

Forensic AOD Treatment Types and Eligibility

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Treatment types	Treatment description	Treatment eligibility*	Comments
Residential Rehabilitation	<p>Residential rehabilitation provides 24 hour staffed residential treatment program for an average of four months</p> <p>Residential rehabilitation provides a range of intensive interventions, aiming to help people overcome psychological dependence on alcohol and other drug (AOD) substances, ensuring lasting change and assist reintegration into community living</p> <p>Residential rehabilitation is provided from a community-based setting (house(s) in a residential area).</p>	<ul style="list-style-type: none"> Client must be assessed as having a substance dependence Client must not be violent/ aggressive, have arson or sex offences, or current unstable mental health Client must be ready to change/engage in long-term intensive group therapy Client must be able to leave or afford accommodation for an extended period Client must be withdrawn from AOD substances. Client must consent. 	<p>Referring to residential rehabilitation involves being aware that:</p> <ul style="list-style-type: none"> Waiting lists can be lengthy Most clients will not be able to enter residential rehabilitation direct from custody Many don't accept clients on certain medications or levels of pharmacotherapy Clients are entitled to leave the facility anytime, leaving can place them at higher risk of relapse and/or re-entering the criminal justice system.
Residential Withdrawal (Detox)	<p>Residential withdrawal (detox) provide AOD withdrawal through community residential AOD withdrawal service or through hospital based treatment</p> <p>Residential withdrawal is provided to clients in a suburban setting located close to a public hospital</p> <p>The treatment emphasis is helping a client overcome their physical dependence to AOD substances during a short length of stay, averaging 7-10 days.</p> <p>Residential withdrawal treatment should not be a stand-alone treatment. Rather, it is one step towards commencing sustained behaviour change. Post-withdrawal treatment such as counselling, residential rehabilitation and maintenance pharmacotherapy can support longer-term behavioural change.</p>	<ul style="list-style-type: none"> Client must be assessed as having a substance dependence Client must not be violent/aggressive, have arson or sex offences, or current unstable mental health Client must have experienced, or is at risk of, medical complications with associated AOD withdrawal Client must have a home environment unsuitable for withdrawing Client must consent and be ready to change/withdraw Client must have a post-release support plan 	<p>Referring to residential withdrawal involves being aware that:</p> <ul style="list-style-type: none"> Waiting lists are 1-3 weeks Some agencies won't allow cigarette smoking or certain medications Clients are entitled to leave the facility at anytime; leaving can place them at higher risk of relapse and/or re-entering the criminal justice system.
Non-Residential Withdrawal	<p>Non-residential withdrawal provides AOD withdrawal to clients in their home</p> <p>Non-Residential withdrawal involves a nurse attending the clients' home on a regular basis and supervising the client in their home.</p> <p>Non-residential withdrawal treatment should not be a stand-alone treatment. Rather, it is one step towards commencing sustained behaviour change. Post-withdrawal treatment such as counselling, residential rehabilitation and maintenance pharmacotherapy can support longer-term behavioural change.</p>	<ul style="list-style-type: none"> Client must have a safe and appropriate home environment with adequate peer/family support Client must not have a history of, or be at risk of medical complications when withdrawing. 	
Youth Outreach	<p>An outreach service provides assessment, support and on-going case coordination to young people with alcohol and other drug problems, in their own environment. The service also supports generalist agencies that work with young people, through information, education and training.</p>	<p>Clients must be aged between 12 and 25.</p>	<p>Referring to youth outreach involves being aware that: On average, 7 sessions but this can be extended</p>

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Non-Residential Rehabilitation	<p>Non-residential rehabilitation provides intensive AOD treatment programs, similar to residential rehabilitation, but allowing the client to stay at home over night.</p> <p>Non-residential rehabilitation involve intensive group therapy and individualised wellbeing and recovery programs to support long lasting change.</p>	<ul style="list-style-type: none"> Client must abstain from AOD use during the program Client must have stable accommodation, mental health, cognitive functioning and adequate literacy to engage Client must be ready and willing to engage in a behaviour change program. 	<p>Referring to non-residential rehabilitation involves being aware that:</p> <p>Regen operate Torque and Catalyst programs that offer 10-12 week programs with daily schedules for client engagement.</p>
Counselling	<p>Counselling is usually talk-based therapy aimed at helping clients understand the underlying causes of AOD abuse</p> <p>Counselling increases motivation to change and identifies harm minimisation strategies and/or relapse prevention plans</p> <p>Counselling involves health promotion, education, service linkage coordination and general advocacy</p> <p>Counselling ranges from 4-15 sessions depending on client needs.</p>	<ul style="list-style-type: none"> Client must have stable mental health Client must be assessed as having substance dependence, or a particular need for face to face counselling services. 	<p>Referring to counselling involves being aware that:</p> <p>Specialised forensic AOD counselling is also available for high risk forensic clients through the HIROADS program at Caraniche for sentenced offenders only.</p>
Private Rehabilitation Facilities	<p>Private rehabilitation facilities are non-government funded, for-profit or not-for-profit organisations providing AOD treatment</p>	<p>Eligibility into non-government funded residential rehabilitation is at the discretion of individual facilities.</p>	<p>Referring to private rehabilitation facilities involves being aware that:</p> <p>As these facilities are not government funded, they are not regulated by any government agency. Whilst some private providers deliver quality services, some have had numerous complaints made regarding the quality of their services and caution should taken before referring to them.</p>
Koori Community AOD Worker	<p>The Koori Community AOD Worker works with clients to undertake a number of development activities based on a harm minimisation approach. The Koori Community AOD Worker provides health promotion, information, education activities, development and maintenance of community linkages, referrals, counselling interventions, advice to generalist services, liaison with relevant programs, and advocacy on behalf of the client.</p>	<ul style="list-style-type: none"> Client must identify as Aboriginal and/or Torres Strait Islander (ATSI) Client must have requested an ATSI specific service 	<p>Referring to Koori Community AOD Worker involves being aware that:</p> <p>On average, 7 sessions but this can be extended</p>
Care and Recovery Co-ordination	<p>Care and Recovery Co-ordination is a new counselling stream comprising counselling, rural outreach workers, supported accommodation and family counselling. It is designed to provide clients with more complex needs a care co-ordinator. This co-ordinator can provide counselling and arrange entry to residential services.</p>	<ul style="list-style-type: none"> Client must present with behaviours and/or conditions that place the individual at high risk to self, to staff and/or the community. Client must be assessed as requiring a long term supportive service response and require residential treatment 	<p>Referring to a Care and Recovery Co-ordinator involves being aware that:</p> <p>A course of treatment is on average 15 hours.</p>