



Promising Practice

Tailor Treatment to Each Client's Circumstances and Needs

Problem

Clients drop out of treatment that is not relevant to their particular situation.

Solution

Tailor treatment based on feedback from clients about what groups and what topics they're most interested in. Ask them to select the groups they want to attend.

Featured Stories

STEPS at Liberty Center in Wooster, Ohio increased retention from 29 percent to 86 percent by allowing IOP clients to choose among different specialty groups each day. Clients are allowed to select which areas they want to address first, within a well-defined curriculum:

- 100 level—basic recovery, how to use 12-step groups, stress management, facts about drugs
- 200 level—living straight and sober, relaxation techniques, anger management, dealing with depression, dealing with anxiety, women's issues, smoking cessation, eating disorders
- 300 level—spirituality, sexuality, parenting, relationships, trauma.

Offering a choice was based on the belief that clients' needs may vary depending on their stage of change. For example, a client may be very ready to manage their stress better but not be motivated to change drug use.

Acadia Hospital in Bangor, Maine increased continuation rates by 12 percent by offering groups based on what clients want. They used [BASIS-32®](#) (now available in a shorter version as [BASIS-24®](#)) to get feedback from clients and found that they needed to tailor treatment to daily living skills. They augmented their Twelve Step groups with groups that focused on how to get jobs without lying, where to live, how to get legal help to get their kids back, and how to call 911 for help for an overdosing friend without getting arrested. Clients chose the groups they were interested in attending. Acadia also found that un-bundling their intensive outpatient treatment program allowed clients to choose the nine hours of treatment each week that they were most interested in attending and at the times that were most convenient for them. Clients' preferences were clear because they voted with their feet. A sign-up sheet was posted on the door of each group room, indicating the topic that would be discussed.

Gosnold, Inc. in Falmouth, Massachusetts reduced relapses using a gender-based Relapse Prevention Protocol that helped clients develop awareness of and a plan to address their own triggers. See Gosnold's [women's](#) and [men's](#) relapse protocols. They also encouraged family members to ask the client what their triggers were and what support they needed.

NIATx Aims

Reduce waiting time

Reduce no-shows

✓ Increase continuation

Increase admissions

Financial Impact

✓ Increase revenue

✓ Increase staff retention

Reduce costs



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Lessons Learned

- Find out which groups clients prefer by letting them choose which groups they want to attend.
- Find out from clients what topics they want to cover for elective groups.
- Use experiential learning and multiple learning styles (visual, auditory, kinesthetic) so that clients learn using the learning style best suited to them.
- Offer gender-based relapse prevention protocols to help clients develop awareness of and a plan to address their own triggers.
- Use focus groups to find out what other conditions would improve the treatment experience.

Tracking Measures

Cycle Measure

No-show rate for treatment sessions

Data Collection Form

[No-show Tracking Spreadsheet](#)

Action Steps

- Plan**
1. Decide which groups will be core groups and which will be elective.
 2. Get feedback from clients about what types of groups or topics they would be interested in.
 3. Plan how you will have clients sign up for selected groups.
 4. Collect baseline data for no-show rates to treatment sessions before giving clients choices about electives.
- Do**
5. Have clients sign up for the elective groups that they want to attend for the next two weeks.
 6. Track and calculate the no-show rate separately for the core groups and elective groups for the same two-week period.
- Study**
7. Check the fidelity of the change. Was the change implemented as planned?
 8. Evaluate the change:
 - How did clients react to having choices?
 - How did the no-show rate for the core groups compare with baseline?
 - Did the no-show rate for elective groups decrease after clients were given a choice?
 - How did the no-show rate for the core groups compare with the no-show rate for the elective groups?
- Act**
9. Adjust the number and type of elective groups, the clients that are allowed to



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select their groups, or the topics covered in the elective groups and re-test this promising practice for an additional two weeks.

Repeat this series of steps until all of your clients have choices about the groups that they attend and the topics that the groups focus upon.

Related Promising Practices

- [Use Motivational Incentives](#)
- [Use Motivational Interviewing During Treatment](#)
- [Orient Clients](#)
- [Identify Clients at Risk for Leaving and Intervene](#)
- [Ask Clients to Participate in Treatment Planning](#)
- [Offer Groups for Clients not Ready to Start Treatment](#)

More Stories

CAB Health and Recovery in Peabody, Massachusetts did a [survey](#) to find out the most common [reasons for relapse](#) and created groups based on what would be most relevant for clients. For more information, see the [case study](#).

Prairie Ridge Addiction Treatment Services in Mason City, Iowa increased attendance in the outpatient program by 13 percent by offering residential and outpatient clients a menu of groups. For groups offered, see the [Prairie Ridge Catalog of Groups](#).

Axis 1 in Barnwell, South Carolina decreased the agency-wide no-show rate from 63 percent to 45 percent by, in combination with other changes, offering clients assistance with job applications, interviewing skills, and their interview/work wardrobe. Axis 1 staff solicit clothing donations, which they offered to clients who were trying to get back to work or find better-paying jobs. For more information, see the [case study](#).

WASTAR in Reno, Nevada increased continuation rates to the fourth treatment session at close to 100 percent by having clients write down what they gained at the end of each group session. If a client did not get anything out of the session, they explored which groups would be more relevant. As a result of this and other changes, treatment completion rates increased to nearly 90 percent.