



National AOD Treatment Survey

Non-government Alcohol and Other Drug Agencies



Queensland Alcohol and Drug Research and Education Unit (QADREC)
School of Population Health
University of Queensland
Herston Road, HERSTON Q 4006

Alcohol and Other Drug (AOD) Agency Profile

- 1 What type of AOD service/s do you provide?
- In-patient detoxification1
 - Out-patient detoxification.....2
 - Residential treatment/rehabilitation3
 - Residential aftercare/supportive accommodation.....4
 - Non-residential treatment/rehabilitation/counselling.....5
 - Dual diagnosis treatment.....6
 - Other (please specify)..... 7

If your agency provides more than one service, which service is your agency's CORE AOD service - the service that is your agency's primary focus?

.....

The following questions are about your CORE AOD service.

- 2 Approximately how many clients are participating in your CORE AOD service ?
- 3 What is the planned / standard duration of treatment for the majority of your clients participating in your CORE AOD service?
- Approximately 1 week or less.....1
 - 2 to 4 weeks.....2
 - 3 months3
 - 6 months 4
 - 9 months 5
 - 12 months 6
 - 18 months 7
 - 2 years or more 8
 - not relevant 9



4 What are the Client Groups for your CORE AOD service?

	Target Group	May accept but do not target	Do not accept	
a	Youth.....	1	2	3
b	Females.....	1	2	3
c	Males.....	1	2	3
d	Mothers accompanied by their children.....	1	2	3
e	Couples with or without children.....	1	2	3
f	Aboriginal and Torres Strait Islanders.....	1	2	3
g	Non Aboriginal and Torres Strait Islanders.....	1	2	3
h	People diagnosed with a mental illness.....	1	2	3
i	People referred from the Criminal Justice System....	1	2	3
j	Other.....	1	2	3

5 When accepting people into your CORE AOD service, does your agency take into consideration the following

	A lot	Quite a bit	A little	Not at all	
a	Level of alcohol and /or other drug dependence.....	1	2	3	4
b	Time abstinent.....	1	2	3	4
c	Whether facing legal proceedings.....	1	2	3	4
d	Co-existing mental health problems.....	1	2	3	4
e	Ability to pay an entrance fee.....	1	2	3	4
f	Motivation to succeed (as assessed by your agency)	1	2	3	4
g	Other.....	1	2	3	4

6 Do you usually have people waiting to participate in your CORE AOD service?

Always Sometimes Rarely/Never
 1 2 3

When waiting,

Approximately how long do they usually wait before commencing?days/weeks
 (please circle)

9 How does your agency respond to a client relapsing while participating in your CORE AOD service?

	Always	Mostly	Sometimes	Never
a Program participants decide what the response should be	1	2	3	4
b Temporarily exclude the client from the program.....	1	2	3	4
c Exclude the client from the program and it is left to the client to seek re-entry.....	1	2	3	4
d The client is sanctioned (eg loss of privileges, etc) but able to continue in the program.....	1	2	3	4
e The client receives counselling about the relapse.....	1	2	3	4

10 Approximately what percentage of funding for your agency comes from (if unsure just make your best guess)

	%
a Client fees	
b Donations direct to the Agency	
c Government funding (grants, project grants)	
d Parent organization funding	
e Self supporting programs (eg working in the community, growing own food)	
f Other (please specify)	

11 To what extent does your CORE AOD service rely on

	A lot	Quite a bit	A little	Not at all
a Volunteers.....	1	2	3	4
b In-kind support..... (use of facilities, donations of food, therapeutic services)	1	2	3	4

12 Is your agency affiliated with a religious organization / group, individual church, faith, etc?

No go to q 13 Yes please specify

If yes,

	A lot	Quite a bit	A little	Not at all
How closely do you <u>personally</u> identify with that religious faith?	1	2	3	4



13 Does a religious organization / group, individual church, etc contribute towards

	A lot	Quite a bit	A little	Not at all
a Funding (includes donations).....	1	2	3	4
b Provision of staff	1	2	3	4
c Infrastructure.....	1	2	3	4
d Policy.....	1	2	3	4

14 Quality Assurance Accreditation for Alcohol and other Drug Agencies

Is your agency

Accredited..... 1

In the process of being accredited..... 2

Planning to seek accreditation..... 3

Not planning to seek accreditation..... 4

Name of Accrediting Body

Additional comments about your agency's profile....

