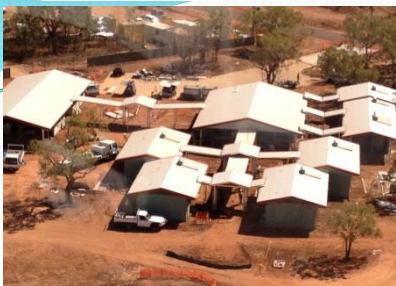


# The Salvation Army Recovery Services

The development of  
a systemic approach  
to research

**Normanton, QLD**



**Townsville, QLD**



**Brisbane, QLD**



**Gold Coast, QLD**



**Central Coast, NSW**



**Canberra, ACT**



**Sydney, NSW**



# Future Directions



**In 2006 The Salvation Army (TSA) began negotiations with the Illawarra Institute for Mental Health (iiMH) – University of Wollongong to develop a systemic approach to treatment outcome and new research that would support and develop service delivery.**

# OBJECTIVES OF THE RESEARCH PROGRAM

**To build capacity within the Salvation Army Recovery Services to better assess and manage the needs of people with co-existing AOD and Mental Health disorders.**

**To increase confidence in the application of assessment protocol  
(including needs and strengths assessment).**

**To translate research information into recovery focused care planning.**



**IDENTIFY THE EVIDENCE BASE OF THE BRIDGE PROGRAM**

**IDENTIFY THOSE ASPECTS OF THE BRIDGE PROGRAM  
THAT DELIVER OPTIMUM OUTCOMES**

**IDENTIFY THOSE ASPECTS OF THE BRIDGE PROGRAM  
THAT REQUIRE IMPROVEMENT**

## **WHAT FACTORS LEAD TO IMPROVED OUTCOMES?**

- **WHAT DO PARTICIPANTS CONSIDER TO BE THE MOST SIGNIFICANT FEATURES OF TREATMENT?**
- **WHAT IS THE OPTIMUM LENGTH OF STAY?**
- **CAN WE PREDICT WHICH PARTICIPANTS WILL DROP OUT OF TREATMENT EARLY?**



**WHAT HAPPENS TO INDIVIDUALS ONCE THEY  
LEAVE THE PROGRAM?**

**IS THERE A DECREASE IN SUBSTANCE USE?  
IMPROVEMENTS(?) IN SOCIAL FUNCTIONING  
(EMPLOYMENT, HOUSING, CRIMINALITY),  
MENTAL HEALTH OR GENERAL HEALTH?**

**BENCHMARKING**

**HOW DO TREATMENT OUTCOMES COMPARE  
NATIONALLY AND INTERNATIONALLY?**



The Challenge –  
to get participants and  
clinicians to become  
data providers  
and  
data gatherers

**We set about  
identifying measures  
we felt had strong  
clinical utility, that  
not only contributed  
to research but  
also to case work**

**This was  
achieved**



Addiction Severity Index

Depression Anxiety Stress Scale

WHO Quality of Life Measure

Mental Health Continuum - Short Form

Life Engagement Test

Desire for Alcohol Questionnaire

Drug Taking Confidence Questionnaire

The measures are taken at -



```
graph TD; A[The measures are taken at -] --> B[Intake and end of Induction Phase]; B --> C[Week 12 and Week 20]; C --> D[Re-Entry Phase]; D --> E[At exit – wherever it occurs];
```

Intake and end of Induction Phase

Week 12 and Week 20

Re-Entry Phase

At exit – wherever it occurs

Results of individual participant screens are provide to case workers for us in case planning

Results are available at the TC to monitor service delivery quality and outcomes

Results are used by TSA and UoW to evaluate service delivery quality and outcomes

