

Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 3: September 2017

What's different
about AOD
treatment for
young people?

3

ERIC: Emotion
regulation and
impulse control

10

Digital safety,
online lives and
youth mental
health

6

Youth focus

- David Martin Place
- Lovebites
- Triple Care Farm
- SDECC
- NSW Ministry of Health



NADA
network of alcohol and
other drugs agencies



CEO report

Larry Pierce

NADA

This edition of the Advocate focuses on young people. As you are all aware, the recent NSW Drugs Package includes a \$16 million over a four-year commitment to expand youth treatment and support services and improve access to specialist youth AOD treatment services. Tenders for this have been recently released and we await the outcomes of this process. There have also been some interesting research submissions from our sector, received under the Health Ministry's research program funding, that look at the trialling of some new youth specific AOD treatment initiatives across NSW. NADA is pleased that new government funding in direct treatment services and research and evaluation initiatives have been made available to the sector and we encourage investment in this aspect of the AOD service system.

NADA members working within the youth AOD sector have a broad population to support. They work with children impacted upon by a carer's substance use, raising AOD awareness with youth in schools, through to young adults that may require more intensive intervention in a residential setting. Research and frontline experience tells us that best practice within the youth sector requires respectful approaches to education, flexible treatment options and the engagement of young people themselves in the design of their care.

The establishment of the NADA Youth AOD Services Network has been instrumental in providing input to NADA, policy makers and funding design. The network's involvement in recent roundtable discussions set up by Hon. Pru Goward are a case in point, where the network provided a written submission on areas of need, and youth representation for consumer feedback on the day regarding treatment and support needs. There are some excellent examples in this Advocate that showcase the innovative work happening in the youth AOD sector, that have relevancy for all service providers.

We are proud of the members of the Youth Network and continue to learn from them about how to construct a better treatment service system for this upcoming generation

I take my hat off to those in our field that work closely and tirelessly with young people, and we are proud of the members of the Youth Network and continue to learn from them about how to construct a better treatment service system for this upcoming generation.



Cameron Francis
Social worker, Dovetail

What's different about AOD treatment for young people?

In this article, I will give you a quick overview of some of the ways AOD treatment for young people is different to treatment for adults. Young people are more than just mini adults. They are as diverse as any other group in the community, and so some of what we're talking about may not apply to all young people, all the time. Instead, this is a rough guide, designed to get you thinking.

Photo cc by 2.0 State Farm

Who are young people anyway?

Different government departments and jurisdictions have different understandings of what 'young people' means. It can be defined as 10–17 years of age, or 12–25 years of age, or any number of other combinations. The service provided to a 12 year old will be quite different to that provided to a 25 year old. There are specific issues with managing these age ranges within one space. Do we want our comparatively naive 12 year olds hanging out in the waiting room with our more streetwise 25 year olds? Workers may require specific training to work across these age ranges. Very young people may not have highly developed verbal abilities, and could need creative approaches to exploring thoughts, feelings and behaviours.

Exposure to risk

We know that young people's brains continue to develop into early adulthood. Young people aren't as good at assessing risks as older people are. Young people often have very little power within the illicit drug market; they can be exploited, ripped off, or sold adulterated substances, whereas a seasoned user would have a better understanding of the dynamics of the drug market. Young people sometimes face increased risks in the environments in which they use substances. Many adults use substances in the comfort of their lounge room, whereas many young people need to locate to other places to use substances; this may include public places like parks, or in places away from adult supervision.



What's different about AOD treatment for young people?

continued

Exposure to trauma

There's a huge amount of research showing high rates of trauma experienced by young people and adults in AOD treatment. For some young people, this trauma can be very recent and in some cases current. They might be living in an environment where they are still experiencing physical, sexual or emotional abuse. The constant exposure to trauma can make treatment difficult. It can mean that the focus of our treatment shifts away from their substance use, and onto the immediate risks they face and strategies to keep them safe.

Family involvement

Everyone comes from a family of some kind, but for young people their family is often—but not always—central, and needs to be addressed in treatment. We know that young people do better in AOD treatment when there is family involvement. This can be difficult to negotiate, especially if a young person really doesn't want their parents involved. Perhaps even trickier, is the scenario where a young person's parents have significant AOD problems themselves, and in some cases may have introduced their young person to substance use. Services need to be prepared to manage these kinds of family dynamics sensitively and supportively.

The conventions of help-seeking

Many young people don't understand the conventions of seeking help for a problem. For young people, the service system can be confusing. Talking to strangers is daunting at the best of times, but talking about personal problems (sometimes including illegal behaviour) with an adult you don't know, can be too much for some young people. We can't just sit back and wait for young people to rock up to our service, and ring that little bell sitting on our front counter. We have to actively get out of the office, hang out in spaces and services that young people do go to, and show our worth.

You'll notice that many of the above issues are also relevant to adults. We agree! We think that every service can benefit from being more youth friendly.

If you make your service youth friendly, you are unlikely to scare off your adult clients. But if you work in a cold, clinical AOD service—full of plexi-glass and grey walls—young people might not feel as welcome they should.

Dovetail
supporting the youth alcohol
and drug sector in Queensland

Learn more about youth and
AOD: www.dovetail.org.au.



Dovetail's

Youth friendly

service checklist

Environment

- Does the service look and feel youth friendly (e.g. posters, music, magazines, colour)?
- Is the service easily accessible by public transport?
- Can young people happily walk through your doors (i.e. confidentiality)?
- Are young people kept safe in your waiting room and areas around your service?

Values, attitudes and practices

- Do you have a clear confidentiality policy which is explained to all young people in simple, easy to understand terms?
- Do staff have access to ongoing training and professional development around effective work with young people?
- Are there effective feedback mechanisms that seek out the opinions of young people, and takes their feedback on board? (Hint: a complaints policy is not enough!)
- Does your service have some clear policies and procedures around family involvement in treatment?

Access

- Do you have a simple intake procedure that allows a young person to speak with someone immediately (e.g. without a Medicare card)?
- Do you have a short waiting list?
- Do you offer SMS, email, Facebook etc. appointment reminders?
- Do you have appointments available outside regular hours, and in other locations closer to young people (e.g. like school).
- Does your service consider the specific needs of Aboriginal and Torres Strait Islander young people, young people from culturally and linguistically diverse communities, and/or LGBTI+ young people?



Digital lives,

online safety and

youth mental health

Photo cc by 2.0 Ellen De Vos



Professor Debra Rickwood
Professor of Psychology, University
of Canberra; Chief Scientific Officer,
headspace National Youth Mental
Health Foundation

Young people are at a vulnerable stage of life for mental health problems and also most likely to be connected 24/7 to the online world. New technologies enhance our lives in innumerable ways, and have transformed how we spend our time, communicate with each other, and convey and retrieve information, but there are dangers to guard against that are particularly relevant for youth.

Being online all the time is not conducive to wellbeing, yet this can be the reality for many young people. The phone is their constant companion, and they are always attuned to its alerts. The term FOMO has been coined to refer to 'fear of missing out', which is the social imperative to be always 'in the know'. Furthermore, research shows that new message alerts create an emotional buzz, and are quite habit-forming. It's not surprising that young people are highly averse to being digitally disconnected for even a brief period of time.

Constant online connection, and the need to receive and respond at any time of the day or night, means that some young people don't ever switch off. One serious consequence of this is sleep disruption, and good sleep is essential for mental health. Many young people have difficulty sleeping regular hours anyway – but respite from the blue light emitted by screens some time before bed and having alerts switched off overnight are key sleep hygiene techniques.

Another concern is engagement in social media, particularly in unmoderated forums. While social media can connect and engage likeminded young people around issues that interest them, the propensity for problems can be high. Unmoderated forums enable highly emotive and toxic exchanges to take place. Cyberbullying, which can be facilitated through a variety of online platforms, needs to be a target for awareness raising and resilience building for young people.

The main concern with social media, however, is its ability to hook people into negative social comparison. It is the perfect platform for people to pose and preen, and posts are often entirely staged. Through the process of social referencing, this invariably leads people to perceive that others are having a better time, are better looking, have more friends and more good stuff going on in their lives than they do. Research shows that spending more time on social media usually makes people feel worse about themselves. Particularly vulnerable are young women, whose body image and self-esteem can suffer.

The rise of the 24/7 online social culture means that young people are in a constant situation of promoting themselves and their own identity online. In adolescence and young adulthood, identity is still forming and young people are likely to try out different things and take risks. Privacy is no longer a serious concern and many young people are not aware of the potential consequences of posting inappropriate content. They need support to understand that what they post and how they convey themselves online can have both immediate and long-lasting consequences.

Digital safety, online lives and youth mental health continued

Employers regularly check the online presence of applicants, and there have been numerous instances whereby online posts have led to people being arrested for the behaviour that has been exposed. This relates not only to what the young person posts, but also their friends and companions. What seems funny at 2am on a Saturday night out may be much less so the next day.

