



LeeJenn

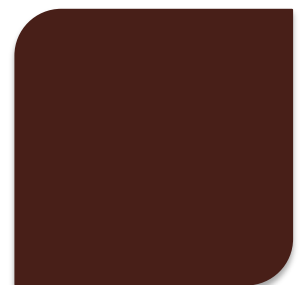
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enabling change

Evaluation of *Torque* - a
Catalyst non-residential
program: Interim Report 1

24 July 2014

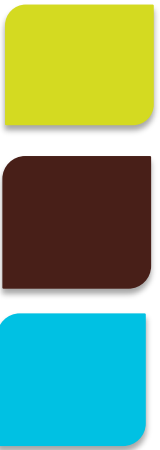
Report prepared for UnitingCare
ReGen



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Thank you!

This first interim evaluation stage could not have been completed without the significant contribution and assistance of *Torque* clinical and administrative staff, UnitingCare ReGen managers, the Consumer Participation Facilitator and Consumer Consultants. Their collaborative efforts have ensured the evaluation data was collected in a consistent and ethical manner, in the challenging environment of piloting a new treatment service.

UnitingCare ReGen and LeeJenn Health Consultants are very grateful to each *Torque* participant who participated in the surveys and feedback activities while undertaking the program, and for sharing their information, experiences and views about the program. We are also very grateful to the four participants who generously shared their time and views to participate in the 3-month follow-up telephone survey after they had left the program.

Finally, we thank UnitingCare ReGen staff members who also offered their perspectives on the early implementation processes of *Torque*, reflecting on strengths and barriers for the program.

In summary

Background

Torque provides up to 12 treatment places in an intensive, non-residential six week program for people with problematic alcohol and/or other drug use issues and who are involved in the criminal justice system. ReGen commenced delivery of *Torque* as a pilot program in October 2013.

Torque involves intensive group work and individual counselling for people with problematic substance use who have completed withdrawal. It aims to retain the elements that have been identified as contributing to the success of *Catalyst*, while focusing on, and adapting to, the needs of a different cohort of service consumers.

In January 2013, ReGen engaged LeeJenn Health Consultants (LeeJenn) as external evaluators to assist the organisation to plan for, and conduct, an evaluation of *Torque* over a two-year period, concluding in December 2015. This first interim report aims to provide information and feedback regarding the initial development and implementation of *Torque* to inform ongoing review and quality improvement processes. The interim report primarily focuses on program participation and activities to be undertaken during the evaluation period – January 2014 to December 2015; however, some limited program data is also reported.

Methodology

This is a multi-method evaluation including:

- Literature review
- Inputs such as budget received, staff allocated, infrastructure required
- Outputs such as number of closed groups facilitated, number of participants referred to, and accepted into, the program, number of participant completions and non-completions
- Process including *Torque* staff members' and ReGen managers views and experiences of the program, including key enablers for program inception and completion; and participant satisfaction, views and experiences at completion of the program
- Outcomes including participants', substance use, severity of dependence, Quality of life, symptoms of mental health problems, confidence to refuse substance use in various situations, and offending

With the assistance of Consumer Consultants, participants completed an online survey through SurveyMonkey. Three-month follow-up data was collected by LeeJenn Health Consultants. Participants in the 3-month follow-up interviews were reimbursed to the value of \$25 for their time, and had the option of receiving this via postal money order, via direct bank transfer, by mobile phone recharge, or online via an amazon voucher.

Ethics approval for the evaluation was gained through the Victorian Government's Department of Health, Human Research Ethics Committee.

Key findings to date

1. ReGen has responded to the identified characteristics and needs of the target client group in the development of the *Torque* program by ensuring a structured multifaceted program is delivered that includes substance use, mental health and healthy lifestyle components.
2. 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), fulltime intensive day program model. The program focuses on high risk offenders with polydrug use and dependence and mental health issues; offers incentives for participation including the ability to count program participation towards community work hours and assistance with transport costs; offers free gym membership and other activities while providing daily meals; offers a range of intervention types as well as access to ReGen's other services such as supported and residential withdrawal; and offers voluntary participation in the Momentum aftercare program for participants that complete *Torque* (and Catalyst).
3. ReGen has incorporated many features of service level best practice during the implementation and delivery of *Torque* and continue to monitor and improve their own processes as the pilot continues. While a suitable orientation process and training for new staff is in place, care should be taken to ensure that a specific orientation to the *Torque* model is consistently provided for all staff, including workers with experience in other ReGen teams.
4. *Torque* has been fully, or close to fully, resourced for the duration of the program to date.
5. *Torque* has had an average of 7.25 participants per group, which is just over half of the numbers required to reach full capacity. While new programs often take time to reach participation targets, ReGen have relaxed the entry criteria to ensure a fuller participant capacity. This change needs to be monitored going forward to ensure as little disruption to the group processes as possible, and to ensure that the program is still catering to the primary target group.
6. Overall there were positive indicators for program retention, however participant attrition and levels of engagement varied considerably across the treatment episodes. Of clients who agreed to participate in the program, 55% went on to successfully complete treatment.
7. ReGen has been active in its communication efforts with the relevant service sectors and consumers. Some additional consideration for promotional activities may be required to ensure participant numbers remain viable.
8. Early data suggest that the program is leading to positive clinical outcomes for participants, including reduction in drug use, reoffending and mental health symptoms.

9. Early feedback from participants is generally positive and some made feasible suggestions for improving the group.
10. Early feedback from staff is generally positive and they have made, and implemented, some feasible suggestions for improving the group, including some suggestions raised by participants. At this stage, a major consideration in terms of achieving the program's aim was a change in opening the entry criteria to non-forensic participants. *Torque* was to be specifically targeting participants with current justice system involvement, so this needs to be carefully monitored and reviewed and specific guidelines for entry need to be clear to referrers (only other ReGen programs at present).

Background

The *Torque* program – a Catalyst non-residential rehabilitation program

UnitingCare ReGen (ReGen) have been contracted to develop and deliver an adaptation of the *Catalyst* non-residential alcohol rehabilitation program that the organisation has been facilitating since June 2009. The new service model is *Torque – a Catalyst non-residential rehabilitation program for people involved in the justice system (Torque)*.

Torque provides up to 12 treatment places for people with problematic alcohol and/or other drug use issues and who are involved in the criminal justice system in an intensive, non-residential six-week program. ReGen commenced delivery of *Torque* as a pilot program in October 2013.

Torque involves intensive group work and individual counselling for people with problematic substance use who have completed withdrawal. It aims to retain the elements that have been identified as contributing to the success of *Catalyst*, while focusing on, and adapting to, the needs of a different cohort of service consumers.

