Measuring Client Progress at ABC Recovery Center

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Report by

Contents

Executive Summary....2
Methods....4
- Measures....4
  - Patient Health Questionnaire (PHQ-9)....4
  - Beck Depression Inventory- Second Edition (BDI-II)....4
  - Generalized Anxiety Disorder (GAD-7)....5
  - The Adult ADHD Self-Report Scale (ASRS)....5
  - PCL-5....5
  - ISMI-9....5

Results....6
- Demographics....6
- Drug Use and Treatment....10
- Assessment Scores....12
- Advanced Analyses....21
  - Drug of Choice and Diagnosis....21
  - Ethnicity and Diagnosis....21
- Qualitative Comments....22
  - Client's Observed Changes....22
  - Learned About Mental Health Disorder....24
  - Coping Skills Learned to Manage Mental Health....25
  - Learned About Substance Abuse Disorder....27
  - Coping Skills Learned to Manage Substance Abuse....28
  - Treatment Episode Differences....29
- Conclusion....32

Executive Summary

Introduction

ABC Recovery has adopted an evidence-based approach to improve their approach to substance abuse treatment. Specifically, ABC is utilizing a well-established evidence-based practice to provide integrated substance abuse treatment and mental health treatment services. This approach is known as the Illness Management and Recovery Program (ILM). ILM was developed by the Robert Wood Johnson Foundation and is recommended by SAMSHA. The program created a multidisciplinary mental health services department, consisting of a social worker, registered nurse, and psychiatrist, to triage and screen each new client at ABC. Clients with mental health issues receive customized treatment to build a recovery program around his/her mental health issues while receiving medication and therapy to manage their issues. The mental health services team remain with the client throughout their continuum of care at ABC (detox to inpatient to outpatient treatment, one year's time) and are then transitioned to a community provider after their year with ABC. ABC Recovery Center is partnering with HARC, Inc. (Health Assessment and Research for Communities), a nonprofit research and evaluation organization, to conduct the evaluation of this program for the first year.

Methods

In order to assess client progress, clients were diagnosed upon intake and after treatment concluded. The measures used to diagnose clients include: The Patient Health Questionnaire (PHQ-9) for depression, the Beck Depression Inventory – Second Edition (BDI-II), the scale for Generalized Anxiety Disorder (GAD-7), the ADHD Self-Report Scale (ASRS), and the PCL-5 to assess for PTSD symptoms.

Results

A total of 218 clients were included in this report; all 218 clients completed the first assessment and 59 clients completed the second assessment. The majority of clients were male (78%) with much fewer females (22%). Clients tended to be younger, with most indicating they were either in their twenties (32.1%) or thirties (33.0%). The majority of clients indicated their ethnicity is Caucasian (48.6%) or Hispanic (33.8%), with much fewer in other categories.

Drug Use and Treatment

The most common drug used across clients was methamphetamines (*n* = 108), but there were also a high number of clients that use alcohol (*n* = 89) or heroin (*n* = 63). Notably, approximately 32% of clients use more than one drug. Many clients were referred for medication: roughly 71.5%.

Assessment Scores

Consistently, client scores decreased on all assessments from first diagnosis to second diagnosis. The most drastic improvements were made on the Beck Depression Inventory (from 16.22 at first diagnosis to 8.29 at second diagnosis) as well as the PCL-5 measure of PTSD (from 35.94 at first diagnosis to 23.4 at second diagnosis). That said, scores improved on all measures over the course of treatment. Overall, the majority of client diagnoses improved (63.9%) although some scores stayed the same (16.0%), and some scores declined (20.1%).

Advanced Analyses

Ethnic differences in test scores were explored and suggest that Hispanics score slightly higher on all assessments including scales of depression, anxiety, ADHD, and PTSD. Though the scores were not drastically different, the differences were consistent.

Qualitative Comments

Clients were asked a series of open-ended questions about their recovery and their experience at ABC Recovery. Results of qualitative analyses reveal that clients observed that they have been happier and less depressed since starting the program (*n* = 16), and have also experienced improved positive thinking (n = 13), and improved energy/focus (*n* = 13). In recovery, clients learned about their substance abuse and learned about the reason for their substance use (*n* = 6) and the consequences of substance use (*n* = 5). Clients also learned to manage their recovery by engaging in recovery activities (*n* = 13) and talking to others (*n* = 8).

Related to mental health, clients learned extensive knowledge about recovery (*n* = 13) and also learned about health and well-being (*n* = 10). Clients learned to manage their mental health through mindfulness/meditation (*n* = 32) and personal effort (*n* = 30). Clients also indicated that treatment at ABC differs from other programs in a variety of ways, but most commonly mentioned better staff support (*n* = 22) and better structure/quality of the program (*n* = 10).

Methods

ABC clients complete a series of diagnostic assessments at first contact (referenced as the first assessment) and then one year following their initial screening. The assessments used by ABC Recovery Center, and described in this program evaluation, are widely-used and validated measurement tools which are described in what follows.

Measures

Patient Health Questionnaire (PHQ-9)

Patient Health Questionnaire (PHQ-9) is a nine-item scale to screen for the presence and severity of depression. Raw scores are totaled and 0 to 4 indicates minimal depression, 5 to 9 indicates mild depression, 10 to 14 indicates moderate depression, 15 to 19 indicates moderately severe depression, and 20 to 27 indicates severe depression. For the purposes of this program evaluation, a cutoff score of eight or greater was used to categorize people as depressed and seven and under are considered not depressed or minimally depressed.

Beck Depression Inventory- Second Edition (BDI-II)

The Beck Depression Inventory - Second Edition (BDI-II) is a 21-item scale which measures the severity of depression. Raw scores are totaled and 0 to 10 indicates the ups and downs are normal, 11 to 16 indicates a mild mood disturbance, 17 to 20 indicates borderline clinical depression, 21 to 30 indicates moderate depression, 31 to 40 indicates severe depression, and over 40 indicates extreme depression. This scale has been demonstrated to be reliable and valid among adolescents and adults. [1]

[1] Beck, A.T., Steer, R.A., & Brown, G.K. (1996). Manual for the Beck Depression Inventory-II. San Antonio, TX: Psychological Corporation.

Generalized Anxiety Disorder (GAD-7)

The survey tool for Generalized Anxiety Disorder (GAD-7) is a screening tool and severity measure used to assess for generalized anxiety disorder.[2] Scores of zero to 4 are normal, scores of 5 to 9 are considered mild and these cases should be monitored, scores of 10 to 14 are considered moderate and a possible clinically significant condition, scores of 15 or higher are considered severe and active treatment is likely warranted. That said, this tool is recommended to be a starting point and scores of 10 or higher should pursue further assessment by a mental health professional (including a diagnostic interview and mental health examination).

The Adult ADHD Self-Report Scale (ASRS)

The Adult ADHD Self-Report Scale (ASRS) is a tool used to help screen for ADHD in adult clients. If a client has four or more symptoms/marks on part A then the client has symptoms consistent with ADHD, and thus further investigation is needed. Six or more is highly predictive of ADHD. For the purposes of this evaluation, a cutoff score of four or greater was used to categorize clients as showing signs of ADHD.

PCL-5

The PCL-5 is a checklist that serves as a self-report measure to assess PTSD symptoms. A score of 33 or greater has been deemed a reasonable point at which PTSD is provisionally diagnosed. It is suggested that the tool be used in combination with a structured clinical interview, so PCL-5 scores alone are not sufficient to diagnose PTSD.

ISMI-9

The ISMI-9 is a self-report measure used to assess the strength of client's internalized stigma of mental illness. Scores of 2.5 and higher indicate that the client has a high stigma of mental illness, or possesses negative stereotypes about people with mental illness. It is suggested that internalized stigma is detrimental in that it equates to internalized prejudice towards oneself. Scores of 2.51 and higher demonstrated internalized stigma, while 2.50 and below suggests there is not high internalized stigma.

[2] Spitzer R.L., Kroenke, K., Williams J.B.W., Lowe, B. A brief measure for assessing generalized anxiety disorder. Arch Internal Medicine. (2006), 166, 1092-1097.

