

Merchant's Quay Project Residential Programmes

A Report by the Research Office

Gemma Cox

Marie Lawless

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This report has been prepared under the auspices of and with the support and cooperation of the following:

Project Director

Tony Geoghegan

Research and Development Office

Gabriel Kinahan	Assistant Director
Dermot Kavanagh	Research and Development Manager
Gemma Cox	Research Officer
Marie Lawless	Researcher

Residential Assessment Officer

Miriam Kane

Residential Team (High Park)

All the staff and clients including;

John Crimmons	Facility Leader
Peter Kelly	Project Worker
Rosaleen O'Reilly	Project Worker
John Querney	Project Worker
Margaret Fitzsimmons	Project Worker

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Executive Summary

The purpose of this Research Report was to evaluate the High Park residential facility as it is now three years in operation. In addition the research will serve to inform and design the pilot phase of a second evaluation of interim (short term) outcomes (and outputs) of the programme. The report shows that;

▲ 96 Clients started the Merchant's Quay Residential Programme in the Years 1997-1998 and 26 completed the Programme.

53% of clients who entered Phase One completed it successfully ($n=96$)

56% of clients who entered Phase two completed it successfully ($n=51$)

90% of clients who entered Phase Three completed it successfully ($n=29$)

IN TOTAL

▲ 30% of clients completed Phase Two ($n=29$)

▲ 27% of clients completed Phase Three ($n=26$) and graduated.

"High Park is a great programme and worker's are all very helpful and caring and I feel like I really belong here because of the closeness"

A Client

THE MERCHANT'S QUAY PROJECT

Residential Treatment Programme

The Merchant's Quay Project provides residential services to help people to become drug free at a Residential Treatment Facility in Drumcondra and at a special "Re-entry House" in North Co. Dublin.

Background

The Merchant's Quay Project was established in 1989 in response to the increasing number of drug users seeking help in Dublin. The aim of the Merchant's Quay Project is to prevent the spread of HIV through drug use and related behaviour and to provide non-judgmental care and support to drug users and their families. The Project started on a very small scale, working from one room in the Franciscan Friary on Merchant's Quay and was staffed mainly by voluntary workers. As the demand for the service increased the Project also expanded. Within a few short years the Project had developed a broad spectrum of services for its clients ranging from health promotion and crisis intervention work to stabilisation programmes and a counselling service.

The background to this expansion was the multiple gaps in service provision and the lack of accessibility to the existing services, in Dublin in the early 1990's. One of the main sources of frustration for workers in the Project at that time was the difficulty in accessing residential drug free treatment for clients. Despite the fact that there were an estimated 10,000 drug users in Dublin, there were no more than 100 residential beds available in the entire city and sixty five of these were drug free placements. That is the criteria for entry is that the client be drug free on admission. The remaining 35 beds were the only available in-patient detoxification placements. Given the limited detox facilities, access to drug free treatment proved very difficult for many drug users. The Merchant's Quay Project identified the need for a service which offered a supportive environment for detoxification incorporated within a residential drug programme. This was supported by international research which illustrated that supervised residential detoxification is more effective in terms of completion rates than community based detoxification programmes (Mattick and Hall, 1996; Gossop *et al*, 1986).

It was in this context that the management of the Project first decided to establish a residential treatment centre. The Project had the good fortune to be allowed to rent premises at High Park, Drumcondra from the Sisters of Our Lady of Charity. Having acquired the premises and some start up finance the Merchant's Quay Project commenced operating at High Park in December 1995. The first clients were admitted in January 1996. The Residential Programme in Merchant's Quay Project is unique in that it is the only non hospital based service that incorporates a detoxification element into a drug free Therapeutic Community Programme. Merchant's Quay felt this was extremely important as the limited availability of and access to detox beds was a determining factor in preventing drug users accessing residential drug free treatment.

Description of Residential Programme

The Residential Programme in High Park is based on the Democratic Therapeutic Community Model. In this model clients are encouraged to take individual responsibility and become involved in both their own and the other residents treatment. Full resident participation with a strong emphasis on honesty and responsibility helps to create a powerful learning environment that is the core of the therapeutic community.

The programme offers individual care plans which incorporate individual counselling, group therapy, educational groups and recreational activities. Residents take full responsibility for the upkeep and maintenance of the facility and this work is seen as integral to the therapeutic process. Appropriate boundary setting, structure, communal support and resident involvement in the operation of the facility are also important elements in the treatment programme. The programme caters for up to 12 residents and as such there is a strong community atmosphere and the dynamics of this environment are important variables in the process of change. While the community is a supportive one it also acts as a powerful agent for change and positive peer pressure is a significant ingredient of clients support for one another.

Aim of Service

The ultimate aim of the programme is to facilitate the clients to gain greater control of their own lives and to move towards the achievement of their goals for development. Thus the High Park Programme strives to provide;

- ✚ a safe and supportive environment to encourage successful progression from detoxification into longer term treatment;
- ✚ strategies necessary for individuals to make positive changes in their behaviour and;
- ✚ the knowledge and skills necessary to maintain these changes.

Referral Procedure

The Residential Programme accepts referrals from all services and has a designated Assessment Referral Officer to deal with these. In addition the Assessment Referral Officer visits Cuan Dara, Mountjoy and other agencies to inform and update prospective clients of our services. In assessing clients suitability for the High Park Programme the Assessment Referral Officer seeks to ascertain whether prospective clients have;

- ✚ a good understanding of the Residential treatment process;
- ✚ a willingness to participate in the programme and;
- ✚ the ability to be drug free or to safely detox completely by the end of the first phase of the programme (in three weeks).

