

Building sector capacity: piloting the Alcohol and Drug Cognitive Enhancement (ACE) program in diverse treatment settings.

Authors:

Eleanor Vincent¹, Daniel Vautin², Raimondo Bruno¹, and Allison Matthews¹

¹*University of Tasmania* ²*Alcohol, Tobacco and other Drugs Council (Tasmania)*

Presenter's email: dan@atdc.org.au

Background: Recent empirical evidence indicates that nearly 50% of individuals seeking treatment for alcohol or other drug (AOD) use exhibit cognitive limitations. To address this issue, the Agency for Clinical Innovation (NSW) devised the Alcohol and Drug Cognitive Enhancement (ACE) Program, which employs a behavioural change approach to enhance cognitive function and treatment outcomes for AOD clients. With UTAS, the ATDC commissioned an independent study aimed to investigate the feasibility and applicability of the ACE program within Tasmanian AOD organisations, which included piloting the ACE program across a diverse range of treatment settings.

Description of Model of Care/Intervention: The ACE Program consists of:

- (i) Ace Screener – a brief screen to examine the risk and likelihood of a client having impaired cognitive function
- (ii) The Brief Executive Function Assessment Tool (BEAT) – a non-diagnostic tool that identifies areas of cognitive impairment
- (iii) Cognitive Remediation Group Workshops – a series of workshops aimed at building client understanding of cognitive impairment and the tools and tricks to improve impaired thinking
- (iv) ACE Brief Interventions – individualised tools and exercises to support client functioning

Effectiveness/Acceptability/Implementation: The ATDC collaborated with five Tasmanian five treatment organisations to implement the ACE pilot program from July 1st to December 30th, 2022. Clients with a potential for cognitive impairment were given the chance to participate in further assessment and brief interventions and/or a 12-module group workshop.

Cognitive assessment through the self-report BEAT tool examined cognitive functions such as focus and concentration, memory, emotional reactivity, difficulties associated with initiating, planning, prioritising and completing tasks and motor function. This information was then available for AOD workers to assist in supporting client treatment.

As a sector-capacity building activity, the ATDC coordinated comprehensive training in the use of the ACE Program tools, supported participating organisations to implement the program, and assisted in collecting data over the pilot period.

An independent evaluation by the University of Tasmania researchers incorporated both quantitative and qualitative measures of implementation success, including feasibility, acceptability, client completion, and engagement data. Additionally, preliminary intervention outcomes were assessed using self-reported cognitive capacity among clients.

Conclusion and Next Steps: Initial findings indicate that the ACE program effectively enhanced organisational capacity for identifying and improving treatment outcomes for clients with mild to moderate cognitive impairment. In terms of engagement and implementation, the program was particularly well-suited for therapeutic community settings.

Overall, AOD clients experienced benefits from their involvement with the ACE pilot program. An overview of findings, emerging themes, and practical implications from a sector-capacity building perspective will be discussed in the presentation.

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