

Torque

Non-residential
Rehabilitation

A Guide for Referral Services

The Torque is a new structured non residential program offered by Uniting Care ReGen Alcohol and Other Drugs (AOD) Treatment and Education Agency based on the successful original Catalyst program. It is designed specifically for people who are currently under a Forensic order and is brokered through ACSO.

The Torque Program is a statewide service for people over 18 years who reside in Victoria. The program is for people who have completed a withdrawal program and who have made a decision to stop their substance use. Unlike the original Catalyst, which was alcohol specific, Torque is for people experiencing problematic use of any substance, drugs and/or alcohol.

The Community Rehabilitation program is non-residential, runs for 6 weeks and operates from Monday to Friday. Most activities are scheduled between 9.30 am and 3.30 pm. The program incorporates evening activities. Up to 12 people will be participating in the program at any one time.

The period following withdrawal is a vulnerable time in which the potential for relapse is significant. The program provides intensive post withdrawal support. The aim is to help people develop coping skills and maintain the motivation to change their substance use at a time when it is very challenging to stay on track. We do not impose sanctions on people who lapse; however, people cannot attend the program if substance intoxicated. Prescribed medication and pharmacotherapies for any drug are recognised as acceptable treatment interventions.

The Torque Program is a structured program, incorporating 1:1 motivational enhancement therapy, group work, recreation and social activities. Assessment, goal setting and coordinated service linkages are core components of the program. Where indicated families and/or significant other involvement is encouraged.

Eligibility Criteria

- Currently engaged with forensic services and have a current ACSO assessment
- A recent withdrawal treatment episode completed prior to Torque start date
- Capacity to commit to abstinence from substance use for the duration of the program.
- Stable accommodation to facilitate attendance
- Stable mental state
- Basic English literacy skills
- Client must not have a significant intellectual or cognitive impairment that would prevent program participation
- To participate in the therapeutic group program clients may be excluded if behaviours may impinge group process and the safety of staff and other participants

Information Required from Referral Source

- Copy of recent ACSO assessment, identifying offending behaviour and history
- Copy of any other Alcohol and Drug Assessment (if completed)
- Copy of Self Complete Initial Screen for Alcohol and Other Drug Problems
- List of current supports with contact information
- Signed consent to release information between Torque program, correction officers and other health care and key service providers
- Development of a withdrawal and Interim Support Plan in collaboration with the client.

What is an Interim Support Plan?

The plan is likely to include things like:

- Identifying key support people e.g. family member/partner, CCO, NA, AA sponsor, counsellor, GP, friend, telephone support services etc.
- Referral options for family and significant others if indicated (e.g. ReGen Family and Friends Group)
- Coordination or completion of other activities that might impinge on participation in the Torque Program (e.g. community work, CCO appointments, medical appointments, transport, assessments, childcare, rescheduling of appointments or time off work)

How to Make a Referral

Contact the ReGen Intake Team on 1800 700 514 between 9.00 am – 3.30 pm or fax referral form and required information to 03 93836705 attention Torque Team.

Please Note: Do not vary treatment orders until the prospective client's referral has been processed by Torque staff and they have been formally accepted into the Torque program.

Torque - Community Rehabilitation Program

Referral Form

Referrer Details

Date of Referral: _____

Referrers Name: _____ Service: _____ Ph: _____

Client Details

Name: _____ DOB: _____ Gender: M F

Ethnicity: _____ Email address: _____

Address: _____ Postcode: _____

Telephone: _____ Message O.K : Yes No Discretion Required

Please specify any special dietary requirements: _____

Please indicate whether the client has basic English literacy skills: Yes No

Emergency Contact: _____ Ph: _____

Relationship to Client: _____

Withdrawal Details / Pharmacotherapy Information:

Clinical review date: _____ Clincial consultant: _____

If Non-residential withdrawal please tick which catchment area: SW IN N NW IE EM

Withdrawal Service, plan & intrium Withdrawal Plan:

Pharmacotherapy Type & Dose: _____ Commencement Date: _____

Prescribing Doctor: _____

Pharmacotherapy dispenser and location _____

Mental Health

Does the client have a history of involvement with mental health services? Yes No

Is the client currently receiving mental health treatment? Yes No

Depression |-----|-----| Anxiety |-----|-----|
Mild Moderate Severe Mild Moderate Severe

- Bi Polar PTSD Psychotic Disorder Eating disorder Personality Disorder ABI
 Intellectual Disability

Please provide details regarding diagnosis, symptoms, insight, hospitalisation and treatment.
If a box has been ticked please provide recommendation from treating team if Torque program is suitable for client:

Please indicate Client's **Stage of Change** regarding addressing their substance use:

| | | | | |
|---|--|--|---|---|
| Pre-contemplative Not aware of having problem | Contemplative Considering change behaviour | Active Ready to take action now or have done so recently | Maintaining Looking for strengths to maintain changed behaviour | Relapse Resuming alcohol use after a period of abstinence |
|---|--|--|---|---|

Please list all medical, health and welfare professionals involved in the client's care:

| Service Provider | Contact Details |
|------------------|-----------------|
| | |
| | |
| | |

Risk Issues: Please comment on Physical health status, history of ideation/behaviour to harm self or others.

Check list:

- Withdrawal completed or planned Mental state stable Accommodation stable
 Committed to abstinence for duration of program Basic English literacy skills
 No significant cognitive impairment
 ACSO assessment, identifying behaviour and history AOD assessment attached Release of information
 Screener attached

- **If referral form and required information are not provided, the referral will not be activated.**
- **Do not vary treatment orders until the prospective client's referral has been processed by Torque staff and they have been formally accepted into the Torque program.**