AOD Treatment Goals

Please indicate your agency's emphasis on each of the following AOD treatment goals (ie a short-term, targeted outcome of treatment), using the following scale.

None or very little	Very little or no attention is paid to this goal
Some	This may be a beneficial goal, but staff do not specifically focus on it in treatment
Considerable	An important goal that is emphasized in treatment
A major goal	Primary focus of treatment, our agency strongly emphasizes this goal

Please respond to each item as it applies to your agency. For example, even though a goal is desirable, if your agency does not have a defined activity that directly targets that outcome, please rate it [1] none or very little. Or, if a goal is only a minor part of a primary goal or is an ancillary service, please rate it [2] some emphasis, but not a specific focus.

AOD Treatment is designed to help clients ...		None or very little	Some	Considerable	A major goal
1	Gain a clearer sense of their own values	1	2	3	4
2	Learn strategies to cope with a slip or relapse	1	2	3	4
3	Gain new insight into personal relationships	1	2	3	4
4	Accept that they are powerless over the abused substance	1	2	3	4
5	Develop better work habits	1	2	3	4
6	Expand their definition of who they are	1	2	3	4
7	Identify and monitor effects of major psychiatric medications	1	2	3	4
8	Decrease withdrawal symptoms	1	2	3	4
9	Work on marital and family relationships	1	2	3	4
10	Turn their lives over to a higher power to achieve or maintain sobriety	1	2	3	4
11	Strengthen their sense of self-worth and trust in others	1	2	3	4



AOD Treatment is designed to help clients ...		None or very little	Some	Considerable	A major goal
12	Develop more confidence in coping with high-risk situations for relapse	1	2	3	4
13	Become aware of hidden conflicts and desires that underlie substance abuse problems	1	2	3	4
14	Learn to structure their time more effectively	1	2	3	4
15	Develop strategies to manage their moods	1	2	3	4
16	Accept that they suffer from both substance dependence and a psychiatric illness, if they are diagnosed as such	1	2	3	4
17	Stabilize physically	1	2	3	4
18	Help spouse and family members to support clients' efforts to change	1	2	3	4
19	Establish/strengthen their relationship with God	1	2	3	4
20	Accept personal responsibility for their decisions and actions	1	2	3	4
21	Improve communication and interpersonal skills	1	2	3	4
22	Understand how substance dependencies develop	1	2	3	4
23	Acquire new job skills	1	2	3	4
24	Comply with a prescribed medication regimen	1	2	3	4
25	Learn about the effects of different chemicals on the body	1	2	3	4
26	Work with spouse or family to identify and change situations that trigger substance use	1	2	3	4
27	Develop their spiritual self	1	2	3	4
28	Adopt a more disciplined life-style	1	2	3	4
29	Improve social skills such as making requests, disagreeing with another's opinions, or denying unreasonable requests	1	2	3	4
30	Understand the important role of childhood events in the development of substance dependence	1	2	3	4
31	Obtain part-time or full-time employment	1	2	3	4

AOD Treatment is designed to help clients ...		None or very little	Some	Considerable	A major goal
32	Discriminate between prescribed psychiatric medications and alcohol or drugs	1	2	3	4
33	Identify situations that put them at high risk for relapse	1	2	3	4
34	Be more aware of and better able to express their current feelings	1	2	3	4
35	Alter relationship patterns in a way that encourages abstinence	1	2	3	4
36	React to social confrontation more appropriately	1	2	3	4
37	Appreciate the importance of regular participation in 12-step meetings	1	2	3	4
38	Increase self-awareness	1	2	3	4
39	Cope with urges and cravings without using alcohol or drugs	1	2	3	4
40	Accept that recovery is a life-long process	1	2	3	4
41	Improve their physical health and well being	1	2	3	4
42	Develop specific plans to cope with high-risk situations	1	2	3	4
43	Abstain completely from drugs and/or alcohol	1	2	3	4
44	Change the thought patterns that tend to be correlated with addictions	1	2	3	4

Additional comments about your agency's AOD treatment goals....



