



catalyst

★ Excellence in Treatment & Support
2011 National Drug & Alcohol Award

**Alcohol Non-residential
Rehabilitation Program**

Briefing Paper by UnitingCare ReGen
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INSPIRING ALCOHOL
& OTHER DRUGS
TREATMENT & EDUCATION



Executive summary:

UnitingCare ReGen's purpose is to promote health and reduce alcohol and other drug related harm. ReGen is the leading alcohol and other drugs (AOD) treatment and education agency of UnitingCare Victoria and Tasmania.

ReGen's Catalyst Alcohol Community Rehabilitation Program is a client centred, holistic and evidence-based service that delivers high quality and effective interventions for people who are seeking to undertake intensive alcohol treatment while maintaining their family, employment/education and community responsibilities.

Since Catalyst's commencement in July 2009, participant feedback and external evaluation findings have consistently demonstrated sustained positive impacts on participants' alcohol (and other drug) use, physical and mental health, relationships and general wellbeing. Catalyst won the award for Excellence in Treatment and Support in the 2011 National Drug and Alcohol Awards.

From 1 July 2012 the Victorian Department of Health funded Catalyst for four years beyond the pilot. ReGen is ideally placed to develop and grow the Catalyst model, due to its unique experience and expertise in the development, delivery and continuous improvement of the program, and its strength in effective partnerships.

Evidence based, Policy aligned:

From the outset, ReGen has recognised the importance of establishing a service model that is evidence-based and can be easily integrated into the Victorian framework of AOD treatment services. The external evaluation report on the second year of program delivery states:

'The time and resources ReGen allocated to a thorough review of the literature and the commitment to developing a program based on the evidence, has been a key strength of the Catalyst program... The evidence that continues to develop through the internal and external evaluation processes adds further support to effectiveness and appropriateness of the program model'. (Caraniche, 2011¹)

The development of the program was established as a key action in the Victorian Alcohol Action Plan 2008-2013 and Blueprint for AOD Treatment Services (2009). At completion of the pilot program, the Catalyst model is now established as a key initiative in the reform of the Victorian AOD treatment sector. It has been recognised within the sector as a leading practice example of an approach to service delivery that should be more widely adopted in the future.

In keeping with the broader strategic objectives of the program, external evaluation has found that:

'The non-residential model of the Catalyst program has a number of significant benefits that are likely to play a role in improving treatment outcomes and enhancing the experience. These include, the opportunity to learn and practice relapse prevention skills in the client's 'real world' environment, the capacity to retain social connectedness and other key life responsibilities, and the ability to learn from lapses by maintaining engagement with the program when lapses occur.' (Caraniche, 2012²)

Participant feedback has consistently identified the program's approach to lapses as a key strength:

'The policy on lapses, it's kept reminding me that, 'there's always tomorrow'. I might stuff up, but I can recover from it. If I lapse, I don't have to run away from the problem.'

Program development:

The unique partnership between ReGen's Clinical Services and Education and Training teams has resulted in the development of both a high-quality psycho-educational program, and professional program resources for participants and facilitators. Within the broader Catalyst team, the depth of clinical expertise and experience in incorporating adult learning principles have been powerful drivers of the program's development and continuous improvement.

'The cross team approach between clinical services and E&T was retained and this collaboration has been fundamental to the successful development of the program.' (Caraniche, 2011)

The Catalyst Model:

The Catalyst program stands apart from other existing AOD rehabilitation services in Victoria as the only publicly funded, evidence based, intensive non-residential program. Catalyst is a six-week, non-residential alcohol rehabilitation program, that builds on individual's Recovery Capital³ and motivation for change, provides opportunities for strengthening family relationships and connection into other services.

'I didn't expect to get this much out of it. I've really surprised myself and my family.' Catalyst participant

It is based on a core of compulsory group Cognitive Behavioural Therapy (CBT) and Mood and Anger Management and individual Motivational Enhancement Therapy. This core content is complemented by elective sessions designed to address holistic client needs and promote program retention. Elective sessions include: nutrition, art therapy, financial counselling, family relationships, employment support, exercise and relaxation. Catalyst has strong referral pathways in to the program, whilst participants are linked into other services both during and after the program, such as employment, health specialist and welfare and housing support.

'The structure is really good. You feel like everything is under control and you don't have to worry about double checking that everything's ticked off. Doing the assessment was actually enjoyable as the lady was so easy to talk to. She copped the full barrage of my drug and alcohol history but she and everyone else since then have done exactly what they said they were going to do. It really helps build your trust in the program.'

The Momentum Aftercare Program provides an opportunity for participants to seek ongoing support from peers who have also been through the program. At the 12 month follow up one participant commented:

'Momentum helped because I was at risk of slipping into my old ways.'

External evaluation and participant feedback throughout the three years of Catalyst's delivery has confirmed the effectiveness of both the core and the elective content in providing applied learning in a stimulating and supportive environment. Typical participant comments include:

¹ Caraniche (2011), UnitingCare ReGen Catalyst Program Annual Evaluation Report (July 2010 – June 2011).

² Caraniche (2012), Evaluation of UnitingCare ReGen Catalyst Program (Final Evaluation Report, July 2009 – June 2012)

³ Best, D and Laudet, A (2010), The Potential of Recovery Capital, RSA. www.thersa.org/_data/assets/pdf_file/0006/328623/A4-recovery-capital-230710-v5.pdf

'Now I'm determined to get out of bed each day. I've got hope now. I can see things improving in my life and, even when I'm having a bad day, I want to keep going.'

