it comes to medication, dosing, and detoxification.

- The vice-president's seat has been vacant for several years.
- The vice-president of clinical services is responsible for distributing resources and the overall performance of outpatient, residential, and central intake.
- The directors of outpatient, residential, and central intake services ensure supporting staff meets credentialing requirements, are trained in interventions, acknowledge and understand policies and program evaluations.
- The director of clinical services is responsible for making sure approved interventions are being administered appropriately and patients are aware of the interventions they are receiving. They also track the effectiveness of the intervention.
- The Human Resources (H.R.) director oversees all clinical and administrative staff. H.R. also oversees:
- The director of accounting (keeping the financial books balanced), Information technology (making sure technical licenses are up to date and the intranet is secure), Compliance officer (makes sure the staff and organization comply with all state, federal, and local guidelines, and agreements), and Building maintenance (responsible for the property meeting safety requirements).

- The marketing manager is responsible for maintaining memorandum of understanding (MOU), community relations, and advertisement.

Organizational Background and Context

The MSATC is a 501c3, multifaceted substance abuse and mental health social service organization providing nonmedical detox, residential, a five-tier outpatient program, individual substance and mental health counseling, and their latest addition, a twenty-bed on-site recovery home (MSATC Annual Report, 2020). The MSATC financial support comes from United Way, Division of Alcoholism and Substance Abuse (DASA), federal grants, sliding-scale fees, and insurance (MSATC Annual Report, 2020). Through the accreditation by the Joint Commission and DASA, MSATC has assisted hundreds of thousands of patients in gaining control over their substance behaviors and mental health (MSATC Annual Report, 2020). MSATC is also a licensed and Medicaid-certified provider of the Division of Substance Use Prevention and Recovery from the Department of Human Services and Mental Health (MSATC Annual Report, 2020).

Current Intervention Models

The MSATC started using the philosophy of the 12-Steps of Alcoholic Anonymous (medical model) in 1967 (MSATC, website). Over subsequent years, interventions have expanded to include cognitive behavioral therapy, motivational interviewing, SAMHSA's matrix model and, more recently, enhanced motivational interviewing (BHL1, personal communication, July 28, 2021). Except for the enhanced

motivational interviewing model, the others have been in place for over 20 years (BHL1, personal communication, July 28, 2021).

Counselor Requirements

The minimum requirement for a counselor in the intensive outpatient program is a bachelor's degree in addiction studies or a related field (BHL1, personal communication, July 28, 2021). Counselors must hold a Certified Alcohol and Drug Counselor (CADC) certificate or become certified within two years (MSATC, career, website). A potential counselor must pass a background check, drug testing, and a physical before hiring (BHL1, personal communication, July 28, 2021). Additional requirements for recovery coaches include personal experiences with SUD, recovery, and treatment (BHL1, personal communication, July 28, 2021).

Supervision and Education

Counselors are required to maintain their CADC and other credentials. Maintaining licensure and certification requires obtaining continuing education units (CEU) every two years (BHL1, personal communication, July 28, 2021). Counselors should receive one hour of supervision weekly and annual competency training in addition to maintaining certification in cardiopulmonary resuscitation (CPR) (BHL1, personal communication, July 28, 2021).

Giannopoulos et al. (2021) acknowledged that clinical supervision, more than anything else, is the technique used to train counselors to implement evidence-based

practices. The Substance Abuse and Mental Health Administration (n.d.), commonly referred to as SAMHSA, is a national organization established to oversee and advance public health in the United States SAMHSA (n.d.) acknowledged a link between good supervision and better patient care. In addition to education and training, supervision contributes to the professional development of counselors and improves ethical decision-making.

Average Patient

According to the MSATC, the average patient is African American males between 18 – 30 years of age, 70-80%, 80% are unemployed, and 70% live in poverty (MSATC, Annual Report). Additionally, the report credits the criminal justice system as responsible for 60% of the population that cycles in and out of treatment (BHL1, personal communication, July 28, 2021). Additional details regarding the patients served will be given in Section 2.

Current Financial Situation

In a final interview with BHL2 (personal communication, March 27, 2022) it was revealed that MSATC has not billed for services since August which is affecting the ability to meet other obligations. Complaints have been mounting and there is a shortage of supplies and resources; testing supplies, bus passes, and other incentives (BHL2, personal communication, March 27, 2022). MSATC no longer pays for licensure recertification or offers inhouse CEU training (BHL2, personal communication, March 27, 2022). There are four addiction counselors currently serving the outpatient program;

one is assigned to do assessments and the other three are assigned to provide services for the approximant 120 patients, averaging 40 patients per counselor (BHL2, personal communication, March 27, 2022).

MSATC counselors, in 2018, made between $29,350 and $31,609 with no reported raise since then (BHL2, personal communication, March 27, 2022). The average rate for substance abuse counselors in the area is between $36,500 and $47,400. All staff financial incentives stopped in 2020 after new management was put in place. What MSATC have on its side a group of counselors that are determined not to abandon the patients; they reportedly continue to provide the best care possible under the current circumstances. Motivating counselors has proved challenging under these current circumstances (BHL2, personal communication, March 27, 2022).

Organizational Mission, Vision, and Values

The MSATC mission is to deliver a continuum of treatment and recovery support services to residents in the Midwest. A continuum of services includes the direct provision of treatment and recovery support services for substance abuse and addiction-related services (BHL1, personal communication, July 28, 2021). MSATC's other related services include mental health services, recovery coaching, trauma-informed care, medication-assisted treatment, and a recovery home model (BHL1, personal communication, July 28, 2021). An estimated 33–60% of people incarcerated with a SUD also have a mental illness, and 15–25% of nonincarcerated people (SAMHSA, 2017). MSATC annual report from 2020 noted that more than 42% of their referrals come from

the criminal justice department. Eddie et al. (2019) described recovery coaches as people who have experienced substance abuse firsthand and recovered. Because of the recovery coach's unique experience, treatment centers utilize them more often in various levels of care (Eddie et al., 2019).

Giordano et al. (2016) subscribed to the availability of trauma-informed services because more than 60% of people admitted into SUD and mental health care have had at least one traumatic experience. Medication-assisted treatment has become a more efficient way to treat opioid addiction (Baslock et al., 2021). Homelessness contributes to the number of people suffering from SUD (Cuevas & Whitney, 2019), making the recovery home model another tool against relapse. De Leon and Unterrainer (2020) described addiction-related disorders as but not limited to mood disturbance, unrealistic or disorganized thoughts, confused values, and anti or nonexistent social interactions. These additional services may be through associated service lines and linkage agreements that enhance the organization's fit within a broader health care environment (BHL1, personal communication, July 28, 2021). Linkages, associations, partnerships, and affiliations with other health care providers and payers will be pursued and realized to the extent that they support the organization's mission (MSATC, annual report, 2020).

The vision is to provide all the services necessary to recover and thrive after succumbing to a substance use disorder (BHL2, personal communication, October 4, 2021). The only service missing is a full-service medical detoxification unit. MSATC

values focus on trust, resilience, friendship, and family (BHL2, personal communication, October 4, 2021).

Background and Context

The MSATC celebrates over 50 years of service (MSATC, history, website). Located outside of a more significant metropolis and the surrounding suburbs they serve, MSATC has enjoyed a collaborative relationship with area residents, and it is easily accessible by public transportation. According to BHL1 (personal communication, July 28, 2021), the Division of Alcoholism and Substance Abuse (DASA) provided funding grants for people living under the poverty level. Still, they have never kept pace with inflation. After the turn of the century, the gap grew even more expansive, triggering two significant events (BHL1, personal communication, July 28, 2021). One was a need to attract more financial supporters, and two was an urgency to keep the program's census high (BHL1, personal communication, July 28, 2021).

In 2010, MSATC faced another challenge, the passing of the Patient Protection and Affordable Care Act (ACA) (BHL1, personal communication, July 28, 2021). The ACA (2010), mandated to the best of its ability to have everyone insured (Abraham et al., 2017). Insured patients posed two threats. First, Medicare and Medicaid pay less than the DASA rate affecting the financial survival of MSATC because if a patient had insurance, DASA funding could not be applied (BHL1, personal communication, July 28, 2021). Second, insured patients have more facilities to choose from when seeking substance abuse treatment (Abraham et al., 2017), in turn affecting MSATC’s economic survival. In

addition to the above challenges, around 2014, the original counselors began to retire and pass away, leaving new counselors to populate the roles of counselor, supervisor, and manager (BHL1, personal communication, July 28, 2021). BHL1 says that new counselors come with more education and varied opinions about recovery and the delivery of services, and perhaps more importantly, new counselors perceive passion academically instead of emotionally (personal communication, July 28, 2021). At the same time, the literature continues to support the importance of relationships when addressing recidivism, retention, and motivation to change. For example, Yang et al. (2018b) concluded that counselors have always been pivotal in determining the patients' level of engagement and motivation. Understanding the patient's needs and an openness to hear the patient are vital factors that help develop a therapeutic rapport which is essential to sustaining engagement and motivation (Yang et al., 2018b).

Since 2015 there has been a significant increase in recidivism and lack of engagement and motivation from patients (BHL1, personal communication, July 28, 2021). SAMHSA (2017) insisted that it would require more than behavioral health center services to reverse the effects of recidivism; correctional institutions and community stakeholders must get involved. Because SUD is a "major public health concern" (Ali et al., 2017), providing appropriate care is critical. The Division of Alcoholism and Substance Abuse funding and the Affordable Care Act are not likely to change any time soon. Therefore, the variables that appear open to exploration are the intervention used in delivering services and the counselor's approach to administrating care. Ali et al. (2017) and Yang et al. (2018b) agreed that completing substance abuse treatment is crucial in

solving the substance abuse problem. Understandingly then, it is paramount to look closer at the barriers to successful completion of SUD services.

SUD contributes to approximately 100,000 deaths annually and costs an estimated half a trillion dollars a year (Ali et al., 2017). Without a plan to successfully treat patients with this disorder, these numbers will continue to escalate. The purpose of this study was to contribute to the growing body of literature aimed at solving the retention, engagement, and motivation problems around substance abuse intensive outpatient treatment.

Summary

Substance use disorder continues to be a significant health crisis in the United States, affecting hundreds of thousands of people annually (Ali et al., 2017). By-products of this disorder are also responsible for thousands of broken families, devastating communities, and in part, the financial stress of our health care system (SAMSHA, 2019). Researchers have proven substance abuse residential and outpatient treatment to be an effective remedy for substance use disorder (Ali et al., 2017). Ali et al. (2017) also acknowledged that substance abusers are unique and require an individualized plan to recover from substance addiction. The MSATC, which has enjoyed a reputation of providing successful substance abuse treatment, has recently struggled in the intensive outpatient program with patient retention and keeping the patient motivated and engaged enough in the program to receive the expected outcomes (BHL1, personal communication, July 28, 2021).

