

Aboriginal
Wellbeing Conference



Aboriginal Wellbeing Conference

**HOLISTIC APPROACH TO ALCOHOL & DRUG ADDICTION
& ITS LINK TO TRAUMA**

Raquel Larkins & Emma Scarce

Acknowledgement of Country

We acknowledge that this land we meet on today is the traditional lands for the Gumbaynggirr people and that we respect their spiritual relationship with their country.

We acknowledge the Gumbaynggirr people's cultural and heritage beliefs are still as important to the living Gumbaynggirr people today.

We pay respect to Elders both past and present, we recognize that the Aboriginal youth are the future generation to carry on Aboriginal Leaders Legacies.

We would also like to acknowledge all Aboriginal and Torres Strait Islander people throughout Australia.

Raquel Larkins

My Name is Raquel Larkins, I am a proud Aboriginal Woman of Kokatha, Dieri, Arabana, Kurna and Narangga descent. I have two Boys aged 11 and 7, and my passions are my Family, Travel, Art and Education. I am Currently studying at Charles Darwin University and I am a project support worker with Kurlana Tampawardli. My role is to assist in providing intensive support services for families and individuals that are accessing Transitional Accommodation services. I love working in a role that allows me to work amongst and for my Aboriginal Community and being part of a process that can positively impact Family wellbeing and stability.



Emma Scarce

I am a proud Kurna, Ngarrindjeri and Mirning woman.

I have experience working within the Aboriginal Community on Kurna land for the past 6 years.

I began working in the Aboriginal & Torres Strait Islander Culture & Arts Sector before I began studying Certificate IV in Community Services, I then moved on to a variety of roles within the Community Services including Mental Health, Domestic Violence, Homelessness and AOD.

I am currently working as a Social & Emotional Well-being Worker for Aboriginal Community Connect, my main role is to support families from the APY Lands with their Social & Emotional Wellbeing.



began to go right downhill. Even though I thought to myself, 'This is not good. I better stop this', I couldn't. I tried to, but I couldn't stop. So I just went with the flow, and ended up very, very ill.

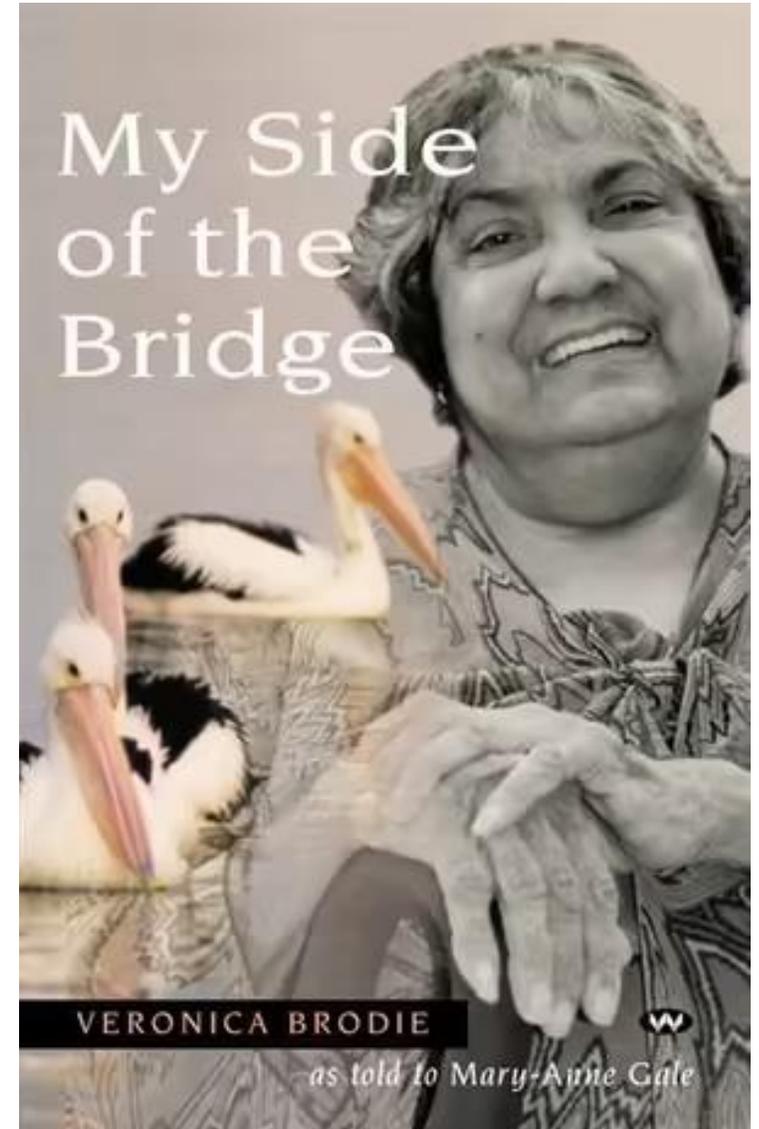
I think it was only by the grace of God that I pulled through those years. Something happened in my life—I don't know what, but after I was brought to my knees with alcohol and reached rock bottom, I started to come up again. And those who come up and stay up win through, but those who don't ever come through either die during the process, or they're a long time getting there. And then by that time a lot of brain damage may occur.

It was during my time of recovery, during those very first weeks, that I experienced a spiritual awakening. And that awakening was something that was meant for me, because since then I've never looked back.

The page from the previous slide, is from my nanna's book, 'My Side of The Bridge'

