

Final Report - Ian Webster Scholarship

Foundation for Alcohol Research and Education

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Signed: _____

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SUMMARY

19 th November 2012	Arrive Albuquerque, New Mexico
20 th November 2012	Met with Kamilla Venner PhD, Department of Psychology at the University of New Mexico, Albuquerque to discuss the use of Motivational Interviewing (MI) in Navajo populations and research in Indigenous populations.
20 th November 2012	Visited Pueblo of Isleta Behavioural Health Service, Brian Serna's clinic. Showed his staff the Soft Entry Approach film and talked about working in Indigenous communities in Australia and the similarities and differences in how we work.
21 st November 2012	<p>Visited The Life Link in Santa Fe, New Mexico. This service incorporates a training institute and outpatient treatment services. The training institute provides training in Motivational Interviewing, Community Reinforcement Approach, Community Reinforcement and Family training and Mental Health First Aid (taken from Australia).</p> <p>Met with Raymond Anderson, Director of Operations/Clinical Trainer; Michael DeBernardi, Director of Behavioural Health Services and Arthur Panaro, Counsellor and Group Facilitator. This service runs groups based on MI and CRA. They also run intensive outpatient groups using The Matrix Model, a 16 week intensive outpatient program. Sat in on a Relapse Prevention group and attended the drop in centre for early Thanksgiving lunch, provides drop-in services for mental health clients.</p>
22 nd & 23 rd November 2012	Thanksgiving Holiday and Black Friday Holiday – not being a turkey eater did not have a traditional Thanksgiving meal, however did eat some pumpkin pie. All services were closed for the duration.
24 th November 2012	Visited the Indian Pueblo Cultural Center in Albuquerque to learn more about the Native American Culture. Whilst there are some similarities with the Australian Indigenous people with respect to history, the differences are also apparent.
25 th November 2012	Visited the Acoma Pueblo. This Pueblo has approximately 3000 people still living there, on top of a cliff, with no power or water. It is a matriarchal society and the houses are handed down through the youngest daughter.
26 th November 2012	Visited The Hoy Recovery Centre in Santa Fe and met with Adam Baca, Executive Director. Provides social detoxification (non-medicated); 30, 60 or 90 days residential program; individual/family and marital counselling; intensive outpatient programs.
27 th November 2012	Travel to Bloomington-Normal, Illinois.
28 th -30 th November 2012	Attend A-CRA training provided by Chestnut Health Systems. Prerequisites included completion of the A-CRA Pre-training Preparation Quiz and the Research and Background Course on-line prior to the trip.
7-10 th May 2013	Attended the four day Global Addiction Conference in Pisa, Italy. Presented "Racism, rurality and reluctance: implementing community Reinforcement and Family Training in rural Australia".

BACKGROUND



Front: me (left) with Lyndon Outreach Service's Cathy Wilson, and back: Natalie Cumberland, Karina Falconer and Donna Picker: <http://www.lyndoncommunity.org.au/lyndon-services-reward-for-effort/>

The Lyndon Community Outreach Service became involved with the National Drug and Alcohol Research Centre (NDARC) based at the University of NSW in late 2010 for a research project involving the implementation of the Community Reinforcement and Family Training (CRAFT) and Community Reinforcement Approach (CRA) in the rural Indigenous communities the service visits.

The CRAFT method relies on non-confrontational methods to encourage people using drugs or alcohol to enter treatment. The method works with family members to help improve their quality of life and reduce relationship conflicts. A counsellor can work with family members to examine the substance-user's behaviour; teach problem solving skills; communication skills; set goals and review each week what worked/what didn't work. CRAFT teaches the use of healthy rewards to encourage positive behaviours. Plus, it focuses on helping both the substance user and the family.

CRAFT is a motivational model of help based on research that consistently finds motivational treatments to be superior to confrontational ones. CRAFT shows family members/friends how to develop motivation to change by helping them figure out how to appropriately reward healthy behaviour. They learn how to make sober activities more attractive and drug- or alcohol-using activities less inviting. In this way, they minimise conflict and maximise cooperative relationship-enhancing interactions.