Section 2 will contain a literature review exploring retention, motivation, and engagement barriers. In Section 2 I will also examine additional information regarding MSATC interventions, educational policies, and leadership engagement with counselors. Additionally, Section 2 discusses the methodology used in this study.

Section 2: Background and Approach—Leadership Strategy and Assessment

Introduction

The social problem that prompted the literature search was the growing failure of patients at the MSATC's intensive outpatient programs to maintain motivation to change and stay engaged in the program. The purpose of this qualitative study was to explore barriers to retention, engagement, and recidivism in intensive outpatient substance abuse treatment. One of the essential predictors of successful substance abuse treatment outcomes is retention (Montgomery et al., 2017), which was also true about engagement (Macdonald et al., 2007). A by-product of this study was to provide a transferrable solution to an age-old problem and build more robust and more efficient outpatient programs.

Section 2 utilized the current literature to investigate patient retention, motivation, engagement, and recidivism in substance abuse outpatient programs. Section 2 also used the literature to examine leadership's responsibility in training, supervising, and staff vision buy-in. Section 2 includes details on the data collection method and the data analysis process.

Supporting Literature

Several research databases, including APA PsychInfo, APA PsychArticles, Social Direct, Social Sciences Citation Index, PubMed, and CINAHL Plus with Full Text, were used to identify current sources of evidence and data to support the study. These sources were critical to finding data addressing the practice problem associated with this study.

The initial search terms were *substance abuse treatment, addiction,* and *readiness to change*. Additional search terms incorporating leadership were *supervision, leadership in intensive outpatient treatment*, *organizational roles,* and *barriers to motivation and engagement in intensive outpatient* were also used. While many sources addressed adolescents or youth in outpatient treatment, there were enough to capture barriers for adults 18 years and older. Other essential terms included *behavioral health leaders*, *outpatient interventions*, *instilling motivation*, and *keeping patients engaged*.

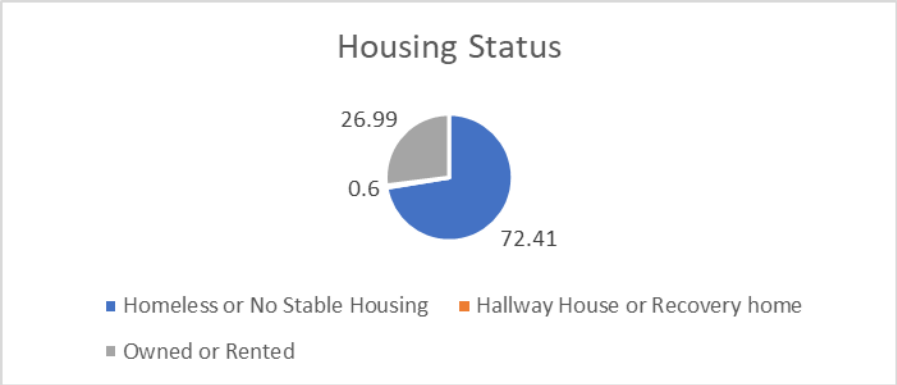
Substance Use Disorder and Recovery

Ali et al. (2017), Caputo (2019), and Linette (2020) acknowledged the massive impact of SUD in the United States. The number of people affected yearly makes it a public health problem (Ali et al., 2017; Caputo, 2019). Ali et al. (2017) concluded that substance abuse treatment, leading to recovery, is an answer to SUD, but complex barriers pave the way (e.g., external conditions, motivation, and readiness to change). In 2015, only 2.3 million of the 21 million people that needed treatment started an outpatient program, but less than half completed their programs (Carswell et al., 2018). According to the SAMHSA (2019), the four essential recovery components are health, home, purpose, and community. Health refers to acknowledging a problem with drugs/alcohol (Williams & Mee-Lee, 2019); this corresponds with the first step of alcoholics anonymous (Alcoholics Anonymous World Service, 2002). Akin to acknowledging, is taking responsibility for the problem by making decisions that move the person toward living a self-directed life without using drugs/alcohol (SAMHSA, 2019). The inability to make healthy choices is a symptom for people in the grips of an addiction (De Leon &

Unterrainer, 2020). MSATC addresses health in two ways, first each outpatient patient is encouraged to undergo a physical before entering treatment (BHL1, personal communication, July 28, 2021). Second, the initial assessment paints a picture of the patient health as it relates to family, relationships, the community, and self (SAMHSA, 2007). Home refers to having a stable residence during the recovery process (SAMHSA, 2019). Manuel et al. (2017) acknowledged homelessness as a barrier to getting clean and staying clean after discharge. Homelessness is so prevalent among people seeking recovery that Cuevas and Whitney (2019) stated part of the treatment intervention should address homelessness and make resources available. Figure 2 shows that most MSATC patients have housing insecurities.

Figure 2

MSATC Patient Housing Status - Annual Report 2020



The purpose is to make available the tools needed for patients to become productive members of society (SAMHSA, 2019). According to De Leon and Unterrainer (2020), productive members of society or right living encompass values consistent with personal accountability, honesty, strong work ethics, and self-reliance. MSATC addresses purpose by utilizing cognitive behavior therapy in individual sessions to help the patient understand the consequences of their actions and suggestions on how to change their perceptions (BHL1, personal communication, July 28, 2021). Community is the willingness to build a strong support network of family and friends that continues to feed the motivation needed to maintain recovery (Substance Abuse and Mental Health Services Administration, 2019). MSATC uses the therapeutic community to emulate external community, giving the patient an opportunity to adapt to others (BHL1, personal communication, July 28, 2021).

The literature is equally clear about the importance of retention (Ali et al., 2017), motivation to change (Tambling, 2019 and Montgomery et al., 2017), and engagement (Macdonald et al., 2007) as crucial components determining successful treatment. “Low retention rates are common in substance abuse treatment programs” (Lee & O’Malley, 2018, p.289). Retention has long been considered an efficient determinant of recovery (Levin & Teichman, 2017). Also, according to Maremmani et al. (2016), because of the high propensity of patients leaving treatment early, retention can be used as a predictor of the effectiveness of the program’s interventions. Retention relies on the patients' ability to manage negative emotions without substance use (high distress tolerance), change in their psychological perspective on external circumstances (favorable external circumstances), internal motivation, and readiness to change (Ali et al., 2017).

Tambling (2019) utilized the work of Miller and Rollnick (1991) when explaining how low motivation or precontemplation works against successful treatment outcomes. According to Taylor et al. (2017), motivation is essential to progressing through the stages of change and completing SUD outpatient treatment. And, motivation, of some sort, starts before treatment begins (Taylor et al., 2017). For example, drug court uses several strategies to motivate patients to comply and complete treatment: incarceration being one strategy (Roman et al., 2020). Tambling (2019) also acknowledged that patients in the contemplation stage might be aware of their substance use problem but not willing to take action to address the issue at this time. MSATC charges their counselors with the responsibility of motivating patient to continue the recovery process (BHL2,

personal communication, October 4, 2021). Also, Norozi et al. (2017) acknowledged motivation as a predictor of long-term sobriety and successful treatment outcomes.

Macdonald et al. (2007) noted the importance of the relationship between the counselor and the patient in determining patient engagement. Lee and O'Malley (2018) acknowledge how patient engagement is linked to higher levels of retention but only if the patient's narrative or perspective is included. Yang et al. (2018b) associated the lack of a therapeutic relationship and ineffective communication with nonclinical staff as barriers to patient engagement. MSATC reports many people entering the intensive outpatient are in the pre-contemplation stage (BHL1, personal communication, July 28, 2021). Pre-contemplators may be less motivated to change because they do not identify themselves as having a substance abuse problem; there by impacting engagement.

Leadership and Staff Roles

Behavioral health leaders and supervisors have a significant role in preparing counselors - through supervision, managing the unmet needs of retention, motivation to change, and engagement (Forshaw et al., 2019). Ramsey et al. (2017) pointed to the need for aligned clinical supervision. When supervisors and counselors are not congruent in experience and beliefs, the value of the supervision is blurred (Ramsey et al., 2017).

Caputo (2019) studied the prevalence of lack of retention in substance abuse treatment and linked it to relapse and poor lifestyle choices. MSATC estimates that slightly under 30% of patients drop out of the program only to return within six to eight months through a department of correction referral (BHL3, personal communication,

October 22, 2021). Positive retention requires the counselor to promote motivation and change efforts in the initial stages of the treatment process (Caputo, 2019). Sampaio and de Carvalho Mesquita Ayres (2019) believed that treatment centers often forget to consider patients' worldviews, preventing patients from conceptualizing the treatment message. Counselors must consider the patient's perception of why they are in treatment (Kuusisto & Lintonen, 2020). Counselors who do not include the patients' perspective in the treatment planning stage essentially set them up for failure (Sampaio & de Carvalho Mesquita Ayres, 2019). Sloas et al. (2017) acknowledged how temporal readiness to change is often the conditions that brought the patient to treatment. If the circumstances leading to treatment go unaddressed early on, poor retention is likely (Sloas et al., 2017). Counselors' disproportionate attention to readiness to change may contribute to the lack of retention. Allen and Olson (2016) went even further by concluding patients with SUD "are more likely to disengage prematurely from treatment" (p. 729). MSATC has two types of patients they considered leaving treatment prematurely, first the patient that was assessed and deemed appropriate for intensive outpatient treatment but never reported to orientation, and second, the patient that began outpatient services and dropped out before completing (BHL1, personal communication, July 28, 2021). In 2019 46% of intensive outpatient patients left treatment against staff advice (ASA) and another 5% was discharged at staff request (ASR) (MSATC Adult Outpatient Statistical Report 2018/2019). The statistical report percentage is considerably higher than the 30% reported by Lappan et al. (2020).

Sources of Evidence

This project pivoted on gaining a working knowledge of how retention, motivation, and engagement affect recidivism and treatment outcomes. The primary sources of evidence were interviews with three behavioral health leaders (BHL1, BHL2, and BHL3) from MSATC. The interviews revealed how information and expectations travel between staff and leadership. The data collected in the interview process informed the study on how the counselors receive training, the intervention implementation process, and the evaluation process for counselors.

After transcribing the interview session, the coding process began. Secondary data came from the literature on similar substance abuse treatment programs and services and how they have addressed these problems. Additional archival data came from the organization's website, internal organizational surveys, prior statistical and annual reports.

Leadership Strategy and Assessment

MSATC managers and supervisors collect data from monthly staff meetings and patient satisfaction surveys (BHL2, personal communication, October 4, 2021). They evaluated and scored the surveys and produced an overall score (BHL3, personal communication, October 22, 2021). MSATC received an overall score of four which represents an acceptable level of commitment, compassion, and skill level of the staff (BHL2, personal communication, October 4, 2021). The MSATC board of directors and senior leadership meets annually to evaluate the projected goals against actual outcomes

of each service, including nonclinical. The strategic plans for the coming year are the results of the organization's evaluation, projected goals and actual outcomes, patient satisfaction surveys, and data from monthly staff meetings (BHL2, personal communication, October 4, 2021). *For 2020, MSATC annual report acknowledged the following successes* (MSATC, annual report, 2020)*:*

- All clinical programs were re-certified by joint commission
- Creation of a residential crisis stabilization program
- Financial solvency during COVID-19
- Youth outreach services
- The addition of medication-assisted treatment for residential patients
- A temporary housing program during COVID-19

The new strategic goals for 2021 (MSATC, annual report, 2020)*:*

- Improve trauma-informed care and cultural competency
- Increase youth services
- Increase access to services
- Increase community education
- Improve patient and family engagement
- Increasing the medication-assisted treatment program

- Improving the gambling addiction disorder program

The MSATC aims to attract new stakeholders and strengthen their relationship with existing stakeholders (annual report, 2020).

