PERCEPTIONS OF RE-PIN:

A RESIDENTIAL REHABILITATION PROGRAM FOR PEOPLE WITH COGNITIVE IMPAIRMENTS AND SUBSTANCE DEPENDENCE

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BACKGROUND

- Psychosocial substance treatment methods are based on cognitive and behavioural change activities where people analyse situations that may pose risks to reducing their substance use.
- Cognitive impairment affects an individual's capacity to participate in and benefit from drug and alcohol treatment.[1,2]
- Around 50% of people in treatment programs have a cognitive impairment.[3]
- Cognitive skills are necessary to receive and integrate new information, organise the information into behavioural plans, and execute them.
- People with cognitive impairment may require more time and additional support to learn and apply information.

MODEL OF CARE

The RE-PIN program (Receive, Encode, Process and INtegrate drug and alcohol treatment strategies for cognitive impairment) is delivered by a three-month residential substance treatment program run by Lives Lived Well in NSW, Australia. It is the first specialist drug and alcohol rehabilitation program for people with cognitive impairment and substance problems in Australia.

To be inclusive of people with cognitive impairment, the residential treatment program was;

- based on universal design principles
- strengths based
- person-centered
- incorporated Motivational Interviewing and Community Reinforcement Approach,
- focused on self-esteem building - the Daily Virtues Program is based on recognition that spiritual orientation improves treatment outcomes.[4]
- Included self-case management and healthy lifestyles.
- Used cognitive remediation strategies to improve memory capacity or use memory aids.[5]

STUDY AIM

Explore the experiences and perceptions of participants with cognitive impairment; and of staff implementing the program, to identify strengths and areas of improvement in the RE PIN program.

Approach: A developmental evaluation focused on the intersection between diverse elements, emergent practices and complex relationships.[6]

Eligibility for residents to participate - determined via Addenbrooke's Cognitive Examination - Revised, (ACE-R) - a standardised Australian cognitive instrument that assesses five cognitive domains: 1) attention/orientation, 2) memory, 3) verbal fluency, 4) language, and 5) visuospatial ability (http://www.ftdrg.org/wp-content/uploads/ACE_R_Aus_guide-2011).

Participants with cognitive impairment (n=12) and staff (n=10) were interviewed April 2016 - January 2017.
Ethics approval - UNSW Human Research Ethics Committee (HC16131).

DATA ANALYSIS

Inductive thematic analysis identified key themes[7] (See Fig 1 and 2). Data analysis was iterative over a data collection period of six months. Open coding of transcripts was used to identify, define, and organise key themes. Constant comparison was used to reach data saturation.

TABLE 1 - DEMOGRAPHIC CHARACTERISTICS OF RE-PIN RESIDENTS WITH & WITHOUT COGNITIVE IMPAIRMENT

Characteristic	Population (non-CI) N=34(%)	Population (CI) N=33(%)
Gender		
Female	9 (27)	6 (18)
Male	25 (74)	27 (82)
Age		
18-30	10 (29)	14 (42)
31-42	14 (41)	13 (39)
43-54	8 (24)	3 (9)
55-66	1 (3)	3 (9)
67-78	1 (3)	0
Indigenous Status		
Aboriginal and Torres Strait Islander	6 (18)	10 (30)
Non-Aboriginal	28 (82)	23 (70)
Primary drug of concern		
Methamphetamine	12 (35)	16 (50)
Alcohol	16 (47)	9 (28)
Cannabis	3 (9)	5 (16)
Opioids	1 (3)	1 (3)
Polydrug use	0	1 (3)
Other	2 (6)	1 (3)
Program completion		
Yes	14 (41)	16 (49)
No	16 (47)	12 (36)
Age (years) at leaving full-time education		
13	1 (3)	3 (9)
14	2 (6)	5 (15)
15	7 (20)	8 (24)
16	10 (29)	11 (33)
17	3 (9)	3 (9)
18+	11 (32)	3 (9)

