**Recovery Unplugged Treatment**

The treatment delivered at Recovery Unplugged is multifaceted with many elements—some more obvious (e.g., the use of music to frame therapeutic content) and some less obvious (e.g., creating what we refer to as a ‘culture of seeking’ in which clients explore interests to foster recovery). We engaged in five inter-related activities to help us better understand these primary treatment components: (1) discussions with staff; (2) focus group interviews with PHP clients; (3) focus group interviews with OP clients; (4) direct observations of clinical services; and (5) review of progress notes for individual clients. Each of these activities led to the creation of a consolidated summary document detailing primary conclusions. In addition, we created a document outlining identified constructs and client suggestions for changes. All seven documents have been consolidated into this larger document. Below is a list of the component documents—along with a brief description of contents—in the order in which they appear.

1 – Elements of Treatment at Recovery Unplugged   
This document contains a list of potential elements of treatment that was gathered by informal and formal meetings with staff from Recovery Unplugged. For example, it contains descriptions of the values that infuse treatment, music’s role in treatment, and therapeutic process factors.

2 – Consolidated Summary of PHP Focus Groups  
This document contains a description of procedures used to conduct the PHP focus groups, demographic data from the participants, an overview of responses to all focus group questions, and a copy of the demographic forms and focus group questions.

3 – Consolidated Summary of OP Focus Groups

This document contains a description of procedures used to conduct the OP focus groups, demographic data from the participants, an overview of responses to all focus group questions, and a copy of the demographic forms and focus group questions.

4 – Consolidated Summary of Direct Observations of PHP Clinical Services   
This document contains a detailed description of the procedures used for these direct observations. It describes several elements of treatment (e.g., music related, group related) that were observed. It also contains a description of what was most beneficial in the groups.

5 – Consolidated Summary of Individual Client Progress Notes  
This summary contains a description of procedures that were used for evaluating individual client progress notes, general observations from the progress notes, and an overall summary describing the nature of the progress notes and suggestions for improvements.

6 – Constructs of Interest

This document is a list of possible constructs of interest that should be considered for inclusion in the research phase of the project.

7 – Summary of Client-Suggested Changes

This document is a list of client suggestions to improve Recovery Unplugged. These data were collected from the PHP and OP clients during the focus groups.

**Elements of Treatment at Recovery Unplugged**

Procedure

The information contained in this document was gathered by formal and informal meetings with staff and other Recovery Unplugged stakeholders.

General

* Music is central to all treatment activities (see below)
* Treatment model is eclectic – with music as the catalyst and organizing element

Elements of the following schools of psychotherapy might be utilized

* Gestalt
* RET
* CBT (focus on distorted thinking, emotion regulation, learning more adaptive coping strategies)
* DBT
* 12-step facilitation (clients attend 12-step meetings daily)
* The treatment model and delivery is conceptualized as a system that is not tied to any individual (e.g., clinician), so personnel can change and the system operates as usual
* RUP focuses on recovery triggers (as opposed to relapse triggers)
* Clients work on daily living skills (e.g., budgeting money and learning about healthy eating)

Values that Infuse Treatment

* Staff works tirelessly to create a positive therapeutic milieu
* Staff tries to model healthy relationships (with and for clients)
* Client-centered and efficient care; there are daily staff meetings, so the individual tailoring can be easily passed on from team member to team member
* Goal is to have client’s medical exam completed within 24 hours of arrival
* Goal is to have client’s treatment plan created within 3 days of arrival
* Therapists will meet with clients in weekly 1 on 1 sessions (although clients can request additional individual sessions – if needed)
* In addition to daily staff meetings, the clinical team has a longer meeting on Wednesdays during which Brandon will provide some supervision, therapists will discuss more difficult clinical cases, and discharge plans will also be discussed
* Non-confrontational
* Supportive and nonjudgmental
* Focus on the positive
* Patients are involved in the creative process
* The staff operates based on principles of honesty, integrity, humility, and acceptance – setting the example for the clients
* Clients will be dismissed from treatment if they violate one of the four rules (substance use, stealing, violence or threat of violence, and inappropriate sexual behavior) (Clients are dismissed very infrequently)

A Strong Focus on Client Engagement

* Client engagement is considered very important, given Paul’s prior experiences with high treatment attrition in other treatment centers operating in south Florida
* When client is first picked up by van, a song from his/her preferred genre of music will be playing
* When clients are being admitted (meeting with admissions person or tech), relevant music will be playing
* Timely implementation of client’s medical evaluation and treatment plan also support engagement efforts
* More senior residents will often reach out to newer residents – also helping with engagement

Music’s role in treatment

A number of ways music is used at Recovery Unplugged were described by staff. We clustered these observations along several dimensions including (1) engagement, (2) community, (3) emotion-related, (4) stress reduction, and (5) portability.

*Facilitates engagement*

* Many clients like those seen at Unplugged are younger and more treatment resistant, so the music helps hook them in treatment – leading to lower attrition rates
* It gives the clients a sense of personal identification; a sense that they are cared for
* Music is great for rapport building because clients identify with it and it creates a novel frame for treatment
* Music can help break down barriers
* Creative expression will help clients get out of their cognitive ruts (perhaps resulting in decreased rumination or negative thought loops)
* When clients see their peers engaging in creative expression, they might be more willing to attempt it

*Fosters community*

* Sharing in the music-related activities helps clients feel deeper connections with each other, which also facilitates the therapeutic process
* Music can forge a spiritual connection between the client and the music and also among clients sharing in the musical experience

*Facilitates emotional identification / expression / regulation*

* Music has a more direct line to the emotions
* Music can inspire and cultivate self-exploration / expression
* Music serves as an effective and nonthreatening way for clients to experience emotions
* It is not just helping clients verbalize their emotions – but the music helps them experience deeper feelings
* Music will help clients open up about their experiences
* It helps with emotional regulation
* Writing a song or a poem (or helping the clients do this) creates a different pathway to emotions or the content being targeted

*Facilitates stress reduction*

* Music can reduce stress

*Can act as bridge between treatment and life after treatment*

* Music creates a bridge between PHP and life after PHP because clients leave with mp3 players with meaningful songs on them

Richie’s group

* The fact that Richie is famous hooks the clients
* It is also helpful that he is in recovery and is open about his experiences
* He will try and engage clients that seem a little more guarded
* The lyrical content gives them some hope
* Clients will let go of some inhibitions (e.g., will dance, sing, play an instrument)
* Clients will also feel a sense of identification with one another and some shared emotional connections

Factors associated with client success (what makes it more or less likely clients will succeed?)