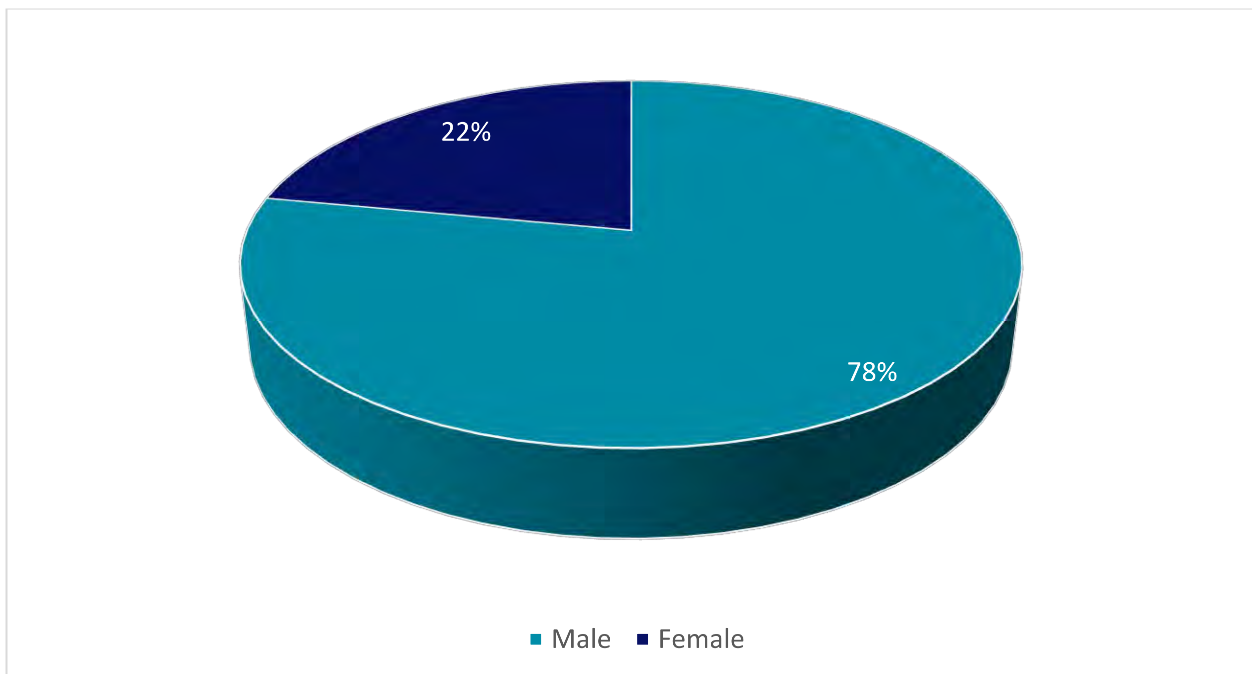
Results

Demographics

A total of 218 individual clients are included in this report; 218 completed the first assessment tests and 59 completed the second assessment tests.

The majority of clients at ABC Recovery indicated they are male (78%) while much fewer clients were female (22%). See Figure 1 for details.

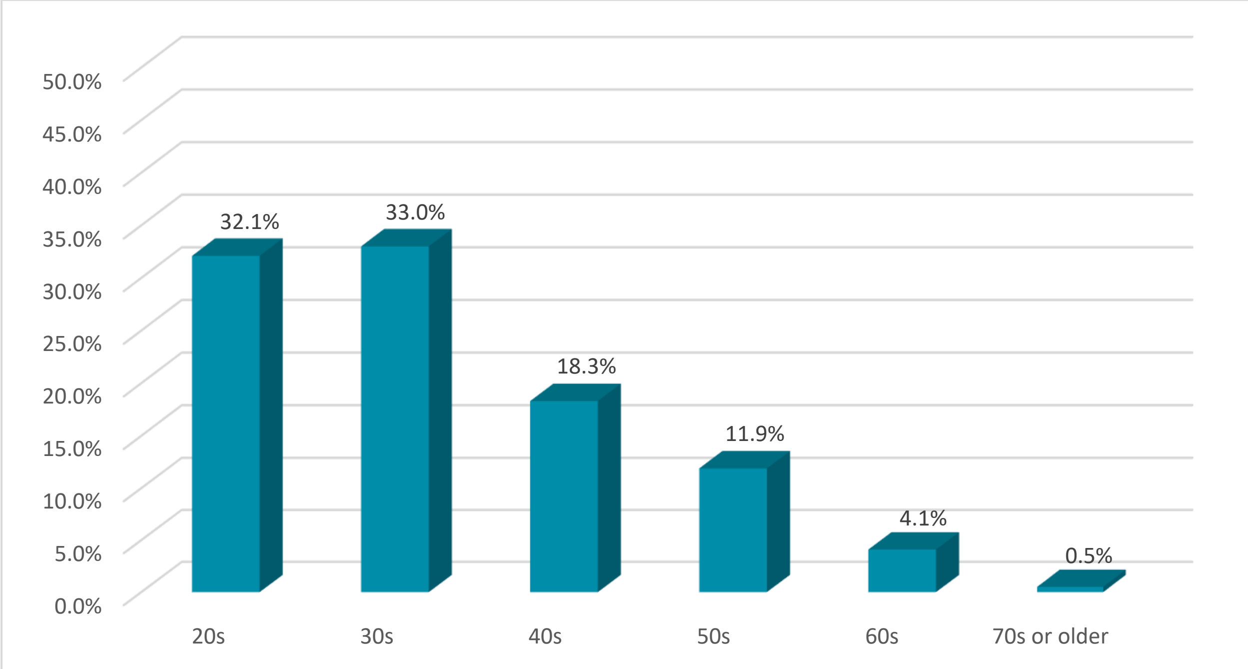
Figure 1. Gender



Note. n = 218.

The median age of the overall sample was 34.5 years of age, with the youngest participant being 20 and oldest being 70. As illustrated in Figure 2, there were a large proportion of clients that were in their twenties (32.1%) or thirties (33.0%). There were fewer in clients in their forties (18.3%), fifties (11.9%), sixties (4.1%) or seventies or older (0.5%).

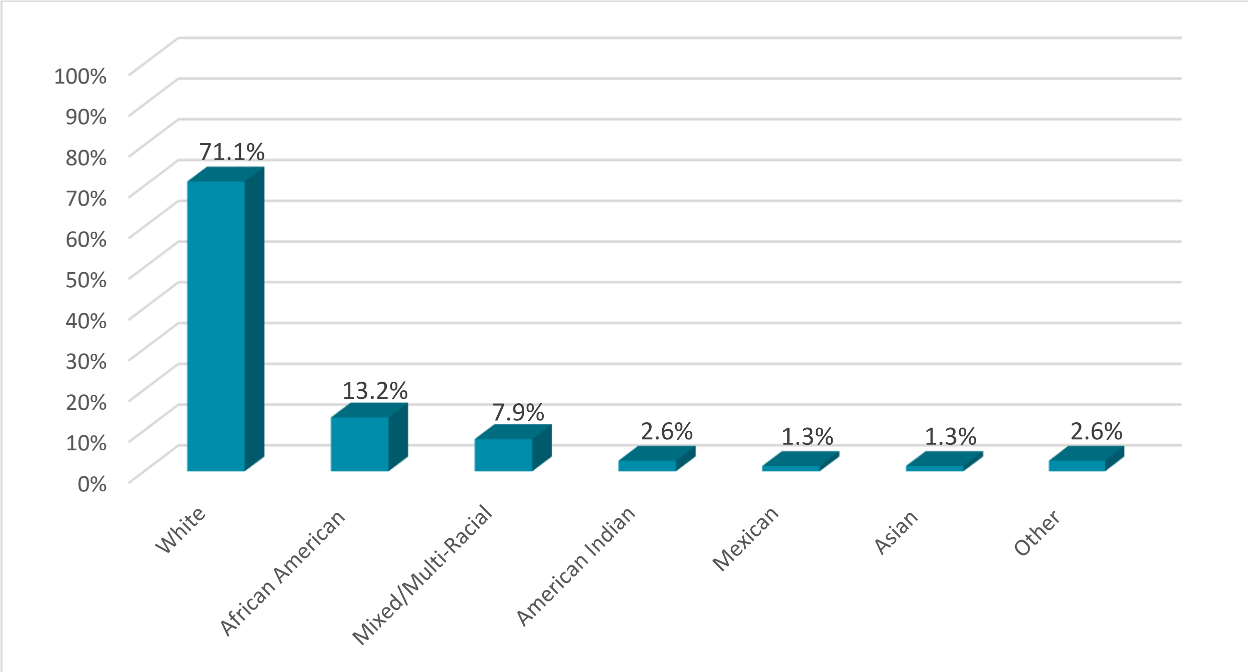
Figure 2. Age



Note: *n* = 218.

