ODYSSEY HOUSE
VICTORIA

Practice Framework

Our Past, Present and Future

Odyssey House Victoria Executives and Managers worked in partnership with 360Edge to develop this Practice Framework, with feedback from our residents, clients, and Board members. In particular, we thank Sarah Jones, Nicole Lee and Richard Cash at 360Edge for their work on this.

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360Edge is Australia's leading specialist consultants in alcohol and other drug policy and practice, combining more than 25 years of academic research with hands-on clinical experience. 360Edge understand the nuance of alcohol and other drug policy and practice, and cut through complexity to access proven, cutting-edge practices that are relevant in the real world.

Odyssey House Victoria Practice Framework
Version 1.1
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ODYSSEY HOUSE VICTORIA

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Resident artwork at Circuit Breaker in Molyullah.

Contents

Acknowledgement of Country 1
Reconciliation Action Plan 2
Our vision for reconciliation 2
Introduction 3

Our past:
Where we came from **5**
Our beginnings 5
A courageous voyage 5

Our present:
Where we are now **7**
We believe in positive change 7
We create change through harnessing hope 7
Our vision 7
Our purpose 7
Our values 7
Our guiding principles 9
Other frameworks and approaches 11
Our key programs and services 14
Our partnerships and collaborations 17
Our culture 19
Our people 20
Maintaining innovation 23
Being courageous 23

Our future:
Where we are heading **23**
Evidence-based practice and practice-based evidence 24
Developing our workforce 24
Enhancing our flagship approaches 25
Including people who use alcohol and other drugs 27
Recognising the impact of co-occurring disorders 27

Appendix:
Summary of evidence-based treatment **29**
Approaches to alcohol and other drug treatment 30
Modes of delivery 33
Specific programs 37
Other considerations 38
References **47**

Acknowledgement of Country

Odyssey House Victoria recognises, respects and values Aboriginal and Torres Strait Islander Peoples' histories and cultures, and their unique status as the traditional custodians of this land and its waters.

We acknowledge the Indigenous Peoples of Australia as belonging to the oldest continuing culture in human history. We celebrate this.

We acknowledge that sovereignty to this land and its waters was never ceded. We remind ourselves of this and walk together in reconciliation.

We also acknowledge that Aboriginal and Torres Strait Islander Peoples have suffered profound trauma as a result of Australia's laws and policies. We are sorry for this and commit ourselves to assisting in the healing that is needed.

Artwork inspired by Chris Thorne, representing the pillars of Respect, Concern, Honesty, Trust and Love on one hand.

Reconciliation Action Plan

Our vision for reconciliation

Odyssey House Victoria is committed to collaborating with Aboriginal and Torres Strait Islander peoples to improve the health, well-being and life opportunities of all Australians and communities.

We have made some good progress in ensuring that our programs and services are relevant, safe, and accessible to Aboriginal and Torres Strait Islander peoples. However, we know that we can do better.

Our Reconciliation Action Plan formalises our ongoing commitment to reconciliation, to closing the gap in health outcomes, and to building respectful and positive relationships with Aboriginal and Torres Strait Islander peoples.

Our plan sets out the strategies and practical actions that have emerged from our ongoing consultations with staff, our clients, with Elders, and with community leaders. They will help Odyssey House Victoria create meaningful and rewarding opportunities that build on the successful work we have already undertaken.

Our services will be more relevant and effective if we seek to understand the ongoing trauma caused by colonisation, acknowledge the healing that is needed, and celebrate Aboriginal culture and wisdom as we walk together on this land.

We have set ourselves some ambitious goals and targets, but we do not wish to be limited by these. Our intention is to do the best we can, as we set about achieving our overall purpose of improving the lives of those impacted by alcohol and other drug related harm.

Artwork by Wayne Morgan.

Introduction

This document describes Odyssey House Victoria (OHV). It outlines our history; how this shapes our operation today and its continued influence on our future

It acknowledges our past and describes the way our purpose and values influence us an organisation. It describes our identity, and the principles at the core of the relationships we develop with the people who use our services, as well as our staff, and our partner organisations.

It also describes the way we approach our work practices, the programs and services we provide, and the evidence-based frameworks we draw on, in addition to our own areas of research and expertise, and the public advocacy we undertake.

We believe that reflecting on and documenting our organisational identity and practices allows us to grow and develop as we strive to meet new challenges, whilst always maintaining the highest standards of care.

This document will be used to orient new staff, providing them with a background to the organisation, our culture, and guiding principles. It will help shape our training and professional development strategy, because the people we employ and how we develop them is critical to our success. It will inform our ongoing review of policies and procedures, and ensure that all our work aligns with our values and our commitment to best practice.

The document will also guide our evolution. It will help inform future directions and develop areas of focus in our clinical practice, the scope of our service delivery, and our collaborations.

It will help us set future research agendas and ensure that as an organisation, we continually reflect on and evaluate our work, and communicate our learnings.

This document informs. A background paper, detailing the evidence base for the treatment approaches and theoretical frameworks underpinning our work is included as an appendix.

Throughout this document, the words and concepts of “addiction”, “substance dependency” and “substance use disorders” are used to describe situations where someone’s use of alcohol or other drugs occurs continuously or regularly, with some loss of control over how often or how much is used (despite some negative consequences to oneself or others), and where ceasing to use suddenly would result in withdrawal symptoms.

The term “problematic use” or “harmful use” is used in this document to refer to any level of alcohol or other drug use that leads to some harm or has negative consequences for oneself or others, whether this occurs in a dependent way or only occasionally.

Exterior of our Therapeutic Community at Lower Plenty.

Our past:
Where we came from

Our beginnings

Our beginning was borne out of innovation and the desire to be more effective.

The first Odyssey House was established in East Harlem, New York in 1966 by psychiatrist Dr Judianne Densen-Gerber, catering for just 17 participants.

Dr Gerber was driven to create a peer-led, residential therapeutic community as an innovative alternative to the medical treatment model of addiction and the growing use of opioid replacement therapy.

It was designed to respond to the needs of the most marginalised and vulnerable people who had problems with drug use, and a whole range of physical, social and mental health issues. It was designed to create lasting change for the participants, and to involve the participants as partners in their recovery.

The Odyssey House program was an opportunity for people to re-establish their lives through relationships with others, creating the opportunity for meaningful change by developing social and living skills that supported a lifestyle free from alcohol and other drug use. This new approach drew the attention of policy makers and the medical community. Odyssey House further developed the therapeutic community model in the 1970s, establishing treatment centres for parents accompanied by their children.

The first Odyssey House program in Australia was established in New South Wales in 1977. Odyssey House Victoria first opened its doors in 1979. As a testament to the success of the model, Odyssey House programs now operate across the United States, Australia and New Zealand.

Further information about the history of Odyssey House in Australia, including the first 40 years in Victoria, can be found in the book, Voyage of Hope, authored by Tom Valenta.

A courageous voyage

The Odyssey House logo takes the form of a ship under sail, inspired by the ancient Greek epic poem, The Odyssey.

Homer's tale of Odysseus undertaking a gruelling ten-year journey captures themes of overcoming fear, the power of love and family, and of courage, growth and perseverance. These themes reflect the values of Odyssey House. The Odyssey also speaks of stigma and the value of hospitality in a welcoming environment. The lack of kindness and warmth affects Odysseus throughout his struggle to return home.

When people recognise that strangers need help, and provide this help with kindness and inclusivity, the journey is made easier and the person more capable of reaching their destination.

We recognise that seeking change and creating a life free from the problems associated with using alcohol and other drugs is neither smooth nor easy. It requires perseverance at times when the journey feels overwhelming or never-ending. And it also requires understanding and compassion.

Odyssey House Victoria provides opportunities for people to make changes through a safe environment, respectful staff, and the high quality care our programs provide. Odyssey House is not an endpoint or a destination, it is a safe harbour for people to develop skills, build confidence and strengthen connections before continuing on in their journey.

ODYSSEY HOUSE
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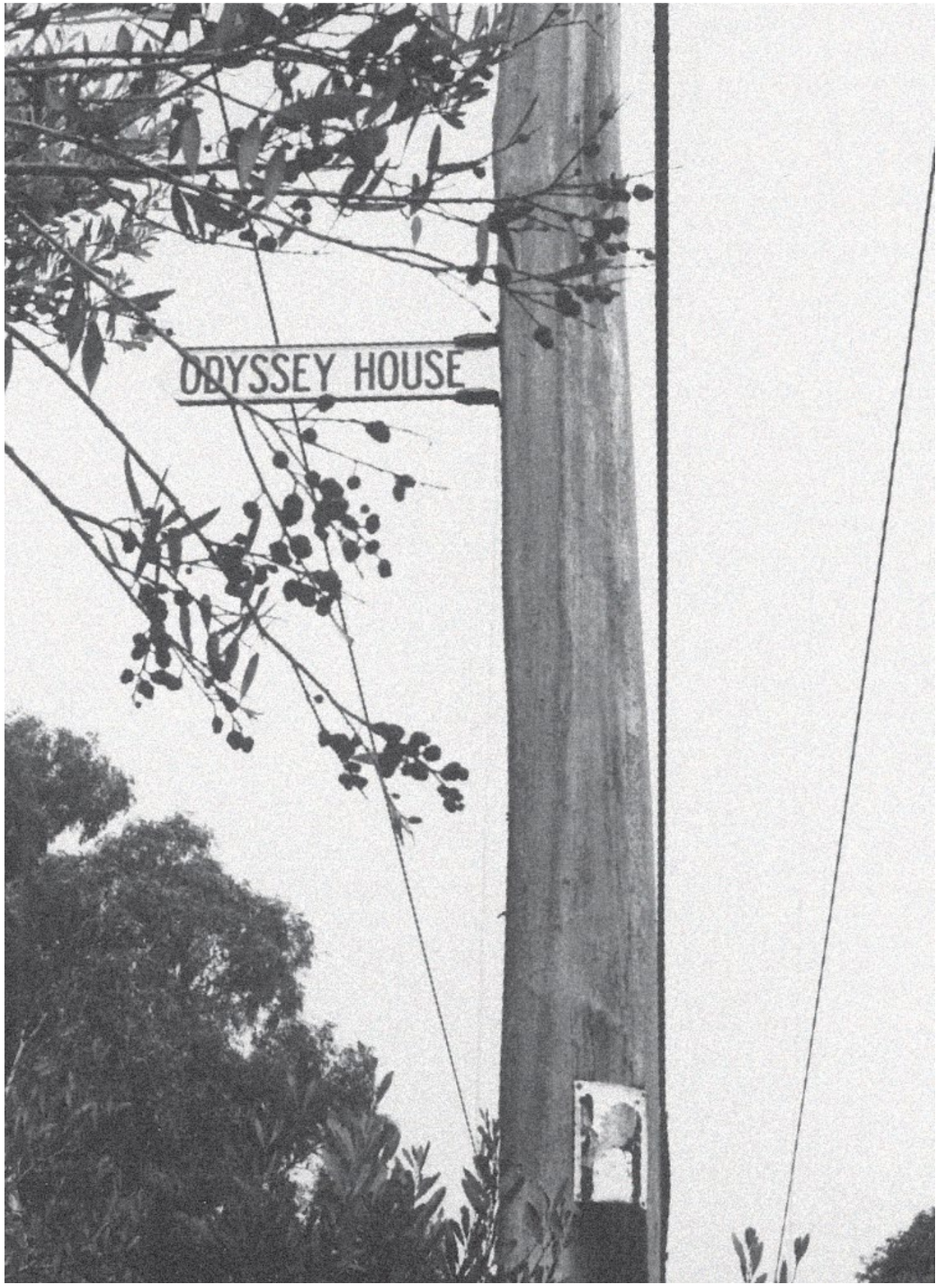


Our present:
Where we are now

We believe in positive change

Odyssey House Victoria is founded on the fundamental belief that people have extraordinary capacity for change. This is central to all aspects of what we do and how we do it.