* Willingness to ask for help
* Clinicians will use MI techniques to help cultivate willingness and motivation on the part of clients
* Honesty
* Clinicians help clients be more honest about their past
* Overcoming shame
* Shame can be an obstacle
* Clinicians try and help clients resolve the shame associated with drug addiction
* Clinicians talked about using music to help with this.
* Being better able to identify, process, and manage emotions
* A lot of discussion with clinicians centered around emotion regulation
* Feeling less stress
* Brandon mentioned that he will use meditation, relaxation, and imagery to help with stress reduction

Therapeutic process factors

* Challenge irrational beliefs
* Facilitate the emergence of hope
* Help client overcome fears/insecurities and promoting self-confidence, which gives clients a sense that change is possible (i.e., increased self-efficacy)
* Helping clients tolerate emotional distress, which will be helpful when client experiences setbacks in life and efforts to maintain abstinence
* Reinforce progress (e.g., Cheryl talked about reinforcing ‘kudos’ moments—when clients point out how someone else successfully coped with adversity)

**Consolidated Summary of PHP Focus Groups**

Procedures

Three focus group interviews were conducted with four male and six female PHP clients. Christian conducted each interview and was assisted by either Morgan or Olivia. General procedures followed the same three step sequence. First, Christian explained purpose of interview (e.g., to get client perspective on treatment at Recovery Unplugged) and discussed that data would be kept confidential. Clients were given an opportunity to ask questions about data and how they would be reported to the treatment center staff. Second, clients completed two brief demographic surveys (see Appendix A), which took approximately five minutes in total. Responses were sealed and opened once all focus group interviews were completed (to help maintain client anonymity). Third, Christian posed the focus group questions in order of appearance (see Appendix B). Either Morgan or Olivia typed notes directly into laptop in an attempt to generate a written transcript of the interview. (We chose not to audio record interviews to help foster honest responding.) Christian would sometimes ask follow-up questions, but this occurred relatively infrequently.

In general, clients responded in a thoughtful manner and appeared forthcoming. They demonstrated a level of comfort with other group members and often made comments supportive of one another, suggesting a strong sense of community among residents. At times, they disclosed highly sensitive information about their substance use history or prior attempts at recovery—probably owing to the level of comfort they experienced at Recovery Unplugged. At the conclusion of each interview, clients were given an opportunity to ask questions or discuss issues that had not been discussed. In general, clients did not have much to add, over the material captured in the interview. At the conclusion of our third focus group interview, we felt we had hit a saturation point with the information collected. In other words, we did not believe any new information would be revealed in a subsequent interview (given the general consistency of responding in the first three interviews).

Participants

Participants were 10 Caucasian PHP clients (six female). Their ages ranged from 19 to 31 (average age, 25). The vast majority indicated that they have co-occurring mental health problems (*n* = 9) and that heroin was their drug of choice (*n* = 8). The majority of participants had been in PHP for several weeks. On average, residents had attended 3 prior inpatient treatments (range, 0 to 6) and two prior outpatient treatments (range, 0 to 6). Forty percent of residents reported having attending 90 or more 12-step meetings prior to admission to Recovery Unplugged, whereas 20% of residents reported no prior 12-step meeting attendance. All of the participants indicated that Recovery Unplugged provided better treatment than their previous treatment providers. Participants were also asked to rate their overall experiences at Recovery Unplugged on a scale from 1 (terrible) to 10 (exceptional). Results showed that one participant rated it a 6, one rated it an 8, five rated it a 9, and three rated it a 10 (average, 8.9; range, 6 to 10).

Overview of Document

Next, we present the consolidated summary of responses to all focus group questions, aggregated over all participants and focus groups. Under each question, we usually provide a summary of the responses, followed by specific points discussed by the residents. At times, we contextualize client responses through the use of direct quotes. (The parenthetical citations for quotes—e.g., FG1, M4—stand for Focus Group 1, Male # 4.)

1. How would you describe your overall experience at Recovery Unplugged?

In general, clients reported very favorable experiences at Unplugged. Comments can be summarized as follows:

Treatment environment

Clients talked a lot about the positive treatment environment created by the staff. Several clients made statements like, “I know they genuinely care about me and are not just in this for the money.”

“There’s a sense of family here and I view all of the staff as more of mentors and friends as opposed to someone who tells you where you need to be and what you need to be doing. I can tell the staff anything that’s going on with me and I know that there is genuine care and concern.” (FG1, M4)

Treatment process

*Creativity*

Clients talked about how Unplugged was ‘creative’ in their approach to treatment. Several clients made statements like, “The focus here is on music and feelings, rather than countless boring lectures about addiction.”

“You can start to feel things again. When you hear the music and you’re jamming to it, you get to feel stuff again. You aren’t learning about addiction day after day after day.” (FG3, F1)

*Strength-based focus*

Clients talked about the focus of treatment being positive. Clients with prior treatment experiences mentioned that other centers try and ‘break you down.’ In contrast, at Unplugged, the emphasis is more on building you up.

*Having fun while in treatment*

Clients talked about the importance of having fun during treatment. There are many activities throughout the day that can help clients have positive experiences (e.g., using the gym, doing yoga, and working on music or with other creative outlets). Clients remarked that these activities can help ‘balance out’ the ‘heavier’ activities of process groups.

“A lot of centers focus on what triggers a relapse and what not to do. Here is it more optimistic and they teach you how to have fun.” (FG3, F4)

1. What were the most helpful elements of treatment?

Clients’ general responses to this question would be something like, “I liked it all.” When we probed further, clients made comments along these four inter-related dimensions.

Exceptional Staff

A common theme that emerged over questions and focus groups was the high quality of the staff. Clients were confident that clinicians had the requisite knowledge to help them. They appreciated the clinicians’ level of professionalism—in terms of their credentials and how they facilitate groups, and also the fact that many of them were in recovery and had some personal experiences with drug addiction. Clients also had positive things to say about facilitators – although they remarked that groups were “more likely to get off-track” when led by facilitators. Finally, the clients had very positive things to say about the techs.

“The staff are free often and I can talk to them about anything and they have the experience that is helpful.” (FG1, M2)

Outlets for Creative Expressions

Clients enjoyed the creative outlets that Unplugged offered. For those with musical backgrounds, it gave them an opportunity to play and be creative without using drugs. For those without musical backgrounds, they often connected with some prior manifestation of creativity (e.g., writing poetry, drawing).

Level of Autonomy / Independence

Clients remarked about the level of autonomy and independence as being refreshing. Those with prior treatment experiences remarked that other facilities “sometimes treat you like children.” At Unplugged, they felt as though they were treated like adults

Focus on Life Skills and Life Outside of Treatment

Part of the focus on life skills and life outside of treatment contributed to clients feeling as if they were treated like adults. They remarked that having to be responsible for basic life skills like shopping and cooking and cleaning were helpful because these skills would often atrophy during intense addiction periods (or were never fully developed to begin with).

1. What were the least helpful elements of treatment?

In general, clients talked about the importance of the milieu – in terms of the other clients on the unit. They remarked that ‘bad apples’ can produce unnecessary drama and upset the positive treatment milieu. Although clients mentioned that this happens from time to time, clients also pointed out that staff will get involved and try and remedy these situations promptly when they occur.