The majority of ABC clients indicated their race was white (71.1%), with much fewer clients in any of the other race categories. See Figure 3 for details.

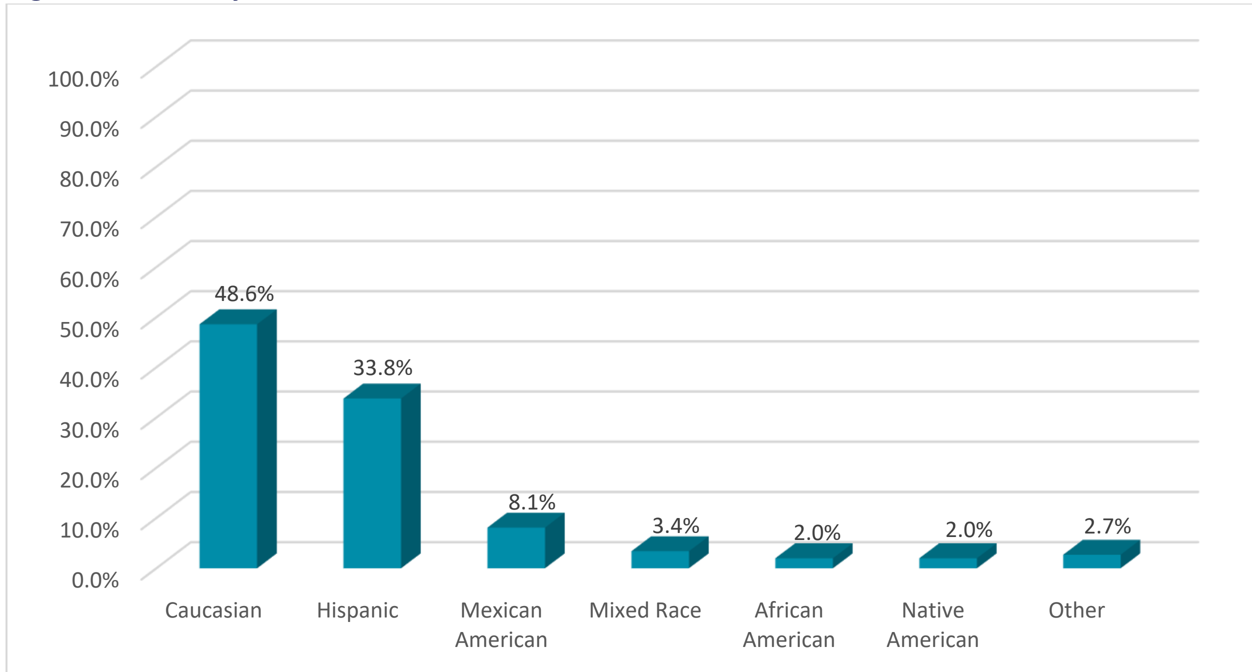
Figure 3. Race



Note. n = 76.

Most clients at ABC Recovery were either Caucasian (48.6%) or Hispanic (33.8%). There were a few who indicated they were Mexican American (8.1%), mixed or multi-racial (3.4%), African American (2.0%), Native American (2.0%) or other (2.7%). See Figure 4 for details.

Figure 4. Ethnicity



Note. n = 14.

Drug Use and Treatment

Clients were asked to indicate which drug(s) they considered to be a problem for them. The most common drug problem mentioned by clients was methamphetamines (*n* = 108), followed by alcohol (*n* = 89), and heroin (*n* = 63). Note that many clients have more than one addiction--approximately 32% of clients. Table 1 only illustrates the number of times each drug was mentioned by a client.

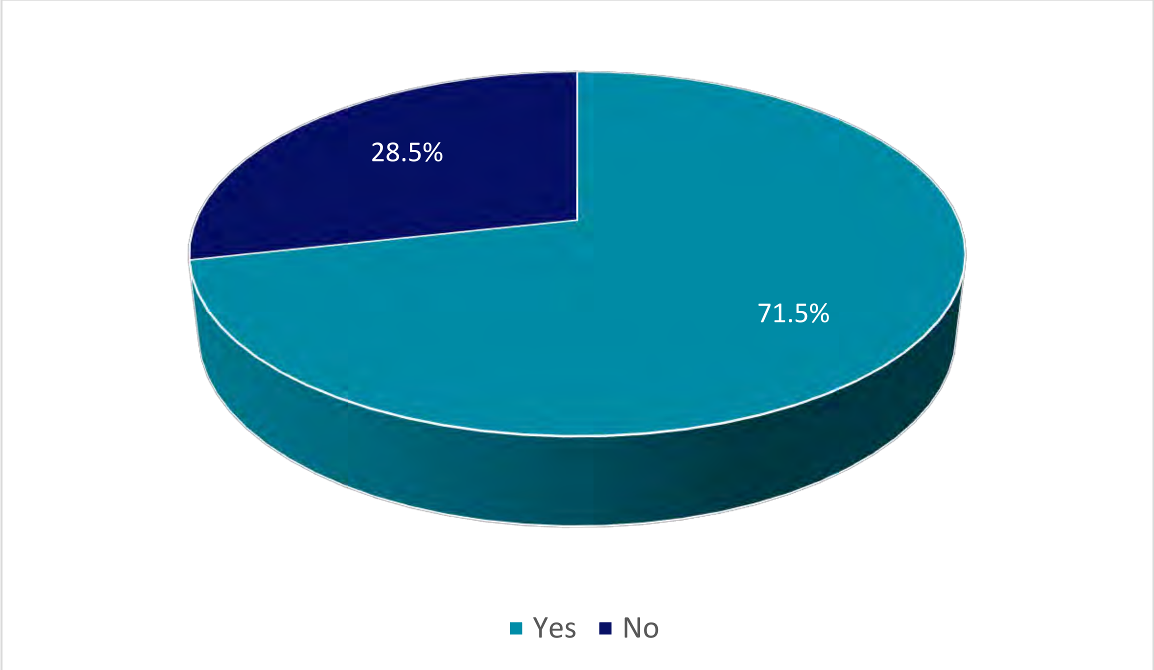
Table 1. Number of Clients Addicted to Each Drug

Class of Drug	Drug	# of Clients
STIMULANTS		
	Methamphetamines	108
	Cocaine or crack	16
	Adderall	1
	Amphetamines	1
DEPRESSANTS		
	Alcohol	89
	Xanax	3
	Benzodiazepines	1
HALLUCINOGENS		
	LSD	1
OPIODS		
	Heroin	63
	Opiates	6
	OxyContin	1
CANNABIS		
	Marijuana	16

Note. n = 122.

As indicated in Figure 5, the majority of clients were referred for medication. Specifically, approximately 71.5% of clients were referred for medication while only 28.5% were not referred for medication.

