

# Bridging the Gaps

## Treatment Effectiveness Report



Providing insightful data to help treatment programs improve their outcomes

**November 1, 2023 - November 30, 2024**

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# BACKGROUND

Bridging the Gaps ("BTG"), located in Winchester, Virginia, is dedicated to guiding individuals toward lasting sobriety and fulfilling lives free from addiction. Beyond traditional approaches, which solely focus on the psychological and spiritual facets of addiction, Bridging the Gaps offers alternative therapies that address the physiological aspects. By addressing the root causes of an individual's addiction and working to heal neurochemistry imbalances, Bridging the Gaps fosters sustainable growth and resilience.

Bridging the Gaps offers a wide range of services, including residential, partial hospitalization (PHP), intensive outpatient (IOP), and outpatient (OP) programs. Their clinical team adopts a trauma-informed approach and employs evidence-based modalities like dialectical behavior therapy (DBT), cognitive behavioral therapy (CBT), motivational interviewing (MI), and eye movement desensitization reprocessing (EMDR). Acknowledging the significance of family support, they also offer a dedicated program to promote healing and reconciliation within familial relationships.

Bridging the Gaps started using INSIGHT Addiction™ to monitor patients on November 2, 2023. This report summarizes patient-reported data received from 96 patients while they were in treatment between November 1, 2023 and November 30, 2024.

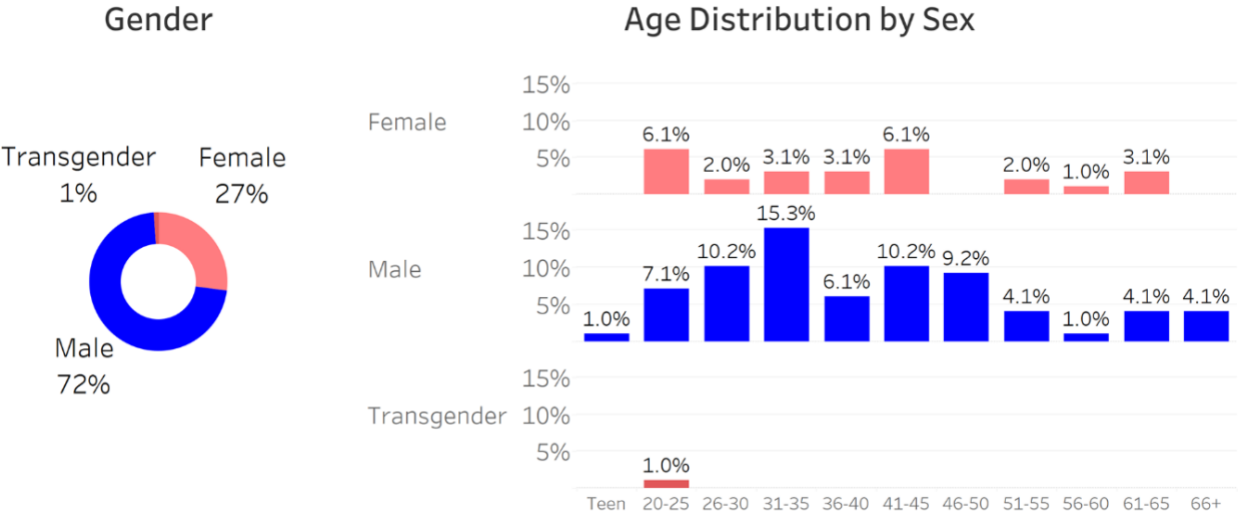
This report was released on January 8, 2025.

# PATIENT CHARACTERISTICS AT INTAKE

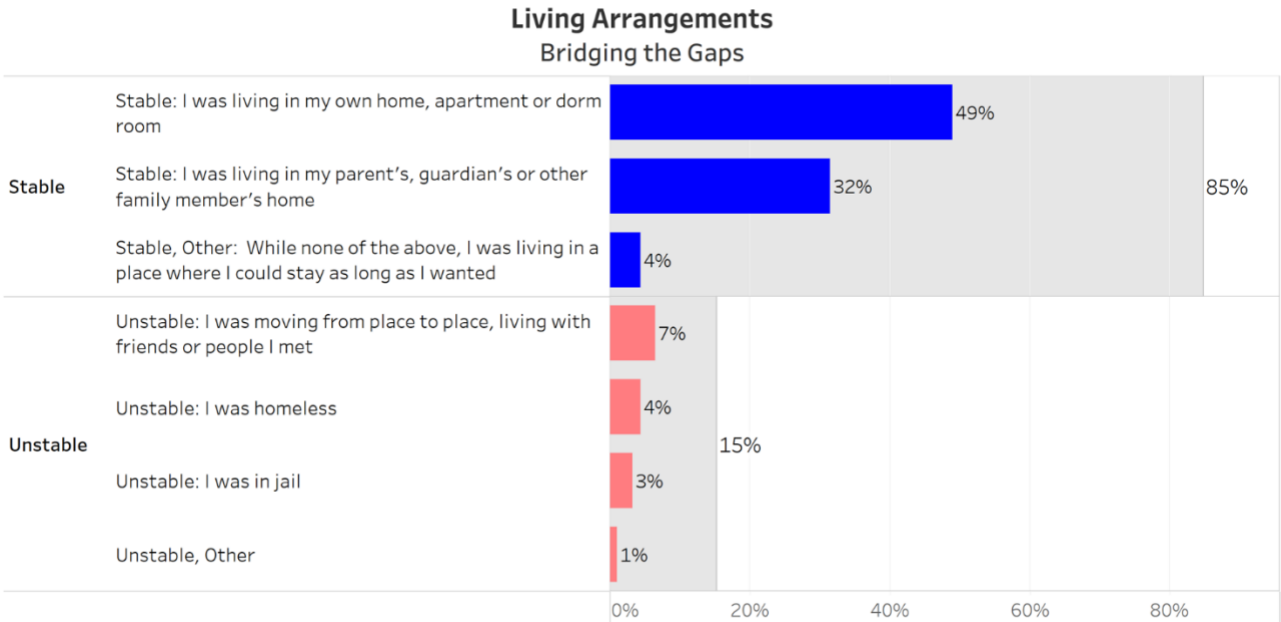
Vista received intake data from 96 patients who attended treatment at BTG between November 1, 2023 and November 30, 2024.

## Demographics

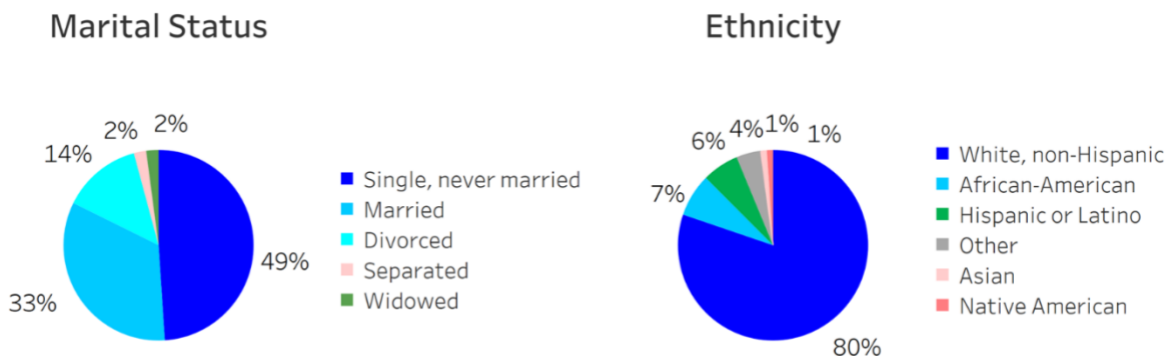
The majority of patients (72%) identified as male, and the median age was 38:



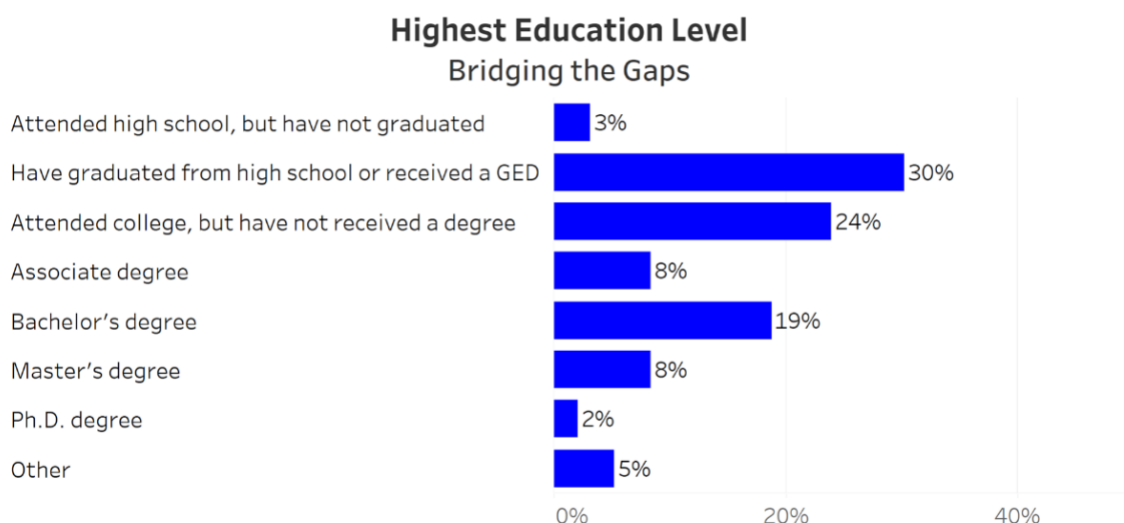
The majority (85%) of patients were in a stable living arrangement prior to entering treatment:



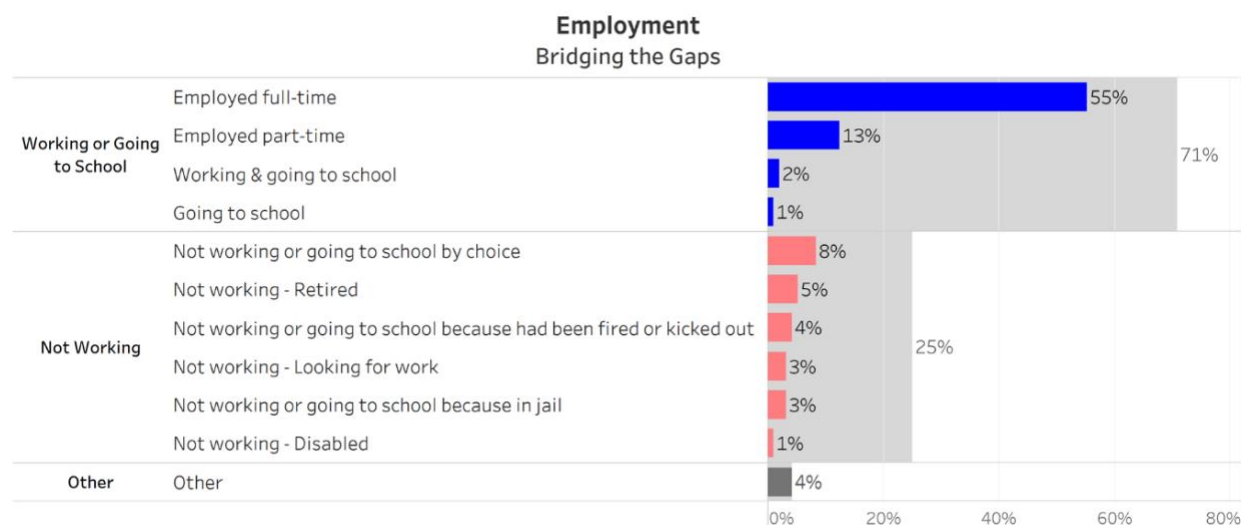
Nearly half (49%) of the patients were single and had never been married, while 33% were married. The majority of patients (80%) were White and 7% were African-American:



The vast majority of BTG patients had graduated from high school or received a GED. Twenty-nine percent (29%) had earned a bachelor's degree or higher:



The majority of patients (71%) were employed or going to school prior to treatment:



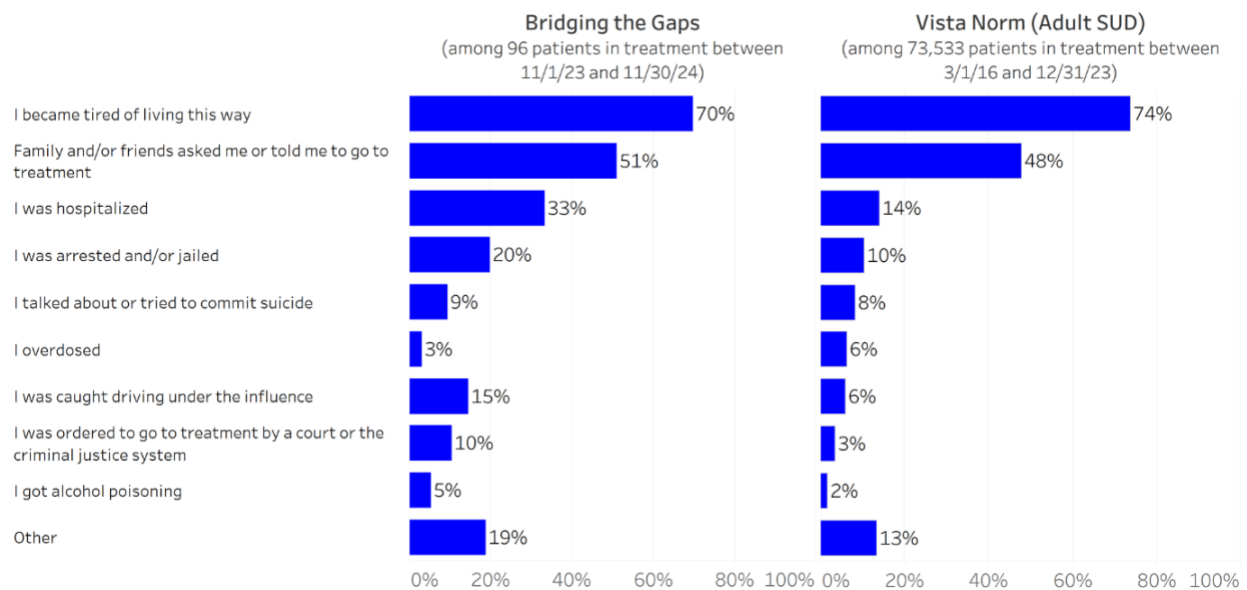
Although all patients came to treatment from the Mid-Atlantic, most were from Virginia:



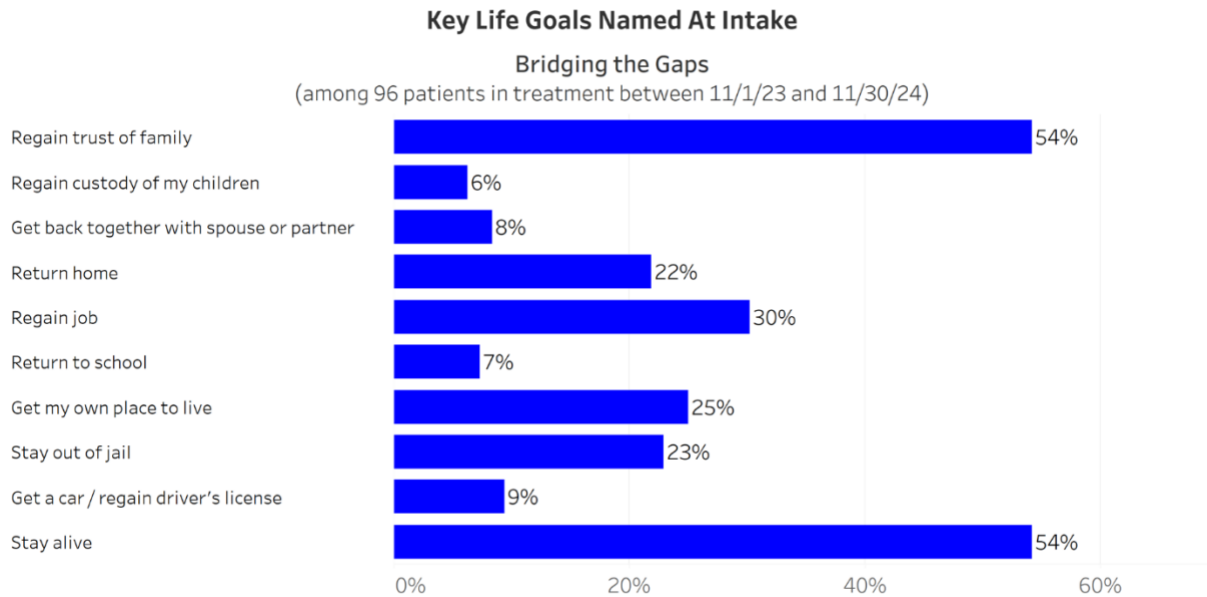
## Why Patients Entered Treatment

**What Led to Treatment:** The majority of BTG patients (70%) said they entered treatment because they "became tired of living this way," somewhat lower than the norm for patients treated in the Vista Research Network since 2016. Another 51% said they were asked by family and/or friends to go into treatment, slightly higher than the Vista norm of 48%. One-third (33%) of BTG patients reported having been hospitalized prior to treatment, which is more than two times the Vista norm of 14%:

What Happened Right Before that Led to Treatment



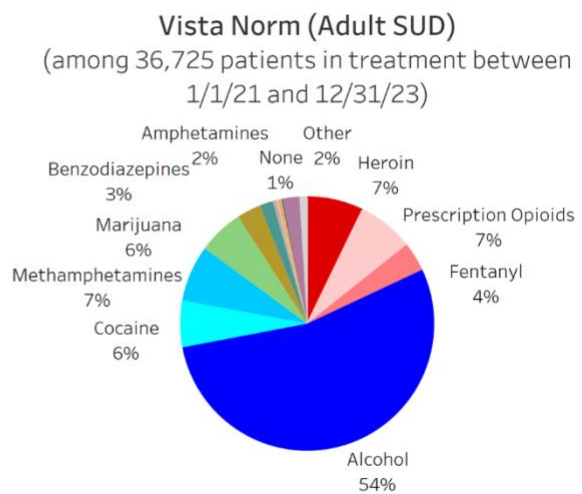
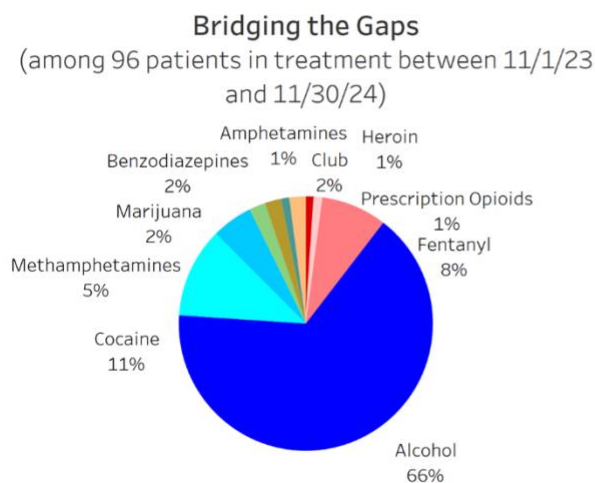
**Life Goals:** Most BTG patients entering treatment had either experienced consequences of their drug or alcohol use or were afraid for the future. When patients were asked to pick up to three specific life goals they hoped treatment would help them achieve, 54% said they wanted to regain the trust of family, while another 54% wanted to overcome their addiction to "stay alive:"



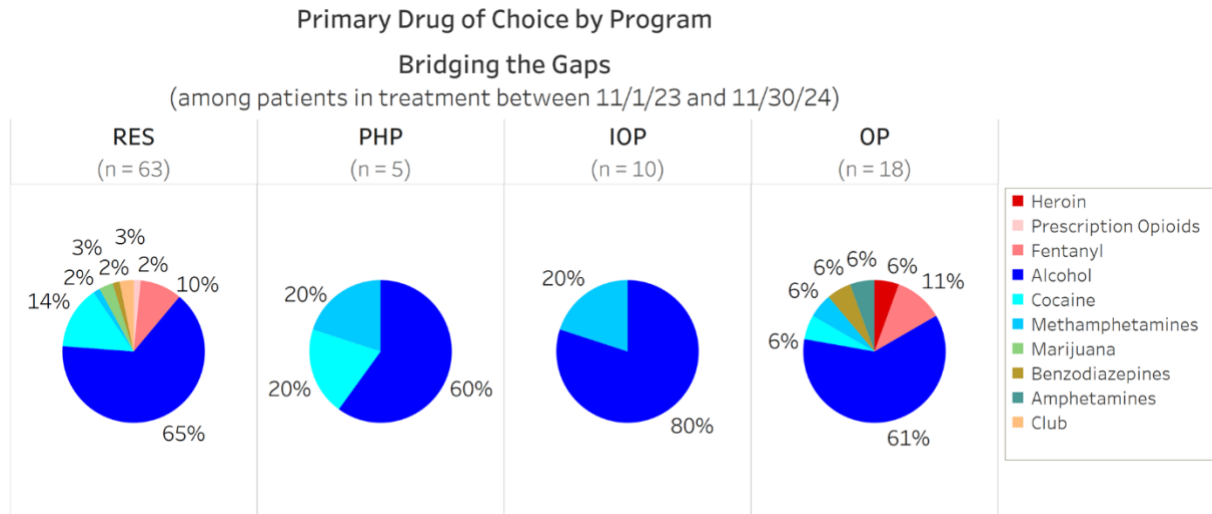
## Substance Use

**Primary Drug of Choice:** Alcohol was the primary drug of choice (PDOC) for 66% of BTG patients and cocaine for 11% of the patients. The other drugs were each preferred by less than 10% of patients:

### What is Your Primary Drug of Choice?

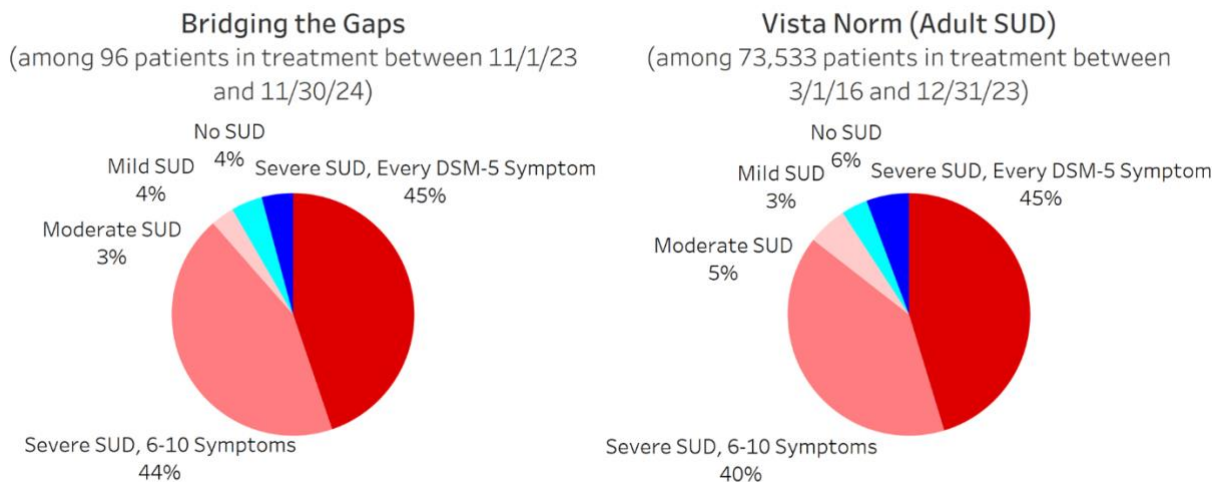


Patients beginning treatment in residential or PHP were the most likely to report cocaine as their PDOC, while those starting in PHP or IOP were the most likely to report meth as their PDOC. OP was the only program with patients entering treatment for a PDOC of heroin. Although there were substantial variations in PDOC preferences between patients entering treatment at different levels of care, the sample sizes varied widely:



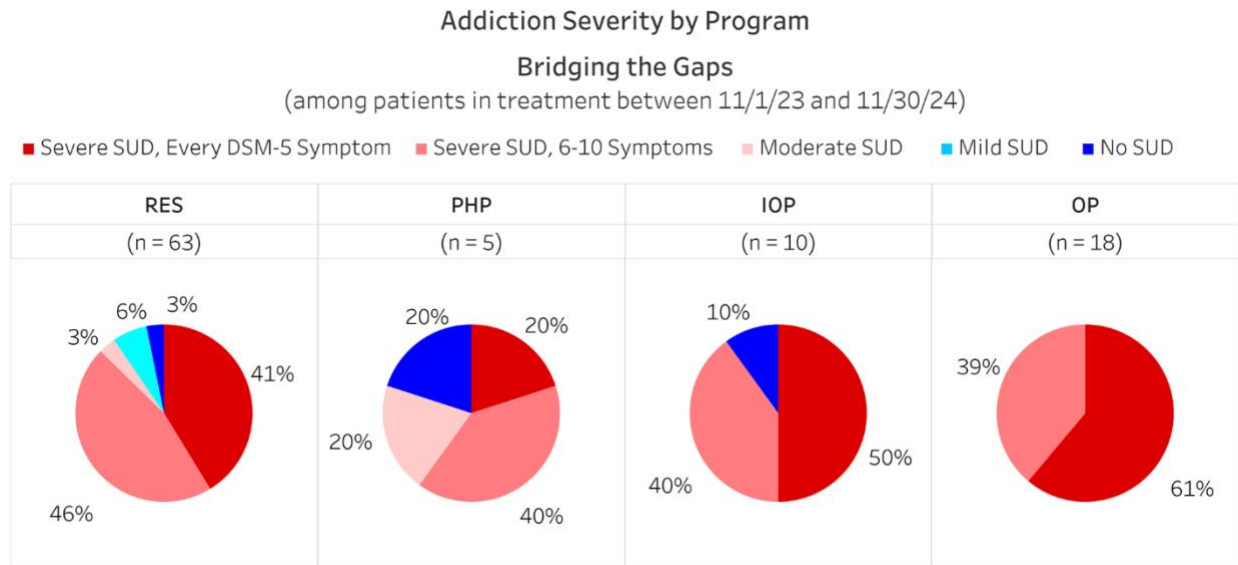
**Addiction Severity:** The majority (89%) of BTG patients reported symptoms consistent with the DSM-5 criteria for severe substance use disorder (SUD), modestly higher than Vista's norm of 85%. A comparable percentage of BTG patients (45%) reported experiencing all 11 of the DSM-5 SUD criteria in the year prior to treatment compared to the Vista norm of 45%:

### Addiction Severity



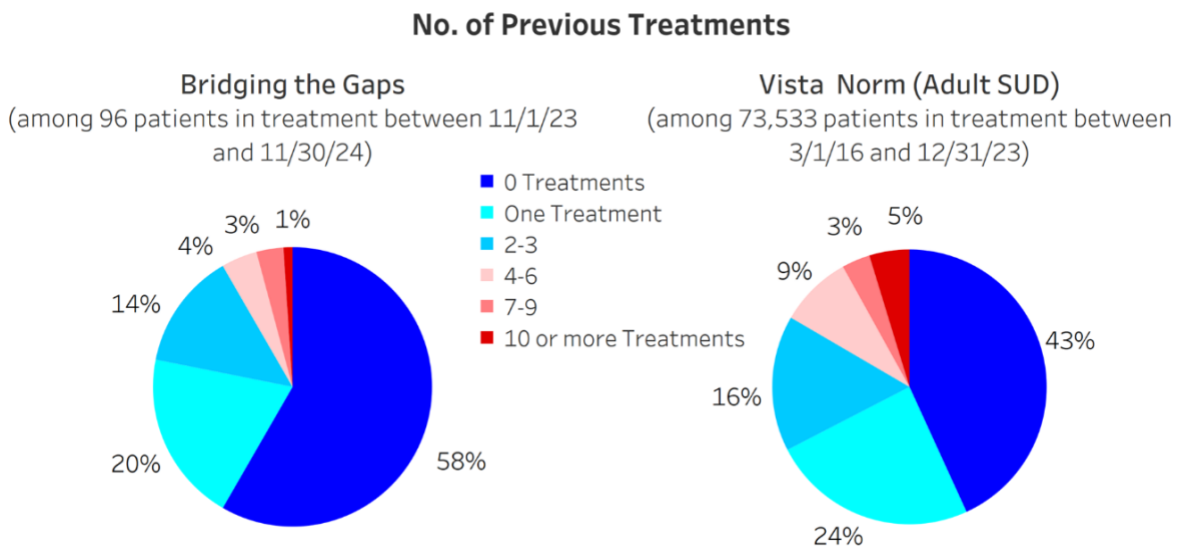


All of the patients (100%) starting treatment in OP met the criteria for having a severe SUD. By comparison, 90% of the patients who entered IOP, 87% of those who entered residential, and 60% of those who entered PHP reported symptoms consistent with a severe SUD:

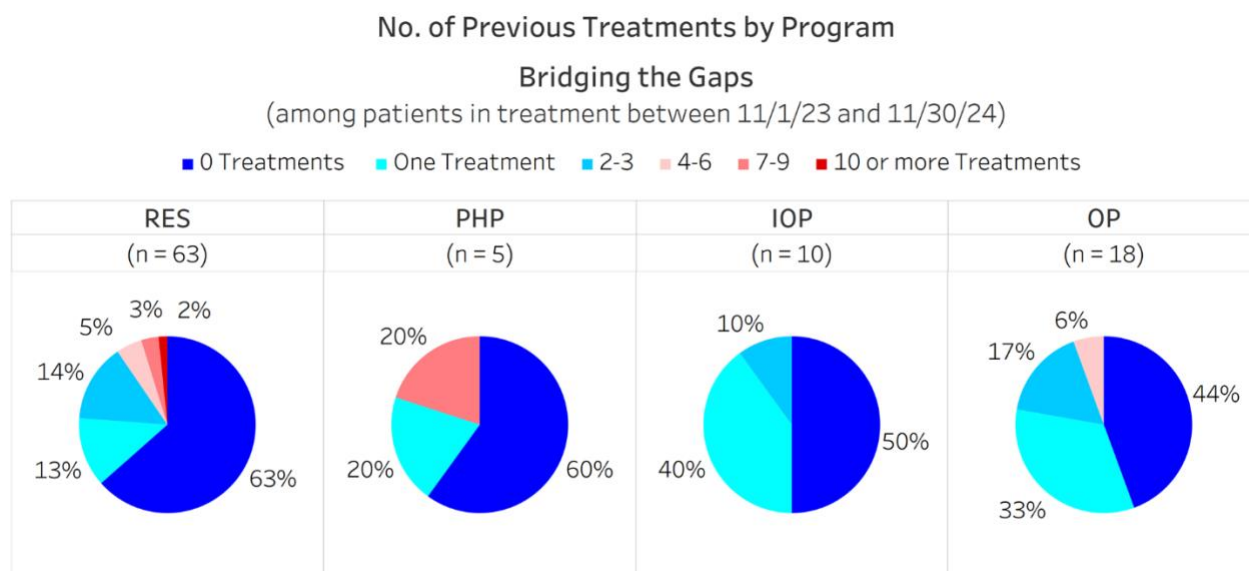


### Previous SUD Treatment Episodes

More than half (58%) of Bridging the Gaps' patients were in treatment for the first time, higher than the Vista norm of 43%. A lower percentage of BTG patients (8%) had been in treatment four or more times previously compared to the Vista norm of 17%:



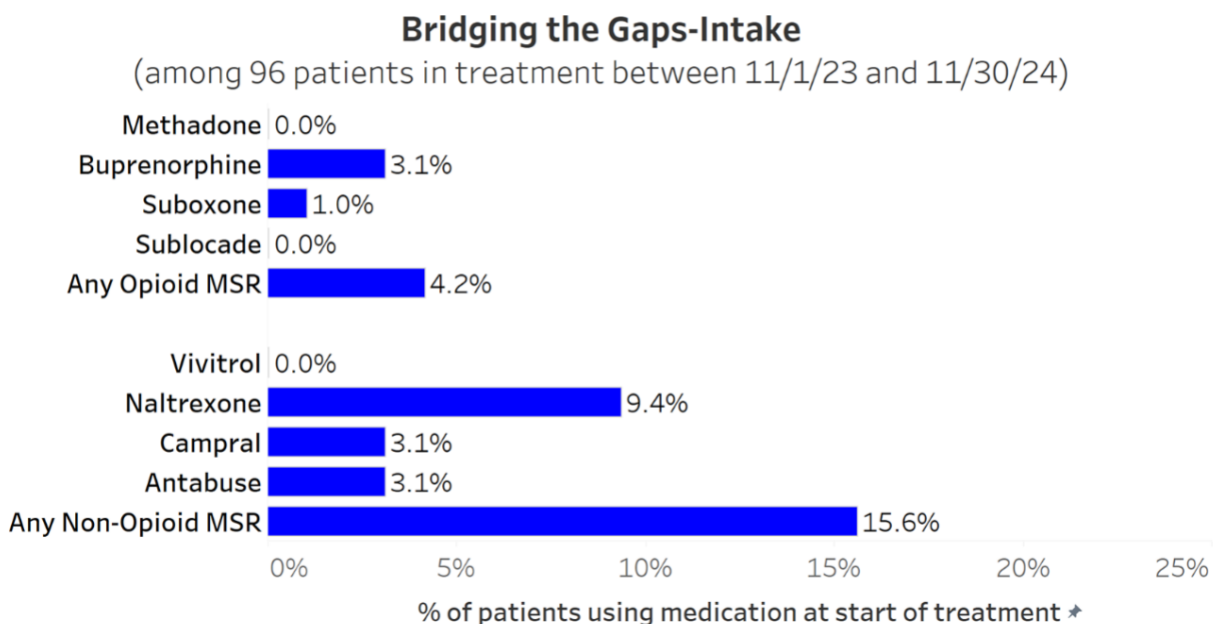
OP and IOP had the lowest percentages of patients in treatment for the first time:



## Medication Supported Recovery

Among all BTG patients, 4.2% reported taking an opioid replacement medication at the start of treatment, and 15.6% reported taking a non-opioid anti-craving medication. Naltrexone (9.4%) was the most commonly used medication:

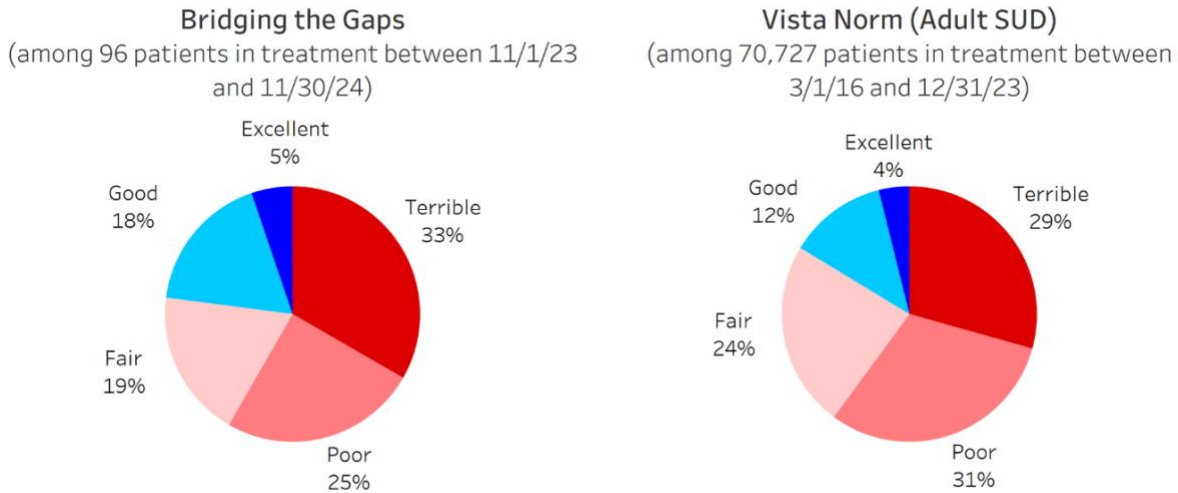
### Percent of Medication Supported Recovery Patients at Intake



## How Patients Were Feeling Prior to Treatment

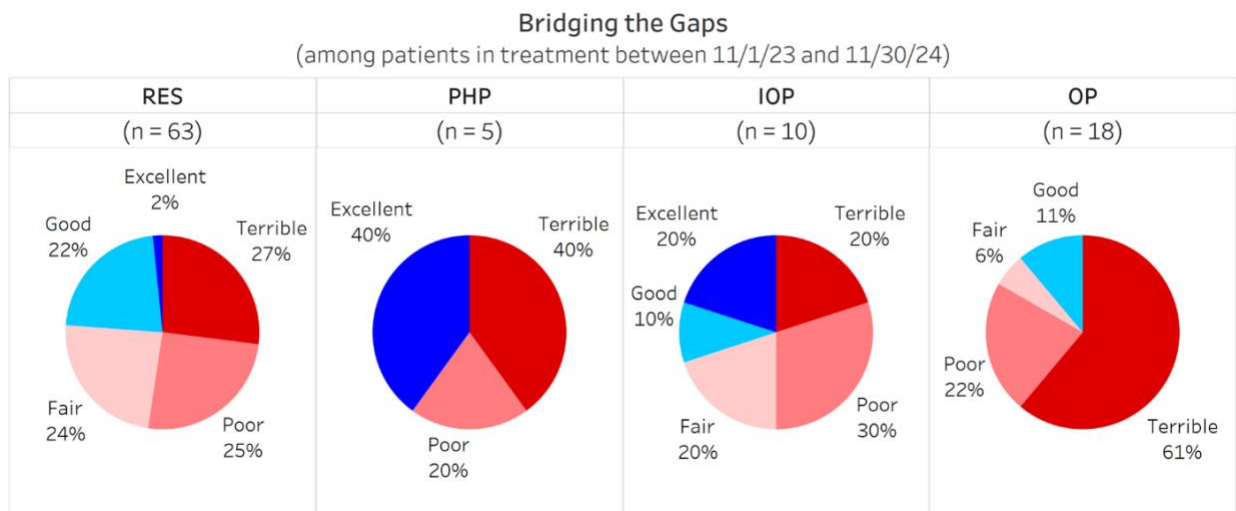
Fifty-eight percent (58%) of BTG patients reported feeling poor or terrible during the 30 days prior to entering treatment, slightly lower than the Vista norm of 60%. Conversely, 23% of BTG patients reported feeling good or excellent, which is higher than the 16% Vista norm:

### Overall Feeling at Intake



Lower percentages of residential (52%) and IOP (50%) patients reported feeling terrible or poor in the 30 days prior to starting treatment compared to those entering PHP (60%) or OP (83%). Note the sample sizes:

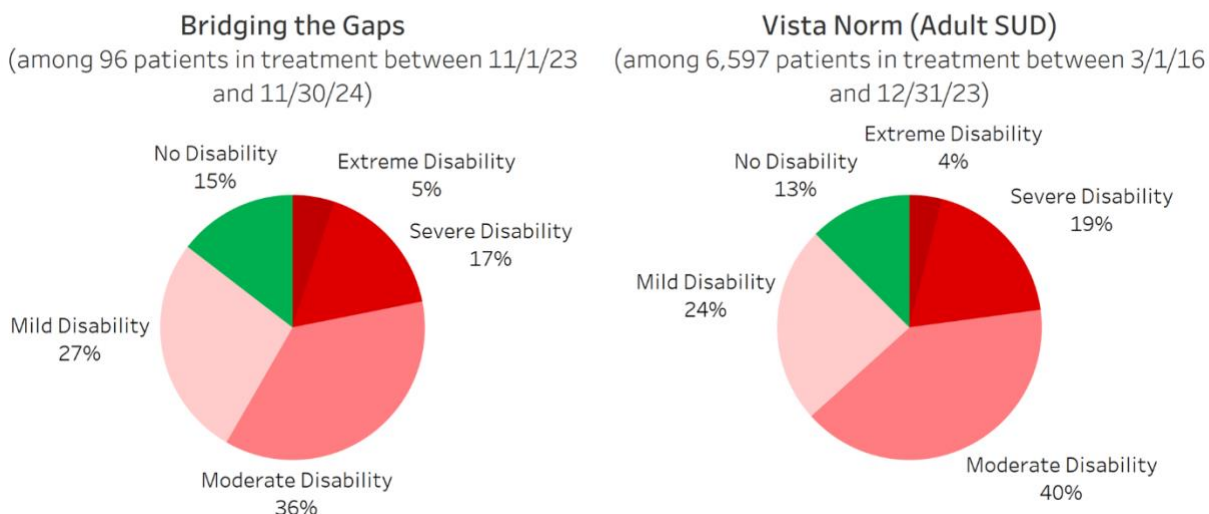
### Overall Feeling at Intake by Program



## Functioning

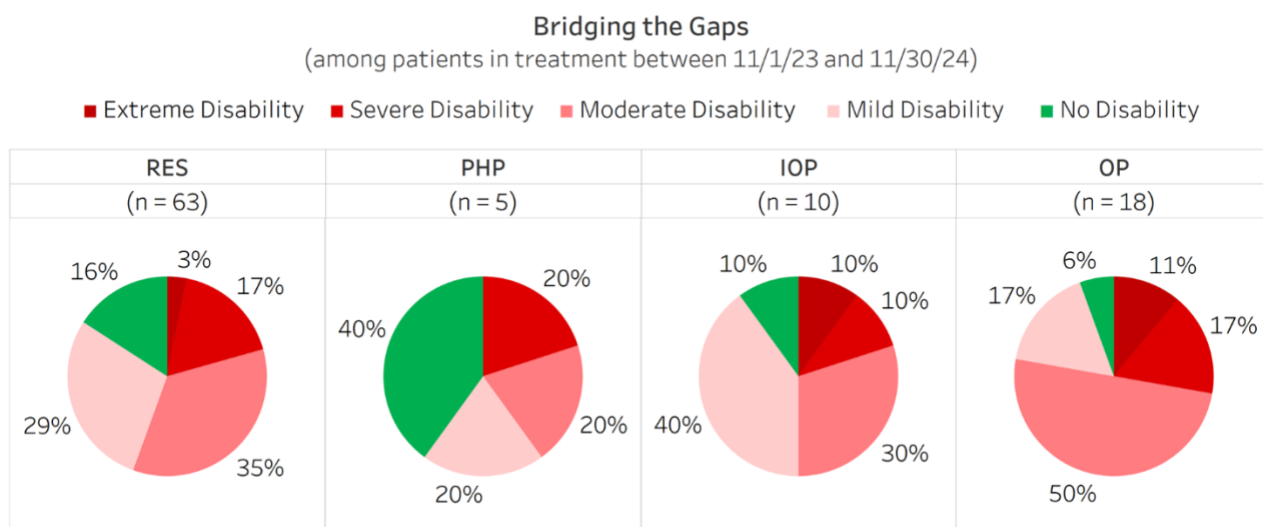
At intake, 85% of BTG patients reported behaviors consistent with mild to extreme disability in daily functioning, slightly lower than the 87% Vista norm:

### Patient Functioning at Intake



Twenty percent (20%) of patients beginning treatment in residential, PHP, and IOP reported behaviors consistent with severe to extreme disability in daily functioning, lower than the 28% of patients starting in OP:

### Patient Functioning at Intake by Program



## Presence of Co-Occurring Disorders

As part of their intake questionnaire, patients were asked a series of screening questions that referred to the 30 days before starting treatment. If they answered one or more of the screening questions for a particular co-occurring disorder positively, they were then taken to a complete academically validated assessment to measure the severity of their symptoms of that disorder. If a patient answered the screening questions negatively for a specific disorder, they were classified as "symptom unlikely" on the following charts.

Nearly three-quarters of patients (73%) entering BTG reported experiencing moderate or severe symptoms of one or more co-occurring disorders in the 30 days prior to entering treatment. Slightly higher percentages of BTG patients reported symptoms of depression, trauma, and eating disorders compared to Vista norms. Additionally, higher percentages of patients starting treatment in OP reported moderate to severe symptoms of specific disorders compared to patients entering other levels of care:

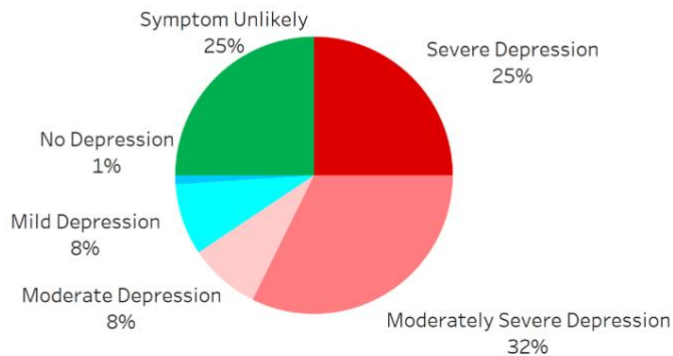
### Patients with Moderate or Severe Symptoms at Intake

Bridging the Gaps						Vista Norm (Adult SUD)
	RES	PHP	IOP	OP	Total 11/1/23-11/30/24	3/1/16-12/31/23
	(n = 63)	(n = 5)	(n = 10)	(n = 18)	(n = 96)	(n = 70891)
Depression	62%	60%	60%	83%	66%	64%
Anxiety	52%	60%	60%	72%	57%	61%
Trauma	57%	40%	60%	89%	63%	58%
Eating Disorder	32%	40%	20%	50%	34%	33%

**Depression:** About two-thirds (66%) of BTG patients reported experiencing symptoms indicative of moderate to severe depression in the 30 days prior to starting treatment:

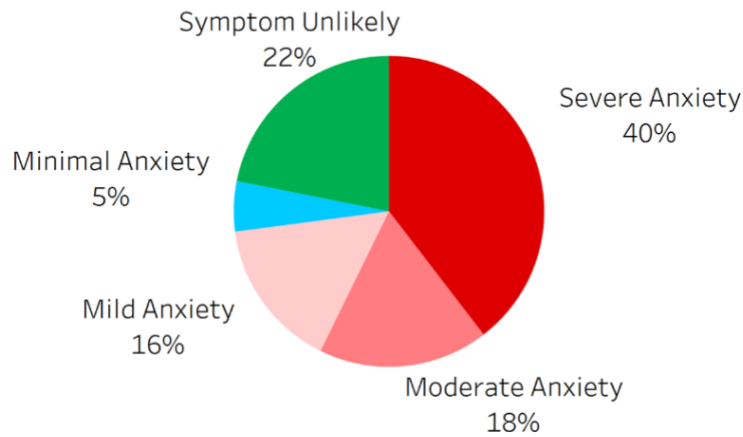
### Depression Symptoms at Intake (PHQ-9)

Bridging the Gaps  
(among 96 patients in treatment between 11/1/23 and 11/30/24)



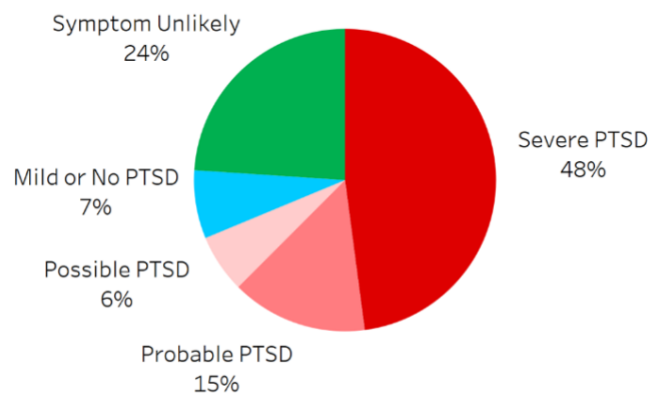
**Anxiety:** About fifty-seven percent (57%) of BTG patients reported experiencing symptoms indicative of moderate to severe anxiety in the 30 days prior to starting treatment:

**Anxiety Symptoms at Intake (GAD-7)**  
**Bridging the Gaps**  
(among 96 patients in treatment between 11/1/23 and 11/30/24)

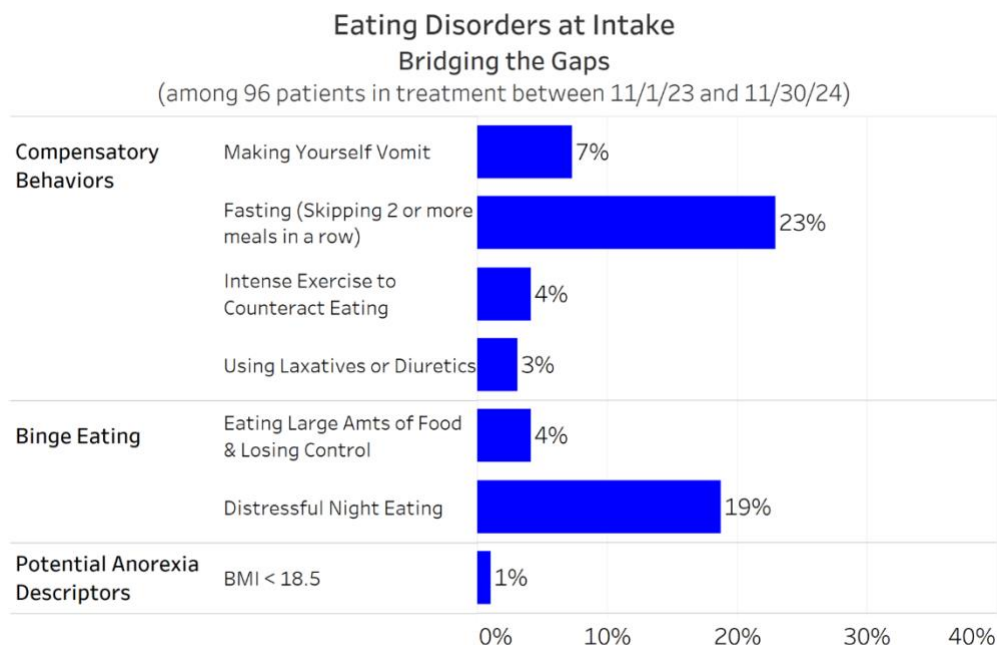


**Trauma:** Sixty-three percent (63%) of BTG patients reported experiencing symptoms indicative of PTSD in the 30 days prior to starting treatment:

**Trauma Symptoms at Intake (PCL-6)**  
**Bridging the Gaps**  
(among 96 patients in treatment between 11/1/23 and 11/30/24)

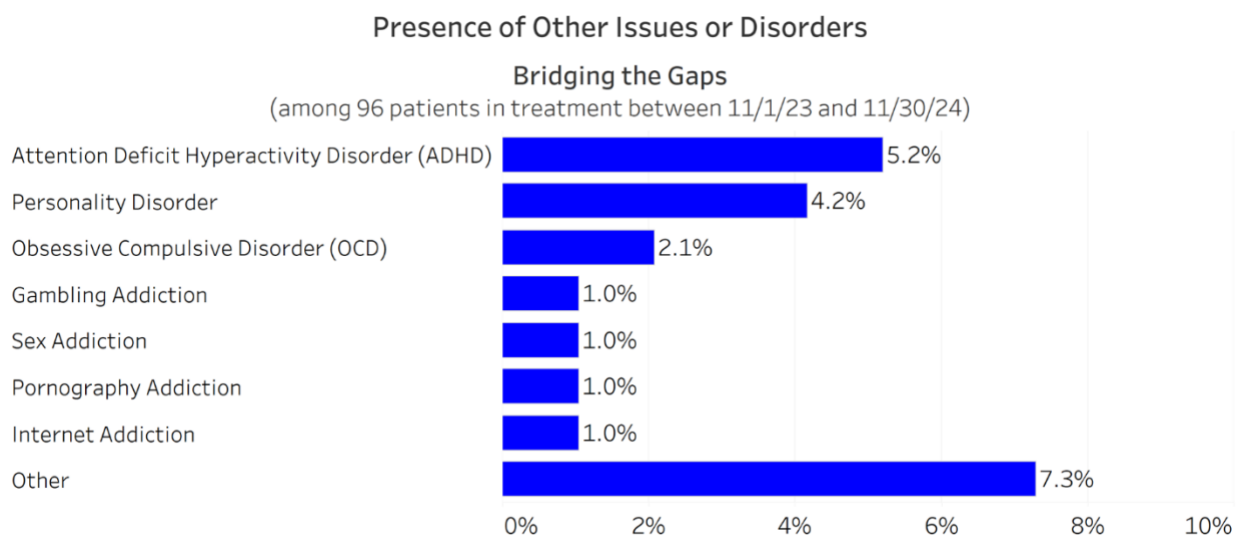


**Eating Disorders:** Thirty-four percent (34%) of BTG patients reported behaviors typically associated with eating disorders in the 30 days before starting treatment. Twenty-three percent (23%) of patients reported fasting, defined as skipping two or more meals in a row. The next most common behavior was eating during the night after awakening from sleep or eating an unusually large amount of food after the evening meal and being distressed by the night eating, which was reported by 19% of patients:



## Other Disorders

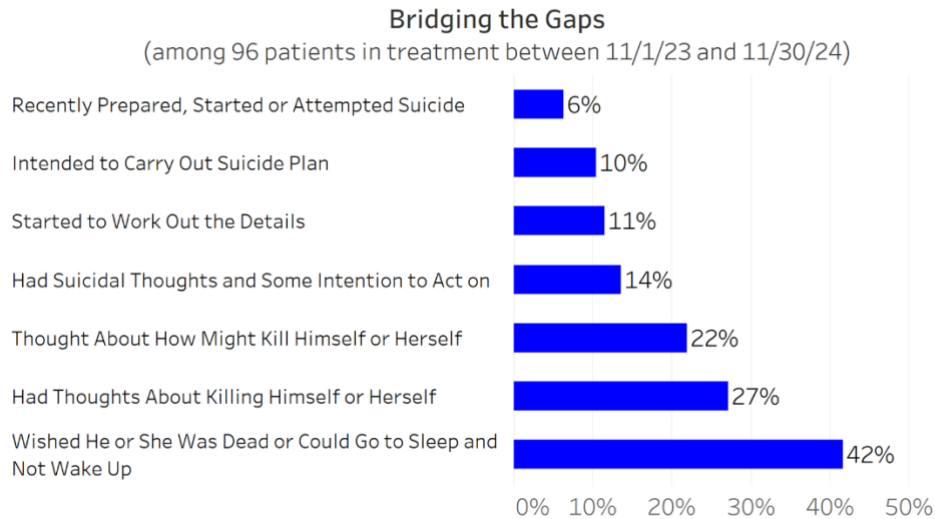
Additionally, some BTG patients reported other issues or disorders that played a role in their attending treatment. For example, 5.2% of patients reported having ADHD:



## Suicidal Thoughts

Forty-two percent (42%) of BTG patients reported having wished they were dead or "could go to sleep and not wake up" in the month prior to treatment, while 27% reported having had thoughts about killing themselves. Six percent (6%) reported having recently prepared, started, or attempted suicide:

### Suicidal Thoughts and Intentions at Intake

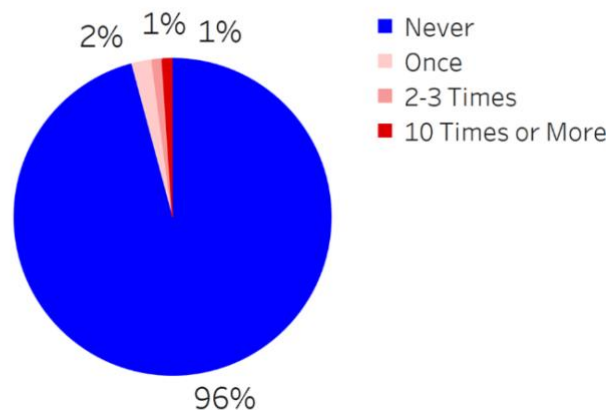


## Self-Harming Behaviors

Four percent (4%) of BTG patients said they had harmed themselves on purpose, such as by cutting themselves, at least once in the month before starting treatment:

### Self-Harm at Intake

**Bridging the Gaps**  
(among 96 patients in treatment between 11/1/23 and 11/30/24)

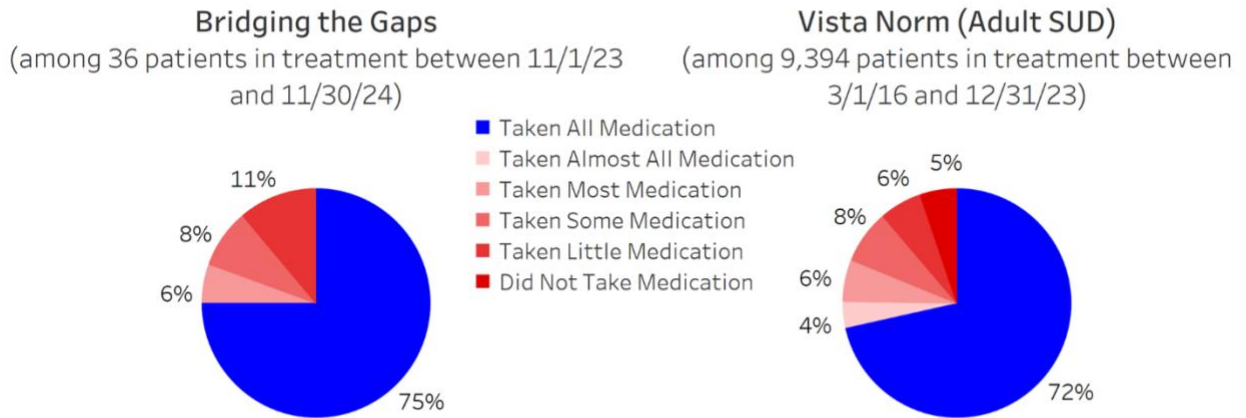




## Medication Adherence

At intake, 38% of patients reported having been prescribed one or more medications to help with emotional issues such as depression or anxiety that a physician was expecting them to take. Of these 36 patients, 75% reported having taken all of their prescribed medication in the last 30 days. The remaining 9 patients had taken "a little," "some," or "most" of their medication, typically reporting that they didn't think it was necessary or didn't like how it was making them feel:

### Medication Adherence at Intake

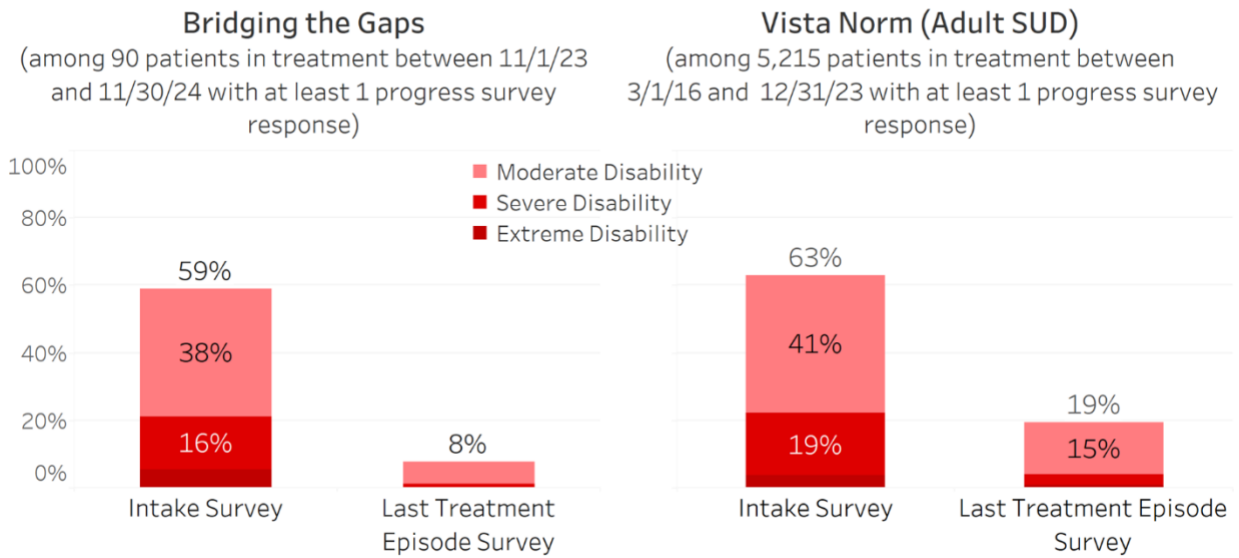


# PROGRESS DURING TREATMENT

## Progress on Functioning

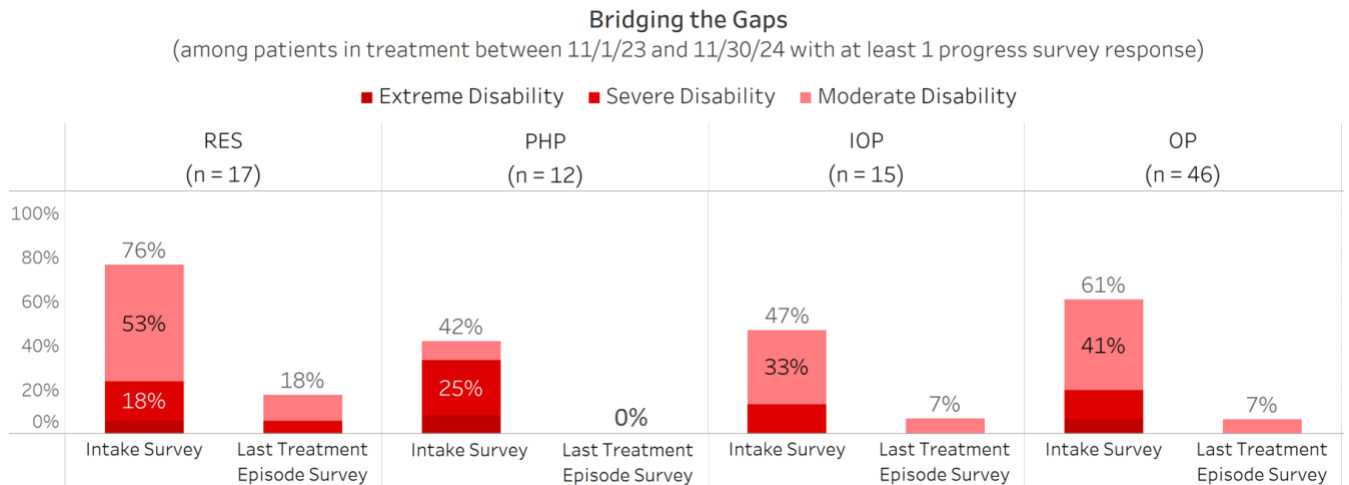
The percentage of patients reporting challenges with day-to-day functioning decreased substantially during treatment. On their last progress monitoring survey, 8% of BTG patients reported moderate to extreme disability:

### Patient Progress on Functioning



Higher percentages of residential patients reported challenges with day-to-day functioning, both at intake and on their last survey prior to discharge:

### Patient Progress on Functioning by Program



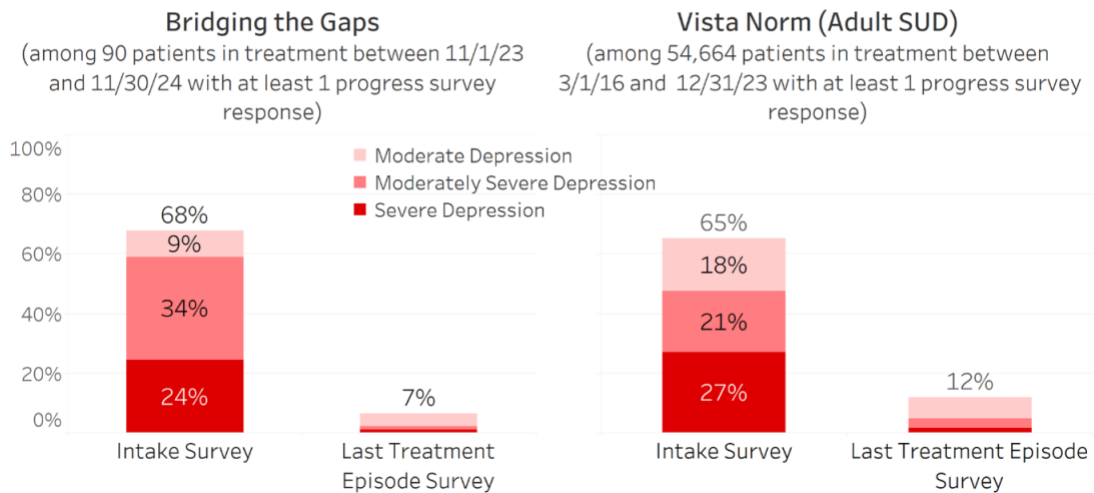
## Improvement in Co-Occurring Disorders

During the time they were in treatment, the percentage of BTG patients who reported experiencing co-occurring disorder symptoms declined dramatically. The following graphs illustrate how the percentage of patients reporting symptoms declined between intake and the last progress monitoring survey they submitted.

These graphs only include patients who submitted at least one follow-up survey. Because not all patients submitted update surveys, the following intake percentages may differ from those shown in the table in the previous section. Results by program are based on the level of care patients were in when they completed their last treatment survey.

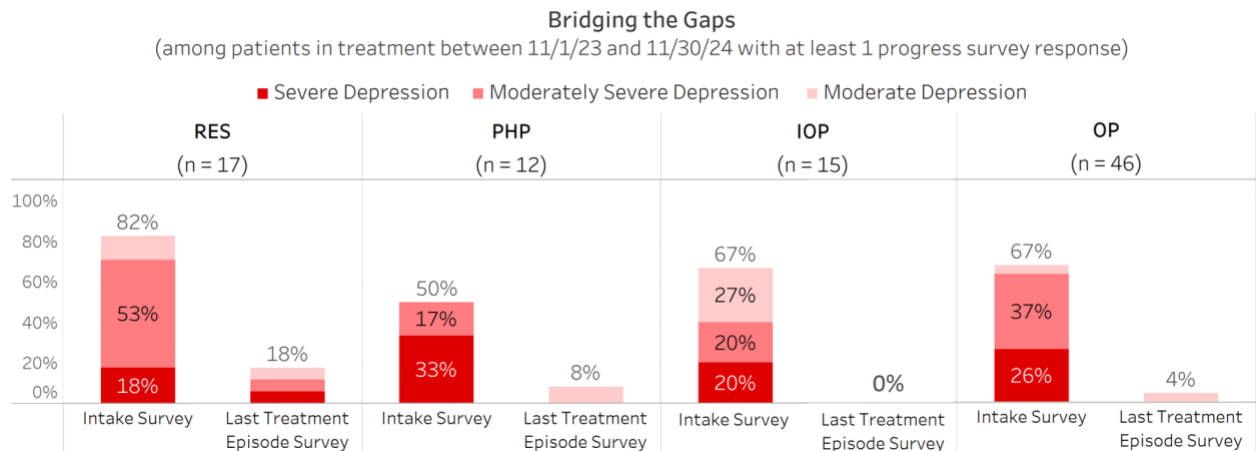
**Depression:** On the last progress monitoring survey they completed, 7% of BTG patients reported experiencing moderate to severe depression symptoms, which is lower than the Vista norm of 12%:

### Patient Progress on Depression Symptoms (PHQ-9)

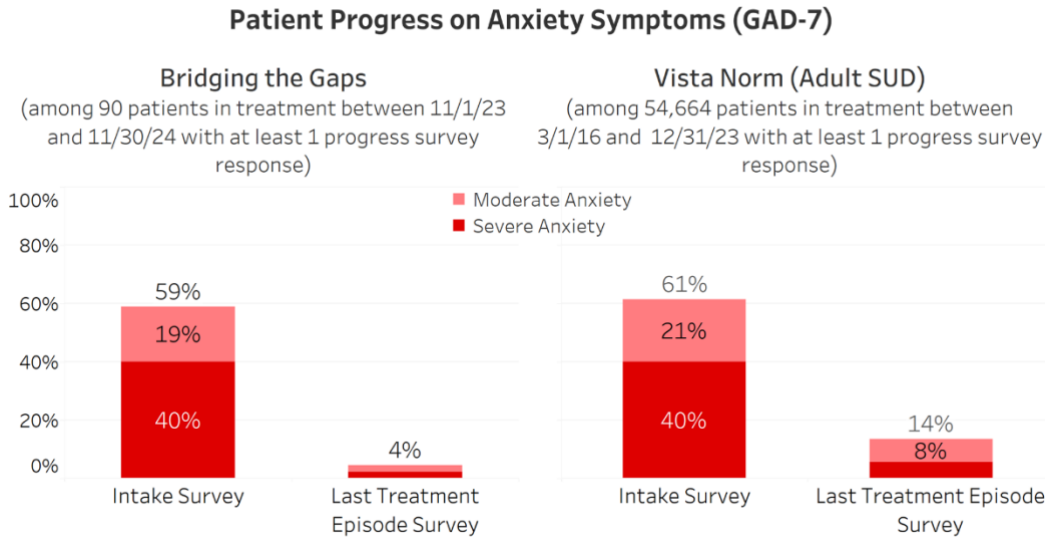


A higher percentage (18%) of patients discharged from residential reported depression symptoms on their last monitoring survey compared to patients discharged from other levels of care:

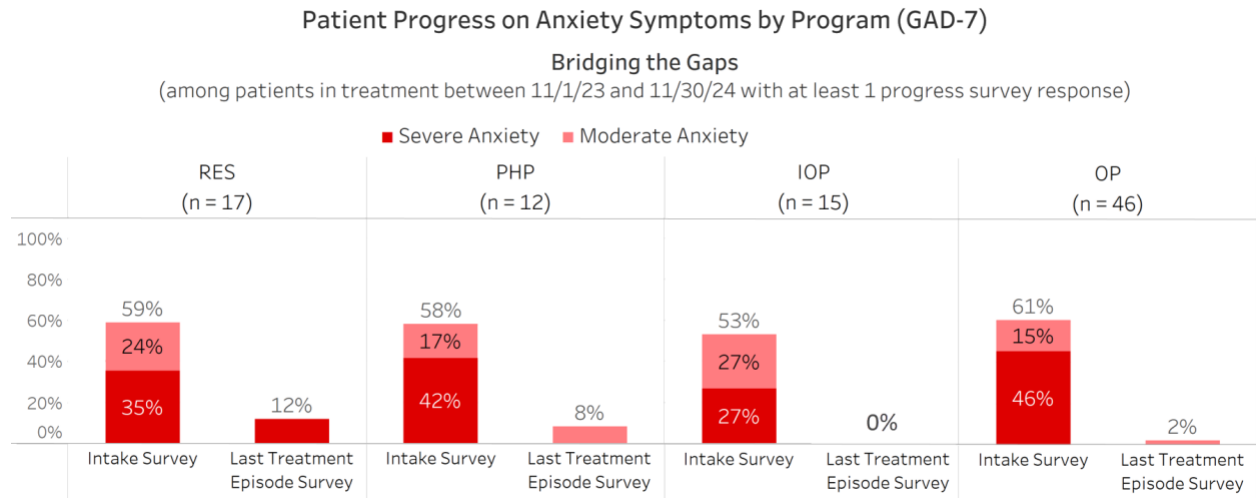
### Patient Progress on Depression Symptoms (PHQ-9) by Program



**Anxiety:** Four percent (4%) of BTG patients reported moderate to severe anxiety symptoms on their last progress monitoring survey, which is much lower than the Vista norm of 14%:

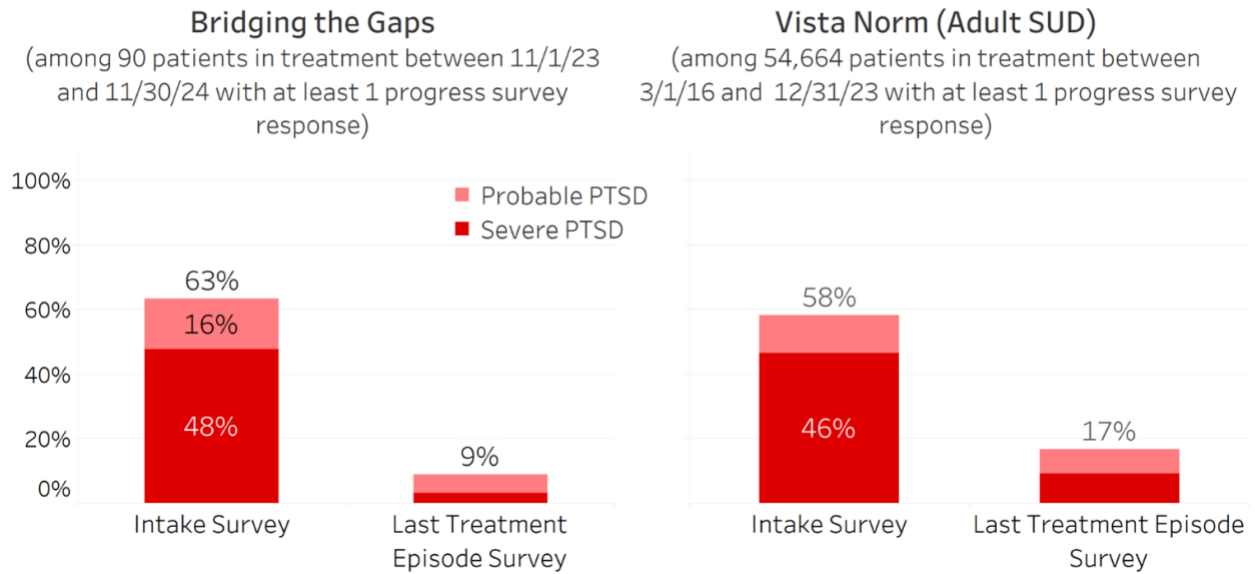


A higher percentage of patients (12%) discharged from residential reported anxiety symptoms on their last update survey compared to those discharged from other levels of care:



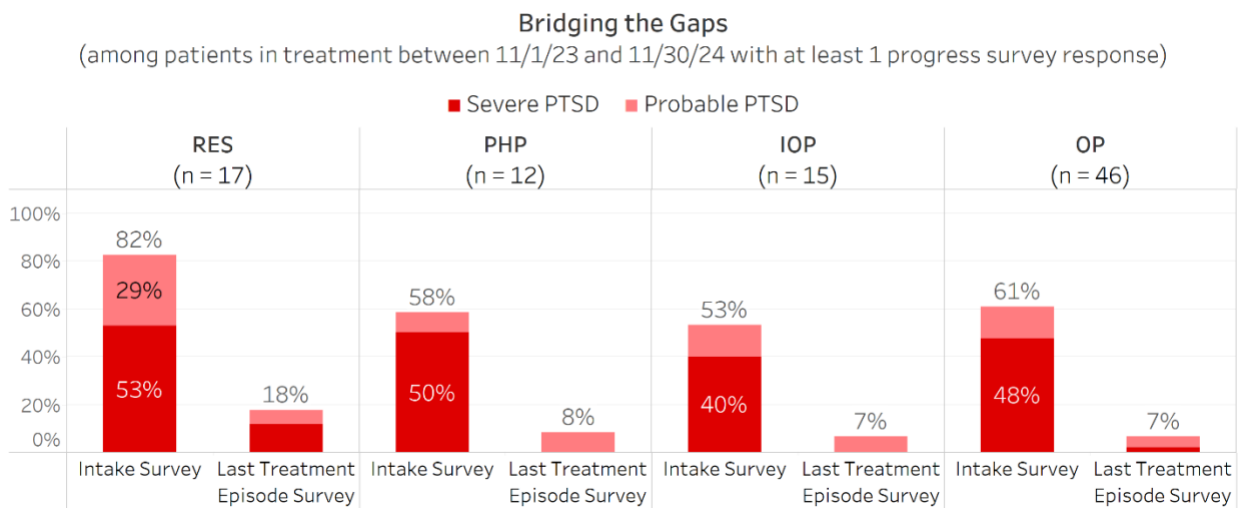
**Trauma:** Nine percent (9%) of BTG patients reported probable or severe symptoms of PTSD on their last progress monitoring survey, which is lower than the Vista norm of 17%:

### Patient Progress on Trauma Symptoms (PCL-6)

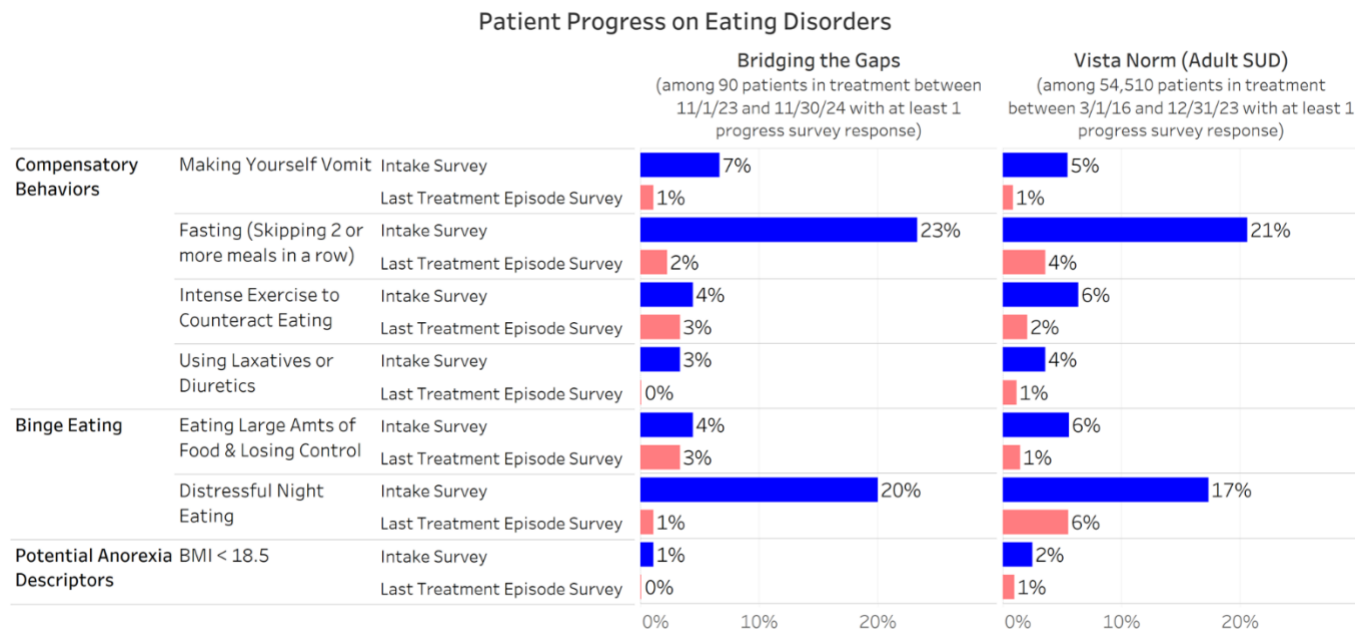


The 18% of residential patients still reporting probable or severe PTSD symptoms on their last treatment monitoring surveys was higher than the 7% to 8% of patients discharged from other levels of care:

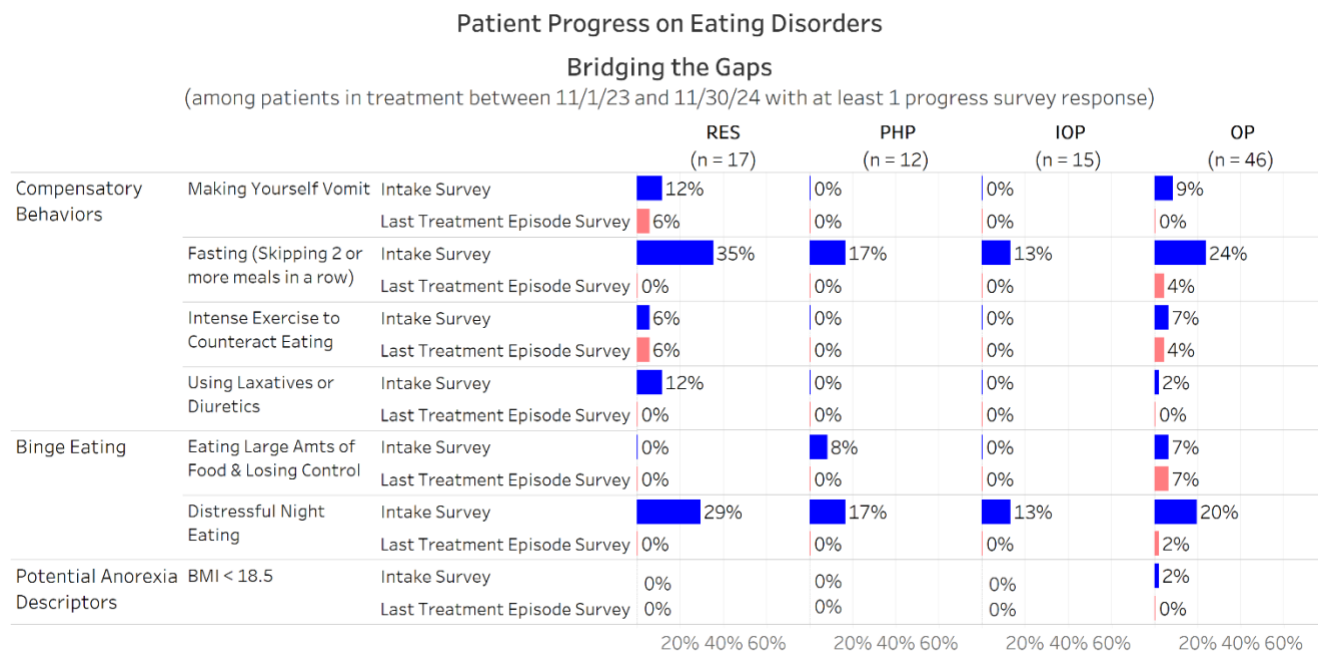
### Patient Progress on Trauma Symptoms by Program (PCL-6)



**Eating Disorders:** The percentage of BTG patients reporting disordered eating behaviors declined substantially during treatment. Overall, the percentages of BTG patients reporting eating disorder behaviors on their last treatment survey were similar to the Vista norms:



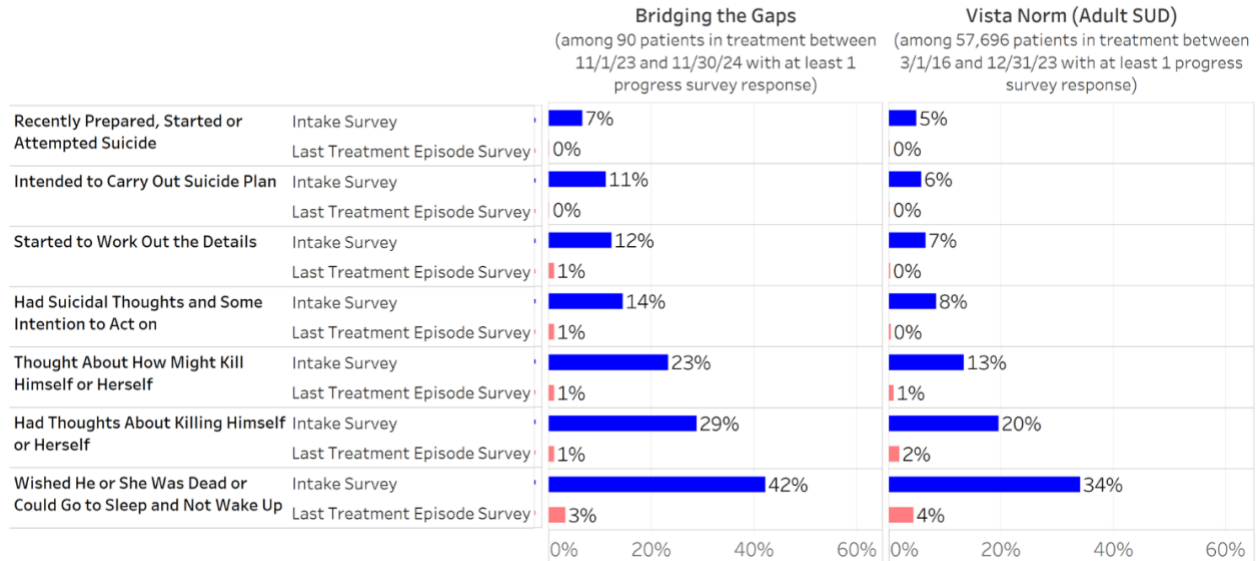
The percentages of patients reporting specific compensatory behaviors on their last treatment survey were highest at the residential and OP levels of care. Patients in OP were the most likely to report binge eating behaviors on their last survey:



## Reduced Suicidal Thoughts

The percentage of BTG patients reporting suicidal thoughts or intentions decreased dramatically during treatment. Higher percentages of BTG patients reported specific suicidal thoughts or intentions at intake compared to the Vista norms. On their last survey, 3% of BTG patients still reported having wished they were dead or "could go to sleep and not wake up" compared to the Vista norm of 4%:

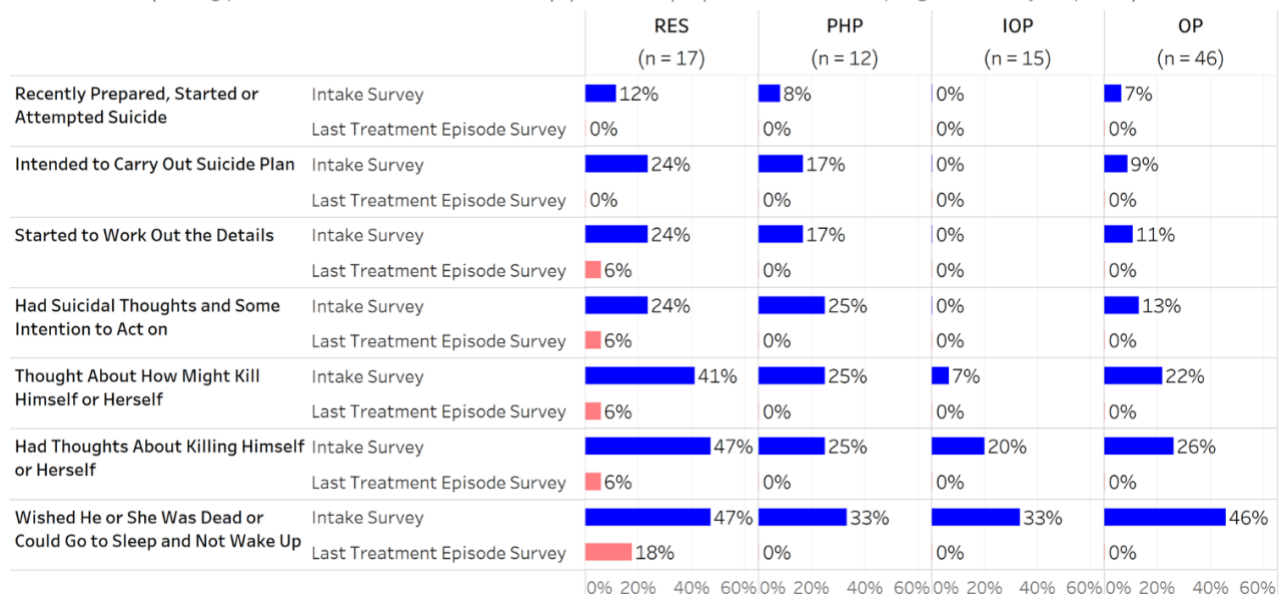
### Patient Progress on Suicidal Thoughts and Intentions