In addition to this external evaluation, the program will be regularly monitored by staff during the pilot phase to enable it to be adapted to suit the needs of the target client group.

The evaluation

In October 2013, ReGen invited suitably qualified evaluators to submit proposals to conduct the evaluation. In January 2013, ReGen engaged LeeJenn Health Consultants (LeeJenn) as the external evaluators who will assist the organisation to plan for, and conduct, an evaluation of *Torque* for a two-year period, concluding December 2015. LeeJenn were contracted to establish data collection systems, conduct and support data collection, provide two interim reports of findings to inform ongoing review and quality improvement processes and provide a final evaluation report. This report is the first of the three planned reports.

Interim report 1

This first interim report aims to provide information and feedback regarding the initial development and implementation of *Torque*, to inform ongoing review and quality improvement processes. This report intends to provide an overview of *Torque* service users and program engagement, recommendations regarding implementation issues or barriers where appropriate, and provides some early indication of clinical outcomes for a small number of *Torque* participants.

The interim report primarily focuses on program participation and activities to be undertaken during the evaluation period – January 2014 to December 2015, however, some limited program outcomes data has been made available from the initial six-week *Torque* program that began on 28th October 2013, and is included in reporting where appropriate.

Data collection methods

The evaluation used a combination of an outcome evaluation model within a multimodal, action-research based framework to evaluate the *Torque* program. This method is used to provide a broad scope for examining processes involved in implementing and conducting *Torque*, while allowing for and supporting variations in the way the program is conducted over time in response to a continuous learning cycle. The evaluation method also aims to provide answers to important questions about how *Torque* benefits the target client group at two time points, and how it complements the broader Justice and AOD sectors as a whole.

The evaluation uses measures in the four broad categories of inputs, outputs, process and outcomes. The combination of these measures, along with a literature review of best practice in the area of AOD treatment for forensic clients, aims to respond to all of ReGen's stated research questions, as outlined in Table 1.

This interim evaluation report focuses on data collection undertaken during the first six months of the evaluation period, primarily relating to the research evaluation questions regarding service model development and implementation. As the pilot progresses, subsequent reports will provide greater insight and response to evaluation questions focused on *Torque* participant outcomes, and the program's role within the Justice and AOD service sectors.

Table 1: Methods matched to ReGen's evaluation questions

Evaluation questions	Literature review	Input measures	Output measures	Process data	Treatment outcomes	Interviews
1) The development of an appropriate <i>Torque</i> service model that meets the needs of forensic consumers:						
a) What particular participant needs were identified in the development of the <i>Torque</i> model?	✓			✓		
b) How were those needs addressed by the program?	✓	✓		✓		✓
c) What were the subsequent outcomes for <i>Torque</i> participants?					✓	✓
2) The meeting of contractual episodes of care targets:						
a) Were the contractual episodes of care targets met?			✓			
b) What are the key enablers of/obstacles for meeting these targets?		✓	✓	✓		
3) Achievement of significant treatment goals outlined in clients' individual treatment plans, including reference to client status on follow-up:						
a) How effective was the intervention in terms of achieving desired client outcomes in an appropriate timeframe?					✓	✓
b) Were the desired outcomes achieved at discharge as outlined in the client's individual treatment plans?					✓	✓
4) The extent to which the case-level outcomes of <i>Torque</i> were sustained at 3 months after treatment:						
a) Are case-level outcomes post-treatment maintained at 3-month follow-up?					✓	✓
b) Can <i>Torque</i> participation lead to lower reported incidence of offending, or related behaviours?					✓	✓
5) The usefulness and connectedness of <i>Torque</i> as a component of the broader Justice and AOD service sectors:						
a) How effectively was <i>Torque</i> integrated within the work of Community Corrections?			✓			✓
b) How is the program perceived within the Justice and AOD service sectors?			✓			✓
c) Do program outcomes and participant feedback support the continuation/expansion of the <i>Torque</i> model?					✓	✓
6) Program strengths, weaknesses, obstacles:						
a) What is the evidence base for the <i>Torque</i> service model?	✓					
b) Is the program consumer focused? How are consumer's needs identified and responded to? To what extent do consumers participate in the planning, delivery and review of the program?	✓		✓	✓		✓
c) What were the key enablers/obstacles for program commencement & completion?		✓	✓	✓		✓
d) To what extent did non-voluntary participation affect consumers' experience, program delivery and outcomes?				✓	✓	✓
e) Does the <i>Torque</i> service model provide an effective community-based forensic AOD treatment intervention?	✓		✓	✓	✓	✓
f) How sustainable is the structure of <i>Torque</i> in its capacity to provide infrastructure in terms of workforce, facilities and equipment?		✓				✓

Literature review

A review of the literature was conducted, to update an initial review completed by ReGen which informed the development of the community-based, non-residential alcohol and drug treatment program for offenders. The literature review aimed to identify best practice in the content and delivery of non-residential therapeutic groups for addressing behaviour change among people with alcohol and other drug use problems who are involved in the criminal justice system.

The following databases were searched to identify recent, relevant publications: PubMed, PsychInfo, Medline and Scopus. Detailed search terms were used in combination and included substance use disorders/substance abuse/addiction/ drug treatment/treatment/rehabilitation/day program/ criminal justice/offenders/recidivism. Additional hand searching through reference lists of identified articles, conference proceedings, existing guidelines, the Cochrane register of clinical trials, and the Grey Literature Report was conducted.

Inputs

The purpose of measuring inputs is to facilitate an assessment of value for money and allow the evaluation to assess the sustainability of the program and the appropriateness of the resource allocations to meet the needs of the participants and the program as a whole.

Input indicators to be measured include:

- Budget received
- Staff allocated
- Infrastructure utilised

Information on the resources used and those required by the program were provided to the reviewers by ReGen.

Outputs

Outputs are the quantitative measures of activities and products generated by *Torque* that, along with process measures, help to identify the degree to which the program was conducted as planned and the overall extent of the program's operations.

Output indicators to be measured during the evaluation period are:

- Number of closed groups facilitated
- Number of participants referred to the program
- Number of participants accepted into the program
- Number of participant completions and non-completions
- Number of program planning and review activities conducted that involved consumers
- Number of external liaison, networking, meetings and partnerships building activities completed with Justice and or the AOD sector more broadly
- Number and type of *Torque* promotion activities

ReGen provided the reviewers with de-identified *Torque* program data sourced from the program referral lists, participant database and files. From this information, the referral, assessment and program completion data were obtained and analysed for the interim report. Other measures of activities were provided to the reviewers by ReGen.