Our purpose is to support people making positive changes by providing effective, high-quality care.

We take a biopsychosocial, intersectional and public health approach to our work. We accept that some people have predispositions for dependent behaviours. We are aware that societal factors and early life experiences can significantly influence our behaviours, the choices available to us, and the choices we make. We know that different forms of discrimination intersect with each other to present unique challenges to each individual. We also know that positive environments, medication, psychological tools, and positive support networks can all make a difference to someone's recovery from a range of harmful behaviours, dependencies and disorders.

We are committed to providing a fertile environment for change in a way that is accessible and inclusive for everyone wherever possible.

We recognise that problems with alcohol and other drug use are only one part of a person's life story and that people need individualised supports for the life narrative they hope to create for themselves.

We create change through harnessing hope

Odyssey House Victoria recognises that hope is essential for people to make positive changes in their lives.

Hope acts as a powerful counterbalance to fear and to individual and societal perceptions and stigma that define people by their problematic alcohol and other drug use.

The culture and practices that foster hope are embedded across Odyssey House Victoria's programs. This includes our employment of those with a lived experience of addiction and recovery.

Our culture of hope drives our work in enhancing resilience, strengthening connections, helping people make sense of past experiences, and supporting the positive change that we help people make.

Our vision

We have a vision of a society, free from the problematic use of alcohol and other drugs, in which people reach their full potential and are meaningfully engaged in work, family and community life.

Our purpose

Odyssey House Victoria is a specialist alcohol and other drug treatment organisation.

Our purpose is to provide holistic opportunities for change and growth by reducing alcohol and other drug use, improving mental health, and reconnecting people to family and the community.

We provide these individual and holistic responses in a safe and welcoming environment.

Our values

Odyssey House Victoria is a values-based organisation.

We act with **Respect**, **Concern**, and **Honesty**, to develop and instil **Trust** and **Love** in ourselves and in others. These are the pillars on which Odyssey House was built and they remain as relevant today as when we first opened.

We build partnerships to achieve common goals. This includes partnerships with our clients, our funders, and other organisations.

These values guide our relationships with the people who use our services, the way we deliver services, what we expect from staff and how we support them, and how we work with partner organisations and other key stakeholders.

Original artwork by Chris Thorne.

Our guiding principles

Odyssey House Victoria works from a set of guiding principles that are implicit in everything we do.

We believe in positive change

We provide hope and expectation that positive life change is always possible, regardless of current motivation or past experiences. Safety and reducing harm is an immediate priority, but we always persevere beyond this to support meaningful and sustainable change, helping individuals, families, and whole communities to reach their full potential where possible. This is central to Odyssey's identity.

We build authentic relationships

We understand the core human need to have healthy and fulfilling attachments to people, to places and to culture. Positive relationships lead to positive and sustainable outcomes. We commit to the ongoing development of ourselves and others, to reconciliation with Aboriginal and Torres Strait Islander peoples, and to following our values in assisting people to develop authentic and heartfelt connections.

We are dynamic and innovative

We evaluate and improve our practices and processes, continually incorporating feedback and the latest evidence. We generate new insights through our own programs of innovation and research. We remain dynamic, and we challenge ideas to make a real difference in peoples' lives. We acknowledge that tensions will always exist between competing views and principles. Struggling to manage these tensions is our ongoing journey.

We value lived experience

We value the unique contribution of people with a lived experience of addiction and of recovery, as well as input from those with clinical training. Our success requires a partnership approach to our work, and the integration of these voices across all levels of our organisation.

Exterior of our Hope Centre at Lucknow.

We are transparent and accountable

We are proud of our work and strive for excellence, quality and integrity in all things. We operate efficiently, flexibly and sustainably to maximise our impact. We openly share what we do and why we do it, with our clients, our staff, and with others.

We work holistically

We understand that problematic drug use is symptomatic of deeper issues which interact and interconnect in unique ways. We aim to work with individuals and the significant others in their lives, acknowledging their unique culture and identities. We use a diverse range of practices and approaches in our work. Our responses aim to reduce drug and alcohol problems. They also aim to enhance physical and mental health, overall well-being and empowerment, and create positive life opportunities.

Other frameworks and approaches

Odyssey House Victoria draws on a range of interconnected frameworks, approaches and philosophies to inform our practice with clients.

We are committed to harm reduction

We work from a harm reduction perspective. It is foundational to all of our service delivery.

Before all else, we aim to create safety and reduce the harmful effects of alcohol and other drugs for individuals and society.

We consider the health, social and economic consequences of alcohol and other drug use on both the individual and the community as a whole.

Our approach is informed by a significant body of evidence and is consistent with Australian drug policy.

We are recovery-oriented

Our recovery-oriented approach focuses on self-determination, self-management, personal growth, empowerment, choice and meaningful social engagement.

Recovery in the context of alcohol and other drug use is defined by each individual, and typically means being able to successfully reduce the distress or hardship caused by their use, whilst maximising well-being.

Recovery often means gaining and retaining hope, improving self-efficacy, engagement in family and community, personal autonomy, positive social identity, and having meaning and purpose in life.

We champion social justice

Our policies and practices actively address discrimination and inequality.

We believe that all people should have equal access to health and well-being, financial security, justice and opportunity.

We recognise and challenge the constructs of power and privilege that continue to influence opportunities for social engagement, as well as calling out the government policy and institutions that maintain inequality.

We work to overcome barriers for those who do not have adequate access to the full range of beneficial societal structures and systems.

We are person-centred

The people who use our services are at the centre of everything we do. We exist to support them.

We empower people to make decisions about their care based on their individual preferences, needs and values, whilst considering the needs and safety of those around them. We believe that fulfilling lives are most likely to occur when people can balance love for themselves with love and care for others around them.

We appreciate the important relationships of every person in our care, and we support people to strengthen and grow these relationships.

Our person-centred approach is collaborative and brings specialist professional knowledge together with the person's own understanding of what will work best for them in order to meet their goals.

We are strengths-based

We support people to take a leading role in their journey of change. We believe that people are resilient, and with the right support at the right time, they can live well and achieve their goals, despite the stresses and challenges they face.

We work in partnership with the people who use our services, helping them to identify and mobilise their strengths, skills and abilities to make the changes they want to see in their lives.

Whilst understanding past mistakes and life events can be helpful, more emphasis is placed on enhancing strengths that will be needed in the future. This is also experienced as more motivating and confidence building.

We help people harness the range of supports in their environment that move them closer to their goals.

We are trauma-informed

Experiences of trauma can affect people's capacity to build trust and to feel safe. We recognise the impact that these experiences can have on people, families and communities, and work to create services that provide physical, psychological and emotional safety.

We create opportunities for people to rebuild a sense of control and empowerment over their lives, and we teach people the emotional regulation skills they need to live without the assistance of alcohol and other drugs.

We are family inclusive

At Odyssey House Victoria, we believe that engagement with family and other supports is essential to positive outcomes. Individuals exist in the context of their families, friends and broader social networks.

Although family and social networks can be complex and sometimes cause harm, we understand that the right networks also have the capacity for healing and change. We utilise these relationships as critical supports for the people who use our services to improve treatment outcomes.

Family and other supports can also experience challenges and distress in response to the person using alcohol and other drugs. We provide support for children, families and significant others to improve their own well-being and coping, which can in turn improve the functioning of the whole family system.

We are child-centred

We are a child safe organisation and we work hard to prevent any form of child abuse or neglect. All staff and volunteers must obtain Working with Children Checks and we have incorporated child safety standards into all our programs and services.

Many of the people who use our services are parents. We consider the needs of children in providing care for families.

Our services are uniquely placed to prevent harm to children and to ensure that intergenerational patterns of alcohol and other drug use and other factors that interfere with the social and emotional health and well-being of children are interrupted.

Our child-centred approach supports people in their role as parents to enhance their capacity to be the kind of parent they want to be. Integral to this is providing the space for parents to overcome feelings of shame or guilt they may have about their past.

We are culturally safe

We recognise that our organisation, its programs, and the individuals that come into contact with us, all exist within the context of culture.

We strive to ensure that all people who use our services feel safe, respected, and valued as an individual, so that their cultural identity can be celebrated.

We seek to be inclusive in the recruitment and development of our staff to ensure the support we provide is aware, respectful, relevant and appropriate to the cultural values and norms of a diverse range of people and communities.

We are intersectional and value diversity

Gender identity, gender, ethnicity and cultural background, language, socioeconomic status, sexual orientation, religion, disabilities, immigration status, education, and age, among others, may create barriers to services, employment, and life opportunities.[1]

Odyssey House Victoria values diversity and is committed to an ongoing inclusion process. We recognise multiple and intersectional struggles and understand that all forms of diversity may intersect. This means each person faces unique challenges.[2] We seek to identify and overcome barriers and improve opportunities and access for the people who use our services, and for current and potential employees.

We aim to put strategies, training programs, and organisational resources in place to identify barriers, create equal access to our services, and include and collaborate with different perspectives. We aim to achieve more inclusive services that are free from overt and structural discrimination and are experienced as relevant and appropriate to all. We commit to thinking creatively about social justice issues and support opportunities to come together as a broader community.

Our key programs and services

Odyssey House Victoria has evolved to now provide a wide range of treatment, training and support options for people, where alcohol and other drug problems and disorders are a central feature.

We provide residential treatment programs, counselling, case management and outreach services from multiple sites. Some of these are consistent over time, while others are temporary responses to changing needs.

Our programs cater for individuals facing legal problems, including those referred to us though the legal system or specialist courts.

