Peer support use of Alcohol and Drug Outcome Measure (ADOM)

Huarahi Oranga - a case study

April 2019

The Salvation Army Te Ope Whakaora

Bridge
Reducing Harm from Alcohol and Other Drugs

Te Pou o te Whakaaro Nui

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Te Pou o te Whakaaro Nui sincerely thank all participants who generously gave their time to this case study and ensured the success of this pilot in order to support people to meet their recovery goals.

We particularly acknowledge the openness of the peer support workers in their willingness to embrace a different way of working.

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Executive Summary

Te Pou o te Whakaaro Nui worked with the Salvation Army on a pilot programme with peer support workers to establish whether they were able to use the Alcohol and Drug Outcome Measure (ADOM). Through using an implementation model and training, a successful pilot was established which has positive implications for the Salvation Army and the Alcohol and Other Drug (AOD) sector as a whole, and for those not in professional AOD practitioner roles.

This document is a record of the implementation of the initial pilot and lessons learned that are applicable to the Salvation Army, Te Pou o te Whakaaro Nui (Te Pou), and beyond.

1. Background

The ADOM has been developed for the purposes of routine outcome measurement in adult community treatment outpatient AOD services in New Zealand, facilitated by AOD practitioners. Non-practitioner[1] use was neither planned or mandated. Since 1 July 2015 the Ministry of Health have mandated ADOM collection and reporting those services. More information regarding ADOM can be found here: https://www.tepou.co.nz/outcomes-and-information/alcohol-and-drug-outcome-measure/117

AOD practitioners have been trained and supported to use the ADOM by Te Pou and Matua Raki national workforce development centres. Practitioners have been encouraged to use the ADOM to generate discussion between themselves and tāngata whai ora in relation to their substance use, lifestyle and wellbeing during treatment and to demonstrate change over time. A visual 'feedback wheel' provides the tangata whai ora and their AOD practitioner with a clear focus for discussing and planning treatment and recovery options.

2. Context

In early 2018 after an internal discussion within the Salvation Army, and a subsequent discussion with Te Pou, it was recognised there is an increasing role for non-practitioner staff and use of the ADOM, particularly the peer support workforce. Peer support workers are in a unique position to support people to meet their recovery goals and walk alongside people during and after their structured episode of care. This reflects a priority of the Ministry of Health *Mental Health and Addiction Workforce Action Plan 2017–2021* "Peer and consumer leadership is another priority area. Strengthening this workforce provides significant opportunities to build capacity across the entire workforce".[2]

[1] At the time of ADOM development the peer support workforce was not fully developed so were not part of the considerations around ADOM use.

[2] Ministry of Health. 2018. *Mental Health and Addiction Workforce Action Plan 2017–2021* (2nd edn). Page 23. Wellington: Ministry of Health.

In May 2018 the Te Pou National ADOM Project Lead sent out the initial scope of the project to relevant stakeholders. The scope proposed the exploration and use of the ADOM with the Salvation Army peer support workers in a Bridge centre.

The project was to explore utility and impact on practice and policy regarding the routine use of the ADOM by peer support staff. It was hoped that peer support workers would be able to use the ADOM in settings where they engage with tāngata whai ora.

Service description

The Christchurch Bridge service where the ADOM was piloted had two peer support workers and were looking to recruit a third person. The peer support workers are led by a team leader who worked with an operational manager and the service director. National office support was provided by the Salvation Army National Consumer Advisor.

The peer support workers each had a case load of approximately 14-20 people who are referred for peer support when they are transitioning from residential treatment into the community. The minimum contacts the peer support workers have with their tāngata whai ora is once a fortnight, but usually more often. One group session per day is facilitated by the peer support workers for any tāngata whai ora who choose to attend. Supervision is provided externally for the peer support workers monthly, as well as regular internal peer supervision.

The peer support workers were not using the ADOM before this pilot although the tool was introduced to them six weeks before training. Most AOD practitioners had been trained in the use of ADOM. Data entry of ADOM results was done centrally by an administrator.

3. Method

Case study methodology was used to understand the link between the project process and the ability to use the ADOM by peer support staff [3]. The project objectives and case study questions were developed by the project team.

Project objectives:

1. Determine if the non-practitioner workforce could use the ADOM.
2. Explore the enablers and barriers to non-practitioner use of the ADOM.
3. Identify the intended and unintended consequences of the project.
4. Consider policy and practice implications of the project for the Salvation Army and other organisations.

Case study questions

1. What occurred?
2. What were the enablers and barriers to implementation?
3. What were the intended and unintended consequences of the use of the ADOM by peer support staff?
4. Did the project contribute to the uptake and use of the ADOM by peer support staff?
5. What is the generalisation of the findings, so it is useful to both the Salvation Army for further roll-out and to Te Pou for future guidance?

Procedure

The use of a number of data sources enabled a broad overview of process and consequences and allowed for a more objective assessment of the project. The following procedures were used to collect data for the case study.

1. Written documentation of all meetings and communications
2. Post-workshop evaluation
3. Post-training review meeting
4. Semi-structured interviews
5. Written feedback.