Process

The aim of measuring process indicators is to understand how *Torque* was developed and implemented, how it operates, the extent to which the alliance between *Torque* and the broader Justice and AOD sectors was achieved, and how well the alliance functions. Examining process indicators will enable ReGen to monitor and document how *Torque* developed and changed over time as well as providing insight into staff and participant satisfaction with the program, the effects of mandated participation and their overall involvement with its delivery, as well as the views and experiences of *Torque* staff members and key informants from the broader Justice and AOD sectors.

For this first interim report, the early process indicators measured were:

- *Torque* staff members' and ReGen managers views and experiences of the program including key enablers for program inception and completion
 - Feedback was collected by LeeJenn via in-person and telephone interviews with *Torque* staff members, and relevant ReGen managers and other staff. The *Torque* team leader and staff provided a record of changes and adaptations to the treatment model that were made while implementing the program.
- Participant satisfaction, views and experiences at completion of the program
 - Feedback was collected by ReGen using focus groups at the completion of each group and preliminary data was also collected by LeeJenn via telephone surveys conducted with participants three-months after the end of the treatment episode (with participants willing to be contacted by external evaluator).

Outcomes

Outcomes measure changes in participants that can be reasonably attributed to the activities of the *Torque* program. These measures allow success to be considered against the main aims of establishing *Torque*. Measuring outcomes also allows the evaluation to determine the effectiveness of the program to influence desired participant outcomes including the reduction of offending behaviour in the short-term, and ascertain if the changes were maintained at three-month follow-up.

Limited participant outcome data is available for reporting at this early stage of the program and evaluation. This first interim report provides some preliminary analysis and early indication of clinical outcome measures, primarily focused on measurement of participant characteristics at baseline and at program completion time points.

Clinical outcomes are measured using questions and standardised tools (indicated below by italics) in surveys conducted with *Torque* participants. Outcomes to be measured across the course of the evaluation are:

- Demographic profile of participants
- Substance use at baseline, program completion and three-month follow-up (quantity and frequency of use)
- Severity of dependence on primary drug of concern (*Severity of Dependence Scale*)
- Quality of life (*WHO-QOL bref*)
- Symptoms of mental health problems (Self Reporting Questionnaire- SRQ; the Modified Mini Screen- Section C)
- Confidence to refuse substance use in various situations (*Brief Situational Confidence Questionnaire- BSCQ*)
- Participant's treatment goals
- Length of program participation
- Frequency of offending and association with other offenders (Opiate Treatment Index - Crime[OTI]; the Measure of Criminal Attitudes and Associates- Part A)

Data on outcomes measures were provided by participants via an online survey during the first and final weeks of each group program (pre- and post- treatment outcome measures) or completed during a follow-up survey conducted via telephone. At the time of reporting, a small amount of data has been collected by LeeJenn Health Consultants via telephone surveys conducted with participants three months following *Torque* program completion. Participants in the three-month follow-up interviews were reimbursed to the value of \$25 for their time, with options to receive this via postal money order, direct bank transfer, mobile phone recharge or an online amazon voucher.

Key findings

Literature review

A literature review was undertaken by ReGen as part of the development of both the Catalyst and Catalyst-Torque service models. LeeJenn Health Consultants updated the literature review to ensure the program maintains its evidence-based practice focus. The key findings of the literature review include are described in this section.

Participant characteristics and needs

People with problematic substance use and involvement in the criminal justice system commonly have complex needs related to polydrug use, mental health problems and physical health issues, as well as significant social disadvantage including housing instability and unemployment. Risk of re-offending among released prisoners has been found to be greatest among those with co-occurring substance use and mental health disorders. Evidence shows that substance users with complex and co-occurring needs require coordinated and tailored care, and there is some evidence to suggest that outpatient care is preferable to residential rehabilitation. Re-arrest among substance using offenders may be decreased by receipt of more treatment services and longer treatment duration.

ReGen has responded to these identified 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, as detailed in the description of program content and sessions (see Appendix A)

Best practice

While no programs or intervention types have been found to consistently produce positive effects for substance using offenders, available reviews of the existing evidence suggest that effective treatment programs tend to: (a) focus on high-risk offenders, (b) provide strong incentives to enter treatment, (c) include several different types of interventions simultaneously, (d) provide intensive treatment, and (e) include an aftercare component. Cognitive behaviour therapy (CBT) and motivational enhancement therapy (MET) has been demonstrated to be one of the most effect rehabilitative interventions for offenders, in reducing repeat arrests and offending. Ideal intensity of program in terms of length appears to be somewhere between 26 and 90 days.

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), fulltime intensive day program model. The program focuses on high risk offenders with polydrug use and dependence and mental health issues; offers incentives for participation including the ability to count program participation towards community work hours; offers free gym membership and other activities; provides a range of intervention types, as well as access to ReGen's other services such as supported and residential withdrawal; and offers voluntary participation in the Momentum aftercare program for *Torque* program completers.

Service level features

Factors such as having a treatment manual, staff trained in the program delivered, and clinical supervision of staff who delivered the program were positively correlated with the strength of intervention effects on client recidivism. Effective implementation is positively affected by a range of organisational, procedural, and structural factors, including cooperation and collaboration within and across professions, agencies, and systems; actions to encourage and monitor program engagement, progress, and participation; dedication to quality treatment incorporating a performance orientation, experienced leadership, appreciation for evidence-based practice and the role of substance use treatment, accreditation; and use of community-based approaches, and those supported by standardised risk and substance use screening or assessment tools.

“Organisations which make staff training available, which are led by administrators with a background in human services, who have a high regard for substance use treatment and who are familiar with the relevant empirical literatures. These programs are performance oriented, have close proximity to other services and strong inter-organisation relationships.”
Bright and Martire (2013)

ReGen have a qualified team of social workers and AOD counsellors, including an Intake worker experienced in the forensic AOD counselling field. The team is guided by managers with extensive experience in substance use treatment delivery and who have direct previous involvement developing and implementing the evidence-based treatment model – Catalyst. The *Torque* program team work from a treatment manual developed from the Catalyst resource materials, and regular intake and clinical team meetings appear to provide an avenue for feedback about the groups. New staff indicated that they received a good level of orientation and training, and were provided an opportunity to observe either the Catalyst or *Torque* programs prior to commencing work with the groups, although this was not always the case for existing ReGen staff that moved from Catalyst to *Torque*. ReGen have incorporated many features of service level best practice during the implementation and delivery of *Torque* and continue to monitor and improve their own processes as the pilot continues. While a suitable orientation process and training for new staff is in place, care should be taken to ensure that a

specific orientation to the *Torque* model is consistently provided for all staff, including workers with experience in other ReGen teams.