Clients/Population Served

The MSATC serves a multicultural, coed population 18 years of age and older (MSATC, annual report, 2020). The majority of patients are African American males, as shown in Figures 3 and 4.

Figure 3

Patient Breakdown by Race

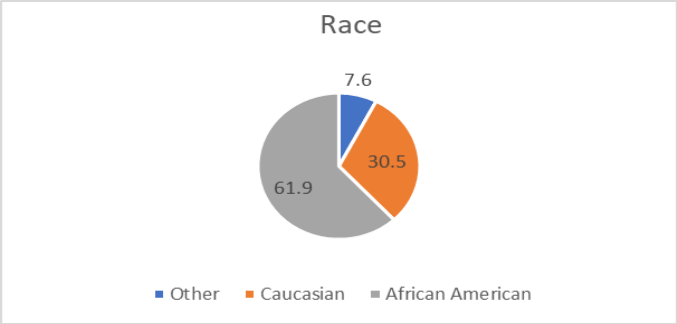
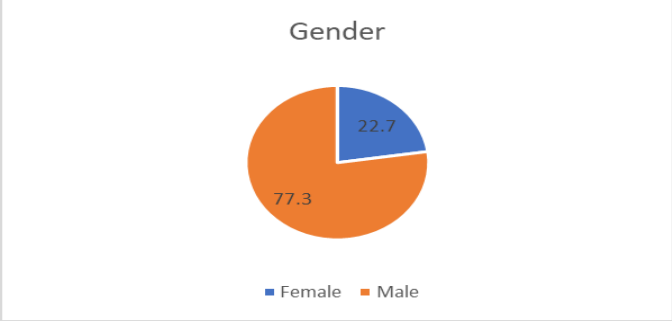


Figure 3 is significant to the practice problem because compared to other racial groups, African Americans are disproportionately more likely not to complete outpatient suggesting the stage of change may not match the level of care (Montgomery et al. 2017)

Figure 4

Patient Breakdown by Gender



Being unemployed and living under poverty are two other characteristics that describe the majority of MSATC patients (see Figures 5 and 6 from the MSATC Annual Report 2020).

Figure 5

Patient Employment Status

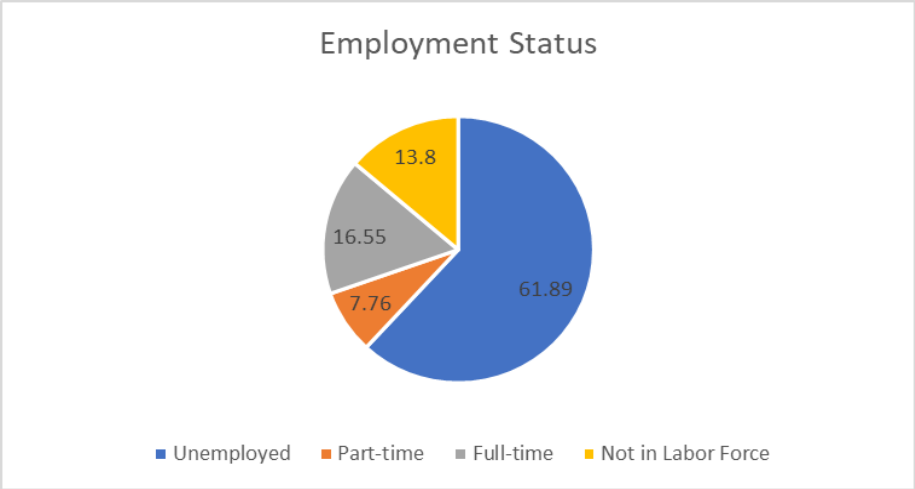
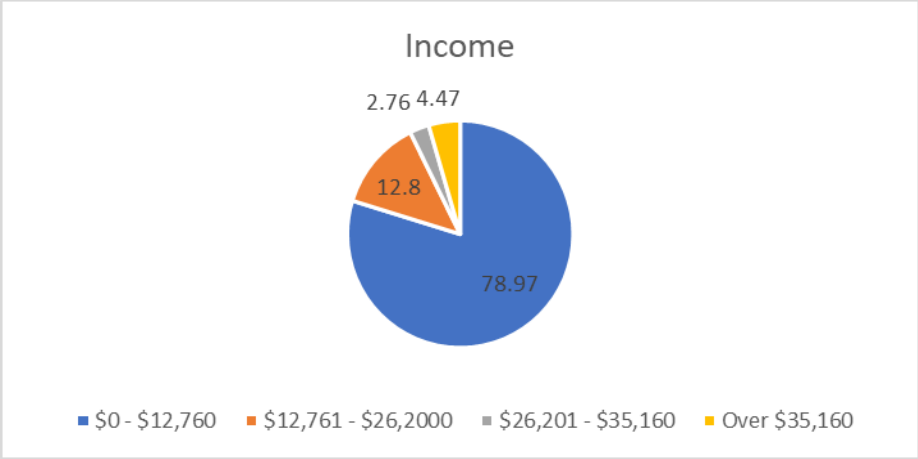


Figure 6

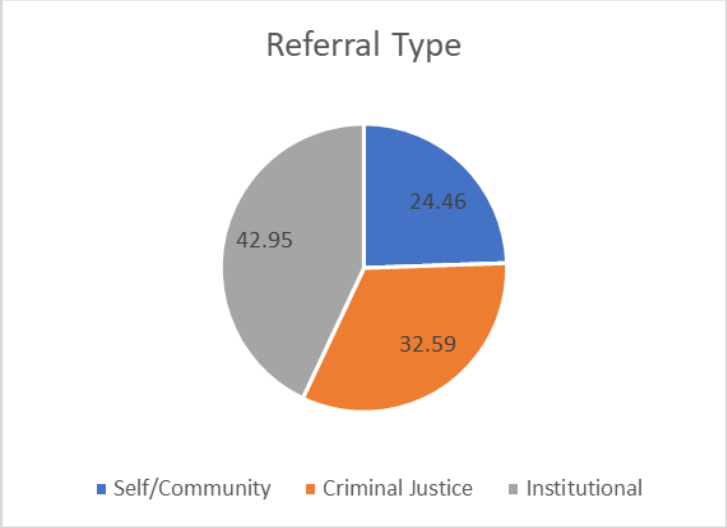
Patient Income Breakdown



The patients come from three basic referral types; self/community referred, the criminal justice system, and institutional (people being discharged or released from another institution, e.g., jail, hospitals, mental health facilities). Figure 7 shows the distribution of the referral types.

Figure 7

Patient Referral Type



According to BHL1 (personal communication, July 28, 2021) and BHL2 (personal communication, October 4, 2021), patients' assessment determines their appropriateness for services regardless of the referral source. Stanley et al. (2017) label assessment as the first step of the treatment journey and continue assessing as an accurate way to track progress through treatment. If patients are deemed appropriate, they receive their first biopsychosocial assessment (BHL1, personal communication, July 28, 2021). SAMHSA (2007) cited initial assessment before entering treatment as critical to determining the level of care required and developing a treatment plan. The initial assessments gather information about the patients' substance use and substance of choice, educational background and learning style, ethnicity and cultural factors, economic status, and sexual orientation (SAMHSA, 2007). The assessment brings to the surface the

primary needs that contribute to or cause the substance use behavior (BHL1, personal communication, July 28, 2021). For example, Moe et al. (2015) described how knowing a patients' LGBTQ orientation would warn counselors against using a hetero-normative approach during sessions. Giordano et al. (2016) contributed that trauma is prevalent in people entering substance abuse treatment and encourage counselors to incorporate trauma-informed intervention as part of the treatment plan; however, if the counselor fails to assess for trauma, treatment may be jeopardized. And as mentioned earlier, De Leon and Unterrainer (2020) acknowledged the importance of evaluating housing insecurities (homelessness).

Assessments should not be limited to entering treatment; it must be ongoing to ensure patients are on target with their treatment plan (Stanley et al., 2017). But Stanley et al. (2017) also cautioned that most assessment relies on patient self-report, and counselors should be aware of the possibility of bias. For example, patients with social desirability bias (underreporting behaviors and attitudes perceived as unfavorable) tend to underreport substance use behavior, attitudes, frequency, and amounts (Latkin et al., 2017). According to the SAMHSA (2007) and Stanley et al. (2017), details of substance use are essential to developing treatment plans.

The BHL1 (personal communication, July 28, 2021) acknowledged that patients admitted into the intensive outpatient program must complete orientation before the first session. The orientation process, according to the BHL1 (personal communication, July 28, 2021), consists of:

- explaining conduct expectations while on the organization’s property
- the treatment method and interventions used
- what is required to complete the program
- information on how to file a grievance
- length and frequency of the program

Carswell et al. (2018) considered orientation an extension of the informed consent assuring patients are aware of the organization's expectations and further building on the therapeutic relationship.

Finally, the group counselor must perform an individual session with the patient within five days of starting the group (BHL1, personal communication, July 28, 2021). Dunn et al. (2021) proposed that individual therapy attempts to establish the connectedness needed to construct a foundation to build on. The foundation, often referred to as patient rapport or therapeutic relationship, is critical in supporting positive outcomes, compliance with treatment expectations, and patient satisfaction (Butt, 2021). COVID 19 has had an enormous impact on the administration of treatment services. As treatment centers began to reopen, there was an abrupt shift from in-person to online groups and individual counseling (Dunn et al., 2021). While we experiment with finding ways to achieve connectedness online, it would be wise to place the 'patients' needs over our struggles with technology (Dunn et al., 2021). Butt (2021) noticed that when patients

begin to return to in-person care, their mask covered non-verbal cues therapists used in practice -another barrier to care.

Workforce and Operations

Hiring Process

BHL1 (personal communication, July 28, 2021) noted that recruitment frequently occurred through word of mouth by employees notifying their peers when positions were available. Additionally, the MSATC human resources department solicits the surrounding universities, placed ads on social media and their website (BHL1, personal, communication, July 28, 2021). Interested candidates are encouraged to send their resumes or come in to complete an application (BHL1, 2, and 3, personal communication, July 28, October 4, and October 22, 2021).