Research has shown that more than two-thirds of family members who use CRAFT successfully engage their substance using family members in treatment. This stands in sharp contrast to confrontational interventions that result in fewer than one-third of substance users entering treatment. Family members who use CRAFT experience greater improvements in their emotional and physical health than do those who use confrontational methods to try to help their substance users.

CRA is a skills based group that aims to help substance users to find healthy alternatives to drinking or using. The topics covered include triggers; goal setting; positive communication skills; problem solving; enjoyable activities without substances.

NDARC funded the training CRAFT by Bob Meyers and CRA by Brian Serna which included the two day training followed by the accreditation process which included a number of audio recordings of counselling sessions using the model. These sessions were then rated by Brian. Following this, the counsellors and I attended fortnightly supervision sessions led by Brian via video link. This meant the counsellors could become accredited CRAFT practitioners for the integrity of the model and research project. This process took some time and required a great deal of encouragement from myself to maintain the motivation of the staff. I thought it was important that I complete the process as a role model for staff and I was the first one to receive accreditation for CRAFT. I then continued the process for the additional procedures required to complete the CRA accreditation, and the requirements to become a supervisor. This means I can train our staff and rate their recorded sessions. I will also be providing supervision fortnightly to maintain the integrity of the model.

THE IAN WEBSTER SCHOLARSHIP EXPERIENCE

The knowledge gained by the trip to New Mexico was invaluable with respect to expanding my knowledge of the CRA and other evidence based programs including the use of Motivational Interviewing (MI) and The Matrix Model.

MI, developed by William Miller, is now established as an evidence-based practice in the treatment of individuals with substance use disorders. MI focuses on exploring and resolving ambivalence and centres on motivational processes within the individual that facilitate change. Our Addiction Specialist at the Lyndon Community runs weekly MI sessions for staff education. The most recent definition of MI (2009) is: “a collaborative, person centred form of guiding to elicit and strengthen motivation for change.”

The Matrix Model is a multi-element package of therapeutic strategies that complement each other and combine to produce an integrated outpatient treatment experience. It is a set of evidence-based practices delivered in a clinically coordinated manner as a “program.” Many of the treatment strategies within the Model are derived from clinical research literature, including cognitive behavioural therapy, research on relapse prevention, motivational interviewing strategies, psycho-educational information and 12-step program involvement.

20 – 25 November 2012

Visiting and participating in groups within a program overseas has had a lasting impact on me and has been instrumental in changes to our service delivery within the Lyndon Community. I gained valuable knowledge of the Native American culture and it was interesting to see how different some aspects of the cultures are to our Indigenous culture, such as the numerous Pueblos where only Native Americans live and that are run by their own system of governance. Pueblos are modern and ancient communities of Native Americans in the Southwestern United States of America. There are 19 Pueblos in New Mexico of varying sizes and hierarchies.

Kamilla Venner works as a researcher at the University of New Mexico and also works in pueblos in Albuquerque. She trains in MI and CRA and has written many papers in the implementation of such. Meeting with Kamilla was inspiring as much of our work has commonalities and there is potential for future collaboration in research.

Brian Serna works on one of the Pueblos in a health centre and as such the clients at their services are only Native American and are coerced by the courts to engage with the health services. They have difficulty engaging family members in treatment and have not implemented the CRAFT groups as he had planned. This is one difference in service delivery, nearly all the service's clients (of the ones I visited) were court ordered into treatment.

20 November 2012

The staff at the Isleta Health Unit were very interested in how we work within Indigenous communities, they had 2 Indigenous staff out of 12 and did not seem to engage the community in the same way. I showed them our short film "[The Soft Entry Approach](#)"¹ and they had many questions. The soft entry approach is a way of developing trust and continuity in small communities that the Lyndon Community developed over the last 4 years in my time as a counsellor and then manager with the Outreach Service. It involved participation in existing Women's groups such as sewing groups where the participants would know I was a counsellor and they could approach me to talk on their own terms. I also provided the data for a paper titled "*Improving Access to hard-to-reach services: A Soft entry Approach to drug and alcohol services for rural Australian Aboriginal Communities*". J Allan PhD and M Campbell BA, 2011, *Social Work in Healthcare*.



