

CORRECTION

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Correction to: The development of a healing model of care for an Indigenous drug and alcohol residential rehabilitation service: a community-based participatory research approach

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Correction

Upon publication of the original article (Munro et al., 2017), the authors noticed the following errors:

1. A few words are missing in the conclusion of the Abstract. It needs to read:

Conclusion: The description of the CBPR process and the Healing Model of Care provides one possible solution about how to provide better care for the large and growing population of Indigenous people with substance misuse issues

2. On page 4, at the top of the page: “Step 1: Effective engagement...” should be “Step 1: Initial engagement...”
3. On page 5, in the middle of first column, the start of the sentence “The semi-structured interviews used ‘yarning’ approach” should be: “The semi-structured interviews used a research ‘yarning’ approach”
4. On page 6, in the section with the sub-heading “Healing through culture and country”, “red centre of circle” should be: “in the centre circle”
5. Table
 - a) The “Aftercare” core treatment component at the bottom of column b is missing
 - b) “b. Intervention” should instead read “b. Treatment” Please see the corrected Table 1 below.

6. The second sentence of the Discussion should be: “The Healing Model of Care proposed in this paper is based on the premise that successful treatment in a remote Indigenous drug and alcohol residential rehabilitation service will improve clients’ quality of life and cultural connectedness which will, in turn, be strongly associated with sustained reductions in their risky substance use.”
7. On page 10, the following sentence requires two corrections: “We recognise other outcome measures, namely the World Health Organization Quality of Life – BREF (abbreviated version; WHOQoL-BREF) is not currently validated for use with Indigenous peoples, but given that health education and behaviour studies are tested for validity and reliability inconsistently (Berry et al., 2013) and there have been no measures designed and validated for use within Indigenous drug and alcohol residential rehabilitation settings, the authors consider this a pivotal area for future research (Stephens et al., 2013; James et al., 2017, under review).”
 - a) the first mention of “is” should be “are”
 - b) The reference “Barry et al., 2013” should be “Berry et al. 2013”
8. In the References section, the word “Islander” in the term “Aboriginal and Torres Strait Islander” also should be capitalised. The following references in the reference list need this change to be made:

AIHW, 2017;
DOHA, 2013;
Doyle et al., 2015

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Table 1 Orana Haven treatment program logic

a. Client areas of need	b. Treatment components	c. Mechanisms of change	d. Process measures	e. Outcomes*
<i>Primary client areas of need:</i> 1. Risky substance use 2. Poor quality of life 3. Poor cultural connection	<p>Healing through culture and country</p> <p>Core treatment components</p> <p>Flexible activities</p> <ul style="list-style-type: none"> - Being on country/spirituality - Developing kinships - Making artefacts, fishing bush medicine - Referrals to local health services and visiting specialists - Working with corrections - File notes / assessments - Client transport <p>Case management</p> <ul style="list-style-type: none"> - One-on-one counselling - AA, morning, psychoeducational groups - Informal counselling - Develop daily routine - Positive role-modelling - Redevelop personal responsibility - Vocational courses - Literacy / communication skills 	<p>Reconnecting clients to culture and country via activities and strong relationships</p> <p>Clients engaged in the program via positive therapeutic alliance between staff and clients</p> <p>Referrals to AMS to external health and other social services</p>	<p>No. of clients engaged in regular cultural activities</p> <p>No. of clients staying in the program for 3 or more mths</p> <p>No. of Aboriginal Health Checks/other referrals</p> <p>No. of kms of transport</p>	<p><i>Primary outcomes:</i></p> <ol style="list-style-type: none"> 1. Reduced substance misuse (AUDIT/DUDIT* / IRIS* clean urines) 2. Increased quality of life (WHOOoL-BREF*) 3. Increased connection to culture (GEM*)
<i>Secondary client areas of need:</i> 4. Co-occurring mental illness 5. Criminal justice involvement 6. Chronic physical health needs 7. Tobacco use 8. Unemployed / limited education	<p>Therapeutic activities</p> <p>Life skills</p> <ul style="list-style-type: none"> - AA, morning, psychoeducational groups - Informal counselling - Develop daily routine - Positive role-modelling - Redevelop personal responsibility - Vocational courses - Literacy / communication skills <p>Time out from substances</p> <p>Aftercare support</p> <ul style="list-style-type: none"> - Improve physical wellbeing (eg. sleep routine / nutrition) - Improve mental / spiritual wellbeing - Smoking cessation - Referrals to services post-discharge (eg. ACCHOs) - Provide a list of support services in client's community (eg. AA) - Ongoing phone contact 	<p>Improving client quality of life</p> <p>Increased understanding of substance misuse (e.g. triggers) and personal strategies (e.g. motivations, goals, timeout) for reducing misuse</p> <p>Reconnecting clients to culture and country</p> <p>Relearning daily routine and structure to maintain a healthy lifestyle after discharge</p> <p>Learning and developing work-ready and communication skills</p> <p>Identify and engage in positive alternative activities to substance use to learn how to take time out from substance substances</p> <p>Continue to access treatment and care required to maintain improved health and wellbeing post discharge</p> <p>Developing aftercare program post discharge from treatment</p>	<p>No. of clients maintaining abstinence 3 months post discharge</p> <p>No. of external counselling sessions provided</p> <p>No. of vocational-related courses completed</p> <p>No. of clients achieving individualised life skills goals</p> <p>No. of clients engaging in regular exercise / cultural activities</p> <p>No. of clients quitting or reducing smoking</p> <p>No. of clients maintaining abstinence/not involved in crime post discharge</p> <p>No. of clients participating in aftercare (eg. phone calls, assessments, visits)</p>	<p><i>Secondary outcomes:</i></p> <ol style="list-style-type: none"> 4. Reduced psychological distress (IRIS* / K10*) 5. Reduction in recidivism (Pre/post criminal justice data) 6. Improved physical health (Pre/post Aboriginal health check outcomes) 7. Reduction in smoking (RBD Scale* / self-report* / CO levels*) 8. Improvement in employment and education (3mth follow-up data)

*Measured at admission, mid, discharge and 3mths post discharge from the OH program

Doyle et al., This also needs a capital “N” in “NSW”
Gould et al., 2014;
Heffernan et al., 2016;
NH&MRC, 2013;
NIDAC, 2014;
QSA, 2008.
Marmot, 2011. This also needs a capital “I” in
“Indigenous”

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