

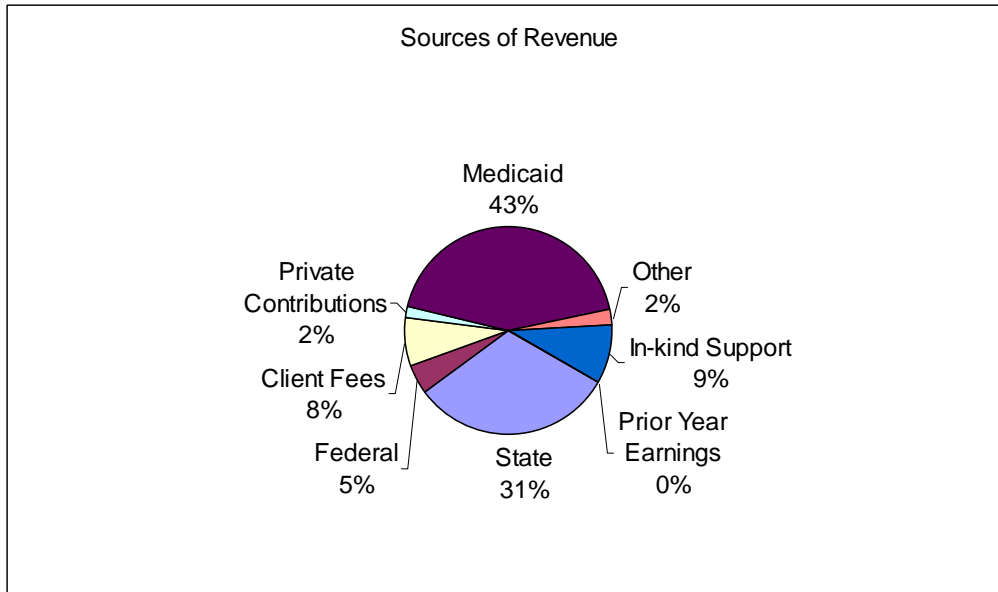
Description of the Organization

Founded: 1958

Serves: 27-plus communities in northeastern Mass. & greater Boston – men, women, teens, prison, after-prison, court, street outreach, opiate maintenance. Fourteen programs across eight locations.

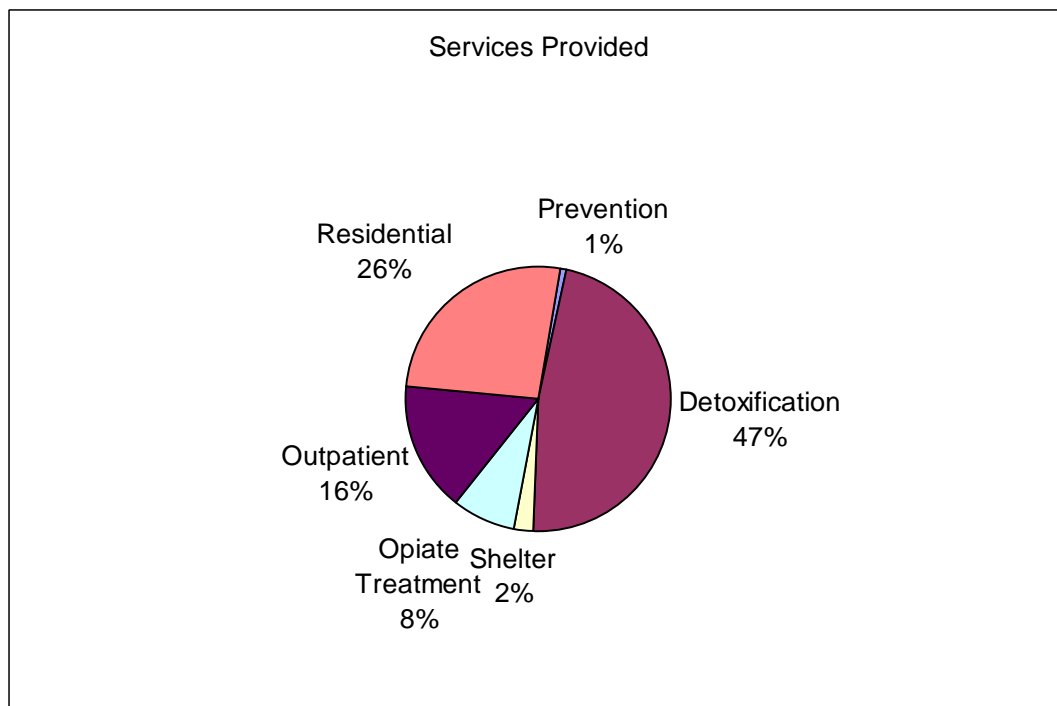
Funding

92% of our clients are publicly funded



Services

Continuum of care -- detoxification services to methadone, half-way houses to outpatient, intensive outpatient, including gender-specific programming. Includes Massachusetts' first juvenile drug court program.