Program operations

ReGen have been contracted to undertake a two-year pilot of this new service model, commencing in July 2013 and concluding in June 2015. The first six-week *Torque* program was offered on 28th October 2013. The *Torque* evaluation began in January 2014 and primarily aims to focus on program activity and consumer participation during the evaluation period January 2014 to December 2015. However; some program data has been made available from the 2013 group program and is included in reporting for this section to provide a more complete picture of the first six months of the *Torque* pilot.

Treatment episodes referred to in this report are labelled and discussed as:

Treatment episode 0 – 28th October to 6th November 2013

Treatment episode 1 – 20th January 2014 to 28th February

Treatment episode 2 – 3rd March to 11th April

Treatment episode 3 – 28th April to 6th June

Program resourcing

The program is being delivered within the allocated budget received from the Victorian Government Department of Health (\$774,464.20 inclusive of GST). While the program commenced operations at the end of October 2013, the funding period was for the financial year July 2013 to June 2014 and therefore is not expected to expend the total budget received for this period.

Torque utilises staffing resources equivalent to 5.35 EFT¹ overall, with the majority of roles shared across both the *Torque* and Catalyst programs. These roles include the Catalyst/*Torque* Manager, Team Leader, an Intake worker, financial counsellor and relationship counsellor. Three Senior Counsellors roles are specific to *Torque*. Specialists hired for sessional work during the program included: nutritionist, drummer, yoga instructor, withdrawal nurse, art therapist, 2 x Job network agencies, liver health consultant, ABI consultant, mindful practise instructor, education and training facilitator, and consumer representatives.

Since commencement of the program, some changes in staffing have occurred, with natural staff turnover resulting in two *Torque* team members leaving; one to leave for an overseas posting and one to take up a promotion within ReGen. These roles were filled internally with existing ReGen staff, so that costs and disruptions to service provision were minimised.

The staffing and infrastructure of Catalyst appear to facilitate the resourcing of *Torque*, however the program implementation has required a large initial outlay for the development of a new

¹ Equivalent full-time staff

group space to accommodate groups of around 20 people. The newly designed space was built and developed from existing counselling and clinical spaces within ReGen's main building, and is fitted with a kitchen area and appliances, TV, audio system, Internet access, a large electronic white board, dining area and group clinical space. An outdoor shelter and area were also built for participants.

The *Torque* program requires a "quiet room", and due to the changes made to the existing counselling spaces, a new room needed to be created. The larger number of service users using the area also meant additional amenities and a new showering area were required to meet Work Safe requirements. This infrastructure has successfully been created and utilised.

***Torque* has been fully, or close to fully, resourced for the duration of the program to date.**

Program referrals, intake and participation

Overview

For the year 2014, *Torque* agreed to set targets of providing 96 individual episodes of care. A total of eight programs were scheduled, with a maximum of twelve participants in each program; this includes seven programs of six weeks duration and one four-week 'refresher' program.

Program referral and output data reported here is based on that collected and collated by the *Torque* team, from commencement of the pilot in October 2013 until 31st March 2014. During the first six months of the service:

- *Torque* received a total of 53 participant referrals
- 64% (n= 34) of people referred went on to attend an intake assessment appointment
- 58.5% (n=31) of people referred (91% of those assessed) went on to be accepted and/or agreed to attend the program

An overview of referral and intake rates for each treatment episode are detailed in Table 2. The 34 referrals received between October 2013 and March 2014 relate to 31 individuals; with three participants listed as re-referred because they had completed a treatment episode and hoped to repeat the program. These 'repeater' participants are yet to re-enter the program due to two not contacting and/or meeting with staff and one being incarcerated.

For the majority of referred individuals who did not go on to participate in *Torque*, the main reason cited was that they did not respond to worker contact and/or did not attending the intake appointment.

More detailed reasons for not attending intake or not commencing the program are provided for some individuals and include:

- having intake deferred due to issues with current medication or housing instability
- deciding not to engage due to high levels of anxiety

- being referred to a different service
- not being granted bail
- having a new corrections order
- no referral information being received

Sources of referral

During the first six months of operation, the majority of referrals (64%, n=34) were made internally by ReGen from the community, forensic and withdrawal services. Most of these referrals were broadly described as being from 'ReGen' (n=27), with an additional five individuals specifically identified as being referred from the Curran Place residential withdrawal program and two from ReGen's youth residential withdrawal service.

Eleven external agencies referred a total of 19 people to the service, with five making multiple referrals. While these were predominantly AOD services, three services from the justice sector (Drug court, a Community Corrections Service & Neighbourhood Justice Centre) referred seven clients to *Torque* overall.

Attendance and retention

During the first four treatment episodes of the *Torque* program, 55% of participants who agreed to participate in *Torque* went on to successfully complete the program. It is difficult to find a directly comparable intervention and client group, however this rate of program completion appears to compare very well with other intensive community based AOD treatment programs with forensic clients².

Overall, there were positive indicators for program retention, although participant attrition and levels of engagement varied considerably across the treatment episodes. As indicated in the Table 2, the first two treatment episodes in 2014 demonstrated high levels of retention and successful completion. Program attendance rates varied most widely among participants in the initial 2013 and more recent treatment episodes (episodes 0 and 3), with some individuals in these groups not attending or attending for only 1 day.

A quick indication of program retention patterns is provided by data that indicate whether participants attended the program on the first or second day of the program, and if they attended any day during weeks three and six of the program. In the 2013 initial episode, seven participants attended

Program Changes

Early changes to the program including increasing the number of 'core' sessions considered compulsory to attend to achieve successful program completion and planned to include compulsory sessions on 4 days per week. Compulsory sessions increased from 18 to 41 sessions over the six weeks, translating to 55 hours, up from the original 32 hours.

² The ReGen *Catalyst* program reported a 70% completion rate; examples of other programs with forensic groups include the following (reported retention rates in brackets): Prendergast et al 2009 (27%); Palmer et al, 2011 (29%); Wheeler et al 2009 (70%).

at some point during week one of the program, but this fell to four participants attending in weeks three and six. The first two episodes of 2014 showed higher retention rates after the first week: all episode one participants attended at least once during weeks one, three and six (n=6) and for episode two, five participants attended during weeks one and three, while four did not attend the final week. Engagement for episode three indicates that eleven people attended on the first one or two days of the program, dropping to seven in week three and five in the final program week.

The program offers a wide range of content and session types delivered over thirty days (as detailed in Appendix A). The criteria for program completion is primarily based on participant attendance at a minimum of 80% of sessions which are nominated as ‘core’ or compulsory aspects of the program. However, the first six months of the pilot have seen the program adapt its criteria for program completion as well increase the proportion of the program intended to be ‘core’. This change affects reporting.