Young people need to be encouraged to think about their future self, realising that what they post cannot be erased. Being aware and vigilant about privacy and security settings is also critical, to prevent identity theft and hacking. However, it is important to note that it is often friends, with access to devices and passwords, who cause the most trouble and embarrassment.

Clinicians, parents and those who work with young people need to have regular discussions about digital life and online safety. The online world is an integral part of young people's reality. Enabling young people to be well informed and in control of their technology use and online presence is critical for their mental health and wellbeing.

Some [resources](#) to get the conversation started are available from ReachOut.



Lovebites

A community based violence prevention model



Kristian Reyes

Youth Health Education Officer,
Youthblock

As one of the lead facilitators of NAPCAN's school based respectful relationships program Love Bites, I believe, now more than ever, it is vital for this program to be funded and promoted at all levels of government.

Run by specialist local community, homelessness, youth and education sector workers, the Love Bites program establishes a safe environment for young people to critically discuss, and reflect on relationship violence and sexual assault with their peers. By promoting and modelling respectful relationships, the program, operating since 2004, encourages young people to support their friends and introduces young people to local services.

Love Bites engages students to explore the expectations and attitudes embedded in gender roles and how this can play out in their relationships from a young age. It gently breaks open and deconstructs the myths that surround sexual assault and domestic and family violence; myths that are perpetuated by the media and go unchallenged, myths that mean survivors hesitate to report incidents and perpetrators are given licence to re-offend.

What is amazing about the workshops is that it is often other students who will challenge the misguided or uninformed opinions of their peers. Love Bites allows the room of young people to self-monitor and peer educate. Students challenge one another's thinking, they give space for opinions to be aired and to transform which is showcased in the art and music consolidation activities of the Love Bites program.

For more information, visit

<http://napcan.org.au/our-programs/love-bites>.





David Martin Place

David Lester, Team Leader

David Martin Place—Mission Australia

David Martin Place (DMP) is a new 10-bed in-patient medically supervised withdrawal unit situated on 110 acres at Triple Care Farm (TCF) Knights Hill in the Southern Highlands of New South Wales.

DMP helps young people to overcome addiction and lead healthy and safe lives. It provides a safe place for them to withdraw from drugs and/or alcohol, focussing on both physical and psychosocial needs to address multiple complex presenting issues and support longer term sustained change. It allows them to access effective treatment earlier including further treatment programs they may be ineligible for without proper withdrawal first.

DMP combines evidence based best practice guidelines for withdrawal and working with young people. The service model is underpinned by the following principles: health promotion; harm reduction; a focus on safety and successful completion of withdrawal; providing a youth specific service; taking a holistic and individualised approach to care; understanding withdrawal management as one part of an integrated approach to treatment; providing ongoing support including aftercare; offering adapted Dialectic Behaviour Therapy; offering a longer,

flexible length of care to ensure young people can stabilise before discharge; and incorporating trauma informed care principles into all aspects of service delivery.

Young people are offered support of up to 28 days providing supervised withdrawal and a range of holistic supports and therapies. The initial focus of the program is primarily on comprehensive individual bio-psychosocial assessment, development of an individual treatment plan and management of the physical symptoms of withdrawal. As treatment progresses and physical symptoms are reduced the focus shifts to addressing psychosocial issues.

On discharge, young people may move on to the residential rehabilitation program at TCF, alternative rehabilitation program, other treatment services, or may be ready to transition back to the community. All young people completing the program are offered up to six months individually tailored aftercare which is essential to sustaining long term positive change and reducing the likelihood of relapse as they transition to other treatment services or back to the community.

At the centre of the integrated treatment are individual assessment, treatment planning and review. Supports include: 24/7 nursing care, regular onsite medical clinic, individual and group counselling, adapted Dialectic Behaviour Therapy, educational and recreational programs, and family support.

Detox continued

A number of collaborative partnerships are key to the support provided to young people at DMP. These include the Robertson Family Practice (GP), South Western Sydney and Illawarra Shoalhaven Local Health Districts, and a range of referral partners including other NGOs to assist young people maintain an ongoing healthy lifestyle after completion of the DMP program.

Each participant's outcomes will be measured through psychometric tests and demographic data collection. These assessments will track young people's changing needs, current trends, the service provided, and the resultant client progress.



For more information contact the team leader on 02 4860 7440 or by [email](#).

The Gorman Unit

For adult patients 18+

David Tomes, Nursing Unit Manager

Gorman Unit—St Vincent's Health Network Sydney



The Gorman Unit opened its doors on 17 January, 2017. The unit has transitioned from a non-medicated facility to a specialized acute 20 bed inpatient unit and outpatient service which is staffed by a dedicated team of medical, nursing, allied health and administrative staff. We also have a consumer participation worker and an Aboriginal counsellor position to help engage our patients and provide culturally appropriate care in their time of need.

This new unit offers short-stay medically supervised management of withdrawal and stabilisation of substance use disorder for the inner city Sydney community and wider NSW. The unit will continue to cater for the homeless community seeking treatment in inner city Sydney and will

also provide services to people accessing treatment for the first time. Our model of care ensures that we are meeting their psychosocial and medical needs to generate optimal outcomes. Treatment is holistic, patient centered and individualized, with a strong focus on the patient playing a key role in treatment planning. Care is delivered 24 hours a day, seven days a week by our committed team of health professionals. Priority is given to our patients who identify as Aboriginal and Torres Strait Islander.

The unit now offers new levels of comfort with modern facilities and equipment including free to air television, computer and internet access and a fully equipped kitchen, barbeque area and group room. Therapeutic groups are run five days a week by our Allied Health and nursing staff. These groups focus on coping skills, relapse prevention, mindfulness, relaxation and self-esteem and participation is encouraged by staff. Other diversional resources available for patients include art supplies, board games, and cooking activities.

The Gorman Unit fosters an environment of inclusiveness and provides services that are culturally safe to diverse populations, including our LGBTQI community.

The service acknowledges that withdrawal management is only part of treatment and the patient journey. The Gorman Unit multidisciplinary outpatient service was developed to offer comprehensive treatment planning, relapse prevention, counselling, education and post discharge care to support our patients in all stages of their recovery. This service also offers ambulatory withdrawal for those patients who wish to manage their substance use disorder outside of the inpatient setting.

The Gorman Unit has and will continue to build strong relationships and work closely with our partner agencies to meet the needs of our patients including drug and alcohol service providers, non-government organizations and local health districts.

Patients can access The Gorman Unit inpatient and outpatient services by the Alcohol and Drug Services Centralised Intake line on 9361 8080. Referrals are also accepted from GPs and other services by [email](#) or via the Centralised Intake line.





Translating research into practice

ERIC: Helping young people regulate their emotions and control impulsive behaviours

Dr Kate Hall, Senior Lecturer in Addiction and Mental Health, Deakin University

Dr Angela Simpson, Research Fellow, Deakin University

Elise Sloan, Doctor of Clinical Psychology candidate, Deakin University

Young people seeking help from youth AOD services commonly present with multiple and complex needs. ERIC is a psychological skills based program developed for, and with, vulnerable young people. ERIC targets social and emotional skill development in vulnerable young people in order to cultivate and strengthen individual protective factors for mental health and wellbeing.

Background

Young people seeking help for AOD issues represent arguably, one of the most disadvantaged and vulnerable groups in society. These young people have multiple and interrelated mental health, substance use, and psychosocial difficulties that go beyond the normal developmental challenges of adolescence and young adulthood, and which pose significant risks to healthy development. For example, a recent census of this population found that 34% percent had a mental health diagnosis in addition to their AOD issues; 41.5% had engaged in self-harming behaviour in their lifetime; 64% reported past involvement in the criminal justice system; 53% reported a history of abuse and/or neglect; and 33% reported past involvement with child protection services¹. While an enormous amount of work has been done in workforce capacity development in the area of dual diagnosis over the past 10 years in Australia, a gap has remained in our developmentally informed service delivery to young people. Targeted social and emotional skill development is needed, alongside our AOD treatment, in order to increase the individual protective factors for these young people.

Why do we target emotion regulation?

Healthy emotion regulation (ER) develops throughout childhood and adolescence in response to consistent, caring and secure relationships with our primary caregivers. Vulnerable young people may not have had an opportunity to develop helpful ER habits. Additionally, research shows that deficits in healthy ER may be relevant in the development, maintenance and treatment of various mental health concerns including substance use², depression³, anxiety⁴, eating disorders⁵, and borderline personality disorder⁶. Young people seeking help in the AOD sector experience complex patterns of these mental health concerns. For example, in a body of research conducted in partnership with Victoria's YSAS in 2016, the

authors examined the above mental health symptoms in 306 youth AOD service users and found that at least 89.2% exceeded the clinical cut off for at least one of these disorders, and over 51% for three or more disorders. This study supports what practitioners have anecdotally observed for many years. That although young people present for AOD treatment with multiple and interrelated mental health symptoms, the complex interplay between these symptoms means that current mental health treatments are an imperfect fit. We propose that ER and impulsivity are promising transdiagnostic treatment targets which may address the clinical complexity in young AOD clients.

What is ERIC?

