

Practice Link

September 2009

TRANSLATING RESEARCH INTO PRACTICE

The Practice Link is part of the development of the Victorian Practice Research Network and is an opportunity to highlight current and developing research projects completed at Turning Point Alcohol and Drug Centre, particularly those that are relevant to practitioners and their clients. Please contact us to find out more about any of these projects or how your service can participate in research.

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Contact us if you have feedback or suggestions for future issues:

practicelink@turningpoint.org.au



Practice Research Network update

Using evidence to improve practice



The continuation of a Victorian Practice Research Network aims to develop stronger working partnerships between researchers and clinicians. One of Turning Point's key priorities is the dissemination of our work as widely and as quickly as possible.

The annual Turning Point Symposium is an integral part of this priority. The 2009 symposium was held on 18th August at Vic Health in Carlton, and aimed to provide the Victorian alcohol and drug sector with a forum to learn about a wide range of key projects that are undertaken at Turning Point. More than 80 people attended the event, coming from a broad range of services and government departments across Victoria. The Symposium provided AOD workers with an opportunity to engage with colleagues from across the sector, and through the inclusion of practical workshops, build on research and clinical skills to inform current practice.

The one-day program included a keynote address from Dr Nicole Lee, presentations on a range of key projects relevant to the Victorian AOD sector and practical workshops. For more information on the symposium or to view any of the presentations please refer to the Turning Point website at www.turningpoint.org.au/symposium/symposium.htm. If you have any further questions you can contact Anthony Denham, Research Development

Manager on 03 8413 8417 or email anthonyd@turningpoint.org.au. For another perspective on the symposium, from one of the rural attendees, see the Stakeholder section on page two of this issue of Practice Link.

In other news, building on previous successes, the Practice Research Network is seeking additional funding to again run a series of workshops designed to teach clinicians a range of research skills including how to identify and locate literature, how to develop a research question and how to design an evaluation amongst other potential topics. It is hoped that we will secure enough funding to also take these workshops to rural areas. For more information or to register your interest in these workshops contact Jacqui Cameron on 03 8413 8433 or email jacqui.cameron@turningpoint.org.au.

In August we were thrilled to learn that law firm Allens Arthur Robinson have generously awarded Turning Point another twelve months of funding for the Research to Practice Fellowship. Research Fellow Jacqui Cameron will continue her work on best practice for case note management for the AOD sector. The next phase of Jacqui's project involves the development of clinical treatment guidelines on case note management. Judging by responses to a series of workshops that were run earlier this year, the sector is enthusiastic about the prospect of having access to clear guidelines on case note management.



Education and Training Program Leader Kieran Connolly talking about a recent project with the Multicultural Centre for Women's Health at the symposium

© Consumer issues

The Association of Participating Service Users (APSU)

Working Together

Earlier this year, APSU was approached by Turning Point to assist in improving consumer participation in Turning Point's clinical services. A committee was formed and named Phase 1 (as this is just the beginning of consumer participation at Turning Point) with several TP staff and an APSU worker. Although Turning Point has had some consumer participation in the past, all that was currently happening was exit surveys and a suggestion box. The managers of the clinical service were keen to get more meaningful feedback from their clients and so we began to plan how this could be achieved.

A combination of methods will be used to gain this information. This includes a brief survey, which is effective for getting a snapshot but lacks detail. As focus groups are a good way of getting in depth and honest feedback we decided to hold 2-3 of these as well. All clinical and reception staff will be notified about these two activities so that the maximum number of clients can be involved. The survey will be available in the waiting area over a period of weeks. The focus groups will run at different times over a week and will be co facilitated by APSU and a non clinical Turning Point staff member so as to encourage

A report will be written and circulated amongst the clients so that they know that they have been listened to and that their ideas have been taken seriously.

clients to give their responses freely without fearing that it will interfere with their clinical treatment.

When all the client responses are gathered, the information will be analysed by the consumer participation committee. Recommendations for changes in the clinical services will be made by the committee based on this information. A report will be written and circulated to the clients so that they know that they have been listened to and that their ideas have been taken seriously.

APSU is looking forward to this project getting off the ground and Turning Point is keen to receive the anticipated feedback so that it can make sure it's services are truly responsive to its client's needs.