## Centre

[Alf Dawkins Detox Unit](#)[Blue Mountains Recovery Services \(Hadleigh Lodge\)](#)[Brisbane Recovery Services \(Moonyah\)](#)[Brisbane Recovery Services \(Moonyah\) - Detox](#)[Canberra Recovery Services](#)[Central Coast Recovery Services \(Selah\) CLOSED](#)[Club Chaplain - Mingara](#)[Corps Based Recovery Services, North NSW](#)[Dooralong Transformation Centre](#)[Gold Coast Recovery - Detox \(Fairhaven\)](#)[Gold Coast Recovery Services \(Fairhaven\)](#)[Moonyah Problem Gambling Help Service](#)[Mount Isa Recovery Services](#)[Newcastle Bridge Youth & Family Drug & Alcohol Support Services](#)[Newcastle Recovery Services \(Bridge House\)](#)[Normanton Recovery Services](#)[Penrith Recovery Services](#)[Shoalhaven Bridge Program](#)[Territorial Mission and Resource Team - Recovery](#)[Townsville Recovery - Grace Cottage](#)[Townsville Recovery Services](#)[Training Centre - Normanton Recovery Services](#)[Training Centre - Recovery Services](#)[Training Centre - Recovery Services Detox](#)[Training Centre - Recovery Services with Deps](#)[William Booth House Recovery Services](#)





## Life Engagement Test (LET)

Please answer the following questions about yourself by indicating the extent of your agreement using the scale provided. Be as honest as you can throughout, and try not to let your response to one question influence your response to other questions. There are no right or wrong answers. Please think about how you felt *in the month before you entered the Bridge Program* when answering these questions.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. There is not enough purpose in my life	1	2	3	4	5
2. To me, the things I do are worthwhile	1	2	3	4	5
3. Most of what I do seems trivial and unimportant to me	1	2	3	4	5
4. I value my activities a lot	1	2	3	4	5
5. I don't care very much about the things I do	1	2	3	4	5
6. I have lots of reasons for living	1	2	3	4	5

DTCC

**DTCQ** - Imagine yourself as you are right now in each of these situations. Indicate on the scale how confident you are that you will be able to resist the urge to use your primary drug of choice in that situation.

Your Primary drug of choice is: \_\_\_\_\_

	Not at all confident					Very confident	
1. If I were angry at the way things had turned out	0	20	40	60	80	100	
2. If I had trouble sleeping	0	20	40	60	80	100	
3. If I remembered something good that had happened	0	20	40	60	80	100	
4. If I wanted to find out whether I could use ____ occasionally without getting hooked	0	20	40	60	80	100	
5. If I unexpectedly found some ____ or happened to see something that reminded me of using ____	0	20	40	60	80	100	
6. If other people treated me unfairly or interfered with my plans	0	20	40	60	80	100	
7. If I were out with friends and they kept suggesting we go somewhere and use ____	0	20	40	60	80	100	
8. If I wanted to celebrate with a friend	0	20	40	60	80	100	

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DAQ

A craving refers to the thoughts and feelings associated with an urge or desire to drink or use drugs. The following questions in this section relate specifically to the time since you've been in the Bridge Program. Please show your agreement with the following statements by circling the number that best suits you.

	Strongly disagree				Strongly agree		
1. I want to drink/use drugs so much I can taste it	1	2	3	4	5	6	7
2. My desire to drink/ use drugs now seems overwhelming	1	2	3	4	5	6	7
3. I would do almost anything to have a drink/ take some drugs right now	1	2	3	4	5	6	7
4. I would feel as if all the bad things in my life had disappeared if I drank/used drugs now	1	2	3	4	5	6	7
5. Even major problems in my life would not bother me if I drank/used drugs now	1	2	3	4	5	6	7
6. I would feel less worried about my daily problems if I drank/used drugs now	1	2	3	4	5	6	7

Page: 3 of 6Words: 1,821English (Australia)

120%

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## Smoking

Do you smoke cigarettes?