Change Team Members

- **Michael Levy, Ph.D., Director of Clinical Treatment services**
- **Steve Chisholm, B.A., clinical supervisor, detoxification program.**
- **Angela Genovese, LICSW, outpatient counselor**
- **Kathy Marion, B.A., clinical supervisor, The Ryan House**
- **Joanne Swindell, LICSW, clinical supervisor, Methadone Program**
- **Judy Boardman, RN, Quality Assurance**

Change Exercise: Standardizing Group Therapy to Address Client Relapse Needs

Perceived problem:

Our own, system-wide observations supported the national data (Hser, et. Al,) on relapse rates. Yet, the agency had no standardized delivery of group therapy to address specific triggers for relapse.

Aims:

- To standardize relapse prevention modules and curricula across the agency**
- To address appropriate relapse triggers in group therapy modules.**

Measures:

- Developed a survey “*Why Clients Relapse.*”**
- Survey distributed to and completed by 343 clients across the programs from short and long-term residential to opiate maintenance to detox.**
- Across the programs, at varying levels of recovery, clients identified similar triggers for relapse. But there was some variation between men and women.**
- Based on the responses, the team developed and pilot-tested a group therapy model that focused on relapse prevention.**

Changes Made

- **Based on the pilot-model's success, the group-therapy curriculum was then adapted in all groups across the agency's programs.**
- **Members of the change-team became advocates and trainers, and traveled to other agency sites to conduct peer training.**
- **Relapse prevention groups are now standardized across the agency, aimed at specifically addressing key relapse triggers.**

A Key Event That was Particularly Successful in Making this Project a Success

- **Some staff counselors conceded they were already looking to change and re-energize their group therapy sessions.**
- **Equally, some clinicians were skeptical about changes to long-established protocols.**
- **Starting with the change team, our peer, train-the-trainer system bolstered the support and buy-in among counselors.**
- **Therefore, a secondary benefit was the opportunity for professional development among staff who otherwise may not have engaged in training and education.**