Figure 5. Referred for Medication

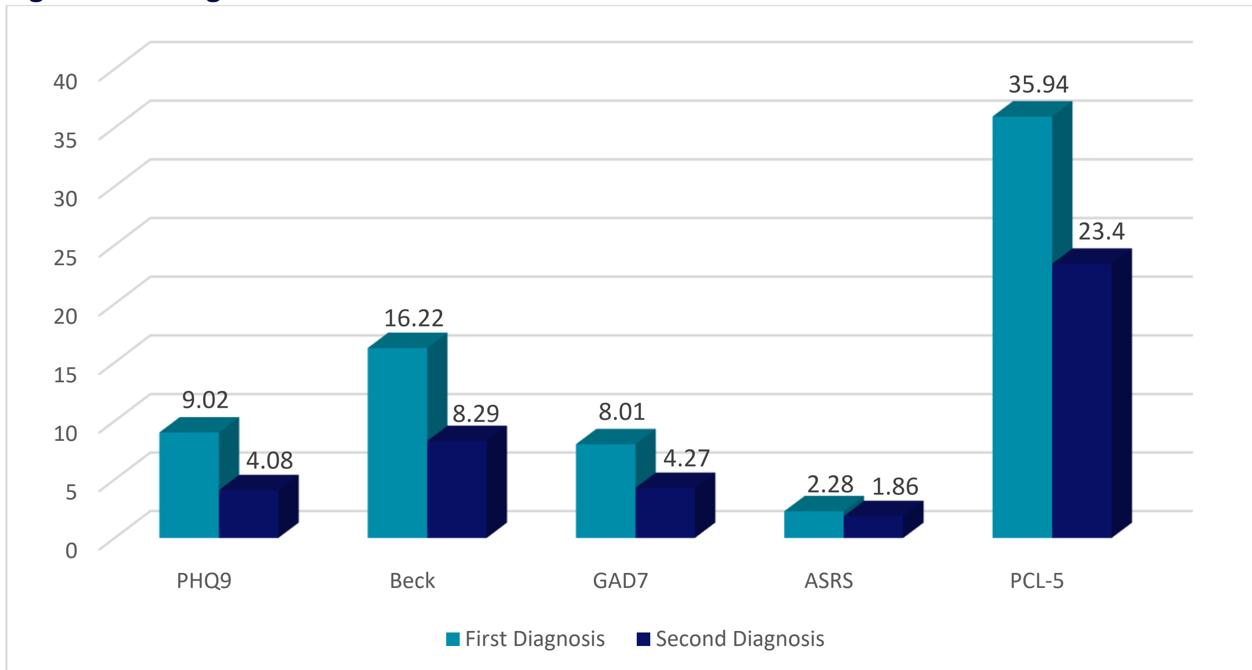


Note. n = 150.

Assessment Scores

Figure 6 illustrates the average scores for each of the diagnostic tools, and includes both the first and second diagnosis. Notably, average scores decreased for every scale from the time of first diagnosis to the second diagnosis. There was a sharp decrease in scores for the PCL-5 measure of PTSD, the Beck Depression Inventory, and the PHQ-9 depression scale. There were also decreases in the GAD-7 anxiety scale, and the ASRS measure of ADHD, though the decreases in scores were somewhat smaller than the other measures.

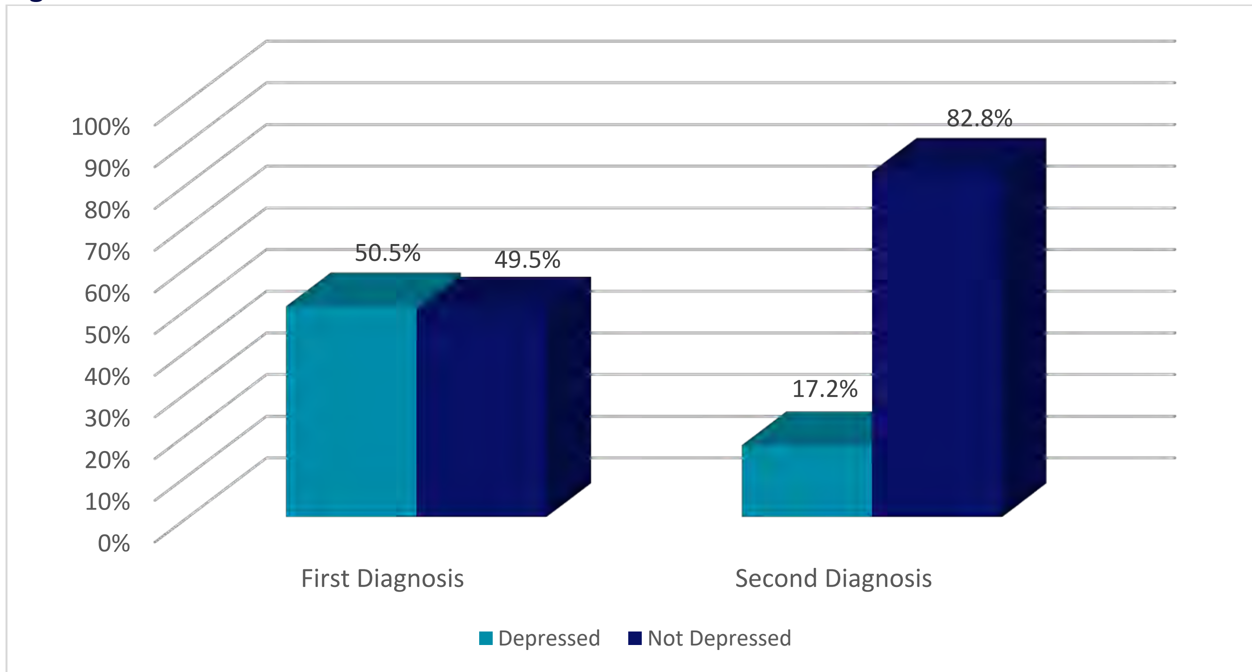
Figure 6. Averages for First and Second Assessments



Note. The scales listed in this figure all have different score ranges, and thus their score totals should not be compared with one another.

The PHQ-9 scale for depression is used by ABC Recovery Center to categorize clients as depressed or minimally/not depressed. Clients with a score of eight or higher are considered having moderately severe depression—warranting active treatment for the illness. As demonstrated in Figure 7, the proportion of clients that were depressed decreased from the first diagnosis (50.5%) to the second diagnosis (17.2%).

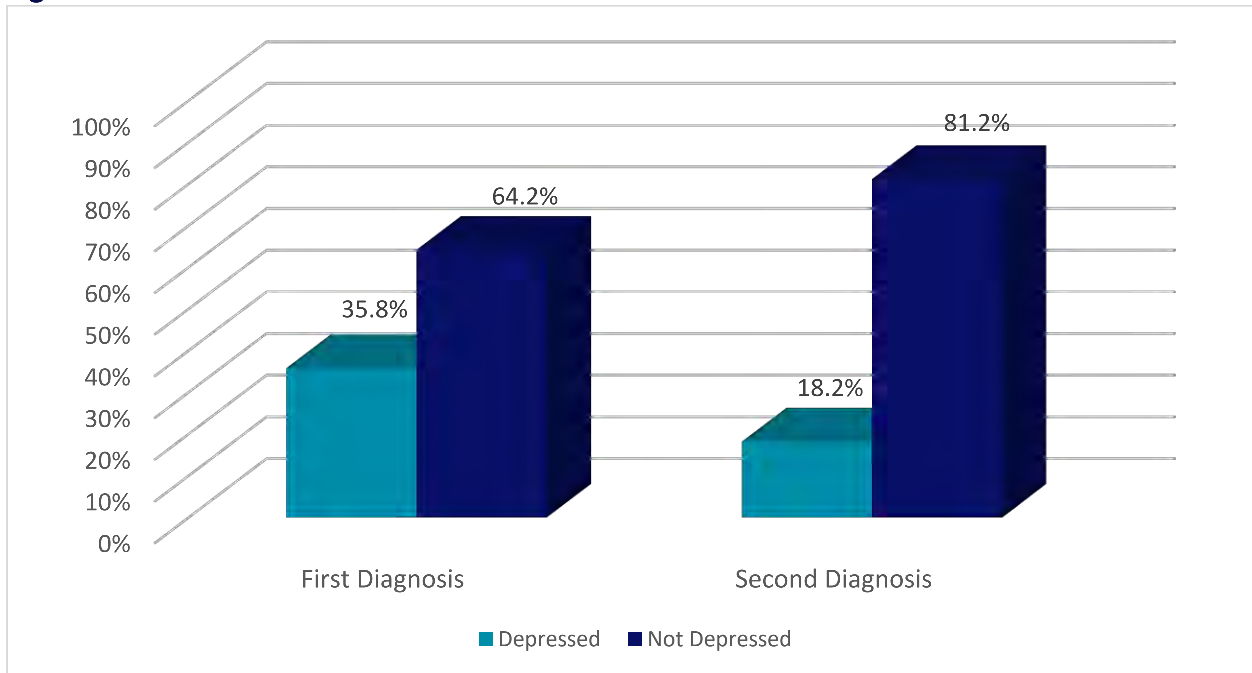
Figure 7. PHQ-9 Scores



Note. n = 218 for first diagnosis and *n* = 59 for second diagnosis.

For the Beck Depression Inventory, scores that were 20 or higher were indicative of moderate or severe depression. Figure 8 demonstrates client scores for the Beck Depression Inventory at the first diagnosis and the second diagnoses. Notably, there was a decrease in the percentage of depressed clients from the first diagnosis (35.8%) to the second diagnosis (18.2%). These findings suggest some improvement in depression from before treatment to after treatment.