Brian's team had not commenced their CRA groups at the time I visited. They had approximately 250 clients, referred by the courts run by the Pueblo people. Brian Serna trains in MI and CRA. Staff run groups on anger management, prevention, wellness, 16 step Women's

¹ [http://www.lyndoncommunity.org.au/softly-softly-does-it-for-lyndon/;](http://www.lyndoncommunity.org.au/softly-softly-does-it-for-lyndon/)

groups, groups for adolescents. When using CRA they see most clients a one to one basis and are having trouble attracting people to the CRA group programs. They have a referral pathway for Native American people and treatment for them is free. There are three Native American judges in the court, however, because there is no requirements for qualifications that can be problematic as they can reportedly be lenient on relatives and harsh on people they don't like.

21 November 2012

The Life Link is a comprehensive service located in Santa Fe and very welcoming for visitors. This visit proved valuable to me in gaining knowledge of different program options that are evidence-based and have been in use for some time. They included a combination of MI and CRA. The intensive outpatient program uses the Matrix Model. It was interesting to note that Raymond Anderson provides training in Mental Health First Aid, a program developed in Australia by Mental Health First Aid™ ([MHFA](#)) Australia, a national non-profit health promotion charity focused on training and research.

24-25 November 2012

My visit to the Indian Pueblo Cultural Centre and Acoma Pueblo was fascinating and it was good to be able to share knowledge I gained about the culture with staff upon my return. It provided some background and further insight into the work that has been done with the Indigenous peoples in New Mexico.

Acoma, which means People of the White Rock, has been inhabited since before the twelfth century. Most of the present day people have residences in other parts of the reservation or in several farming villages. There are always several families living in the old houses and caring for the Franciscan mission church of San Estevan, established in 1629 which, with the entire Pueblo has been proclaimed a National Historical Landmark. Each Pueblo has their own system of governance and some are matriarchal, some patriarchal societies. I discovered similarities in the history of Australian Aboriginal people in that New Mexico was “invaded” by the Spanish. One stand out difference is the habitation of the pueblos in that Native Americans only live there and not in the general population.

26 November 2012

There was some difficulty organising visits in New Mexico prior to the trip and a few fell through due to not being able to contact people and the Thanksgiving Holiday. The visit to The Hoy Recovery Centre was arranged once there through contact with The Life Link. Raymond Anderson was a great host and was very welcoming and interested in exchanging information on how we work.

The Hoy Recovery Centre in Santa Fe has 2 detoxification beds and can take up to 42 residents for the longer program. Their program is based on The Matrix Model of 16 weeks and includes residential plus 3-4 months of intensive outpatient treatment (9 hours per week). The assessment includes a psychosocial assessment for admission. There are two groups per day, 1-2 counselling session per week plus tai chai, relaxation and yoga. There is also a spiritual element and inclusion of traditional sweat lodges. This program also uses MI and CRA in their approach.

28-30 November 2012

Attending the A-CRA training (CRA for adolescents) with Bob Meyers in Illinois was an experience; there were 50 people from all over the United States and one Canadian. Although I do not work with adolescents generally, it was worthwhile to me as there are differences to the mainstream CRA in the handouts provided by the training we received in Australia and those provided in the A-CRA training (more user friendly) and some sessions such as anger management that will be good to implement in our residential programs. It was also good reinforcement in the approach and provided additional insights into the effectiveness of the model.

