



ARC in Partnership: strengthening support to families

Evaluation of delivery and participant outcomes for the Action for Recovery Course at UnitingCare ReGen: August 2011 – July 2012

December 2012

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Executive summary

Families affected by an individual's problematic use of alcohol and/or other drugs (AOD) can carry a heavy burden. The impacts of problematic AOD use can significantly strain relationships, increase social isolation and undermine families' resilience and security, regardless of families' socio-economic status.

The Action for Recovery Course (ARC) is a program of Family Drug Help at sharc . Developed in 2005, the six-week educational program offers family members of a person with problematic AOD use the chance to learn more about their role in recovery. Family Drug Help at sharc has delivered the ARC program in partnership with ReGen since 2008.

Under the partnership model, program content and structure are unchanged, but sessions at ReGen are facilitated by Family Drug Help at sharc with support from UnitingCare ReGen (ReGen) staff. While the program is focussed on the specific needs of parents/carers/partners, ReGen staff are able to respond to regular questions about AOD use, treatment and support services. ReGen staff are able to support referrals between ReGen's services and the ARC program.

The associated benefits for participants' mental health and wellbeing are effectively demonstrated by pre and post-test self-reported data. Given the standardised program content, delivery within an AOD treatment setting would not appear to significantly increase ARC's capacity to achieve its stated goals. However, its concurrent delivery with other ReGen programs and the presence of ReGen's Family Counsellor within the program does appear to have made a qualitative difference to participant experiences and longer-term outcomes.

The partnership between Family Drug Help and ReGen for the delivery of the ARC program is recognised as an important one by both organisations. It both improves the accessibility of treatment services for families affected by AOD use and increases the range of support options available for program participants. The three case studies demonstrate how the partnership supports inward and outward referrals for ARC and ReGen services.

The partnership underscores the importance of holistic and family-inclusive approaches to AOD treatment and provides an effective model for potential future expansion of the ARC program to other areas, or the introduction of other complementary programs at ReGen.

The limited scope of the current evaluation highlights the need for further research into the impacts of family-inclusive AOD services.

This report makes the following recommendations:

- Family Drug Help, ReGen and potential program funders support the expansion of the AOD partnership model for the ARC program in new locations.
- Victorian AOD service providers continue to develop their capacity for holistic and family-inclusive approaches to treatment planning and delivery.
- Further research be undertaken to examine the sustainability of ARC program outcomes and identify additional support needs for families affected by AOD use.
- Consideration be given to the suitability of developing similar partnerships with other service providers e.g. mental health or youth.

Project background

Understanding the issue

Families affected by an individual's problematic use of alcohol and/or other drugs (AOD) can carry a heavy burden. The impacts of problematic AOD use can significantly strain relationships, increase social isolation and undermine families' resilience and security, regardless of families' socio-economic status.

The stigma associated with AOD use typically affects all family members, not just the individual user, with affected families often becoming some of the most vulnerable and isolated in our communities.

Families can be powerful supporters of individual recovery from AOD dependence. However, affected families typically feel besieged and unsupported. Trying to negotiate the Victorian AOD treatment sector can be daunting for people without relevant knowledge.

In recent years, there has been growing recognition within the AOD sector and at a policy level of the importance of working more holistically with families affected by AOD use. ReGen's experience in working with affected families has demonstrated the mutually reinforcing benefits resulting from the strengthening of family relationships and empowerment all family members.

Action for Recovery Course (ARC)

The Action for Recovery Course (ARC) is a program of Family Drug Help at sharc . Developed in 2005, the six-week educational program offers family members of a person with problematic alcohol and other drug use the chance to learn more about their role in recovery. By receiving support, families can learn coping strategies to help them function better. This change can ultimately lead to family members being more helpful to the user and building a stronger family unit.

Focussing on the needs of parents/carers/partners (but also including siblings, grandparents, uncles and aunts), the program follows a structured format and participants are provided with a workbook of self-care strategies, along with other tools to support change.