0 ☐ No → go to page 4 (DASS21)

1 ☐ Yes → answer the next questions

1. How soon after waking up do you smoke your first cigarette?

- 3 ☐ Within 5 minutes  
2 ☐ 5-30 minutes  
1 ☐ 31-60 minutes

2. Do you find it hard not to smoke in places where you shouldn't?  
(e.g. some buildings, public areas)

0 ☐ No 1 ☐ Yes

3. Which cigarette would you hate to give up?

- 1 ☐ The first one in the morning  
0 ☐ Any other cigarette

4. On a typical day, how many cigarettes a day do you smoke?

0 ☐ 10 or less 1 ☐ 11-20 2 ☐ 21-30 3 ☐ 31 or more

5. Do you smoke more often in the morning?

0 ☐ No 1 ☐ Yes

6. Do you smoke even if you're sick?

0 ☐ No 1 ☐ Yes

7. Have you used Nicotine Replacement Therapy (NRT) during the last 30 days? *This might include patches, gum, sprays, lozenges, inhalers.*

0 ☐ No 1 ☐ Yes

8. How do you see yourself as a cigarette smoker? *(Please tick the box that most applies to you)*

- 1 ☐ I am not ready to stop smoking  
2 ☐ I am thinking about stopping  
3 ☐ I have decided to stop smoking

## DASS 21

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 - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of the time - OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

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

## Forgiveness Short Form (FSF)

Respond to these three items using the 4 point scale provided. Please think about your life in the month before you entered the Bridge Program.

*A number of items use the word 'God.' If this word is not a comfortable one for you, please use another word that calls to mind the spiritual you.*

	Never	Seldom	Often	Always or Almost Always
1. I have forgiven myself for things that I have done wrong	1	2	3	4
2. I have forgiven those who hurt me	1	2	3	4
3. I know that God forgives me	1	2	3	4

## WHOQOL-8

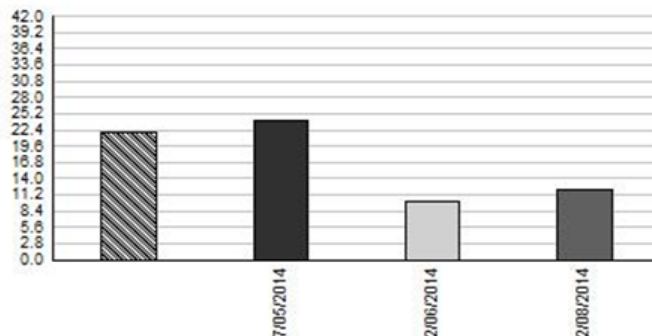
This set of questions asks how you feel about your quality of life, health or other areas of your life. Please think about your life ***in the last two weeks***. (Circle the appropriate answer).

	Very poor	Poor	Neither poor nor good	Good	Very good
1. How would you rate your quality of life?	1	2	3	4	5
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2. How satisfied are you with your health?	1	2	3	4	5
3. How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
4. How satisfied are you with yourself?	1	2	3	4	5
5. How satisfied are you with your personal relationships?	1	2	3	4	5
6. How satisfied are you with the conditions of your living place?	1	2	3	4	5
	Not at all	A little	Moderately	Mostly	Completely
7. Do you have enough energy for everyday life?	1	2	3	4	5
8. Have you enough money to meet your needs?	1	2	3	4	5



[illegible]

Date	Classification	Score	Suggested interventions/ responses
<b>Depression</b>			
	Severe	22	Establish the person's suicide risk status and <u>match</u> intervention strategies to client level of risk. Continue to monitor the person's symptoms. Consider referral to mental health <u>professional</u> or GP for further assessment. Consider the use of self-help depression resources.
7/05/2014	Severe	24	
2/06/2014	Mild	10	
2/08/2014	Mild	12	No recommendation



Extremely Severe (28+) Severe (21 - 27) Moderate (14 - 20) Mild (10 - 13) Normal (0 - 9)

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## Addiction Severity Index Summary Report

Name:

Centre:

Date of Birth:

SAMIS code:

Date of entry:

Date of ASI:

### Medical section

XXXXXX has a chronic medical condition that continues to interfere with her life.

XXXXXX has been recommended to take medication for physical health problems.

XXXXXX reports being considerably troubled by these medical conditions.

XXXXXX reports that treatment for these medical problems is considerably important.

Scores on the eating disorder screen indicate the possible presence of an eating disorder.

Talk to the client about the chronic medical condition. Is client currently receiving medical treatment? Are they satisfied with that treatment? Consider GP assessment

Check if the client is taking medication? Is there a sufficient supply of the medication available? Is the client happy to continue taking the medication? Consider GP assessment.