Our rehabilitation approach

We are an accredited member of the Australasian Therapeutic Communities Association, and we are certified against the ISO9001 Quality Assurance Standards and a range of government guidelines and compliance frameworks. We are committed to maintaining these standards and we are regularly audited against them.

We provide support to our service users through a range of evidence-based treatment modalities including Cognitive Behaviour Therapy (CBT), relapse prevention, emotion regulation, Acceptance and commitment therapy (ACT), Mindfulness-based interventions, Motivational Interviewing (MI) and Motivational Enhancement (ME),psychoeducation and harm reduction strategies.

Our residential services welcome people on pharmacotherapy, including opioid substitution therapy (OST), and we do not place dose restriction requirements for entry to our programs. We can offer support to people to stabilise or reduce their medication in consultation with medical professionals during their stay.

In addition to these core modalities, we also utilise a range of other programs including peer support, meaningful work and community contribution and participation, art and music, mentoring, family support and exercise, as well as health and lifestyle interventions. We believe in wrap-around service delivery and work to ensure service users can access the full range of their health, mental health and social needs both during and following utilisation of our programs and services.

Residential rehabilitation

Odyssey House operates three residential programs, one in Melbourne, Circuit Breaker at Molyullah near Benalla, and the Hope Centre at Lucknow near Bairnsdale. We also partner with Gateway Health to operate a program in Wangaratta.

The Melbourne-based program is accessible for adults, couples and parents, along with their children aged 0-12yrs. The family program supports family reunification and family strengthening goals.

Based on a modified therapeutic community (TC) model, it combines the values and community-based strengths of the TC approach with evidence-based practice (EBP) knowledge, medical and psychiatric support. The program also incorporates a Koori education program to promote cultural connectedness for Aboriginal program participants.

Our rural residential programs are similar, and our Circuit Breaker program includes a shorter, six-week program option for adults. Although our regional programs do not currently accommodate long-term stays by children, family connection and visits are encouraged and facilitated.

OHV holds high expectations of residents in these programs, providing intensive support and holding strong boundaries so that residents are empowered to give and receive feedback respectfully and take responsibility for their own recovery and help-seeking.

Non-residential rehabilitation

For people with stable accommodation who are looking for an intensive, but non residential rehabilitation program, Odyssey House provides day programs in partnership with other organisations across three locations.

Our Therapeutic Day Programs in Geelong, Werribee, and Shepparton provide individual, group and family therapy in a supportive group program environment, over 5 to 10 weeks.

Participants in these programs choose to participate in the daily weekday activities but reside in their own accommodation.

Community programs

Odyssey House provides a range of community-based programs from more than 30 sites across Melbourne and regional Victoria. These supports include counselling, outreach and brief intervention for people experiencing problems with their drug and alcohol use and their families.

There are specific programs for people who have limited engagement with mainstream services, such as those from specific CALD communities (e.g. newly arrived communities and refugees) and specific faith groups (e.g. Islam). We provide programs for young people, people with co-occurring mental health concerns, Aboriginal people, families, and parents with young children.

We provide case management for people who are managing a range of challenging issues and service systems in addition to problems with alcohol and other drug use. These services can support people find what they need in a crisis, during high risk transitions, or when working towards their recovery goals.

We provide dedicated financial counselling to respond to the burden of debt and economic struggle that can exacerbate and maintain alcohol and other drug use, including those with gambling issues.

We provide counselling and support for people with co-occurring mental health issues, for those experiencing legal issues, and a specific program for Aboriginal and/or Torres Straits Islanders and their families who are experiencing difficulties related to methamphetamine use (e.g. Aboriginal Metropolitan Ice Partnership Program).

Community programs utilise a range of modalities including motivational interviewing and motivational enhancement, cognitive behavioural and behavioural therapies and case management. Harm reduction and psychoeducation are also key components of both brief and longer-term interventions, and we support the distribution of clean injecting equipment through Needle and Syringe Exchange Programs, and of life-saving Naloxone.

Family and youth-focused programs

Our commitment to working with families, young people, and children is demonstrated in many current and past programs. These include the Nobody's Client Project, the Counting the Kids Program, The Family Eclipse Program, Mirror families, headspace services, and our Kids in Focus Program.

We offer a range of holistic programs that support young people and their families to address both the harms caused by alcohol and other drug use and to identify needs and access support across a range of domains including mental and physical health, education, employment and training, housing and legal issues.

OHV has demonstrated the effectiveness over many years of family inclusive approaches that better meet the needs of all family members, including children, mothers and fathers, and enhance outcomes for young people by improving family communication, boundary setting and understanding of their needs.

In partnership with a range of specialist agencies and community partners, we deliver:

- **Youth alcohol and other drug counselling and case management:** A service committed to providing non-judgemental opportunities for young people to explore their issues and create pathways for meaningful change.
- **Dual diagnosis counselling:** A specialist counselling service for young people suffering from mental health and drug and alcohol issues, delivered in partnership with headspace.
- **Family alcohol and other drug counselling:** A program designed to enhance understanding between young people and their families and to work together to improve the well-being and functioning of all participants.
- **Outreach:** Assertive follow-up and counselling with at-risk young people.
- **In-reach:** Support within other services such as youth centres, headspace, and youth crisis accommodations.
- **The Odyssey Camp Out:** An annual camp to provide at-risk young people with respite, life-skills training and meaningful life experiences.
- **Youth recreational activities:** Programs for young people to meaningfully enhance their self-esteem, confidence and connection to the community.
- **Schools partnerships:** We work with high need schools to provide on-site early intervention, prevention and treatment services for young people at risk of or experiencing alcohol and other drug use and mental health problems. The service also provides school education programs, referral, family support and staff secondary consultation and professional development
- **Kids in Focus:** This program is informed by family models of care research conducted between 2002 and 2009. The program utilises several models including the Parenting Under Pressure program, the Safe & Together model for addressing family violence and places a high value on relationship building and in engagement including community programs for parents and children, maternal and child health and child protection.

Our partnerships and collaborations

We value partnerships

We are committed to building partnerships with a shared sense of purpose to achieve common goals.

Odyssey House Victoria engages in a range of formal and informal partnerships and collaborations.

We believe wholeheartedly in establishing and maintaining partnerships to share knowledge, expertise and resources, and ultimately to provide a strengthened, more co-ordinated and integrated care pathway for service users.

We understand that by working collaboratively with others, we extend our reach and enhance our capacity to offer a broader range of services to address people's holistic needs.

We see the practical benefits that partnerships have on diversifying funding streams, creating economies of scale, sharing expertise and specialist knowledge, and in attracting tenders and other funding sources.

Our approach to partnerships

Our approach to partnerships is consistent with the overarching principles and values that guide all that we do.

We understand that partnerships provide many benefits, but that there may be organisational differences that can create challenges. We approach any challenges with openness, flexibility and transparency.

We work with our partner organisations to capitalise on our shared vision, to understand differences, to respect and utilise individual organisations specialist areas of knowledge, and to seek pathways through any obstacles.

We recognise that developing trust, and clarity of expectations, role, purpose, and boundaries are essential to developing effective partnerships.

Ongoing maintenance and evaluation of the quality and effectiveness of the partnerships, support the preservation and growth of successful partnerships.

We recognise different types of partnerships

We value all partnership types on the continuum of partnership arrangements; from networking, co-operation, and co-ordination, to formal partnership arrangements such as consortia. We continue to look for new partnership opportunities to meet the needs of the people who use our services and to enhance our organisational goals and purpose.

Networking

- No risk
- Dialogue
- Low commitment

Cooperation

- Low risk
- Low investment
- Low commitment
- No change required

Coordination

- More formal understanding
- Longer term relationship
- Planning effort

Collaboration

- Durable relationship
- New structures and processes
- Comprehensive planning
- Commitment of effort and resources
- Pooled and/or shared resources

Partnership

- Sustainable relationships
- Formal agreements/MOU's
- Shared vision and goals
- Interdependence
- Detailed planning and role clarification
- Joint planning

Our culture

At Odyssey House Victoria, we are proud of our culture and committed to maintaining and strengthening it. We recognise the importance of communicating and celebrating our culture and achievements across our growing network of programs.

As we develop partnerships, our satellite offices and in-reach postings, we work to ensure that we include all staff in the ongoing process of developing and understanding our culture. We do this by providing consistent policies and procedures and regular opportunities for dialogue and discussion. Guided by integrity and transparency, we are collaborative in navigating the challenges and obstacles within our culture.

We know that organisational culture is neither static, nor fixed. We view our culture as an ongoing reflective dialogue that will change as society changes and new ideas and knowledge continue to inform how we understand one another and the world.

We celebrate our history

Our history influences our compassionate approach to working with people who use alcohol and other drugs, those impacted by them, and particularly the most marginalised and vulnerable.

From inception, we aimed to provide an opportunity for people to re-establish their lives through relationship with others; creating hope for meaningful change by developing social and living skills that support a lifestyle free from alcohol and other drug use.

A thriving positive culture is critical

A thriving culture and work environment are essential to providing effective care. It enables our workforce to be effective, productive and satisfied. It attracts the best and brightest in the field who are aligned with our values.

We provide opportunities for professional and career development, support flexible working arrangements and maintain a caring and inclusive workplace culture. Staff support and development are critical workforce investments. We are responsive to the individual needs of our workers.

Staff celebrating NAIDOC week.

Being a responsive, accessible and inclusive service requires a workforce that is representative of the community, and the diverse people who use our services.

We live our values every day

Our organisational culture is founded on the philosophy, values and principles that guide how we conduct our practice, how we interact with one another and those who access our services. We are committed to ensuring a shared, meaningful organisational culture that is communicated and operationalised in our everyday work.

We seek to employ people whose values align with our service and the way we work with people in our programs. When our culture is challenged, we strive to understand the reasons with openness and curiosity.

We have policies and processes to respond in instances where our culture is not upheld, or when staff or people using our services engage in behaviours that actively undermine our cultural expectations, particularly about issues such as safety and discrimination. We endeavour to carry out these procedures with respect and care in a collaborative and consultative process, but we will act decisively when needed.

Leadership is vital

We recognise the significant influence of our leadership team in demonstrating, influencing and acting as organisational role models.

A strong leadership team is integral for demonstrating our values in the ways they interact with one another, our staff and the people who use our services.

We also believe role models and leaders come from across all of our teams and programs, at all levels.

We strive for excellence

We support our staff to strive for excellence and ensure they are well supported, both professionally and personally.

We encourage dynamic and innovative teams that provide quality care and are responsive to emerging and changing requirements of the people who use our services.

We celebrate who we are and take pride in what we represent and what we do.

We welcome robust conversations and debates on key issues, to ensure we are testing old and new ideas, and always seeking ways to improve our impact.

We build a trusting workplace

Positive, engaged, trusting workplace relationships are key. We aim for honesty and integrity in all we do.