Written documentation of all meetings and communications

Written documentation used included meeting minutes and email communications relevant to the project between April 2018 to November 2018. This documentation was analysed to explore themes around implementation and to understand what occurred during the project.

[3] Case study methodology is used to capture what occurred, when we want to know the 'how' and 'why' and to cover the contextual conditions of the phenomenon under study.

Post-workshop evaluation

An evaluation survey was administered at the end of the ADOM training day. A copy of the evaluation form can be found in Appendix A. The workshop group numbered nine, two of whom were outside this project. The survey and feedback data were entered into an online survey site and exported to Microsoft Excel for detailed analysis. Open-ended responses were, where applicable, recoded to generate content themes.

Post-training review meeting

The review meeting facilitated by the Te Pou National ADOM Project Lead and the Researcher was held the day after training at the Salvation Army Bridge service and included:

- Bridge peer support workers
- Bridge Director (attended part of the meeting)
- Bridge Team Leader
- Bridge Operational Manager (attended part of the meeting).

Open-ended questions were used to explore processes, potential barriers, solutions, and additional and ongoing support needed. Qualitative data from this meeting provided contextual information for Phase 4 of the implementation approach and informed the thematic analysis of enablers and barriers both from the peer support workers' perspective and of the leaders and managers. The Te Pou National ADOM Project Lead met individually with the administration support person to review IT system enablers and barriers to ensure easy use of the ADOM.

Semi-structured interviews

Semi-structured interviews based on case study questions were conducted after the training day and review meeting. The interviews included:

- The two peer support workers interviewed together by the Researcher. The interview was recorded, and written notes taken.
- The Bridge Team Leader was interviewed by the Te Pou National ADOM Project Lead and written notes were taken.

Interview data was thematically analysed, and results informed the current context, the four-phase implementation approach, enablers and barriers to implementation, and ongoing enablers.

Information sheet given to all participants, a copy can be found in Appendix B

Written feedback

Written feedback was provided to the Researcher after the semi-structured interviews, by the peer support workers and Team Leader. The participants were invited to provide feedback on the ADKAR[4] (acronym for awareness, desire, knowledge, ability, reinforcement) process of implementation. Data from this qualitative feedback provided contextual information for the implementation process results.

[4] ADKAR is a structured approach for managing the people side of change and to make overall change successful. The ADKAR model is registered to PROSCI https://www.prosci.com/adkar

Written feedback was also provided by the Operational Manager two weeks after the review meeting. Qualitative data from this written feedback was used to:

- provide contextual information for the final phase of the implementation approach
- update the information on further actions planned to ensure sustainability of the use of the ADOM by the peer support workers
- identify enablers and barriers.

This data was incorporated into the Phase 4 results and the thematic analysis of the enablers and barriers from the leaders and managers perspective.

4. Results

Implementation

The implementation had a four-phase approach:

1. Phase 1 Development
2. Phase 2 Planning for implementation
3. Phase 3 Training
4. Phase 4 Support and sustainability

Phase 1 Development

An initial project team was established including:

- The Te Pou National ADOM Project Lead
- The Salvation Army National Consumer Advisor
- Te Pou Consumer Project Lead
- Te Pou Researcher.

In June 2018 a discussion took place at the Salvation Army national office with the project team and Salvation Army regional managers. The meeting decided the scope of the project and the location of a pilot, which was to be a Bridge project. It was agreed to use and document the ADKAR actions. The process was initiated and supported by the project team to create the motivation to be involved, by all participants in the pilot.
The Salvation Army National Consumer Advisor first discussed the pilot with the Bridge Operational Manager in June, and along with the project team met with the Senior Management Team in July. In preparation for this meeting the National Salvation Army National Consumer Advisor also completed an ADKAR implementation plan.
The focus of the planning in this development phase was to create an awareness and appreciation by the Bridge leaders and managers of how participation in the pilot could be beneficial to tāngata whai ora and to seek implementation support.

Phase 2 Planning for implementation

In August 2018 the Bridge peer support workers, managers, team leaders and administration met to discuss the pilot including actions to date, the rationale for ADOM collection, and possible processes to follow. The discussion about the why, what, and how of the pilot also allowed for questions, comments, identification of present barriers and potential solutions. The objective was to create an awareness of the project across the peer support team and motivate the team to be involved.

The Bridge Operational Manager completed an implementation plan and commented, "The value of continuing-care is well evidenced, and this pilot tests the viability of non-practitioners using the ADOM and to improve the continuity of care across Bridge Services". The following information for this phase was included in the planning process:

- Create awareness at the Senior Management Team level
- Do the peer support workers, line manager/s see the value and opportunities for the people using our services and the peer support workforce?
- Is this something that the peer support workers want to be involved in?
- Create awareness of the project across the Bridge team

The Operational Manager reported to the project team in September 2018 that the peer support workers were keen to be involved in the next phase of training. The following actions supported this phase of planning:

- The Bridge Senior Management Team agreement to be the pilot site.
- The initial meeting between the Bridge Director/Operational Manager and key project group members to helped to initiate the project.
- The proposal of change to the working title to *Huarahi Oranga* (Journey of Health/Wellbeing) giving ownership of the project to the Bridge team.
- The informal expression by peer support workers of their receptivity to engaging in this process.
- The development of an ADOM PowerPoint to provide an overview of the process and stimulate peer support workers to discuss potential barriers to implementation.