© Stakeholder issues

Making the trip to Melbourne for the Turning Point Symposium

The isolation from current research practice and from being exposed to what's going on in the world of research is huge when living in rural areas

I have been living and working in rural Victoria for only two months after spending my whole career previously in NSW. The opportunity to attend the Turning Point Symposium seemed like a great opportunity to hear about what is happening in this state and to get out and meet people working in the AOD field in Victoria. My expectations of the day were that I would attend and listen and hopefully get some new information that I could take back to Mildura and work with.

The isolation from current research practice and from being exposed to what's going on in the world of research is huge when living in rural areas. It is highly unlikely that you will ever "run into" someone and when things do happen they are always in the city. Days such as this are great, as long as we have the funds to be able to attend.

My experience of the day was excellent. I heard lots of great stuff. The best thing that came out of the day was the opportunity to talk with researchers and other service providers and to look at the possibility of being involved in some research as a rural service. What eventuates from this is a unique networking opportunity and it is typically this aspect that I find most valuable,

although the whole day was great and the speakers were excellent. I have been able to follow up with some and have expanded my network as a result of this day.

Thanks for the experience, information and networks. I look forward to attending future events and functions.

Sandi James

Drug & Alcohol Counsellor, Mildura Aboriginal Health Service



Participants work through an exercise at one of the symposium workshops

📍 What's on in research!

The growth of alcohol outlets in Victoria 1991-2007: socio-economic and demographic drivers

In the last twenty years, the number of active liquor licences in Victoria has more than tripled. Research undertaken by staff at Turning Point Alcohol and Drug Centre has demonstrated that this increase has been associated with substantial increases in alcohol-related problems, particularly violence. Internationally, there is some evidence that people living in disadvantaged neighborhoods are exposed to significantly higher numbers of alcohol outlets and rates of alcohol-related harms. However, there has been little analysis of the distribution of alcohol availability in Victoria and its changes over the previous two decades, and little is known about the factors related to high densities of alcohol outlets at a community level.

A study lead by researcher Michael Livingston and funded by VicHealth will now explore whether there are inequalities in how alcohol outlets are distributed across Victoria and to determine whether particular types of neighborhoods have been disproportionately affected by the recent increases in availability. Using innovative methods and historical data from liquor licensing and Australian Censuses, this project will provide a clear picture of the socio-economic and demographic factors underlying shifts

in alcohol availability at the community level and will provide crucial information for the development of a more consistent and public-health focused liquor licensing system.

For more information please contact Michael Livingston: michael.livingston@turningpoint.org.au



Michael Livingston, pictured above, will be leading the study of alcohol outlet distribution across Victoria

Treatment and access in the Victorian AOD Sector

The Victorian Department of Human Services asked Turning Point to identify and describe the models of treatment intake in the Victorian AOD sector, with a view to providing recommendations for improving access to treatment services in Victoria. The project methodology encompassed a review of published literature from Australia and overseas, semi-structured interviews with key informants (including AOD clinical managers and providers), and the development of case examples. Through these strategies we identified four treatment intake models operating across the Victorian AOD sector. This included three variations of a centralised intake model, and one non-centralised model.

Centralised intake aims to provide a consistent, flexible and streamlined approach to the treatment intake process. Intake is co-ordinated for programs across a group of agencies or services, or for programs within a single agency. There are often dedicated teams who are responsible for (and specialise in) initial

screening and assessment. This model enables better facilitation and co-ordination of access to services/programs, an improved ability to provide waitlist and follow-up support, and increased agency capacity to provide an immediate and skilled response.

Non-centralised intake directs individuals seeking treatment to the program they are seeking in the first instance for initial screening and assessment. Whilst non-centralised intake models provide agencies with the ability to use staff resources in a flexible way, treatment matching is not informed by intake or assessment. This means that clients may be linked with programs without an understanding of the optimal treatment modality matched to their needs.

For more information please contact Barbara Hunter: barbara.hunter@turningpoint.org.au

Just ask us

The Department of Health and Ageing funded Turning Point to develop and deliver a web portal for university students. The website, www.justaskus.org.au provides links, resources and information to students who have concerns or questions about mental health, alcohol use, and a broad range of other drugs.

Following its launch, Clinical Research was asked to develop additional content on, depression and cannabis use. The production of practical self-help information for university students was also requested.