By the third episode in 2014, initial uptake of the program had increased to expected levels, however as indicated, this group had the highest rates of early program drop-out; with three individuals leaving after attending only one day of the program.

Table 2: Torque referrals and program uptake - total number of participants

Treatment Episode	Referrals received	Intake conducted	Intake accepted	Attended week 1	Completed Torque	Average days attended (range)
0	14	12	9	7	4	11.0 (0-25)
1	11	8	6	6	5	23.2 (15-28)
2	12	6	5	5	4	24.4 (12-30)
3	16	11	11	11	4	13.2 (1-29)
OVERALL	53	34	31	29	17	16.3 (0-30)

*Episode 0 refers to the first program delivered in 2013. Episodes 1-3 refer to services delivered in 2014

Torque has had an average participant rate of 7.25 per group, just over half of capacity. While a new program often takes time to reach participation targets, ReGen has relaxed the entry criteria to ensure a fuller participant capacity is gained. This change needs to be monitored going forward to ensure as little disruption to the group processes as possible, and to ensure that the program is still catering to the primary target group.

Communication activities

Victorian criminal justice and alcohol and other drugs sector

During the period of review, *Torque* staff facilitated a wide range of program promotion and communication activities with the Victorian criminal justice and alcohol and other drugs sector.

These included:

- Development of an Agreement with North West Community Work Service
- Contacts and/or visits to 35 external services to provide information on the program model - including ACSO, Community Corrections Offices, AOD withdrawal services and forensic counselling services
- Monthly Steering Group meetings with representatives from Department of Justice, ACSO and Department of Health around making referral of potential participants to *Torque*
- Promotion of the program via VAADA at the commencement of the program and at the start of each episode to request client referrals
- Development of program promotion and information materials: a leaflet for referring services and prospective participants, and a detailed information sheet of the program sessions and aims
- Attendance & participation by *Torque* staff in a Corrections Forum
- Held a *Torque* open day, inviting external services to attend via emails to services and via VAADA

In addition to these activities to promote the program, ReGen has provided ACSO with a survey through the *Torque* steering group, which is aimed at gaining information from ACSO assessors regarding decision making around referral of clients to *Torque*. This survey, yet to be reported on, has been initiated by ReGen in response to a lack of referrals or engagement from ACSO, and is an indication the program has identified - and pro-actively begun responding to -one of the main barriers to successful program implementation i.e. uptake from the criminal justice system service providers.

Consumer involvement

During the first six months of the pilot program, a range of opportunities and activities have been provided for communication with consumers regarding the planning and review of the *Torque* program. These are:

- Opportunity for involvement of a ReGen consumer representative on the *Torque* Steering Committee
- Invitation for participants to contribute to a focus group at the end of their program to provide feedback on their experiences; information was then collated to inform changes in the program
- Consumer representatives support current participants through the evaluation process and assist them to complete the survey during the first and final week of the program
- A presentation by the consumer consultant is given for each program, to provide information on getting involved in consumer representation, the training offered, and to follow-up expressions of interest

- A participant was involved in the *Torque* open day and delivered a presentation on their experience of the program and outcomes

The approach of the program in this early implementation phase has reflected a strong focus on consumers and an emphasis on gaining participant feedback to guide service model development and improvement.

ReGen has been active in its communication efforts with relevant sectors likely to provide referrals, and consumers. Some additional consideration of promotional activities may be required to ensure participant numbers remain viable.

***Torque* Participants**

Participant characteristics

Socio-demographics

A range of socio-demographics and characteristics of all participants who were accepted into *Torque* and attended the program at least once during the period 28th October 2013 and 6th June 2014 (n=29) are shown in Table 3. These data were collated by *Torque* staff based on individual referral and assessment information.

Participants ranged in age from 21 to 74 years (average 37 years). They were predominantly male, but most treatment episodes had one female participant in the group, with the exception of episode 1 in 2014, which had three female participants.

The majority of participants were unemployed, and lived in stable accommodation in private or public rental housing or living with their families. A small number of participants were noted as living in rooming house/short term transitional or crisis type accommodation (n=3) or 'other' (n=3). All participants identified English as their preferred language, although around half identified with varied cultural backgrounds including Greek (n=3), Italian (n=2), Lebanese (n=2) and Aboriginal Australian (n=2).

Table 3: Torque participant characteristics who attended at least once (n=29)

	N (%)
Age	
Average (range) in years	36.9 (21-74)
Gender	
Female	6 (21%)
Male	23 (79%)
Cultural background	
Australian	14 (48%)
Australian-Aboriginal or Torres Strait Islander	2 (7%)
Other	13 (45%)
Preferred Language	
English	29 (100%)
Employed	3 (10%)
Unemployed	26 (90%)
Living arrangements	
with family	17 (59%)
Lives alone	6 (21%)
Lives with others	5 (17%)
Other living arrangements	1 (3%)
Accommodation type	
Private rental	12 (41%)
Public rental	6 (21%)
Own/purchasing own home	4 (14%)
Other type	7 (24%)

Justice system involvement

At referral to the program, the majority of *Torque* participants were identified as having been sentenced with a Community Correction Order (CCO) (n= 22, 76%). These orders are administered by Community Corrections Services and differ based on circumstances and the type of offence they relate to, but involve at least one mandatory condition such as unpaid community work, supervision by Community Correctional Services or participation in treatment and rehabilitation.

Since 2012, CCO's are the only sentencing orders available to Victorian magistrates that allow offenders to serve their sentence in the community. Three participants are noted as being on older orders now replaced by CCO's; the Community Based Order (n=2) and Intensive Corrections Order (n=1).

The second most common form of justice system involvement among *Torque* participants is diversion orders (n=9) with most specifically identified as being in a National Illicit Drug Strategy (NIDS) diversion program (n=7).

At referral to the program, four participants had a status of 'pre-sentencing', of which two were indicated to be on bail or summons by their involvement with programs such as the Court Integrated Services Program (CISP) (n=1) and CREDIT/Bail support program (n=1).

One participant had received a Youth Supervision Order and one was mandated to treatment via the Drug Court. Five participants had no current court orders, and the status of a further four clients was unknown or unclear.

Around a third of participants (n=9) were known to have had their level of substance withdrawal and/or abstinence monitored by Corrections staff, such as having to provide urine samples for testing; the monitoring status was unknown for five participants.

At the baseline survey, seven participants (37%) indicated their court order had a specific condition of attending AOD treatment program (five were on a CCO and two were on Diversion order); and three people reported their order involved the condition of remaining free of alcohol or other drugs (one CCO, one parole, one 'other') and three indicated they were required to provide regular or random drug tests (two CCO, one drug court).