ERIC is a psychological skills based program designed to promote healthy social and emotional development for all young people by cultivating helpful Emotion Regulation and Impulse Control skills. ERIC differs from the existing single disorder intervention packages by targeting these two transdiagnostic processes. ERIC has been co-designed and extensively piloted with young service users and consequently, ERIC is applicable across the spectrum of AOD and mental health issues and appropriate for different literacy levels.

ERIC targets social and emotional skill development in vulnerable young people in order to cultivate and strengthen individual protective factors for mental health and wellbeing.

ERIC contains a treatment program and training and implementation model (see Table 1). The ERIC treatment program builds skills across eight domains derived from the theoretical⁷ and empirical⁸ literature, to target important processes or strategies, which help young people, regulate their emotions and control impulsive behaviours (Figure 1). These domains have been operationalised in to 24 qualitative outcomes which contain therapeutic intentions, targets or goals defined in meaningful ways to guide young people and clinicians towards targeted skill development.

The ERIC implementation model has been designed specifically for youth services and aims to build capacity in all sectors who work with vulnerable young people.

Translating research into practice

continued

- | | | | |
|---|------------------------------|---|-------------------------------------|
| 1 | 8 ERIC Domains | 1 | ERIC training workshop |
| 2 | ERIC world View | 2 | ERIC coaching and feedback protocol |
| 3 | Case conceptualisation model | 3 | ERIC FaCts- competency measure |
| 4 | ERIC intervention outcomes | 4 | Moderated discussion forum |
| 5 | 20+ ERIC worksheets | 5 | Video resources |
| 6 | Four clinical tools | | |

Table 1.
Elements of ERIC

EMOTIONAL REGULATION				IMPULSE CONTROL			
REDUCING VULNERABILITY	EMOTIONAL LITERACY	FLEXIBLE THINKING	ALLOWING	MICRO MINDFULNESS	TOLERATING DISCOMFORT	DECISION MAKING	IDENTITY & VALUES
To reduce rumination and suppression	To identify emotions and recognise their purpose	To be able to look at a situation from another person's perspective	To accept yourself and others	To tune in to your mind and body	To sit with uncomfortable thoughts, feelings and body signals	To remain focused on goals despite strong emotions	To know your personal values, goals and strengths
To face up to avoidance	To identify how emotions impact thoughts, behaviours and body signals	To be aware of bias when interpreting a situation	To observe your thoughts and emotions without trying to change them	To remain present in each moment	To resist an urge to engage in unhelpful behaviours	To implement a considered plan to solve a problem	To be aware of what motivates you
To practice good self-care habits	To recognise the difference between helpful and unhelpful responses to emotions	To accept other people's point of view as valid	To be kind and compassionate to ourselves	To focus your attention	To use distraction and self-comfort strategies to get through difficult situations	To make decisions that are in line with how you want to feel	To know who you are and how you want to live your life

Figure 1.
The 8 ERIC domains and outcomes for young people

What are the ERIC resources?

The ERIC resources include easy to use clinical tools and worksheets which can be flexibly delivered in individual or group based treatment settings. Each worksheet translates the comprehensive evidence-based behind each ERIC domain into micro-key messages and practical skills. For example, recent Australian research that examined repertoires of emotion regulation in young people accessing help in AOD services found that the use of rumination and avoidance had particularly damaging effects⁹. Accordingly, one of the ERIC domains, Reducing Vulnerability, specifically targets these unhelpful strategies. Figure 2 shows one of the ERIC worksheets that highlights practical strategies for interrupting the cycle of ruminative thinking.

Figure 2.
Interrupt Rumination ERIC worksheet from the 'Reducing Vulnerability' Domain.

Interrupt rumination with 5-4-3-2-1

WHY IS RUMINATION UNHELPFUL?

- Rumination is exhausting! A mind that constantly travels can wear you out.
- Many people describe rumination as a way of trying to understand a problem, or to solve a problem when they feel stuck.
- But scientists have found that people who ruminate about problems have difficulty coming up with solutions.
- Instead, they feel more distress or stuck or trapped.
- Rumination is strongly related to anxiety, depression and other mental health problems.

Use grounding skills to interrupt rumination.

Our minds spend a lot of time wandering between memories of the past and images of what might happen in the future. Some psychologists describe our minds as constant time travellers! Sometimes our minds get into the habit of time travelling as a way of coping with problems. They travel to places in the past associated with the problem when we felt regret, shame or failure. Or they travel to the places in the future where we worry about something bad happening. When we get into a habit of thinking around and around about the causes and consequences of problems, it is called rumination.

Rumination stops you from putting in place strategies to resolve the problem or moving toward acceptance if things can't be solved. Once your mind develops the habit of ruminating, it can be very difficult to control when your mind spends its time. You may have problems sleeping or concentrating because of your thoughts.

When your mind spends its time in very important for managing your feelings.

Translating research into practice

continued

Integrating ERIC into AOD Practice

The ERIC Case Model (Figure 3) contextualises the individual emotion regulation and impulse control skills in ERIC in the broader sociocultural context. It acknowledges how these skills exist along the developmental continuum for young people and highlights the importance of protective relationships and attachment to caring adults. The innermost yellow parts of the model reflect that the individual ERIC skills are fundamental when navigating the challenges faced during this crucial period in development. The outermost blue layers of the model highlight the protective role of connection to culture, community, and purposeful activity in shaping healthy development.

