Please find attached our responses to your supplementary questions -

1. Could the paper presented to Oxford be provided and any other information regarding integrated services and the value and provision of after-care programs?

These are the abstracts that were submitted and accepted for presentation at the Oxford conference.

if you require more detailed information please let us know.

(See attached file: EFTC abstract submission - The Salvation Army Recovery Services - Aftercare and Integration - Expanded Abstract.doc)

(See attached file: EFTC abstract submission - The Salvation Army Recovery Services - Retention and Treatment Effectiveness - Expanded Abstract.doc)

(See attached file: EFTC abstract submission - The Salvation Army Recovery Services - The evidence of change within TCs - Expanded Abstract.doc)

2. Are there any reports or evaluations of the Choices program and any other youth based programs?

(See attached file: CHOICES REPORT - September 2012.docx)

Regards

Gerard

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Gerard Byrne
The Salvation Army
Australia Eastern Territory
Recovery Services
Clinical Director

EFTC Conference 2011

Conference theme - After-care and Integration – how should TCs be interacting with other groups to ensure sustained recovery?

Presentation title - It takes a village to ……..

The Salvation Army Therapeutic Communities in Australia offer a comprehensive aftercare and community integration framework which supports the interaction between the therapeutic communities, the broader community and most importantly optimises the recovery potential of participants.

A holistic recovery and restoration focus is taken that encompasses direct links with Salvation Army church, housing, employment, welfare and education programs – additionally existing links with organisations that provide similar and additional services are utilised to ensure that participants are provided with the support they, and their family, need to ensure sustained recovery.

Recovery from addiction rarely happens in isolation – so does continued recovery from addiction, often that the isolation returns for people when they return to the wider community, after being in treatment in a therapeutic community.

To ensure that people leaving a Salvation Army therapeutic community transition into a supportive community – a village approach to aftercare and integration has been established.

The approach is essentially a relationship-based model that is supplemented by supportive programs, activities and social events designed to meet the needs of people in recovery from addiction and the needs of their families, if they are in contact.

For those people that do not have links to family, the opportunity to develop healthy supportive relationships is offered through the variety of activities that occur in the day to day life of a local church and local community groups.

It is often the case that the family or living situation of the recovering person presents a threat to their ongoing change, so one of the strategies of this initiative is to extend the TC recovery community into the broader community through a variety of services

and groups offered by The Salvation Army and other community groups.

The development of a web based recovery community will assist those who are not able to be in direct contact with supportive recovery communities.

This model includes follow-up and support services, such as;

- Alcohol and Other Drugs support.
- Individual Case Management
- Employment services
- Housing services
- Family Support
- Family Support Programs (including services to children and adults).
- Life Skills Programs (including budgeting, parenting skills, anger management, home management etc).
- Pastoral care

Families and significant others of participants are provided with a range of supports during and after treatment, including “The Family Empowerment Village Model” thereby assisting families to understand and participate in the recovery process of the participant and their own recovery process.

The approach integrates the therapeutic community, the recovery community, the local community, church community, family and friends of the participant. This model aims to assist people to build a village that empowers them to grow and heal ands to continue in their recovery journey.

EFTC Conference 2011

Conference theme - Retention and Treatment Effectiveness - What can TCs do to improve completion rates?

Presentation title - Predicting retention in Therapeutic Community treatment populations

Expanded Abstract

Eight Salvation Army Therapeutic Communities offer the Bridge Program, an evidence informed program. Studies have found length of stay in treatment to be the most consistent predictor of positive follow-up outcomes with regard to abstinence, criminal involvement, mental health and employment (De Leon, 1990; Hubbard et al, 1997; Simpson et al 1997).

The study used the Staff Assessment Summary (SAS), a brief instrument completed by staff to evaluate their clients. It contains 14 items, each item summarising a particular competency. It is designed to help staff document client progress and identify specific issues clients need to address.

The study also used the Client Assessment Summary (CAS), which provides a way to assess concordance between staff and client ratings. It contains the same 14 summary items as the SAS but is worded in the first person. Comparing staff and client ratings on the same items helps evaluate the accuracy of client self-report and provides information for focusing clinical interventions.

This study investigated predictors of retention amongst 618 participants. The study also investigated client-related predictors of retention at 3 months for individuals attending The Salvation Army's Recovery Services – Therapeutic Communities.

These centers provide an evidence informed therapeutic community treatment program. They are located in the Australian states of New South Wales, Queensland and the Australian Capital Territory (8 sites, 495 beds).

Predictor variables of interest were age, gender, primary drug of concern, criminal involvement, psychological distress, drug cravings, self efficacy to abstain, spirituality, forgiveness of self and others, and life purpose. Results of binary logistic regression revealed that individuals who reported alcohol as their primary drug of concern and those who reported lower levels of forgiveness of self at intake, were

more likely to stay in treatment beyond 3 months.

