The framework provides a state-wide approach to working with AOD clients. A significant aspect of AOD services are the endorsed therapeutic interventions that are actively practised across the state.

These approaches have been shown to be the most effective therapeutic interventions and are widely practiced throughout Queensland AOD services.

AOD services are best understood in terms of a combination of biological, psychological and social factors. Some biological (medical) AOD services.

1. AOD TREATMENT SERVICE DELIVERY FRAMEWORK

2. The right tool at the right time

AOD services recognise the importance of providing treatment and counselling approaches that match the individual needs and circumstances identified by each client. Different client characteristics or needs, drug types and circumstances significantly impact the decision of a service provider to use specific therapeutic approaches.

When considering the best therapeutic intervention for clients, service providers ask:

- What is the client’s current goal?
- What therapeutic approaches have they tried before?
- What about the approach helped/didn’t help?
- Do they have a preference for how they want to engage in the therapy/treatment?
- Is the client informed of the range of treatment options available?
- What does the evidence recommend for the client’s presentation?

3. The common factor

- The quality and strength of the collaborative relationship between client and therapist (i.e. “the therapeutic alliance”) has a modest but consistent impact on AOD treatment outcomes (Maisto et al., 2015; Fife et al., 2015; Lambert, 1992). Client ratings of the therapeutic alliance are better predictors of treatment outcomes, than therapist therapeutic alliance ratings (Prince et al., 2016).
- A significant factor that contributes to the development of the therapeutic alliance is matching the appropriate therapy to the client. This is because each psychotherapeutic intervention works in different ways with individual factors most likely influencing the suitability of different therapies (Magura, 2013; Project MATCH Research Group, 1997;1998).

4. Common medical-based entry points into psychotherapeutic treatment

- Provision of pharmacotherapies for addiction (e.g. medication-assisted treatment of opioid dependence, nicotine replacement, anti-craving medications).
- Withdrawal management.
- Medical screening, referral and management of co-occurring issues such as pain, mental health and other chronic conditions, bome virus screening, vaccination and treatment.
- Medical screening for substance-related harms (e.g. liver function testing).
- Needle and syringe programs (e.g. vein care and safe injecting education).

It is important that medical services are delivered as part of an integrated biopsychosocial approach to maximise the overall effectiveness of treatment.

5. AOD sector endorsed psychotherapeutic interventions

In addition to medical services, AODs have explored and recognised the efficacy of a range of different therapies that have been demonstrated to benefit clients and support them in their recovery. These therapies range from foundational therapies like Contingency Management and Cognitive Behavioural Therapy (each of which have been applied beneficially for more than 50 years) through to more recently developed therapeutic approaches like Acceptance and Commitment Therapy. Services that recruit, train and maintain skills of clinicians in delivering these therapies are equipped with a diverse set of tools that can meet and support clients in a range of circumstances and with a range of needs.

Less commonly practiced AOD treatments

- The following approaches, whilst not commonly practiced in AOD treatment settings across Queensland, are recognised as valid and appropriate for use in certain contexts:
  - Dialectical Behavioural Therapy (DBT)
  - Art/Music Therapy
  - Exercise and Healthy Lifestyle Programs

Contingency

Management

- Contingency management provides incentives for behavioural change and is effective at teaching people that they are able to change their behaviour when sufficiently motivated.

Cognitive

Behavioural

Therapy (CBT)

- The core aim of CBT is to provide the client with skills that involve identifying distorted thinking, modifying beliefs, relating to others in different ways, and changing behaviours.

Motivational

Enhancement/Interviewing

- Motivational interviewing is an approach that attempts to increase the client’s awareness of the potential problems caused, consequences experienced and risks faced as a result of the behaviour in question.

Solution Focused

Therapy (SFBT)

- SFT focuses on the client’s goals through exploring the history and origins of their problems.

Emotional

Regulation

Therapy (ERT)

- ERT focuses on the training of a number of regulatory skills including attentional flexibility, acceptance, cognitive distancing and cognitive reframing as well as experiential exposure to contexts of perceived reward and risk.

Acceptance

and Commitment

Therapy (ACT)

- The objective of ACT is not the elimination of difficult feelings; rather, it is to be present with what life brings the client and to move toward valued behaviour.