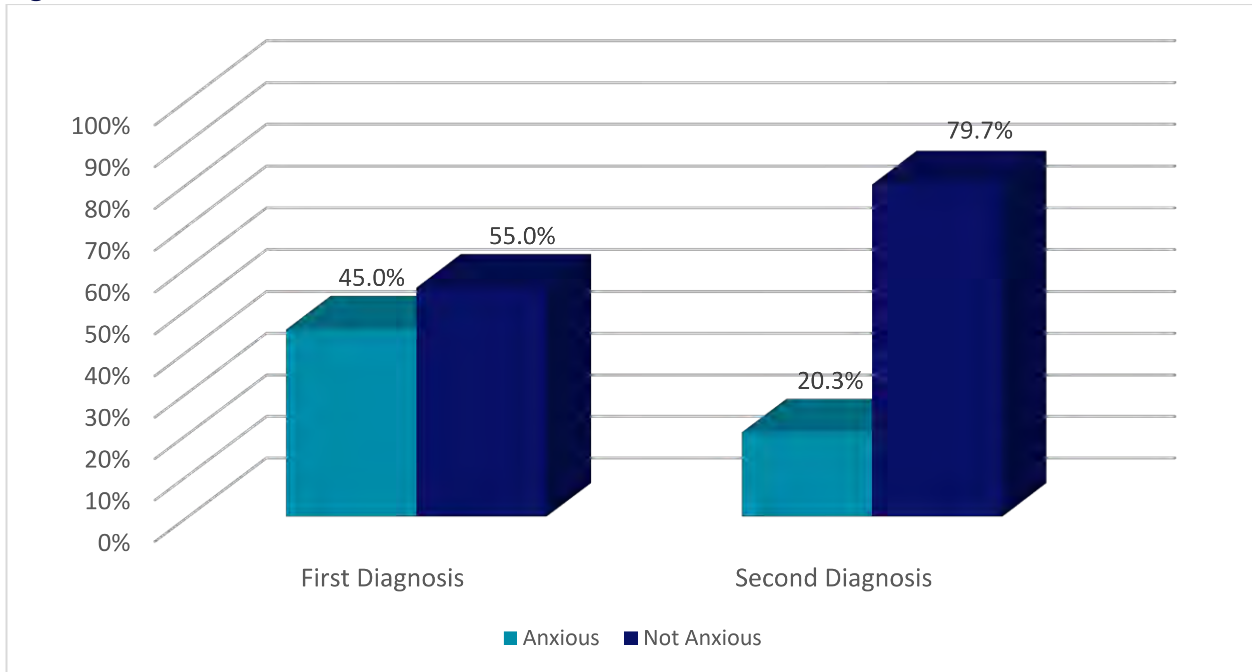
Figure 8. BDI-II Scores



Note. n = 218 for first diagnosis; *n* = 44 for second diagnosis.

According to the GAD-7 scale and ABC Recovery Center, clients with a score of eight or higher are considered to be experiencing anxiety and should seek professional help. As illustrated in Figure 9, the proportion of clients who were anxious decreased from 45.0% at the first diagnosis to 20.1% at the second diagnosis.

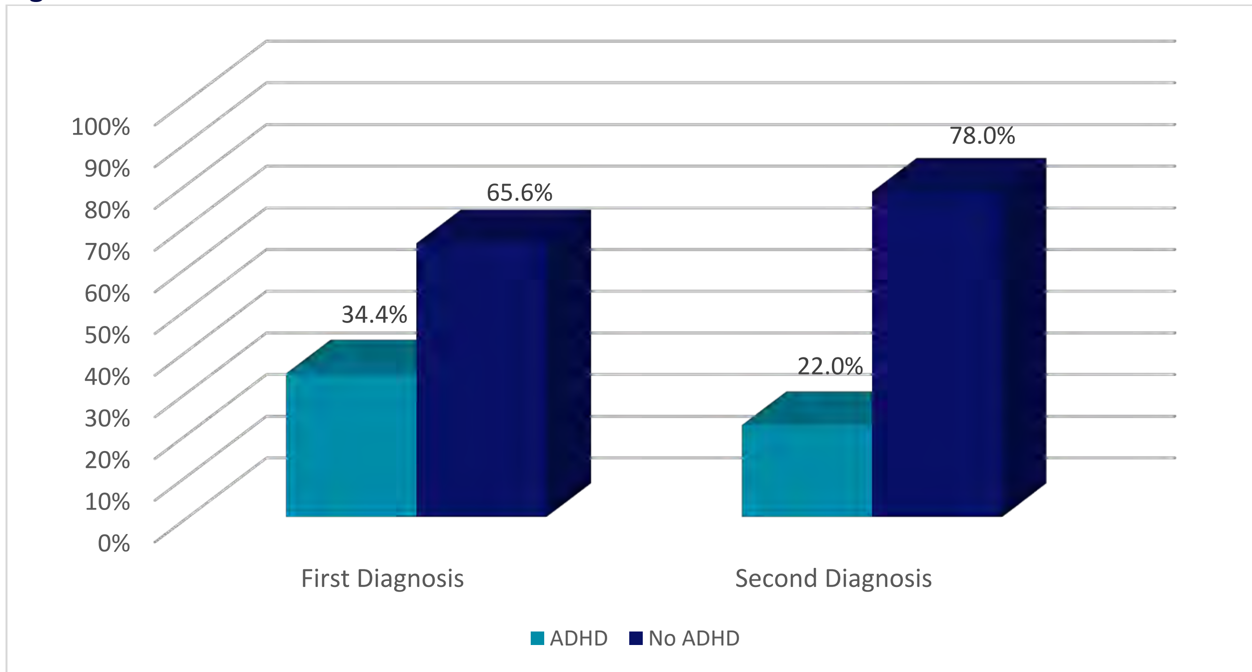
Figure 9. GAD-7 Scores



Note. n = 218 for the first diagnosis and n = 59 for the second diagnosis.

The majority of ABC Recovery clients do not have ADHD, as demonstrated in Figure 10. However, there is a fair proportion of clients that are showing some signs of ADHD and could use further evaluation: approximately 34.4% at the first diagnosis and 22.0% at the second diagnosis. Further, it should be noted that the proportion of clients with ADHD decreased from the first diagnosis to the second diagnosis.

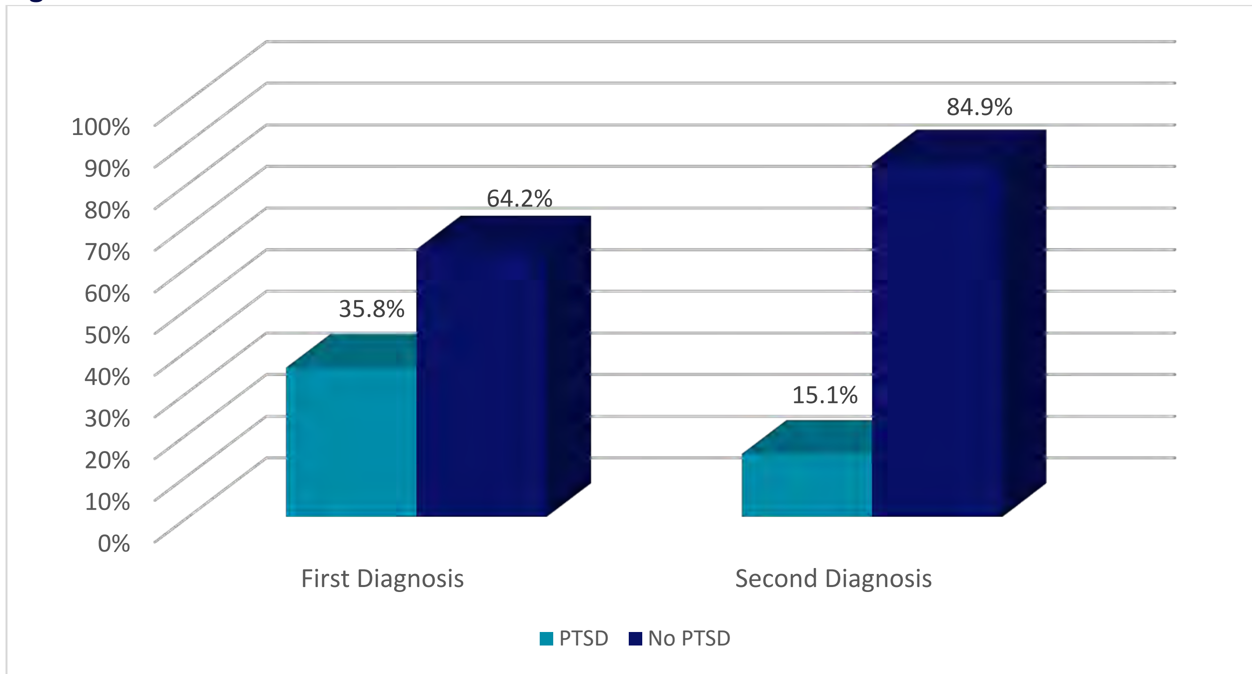
Figure 10. ADHD Scores



Note. n = 218 for first diagnosis; *n* = 59 for second diagnosis.

