

Gosnold, Inc.

P.O. Box 929
Falmouth, MA 02541
(508) 540-6550
www.gosnold.org



Gosnold, Inc., offers a full range of addiction recovery management services as well as outpatient mental health in eight locations in Southeastern Massachusetts. Information on admissions and services is available at 1-800-444-1554 and on the Web site. Recent additions to services include a 30-day state-of-the art rehabilitation unit and an expanded intervention service.

INCREASING CONTINUATION

Change Leader: Tommie Ann Bower, TBower@gosnold.org

Team Members: J. McGrail, Doug L., J. Shadyac, W. Cotter, J. Fay, G. Wheeler, and J. Phelps

Location: Miller House

Level of Care: Residential treatment

Population: Men in early recovery, 60–90 day residential program

Aim Addressed: Increase continuation

Start Date: April 1, 2004

Project Status: Sustained July 1, 2004; discontinued and then reinitiated

GOALS AND MEASURES

Gosnold set increasing treatment completion rates in residential rehabilitation as our goal. To measure our progress toward this goal, we continued to track treatment completion rates and gather information on patient satisfaction.

CHANGES IMPLEMENTED

Gosnold decided to implement the following changes to improve residential treatment completion:

- Segment group into two “units” to increase affiliation camaraderie
- Add structure and activities for younger males
- Modify group “therapy” to a more rigorous patient-led process—following principles of motivational interviewing, but adapted to a group format (Plan-Do-Measure-Act structured group)
- Design and implement a pre-contemplation to contemplation adult learning education project—“Building Recovery”
- Study outcomes through patient feedback, focus group, and written program evaluations

IMPACT AND LESSONS LEARNED

This extreme program makeover resulted in high praise from patients, and continuing resistance from staff. Patient satisfaction ratings went from low 60% for group counseling, “helping you with your recovery” to high in the 90s. Patients spoke openly in the community of their “PDMA” projects, and of great importance, the younger opiate-addicted patients had self-directed challenges. After a change in leadership, the program was dismantled and the original staff returned to a more staff-dominated environment. The project is again under new management, with improvements being reinstated.

Structures designed to mandate that counselors work from patient priorities and to ensure that patients are working instead of “listening” were spread to the women’s residence where they have been embraced by both staff and patients. In addition, “Building Recovery” and other innovations informed the new 30-day rehabilitation program at Cataumet.



Trend lines using the NIATx continuation measure of four weeks show some upswing. The three-month average for continuation prior to initiation of the project was 72%, and the post-change continuation rate has averaged 88% (including the period in late 2004 when the project was discontinued). Program completion rates beyond the four weeks show dramatic improvement.