

## Strengthening Access and Engagement with R95 and Stages of Change Group Design

### Agency Overview

- **Agency:** Families for Children
- **Population Served:** Adults, justice-involved, parents/guardians with children
- **Program Size:** Serves approximately 110 clients in an outpatient setting
- **Treatment Levels of Care:** Outpatient and intensive outpatient
- **Program Context:** The program provides group-based treatment and serves clients with different levels of readiness and varying external mandates. This structure requires staff to balance clinical needs, client circumstances, and compliance expectations.

### Featured R95 Implementation Area

Restructuring treatment groups around the Stages of Change and integrating a readiness-based, harm reduction\* approach across the program.

*\*Harm reduction is an evidence-based public health approach that aims to reduce the negative consequences associated with substance use by meeting people where they are in their recovery journey.*

### Impact

**At a Glance:** By refining group structures and adopting harm-reduction practices, FFC supported greater client participation, stronger staff alignment, and expanded service reach.

**Client Outcomes:** Clients participating in the Stage of Change groups reported meaningful progress. One client shared that being surrounded by peers with similar goals helped him stay focused—he completed his GED, advanced in a solar panel company, and has now maintained sobriety for three years. Another client moved into a management role at a popular pizza chain.

These examples reflect a broader pattern of success when group structure and curriculum align with a client's stage of recovery.

**Staff Development and Team Cohesion:** The R95 implementation process brought staff together in new ways. Counselors described it as something that “built our guts,” noting that the new practices pushed them to stretch, try different approaches, and grow more confident in their clinical work. The shift encouraged the team to rethink long-standing practices and support one another through the transition.

**Program Improvements:** Implementing R95 practices, including harm-reduction strategies and more client-centered group options, expanded the agency's capacity to serve more people in the community.

## Implementation Challenges

***At a Glance:** Implementing R95 required both a cultural shift among staff and new logistical approaches to group composition to support clients at different points in their recovery journey.*

While FFC's redesigned approach strengthened engagement, the transition surfaced several cultural and operational challenges that shaped how staff and clients adjusted to the new model.

### Shifts in Staff Practice and Mindset

- Staff expressed significant resistance when R95 practices were introduced, including lowering barriers to care and adopting harm reduction approaches; some stated they would leave if these changes were implemented. Although no staff ultimately left due to the shift, it highlighted a meaningful cultural transition that required several months of discussion and support to bring people on board.
- Counselors pushed back on organizing groups by Stages of Change, worrying that mandated clients might not be honest about their readiness and that clients could be misclassified.
- Once groups were implemented, some counselors wanted to select groups based on personal preference (“I'm a contemplation-type counselor”) and resisted rotating across different Stages of Change.

### Aligning Group Composition with Client Readiness (Stage of Change)

- Group sizes became uneven when early groups were labeled by stage of change, and clients avoided certain groups due to the stigma of group labels. Staff had to be trained to use neutral group names (e.g., “Group A”) and to keep each client’s Stage of Change confidential.
- Matching clients to appropriate groups required regular assessment, as readiness could fluctuate. For example, a client in the Action stage might lapse and need to move back through earlier stages, which made placement more complicated at times.

### Implementation Approach to Address Key Challenges

**At a Glance:** FFC’s approach combined sustained staff engagement with client-informed program redesign, creating flexible group options and harm-reduction practices that aligned services with client readiness and supported more meaningful engagement.

In response to cultural and operational challenges, FFC’s R95 implementation unfolded in stages, beginning with building staff understanding and buy-in, followed by redesigning groups to better match client readiness and integrating harm-reduction strategies to strengthen engagement.

### Building Staff Buy-In to Support Practice and Mindset Shifts

Following the R95 rollout, FFC experienced significant staff resistance –particularly around lowering barriers to care, integrating harm reduction, and shifting away from long-standing abstinence-based expectations. Leadership created space for honest dialogue, emphasized that disagreement did not reflect a counselor’s level of care or competence, and used client feedback to highlight why change was needed. Although structural changes were implemented within 90 days, building authentic buy-in took almost a year, supported by daily conversations, coaching, and moving away from stigmatizing language (e.g., replacing “clean/dirty” with “positive/negative”).

As staff began adapting to R95 principles, FFC focused on redesigning group structures to better align services with client readiness and feedback.