We encourage transparency between executive, management and other staff levels of our organisation, where possible and appropriate.

We are robust and respectful when we engage with people who have opinions that are different to our own.

Our people

We value a broad range of skills and experience

Odyssey House Victoria relies on a committed, compassionate and capable multi-disciplinary team of staff.

Our success comes from the value we place on combining a broad range of experiences, professional backgrounds and skills across all areas of our organisation.

We greatly value the unique contributions of people with lived experience of addiction and recovery, as well as those with professional training. We consider it critical to include people with a lived experience at all levels within our organisation.

We actively promote and value a diverse workforce. We understand that difference can bring new perspectives, understanding and experiences that enrich our organisation and our work.

Our staff are skilled at helping people address the problems associated with alcohol and other drug use, with supporting improvements in mental health, and facilitating and strengthening meaningful connections with family and community.

Our staff are committed to providing high-quality care informed by the best available evidence. In striving for excellence, our team prioritise personal and professional development to maintain and develop their own knowledge and skills.

They are compassionate and work to embody the values and principles that are fundamental to our culture.

We believe in workplace gender equity

We strongly believe in the importance of gender equity, and set targets to achieve this. Not only is the provision of equal opportunities fair and just, but gender equality is also associated with increased organisational performance, improved organisational capacity to attract and retain staff, and improved positive organisational reputation.

Gender equity in the workplace also makes a significant contribution to achieving a more gender-equal society. Gender equal societies have safer, healthier and more connected communities.[3]

We celebrate workplace diversity

We celebrate and value diversity. Diversity brings a variety of perspectives allowing for better decision making, more creativity and innovation, and faster problem solving.

We acknowledge that organisations with diverse workforces tend to enjoy improved staff retention, attracting better staff, high employee engagement and a positive organisational reputation.

Our Reconciliation Action Plan includes proactive targets to employ Aboriginal and Torres Strait Islander peoples.

We achieve gender equality and workforce diversity at Odyssey House Victoria through:

- Positive discrimination recruitment policies
- Access to flexible working arrangements
- Training and awareness programs for managers and staff
- Highlighting diversity and promoting the benefits both internally and to the broader community
- Celebrating significant cultural events and days.

Resident totem artwork at our Therapeutic Community in Lower Plenty.

Our future:
Where we are heading

Maintaining innovation

At Odyssey House Victoria, we recognise that the way support is provided to people who experience problems with alcohol and other drugs will continue to evolve over time.

Policies, priorities, patterns and prevalence of use and associated harms are continually changing. We are committed to being responsive to these changes and to current community needs.

We are also committed to keeping up with the latest data and research to be able to predict and respond to these changes and their impacts as they emerge.

We recognise that changes in the service system, regulations, and funding support also occur, requiring us to continually adjust to be most efficient and maintain our impact. We are committed to being at the forefront of influencing positive and effective changes where we can.

Being courageous

We recognise innovation requires creativity, daring and the capacity to rigorously compile existing knowledge. Our programs and interventions are informed by innovation to meet the needs of our consumers in an ever-changing society and service system.

We understand the importance of developing, adapting and piloting new programs and interventions, to contribute to the evidence-base. We are driven to be accountable in all innovative practice change by measuring outcomes, effectiveness, and any unintended consequences.

OHV may at times develop specific programs for particular cohorts of people to better meet their unique needs and to build our understanding and internal capacity. Examples may include programs for women, programs for people with disabilities, or for those from particular cultural groups. OHV will involve peers from these cohorts, and people with a lived or living experience where ever possible, to design and deliver these programs

We will look for collaborative and partnership opportunities to enhance our capacity to learn and improve, and to disseminate our learnings to the broader alcohol and other drug sector. We aim to collaborate with people from different communities, seeking and sharing our resources and knowledge.

Evidence-based practice and practice-based evidence

We prioritise evidence-based guidance in our work. We actively monitor emerging evidence and synthesise this with our own practice experience and values-driven approaches to provide specialist, effective support to those who need it.

To be innovative and daring, our leaders are committed to engaging in both evidence-based practice and practice-based evidence.

Where evidence gaps exist, we continue to build our capacity to understand how to apply the evidence that is available in other populations or situations. We are committed to contributing to closing those gaps through our own programs of evaluation and shared research.

Our research partnerships with universities are an important part of our commitment to prioritising and creating the evidence. Our joint positions enable us to translate the latest research into our practice and ensure that our practice influences research.

Developing our workforce

We recognise that our workforce is integral to providing high quality treatment services. We build upon the talents, strengths and aspirations of our workforce and provide personal and professional development opportunities. Our staff are our organisational culture and must be supported to provide the excellence in service delivery that the people who use our services expect and deserve.

We know that continuing to develop our workforce will ensure our services attract and retain qualified, capable and robust staff that can deliver the highest quality care. Through continued workforce development, we aim to enable our team to be confident in delivering best practice interventions.

Workforce development includes education and training, workforce planning, professional and career development, supervision and other supports to support worker health and well-being.

Our commitment to workforce development enables us to be responsive to future service challenges, as the nature of drug types, patterns of use, associated harms, the characteristics of alcohol and other drug populations, social policy and service responses change over time. We are committed to understanding multiple morbidities and considering the holistic needs of people and the ways in which different experiences and needs interact.

Our workforce development strategy builds on the recruitment of people who share our values. Recruiting and then developing the right people is critical to our success.

Enhancing our flagship approaches

Working with families

Odyssey House Victoria has a long-standing commitment to working with families. It is a key area of work for us, and we strive to maintain a leadership role in this area.

We understand that relationships, family attachments and community connections are integral in supporting and creating meaningful change, and to sustaining a life free from the problems associated with alcohol and other drug use.

We have a number of programs specifically dedicated to the care and support of children, parents and families in both residential and community based settings.

Responding to family violence

Odyssey House Victoria has played a seminal role in the sector in responding to family violence, and in particular, responding to the needs of children impacted by family violence, for many years.

We intend to continue to improve our responsiveness to this issue across our programs.

We work with other leaders in this space to participate in, and develop new practice initiatives and interventions.

We recognise that multiple perspectives are required to understand and address family violence. Odyssey House Victoria is committed to strengthening relationships and supporting positive changes in family functioning.

Family-inclusive practice has long been a part of our treatment programs. However, we are aware that our staff change over time, and that we must continue to refresh our training to ensure that the knowledge and experience that drove our family-inclusive culture is not lost, and that we maintain an emphasis in this area.

We are committed to reviewing our programs to assess where family-inclusive practices are not as strong as they need to be.

We will capitalise on our existing knowledge, providing training and workforce development opportunities where appropriate, reviewing our policies, procedures and other documents that support practice, and exploring other innovations for energising and embedding this culture at every level of our organisation.

Odyssey House Victoria are also committed to improving the cultural competency of our staff. The overarching framework that supports our services' cultural capability is based on the Aboriginal and Torres Strait Islander Cultural Capability Framework.[4]

Improving accessibility and representation for Aboriginal people

Equity of access to treatment for Aboriginal people is a critical priority area for development.

We recognise that Aboriginal Victorians are more likely to experience harms associated with alcohol and other drug use than non-Aboriginal Victorians.

We understand that this elevated risk is a result of colonisation, marginalisation, racism, intergenerational trauma, and other issues that are part of Australia's history and the history of Aboriginal people.

Odyssey House Victoria is engaged in a range of processes to improve our program accessibility and responsibility to Aboriginal people and to work towards increasing our Aboriginal workforce.

We understand that greater access and representation is not achieved by a single strategy but is an ongoing, evolving and collaborative process.

We acknowledge the significant systemic barriers that inhibit the successful improvement of existing workforce capability and expansion of the Aboriginal workforce.

Victoria's alcohol and other drug workforce strategy,[5] the National Drug Strategy 2010-2015[6] and the Aboriginal and Torres Strait Islander People's Complementary Action Plan 2003-2009[7] guides our practice.

In particular, we are committed to working towards the priority areas identified in the Action Plan:

- Build capacity and capability of alcohol and other drug services and its workforce as part of a cross-sectoral approach
- Increase access to a full range of culturally responsive appropriate prevention programs and interventions aimed at the local needs of individuals, families and communities
- Strengthen partnerships based on respect between communities, including law enforcement and health organisations, at all levels of planning, delivery and evaluation
- Establish meaningful performance measures with effective data systems that support community-led monitoring and evaluation.

We aim to improve staff and service capacity to respond appropriately and effectively to the needs of Aboriginal clients.

Including people who use alcohol and other drugs

Odyssey House Victoria recognises the valuable contribution of employees with a lived experience of problematic alcohol and other drug use, of treatment, and of recovery.

Development of a peer workforce

We support the vision for an inclusive, respected peer workforce outlined in the 2019 Strategy for the Alcohol and Other Drug Peer Workforce in Victoria.[8]

We look to go further than this strategy, however, and strengthen our commitment to expand the contributions of people with a lived experience beyond peer roles, to our broader workforce, across all services.

Participation of people with lived experience

Our commitment is to go beyond integrating a peer workforce and ensure meaningful engagement and participation for people with a lived experience of addiction and recovery in all areas of Odyssey House Victoria's operations.

We recognise that making meaningful contributions to communities is an important part of recovery. We are committed to ensuring that inclusion of people with lived experience is supported and encouraged, as is their well-being and safety. We recognise that we have a role to play in training and supporting people who make this contribution and in the maintenance of respectful and sustainable boundaries.

Recognising the impact of co-occurring disorders

In Australia, the co-occurrence of mental health and alcohol and other drug use disorders is common. Anxiety, depression and personality disorders are the most common presentations in the alcohol and other drug sector.

On average, in alcohol and other drug treatment settings, between 50-76% of people meet the criteria for at least one co-occurring mental health disorder. Together these co-occurring disorders account for 12% of the total disease burden.[9]

We also acknowledge that many other issues co-occur alongside alcohol and other drug use disorders, such as acquired brain injuries and intellectual disability, and we are committed to meeting the holistic needs of each individual, either directly or through supported referrals and co-work with other services.

Co-occurring disorders are associated with increased risks and harms including poorer treatment outcomes, poorer social functioning, more severe alcohol and other drug use and mental health symptoms, poorer health and increased risk of suicide and violent behaviour.

Working with people with co-occurring alcohol and other drug use and mental health disorders has been an expectation at Odyssey House since our inception. We acknowledge, however, that this specialist knowledge is not always part of core training for the alcohol and other drug workforce.