7 – 10 May 2013

I had been planning to attend the 1st International CRA conference in The Netherlands after the trip to New Mexico and would have presented on our implementation of the model. Unfortunately this conference was cancelled. I had received additional funding to attend and present at an overseas conference from The Ian Potter Foundation and the trip was also being funded in part by the Lyndon Community. I found an alternative in The Global Addiction Conference and also had the abstract to present accepted. This conference appeared to be a good cross section of the industry and a good opportunity to promote what we are doing as well as learning about the industry from a worldwide perspective. I used the Ian Webster Scholarship to cover the cost of conference registration.



Attendance and presenting at The Global Addiction Conference was beneficial to me in gaining new information on treatment options and programs used worldwide. There were 700 delegates from 52 countries. Dr Julaine Allan, Research Fellow with the Lyndon Community, co-presented and we received positive feedback from the presentation of our soft entry approach and how we are implementing CRA in Australia.

It was also interesting to gain an understanding of the culture of the Emirates during a stopover in Dubai (alcohol is legal, however there is a zero tolerance to offences). There was a lively discussion during one of the presentations at the conference between the American presenter and the Chair from Europe on the merits or not of having a higher legal drinking age. In Italy, due to a quite different drinking culture, people are not seen drunk in public as they are in our culture. It is not considered acceptable as it is here and while there are still problem drinkers, there does not seem to be the same level of binge drinking in young people as there is here.

IMPLICATIONS FOR MY WORK

My role within the Lyndon Community Outreach Service is that of manager, plumber, motivator, driver, counsellor, mediator, supervisor and delegator. Before our involvement with

this model of treatment, the Outreach Service was providing counselling and educational groups with a focus on harm minimisation and adapted by each counsellor's preferred approach, a quite eclectic counselling style. Since the training and my visit to New Mexico, our focus has been on developing and launching the group format for CRAFT and CRA. The team also see individuals; however, the current focus has been on setting up the groups. This has meant we have needed to change the areas we visit and we have focused on Orange and Wellington to further develop the group format.

From this visit to New Mexico I discovered that the Lyndon Community is the only service in Australia planning to implement CRAFT groups and it will be interesting to see how these are received by the family members. At this stage, as in the US, it has been difficult to recruit people into group programs for family members. I have used the format with individual clients as have the Outreach team, with positive results. The team has worked tirelessly in promotion of the groups and whilst there has been a lot of interest in the CRA groups, CRAFT is taking time to kick off. One of our Child and Family workers, Donna Picker, has developed a solid working relationship with a Family Violence Legal Service and the Schools as Communities Co-ordinator in Forbes and we aim to run our first CRAFT groups there later in the year.

I have led the Outreach team through capacity building and motivation to improve services and self knowledge. It is important to maintain the momentum and implement knowledge gained into practice. The knowledge of programs and service delivery I learned overseas means I can lead the team and further, the organisation, in implementing this evidence-based treatment. The opportunity is also there to further enhance the sector by providing training to other organisations and individuals in the future.

Upon my return from the New Mexico trip I was given the opportunity to take over the management of the Lyndon Withdrawal Unit for a period of time as well as maintaining the Outreach service. This is a good opportunity to improve service delivery and make some changes to incorporate the knowledge gained overseas.

In Outreach we had already commenced training and the accreditation process in CRAFT and CRA prior to my trip and the increased knowledge of service provision of these methods has helped in the implementation here. We have delivered groups in Orange and Wellington so far and further groups are planned. The initial groups were run for Community Corrections and we had good feedback from the participants, further groups will be run with non-coerced clients from the community. I am providing supervision on a fortnightly basis to the counsellors delivering the CRA groups, as a support and also to maintain the integrity of the model in delivery. Whilst I provided clinical supervision prior to the trip, upon my return I have found the experience has increased my capacity and knowledge of the model to enable a continuation of the program. I am also reviewing recordings of counsellor's sessions and rating these to enable them to become accredited for those who have joined the team since our previous training. The extra training received overseas has been invaluable in this as I have gained further insight into the process and delivery of the model.