Veronica Brodie

1941 - 2007

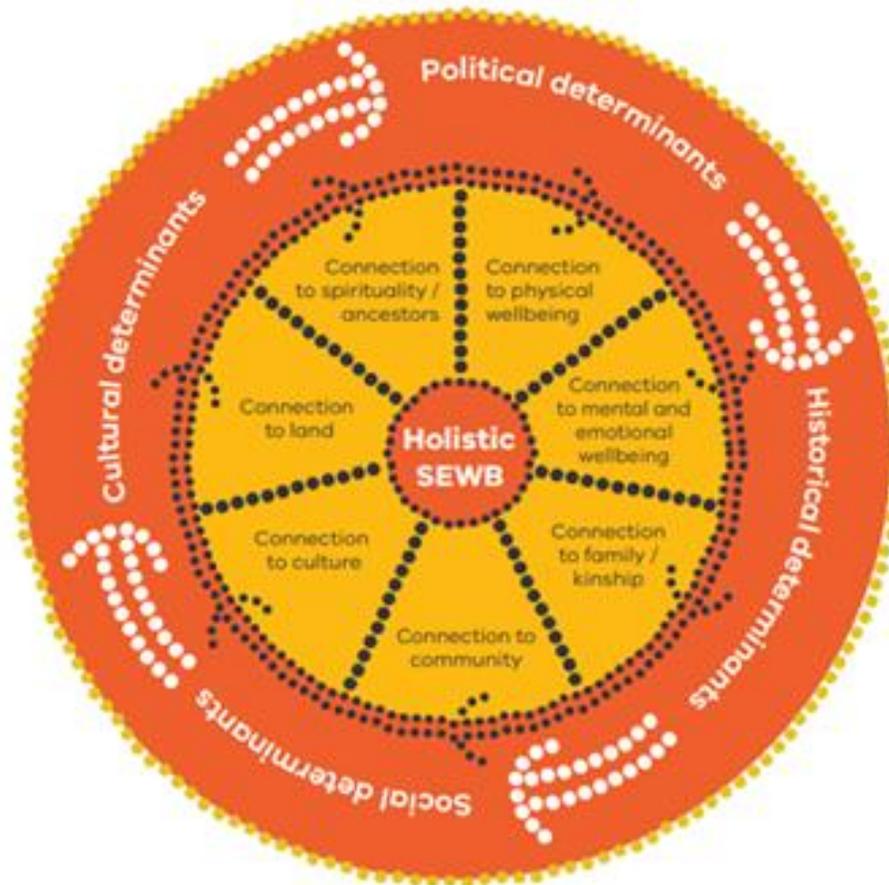


What is a Holistic Approach?

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Holistic Approach is ...

The word “holistic” simply means addressing the whole person and their surrounding. This includes a person's physical, emotional, cultural, mental, social, spiritual and financial health. Addressing the whole person in mind-body-spirit can bring out the healthiest, happiest version of ourselves.





UNITING
COMMUNITIES
Aboriginal Community Connect

Aboriginal Community Connect

BACKGROUND

Aboriginal Community Connect (ACC) AOD Social and Emotional Wellbeing is a trauma informed, culturally authentic service. It provides a selection of treatment programs including counselling, case management, group therapies, outreach support (youth and adults,) and community based residential rehabilitation treatment. **Families will be prioritised for residential rehabilitation treatment due to children and youth at risk.** ACC believes that it's important to work with every family member as AOD misuse impacts on the whole family unit, including kinship within Aboriginal communities.



Kurlana Tampawardli

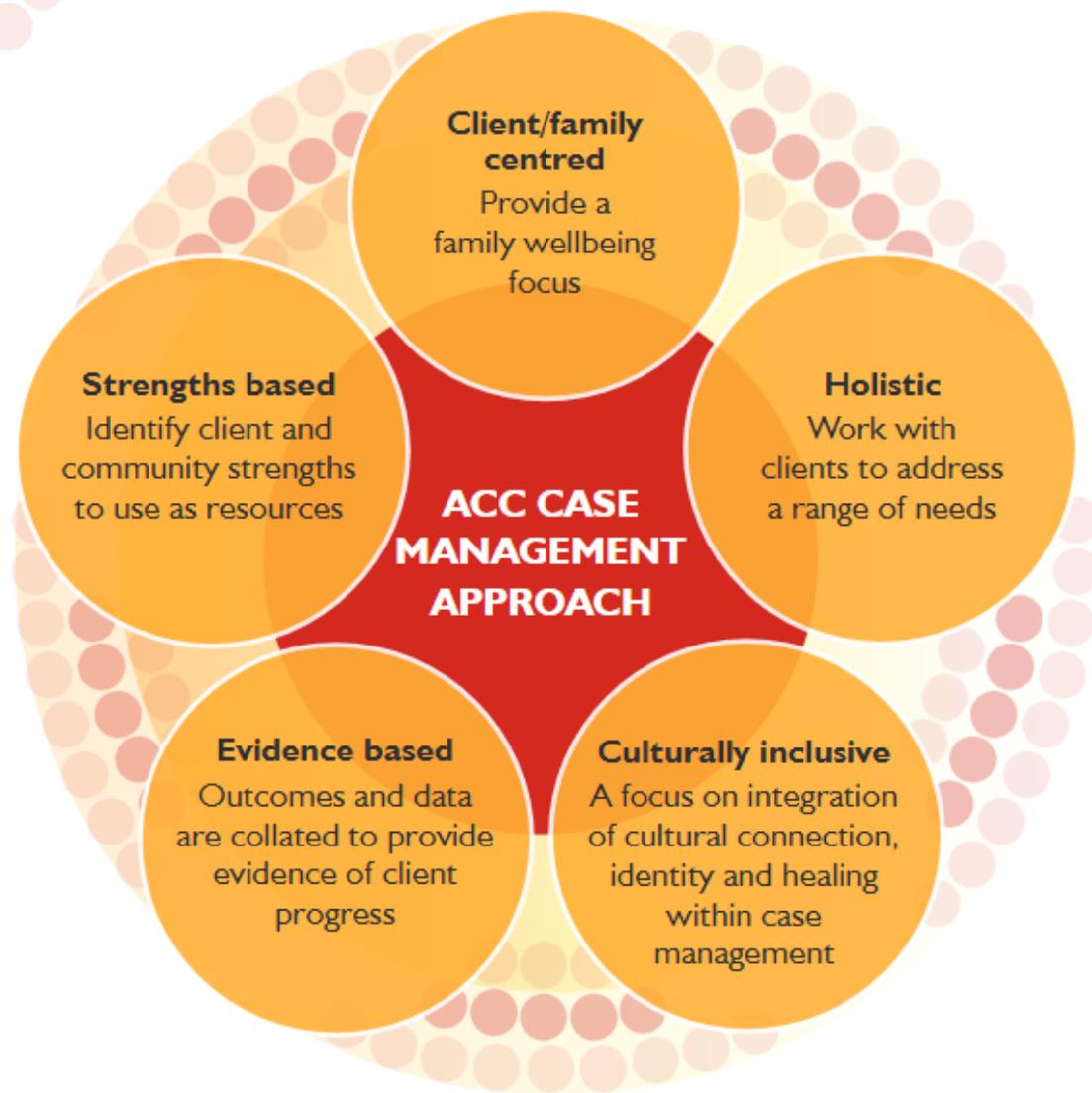
I. BACKGROUND

Kurlana Tampawardli provides innovative and flexible accommodation and support services to Aboriginal people to maximise their self-reliance and independence. The service supports rural and remote Aboriginal people who are transient, at risk of sleeping rough or living in overcrowded situations whilst in Adelaide.