AOD Treatment Activities and Approaches

Please indicate how well each statement describes the AOD program activities in your agency

Not at all like our program	This activity or approach is rarely, if ever, part of treatment in our program
Somewhat like our program	This activity or approach is an occasional or supplementary part of treatment in our program
A lot like our program	This activity or approach is an important part of treatment in our program
Major feature of our program	This activity or approach is essential; our staff devote much of their effort to it.

Many of the activities listed may occur in your agency; but choose the answer that indicates the importance your agency places on the activity.

In our agency ...		Not at all like our program	Somewhat like our program	A lot like our program	Major feature of our Program
1	Clients participate in daily physical exercise, if able	1	2	3	4
2	Clients discuss topics such as acceptance or turning over to a higher power	1	2	3	4
3	Staff help clients identify alternative responses to using alcohol or drugs	1	2	3	4
4	Staff help clients identify the unconscious meaning of their thoughts and feelings	1	2	3	4
5	Clients practice writing resumes and/or doing job interviews	1	2	3	4
6	Clients study the bible or other religious texts	1	2	3	4
7	Clients with a psychiatric illness are exposed to less confrontation and increased social support	1	2	3	4
8	A psychiatrist evaluates new clients	1	2	3	4
9	Spouses or family members participate in counseling	1	2	3	4
10	Staff and clients discuss ways of making contact with one's higher power	1	2	3	4

In our agency ...		Not at all like our program	Somewhat like our program	A lot like our program	Major feature of our Program
11	Clients are assigned chores or duties as part of treatment	1	2	3	4
12	Clients identify specific situations and emotional states when they are likely to use drugs or alcohol	1	2	3	4
13	Clients are encouraged to discuss difficulties related to family and friends	1	2	3	4
14	Staff teach clients skills like menu planning, shopping, and cooking	1	2	3	4
15	Staff are more tolerant of relapses among clients who also have a psychiatric illness	1	2	3	4
16	Staff primarily treat the adverse physical consequences of drug and alcohol abuse	1	2	3	4
17	Clients' families attend educational classes about substance abuse	1	2	3	4
18	Clients read from the Big Book of AA	1	2	3	4
19	Clients receive demerits or punishment as a consequence for problem behaviour	1	2	3	4
20	Clients attend church or other worship services	1	2	3	4
21	Staff help clients rehearse assertiveness or communication skills	1	2	3	4
22	Staff emphasize working through repressed experiences or traumas	1	2	3	4
23	Clients who need it are provided job readiness counseling	1	2	3	4
24	Staff encourage clients who also have a psychiatric illness to develop strategies for managing both of their disorders	1	2	3	4
25	Staff base treatment plans on DSM-IV diagnoses	1	2	3	4
26	Clients follow set procedures for communicating with staff	1	2	3	4
27	Spouses or other family members are involved in treatment decisions	1	2	3	4



In our agency ...		Not at all like our program	Somewhat like our program	A lot like our program	Major feature of our Program
28	Clients work through the 12-steps of AA/NA	1	2	3	4
29	Clients receive privileges for taking more responsibility in the program	1	2	3	4
30	Clients plan and rehearse alternative responses to situations in which there is a high risk of relapse	1	2	3	4
31	Staff examine clients' life histories for evidence of loss of, or damage to, an important relationship	1	2	3	4
32	Staff assess clients' job skills	1	2	3	4
33	Psychiatric medications are used to manage psychiatric symptoms associated with substance abuse	1	2	3	4
34	Staff emphasize the physiological basis of substance abuse	1	2	3	4
35	There is time set aside for clients to pray and/or meditate	1	2	3	4
36	Client's spouses or other family members are involved in treatment	1	2	3	4
37	Staff teach clients methods for managing anger	1	2	3	4
38	Clients set and pursue specific goals of learning new social skills	1	2	3	4
39	Clients practice active listening (eg repeat, rephrase, and reflect communications)	1	2	3	4
40	Staff arrange classes or seminars on drug and/or alcohol abuse	1	2	3	4
41	Clients read books and written materials about drug and/or alcohol abuse	1	2	3	4
42	Staff provide education on substance abuse in a lecture or classroom format	1	2	3	4
43	Staff teach clients about substance abuse	1	2	3	4
44	Clients often lead groups	1	2	3	4

In our agency ...	Not at all like our program	Somewhat like our program	A lot like our program	Major feature of our Program
45 Clients watch films and videotapes about drug and/or alcohol abuse	1	2	3	4
46 Staff have discussions with clients about religion/spirituality	1	2	3	4
47 Clients provide each other with feedback about their behaviour	1	2	3	4

Additional comments about your agency's AOD treatment activities and approaches....



