**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)
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| **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 clientsReferrals to AMS to external health and other social services | No. of clients staying in the program for 3 or more mthsNo. of Indigenous Health Checks/other referralsNo. of kms of transport |
| **Therapeutic activities** | * One-on-one counselling
* AA, psychoeducational groups
* Informal counselling
 | Improving client quality of lifeIncreased 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 dischargeNo. 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 dischargeLearning and developing work-ready and communication skills | No. of vocational-related courses completedNo. 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 activitiesNo. 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 dischargeDeveloping aftercare program post discharge from treatment | No. of clients maintaining abstinence/not involved in crime post dischargeNo. of clients participating in aftercare (eg. phone calls, assessments, visits) |