PTSD symptoms were assessed with the PCL-5 tool, and the criteria of 33 or higher was used to categorize clients as experiencing ADHD. Findings suggest that the majority of clients do not have signs of PTSD, and this was true of the first diagnosis and the second diagnosis. Additionally, signs of PTSD were less common in clients at the second diagnosis than they were at the first diagnosis. See Figure 11 for details.

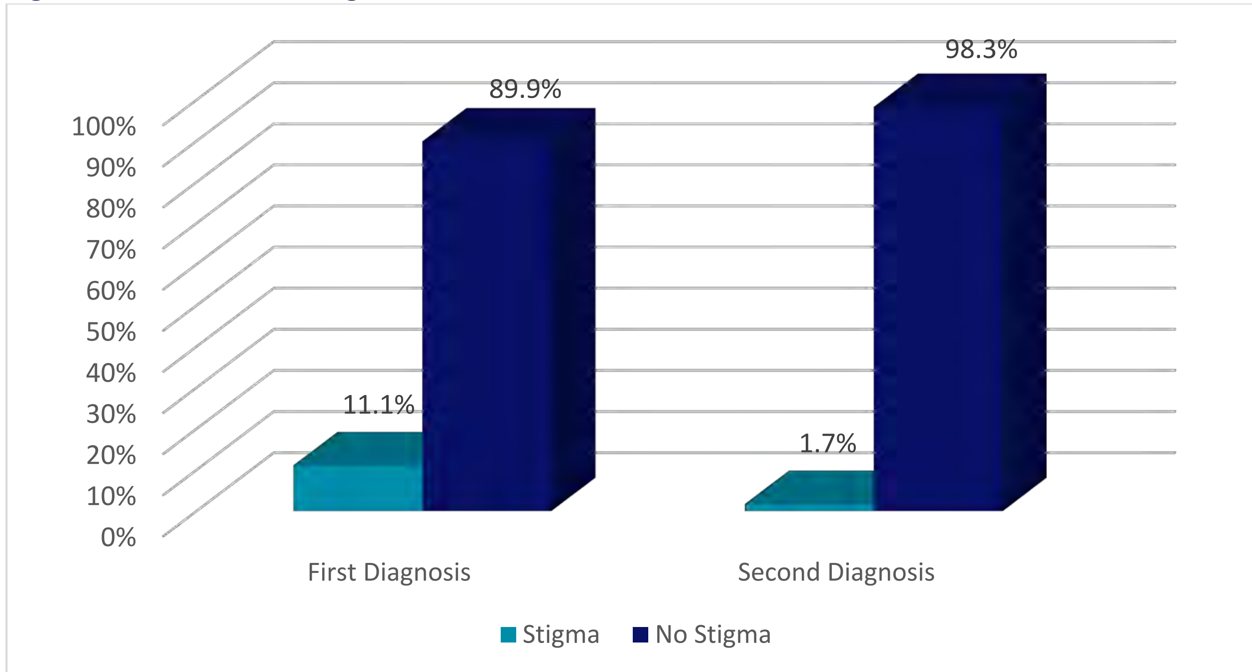
Figure 11. PCL-5 Scores



Note. n = 190 for first diagnosis; *n* = 53 for second diagnosis.

Internalized stigma of mental illness was assessed using the ISMI-9 tool. The proportion of clients with internalized stigma drastically decreased from 11.1% at the first diagnosis to 1.7% at the second diagnosis. See Figure 12 for details.

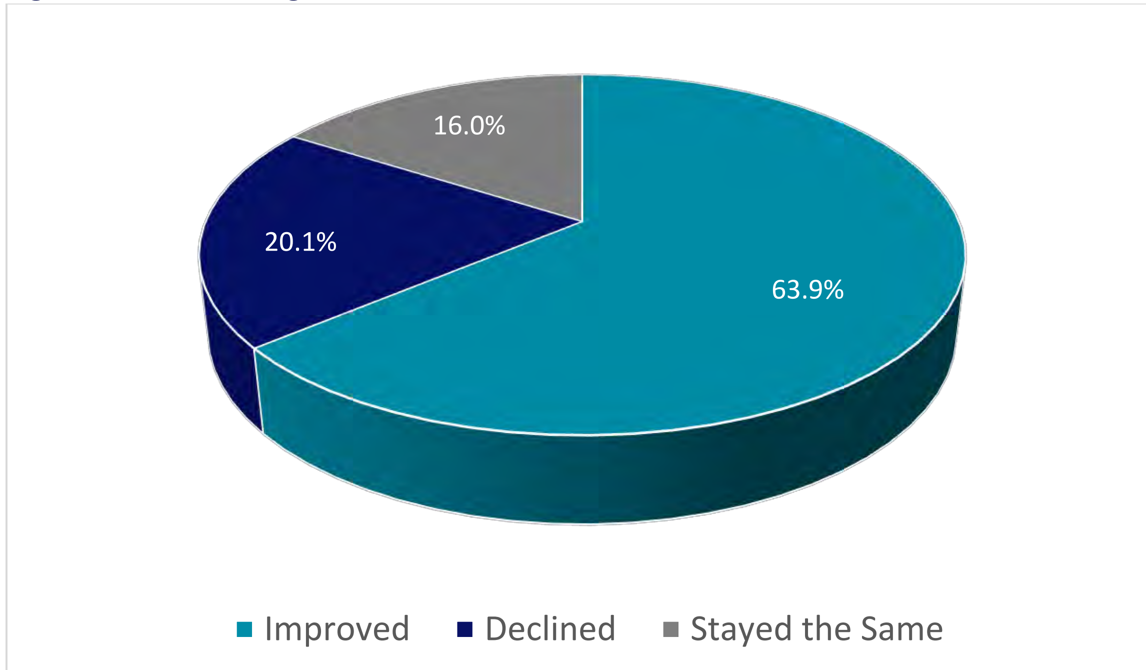
Figure 12. Internalized Stigma Scores



Note. n = 217 and n = 59.

For all clients, the first diagnosis scores were compared to the second diagnosis scores to determine the number of improved diagnosis scores, diagnoses that declined, and diagnoses that remained the same. Figure 13 demonstrates the changes in all diagnoses (7 tests) across all clients (59 clients), resulting in 413 changes in diagnoses to examine. The majority of diagnoses improved (63.9%) although some scores stayed the same (16.0%); only 20.1% of scores declined over time.

Figure 13. Total Changes in Test Scores



Note. n = 413 scores.

Table 2 summarizes the changes in diagnoses for each individual scale. Diagnoses were largely improved for the PHQ-9, the GAD-7, and the PCL-5. Scores moderately improved for the MDQ, the ISMI, and the ASRS Part A.

