Patient Feedback Manual
Version 1.0

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Acknowledgements

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Patient Feedback Team

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The Bottomline

You know the importance of attendance in your outpatient[1] program:

- High attendance rates typically mean that patients[2] are finding treatment worthwhile.
- Funding for your clinic is often closely associated with patient attendance.
- Clinical services are easier to provide when you can count on steady attendance.
- Most importantly, high rates of attendance tend to translate into better treatment outcomes[3]: patients who attend treatment do better than those that don't!

For all of these reasons, increasing patient attendance is one of the highest priorities for all outpatient programs. To improve attendance you might try a number of different approaches. Regardless of what you do, however, it isn't always clear whether your efforts are effective. How can you tell if a particular initiative is paying off?

The feedback system described in this manual is designed to help individual clinicians and clinical teams monitor attendance and two factors believed to contribute to attendance: therapeutic alliance and treatment satisfaction. As importantly, this system provides an objective, supportive and hopefully enjoyable way for clinicians and supervisors to work together to improve patient care.

What is the Patient Feedback System?

The Patient Feedback system is composed of four main components:

- Feedback Surveys
- Feedback Reports
- Feedback Newsletters
- Team Meetings

Each of these is described below.

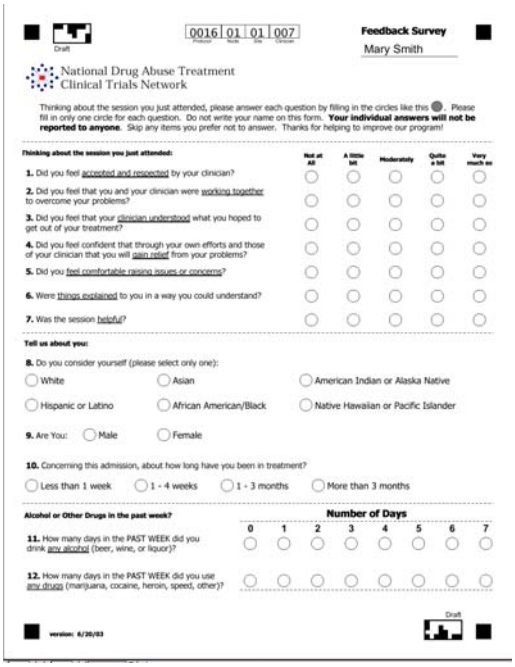
[1] The term "outpatient" is used for both intensive outpatient, partial hospitalization and all other outpatient treatment programs.
[2] The term "patient" is used throughout this manual instead of the equally attractive alternatives: "client" or "participant."
[3] The interested reader is referred to the Patient Feedback protocol to for additional information on the Patient Feedback System, how survey items selection, and the research support for this intervention.

The Feedback Surveys

Please take a minute to look at the Feedback Survey (a copy of it is in the back of this manual).

The Feedback Survey has 12-items that are divided into three categories:

- Patient ratings of their treatment
- Information about the patient
- Self-reported abstinence



Feedback Survey
Mary Smith

National Drug Abuse Treatment Clinical Trials Network

Thinking about the session you just attended, please answer each question by filling in the circles like this ●. Please fill in only one circle for each question. Do not write your name on this form. **Your individual answers will not be reported to anyone.** Skip any items you prefer not to answer. Thanks for helping to improve our programs!

Thinking about the session you just attended:

	Not at All	A little bit	Moderately	Quite a bit	Very much so
1. Did you feel accepted and respected by your clinician?	○	○	○	○	○
2. Did you feel that you and your clinician were working together to overcome your problems?	○	○	○	○	○
3. Did you feel that your clinician understood what you hoped to get out of your treatment?	○	○	○	○	○
4. Did you feel confident that through your own efforts and those of your clinician that you will gain relief from your problems?	○	○	○	○	○
5. Did you feel comfortable raising issues or concerns?	○	○	○	○	○
6. Were things explained to you in a way you could understand?	○	○	○	○	○
7. Was the session helpful?	○	○	○	○	○

Tell us about you:

8. Do you consider yourself (please select only one):
○ White ○ Asian ○ American Indian or Alaska Native
○ Hispanic or Latino ○ African American/Black ○ Native Hawaiian or Pacific Islander

9. Are You: ○ Male ○ Female

10. Concerning this admission, about how long have you been in treatment?
○ Less than 1 week ○ 1 - 4 weeks ○ 1 - 3 months ○ More than 3 months

Alcohol or Other Drugs in the past week?