Results of binary logistic regression revealed that individuals who reported alcohol as their primary drug of concern and those who reported lower levels of forgiveness of self at intake, were more likely to stay in treatment beyond 3 months.

Premature termination from treatment is a major factor associated with poorer drug and alcohol treatment outcomes. An important area of research is to examine the factors that may help to retain people in therapeutic community treatment. Identifying reliable predictors of retention can inform therapeutic community treatment providers about how they can better tailor their services for individuals at risk of terminating prematurely.

The study results suggest that adapting treatment programs to better meet the needs of, and therefore retain, individuals with substances use problems would be worthwhile.

Discussion will focus on constructing programs that provide differential treatment based on an individuals primary drug of concern and levels of self-forgiveness.

EFTC Conference 2011

Conference theme - Therapeutic Communities and Science - is the TC an evidence-based treatment?

Presentation title - The evidence of change within Therapeutic Communities

Expanded Abstract

Salvation Army Therapeutic Communities offer, in eight Therapeutic Communities, the Bridge Program, an evidence informed program, in a Therapeutic Community setting.

These centers provide an evidence informed therapeutic community. They are located in the Australian states of New South Wales, Queensland and the Australian Capital Territory (8 sites, 495 beds).

A challenge for Therapeutic Communities is to measure the unique characteristics of client change promoted within the therapeutic community model.

The current study assesses the contribution of ratings on the Client Assessment Summary (DeLeon, 1999) on recovery outcomes for individuals attending Australian therapeutic communities.

Two hundred and fifty three clients participated in the current study. All participants were attending one of The Salvation Army Recovery Services Therapeutic Communities.

The Client Assessment Summary is a standardised measure specifically developed for this purpose (Kressel, De Leon, Palij & Rubin, 1999). It is 14-items in length and assesses the developmental, behavioural and social aspects of change promoted within the therapeutic community treatment philosophy.

Whilst the Client Assessment Summary appears to be an extremely valuable measure, to date there has been very limited evaluation of it. In particular, it has not previously been evaluated with an Australian setting or within a co-morbid population.

Participants completed the Client Assessment Summary within their first month in the program, along with The Mental Health Screening Form III (MHSF-III Carroll and McGinley 2001) a screening instrument designed to detect mental disorder comorbidity in drug and alcohol populations and (QoL) quality of life measures.

They were followed-up 3 months after discharge, when mental health and quality of life measures were re-administered.

More days in treatment and lower baseline scores on the Client Assessment Summary were

associated with greater change scores on outcome measures. Regression analyses indicated that Client Assessment Summary and days in treatment predicted improvements on MH and QoL measures.

The results suggest, those who enter the program with low Client Assessment Summary scores appear to adapt and derive longer-term benefits from participation in the therapeutic community. Discussion will focus on the practical applications of the Client Assessment Summary as a routine process measure within therapeutic communities.

The treatment implications for these results will be discussed.

The **Final Report** is due: **1 October 2012**

The **Final Report** will cover the entire Project Period – 1 July 2008 to 30 June 2012 for the Final Report. Please provide brief responses to the following on the template provided:

- a summary of outcomes which provides a succinct overview of the nature and scope of the Project including the objectives, activities undertaken, and target groups reached;

  - ✓ acknowledgment of any limitations of the Project, significant problems or constraints encountered;
  - ✓ a description of the outcomes
  - ✓ evidence of how the Project has met the needs of the identified target group(s).

  In preparing this report please update the draft Final report you submitted at the end of April and address any questions provided in the feedback from the Department.

- An unaudited statement of receipts and expenditure in respect of the Funds up to 30 June 2012.

- a statement of assets.

- Audited statement of receipts and expenditure in respect of the Funds up to 30 June 2012 and a balance sheet or Statement of Financial Position in respect of the whole organisation

- National Minimum Data Set (NMDS) for the period 1 July 2011 to 30 June 2012. For most projects this means the Collection Advice Form and the Report of the Consolidated National Minimum Data Set. For those projects not providing data to the State or Territory Government you will need to provide episode data in a format specified by the Department. Separate advice will be sent if this is the case.

- Certification by the Chief Executive Officer of the Participant, or a person authorised by the Participant to execute documents and legally bind it to their organisation, that:

  (i) the Funding has been used for the purpose for which it was provided; and

  (ii) the Participant has complied with all conditions of the Agreement.

1. Summary of Outcomes:

Please provide a summary (of no more than two pages) which includes:

- ✓ *a succinct overview of the Project, including service type and catchments, objectives, activities undertaken, and target groups reached,*
- ✓ *a description of your outcomes – what worked well, and why, and what can be improved,*
- ✓ *information on whether or not your project met the needs of your target group/groups,*
- ✓ *any difficulties/limitations/constraints experienced, and;*
- ✓ any trends you have noticed in your project over the 4 years of the Funding Agreement - this could include analysis of changes in client profile, drug use, length of stay etc.