We have also begun a review of the group program run in the withdrawal unit and plans are underway to implement some of the CRA information into this residential program, including positive communication skills, functional analysis of pro-social behaviours and anger

management. We are looking into the viability of using the Matrix Model for our residential rehabilitation program as well and this will be implemented as part of the rehabilitation program in the future.

Unfortunately, I did not have the opportunity to participate in the delivery of the training in Bloomington as was the original plan. It was organised through another organisation and they already had a number of people doing this. It was worthwhile seeing Bob Meyers in action and being able to get more of an understanding of the ideology behind the method. At this stage, I have needed to put any further training on hold due to being re-deployed to manage both the Lyndon Outreach Service and the Lyndon Withdrawal Unit. This, at least, gives me the opportunity to consolidate and ensure the implementation of the programs within our service is maintained. The Outreach team have embraced the changes and are highly motivated to continue to ensure the success of the direction we have chosen.

The scholarship has allowed me to gain a greater understanding of evidence-based treatment options and how we may implement them in our service and for further dissemination of that information within the alcohol and drug sector. I co-presented information on our experience in implementing CRA in Australia at The Global Addiction Conference and it will be presented at further conferences in the future. As time goes on and we have completed more outcome assessments we will have a greater understanding of the benefits and any challenges in this approach. Further opportunities are available to me in the future to train other staff and I have begun to do this with staff new to the Outreach team, two staff members are in the process of completing their accreditation and this will continue internally with the potential to expand. There has been interest from some of organisations we work with to participate in this training.

This project has been a valuable experience for myself and the organisation as a whole by being a motivator for change toward more evidence based practice within the organisation. I am one of the more senior clinical people in the organisation and as such will be a driving force behind these changes. We have already changed the focus of the service delivery in the Outreach Service with more focus on running the programs based on CRA and CRAFT. The rehabilitation program is moving toward using The Matrix Model as they update the residential program.

Feedback from the team after my return from the US:

“Michele’s management approach allows for staff to have significant involvement in different aspects of program delivery. Michele allows workers to have extensive input into the development, review, evaluation and implementation of programs. This approach encourages workers to be continuously growing and learning independently in a secure environment.

“Michele has a good understanding of the personalities and strengths of each worker and uses this to encourage workers to reach their full potential. Workers are encouraged to find solutions and new approaches to their work and have abundant opportunities to reflect on these processes with Michele. This management approach is particularly apparent in the way Michele relayed what she learnt while in the US.

“Under Michele’s direction the team at Outreach developed a group based on CRA material. Workers were delegated specific tasks based on their individual skills and interests. Once the group was established it was then

reviewed by Michele who was able to give us feedback based on her extensive knowledge of CRA and how it is being implemented in the US.

“Whilst on her trip Michele also attended training in Adolescent CRA, which has been very beneficial for the outreach team. Michele provided us with material she obtained during this training which has been included in the resources available for CRA clients. While this material is similar to the original CRA program we were able to combine this new information with what we already had to ensure that the groups we are running are of best practice and most suited to the needs of the clients we see. The adolescent material has been hugely beneficial in delivering the program to cognitively impaired individuals. This would not have been achieved without Michele’s travel to the US and dissemination of this knowledge and material.

“Michele has also been able to reflect on what she observed and learnt through formal and informal supervision with us. As this program is new to Australia it has been difficult at times to ensure that we are providing a service that is based on the underlying principles of CRA while adapting it to meet the needs of Indigenous and Non-Indigenous Australian’s. Michele’s first hand accounts of the CRA programs implementation with the indigenous people of the US has been an invaluable contribution to our delivery to the Indigenous population of Australia.”

Louise Hawke, Child & Family Worker and Nicole Herridge,
Drug & Alcohol Counsellor, Lyndon Outreach Service.

“The organisation has benefited substantially by having Michele attend the training in the US in that it provides a strong framework for the development of the program within The Lyndon Community. The organisation has made a strategic decision to change the treatment programs offered and I have no doubt that with Michele’s leadership and training we will provide better outcomes for our clients.”

Ed Zarnow, CEO, The Lyndon Community.