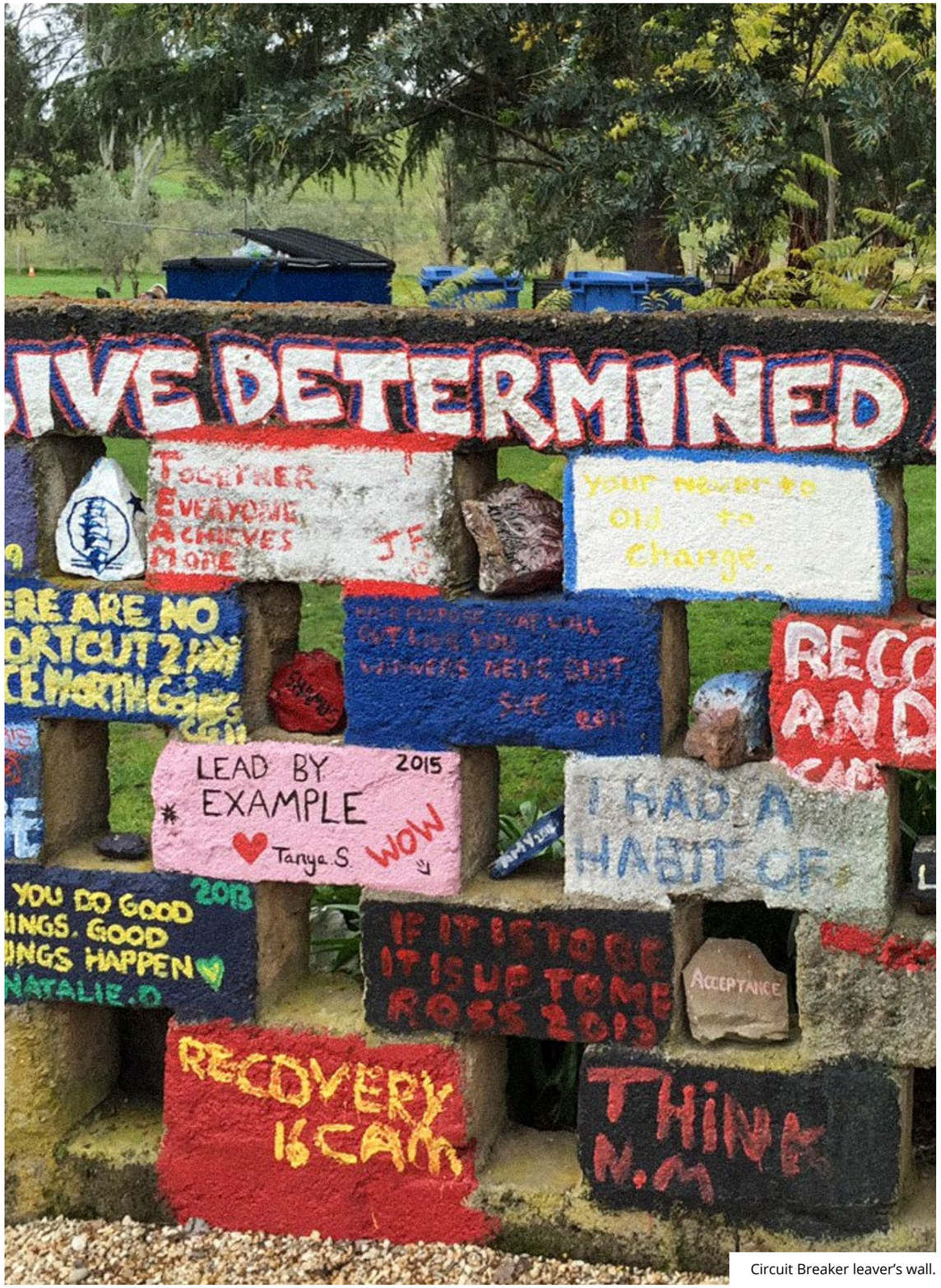
We also recognise that research and training to support improved and new treatment responses for this population group is constantly evolving. We are committed to being responsive to new clinical guidelines as they emerge and to ensuring that our workforce is adequately trained and supported to deliver practice following these guidelines.

Social justice

Power and privilege leading to unconscious bias and oppression is what can stand in the way of success for many Odyssey House Victoria clients.

We have a role to play in identifying and responding to discrimination and inequality connected to race, religion, disability, HIV status, gender, immigration status, homelessness, age education employment and more. We understand that disadvantage can be amplified by interactions between all of these.

We address this by being curious and open, considering unintended consequences of our decisions and by respecting the voices of those who are most affected.[10]



Circuit Breaker leaver's wall.

Appendix:
Summary of evidence-based treatment

This summary paper provides a general overview of the evidence relating to current programs and treatment modalities used at Odyssey House Victoria.

Odyssey House Victoria delivers more than 20 interventions, modalities and practice components across their residential and community-based programs. Some have a strong evidence base, while the evidence for others is limited or only just emerging.

This evidence summary will guide current and new practices, and inform future directions for Odyssey House Victoria's services.

It should be noted that evidence evolves over time, and it often lags behind innovation and best-practice approaches. At Odyssey House Victoria, our practice also evolves, and we also value the learning we have gained from our history, our clinical experience, and the current best-practices approaches used by our peers. We are therefore evidence informed, but our practices are not only limited to current documented evidence.

Approaches to alcohol and other drug treatment

Harm reduction

For many clients, abstinence is not always an immediate goal. Harm reduction approaches take a realistic and practical approach. The focus is to reduce the adverse effects or harms of substance use and reinforce any positive changes a client wants to make.

For example, this may include using clean needles, having safer sex, using opioid maintenance treatment, seeking out other health services, or changing to less harmful routes of administration.

Ceasing use is not a goal of harm reduction, but changes to quantity or frequency of use often occur when a harm reduction approach is taken.

A harm reduction approach is compatible with all psychosocial interventions, even when abstinence is the ultimate goal.[11]

There is very good evidence that harm reduction approaches reduce harm to people who use drugs, and to others in the community.[12]

Psychoeducation

Psychoeducation aims to ensure that an individual has enough knowledge about alcohol and other drugs and associated issues to make informed decisions, as well as providing feedback about their diagnosis or symptoms, the implications, and treatment options.[13]

Psychoeducation is often provided as part of first level treatment or in combination with other treatments.[11, 12, 14] Provision of timely and appropriate health information is a cornerstone of modern alcohol and other drug care.[14]

Psychoeducation is compatible with all types of treatment. It is associated with treatment satisfaction and significantly reduces relapse when added to standard treatment.[14]

Behavioural and cognitive therapies

Behavioural and cognitive therapies are a collection of interventions that include cognitive therapy, mindfulness-based relapse prevention, acceptance and commitment therapy, dialectical behaviour therapy, and coping-skills therapy.

They are based on two theoretical approaches. Cognitive therapy is concerned with understanding how people think about their experience and teaching new ways of thinking. Behavioural therapy is concerned with identifying behavioural responses to situations and teaching new responses. Behavioural and cognitive therapies help an individual to identify thoughts that cause emotional dysregulation and to learn alternative ways of responding.

Mindfulness-based interventions focus primarily on the process of thinking and feeling, rather than on the content of specific thoughts and beliefs. Mindfulness most commonly involves meditation to learn to observe the desire to use alcohol and other drugs as they occur and accept the urges without judgement and without giving in to the cravings.[15]

Cognitive behaviour therapy

When cognitive and behavioural therapies are combined, they are commonly referred to as cognitive behaviour therapy (CBT).

CBT aims to assist individuals in learning new skills to reduce and manage symptoms.[12] It is typically short to medium term (e.g. 6 to 12 weeks duration), and for people who are ready for active treatment.[12] CBT in alcohol and other drug treatment improves psychosocial outcomes, reduces problematic use, and reduces the risk of relapse.[11]

CBT is the most extensively evaluated psychological therapy for alcohol and other drug use problems and has a large body of evidence that shows its effectiveness.[11, 16, 17, 18, 19] CBT is as effective as pharmacotherapy and is well accepted by clients.[13]

Systematic reviews have also shown that behavioural and cognitive therapies are effective for treating people with co-occurring alcohol and other drug use and mental health problems.[16, 19, 20]

Acceptance and commitment therapy

Acceptance and commitment therapy (ACT) combines mindfulness with self-acceptance and encourages developing psychological flexibility. It is effective in the treatment of alcohol use disorders,[15] but fewer studies have evaluated its effects in the treatment of people who use other types of drugs.[21]

A systematic review and meta-analysis comparing ACT with other common treatments for people with alcohol and other drug use disorders found that ACT is at least as effective as the treatment comparisons and is associated with reduced relapse.[22]

Relapse prevention

Relapse prevention is a core intervention for alcohol and other drug services that focuses on changing or reinforcing cognitive, behavioural and lifestyle choices to effectively reduce relapse post-treatment.[11]

A review of more than 24 randomised control trials evaluated the effectiveness of cognitive-behavioural relapse prevention treatment on alcohol and other drug use outcomes among people who use tobacco, alcohol, cocaine, marijuana, and other types of drugs. It found that relapse prevention has the potential to improve outcomes of relapse severity, the durability of effects, and patient treatment.[23]

Dialectical behaviour therapy

Dialectical behaviour therapy (DBT) is a form of CBT[12] developed for the treatment of borderline personality disorder.

DBT draws on CBT and mindfulness to provide treatment components such as group skills training, telephone counselling, behavioural and cognitive modification of problem behaviours, reflection, empathy and acceptance.[11] Individual sessions are combined with group-based skills training sessions over 12 months, with participants also permitted access to a 24-hour crisis telephone line (e.g. threat of self-harm).[11]

There is good evidence that DBT is effective for people with borderline personality disorder and alcohol and other drug problems.[24]

Mindfulness-based relapse prevention

Mindfulness-based relapse prevention (MBRP) is a modification of traditional relapse prevention with practices from mindfulness-based stress reduction and mindfulness-based cognitive therapy, which have previously been used in treatment for depression.[25, 26]

One randomised controlled trial reported that an MBRP program was effective in reducing alcohol and other drug use at 12-month follow-up, compared with treatment as usual and with a standard CBT-based relapse prevention intervention.[27]

Motivational interviewing

Motivational Interviewing (MI) is a counselling style that aims to help a person resolve ambivalence about the use of alcohol and other drugs.[28]

MI is effective in increasing treatment engagement and adherence for people with problematic use.[21] A 2011 Cochrane review found that MI can reduce alcohol and other drug use in people with alcohol and other drug use disorders, compared with no intervention, based on mainly low-quality evidence.[29]

Motivational interviewing is effective for reduction in alcohol consumption in people with co-occurring depressive or anxiety symptoms.[16]

Contingency management

Contingency Management (CM) uses positive reinforcement to reward goal achievement in treatment, most commonly abstinence. Incentives include vouchers exchangeable for goods or privileges and cash rewards for meeting agreed goals.