Table 2. Changes in Diagnoses for All Scales

	Changes in PHQ-9	Changes in GAD-7	Changes in MDQ	Changes in BDI-II	Changes in ISMI	Changes in ASRS Part A	Changes in PCL-5
# of Declined Scores	**7** (11.9%)	**9** (15.3%)	**17** (28.8%)	**9** (15.3%)	**19** (32.2%)	**10** (16.9%)	**12** (20.3%)
# of Improved Scores	**49** (83.0%)	**40** (67.8%)	**28** (47.5%)	**50** (84.7%)	**33** (55.9%)	**28** (47.5%)	**36** (61.0%)
# of Unchanged Scores	**3** (5.1%)	**10** (16.9%)	**14** (23.7%)	**0** (0%)	**7** (11.9%)	**21** (35.6%)	**11** (18.7%)

Advanced Analyses

Drug of Choice and Diagnosis

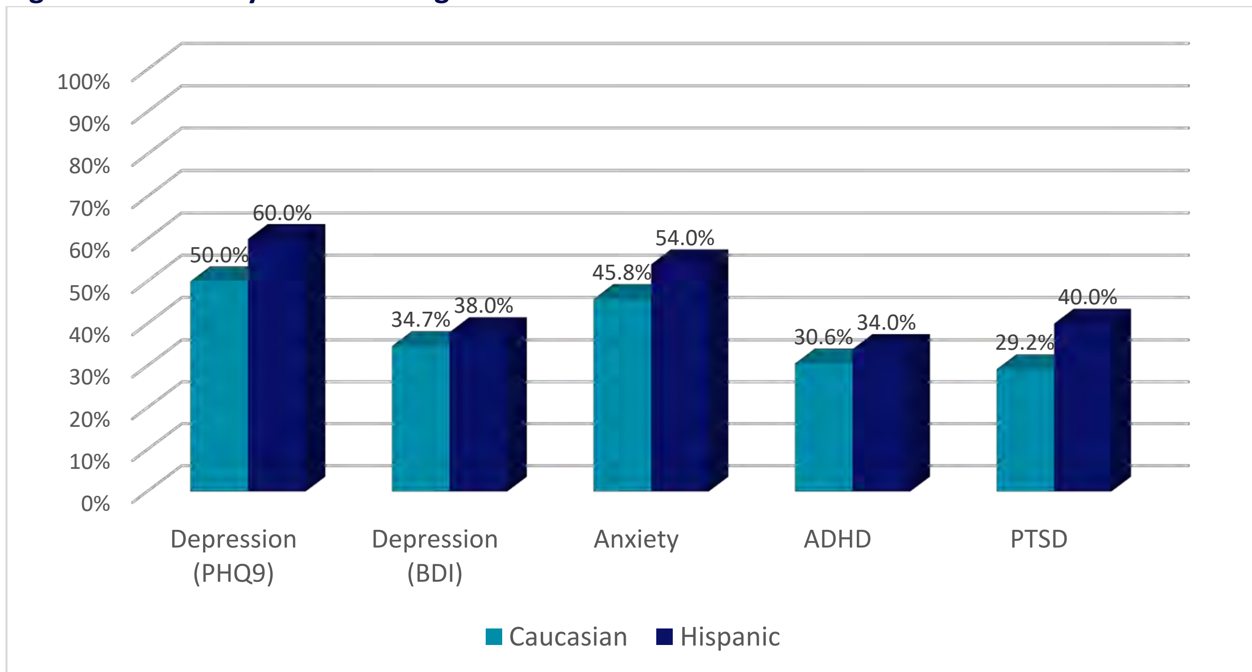
A series of independent sample t-tests were conducted to assess whether an addiction to a specific substance related to the type of diagnosis (e.g., anxiety, depression, etc.). Results suggest that the drug of choice did not relate to any of the specific mood disorders that were diagnosed.

Ethnicity and Diagnosis

The data was examined to explore whether ethnicity was related to diagnosis of each respective illness. Unfortunately, sample sizes were quite small for many of the race and ethnic groups. That said, sample sizes were sufficient to examine the differences between Caucasians and Hispanics in first diagnoses.

As illustrated in Figure 14, a higher proportion of Hispanics consistently experienced all types of illnesses in comparison to Caucasians, including: depression (PHQ-9), depression (BDI), anxiety, ADHD, and PTSD. Differences between Caucasians and Hispanics could not be examined for the second diagnosis due to small sample sizes.

Figure 14. Ethnicity and First Diagnosis



Note. n = 72 for Caucasians and *n* = 50 for Hispanics.

Qualitative Comments

Clients were asked a series of open-ended questions, with the hope that patient narratives would provide a more in-depth understanding of their experience at ABC Recovery. Specifically, clients were asked about the changes they observed in their behavior, what they learned about their mental health and substance abuse, and what coping skills they learned to address mental health and substance abuse. These topics are covered in what follows. All data was qualitatively analyzed. The data was organized by putting all similar comments together to form categories and these categories were then organized and labeled. The main themes serve as commonalities that tell the story of the patient experience.

CLIENT'S OBSERVED CHANGES

Clients were asked what kind of observed changes they witnessed in their behavior as a function of participating in the ABC Recovery Program. The main themes identified include: less depression/ happier, improved outlook/positive thinking, improved energy/focus, improved coping skills, and less anxiety. See Table 3 for details. Quotations about each of these themes is discussed in the following section.

Table 3. Client's Observed Changes

Category	# of Comments
Less depression/happier	24
Improved outlook/positive thinking	13
Improved energy/focus	13
Improved coping skills	11
Less anxiety	8
No progress has been made	8
Less substance use and/or cravings	7
More self confidence	7
Better self-awareness	7

The most common observed change made by clients include **less depression/increased happiness** (*n* = 24). For example, one client indicated they are now experiencing "Excitement for life, passion for life. I feel like a complete different person. Have a positive perspective on life instead of a negative. I look for the good in people instead of the bad. I have a will to go for what I want… Encouragement. I feel like I've been born again."

Another common change observed by clients is **improved outlook/positive thinking** (*n* = 13). One client described "Emotionally, I don't have that despair, I don't have that hopelessness. When I wake up in the morning I usually got a smile on my face. I'm excited, I'm ready for the day." In addition to improved outlook/positive thinking, many clients reported they had **improved energy/focus** (*n* = 13). For example, one client described "I'm able to follow through with things. If there's a task in front of me I'm tackling it, I'm getting it done." Certainly, improved focus will benefit clients in their future life pursuits.

Clients also observe that they now experience **improved coping skills** (*n* = 11). One client described "When a situation arises that would normally set me off, my mind automatically goes into using the tool and the things I've learned here. I'm less on self-will and I'm more aware."

One client illustrates the **decreased anxiety** felt (*n* = 8) when they explained "[I'm] dealing with my anxiety a lot better than I was, I used to have to go to the hospital all the time."
Lastly, many clients reported that they have **less substance use and/or cravings for drugs** (*n* = 7): "I'm comfortable being sober and don't rely on drugs and alcohol anymore."

Learned About Mental Health Disorder

Clients at ABC Recovery were asked to indicate what they learned about their mental health disorder during treatment. There were a variety of responses from clients, including: knowledge about recovery, knowledge about health and well-being, and knowledge about mental health in general, and a few clients did not learn anything new.

The most common thing learned by clients is **knowledge about recovery** (*n* = 13), including the importance of personal effort/work, the benefits of medication, and the importance of sobriety.

There were also many clients who gained **knowledge about health and well-being**, including the importance of health, well-being, and exercise, and how to apply coping skills to cope with mental health problems.

A few clients expanded their **knowledge about mental health** (*n* = 6): some clients learned about mental health in general, some learned specifically about their personal mental health problem (*n* = 3), and one learned how substances affect mental health. Only a few clients indicated they learned **nothing new** (*n* = 3) about their mental health. See Table 4 for details.

Table 4. Learned about Mental Health Disorder

CATEGORY	SPECIFIC COMMENT	# of Comments
KNOWLEDGE ABOUT RECOVERY		13
	It takes effort/work	5
	Benefits of medication	4
	Importance of sobriety	3
KNOWLEDGE ABOUT HEALTH AND WELL-BEING		10
	Importance of health, well-being, exercise	6
	Coping skills	4
KNOWLEDGE ABOUT MENTAL HEALTH		6
	Learned about MH	3
	Learned about my MH problem	3
	How substances affect MH	1
NOTHING NEW		3

Coping Skills Learned to Manage Mental Health

Clients were asked to describe the coping skills they learned to manage their mental health disorder. Responses were quite varied for clients but fell under five main categories: mindfulness/meditate, make personal effort, engage in recovery activities, engage in hobbies, talk to others, and participate in religious activities. There were also two clients who indicated they did not learn any coping skills to manage their mental health.

The most common way that clients learned to manage their mental health is to engage in **mindfulness or meditation** (*n* = 32). Many clients described using breathing exercises and meditation, while other emphasized simply being mindful, present, or patient as ways for helping them to manage their mental health. Another strategy for managing mental health is to **make personal effort** (*n* = 30), and simply put in the work. This personal effort was explained a variety of ways including: positive thinking, practicing good habits, practicing tolerance/humility, among other techniques.

