**Hobart Catalyst Program**

**A Guide for Referral Services**

The Catalyst Program is a structured non-residential programs offered by Uniting in Hobart.

The Catalyst Programs are for people over 18 years. It is for people for people with problematic alcohol or substance use, either as the drug of choice or as part of a pattern of poly-substance use. The program is for people who have are not currently actively using or are willing to take a break from substance use for the time of the program. The program operates from Monday to Thursdays, with opportunity for yoga (via video link) on Friday mornings. Most activities are scheduled between 10am and 3pm.

Clients who benefit from the program are those who:

* Have an AOD goal to cut down or give up alcohol or other drugs
* Have recently completed an AOD withdrawal
* Are looking for the structure provided by a five week non-residential program
* Have stability in accommodation and mental health to support engagement in program content

The period following withdrawal is a vulnerable time in which the potential for relapse is significant. The programs provide intensive post-withdrawal support. The aim is to help people develop coping skills and maintain the motivation to change their drinking or substance use behaviour at a time when it is challenging to stay on track. There are no sanctions for people who lapse while in the program and we support people using this as a learning opportunity. People however cannot attend the program if they are substance affected for the group’s safety. Prescribed medications and pharmacotherapies for any drug are supported treatment interventions.

The Catalyst program is delivered over five weeks and consist of individual Motivational Enhancement Therapy, structured psychosocial groups, as well as complementary sessions including yoga, peer support, relaxation/mindfulness and nutrition. Assessment, goal setting and coordinated service linkages are core components of the program.

### Eligibility Criteria

* A recent withdrawal treatment or a period of no use prior to Catalyst start date.
* Commitment to having a break from alcohol or other substances for the duration of the program.
* Stable accommodation to facilitate attendance.
* Stable mental health so client can actively engage with the CBT content of the program.
* Basic English literacy skills.
* Note that significant intellectual or cognitive impairment may prevent program participation.

### Information Required from Referral Source

* Current assessment paperwork.
* List of current supports and contact information.
* Consent to Release Information with Catalyst Program and other key service providers.
* Withdrawal and interim support plan developed in collaboration with the client.

### What is an Interim Support Plan?

The plan is likely to include things like:

* Identifying key support people, e.g., family member/partner, AA sponsor, counsellor, friend, telephone support services, etc.
* Referral options for family and significant others if indicated.
* Possible referral to a Post Withdrawal Support Worker who can provide support for up to six weeks post withdrawal. This might include linkage to other services the client may need.
* Preparation of things that need to be organised before starting the Catalyst Program, e.g., medical appointments, transport, assessments, childcare, rescheduling of appointments or time off work.

**How to Make a Referral?**

Send referral form to catalyst-tas@unitingvictas.org.au or call Ph: 6244 1144 or 0479 187 710.

**Hobart Catalyst Program**

**Referral Form**

**Referrer details**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of referral | Click or tap to enter a date. | Service | Click or tap here to enter text. |
| Referrer’s name | Click or tap here to enter text. | Telephone | Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client name | Click or tap here to enter text. | | | | | Date of birth | | | Click or tap to enter a date. | |
| Gender identity | |  |  |  | | --- | --- | --- | | Male | Nonbinary | | | Female | Other - \_\_\_\_\_\_\_\_\_ |  | |  |  |  | | | | | | | | | | |
| Do you identify as trans? | | | |  |  |  | | --- | --- | --- | | Yes | No Prefer not to say |  | |  |  |  | | | | | | | | |
| Pronouns | Click or tap here to enter text. | | | | | | | | | |
| Aboriginal or Torres Strait Islander | |  |  |  | | --- | --- | --- | | Aboriginal | Torres Strait Islander | | | Both Aboriginal and Torres Strait Islander | |  | | Neither Aboriginal nor Torres Strait Islander | | Decline to answer | | | | | | | | | | |
| Address | Click or tap here to enter text. | | | | Postcode | | Click or tap here to enter text. | | | |
| Telephone | Click or tap here to enter text. | Permission to leave message | | | | | | Yes No  Discretion required | | |
| Email address | Click or tap here to enter text. | | | | | | | | | |
| Forensic/ongoing legal matters | | | | |  |  | | --- | --- | | Yes | No | | | | | | | |
| Emergency contact | Click or tap here to enter text. | | | Phone | | | | | | Click or tap here to enter text. |
| Relationship to client | | | | | | Click or tap here to enter text. |

**Client details**

|  |
| --- |
| **Please comment on withdrawal needs and any pharmacotheraphy information:** |
| Click or tap here to enter text. |

|  |
| --- |
| Please comment on client’s Stage of Change regarding substance use: |
| Click or tap here to enter text.   |  |  |  | | --- | --- | --- | | **Pre-contemplative**  Not aware of having problem | **Contemplative**  Considering behaviour change | **Preparation**  Preparing to make changes | | **Action**  Ready to take action now or have done so recently | **Maintenance**  Looking for strengths to maintain changed behaviour | **Relapse**  Resuming AOD use after a period of abstinence | |

**All medical, health and welfare professionals involved in client’s care**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Service** | **Contact details** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**Risk issues**

|  |
| --- |
| **Please comment on history of suicidal ideation/behaviour; harm to self or others; and/or any physical health risks:** |
| Click or tap here to enter text.  None stated |

**Family violence**

|  |
| --- |
| **Please comment on family violence risk.** |
| Click or tap here to enter text. |

|  |
| --- |
| Support and withdrawal plan |
| Click or tap here to enter text. |

**Summary**

**Check list**

|  |  |  |
| --- | --- | --- |
| Withdrawal planned or completed | Mental state stable | Accommodation stable |
| Commitment to not use substances for duration of program | | Basic English literacy |
| No significant cognitive impairment | |  |