'I've been overwhelmed by how much support there is, not just here but while I was doing my detox too. I spent a lot of time preparing for this with Curran Place [ReGen's adult residential withdrawal service] staff. It's surprising to see everything fitting together and I feel like I've had more support than I've ever had before.'

Outcomes:

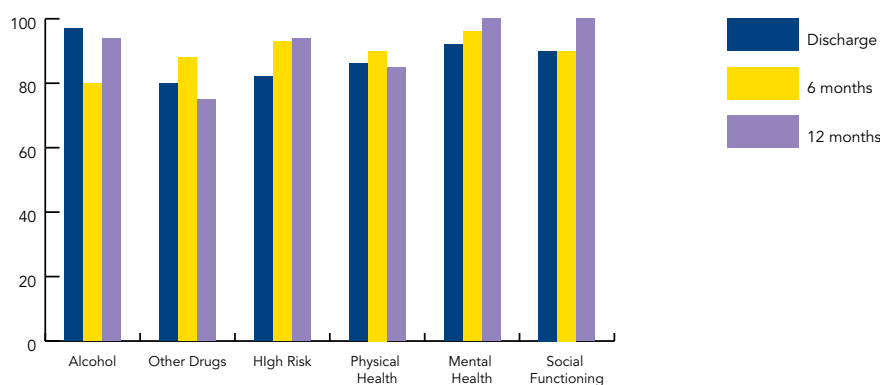
After delivering the Catalyst pilot program for three years, external evaluation has consistently demonstrated impressive participant and program outcomes:

'Catalyst's completion rate compares very favourably with existing research on similar programs. Leading US studies of outpatient AOD treatment programs found average completion rates of 23% (Wickizer et al, 1994⁴) and 46% (SAMHSA, 2009⁵). (Caraniche, 2011)

The final evaluation report recorded a completion rate for Catalyst of 70%, a notable increase on the previous year's completion rate of 63%, which was then described as: 'an outstanding result for any form of voluntary AOD treatment'. (Caraniche, 2011)

- **Short-Term Outcomes** – Upon program completion, the great majority of participants report significant improvements across each of the six key areas, with the greatest impacts occurring in the areas of alcohol use, mental health and social functioning. While the use of other drugs is not specifically targeted within the program, there is a clear association between program participation and cessation/reduction in the use of other drugs, with 80% of poly-drug using participants reporting improvement at discharge.
- **Sustained Outcomes** – Follow-up interviews at six and 12 months after program completion have confirmed the sustainability of the improvements achieved during participant's involvement with the program. While improvements in AOD use (and capacity to respond positively to lapse/relapse) are maintained for the great majority of participants, the follow up data

Catalyst Treatment Outcomes



Percentage of participants reporting improvements at Program Completion, 6 & 12-month follow-up

shows sustained benefits for High Risk Behaviours, Physical and Mental Health and Social Functioning. This pattern provides perhaps the greatest indicator of Catalyst's capacity to provide participants with the skills and confidence to support sustainable, whole-of-life change. During follow-up interviews, participants commonly referred to their continued use of specific skills learned during their participation in the program, demonstrating that program content has become embedded within sustained patterns of changed behaviour:

'One of the most significant strengths is the value for clients in learning relapse prevention skills while continuing to live in their own environment. The opportunity to put into practice new skills and knowledge at the end of every day, and to bring those experiences to the program the next day, greatly enhances the learning process. This is recognised by clients, as demonstrated in their feedback.' (Caraniche, 2012)

Cost-effectiveness:

In addition to its strong therapeutic value, Catalyst as a non-residential community-based service has reduced infrastructure and staffing costs, and is therefore substantially lower in cost to deliver than residential programs.

Catalyst's high treatment completion rates, combined with excellent correlated participant outcomes provide an ideal model of program effectiveness and value for money.

There will always be some people with alcohol and other drug issues who require the additional structure and security of a residential rehabilitation service. However, Catalyst demonstrates that a non-residential model can provide outstanding results when it is evidence-based, client centred, and well delivered.

Evaluation recommendations:

The final evaluation report from the external evaluators contained the following recommendations:

- Due to the demand for such a program state-wide, future expansion of the program into the South East Metropolitan Region and Barwon South West region should be considered, as should the establishment of a semi-residential model for rural regions of Victoria.
- There should be further investigation into the expansion of the Catalyst model to include other drug types and/or target groups.
- That resources should continue to be made available to the program to enable ongoing internal evaluation.

If you would like more information please contact Donna Ribton-Turner, Director of Clinical Services or James Beckford Saunders, Director of Education & Advocacy on 03 9386 2876 or visit www.regen.org.au

Front cover image is of Catalyst staff and quotes have been de-identified for privacy purposes.

⁴ Wickizer, T. et al. (1994). Completion rates of clients discharged from drug & alcohol treatment programs in Washington State. American Journal of Public Health, 84, 215-221

⁵ Substance Abuse and Mental Health Services Administration, Office of Applied Studies (April 23, 2009). The TEDS Report: Treatment Outcomes among Clients Discharged from Outpatient Substance Abuse Treatment. Rockville, MD.