A potential candidate must have a minimum of a bachelor's degree in counseling, or a related field, agree to obtain a certificate in alcohol and other drug certification (CADC) within two years, and have a basic knowledge of substance use disorder (BHL1, personal communication, July 28, 2021). Lastly, the candidate must complete a background check, including fingerprinting and provide a clean urinalysis (BHL1, personal communication, July 28, 2021). Once the counselor accepts an offer, they shadow a senior counselor, read the policy and procedural manuals, sign-off that they understand them, and agree to abide by them (BHL1, personal communication, July 28, 2021). During the shadowing process, potential counselors are given a vignette and asked to create an example treatment plan (BHL1, personal communication, July 28, 2021).

What is missing from the requirement list is cultural competency. Lack of culturally competent counselors has contributed to poor treatment outcomes, especially for people of color (Grinsbury, 2017). An appreciation for the patient's cultural perspective (language, traditions, and nuances) and understanding how culture might affect the patient is another tool to improve engagement and retention (Grinsbury, 2017).

Education and Training

Counselors must maintain their CADC and any other certifications or licenses related to their position (BHL2, personal communication, October 4, 2021). The Illinois Certification Board Inc. (2019, January) requires 40 continuing education hours every two years, of which 15 must be alcohol and other drugs specific to maintain the certification. Sundstrom et al. (2019) discuss the need for continued training in screening and brief interventions because of the unexpected behaviors of patients. MSATC has mandatory in-house annual training covering cultural diversity, ethics, Occupational Safety and Health Administration (OSHA) recommended practices, infectious disease, and medication errors (BHL1, personal communication, July 28, 2021). The annual training also educates on new processes and procedures to keep the staff unified in approach and delivery (BHL1, personal communication, July 28, 2021).

Team Building

MSATC provides monthly department meetings that inform the department of the projected outcomes and any changed procedural practices (BHL1, personal communication, July 28, 2021). Information from the staff is collected, when appropriate,

and shared with upper management (BHL1, personal communication, July 28, 2021). There are also appreciation gatherings, twice a year, to offer the organization's gratitude for the hard work of the staff and recognize milestones accomplished by employees that have exceeded expectations (BHL2, personal communication, October 4, 2021).

Analytical Strategy

Following the lead from BHL1 (personal communication, July 28, 2021) that the counselors have failed to keep patients motivated and engaged to complete the intensive outpatient program, resulting in poor retention and high recidivism, this research project used a qualitative case-study method. A qualitative case study allows the researcher to collect data from multiple sources, e.g., one-on-one interviews, website, and other secondary resources (Ravitch and Carl, 2016). The Qualitative approach gives the researcher latitude in interpreting meaning from how others describe and experiences their environment (Ravitch and Carl, 2016). For this study, I acted in the role of the researcher to collect, analyze, and derive meaning from the answers to the questions given by the behavioral health leaders interviewed. This section provided the research framework, method, role of the researcher, sources of data, how data triangulation occurs, and what practices were in place to secure the privacy and integrity of the participants and the study. Sandhu et al. (2017) agrees a qualitative design provides an avenue for exploring the views of health care leaders.

Methodological Triangulation

Methodological triangulation refers to using multiple data sources to cross-check the data to help secure validity (Creswell and Creswell, 2018). The following data were collected and analyzed using this triangulation method – the interviews with three behavioral health leaders, notes from any follow-up questions, information gathered from the website, and the 2020 annual report. Ellis (2021) notes that triangulation allows the researcher to dive deeper into the details of the studied problem.

The Baldrige Excellence Framework (Baldrige) served as the conceptual framework for this study. This study utilized three of the six Baldrige process categories - leadership, strategy, and workforce to address the five research questions:

- What interventions encourage program engagement and help sustain motivation?
- What strategies are in place to assure counselors can implement interventions to engage and motivate patients?
- How are engagement and motivation measured or determined within the program?
- When did lack of engagement and motivation to change become significant enough to investigate, and what evidence brought it to your attention?
- What have leaders already tried to address the issue, and what were the barriers to their success?

Utilizing framework questions spread across the seven Baldrige categories, this study assessed how the organization performs in selected process categories and provided

recommendations for future strategic planning. Done successfully, charting an action plan is the next step. Baldrige offers key priorities to determine: do the various MSATC departments share a standard set of core values and concepts, and how well do the processes align with the ' 'organization's mission (Baldrige Performance Excellence Program, 2021)? Thousands of organizations use the Baldrige Excellence Framework to improve their operations and sustain favorable outcomes (Baldrige Performance Excellence Program, 2021). The Baldrige Excellence Framework, using a system approach, allows for collecting and analyzing data across the above organizational categories to evaluate strengths and weaknesses. The Baldrige Excellence Framework (2021) allows the researcher to determine if operational processes work as designed through a series of questions and scoring. The qualitative case-study design will help the researcher explore and understand the practice problem - the growing failure of patients in their substance abuse intensive outpatient program to maintain motivation to change and stay engaged in the program.

Role of the Researcher

I am a student at Walden University, and this research project was the last step in pursuing a doctoral degree in psychology. My primary role as a researcher was to protect the identity of the organization and the behavioral health leaders involved in the project, along with the integrity of the information collected (Hagues, 2019). I am also responsible for maintaining an ethical environment, including modeling ethical behavior (Cumyn et al., 2018). The selected interviewees are experts in their field, and I must

respect their position as an expert (Rubin and Rubin, 2012). Rubin and Rubin (2012) also caution about being appreciative and aware of the courtesies granted me: time, space, energy, emotions, and partnership.

I also must acknowledge my bias by being conscious of reporting the truth and not just the parts I agree with (Hagues, 2019). As a student researcher, I must manage negative and positive emotions that might affect my confidence and performance (Weise et al., 2019). Utilizing my committee chair, school resources, and fellow student to cross-check my data interpretations is how I have determined to address bias and emotional dilemmas. As a researcher, I take on the role of a learner and collaborator. I must understand and respect the various lenses from which the interviewees answer the research questions and seek to understand the environment from their perspective (Hagues, 2019).

Data Collection

One-on-one interviews were the primary method of data collection. The interviews consist of open-ended questions to better understand the *intensive outpatient* program (Rubin and Rubin, 2021). Notes from follow-up questions were examined, along with information from the organization's website and their 2020 annual report. The three behavioral health leaders (BHL) interviewed were (BHL1), the director of outpatient services, (BHL2), the director of clinical services, and (BHL3), the supervisor of outpatient services (now the director of outpatient services). These leaders have a long-standing tenure with the organization. Their credentials attest to their knowledge in the

field of addiction: BHL1 – masters in addiction studies and CADC, BHL2 -bachelor in addiction studies and CADC, and BHL3 – master's in counseling, licensed professional clinical counselor, and CADC (personal communication, July 3, October 4, and October 22, 2021, respectfully). The above BHLs are responsible for the day-to-day operations of outpatient services, training, motivating and supervising the counselors that perform the intensive outpatient services (BHL1, personal communication, July 28, 2021). The BHLs job is to ensure successful substance abuse treatment processes (BHL2, personal communication, October 4, 2021). The interview questions were developed from the Baldrige Excellence Framework (2021) and modified to address the outpatient services at MSATC (See Appendix A). Interviews were scheduled with each of the BHLs on different dates. After gaining proper permission and consent, the interviews were recorded using the same questions in each interview. The purpose of each question was to elicit critical information regarding how the current processes flow and what they have attempted thus far to resolve the lack of motivation and poor engagement. The interview question probed the counselors' development process, maintaining the organization's policies and procedures, how success was determined, and outcome measured, and the role of BHLs in achieving the outcome results.

This study utilized the thematic analysis method to capture the themes and concepts from the interviews. The themes and concepts were compiled from the interview coding sheets as they emerge, as Rubin and Rubin (2012) recommended. The Baldrige Excellence Framework helped to understand the organizational structure and the leadership style's efficiency at evaluating and implementing interventions while holding

the staff accountable to policies and processes (Baldrige Performance Excellence Program, 2021, p. iv).

Additional follow-up question notes, information from the website, the 2020 annual report, and a thorough search of the literature were analyzed and cross-checked with the interview data to support or question the validity of the data. Two limitations affect the collected data: BHLs could not give me retention numbers from previous years to validate their claim that it has decreased, and I did not get access to satisfaction survey data. The 2020 annual report mentioned a rating of four from patient satisfaction surveys. Also, there was no mention of how the BHLs determined the problem was lack of motivation and lack of engagement, even though the literature verify both as substantial barriers to outpatient treatment, e.g., Bulut and Bozkurt (2019) cite motivation is an essential component to successful substance abuse treatment, and Macdonald et al. (2007) noted that engagement is a crucial component determining successful outpatient treatment. The surveys were designed, administered, and analyzed using survey monkey (BHL2, personal communication, October 4, 2021). After forwarding the results to MSATC, each department receives its measure. These measures help determine how patients experience the services they receive and how beneficial they were to their sobriety.

Summary

The literature establishes SUD as a significant health crisis in the U.S. and concludes that substance abuse treatment offers the best chance to resolve the problem (Ali et al., 2017;

Caputo, 2019; Linette, 2020). SAMHSA (2019) described health, home, purpose, and community as areas affected by SUD. Ali et al. (2017) noted that circumstance, motivation, and readiness are vital components when treating SUD. But, because of the complexity of maintaining motivation in patients, keeping patients engaged, and increasing retention in intensive outpatient treatment, BHLs struggle to obtain outpatient goals (Ali et al.,2017; Caputo, 2019; and Linette, 2020). Section 3 explains how the data was collected, coded, and analyzed. Section 3 also outlines how the Baldrige Excellence Framework interpreted the problem statement and how leaders will implement strategies to resolve the presenting problem.

Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

Introduction

The social problem that prompted a search of the literature is the growing failure of patients in a United States substance abuse intensive outpatient program to maintain motivation to change and stay engaged in the program. The problem came to light in an initial interview with MSATC's director of outpatient services, behavioral health leader 1. BHL1 cited a steady decline in patient retention, motivation, and engagement in the adult intensive outpatient program (personal communication, July 28, 2021). He based these conclusions on monthly reports that revealed drop-out numbers, counselors reporting in supervision sessions of increased lack of patient engagement, recidivism reports, and personal observations. BHL1 stated patients were returning so frequently for services that he recognized them by their first name (personal communication, July 28, 2021).

Analysis of the Organization

Workforce

One of the ways that MSATC builds a successful workforce is by seeking counselors with a minimum of a bachelor's degree in addiction or a related field (MSATC website). Potential candidates must demonstrate their knowledge of the posted positions by providing treatment planning examples, assessments, or writing a progress note for a session vignette (BHL2, personal communication, October 4, 2021). Upon hiring, the

candidate receives training on the various interventions, assessment tools, and emergency protocols. They must sign off that they have read and understood the policies and procedures (BHL1, personal communication, July 28, 2021).

MSATC uses monthly staff meetings, annual training, continual education allowance, and supervision as their way of achieving high performance (BHL1, personal communication, July 28, 2021). Sampson (2017) credited ongoing training as a tool to stay relevant as a professional behavioral health provider.