## Redesigning Groups to Address Readiness, Stigma, and Group Fit

FFC regularly collects feedback from clients through suggestion boxes and the [Brief Addiction Monitor \(BAM\)](#). Client feedback highlighted frustrations with mixed readiness groups. Some clients reported that early-recovery content felt irrelevant, while others were triggered by peers attending group intoxicated or smelling of weed and alcohol. This feedback prompted the agency to pilot groups organized by Stages of Change and to update documentation and discharge planning to reflect a client's Stage of Change.

To support this shift, FFC reorganized its group services as follows:

- **Introduced Stage-based groups** (Pre-contemplation, Contemplation, Preparation, Action, and Maintenance) using neutral labels such as “Group A” to avoid stigma. Counselors were trained to keep each client's Stage of Change confidential.
- **Maintained a mixed group option.** These groups included individuals at different points in their recovery journey and allowed for mentorship, perspective-sharing, and modeling of change for people at different stages in recovery.
- **Aligned curriculum to readiness** to ensure each group received content and interventions appropriate to its stage. Clients valued this alignment and were quick to point out when the material did not match their needs.
- **Assigned and rotated counselors** across stages to help address early resistance to working outside preferred groups, and supported staff in building confidence across readiness levels.
- **Monitored client progress**, documenting movement across stages (e.g., nine weeks in Pre-contemplation before progressing), which helped track outcomes and tailor support.
- **Reintegrated clients from stage-based groups.** As clients advance into the Action or Maintenance stages, they are intentionally reintegrated into mixed groups with peers at earlier stages of change. This allows staff to assess coping skills, emotional regulation, and stability in less controlled environments. The reintegration process reflects real-world recovery contexts and generates clinical insights that inform treatment adjustments and long-term recovery planning.

As group structures evolved, FFC also strengthened harm-reduction practices to support engagement.

## Integrating Harm Reduction to Support Engagement

FFC incorporated harm reduction strategies more intentionally across the program, introducing small-win celebrations such as 24-hour sobriety chips, expanding case management, and increasing access to Medication for Addiction Treatment (MAT). Staff who were initially unsure about harm reduction softened to the approach when they saw how excited clients were to acknowledge early progress. These small moments helped shift attitudes and build buy-in. Together, these changes created a more flexible and responsive service model that offered clients multiple pathways to engage in treatment.

## Current State of Implementation

FFC now operates a hybrid model that includes both Stage-based and mixed groups. Some clients prefer mixed groups and can select them if they better fit their treatment goals. This approach reinforces the agency's commitment to a client-centered approach rather than a rigid program-centered structure. Staff report that the composition and dynamics of the groups have become more balanced over time, and clients respond well to having multiple pathways for participation and connection.

## Lessons Learned

***At a Glance:** FFC's experience underscored the importance of staying flexible, centering client feedback, and creating space for honest staff dialogue—key ingredients that helped the agency build buy-in and adapt R95 practices in a way that truly supported clients.*

Through this process, FFC identified key lessons that may support other providers considering readiness-based group redesigns.

- **Both Stage-based and mixed groups add value.** Stage-of-Change groups offer shared focus and clearer progress markers, while mixed groups support mentorship and exposure to different recovery experiences.
- **Client feedback should guide service design.** Input from suggestion boxes and the BAM highlighted gaps in existing groups and played a key role in shaping group structures and curriculum.
- **Open dialogue with staff is crucial for building buy-in.** Creating space for staff to voice concerns, ask questions, and feel heard helped ease resistance and strengthened confidence in the new practices.

- **Leadership support matters.** Consistent backing from executive leadership, upper management, and middle management helped staff embrace new practices, sustain momentum, and reinforce the shift toward readiness-based care.
- **Flexibility is key—be prepared for hiccups.** R95 implementation requires ongoing adjustment. Interventions must stay responsive to client readiness and goals.
- **Integrate Stages of Change into individual case management.** Tracking shifts in readiness helps identify individualized progress, guide treatment planning, and determine support based on clinical need. Even small steps—such as piloting the approach one day a week—can help staff and clients adjust to the model.

Families for Children's experience highlights how R95 implementation can take shape through steady culture change, client-informed program design, and a willingness to adapt when challenges arise. By restructuring groups around readiness, integrating harm-reduction practices, and creating space for staff to openly process the transition, FFC built a more responsive and client-centered model.

### Learn More

Learn more about the Reaching the 95% (R95) Initiative and access additional resources on program design and implementation at the [Reaching the 95% website](#)