Phase 3 Training

The Te Pou National ADOM Project Lead delivered a training day in October 2018, which included the Salvation Army Bridge peer support workers, their team leader, the administrator, as well as two DHB team leaders. The fidelity of the ADOM process was ensured by covering appropriate ADOM content, format, structure, collection protocols and procedures in the training.

The Operational Manager's plan for the 'knowledge and training' phase included:

- Formal discussions with all peer support workers to gather their feedback and advance the project.
- An introductory overview of the ADOM process (PowerPoint) to peer support workers by Operational Manager. This included the rationale (outcome focus) and support for tāngata whai ora to track incremental improvements in quality of life over time with successive screenings.
- One-day intensive training facilitated by the Te Pou National ADOM Project Lead.

Training evaluation

All but one of the participants strongly agreed, or moderately agreed that they were satisfied with the quality of the training; and it increased their understanding of the ADOM and how to use it (see Figure 1).

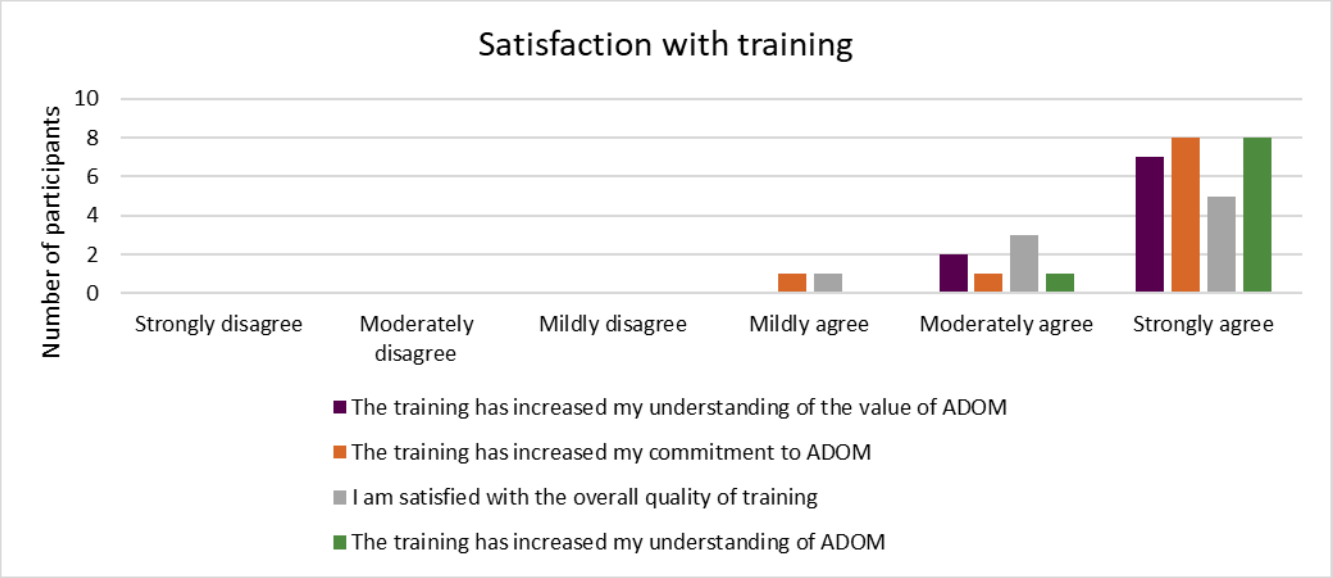

Figure 1 **Participant satisfaction with training**

Support for use of the ADOM

The willingness of participants to support the use the ADOM was very high with all responses strongly agreeing, except one moderately agreeing (see Figure 2).

