An Open Door: *A Salvation Army Response to the University of Otago's 2015 'Testing the Bridge' Study by Captain Dr Judith Christensen*

An independent Otago University report found that The Salvation Army Bridge Programme (also known as Addiction Services) is 'world class'. Captain Dr Judith Christensen, who developed the Bridge Programme Model of Treatment, responds by looking back to the beginnings of The Salvation Army, and looking forward with new goals for the future—ensuring that the Bridge continues to be an 'open door' to all.

A report from a University of Otago research team, 'Testing the Bridge: An Evaluation of the Effectiveness of The Salvation Army's Bridge Programme Model of Treatment', has been long awaited by all involved with the Bridge. There is a genuine desire to learn from every aspect of the research report, including the insightful discussion and recommendations, and to move forward into a new process of programme development.

The whosoever

From its earliest days in 19th century England, The Salvation Army has combined an unapologetic evangelical ministry with a deep social concern. One of William Booth's biographers described him as being 'warmly prejudiced in favour of the unfortunate'. Booth insisted there was—had to be—an open door for everyone at the Salvation Army. A person did not need to be 'deserving' to be invited in and receive a warm welcome. And, being or becoming a Christian or joining The Salvation Army could never be a condition for receiving a helping hand.

Thus began the Army's long tradition of practical concern for what Booth called 'our people'—the 'whosoever'—namely every child, woman, or man whose circumstances may seem hopeless. Yet a thoughtful, timely and loving 'hand up' could restore their wellbeing and bring transforming hope, dignity and self-respect.

Over the years, many of the Army's hands-on social initiatives around the world—particularly in relation to those who are poor, sick, unemployed, uneducated, unskilled, poorly paid, abused, homeless, imprisoned, alienated, disenfranchised or suffering any form of social distress—have preceded or coincided with governmental awareness of its obligation to offer assistance to its own suffering people.

Throughout its history, The Salvation Army has often partnered with local and national governments in social service and social action projects that were desperately needed by the community, but usually incapable of being self-supporting in the short or long term.

In the beginning, pragmatic social programmes were led by committed Salvationists with a compassionate concern to 'do something', often untrained but willing to dedicate their lives and open their own homes and purses to those in need. They were always willing to accept financial assistance, and increasing scrutiny, from their community.

Over the years, experience in social service and social action activities has brought increasing expertise, and a growing awareness that 'best practice'—a quality service—is essential. Not only that, it is the right of every person and the responsibility of every provider.

The Good Samaritan for today

Today, The Salvation Army remains committed to the ideology of the Good Samaritan, where 'ordinary' people are encouraged to help each other, often volunteering their time and giving their money to serve their community as good neighbours, as well as through Salvation Army outreach programmes—including the Bridge Programme.

But there is also an acceptance that there has been a knowledge explosion in our understanding of people and their life experiences. New knowledge, theories, disciplines and professions provide new opportunities to offer the kind of specialised service that actually gives people in difficult circumstances the kind of helping hand that is meaningful for them. Quality understanding, quality people, quality teams, quality service, quality relationships, quality outcomes—all are fundamental requirements in today's addiction treatment programmes.

The Bridge Model of Treatment

The 2002 Bridge Model of Treatment represented a major step in the ongoing development of one of the Army's traditional social services. It identified The Salvation Army's role as host for its treatment programme, and built on the Army's accumulated expertise in working with people affected by their abuse of alcohol and/or drugs. It challenged providers to see the treatment experience as a true partnership, optimising the contribution of all staff but always centring on the client's experience and their need to be fully involved in the negotiation and achievement of meaningful outcomes.

This Model of Treatment acknowledged the reality that the Alcoholics Anonymous 12 Step programme was already a significant component at the Bridge, and has been the treatment of choice for many clients over the years, offering an understanding of their addiction, a path to personal transformation, and ongoing social support within a peer group. It also introduced the Community Reinforcement Approach—informed by Cognitive Behavioural Therapy—which already had a long history of proven use in a variety of settings and treatment regimes, particularly with people who abuse alcohol.

At the heart of the model was a commitment to offering a warm and compassionate, respectful, responsive, person-centred, transformative, inclusive and informed service. When the model was completed, much attention was given to developing a computerised documentation system within The Salvation Army's Service and Mission Information System (SAMIS) that reflected the model in use. It was anticipated this would encourage much needed cohesion, consistency and integration within the treatment experience for both clients and staff in every Bridge Programme. Significant ongoing education was undertaken to inform staff about every aspect of the programme, including the appointment of champions to encourage the informed application of the model of treatment.

Yes, but …

After a decade of use, there has been informed and ill-informed discussion on the theoretical model and its use in practice, and many changes in both staff and programme delivery. Has the theoretical model of treatment been successfully translated into an everyday best practice treatment programme? Is it working?

It was timely to request an independent evaluation of the effectiveness of our treatment programme by the University of Otago. Ongoing consultation led to the questions that eventually shaped the subsequent research process.