It is worth noting that the clients who enter High Park only represent a small proportion of all those who are referred to the Residential Assessment Officer. In 1997 a total of 226 clients were referred (from various sources) to the Residential Assessment Officer, 42% of whom were thereafter admitted into High Park. The remaining clients were referred on to other more suitable day or residential services, such as Coolemine or Soilse.

Programme Phases

The High Park Programme is divided into three different phases.

- **The First Phase:** Introduction to the House (3 weeks): This is basically an orientation phase during which residents familiarise themselves with the programme and start to identify the issues they need to work on. Emphasis is given to assisting the new clients to adjust to the routine and daily structure of the house. Most clients are detoxifying from opiates and are supported in going through withdrawals by means of relaxation techniques, massage, exercise and natural remedies. Clients are introduced to therapeutic groups, and are encouraged to begin participation. All clients must be completely drug free by the end of week three.

- **The Second Phase** (5 weeks): This covers weeks four to nine and is the most intensive period of the programme. Here clients work towards identifying the issues which underpin their drug related problems and begin to address their counter productive behaviour patterns. Clients are expected to participate fully in therapeutic groups. Emphasis is also placed on cognitive skills learning whereby clients build positive personal and social skills which will aid them in dealing with past and ongoing problems.

- **The Third Phase:** Moving On (4 weeks): This final phase is centered around developing realistic relapse prevention strategies. The goal is to teach individuals how to anticipate and cope with situations that may lead to relapse. The central factors are identifying high-risk situations, the rehearsal of coping strategies and making changes in lifestyle. In this phase clients basically prepare for moving on and included is a 24hr out period as part of this role rehearsal process.

Daily Structure

When not engaging in group or individual therapy a wide range of occupational activities are available, covering both day and evening schedules. An emphasis is placed on physical activities such as daily house maintenance, gardening and gym training as well as on clients creative and intellectual needs (such as computer training workshop and an arts and crafts workshop). **Table 1** illustrates the daily structure of the Residential Programme from a Monday to Friday, and the options available to clients, depending on the particular day and on what phase of the programme they are in.

Table 1 Day Structure of High Park

<p><i>Day</i> 10.15- 1.00 2.00- 3.00 3.00- 5.00 <i>Evening</i> 8.15- 9.30</p>	<p>Monday 🏠 House Group 🏠 Reality Therapy/One-to-One 🏠 Drama Workshop 🏠 RelapsePrevention Workshop</p>
<p><i>Day</i> 10.00-11.30 12.00- 1.00 2.00- 3.00 3.00- 5.00 <i>Evening</i> 8.30-10.30</p>	<p>Tuesday 🏠 Phase 1,2,and 3 Groups 🏠 Women/Men’s Groups 🏠 Client Sharing 🏠 Music Workshop 🏠 Computers Workshop</p>
<p><i>Day</i> 10.00-10.30 10.45- 4.00 <i>Evening</i> 6.00-8.00</p>	<p>Wednesday 🏠 Team Meeting 🏠 Work Day 🏠 Gym Training</p>
<p><i>Day</i> 10.15-11.45 12.00- 1.00 2.00- 3.00 3.15- 4.45 5.00- 5.30 <i>Evening</i> 8.30- 9.30</p>	<p>Thursday 🏠 Self-esteem 🏠 Self-esteem 🏠 Reality Therapy 🏠 Rhythm Workshop 🏠 Relaxation 🏠 Assertiveness Training</p>
<p><i>Day</i> 10.15-11.45 12.00- 1.00 2.00- 3.30 3.45- 4.45 <i>Evening</i> 6.00-8.00</p>	<p>Friday 🏠 Phase 1,2 and 3 Groups 🏠 Relapse Prevention Group 🏠 Arts and Craft 🏠 Budget Skills Workshop 🏠 Gym Training</p>

The context of the Residential Programme is a group based programme with a strong emphasis on:

- 🏠 Personal Counselling;
- 🏠 Therapeutic Activities;
- 🏠 Promoting Healthy Living;
- 🏠 Vocational Skills Training and;
- 🏠 Basic Adult Education.

Within each phase emphasis is placed on the following:

Phase One: Areas covered to aid clients adjustment to the social setting include:

- 🏠 Communal Living Skills;
- 🏠 Individual Care Plans;
- 🏠 Communication Skills;

- ♣ **Life Skills and;**
- ♣ **Interpersonal Relationship Skills.**

Phase Two: While concentrating on the nature and causes of their drug using behaviour clients receive training in the following:

- ♣ **Decision Making;**
- ♣ **Gym Training;**
- ♣ **Cognitive Skills Training;**
- ♣ **Dealing with negative emotions in a healthy way and;**
- ♣ **Taking responsibility for upkeep of house (catering, gardening, house maintenance).**

Phase Three: In addition to the mandatory activities of the daily structure, this phase aims to prepare clients to leave the programme, and covers the following areas:

- ♣ **Relapse Prevention;**
- ♣ **Coping Skills;**
- ♣ **Strategy Planning;**
- ♣ **Goal Setting;**
- ♣ **Social and Leisure Planning and;**
- ♣ **Further Development of Communication Skills.**

The Residential Team

At present the High Park Team consists of a Facility Leader, five full time drug workers, eleven part time voluntary workers and FAS supported Trainees. Day and night shifts as well as week-end cover are mandatory for all team members. The supervision structure involves a mix of individual and group supervision. There are a total of four supervisors who supervise the team. The supervisors and the Facility Leader have group supervision once a week.