Currently, the Department of Health funds program delivery in a variety of locations around Melbourne, including:

- SHARC (Carnegie)
- UnitingCare ReGen (Coburg)
- Dandenong Neighbourhood House
- ARC is also conducted across various locations including Ringwood, Sunshine, Glen Waverly, Dandenong and Watsonia. Family Drug Help at sharc also deliver the program on a fee-for-service basis at private AOD treatment services such as St John of God Pinelodge Clinic(Dandenong) and DayHab (Ferntree Gully).

Partnership model for delivery

Family Drug Help at sharc and ReGen have delivered the ARC program in partnership since 2008. Both organisations identified the likely benefits associated with delivering the program within an AOD treatment setting:

- Increasing service linkages between family and treatment services;
- Increasing participants' understanding of (and access to) treatment services;
- Building capacity for family members to be involved in individuals' AOD treatment.

Under the partnership model, program content and structure are unchanged, and sessions are facilitated by Family Drug Help at sharc, with support from ReGen staff. One addition to the program is the scheduling of two 'follow-up' sessions for former participants per year. These sessions provide participants with the chance to review their progress and renew contact with supportive networks. Relapse prevention strategies are also discussed e.g. identifying indicators that participants are struggling to implement program learnings and developing coping strategies.

While the program is focussed on the specific needs of parents/carers/partners, ReGen staff are able to respond to regular questions about AOD use, treatment and support services. ReGen staff are also able to support referrals between ReGen's services and the ARC program. Typically, these services include Assessment, Withdrawal and ReGen's Single Session program for affected family members and longer-term Family Counselling.

Evaluation context

In 2011, the Victorian Department of Health provided funding to ReGen for continued delivery of the ARC program at ReGen and an evaluation study of the impact(s) associated with the partnership model. This funding enabled the program's delivery at no charge to participants for the period covered by this report.

Ordinarily, ARC participants are charged a \$60 contribution to recover Family Drug Help at sharc's costs.

The evaluation

Purpose

The Department of Health has provided funding to evaluate the impact of delivering Family Drug Help's *Action for Recovery Course* (ARC) in partnership with a specialist AOD treatment agency. The evaluation will consider whether the partnership model enhances the effectiveness of the ARC program and increases the accessibility of other support services for program participants.

Key questions

Partnership model

- What advantages are associated with Family Drug Help's partnership with a specialist AOD service?
- What are the organisational benefits and does it increase the accessibility of:
 - The ARC program;
 - Other support services for family members;
 - AOD treatment services?

Participant outcomes

- Impact of program participation on:
 - Stress, anxiety and depression
 - Capacity to maintain family functioning
 - Capacity to support affected family member
- Value of providing 'follow-up' sessions.

Data sources

- Service data
- Depression Anxiety Stress Scale (DASS 21) – pre/post testing of program participants (n=67)
- Follow-up phone interviews with participants (n=12)
- FDH and ReGen facilitator observations
- Case studies
- Participant feedback.

Limitations

The scope of the evaluation was limited by the availability of resources and comparable data, including immediate and longer-term outcomes for ARC participants from groups delivered elsewhere by Family Drug Help at sharc . Consequently, the current evaluation relies primarily on observable outcomes of the sharc/ReGen partnership model, without a robust 'control' group for comparison of program outcomes.

Collection of data on the program's impact on service accessibility in other settings would have improved the comparison of the 'partnership' and 'stand alone' models. As such, the current evaluation can only consider the impacts for participants in ARC at ReGen.

Of the five ARC groups delivered during the evaluation period, one group did not complete the DASS21 post-test. This group is therefore excluded from the consideration of immediate impacts.

The small sample size for follow-up interviews (n=12 families, from an eligible cohort of 50) is a further limitation upon the validity of the findings included in this report.

Existing evidence

Available research (and ReGen’s experience since the establishment of its Intensive Playgroup program in 2004) clearly indicates the value of supporting family members affected by an individual’s AOD use. Improved communication and strengthened family relationships can play a powerful role in supporting increased resilience within affected families and the sustainability of individual AOD treatment outcomes (DH, 2012).