Otherwise, the remaining issues raised were unique to specific clients and included the following:

* A comment that the caseload group was not as good as some of the others
* A comment that when facilitators run groups, they sometimes get off-topic, making it harder for everyone to share
* A comment about being allowed to go out on a pass to meet up with a 12-step sponsor for the purposes of step work
* Other residents mentioned minor inconveniences (e.g., needing to see techs to replenish toiletries, length of medication lines)

1. What did you think about the music-related elements of treatment?

In general, there was widespread agreement that the music-related elements of treatment were special. Not a single client made a negative or critical comment about the use of music in general. Client comments were clustered along the following domains.

Engagement and community building

Clients remarked that sharing music-based experiences with one another—either by listening or playing—helped with creating a sense of community by facilitating client bonding.

Music can elevate mood

Clients talked about how listening and playing music with one another can be fun and create lots of positive experiences. At least one client remarked that he has used music in the past to help overcome depression.

Music and emotional expression / identification

Clients talked about how music facilitates emotional identification and expression. They remarked that being exposed to different and new songs / artists helps to broaden their experience base.

Music as on-demand therapy

Clients also remarked that listening to music can help them overcome negative emotions without having to interact with another person (like talk to a therapist or friend). They remarked that this can be helpful when they do not necessarily feel like interacting with others.

“I like the mp3 players. I don’t always feel like talking to other people, so I listen to my mp3 player and it makes me feel better.” (FG 3, F3)

Performance-based elements of treatment produce self-efficacy and feelings of vitality

Clients uniformly remarked that the performance-based elements of treatment make them feel good and reinforced important skills like perseverance and facing fears. This enables the clients to experience self-efficacy in this context, which can potentially translate to other contexts (like self-efficacy around substance use).

Clients also talked about the performances as fueling feelings of vitality. Interestingly, some clients drew direct parallels between performing and feeling invigorated the way that drugs used to make them feel.

“When I’m doing something with music, it’s the only thing that excites me the way that drugs did. I know it sounds bad, but it’s healthy and natural. Gets me excited, helps my heart beat fast. As long as I can learn to turn to things that are healthier, I can maintain sobriety. I want things that are passionate to put energy in.” (FG2, F2)

“When you get on stage, even the little group of people here, there’s an adrenaline rush that feels like it did when I was using. Teaching me to put myself out there in a good way, not the negative ways I was doing beforehand.” (FG2, F1)

1. What skills have you acquired during treatment?

When asked this question, clients often responded by discussing things they are learning in treatment.

Strengthening Personal Attributes

*Increased personal responsibility*

Clients talked about learning how to be responsible for things (e.g., time management, shopping, cooking).

Clients talked about making contributions to the community, by being positive and supportive of other members.

Clients talked about pursuing goals and approaching life with more passion. For example, they mentioned that clients will often get together for informal 12-step literature discussions at the end of a long day (back at the residences).

*Having more patience*

Many clients remarked about being more patient and realizing that not all things happen very quickly.

*Being more persistent*

Many clients talked about being more passionate and persistent when it came to pursuing goals (as described above).

*Increased inner peace / Healthier expression of emotions*

Clients talked about responding to stressors in a less negatively emotionally charged manner. For example, they talked about being less impulsive (e.g., had fewer emotional outbursts), and being better able to stay present in the moment (by utilizing relaxation and meditation-style reflection).

*Enhanced self-worth*

Clients talked about increasing their levels of self-love.

*Enhanced coping self-efficacy*

Clients often remarked about feeling confident to cope with life’s challenges when they leave treatment. Some of them talked about using the music to help cope with negative emotional states. Others talked about specific ‘relapse prevention’ plans worked out with individual therapists (e.g., carrying a paper summarizing use triggers and steps one could take to cope with such triggers). As noted above, others talked about allowing thoughts to come and go without the intense emotional charge that they used to have, which can also help with thoughts of using drug. One of the clients talked about this as the “Teflon mind.”

Creating a vision of a positive life without drugs

Clients talked about how engagement is simple activities – like going to the movies or going bowling helps them see that life in recovery (without drugs) can be fun. This can be thought of as positive activity scheduling. These experiences can also help build a bridge between the treatment experience and activities that clients might engage in on their own outside of treatment.

“It’s taught me how to have sober, clean fun. Other treatments didn’t do that – they don’t teach you how to have fun. That’s big because addicts think that recovery sucks. Although we have serious groups, it has taught me how to have fun again. A lot of people have a hard time having fun without drugs.” (FG3, F4)

Building relationship skills

Clients talked about learning how to have healthier relationships by becoming a better listener, perspective taker, and communicator. They also talked about identifying and avoiding interaction styles that were less healthy (e.g., using manipulation to achieve interpersonal goals).

1. Was your treatment individualized to meet your needs and if so, how?

Clients believed strongly that treatment was tailored to their individual needs. Below are some specific points that clients highlighted.

Staff focus on individual client needs

A pervasive theme across all focus groups was the level of caring, concern, and responsiveness of staff, which helped clients feel special and understood as individuals with specific needs. For example, clients remarked that staff would purchase instruments at a client’s request.

*Tailoring of one on one sessions*

In addition, many clients commented on the one on one sessions and how they were individualized.

*Mental health team focus on individuals*

Clients remarked that the mental health team also recommended highly individualized treatments.

*Client empowerment*

Clients remarked that they had a true say regarding their treatment plans. They would be able to review the plan and make modifications as necessary.

“Yeah, they asked me whenever I came in what I needed to work on. I told them relapse prevention, so now I have to make a plan for all of my problems. When my triggers come, what I am going to do. “(FG3, F1)

1. If you could change something about Unplugged, what would it be?

This question is similar to # 3 above (about least helpful elements of treatment). Again, clients were generally very happy with services received.

Additional opportunities for creative outlets

Clients wondered whether client-specific outlets for creativity could be increased. For example, they wondered if rather than meeting once a week, the open-mic group could occur twice a week.

Related to this issue, clients remarked that Richie’s groups were very redundant. They argued that he generally played the same set of songs week after week – with few modifications. Although they were quick to point out that they liked Richie as a person and appreciated his musical talents – especially the lyrical content of his songs – they wondered whether his groups could change more regularly.

Hectic pace of day

Clients in one group remarked that their days were really full with activities and that they would often not cook and eat dinner until after the evening 12-step meeting. Although they enjoyed these activities, they wondered whether the pace could be lightened somewhat.

Other minor comments

Other minor comments were made by one or two clients.

* One client said that the techs should communicate with one another more optimally because they sometimes give inconsistent answers to questions
* Once client wondered if groups could be shorter (say 45 minutes)
* One client remarked that the lunches are the same every week (e.g., whatever is for lunch on Mondays will tend to be repeated over weeks)

1. Do you feel ready to transition out of treatment?

Clients offered multiple perspectives on this question. Some said that after approximately 30 days of PHP, they felt ready to transition out of treatment. Others mentioned that they did not feel ready and were able to extend treatment further. They viewed this issue of individual variability of treatment termination as a plus. Many clients remarked that Unplugged would help them out financially (through scholarships) if they needed to extended care but were unable to pay or use their insurance.