	Number of Days							
	0	1	2	3	4	5	6	7
11. How many days in the PAST WEEK did you drink any alcohol (beer, wine, or liquor)?	○	○	○	○	○	○	○	○
12. How many days in the PAST WEEK did you use any drugs (marijuana, cocaine, heroin, speed, other)?	○	○	○	○	○	○	○	○

version: 6/20/03

Patient Ratings of Group Experience Items 1-4 ask the patient to rate therapeutic alliance and items 5-7 ask the patient to rate their satisfaction with treatment. Although our survey could have focused on many other aspects of the group therapy, ratings of *therapeutic alliance* and *treatment satisfaction* were chosen because these factors appear to contribute to attendance, retention and other important outcomes.

Information about the Patient (Items 8-10) The Feedback Survey asks patients to indicate their a) gender, b) ethnicity, and c) length of stay in treatment. These three survey items will enable you to see whether the feedback you are getting varies based on these three important patient characteristics.

Self-Reported Abstinence (Items 11-12) The survey also asks: "how many days in the past week did the you drink" and "how many days did you use other drugs?" The patients' answers to these two questions will not be fed back to you until the end of the study; anonymity increases the likelihood that patients will answer these two questions accurately. *At the end* of the study the combined abstinence rates for your individual caseload, and your clinic will be shared with you.

Together these 12-items provide a great deal of information about attendance, and how your patients rate their treatment. In order to improve the chances that you will get accurate feedback from your patients, **it is essential that the surveys be collected in a manner that maximizes patient participation**. Getting feedback from everyone that is willing to participate is crucial to this process. These procedures are described next:

Distributing and Collecting the Feedback Surveys

Collect Surveys Every Other Week – You and your clinic's project assistant will be provided with a calendar identifying the weeks when the feedback surveys are to be collected. On the weeks that have been designated for survey collection, please follow these steps:

- Distribute the Feedback Survey tablets at the end of your group sessions; the surveys should take less than five minutes to complete.
- Begin collecting surveys on Monday; then, on each subsequent day of that week, ask the patients that had not yet completed a survey to complete one.
- Patients should only complete one survey per week.
- Be sure to only distribute the Feedback Surveys that have your name printed on it.

Provide Privacy – Patients should be given privacy when completing surveys:

- Allow patients to complete the survey in a private area (e.g. the group counseling room after you leave, the waiting room, or in a specially designated area).
- After completing the survey patients should place it into a survey collection container located in a readily accessible common area.
- The collection container is a two drawer, locked metal filing cabinet with an opening at the top large enough to easily accept completed surveys.
- Only the project assistant and study co-investigator will have access to the survey collection container.

Goal: 100% Response Rates – In order to get the most accurate feedback from the people who attend your groups, collect surveys from as many of your patients as possible. To maximize response rates:

- Allow time (about 5 minutes) at the end of group for patients to complete the surveys.
- Patients who have difficulty reading the surveys should be encouraged to get assistance from others in their group.
- Do not respond negatively to any of the feedback you might receive; don't shoot the messengers!
- Survey completion is voluntary – patients unwilling to participate may turn in a blank survey.

By following these procedures you and your clinic will be able to get some objective, real-time feedback from your patients. Next we will examine a sample Feedback Report.

The Feedback Reports

The ratings your patients give about their group experiences are converted (in just a couple hours) into two types of monthly Feedback Reports: **Clinic** and **Caseload**.

Clinic Reports present information from all of the surveys collected in all of the groups conducted at your clinic. Clinic Reports enable the clinical team to see how the clinic as a whole is performing – and more importantly – **by studying and discussing the Clinic Reports as a team, you and your colleagues may be able to come up with ideas for improving ratings**. Because the Clinic Reports are based on a large number of Feedback Surveys, these reports enable you to examine differences between subgroups of patients based on gender, ethnicity, or how long they've been in treatment. All participating clinicians and supervisors will be able to access the Clinic Reports from a password protected website.