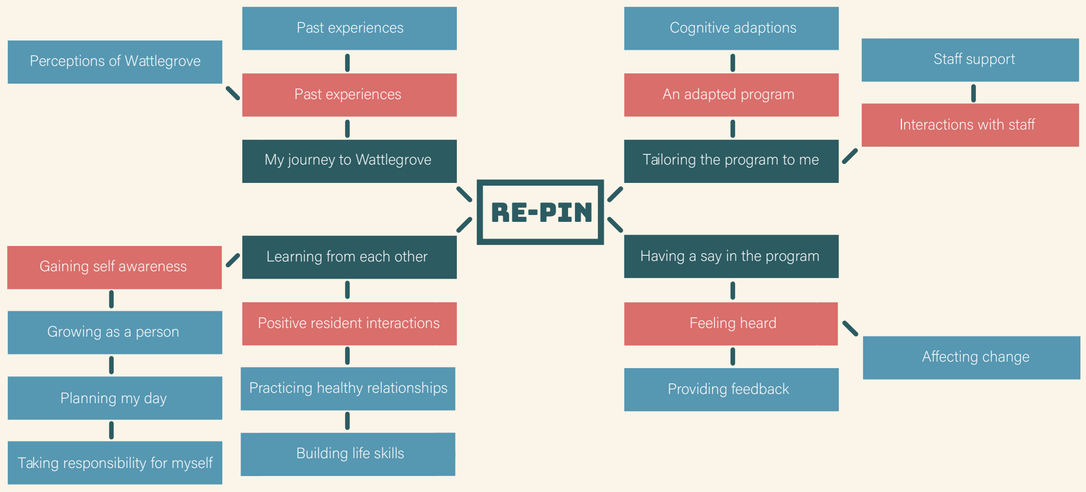

Fig 1: Thematic analysis for resident interviews

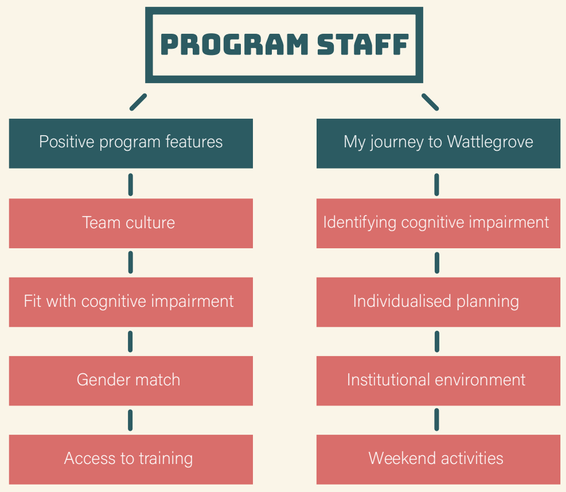

Fig 2: Themes from staff interviews

RESULTS

The embedding of a person-centred approach created a positive culture in the program. Program activities and daily routines provided a structured environment within which to practice new coping skills. Staff role-modelled mutual respect in their interactions with other staff and residents.

STAFF

Staff had training in universal design for learning, strengths-based approaches, and disability awareness. "What I particularly like about it is the person-centred[ness] and the flexibility of it but it's still all evidence based (Drug and alcohol case worker)

Staff role-modelled mutual respect in their interactions with other staff and residents, using 'teachable moments'. "We have to follow the [Daily] virtues just as much as the residents, because we're leading by example" (Drug and alcohol case worker)

Staff needed more time to work one-on-one with residents with cognitive impairment to enhance learning outcomes. "It's a difficult conversation [telling residents their ACE-R scores], but a lot of the time they'll say, 'That makes sense. That's why I had trouble at school. That's why I can't remember things, or whatever." (Manager)

RESIDENTS WITH COGNITIVE IMPAIRMENT

The Daily Virtues Program helped residents identify personal spiritual belief systems and build self-esteem. "The virtues, for one, they're a great way to put things and reflect on and teaching me how to respond and not react to things, and just basically give myself a pat on the back and be proud of myself." (Participant 4)

New life skills such as learning to cope with difficult emotions, manage interpersonal conflicts and communicate feelings constructively were achieved. "I found it's a good pace. They slow it down and break everything down. They don't want you to miss nothing. You absorb it all and in the end of it, you're coming out with these answers that are deep inside that you didn't know you had." (Participant 11)

Residents reported feeling able to approach staff members for assistance and support. "I'm not 100 percent there in the brain, but I found it completely at my level and, if I did struggle, I just had to put my hand up and say maybe explain it a different way, but I didn't get anxiety or stressed over it." (Participant 2)

Most interview participants described anxiety about the significant challenges they would face in their daily lives when they left the program. "Yeah, I'm a bit scared. I've been here, wrapped in cotton wool for two months, and being released back into the big, wide world, I'm scared that I'm going to relapse (Participant 3)

PROGRAM LIMITATIONS

- *Resourcing of the program is a critical challenge* - "the program's basically under-funded" (Drug and Alcohol Clinician).
- "We're trying to do something different, special, (and that) requires more intensive resources" (Manager).
- Some funding streams were no longer available, and others had been increasingly restricted, with no growth.
- *Impact of resourcing limitations* - limited staff training, fewer staff for individual work with residents, limited resources and facilities available to residents including specialist counselling and mental health support.

CONCLUSION

- *Residents with cognitive impairment found the program accessible, useful and relevant*
- Embedding of a person-centred approach created a positive culture in the program.
- Activities and daily routines provided a structured environment to practice new coping skills.
- *Follow-up care and support is required for people leaving residential rehabilitation.*

NEXT STEPS

The program has potential to be scaled up to address the poorer outcomes for people with cognitive impairment in residential drug and alcohol programs.

Lives Lived Well

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