At intake, a lower percentage of IOP patients reported suicidal thoughts or intentions compared to patients in other levels of care. On the last treatment survey, higher percentages of residential patients reported specific suicidal thoughts and intentions:

### Patient Progress on Suicidal Thoughts and Intentions by Program

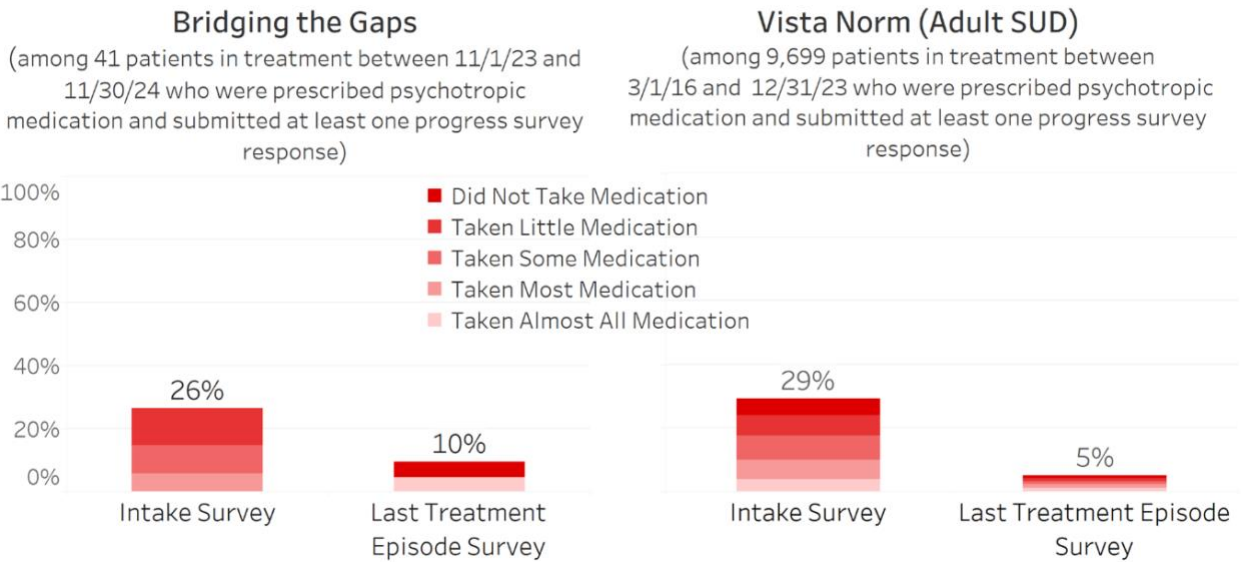
Bridging the Gaps  
(among patients in treatment between 11/1/23 and 11/30/24 with at least 1 progress survey response)



## Progress on Medication Adherence

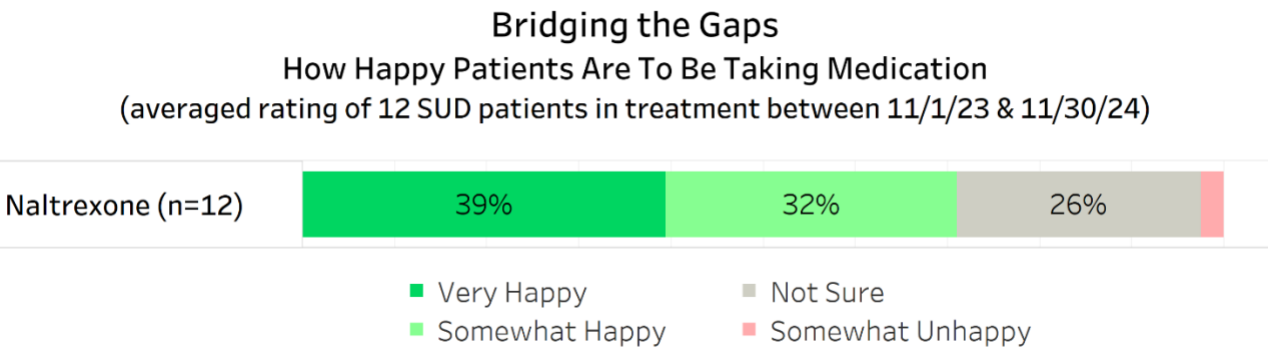
At intake and on subsequent progress monitoring surveys, patients are asked if they have been prescribed any medications for emotional issues such as depression or anxiety that a physician has been expecting them to take. If so, they are asked how much of this medication they are taking. Among just BTG patients who were prescribed psychotropic medications, the percentage not taking all of their medication improved drastically from 26% at intake to 10% on their last survey prior to discharge:

### Patient Progress on Medication Adherence



## Anti-Craving Medication Usage During Treatment

Patients who were using an opioid or non-opioid anti-craving medication at the time they completed a monitoring survey were asked how happy they were to be taking this medication. Seventy-one percent (71%) of patients reported being somewhat or very happy to be taking Naltrexone:



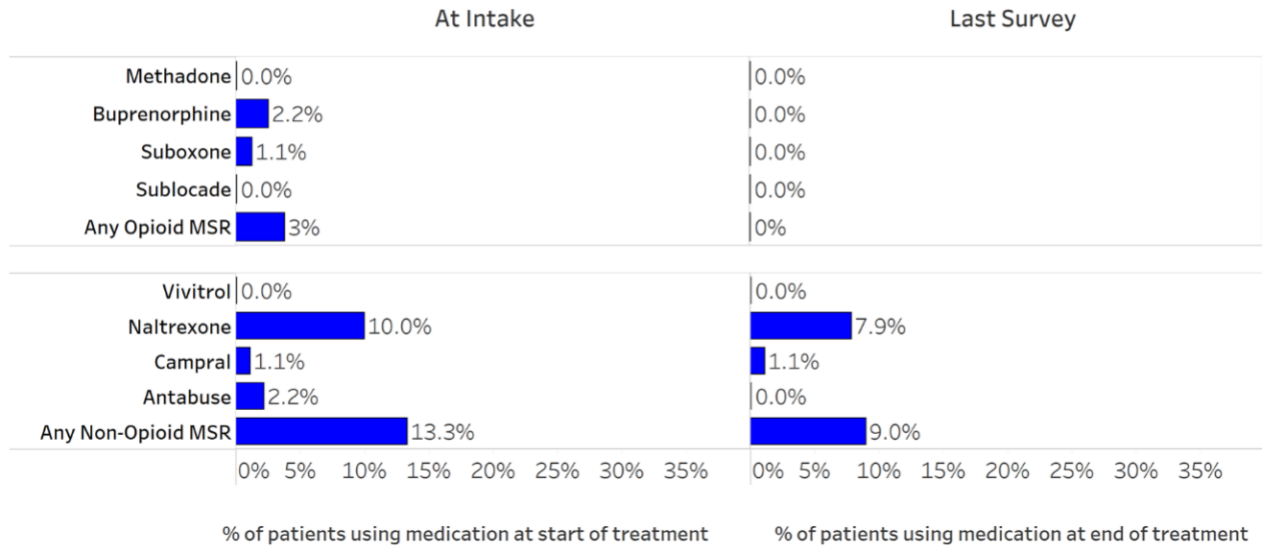


The percentages of patients using an opioid-based or non-opioid-based medication to control cravings decreased during treatment. For example, 7.9% of patients were using Naltrexone on their last survey prior to discharge, down from 10% at the start of treatment:

### Medication Usage Differences Between Intake and Last Survey

#### Bridging the Gaps

(among 90 patients in treatment between 11/1/23 and 11/30/24 who submitted an update survey)



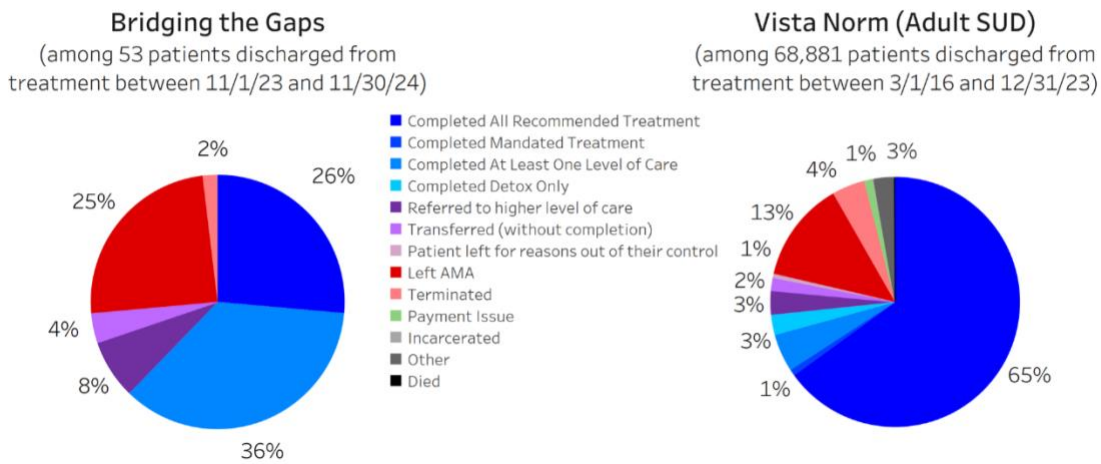
# TREATMENT SUCCESS

## Treatment Completion Rate vs. Vista Norm

Among 53 patients who were discharged from BTG between November 1, 2023 and November 30, 2024, 26% completed all recommended treatment. Another 36% completed at least one level of care. Twenty-five percent (25%) left treatment against medical advice. The median length of stay for patients successfully completing treatment was 90 days.

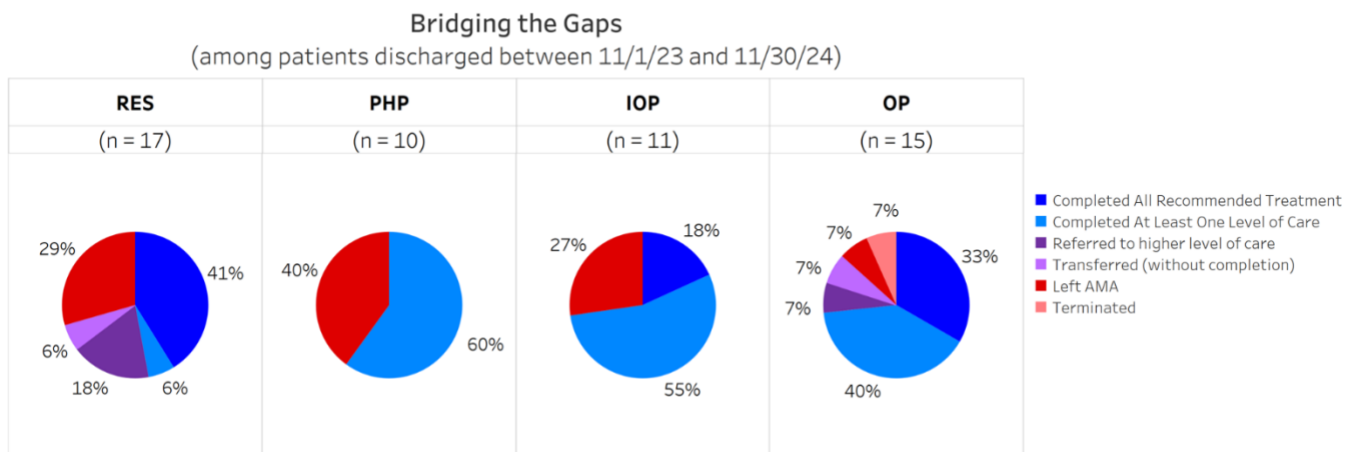
The percentage of BTG patients successfully completing all recommended treatment (26%) is lower than the Vista norm of 65%:

### Treatment Completion



Treatment completion rates varied by level of care. Residential and OP had the highest percentages of patients completing all recommended treatment:

### Treatment Completion by Program



## Treatment Completion Rate vs. National Norms

Because BTG offers a continuum of care, there are no directly comparable national norms. The closest comparable national data is for patients completing either a long-term residential program or IOP in the 2022 TEDS-D dataset. In this case, the 62% of BTG patients who successfully completed treatment compares very positively to the 43% of TEDS-D patients who completed long-term residential treatment and the 26% who completed IOP treatment:

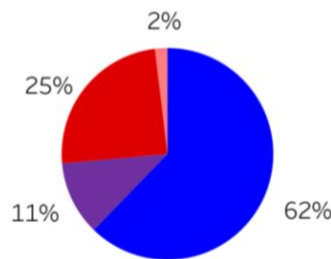
### Treatment Completion Rate vs. National Average

#### Bridging the Gaps

(among 53 patients discharged from treatment between 11/1/23 and 11/30/24)

**Successful Completion: 62%**

Median LOS of Successful Treatment: 90 Days



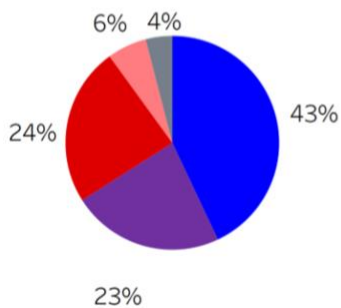
■ Successful Completion ■ Transferred (w/o completion) ■ Left AMA ■ Terminated ■ Other

#### TEDS-D Long-Term Residential (>= 30 days)

(among 96,177 SUD discharges in 2022)

**LT RES National Avg: Successful Completion 43%**

Median LOS of Successful Treatment: 62 Days

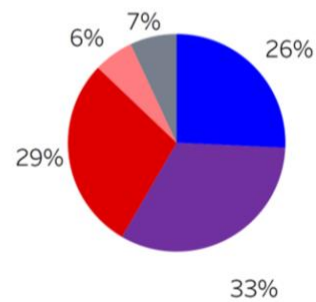


#### TEDS-D Intensive Outpatient

(among 157,739 SUD discharges in 2022)

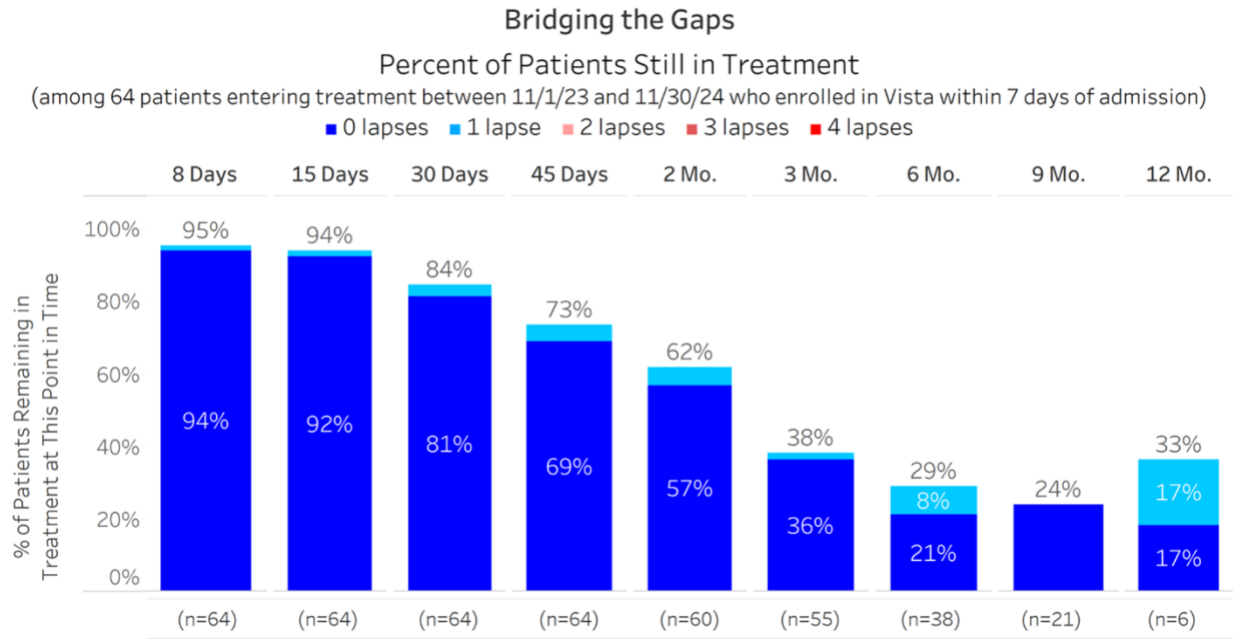
**IOP National Avg: Successful Completion 26%**