Studies have consistently shown strong evidence of efficacy across drug types. However, long-term follow-ups are uncommon, and there is some reduction in the treatment benefits at post-treatment follow-up once the contingencies have been removed.[20] NSW practice guidelines recommend trained alcohol and other drug staff combine CM with other psychosocial approach.[11]

There is good evidence to suggest that CM is effective in encouraging clients to adhere to medications to reduce drinking, adhere to opioid substitution programs, to abstain from cocaine, and to improve treatment attendance at alcohol and other drug services.[11] There is evidence that CM is associated with maintaining abstinence,[11] better retention in treatment and reducing use during the treatment.[20] CM can be effective when combined with other treatment options such as CBT[30] and pharmacotherapy.[31] Another review examined the use of CM among adolescents and reported it to be effective for reducing tobacco use.[32]

Several weaknesses with CM may limit its widespread use, including cost, skills, record keeping, long term benefit, and it may not address intrinsic motivation.[31] Once treatment is completed, relapse rates are high, so it is most useful for reaching initial treatment goals.[21]

Solution-focused therapy

In solution-focused therapy, clients are encouraged to focus on solutions, rather than problems, so little time is spent on activities like history taking.[11]

The health professional asks the client questions that encourage them to think about actions and solutions they can take in managing problem behaviours while focusing on the client's strengths, competencies and successes.[11]

There is moderate evidence for the use of solution-focused therapy with people with mental health problems, but there is less research among people in alcohol and other drug treatment.[11] It is as effective as general counselling for people in alcohol and other drug treatment.[33]

Art therapy

Art therapy intends to provide an outlet through creative expression that allows clients to communicate their experiences, thoughts and feelings. Viewing, discussing and interpreting existing art through group discussion is intended to help motivate patients to change by moving away from reflection and into a state of action.[34]

There is very weak evidence on the effectiveness of art therapy as an adjunct to alcohol and other drug treatment.[35, 36]

Pharmacotherapy

Pharmacotherapy is medication-assisted treatment. It involves the use of pharmacological agents, sometimes in conjunction with counselling and other interventions. It is designed to reduce cravings, reduce relapse, and improve quality of life.

Opioid substitution therapy (OST) is the first-line treatment for people who are dependent on opioids. It is an effective maintenance intervention that retains people in treatment and decreases heroin or other opiate use when compared with people not on OST.[37] A 2016 Cochrane review found little to no difference in effectiveness between methadone and buprenorphine.[38]

Nicotine replacement therapies are also very effective, especially when combined with psychosocial interventions.[39, 40]

There is less support in the literature for pharmacological interventions for other drugs. No medication has sufficient evidence for people who are dependent on amphetamines.[41] Pharmacotherapies for alcohol disorders, such as Acamprosate, naltrexone and disulfiram, are moderately effective.[42, 43]

Pharmacotherapy in residential programs

Treatment guidelines for residential alcohol and other drug treatment in Australia recognise the benefits of involving people on pharmacotherapy treatment.[44]

There are three primary models for the integration of pharmacotherapy into residential treatment programs and therapeutic communities:

1. Residential treatment with the use of antagonist pharmacotherapy (e.g. naltrexone) as an aid to abstinence
2. Residential treatment of people on methadone or buprenorphine maintenance treatment, where controlled drug use is the immediate aim, rather than abstinence
3. Residential treatment for people seeking to discontinue or reduce methadone or buprenorphine maintenance.

There are clear guidelines that govern the care required when ceasing pharmacotherapy. There are particular risks for clients with co-occurring mental illness due to the effectiveness of pharmacotherapy in simultaneously reducing symptoms of mental illness.[45]

Modes of delivery

Brief interventions

Brief interventions describe a range of low-intensity approaches that are time-limited, goal-driven and structured to assist clients to change behaviours, reduce alcohol and other drug-related harms and engage in alcohol and other drug treatment if required. Brief interventions are the least intensive approach and describe a suite of possible interventions, including self-help and education, to assist the client to reduce alcohol and other drug-related harms or reduce the quantity or frequency of use.[12] Screening, Brief Intervention and Referral to Treatment (SBIRT) is a typical public health approach to the delivery of services for people needing alcohol and other drug treatment.[46]

Brief interventions can range from 5 minutes of brief advice to 30 minutes of focused and structured discussion.[12] Brief interventions may be delivered across a range of health settings such as general practice, hospital wards, emergency departments, and community.[11]

Intervention types may include informal conversations around alcohol and other drug use and associated risks, telephone services, self-help manuals or booklets provided at screening for an alcohol or other drug use issue or another issue. Also, computer-based questionnaires or screening, and provision of harm reduction information in a primary care setting and motivational interviewing.[12]

These interventions are brief in nature and can therefore be delivered opportunistically in both inpatient and outpatient settings by a range of professionals.[11]

There is a large body of good quality evidence for the effectiveness of brief interventions. They can be effective in a range of primary health care settings[12] and for people with alcohol[47, 48],tobacco[12] and cannabis problems.[12]

Evidence suggests brief interventions are most effective for people with less severe alcohol and other drug problems. However, they can facilitate entry to treatment for those with more severe problems.[49]

The evidence is less clear in other settings and groups of people. There are mixed results from systematic reviews of the effectiveness of brief interventions for reduction of alcohol use among people with co-occurring mental health problems[50] and for alcohol and other drug reduction with patients presenting in emergency departments.[51]

Therapeutic day rehabilitation

Day programs typically provide intensive, structured intervention in a similar style to residential rehabilitation, but clients reside in the community.

Day programs that deliver evidence-based interventions to service clients can reduce alcohol and other drug use as well as improve mental health, social functioning, and employment status.[52]

Residential rehabilitation

Residential rehabilitation programs offer structured therapeutic interventions and activities in an inpatient accommodation setting. They are generally suitable for individuals with moderate to high dependence and medium to high care needs.[53]

Residential rehabilitation programs operate using a range of models or a combination of models. These include cognitive-behavioural and social learning, personal and skill development, therapeutic communities, 12-step and faith-based models.[53]

Therapeutic communities

Therapeutic communities, including Odyssey House Victoria's therapeutic community, apply a social learning approach where residents learn through observing other members of the community and by participating in the programs and activities in this environment.

The operating concepts of the model are that community members all have a participatory role in the community. They learn from one another and staff through feedback, observation, modelling and positive, healthy relationships. Therapeutic communities have their own cultural language and norms which encourage pro-social and pro-change behaviour.

Therapeutic communities have adapted by moving towards evidence-based therapeutic interventions as the foundation of their programs. They take a holistic approach to care and incorporate physical and mental health needs as well as addressing social needs. Therapeutic communities have also adapted to include the needs of special population groups either within a mainstream residential setting or through the development of specialist programs to meet the requirements of a particular cohort such as those with co-occurring disorders.[54, 55]

The Australasian Therapeutic Communities Association (ATCA) in collaboration with its members and organisations has developed the ATCA Standards for Therapeutic Communities and Residential services. Odyssey House Victoria is a founding member and has attained accreditation to these standards.[56]

Overall, studies find that therapeutic communities are effective in reducing alcohol and other drug use, criminal behaviour and mental health, particularly for individuals with the most significant problems in terms of alcohol and other drug dependence and related issues.[57]

However, there is little evidence that therapeutic communities are more effective than other residential treatment for alcohol and other drug use. Neither is one type of therapeutic community superior to another. There is some evidence that prison-based therapeutic communities are more effective than treatment on its own or mental health treatment programs for post-release inmates.[58]

Aftercare programs

Aftercare programs provide support to clients after the primary treatment intervention has ceased and can be provided over the phone or in person.

Pre-planned continuing care appointments, which the client attends regardless of drug and alcohol status, result in significantly lower rates of relapse, crime and unemployment compared to providing this service only upon request.[11]

The guidelines recommend that continuing care should be regarded as part of the overall psychosocial intervention.

Family units at Lower Plenty.

Client-centred case management

The role of case management in treatment in the short term is often to address very practical concerns for the client such as housing, economic, legal or social problems, and adopting a care coordination approach to treatment.[11] Case management provides a central process of coordination to overcome obstacles in service access and is particularly useful for clients with complex needs.[11]

There are several different types of case management including;

- Brokerage case management, which seeks to help clients identify their needs and broker services in one or two contacts;
- Intensive case management, which involves a closer interaction between the case manager and client;
- Assertive community treatment, which provides assertive outreach and direct counselling services;
- Strengths-based case management, which focuses on self-direction; and
- The use of informal networks rather than agency resources[59]

There is evidence suggesting case management is effective for improving mental health outcomes and some emerging evidence that indicates case management improves retention to treatment.[11]

A Cochrane Review on case management of people with alcohol and other drug use disorders examined 15 studies and found that there was no clear reduction in illicit drug use or alcohol with case management compared to usual treatment.[59]

One randomised control trial from the review found that case management for heroin users was superior to psychoeducation and drug counselling in reducing drug use.

The variability of services in the community, the model of case management, how effectively it is applied and its integration in the local network of services, are all factors that make this intervention challenging to review.

Wrap around service delivery

One approach to responding to the complex needs of the client is by providing ancillary or "wrap around" services,[60] which improve access to and retention in alcohol and other drug treatment and address the comprehensive and treatment-specific needs of clients during or after alcohol and other drug treatment.

Specific services may include legal services, food, clothing, money, housing, urgent housing repairs, childcare, education, family services including domestic violence support, medical care, mental health care, transportation, financial counselling and vocational support.[60]

There is little evidence that wrap around services impact on treatment outcomes, but they do appear to improve access to other services.[60, 61]

Family involvement

Family therapy aims to understand how alcohol and other drug use has impacted on relationships within the family, and increase effective communication between family members and the client.[11]

Family members can be engaged in the treatment process, particularly in the context of offering assistance and support or where the additional problems are of a low-moderate nature.[11]

There is limited evidence available for single session family therapy and some evidence for the use of family therapy.