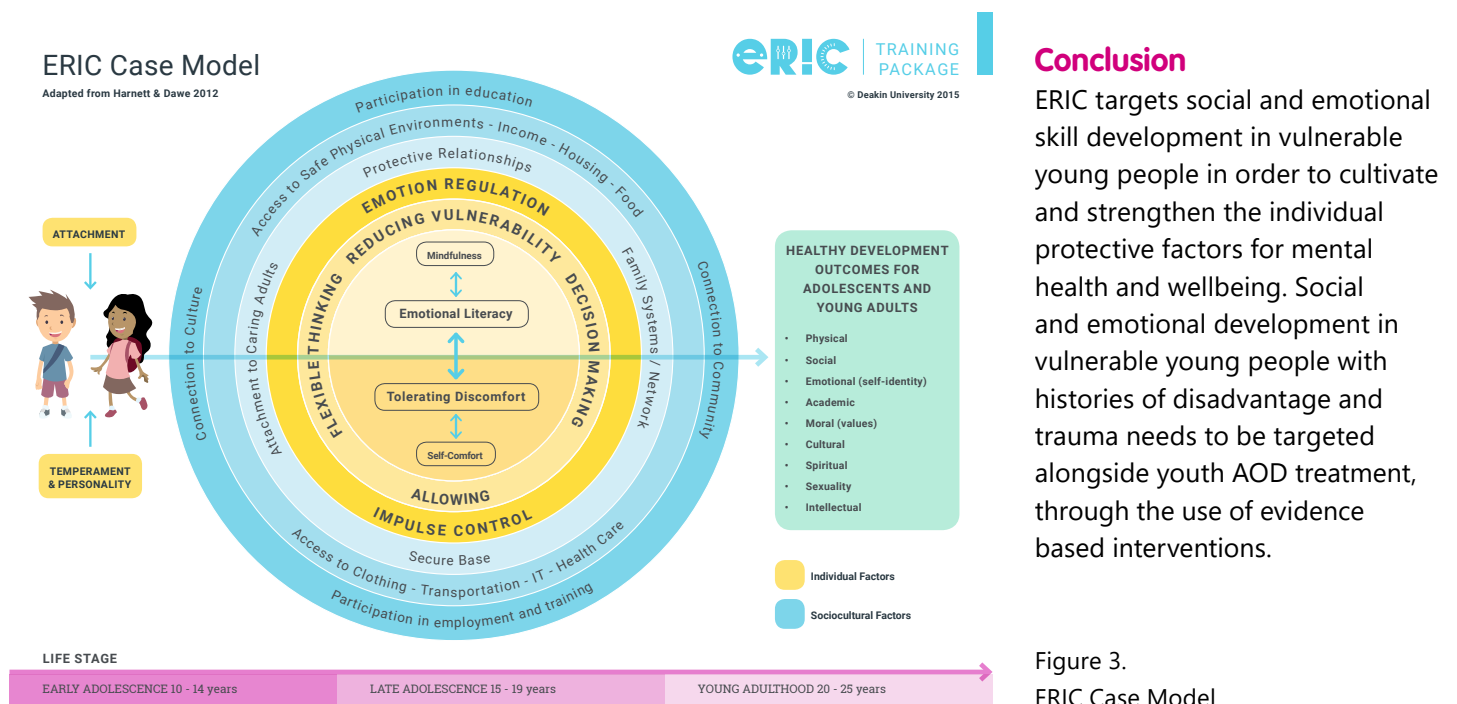


Figure 3.
ERIC Case Model

Bibliography

- Mitchell, P, Kutin, JJ, Daley, L, Best, D and Bruun, AJ 2016, 'Gender differences in psychosocial complexity for a cohort of adolescents attending youth-specific substance abuse services', *Children and Youth Services Review*, 68, 34-43.
- Kober, H, 'Emotion Regulation in Substance Use Disorders', In: Gross, JJ 2013, ed. *Handbook of Emotion Regulation*. 2nd Edition ed. New York: Guilford Press, 428-446.
- Hofmann, SG, Sawyer, AT, Fang, A and Asnaani, A 2012, 'Emotion dysregulation model of mood and anxiety disorders', *Depression and anxiety*, 29(5), 409-416.
- Mennin, DS, Holaway, RM, Fresco, DM, Moore, MT and Heimberg RG 2007, 'Delineating Components of Emotion and its Dysregulation in Anxiety and Mood Psychopathology', *Behavior Therapy*, 38(3), 284-302.
- Lavender, JM, Wonderlich, SA, Engel, SG, Gordon, KH, Kaye, WH and Mitchell, JE 2015, 'Dimensions of emotion dysregulation in anorexia nervosa and bulimia nervosa: A conceptual review of the empirical literature', *Clinical Psychology Review*, 40, 111-122.
- Carpenter, RW and Trull, TJ 2013, 'Components of emotion dysregulation in borderline personality disorder: A review', *Current psychiatry reports*, 15(1).
- Gratz, KL and Roemer, L, 'Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale', *Journal of psychopathology and behavioral assessment*, 26, 41-54.
- Aldao, A, Nolen-Hoeksema, S, Sand Schweizer, S 2010, 'Emotion-regulation strategies across psychopathology: A meta-analytic review', *Clinical Psychological Review*, 30(2), 217-237.
- Sloan, E, Hall, K, Youseff, G, Moulding, R, Mildred, H and Staiger, PK 2017, 'Repertoires of emotion regulation in young people accessing youth drug treatment', submitted.



NSW Drug Package

The NSW Ministry of Health is working on a portfolio of AOD programs and services for young people, including prevention, early intervention, harm reduction, detox and treatment services, and research and evaluation.

The NSW Government Drug Package

In June 2016, the NSW Government announced an additional investment of \$74 million over four years for the NSW Drug Package. The increased funding is focused on supporting young people, families and more people into treatment.

\$24 million over four years has been allocated to fund initiatives for young people. This includes providing more detox and treatment services specifically for young people and establishing a research fund to help build the evidence-base for early intervention models, with a particular focus on young people using drugs.

Youth detox and treatment services

Funding for youth detox and treatment services is a key part of the Drug Package. \$16 million over four years will be used to expand access to youth specific services for more than 1,000 young people so that they can benefit from a range of treatment options.

A tender for Alcohol and Other Drugs Youth Treatment Services closed in August. This is an integral part of this commitment to increase young people's access to youth specific services. The successful NGOs will receive a total of \$6.49 million to deliver withdrawal management, residential rehabilitation and psychosocial counselling and support services to young people aged 10 to 19.

This funding will help:

- increase numbers of young people able to access AOD treatment
- improve health and social functioning of young people accessing AOD treatment
- facilitate greater collaboration and partnerships in the delivery of AOD treatment service delivery for young people
- identify and test new approaches in the delivery of AOD drug treatment services for young people.

Alongside this tender, a Youth Addiction Fellowship has been established. This will help build the state-wide capacity of the NSW child and adolescent specialist medical workforce to holistically address the harms related to young people and substance use. The fellowship is open to senior registrars in specialties including

addiction medicine, adolescent and young adult medicine, paediatrics, and child and adolescent psychiatry. Those completing the fellowship will become clinical leaders in the field and provide young people in NSW with high-quality youth specific services.

The youth component of the Drug Package also focuses on increasing public sector service delivery to strengthen effective use of existing medical infrastructure and experience to care for clients with complex needs. It also includes a workforce capacity building element across all sectors to deliver services to young people.

AOD Early Intervention Innovation Fund Grants

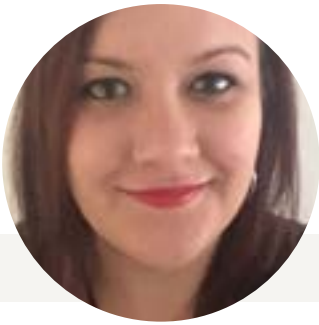
The NSW Drug Package established an \$8 million Early Intervention Innovation Fund which aims to build the evidence for early intervention models to support people at risk, with a particular focus on young people who are vulnerable to using drugs or are already participating in risky drug use.

The fund consists of two grants schemes:

1. NGO Evaluation Grants Scheme: for NGOs to evaluate existing programs to build the evidence base.
2. AOD Innovation Grants Scheme: to specifically drive AOD early intervention innovation and to focus on vulnerable young people.

So far, five grants valued at up to \$150,000 over two years, have been awarded as part of the NGO Evaluation Grants Scheme. The five grant recipients were announced earlier this year, and include Ted Noffs Foundation, Odyssey House, Mission Australia, ACON and Kedesh Rehabilitation Services. To find out more about the NGO Evaluation Grant projects, visit the [AOD Early Intervention Innovation Fund Grant](#) website.

Read about the recipients of the first round of AOD Innovation Grants Scheme on page 25. Also included are details of round two of the fund, which is now open. Keep an eye on the [AOD Early Intervention Innovation Fund Grant](#) website for the most up-to-date information.



Engaging people in their treatment needs

Lauren Mullaney

Senior Psychologist, Triple Care Farm—Mission Australia

I want you to think about a time when you have felt misunderstood, or a time when you have felt like you weren't heard. Perhaps you were talking to a doctor about your medical needs, or perhaps it was to your boss who may have been listening but not hearing what you had to say. It can be a pretty devaluing experience, and if it happens more often than not, it can form part of our narrative; the way in which our story goes. This may manifest in a number of ways, and might mean that we don't reach out when we need help, or that we write-off those around us as being unimportant and unable to meet our needs. Whatever the assumption, it can mean that we may be unable to move forward and make the connections we need to in order to lead a 'life worth living'.

In the AOD sector, we work with a range of people who already perceive themselves to have complex narratives, with a range of presenting needs. This can be particularly prevalent for young people, and can result in them disengaging and disconnecting from our services. At Mission Australia's Triple Care Farm, alongside substance misuse concerns, 93% of people identify with experiencing mental health issues and 77% identify as having a family history of breakdown; just to name a few of the overlapping treatment needs (TCF 2016 data). Mission Australia, like other AOD services, believes that the client is at the centre of everything that they do; with genuine client connection a continuous goal. Part of ensuring connection, is about listening (and hearing) what our clients have to say; even if it's not always what we, as services/staff, may want to hear. Acknowledging that facts do not cease to exist because they are ignored (Aldous Huxley, *Proper Studies*, 1927).

In order to achieve these continuous goals and to be effective in connecting, it is important to be "respectful, purposeful, inclusive, transparent and committed" (Mission Australia, *Client informed service framework*, 2017). Part of this, is about being informed by our clients—looking at what works and what doesn't. Triple Care Farm has trialled feedback informed approaches in a few different ways over the years, and has included both formal and informal processes. This has included: focus groups, clients being part of steering committees, complaint and feedback procedures (including the use of outcome measurement

tools) and via facilitating student councils where clients run their own meetings and are given the opportunity to discuss concerns/suggestions for every aspect of the treatment provided.

Naturally, not all of these things will work for you or your services, nor is it where Triple Care Farm should stop. However, what is important for our clients is that we have avenues (whether that be individually or organisationally) that allows for them to have a voice in their treatment needs. "Having a genuine, hopeful and empathetic client/worker relationship makes a difference to the lives of clients. When you're working with people with complex needs, this relationship is particularly important" (NADA, *Complex needs capable*, 2013), and seeking feedback from our clients is a part of this. As services and as individual workers, we have a responsibility to ensure that we are not reinforcing maladaptive narratives, and that we are assisting to reinforce a new way in which to perceive the possibility of change. Yes, we are not responsible for the change. We are however responsible for our part in our interactions with our clients, in the treatment we provide and the decisions we make regarding our own growth as individual workers and services.

When I asked a current client about their thoughts regarding this topic, they stated that getting client feedback was important because it meant that staff can "grow and change their approach" and so that they wouldn't startle or trigger a client unnecessarily. Wise words. By engaging with the people we work with in a genuine and open way, we can endeavour to limit the possibility of disconnection and disengagement from treatment, and help reinforce a different narrative.



To learn about Triple Care Farm, call (02) 4885 1265.

Bibliography

Mission Australia 2017, *Client informed service framework*, Mission Australia, Sydney.

Network of Alcohol and Drug Agencies (NADA 2013, *Complex Needs Capable: A Practice Resource for Drug and Alcohol Services*, NADA, Sydney.

Aldous Huxley, *Proper Studies*, Chatto and Windus, London, 1927.

Working with young people and their families



Susan Watson
Chief Executive Officer
SDECC

Sydney Drug Education & Counselling Centre (SDECC) is a specialised comorbid AOD youth counselling service that operates within a family inclusive, trauma informed framework. SDECC works with young people, aged 14 to 25 years, who meet criteria for Substance Use Disorder (SUD) and their families.