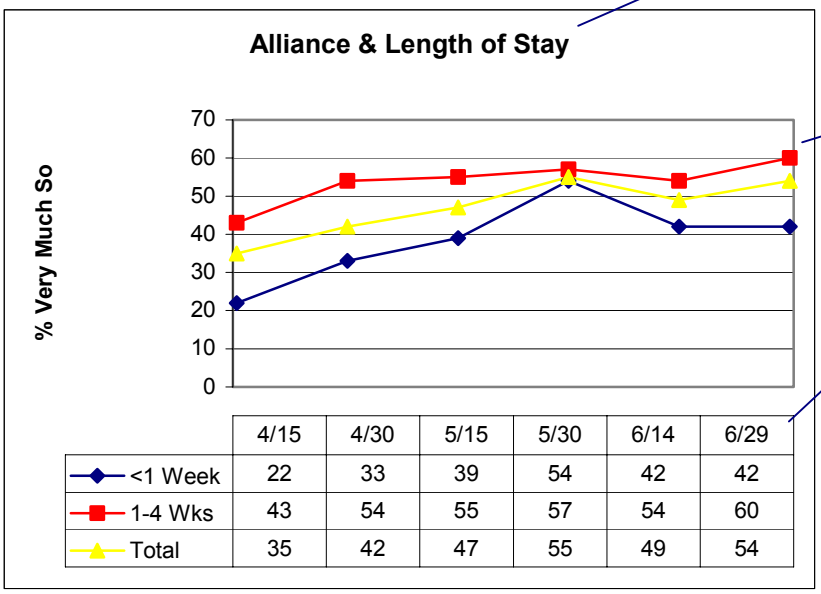
Caseload Reports present confidential information for an individual clinician's caseload. If you are a clinician, you will be the only person who will be able to access the Feedback Report from your caseload. To access your private Caseload Report, you will use a personal password on the Patient Feedback website. You are welcome to share and discuss your Feedback Reports with other clinicians or your supervisor, but you are not obligated to do so. Because Caseload Reports are based on a smaller number of patients, they do not have as much detail as the Clinic Reports. Still, the Caseload Reports give you a unique and focused insight into your patient's perception of their treatment. These reports are updated every two weeks.

Privacy of Your Feedback Reports Every other week your Feedback Reports are posted to a password protected website. To get your Feedback Reports, go to the Patient Feedback website: http://dmu.trc.upenn.edu/patientfeedback . If you are a counselor, you will be able to access the reports for your own caseload and the clinic; if you are a supervisor you will be able to access the clinic report only. A computer with internet access has been provided at your clinic to facilitate retrieval of your reports; you can also access them from **any** computer with internet access including your home computer.

Sample Patient Feedback Report

Feedback Reports are designed to provide a lot of information in a relatively small amount of space. To do this, the patient feedback is summarized into graphs. Let's look at the sample graph below:

Figure 1 – Therapeutic Alliance and Length of Stay



	4/15	4/30	5/15	5/30	6/14	6/29
<1 Week	22	33	39	54	42	42
1-4 Wks	43	54	55	57	54	60
Total	35	42	47	55	49	54

The title of the graph is important because it tells you what you are looking at. In this case, the graph is about how ratings of therapeutic alliance vary based on patient length of stay.

The colored lines show you how patients who have been in treatment for different lengths of stay compare with each other in their ratings of therapeutic alliance. Try to reduce the variation between groups – then work to improve all groups.

These dates tell you when the ratings were collected and they correspond to the points on the line. The numbers beneath the dates are the percentage of patients who gave the rating of "very much so" in response to the four therapeutic alliance items, combined.