Recent UK and US studies demonstrate the sustainable benefit of brief interventions (one – six sessions) with affected adult family members in relation to participants’ wellbeing (Velleman et al, 2011) and their capacity to support engagement with AOD treatment (Roozen et al, 2010).

A Recent UK Drug Policy Commission report (Copello & Templeton, 2012) recognised the importance of the independent support needs of affected family members (as opposed to individuals’ AOD treatment needs) and recommends an expansion of targeted services to assess and respond to these needs.

Evaluation findings

Service data

Five ARC programs were delivered at ReGen during the period August 2011 – July 2012. This involved 67 participants, representing 50 Families.

The average number of sessions attended was 5.2 (out of a maximum of 6).

That the ReGen model was the only regularly offered ARC program in Melbourne’s north and west is reflected in the geographical spread of program participants (see Table 1).

Local Govt Area	No. Participants	% Participants
Moreland	11	16%
Nillumbik	9	13%
Whittlesea	8	12%
Darebin	6	9%
Brimbank	6	9%
Hume	5	7%
Melton	5	7%
Moonee Valley	3	5%
Yarra	3	5%
Maribyrnong	2	3%

Banyule	2	3%
Manningham	2	3%
Stonnington	2	3%
Mitchell	2	3%
Wyndham	1	2%
Total	67	100%

Table 1: Area of residence for program participants

Immediate participant outcomes

The primary indicator of program impact for participants is the comparison of pre and post-test data provided by the self-completed DASS21 questionnaires. Figure 1 shows the combined data of the four groups for which pre/post test results were available.

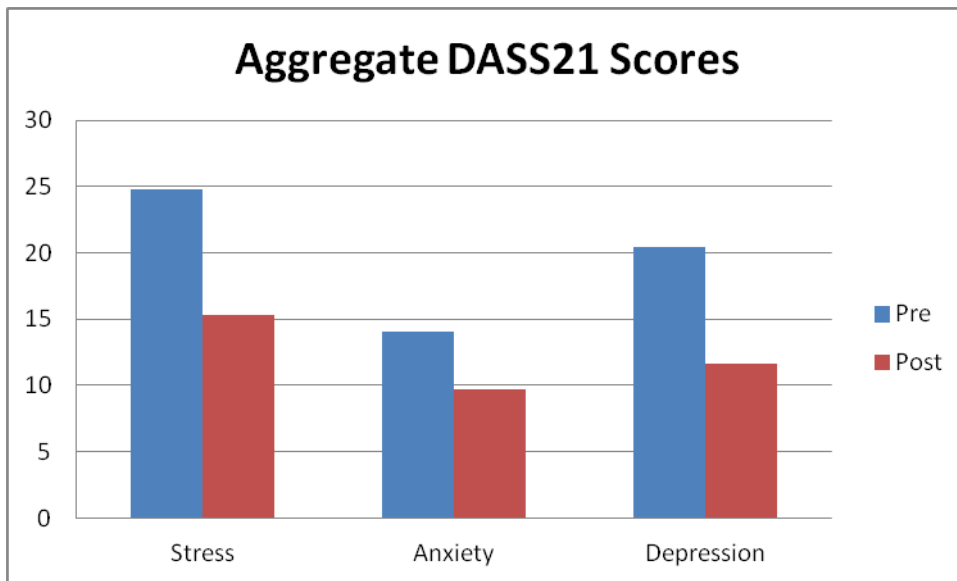


Figure 1: Combined pre/post-test results

These results demonstrate significant reductions in indicators of stress (38%), anxiety (31%) and depression (43%) at program completion. These reductions are also indicated by the shift in severity within the DASS21 rating scale (see Table 2 below) for stress and depression from 'moderate' to 'mild' and from the upper, to the lower end of the 'moderate' range for anxiety.

	Depression	Anxiety	Stress
Pre-test	Moderate	Moderate	Moderate
Post-test	Mild	Moderate	Mild

Table 2: Pre/post test severity

Severity	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

Table 3: DASS21 rating scale (Lovibond & Lovibond, 1995)

Other outcomes identified by participants during follow-up interviews included:

- Reduced sense of isolation;
- Reassurance that other families are experiencing similar problems;
- Development of practical skills for managing communication with AOD-using family member.

