THE SALVATION ARMY
RECOVERY SERVICES

ExtendedCare and Integration

takes a village approach
Therapeutic Communities

Inpatient Detox Services

Day Therapeutic and Outclient Services
Employment Services

Salvos Housing

Discussion & Therapeutic Groups

Homelessness services

Education & Intervention groups

Salvos Legal
Reduce dependence
Reduce morbidity
Reduce mortality
Maximise social functioning
A lasting transformation a sustained recovery
Recovery from addiction rarely happens in isolation

Likewise recovery from addiction cannot happen in isolation

Isolation can often return for people when leaving the TC

The challenge for TCs is to ensure residents are linked to supportive communities that will assist them in sustaining their recovery
Structures that support community integration for participants in Salvation Army TCs are a priority and involve a multi level interaction between.

The TC

The Community

This interaction is aimed at optimising and sustaining the recovery potential of participants.
The Salvation Army and Reciprocal Community Development (RCD) –
TSA and Professor David Best

- ABCD
- Utilisation of community networks and physical resources
- Ethics and sustainability
- Challenging stigma and discrimination
- ‘It is not us and them’
Translating bonding capital to bridging capital

- Time of departure from treatment is a significant risk window
- Recovery is protected by personal capital (self-esteem, self-efficacy, wellbeing) and social capital (sober networks and meaningful activities)
- The TC builds bonding social capital - but how well does it create bridging capital?
Three building blocks

- Groups, assets and resources in the community (ABCD)
- Champions / community connectors to get people to the assets
- Meeting the needs of the residents and the needs of the community
What to link to

- Mutual Aid Groups
- Recreational and Sport
-Volunteering, Education and Employment
- Peer and Recovery Community Groups
IDENTIFY COMMUNITY ASSETS

RECRUIT, TRAIN AND SUPPORT CHAMPIONS

IDENTIFY COMMUNITY NEEDS AND STAKEHOLDERS

PREPARE AND SUPPORT CLIENTS

A model for Reciprocal Community Development
A restorative focus is taken that encompasses direct links with Salvation Army in local communities:

- Housing
- Employment
- Welfare and social services
- Education programs
- Recovery movement
The development of new links with complementary organisations is an integral aspect for the TC in linking residents to a broader community. This ensures participants are provided with the support they and their family need to ensure sustained recovery.
Taking a holistic view of recovery is critical in facilitating community integration. Recovery is more than just the absence of alcohol and other drug use.
THE APPROACH INTEGRATES THE TC AND THE PARTICIPANT WITH -

- Family and friends
- Social groups
- Community service groups
- Others in recovery
- Local community
Improved social skills

Increased motivation for change

Greater involvement with the local community

The development of supportive relationships

Improved recovery outcomes

This leads to
Consistent staff

Linked to Salvation Army and other services that give people support to achieve sustainable recovery

Community groups

Support groups

Mentoring and counselling support

Family & Friends

Support team

Crisis intervention

Service networking

Job training and education

The Village Approach
Professor Dennis Gray from Curtin University notes –

‘community-based field workers are an essential complement to residential programs’

Gray et al. 2000; Gray et al. 2006
This is of course dependant on locally identified solutions

Work collaboratively across the health, education, housing, justice and welfare service systems and other key stakeholders to facilitate an integrated response.
Working with families from a village perspective

Aims of program

To provide support for the recovery journeys of families that include a member with an alcohol or other drug use (AOD) problem and/or a mental health problem (MH)

To support growth and development beyond AOD and / or MH conditions in the family
1. Family Empowerment
   a. Family recovery experiences
   b. Explore what the road to recovery means
   c. Outline family empowerment

2. Stages of recovery and exploring your village
   a. Stigma
   b. Trauma, grief and loss
   c. Stages of family recovery

3. Increasing awareness of how families react
   a. Roles in the family
   b. Natural responses and ID those that can be unhelpful
   c. Raising awareness of the interactions within the family

4. Understanding change
   a. Introduction to resistance
   b. Strategies to work with resistance
5. Managing personal barriers  
   a. Exploration of willingness or openness  
   b. Strategies to manage emotions and critical thoughts  

6. Focusing on strengths as a way of moving forward  
   a. Identifying strengths of individuals and the family  
   b. Ways to build upon existing strengths & develop new ones  

7. Identifying your personal and family values  
   a. Exploration of what values are  
   b. Values that are important to family life  

8. Working on your recovery vision  
   a. Clarify your recovery vision for individuals and the family  
   b. Discussion of the benefits and process of setting goals  
   c. Identify the goals that you want to work towards  
   d. Discuss the importance of finding support in your village
The Village Approach

Consistent staff

Linked to Salvation Army and other services that give people support to achieve sustainable recovery

Community groups

Support groups

Mentoring and counselling support

Family & Friends

Crisis intervention

Support team

Service networking

Job training and education