Some clients talked about achieved outcomes as evidence they were ready to leave treatment (e.g., I am less impulsive, less angry, less negative, and I feel much more ready to leave this treatment relative to others I have attended).

Some clients talked about specifics of their transition plans. For example, one person talked about a concrete plan to build support in 12-step meetings because s/he will be remaining in the area after treatment (even though s/he lived in a different state at the time of admission).

Others were happy to have the OP option at Unplugged.

“It’s important to have a safe place to be to get drugs out of your system and to learn about it, but then once you get out, you need a safe place to be because you want to relapse so badly.” (FG 3, F1)

Other clients talked about getting a shot (opiate blocker?) as they get ready to transition out of PHP.

Other clients talked about Recovery Unplugged being willing to help them find work after treatment. This is particularly helpful for clients who are not returning to a job when they leave treatment.

1. What made you choose Unplugged?

A number of answers were offered including:

* Heard about the music-based treatment
* Referred by family and/or friends
* It was recommended and sounded cool (because of the music)
* The idea of a higher success rate than is typical (like 40%, by word of mouth)
* Others just “ended up here.”

1. If you have been in treatment before, what makes Unplugged different from those other facilities?

The majority of focus group members had prior experiences with treatment. A dominant theme across all focus groups was how different Unplugged was from other places. Although lots of specific issues were identified, most of them cluster along two dimensions: (1) the music and client engagement in the creative process, and (2) the staff and its level of organization, professionalism, and kindness.

Other clients discussed what they referred to as ‘structured freedom and independence.’

In addition, one client remarked specifically on the ‘motivational’ video in the mornings.

“I like the motivational video in the morning. Those are awesome. If I’m having a crappy morning, I watch the video and it makes me feel better. The words are so powerful. Other centers should do that. It gives you motivation for the day.” (FG3, F1)

1. What was the client community like for you?

Another dominant theme that emerged over all focus groups was the wonderful community that clients create for one another. Many of the clients in the focus groups had very positive things to say about other clients in the same focus group and we observed clients interacting with one another in a warm and supportive manner (in focus groups and during other direct observations of clinical services).

Clients remarked that it was easy getting close to other residents and many reported making good friends during treatment.

1. What was the staff like for you?

High praise for the staff was offered across questions and focus groups and much of this information is captured above and will not be repeated here. Clients also shared many observations about staff being in recovery.

Staff in Recovery

The issue of staff being in recovery came up in multiple groups and this is an issue we probed further in at least two groups. In general, clients were happy and relieved that the majority of staff was in recovery. Clients seem to find this very comforting. It seemed to help with feeling shame or judged “because they have been in our shoes.” Some clients expressed that they would not feel as comfortable with therapists who were not in recovery. One or two clients spoke out against this perspective and said they were open to all of the professionals seeking to help them with their addiction.

1. Anything else you would like us to know?

At the end of each focus group, we asked clients if they had any other thoughts they would like to share with us. In general, the clients expressed a deep sense of gratitude for the center and its staff, saying things like, “This place saved my life.”

“It’s unheard of. When I tell people about it, they don’t believe it. Anyone could have music as a part of the program, it’s all about the people who work here.” (FG 1, M1)

Appendix A: Brief Demographic Surveys

Residential Client Focus Group Interview (Demographic Form Part A)

1. What is your sex?
2. Male
3. Female
4. Transgender
5. What is your current age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. How would you identify your ethnicity?
7. Caucasian
8. Hispanic/Latino
9. African American
10. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Approximately how long have you been in residential treatment at Recovery Unplugged?
12. First week of treatment
13. Second week of treatment
14. Third week of treatment
15. Fourth week of treatment
16. Beyond fourth week
17. Approximately how many prior substance use treatments have you participated in?
18. # of inpatient treatments: \_\_\_\_\_\_\_\_\_\_\_\_
19. # of outpatient treatments: \_\_\_\_\_\_\_\_\_\_\_\_
20. How would you identify your drug of choice?
21. Do not really have one
22. My drug of choice is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
23. Prior to attending Recovery Unplugged, approximately how many 12-step meetings (AA / NA / CA) have you attended?
24. None
25. 1 to 10
26. 11 to 30
27. 31 to 90
28. More than 90
29. In addition to substance use, do you identify as having significant mental health issues in another area (e.g., depression, anxiety, bipolar disorder).
30. No
31. Yes

Residential Client Focus Group Interview (Demographic Form Part B)

1. Who is your primary therapist? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If this is not your first residential treatment, how would you compare Recovery Unplugged to your prior residential treatments?
3. Better
4. About the same
5. Not as good
6. On a scale of 1 to 10, with 10 being exceptional and 1 being terrible, how would you rate your overall experiences here at Recovery Unplugged?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Terrible |  |  |  |  |  |  |  |  | Exceptional |

Appendix B: Focus Group Interview Questions

**Residential Client Focus Group Interview Questions**

See also ‘Residential Client Focus Group Interview (Demographic Forms A and B)’

1. How would you describe your overall experience at Recovery Unplugged?
2. What were the most helpful elements of your treatment?
3. What were the least helpful elements of your treatment?
4. What did you think about the music-related elements of treatment?
5. What skills have you acquired during treatment?
6. Was your treatment individualized to meet your specific needs? If so, how?
7. If you could change something about Recovery Unplugged, what would it be?
8. Do you feel ready to transition out of treatment?
9. What made you choose Recovery Unplugged as a treatment option?
10. If you have been in residential substance abuse treatment before, what makes Recovery Unplugged different from those other facilities?
11. What was the client community like for you?
12. What was the staff like for you?
13. Anything else you would like us to know?

Consolidated Summary of OP Focus Groups

Procedures

Two focus group interviews were conducted with three male and three female OP/IOP clients. Christian conducted the first interview and was assisted by Morgan. Morgan conducted the second interview and was assisted by Olivia. The procedures for the OP focus groups closely followed those implemented for the PHP focus groups and are explained in more detail in the document discussing the results of the PHP focus groups (i.e., ‘Consolidated Summary of PHP Focus Groups’).