Interestingly, clients commonly described that **engaging in recovery activities** (*n* = 19) is a critical effort for managing their mental health. By attending the AA program/meetings, having a sponsor, and staying sober, clients perceived their mental health would be improved. Other ways clients learned to manage their mental health include: **engaging in hobbies** (*n* = 21), **talking to others** (*n* = 21), and **participating in religious activities** (*n* = 5). See Table 5 on the following page for details.

Table 5. Coping Skills Learned to Manage Mental Health

CATEGORY	SPECIFIC COMMENT	# of Comments
MINDFULNESS/MEDITATE		32
	Breathing exercises	12
	Meditate	10
	Be more mindful/aware	5
	Patience/not being impulsive	5
PERSONAL EFFORT		30
	Think positively	7
	Good habits (boundaries, self-care, etc.)	6
	Take medication	5
	Practice tolerance/humility	4
	Other techniques (grounding, etc.)	4
	Hard work	3
	Learn more	2
HOBBIES		21
	Write/journal	7
	Exercise	6
	Listen to music	4
	Hobbies (reading, nature viewing, art, etc.)	4
TALK TO OTHERS		21
	Open up/reach out/don't isolating	17
	Talk to a therapist, counselor, staff	4
RECOVERY ACTIVITES		19
	Attend AA program/network/meetings	8
	Have a sponsor	8
	Stay sober	3
PARTICIPATE IN RELIGIOUS ACTIVITIES		5
NO COPING SKILLS LEARNED		2

LEARNED ABOUT SUBSTANCE ABUSE DISORDER

Clients were asked to describe what they learned about their substance abuse disorder. While there were not a high number of responses to this question, the results are quite informative about what clients learned at ABC Recovery. Specifically, clients learned the reasons for their substance abuse, the consequences of substance abuse, their personal triggers, how to cope/stay sober, and about substance abuse in general.

The most common response from clients is that they learned the underlying **reason(s) for their substance abuse** (*n* = 6). One client learned that he or she was using substances to "numb feelings" while another client abused substances as "a form of control". While the reasons were varied, learning this information is a critical step in the recovery process.

Another common thing learned by clients is the **consequences of substance abuse** (*n* = 5). Some examples of consequences identified include: "[substance abuse] made my mental disorders worse" and "[substance abuse] was killing me". Other lessons learned by clients about their substance abuse disorder includes: triggers for their disease (*n* = 2), how to cope/stay sober (*n* = 2), and one client learned about substance abuse in general. See Table 6 for details.

Table 6. Learned about Substance Abuse Disorder

CATEGORY	# of Comments
Reason(s) for my substance abuse	6
Consequences of substance abuse	5
My triggers	2
How to cope/stay sober	2
About substance abuse in general	1

"I could have you sitting here 'til midnight with everything I've learned."

Coping Skills Learned to Manage Substance Abuse

Clients were asked to describe the coping skills learned to manage their substance abuse, and the skills were slightly different than the skills used to manage mental health. Responses fell under the same five categories but were ordered slightly differently in terms of the category most commonly mentioned. Recovery activities were mentioned more commonly for managing substance abuse and meditation was mentioned more commonly for managing mental health.

Coping skills learned to manage substance abuse include: recovery activities (*n* = 13), talking to others (*n* = 8), hobbies (*n* = 4), mediation (*n* = 3), and personal effort (*n* = 3). See Table 7 for details about each of these categories.

Table 7. Coping Skills Learned to Manage Substance Abuse

CATEGORY	SPECIFIC COMMENT	# of Comments
RECOVERY ACTIVITES		13
	Go to meetings/support groups	9
	Learn about substance abuse	3
	Get a sponsor	1
TALKING TO OTHERS		8
	Network, call people/addicts/peers	6
	Talk to a counselor, sponsor	2
HOBBIES		4
	Writing/journaling	2
	Listening to music	2
MEDITATION		3
PERSONAL EFFORT		3
	Avoid negative situations/people	3
MISCELLANEOUS		9

Treatment Episode Differences

One area of interest for ABC is how ABC Recovery Center is different from other rehabilitation programs. As such, clients were asked whether they had ever been to another rehab before. Clients that had indeed attended another rehab were asked: "What were the differences between that rehab and ABC"?

By and large, the comments from patients were positive with most indicating ABC was superior to other treatment programs. The specific differences between ABC and other programs were related to: Staff support, structure/quality of the program, motivation, and other miscellaneous topics. See Table 8 for details.

Table 8. Treatment Episode Differences

CATEGORY	SPECIFIC DIFFERENCE	# of Comments
STAFF SUPPORT		22
	Staff are more supportive/attentive	14
	More support in learning	5
	Staff are in recovery	3
STRUCTURE/QUALITY OF THE PROGRAM		12
	Structure/stability	3
	More comprehensive	3
	More open/comfortable environment	3
	Groups/classes are helpful	3
MOTIVATION		8
	Personal motivation	6
	Consequences of failure	2
MISCELLANEOUS		9
	Time in treatment, food, etc.	9

Staff Support

The most common response from clients about what makes ABC different, is the **support from staff** (*n* = 22). A large number of respondents indicated the staff are extremely supportive and attentive (*n* = 14). One client indicated the staff are more "professional" while another indicated that the staff are "encouraging". Consistently, staff support was unique to ABC. There were also several clients indicating that there was a lot of support in learning (*n* = 5). One client described that "The workbooks were assigned and instead of just handing it to us, you'll walk us through it if you need to." Lastly, many clients indicated that it was helpful that the staff are in recovery (*n* = 3), and they truly understand what the client is experiencing.

Structure/Quality of the Program

Another very common response from participants was that the **structure and quality** (*n* = 12) of the ABC program was better than other programs. Some specific ways in which ABC is better includes:

- More **structure/stability**,
- **More comprehensive** and well-rounded, deals with a wide range of problems rather than just the addiction itself,
- **More comfortable and open environment**,
- **Groups/classes are helpful**.

> *"The difference is that you deal with a wide range of problems that we deal with in addiction, instead of just the addiction itself."*

MOTIVATION

Another way that ABC was different for many clients was their motivation (*n* = 8) at the time of their rehabilitation. Some mentioned they now had personal **motivation** and are now doing rehabilitation for themselves and not for other people. Others mentioned that their previous experiences did not have any **consequences,** but now there are consequences to failing at sobriety.

Miscellaneous

Lastly, there were a few miscellaneous responses about how their experience at ABC was different from others. For example, some programs demanded more **time living in treatment** while others required less time in treatment. Another comment was that the **food** at ABC Recovery is better than other rehabilitation centers, among **other** miscellaneous comments (*n* = 9).

CONSEQUENCES
STRUCTURE
CLASSES
STABILITY
ATTENTIVE
SUPPORTIVE
MOTIVATION
COMFORTABLE
GROUPS
COMPREHENSIVE

Clearly, clients have observed many positive changes in their lives because of participating in the ABC Recovery Program. The qualitative comments offer self-reflections and insight on actual life changes experienced by clients who benefited from treatment by ABC Recovery.

Conclusion

The findings of this report yield several positive takeaways regarding the treatment provided by ABC Recovery Center. Average client scores improved across all assessments; client scores decreased for depression, anxiety, PTSD, and ADHD.

Quantitative results are corroborated by comments from clients which details the positive changes they've observed in their lives, the strategies they learned to manage their substance abuse and mental health, and the various ways in which treatment at ABC Recovery was better than treatment they received elsewhere.

Certainly, there is evidence that ABC Recovery offers treatment that is beneficial to clients.

Data tracking by ABC Recovery could benefit from slight modifications to optimally track the progress and success of clients:

- It would be useful for ABC Recovery to create a codebook of categories to be used for classifying client information. For example, race, ethnicity, and drug of choice are coded somewhat differently between counselors/psychiatrists, which makes it difficult to make comparisons between clients.
- Increasing the number of clients to complete the second assessment would help to provide a more comprehensive understanding of the value of treatment.
- It could be beneficial to add a qualitative question to ask clients "in what way could their treatment at ABC Recovery be improved". While all clients are highly satisfied with their treatment, asking for ways to improve could help ABC identify ways to make their treatment delivery even more exceptional.