Often the family (or parents) first contact SDECC, desperate for information on how to 'force' their young person into treatment. They often feel disillusioned once they learn that they cannot coerce them into addressing their SUD issues. SDECC acknowledges their distress, and offers them support and the skills to create a change within the family system.

Young people who present at SDECC are often in stages of pre-contemplation or contemplation, that is, they believe their current drug use is not impacting on their life in a way that would encourage a change in behaviour. SDECC counsellors provide harm minimisation interventions by supporting young people to set their own AOD goals and reduce the risks associated with their substance use.

By engaging parents, we create an opportunity to address the issues within the family system that may be blocking pathways for the young person to move into a preparation stage and ultimately into an action stage. It is known that treatment is more effective when people have willingness for change. It is important to note that young people who have families who do not access the service are also seen as priorities and are supported to achieve their goals.

When a young person or parents enter the service, they are informed that SDECC is a family inclusive service and should their parent, son or daughter present at SDECC, the clinical team will discuss the family as a whole and assess the best way to support each member. It is explained that our counsellors can keep confidentiality and privacy protected and will clinically discuss family issues with respect and no judgement.

SDECC's case review is the opportunity for clinicians to share information, maintain neutrality and eventually combine their conceptualisations of each family case with a view to orient therapy in a similar direction. This is done by reflecting on cases from an AOD, mental health, family

systems and trauma informed lens. All young people are presented by session ten. If their parents are also clients of the service, the family is presented at case review.

At intake, a comprehensive assessment is completed including the use of quantitative tools such as the ORS, DASS21 and SDS for young people and DASS21 and ORS for parents. Young people are allocated their own counsellor. Parents are always encouraged to attend SDECC's Paving Ways group.

Paving Ways is six-week therapeutic group which aims to:

- provide a forum for parents and carers to be validated and supported
- provide psychosocial information about SUD
- develop skills and strategies to manage their own and their loved ones behaviour
- gain clarity on how to support their young person.

Our data suggests that parents experience a statistically significant decrease in distress at the conclusion of the group. Parents report improved skills allowing them to more effectively manage their relationship with their young person. This contributes to improved family functioning. In addition, young people whose parents attend group are more likely to engage in treatment at SDECC.

Some parents may need further support on completion of Paving Ways. They are allocated a counsellor (separate to their son or daughter's counsellor) to continue to work on specific issues pertaining to their family. Parents often unknowingly contribute to the trajectory of their young adults SUD. SDECC's model interrupts this process allowing parents to change the course. This is usually a very frightening time for families and a change in the family system usually leads to increases in tension and conflict in the short term.

By working with the family, rather than just the substance user, stabilisation of the family system is quicker, and a reduction in the young person's use more likely and more sustainable. In fact, case studies indicate that young people whose parents are engaged in treatment at SDECC report improved psychosocial outcomes faster than those whose parents are not engaged with the service.



For more information, phone 02 9977 0711 or email admin@sdecc.org.au. Visit the website www.sdecc.org.au.

Youth AOD Services Network

The Youth AOD Services Network was established in 2013 with the support of NADA's Sector Capacity Building Program funded through the Department of Health Substance Misuse Services Delivery Grant Fund in 2012. This grant aimed to improve the capacity of non government drug and alcohol services to identify and respond to clients with drug and alcohol, mental health and other complex health and social issues.

The network is a collective of 21 specialist youth services providing AOD services, support and treatment to young people across regional and metropolitan NSW. The network was formed to improve referral pathways between specialist youth AOD services, create opportunities for shared learning and promotion of best practice approaches, as well as have a joint voice on issues impacting young people. They work together to improve outcomes for young people seeking and accessing drug and alcohol services, support and treatment in NSW.

The network, running for five years now, meet four times annually for information sharing, training and networking.

The network's first meeting was held on **20 February 2013**.

Accomplishments

- Developed a Youth AOD Service Directory
- Provided AOD staff with information, education and advice sessions on:
 - social media services
 - legal issues affecting young people
 - headspace
 - youth mental health and substance abuse
 - suicide prevention and intervention skills
 - resilience building for young people.
- Coordinated site visits to network members
- Contributed to state-wide policy such as the NSW Substance Use and Young People Framework
- Coordinated and disseminated information on training opportunities and resources of interest to network members
- Provided network members with capacity building training:

Date	Training	Provider
July 2014	Resilience building in young people	Black Dog Institute
February 2015	Psychopharmacology and young people	Iain McGregor
February 2016	Young people and methamphetamine	Dr Suzie Hudson
November 2016	Prevention and de-escalation of crisis in young people	Misha Thomas
May 2017	Working with people in AOD using a DBT approach	Lauren Mullaney

Useful resources

Online tools

For workers, young people and families/carers

[Youth Drugs and Alcohol Advice's](#) (YODAA) website provides access to information and support about youth AOD needs.

[Dovetail](#) provides clinical advice and professional support to workers, services and communities across Queensland who engage with young people affected by AOD use. They have a short [introduction to youth AOD](#) training online.

[The Centre for Youth AOD Practice Development](#) bring together expert practitioners and researchers to develop practical and effective responses to the needs of young people affected by AOD problems.

Youth frameworks

The [Substance Use and Young People: Framework NSW](#) [PDF], published by the NSW Ministry of Health in 2014, provides principles to AOD services, and more broadly, health services, on working with young people with substance use concerns.

Youth Support and Advocacy Service (YSAS) compiled [A resource for strengthening therapeutic practice frameworks in youth AOD services](#) [PDF].

Dovetail developed [A framework for youth alcohol and other drug practice](#) [PDF]. A clear message from practitioners and research is that in order to respond to a young person's vulnerability, a broad rather than narrow approach is needed. A broad approach sees various factors and pathways into and out of problematic AOD use by young people.

Screening and assessment tools

YODAA has compiled a few tips for [Developmentally appropriate screening and assessment](#).

Scott Miller describes the development and validation of an ultra-brief outcome measure, the [Outcome Rating Scale \(ORS\)](#) [PDF]. The instrument's psychometric properties are examined and reported for both clinical and nonclinical samples. The feasibility of the scale is considered.

Practice approaches and tools

[A modified DBT group therapy manual](#) [PDF] presents the strategies and group work protocols Triple Care Farm (TCF) has found to be the most effective over seven years of running a DBT program. TCF encourages service providers to access the program for use in the treatment of a range of substance misuse harm minimisation goals in a range of different clinical settings.

[Headspace: Best Practice Framework](#) [PDF] identifies, develops and trials innovative approaches to ensure that headspace centres are informed by the best current evidence and resources that support improving the quality and effectiveness of services to young people.

St Luke's Innovative create strengths-based, conversation-building [resources](#). Of note are the [Shadows and Depper Shadows](#) and [Picture This](#) cards.

The [Best Practice Guidelines](#) [PDF] have been developed in consultation with the Bay of Plenty Youth AOD sector (New Zealand) and offer youth AOD providers a framework on which to premise service delivery.

Youth withdrawal management

The [Adolescent Withdrawal Guidelines](#) [PDF] have been developed by YSAS as a resource to support clinicians who are working with adolescents seeking to address their substance use.

Emotion regulation

[This tool](#), created by Out of Home Care Toolbox, focuses on practical skills that can help reduce the need for young people to rely on more harmful ways of managing their intense emotions.

Working with families and significant others

[Youth Alcohol and Drug Good Practice Guide](#) [PDF] supports good practice by workers and services who work to minimise the harm from AOD use experienced by young people, their families and their communities.

[Young Parents AOD Toolbox](#) provides easily accessible and effective information for the supporters and carers of young families and substance use.



NADAbase expansion project

Self-administration

Cassandra McNamara

Program Manager—Data Systems, NADA

NADAbase expansion project update

Phase 3: Self-management

August 2017 sees the commencement of Phase 3: Self-management, specifically, consultation and the move to enable administrator functionality for our members in NADAbase. Aligned with previous NADA member feedback and stakeholder consultation, this change will provide members with greater user efficiency through the ability to create and deactivate user logins. It is hoped that it will also promote improvements in security at the member end, through registration of individual users.

A form will be emailed out to delegates seeking a nominee as their organisation's administrator for NADAbase.

The role of the administrator will include:

- point of contact for NADAbase
- creating new user logins
- deactivating old users
- re-coding existing clients
- championing best clinical practice in data collection and reporting.

Screener implementation update

On 1 July 2017, NADA implemented three new screeners to NADAbase. For our members, this included questionnaires on the issues of suicide risk; blood borne virus and sexual

health; and for selected services, domestic family violence. Six weeks on and reports indicate that for the suicide and BBV screeners over 1000 episodes combined have recorded responses from clients. For those services using the domestic family violence screener, up to 180 episodes have had a response. This is a great uptake given it has only been just over a month!

Do you have feedback on the new screeners? We are keen to hear how these screeners are working for you and your service—please get in touch with cassandra@nada.org.au or suzie@nada.org.au.

