



Intellectual Disability Behaviour Support Program

Evaluation of Project RE PIN - Receive, Encode, Process and INtegrate drug and alcohol treatment strategies for people with cognitive impairment: Final Report

Prepared for:
Lyndon Community, NSW Australia



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1. Executive summary and key recommendations

1.1 Summary

In 2015, The Lyndon Community (Lyndon) received Ian Potter Foundation funding to develop a specialist drug and alcohol treatment program designed to be inclusive of the learning support needs of people with cognitive impairment. The program entitled Project RE PIN- Receive, Encode, Process and INtegrate drug and alcohol treatment strategies for people with cognitive impairment [RE PIN] was designed to be a four staged process whereby residents progress from developing awareness about the impact of problematic substance use, to building knowledge about how to manage their substance use, to practicing management skills, and lastly to mastery of these skills. The UNSW Intellectual Disability Behaviour Support Program (IDBS) was invited to conduct an external evaluation of the RE PIN program. A developmental evaluation took place between April 2016 and January 2017. During the evaluation period, 33 of the 67 individuals (49%) who entered treatment had cognitive impairment and consented to participate in the evaluation. This report provides background, methods, and the results of the evaluation.

1.2 Key Findings

Overall, staff and residents were positive about the program and its ability to support people with cognitive impairment to make significant personal improvements by gaining understanding of their substance misuse and learning positive living skills. The program has potential to be scaled up to address the wider problem of the prevalence of, and poorer outcomes for, people with cognitive impairment in residential drug and alcohol treatment programs.

1.2.1 Residents with cognitive impairment

- Some improvement, measured using quantitative instruments, was achieved to substance dependency, quality of life, and psychological wellbeing.
- New life skills such as learning to cope with difficult emotions, manage interpersonal conflicts and communicate feelings constructively were achieved.
- Residents reported feeling able to approach staff members for assistance if needed.

1.2.2 Staff

- Staff had training in universal design for learning, strengths-based approaches, and disability awareness.
- The program manager created and modelled a positive learning environment for staff and residents.
- Staff needed more time to work one-on-one with residents with cognitive impairment to enhance learning outcomes.

1.2.3 Program

- The embedding of a person-centred approach, including its ethos, principles, and practices created a positive culture in the program.
- Program activities and daily routines provided a structured environment within which to practice new coping skills.
- The Daily Virtues Program helped residents identify personal spiritual belief systems and build self-esteem.
- Staff role-modelled mutual respect in their interactions with other staff and residents, through the use of ‘teachable moments’.

1.3 Recommendations

1.3.1 Program Model

- Enable the program manager to focus on program development through adequate staffing for program delivery.
- Enhance the focus on individual planning to facilitate post-treatment community reintegration including access to employment and training.
- Establish a mechanism for resident input into program directions and components to enhance the person-centred focus of the program and resident decision-making and self-efficacy.

1.3.2 Residents with cognitive impairment outcomes measurement

- Develop strategies to facilitate program staff to undertake consistent and timely monitoring of resident progress through the administration of standardised instruments at commencement, completion, and three months post-treatment.

1.3.3 Organisational features

- Develop a training package based on the documented program model including workbooks and other materials, to build drug and alcohol sector knowledge and capacity to be inclusive of residents with cognitive impairment.

1.3.4 Future opportunities

- Undertake further research to establish an evidence-base for best practice in drug and alcohol treatment by comparing resident outcomes attained in this program to those found in conventional residential drug and alcohol treatment programs.