



# Torque

Non-residential  
Rehabilitation

INSPIRING ALCOHOL  
& OTHER DRUGS  
TREATMENT & EDUCATION

## Torque: Non-residential Rehabilitation Program for people involved in the justice system

Briefing Paper by UnitingCare ReGen  
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## Executive summary:

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

ReGen's Torque, Non-residential Rehabilitation Program for people involved in the justice system, is a client centred, holistic and evidence-based service that delivers high quality, structured interventions that is based on the agency's award winning Catalyst Non-residential Alcohol Rehabilitation program. Torque has been developed for people who are required to participate in a drug rehabilitation program as a result of their involvement in the justice system.

Since the commencement of Torque program delivery in October 2013 (as a two-year pilot, due to conclude in June 2015), participant feedback and initial external evaluation findings have demonstrated positive impacts on participants' alcohol and other drug use, offending, health and quality of life.

Early longitudinal data indicates that completion of the Torque program is associated with sustained participant benefits, comparable to those for the Catalyst program upon which it is based. ReGen's experience (and collected evaluation data) to date indicates that the program model is an effective one with the target group and is emerging as a potential model for methamphetamine treatment.

Combined with its ongoing work on developing targeted methamphetamine treatment options, ReGen's unique experience in the development, delivery and continuous improvement of the Catalyst and Torque programs mean that the agency is ideally placed to further develop and grow the Torque program model.

Given the ongoing success of the Catalyst model and the positive indicators that the Torque program will provide an effective non-residential treatment option for people engaged with the justice system, ReGen recommends that:

- The Victorian Department of Health commit to extending program and evaluation funding beyond the current two year pilot period that will be completed in 30 June 2015.
- ReGen continue to review and adapt the Torque model in response to emerging outcomes data, new research evidence, staff observation, participant and other stakeholder feedback.
- Consider adaptation of the Torque model to other target groups.

## 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 first year of Torque program delivery states:

**ReGen has ensured consistency with best practice frameworks by utilising intensive best practice treatments based on cognitive behaviour therapy and motivational enhancement therapy within a six-week (30 day) full-time intensive day program model. The program focuses on high risk offenders with polydrug use and dependence and mental health issues (LeeJenn, 2015)<sup>1</sup>**

The Catalyst program, upon which Torque is based, was established as a key action in the Victorian Alcohol Action Plan 2008-2013 and Blueprint for AOD Treatment Services (2009). The recognition of the Catalyst model as an example of leading practice (the program won the 2011 National Drug and Alcohol Award for Excellence in Treatment and Support) and continued post-pilot funding (including for evaluation) has firmly established the ongoing development of the Catalyst model as a key initiative within the Victorian AOD treatment sector.

The ongoing development of effective forensic treatment interventions that reduce both AOD-related harms and offending are a clear priority for both the Victorian Department of Health & Human Services and Department of Justice. Initial outcomes data and participant feedback indicates that Torque is providing an effective response to the needs of both program funders and participants:

**It's opened my mind up. Instead of using the fists and the anger, it's made me sit back a lot more and think a bit more before I react. (Tariq, 24)**

**You can find different solutions to your problems, differing ways of coping, instead of sticking with your core belief. (Rob, 30)**

## Program development:

The development of the Torque program model to incorporate other drug types, offending and mandated participation drew on the ReGen's experience in developing and delivering its award winning Catalyst Non-Residential Alcohol Rehabilitation program. The evidence base for the Catalyst model was supplemented by a literature review of current research on best practice in the content and delivery of non-residential therapeutic groups for people who are involved in the criminal justice system.

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

**ReGen has responded to [participants'] characteristics and needs in the development of the Torque program by delivering a structured and multifaceted program that includes substance use, mental health and healthy lifestyle components. (LeeJenn, 2015)**

<sup>1</sup> LeeJenn Health Consultants (2015) *Evaluation of Torque - A Catalyst non-residential program: Interim Report 2 (Jan 2015)*, Melbourne.