Your understanding of substance dependence (alcohol and other drugs)

The following statements reflect different ways of thinking about substance dependence. Please indicate to what extent you agree or disagree. We want your personal opinion.

Strongly disagree	Never applicable
Disagree	Generally not applicable but may apply sometimes
Agree	Generally applicable for <u>most</u> people
Strongly agree	Always applicable

		Strongly Disagree	Disagree	Agree	Strongly Agree
1	The society or culture in which one grows up has a significant influence on whether or not one becomes substance dependent	1	2	3	4
2	Substance dependent people must accept that they are powerless over the abused substance, and can never have that substance again	1	2	3	4
3	Substance dependent people have a distinct set of personality traits by which they can be identified	1	2	3	4
4	If substance dependent people have the abused substance just once they will have a total relapse	1	2	3	4
5	If a substance dependent person is not motivated, there is not much you can do to help him or her	1	2	3	4
6	People can be born "alcoholics" or born "drug addicts"	1	2	3	4
7	A person's environment plays an important role in determining whether he or she becomes substance dependent	1	2	3	4
8	Once a person is substance dependent, he or she will always be an "alcoholic" or an "addict"	1	2	3	4
9	Substance dependence is caused, in part, by growing up in a dysfunctional family	1	2	3	4
10	Usually if substance dependent people fail to recover in treatment, it is because they are unmotivated and in denial	1	2	3	4

		Strongly Disagree	Disagree	Agree	Strongly Agree
11	If a substance dependent person is sober or clean for five years, then starts drinking or using drugs again, he or she is right back where he or she left off in the development of the disease	1	2	3	4
12	There are people who have significant problems with their substance use but who are not substance dependent	1	2	3	4
13	Substance dependence is caused, in part, by what one learns about alcohol and drugs from the drinking/drug use patterns of one's family and peers	1	2	3	4
14	A person can develop substance dependence because of underlying psychological problems	1	2	3	4
15	Denial is part of the personality of the substance dependent person	1	2	3	4
16	Substance dependent people who are forced into treatment do just as well as those who come into treatment on their own	1	2	3	4
17	Except for detoxification, substance dependent people should never be given psychiatric medication such as ant-depressants, lithium, or anti-anxiety drugs.	1	2	3	4
18	There are only two possibilities for a substance dependent person – permanent abstinence or death	1	2	3	4
19	If a substance dependent person even tries the substance again, he or she will be unable to stop from becoming intoxicated	1	2	3	4

20 What treatment model/s do you personally subscribe to?



Additional comments about your understanding of substance dependence....

24 What do you personally consider is a good AOD treatment outcome?

25 What is the best predictor/s of this outcome in your agency?

Finally, some questions about you...

- 1 What is your age?
- 2 What is your gender? Male Female
- 3 How long have you been working for this agency? years months
- 4 How long have you been working in the AOD field? years months
- 5 What is your position?
- 6 Have you, yourself, experienced substance dependence?
Yes No
- 7 Please indicate ALL qualifications you have completed where alcohol and other drugs were the primary focus or a substantial part of the course
Non-accredited training courses (including in-service)..... 1
Accredited short courses 2
Certificate II in Community Services (AOD work) 3
Certificate III in Community Services (AOD work) 4
Certificate IV in Community Services (AOD work) 5
Aboriginal Primary Health Care Certificate 6
Diploma of Community Services (AOD) 7
University degree (3 or 4 years)..... 8
Postgraduate university qualifications 9
Other (please specify) 10



Please return your completed questionnaire in the envelope provided.

Thank you for your time