MSATC also invests in achieving high performance through appreciation gatherings twice a year. These gatherings are the organization's way of showing their gratitude for the hard work of the staff. These celebrations recognize milestones accomplished by employees and staff members who exceeded expectations. The mission statement, vision, and organizational values are always at the forefront in these gatherings. Together, training and appreciation should create the work culture needed, according to Vazquez (2019), to maintain a high-performance workforce.

Key Services

Wise et al. (2017) acknowledged how the literature proves the challenges to designing, managing, and improving essential services in outpatient treatment. The challenge centers around the diversification of needs (Wise et al., 2017). Wise et al. (2017) noted that to date, no treatment program encompasses the varied needs of a complex patient pool of multiple sexual orientations, socioeconomics, mental status, religious beliefs, age, and life experiences. The MSATC program design is two-fold: it

educates its patients on substance use disorder and monitors their substance use from admission to discharge (BHL1, personal communication, July 28, 2021). MSATC uses attendance, no-show, and drop-out data to determine the intervention's success (BHL1, personal communication, July 28, 2021). Intensive outpatient consists of 75 hours of group therapy, remaining sober, and meeting with the counselor in individual sessions an hour every three to four weeks (BHL1, personal communication, July 28, 2021). For the 75 hours, patients attend 3 hours groups five days a week for five weeks (BHL1, personal communication, July 28, 2021). Suppose patients miss three days in a row without an acceptable reason or cannot remain sober. In that case, they get discharged from the program with recommendations for additional services (BHL1, personal communication, July 28, 2021).

The counselors meet in monthly staff meetings to discuss the attendance, no-show, drop-out numbers, and any other policy or organizational news (BHL1, personal communication, July 28, 2021). Supervisors engage counselors in supervision monthly to discuss motivational strategies, clinical dilemmas, and ways to keep the patient engaged in services (BHL2, personal communication, October 4, 2021).

Effective Management

MSATC, according to the behavioral health leaders interviewed, has a top-down leadership style (BHL1, BHL2, BHL3, personal communication, July 28, October 4, and October 22, 2021). Currently, MSATC is under new management, which is at odds with the tenured behavioral health leaders (BHL1, BHL2, personal communication, July 28,

and October 4, 2021). The discrepancy in the direction of the outpatient program and how to administer services has led one behavioral health leader to resign and the remaining two dispirited (BHL1, personal communication, July 28, 2021). The previous behavioral health leader noticed a shift from what is best for the patient to what is best for MSATC and felt patients would not receive the care needed to change (BHL1, personal communication, July 28, 2021).

Knowledge Management

BHL1, 2, and 3 (personal communication, July 28, October 4, and October 22, 2021) acknowledged keeping individual excel files tracking counselors' attendance, call-offs, disciplinary actions, and outside CEUs. The above information becomes part of the plan in supervision and performance evaluation. BHL1 (personal communication, July 28, 2021) stated that the organization uses Carelogic to track the patients' attendance, toxicology results, treatment attempts, Survey Monkey patient satisfaction, and staff survey scores. The patient's stage of change is also collected and used to track the patient's progress (BHL1, personal communication, July 28, 2021). If patients do not progress through the stages of change, they eventually drop out and or relapse (BHL3, personal communication, October 22, 2021). Therefore, counselors may intervene beforehand by tracking the stage of change (BHL3, personal communication, October 22, 2021). BHL2 (personal communication, October 4, 2021) contributes that the patient data is at the heart of every monthly staff and management meetings. BHL1 (personal communication, July 28, 2021), noted that new policy is often based on data collected concerning staff and patient behaviors.

Summary

MSATC uses attendance, results from substance screenings (urinalysis and breathalyzers), premature discharge, and completion numbers to evaluate the intensive outpatient program. The patients are tested for blood alcohol and drug levels at the beginning of treatment and monitored routinely throughout the program (BHL1, personal communication, July 28, 2021). Additionally, MSATC tracks attendance, ensuring patients receive the total intervention (BHL1, personal communication, July 28, 2021). Each counselor holds a minimum of a bachelor's degree in addiction or a related field and has demonstrated knowledge of the Matrix, cognitive behavioral therapy, enhanced motivational interviewing, and the 12-step model (BHL1, personal communication, July 28, 2021). The staff and patients are allowed to share their thoughts and opinions about the effectiveness of the intervention and the program (BHL1, personal communication, July 28, 2021).

Section 4: Results—Analysis, Implications, and Preparation of Findings

Introduction

The MSATC is one of the largest and oldest treatment centers in the Midwest and has a mission-based responsibility to deliver a continuum of treatment and recovery services for substance abusers and others with addiction-related concerns regardless of their ability to pay (Annual Report, 2020). Barriers to achieving these goals may be the continued inability to keep patients engaged and motivated to complete the change process. Bulut and Bozkurt (2019) informed that motivation is an essential component in the recovery process, while Dearing et al. (2005) and Kunøe (2020) acknowledged engagement as equally significant. Aarons et al. (2017) noted behavioral health leaders are responsible for creating and maintaining an environment for change and prepare managers and supervisors to instill the skills, information, and training the counselors require to encourage engagement and motivation in patients to complete the change process.

In this study I gathered evidence from various sources in order to answer five practice-related research questions. The sources included interviews with three behavioral health leaders, the organization's website and annual report, and widespread job posting sites. The three behavioral health leaders (BHL) interviewed were:

- (BHL1) - has a master's in public health and has worked in the field of addiction for the past 35 years. BHL1 worked as an intensive outpatient counselor for six years and director of outpatient services for 14 at

MSATC. BHL1 sits on the board of a youth organization and participates in substance abuse advocacy around policy.

- (BHL2) – has a bachelor's in addiction studies and has been at MSATC as a youth counselor for 15 years and director of clinical services for the past 10 years.
- (BHL3) – has a master's in psychology and is licensed as a Licensed Clinical Professional Counselor (LCPC). BHL3 has been at MSATC for 25 years, 10 as an outpatient counselor, and 14 working with U. S. probation patient on parole or in pre-trial but is now the director of outpatient services.

A process called triangulation was used to analyze several sources of data to maintain the validity of data. Analyzing the data assisted in determining if behavioral health leaders understood the importance of preparing trainings, policies, and counselors with the knowledge to keep patients motivated and engaged while receiving services. This study implemented a qualitative approach utilizing case-study research methods - gathering information from MSATC's behavioral health leaders about how well they understood the impact on patients if counselors could not keep patients motivated and engaged to complete services. Through interviews with the behavioral health leaders and a thorough search of the literature, themes were identified concerning barriers to patient care and struggles to encourage patient motivation and engagement.

Analysis of the data revealed five themes. These themes were determined utilizing content analysis which allows the researcher to examine words to determine their relationship to the practice problem and to the words presented in other interviews. The transcribed interview sheets were analyzed, labeling each line related to the five research questions. Next, the labels from each interview were compared. Triangulation allowed for the comparison of all the data sources to maintain the validity of the findings. After thoroughly assessing the labels and transcribed sheets, reoccurring codes were grouped and analyzed with concepts from the literature to determine the above themes—another student from a disaster management doctoral program assisted by reviewing my findings. There was significant agreement around the importance of assessments, individual counseling, supervision, organizational culture, and therapeutic relationships.

Sources of Evidence

The Annual Report (2020) provided the demographics of the patients they serve, such as income, gender, race, employment, and housing status. The report also included available services, strategic successes, clinical data, the primary mission statement, and future goals. Finally, the annual report presented a financial summary, community objectives, and a list of grantors and stakeholders. The MSATC website provided a history of the organization, the board of directors, the various programs and services offered, available employment opportunities, and ways to give back, donations, in-kind services, and how to volunteer. The webpage opens with MSATC accreditations and an enhanced mission statement. I searched job finder websites to compare counselor

salaries, benefits, and resources. During the year-plus of following MSATC, there has been at least one counseling position posted on their website and on occasion the same position was posted for at least two weeks (MSATC, website). BHL3 noted that they have had a hard time filling counseling positions due to COVID and candidates not having the minimum CADC requirement (personal communication, October 22, 2021). The interviews with the behavioral health leaders (BHL) provided information on the practice problem, when it started, the results stemming from the problem, and why a solution is critical. The BHLs revealed how leadership received and disseminated information to counselors and patients, measured progress, feedback, senior leadership's role, counselor training, and supervision.

Themes from the Study

Theme 1: Thorough Assessments are Essential to Good Outcomes

The literature considered assessment as essential to identifying the circumstances leading to contacting the facility and the stage of change of the patient at the time of admission. BHL3 (personal communication, October 22, 2022) acknowledged that “we identify the stay of change” then every 21 days “we’ll look at that and see if there is any progress in their stage of change.” More importantly the assessment is where the patient / counselor relationship begins (Stanley et al., 2017). BHL1 (personal communication, July 28, 2021) conferred we “have to listen and try to get a better understanding of what the patient needs.” BHL3 (personal communication, October 22, 2022) believes “as clinicians, we’re always assessing.” Goodson et al. (2020) studied recidivism of women

convicted of substance related offences and their barriers to positive comes in community-based outpatient programs and found that an assessment tool covering four domains; treatment motivation, psychosocial functioning, therapeutic engagement, and social network was significant in predicting recidivism. The four components of the assessment provided four areas of interest related to recidivism and positive outcomes; therapeutic satisfaction, counselor rapport, treatment participation and peer support (Goodson et al., 2020). Ongoing assessment of these four points of interest during treatment can act as an early warning system leading to additional treatment planning and individual counseling intervention. BHL1 (personal communication, July 28, 2021) stated "ongoing assessment is needed to produce positive outcomes."

Theme 2: Individual Counseling is Where Primary Needs are Addressed

BHL1 (personal communication, July 28, 2021) said "I've always encouraged the increase of individual counseling sessions for each patient." By examining "the importance of effective substance abuse treatment, and the contextual factors that may contribute to treatment efficacy (p. 715)" Allen and Olsen (2016) concluded that the therapeutic relationship between the counselor and patient was significantly more beneficial than the chosen intervention model. Allen and Olsen (2016) further acknowledge that the therapeutic relationship (individual therapy sessions) contribute to positive outcomes, and it had nothing to do with the patient liking the counselor. BHL1 "it's imperative that we meet with the patient to have the individual counseling sessions

as soon as possible because the counselors must understand the personal needs of each individual patient in their group" (personal communication, July 28, 2021).

Theme 3: Ongoing supervision and training prepare counselors to serve.

When counselors are hired, they have met the minimum educational requirements, but it is through supervision that counselors begin to grow their skills (Forshaw et al., 2019). BHL2 (personal communication, October 4, 2022) stated "you need to know the patients in your group and the way you know patients in your group is you have to spend individual time with them." BHL1 (personal communication, July 28, 2022) "My job is to provide the counselor with the leadership instructions and supervision; helping them with the basic understanding of their responsibilities to the patient." In supervision counselors are educated on the organization's mission, values, and vision, learn to make ethical decisions protecting both the patient and the organization (Giannopoulos et al., 2021). Supervision is an ongoing sharpening of clinical skills and essential to the counselor's ability to provide affective care (Giannopoulos et al., 2021, Substance Abuse and Mental Health Services Administration, 2009).