Participants

Participants were six Caucasian IOP (*n* = 3) and OP (*n* = 3) clients. Half of the participants were male and half were female. All participants indicated that opiates were their drug of choice and all reported living in housing affiliated with Recovery Unplugged. The participants ranged from being in their first month of treatment (*n* = 1), their second month of treatment (*n* = 1), their third month of treatment (*n* = 2), and being beyond their third month of treatment (*n*=2). On average, participants had attended two prior inpatient treatments (range, 0 to 6), and 1.7 prior outpatient treatments (range, 0 to 4). When asked about 12-step meeting attendance prior to treatment admission at Recovery Unplugged, two participants reported attending more than 90 meetings, two reported attending between 31 to 90 meetings, and one reported attending between 1 to 10 meetings. Only one participant reported no prior 12-step meeting attendance. In contrast, all participants reported current average weekly attendance of 3 or 4 community based 12-step meetings and all reported significant 12-step involvement (e.g., having a sponsor, connecting with other members, reading 12-step literature). Five of six participants reported sharing at a meeting in last two weeks, and three of six participants reported having helped set up or run a meeting in the last two weeks. Three participants reported working between 31 and 40 hours a week, one reported working between 21 and 30 hours a week, one reported working between 11 and 20 hours a week, and one was unemployed. All of the participants indicated that Recovery Unplugged provided better treatment than their previous treatment providers. Participants were also asked to rate their overall experiences at Recovery Unplugged outpatient treatment on a scale from 1 (terrible) to 10 (exceptional). Results showed that one participant rated it a 7, one rated it an 8, two rated it a 9, and two rated it a 10 (average, 8.8; range, 7 to 10).

Overview of Document

Next, we present the consolidated summary of responses to all focus group questions, aggregated over all participants and focus groups. Under each question, we usually provide a summary of the responses, followed by specific points discussed by the clients. At times, we contextualize client responses through the use of direct quotes. (The parenthetical citations for quotes – e.g., FG1, M1—stand for Focus Group 1, Male #1).

1. How would you describe your overall experience at Recovery Unplugged?
   * Clients regard their experience at RUP as very positive, engaging, and enjoyable. There was a strong emphasis on the staff in that they genuinely care about the client’s individual needs. Minor setbacks were discussed (e.g., scheduling conflicts, repetitive aspects of group therapy).
   * Very positive
   * Individual needs are accounted for and taken seriously by staff
   * Emphasize having fun and enjoying yourself

“You’re doing a lot of work on yourself and you’re also having fun here at the same time.” (FG1, M1)

* + Groups are good, but repetitive
  + Staff is caring and compassionate

“They care so much more than any other place I’ve been to.” (FG1, F2)

* + The schedule can be difficult to manage

1. How was your transition out of treatment?
   * Staff members ensure client’s success through early preparation and focusing primarily on recovery. Client’s feel that the transition is smooth and unpressured.
   * Smooth, well prepared, unpressured
   * Staff go out of their way to ensure client success (e.g., preparing early for transition, strong focus on recovery itself, help financially if client is struggling)

“The focus has always been on me and my recovery. They really help you transition so you can still work on yourself.” (FG1, M1)

1. What are the most helpful elements of outpatient treatment?
   * The clients believe that having a creative outlet for expression and being able to connect and identify with others in recovery on a regular basis are important and helpful elements in outpatient treatment at RUP.
   * Individual therapy sessions and weekly check-ins
   * Being able to identify with others in recovery (e.g., guest speakers)
   * Outlet to express oneself creatively that acts as a replacement to drug use

“When I’m in the real world and I feel like getting high, I don’t think about my behavior or the lectures. I pick up my guitar.” (FG1, M1)

* + Sense of community with clients and staff

1. What are the least helpful elements of outpatient treatment?
   * Clients remarked that RUP’s schedule is not accommodating to those with conflicting work schedules and “bad apple” clients often spoil the RUP experience for those serious about recovery. However, the clients stated that while they may not initially understand the significance in every element of the RUP program, these elements are often utilized and appreciated at later points in their recovery.
   * “Bad apples” that jeopardize everyone’s success
   * The RUP schedule often conflicts with clients’ work schedules
   * Every element is helpful, regardless of how pointless or useless it may seem in the beginning

“In the long run, everything has a lesson behind it.” (FG1, F1)

1. What do you think of the music-related elements of outpatient treatment?
   * While music itself can elicit positive emotions, it can also act as a mnechanism to engage clients in expressing themselves beyond their typical comfort level. The music-related elements of outpatient treatment can be helpful, but also redundant.
   * Evokes positive emotions

“Music is like a free high.” (FG1, F1)

“There have been times when I play a song and it gets me through a little longer. It’s a tool I’ve learned.” (FG1, M1)

* + Use music as a tool to get people out of their comfort zones
  + Beneficial, but repetitive
  + Allows clients to identify and express their thoughts and emotions

1. What skills are you acquiring during outpatient treatment?
   * RUP equips clients with various skills, some related specifically to recovery (e.g., identifying triggers and coping mechanisms), and others more general (e.g., basic life skills, personality characteristics).
   * Acceptance

“It’s definitely a journey. It’s hard, but it’s easy at the same time. If you accept what you have to do in order to gain all those things back [life skills], then it’s not that hard.” (FG1, F1)

* + Assertion
  + Identifying triggers
  + Coping mechanisms
  + Processing and dealing with your feelings
  + Patience
  + Honesty
  + Responsibility
  + Integrity
  + Basic life skills (e.g., budgeting)

1. Is your outpatient treatment individualized to meet your specific needs? If so, how?
   * The clients feel that RUP treatment is individualized to meet specific needs because equal opportunity is afforded to all and one-on-one sessions address client-specific problems.

* Yes
* Everyone has the opportunity to share their thoughts/feelings
* Clients are assigned individual therapists – although all staff members are available, if needed

1. If you could change something about Recovery Unplugged outpatient treatment, what would it be?
   * The clients expressed a desire to have a more flexible schedule to accommodate those who are employed.
   * Scheduling and accommodating work schedules
2. Do you have any plans for transitioning out of outpatient treatment?
   * The clients have plans for transitioning out of treatment, however further collaboration with staff members is necessary to finalize these plans.
   * Yes – however, the clients stated that they are in the process of finding apartments
   * Staff are helpful in the transition process
3. Why did you choose to attend outpatient treatment at Recovery Unplugged?
   * The clients were attracted to RUP’s outpatient treatment due to prior exposure, familiarity with current clients, and the program’s dedication to recovery.
   * Enjoyed RUP’s PHP program more than other programs
   * RUP takes recovery seriously
   * Had friends in the OP treatment program
4. If you have been in outpatient treatment before, what if anything, makes Recovery Unplugged different?

* RUP is unique to other treatments because it emphasizes the importance of individual needs, while still focusing on the community as a whole. The staff genuinely care about the comfort and wellbeing of the clients at RUP.
* Focus on the individual and their specific needs
* Sense of community

“I feel comfortable. I am away from my family and this makes me feel like I have a family. I can call pretty much anyone if I’m struggling.” (FG2, M1)

* Staff is caring and considerate

1. What has the client community been like for you during outpatient treatment?
   * The client community is close knit, keeps members in check by holding them accountable, and offers support and acceptance in challenging times.
   * Supportive
   * Holds you accountable
   * Accepting

“It’s easier to come back here if you relapse because it’s more of a ‘family place’ here. You aren’t as ashamed.” (FG2, M4)

* + Close knit

1. How important is it for you to have staff in recovery?
   * While having staff in recovery appears to be a helpful element to RUP’s program, it is not a deal breaker.