Help client get treatment for their medical condition.

Further assessment should be conducted regarding the possible presence of an eating disorder.

### Employment Status

XXXXXX has reached a level of Upper Secondary (Years 10-12)

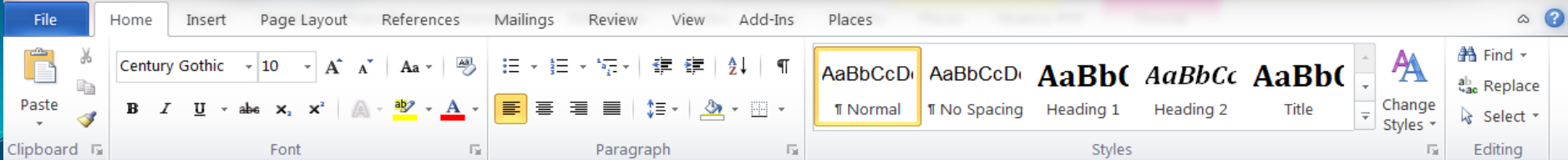
XXXXXX has also completed 12 months of training or technical education.

XXXXXX's longest full-time job was 3 year/s

XXXXXX's usual occupation is classified as Professional aged care nurse

Page: 1 of 6 Words: 2,229 English (Australia) 100%

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## Mental Health

XXXXXX has previously been admitted to hospital on 30 occasion/s for psychological or emotional problems.

XXXXXX has previously attended outpatient counseling on 50 occasion/s for psychological or emotional problems.

In XXXXXX's lifetime she has experienced serious depression, hopelessness or a general loss of interest.

She has experienced serious depression, hopelessness or a general loss of interest during the last 30 days.

In XXXXXX's lifetime she has experienced serious anxiety / tension, unreasonable worry and/or an inability to feel relaxed.

She has experienced serious anxiety / tension, unreasonable worry and/or an inability to feel relaxed during the last 30 days.

In XXXXXX's lifetime she has experienced psychotic symptoms such as hallucinations (e.g. seeing things and/or heard things that other didn't see or hear).

In XXXXXX's lifetime she has experienced trouble understanding, concentrating or remembering.

Identify why the person was admitted to hospital. What were they treated for? Did they find it useful? Are they still undergoing treatment?

Identify why the person was undergoing counselling. What were they treated for? Did they find it useful? Are they still undergoing treatment? Consider including ongoing outpatient treatment in the persons discharge plan.

Explore frequency and duration of the symptoms. Discuss previous treatment. Consider risk of relapse (patterns, triggers).

Further assessment should be conducted with the person. Cross reference with the DASS depression score. Refer to GP as required.

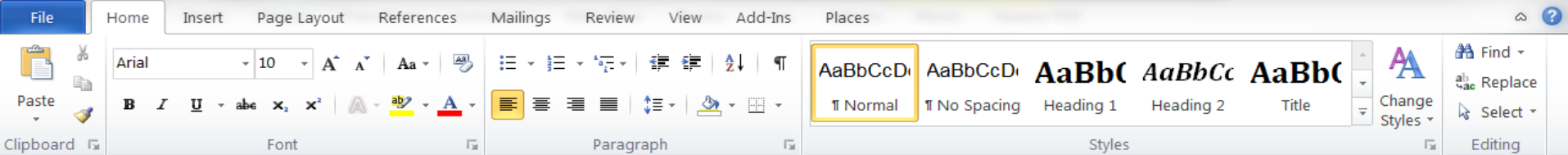
Explore frequency and duration of the symptoms. Discuss previous treatment. Consider risk of relapse (patterns, triggers).

Further assessment should be conducted with the person. Cross reference with the DASS anxiety and stress scores.

Explore frequency and duration of the symptoms. Discuss previous treatment. Consider risk of relapse (patterns, triggers). Refer to GP as required.

Explore frequency and duration of the symptoms. Discuss previous treatment. Consider risk of relapse (patterns, triggers).