Family therapy that focuses on increasing caring behaviours, increasing joint recreational, non-drug and alcohol-related activities, and enhancing communication on the part of the drug and alcohol client is effective for people with alcohol problems.[11]

There is limited evidence for single session family therapy.[62, 63] It is most effective when participants are in a relatively stable relationship situation with only moderate use.[64]

Mirror Families

Mirror families is a child-centred, early intervention approach designed to address the increasing numbers of children placed in out-of-home care.[65]

Parental alcohol and other drug use features among 50–80% of families involved with child welfare services in Australia.[66]

The approach fosters opportunities to create a 'village' around vulnerable children to improve outcomes for these children and to attempt to prevent problematic multi-generational familial patterns.[67]

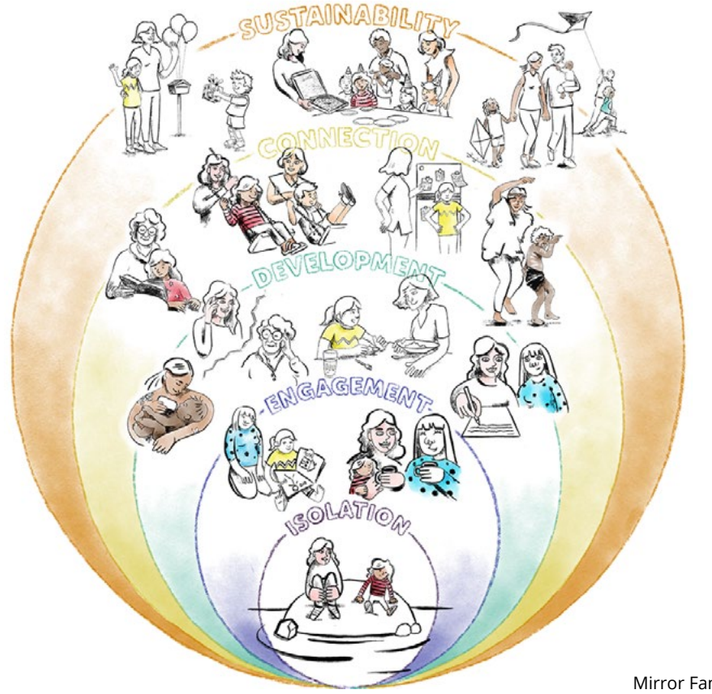
A 'Mirror Family' aims to engage and support families at several levels:

- **'A' family** – the primary home with 'parents', who may be birth family members or alternative carers;
- **'B' family** – the secondary home providing a respite/emergency home for child and family with 'aunties/uncles'. This home has the potential to become the 'A' family if required; and
- **'C' family** – the tertiary home offering babysitting, mentoring, advocacy and educational support from 'grandparents/godparents'.[67]

The overarching intention of the approach is to reduce the likelihood of a breakdown in care arrangements and provide sustainable, nurturing relationships for the children involved. This model can be adapted to respond to a range of family situations but primarily targets children at-risk of or living in out-of-home care and young people aged 18-21 who are no predominantly no longer in the formal care system.[67]

Mirror families is informed by attachment theory and trauma-informed practices. It operates under several state and federal policy frameworks:

- The harm minimisation frameworks that guide the alcohol and other drug sector in Australia that seeks to address the harm from alcohol and other drug use on individuals, their extended family and the wider community.
- The National Framework for Protecting Australia's Children 2010 [68] that guides adult-focused services including alcohol and other drug treatment services to be more effective in recognising and responding to the needs of children and at the state level.
- The best interests' principles in the Children, Youth and Families Act 2005 (Vic).[65]
- There is little formal research looking at outcomes of this approach, but some anecdotal evidence suggests promise.



Mirror Families educational model.

Specific programs

My Kids and Me

The My Kids and Me program was developed by CatholicCare in Sydney and Wollongong. It is a seven-week course to meet the unique needs of parents whose children have been removed and placed in out-of-home care. It creates a context for improved well-being for participants, improved confidence in parenting and provides a supportive group environment for these parents to process their distress in a way that other parenting courses, targeted at parents with children in their care, cannot achieve.[69]

There is one small evaluation of the program involving 38 participants.[69] There was an increase in parenting knowledge, confidence, attitudes and demonstrated improved social relationships.

Parents Under Pressure

There is growing interest in the provision of parenting support to parents who use alcohol and other drugs.[70] Parents Under Pressure (PUP) was designed to improve child behaviour, decrease parental stress and improve family functioning in methadone-maintained families by targeting affect regulation, mood, views of self as a parent, drug use and parenting skills.[71]

There is good evidence that an intense parenting program can significantly reduce the risk of child abuse among parents engaged in alcohol and other drug treatment.

Several randomised controlled trials have shown PUP improves parenting, reduces child abuse and is cost-effective.[70] The effect on alcohol and other drug use is still unclear.

Family Violence Multi-Agency Risk Assessment and Management Framework

Substance use is a significant risk factor for family violence. The common risk assessment framework (CRAF), now known as the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM),[72] is a framework to identify, assess and manage family violence risk. CRAF was developed in 2007 in consultation with over 500 stakeholders.[73] Twenty-six risk factors are set out under three headings: victim, perpetrator and relationship. They include sixteen highlighted factors that identify an increased risk of 'the victim being killed or almost killed'.

There is no research to indicate whether MARAM or CRAF is effective in increasing referrals to alcohol and other drug services.

Other considerations

Aboriginal and Torres Strait Islander people

In Australia, Aboriginal and Torres Strait Islander people face a range of additional psychosocial issues associated with high levels of problematic alcohol and other drug use. These include increased risk of exposure to violence, risk of depression, anxiety, high rates of suicidality, increased risks of poor nutrition and other medical complications.[11] In treating a client of Aboriginal or Torres Straits Islander descent, these additional issues should be considered.[11]

Culturally specific adaptations of evidence-based treatment that integrates traditional values, spirituality and activities are more effective than mainstream services for Aboriginal and Torres Strait Islander peoples.[74] Services must work to provide cultural competency, safety and security in all programs in ways that respect the central importance of culture and identity.[74]

Family and community involvement are important in the lives of Aboriginal and Torres Strait Islander people. Involving family and community members can be a prerequisite for ensuring the best outcomes for an individual. Families and communities may also need assistance in their own right in responding to those with an alcohol or other drug problem.[74]

The idea of Aboriginal and Torres Strait Islander ownership of solutions is essential for services to recognise. The right to self-determination and to develop their own goals and pathways to these goals is key. This right extends beyond the individual and acknowledges this ownership being community-focused and led.[74]

Integrated services and partnerships are fundamental in ensuring Aboriginal and Torres Strait Islander people with complex presentations and multiple needs can access the services and supports they need. Partnerships between these services as well as with Aboriginal and Torres Strait Islander alcohol and other drug workers assist in removing barriers to accessing the range of services required for improving the health and social and emotional well-being of Aboriginal and Torres Strait Islander people.[74]

NSW Health Practice guidelines recommend the following when working with Aboriginal and Torres Strait Islander clients:[11]

- be proactive in establishing relationships with Aboriginal/Torres Strait Islander services
- be proactive in engaging with the local community, rather than waiting for them to access the drug and alcohol service
- understand that treatment should occur in the context of the community
- community views of health professionals will likely be judged according to the community's experience with an individual drug and alcohol professional,work with the local language for alcohol/other drugs
- avoid using technical or medical jargon
- reinforce key treatment messages with suitable documentation
- understand that relationships (including therapeutic relationships) will take time to develop and that this is often a necessary precursor to engaging in treatment and learning culturally appropriate ways of interacting with clients.

Culturally responsive treatment

Alcohol and other drug services work with people from diverse cultural backgrounds. People of different racial, ethnic, and cultural backgrounds vary in risk factors, patterns, rates, and consequences of alcohol and other drug use. They may also vary in how they respond to alcohol and other drug treatment.[75]

There is strong evidence for the use of culturally responsive approaches for alcohol and other drug treatment. A systematic review and meta-analysis synthesised findings from studies examining culturally sensitive alcohol and other drug treatment for racial/ethnic minority youth.[75] The meta-analysis compared seven culturally sensitive treatment conditions to seven alternative conditions on samples composed of at least 90% racial/ethnic minority youth. The results indicated that culturally sensitive treatments were associated with significantly larger reductions in post-treatment alcohol and other drug use levels relative to their comparison conditions.

A 2004 report, Indigenous Drug and Alcohol Projects, identified 277 intervention projects for alcohol and other drug treatment.[76] Five projects were selected as exemplifying best practice. Key themes were identified; however, it was acknowledged the unique history and context of a particular service makes it unfeasible to determine a best practice national practice. All projects included:

1. Sound structures of management and governance
2. The ability to attract and maintain quality staff
3. Good collaboration with other agencies
4. The presence of a committed and skilful manager or leader, and
5. Adequate and continuing funding.

People from culturally and linguistically diverse backgrounds

Culturally and linguistically diverse communities, particularly newly arrived groups, may be unfamiliar with health services in Australia. It is important that service systems and treatment options are explained and understood as they may function differently to the person's country of origin.

Using trained interpreters is important wherever possible but essential when: discussing personal or sensitive issues; when clients and/or caregivers are distressed; at discharge; when providing referral information; and when working with children and young people. Asking family to interpret can lead to breaches of confidentiality, misunderstandings and reluctance to discuss specific issues.

Services need to be aware of cultural norms and differences. For example, in some cultures, talking about certain subjects with a member of the opposite sex or a younger person might be inappropriate. Organisational cultural training, developing relationships and partnerships with local cultural organisations, and sensitively exploring cultural differences with the service user support this awareness.

Collecting more detailed information on cultural background (such as ancestry, length of time in Australia) better enables your service to plan for the needs of clients, as well as identify service gaps. For clinicians, it helps to more accurately assess the needs of the individual, particularly about mental health and trauma.[74]

Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people

People who identify as LGBTIQ+ experience significantly higher rates of alcohol and other drug and mental health issues than the general community,[77] and they make up approximately 11% of the Australian population.[78] However, many services and organisations report they have very few or no LGBTIQ+ clients. Identification is due to inadequate assessment processes, individuals choosing not to disclose or issues of access for LGBTIQ+ people.

Services need to consider the importance of the experience of gender identity, sexual orientation or intersex status in an individual's life. This will differ according to different people with some people having experienced stigma, exclusion or trauma and others not. For some people, their gender or sexual identity will be central; some may be questioning it, and for others it is less important.

Services need to be aware of these differences and aim to provide safe, aware and non-judgemental environments where LGBTIQ+ people are welcomed and encouraged to seek support. Services can also demonstrate inclusion by being aware of the terminology they use on intake, assessment and other paperwork. For example, asking people to identify as either male or female. Practical measures such as gender-neutral toilets and relevant posters and materials can send the message that gender and sexual diversity is recognised and welcomed.[74]

Consumer participation and feedback is an important way for services to hear directly from this service user group on their experience of service. There are audit tools that organisations can use to assess their current level of LGBTIQ+ inclusive practice that identify strengths and areas for improvement. Gay and Lesbian Health Victoria offer a practice initiative 'The Rainbow Tick' accreditation process. Odyssey House Victoria has already embarked upon this initiative Services that receive The Rainbow Tick will have the opportunity to be listed in a national register of LGBTIQ+ accredited organisations.[74]

Older people

Working with older people in drug and alcohol settings is an emerging area of practice, with an aging population of people who use alcohol and other drugs, and an aging population more generally. There are some specific and different areas of practice that services need to consider when working with this group.

Older people may have additional health needs that are impacted by alcohol and other drug use that may be best met through integrated and collaborative care arrangements with primary care and other health services.

The need to involve family or other support people can improve outcomes for the older person, particularly where they have a carer role. Discussing confidentiality, including what and with whom will be shared, is important in establishing trust and maintain transparency in the relationships between the worker and the older person.