* You feel comfortable and understood with staff in recovery

“Doesn’t make or break it, but it really helps to sit down and talk to somebody because they know what you’re going through.” (FG2, M4)

1. What has staff been like for you during outpatient treatment?
   * The staff at RUP are supportive, accessible, and put in a large amount of effort to ensure clients’ success.

* Highly supportive
* Staff goes above and beyond to help clients
* Accessible

1. Anything else you would like us to know about your experiences receiving outpatient treatment here?
   * While RUP appears to be making positive changes, there are still small improvements that could be made to benefit the clients.
   * The structure has improved significantly over the past year (e.g., designated IOP therapists, transportation is provided 4 nights a week)
   * The time requirement in stabilization was not clearly specified and caused frustration for one of the clients

Appendix A: Brief Demographic Surveys

Outpatient Client Focus Group Interview (Demographic Form Part A)

1. What is your sex?
2. Male
3. Female
4. Transgender
5. What is your current age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. What do you consider your clean date or sobriety date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. How would you identify your ethnicity?
8. Caucasian
9. Hispanic/Latino
10. African American
11. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. What type of treatment are you currently receiving at Recovery Unplugged?
13. Intensive outpatient
14. Outpatient
15. Approximately how long have you been in outpatient treatment at Recovery Unplugged?
16. First two weeks
17. Between two weeks and 1 month
18. In second month
19. In third month
20. Beyond third month
21. Approximately how many prior substance use treatments have you participated in?
22. # of inpatient treatments: \_\_\_\_\_\_\_\_\_\_\_\_
23. # of outpatient treatments: \_\_\_\_\_\_\_\_\_\_\_\_
24. How would you identify your drug of choice?
25. Do not really have one
26. My drug of choice is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
27. Prior to attending Recovery Unplugged, approximately how many 12-step meetings (AA / NA / CA) have you attended?
28. None
29. 1 to 10
30. 11 to 30
31. 31 to 90
32. More than 90
33. In addition to substance use, do you identify as having significant mental health issues in another area (e.g., depression, anxiety, bipolar disorder).
34. No
35. Yes

Outpatient Client Focus Group Interview (Demographic Form Part B)

1. Who is your primary therapist? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If this is not your first outpatient treatment, how would you compare Recovery Unplugged to your prior outpatient treatments?
3. Better
4. About the same
5. Not as good
6. On a scale of 1 to 10, with 10 being exceptional and 1 being terrible, how would you rate your overall experiences receiving outpatient treatment here at Recovery Unplugged?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Terrible |  |  |  |  |  |  |  |  | Exceptional |

1. What is your current living arrangement?
2. I currently live on my own
3. I currently live in housing affiliated with Recovery Unplugged
4. How many hours do you work each week?
5. I am currently unemployed
6. Fewer than 10 hours

1. Between 11 and 20 hours
2. Between 21 and 30 hours
3. Between 31 and 40 hours
4. On average, how many community-based 12-step meetings (e.g., NA or AA) are you attending each week?
5. None
6. 1 or 2
7. 3 or 4
8. 5 or 6
9. 7 or more

Please circle ‘yes’ or ‘no’ in response to the following questions.

|  |  |  |
| --- | --- | --- |
| Do you consider yourself a member of AA or NA or CA? | Yes | No |
| Do you have a sponsor? | Yes | No |
| Have you completed any formal step work with your sponsor while in outpatient treatment? | Yes | No |
| In the past two weeks, have you contacted your sponsor outside of meetings? | Yes | No |
| In the past two weeks, have you contacted other 12-step members outside of meetings? | Yes | No |
| In the past two weeks, have you read 12-step literature outside of meetings? | Yes | No |
| In the past two weeks, have you talked or shared during meetings? | Yes | No |
| In the past two weeks, have you helped to set up or run meetings? | Yes | No |

Appendix B: Focus Group Interview Questions

**Outpatient Client Focus Group Interview Questions**

1. How would you describe your overall experience receiving outpatient treatment at Recovery Unplugged?
2. If relevant, how was your transition from residential treatment?
3. What are the most helpful elements of outpatient treatment?
4. What are the least helpful elements of outpatient treatment?
5. What do you think about the music-related elements of outpatient treatment?
6. What skills are you acquiring during outpatient treatment?
7. Is your outpatient treatment individualized to meet your specific needs? If so, how?
8. If you could change something about Recovery Unplugged outpatient treatment, what would it be?
9. Do you have plans for transitioning out of outpatient treatment?
10. Why did you choose to attend outpatient treatment at Recovery Unplugged?
11. If you have been in outpatient treatment before, what if anything, makes Recovery Unplugged different from these other treatments?
12. What has the client community been like for you during outpatient treatment?
13. What has staff been like for you during outpatient treatment?
14. Anything else you would like us to know about your experiences receiving outpatient treatment here?

**Consolidated Summary of Direct Observations of PHP Clinical Services**

Procedures

At least twenty groups were observed by four team members. A number of groups were observed by two team members simultaneously – allowing for informal assessment of reliability of observations and creation of “consensus notes” documents. Many groups were observed on multiple occasions by multiple individuals (e.g., Richie’s groups, open-mic groups) to allow for examination of consistency across occasions, resident cohorts, and observer perspectives.

Direct observations of services led to creation of notes documents for the group in question. These notes documents were reviewed by multiple team members to generate more consolidated summaries. All component consolidated summaries were then reviewed, giving rise to the general observations discussed in this document.

Overview of Document

We describe several elements of treatment based on direct observations including: (1) the role of music in treatment; (2) group structure and content; (3) clinician-related behaviors; and (4) some “less visible” elements of treatment that were discussed by staff and/or residents during observed sessions.

In general, our experiences at Recovery Unplugged were quite positive. Staff and clients were very accommodating and seemed to be fairly unencumbered by our presence in the various groups we attended. The general climate in the treatment center is very warm and positive, an observation noted independently by all members of the consultation team. Staff and clients uniformly endorse this belief about the “family feel” at Recovery Unplugged and we concur.

We often had an opportunity to talk with clinicians/facilitators after an observed group to ask if they perceived the group as “fairly typical.” They generally endorsed this belief, which augments our confidence in the generalizability of the conclusions described below.

Music-Related

Although music played a role in most groups, it did not play a role in all groups. Moreover, the role of music varied across groups. When client engagement in music-related activities was more active (e.g., examining lyrical content), groups seemed to be more powerful and the clients seemed more engaged. When the role of music was more passive (e.g., simply listening to a song), groups seemed less powerful and the clients seemed less engaged. Residents also seemed to enjoy choosing the music that was used during the sessions.

* The role of music was considered more active when the music significantly framed group content (e.g., continued discussions of lyrical content in the Recovery Playlist group) and more passive when music was present but did not significantly frame group content (e.g., some caseload groups).
* The groups that explicitly include performance elements (e.g., open-mic, some caseload groups), tend to cultivate community-building through supportive exchanges among clients. This was a pervasive theme in such groups.
* Groups that more explicitly target emotional processing through music tend to reflect higher states of client engagement, include more positive themes, and include more of a focus on strengths.
* Music was sometimes used to “break tension” in a group that had a more difficult dynamic. For example, in a caseload group, a few clients were arguing with the therapist regarding aftercare plans. The therapist chose to take a break and play a song in order for group members to calm down. This music break seemed to diffuse the tension.

