



**Out is In  
Women's Recovery Association**

Orientation

Treatment

Readiness



# **DESCRIPTION OF WOMEN'S RECOVERY ASSOCIATION**

- **Burlingame, California**
- **Services provided: Treatment Readiness, Outpatient, Residential & Continuing Care**
- **Adult Women, Adult Women w/ Children, Dually Diagnosed Adolescent Girls & Dually Diagnosed Women**

## **MISSION STATEMENT:**

**The mission of the Women's Recovery Association (WRA) is to assist women, girls and their families in recovering from chemical dependency and its secondary effects. WRA treats the whole woman and facilitates her healing with dignity and respect.**

# Prochaska and DiClemente's Stages of Change

- Pre-contemplation
  - No Contact
- Contemplation
  - Orientation
  - Treatment Readiness
  - Treatment
- Action
  - Orientation
  - Treatment Readiness
  - Treatment
- Determination
  - Orientation
  - Treatment Readiness
  - Treatment
- Relapse
  - OP Treatment or Treatment Readiness

# Orientation Group

- Consumer survey
  - Knowledge/readiness assessment
- Recovery road map
  - Defining treatment
- Introduction to WRA
  - “Alive Again” film of WRA Alumni telling their stories
- WRA treatment options
- Making choices
- Assessment
  - Group
  - Individual

Family members and friends welcome

# Would you like to take a look at your own life?

- Listen to yourself
- What addiction(s) may be a problem for you?
- Self assessment & diagnosis
- Evaluate negative impact
- Sort it out
  - more about addiction & treatment
- Make a choice
  - be an informed consumer

## **Treatment Readiness Group— formerly called “*Wait Group*”**

- Women’s support group
- Required attendance twice each week
- Psycho-education & case management
- Consumers can come under the influence
- Desire to understand addiction
- 12 Step Recovery meeting attendance required

## **AIMS ADDRESSED**

- **Increase consumer awareness through education about who we are and the services we provide.**
- **Motivate consumers to increase their readiness for and engagement in the change process.**
- **Assess the needs and readiness of consumers seeking services.**
- **Assist consumers in making an informed decision about appropriate level of care.**

# CHANGES MADE

- 1. Created a document to track consumers from first service (Orientation Group) to second service.**
- 2. Created a consumer pre-and post- 'Initial Contact Survey'.**
- 3. Revised Orientation Group purpose, structure and content.**
  - A) Re-defined Orientation Group as recovery education and engagement**
  - B) Extended length of group to allow more time for individualized assessment**
  - C) Developed an oral presentation that provided information vital to initial consumer needs**
  - D) Created take-home educational, resource and self-assessment packets**
- 4. Created a phone log to track number of initial intake calls and early engagement needs.**



## **LIST ONE KEY EVENT THAT WAS PARTICULARLY INSTRUMENTAL IN MAKING THIS PROJECT A SUCCESS**

It became apparent in the first change exercise that we were *not* collecting the information we needed to understand our consumers.

### **What we needed:**

- 1) Effective tracking of consumers as they progressed (or didn't progress) through our treatment services from start to finish.
- 2) Information from consumers about their preferred level of care (residential vs. outpatient)

### **What we created:**

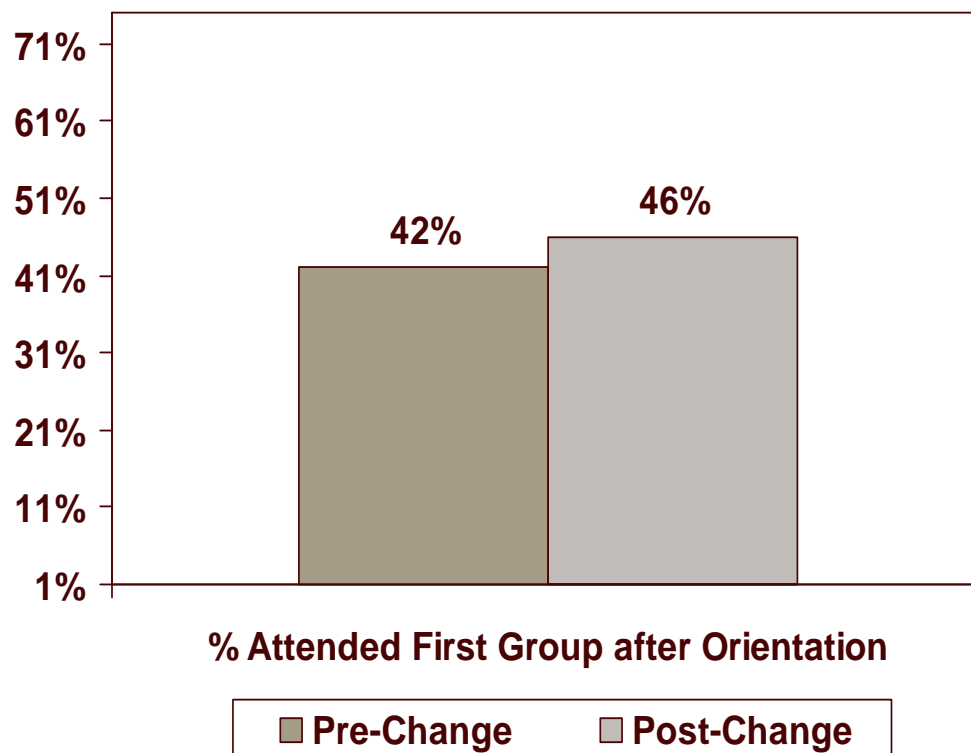
- 1) Initial tracking form to capture attendance at first and second treatment contact.
- 2) Initial contact form which helped us determine which level of care consumers entered.