Substance use and treatment

From program referral and intake data provided by ReGen, among all participants who attended *Torque* (ranging from one day of attendance to program completers), the most common primary drugs of concern for participants were alcohol (45%) and opioids (31%). This varied significantly across treatment groups, with the first episode in 2014 composed entirely of alcohol users, the second being predominantly opioid users, and the third episode involving the greatest number of participants with methamphetamine identified as their primary drug of concern.

Survey data collected during the three treatment episodes delivered in 2014, and within the scope of the evaluation interim reporting period, provides further information about the substance use patterns of *Torque* participants. Many participants presented with a recent or past pattern of polydrug use, an issue identified by *Torque* staff as requiring additional communication and observation. From nineteen participants who completed the survey in week one of their treatment:

- 58% (n=11) had ever used a drug by injection, n=4 had done so in the past 3 months
- 58% (n=11) reported past month use of alcohol
- 47% (n=9) reported past month use of methamphetamine
- 37% (n=7) reported past month use of cannabis

Other past month drug use included heroin (n=2), non-prescribed opioid use (n=1), using benzodiazepines in a non-prescribed way (n=3), cocaine (n=1) and ecstasy (n=1).

Overall, the majority of participants had completed residential withdrawal prior to commencing the *Torque* program (n=21). However, six participants had not undertaken a formal withdrawal and two had undertaken home-based withdrawal. These data also identified that at referral, 21% (n=6) of the twenty-nine program participants were receiving opioid pharmacotherapy and 7% (n=2) were on pharmacotherapy for alcohol-related problems.

Table 4: Primary drug of concern (n=29)

	Alcohol	Opioids	ATS	Cannabis
Overall	13	9	5	2
Episode 0	2	2	1	2
Episode 1	6	0	0	0
Episode 2	1	4	0	0
Episode 3	4	3	4	0

Health and wellbeing

Referral and program data included brief notations of participants diagnosed with or self-reporting mental health issues and reflected the high prevalence of these issues among the group. All of the 29 *Torque* participants who attended in week one of the program, were reported to have a current or previous experience of at least one type of mental health symptom or diagnosis; primarily depression (66%, n=19) and/or anxiety (62% n=18). Smaller proportions of participants also reportedly experienced some level of post-traumatic stress symptoms (n=4), bipolar (n=3) and borderline personality (n=3) disorders.

Further detail from baseline surveys conducted in week one of the program shows that of 19 *Torque* participants:

- 47% (n=9) were currently experiencing considerable symptoms of depression, anxiety and/or somatic complaints (such as sleep problems, headaches and digestive problems), as indicated by a score of 5 or more on the SRQ measure
- Quality of life was rated as very poor/poor by 39% (n=7) of participants, with the same proportion rating they were dissatisfied/very dissatisfied with their health.

The baseline participant characteristics show a complex group that largely reflects the target audience for the program.

Clinical outcomes

At this early stage of the program and evaluation, there are only limited participant outcome data available for reporting. A preliminary analysis of some of the key outcomes measures is provided at two survey time points: pre-treatment baseline (week one) and program completion (week six).

Results show preliminary analyses only, include only a small sample of participants and so should be interpreted with caution. However; these findings are an early indication of clinical outcome measures and show some short-term positive effects for participants, with some reductions in a) use of the main drugs of concern, b) reductions in current mental health symptoms, c) reductions in recent criminal activity indicated by scores on the Self reporting questionnaire (SRQ) and the Opiate Treatment Index-Crime (OTI Crime). Slight improvements in overall satisfaction and quality of life, as measured by the WHO-QOL, were also seen across this small sample matched at pre- and post- treatment surveys.

Table 5: Pre- and post-treatment case level outcomes

	Baseline (N=11) Mean scores	Program completion (N=11) Mean scores
Average days substance use past month (number reporting use)		
Alcohol	5.4 (n=5)	2 (n=3)
Cannabis	1.2 (n=5)	2 (n=1)
Methamphetamine	9.4 (n=5)	2 (n=1)
Heroin	7 (n=1)	-
Any IV use	2 (n=1)	1 (n=1)
Current mental health symptoms (SRQ score)	5.6	2.9
Overall quality of life (score 0-5)	3	4.3
Satisfaction with health (score 0-5)	2.9	3.7
Confidence to resist AOD use (BSCQ items 1-8)	65.2%	87.2%
OTI Crime	2.6 (N=7)	0.9 (N=8)

Participant outcomes – three-month follow-up

The three-month follow-up interviews with participants have commenced but are in the very early stages. Four of six *Torque* participants were interviewed from the first 2014 *Torque* treatment episode, while one participant refused to participate, and one participant was too physically unwell to complete the survey over the phone. Three of the four people interviewed had completed the program.

In the three months since the end of the first episode of the *Torque* program, all participants reported that they had contact with a drug and alcohol counsellor and one participant had begun pharmacotherapy for their alcohol dependence.

Due to the very small participant numbers for this group, clinical outcomes are not reported in detail but some indication of outcomes and patterns is provided:

- **Mental health symptoms** - the three participants with available data showed a reduction in SRQ scores from baseline to three-month follow-up, indicating reduced symptoms
- **Offending behaviours** - none of the four participants reported involvement in recent offending in the past month (based on OTI Crime measure)
- **Confidence to resist alcohol and/or drug use** – data is available for two participants regarding their levels of confidence to resist alcohol and other drug use at pre-treatment and three-month follow-up, which indicate that improvements in this area were sustained. Individual confidence ratings overall increased from 17% to 61% for one participant, and from 49% to 75% for the other
- **Substance use and treatment goals** - all respondents reported their treatment goals were related to addressing their substance use, although with variations in terms of achieving abstinence, short term or long term reductions in use.
 - Two participants reported that they had met their treatment goals and indicated abstinence or significant use reduction, sustained for three or more months
 - Two participants responded they had 'somewhat' met their treatment goals, with one showing reductions in some substance use, and one participant reporting they had reduced their use during the program, but had since returned to daily use

*“Yes - I achieved it, have reduced drinking greatly ... and 3 months later all going well”
(#01)*

Early data suggest that the program is leading to positive clinical outcomes for participants, including reductions in drug use, reoffending and mental health symptoms.

