

# The Odyssey House – University of Technology Sydney Residential Rehabilitation Evaluation Project

## *Background*

In 2016, the NSW Ministry of Health called for applications for the Alcohol and Other Drugs NGO Evaluation Fund scheme. The specific remit of this funding scheme was “to support NGOs in the AOD sector to evaluate existing programs to build the evidence base.” The Ministry were to fund grants up to \$170,000 over two years, with an expectation that knowledge gained from the project would have strong translational impact for the Host Organisation as well as the sector generally.

Also, in 2016, Julie Babineau CEO of Odyssey House NSW met Dr Toby Newton-John, Clinical Psychologist and Associate Professor at UTS and they discussed their mutual interests in promoting evidence based healthcare and agreed to look for opportunities to work together.

Working on the application form required a number of meetings in order to establish whether a program evaluation was even feasible. One of the subsequent major learnings of this project has been that obtaining outcome data from clients who are taking part in a treatment program can be very challenging unless the program already has data collection embedded in the program structures. Issues of clinician time, of responsibility for the data collection process, and even a lack of client recognition of the importance of data collection, were pertinent here.

## *Why was an evaluation of Odyssey House NSW residential rehabilitation program needed?*

Odyssey House NSW treats approximately 90-100 people with AOD problems each year in its residential rehabilitation program in Sydney. Aside from acute physical or psychiatric illness, or for legal reasons, the program has few exclusion criteria – following detoxification (if required), the program accepts anyone who needs it. The residential rehabilitation is delivered according to Therapeutic Community principles, whereby clients live and work together, transitioning across 4 stages (Levels 1-4) as they gain insight, skills and confidence in managing their addiction and returning to a healthy, functional lifestyle. Clients vary in the length of time they remain in the program, but 9-12 months of treatment is typical.

Odyssey House has been providing treatment for AOD clients for over 40 years and has a great reputation across the sector. However, its outcomes had not been evaluated previously by independent researchers. While being known for providing good treatment is important, as the saying goes “The plural of anecdote isn’t evidence” – and governments, health services and members of the public are increasingly keen to know whether the treatments being provided have empirical evidence to support them.

## *Research project*

Following the recruitment of Dr Rose Miller as Research Associate, the Odyssey House Residential Rehabilitation Evaluation Project began in July 2017. The project has three components:

- An evaluation of client progress during the program itself (carried out by Holly Passam, a Master of Clinical Psychology student at UTS)
- An evaluation of treatment outcomes for clients from intake to separation, three, six and 12 months post-program
- A qualitative evaluation of clients’ experiences and reflections on the program, also done at separation and three, six and 12 months post-program.

The project 117 participants over the 12-month recruitment period and interestingly, very few clients refused to take part in the evaluation. The intake data showed that the clients attending Odyssey House residential rehabilitation are complex and challenging: 55% identified as poly-drug users (amphetamines were the most common primary drug of concern), 58% had a criminal history, 42% left school at Year 10 or earlier, and 63% were in the Moderate-Severe range of psychological distress on the Kessler-10 self-report questionnaire.

Although our recruitment rates were high, as is all too common in the AOD literature, our retention rates fell dramatically. We managed to obtain data from 32 individuals immediately following their separation, 23 at three months after separation, 12 at six months, and we currently have data on 7 participants who separated from the program one year before. One of the difficulties we encountered in trying to maximise our retention rates was from our ethics committee, who did not approve us contacting next of kin and asking for the contact details of participants who had separated from the program but not updated their contact details with us. The learning from this is that obtaining next of kin information from clients at the point of recruitment with their full consent is critical and would likely have improved retention rates.

## *Results*

So, what did we find? The results are preliminary as the data have not yet been fully analysed. However, prior to expected publication in peer reviewed journals, the results show firstly that during the program, clients make significant gains across all outcome measures (substance dependence, mood, quality of life and wellbeing) when their intake scores are compared with their scores on completing Levels 1, 2 and 3. The data showed that clients made steady improvement over the course of 9 months, but their gains after that time were modest and not statistically significant.

Because of the retention rate issue, we were keen to find out whether clients who we retained in the study were different from those who 'disappeared' once they left the program. We found that the retained sample were less likely to have undergone detoxification prior to the program, and more likely to have completed their HSC, than those clients who did not follow up with us. However, there were no other differences in terms of age, gender or duration of drug use between the retained and the non-retained samples.

The follow-up results were also positive. Compared to their intake scores, clients made significant improvements in substance dependence at separation, three, six and 12 months post-program (although the sample size at 12 months is very small). Similar results were found for mood and for the quality of life measure.

The analysis of the qualitative data is ongoing, but a number of themes have emerged which are interesting. Firstly, the most common reason clients gave for separating were unrelated to the program, and included family (childcare responsibilities), financial (needing to return to work) and physical health (treatment required) reasons. Secondly, the most negative aspects of the residential rehabilitation that were identified at separation concerned the strictness and structure of the program, eg:

*"There were lot of rules, restrictions, which made it hard to progress through the program"*

However, at the three and six month post-program interviews, a very similar theme emerges – but this time as one of the positive aspects of the program, eg:

*"It's hard but worth it. Just give in, don't fight it, it is the best thing I have ever done."*

## *Outcome of the Research Project*

Overall, this Evaluation Project has been of great benefit to both Odyssey House NSW and to UTS.

Julie Babineau, CEO Odyssey House NSW says: "No one sets out to have their lives devastated by drug and alcohol misuse. The reasons underpinning someone's addiction are as individual as they are complex. Toby and Rose have used their rigorous research skills to help us understand some of these complexities so we can offer more effective treatments to as many people as possible. The AOD sector is overflowing with skills, knowledge and enthusiasm, and combining this energy with more partnership-research will enable us all to develop even better treatment outcomes for our clients."

Toby Newton-John says: "Universities are increasingly being 'held to account' as regards the community benefit of the research they do (and rightly so). This project has given us a chance to work with a wonderful team of dedicated clinicians and administrators, and to give them insights into how well they are doing."