Below is a list of some specific ways that music was used in the groups observed:

* Support building (e.g., especially open mic)
* Emotional processing of lyrical content with explicit focus on themes of addiction and recovery (e.g., Richie’s group, recovery playlist)
* Inspirational (e.g., Richie’s group; mic check group)
* Facing fears (e.g., caseload group with residents singing)
* Mindfulness/relaxation/stress reduction (e.g., meditation groups)

Group-Related

Group content was variable. We would classify most of the group content as being high on elements like (1) emotional processing, and (2) expressions of support among residents.

There appeared to be less of a focus on specific skills related to maintaining abstinence from substances (e.g., identifying relapse triggers). There also appeared to be less of a focus on interventions that would be delivered in the context of a treatment like cognitive behavioral therapy—although elements of these strategies were observed (e.g., generating alternatives to coping with adversity, engaging clients in cognitive reappraisal).

* Clients remarked that focus on these sorts of skills (e.g., creation of a plan for dealing with relapse triggers) occurred during one on one sessions with clinicians, although our review of weekly progress notes on ten clients did not necessarily reflect this.

Groups can sometimes focus more heavily on one or two clients (out of eight or ten). In such instances, the dynamics appear a bit less comfortable. In contrast, groups featuring a more equitable balance of attention/participation appeared to be more active, helpful, and had fewer ‘dynamics’ issues.

* Although this sporadic imbalance can be expected due to the large number of groups conducted throughout a given week, it might be helpful to monitor this issue.

One cohort of residents indicated that groups were fairly redundant and that this was particularly true of a certain group.

Below is a list of topics covered in the groups observed. Many topics were covered in multiple groups. Although we clustered the topics along several superordinate dimensions, many topics could be cross-listed.

Cultivating one’s self concept

* Identification of individual strengths
* Goal setting
* Making changes
* Positive affirmations

Self-care

* Relaxation
* Meditation

Interpersonal

* Emotional processing
* Communication
* Healthy relationships
* Community building

12-step related

* Second step

In at least one instance, clients in one group were rehearsing for open-mic and clients in another (nearby) group were engaged in a guided meditation. In this instance, the music from the rehearsal group competed with the volume from the guided meditation group.

In one of the meditation groups, the choice of guided meditation seemed less than optimal. It was based on positive affirmations, but some seemed odd (e.g., making money comes easy to you).

Clinician-Related

Several clinicians have graduate degrees in relevant fields (e.g., mental health counseling). One certified music therapist is employed by the center.

In general, clinicians are skillful at establishing rapport with clients. Clearly, clients value the knowledge, professionalism, and accessibility of the clinicians (and the staff more generally). Clients would often say things like “I know they care about me” when talking about clinicians.

Clinicians/facilitators vary in their styles in terms of being directive (e.g., telling clients to pay attention) and confrontational (e.g., arguing against a client’s viewpoint). Groups seemed more powerful and the dynamic seemed more optimal when clinicians were less directive and/or confrontational.

Other (Less Visible) Elements of Treatment

* Clients attend a community-based 12-step meeting every evening.
* Clinicians and other staff members (e.g., techs) who are in recovery will share their experiences with clients. Multiple residents across multiple cohorts remarked that this is helpful. Clients indicated that they feel less shame and more shared identification when discussing sensitive issues with staff in recovery. Also, individuals in recovery provide access to powerful models of success.
* Clients can engage in many self-care activities, like yoga and exercise. Involvement in these activities can be viewed as positive activity scheduling, a common element of cognitive behavioral treatments.
* The center creates a culture of ‘personal responsibility’ in that clients are responsible for shopping, preparing meals, and cleaning while in treatment. Engagement in these activities can create positive behavioral scripts for clients and increase self efficacy for general life skills.
* The center creates a culture of ‘seeking’ in which clients are encouraged to explore interests—creative and otherwise—to facilitate recovery efforts.
* Clients believe strongly in the staff and the treatment model implemented at Recovery Unplugged.
* Clients with prior treatment experiences remark that treatment at Recovery Unplugged is more credible, client-focused, and fun.

**Consolidated Summary of Individual Client Progress Notes**

Procedures

Two team members reviewed approximately 50 weekly progress notes entered in the KIPU system from ten PHP clients (five males and five females). For each client, a document was created that included a summary of the therapist’s notes (e.g., information about the client, therapist interventions). These summary documents were then consolidated, giving rise to the observations detailed below.

General Observations

Individual notes are generally well written and easy to understand. Notes do a good job of capturing pertinent information regarding current mood, cravings, and current medical/physical concerns. Below, we offer some observations that could be used to make modifications that could help the progress notes more clearly reflect client progress over his/her time in treatment. Making such changes could result in using the progress notes to create real-time, data-based decisions about treatment. These data could be used to support empirically the individualized care being offered at Recovery Unplugged.

1. Some of the notes are predominantly observation-based (e.g., client presents with depressed mood and congruent affect, client reports his/her craving to be a 1 out of 10, client reports difficulty sleeping), but offer little insight into specific therapeutic interventions. In general, the notes appear to reveal primarily cognitive behavioral interventions – although specific strategies and techniques are rarely discussed. Having specific interventions and techniques listed in the notes could help with describing the treatment model, which is a general requirement of evidence-based practices.
2. There appears to be little mention of client’s experiences at Unplugged, unless there are reasons for concern (e.g., client was combative during groups). Client acclimation to treatment and his/her perceived support received from other residents and staff could be monitored to document some characteristics of initial engagement.
3. The role of music in treatment is not generally discussed in the progress notes. If it is mentioned, it is in the form of creating a playlist or a client picking a song to play.
4. There appears to be little continuity between the notes from week to week (e.g., homework assigned in session 1 and no mention of assignment in session 2).
5. It is difficult to assess the connection between the treatment plan and the individual sessions. There is little mention of goals, objectives, or progress made in reaching goals.
6. Notes sometimes reflect fairly persistent states, with little discussion of interventions to alter such states.

* Client mood is sometimes reflected as depressed/anxious over all notes. In such instances, it might be useful for clinicians to document explicitly how client’s depression and anxiety are being targeted for improvement (e.g., medication, cognitive therapy for depression, positive activity scheduling, etc.). Although it is not necessary to document progress (because some clients will remain fairly depressed during treatment), it seems necessary to document the process of treatment as it relates to these more persistent issues.

1. Most clients are classified as being in the ‘contemplative’ stage of change with no progress (to other stages) recorded over successive notes. The contemplative stage is indicated by awareness (of problem), without a commitment to action. Notes often reflect client actively engaged in treatment (e.g., completing assignments, active participation in groups). This active engagement seems more consistent with preparation or action stages.