"Reading" the Feedback - The first thing you might look at is the title of the graph – in this case, it is "Alliance and Length of Stay." This title tells you that the graph summarizes how therapeutic alliance ratings vary based on how long patients have been in treatment (or "length of stay"). Now let's look at the three lines, each with a different color. These lines represent ratings from three different groups of patients: blue is for new patients who have been in treatment less than one week ("< 1 week"), red presents the ratings from patients who have been in treatment from 1-4 weeks, and the yellow line ('Total') presents the therapeutic alliance ratings for the all the patients that completed the surveys. These are the three lines you will want to compare. Finally, you should look at the dates that appear underneath the graph; those dates tell you when the ratings were collected. By looking up from a particular date, you can see a point (or dot) on the line – that point represents the percent of patients who gave the rating of "very much so[4]" in response to the four therapeutic alliance items, combined. In this example, 54% of all (Total) patients who completed surveys on 6/29 gave a rating of "very much so" therapeutic alliance items. Impressive!

[4] To come up with the "very much so" percentage, our informatics system will take an average for the four therapeutic alliance items (items 1-4) and calculate whether that average is closer to "very much so" than "quite a bit." The same type of calculation will also be performed for your patient's ratings on "recovery skill acquisition." The details of how these calculations are derived are described in the patient feedback protocol itself that has been provided to your clinic supervisor.

What's It Mean?

In examining any graph, there are at three main things to look for:

- Change over time
- Differences between groups
- Sudden changes

Change Over Time - "Line graphs" like the ones you will see in your Feedback Reports are examined from left to right. The first time the Feedback Surveys were collected was 4/15, the next time was 4/30, and so on until the last survey collection on 6/29. Looking at our example, you'll notice that all three lines moved up. If a line moves up it means there's an increase in the thing you are examining; if it goes down, there is a decrease. In our sample graph, when we compare the first therapeutic alliance ratings (collected on 4/15) with the most recent ones (collected on 6/29) we see that there was improvement. This is GREAT!!! The more the lines go up, the bigger the improvement in ratings. In examining all graphs, you might want to give **special attention** to the most recent feedback ratings (in this case, the ratings for 6/29) since these ratings tell you what's happening right now (or closest to "now"). The earlier ratings give you a point of comparison so you can see whether your current ratings are better than earlier ones.

Differences Between Groups - In our example the red line is higher than the yellow or blue lines. This means that overall patients who have been in treatment 1-4 weeks gave better ratings for therapeutic alliance than the patients who were in treatment for 1 week or less. What does this mean??? Why might your new patients give lower ratings than the patients who have been in treatment for 1-4 weeks??? There are probably several possibilities (example: perhaps new patients haven't had a chance to develop a good working relationship with you yet). As a team, you could discuss this and come to some tentative conclusions.

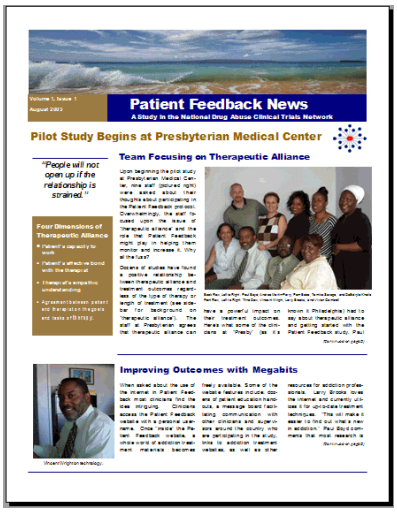
A statistician could tell us whether the differences between the groups are significant – or meaningful. We will not be providing that level of detail on our graphs. The idea is to:

Decrease the variation between your patient groups, and then do what you can to achieve improvements with all patient groups.

Sudden Changes - Examining the graph you'll notice a sudden increase in the therapeutic alliance ratings on 5/30 followed by a drop two weeks later (6/14). This indicates that new patients who completed the surveys on 5/30 gave particularly high ratings for therapeutic alliance. What happened??? More importantly, can you make it happen again? Some times these kind of things happen randomly, or because of events that are beyond your control ("…accept the thing I can not change…") Even still, you and your clinic team should examine any sudden changes so that you can continue to do those things that led to the increases, and reduce or stop doing those things that might have produced the decreases.