Participant views and satisfaction

Post-treatment feedback

ReGen's Evaluation and Communications team have aimed to conduct a series of small focus groups with *Torque* participants near the end of each six-week program in 2014. This enables the

"[The program was] very informative, the staff were excellent and supportive, and it gave me something to do, gave me structure for the 6 weeks, and helped me get off the drug and alcohol"
(#03)

service to gain immediate participant feedback and helps to guide the program delivery at the early stages of implementation. These feedback sessions were attended by only a small number of participants; three service users attended at both treatment episodes one and two, with no *Torque* participants attending a focus group for episode three. However, these sessions provide some insight into participant perspectives, highlight differences or similarities with the *Torque* and Catalyst client groups, and can provide early indications of issues and barriers.

ReGen's summary of the focus group participant feedback indicated:

- The overall feedback has been positive, with people liking the delivery, the pace and the general set up of the program
- The issues that are raised by participants have indicated the likely higher need for support of the program participants, as compared to Catalyst participants
- Compared to Catalyst there seems to be a slightly higher level of anxiety concerning the program, with issues raised around confidentiality and disclosure of information to the courts and forensic workers
 - Disparate views are evident around the attendance of *Torque* workers to participate in court sessions, with one focus group indicating this would not be a good idea due to concerns about the information a worker would be required to give if put on the spot, and the other group being very keen for workers to attend their court dates
 - Concerns about the end of program reports *Torque* workers write, included requests from participants that workers share and discuss the contents of the report with each individual program participant before it is submitted to the forensic system
- There was a relatively high level of uncertainty about 'what next' - with one group interested in more future planning in the course, discussions of options available and assertive linkage with their next planned activity

"[I liked] Everything. Probably the emphasis on CBT was good, but really everything. The nutritional side of it - they touched on aspects of mental health and there was a lot of group discussion"
(#06)

Three months post treatment feedback

Three months after the end of the first *Torque* treatment episode for 2014, four participants participated in a telephone interview conducted by LeeJenn Health Consultants. All participants, including one who attended fairly regularly but did not complete the program, gave positive feedback about the program.

*“Being able to go every day; meeting up with other people in the same situation as I was; filling in the day and getting something out of it”
(#05)*

Strengths/positives

Some of the positive aspects included:

- The emphasis on CBT
- The nutritional program
- Discussion of mental health
- The group dynamics and discussion
- The staff
- The structure and regularity of the program

Respondents were asked what were the three main benefits they got from being out of the program, and from this small group, some initial themes appeared to be: the benefits of increased understanding about self and patterns of substance use, and the benefits that the regular activity and social interaction the program provided:

*“[What was good was] me being around people with similar situations- different but similar- good to hear that people had similar experience. I liked the open group discussions”
(#01)*

- Understanding of addiction and how to combat it
- Understand how the drinking was connected in their lives
- Incentive to get out and do something

Enablers and barriers to attending

Things that made it easier to attend the group included:

- The incentives such as assisting with transport costs, providing free membership to the local gym and nutritious meals
- The group content and processes were motivating
- The structure and routine of the group
- Flexibility to attend other appointments

There were few barriers mentioned. Things that made it more difficult to attend the group included:

- Physical issues (e.g. pain)
- Transport difficulties

Suggestions to improve the group included:

- A participant co-facilitator for some sessions in the first couple of weeks could be a helpful for making participants more comfortable

*“I did get up each morning and I did look forward to the day - because of 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 many years”
(#01)*

- There was a lack of clarity for one participant about issues of disclosure – they didn't realise that issues in the group had to be reported back to corrections or other authorities
- It was difficult to build a relationship with a one on one counsellor, knowing that all issues were being reported back to all staff

Early feedback from participants is generally positive and they made some feasible suggestions for improving the group.

Refining the service model

Staff and managers experience

Program aims and implementation

There is a general consensus among staff that the program continues to be delivered and refined, with the main aim still at the core of its focus: *'...to retain the elements that have been identified as contributing to the success of the established Catalyst program, while addressing the particular treatment and support needs of forensic consumers.'*

Staff and managers reported high levels of satisfaction with how the program had been implemented so far as a ReGen pilot service. Staff reported that:

- The Catalyst focus on delivering evidence based practice, prioritising the therapeutic alliance between staff and participants, and promoting treatment engagement has been retained in *Torque*.
- The aim of the program is being achieved in that participants are being retained in the program and are demonstrating personal learning and positive outcomes at exit.
- The model continues to be adapted in these early stages of the pilot, indicating the team is continuing to work towards achieving the second part of this aim – to address the particular needs of forensic, drug using consumers.
- The level of resourcing, staff training and support to adapt the model during early stages were all positively highlighted. This included appreciation of:
 - The resources and facilities provided (e.g. the group room, space and funding for cooking programs)
 - Establishment of the specific Catalyst/*Torque* administration and intake roles
 - The experience gained by staff and managers involved in *Torque*, in both understanding the program material and to help adapt to change and refine the service model
 - Orientation process for new staff, given time to observe the programs

"In regard to what ReGen has provided, they've been fantastic, so enthusiastic and proactive in everything that we've needed."

It was noted that moving from the Catalyst to *Torque* program was challenging for some staff, due

"There seems to have been a good response to emerging issues as the program has run... good discussions."

to the differences in responding to this more complex client group (compared to a relatively high-functioning alcohol dependent client group) and the way the program needed to be delivered for these participants.

Program strengths

The key strengths of the program as identified by staff, also reflected the program aspects highlighted by participants:

- CBT program content, particularly participants learning about the relationship between what they think and feel and their behaviour and the focus on how their thinking is impacting on all areas of their life
- Structured activity and time, having somewhere to go and a purpose, especially during early stages of substance use treatment
- The balanced, holistic approach with the combination of CBT sessions, intensive group counselling, individual MET support, balanced with activities such as gym, yoga, art therapy and nutrition
- Relationships and interaction with other participants and with staff engagement and being around others trying to make positive change
- The flexibility of the program, especially in relation to responding to participants who lapse
- The physical space and program resources

Program weaknesses and areas for improvement

Very few aspects of the program were reported by staff as being negative or areas for improvement. Difficulties in responding to the mix of participants and drug using patterns was noted, as well as the view that the program may not be well suited for some people who use methamphetamine who are early in treatment, given the protracted nature of methamphetamine withdrawal.

In addition, staff identified a challenge in finding the balance between the Catalyst approach that includes core and optional sessions, with the need to have a greater proportion of compulsory elements to meet the expectations and requirements of Corrections, as well as remain consistent with forensic best practice. This area of the program has already seen some adaptation but may require further changes.

In addition, some staff raised issues that were not causing problems per se, but that were identified as having potentially negative impacts, and these included:

- The risks of grouping participants together who use illicit substances and have a history of high risk and/or offending behaviours
- Concern that participants with lower-risk drug use behaviours could be introduced to people with higher risk-drug or offending issues
- The long waitlist for entry because the program is a six-week closed program.