Kurlana Tampawardli is a service funded by State and Federal Government and is required to maintain records in line with relevant funding agreements. This homelessness service exists within the structure of Uniting Communities' Aboriginal Community Connect. The client data bases that staff are required to use are H2H and TCM.

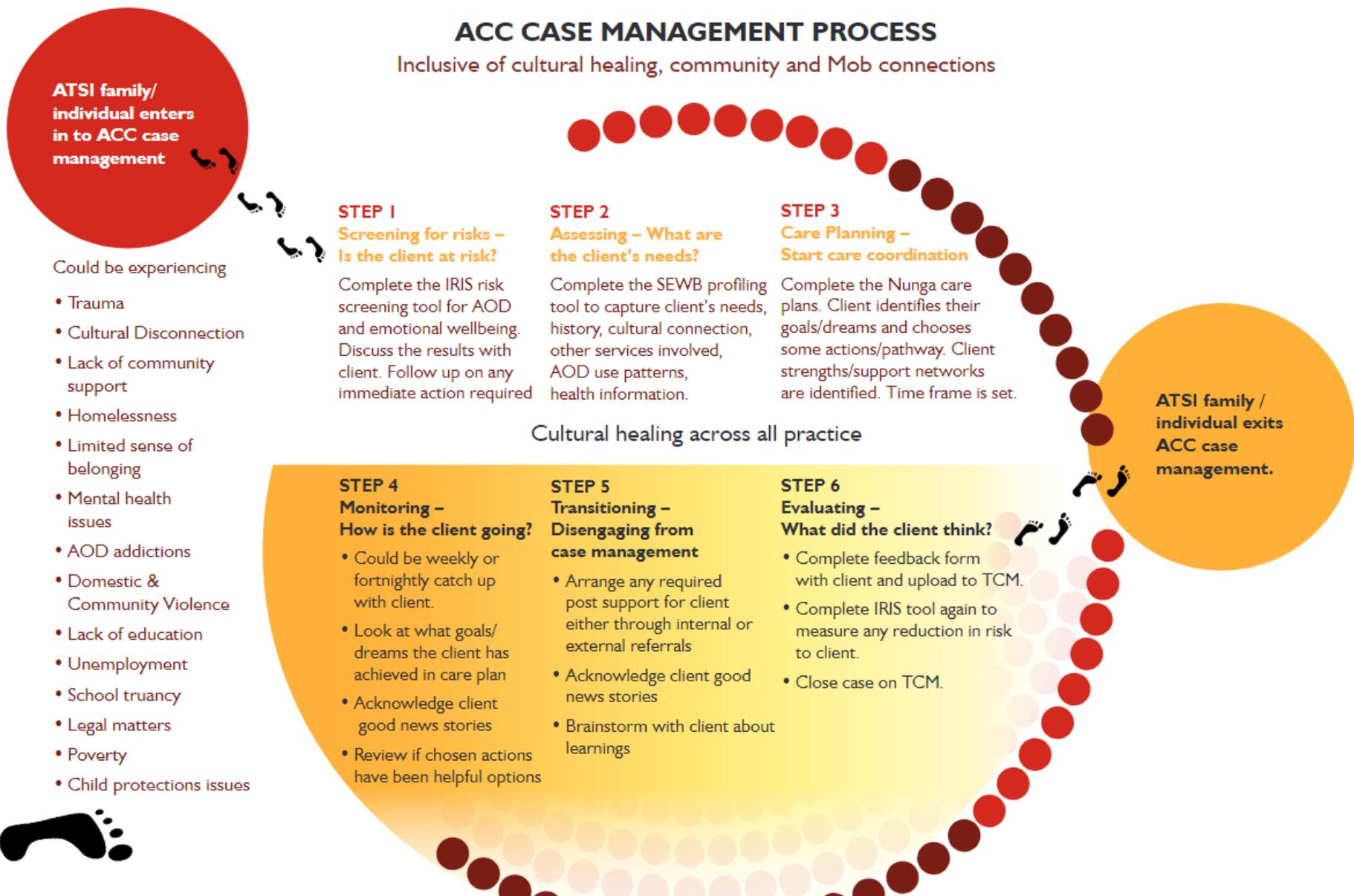


4/22 ACC 006



ACC CASE MANAGEMENT PROCESS

Inclusive of cultural healing, community and Mob connections



ACC AOD SOCIAL EMOTIONAL WELLBEING MODEL

Inclusive of cultural healing, community and Mob connections

No wrong door policy

Initial one stop support
Referrals will be made if other services are needed.

Family or individual from rural or metropolitan areas, who are experiencing the impacts of AOD misuse.

- Trauma
- Cultural Disconnection
- Lack of community support
- Limited sense of belonging
- Mental health issues
- AOD addictions
- Domestic & Community Violence
- Lack of education
- Unemployment
- School truancy
- Legal matters
- Poverty
- Child protections issues

Non-residential case management/counselling

STAGE 1

- IRIS Screening & SEWB assessment
- Nunga care plan completed
- Every parent, child and young person receives a care plan

STAGE 2

- Counselling
- Case management
- Cultural healing
- Community connection

STAGE 3

- Vocational education
- Employment
- Case closure

Supporting ATSI families at every stage of change

Cultural healing across all practice

Increasing accessibility to voluntary and non voluntary clients

STAGE 1

Community residential rehabilitation program

- IRIS Screening & SEWB assessment
- 4 weeks intensive counselling/ case management
- Access detoxification
- Narrative concepts used
- Motivational approaches
- Living skills preparation

STAGE 2

Entry in rehabilitation house -reside up to 12 months

- Outreach support and case management
- CBT approaches – SMART Recovery
- Every parent, child and young person receives a care plan
- Cultural healing, e.g. art therapy, traditional healer, cultural tours

STAGE 3

Post Support Reviews (3, 6, 9 months)

- Reviews of action plan
- Celebrate client achievements
- Lapse/relapse prevention
- Independent living skills
- Wrap around community support

STAGE 4

Post Support (9-15 months)

- Explore housing exit
- Employment / education options
- Can access non-residential case management or exit service

Community connections, sense of belonging; community support exists within the service

ACC Unique Value Propositions

- A family wellbeing focus, addressing the impact of AOD misuse on whole families and communities rather than the individual.
- Increasing accessibility to voluntary and non-voluntary clients with a non-judgmental, open door, flexible, responsive approach.
- A focus on integration of cultural connection, identity and healing within case management; this combination treats more than the presenting issue (e.g. addiction).
- The understanding of community within ACC: a belief, lived out in action, that community members own the program, that their feedback and suggestions direct change in service delivery as well as putting substantial time and resources into building and maintaining community relationships.