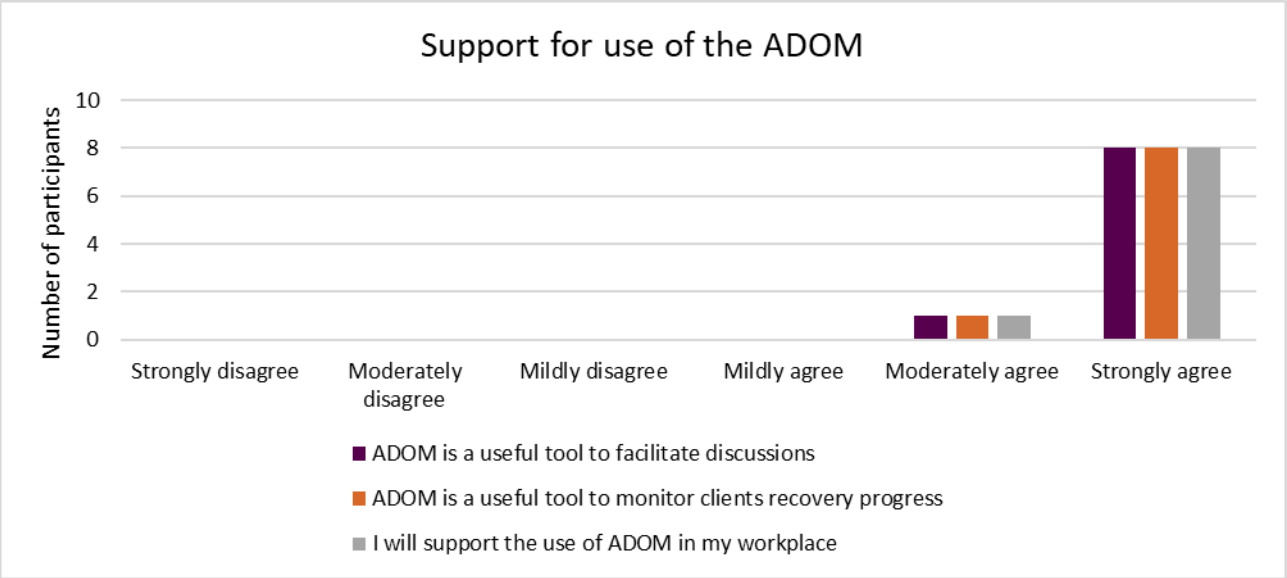

Figure 2 **Participant support for use of the ADOM**

Ability to implement use of the ADOM

Most participants' rating for these questions was moderately agree and strongly agree, indicating a strong belief in their ability to use the ADOM (see Figure 3). Two people answered N/A for two of the questions as they are not working directly with tāngata whai ora.

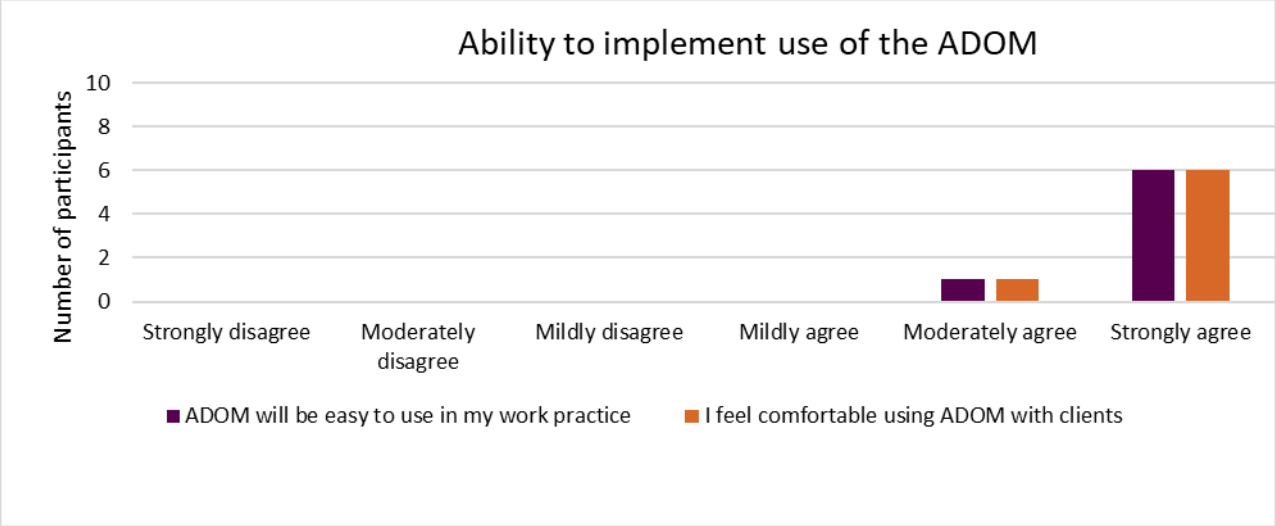

Figure 3 **Participants' ability to implement use of the ADOM**

In answer to the open-ended question on what would help participants to use the ADOM the responses mostly suggested practice, time and support.

"Ongoing feedback and practice with other trainers". [Workshop participant]

Training others in ADOM

All participants showed confidence in their ability to train others in using the ADOM with most responses being moderately agree or strongly agree (see Figure 4).