Patient Feedback Newsletter

On a monthly basis, an electronic newsletter will be distributed to everyone participating in the patient feedback study including all clinic CEOs, supervisors and clinicians who are participating in the study. This monthly newsletter will recognize the successes achieved by participating clinics and highlight strategies that were implemented by those clinics. The purpose of this newsletter is to provide recognition for the achievements of clinic staff and highlight your improvement efforts. In each issue the staff of several clinics will be recognized with photographs, brief interviews, or listing by name. A sample of the PF Newsletter is presented in the appendix of this manual.


Patient Feedback News
A Study in the National Drug Abuse Clinical Trials Network
Pilot Study Begins at Presbyterian Medical Center
"People will not open up if the relationship is strained."
Four Dimensions of Therapeutic Alliance
Team Focusing on Therapeutic Alliance
Improving Outcomes with Megabits

Your Team Meetings

On a monthly basis, you and members of your clinic team will meet together to examine the Clinic Report and decide upon initiatives for improving your ratings and attendance rates. The ground rules for the Team Meetings are:

- Meetings should be structured, but informal and should have a designated leader.
- They should last about 1-hour.
- All outpatient clinicians who conduct group and their supervisors should participate.
- Stay positive and improvement-focused. Even the best clinicians and clinics have room for improvement.
- Create an atmosphere in which team members feel free to admit mistakes and discuss areas for improvement without fear of blame or recrimination.
- Have the goal of leaving each meeting with at least one concrete action step.
- Document the meeting using the Team Meeting Form (see below).

Step 1 of Team Meeting: Select the Area for Improvement (10-15 minutes)

Everyone should be provided with a full set of the current Clinic Report. Looking at the graphs, team members should identify those that have the biggest:

- Changes compared to the prior period.
- Differences between groups.

The team leader should facilitate the meeting, nominating the graphs that the team will study and discuss. The team leader will usually be the clinic supervisor, or someone s/he designates to conduct the team meeting because of their special qualifications to lead this type of team process. Ideally, your team will have upward trends (lines moving up) to talk about. **Realistically**, however, there will be times when the lines move down – meaning a decrease in ratings. Don't panic. It is better to know about downward trends, than have them going on and not be aware of it. Also, ratings can vary do to factors completely outside of your control. In any case, the first task is get an overall idea of what happened in the most current time period and then decide what areas you and your team will focus on. Will it be: gender and therapeutic alliance? Or ethnicity and recovery skill acquisition? Or…?

Although you should be able to see where the most change was simply by looking at the graphs, you might need to look at the percentage changes in the accompanying tables. Remember: the goal during the first step of the team meeting is simply deciding upon what area your team will focus. Given the 1-hour meeting timeframe, it is probably best to pick just one area to focus your efforts; in the next month you'll be able to pick another area, if indicated.

After looking over the graphs for about 10 minutes, your team might come to a consensus on which area you'd like to focus. If not, the team leader should write the alternatives down (based on your suggestions), preferably on a chalk or whiteboard or newsprint. The team might then bring the issue to a vote so you can move on to the next step in the process: brainstorming.

Step 2 of Team Meeting: Brainstorm (45-50 minutes)

Once your team has decided the area you'll focus on, **the power of the clinic team** can be unleashed. A two-part process called *brainstorming* is suggested to help generate ideas for improvement.

Part 1: Generate Ideas - In the first part of brainstorming, all participants are encouraged to generate ideas that might contribute to the improvement effort. The key here is quantity of ideas – not necessarily quality. To help the idea generation process:

- The team leader reminds everyone of the focus of the session (the area for improvement)
- Someone is selected to write the ideas down on a chalkboard or newsprint.
- All team members are then invited to **briefly** state ideas that might lead to improvements (in just a couple words).
- Ideas do not have to be practical or realistic – sometimes *unrealistic* ideas trigger realistic ones.
- **Avoid criticism**. Just generate ideas – criticism can kill the creative process.
- **Avoid compliments.** Even saying "good" can also hurt the group's creative process. Just let the ideas **FLOW**, without criticism, compliments or debate.
- Continue until the ideas stop –allow no more than 15 minutes for this process.