Clinical Aboriginal & Torres Strait Islander Tools

Indigenous Risk Impact Screen Tool (IRIS)

Client file Number.....

Alcohol and Other Drug Risk	
1. In the last 6 months have you needed to drink or use drugs more to get the effects you want?	<input type="checkbox"/> No = 1 <input type="checkbox"/> Yes, a bit more = 2 <input type="checkbox"/> Yes, a lot more = 3
2. When you have cut down or stopped drinking or using drugs in the past, have you experienced any symptoms, such as sweating, shaking, feeling sick in the tummy/vomiting, diarrhoea, feeling really down or worried, problems sleeping, aches and pains?	<input type="checkbox"/> Never = 1 <input type="checkbox"/> Sometimes when I sto <input type="checkbox"/> Yes, every time = 3
3. How often do you feel that you end up drinking or using drugs much more than you expected?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Once a month = 2 <input type="checkbox"/> Once a fortnight = 3 <input type="checkbox"/> Once a week = 4 <input type="checkbox"/> More than once a wee <input type="checkbox"/> Most days/Every day =
4. Do you ever feel out of control with your drinking or drug use?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Often = 3 <input type="checkbox"/> Most days/Every day =
5. How difficult would it be to stop or cut down on your drinking or drug use?	<input type="checkbox"/> Not difficult at all = 1 <input type="checkbox"/> Fairly Easy = 2 <input type="checkbox"/> Difficult = 3 <input type="checkbox"/> I couldn't stop or cut d
6. What time of the day do you usually start drinking or using drugs?	<input type="checkbox"/> At night = 1 <input type="checkbox"/> In the afternoon = 2 <input type="checkbox"/> Sometime in the morn <input type="checkbox"/> As soon as I wake up
7. How often do you find that your whole day has involved drinking or using drugs?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Often = 3 <input type="checkbox"/> Most days/Every day = 4

Alcohol and Other Drug Risk Score (Questions 1 - 7)

Emotional Well Being Risk (Mental Health Risk)

8. How often do you feel down in the dumps, sad or slack?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Most days/Every day = 3
9. How often have you felt that life is hopeless?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Most days/Every day = 3
10. How often do you feel nervous or scared?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Most days/Every day = 3
11. Do you worry much?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Most days/Every day = 3
12. How often do you feel restless and that you can't sit still?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Most days/Every day = 3
13. Do past events in your family, still affect your well-being today (such as being taken away from family)?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Most days/Every day = 3

Mental Health and Emotional Well Being Risk Score (Questions 8 - 13) _____

Clinical Aboriginal & Torres Strait Islander Tools

IRIS Screening - Instructions for Scoring

1. Calculate the scores from the IRIS screen instrument pertaining from each risk
2. Compare the client's scores for AOD against the risk cut off score
3. Proceed to brief intervention

RISK	CALCULATING THE SCORE	RISK CUT OFF SCORE
AOD Risk	Add scores for questions 1-7 Total score	Cut off score = 10 Note if client falls above risk cut off scores proceed to brief intervention.
Mental Health & Emotional Wellbeing risk	Add scores from question 8-13 Total score	Cut off score = 11 Note if client falls above risk cut off scores proceed to brief intervention and recommended referral to mental health service.



ACC is a culturally inclusive AOD Social and Emotional Wellbeing service for Aboriginal and Torres Strait Islander individuals and families.

The service provides 'one-stop' support for people needing help with multiple issues. It has a focus on treatments to address substance misuse, support for problems associated with cultural disconnection, poverty and disadvantage, housing, the effects of trauma, physical and mental health. ACC offers a range of services including:

- AOD Counselling
- Mindfulness group therapy
- Community residential rehabilitation treatment
- Access to drug and alcohol withdrawal support
- SMART Recovery (healing yarning circles.)
The Aboriginal name of the group is "LE: WUN YUN: IN," meaning "sitting together and talking."
- Cultural connection activities (Aboriginal art and craft, cultural tours, traditional healers)
- Emergency relief
- Information and education
- Clean Needle Programs (at Prospect and Mt Gambier sites)
- Case management
- Referrals to specialist services
- Community development projects (community gardening and Café Caravan)
- UC relationship and financial counselling
- Clinical psychology appointments
- Outreach support

Kurlana Tampawardli – New House on The Plains

Our onsite service includes an office with 24hr support and four housing properties, in addition to our onsite properties, we accommodate families in four outreach transitional housing properties.



Kurlana Tampawardli provides clients with:

- Short term onsite supported accommodation
- Medium term transitional outreach supported accommodation
- Intensive case management support
- Holistic family focused approach
- Housing needs and living skills support
- Community outreach support
- Independent living skills program
- Return to Country Program

Our living skills program offers intensive support services to clients to ensure they can live independently and are tenancy ready on exit. We provide daily sessions across Housing, Cooking, Household management, Property maintenance, Gardening, Art and a weekly Yarning Circle.

Kurlana Tampawardli



Yarning Circle (Tjukurpa circle)

Aims: KT recognises the importance for our residents to acquire ownership of the development of the group through a process of consultation and evaluation. Therefore the role of KT staff will be, in support of rather than facilitator. KT staff will ensure a meal is provided on a weekly basis and a session plan is completed each week.

The Objectives: The Yarning Circle is an open group for our residents, guests, ex-residents to come together for a time of sharing, learning, healing and kinship over a meal. This community provides a safe place for our residents to build stronger cultural links, to share knowledge and to support each other through life's challenges and to celebrate achievements.