### The Torque model:

Torque is a six-week, intensive non-residential rehabilitation program, that builds on individual's self-management skills and motivation for change, provides opportunities for strengthening family relationships and connection into other services to reduce participants' AOD use and related offending. Focussing on evidence-based therapeutic interventions targeted at facilitating behaviour change, the Torque service model retains the elements that have been identified as contributing to the success of the Catalyst program, while addressing the particular treatment and support needs of forensic consumers.

[The family sessions] give an understanding of what's going on. They [family members] get to understand what you're doing. They get a better idea of where you're at, and they understand it a bit better. You try and explain to people, but they don't comprehend. I was really pleased that my dad and my daughter came, it was good for them to see what I was doing. (Ari, 29)

In addition to the introduction of additional session content addressing the role of AOD use in offending, one notable difference between the established Catalyst model and the Torque program has been the broadening of the program's focus from alcohol to include other drug types. While the established model has addressed other drug use on a case-by-case basis, eligibility for Torque is not restricted by participants' primary drug of choice. This change (and the forensic referral source for participants) has contributed to a significant proportion of participants reporting methamphetamines as their primary drug of concern (31%) and a younger participant group than is typical for the Catalyst program.

Other adaptations from the Catalyst model in response to identified participant needs include:

- Reduced length of individual program sessions (addressing more common cognitive and attention concerns);

- Increased proportion of compulsory program content to strengthen structure for program participation (in response to participant feedback and staff observation);
- Increased flexibility in managing inappropriate behaviour and greater focus on resolving conflict within the group (prioritising skill development in managing anger and conflict resolution);
- Greater encouragement of 'back-to-back' episodes for participants who need more time to complete program learning (reflecting research evidence on the importance of retaining forensic participants within continuous treatment until significant outcomes are achieved)

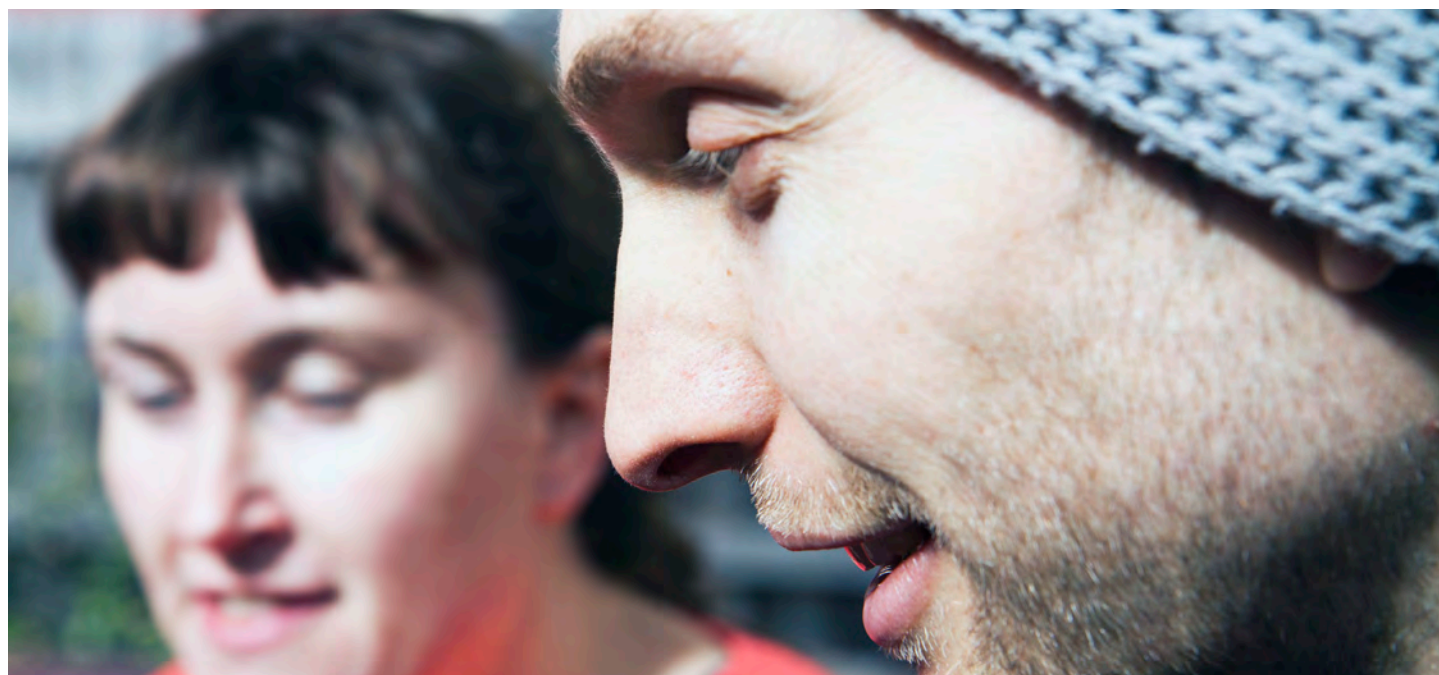
The program's aftercare component has been merged with the successful Momentum aftercare group for participants in the Catalyst program. This move has been welcomed by participants in both programs, but will continue to be reviewed.