One area for improvement was suggested to be the inclusion of more practical skills and activities, and that vocational type training could be an asset to the program, which has some support in the literature.

Barriers to program implementation and delivery

Interviews with *Torque* staff and ReGen managers demonstrated general satisfaction with the internal processes and support for implementing and delivering the program. While not highlighted as a major obstacle, staff noted the difficulties in starting the pilot program on time, with delays to commencement due in part to the treatment space not being ready.

The most commonly cited issue for implementation was the low number of participant referrals.

“This is an 18 month pilot versus the Catalyst 3 year pilot and it is a big change to the system. It’s a new service type for Corrections to be thinking about and so I think that takes time.”

In particular, the low number of clients being referred directly from ACSO and Corrections services was noted as an unexpected barrier to providing episodes of care for clients involved with the criminal justice system. Some potential reasons for the slow referrals put forward by staff included:

- Perhaps not all services in their target area are aware of the service and the referral criteria

- Pessimism of other agencies about the effectiveness of treating complex forensic clients in a group setting and the ability of these clients to engage with treatment

Other barriers were considered to be:

- Geographic location: *Torque* is a state-wide program but is situated in Coburg and requires regular attendance. Transport assistance is provided but this is a potential barrier for participation and willingness to refer clients
- Duration of the pilot phase: Issues of time and the length of the pilot were raised in relation to being shorter than the Catalyst pilot, and as a potential barrier or negative of the implementation process.

“When we have had conversations you’ll often hear (from referrers about clients) ‘oh it’s too far, or no they won’t do 6 weeks, or they won’t be able to sustain abstinence, or you know- their lifestyle is too chaotic at the moment’

“This program is trialled for 2 years but with lead in and development time and now changes at very early stage- feels like just beginning to really test it out from now“

Two interviewees particularly noted the advantages of a longer time frame for establishing awareness and confidence in a new AOD treatment option among referring services, and having adequate time to test out the adapted treatment model for the client group. Many staff noted that it takes time to establish a new service in the sector and to increase knowledge of the new treatment option, including time for ‘word of mouth’ recommendations, to encourage referral by workers. A similar experience was indicated relating to the Catalyst program although the need to now also integrate the service into the Justice sector is an additional challenge.

Challenges and participant needs

Challenges with the forensic client group

The treatment team identified specific challenges in working with the forensic client group and their mix of drug use patterns, as compared to Catalyst participants, including:

- The need for a slower pace due to higher levels of cognitive impairment
- The need for greater staff support and time because of a greater likelihood of presenting to treatment distressed or in crisis, and more complex presentations
- More intensive management required due to polydrug use
- A greater level of reporting, administrative and documentation support required for forensic clients

Challenges with participants who use methamphetamine

Most staff noted that increases in methamphetamine-using participants entering the program had come with some challenges, which included concerns that some methamphetamine users may still be experiencing symptoms of withdrawal and not be ready to engage in intensive treatment.

Changes to the program

As a pilot program, the *Torque* team have been aware of the need to adapt the Catalyst treatment model to the needs of the target participant group, and have monitored the initial treatment episodes. Based on clinical observation, review of program participation and retention rates and in response to focus groups with participants, they have made minor changes to the *Torque* program and operations. Detail about the program changes was provided to reviewers by the *Torque* team and managers within a document log of this adaptation process and via feedback during group and individual interviews.

In the first six months of service delivery, the following changes have been made to further adapt and refine the *Torque* program:

- Changes to the sequence of group CBT sessions: An early change to the Catalyst model was a shift to focus on behavioural interventions (e.g. 'high risk situations' session) in the earlier weeks of the program and slower introduction of cognitive interventions and mood management
- Increased the number of compulsory sessions and changes to when they occurred
- Slower paced content: Responding to observations of greater levels of participant restlessness, poor concentration, agitation and subsequent disruptive behaviour, the second episode increased regular breaks in content and providing breaks when requested, especially on the first day. Changes created challenges for staff to still deliver on core components but they nevertheless improved group engagement
- Shorter skills practice sessions: In episode three of 2014, the two hours skills practice sessions were reduced to 1.5 hours, again in response to observation of greater levels of participant restlessness, agitation leading to poor concentrate and disruptive behaviour
- Confidentiality and transparency: During episode two in 2014, participants felt potential legal issues of disclosure were not made clear early enough in the program, which negatively impacted trust, rapport and group cohesion. *Torque* staff now to introduce a

discussion of the limitations of staff confidentiality in relation to offending and AOD use behaviours and Corrections, on the first day of the program

- Weekly intake clinical review meetings: Introduced in episode two to improve communication about upcoming client intake including individual participant issues
- Community work hours agreement: Introduced in April/May 2014, *Torque* participation may now be counted towards community work hours for participants in North West area, if nominated by their magistrate. This change was encouraged by queries from referrers and strong advocacy from a participant
- Review of completion criteria: By episode three in 2014, program completion criteria was reviewed and clarified. In response to trend of greater attendance at briefer 'Check-in/out' sessions rather than at longer group sessions, and to better reflect duration of participant attendance and level of engagement. Completion is now based on attendance at 80% of core unit *hours* (44 hours of 41 sessions) rather than 80% of total core sessions, and clinical judgement. Allowing flexibility and clinical review process to inform participant status. This change was made in recognition of the complexities faced by the participant group (e.g. such as chaotic lifestyle, learning disabilities, prolonged methamphetamine withdrawal symptoms) and to reinforce participant motivation and determination to continue in treatment.
- Participants encouraged to repeat program: Staff observed that *Torque* participants become more engaged with program content in weeks 4-6 of the program, and some participants directly indicated interest in longer term engagement in the program. Staff encouragement to re-engage in a second *Torque* episode was found to provide an appropriate next option for some participants and reduced some individual's anxiety.

At the start of June 2014 and just prior to treatment episode 4, a decision was made to extend entry criteria to participants not currently involved in the justice system due to low referral numbers. The program has identified it will receive referrals of non-forensic clients from other ReGen services who would be otherwise suitable for counselling and are interested to participate in non-residential rehabilitation. This is a very recently introduced change, and only internal services may refer interested clients at this stage.

Early feedback from staff is generally positive and they have made, (and implemented), some feasible suggestions for improving the group, including some raised by participants. At this stage, a major consideration in terms of achieving the program's aim is opening the entry criteria to non-forensic participants. *Torque* was to be specifically targeting participants with current justice system involvement, so this needs to be carefully monitored and reviewed and specific guidelines for entry need to be clear to referrers (currently only other ReGen programs).

Appendices

A. *Torque* program and session description