Ongoing impacts

Participants

In keeping with the aims of the program, participant feedback during follow-up interviews (n=12) confirmed improved communication, family relationships and mental health.

Participant comments include:

- *I'm more able to find a balance between keeping myself and my other kids safe and still supporting my son. I couldn't really see how to do this before doing the program. Now I have the tools to deal with what is happening.*
- *I learnt how to 'back off' and 'stand my ground'. I've realised that my partner has to make his own decisions. There are still problems, but there's more openness now between us and we spend more time together as a couple.*
- *I realised that I'm not responsible for my daughter's use.*
- *We learnt coping skills and more effective ways to manage emotions.*
- *It was good to talk to other families in the same situation. I feel like it's not just me anymore, but that there are other people in the same situation.*
- *We felt reassured that others were going through similar experiences. We're more able to disengage ourselves from our son's situation and more aware of his responsibility to change his behaviour.*

- *I'm feeling more in control of myself and my own well-being. I'm stronger and healthier.*
- *Hearing [guest speaker's] story really drove home that recovery is a long journey. It's daunting to hear that the end might be a long way away, but it also gave us hope that things can change eventually.*
- *It helped me to understand what my son is going through a bit better and to realise that going to the detox unit was not going to be an overnight cure.*
- *We now have better communication and understanding. We have an improved father-son relationship and I feel like I have the tools to help him help himself.*
- *I am not feeling lost anymore. The course provided me with valuable tools. I realised there's no quick fix and can look at the situation objectively now. It's more manageable now and I have a better relationship with my son.*
- *I couldn't cope before. I felt like I'd tried everything but now I'm able to put firm boundaries in place and stick to them. It's reduced conflict with my son and I've started thinking about my own needs again. There's hope now. It's been a long time since I've been able to say that.*

AOD use

Several interview participants referred to having changed their approach to family members' AOD use with significant improvements in their level of use, engagement with treatment services and other wellbeing indicators.

Comments included:

- *We finally decided to ask him to leave our home. It was a very tough decision to make and we can see that he's still struggling, but he's definitely more independent now and facing up to the consequences of his actions.*
- *My husband's using a lot less now. It's gone from being every day to once every few weeks. He's seeing a psychologist now and is part of a mental health support program. He's stabilised on medication and the difference is remarkable.*
- *He's got a new girlfriend. It's early days, but it seems like it's a positive relationship this time.*
- *[Son] has settled on methadone now and started a casual job last week. He's living at home now, but there's no more stealing, no more fighting. He respects boundaries.*
- *[Son] has just completed detox at [ReGen]. There's still difficult behaviour but we've been able to put firmer boundaries in place, and stick to them.*
- *[Son] now realises that I will no longer tolerate inappropriate behaviour.*
- *[Daughter] lives interstate now, but she's drinking less and has a better relationship with the rest of the family.*
- *[Son] went to [ReGen]. He still has cravings but he's not using any more. He's got a new job, a new girlfriend and has started his basketball and skateboarding again. He's getting his life back and his relationship with us has improved enormously.*

When asked to identify any negative outcomes associated with their participation in the program, three interviewees stated that the early weeks were 'confronting', but that this was overcome as they became more comfortable in the group. One interviewee reported that there had been little improvement in her relationship with her son.

Partnership service model

Value of 'follow-up' sessions

Two follow-up sessions are conducted a year for people who have completed the program. During the evaluation period, three follow-up sessions were held, involving 17 participants.

Of the 12 families participating in interviews, four had attended 'follow-up' sessions. Two more, had not yet, but were planning to attend the next scheduled session (in Feb 2013). All of those who had attended the sessions considered that they were a valuable addition to the ARC model. This view was supported by ARC facilitator and ReGen support staff, who recognised the therapeutic value of the sessions and their capacity to contribute to monitoring of program outcomes.