The Re-Entry Programme

The second aspect of the Residential Treatment Service is the Re-entry Programme which is based in Swords. The Merchant's Quay Project rents a four bedroom house in Swords Co. Dublin. This property is used as the base for the Re-entry Programme. As the name implies the Re-entry Programme is a structured programme aimed at helping persons who have completed the High Park Therapeutic Programme to "re-enter" society. Funding in 1997 come primarily from the Projects own fundraising.

After successfully completing the 12 week programme in High Park, clients are referred on to this programme which is aimed at facilitating clients re-entry into society, through the provision of help with resettlement, accommodation, training and educational needs. The care plan here is based on a 4 week stay, catering for up to 4 residents at a time. The emphasis of the care plan is on independent living skills with minimum staff supervision. Relapse prevention, access to education or employment opportunities and individual specific needs are addressed. At present there is one full time worker and one part time worker responsible for the programme.

Statistics 1997

Stay Completed	No. of Service Users
4 weeks	15
3 weeks	2
2 weeks	1
1 Week	0

As can be seen from the above 83% of those undertaking the Re-entry Programme stay for the full four weeks.

Profile of Clients : One Year in High Park

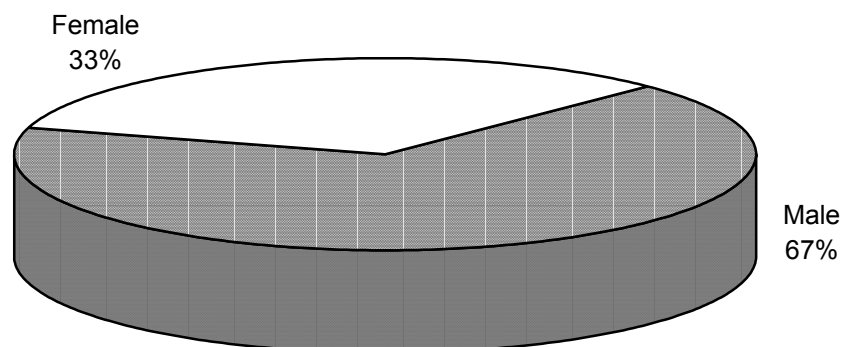
High Park operates a basic monitoring system, whereby relevant clients details are collected. This monitoring system is not intended to evaluate the programme, rather it operates as a basic auditing system. Demographic information is collected on gender, age, and area of residence. Information on referral sources is recorded for all clients, along with varying details of clients drug use and treatment history. In this section, some of the aforementioned information is presented.

There was a total of 96 client admissions to High Park Residential Programme from July 1st 1997 to July 30th 1998. This was represented by 6 admissions from clients who were on the residential programme in the previous year. A further 90 admissions from 82 new clients. In other words, 8 of these 82 clients did not complete the programme (in that they were asked to leave or left of their own volition) and were re-admitted on a second occasion in the same year. Therefore, there was a total of 88 single admissions made by clients into High Park in the year in question. Re-admissions by the 8 identified clients are omitted from certain analysis, in order to prevent double counting.

Gender

Figure 1.1 illustrates that 33% of the clients were female (n=29), the remaining 67% were male (n=59). High Park actively recruits female clients and the approximate 3 to 1 male to female gender ratio is significantly higher than the average 4 to 1 gender ratio for most drug treatment services (Anglin, 1987). Notwithstanding the above, identified barriers to treatment prevent many women from entering treatment services. These barriers include child care needs (Cuskey, 1982) other family commitments, financial constraints (Hodgins *et al*, 1997) and the perceived insensitivity of services to cater for their needs (Reed, 1987). With this in mind, this gender ratio indicates that High Park is effective in attracting a significant minority of female drug users.

**FIGURE 1.1 GENDER
New Clients (n=88)**



Age

Figure 1.2 illustrates the age profile of new clients. The vast majority of clients (88%) were over 20 years of age. When this is compared with the age of clients presenting at Merchant's Quay Health Promotion Unit, it can be seen that those in High Park are slightly older. The average age of clients in the residential facility was 25 years (range 17-34 years). On the other hand the mean age of clients attending the Health Promotion Unit is 24 years. Analysis also revealed that male clients in High Park were older than their female counterparts. The male clients were on average 26 years, women were on average 22 years. This suggests that the Programme is attractive to young women drug users. There is a similar gender difference in age across all facilities of the Merchant's Quay Project, which would indicate that the Project as a whole has been highly successful in attracting young women drug users (Paone *et al*, 1995).

Area of Residence

Table 2 illustrates the area of residence of the clients in High Park. The vast majority of clients are from Dublin. As one might expect, with the Merchant's Quay Projects Contact Centre being located in South Inner City the greatest proportion of clients are from the adjacent inner city areas with 11 from the South Inner City (Dublin 8 and 12) and 14 from the North Inner City (Dublin 1, 3 and 7). However the remaining clients are drawn from throughout the city, with no one area monopolizing the availability of places in High Park.