(There will be an opportunity for guest speakers to be invited to provide information sessions on a variety of health and wellbeing topics this will be at the discretion of the resident's needs and feedback.)



Art and Craft sessions

Aims: The Art and Craft living skills session aims to increase client's skills in developing goods to decorate their houses. It can involve painting, bead making and making other goods for their home.



Property Maintenance

Aims: Each week clients will be supported with various activities in the key areas, such as hygiene knowledge, household waste disposal, household and property maintenance.

Objectives: The property maintenance session is to equip clients with a set of knowledge and skills around general household and property maintenance standards. The information and education provided to clients will support the client's readiness to live independently in the community and sustain a tenancy lease.



Housing sessions

Aims: Staff will conduct a housing needs assessment and ensure appropriate referral is made to the Housing Officer. Weekly information and education session will inform residents how to navigate search options and apply for housing opportunities.

Objectives: The Housing sessions help to inform, educate and support clients to identify, access and apply for a variety of housing options in order to maintain a long term home tenancy.



Managing a Household sessions

Aims: Each week, education and information will be provided to residents which will cover a variety of topics i.e. Budgeting, savings, banking, managing debts, lease agreements, utility agreements, insurance, income tax, making money last until payday, planning for the future, managing paperwork.

Objectives: Managing a household session will identify and establish strategies to maintain and sustain home tenancy.

(Guest speakers who specialise in money management can be invited to work with individual clients and or to provide information sessions to a group.)

Staff will ensure a session plan is completed each week.



Nutritional Cooking

Aims: Assist in each session and provide knowledge and skills, such as nutrition for adults and children, preservation of different types of food, how to plan for food shopping on a budget, how to prepare nutritious lunch for children, where to shop for cheap and good food.

Objectives: The cooking session is a communal activity where residents come together and cook a meal for each other with staff support. The residents are encouraged to develop a healthy regime of nutritional recipes to prepare on a budget by pre-planning and shopping cost-effectively.



Community Gardens sessions

Aims: The Gardening Session is a skills based activity utilising the community garden as the site for this activity. Clients are supported to partake in the planting, growing, nurture up to 8 differing plants. Watering, fertilising, weeding, using an organic approach and expanding knowledge of plants and their environment are all part of this element. Staff will complete a session plan each week.

Objectives: To provide clients with basic gardening knowledge, increase knowledge of gardens and gardening methods, familiarise clients with techniques and tools, explore different types of vegetables and fruits that can be produced in a home garden, discuss the cost and health benefits of growing and using your own produce.

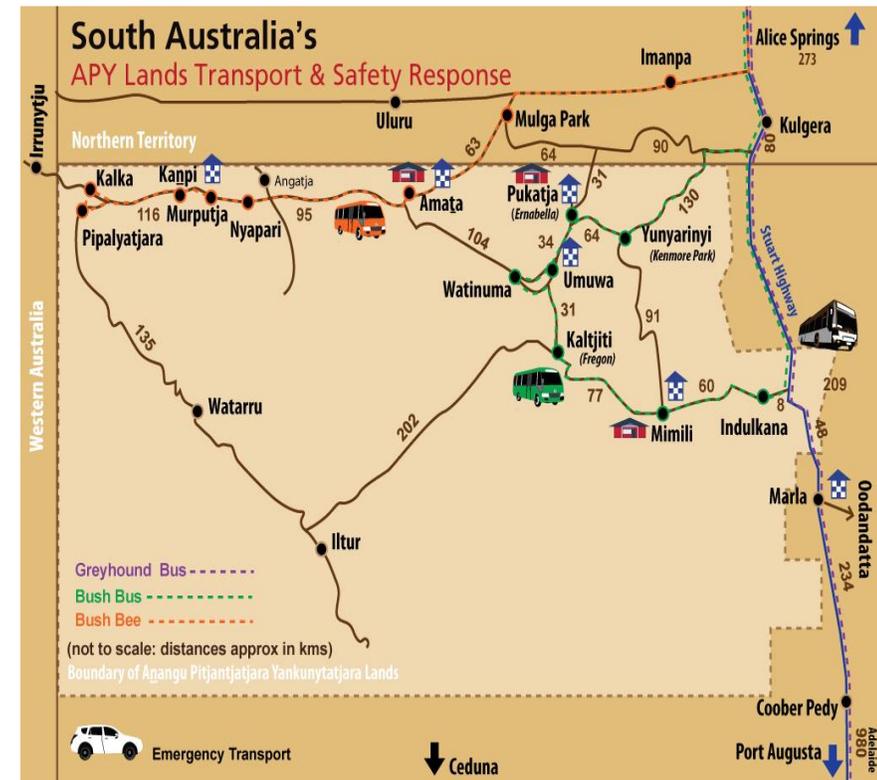
Residents meeting

A resident meeting is held on Thursday fortnight between 11am – 1:00pm, this is an opportunity for clients and management to meet on a regular basis to discuss onsite tenancy issues, any challenges, highlights and achievements. A light lunch is provided for clients and staff to share.



Return To Country

- Our Return to Country program is in place to support those who are sleeping rough, homeless or placing pressure on Housing SA tenancies with a safe journey home. This is a coordinated approach ensuring clients can return to family, community and culture.



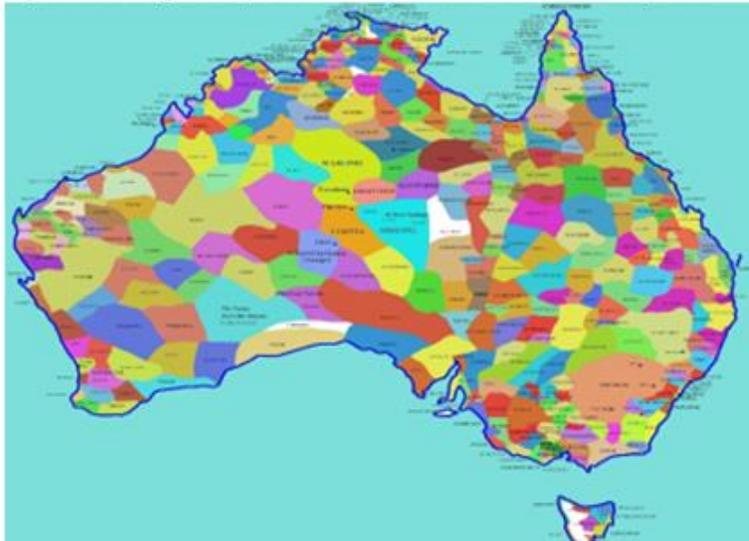
Social & Emotional Wellbeing

Comprehensive Profile

Social and Emotional Well Being is a common term used in the Aboriginal sector and communities It summaries the importance of spirituality, land, culture, family and community and recognizes that when there is disconnection to these essential supports; drug, alcohol and mental health issues can increase. We believe that to work holistically, we must work from a Social & Emotional Wellbeing perspective.