Selecting Action Steps The ideas on the board or newsprint now need to get boiled down to just a few. If your team leader has kept everyone on track, there should still be about 30 minutes left for your team meeting. Looking at the list of ideas, see if they can be organized around themes such as:

- **Training/Supervision** - focused training or supervision on specific skills
- **Resources/Materials** – scheduling, refreshments, printed materials, group room appearance, etc.
- **Policy/Procedures** – reminders or existing policies/procedures or modifications of existing policies/procedures

Clarify Ideas - During this phase of the brainstorming process, people can advocate for particular ideas, or BRIEFLY explain what they meant. NO DEBATING, just advocating. At this point, the practicality of the idea is important.

Vote - The team leader should ask each participant to vote for THREE ideas they would most like to see implemented – everyone gets to vote. The easiest way to "count the votes" is for the team leader to place marks next to each idea as they receive a vote. After everyone has voted, the ideas with the most votes get transferred to the bottom half of the Team Meeting Form (see Appendix of this manual) along with the ACTION STEPS that will be taken to implement the ideas.

Document the Plan – To document what your group decided upon, someone should be identified to complete the Team Meeting Form. On this form, the team leader should write:

- **Name of the Action Step** – This can be the name of the idea on the board.
- **Specific Actions to be Taken** – Translate the idea into one or more specific actions that will be taken.
- **Specific Individuals Responsible** – Identify whether this action step is something the entire team will do, or something that is the responsibility of one or more individuals.
- **Status of Action** – At the beginning of each Team Meeting, review the status of the Action Steps. As progress is made, write the date the action step is: "planned," "initiated" and "completed."

Patient Feedback Team Meeting Form

National Drug Abuse Treatment Clinical Trials Network

Date: / /

Name of staff participating in the Team Meeting (in boxes below)

Performance Indicator: Performance indicator(s) selected for improvement (check all that apply)

Attendance | Therapeutic Alliance | Group Treatment Satisfaction

Racial/Ethnic Group: Will your improvement initiative/s focus on a specific ethnic or racial group? No

White | Asian | American Indian or Alaska Native

Hispanic or Latino | African American/Black | Native Hawaiian or Pacific Islander

Gender: Will your improvement initiative/s focus on a specific gender? No

Male | Female

Length of Stay (LOS): Will your improvement initiative/s focus on a specific patient LOS? No

Less than 1 week | 1 - 4 weeks | 1 - 3 months | More than 3 months

Improvement Plans

In the space below, indicate the specific action steps your PI team plans to initiate over the next month:

Action Step Title	Specific Actions to be Taken	Will specific individuals implement Action Step?	Status of Action
1		___ No - plan will be implemented by the entire team. ___ Yes, the following individuals have the primary responsibility:	__/__ Planned __/__ Initiated __/__ Completed
2		___ No - plan will be implemented by the entire team. ___ Yes, the following individuals have the primary responsibility:	__/__ Planned __/__ Initiated __/__ Completed
3		___ No - plan will be implemented by the entire team. ___ Yes, the following individuals have the primary responsibility:	__/__ Planned __/__ Initiated __/__ Completed

- **Name Names** – At the top of the form the names of every one who participated should be clearly printed.

Outpatient Performance Improvement Techniques

Because of the importance of therapeutic alliance, treatment satisfaction, and attendance, many clinicians and researchers have worked on these issues and in some cases, developed recommendations for how these quality care indicators might be improved. You might want to consider some of the following:

Increasing Therapeutic Alliance

Therapeutic alliance has been described as a multi-dimensional construct consisting of 4 components:

- Patient's capacity to work towards a therapeutic goal
- Patient's bond or connection with the therapist
- Clinician's empathic understanding of the patient
- Agreement between patient and therapist on the goals and tasks of psychotherapy

Research has found a fairly consistent relationship between therapeutic alliance and a variety of positive treatment outcomes. Below you will find ideas for improving therapeutic alliance divided into two categories: a) ***personal attributes*** of the clinician and b) ***techniques*** used by the clinician.