Interview participants' comments included:

- *It was very useful to connect again with people who were going through the same process and reflect on the changes and ongoing challenges together.*
- *We felt that everyone had all made an effort to attend the follow-up group. It was good to reflect and be accountable to each other.*
- *It was good to get together and go over some of the things we covered in the program.*

Service setting

While it was initially considered that locating the program within a treatment setting may act as a barrier to family engagement (due to the extension of AOD-related stigma to treatment services), this does not appear to be an issue.

The majority of interviewees had no opinion about the location. Three commented on the positive and welcoming environment at ReGen. Comments included:

- *We felt very comfortable being at a drug and alcohol agency where you knew that workers understood the issues that were happening in your family.*
- *I was comfortable at [ReGen], the location isn't that relevant as long as the support is good.*

The only concern expressed by an interviewee was the distance they had to travel to attend. This was also seen as a potential benefit by the interviewee, as it made them more confident that their local community would not become aware of their situation.

The geographic spread of program participants (living in a broad arc of Local Government Areas from Nillumbik to Melton: see Table 1), highlights the demand for (and limitations on access to) the program amongst families in the Melbourne's north and west.

ReGen staff and ARC facilitator reports that the program is consistently subscribed and that they have been maintaining a waiting list to manage program entry since early 2011.

The waiver of the usual participant fees was not advertised and does not appear to have had an impact on demand for the program. Family Drug Help at SHARC reports that ARC groups are typically fully subscribed.

Based on her observations while delivering the program, one Family Drug Help at SHARC facilitator commented on the value of the partnership model:

- *ReGen has so many great services for the user and for families. It's great that family members get to learn more about what services are available.*

Another facilitator noted the importance of providing the program in the Northern metropolitan region in increasing accessibility:

- *One thing that probably stands out the most is the convenience of the venue/location for attendees, as they often say they've had to 'travel across town' to attend.*

This is borne out by the wide catchment area for the program during the evaluation period (see Table 1), with participants coming from communities as distant as Melton, Kilmore and Kangaroo Ground.

Uptake of other ReGen services

Four of the twelve interview participants had gone on to use other ReGen services: three for Single Session appointments to develop family-specific strategies and one couple for longer term Family Counselling. Other interviewees indicated that, while they did not currently feel the need to use other ReGen services, it helped to know about these services in case of future need. Two interviewees made enquiries about ReGen services during the interview. Three reported engaging with other support services.

Four interview participants reported that their AOD-using family member had engaged with ReGen services since they commenced ARC.

Case Studies

(Names and other personal details have been changed to protect people's privacy)

Irene

Irene attended the ARC program in mid-2011. She was distressed about her 28 year-old daughter Vanessa who was using amphetamines and living in a violent relationship. Irene also has a son with whom she has little contact. As a single working mother Irene felt isolated, overwhelmed and depressed. She had few friends and had for the most part withdrawn from family and social activities. She felt as though she had no space to enjoy life while her daughter was living with such a struggle.

Initially, Irene wrestled with some of the ideas in the ARC program. She was challenged by the focus on self rather than the substance using individual. She had been trapped in the headspace of “fixing the problem” for so long. However her sense of isolation was lessened. She enjoyed being in an environment where she felt other people understood her experiences and wouldn’t judge her. Still looking for more answers at the completion of the program, Irene was referred to family counselling together with Vanessa.

During this process Vanessa ceased her substance use. She attended the ReGen’s *Keeping Going* group. Vanessa has lapsed a couple of times and the family have re-engaged with family counselling. Over time, Irene has experimented with some of the ideas and tools that she was initially exposed to in the ARC program. She has become increasingly confident in setting boundaries and taking care of her own needs. Irene now also attends ReGen’s ‘Family and Friends’ support group, having come to appreciate the support and connection of a group environment. Vanessa continues to do well. She has been abstinent from her drug her concern for about six months and is living with Irene. She attends Narcotics Anonymous and works full-time. Irene still worries about her daughter but feels better equipped to manage the ups and downs of family life where substance use is a concern.