Cultural Connection Tool

- (1) Looking at this Aboriginal map are there any areas of land you identify with?



- (2) Tell me more about any connections you have to your mob?

- (3) Are there any issues you'd like to see a female/male worker about in regards to secret men's or women's business?

- (4) Can Aboriginal Community Connect support you to link to your land and your mob?

- (5) How important is cultural and community support to you (tick one)

1 being - Not important
2 being - Somewhat important
3 being - Important
4 being - Very Important

1

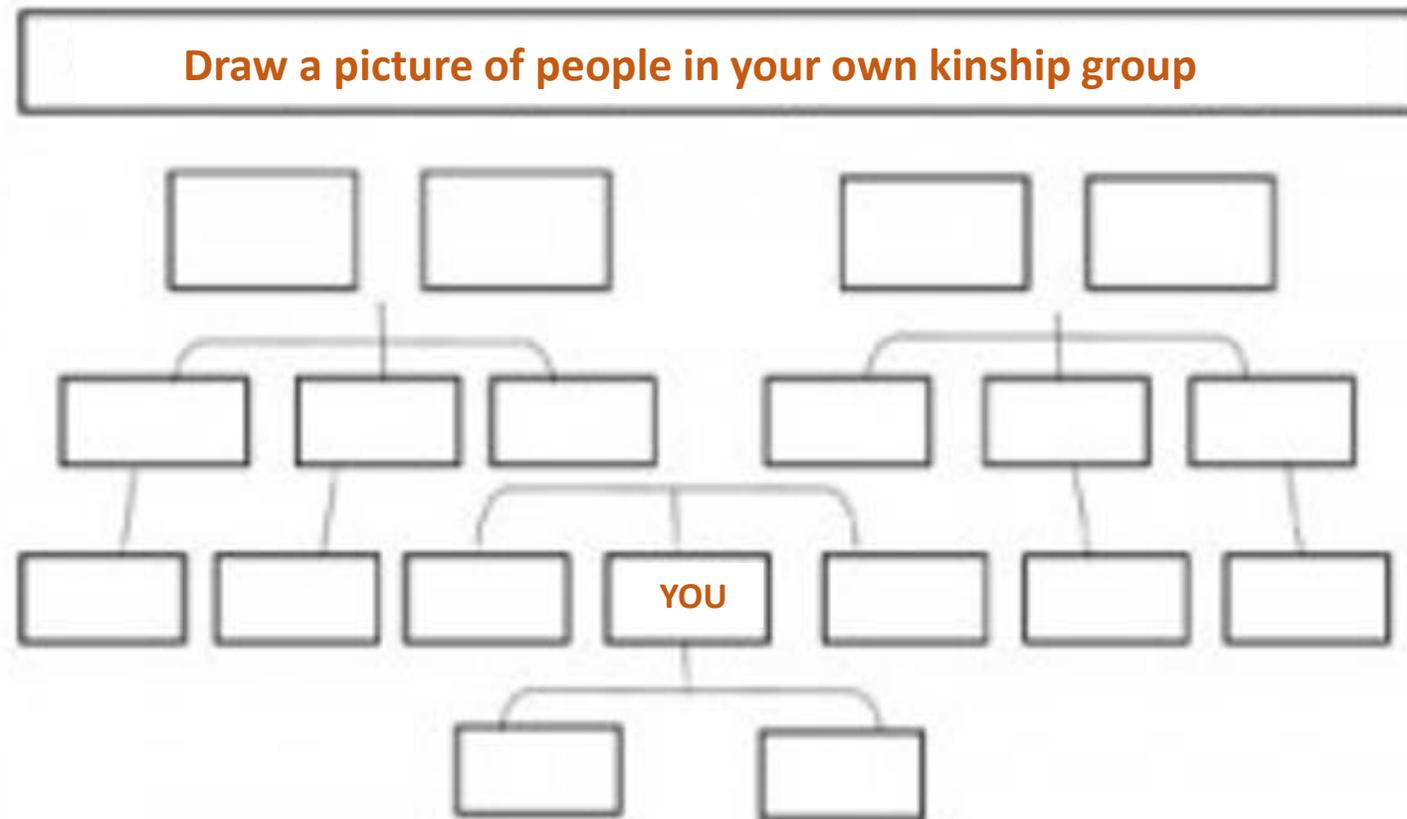
2

3

4

Kinship Chart

One of the first tools in the Social & Emotional Wellbeing Comprehensive Profile is the Kinship chart. We believe that creating a kinship chart to map out who the closest family members are and how the family in the kinship chart can best support the client through their journey