Theme 4: Unified organizational culture contributes to better outcomes.

BHL2 (personal communication, October 4, 2021) stated "MSATC is going through a lot of programmatic changes, organizational structure changes, new administration." Additionally, BHL2 (personal communication, October 4, 2021) noted patients are asking "Are you leaving?", "What's going on?", "Are Jobs in jeopardy?" BHL3 (personal communication, October 22, 2021) when discussing open positions reported, "I think

right now, because of what's going on, we can't even find people." The few people that have been hired "none of them are licensed, so they can't do clinical work." These behavioral health leaders share how the divide between senior leadership and behavioral health leaders has created a difficult work environment. When asked about encouraging counselor to support the vision, BHL1 (personal communication, July 28, 2021) stated "That was difficult for me because I had to buy into it myself." Kelly et al. (2018) and Vazquez (2019) considers a healthy organizational culture essential to effective communication, a productive work environment, positive staff engagement, and counselor growth. Organizational leaders must communicate effectively to move an organization forward. Planned change often fails when leaders are not aligned in purpose, vision, and values (Johnson and Rossow, 2019).

Analysis, Results, and Implications

This case study focused on MSATC's intensive outpatient program. MSATC also offers residential treatment, basic outpatient, driving Under the Influence interventions, co-occurring disorder outpatient services, and an on-site recovery home (Annual Report, 2020). The services provided at MSATC offer patients the recovery services needed to successfully solve their addiction dilemma (SAMHSA, 2019). To receive the tools required to recover from active addiction, patients must remain engaged (Kunøe, 2020) and motivated (Bulut & Bozkurt, 2019). When possible, whether patients complete the program successfully, drop out, or are discharged due to attendance or breaking the sobriety protocol, they receive a satisfaction survey (BHL2, personal communication, October 4, 2021). The surveys are processed to produce an organizational rating by

Survey Monkey. The answers are used in management meetings to help analyze the outpatient process (BHL1 and 2, personal communication, July 28, and October 4, 2021). In 2020 the patient satisfaction surveys gave MSATC a 4+ rating indicating a high level of commitment, passion, skills, and quality of care to patient (Annual Report, 2020). However, the statistical report (2018/2019) showed that of the 963 patients served in 2019 only 35 patients completed the survey; the satisfaction scores that year was 4.35. Comparison data was difficult to find for previous years reports and records are missing, "we don't know who has them" (BHL3, personal communication, October 22, 2021). Also, the above findings may not have reflected patients that leave services prematurely. When patients violate the attendance or sobriety protocol or drop out, it indicates a poor counselor/patient relationship or poor implementation of interventions (Goodson et al., 2020). Relationship-building is one key to successful outcomes (Goodson et al., 2020) and must begin when patients are first introduced to the organization and carried throughout their engagement in the program (BHL1, personal communication, July 28, 2021).

Client-Focused Results

MSATC used several ways to measure the participant experience. First, counselors document verbal communication with the patient, and second, patient satisfaction surveys (BHL3, personal communication, October 22, 2021). MSTAC uses SurveyMonkey to collect and analyze data for both the employee and participant surveys. SurveyMonkey is a cloud-based tool that can analyze and administer surveys across

various platforms (Software Advice, n.d.). As mentioned above, with the purging of previous records, reports, notes, and policy manuals, by the new leadership, it was not possible to evaluate numbers from previous years in every case (BHL2, personal communication, June 24, 2022). BHL3 (personal communication, October 22, 2021) had previously acknowledged that it would be impossible to have all patients complete a survey because of how the discharge may have occurred, MSATC captures around 70% of most patients who begin the program. The 70% guess concerning surveys captures was a good one; based on data collected by the Substance Abuse and Mental Health Services Administration (2019), the Midwest dropout rate was about 28% (American Addiction Center, n.d.). Based on the above estimates, of the 702 patients admitted to outpatient in 2020 (annual report, 2020), 197 would leave treatment prematurely. As stated above, I was not able to compare this rating with previous years reports because records are missing, "we don't know who has them (BHL3, personal communication, October 22, 2021)." But improving the number of patients leaving treatment prematurely is one of the primary goals of this study.

The responses from the surveys serve to gauge participant satisfaction, program performance and effectiveness, and areas that need improving (BHL3, personal communication, October 22, 2021). When measuring the efficacy of substance abuse treatment programs, patient satisfaction, and patient engagement the relationship with the counselor is an essential component (Goodson et al., 2020). The survey data assist in management meetings where policy and procedure conversations occur with patients' answers in mind (BHL3, personal communication, October 22, 2021). Kuusisto and

Lintonen (2020) discussed the unique view patients experience in a treatment program have and how their insight often escapes counselor and manager attention.

MSATC collects patient focus information through aftercare follow-ups (BHL1 and 2, personal communication, July 28, and October 4, 2021). After completing the outpatient program, patients receive follow-up phone calls in 3, 6, 9-, 12-, 16-, and 24-months intervals (BHL2, personal communication, October 4, 2021). I did not have access to the number of people called or how many responded to the questions. The aftercare counselor addresses sobriety, recovery support, the usefulness of the treatment program, and additional treatment needs (BHL2, personal communication, October 4, 2021). von Greiff and Skogens (2019) continuously acknowledged aftercare in its many forms as beneficial to the recovery process, essentially as a means of support and a continuation of the therapeutic relationship. Dalton et al. (2017) also noted that aftercare "check-ins" are also a way to analyze sober time against interventions and participant characteristics. A fourth way MSATC monitors the patient experience is through random chart reviews. Through supervision, counselors develop the skills necessary to provide effective patient care (Substance Abuse and Mental Health Services Administration /Center for Substance Abuse Treatment 2017). Through chart reviews, common in supervision, counselors learn more about their abilities and patients (Chaple et al., 2018), creating the fourth way MSATC monitors the patient experience. For supervision to positively affect counselor growth and patient outcomes, behavioral health leaders must ensure the training style, method, and pace meets the counselor’s learning level

(Substance Abuse and Mental Health Services Administration /Center for Substance Abuse Treatment, 2017).

Organizational Workforce

Many MSATC original counselors began retiring around 2007 along with senior leadership around 2014 (BHL1, personal communication, July 28, 2021). None of the senior leadership is present today, and only three or four of the original counselors are left (BHL2, personal communication, October 4, 2021). Newer counselors appear more focused according to BHL2 (personal communication, October 4, 2021) on "programmatic changes, organizational structure changes, new administration" and "is my job in jeopardy." In contrast, according to BHL3 (personal communication, October 22, 2021) the original counselors that were grandfathered in based on personal experience with drugs and alcohol are "very passionate for what they do. They really are here for the clients." The workforce turnover rate in the evidence is concerning for providing consistent care. The turnover rate for substance abuse counselors can run as high as 50%, with a national average of 32% (Substance Abuse and Mental Health Services Administration, 2019). BHL2 (personal communication, October 4, 2021) noted "it's just difficult when major things have changed. A lot of people have left" and BHL3 (personal communication, October 22, 2021) acknowledged "I think right now, because of what's going on, we can't even find people, period. So, I think right now we're just looking for anybody."

As of 2020, the workforce no longer receives free in-house training but must meet the mandatory obligations, including paying for continuing education to maintain their certification and licensure (BHL2, personal communication, October 4, 2021). There is no mention in the evidence of ongoing disciplinary actions among the outpatient counselors, and BHL1 (personal communication July 28, 2021) believes “it's all about the patient.”

Organization's Leadership and Governance

Based on the evidence collected in the interviews with the director of outpatient services and the clinical supervisor (behavioral health leaders) focused on what was best for the patient. The BHLs oversee the enforcement of policies and procedures and ensure counselors are equipped to implement the approved interventions. The BHLs facilitate the communication between counselors and senior leadership (Chief Executive Officer and the Board of Directors). The BHLs are also the ones that monitor the program performance and make recommendations to senior leadership.

Around 2010, senior leadership and management began to shift, affecting the governance of programs. After the longstanding chief executive officer (CEO) retired, there was much debate about a successor. There have been three CEOs in the last nine years, and currently, the position is filled by one of the board members until a replacement is found (BHL1, personal communication, July 28, 2021).

BHLs and their support staff of supervisors have viewpoints that differ from senior leadership about the organization's direction and plans to achieve the current goals.

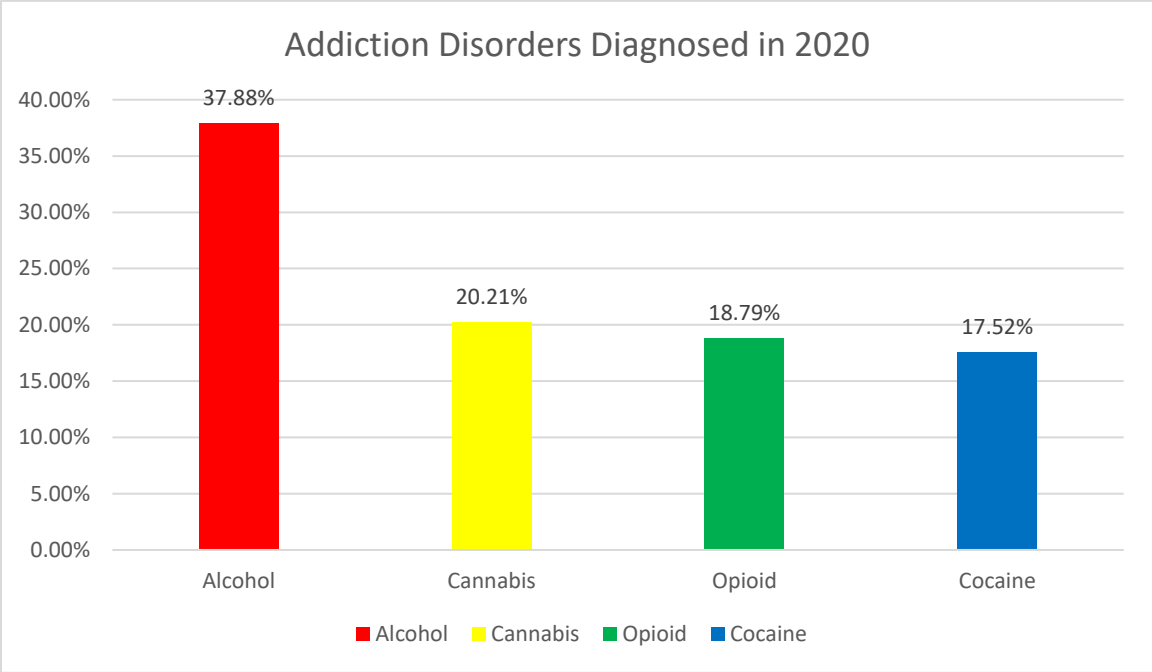
For example, BHL2 (personal communication, October 4, 2021) believes that maintaining positive relationships with the patients is important, “and this is a part that I think that the new administration is not too concerned about, but they should be.” The BHL1 (personal communication, July 28, 2021) expressed difficulty buying into the new vision and maintaining a culture of open communication when he was not included in the change conversation. BHL1 noted how impossible the task of soliciting support for a vision; “that was difficult for me because I had to buy into it myself” and he had not bought into nor agreed with (personal communication, July 28, 2021). In summary the BHLs expressed discomfort in adopting new policies and procedures without formal discussion or negotiations. As a result, BHLs and counselors have quit, refusing to adhere to the new policies and procedures, leaving a leadership void and counselors shorthanded (BHL1, personal communication, July 28, 2021). Even with the turbulence beneath the surface MSATC still received three and a half stars from the Substance Abuse and Mental Health Services Administration (2019) and is the agency of choice for the department of correction.