Data importing organisations

Are you already collecting these screener items in your own bespoke data management system? If not, and you're interested in starting to collect this information, we can work with you, including providing you with the data specifications required. If so, please get in touch so we can assist you to map existing screening questions to those outlined in NADAbase.

What's coming up?

In September, consultation will commence on Phase 4: Reporting and Analysis, specifically on the design for the NADAbase Dashboard and Client Summary Report.

Supporting young people with alcohol and other drug issues

A profile of non government alcohol and other drug services for young people in NSW (2017)

This resource has been developed by NADA in partnership with the NADA Youth AOD Services Network and provides an overview of the specialist non government youth services providing alcohol and other drug (AOD) services in NSW who are members of the network. It includes an overview of the network and its achievements, brief profiles of 19 network members, and a map of where the organisation are located across NSW.

[Download the resource now](#)



Member profile

Youth solutions

Youth Solutions is a youth AOD prevention and health promotion service. We work with young people, aged 12 to 25 years, in Macarthur and Wingecarribee, as well as all others who play an important role in their lives.

Based in Campbelltown, Youth Solutions exists to promote health and prevent harm to young people, with a particular focus on AOD prevention.

We work towards our service vision of improving the health, wellbeing and resilience of young people, and the community, by providing a range of programs and services.

Youth Solutions' core services involve the delivery of AOD education programs, which concurrently build the resilience of young people as well their capacity to seek help, cope with stress, manage difficult situations, communicate effectively, handle emergencies and make safer choices.

Our programs are tailored to meet the needs and abilities of each group and are typically delivered as a series of workshops over a number of weeks, enabling young people to build rapport with our service and other AOD and community services, as necessary.

Our programs are typically delivered to at risk young people in school settings and other educational settings; young people engaged with community groups, sporting groups or other community services; as well as young people in juvenile justice settings.

In addition to our core programs, we also develop and implement two community health promotion campaigns each year, with input from our active youth volunteer base, the Youth Advisory Group.

The #whychoose peer-led campaign focuses on the issue of tobacco smoking in the local community, prompting young people to consider the safer choices they can make in relation to smoking, whilst also providing opportunity for further support, information and referral. In 2017–2018 the campaign will also feed into a new tobacco cessation pilot program for young people.

The Safer Celebrations social marketing campaign runs each November through January, targeting young people with messages about safer partying practices during the peak celebration season. The campaign includes a range

of community engagement activities and marketing strategies, an online media campaign and data collection to trend local alcohol consumption levels and partying practices. During 2016–2017 the campaign reached over 11,000 people.

Youth Solutions is also an information, brief advice and referral service, connecting young people and their families, as well as other community members, with the services and support they need.

We also run the AOD Link training program for sector workers, which provides training sessions on a range of topics, including different drug issues of concern and working with young people.

Key programs

ARTucation

ARTucation is a health promotion and creative expression program. It is generally run with young people aged 12–16 years, particularly young Aboriginal and Torres Strait Islander people. The program primarily focuses on alcohol and tobacco, coupling drug education with learnings about creative expression, which are exercised through art, music or traditional Indigenous games.

DAIR

The Drug and Alcohol Information and Resilience Skills (DAIR) program is generally run with young people aged 14–16 years. This drug education and resilience building program focuses on skill and knowledge development to prevent young people from AOD related harm.

PEEP

The Peer Enrichment and Empowerment Project incorporates the researched notion that young people learn better from their peers. Within this program, young people who are trained to become Peer Educators assist Youth Solutions to deliver seminars with their peers about a range of topics including: drug and alcohol effects and risks, safer partying practices, celebrating and online safety.



For information about Youth Solutions programs and activities:

02 4628 23196

info@youthsolutions.com.au

www.youthsolutions.com.au

New members

Welcome



Positive Life NSW works to promote a positive image of people living with and affected by HIV with the aim of eliminating prejudice, isolation, stigma and discrimination. We provide information and targeted referrals, and advocate to change systems and practices that discriminate against people with HIV, our friends, family and carers in NSW.

Services provided include:

- treatments advice and peer support
- social inclusion and community events
- first-hand experiences of people living with HIV, through the Positive Speakers Bureau
- housing support
- partner notification support
- individual and systemic advocacy.

Please phone Craig Cooper on 02 9206 2177 or email contact@positivelife.org.au. For more information, visit the website www.positivelife.org.au.



Yadhaba (Darkinjung word 'get better')

Yadhaba's wellbeing services sits within Yerin Aboriginal Health Services Inc. The wellbeing service provides culturally responsive interventions for individual men, women, youth (12–25) and/or family groups through strength based, harm reduction model.

Services provided include:

- outreach (community and home visits)
- liaising between GPs and other services
- men, women and youth support groups
- behavioural and lifestyle changes
- confidential non-therapeutic counselling
- co-ordinated approach to help identify stressors.
- leading to substance misuse
- community education and awareness around AOD misuse
- advocacy and liaison for clients and families experiencing substance misuse
- referral pathways to a range of detox and rehabilitation services
- psychologist.

The Yadhaba team work with GPs, counsellors, support services, organisations and more, to assist with appropriate referral pathways.

For more information contact the Yerin Yadhaba wellbeing team leader on 02 43511040 or intake@yerin.org.au, or visit our website to complete an online referral www.yerin.org.au.

Profile

NADA staff member



Maricar Navarro
Office Coordinator

How long have you been with NADA?

I joined the NADA team in March 2017.

What experiences do you bring to NADA?

I have gained various experience in different industries such as graphic design, retail, and business administration. I am a problem solver who strives to streamline processes to increase efficiency. I have over four years' experience working in NGOs and was working in the Out of School Hours care sector prior to joining NADA.

What activities are you working on at the moment?

My role is to support the NADA team in all facets of administration, finance, and secretariat support, whilst ensuring day to day activities runs smoothly. Currently I am overseeing the continuous quality improvement systems and lead the organisation's accreditation process. I am looking forward to future project/events such as the AGM later this year and the 2018 NADA conference.

What is the most interesting part of your role?

No two days are the same! I really enjoy the variety and having the capacity to maximise effectiveness and efficiency in the operational activities within the organisation.

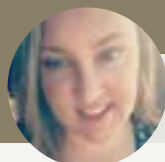
In addition, working collaboratively with a passionate team at NADA and having the opportunity to learn more about the sector has been really rewarding!

What else are you currently involved in?

On weekends you'll find me at dog parks (with my dog of course!) or tracking down trendy cheap eats around Sydney!

A day in the life of...

Sector worker profile



Phanessa Rossiter Residential Youth Worker, Junaa Buwa! Mission Australia

How long have you been working with your organisation?

I have been at Mission Australia with the Junaa Buwa! service for four and a half years. I work in the Center for Youth Wellbeing.

How did you get to this place and time in your career?

I started out as a volunteer with my local headspace service, helping out with group programs. During this time, I joined the Youth Mental Health and Wellbeing Network as the youth representative, which allowed me to be more proactive in helping organise forums and develop my public speaking skills. Volunteering opened doors to meet people across the community service sector and leading to a trainee youth worker opportunity with Mission Australia. After my traineeship ended, I was offered a permanent part-time position.

What does an average work day involve for you?

The day begins with getting the young people up and ready for the day. We take them to the gym, running group, and teach them living skills. We support young people to make more positive steps towards future goals and help them make positive changes for their challenging behaviours.

What is the best thing about your job?

The best part of my job is working alongside young people, helping them achieve their goals, seeing their self-esteem grow and watching them grow in the short time that they are at Junaa Buwa!

What is one thing you would like to see different in the non government drug and alcohol sector? What needs to change to get there?

I would like to see additional AOD treatment services with suitable youth friendly facilities working with young people to address their complex trauma. I would also like to see more AOD health promotion education and the promotion of services in schools and in the community.

If you could be a superhero, what would you want your superpowers to be?

If could be a superhero I would like to be able to fly so that I can see the world and visit my family who are in New Zealand.

Wellbeing of the workforce

Do you
work in the
AOD/addiction
sector?

Complete our survey to help us learn about you, your workplace,
and your sense of wellbeing

Worker wellbeing is receiving increasing attention. However, little is known about the wellbeing status of the AOD/addiction workforces.

Matua Raki (Addiction Workforce Development, New Zealand), NADA (Network of Alcohol and other Drugs Agencies, NSW peak body organisation for NGOs) and NCETA (The National Centre for Education and Training on Addiction, Australia) are working in collaboration to examine worker wellbeing, quality of life and resilience, and associated contributory factors.

We would like you to complete an anonymous online survey which will take about 20-30 minutes. A paper version can be made available from the contacts below.