## **FUTURE PLANS:**

- I. Make changes to the computer database system that reflect the first TX. episode as the first on-site contact.**
- II. Assess Consumer Needs**
  - a. Implement an “Initial Tracking Document” with consumer-specific identifiers and document the type of treatment consumer is initially requesting**
  - b. Provided individualized and private Intake Assessment during Orientation Group**
  - c. Increase the number of Intake Assessment Appointments throughout the week**
  - d. Accurately and carefully assess clients for level of care, particularly clients requesting Residential TX. who may be appropriate for OP TX.**
- III. Hire a part-time Intake Assistant**

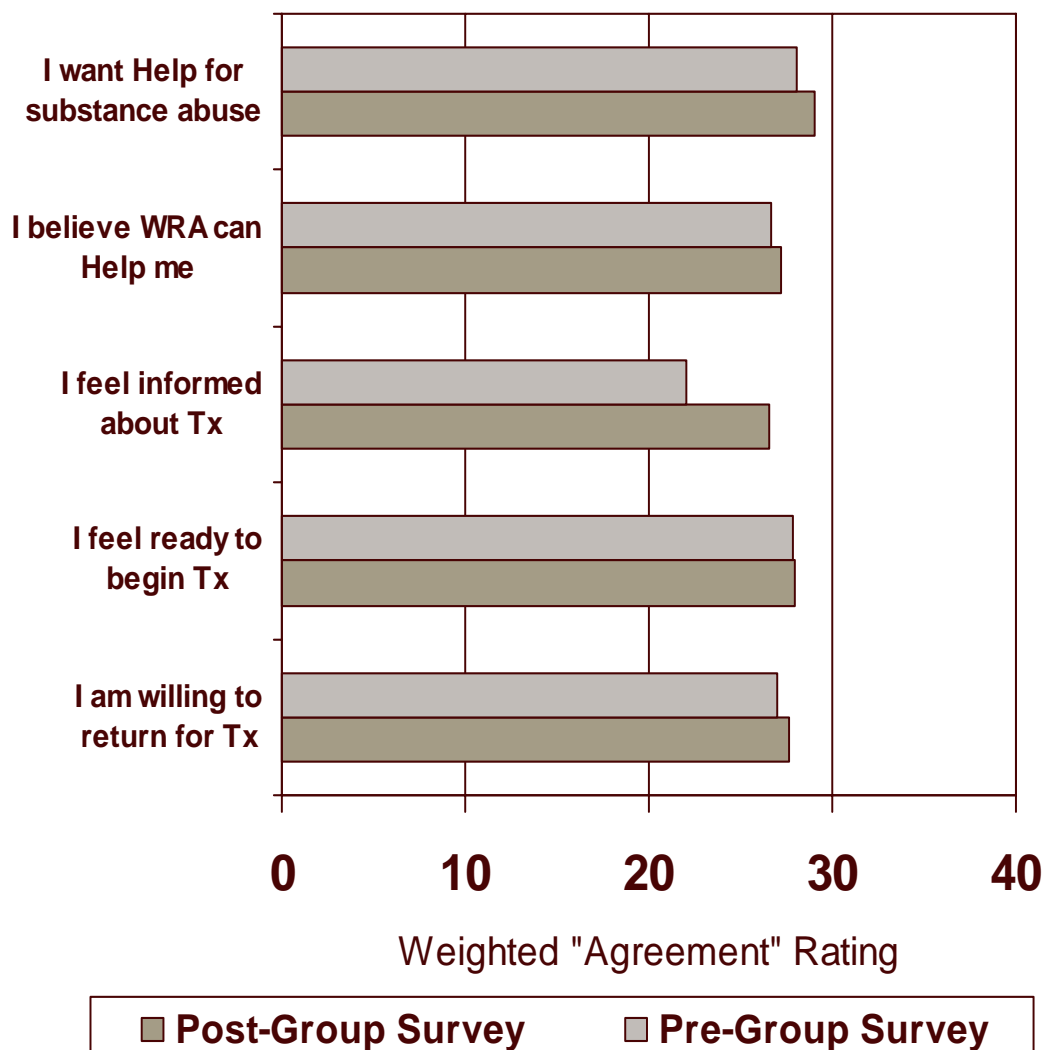
# RESULTS

- The percent of clients who attended the first group after orientation increased by 4% - not significant. Pre-change (4/02-10/02) and Post-change (4/03-10/03) were measured for a 6 month period.



# RESULTS

- The results showed that Clients generally felt a bit more informed. However, we felt that the Pre-Group Survey may be overstated as clients seemed to have answered questions according to how they thought they might be “moved up” on the waiting list.



# Results Table

## Pre / Post Survey

PRE and POST GROUP SURVEY RESULTS		Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
I want Help for my alcohol and/or drug use.	Pre	1	0	3	9	47
	Post	0	1	0	1	58
I believe Women's Recovery Association can help me.	Pre	2	1	6	15	37
	Post	0	0	8	12	40
I feel well informed about the treatment services offered by WRA.	Pre	5	8	9	18	20
	Post	1	0	6	18	35
I feel ready to begin treatment for alcohol and/drug abuse	Pre	0	0	5	11	44
	Post	0	0	4	12	44
I am willing to come back to WRA the next Group.	Pre	0	0	10	10	40
	Post	0	0	4	16	40