Participant feedback on program structure and content includes:

[The program] was very informative. The staff were excellent and supportive, and it gave me something to do, gave me structure for the six weeks and helped me get off the drug and alcohol. (Nenad, 35)

I did get up each morning and I did look forward to the day – because the previous day would have put me in good spirits. So having a good day made me want to get up early and get to the program. I was really learning about myself and restoring my faith and my trust.... I would have liked it to go longer because it was the best I felt for many years. (Tony, 36)

The whole program has been full of surprises. I feel like I got a golden ticket. (Wendy, 38)



**Participant characteristics:**

At referral (and as they commence treatment), program participants are a complex group with a high prevalence of justice system involvement, histories of polydrug use and experience of mental health issues. The most common primary drug of concern is alcohol (38%), followed by amphetamine-type stimulants, predominantly methamphetamines (35%). At the commencement of treatment, 72.5% were currently experiencing symptoms of depression, anxiety and/or other somatic complaints such as sleep problems, headaches and digestive problems.

**Program completion:**

A wide range of participants have been successfully engaged and retained in treatment: 52% of all participants who commenced the program in week 1. Variation in completion rates is evident according to some grouping of participant characteristics:

- 48% completion for people identifying methamphetamines as their primary drug vs 64% for opiates;
- 67% completion for community (voluntary) participants vs 49% for justice-involved participants.

**Outcomes:**

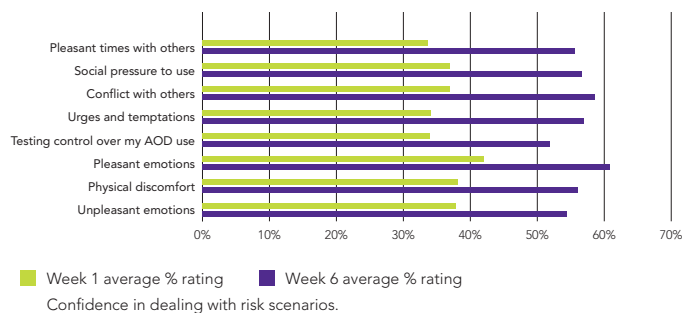
External evaluation data from the first 12 months of program delivery indicate that completion of the Torque program is associated with the following key clinical outcomes:

- Substantially reduced rates of AOD use at program completion (compared to pre-Torque use);
- Sustained reductions in the use of some drugs (particularly methamphetamines and heroin) at three month follow-up;
- Substantially reduced rates of offending at program completion (sustained at three month follow-up); &
- Improvements in health and quality of life at program completion, with evidence of continued improvements at three month follow-up.