The survey can be accessed here:

www.surveymonkey.com/r/WorkerWellbeingSurvey

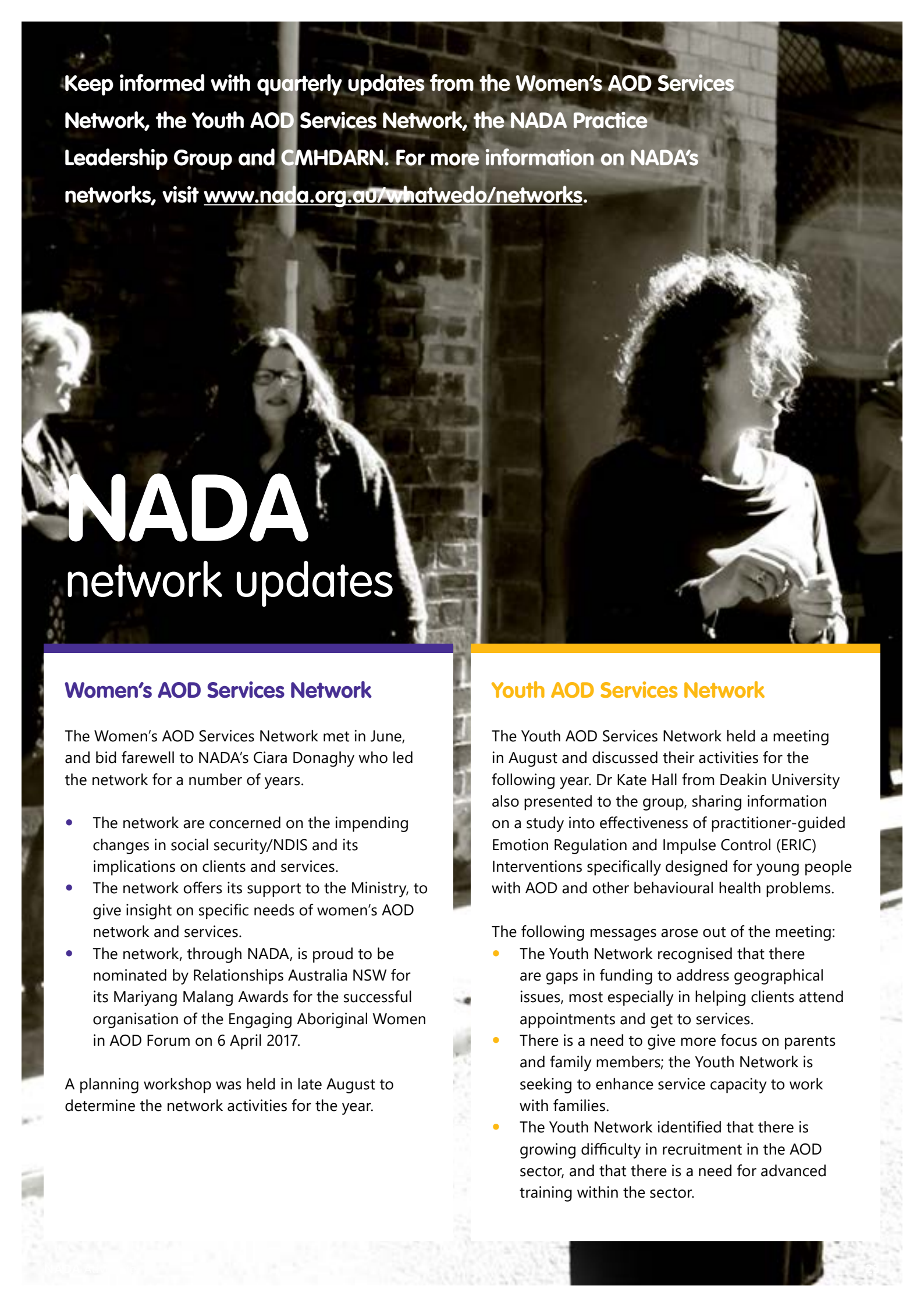
or by following the QR code.

Additional information can be found on our websites: www.matuaraki.org.nz;
www.nada.org.au, or by contacting the researchers: klare.braye@matuaraki.org.nz;
sianne@nada.org.au.

This survey will be available until end October. All participants will have the chance to go in the draw to win an ipad mini.

Thank you for your interest.





Keep informed with quarterly updates from the Women's AOD Services Network, the Youth AOD Services Network, the NADA Practice Leadership Group and CMHDARN. For more information on NADA's networks, visit www.nada.org.au/whatwedo/networks.

NADA

network updates

Women's AOD Services Network

The Women's AOD Services Network met in June, and bid farewell to NADA's Ciara Donaghy who led the network for a number of years.

- The network are concerned on the impending changes in social security/NDIS and its implications on clients and services.
- The network offers its support to the Ministry, to give insight on specific needs of women's AOD network and services.
- The network, through NADA, is proud to be nominated by Relationships Australia NSW for its Mariyang Malang Awards for the successful organisation of the Engaging Aboriginal Women in AOD Forum on 6 April 2017.

A planning workshop was held in late August to determine the network activities for the year.

Youth AOD Services Network

The Youth AOD Services Network held a meeting in August and discussed their activities for the following year. Dr Kate Hall from Deakin University also presented to the group, sharing information on a study into effectiveness of practitioner-guided Emotion Regulation and Impulse Control (ERIC) Interventions specifically designed for young people with AOD and other behavioural health problems.

The following messages arose out of the meeting:

- The Youth Network recognised that there are gaps in funding to address geographical issues, most especially in helping clients attend appointments and get to services.
- There is a need to give more focus on parents and family members; the Youth Network is seeking to enhance service capacity to work with families.
- The Youth Network identified that there is growing difficulty in recruitment in the AOD sector, and that there is a need for advanced training within the sector.

NADA network updates

continued

NADA Practice Leadership Group

The NADA Practice Leadership Group met in mid-June and reflected upon its activities over the past year: the exploration of withdrawal treatment in the NGO sector and the transitions from NGO to LHD services, NPLG Enhancing Clinical Practice Forum, Health of the Workforce project, and further exploration on implications of sleep issues for clients in the AOD sector.

The group would like to share with the sector:

- NPLG is seeking applications for committee membership, specifically the involvement of early career workers focussed on youth AOD sector as a career of choice.
- The NPLG Forum, held in May 2017, was highly successful and well received by its attendees. Likewise, NPLG members enjoyed sharing their experience with attendees, and found it valuable to hear about the attendees' experiences.
- The group has begun exploration into benchmarking and encourage NADA members to use the data snapshots related to NADAbase to help benchmark their service.

The next scheduled meeting for NPLG will be held on 20 September, and will be an Advocacy and Influence training workshop. Ask the NPLG for advice: find out about each member's [areas of expertise](#) [PDF] or email NPLG@nada.org.au.

CMHDARN

CMHDARN can now announce the successful applicants for the Community Mental Health Drug and Alcohol Research Seeding Grants Program 2017 —congratulations to our NADA member recipients:

- Family Drug Support
- Positive Life
- Kathleen York House
- Lyndon
- DAMEC.

On 15 September, the inaugural meeting of the Research Ethics Review Committee (RERC) will be held. The aim of the Committee is to provide guidance and advice to CMHDARN, NADA and MHCC members on the ethical issues relating to research via a peer-review process. As well as provide ethical and methodological review on research projects, the RERC will provide guidance and advice to researchers on engagement with service providers, consumers and carers, and use of their feedback in research data and publications.

AOD Innovation Grants Scheme

Four successful NGOs in round 1

Four NGOs will be awarded funding under round 1 of the AOD Innovation Grants Scheme. This grants scheme is part of the \$8 million Early Intervention Innovation Fund. The scheme awards projects that test novel approaches to prevention, early intervention, harm reduction and aftercare/relapse prevention.

The successful recipients are:

1. The Salvation Army (NSW) Property Trust—a randomised controlled trial to test the effectiveness of a 12-session continuing care telephone delivered intervention for people exiting residential substance abuse treatment.
2. Lyndon Community—a pilot study testing the feasibility of using the Adolescent Community Reinforcement Approach (ACRA) in six rural headspace centres to reduce AOD use in young people.
3. SMART Recovery Australia—for developing an online routine outcome monitoring (ROM) tool for Self-Management and Recovery Training (SMART) recovery groups.
4. Collaboration between Hunter New England Local Health District, Oasis Youth Support Network (The Salvation Army), Salvation Army FYRST and NADA—a trial that aims to examine the feasibility of the ERIC (Emotion Regulation and Impulse Control) intervention across NSW Health youth AOD services.

Earlier in the year, five grants valued at up to \$150,000 over two years were awarded as part of round 1 of the Non-government organisation (NGO) Evaluation Grants Scheme. The five recipients were Ted Noffs Foundation, Odyssey House, Mission Australia, ACON and Kedesh Rehabilitation Services. To find out more about the NGO Evaluation Grant projects visit the [AOD Early Intervention Innovation Fund Grant website](#).

Round 2 of the Fund is now open. [Click here](#) for further details.

There are three information sessions scheduled for round 2:

- 12 September 2017 (1.00 to 2.00pm)—Launch of Round 2 AOD Early Intervention Innovation Fund
- 15 September 2017 (10.30 to 11.30am)—Tips for applying to the NGO Evaluation Grants Scheme
- 15 September 2017 (12.00 to 1.00pm)—Tips for applying to the AOD Innovation Grants Scheme

Please register your interest by emailing your name and information session/s that you would like to attend to aodgrants@moh.health.nsw.gov.au. Once registered, you will receive further details on how to attend each session.