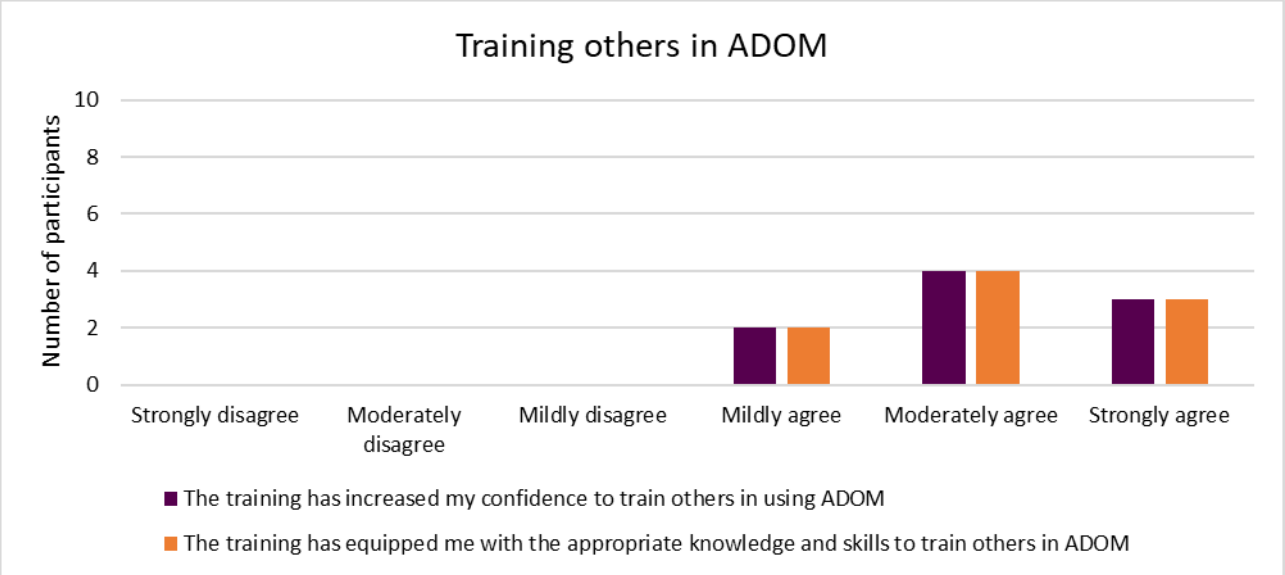

Figure 4 Participant confidence in training others in using the ADOM

How could the workshop be improved?

In answer to this open-ended question all participants commented that no improvements were necessary as the day was enjoyable and well presented.

> "Thoroughly enjoyed the training and have no suggestions for improvement". [Workshop participant]
> "This was an awesome training day, (facilitator) is a great presenter". [Workshop participant]

Phase 4 Support and sustainability

On the day following training, all Salvation Army Bridge training participants met with the National ADOM Project Lead and Researcher to discuss the use of the ADOM.

Enablers and barriers for the use of the ADOM were discussed, with possible solutions planned to mitigate barriers. Based on this discussion, the Operational Manager produced a flow chart outlining the basic pattern and processes for use of the ADOM when treatment is initiated from the beginning to the end of a treatment episode. The flow chart included both peer support worker and practitioner input.

The National ADOM Project Lead met individually with the administration support person who had completed the training, to discuss the IT system and to ensure the ADOM feedback wheel was easily able to be accessed.

The Operational Manager's plan for support and sustainability of ADOM use included actions for both people and systems.

- Peer support workers' observations of practitioners demonstrating the use of the tool with tāngata whai ora
- Post-screening discussion and debrief
- Ongoing access to Operational Manager and Community Team Leader for advice and support
- Development of a flow chart of the reporting loop
- Administration support for the entry of screen results to SAMIS (the Salvation Army Client Management system).

Written feedback from the Bridge Operational Manager included actions to ensure the sustainability of the use of the ADOM. These included:

- A reporting loop at clinical meetings with practitioners to discuss results of successive ADOM data collections to compliment peer support workers narratives about tāngata whai ora progress.
- Regular acknowledgement and encouragement with supportive comments from Team Leader and Operational Manager.
- At an in-service training at the end of November, the Operational Manager will take some time to do a reset with case workers around the intent and focus of use of the ADOM.
- Peer support workers also agreed to process the ADOMs through the weekly clinical meeting with particular emphasis on comparative improvements (or lack of) over time.

Enablers and barriers for implementation

The enablers and barriers were identified by participants early in the process of implementation, after training but before any use of the ADOM by peer support workers.

The dominant themes for the enablers from the peer support workers perspective included:

- knowing why the use of the ADOM is important
- being included in discussions
- training and information
- planned support for sustained use.

The detailed information is included in Appendix C.

The barriers included:

- pre-training concerns
- practical considerations
- altering the way peer support workers work.

The detailed information is included in Appendix D.

The dominant themes for the enablers from the leaders and managers perspective included:

- knowing why the use of the ADOM is important
- senior management support
- training
- ongoing support.

The detailed information is included in Appendix E.

The dominant themes for the barriers from the leaders and managers perspective included:

- clinical staff culture
- peer support workers yet to begin to use ADOM in their practice
- the number of forms needing to be completed at registration by the peer support workers.

The detailed information is included in Appendix D.

Post pilot enablers for implementation

In post-training interviews and documentation, the leaders and managers identified a number of ongoing actions to ensure peer support workers were supported to use the ADOM. These included:

- sending reminders of when the ADOMs were due to be completed again
- including an ADOM section in notes
- promoting the flow chart process by putting it up on walls
- providing ongoing reassurance for peer support workers using the ADOM
- planning more training and updates of use and processes (for all staff).

Leaders and managers were also aware of the need to reinforce the use of the ADOM by continuing promotion of its use and continually reviewing use with the peer support workers.