## The Drug Taking Confidence Questionnaire (DTCQ)

The DTCQ is an 8-item questionnaire that measures a person's self confidence to resist the urge to use their drug and/or alcohol of choice in specific high risk situations. Low scores indicate that the person is not very confident that they can resist using drugs and/or alcohol. Higher scores indicate that the person is confident that they will not use in specific high risk situations.

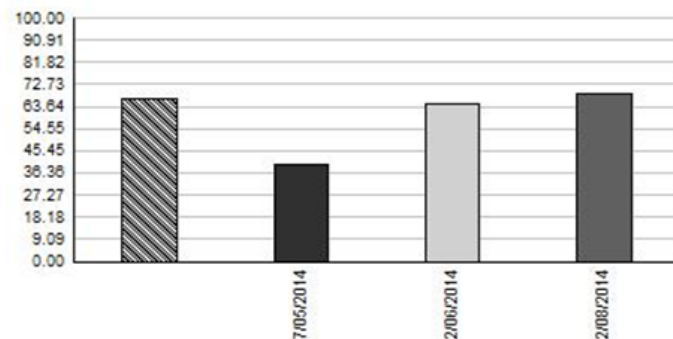
Date	Classification	Score	Suggested interventions/ responses
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7/05/2014	Low	40.00	
-----------	-----	-------	--

2/06/2014	High	64.44	
-----------	------	-------	--

2/08/2014	High	68.89	
-----------	------	-------	--

Consider the accuracy of client ratings and if accurate no action required.



Very High (80 - 100)   High (60 - 80)   Normal (40 - 60)   Low (20 - 40)



Form Name: 03 Relapse Prevention / Wellness Plan

Form Title:

**Relapse Prevention / Wellness Plan**

*This is an example of a relapse prevention/wellness plan. Certain things may trigger someone to use substances, to gamble or to experience mental health related struggles. People can learn to avoid these triggers and to develop strategies that minimise the impact of these. It is also possible to learn to recognise early warning signs - typical thoughts, feelings and behaviours that may signal relapse.*

**Date Created:\*** - **Program Phase:\*** -  
**Last Updated:** -

**Instructions:**

Use this form to collaboratively identify triggers and preventative strategies for the Participant to help him/her to manage high risk situations. The Participant should discuss this with relevant support persons and a copy of this form should be provided to them. This plan should be reviewed and updated regularly.

**SITUATIONS. What are my high risk situations?**

Where was I? Who was I with? What was happening? What was I doing?

**MY THOUGHTS. What thoughts do I notice in these situations?**

**Unhelpful thoughts** - What was I thinking before thinking of using? What was I thinking after thoughts of using?

**Helpful thoughts** - What thoughts help or can help me to cope and get through the situation?

**MY FEELINGS. What feelings do I notice in these situations?**

How was I feeling? What signals did I get from my body? How did I feel after using?

**MY BEHAVIOUR. What did I do? What were others doing? What were the consequences?**

**Risky behaviours** - What steps did I take to use? What happened after?

**Helpful behaviours** - What actions helped or can help me to get through the situation?

**MY SUPPORTS. Who can help me? What will they do? What are their contact numbers?****MY STRENGTHS & RESOURCES. What strengths can I apply and what other helpful resources do I have?**

Forms  
Case Overview

Case worker: Yaisnia Y

**Form Name:** 05 Suicide Risk Assessment

**Suicide Risk Assessment**

Over the past 30 days, have things been so bad for you that you have thought you would rather not be here or have thought about harming yourself? Or experienced serious thoughts of suicide

No

*(If "yes" answer questions below and then follow Risk Assessment Management Plan)*

THOUGHTS. How frequently have you had these thoughts? How long for? How intense?

PLANS. Have things been so bad for you lately that you have made plans to harm or kill yourself?

No

ACTION. Have things been so bad for you lately that you have started to put this plan into effect?  
*When would you intend to do this? Where would you do this?*

No

SUPPORTS. Is there anyone you plan to speak to or any supports you can access?

No

Comments *(conside general appearance and body language, thought logic, emotions, mood and level of insight)*

Have you ever tried to harm yourself (more than 30 days ago)?

No

When?

How (method used to attempt)?

Consequences? Hospnitalisation? Other outcomes?



# Research into Practice