Personal Attributes of the Clinicians Rated High in Therapeutic Alliance[5]

- **Be Flexible** – avoid being too rigid or strict; avoid arguments.
- **Provide Structure -** provide continuity, both within and between sessions. Summarize often, help the patient to set explicit goals, and gently steer them back on course when they stray too far off topic.
- **Honest** – tell the truth; admit mistakes.
- **Respectful** – be considerate; recognize patients' right to make their own choices – even if you think they are wrong. Wherever possible give patients choices and respect their autonomy.
- **Trustworthy** – do what you say you will do; maintain confidentiality
- **Confident** – patients like it when you convey that you know what you are doing without appearing domineering or arrogant
- **Interested** – convey your interest in them; make good eye contact; be generous with your time; pay attention; listen.
- **Friendly** – smile; be welcoming; kind.
- **Warm and Open** – soften up; be gentle.

[5] The suggestions for improving therapeutic alliance are based largely on a literature review by: Ackerman, S.J. and Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review*, 23, 1-31.

Techniques Associated with Increases in Therapeutic Alliance

- **Exploration** – listen to the patient's experience; explore their point of view.
- **Depth** – focus on what's important in your patients' lives; avoid the superficial.
- **Reflection** – feed back to the patient what you think they are saying; check accuracy of your feedback.
- **Supportive** – be on their team; celebrate achievements (even small ones).
- **Note past therapy success** – remember successes.
- **Accurate interpretation** – if you have developed accurate insights about a patient, then share them with the patient – carefully.
- **Facilitate expression of feelings** – allow your patients to express what they feel; create an open environment.
- **Active** – be engaged and involved; participate in verbal exchanges; interact
- **Affirm** – make positive comments; recognize progress; avoid skepticism.
- **Understand** – empathy; appreciate the challenges they face.
- **Attend to your patient's experience** – listen to their words and feelings.

Increasing Group Treatment Satisfaction

Group treatment Satisfaction refers to patients feeling that they could a) speak freely in group, b) things were explained clearly, and c) felt the session was helpful. A number of FREE resources for helping patients increase their recovery skills have been made available at our feedback website in the section labeled "Clinician Resources." This includes worksheets, manuals and suggested group processes that you can use in your group sessions. In addition, many other resources are listed in the back of this manual.

The following are some suggestions for increasing treatment satisfaction based on the work of several clinical researchers[6] and clinicians:

Make it Relevant – Before introducing a recovery skill, make it relevant by relating the skill to something that happened to someone in the group. For example, ask patients to list their relapse triggers before beginning a session on managing craving. Have patients describe real world situations for which recovery skills can be applied. Try to practice skills that are appropriate to the patient's stage of recovery, age and cultural background.

[6] Many of the suggestions described here came from a NIDA Therapy Manual (available free of charge – see the resource section in the back of this manual): Carroll, K.M. (1998). *A Cognitive-Behavioral Approach: Treating Cocaine Addiction. NIDA Manual #1: Therapy Manuals for Drug Addiction,* DHHS.

Repetition and Repetition – Important recovery skills require repetition before patients will develop mastery; like learning any complicated skill, repetition is essential. Consider spending more group time doing and practicing new skills.

Active Practice – Reading about the skill is not enough. Allow patients to rehearse skills, and get *supportive feedback* from you and others in the group. Consider demonstrating the skill yourself, first.

Use Homework Assignments – Homework assignments give patients the opportunity to test skills in the "real world." Get a verbal commitment from patients to practice a particular recovery skill between group sessions; allow time for patients to report back on their assignments during the next group session. Address failures to complete home work assignments in a direct but non-confrontational manner. Also, at the end of the group, review with patients any homework assignment agreements. Take time at the end of each session to troubleshoot any obstacles (internal or external) that might interfere with homework.

The Right Pace – If patients leave group with one new recovery skill, you have accomplished a great deal; avoid going too quickly; take your time and engage patients in the recovery skill process. Some patients may take several sessions to pick up a new skill. Allow time for patients to express concerns and ask questions.

Acknowledge Progress and Effort – In small and simple ways you can recognize and acknowledge patient progress and effort. Build on successes; set up the practice activities so patients succeed. Praise even small gains. Help people feel good by actively looking for and acknowledging the positive.