Median LOS of Successful Treatment: 88 Days

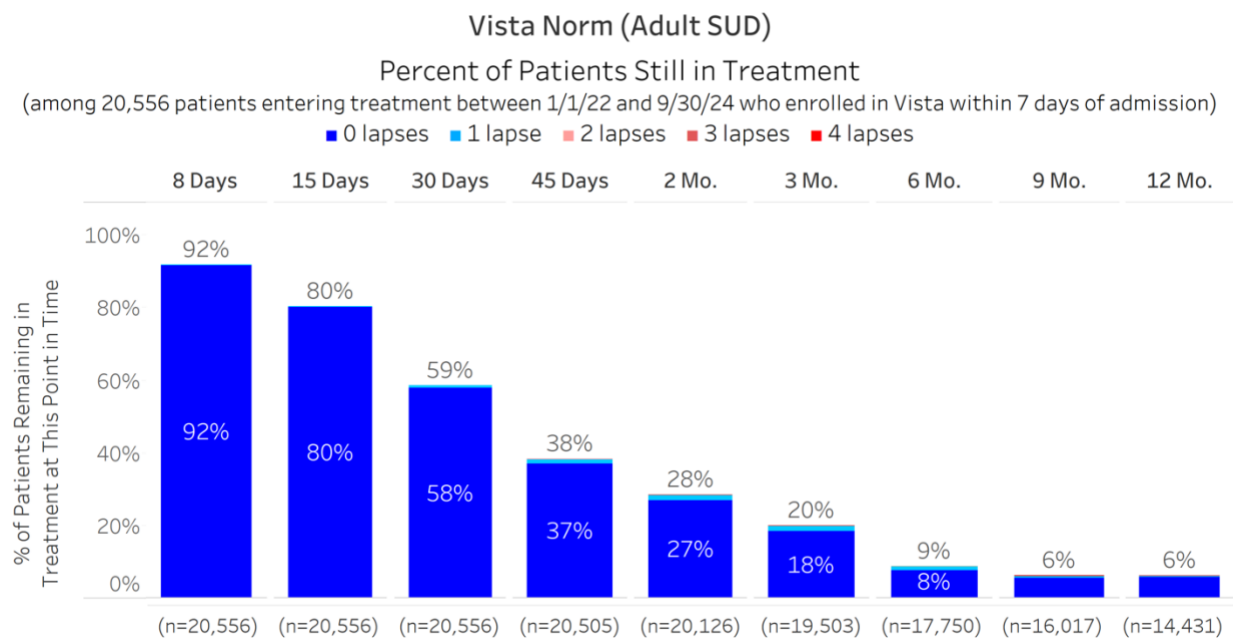


## Treatment Retention

This chart illustrates patient retention at BTG, showing the percentage of patients who remained in treatment over various intervals. Retention is high in the initial weeks, with 94% of patients engaged at fifteen days. Sixty-two percent (62%) of patients were still in treatment two months after admission:



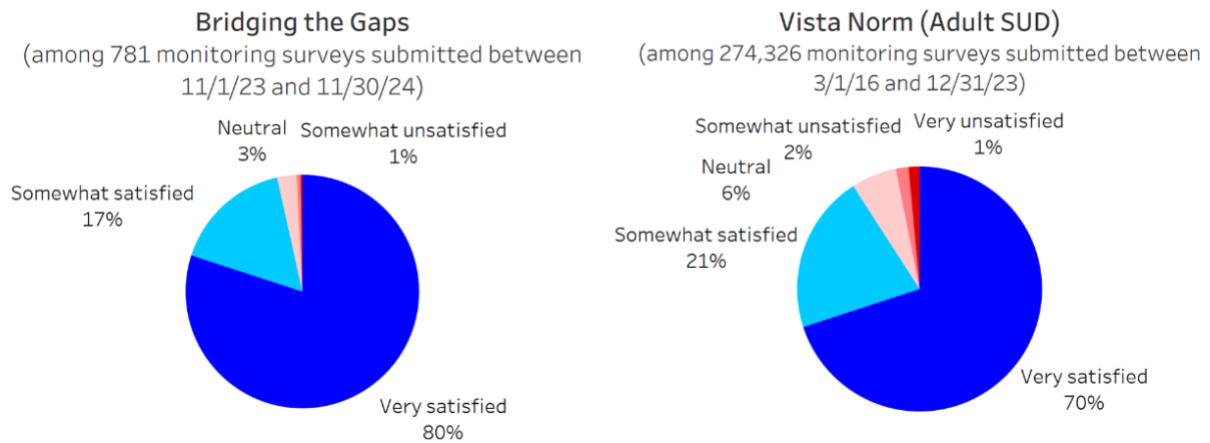
BTG had higher percentages of patients remaining in treatment at all intervals compared to the Vista norms:



## Satisfaction with Treatment

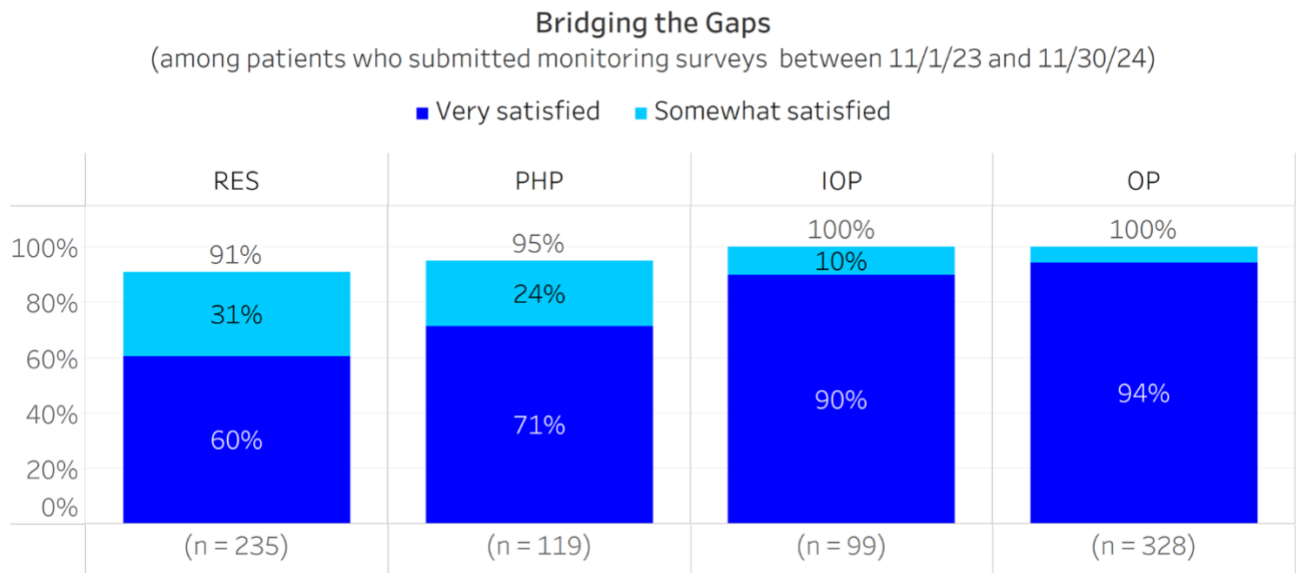
The majority (80%) of BTG patients submitting update surveys during treatment said they were very satisfied with the treatment they were receiving, higher than the Vista norm of 70%. Another 17% said they were somewhat satisfied:

### Patient Satisfaction with Treatment



The percentage of patients who were very satisfied with their treatment was highest in OP and IOP:

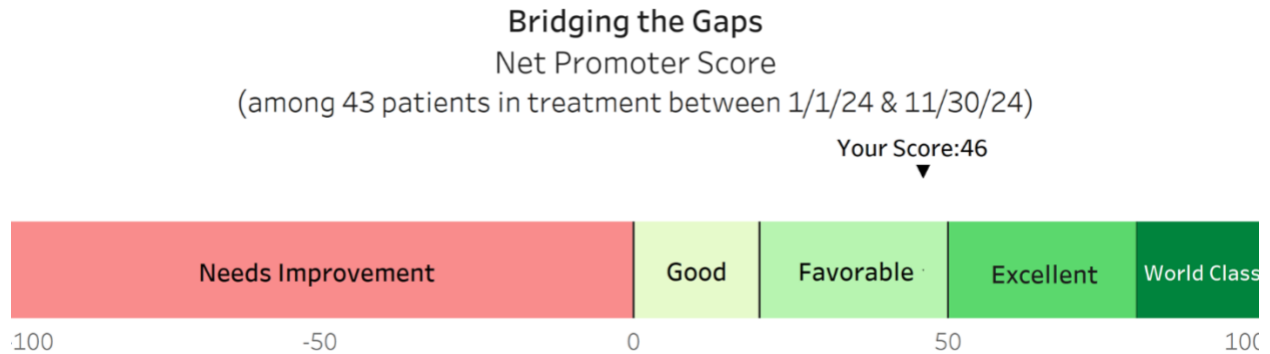
### Patient Satisfaction with Treatment by Program



Sample comments from patients are included in the Appendix.

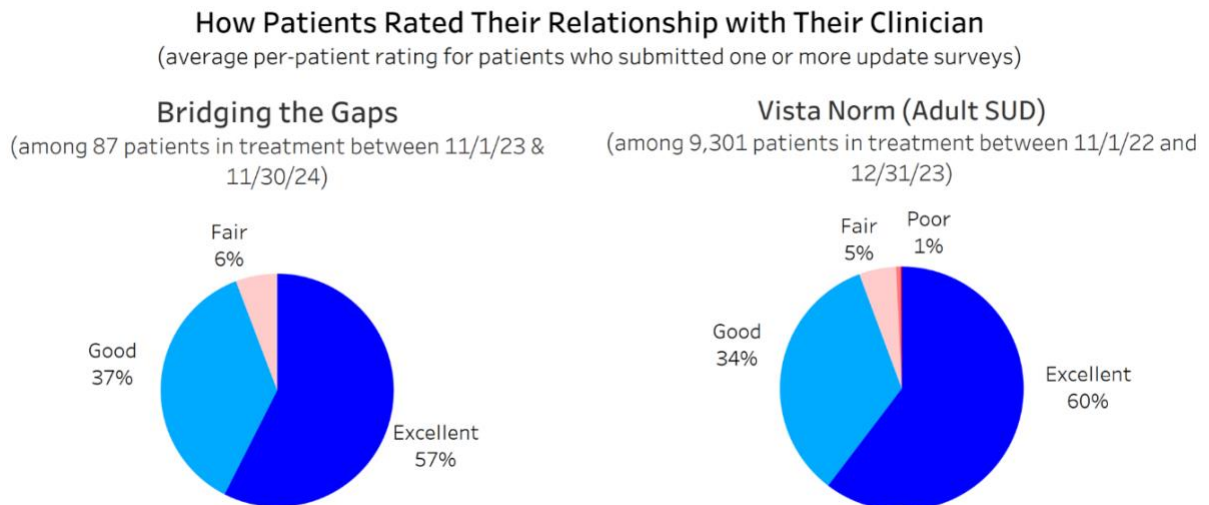
## Net Promoter Score

The Net Promoter Score (NPS) is a measure of customer loyalty and satisfaction, gauging how likely clients are to recommend a service to others. BTG has achieved a favorable NPS of 46, indicating a strong level of satisfaction among their patients:



## Therapeutic Alliance

Patients who completed at least one progress monitoring survey were asked to rate their relationship with their individual therapist. The majority (94%) of BTG patients rated their relationship with their therapist as excellent or good, comparable to the Vista norm of 94%:



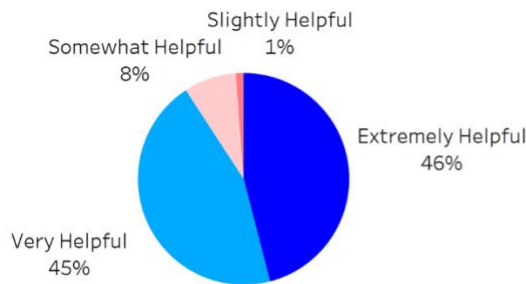
# Helpfulness of Individual & Group Therapy

In each progress monitoring survey, patients evaluated the effectiveness of their recent individual therapy sessions in preparing them to achieve their treatment goals, using a 5-point scale ranging from "extremely helpful" to "not at all helpful." Ninety-one percent (91%) of BTG patients said their individual therapy was very or extremely helpful, higher than the Vista norm of 86%:

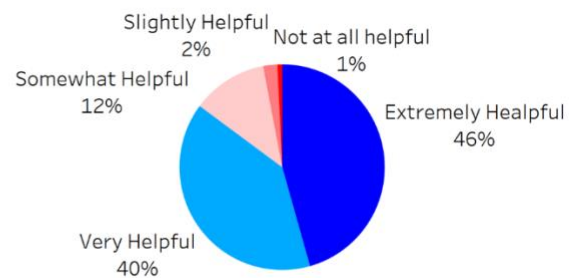
## Helpfulness of Recent Individual Therapy

(average per-patient rating for patients who submitted one or more update surveys)

**Bridging the Gaps**  
(among 87 patients in treatment between 11/1/23 & 11/30/24)



**Vista Norm (Adult SUD)**  
(among 9,301 patients in treatment between 11/1/22 and 12/31/23)

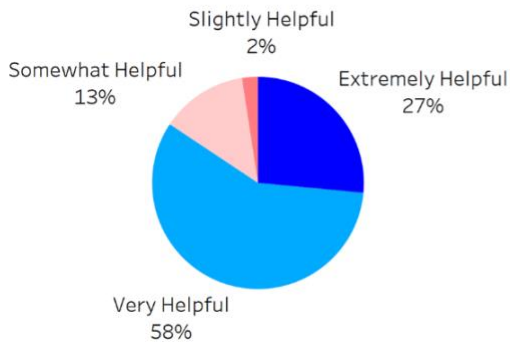


Patients also evaluated the effectiveness of their recent group therapy sessions in preparing them to achieve their treatment goals, using the same 5-point scale. Eighty-five percent (85%) of BTG patients rated the helpfulness of group therapy as very or extremely helpful, compared to the 77% Vista norm:

## Helpfulness of Recent Group Therapy

(average per-patient rating for patients who submitted one or more update surveys)

**Bridging the Gaps**  
(among 83 patients in treatment between 11/1/23 & 11/30/24)



**Vista Norm (Adult SUD)**  
(among 9,538 patients in treatment between 11/1/22 and 12/31/23)



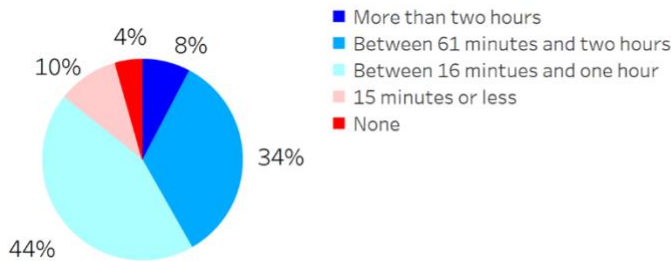
## Frequency of Individual & Group Therapy

As part of each progress monitoring survey, BTG patients were asked how many hours per week, on average, they had been attending individual therapy sessions. Forty-two percent (42%) of patients reported attending more than one hour of individual therapy per week on average, slightly lower than the Vista norm of 46%:

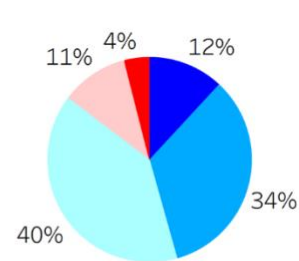
### Hours/Week of Individual Therapy

(average per-patient rating for patients who submitted one or more update surveys)

**Bridging the Gaps**  
(among 91 patients in treatment between 11/1/23 & 11/30/24)



**Vista Norm (Adult SUD)**  
(among 19,627 patients in treatment between 10/1/21 and 12/31/23)

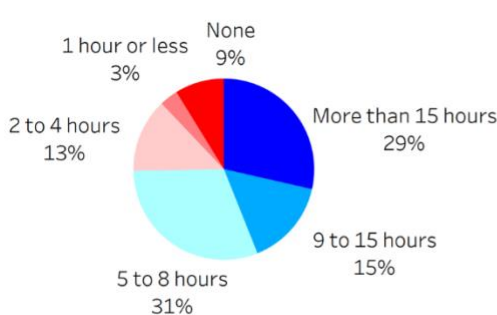


In each progress monitoring survey, BTG patients were also asked to report the average number of hours per week they attended group therapy sessions. Twenty-nine percent (29%) of patients reported attending more than 15 hours of group therapy per week on average, lower than the Vista norm of 40%:

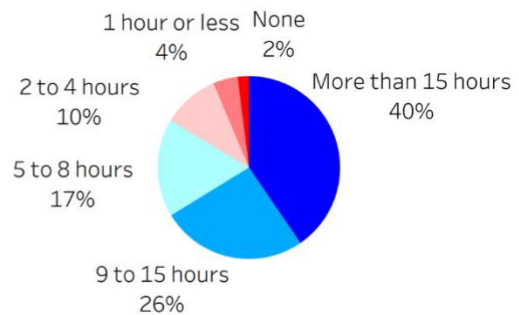
### Hours/Week of Group Therapy

(average per-patient rating for patients who submitted one or more update surveys)