Table 2 Area of Residence

	No. Clients
<i>North Inner City</i>	
Dublin 1	6
Dublin 7	6
Dublin 3	2
<i>Remaining North Dublin</i>	
Dublin 5,9,11,13,15,17	13
<i>South Inner City</i>	
Dublin 8	9
Dublin 12	2
<i>Remaining South Dublin</i>	
Dublin 6,10,18,22,24	15
<i>Co. Dublin</i>	9
<i>Galway</i>	1
<i>Wicklow</i>	2
<i>No Fixed Abode</i>	6

*Information on area of residence was not available on 17 clients

The issues of drug users and homelessness did arise with 6 clients reporting being homeless prior to entry into the Residential Programme. However, given the difficulties involved in accessing detoxification programmes and preparing for residential treatment for homeless drug users this number masks a much greater problem.

Referral to High Park

Table 3 illustrates the source of referrals to High Park. Firstly it shows, where available, the total number of clients referred to the Residential Assessment Officer in the Merchant's Quay Project by the various sources. Secondly, the number of clients who were accepted into High Park by referral sources. The vast majority of clients were referred internally by the Merchant's Quay Project. All of these clients came directly from the One-to-One Counselling Service which plays a vital role in identifying and preparing clients for admission into the residential programme. As Table 3 illustrates 38% of the internal referrals to the Residential Assessment Officer resulted in a successful entry into High Park Residential Programme.

The number of referrals to High Park from external sources was substantially smaller. However, of those clients referred by Cuan Dara, 51% were accepted into the Residential Programme and 50% of referrals from Beaumont Hospital were also accepted. On the other hand, the acceptance rate of referrals from Mountjoy (Men's and Women's Prison) and St. Patrick's Institution were very low, only 21% of those assessed were successful. This is due to a number of factors, including the high incidence of benzodiazepine use among drug users in prison for which short term detoxification is unsuitable (Strang *et al*, 1994). Perhaps more importantly is the mismatch in terms of clients expectations of the programme, with many seeing it merely as an early release mechanism from prison. It is obvious from the number of total referrals to the Residential Assessment Officer, that although assessment procedures for High Park are time consuming, they are nevertheless seen as an integral part of the preparation process for clients wishing to enter the programme or for directing clients to more appropriate services, such as psychiatric, stabilising, and day care services.

Table 3 Referral Sources

Source of Referral	Total No. Clients	No. Accepted Clients
Merchant's Quay Project	131	50
Cuan Dara	35	18
Beaumont Hospital	12	6
Mountjoy Prison/St. Patrick's Institution	48	10
Eastern Health Board Counsellor	*	5
Trinity Court: EHB	*	2
Courts	*	1
CASP (Clondalkin Addiction Support Programme)	*	2
ARC (Addiction Response Crumlin)	*	1
ICON	*	1
	226	96

* indicates missing data

Duration of Stay in Residential Programme

It is very difficult to determine a successful retention rate in any residential drug treatment programme. International research illustrates that positive outcomes (or behaviour changes) in clients generally improve the longer a client remains in the programme (Bell *et al*, 1996; Condelli and Dunteman, 1993). However research shows that only 15-20% of residents will complete a residential drug programme (Dept. Health, 1997). Table 4 illustrates the number of clients who left High Park (either of their own volition or at the request of the staff) over the 12 week period.

It shows that 18 clients left the programme between their first and seventh day in High Park. A further ten clients left in their third week, between their fifteenth and twenty first day on the programme. In total, 70 of the 96 clients left the programme before it's completion. Twenty six clients, or 27% of the population of 96 clients successfully graduated from the programme. This completion rate is higher than that found in other research on residential drug treatment programme (Dept. Health, 1997; Kooyman, 1993).

Table 4 Weekly Clients Departure

Time of Programme	No.Clients
Week 1	18
Week 2	17
Week 3	10
Week 4	8
Week 5	4
Week 6	8
Week 7	2
Week 8	0
Week 9	0
Week 10	2
Week 11	1
Graduation	26

It is immediately apparent from Table 4 that the highest departure rate is seen within the first three weeks of the programme. Figure 1.4 graphically illustrates this. It depicts the number of clients who complete each of the 12 weeks in the residential programme over the time period in question. For example, 78 of the 96 clients completed the first week of the residential programme, 51 of whom successfully complete Phase One of the programme. Figure 1.5 illustrates the accumulative departure rate of clients over the 12 week period. For example, 18 clients had left the programme by the end of the first week, this had increased to 35 by the end of the second week.

Retention Rates by Programme Phase

Phase One is a period of adjustment to both the routine and structure of the house and to being nearly drug free. Coping with the physical effects of withdrawal as well as dealing with the surfacing of suppressed emotions can be extremely difficult. Consequently it is to be expected that a greater proportion of clients would leave during this phase than any other. The Residential Staff Team are well aware of the increased likelihood of departure in Phase One and as a result have introduced measures (in the form of increased support for clients) to address this. Figure 1.4 also illustrates the client **completion** rate over each of the Three Phases.

- ♣ 53% of clients completed Phase One (n=51)
- ♣ 30% of clients completed Phase Two (n=29)
- ♣ 27% of clients completed Phase Three (n=26)

Conversely, Figure 1.5 illustrates the clients **departure rate** over each of the Three Phases.

- ▲ 47% of clients had departed by the end of Phase One (n=45)
- ▲ 70% of clients had departed by the end of Phase Two (n=67)
- ▲ 73% of clients had departed before the end of Phase Three (n=62).

However, Figure 1.4 and 1.5 also illustrate that once clients have completed Phase One, their chances of leaving the programme before completion decreases significantly. Although as mentioned above, only 30% of the total population of 96 clients completed Phase Two this does not take into consideration the number of clients who entered Phase Two.