The project began with a comprehensive review of the literature in the three target areas. The review provided the foundation for the development of the relevant information and self-help advice which was produced in the project's second phase. The third phase involved the identification of brief screening instruments for psychological distress and cannabis use. The Kessler-10 and the cannabis module of the ASSIST (World Health Organisation)

were adapted for use as online self-assessments during the third phase of the project.

The site now offers students the opportunity to undertake a confidential self-assessment for common symptoms of psychological distress and cannabis use. Automated advice is provided based on the student's individual assessment scores. Evidence based self-help advice for cutting down or stopping cannabis, and managing common symptoms of psychological distress such as worry, depression and anxiety is also available. Students with more severe alcohol, cannabis or psychological problems are advised to seek professional help and referral options are available on the site.

For more information please contact Linda Jenner: Linda.Jenner@turningpoint.org.au.



DIY evaluation

Evaluating family support services

Why evaluate family support services?

One of the main reasons for evaluating family support services is to establish whether the services are in fact achieving their aims and objectives. For example one way of supporting families and carers of drug users is to provide the family with information. The aim of this type of support is to assist family members to gain a level of knowledge that improves how they understand and deal with their circumstances. Evaluation can help verify whether this outcome has been met. An evaluation can also help establish what difference an intervention has achieved, and to determine best practices for supporting families and carers.

Outcomes and performance indicators

For an evaluation to determine if the aims and objectives have been achieved, you will first need to describe what successful outcomes would look like and develop ways to measure how these outcomes have been achieved. Outcomes are the impacts and benefits that an intervention has on family members. Typically, they represent a change in behaviour, knowledge, attitudes, life condition, skills and status that occurs as a result of interventions. Outcomes are measured by identifying conditions or characteristics that indicate whether change took place. These are known as performance indicators. There are different types of performance indicators. For example indicators may measure the number of 'harder to engage' family members that are accessing the service. Performance indicators can also measure the distance travelled or progress made by individual clients towards the agreed outcomes. These indicators do not provide absolute measures but rather measure the degree of improvements reported by the client. These indicators can be more difficult to measure and include things such as improvements in family relationships, reduction in levels of anxiety, helplessness and isolation etc.

Given the nature of family support services and their aims, it is often more appropriate to measure the distance travelled

or degree of improvement. For example, a core outcome may be that families and carers are better informed. Indicators which could be used to measure improvements are: increased knowledge of other available services, increased access to relevant services, a better understanding of the effects of drugs and the nature of dependency etc

Tips

When choosing indicators it is important to:

- Choose indicators that provide a real measure of progress
- Choose indicators that can actually be measured
- Be clear about how you will collect the information

Baseline information

In order to measure the 'distance travelled' by family members you will need to establish a starting point or a 'baseline' from which to measure change. Baseline measures aim to establish a situation before the intervention starts. Some examples of information that can be collected at baseline are: measures of anxiety levels, feelings of helplessness or isolation, assessments of familial relationships and a family's ability to cope with their situation

Process evaluation

It is often not enough to evaluate just the outcomes of a project. Process evaluation is a critical aspect of conducting a thorough evaluation of a service. It seeks to find out how an intervention works, why it worked and under what conditions an intervention works or fails. It covers aspects such as client recruitment and accessibility, project management and resources and project activities and methods of support.

Get involved in research

Graduate Diploma in AOD Studies

As a practitioner or policy maker, being able to understand research and make use of it in practical settings is vital. The Graduate Diploma in AOD studies includes two subjects that are designed to orient students to research, building on their practical knowledge of alcohol and other drug services and / or their interest in being part of this exciting field of work. The first subject provides a basic grounding in research methods. The second subject is about a minor research

project that the student nominates and completes, with the support of a supervisor. These subjects are facilitated by people from the research programs at Turning Point; specialists who work in AOD research on a daily basis. Past students have been very positive about how much they have learned and how useful the course is for their work in the AOD field.

For more information go to www.turningpoint.org.au

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Mark this date in your diary

Turning Point Oration, Tuesday 1st December 2009

Simon Overland

Chief Commissioner of Victoria Police

More information available at www.turningpoint.org.au in early October

Practice Link is available on line at: www.turningpoint.org.au