**AOD use:**

Participation in Torque is increasing participants' motivation to change their behaviour and their skills in avoiding lapse or relapse to previous levels of use. Figure 1 shows the increase (between program commencement and completion) in participants' confidence in refusing use of their primary drug across a range of contexts.

Figure 1: Brief Situational Confidence Questionnaire results (pre/post)



Although the sample size for three-month outcomes is small, current data indicate that sustained reductions in AOD use are being achieved by people who complete Torque. While there have been mixed three-month outcomes for alcohol (50% of primary alcohol users reporting abstinence, 50% regular use), there have been consistent reductions in the use of illicit drugs amongst other participants. Table 1 shows the impacts of program participation on use of the three most commonly reported drugs.

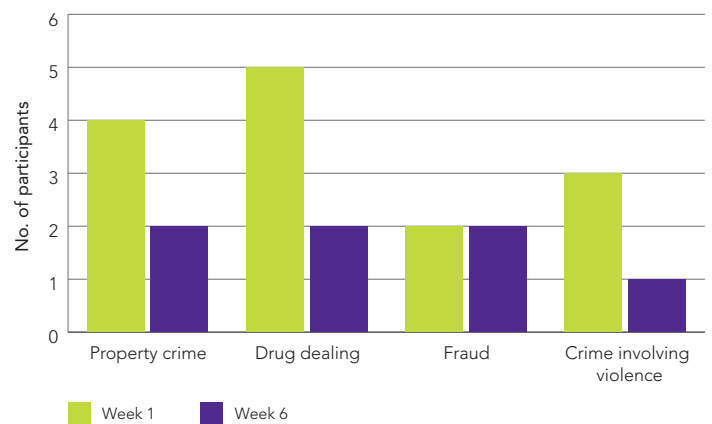
Table 1: Interim pre- and post-treatment case level outcomes

Any reported use in past four weeks	Baseline (N=25) Mean Scores	Program completion (N=25) Mean Scores	Three month follow-up (N=10) Mean Scores
Alcohol	40% (10)	36% (9)	60%
mean days used	3.1	0.9	5.3
Cannabis	28% (7)	16% (4)	10 %
mean days used	1.8	1.8	0.2
Methamphetamines	40% (10)	20% (5)	0%
mean days used	4.3	0.7	0

**Offending:**

Interim data indicates a clear reduction in recent offending during participant's involvement in the program (see Figure 2). The small sample of follow-up data indicates that this reduction is sustained at three months after program completion.

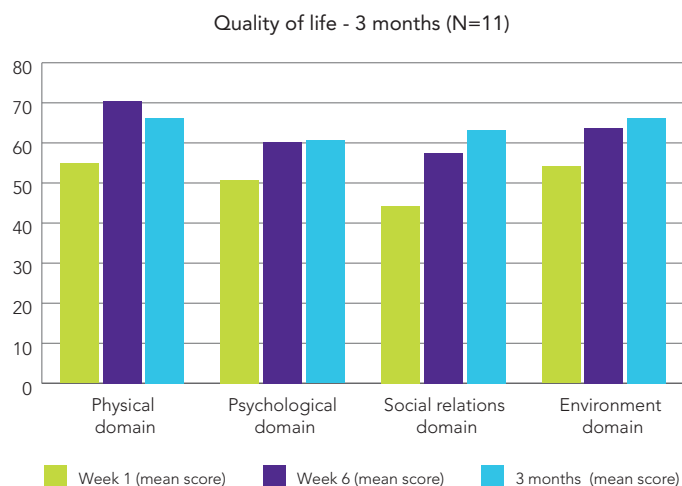
Figure 2: Participants reporting past-month involvement in crime (N=21)



## Health and wellbeing:

Improvements across a range of 'quality of life' domains are evident (see Figure 3), however, other measures indicate little change in the prevalence or severity of mental health symptoms experienced during program participation and at three-month follow-up. While this finding does require further analysis, it is not unexpected, given the extent of presenting mental health concerns amongst Torque participants.