ABORIGINAL LIFE TODAY

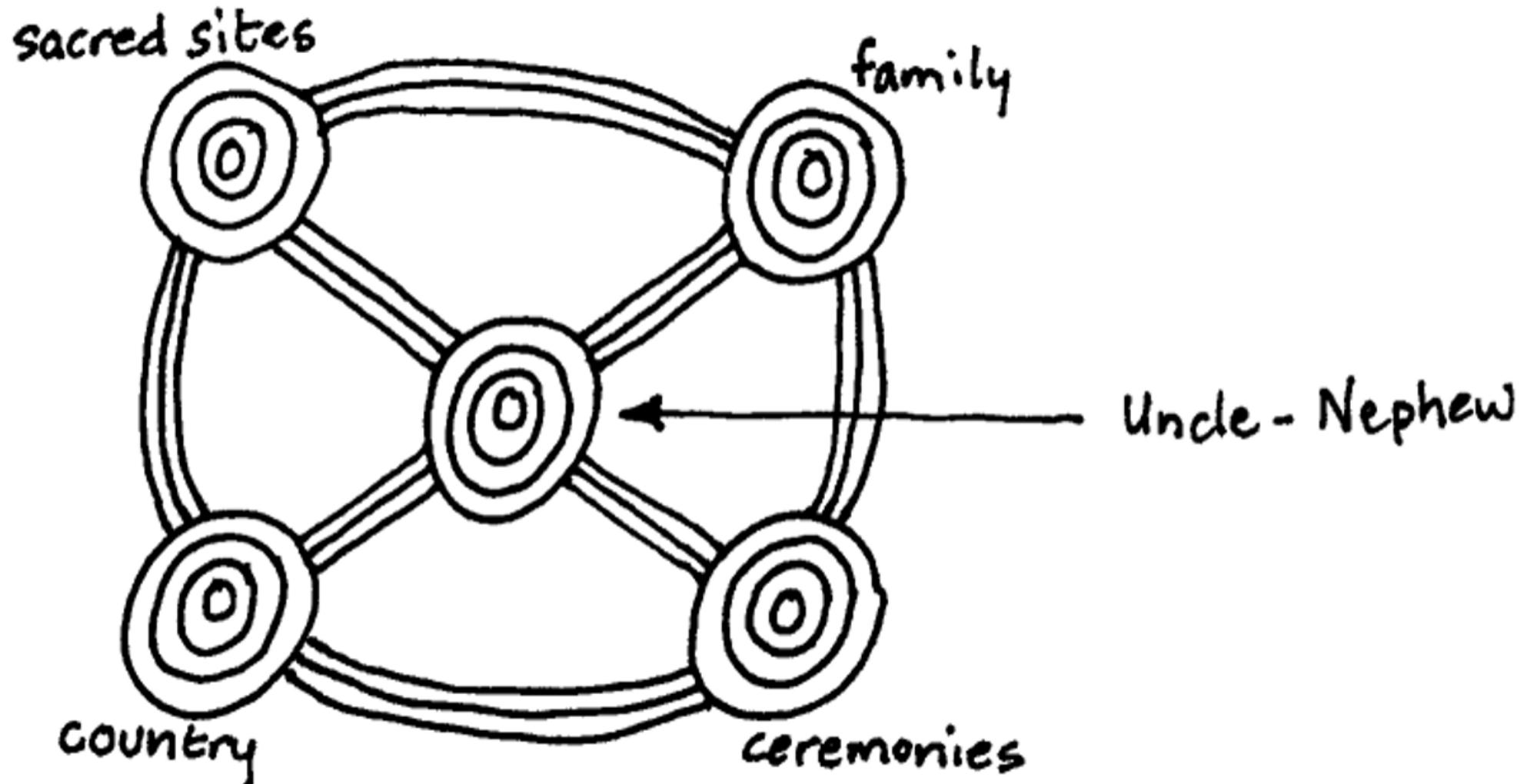


Aboriginal Life Today Diagram

We discuss the Aboriginal Life Today diagram with clients as there is a focus on Loss of identity, Reduced respect for elders, harmful and hazardous use of alcohol and other drugs, weakened spirit, poor health and family violence, poverty and child abuse.

This gives the client the opportunity to identify any parts they may relate to, but also the opportunity to discuss how history may have affected them (intergenerational trauma etc)

By discussing this diagram, clients can also open up about their experiences and struggles, giving the Social & Emotional Wellbeing Workers a better understanding of any contributing factors to presenting issues.



Spiritual Relationship Diagram identifies the clients spiritual relationships to their family, community and culture.

This tool can also identify what ways the client is disconnected from culture.

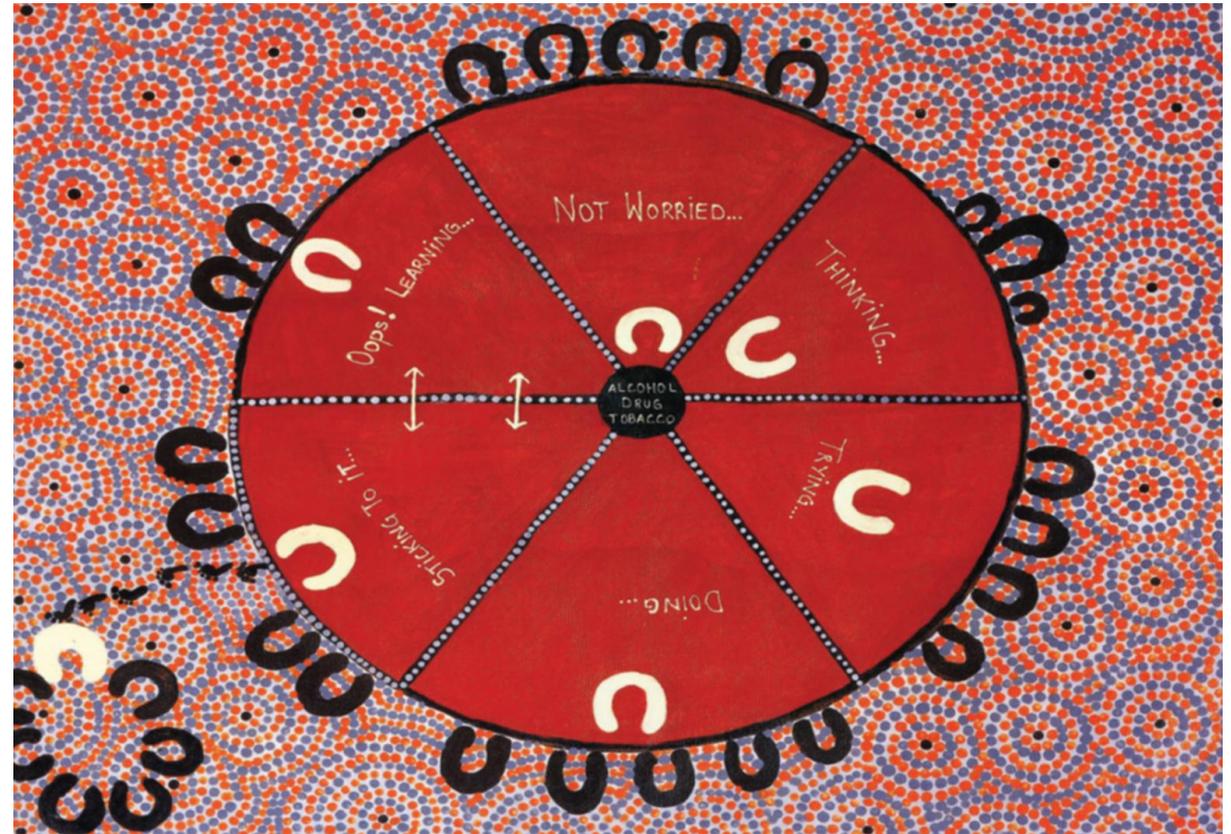
With this diagram, we discuss how drugs & alcohol have affected the client, their family and their community. This conversation is also based on any trauma the client may have that relates to their family and community and how that has affected or influenced any substance abuse. By having conversations including the clients family and community, we are able to gain more knowledge on contributing factors.