From a provider perspective, the research outcome contained in this report that was delivered by the University of Otago this month reveals that *yes,* there is strong support for the overall effectiveness of the Bridge Model of Treatment, *but …*

The report both affirms and challenges the current model of treatment. '*Yes, but…'* is perhaps the very best outcome the research could have given to the Bridge Programme and to those charged with taking it into the future. It gives independent confirmation of the need for an in-depth re-examination of some major aspects of programme delivery throughout the country. And it clearly re-states the current best practice approach that each person's addiction experience is embedded within their whole life story, and therefore, focusing only on their addiction is not likely to achieve the desired outcome. Finally, the report provides advice on how to capture information that will facilitate informed internal and independent reviews at the individual and programme level.

We are warmed by the ***Yes*** research outcomes:

- ***Yes***—the Bridge Programme Model of Treatment does incorporate current, and evidence-based, and best practice treatment approaches
- ***Yes—***a significant proportion of people entering the Bridge do complete a 'therapeutic dose' of treatment, as defined by the research team, and are able to demonstrate a multi-dimensional improvement in their circumstances when they leave the programme, and at a three month follow-up
- ***Yes—***our Model of Treatment stands up well when systematically compared with available data on similar programmes from a variety of perspectives
- ***Yes***—the inclusion of 'spirituality' as a key component in the Bridge Programme is highly valued and deemed helpful by those who have completed the programme. This is consistent with current wisdom in the addictions field that suggests attention to a person's spirituality may offer significant mental and physical health benefits, and should be a fundamental tenet in the multi-dimensional, holistic treatment approach now recommended.

Looking to the future

But … the report also raises issues that give us a helpful starting place as we move into a new process of programme development that will inform and resource our Addiction Services team to deliver the very best possible service. As we develop a new Model of Treatment that will be in place by the end of 2016, we will:

- ensure that there is clear and unbreakable continuity between the theoretical model of treatment and the actual programme in every Bridge Programme centre
- identify the quality and accountability implications—particularly in relation to consistency, cohesion and fidelity—of the multi-centre Salvation Army addictions programme
- deliver a programme that gives clients the opportunity to build a strong sense of personal identity, self-efficiency and resilience, and to move toward a greater internal locus of control, while also learning to value and experience fellowship and social support, especially within their own family/community
- accept as a fundamental tenet of the programme that treatment effectiveness is enhanced when co-existing mental, physical, emotional and social factors are attended to appropriately as part of the person's comprehensive treatment plan
- establish individualised programmes as the 'norm', because they represent best practice, rather than a set and standardised centre programme
- determine what 'completion' of a person's programme looks like and how each person can best be supported to maintain their abstinence or reduction in use in the long term

- find a way to hear the voice of those who leave the programme without completing a 'therapeutic dose'
- accept that not all people entering the Bridge will actually achieve good treatment outcomes, but clearly identify this as the goal for every person entering a programme
- identify and apply 'disciplinary' strategies that are consistent with, and an integral part of, the treatment programme, openly acknowledging that best practice considers relapses a probability within each client's recovery journey, and not an indicator of failure
- develop an inclusive and distinctive definition of 'spirituality' for the Bridge Programme that emphasises its contribution to giving life meaning and purpose and embed it as a key component in a holistic, multi-dimensional treatment programme
- affirm that the Salvation Army Bridge retains its twin traditions of an evangelical commitment and a truly wide open door for everyone—the 'whosoever—and that the actual daily programme clearly and intentionally encourages each client's unique journey of discovery for their own life-affirming spiritual self
- develop and implement an information strategy that captures the essence of the treatment approach, maximises the chances of consistent and comprehensive data entry that enables quality client management throughout the recovery journey, generates quality monitoring reports, and facilitates ongoing programme review processes.

Thank you

The University of Otago's study represents so much work by so many people. From a provider perspective, it must trigger action to be worthwhile. We know that no programme, indeed no human activity, is always 'perfect' when examined systematically or when experienced, and yet getting it right for every person every time should be the goal because each person is precious, and no one is expendable.

As part of the academic tradition, every aspect of this research will be scrutinised by peers who will provide informed feedback. This experience will grow the researchers' individual and collective expertise, and benefit future evaluation projects. To those involved in any way in the conduct of the research process over the past three years we say, 'thank you'.

Many within our Salvation Army team have also participated in the research as providers and gatherers of data about the current treatment programme. Often, a research programme focusing on evaluation makes additional demands on the busy day-to-day work of treatment providers. To the research assistants and staff in the seven participating centres, and to all our national and local programme staff, we say, 'thank you'.

Most of all, our heartfelt thanks go also to all the clients that have participated in a Bridge Programme over the past three years, not only those directly involved in the research. The desire to provide each person with a relevant, safe, high quality experience with life-changing outcomes was the motivation for requesting the research. Three hundred and twenty five people agreed to participate in the research process at a time when they were each facing intensely personal life challenges. Your stories are precious—a taonga to those who will come after you to a programme made better because you were willing to share your experience. We can only say, 'thank you'!

- Go to www.salvationarmy.org.nz/TestingTheBridge to read the University of Otago's study.