For over ten years, the Department of Health and Aging under the NGO Treatment Grants Program (NGOTGP) has supported the CHOICES program at Oasis Youth Support Network. The CHOICES program provides a non-residential substance abuse program for at-risk, disadvantaged and homeless young people aged 16-25 years. The CHOICES program is Oasis's primary response to youth substance abuse and assists young people to develop the necessary skills, knowledge and self-awareness to maintain a stable and balanced lifestyle by providing safe, supportive environments for clients to access counselling and/or participate with peers in group work activities.

CHOICES is one of Oasis's most effective youth interventions as it provides an accessible and flexible drug and alcohol program that is responsive to the needs, situations and life circumstances of disadvantaged and homeless young people. Whilst the group work activities have varied over the project period to suit this need they have always included a balanced mix of psycho-social, recreational, social, educational and fitness activities. Since the introduction of SAMIS, the Salvation Army's internal reporting system in late 2008, the CHOICES program has recorded over 560 group work activities involving over 2,800 participants. Along side the group work, the program has also facilitated regular one-on-one counselling. Over the project period the response to counselling has changed significantly with a noted increase in participation over the four-year period. Feedback collected over this time has indicated that the stigma associated with counselling has decreased and clients are more trusting in the therapeutic process with many clients experiencing positive and lasting outcomes. During the project period the program has undertaken over 1, 900 one-on-one counselling sessions involving over 300 distinct clients with an average of 6 sessions per client.

Throughout the project the program has undertaken numerous evaluations of clients progress and service satisfaction using many reliable and valid tools such as DAS-21, Readiness to Change Substance Use and Mental Health Questionnaire, Oasis Risk Behaviour Screen, Severity of Dependence Scale and the Quality of Life Scale. In addition, the program has also developed the CHOICES Outcome of Intervention form and feedback surveys to measure client outcomes after treatment.

Results from the DAS-21 and Readiness to Change Questionnaire (AOD & Mental Health) have indicated that a significant proportion of CHOICES clients experience symptoms of depression, anxiety or stress within the moderate to extremely sever range. Furthermore, results from the Severity of Dependence Scale indicate that a majority of CHOICES clients score on average a high level reading for dependence. In saying this, results from the Readiness to Change Questionnaire indicate that majority of respondents are in the action stage of change and to a lesser extent in the pre-contemplation stage. Not only do these results support the findings that clients experiencing homelessness are also likely to be experiencing depression, substance abuse and/or mental illness but they also indicate that the client group CHOICES are working with are at a stage where they are open to strategies, willing to work towards change and would benefit from continued support in implementing change and recovering from any lapses. Feedback from the CHOICES Outcome of Intervention support these findings with an average of 60% reporting a decrease in their substance after treatment, 61% reporting a reduction in their risk taking behaviours and 80% reporting a maintained or increased engagement in support services. Survey feedback from group participants indicate that the CHOICES program has assisted them to 'trust', 'feel connected to something', 'feel safe', 'have fun without drugs', 'work on issues holding me back' and 'gain confidence'.

Whilst the project has been delivered without any major limitations, it inevitably has experienced some constraints. Over the period the project has heavily relied on the use of interns (provisional Psychologists) to assist in providing counselling and delivering group work. Changes to the Psychology board in 2009, saw a reduction in the number of Provisional Psychologist accepting unpaid internships. Whilst initially this reduction was low to begin with, over time the impact has become more significant and noticeably impacted the programs scope. The program hopes to rectify this with the employment of a part-time Psychologist and the use of students from other disciplines to assist in the delivery of activities.
The program also experienced difficulty with upgrading its evaluation tools in SAMIS. Due to a number of unplanned (QLD flooding etc) events within the Salvation Army Eastern Territory which affected the SAMIS team, scheduled updating did not occur within the project period as anticipated. This has resulted in the manual collection and calculation of data and the unavailability of comparative data with the newer measuring tools. The CHOICES program hopes to resolve this issue over the coming year.

Trends related to substance use have remained fairly consistent. Over the project period, it is evident that the misuse of alcohol and cannabis continues to be one of the biggest concerns for the young people at Oasis. Fluctuating periods of methamphetamine use among the target group is also evident. In light of this, the program has noted considerable growth within the counselling service with an increased client demand for counselling as well as an increase in referrals from internal and external services. In the last couple of years it has been noted that the length of time clients remain in treatment (particularly counselling) has increased. The use of a Psychologist who has been a part of the program since 2009 (previously an intern), has consistently provided engaging and effective interventions and is seen to be a considerable factor in this increase. The most prevalent presenting issues among the Oasis client group include: AOD addiction, depression, anxiety, gambling, trauma, anger and relationship difficulties. Overall, the CHOICES program continues to provide measurable and sustainable outcomes for young people who are experiencing issues with substance use and misuse.