Future Goals

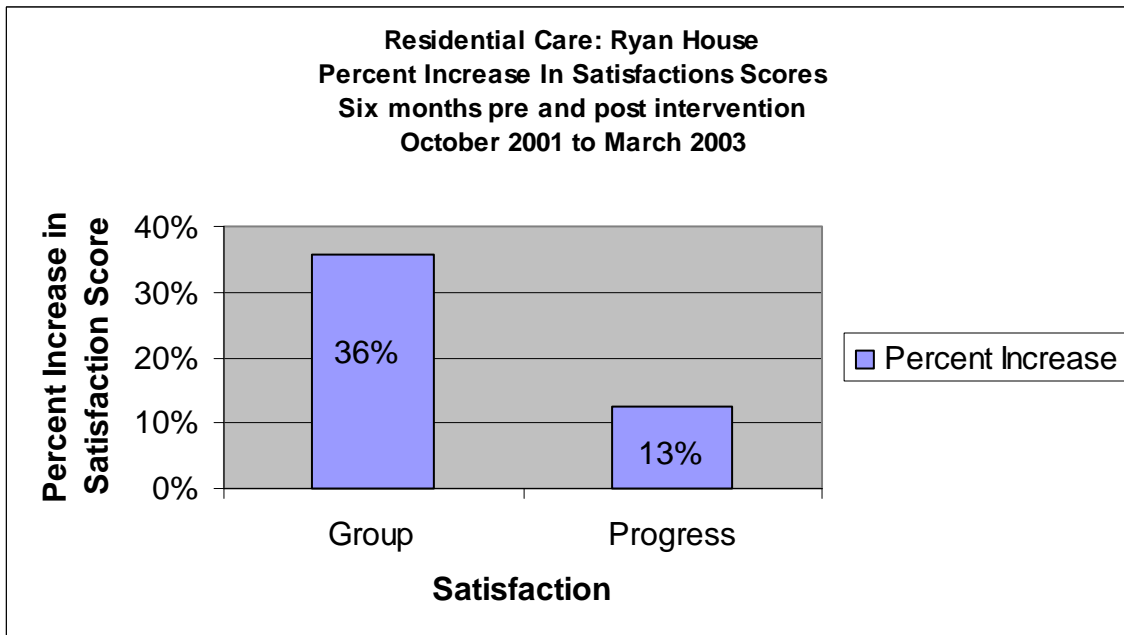
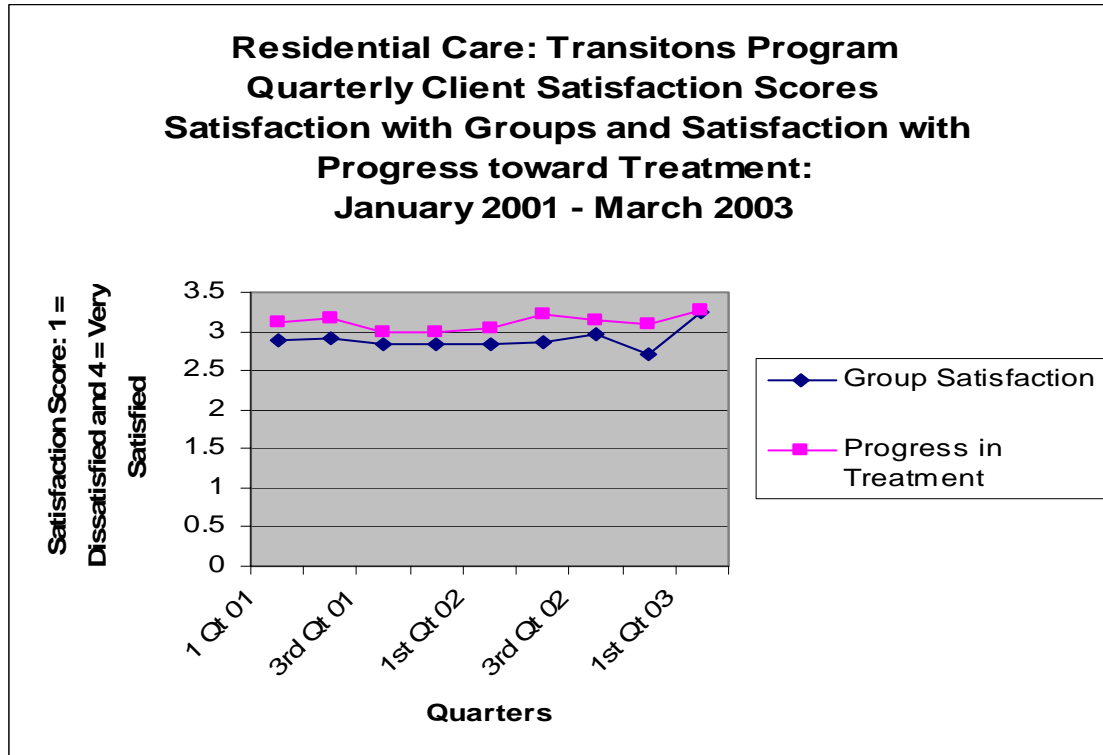
- **Continue to train counselors in delivering the relapse prevention group model**
- **Develop and pilot other program modifications based on what our clients are telling us via targeted surveys.**
- **Based on above, two areas we plan to address:**
 - **“Why clients leave detoxification treatment before completion?” and**
 - **“Why clients decide not to continue on to aftercare treatment.**
- **Further validate the long-term viability via post-discharge surveys to clients**
- **Make the curricula available to other interested organizations.**



Completed in 1998, the Danvers Treatment Center, one of the agency's eight locations in northeastern Massachusetts.

Results

CAB Health & Recovery Services issues Client Satisfaction Surveys to all clients in all programs, targeting various aspects of their care. The information is then aggregated and shared with the clinical and other administrative teams.



Note: “Group” refers to client response to “satisfaction with group therapy” and “Progress” refers to client response to “satisfaction with progress toward treatment.” Both are questions on the Client Satisfaction Survey.