- ▲ 53% of clients who entered Phase One successfully completed this Phase.
- ▲ 56% of clients who enter Phase Two successfully completed this Phase
- ▲ 90% of clients who entered Phase Three successfully completed this Phase.

Figure 1.4 Weekly Client Completion Rate

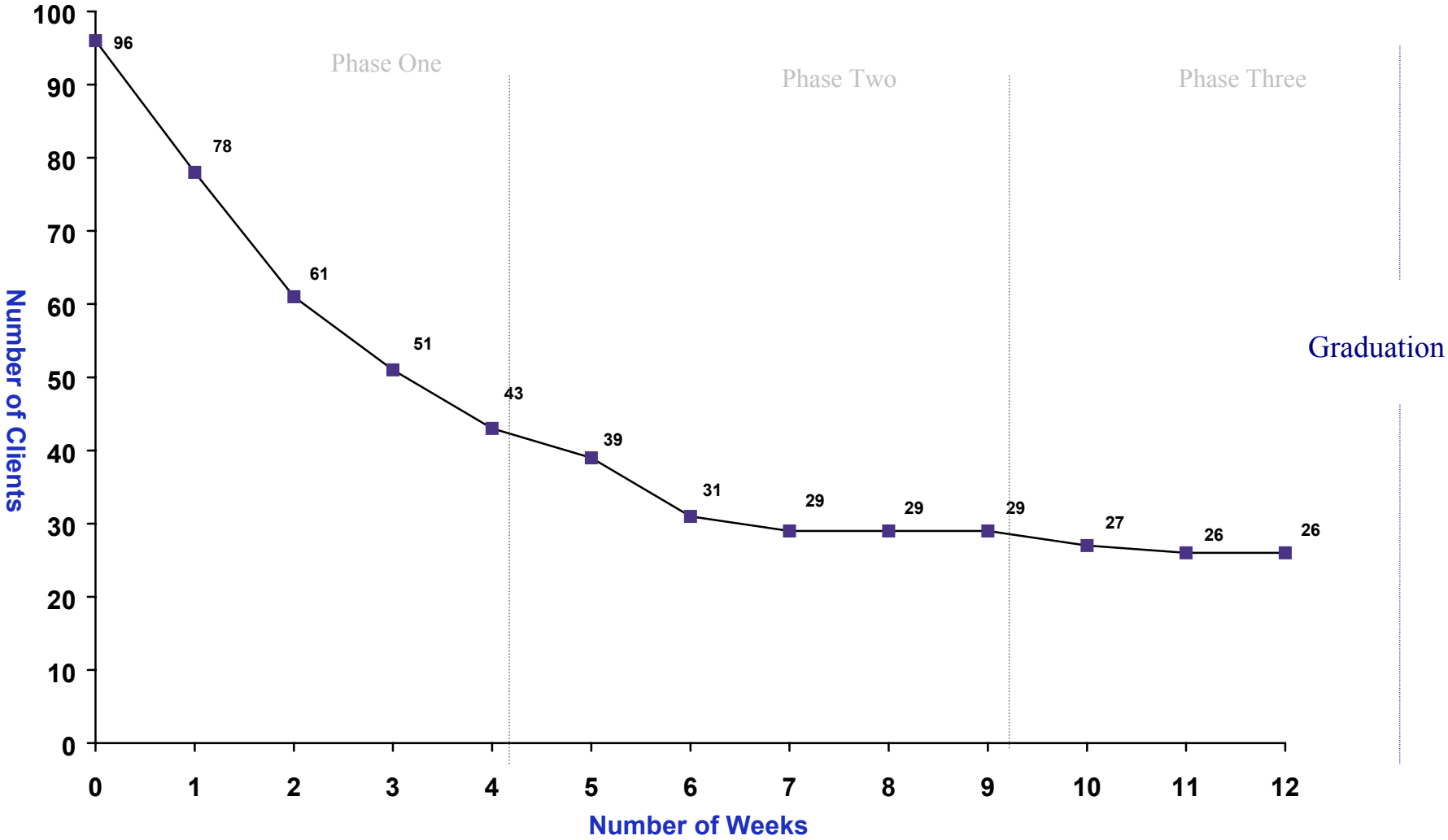
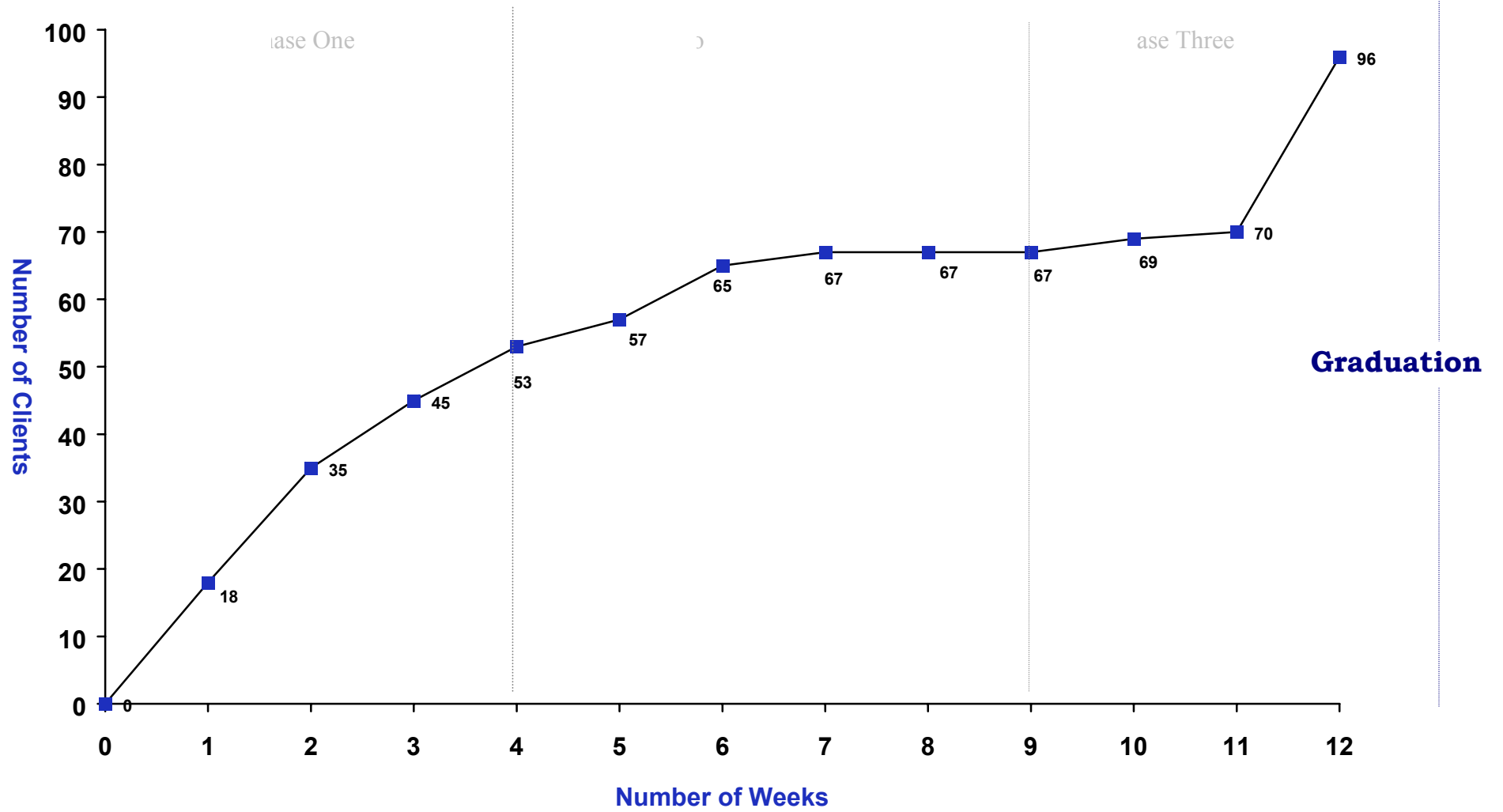