Subscribe to the Advocate

Each quarter, the Advocate raises significant issues relating to the NSW non government AOD sector. [Previous issues](#) have focused on drug trends, harm reduction, and AOD treatment for women. Develop your knowledge about, and create connections within, the sector.

To subscribe, email [Sharon Lee](mailto:Sharon.Lee@nada.gov.au).



NADA Practice Leadership Group

Meet a member

Dr Peter Kelly

Associate Professor, School of Psychology—University of Wollongong

How long have you been working with your organisation? How long have you been a part of the NPLG?

I have been working in my current role for about seven years. Many years ago, I spent time working at Kedesh Rehabilitation Services in the Illawarra, so it has been a long connection with NADA. I have been a member of the NPLG since 2015.

What has the NPLG been working on lately?

We recently completed the 'Enhancing clinical practice' forum. Other areas of focus include benchmarking and considering ways to improve sleep management. We are also in the process of recruiting new members to the NPLG.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?

I'm really interested in how we can use research to improve the quality of care across the sector. The NGO sector in NSW have really embraced research, data collection and quality improvement initiatives; it's been a very rewarding area to work in. I'm enormously grateful to The Salvation Army who I have worked closely with for about 10 years now, conducting a range of interesting collaborative research projects.

What do you find works for you in terms of self-care?

I do my best to try and keep a good balance between work and things outside of work. I'm always listening to music or trying to get along to shows—that helps. I also value getting to work across a range of different projects and working with colleagues that I really like.

What support can you offer to NADA members in terms of advice?

I'm always keen to hear about the research being conducted across the sector. I'm very happy to provide advice or suggestions to NADA members about their research activities. Feel free to send me an email or give me a call if I can ever help. practice can be challenging, and sometimes it can be useful when you workshop ideas with someone else.

Supporting young people

Quality Improvement Incentive Program

Are you interested in building better AOD services and programs for young people in NSW?

NADA, through funding from the NSW Ministry of Health, invites NADA member organisations to apply for the Quality Improvement Incentive Program (QIIP). The program provides youth-oriented services in NSW with access to one-off funding of up to \$80,000 to improve their services.

QIIP intends to support organisations providing alcohol and other drugs services to young people in NSW to improve access, engagement and support for young people. Through consultation with the NADA Youth AOD Services Network, the following priority areas of development for youth-oriented services were identified as key areas the QIIP will cover:

1. Information and communication technologies (ICT)
 - a. Implementing wider engagement and support to young people
 - b. Enhancing data collection and reporting, including evaluating client retention and engagement
2. Amenity improvement and infrastructure upgrades
3. Program development

Applications for the program are open until 5 pm 13 September 2017 and must be sent via email to Tata de Jesus at ana@nada.org.au. For more information, [click here](#).



Welcome to new staff at NADA

Suzie Hudson

Clinical Director, NADA

By now you are sure to have met Program Manager **Cass McNamara**—working on the NADAbase Expansion Project— check out her smiling face on page 18 of this issue of the Advocate. Cass comes to NADA with a wealth of policy and project experience from the government sector, with experience managing the policy areas of the Opioid Treatment Program and the Medically Supervised Injecting Centre. [Contact Cass](#) for all things NADAbase.

NADA is also pleased to welcome two new Program Managers to our team, who have already started to get out and about to meet the membership:

Helena Hodgson is overseeing the Hunter New England and Central Coast Regional Drug and Alcohol Practice Networks. The purpose of the networks is to develop a regional, collaborative approach to meeting the drug and alcohol service needs of Hunter, New England and Central

Coast Populations. Helena brings a wealth of experience in community services and has been working in the Hunter New England region for nine years overseeing the Community Drug Action Teams. If your service is in the HNE or Central Coast region get in contact with [Helena](#).

Rubi Montecinos has also joined us with significant change management, quality improvement and project management experience within the health space. Most recently, Rubi has experience in roles within public health and health education. Rubi has developed expertise in facilitating and growing the capacity of networks and will draw on her experience with HETI and the ACI to further the sustainability of NADA resources into the eLearning space. [Contact Rubi](#) regarding the Women’s Network, Complex Needs eLearning project and Family project— among other projects.

Drug and Alcohol Health Services Library

The library provides access to journals, books, reports and other print publications, as well as audio-visual materials. We can access any material held in libraries across Australia. For those requiring subject-specific research, we provide comprehensive literature searches tailored to a client’s requirements. We also train clients in the use of electronic databases, the Internet and other online resources.

Gain access to the latest in clinical management and research information by subscribing to the library’s electronic Journal Contents Bulletin.

You can visit the library at: Level 3, Kerry Packer Education Centre, Royal Prince Alfred Hospital, Camperdown.

Or you can contact us on:

Ph: (02) 9515 7430

Fax: (02) 9515 7244

Email: mira.branezac@sswahs.nsw.gov.au

The library is open 9am–5pm, Monday, Tuesday, Thursday and Friday. It is closed Wednesdays. We can negotiate with clients if they need to see us outside these business hours.

AOD policy timeline

The Australian Indigenous Alcohol and Other Drugs Knowledge Centre (the Knowledge Centre) have added an AOD policy timeline to the site. Designed to inform and educate the sector, the policy timeline provides an interactive way to learn about the history of AOD policies in Australia.

The AOD policy timeline provides a snap shot of policy in the sector, and then allows for more detailed information for each listing and access to the report from the Knowledge Centre bibliography.



The timeline can be accessed from the Policies section of the AODKC and from [this link](#).

NADA events

Save the date
NADA AGM and workforce
competencies consultation
Sydney, 20 November 2017

Aboriginal cultural awareness training

Woolloomooloo, 13 December 2017

The workshop will help participants understand:

- Aboriginal cultures, nations and protocols, family and kinship systems
- discrimination, myths and stereotypes
- the impact of colonisation and how this has affected contemporary Aboriginal peoples
- current statistics regarding Aboriginal people
- traditional and contemporary Aboriginal identity and how to improve communication with Aboriginal people.

[Register now](#)

Aboriginal people and strength based practices within a drug and alcohol setting workshop

Woolloomooloo, 14 December 2017

This workshop is designed specifically for those who have already completed the 'Aboriginal cultural awareness workshop' with Felicity Ryan.

[Register now](#)



Congratulations

Congratulations to Kathleen York House (Alcohol and Drug Foundation) for winning the Assessment and Treatment Category in the 2017 Mental Health Service Awards of Australia and New Zealand.

Presented by Hon Greg Hunt MP, Minister for Health, the award recognises the service's 'holistic model of care for women with addiction and mental health issues.'

Do you have something to share



Contribute to the Advocate to connect with NADA members and stakeholders.

Promote new services and projects, innovative partnerships, awards and achievements, or research activity.

Email your content to **[Sharon Lee](#)**.

NADA highlights

Policy and submissions

- NADA launched its [Reconciliation Action Plan](#) as part of NAIDOC week.
- NADA provided a brief submission to DPMP, and the AOD Peaks Network, outlining our view on the development of the National Treatment Framework.

Advocacy and representation

- NADA represented the sector on a number of meetings with the NSW Ministry of Health relating to the NSW Drug Package.
- NADA met with NSW Primary Health Networks AOD Network to discuss NGO contract management, data and reporting.
- NADA met with the Department of Health Drug Strategy Branch in Canberra to discuss NMDS and outcomes data collection.
- In partnership with NCOSS, NADA supported the Investing in Communities: 2017 NCOSS Regional Conferences. Consulting with the sector on key issues across regional NSW.
- NADA participated in a consultation with Turning Point outlining the sectors views on the development of the National Quality Framework.

Sector development

- A series of screeners have been introduced in NADABase that cover: suicide, domestic violence; and blood borne virus and sexual health.
- NADA commenced consulting on the establishment of four practice networks in the Hunter New England Central Coast regional, in partnership with HNECCPHN and the local LHDs.
- A range of training workshops were held on topics that included: responding to prescribed opioid dependence, worker self-care, Women's Choice and Change (DV), and Aboriginal cultural awareness training.
- Workforce Development Training Grants for July–December 2017 round opened.

Contact NADA

Phone 02 9698 8669
Post PO Box 1266
Potts Point
NSW 1335

Larry Pierce
Chief Executive Officer
(02) 8113 1311

Robert Stirling
Deputy Chief Executive Officer
(02) 8113 1320

Suzie Hudson
Clinical Director
(02) 8113 1309

Sianne Hodge
Program Manager
(02) 8113 1317

Cassandra McNamara
Program Manager—Data Systems
(02) 8113 1319

Helena Hodgson
Program Manager
0412 730 413

Rubi Montecinos
Program Manager
(02) 8113 1312

Ana Katerina de Jesus
Project Officer
(02) 8113 1308

Sharon Lee
Communications Officer
(02) 8113 1315

Maricar Navarro
Office Coordinator
(02) 8113 1305

Feedback
Training Grants