ADKAR Framework and Psychology

CHANGE IN ORGANIZATIONS &

CHANGE IN PEOPLE

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Change Management—many paths, one destination

“a structured approach to implementing change in an organization”

- **Lewin’s Change Management Model has 3 stages – 1947** (Levasseur, 2001)
  - unfreeze-change-refreeze

- **General Electric’s 7-step change acceleration process model – 2000** (Garvin, 2000; Mento, Jones, Dirndorfer, 2002)
  - Leader behavior, creating a shared need, shaping a vision, mobilizing commitment, making change last, monitoring progress, changing systems and structures

  - create urgency, form a coalition, create a vision, communicate the vision, remove obstacles, create short-term wins, build on the change, anchor the change in culture

- **Jick’s 10-step tactical change model – 1991** (Mento, Jones, Dirndorfer, 2002)
  - Analyze the organization and need for change, create a shared vision and common direction, separate from the past, create a sense of urgency, support a strong leader role, line-up political sponsorship, craft and implement plan, develop enabling structures, communicate, involve people and be honest, reinforce and institutionalize change
History: ADKAR and Prosci

- Developed by Jeff Hiatt, engineer at Bell Laboratories ~ 20 years ago
- Developed as a reaction to *multiple change management approaches* at the time—and with “Why would you do that?” as a catalyst question.
- ADKAR is a framework for understanding and managing change in an organization
  - Begins with understanding individual change and expands to an organization
  - The goal is to “increase the likelihood” that changes are implemented as desired.

What is the ADKAR model?

**A**WARENESS of the need for change

**D**ESIRE to make the change happen

**K**NOWLEDGE about how to change

**A**BILITY to implement change

**R**EINFORCEMENT to retain change once it is made
ADKAR & Transtheoretical Model of Behavior Change

ADKAR

AWARENESS of the need for change---PRECONTEMPLATION

DESIRE to make the change happen---CONTEMPLATION

KNOWLEDGE about how to change---PREPARATION

ABILITY to implement change---ACTION

REINFORCEMENT to retain change once it is made---MAINTENANCE

(Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992)
Shifting from Individual to Organizational Change

- The impetus for organizational change often comes from outside the organization or from “top down” to the majority of workers VS. impetus for individual change, ultimately, comes from a decision by the individual

- Level of control for change in organizations typically lies within management/upper management VS. Level of control for change in individuals is, ultimately, up to the individual

- Consequences for individuals not changing in organizations is limited to their interface with the organization (e.g., poor review, losing a job) VS. Consequences for individuals not changing a personal behavior can have a much broader reach (e.g., relationship, health)
Building Awareness: Precontemplation

CURRENT STATE

1. View of the current state
2. How the problem is perceived
3. Credibility of the sender
4. Circulation of misinformation
5. Contestability of the reasons for change.

Change Management Activities
- Communication
- Sponsorship
- Coaching

Hiatt, 2006
Creating Desire: Contemplation

CURRENT STATE

1. Nature of the Change (what it is and how it will impact)
2. Organizational or environmental context for the change (perception of the organization)
3. Individual’s personal situation and organizational vantage point
4. Intrinsic motivators

Change Management Activities
- Sponsorship
- Coaching
- Resistance Management

Hiatt, 2006
Developing Knowledge: Preparation

TRANSITION STATE

1. Current knowledge base of individuals
2. Capacity or capability of individuals to gain additional knowledge
3. Resources for education and training
4. Access, to or existence of, the required training

Change Management Activities
- Coaching
- Training

Hiatt, 2006
Fostering Ability: Action

TRANSITION STATE

1. Psychological blocks
2. Physical abilities
3. Intellectual capability
4. Time available to develop the needed skills
5. Availability of resources to support the development of new abilities

Change Management Activities
- Coaching
- Training

Hiatt, 2006
Reinforcing Change: Maintenance

FUTURE STATE

1. Degree to which the reinforcement is meaningful those impacted by the change
2. The association of the reinforcement with actual demonstrated progress or accomplishment
3. Absence of negative consequences
4. Accountability systems to reinforce the change

Change Management Activities
- Sponsorship
- Coaching

Hiatt, 2006
# Change Management Key People & Assessing Results

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<th>KEY PEOPLE</th>
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<th>Phases of Change</th>
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Hiatt, 2006
Change Management Projects: Greatest Contributors & Greatest Obstacles

**Greatest Contributors**

1. Active and visible executive sponsorship
2. Frequent and open communication about the change
3. Structured change management approach
4. Dedicated change management resources and funding
5. Employee Engagement and participation
6. Support from middle management

**Greatest Obstacles**

1. Ineffective change management sponsorship from senior leaders
2. Insufficient change management resourcing (for planning and implementation)
3. Resistance to change from employees
4. Middle management resistance
5. Poor communication.

Hiatt & Creasey, 2012
Putting it all Together: ADKAR Implementation within a healthcare facility

- Facility statistics & characteristics prior to ADKAR application
  - Large, complex, multi-site healthcare system
  - Significant leadership changes in prior 18 months

- Historical challenges in addressing and sustaining change
Facility Implementation of ADKAR: Awareness (Precontemplation) & Desire (Contemplation)

- Problem Identification & Perception
  - Integrate Mental Health and Primary Care as initial MH engagement strategy, with long term goal of improving initial engagement, care coordination, & care transitions
  - Program leaders must improve collaboration and group problem-solving

- Understanding Performance measurement
  - Use of integrated care
  - Access metrics
  - Care transition metrics
  - Processes for care transitions
  - Customer Satisfaction
  - Provider Satisfaction
Facility Implementation of ADKAR: Knowledge (Preparation) & Ability (Action)

- Awareness raising & action planning
  - Consultation with subject matter experts
  - Assessed current state processes in Primary Care and Mental Health

- Education regarding programmatic implementation expectations of collaborative, integrated PC and MH care

- Outcome measurement
  - Consultation with subject matter experts
  - Assessed current state processes in Primary Care and Mental Health
Assessing the value of these changes at all levels of the healthcare system
  - Mental Health & Primary Care leadership meet regularly to jointly support staff, submit shared staffing requests
  - Metrics improvement in MH and PC access, quality performance measures, customer satisfaction

Accountability & Change Reinforcement
  - Regular reporting on changes at local, catchment, & national levels
  - Utilization of service agreement and collaborative processes
  - Staffing increase to support demand
  - Proactive planning for future growth in both programs
Putting it all Together: Celebrating success