Figure 1.5 Cumulative Client Departure Rate



Planning for Full Evaluation of High Park in 1999

The Merchant's Quay Project is committed to providing a high quality service to all its clients. In order to ensure that a commitment to quality drives the organisation, not just quantity and volume, the Project is in the process of establishing systematic monitoring systems which allow for evaluation of levels of activities. The evaluation of the High Park Residential Programme commenced in 1998, and will be fully operational in 1999.

Some of the reasons for measuring and evaluating the work of High Park are about having effective management processes internally. Other reasons include;

- ▲ The growing need for more quantitative and qualitative information to monitor service activities;
- ▲ To show that the day to day running of High Park is working to meet its aims;
- ▲ To show that the service provided at High Park meets the needs of the clients who use it. Service providers increasingly need to show that they respect and meet users needs through the growth of quality assurance;
- ▲ To show that High Park is worth funding and that it is effective in providing a service of 'value' and;
- ▲ To inform future development and planning of the High Park Residential Programme.

The Evaluation Process

Two approaches are being adopted by the Merchant's Quay Project to monitor and review the work of High Park Residential Drug Treatment Programme.

- ▲ **Through measuring outcomes:** By collecting information (through a system of performance indicators) to judge what the service does over time. A number of different kinds of indicators are available, in this instance the chosen indicators are intended to measure client outcomes or behaviour changes over time.
- ▲ **Through building in quality standards:** By identifying what the users of the service regard as important about how it works. These issues are then developed into quality standards. Systems and processes are monitored to ensure that the agreed standards are always met.

The evaluation is intended to meet current and future needs of the Merchant's Quay Project for information on clients and on the effectiveness of the Residential Programme provided in High Park.

The Evaluation Method

Determining how to measure outcomes is not always easy, but it is a crucial decision (Burns, 1994). Despite the difficulties, outcomes are very important. They are in essence what was achieved as opposed to what was produced. More importantly, this form of evaluation emphasizes measurable changes in clients. Given the constraints of time and money, a good outcome measure is one that is feasible to use but also more or less directly related to the objectives of the programme.

However, evaluating social interventions has many difficulties. Some programmes may be quite nebulous. Objectives are often vaguely formulated and working practices unclear. Thus the first stage in the evaluation process was identifying the aims and objectives of High Park Residential Programme. The **aims** of the programme are defined as *general statements often expressed as abstract goals*. On the other hand the **objectives** of the programme are more specific than the aims, in that they are *measurable statements regarding the desired outcomes - behaviour changes - of the intervention* (Stimson and Power, 1995).

As the users of High Park have aspirations or objectives for the service, and are in a position to make judgments about the success or failure of the programme in achieving these objectives, analysis of 'service users' was seen as an essential element. A questionnaire was designed and completed by all High Park workers and clients. Respondents were asked what they believed the overall aims and objectives of the programme were. They were also asked more specifically about what they felt were the desired outcomes of the three phases of the Programme.