Make it Safe and Fun – Some patients are uncomfortable in group and may drop out because of their uneasiness; you can counteract this by making sure people feel safe to try out new behaviors in group, and take risks by participating. Use humor – but not at the expense of a patient. If a patient is resistant, explore what the source of their resistance might be. Try to understand resistance from the patient's perspective.

Use Attractive and Up-to-date Materials – If you use handouts or other materials in group, be sure they are good copies (not copies of copies of copies of copies…); use up-to-date materials.

Share Resources with Your Clinical Team – Find out what recovery skill processes your colleagues use in group – share. Several excellent resources for recovery skill training are also listed in the back of this manual.

If you increase therapeutic alliance and recovery skill acquisition, there is a good chance that attendance will also improve. Nonetheless, there are a few other action steps you might consider that could contribute to increased attendance:

When They Arrive for the First Session:

- Offer initial appointment as soon as possible – preferably the day of their initial call
- Offer a pleasant greeting when patient arrives.
- Make sure your waiting area, group room and bathrooms are attractive and clean
- Provide appealing refreshments and snacks, if possible
- Start and end on time.
- Make sure the posters and notices on the wall are up-to-date
- Thank people for coming – express interest in their recovery
- Be responsive to requests for information, and encourage support staff to do the same

Things to Do Early in Treatment

- Use the patient's first name in all interactions
- Introduce new members to senior peers – a buddy system
- Reduce wait for first appointment
- Send brief handwritten note or card after their first session
- Call or write after missed sessions
- Develop rapport with family members
- Identify obstacles (e.g. transportation) – and address
- Write down appointment times for client
- Make a connection before first visit if meeting from another facility
- Re-schedule missed appointments immediately
- Reward consistent attendance – recognition; certificates

Resources

The following are manuals, books and websites that have been recommended by the Patient Feedback team as resources for improving attendance, therapeutic alliance and treatment satisfaction.

Patient Feedback Website

http://dmu.trc.upenn.edu/patientfeedback

Check out the "Clinician Resources" Section of the website.

Manuals

The following manuals are available free of charge by phone, or download at:

www.health.org or call: (800) 729-6686

Carroll, K.M. (1998). *A Cognitive-Behavioral Approach: Treating Cocaine Addiction. NIDA Manual #1: Therapy Manuals for Drug Addiction,* DHHS.

Daley, D., Mercer, D. and Carpenter, G. (2002). *NIDA Therapy Manual: Group Drug Counseling for Cocaine Dependence*, Rockville, MD.

Mercer, D. and Woody, G., *Individual Drug Counseling. NIDA Manual #3: Therapy Manuals for Drug Addiction*, NIH Pub. No. 99-4380, DHHS 1999

Miller, W.R. (1999). *Enhancing Motivation for Change in Substance Abuse Treatment*, TIP #35, DHHS Publication No. (SMA) 00-3460, U.S. Department of Health and Human Services, Rockville, MD

Rawson, R. (1999). Treatment for Stimulant Use Disorders. CSAT Treatment Improvement Protocol #33, DHHS.

Budney, A.J. and Higgins, S.T. (1998). *NIDA Manual #2:* A Community Reinforcement Approach: Treating Cocaine Addiction. NIH Publication Number 98-4309, DHHS 1998

Books

These books which are available for purchase provide additional strategies for establishing a therapeutic alliance and facilitating recovery skills acquisition.

Marlatt, A.G. and Gordon, J.R., eds. (1985) *Relapse Prevention*. New York: Guilford Press.

Miller, W.R, and Rollnick, S. (2002). *Motivational Interviewing: Preparing People to Change Addictive Behavior,* 2nd Edition, New York: Guilford Press.

JCAHO (1998). *Using Performance Measurement to Improve Outcomes in Behavioral Health Care. JCAHO*, Oakbrook Terrace, IL.

Videotapes

Miller, W.R, and Rollnick, S. (1998). *Motivational Interviewing: Professional Training Videotape Series*, University of New Mexico.Appendix A. Feedback Survey