Damian & Elyse

Damian and Elyse (both in their early 50’s) were shocked to discover their 22 year old son Michael was using methamphetamines. They were aware he smoked cannabis occasionally but had no idea Michael’s use had escalated to the point of being out of control. Michael was deeply in debt and had lost his licence as a result of driving whilst drug affected. He was recently fired for excessive absenteeism and erratic behaviour, jeopardising his cabinet making apprenticeship which was only months away from completion. Damian and Elyse attended a Single Session Counselling appointment at ReGen and were still reeling when they commenced the next available ARC program four weeks later.

Like many parents Damian and Elyse had tried to take control of the situation in their family. They diligently set about organising and taking responsibility for Michael’s finances and legal concerns. They sought information, becoming experts in the various treatment options available. They were frustrated that their efforts were being thwarted by their son, who appeared hell-bent on sabotaging their well thought out plan for his recovery.

During their participation in the ARC program, they came to understand the situation in their family as a journey. They were able to recognise the importance of remembering and relating to their son as more than just a drug user. They began to accept the loss of some of their hopes and expectations for their son and their family. Sharing their experience with others helped them to come to terms with the shame and embarrassment they felt at this happening in their family. Damien and Elyse, although fearful were able to allow Michael some responsibility for his own decisions and the natural consequences of those decisions.

Toward the end of the ARC program Michael attended an assessment at ReGen and was subsequently referred to a private psychologist. By the end of the ARC program he had ceased his substance use, was attending TAFE and living in stable accommodation with family friends. The family enjoyed positive regular contact.

Jane & Adam

Jane and Adam were referred to the ARC program from ReGen's Family Counselling program. Their 23 year old son Matthew was using and dealing methamphetamines and cannabis. He was abusive and violent, particularly toward Jane. Matthew's criminal behaviour had consumed the family. Police regularly attended the family home and there were seemingly endless meetings with lawyers, police and court appearances. They have an older daughter Maddy, who lived with her partner in a neighbouring suburb. Jane and Adam were traumatised, physically unwell and emotionally exhausted.

The ARC program enabled Jane and Adam to understand and develop the skills to set boundaries to protect themselves and their home. They were able to supportively transition their son out of the family home. They maintained boundaries in challenging circumstances including Matthew being involuntarily hospitalised for psychiatric reasons, threatening behaviour and promises to change.

Jane and Adam learnt strategies to stay connected with their son without allowing him to destabilise their lives on a daily basis. They were able to spend time working on their marriage and attending to their health issues. Jane and Adam began to recognise the impact of these issues on their daughter and were conscious to spend time with her.

Matthew continues to struggle with his substance use. Despite attending ReGen on multiple occasions for assessment, he has chosen not to commence further treatment at this time. Despite this Jane and Adam felt that their lives are greatly improved. They feel better able to manage events in their family as they occur and enjoy life outside of their son's crises.

Implications for future service development

The intrinsic value of the ARC program is effectively demonstrated by the pre/post-test data above. Regardless of the context in which it is delivered, the program appears to be consistently linked to significant improvements in participants' mental health and wellbeing.

Given the standardised program content, delivery within an AOD treatment setting would not appear to significantly increase ARC's capacity to achieve its stated goals. However, its concurrent delivery with other ReGen programs and the presence of ReGen's Family Counsellor within the program does appear to have made a qualitative difference to participant experiences and longer-term outcomes.

Facilitator observations of this 'added value' within the partnership model include:

- Bi-directional referrals between ARC and ReGen's family services provides evidence the complementary support they provide participants;
- Provides opportunities to respond directly to ad hoc questions about AOD treatment types (or specific questions about ReGen services) arising during program discussions;
- Having contact with ReGen services provides participants with a wider range of direct referral options for participants seeking additional support and an improved knowledge of treatment options for their AOD-using family members;

- Participants getting to build trust with ReGen’s Family Counsellor removes potential barriers to other service uptake;
- As ARC is primarily focussed on the needs of participants (and not the AOD-using family member), the availability of ReGen services provides complementary opportunities to consider individuals’ AOD treatment planning.
- Becoming comfortable in a treatment setting helps remove any fears about their child receiving treatment.