5. Discussion

The discussion is based on the case study questions initially developed by the project team and designed to capture what occurred in the process; the barriers and enablers to implementation; the intended and unintended consequences; uptake of the use of the ADOM; and generalisation of findings.

1. What occurred?

Implementation was based on an ADKAR model as detailed earlier. The importance of all participants being aware of why they were being asked to make a change to the way they work was highlighted during this process. Peer support workers were supportive after some initial concerns.

2. What were the enablers and barriers for implementation?

Enablers

The enablers for the peer support workers and the leaders and managers were very similar. Four key factors were identified as enablers:

First: good communication around why using the ADOM was important for the people using Bridge services was a key factor in the peer support workers and the team leader wanting to be involved. The buy-in required to start the implementation process was created from discussions among national office staff, Bridge staff and Te Pou.

> "What helped was knowing what the ADOM was for and seeing the benefit for the client. Benefits to clients' needs be put out front". [Peer support worker]

Second: support from all levels of Salvation Army management was an enabler for Bridge leaders and managers, particularly the full support of the Senior Management Team. The working relationship between the peer support workers and their team leader was an important enabler, as was the leaders and managers being actively engaged throughout the collaborative process.

Third: training process not only provided information on why, how, and when to use the ADOM, but took away the 'fear' the peer support workers had after initial discussions with their team leader. The team leader and the administrator completing the training with the peer support workers was seen as an enabler by all participants as the information, queries and processes could also be discussed and adapted if needed.

Fourth: as ongoing support for the sustained use of the ADOM was identified by peer support workers, and leaders and managers as essential, a collaborative plan was developed. The peer support workers appreciated that managers allowed the flexible use of the ADOM, the time to practice, ask questions and put processes in place. Leaders and managers' attitudes allowed the peer support workers to have confidence in being able to start slowly with those tāngata whai ora with whom they were comfortable. Leaders and managers were aware of the need to reinforce the use of the ADOM by continuing the promotion and reviewing of its use with the peer support workers.

The support and acceptance of practitioners was also considered to be key and would be enhanced by the ADOM reviews from peer support workers being included in the clinical meetings. It was seen as important by the leaders to reset the purpose of the ADOM at in-service training and clinical meetings.

Peer support workers considered feedback from Te Pou about the recording and use of data would reinforce their reasons for continuing to complete the ADOM in the longer term. They indicated that it would reinforce their commitment to the ADOM if their service was being promoted to other organisations as an example of ADOM use by non-practitioners.

Peer support workers had a sense of pride in being able to use the ADOM with confidence and monitor the difference their help was making to tāngata whai ora . Having peer support workers monitor tāngata whai ora ADOM progress and be involved in discussions in clinical and managers meetings was another motivating factor. Management attitude in recognising and respecting the peer support role was greatly appreciated by peer support workers and went a long way towards them wanting to succeed in this project.

Barriers

The barriers for peer support workers prior to training mostly centred around their initial lack of confidence in using the ADOM with tāngata whai ora in a timely and meaningful way, and some of the practical considerations of use.

The barriers to implementation from the leaders and managers perspective were generally based around previous use of the ADOM within the organisation. Leaders and managers realised they would have to spend some time changing this regarding who could use ADOM, to be more inclusive about the importance of the peer support worker role within each team and creating more of a village concept for supporting tāngata whai ora.

3. What were the intended and unintended consequences of the use of the ADOM by peer support staff?

The pilot project resulted in the intended consequence of peer support workers being able to use the ADOM. The time taken to use an implementation process enabled all participants to have the confidence and ability to identify and overcome barriers to use.

Peer support workers expressed a concern that using the ADOM would result in their work being put into a ‘box’ and thereby restrict the essential nature of their relationships with tāngata whai ora. Further discussion about this was called for once peer support workers had more experience in the use of the ADOM.

An unintended consequence of the project was the discovery that some AOD practitioners were only using the ADOM for initial data collection and not as a tool for ongoing discussions with tāngata whai ora about progress. As a result of this, discussions on resetting the purpose and use of the ADOM will continue with all staff.

The peer support workers felt their work was valued by the National Salvation Army team and Bridge leaders and managers as there was a willingness to put time, effort and resources into further workforce development. They were excited at the thought of having a greater voice in review meetings with AOD practitioners when presenting ADOM results to discuss tāngata whai ora ongoing progress.

Changes to policy and practice were made in discussion with managers and peer support workers and included:

- information on how to access the ADOM
- routine review and reporting processes on tāngata whai ora progress and outcomes – including the presentation of ongoing ADOM results by peer support workers at clinical meetings
- flow chart and process management which would be reviewed regularly
- regular reviews of the use of the ADOM by both AOD practitioners and peer support workers

4. Did the project contribute to the uptake and use of ADOM by peer support staff?

The project did enable the peer support workers to use the ADOM. Three weeks after training the Operational Manager reported the peer support workers had commenced completing the ADOMs. Their focus in using the ADOM was on the change in tāngata whai ora progress over time. Peer support workers were very clear with tāngata whai ora about this focus.