Aims and Objectives

Table 5 Aims of High Park

- ♣ To provide a safe and caring environment ;
- ♣ To improve knowledge and understanding of problem drug use;
- ♣ To improve social functioning;
- ♣ To encourage and facilitate positive changes in behaviour,
- ♣ To encourage and facilitate positive changes in attitude;
- ♣ To encourage and facilitate positive changes in lifestyle;
- ♣ To improve self-esteem and confidence;
- ♣ To promote Healthy Living;
- ♣ To assist individuals in achieving their specific goals;
- ♣ To provide the knowledge and skills needed to maintain a drug free lifestyle and;
- ♣ To reduce the incidence of relapse.

The aims of High Park were identified and clarified in conjunction with staff and clients of the programme. This enabled an appropriate research strategy to be adopted including the specification of outcome measures.

The objectives of High Park can be categorised under a number of headings. Firstly, how the programme will effect drug using behaviour. In this regard the primary objective is to achieve a drug free lifestyle. Apart from the direct influence on drug use behaviour itself, High Park also aims at changing **mediating variables** that are related to such behaviour. These mediating variables are linked to substance use behaviour in that they encourage the change in substance use behaviour brought about by an intervention.

There are two kinds of mediating variables, firstly those which are *directly related to substance use*, including knowledge about substance use, attitudes towards drugs, and intention to use drugs (Kroger *et al*, 1997). For example, knowledge about substance use refers to the factual knowledge of the individuals. On the basis that knowledge is power, it is assumed that a lack of knowledge leaves people exposed to substance use, while an awareness of the relevant facts allows them to choose healthy lifestyle patterns. Likewise, intention to use drugs is a mediating variable and is often used as an indicator in outcome evaluation. It deals with an individuals belief as to whether they will use drugs in the future.

There are also mediating variables that are *indirectly related to substance use*, such as life skills, risk factors, protective factors, lifestyle, cultural habits, and problem behavior. These variables are often vital in empowering individuals to maintain a drug free lifestyle. For example, life skills enable people to deal effectively with the demands and challenges of everyday life through the teaching of adaptive and positive behaviour. They enhance individual competence, reduce susceptibility to drug use and promote health and well-being. The following life skills are targeted in the residential programme:

- ♣ decision-making,
- ♣ problem solving,
- ♣ creative thinking,
- ♣ critical thinking,
- ♣ effective communication,
- ♣ Interpersonal relationship skills,
- ♣ Self-awareness,
- ♣ Empathy,
- ♣ Coping with emotions, and
- ♣ Coping with stress.

On the other hand, developing protective factors - which are personal and social conditions that are assumed to decrease a persons probability of substance use - is also seen as vital. Many of these protective factors are closely linked with life skills. Individual protective factors that are consistently identified in the literature include social competence, problem solving skills, autonomy and self-efficacy, a sense of purpose and management of the future. Protective factors are the

opposite of risk factors which are therefore personal or social conditions that are assumed to increase the probability of drug use.

Table 6 outlines the objectives of the Residential Programme as identified by both staff and workers in High Park. As mentioned previously each client in conjunction with a staff member develops an individual care plan. This details the clients individual objectives. These objectives are unique to each client, and are reviewed on a regular basis. While meeting the clients individual objectives is central to High Park, so to is meeting the overall objectives of the programme. Table 6 presents the objectives of High Park under three broad headings, those which relate to Drug Use Behaviour, Social Stability and Health and Well-being. Some of these objectives as discussed previously are medicating variables that both directly and indirectly related to substance use.

Table 6 Objectives of High Park

Drug Use	<ul style="list-style-type: none"> ➤ Provide environment for detoxification after time in drug use ➤ Cessation of illicit drug use ➤ Development of relapse prevention skills ➤ Increased knowledge about substance use and its consequences ➤ Increased understanding of problem drug use patterns ➤ Reduction in harm associated with drug use
Social Stability	<ul style="list-style-type: none"> ➤ Improvement in interpersonal relationships ➤ Increased social contact with non drug users ➤ Reduction in Criminal Behaviour ➤ Development of independent living skills ➤ Increased self awareness ➤ Increased self esteem ➤ Increased job acquisition skills ➤ Future life management skills ➤ Increased motivation ➤ Enhanced communication skills ➤ Improvement in problem solving
Health and Well-being	<ul style="list-style-type: none"> ➤ Improvement in physical health ➤ Dietary education ➤ Improvement in lifestyle ➤ Reduction in sexual risk behaviour ➤ Increased contact with medical services ➤ Improvement in psychological health ➤ Increased ability to cope with emotions ➤ Increased ability to cope with stress ➤ Development of cognitive learning skills

The Research Instruments

Having identified the objectives of High Park, the next stage in the evaluation process was to determine the outcome measures, and decide just how the required data would be collected. A quantitative research methodology was chosen, whereby data is collected by means of highly structured questionnaires from all clients. In order to determine whether the research tools employed are effective, reliable and valid it was considered essential to pilot them. It was decided at the pilot stage that the research instruments, in the form of questionnaires, would collect three types of data; baseline data; motivation data; and outcomes. Three separate questionnaires were designed to gather the necessary data in these areas.