**Bridging the Gaps**  
(among 91 patients in treatment between 11/1/23 & 11/30/24)



**Vista Norm (Adult SUD)**  
(among 19,627 patients in treatment between 10/1/21 and 12/31/23)

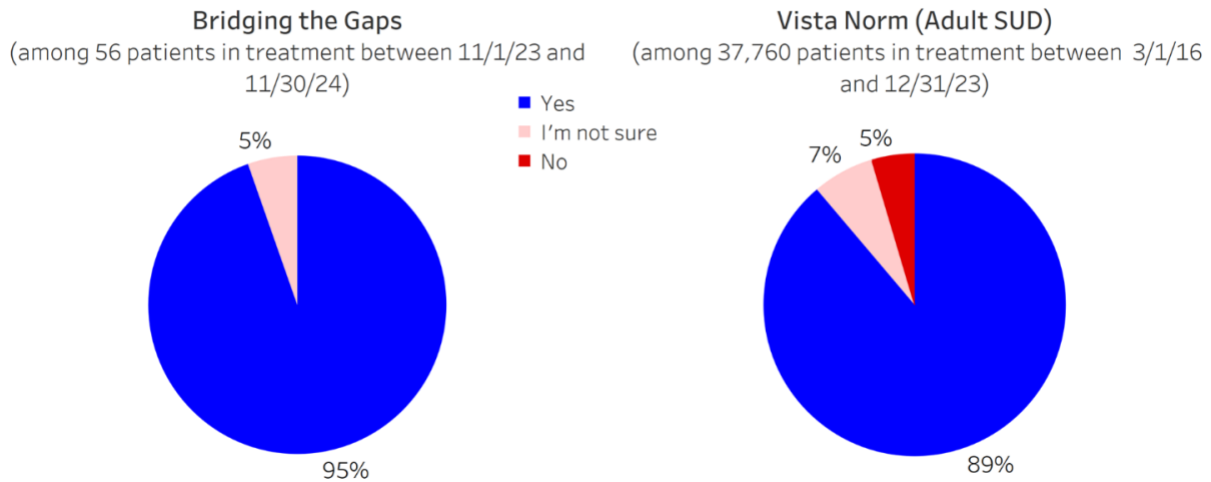




## Meeting Treatment Goals

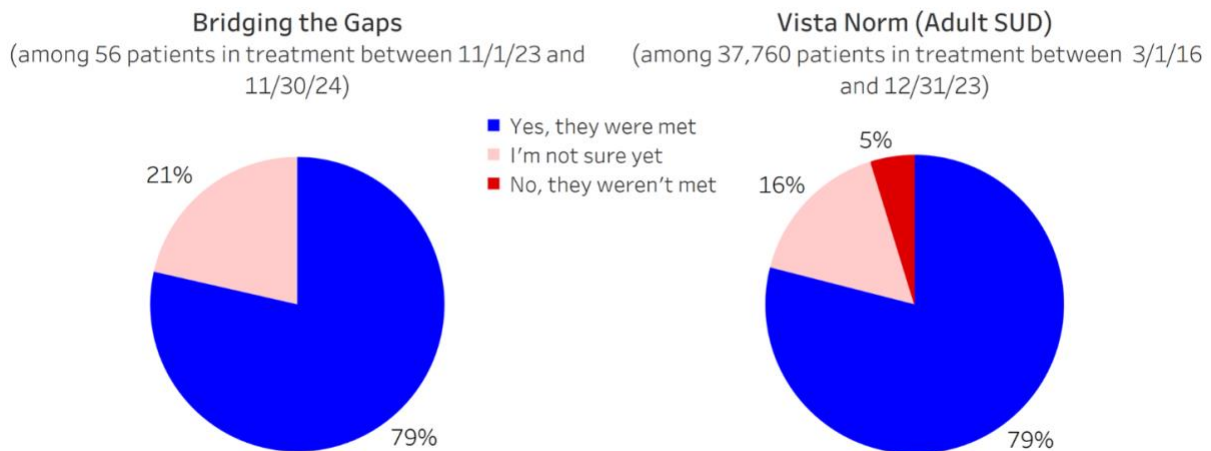
Patients who indicated a progress monitoring survey was likely to be the last they would submit before they left treatment were asked several questions about their treatment goals. The vast majority of BTG patients (95%) reported having been asked about their treatment goals during treatment, which is higher than the Vista norm of 89%:

### Were Patients Asked About Treatment Goals



More than three-quarters (79%) of BTG patients said their treatment goals had been met, which is identical to the Vista norm of 79%:

### Were Your Treatment Goals Met?



# APPENDIX: SAMPLE PATIENT COMMENTS

## Positive

- Extremely pleased with the level, type and administration of care receiving.
- Gradually making progress day by day
- Grateful to have a great support system and counselor. I'm very excited for my future and next steps.
- Great program, helped me a lot!
- I am lucky to be able to work on issues at BTG. My life has been, and continues to be changed for the better.
- I am overall doing OK, but I am having a lot of bubbles of memory as of late. I think this is because I am in a relationship with a healthy, stable person. Being in a place with somebody healthy, there is the constant of realizing how unhealthy of relationships I have been in. Overall, the second year of sobriety has been a lot of ups and downs. But the resiliency kicks in faster than the self depreciating mode; the I'm not good enough is still very much there. I liken the second year of sobriety to finding your sea legs after getting off a rocky boat. I can't wait to see you, Becca! I love you and I'm so grateful that God brought me to bridging the gaps.
- I am really looking forward to entering Phase II and putting these new coping skills and awareness to the test.
- I appreciate all the tools that has been giving me. I feel like i take something from the group and learn something new everyday.
- I appreciate the consistency and accountability I get from my continued treatment at BTG. Thank you!
- I appreciate the way that counseling helps me use seemingly small incidents to unearth larger behavior patterns and work to reshape them.
- I have been feeling really good physically, mentally and emotionally but the latest assignments have caused me to be a little lonely and down but it only really lasted for a few minutes at a time and was able to use what I learned to help overcome it and to do something positive instead. Less than 10% in the last 10 days since the last time I took this survey.
- I'm looking forward to transitioning back home.
- I'm still not sure the difference between cravings & the symptoms of alcohol withdrawal. There are a few times I would just like to have a drink, but mostly I want the symptoms to go away!
- I've been able to actively catch myself more when I'm possibly passing judgement on people. I'll ask myself if I'm assessing an actual threat; if not I'll challenge myself to whether it's warranted or not, it usually isn't. I like the notion of establishing positive ways of thinking versus "correcting" negative thinking 😞, but I think the latter is more accurate 😊
- In addition to DBT, I'm also spreading the word on other AA and treatment philosophy. Examples include emphasizing the importance of Agreement #4 and also using a quote from the Daily Ponderables for the Quote of the Day at work. Also, Snoop and Martha provided in depth coverage of the equestrian 🐎 events at the Olympics, it was entertaining 😊!
- Life is good. I am grateful.
- Love this place
- Really appreciate the unconditional regard.
- Sleep 😴 hygiene is paramount! Also they're are more people in NOVA than Winchester.
- Sleeping much better and have had no cravings at all the past few weeks and have lots of positive self talk and motivation moving forward!

- thank you
- THANK YOU :)
- Thank you Bryon, Chris and everyone there
- Thank you BTG from Jump starting everything I need to stay sober 😊
- thank you for all you guys are doing and im going to keep up with all my assignments to gain all the tools and resources to get thru my addiction
- Thank you for giving me the opportunity to be here.
- thank you for guiding me through this process and giving me the tools to stay sober
- thank you for the support and never giving up on me
- thank you very much
- TV in the gym
- Yes I would like to hear my clinician's thoughts about Pg 38 of the BTG Client Handbook.

### Why Satisfied With Treatment

- 1-1 and groups have been good!
- Accountability, community, and commonality
- Aftercare and individual continue to be a great help and support for me, especially as I've started back to work.
- All is going well. I appreciate the accountability and community.
- Always get something out of it
- Applying skills and tools learned in treatment to real world scenarios with results.
- Because I have learned a lot about myself in this process that I couldn't have figured out on my own. I have made some life long friends in this process.
- Because it's sometimes too easy to slip back into everything is fine when it's not. I eventually tell her everything and that helps keep me sober.
- Bryon and the staff
- BTG is just awesome. I can't explain it in words just how great this treatment center is. All the clinicians, the director. Top to bottom is A1.
- Classes are going great along with the meeting
- Consistency, accountability, quality.
- Continual new insights for myself
- Continued accountability, support and community.
- Cuz you're helping me to deal Life On Life's terms
- Deeper dive into some of my thought processes.
- Everyone is very informative and helpful. Downside is the rush. There is no time in the mornings to get yourself together before exercise and coming to BTG.
- Everyone on staff has been very helpful and positive.
- everything about it theres alot of logic to it
- Excellent progress into insight of causes and conditions of substance abuse.
- Getting healthier
- getting to know myself, getting 'physically and mentally fit for outside
- Good feedback on my thoughts on working a good program.
- Good groups
- Good instructors
- Great staff. Professional yet sympathetic.
- Great team. Big impact

- Groups and 1-1 have all been helpful and meaningful.
- Groups/clinical meeting were good and I think recent treatment technique will be helpful.
- Have been getting support I need from my peers and counselor.
- Help me prepare for my transition goals.
- Helping keep me grounded
- Helping me with my ever evolving mental health issues.
- Helping to evolve my perspective in how I approach things in what I think is a healthier manner.
- Helps addresses the challenges I face in this next phase of my life
- I am able to not only work on current stressors but also my roadmap of how not to freak the F out. For example, my homework is the feelings and thoughts before I get to that point.
- I am changing in the hands of my clinicians and staff. That is the goal after all.
- I am finding that the staff is working hard to help me tackle and become aware of more engrained habits even if it means slowly moving me towards more freedoms
- I am making progress & ha be moved to phase 2.
- I am receiving help from staff and classes.
- I am starting to feel like I am making progress in challenging my awareness of my negative behaviors that come from trauma and my addiction. I feel understood and heard most of the time even when I am challenged.
- I am still learning my way around.The house is great and my housemates are super helpful. I'm still very curious in figuring out my recovery path.
- I can be honest and my true self
- I feel it is working. I am changed.
- I feel that due to the plan I have discovered more about myself and and my disease in less than two weeks than I ever did in months and months of previous programs.
- I feel that my counselor and the other staff here genuinely care about my safety and wellbeing.
- I have a great counselor and sober living environment.
- I just finished 3 weeks. I feel like I'm making progress. I still have a long way to go
- I like the support of multiple specialist to aid in my process as well as the group sessions and having the one on one sessions with my primary counselor. I've enjoyed the support from other people there seeking recovery as well all around this is a great process so far!
- I think it is a good program and is helpful toe.
- I was able to get suggestions on my current living arrangements w/father in law. I sometimes don't know what I'm doing.
- I'm learning a lot of stuff so the education classes are interesting. Processing in groups is tough- I'm not sure what I should be doing. When people are talking about their personal issues, I don't relate to, I'm not sure what I'm supposed to be doing- what do I say? I get stuck.
- I'm learning even when I don't realize I am.
- I'm learning the truth about life.
- I'm learning things about addiction, things that I never knew about it.
- I'm satisfied that I'm learning new tools deal with my addiction
- im getting all the vitamins to get my brain back in order and im receving alot of help in all the areas in my life that needs assitance and im learning alott about my drug addiction.
- im greatfull with BTG and the staff members and everyone in... but sometimes i feel down (not wanted to learn and not having the emotion to participate on classes.
- Insightful feedback 🙏
- Interpersonal issues
- It helps me get closer to my treatment goal. Provides an angle I don't see and the people around me everyday don't see either.

- It is a full featured program that tailors care to the client. And the staff is caring and compassionate.
- It is supremely obvious that all staff care deeply about the wellbeing and recovery of the clients, and treat them firmly but with patient kindness.
- It's a relief to be back at BTG, working with Tim and having some more space for processing, accountability, and honesty.
- It's very obvious that the clinicians have our best interest at heart - and have a long-range perspective. They're willing to let us strive through temporary challenges if those challenges help us down the road. (No, I don't have specific examples, it's just what I've observed over time, and with the perspective of watching what happens with my peers, too)
- Keeps me calm and purposeful
- Keeps me grounded and focused with emphasis on my roadmap to staying mentally healthy
- Learning about my self
- Learning more about the root of why I react to certain things the way I do.
- Learning to deal WITH Feelings
- lots of personal attention
- Love the help from everyone. Feel much more comfortable.
- Love the support I get
- My clinician and the executive director are awesome beyond words.
- Not only do the services I receive help me to step outside of my thinking/behavioral/emotional rut, but I am also starting to learn how to do it more and more frequently under my own steam!
- People are working hard to get my pronouns right and listen to/give me space to voice my concerns or problems.
- Some really impactful new insights last handful of meetings.
- The companionship and Becca has been a huge part of my sobriety and helping me
- The counselors care and know what they are doing
- The focus on what I need right off the bat.
- The holistic approach here is really thoughtful and is working for me.
- The people know what they are doing.
- The services I have received have been very helpful to me in my recovery.
- The staff here are great and the schedule we have is very beneficial to us mentally and physically. Especially with the supplementation of the nutrients and meetings after classes.
- The treatment I receive is up to me to utilize. Find point I feel I should be or need to grow to and compound upon them with the available assistance. The treatment reiterates focus on intentions by communicating and staying on track.
- They care for all aspects of my psychological, physical, and spiritual recovery
- They just help greatly
- They really take care of me mentally, physically, spiritually and emotionally. It's an all inclusive treatment program/facility.
- This is a great program if you lean onto it.
- This treatment has helped me before and I believe it's what's best for my recovery
- Treatment plans are awesome.
- Very effective approach
- very helpful
- Very organized and great program
- Very THANKFUL!!!!

## Why Goals Were Met

- A lot of information so I can't claim ignorance if I ever relapse
- Always working on something
- BTG knows what they're doing, they have a dedicated staff and they help with my needs as I address them.
- Haven't had a chance to work on them yet.
- Helping with prep for my future plans.
- I am living sober and happy with that.
- I am still working on them. Hiccups due to covid
- I have only been going for 15 days. I feel good about the treatment plan & the support I'm getting. I'm learning a lot in the group individual sessions.
- I set treatment/therapeutic goals with my counselor at the beginning of treatment. Through the course of treatment, I've worked on these goals and have had intermittent updates to these goals after meeting any particular one.
- My counselor and I went over goals when met, then made new attainable goals for growth and development in my recovery journey
- My goal was to find a way to live without drugs and treatment helped me get there
- My treatment goals are evolving
- Was able to address and work on tackling my issues!

## Positive Feelings About MAT

- Am not sure how much it helps
- am wondering if I need to continue to take it
- anything that helps
- Anything that helps me stay sober
- cravings are minimal and pass quickly
- I accidentally went without taking it for several days (I fill a weeks worth of pill cases at a time, and though I had picked up my prescription, I didn't realize I didn't have it in my collection when filling up the cases!) and have had using dreams. I suspect the medication helped keep those at bay. Although, though a little distressing, they are not impacting me beyond a slight "ugh, that was unpleasant" when I wake. I don't feel waking cravings. I will talk with Bryon about it.
- I am not sure it is helping or that I need to continue taking it. I didn't take it for a few days (pharmacies were out) and I seemed ok.
- I appreciate anything will help
- I don't feel like it's necessary.
- I don't know what it is like to be sober and not taking this medication, so I have no way to judge the efficacy.
- I feel ready to move away from it.
- I feel ready to phase out, but will talk to my PCP first
- I no longer think it's necessary, but under advisement am continuing through a stressful time! I took none yesterday because I couldn't pick up my scrip due to the storm.
- I wish I didn't need to, but I want to do whatever will help me stay sober.
- I would like to stop it.
- I would like to talk about dropping this medication. It's been a year, I have a robust support network, good tools, good momentum. I'd like to remove a chemical variable from my life - with supervision.

- I'm continuing under medical advice, but wonder if it is still necessary. Happy to stay in the land of "better safe than sorry".
- I'm hopeful it will begin to help with the cravings.
- If it helps me get sober, I'm good with it
- It seems to be working, I'm not experiencing any cravings.
- It's been a while - I wonder about the need for this as we approach a year sober.
- It's been almost a year - I feel ready to be without.
- Life is certainly better without drinking, and without obsessing over it. If this is helping me stay in that state, awesome!
- Not sure if I continue to need it
- Seems to be working
- Wish it wasn't necessary but I know for now it is.

## Negative

- This has been a stressful few days in SC. The community is uprooted, the rooms are buzzing with squirrely addicts in disrupted routines. I am coping just fine, but can feel the low hum of tension around and in me like an old computer monitor left on in an otherwise silent room.

### Why Dissatisfied With Treatment

- A little too draconian
- I wish we would be able to go out more and engage in activities.
- I'm in phase 2 of this program but I still don't get the chance to do anything on my own without staff and it's bullshit. They keep insisting it isn't punitive but that's overwhelmingly how it is/ feels and I'm exhausted just want to sleep, do my own thing sometimes- choose what meetings I want to go to but I can't, so I've kind of just checked out. These people don't have faith in me even though I've remained sober each of the few times I have been allowed out into the community and again it's just bullshit, being treated like a child like this, and it also isn't serving me for when this treatment is over and I am suddenly left to my own devices and don't have all these supports in place. I feel like I'm being set up for failure.
- No gym
- Not enough 1 on 1. 2 times a week would be more beneficial
- not happy to go to the womens meetings by myself
- The overall community is in shit show mode over 1 individual that is disrupting everyone else's treatment.

### Why Goals Were Not Met

- Deeper, more pertinent issues were not offered until too far into my 30 days, wasting my time on information I have had significant prior exposure. As it is, things I could have been addressing won't get finished.
- everything is ok but ive been having problems with the tempature in the house and it has been effectig my mood
- It's too complex

## Negative Feelings About MAT

- Gives me low energy
- I think it's highly unnecessary.

## Suggestions to Improve Treatment Safety

- Allowing caffeine for outpatient clients who visit.
- Along with caffeine, outpatient clients should be allowed to bring their own candy 🍬. Better yet, offer us tea 🍵 and candy! Feeling welcomed makes me feel safe.
- Great place