Summary

The notes adequately capture the client’s current functioning. There is little documentation of specific interventions used in sessions. When the interventions are mentioned, their descriptions lack detail (e.g., “mindfulness technique”). Progress regarding goals and objectives from initial treatment plans are not necessarily reflected in the progress notes. Moreover, there is little continuity between contiguous notes. Although music is incorporated into nearly every aspect of treatment, the role of music in individual sessions is not generally reflected in the progress notes. Taken together, these observations suggest that the progress notes do not provide obvious insight into the activities focused on during individual sessions, how these activities relate to the overall treatment plan, and how individual client progress is monitored from week to week.

Discussions with clients about their treatment experiences suggest that clients believe strongly that their treatments are individualized to meet their needs. Clients further suggest that an integral piece of this individualization occurs through work with their primary clinician during individual sessions. As such, we have little doubt that treatment is individualized to meet the needs of specific clients, we wonder if the progress notes could be written in a manner that would more explicitly document the activities present in individual sessions and how progress is being monitored/achieved from week to week.

**Constructs of Interest**

Overview

Based on the data we have collected thus far—including interviews with clients and staff, direct observations of groups, and reviews of client progress notes—we have identified a number of possible constructs of interest that should be considered for inclusion in the research phase of the project. All constructs are specific to clinical services at Recovery Unplugged and could be augmented by additional constructs from the substance use treatment outcome literature (or other relevant literatures).

Client exposure to treatment

In order for treatment to help, the client has to be exposed to it. There are two perspectives from which to view treatment exposure—one is *client engagement* (e.g., whether the client is actively engaging in therapeutic activities), and the other is *treatment fidelity* (e.g., whether Recovery Unplugged is delivering its treatment as intended).

Client engagement

* Client physical functioning (e.g., withdrawal-related)
* Client motivation for treatment
* Goal completion (from goal setting group)
* Daily log of active involvement in treatment (participated in groups, reached out to a new resident)
* Involvement in individual sessions (is completing written assignments, is generally willing to follow clinician suggestions)
* Involvement in self-care activities (e.g., yoga, exercise, meditation)
* Involvement in creative/artistic activities
* Individualized use of music (e.g., stress reduction, enhance mood)
* Perception of daily 12-step meeting and level of participation (e.g., did a reading, shared about their day, interacted with someone attending the meeting who is not affiliated with the treatment center)
* Other (ideas from staff)
* Other (ideas from clients)

Treatment fidelity

*Initial engagement*

* Music from client’s preferred genre is involved in transport / initial interviews
* Medical exam within 24 hours of arrival
* Treatment plan created within 72 hours of arrival
* Other (ideas from staff)
* Other (ideas from clients)

*Group-related*

* Was music actively used to frame therapeutic content
* Was performance-based element used (e.g., did group members engage in Karaoke)
* How diversified was participation (e.g., two of ten clients actively participated)
* Other (ideas from staff)
* Other (ideas from clients)

*Individual sessions with primary clinician*

* Establishing treatment goals
* Selecting and implementing interventions to meet goals
* Monitoring of progress
* Other (ideas from staff)
* Other (ideas from clients)

*Individual sessions with clinicians from psychiatric team (if necessary)*

* Medication management
* Monitoring of progress and medication changes as needed
* Other (ideas from staff)
* Other (ideas from clients)

*Other relevant domains*

* Ideas from staff

Client perception of the treatment milieu

* Perception of support received from primary clinician
* Perception of support received from other staff
* Perception of support received from other residents
* Perception of sense of community
* Membership in community
* Influence over other community members
* Fulfillment of needs
* Shared emotional connection
* Other (ideas from clients)

Client in-treatment changes

Clients should experience in-treatment changes that lay the groundwork for continued change once discharged from treatment.

Increasing the positive

* Motivation for substance abstinence
* Abstinence self-efficacy
* Individual use of music
* Stress reduction
* Distraction coping
* Mood enhancement
* Hope
* Gratitude
* Empathy
* Inner peace
* Mindfulness
* Spirituality
* Positive affect
* Emotional expression
* Coping (general)
* Coping specific to substance use
* Assertive communication
* Openness
* Self esteem
* Psychological well-being
* Self-acceptance
* Purpose in life
* Personal growth
* Positive relations with others
* Positive expectations for successful transition to next level of treatment (or to the community, if relevant)
* Positive attitudes toward 12-step organizations
* Other (ideas from clinicians)
* Other (ideas from clients)

Decreasing the negative

* Shame
* Insecurity
* Impulsivity
* Emotional lability
* Anger
* Neuroticism
* Negative affect
* Depression
* Anxiety
* Stress
* Avoidance coping
* Positive expectancies related to substance use
* Other (ideas from clinicians)
* Other (ideas from clients)

Client distal outcomes

Distal outcomes are outcomes experienced once the client is discharged from the initial PHP treatment episode. (This list could be extensive and impractical, so will have to focus on outcomes of primary interest to staff.)

* Substance use abstinence
* Involvement in aftercare treatment
* Involvement in 12-step organizations
* Involvement in self-care activities (e.g., yoga, exercise, meditation)
* Involvement in creative/artistic activities
* Use of music (e.g., stress reduction, distraction coping, mood enhancement)
* Inner peace
* Spirituality
* Self esteem
* Coping
* Psychological well-being
* Self-acceptance
* Purpose in life
* Personal growth
* Positive relations with others
* Depression
* Anxiety
* Stress
* Other (ideas from clinicians)
* Other (ideas from clients)

**Summary of Client-Suggested Changes**

In general, clients reported overwhelmingly positive treatment experiences at Recovery Unplugged. Below are some issues that they identified as less than optimal. We flagged more serious issues with two stars.

**What Were the Least Helpful Elements of Treatment? (PHP Responses)**

* “Bad apples” can produce drama and upset the positive treatment milieu
* A comment that the caseload group was not as good as some of the others
* When facilitators run groups, they sometimes get off-topic, making it harder for everyone to share
* Not being allowed to go out on a pass to meet up with a 12-step sponsor for the purposes of step work
* Other residents mentioned minor inconveniences (e.g., needing to see techs to replenish toiletries, length of medication lines)

**What Would You Change about Treatment? (PHP Responses)**

* Additional opportunities for creative outlets\*\*
* Reduce redundancy in Richie’s groups\*\*
* Decrease the hectic pace of day\*\*
* One client said that the techs should communicate with one another more optimally because they sometimes give inconsistent answers to questions
* Once client wondered if groups could be shorter (say 45 minutes)
* One client remarked that the lunches are the same every week (e.g., whatever is for lunch on Mondays will tend to be repeated over weeks)

**What Were Least Helpful Elements of Treatment? (OP Responses)**

* Unaccommodating schedule\*\*
* “Bad apple” clients spoil the experience

**What Would You Change about Treatment (OP Responses)**

* Would like to have a more flexible schedule to accommodate those who are employed\*\*