Financial and Marketplace Performance

MSATC is one of the few treatment centers of its kind in the Midwest, offering patients everything they need to make a complete recovery from addiction to drugs and alcohol. MSATC provides treatment for a wide variety of substances, the top four being alcohol, cannabis, opioid, and cocaine (see Figure 8).

Figure 8

Addiction Disorders Diagnosed in 2020 at MSATC

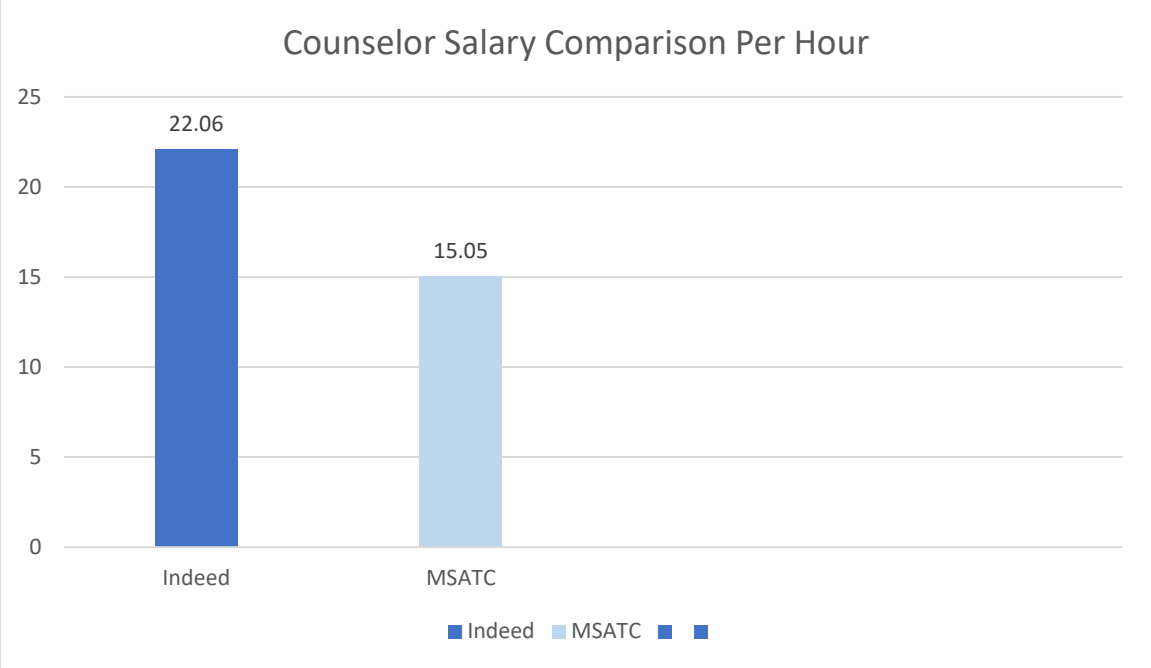


Their services include residential treatment, multiple level outpatient services (substance use, mental health, driving under the influence, youth services), adult recovery home, job readiness program, and on-site medical, psychological, and nursing professionals. According to their website, they currently employ 96 employees and hold a treatment center rating of C+ on *Google* and *Indeed* websites. In 2020, MSATC's total assets slightly exceeded 6.6 million, and its liabilities were balanced, leaving no surplus or deficit (MSATC, annual report, 2020). MSATC receives funding through State and county grants and other charitable organizations. They receive funding from patient fees, third-party insurance reimbursements, and Medicaid. MSATC has struggled financially over the past 18 years because income revenue did not keep pace with inflation (BHL1,

personal communication, July 28, 2021). *Indeed.com* acknowledges that MSATC paid below-market salaries (see Figure 9).

Figure 9

Counselor Salary Comparison



Mehrad (2016) studied external factors that produced job satisfaction and concluded salary, promotion, and supervision were significant. Mehrad (2016, pp. 17-18) believed "low level of salary leads to low level job satisfaction," there was a "positive relevance between promotion and job satisfaction," and "supervision is an important item for job satisfaction." Job satisfaction has been linked to high turnover rates, contributing to poor patient care (Hatch-Maillette et al., 2019; Young, 2015). Young (2015) also acknowledges that high turnover rates contribute to financial strain on substance

treatment centers – the expense incurred trying to refill the position and overworking counselors until it is filled.

MSATC uses fundraisers to raise additional revenue and attract new donors (MSATC, annual report, 2020). As mentioned earlier, the Affordable Care Act (ACA) reimburses at a lower rate than the Division of Alcoholism and Substance Abuse (DASA) funding, and it offers patients more options in receiving their substance abuse care (BHL1, personal communication, July 28, 2021). Operating capital has been a problem at MSATC for the last 18 years (BHL1, personal communication, July 28, 2021). BHL1 noted that it had been a standard practice to notify the staff of potential layoffs at the year-end staff meeting to discuss the state of MSATC hosted by the CEO. Grant funding has continued to shrink since the implication of the affordable care act; in the last 12 years, MSATC has gone from 136 employees in 2014 to 96 currently (BHL2, personal communication, October 4, 2021). *Indeed.com* organization review from former employees reports MSATC is more concerned about profit than people. The staff must do the work of three while receiving below-average compensation, and the new management contributes to staff resigning. This is mentioned because it is identical to the concerns expressed by the BHLs interviewed and aligns with the C+ rating given by the *Google* treatment center rating.

Individuals, Organizations, and Community Implications

Treatment has reduced substance use by 40-60% (Illinois Department of Human Services, 2020). Patients entering substance use disorder treatment often come with mood

disturbance, disorganized thoughts, confused values, and anti-social behavior (De Leon & Unterrainer, 2020). Financial concerns, including high counselor turnover and limited trained or poorly motivated counselors, would create additional care barriers. MSATC reports 72.41% of their patients are homeless entering treatment (MSATC, annual report, 2020). Homelessness has proven to be a significant barrier for patients seeking and maintaining sobriety (Manuel et al., 2017). Counselors are also affected when a disruption in organizational culture occurs by management style and financial concerns (Vazquez, 2019). No treatment facility can cast a net wide enough to meet the needs of all its patients (Wise et al., 2017), but the added challenges faced by MSATC might make it even more difficult for patients to complete treatment.

Senior leadership at MSATC has the burden of providing benefits to patients, satisfying payroll, paying vendors, and staying compliant with federal, state, and local guidelines (Getzen, 2015). The senior leadership task becomes more complicated if there is a staff shortage or the management team is opposed to changes. The evidence implies that management is not siding with modifications made by senior leadership.

Implications for Positive Social Change

The United States (U. S.) spends more than half a trillion dollars a year on SUD (Ali et al., 2017). Guerrero et al., (2016) estimated that approximately 21.6 million Americans meet diagnostic criteria for a substance use disorder. SUD places a toll on health care, law enforcement, and communities and contributes to more than 100,000 deaths annually (Ali et al., 2017). The severity of the SUD problem in the U. S. is higher

than the available services to treat the ones inflicted (Sampson, 2017). Completion of substance abuse treatment has been associated with ameliorating the effects of SUD (Ali et al., 2017). Despite the proven success of substance abuse treatment, treatment programs face many barriers (Kelly et al., 2021). The barriers addressed in this study are preventing the patient from completing treatment. The implications of this study show the organizational culture must align with its mission statement, and counselors must be able to identify a patient's stage of change (Tambling, 2019) and possess the knowledge, skills, and attitudes to navigate patients to ward change behavior (Rutkowski, 2019). Supervision is the tool used by most treatment programs to prepare counselors for this role (Giannopoulos et al., 2021).

Clearly, for counselors to effectively engage the patients at MSATC a truce between senior leadership and the supporting staff of managers and counselors must take place. A ceasefire would allow the organization to align its culture with its mission. Vazquez (2019) believed that positive work culture is needed for organizations to maintain a high-performance workforce. A high-performance workforce could affect positive social change. Increasing retention is associated with patients re-engaging in an employment activity, reduced crime, and better social functioning (Levin & Teichman, 2017). By proxy, creating an environment where patients can get sober and learn the skills to maintain their sobriety would lessen the healthcare network's burden. The goal is that these solutions to increase motivation and retention are transferable and beneficial to the treatment industry.

Strengths and Limitations of the Study

Strengths

The strength of this study lies in the commitment of the behavioral health leaders at MSATC to identify hindrances to patients completing the intensive outpatient program and how their concerns echo those of the literature. Another strength is knowing the problem is not unique, but very common to the substance abuse treatment community. Therefore, attempting to merge the literature to create a solution to the lack of motivation, retention, and engagement may prompt new areas for researchers to develop. An additional strength was the use of Baldrige Excellence Framework (2021), to organize the data. Using the framework has been shown to improve performance in health care communities (Roberts et al., 2020).

Limitations

The main limitation of this study was sampling limitations, counselors and patients were not able to participate. Sampaio and de Carvalho Mesquita Ayres (2019) discussed the importance of including the patients' perspectives when creating treatment plans and evaluating the treatment program's effectiveness. For example, patients interact with supporting staff, clerks, housekeeping, and security, and these relationships, good or bad, affect the patients' relationship with the treatment center. Another limitation were procedural limitations, not having access to the organizational database that stores discharge summaries, organizational grievances, meeting notes, and strategic plans.

Unanticipated Limitations

The behavioral health leader that has been at MSATC for over twenty years and initially signed the paperwork for this research project resigned due to a disagreement with senior leadership on the direction of MSATC. I also learned that several of the tenured counselors had left as well. The gap between senior leadership and the supporting staff further complicates finding solutions for retention. Also, having a divided culture would hinder implicating a fix to the problem. The absence of behavioral health leaders (who spoke on behalf of the patients) may lead to less patient representation in drafting policies and affect the organization's direction. The voice of the patients must be represented for organizations to ultimately make decisions on providing patient care (Lee & O'Malley, 2018 and Sampaio & de Carvalho Mesquita Ayres, 2019).