Figure 3: Quality of Life outcomes - three month follow-up (WHOQOL-BREF)



## Participant feedback on outcomes:

Participant feedback on program outcomes includes:

**My family and people around me can see the difference. (George, 39)**

**This saved my life – turned it around. It did so much for me. (Martin, 25)**

**Yes, I achieved it. I've reduced drinking greatly... and three months later, all's going well. (Rosa, 42)**

## Participant case study – Greg\*, 27

### Presenting issues

- Eight-year history of problematic AOD use: commenced at 18 years, using methamphetamines on a regular basis since the age of 22.
- Diagnosed with ADHD at the age of 7 and more recently depression; both have been untreated.
- Deeply affected by loss of his mother two years ago. The resulting mental health issues (grief and depression) and escalation in drug use have had a significant impact on his offending behaviour, relationship and physical health.
- Long history of high levels of aggressive behaviour and attitudes, including family and social violence. The aggressive tendencies have had a significant relationship with offending and drug use.
- His relationship with the mother of his two-year-old child deteriorated due to substance use and violence. Child protection intervention resulted in Greg losing access to his child.

- Rebuilding his relationship with his two-year-old son, addressing his forensic issues and breaking the cycle of multi-generational aggressive behavior were high motivating factors for Greg to participate in AOD treatment.

### Program participation and immediate treatment outcomes

- Throughout the six weeks of Torque (May-June 2014), Greg demonstrated sustained motivation for change as well as working knowledge of the tools presented during the program.
- He achieved abstinence from methamphetamines during the program and demonstrated insight into how his drug consumption, negative thinking patterns, irrational beliefs and thought processes have had a direct relation to his behaviors, moods and consequences. He demonstrated greater insight into his triggers and increased capacity to manage cravings, high risk situations and anger.
- After completing the program, Greg chose to participate in the four-week refresher model (Nov-Dec, 2014), to reinforce his learning and further develop his self-management skills.

### Post-treatment outcomes

- Greg has maintained abstinence since completion of his first six-week episode. In the eight months since completing the program, he has lapsed twice, but has been able to apply the skills and strategies learned in Torque to regain control of his use, prevent the lapses from becoming relapses and has succeeded in re-establishing a life without substance use.
- Has not offended since completing Torque.
- Has succeeded in securing shared access with his child. DHS Child Protection is no longer involved.
- Mental health and quality of life has improved.
- Has actively been involved in peer participation activities (e.g attending two separate meetings with ACSO staff to discuss his experience of the Torque program and ongoing success)
- Has engaged with a psychologist and is currently participating in mental health treatment.
- Is currently engaged in a Men's Behaviour Change program to address his history of family violence.
- Is actively seeking employment.

### Cost-effectiveness:

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

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, as has already been demonstrated by the Catalyst program, Torque is providing further evidence that a non-residential model can provide outstanding results when it is evidence-based, client centred and well delivered.

If further evaluation indicates high completion rates (as has been achieved in Catalyst) and a significant impact on program participants' offending behaviour as well as AOD use, Torque will have demonstrated its effectiveness and value for money.

### **Recommendations:**

Given the ongoing success of the Catalyst model and the positive indicators that the Torque program will provide an effective non-residential treatment option for people in contact with the justice system, ReGen recommends that:

- The Victorian Department of Health & Human Services commit to extending program and evaluation funding beyond the current two year pilot period that will be completed in 30 June 2015.
- ReGen continue to review and adapt the Torque model in response to emerging outcomes data, new research evidence, staff observation, participant and other stakeholder feedback.
- The Victorian Department of Health & Human Services consider adaptation of the Torque model to other target groups.

For discussion of the content of this briefing paper, please contact Laurence Alvis, Chief Executive Officer (03 9386 2876, [lalvis@regen.org.au](mailto:lalvis@regen.org.au)). Additional program information and the full external evaluation report is available at <http://www.regen.org.au/torque>.