5. What is the generalisation of the findings, so it is useful to both the Salvation Army for further roll-out and to Te Pou for future guidance?

A number of implications for future use of the ADOM by peer support staff and other non-AOD practitioners were identified in the pilot project with the Salvation Army Bridge services. These are applicable to any organisation implementing use of the ADOM with staff other than AOD practitioners:

1. Peer support and other non AOD practitioner staff need to know *why* they would start using the ADOM, and leaders and managers need to know *why* they would support non-AOD practitioner use of the ADOM.
2. Senior and middle management active and visible support is vital at all stages of implementation.
3. A process for implementation needs to be planned and needs to include both people and systems aspects. This must be collaborative at all stages.
4. Identifying and discussing potential barriers reduces anxiety around use of the ADOM and provides collaborative solutions.
5. Communication must be open and honest
6. Correct training on the fidelity of the ADOM is an important step in the implementation process. Use of the ADOM should not be required until training is completed and before outcome graphs are available and easily accessible in the IT system. Post training support is essential.
7. Reinforcement and acknowledgement of the effort made by the non-AOD practitioners is vital.
8. Use of the ADOM and the new policies and systems, need to be re-visited and maintained to sustain the change.

Following the drafting of this document, the project team heard that another peer support worker had started and was engaged with using the ADOM. The team felt refresher training would be useful in sustaining peer support use of the ADOM. The project team agree, and this is routine with practitioners in mandated organisations nationally and has proved useful.

The authors of this document recognise and encourage ADOM to be used, after appropriate training, by staff working in AOD services that may not be AOD practitioners, in this case peer support staff, but may also be recovery coaches and other staff.

Appropriate amendments will be made to the Te Pou 'ADOM guide for practitioners' resource.

6. Conclusion

This pilot project demonstrated that use of the ADOM by the non-practitioner workforce in the Salvation Army Bridge service was successfully implemented. Key aspects of the implementation highlight a process of collaborative planning where barriers to success were identified and resolved.

The enablers and barriers to non-practitioner use of the ADOM were identified and explored as detailed in section 2 page 14. Four key enablers similar to both the peer support workers and the leaders and managers, were identified.

The intended and unintended consequences were identified and detailed in section 3 page 18. These findings have led to a number of policy and practice implications outlined in the discussion section 3.

Appendix A: The training evaluation form

ADOM train the trainer post-training evaluation

Please take a few minutes to answer the following questions – your feedback will support our ability to improve our training in the future.

- Please rate the following statements by ticking the box most relevant to you:

1. Training in general	Strongly **disagree**	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly **agree**
Overall, the training has increased my understanding of the value of ADOM	☐	☐	☐	☐	☐	☐
Overall, the training has increased my commitment to ADOM	☐	☐	☐	☐	☐	☐

2. Quality of the training	Strongly **disagree**	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly **agree**
I am satisfied with the overall quality of the training	☐	☐	☐	☐	☐	☐

3. Understanding of ADOM	Strongly **disagree**	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly **agree**
The training has increased my understanding of ADOM	☐	☐	☐	☐	☐	☐

4. Usefulness of ADOM	Strongly **disagree**	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly **agree**
ADOM is a useful tool to facilitate discussions with clients	☐	☐	☐	☐	☐	☐
ADOM is a useful tool to monitor clients' recovery progress	☐	☐	☐	☐	☐	☐
ADOM will be easy to use in my work practice	☐	☐	☐	☐	☐	☐
I feel comfortable using ADOM with clients	☐	☐	☐	☐	☐	☐
I will support the use of ADOM in my workplace	☐	☐	☐	☐	☐	☐

5. Training others in ADOM	Strongly **disagree**	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly **agree**
The training has equipped me with the appropriate knowledge and skills to train others in ADOM	☐	☐	☐	☐	☐	☐
The training has increased my confidence to train others in using ADOM	☐	☐	☐	☐	☐	☐

6. What would help you to use ADOM or train others in ADOM?

7. How could this training be improved?

8. Would you like to make any other comments?

About you:

15. Are you employed by a:

☐ District Health Board ☐ Non-government organisation ☐ Other _____

16. Which District Health Board area do you work in?

☐ Northland	☐ Bay of Plenty	☐ Wairarapa
☐ Waitematā	☐ Tairāwhiti	☐ Nelson Marlborough
☐ Auckland	☐ Whanganui	☐ Canterbury
☐ Counties Manukau	☐ Midcentral	☐ South Canterbury
☐ Taranaki	☐ Hawke's Bay	☐ West Coast
☐ Waikato	☐ Capital & Coast	☐ Southern
☐ Lakes	☐ Hutt Valley	

Other (please specify) _____

17. What is your current role?

☐ Clinician ☐ Trainer ☐ Other (specify)_____

All information collected from participants will be used for evaluation and training improvement. We might need more information. If you agree to be contacted, please provide your name and email address.

Name _____ **Email** _____

Thank you very much for taking the time to respond to the survey.

Appendix B: The information sheet

Information sheet for all staff

Aim of the case study evaluation

The aim of the evaluation is to understand the link between the project and the routine use of ADOM by non-practitioners.