Baseline Data

A questionnaire was designed to collect baseline data on all clients at the point of entry into High Park. This questionnaire, which is completed by clients themselves, contains information on individuals;

- ♣ Socio-demographic Background: (gender, age date of birth, marital status, current accommodation, parental status);
- ♣ Educational Background;
- ♣ Drug Use Career (e.g. age first used drugs, age first injected drugs, current drug status);
- ♣ Referral Source;
- ♣ Previous Drug Treatment and;
- ♣ Legal Status

The information included in this questionnaire is intended to provide a more concise picture of socio-demographic background of the client group in High Park. Moreover, the data collected can be compared with data collected from other facilities within the Merchant's Quay Project. It is also envisaged that by collecting such baseline information we may be in a better position to make a detailed comparison between those clients who graduate from High Park and those who leave before the completion of the Programme.

Motivation Data

International research has established that the longer clients remain in treatment, increases the likelihood that they will complete the treatment programme (Kooyman, 1993; De Leon and Schwartz, 1984) The likelihood of staying in treatment has in turn been proven to be related to the clients circumstances, motivation, readiness to change and suitability to the particular treatment. Monitoring the changes in these factors over time is essential to ensuring positive client outcomes. A questionnaire was designed based on a reliable 52-item instrument which was developed by De Leon and Janichell (1986) to measure

client circumstance, motivation readiness and suitability for Therapeutic Community treatment. The questionnaire is self-report, with items stated in the first person, and responses ranging on a five-point Likert scale from strongly disagree to strongly agree. The questionnaire is to be completed by clients within the first 48 hours of entry into High Park and then at the beginning of each of the next two phases.

The four areas covered in this questionnaire are;

- ✦ **Circumstances:** This refers to the external conditions that drive people to seek treatment, but does not necessarily reflect inner reasons for changing oneself.
- ✦ **Motivation (intrinsic pressures):** This refers to the individual's inner reasons for personal change.
- ✦ **Readiness:** This refers to the individuals perceived need for any treatment to assist in personal change, compared with alternative options. In other words, individuals may be motivated to change, but may not see the necessity for treatment in the change process.
- ✦ **Suitability:** This refers to the appropriate match between the individual and the particular treatment modality, in this case High Park Residential Programme.

By examining the motivational data collected from clients over their stay in High Park, it will permit an insight into changes in clients motivation, susceptibility to change and circumstances. It is hoped that such a tool will help the individual clients, and also the retention rates, as it will identify those who may need extra support.

Outcome Measures

Identifying the appropriate outcome measures are essential to ensuring that changes in clients behaviour can be measured effectively. As a range of different outcomes are associated with residential treatment programmes, and the objectives of High Park are multiple, there are numerous possible outcome domains. Unfortunately, it was impractical to attempt to measure each objective. The outcome domains identified for inclusion into the programme evaluation questionnaires include;

- ✦ Self reported changes in behaviour
- ✦ Self reported changes in self-esteem
- ✦ Self reported changes in communication skills
- ✦ Client adjustment
- ✦ Goal setting
- ✦ Client evaluation

While the three phases of the residential programme are interrelated, they are in many respects also separate. For the purpose of the evaluation, it was decided to undertake an analysis of each phase respectively. This approach permits an examination of the effectiveness of each individual phase, while at the same time allowing for a comprehensive analysis of changes in clients behaviour over time. Consequently, three questionnaires concerned with measuring outcomes were designed.

The Pilot Study

The research instruments identified in the previous section are currently being piloted on clients in High Park. As the client turnover is small due to the limited number of places on the Residential Programme, the Merchant's Quay Project is committed to a six month pilot study to ensure the maximum number of respondents. Thereafter questions which have been poorly answered, or reported as being inappropriate will be disregarded. Other questions may require some degree of modification. All changes will be based on clients views and will receive the approval of workers in High Park.

Once the pilot study is complete the evaluation will be introduced on a permanent bases in the Residential Programme. It is hoped that they will operate not only as a research instrument, but also as therapeutic tools. Data will be available for analysis in 1999, when a thorough report on the effectiveness of Merchant's Quay Residential Programme will be written.

Conclusion

Review of the outcomes of the operation of the High Park Programme is extremely encouraging and highlights a number of pertinent issues;

- **The effectiveness of the High Park programme in attracting young female drug users into residential treatment.**

- **The above average retention rates: The Department of Health (1997) states that as a preliminary measure of success, more than 50% of the client group should remain in residential drug treatment at the end of the first four weeks. High Park achieves this target with 53% of clients completing phase one of the programme.**

- **The need for detoxification in conjunction with shorter term drug free treatment is validated. The programme sustained high levels of intakes, with demand for access outstripping available places. Client retention rates are comparable to international levels.**

- **The effectiveness of the client centred model which engaged clients in developing aims and objectives to meet their needs. This is a process woven into the regular service reviews and it ensures a constant match between client needs and service delivery.**

- **Highlights the need of an examination of possible links between early departure rates and opiate withdrawals. Comparative study of drug free entrance and detox progression rates.**

- **The need for a study to the output factors that would indicate some of the variables that influence the success of this model. Issues such as staff time, type of groups and their quantity, the nature and extent of one to one hours per clients are some examples of outputs. These would also affirm the extent and commitment of the staff team who have excelled in adapting to changing needs and in being innovative in seeking new programme responses.**

The pilot study will be invaluable for discovering the short term outcomes in clients motivational change, in their behaviour change and in the match between clients needs and programme services. There is however a need for a long term research study of outcomes of clients who have completed the full residential programme. If funding is forthcoming our 1999 study will examine these longer term outcomes of clients who have left the programme for a year or more.

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