The stage of change wheel goes through 6 stages

- Not worried
- Thinking
- Trying
- Doing
- Sticking to it
- Oops! Learning



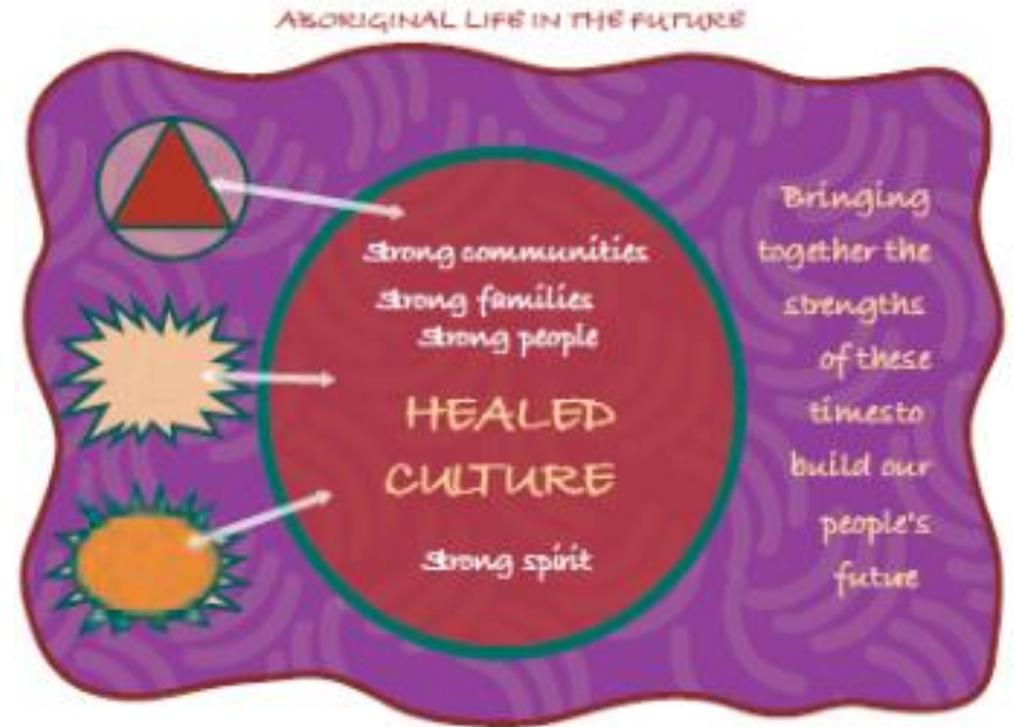
Talking through this chart with clients allows them to identify what stage they are at and how we can best work with them from a harm minimisation / reduction approach.

We are also able to identify if the client is moving through the stages or remaining in certain stages, whilst receiving support from our Social & Emotional Well-being workers.

***What's your emotional wellbeing like?
Discuss with client, What makes a strong spirit?***

"I have a strong spirit when I am with my family, engaging in cultural practices and connecting to my home country"

Discussing the 'Aboriginal Life in the Future' diagram allows the client to acknowledge what creates strong communities, strong families and strong people. Clients acknowledging their own strengths that can assist them in building their relationship to community, family and others to encourages growth on their journey.







(13) Can we discuss these 7 areas of needs?

Possible questions to ask

- Do you want to yarn about grief or loss?
- How does your feelings about culture and country impact on you?
- Describe your physical health and emotional wellbeing right now?
- Tell me more about any family or community connections?
- Has relationship issues ever been something you want to talk about?
- How does parenting affect you?
- What's your current situation with money and work at the moment?
- How is pregnancy and taking care of yourself during this time?
- Tell me more about your children's stories and how they are today?
- Can we discuss Aboriginal lore and if it affects you? Describe any differences for you between mainstream legal system and Aboriginal lore?

Aboriginal Community Connect Residential Rehabilitation Program

Clients can rehabilitate in one of our shared houses, as part of the Community Residential Rehabilitation Program. Houses are located nearby our offices, in north-west Adelaide, Mount Gambier, Murray Bridge and Renmark regions.

The Rehabilitation houses allow families suffering from AOD to remain together through their journey. During the stay, we can provide counselling to the client individually or within a group.

Working from a holistic approach, we believe that connecting to culture is important for clients reaching their goals. We support our client's links with family and community as we work together.



Community residential rehabilitation process

**Client/family referral to community residential program occurs.
SEWB worker does at least 4 weeks counselling/case management.**
This is to do a comprehensive screening and assessment, of both client & worker to assess whether community residential program is the appropriate treatment option, or can other treatment options be discussed.

**SEWB worker identifies the client as a suitable candidate
for Community Residential Rehabilitation housing.**
SEWB worker to think through reasons for this decision made by client/worker.

SEWB worker provides recommendation to Coordinator
SEWB worker to contact Coordinator to give a briefing about suitable client/family for community residential program.
SEWB worker provides rationale to Coordinator about clients/their decision.

**Coordinator will discuss entry in to community residential
rehabilitation program with SEWB Worker.**
Feedback will be given to SEWB worker by Coordinator about entry/non - entry into house.

**If house entry proceeds, the SEWB worker will prepare
client/ family for community residential program.**
This includes completing all required forms and uploading on TCM and Program induction. The SEWB worker will decide the house entry date and will continue the community residential program process.

**If the SEWB worker needs guidance throughout this process, then
they can get guidance in their supervision with Coordinator.**









“The mind, body and spiritual connection in the holistic treatment approach is vital to the healing process in substance abuse addictions. Individuals tend to self-medicate with food, alcohol, drugs, sex and other diversions when their mind, body and spirit are not working in concert with one another”

The Alcoholism and Addiction Cure: A Holistic Approach to Total Recovery
Chris Prentiss, 2007.

Q & A