Evaluation methods

1. **Written documentation** of what was done by manager/ CEO, researcher, project leads and a sample of participants. This information would include:
   - core elements of the project such as content, format, structure, individual use of ADOM, protocols and procedures.
   - processes of training, planning and implementation – methods of delivery, content and structure.

2. **Surveys**: Post-workshop evaluation for all staff involved, based on value-added knowledge and ability to implement

3. **Semi-structured focus group interview** to understand your experiences of learning about ADOM, use of ADOM and any changes to your practice or barriers to using ADOM. Interviews with:
   - project leads – Salvation Army and Te Pou
   - non-practitioner staff

How the information will be used

The audience for the evaluation report will be the Te Pou and Salvation Army staff involved with the development and implementation of ADOM. The aim is to understand what has helped, and what has not helped in extending the use of ADOM; and to provide information to consider for any future implementation. Participants will also receive a copy of the final report if they wish.

Your rights

The focus group interview is entirely voluntary. Individual comments will be kept strictly private and you will not be identified in any report. It will take approximately 60 minutes (depending on how much you have to say). The interview will be recorded as a backup for the notes we take. The recordings will not be used for any other purpose and will be destroyed once the notes have been typed up.

The typed interview notes will be added to an electronic file that is password protected. Paper notes will be shredded immediately after that. The electronic file will be deleted after five years.

Your interviewers

If you have more to add to your interview or you want to contact the interviewers for any reason, please do so.

Interviewer name	**Paul Hanton**	**Wendy Donaldson**
Interviewer email address	paul.hanton@tepou.co.nz	Wendy.donaldson@tepou.co.nz
Interviewer phone number	07 857 1561	09 261 3483

Appendix C: Implementation enablers - peer support workers

Enablers for implementation from peer support workers perspective

Enablers
1. Knowing why use of the ADOM is important • good communication with leaders and managers • knowing what ADOM was for and seeing the benefit for the client. Benefits to clients' needs be put out front • in training having conversations about the 'why' and 'how' before presenting them with a booklet (the detail).
2. Being included in discussions • being heard, concerns acknowledged and acted on • having a say in how much information was needed about the ADOM use and process e.g. discussion around maybe peer support workers do the ADOM the week before clients are discharged into the community and adding the consent to do the ADOM at the front end of treatment by practitioners, so the peer support workers don't have to take the time to do it.
3. Training and information • the ADOM training has taken away the 'fear' peer support workers had of using the tool • information around the ADOM received in training.
4. Planned support for the sustained use of the ADOM • peer support workers help and support of each other • support and communication from managers and support of Director • having processes to enable easy use • managers allowing flexibility of use – use as and when able to start with and not all ADOMs need to be entered • allow peer support workers to start slowly with some clients they are comfortable with • team leader willing to give the peer support workers time to practice, ask questions and put processes in place.

Appendix D: Implementation barriers – peer support workers and leaders/ managers

Barriers for implementation from peer support workers perspective

Barriers
1. Pre-implementation concerns • the first way the ADOM was introduced to them before training led to confusion and anxiety • unclear of process, use and benefits before they thought they were being told to use the ADOM (before training) • comments from some colleagues that only practitioners use the ADOM.
2. Practical considerations • time in the working day to get all processes and forms completed with clients • presentation of the ADOM sheet not conducive to a warm introduction to the client – needs a nicer format • anxiety around there being no deviation from the way of presenting the questions to clients • graph seems complicated to explain to clients • the expectations from the 'experts' that they will complete the ADOM in 7-9 minutes.
3. Not sure if by using the ADOM it will put their work into a 'box' rather than the less standard approach possible as a peer support worker.

Barriers for implementation from leaders and managers perspective

Barriers
1. Clinical staff culture • attitude of some clinical staff that peer support workers don't do ADOMs • having to change the culture of some staff in terms of a more inclusive attitude about the importance of the peer support worker role within each team (village concept) • clinical staff have been using the ADOM to screen for data collection and not as an ongoing measure of progress - reviews need a reset.
2. Peer support workers not having enough practice yet in the use of the ADOM
3. The peer support workers needing to complete several forms at the time of initial registration of clients

Appendix E: Implementation enablers – leaders/ managers

Enablers for implementation from the leaders and managers perspective

Enablers
1. Knowing why the use of the ADOM is important • greater appreciation of the importance of the ADOM for client progress in treatment discussions by community and residential team leaders by completing the ADOM training with the peer support workers. Particularly the direct line manager attending training with the peer support workers. • use of personal stories and experiences to reinforce the reasons for using the ADOM • timely use of the ADOM.
2. Senior management support at all levels • support from National Salvation Army team • all level of Bridge managers approachable and supportive of peer support workers using the ADOM, particularly the full support of the senior management team.
3. Training and information • the quality and training of the peer support workers by Te Pou • the debrief by Te Pou with peer support workers and managers after the training day • admin staff completing the ADOM training (inputs data and prints wheels) • team leader completing the training with the peer support workers.

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Te Pou o te Whakaaro Nui