The partnership between Family Drug Help and ReGen for the delivery of the ARC program is recognised as an important one by both organisations. It both improves the accessibility of treatment services for families affected by AOD use and increases the range of support options available for program participants.

The partnership provides an effective model for potential future expansion of the program to other areas, or the introduction of other complementary programs at ReGen.

Recommendations

- Family Drug Help, ReGen and potential program funders support the expansion of the AOD partnership model for the ARC program in new locations.
- Victorian AOD service providers continue to develop their capacity for holistic and family-inclusive approaches to treatment planning and delivery.
- Further research be undertaken to examine the sustainability of ARC program outcomes and identify additional support needs for families affected by AOD use.
- Consideration be given to the suitability of developing similar partnerships with other service providers e.g. mental health or youth.

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Appendix A – Participant consent form



**ARC Program Evaluation
Participant Consent Form**

What's it about?

As you may already be aware, ReGen has gained a small amount of State Government funding to provide the ARC program free-of-charge during 2011-12. A portion of the funding has been allocated to an evaluation of the program, the outcomes for participants and the impact of the partnership between ReGen and Family Drug Help. The evaluation will inform future decisions about how the program is delivered.

What will I be expected to do?

There are already some measures in place e.g. pre and post-program surveys (the Depression Anxiety Stress Scale), that will provide some of the data for the evaluation. The main extra evaluation activity will be follow-up calls by program facilitators three months after your completion of the program.

The purpose of these calls will be to survey you about any relevant changes you have noticed in your life since your participation in ARC. This information will provide an indication of whether the program has an ongoing impact on people's lives. Facilitators will also use the information to develop a selection of case studies that highlight participants' experiences during and after the program. As with all the evaluation data, this will be de-identified so that your information will remain anonymous.

Will I see what happens to my information?

Current program participants will be kept updated on the progress of the evaluation. Once it is completed, the final report will be made available via ReGen's website. All evaluation participants will notified when this occurs and will have the opportunity to comment on the evaluation findings in writing or on ReGen's website.

What rights do I have?

By signing this form, you are giving ReGen and Family Drug Help permission to use your deidentified information for the purpose of this evaluation and agree to be contacted by us three months after your completion of the ARC program. You will receive a copy of both this form for your own records.

Your participation in the evaluation is entirely voluntary. If you do not wish to take part, you are not obliged to. You will not be penalised in any way if you choose not to take part. If you decide to take part and later change your mind, you are free to withdraw at any stage.

If you have any queries, please address them to an ARC facilitator or contact Paul Aiken (Senior Evaluation & Communications Officer: paiken@regen.org.au or 9384-8867) before signing the attached consent form.

I have read the above information and give my consent for my deidentified data to be used for the purpose of the ARC program evaluation and reporting. I also consent to being contacted by program facilitators three months after I complete the program.

Name: _____

Contact No. _____

Signature: _____

Alternative Contact: _____

Date: _____

Email: _____

Appendix B – DASS21 questionnaire

DASS21

Name: _____

Date: _____

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over *the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

Appendix C – Follow-up Interview Questions

- How are you (and your family) doing now?
 - Parents/carers
 - AOD-using family member
- Has there been any lasting benefits from your participation in the ARC program? (*and what are they?*)
- Do you think there were any benefits associated with the program being run at Moreland Hall?
 - Individuals' stress/anxiety/depression
 - Family functioning
 - Capacity to support AOD-using family member
- Were there any difficulties relating to Moreland Hall's involvement (e.g. reticence to engage because of stigmatisation of the service/client group)?
- Did you (or another family member) make use of any of Moreland Hall's other services while you were attending the ARC program (or since then)? (*and what are they?*)
- Did you attend the follow-up session and was it helpful? (*and why?*)
- Since the program, have you made use of any other support services?
- Do you think this sort of program would be effective if offered in other contexts e.g. Child & Family, or Mental Health services?
- On reflection, was there anything else we could included in the program that would have provided you with more support?