Section 5: Recommendations and Conclusions

This study aimed to understand poor retention through lack of motivation and engagement at a Midwest substance abuse treatment center (MSATC). There is abundant literature detailing the effects of poor retention, lack of motivation, and lack of engagement in substance abuse treatment. Still, there is limited research on the cause of each, how they interact with each other, and what behavior health leaders can do to minimize their effects. This study's goal was to provide recommendations to mitigate these health challenges.

This study used structured interviews with three outpatient behavior health leaders at MSATC to understand possible causes of poor retention, lack of motivation, and engagement. Additionally, analyzing the organization's website and 2020 annual reports provided details about patient demographics, referral sources, and the organization's history. Based on information drawn and analyzed from the above sources, and the literature reviewed several recommendations and conclusions were drawn from this study.

Recommendations for Behavioral Health Leaders

Recommendation 1: Enhance the Assessment and Orientation Process to Include More Than Asking Questions and Receiving Information

MSATC continues to maintain The Joint Commission's accreditation and state licensing privileges. MSATC is still the referral source for institutions (schools and hospitals), criminal justice (courts, probation, parole, and pretrial), and the community

(family and employers). Barring the effects of COVID-19, their intake department has been relatively stable over the years. BHL1 acknowledged that it is common for some self-referred patients not to show up for orientation or the first day of outpatient (personal communication, July 28, 2021). Because of this propensity, this study recommended restructuring the assessment process.

The assessment is usually the patient's first formal introduction to the organization and where the therapeutic relationship starts (Stanley et al., 2017). Therefore, the assessment counselor must be aware of the significance of their role. At MSATC, the assessment counselor, the orientation counselor, and the outpatient counselor are not the same counselor. The patient must receive two separate hand-offs before meeting their final counselor. While this situation is not unique in the treatment industry, as patients progress through multiple levels of care and service, special attention is needed to maintain a therapeutic relationship. Therefore, assessment counselors should be retrained in the importance of the therapeutic relationship while motivating and encouraging the value of the next step – orientation. By tracking the number of patients that showed up for orientation versus the number scheduled, it might be possible to measure the effectiveness of the training. Orientation is seen as an extension of informed consent and continues building the therapeutic relationship (Carswell, 2018). Examining starting outpatient with an individual session that includes the orientation, eliminating one hand-off might be a subject for further investigation. The therapeutic relationship is critical to patient engagement (Macdonald et al., 2007), while a lack of a therapeutic relationship has proven to be a barrier to care (Yang et al., 2018b).

Routinely checking assessment counselors for burnout could avoid emotional exhaustion and depersonalization, which is more prevalent among substance abuse counselors than counselors in other fields (Baldwin-White, 2016). Furthermore, Baldwin-White (2016) noted the association between burnout and poor work performance among substance abuse counselors. Often burnout is triggered by counselor frustration with the patient's inability to stay clean and high dropout rates (Baldwin-White, 2016). Behavioral health leaders learning to recognize the risk factors associated with counselor burnout could be a topic for future research.

Recommendation 2: Increase Individual Counseling Intervals

Motivational interviewing is one of the interventions used by MSATC. Jiang et al. (2017) reported using an individual session with motivational interviewing to support total abstinence and harm reduction in people with substance use disorder. Fawcett et al. (2020) conceded that group therapy was less expensive than individual therapy, but one-on-one treatment was more effective with better results. Individual counseling is key to establishing and maintaining the therapeutic relationship (Dunn et al., 2021), producing positive outcomes (Keefe et al., 2020), and higher treatment engagement (Goodson et al., 2020). Due to undisclosed reasons, individual sessions only happen once every 21 days, and during that time, the treatment plans are generally updated (BHL2, personal communication, October 4, 2021). Because of the effectiveness of individual therapy sessions, the recommendation was to have weekly counseling sessions. If the outpatient group size were 16, setting aside eight to sixteen hours a week for individual sessions

might cut into group time. If MSATC made provisions for eight to sixteen additional hours, more human resources may be required or perhaps utilizing the recovery coaches in different roles.

Recommendation 3: Mandatory Monthly Supervision

One of the behavioral health leader roles is providing supervision to help counselor development (Forshaw et al., 2019). Supervision can facilitate a variety of purposes, from discussing patient cases to counselor training (SAMHSA, 2009). Supervision is generally an hour and gets rescheduled or dismissed when behavioral health leaders' schedules are demanding (BHL1, personal communication, July 28, 2021). Since supervision is not a billable service, one might be tempted to put it off until time permits. Still, the Substance Abuse and Mental Health Services Administration (2009) (SAMHAS) credits supervision with professional development through education and training to equip counselors to make better decisions and utilize their skills more effectively. The recommendation was to make supervision a priority. From a practical perspective, supervision creates productive counselors skilled to produce higher retention rates and patients more engaged in services, yielding higher financial reimbursements.

Recommendation 4: Create and Maintain a Positive Organizational Culture

The current culture may not have played a significant role in initiating the lack of patient motivation and poor engagement. Still, it appears to be a factor in maintaining the problem and perhaps an even more prominent role if solutions need implementation. Counselors should not take sole responsibility for the current practice problems because

the organizational culture also contributes significantly to successful outcomes (Vazquez, 2019). MSATC's culture began to slide when tenured directors, managers, and counselors retired and died off. Most of them had worked for MSATC for 20 years or more. According to behavioral health leader 1 (personal communication, July 28, 2021), the disruption of the organizational culture happened once senior leadership changed. It is too early to decide if these changes were warranted. Organizations routinely change to keep pace with technology, research discoveries, and the population they serve. As complex as change may be, organizations must still strive to maintain positive culture to retain a high-performance workforce (Vazquez, 2019). A positive culture influences competency, staff training, the ability to form therapeutic relationships, and motivation (Kelly et al., 2018).

Based on the evidence gathered in this study, it is recommended that MSATC begin building a unified work culture. One way to move forward is to introduce a collaborative environment (Vazquez, 2019). VanVactor (2012) defines a collaborative environment as an atmosphere where leaders and their workforce mutually motivate, encourage and nurture each other. VanVactor (2012) further defines it as an environment where ideas are exchanged between leaders and the workforce, and communication is a two-way street. Leaders must also model the behavior they expect to see in the workforce (Vazquez, 2019). Kelly et al. (2018) noted how a healthy relationship between leadership and the workforce influence positive outcomes and productive organizational functioning. Healthy work cultures are related to effective communication and constructive staff engagement, affecting patient engagement (Vazquez, 2019). Lawrence-

Dill et al. (2022) noted in developing a collaborative environment, you must avoid presenting poorly constructed goals and inappropriate resources. Remembering that workforce members have other demands on their time, matching skills with the assigned task, and periodically updating plans to meet the organizational and patient needs help maintain a collaborative environment (Lawrence-Dill et al., 2022).

Future Research

This qualitative case study explored the roles of behavioral healthcare leaders in resolving the lack of retention and engagement in a substance abuse intensive outpatient program. There was limited information about how patients respond to the various interventions used by MSATC. A study to match patients with an intervention that matches their readiness to change and learning style might reveal tips to strengthen retention and engagement.

Conclusions

Much has been written about the barriers to substance abuse treatment. This qualitative study adds to the growing body of research by exploring reasons for the lack of patient retention and engagement in intensive outpatient at a Midwest substance abuse treatment center and how to improve them. Based on the evidence analyzed there were three key conclusions drawn from this study, First, the Midwest center has been around for over fifty years, but it has experienced a significant change in leadership and population within the last ten years. The literature outlined various possibilities for the practice problem and solutions for intervening with specific patients. The intensive

outpatient program was comprised of patients from multi-cultural, socioeconomic, sexual orientation, and educational backgrounds. The patient's complexity makes it impossible to present a one-size-fits-all solution (Wise et al., 2017). Second, this study yielded recommendations that gave the treatment center a model of functioning that increases the odds of improving outcomes. Johnson and Rossow (2019) identified neglecting organizational culture as a significant cause of planned organizational change failure. Reconciling the organizational culture may be the most productive of the above recommendations. Historically cultural values have differed among clinicians (quality of care) and senior leadership (generating revenue), but they should unite under the organization's mission, values, and vision (Johnson and Rossow, 2019). This study demonstrated how negative shifts in the workforce culture affected the quality of care and patient outcomes. Once stabilizing the culture efforts are on the way implementing the remaining three recommendations: enhancing the assessment and orientation process, increasing individual counseling intervals, and mandatory monthly supervision should flow with little pushback.

It is also concluded that the remaining three suggestions; thorough assessments, individual patient sessions, and regular supervision were most likely already written into MSATC's procedures. This study found that overtime they appeared to have subordinated their importance. Establishing therapeutic rapport, thorough assessments, and orientation are key to better retention and engagement. The patient often has unmet primary needs that contribute to continued substance use that go unshared in a group setting. These needs and continuous rapport building take place in ongoing individual sessions. Third,

this study also asserts that one of the single most important factors influencing motivation and engagement is the therapeutic relationships counselors learn to build in supervision. It has been over 13 years since the Substance Abuse and Mental Health Services Administration (2009) recognized supervision as the way to make maximum use of human capital. The argument can still be made today of the importance of supervision as evidenced by this study. In monthly supervision, counselor development occurs (Forshaw et al., 2019). Counselors are trained in supervision and learn how to resolve ethical dilemmas and implement intervention models (Giannopoulos et al., 2021). Supervision provides the education needed to produce more efficient counseling skills and ethical decision-making (Substance Abuse and Mental Health Services Administration, 2009). Implementing these recommendations gives the treatment center a chance to improve retention and patient engagement while providing services that offer patients the opportunity to self-direct their recovery efforts and become productive members of society.

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Appendix A: Interview Questions

Initial Questions

- How do you define a successful outpatient program?
- What role does leadership (supervisors, managers, and directors) play in contributing to the success of an outpatient program?
- The focus problem is "the growing failure of participants in a United States substance abuse intensive outpatient program to maintain motivation to change and stay engaged in the program" how would you define motivations and engagement, and how are they measured?
- Currently, what interventions are in place to instill motivation and encourage engagement?
- As a health care leader, what is your role in assisting with positive outcomes, and what is the organization's role?
- Are there outside stakeholders that assist participants in staying engaged and motivated, and do they share the exact definition of the terms?
- What are the requirements for counselors that administer the services?
- How do you get counselors to buy into the organization's mission, vision, and values?

Additional Follow-Up Questions

- How do senior leaders' actions demonstrate their commitment to legal and ethical behavior?
- How does the organization's leadership ensure responsible governance?
- How does the organization's leadership promote and ensure ethical behavior in all interactions?
- How does the organization consider societal well-being and social change as part of its strategy and daily operations?
- How does organization conduct strategic planning?
- How does the organization collect/analyze relevant data and develop information for the strategic planning process?
- How does the organization decide which key processes will be accomplished by the workforce and which by external suppliers and partners?
- How does the organization determine when actions are needed and what data informs that decision?
- How does the organization listen to, interact with, and observe clients to obtain actionable information?
- How does the organization determine client satisfaction, dissatisfaction, and engagement?

- How does the organization build and manage client relationships?