Social challenges can be significant and include changes in networks/social supports, loss of familiar roles, changes in family structure, relocation and mobility issues. These mean older adults are more vulnerable to loneliness and social isolation and subsequent mental health issues. Cognitive impairment may also be an issue for some individuals.

Older adults may be uncomfortable discussing either alcohol and other drug use and psychosocial issues, due to perceived stigma or shame. Social stigma and ageist attitude can disrupt the therapeutic relationship and prevent individuals from disclosing information and ultimately getting the support and care they need.[74]

People with co-occurring disorders

Approximately one-third of people with an alcohol and other drug use disorder have at least one co-occurring mental health disorder. This rate is higher in those who access alcohol and other drug treatment. The numbers who present with mental health symptoms but who do not meet the diagnostic criteria for a mental health disorder is higher again.[79]

Individuals with co-occurring mental health and alcohol and other drug use disorders are more likely to experience a range of social, medical and relational issues.

Best practice in co-occurring disorders is a holistic approach to care that treats the person and not the illness. Many people with mental health problems can be effectively supported within alcohol and other drug services, particularly those with high prevalence disorders such as depression and anxiety disorders, and relatively stable low prevalence disorders like schizophrenia.

A smaller number will require specialist mental health care which requires alcohol and other drug treatment providers to engage with a range of other services.

There are several models of care for responding to co-occurring disorders in alcohol and other drug treatment settings: sequential treatment, parallel treatment, integrated treatment and stepped care. The evidence indicates that no one model is superior.

Screening, assessment and case formulation are fundamental pre-requisites in identifying co-occurring disorders and help define the emphasis for treatment, based on the primary presenting or problematic issues. It also informs workers about medications that the individual may be using and the possible interactions with alcohol and other drug use. It further enables risk assessment to occur.

Many evidence-based psychological approaches to co-occurring disorders commonly used in alcohol and other drug treatment settings are also effective for responding to co-occurring disorders, including CBT, motivational interviewing, relapse prevention, dialectical behavioural therapy, mindfulness, contingency management and group therapy.

For services, evidence suggests holistic care will improve treatment outcomes. A comprehensive and cohesive approach prolongs client retention, increases treatment satisfaction, improves quality of life, and increases the use of community-based services.[79]

People who use or experience family violence

Victoria's Royal Commission into Family Violence in 2015[5] led to the establishment of Family Safety Victoria in July 2017 to drive key elements of Victoria's family violence strategy and coordinate support for families to help them care for children and young people. Developed by Family Safety Victoria, the Responding to Family Violence Capability Framework (Capability Framework) provides the foundational skill-set required by workers in a broad range of services, including alcohol and other drug services, to respond to all forms of family violence.[80]

There is a significant relationship between alcohol and other drug use and family violence. It is likely that the prevalence of people experiencing or using family violence in alcohol and other drug treatment settings is high. The Royal Commission heard that between 50% and 90% of women accessing service had experienced family violence.[5] International research reveals up to three-quarters of men in alcohol and other drug services have used emotional, physical or sexual violence towards their partner with 40% using sexual or physical violence against their partner in the past twelve months.[62]

The evidence for working with family violence in alcohol and other drug treatment settings is an emerging space. In 2017 the Alcohol, Tobacco and Other Drugs Association (ATODA) ACT developed a practice guide outlining current knowledge regarding best practice. These recommendations are based on available knowledge and clinical expertise provided by an expert panel with representatives from the family violence and alcohol and other drug sectors, amongst others.[62]

On a service level, coordinated, integrated, and collaborative care approaches are recommended. Clinical processes include screening, safety planning and assessment. The interventions suggested depend largely upon organisational and worker capacity and capability.[62]

Although there is a range of potential interventions for service clients experiencing or using family violence, the evidence is limited. However, alcohol and other drug treatment alone may reduce the severity and frequency of family violence. Integrated treatment of mental health (particularly post-traumatic stress disorder symptoms and depression), alcohol and other drug use and family violence assists women who have experienced violence.[62]

People who have experienced trauma

Around 80% of people in alcohol and other drug treatment services have experienced trauma.[63] The two main trauma-related disorders are post-traumatic stress disorder and acute stress disorder. Many individuals who attend alcohol and other drug services may display symptoms of trauma but do not have a formal diagnosis. Alcohol and other drug problems are associated with the development of post-traumatic stress disorder (PTSD) symptoms as individuals attempt to self-medicate their symptoms. Ceasing alcohol and other drug use can exacerbate symptoms.[79]

Brief psychoeducation about how trauma can affect people and normalising trauma-responses has some benefit to people who use alcohol and other drug services. As the relationship between trauma and alcohol and other drug use are fundamentally related, an integrated treatment response is recommended.[81]

Exposure therapy is the most effective in responding to people with PTSD. It does not increase alcohol and other drug use.[79] Several promising interventions that provide an integrated treatment response to the co-occurring conditions have shown promise. The integrated exposure-based therapy, COPE, leads to greater PTSD symptoms and alcohol and other drug use reduction than alcohol and other drug use treatment alone.[79] There is limited evidence for present-focused therapies, such as the use of CBT with this client group.[79]

Pharmacotherapy interventions, especially selective serotonin re-uptake inhibitors (SSRIs), have been proven to yield positive results where psychological interventions have been insufficient. They are most effective when provided alongside alcohol and other drug focused interventions.[79] E-health interventions, yoga and physical exercise appear to show some benefit, but further research is required to determine their efficacy.[79]

Trauma affects not just individuals but whole families and communities, including children. Multi-generational patterns of behaviour and Aboriginal communities are examples of this. Taking a family-inclusive, culturally-aware approach to trauma can be beneficial. Normalising conflict in families, over-protectiveness and family fragmentation within a trauma framework can be useful.[63]

Meaningful work/community contribution/participation

Meaningful and purposeful engagement in work or community is integral to well-being. In addition to reducing problems associated with alcohol and other drug use, the goal of treatment is to return people to productive functioning in the family, workplace, and community.[82] Significant savings to the individual and society also stem from greater workplace productivity. The behaviours that result from alcohol and other drug use can interfere with a person's normal functioning in the family, the workplace, and the broader community.[82] Conversely, psychological stress from work can trigger cravings and have a negative impact on treatment.[82]

Employee Assistance Programs (EAPs) offer short-term counselling and/or assistance in linking employees with alcohol and other drug use problems to local treatment services. Therapeutic employment for people who remain abstinent from alcohol and other drugs "have been shown not only to promote a continued drug-free lifestyle but also to improve job skills, punctuality, and other behaviours necessary for active employment throughout life. Urine testing facilities, trained personnel, and workplace monitors are needed to implement this type of treatment" (p. 18).[82]

A services impact study examined the association of ten wrap-around services, including educational services to Alcoholics Anonymous or Narcotics Anonymous.[60] Receipt of educational services was associated with significantly greater involvement with Alcoholics Anonymous or Narcotics Anonymous.[60]

People with disabilities

Whilst little has been done to identify the needs of people with disabilities in alcohol and other drug treatment, research in the USA suggests that people with disabilities are 2-4 times more likely to suffer substance abuse than mainstream American society.[83]

In Australia, the Shut Out report found that many Australians with disabilities are still experiencing systemic disadvantage, and together with their families, friends and carers, are reporting daily instances of being segregated, excluded, marginalised and ignored.[84]

Peer involvement

Peer networks and peer education are commonly used in alcohol and other drug treatment, typically as a form of harm reduction. Peer education involves "trained individuals providing drug-related harm reduction and health promotion information to people with whom they have shared characteristics and experiences. Peer educators are past or current people who use or have used alcohol and other drugs, who provide targeted information relevant to the needs of a specific group, such as young people at nightclubs, festivals or parties or people who inject drugs. The aim is to actively share harm reduction information, as well as promote a culture within the drug-using community that promotes healthier behaviours" (p. 15).[12]

Peer-delivered health and drug education messages aimed at ecstasy users at music festivals, dance events and nightclubs contribute to greater awareness of harm reduction information and reductions in the use of amphetamine-type stimulants at follow-up.[12] HIV related to peer education increases HIV knowledge and reduce equipment sharing among people who inject drugs.[12] Peer education provided as an outreach service can deliver important harm reduction messages for hard to reach alcohol and other drug users and young people who may have limited contact with mainstream health and specialist alcohol and drug treatment services.[12]

A 2015 randomised control trial study conducted with adolescents who had moderate substance use issues, using motivational interviewing and a discussion about peer networks, found that this single 20 minute intervention could reduce alcohol use and offers to use alcohol at 6 months follow up, especially among boys. It also showed that the intervention was most effective in reducing cannabis use for participants who had greater levels of peer social support. The intervention was more effective in reducing marijuana use, vs. control, for participants with more peer social support.[85] A non-randomised controlled trial examining treatment for youth with social anxiety disorder and alcohol and other drug use reported that peer-helping was associated with reduced risk of relapse and incarceration in the six months post-treatment.[86]

Other treatment considerations

The following are important considerations for certain types of service delivery and interventions. Even interventions that are known to be effective in responding to alcohol and other drug use issues may need specialist training or may not be appropriate for specific population groups.[60]

- Treatment effectiveness is as much about how the intervention is delivered as it is about what is delivered. Considerations such as individual worker capacity, skill, training, adherence to treatment specification and therapeutic alliance are all important. Characteristics of the worker account for around 10-50% of outcome variance in the effectiveness of treatment.[64]
- Interventions are only effective if delivered with fidelity and by a competent practitioner.[64]
- Brief therapeutic interventions for couples (conjoint marital therapy) is most appropriate for mild to moderate dependence and a relatively stable relationship. [87]
- All direct family work requires training and competency in the intervention being delivered.[88, 89]
- Cue-exposure therapy shows good outcomes when incorporated into existing CBT-based practice, but there is currently insufficient evidence to support this type of intervention as a stand-alone treatment.[64]
- Client-centred therapy is effective but less so than specific structured treatment delivered by a competent worker following best practice.[64]
- The evidence for 12-step programs is very limited. They are not appropriate for participants who do not subscribe to the underlying philosophy or do not have abstinence as a goal. Drop out rates are high, and effectiveness rates are estimated to be between 8 and 11%. Where there is evidence for improved outcomes, it may be attributed to the more generic social engagement and acts of service components.[90, 91]
- There are inherent contradictions in the notion of 'recovery' which is closely tied to the disease model of dependence and translated from the more medicalised mental health sector. We increasingly recognise that alcohol and other drug use problems are interrelated with a range of other individual, social and systemic issues, but 'recovery' focuses on changing the identity of the person who uses alcohol and other drugs.[92]

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"Rainbow Serpent" by resident Sarah, 2020.

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