**Example of a program logic for Aboriginal drug and alcohol residential rehabilitation services**

**For full program logic see Munro et al (2017):** <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-017-0056-z>

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| **a. Client areas of need** | **b. Intervention** | | **c. Mechanisms of change** | **d. Process measures** | **e. Outcomes** |
| **Core treatment components** | **Flexible**  **activities** |
| ***Primary client areas of need****:*  Examples:   * Risky substance use; * Poor cultural connection * Poor quality of life | **Healing through culture and country** | * Being on country/spiritualty * Developing kinships * Making artefacts, fishing bush medicine | Reconnecting clients to culture and country via activities and strong relationships | No. of clients engaged in regular cultural activities | ***Primary outcomes:***   1. Reduced substance misuse (e.g. AUDIT, IRIS, clean urines) 2. Increased connection to culture (e.g. GEM) 3. Increased quality of life (e.g. WHOQoL) |
| **Case management** | * Referrals to local health services and visiting specialists * Working with corrections * File notes / assessments * Client transport | Clients engaged in the program via positive therapeutic alliance between staff and clients  Referrals to AMS to external health and other social services | No. of clients staying in the program for 3 or more mths  No. of Indigenous Health Checks/other referrals  No. of kms of transport |
| **Therapeutic activities** | * One-on-one counselling * AA, psychoeducational groups * Informal counselling | Improving client quality of life  Increased understanding of substance misuse (e.g. triggers) and personal strategies (e.g. motivations, goals, timeout) for reducing misuse | No. of clients maintaining abstinence 3 months post discharge  No. of external counselling sessions provided |
| **Life skills** | * Develop daily routine * Positive role-modelling * Redevelop personal responsibility * Vocational courses * Literacy / communication skills | Reconnecting clients to culture and country  Relearning daily routine and structure to maintain a healthy lifestyle after discharge  Learning and developing work-ready and communication skills | No. of vocational-related courses completed  No. of clients achieving individualised life skills goals |
| **Time out from substances** | * Improve physical wellbeing (eg. sleep routine / nutrition) * Improve mental / spiritual wellbeing * Smoking cessation | Identify and engage in positive alternative activities to substance use to learn how to take time out from substance substances | No. of clients engaging in regular exercise / cultural activities  No. of clients quitting or reducing smoking |
| **Aftercare support** | * Referrals to services post-discharge (eg. ACCHOs) * Provide a list of support services in client’s community (eg. AA) * Ongoing phone contact | Continue to access treatment and care required to maintain improved health and wellbeing post discharge  Developing aftercare program post discharge from treatment | No. of clients maintaining abstinence/not involved in crime post discharge  No. of clients participating in aftercare (eg. phone calls, assessments, visits) |