

CAAPS Alcohol and Other Drug Services



*An evidence based
approach to providing
AOD treatment to
Aboriginal people and
their families*

Contents

Introduction	2
CAAPS Services	3
Policy Context	4
Guidelines.....	5
Treatment Model.....	6
Assessment.....	8
Screening.....	8
Program Delivery.....	10
Case Management.....	11
Residential Engagement.....	11
Treatment Services Continuum of Care.....	12
Clinical Governance	12
Cultural Safety	12
References.....	13

Introduction

CAAPS is a community based substance misuse treatment service that supports Aboriginal and Torres Strait Islander families who are experiencing alcohol and other drug (AOD) issues. CAAPS was formed in 1984 and is now a registered corporation under ORIC. CAAPS is funded by the Commonwealth and Northern Territory governments.

CAAPS works in a holistic way and within a harm minimisation framework with people who are misusing alcohol or other drugs. CAAPS recognises that alcohol and drug misuse can be treated more effectively by involving the whole family. Family members experience health, emotional and spiritual harm as a result of a family member's use of alcohol or other drugs. Supportive others will often be more motivated and responsive to making changes in their lives than the person using the substance and they need to be supported and empowered.

CAAPS has a long term commitment to the Aboriginal people and their communities in Northern Australia. CAAPS recognises their diversity and uniqueness and responds to the needs of all the people through differing models of intervention including, assessment, workshops, case management, individual and family counselling.

CAAPS recognises that communities are serviced by a wide range of agencies that often work in isolation from each other. If these agencies work together, they will be able to operate more effectively, placing less of a burden on community time and energy. CAAPS places a high priority on networking with allied services in order to create better relationships and more effective service delivery.

CAAPS Services

CAAPS primary focus in the provision of AOD services is to provide education, support and case management services to a broad range of different client groups. Therefore, CAAPS provides a number of services and programs to assist people with AOD issues as well as their families.

CAAPS **Healthy Families Program** is a 12-week Alcohol and other Drugs program available to residential or day clients. The program is designed to provide participants with skills and education that may assist them in addressing their AOD issues. Participants and their supportive others also have access to sessions within the program that aim to increase life skills and improve family functioning. Residential participants also receive support and education around tenancy sustainability.

The CAAPS **Children Program** is complimentary to the Healthy Families program and is available to children attending the facility with their parents/caregivers. The program is run concurrent to the Healthy Families program sessions and provides children under school age with education and support to strengthen developmental skills, improve age appropriate self-care, provide school readiness activities and introduce skills around protective behaviours. School aged children and their parents are supported to improve school attendance and participation.

The **CAAPS Volatile Substance Use (VSU) program** is a 16-week Residential Program available to young people between the ages of 12 year to 25 years. The program specifically focuses on support and education for participants to address volatile substance use and/or alcohol and other drug use. Another important emphasis of the program is to develop self-care and life skills among these young participants to enable them with meaningful skills that may improve lifelong outcomes. The Deadly Clever program operates within the VSU program providing participants with therapeutic program sessions and numeracy and literacy session and support for reengagement in learning post program.

Homelessness Outreach Support provides a service to individuals and their families who have accommodation issues and would like to access short, medium and long term housing options. This service also provides participants with assessment, referral and tenancy sustainability education and support.

Policy Context

The underpinning principles of CAAPS AOD services are in line with the National Drug Strategies (NDS) 2017 -2026 Harm Minimisation Model. CAAPS services focus specifically on the pillars of demand reduction and harm reduction, while recognizing the importance of lobbying for supply reduction in the wider community.

CAAPS recognises that individuals have a right of choice and some may continue to choose to use substances after completion of their treatment at CAAPS. This is why CAAPS programs provide participants with access to harm reduction information and education to assist in improved post treatment outcomes. However, it is expected that during treatment all clients will remain abstinent for the course of their participation in either the 12 week AOD or 16 week VSU programs.

The NDS pillar of demand reduction aims to prevent the uptake and/or delay the onset of use of alcohol, tobacco and other drugs; reduce the misuse of alcohol and the use of tobacco and other drugs in the community; and support people to recover from dependence and reintegrate with the community (Ministerial Council on Drug Strategy, 2011) .

CAAPS supports these aims through the provision of a 12 week AOD treatment program designed to support people who are experiencing issues with their substance use. The program provides information, education and support that takes into consideration the individual aims of clients in regards to treatment goals that may fall anywhere along the continuum of harm minimisation, from continued substance use to abstinence.

The 16 week VSU program operates in much the same way, although it does acknowledge that there are no safe levels of volatile substance use. The program does include information around harm minimisation such as VSU first aid that takes into account that some participants of the program may continue to use volatile substances and benefit from understanding these strategies

CAAPS also provides demand reduction activities through its Children's Program, by providing age appropriate substance use information and education aimed at prevention of substance uptake.

The NDS pillar of harm reduction aims to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs (Ministerial Council on Drug Strategy, 2011).

CAAPS supports the aims of this pillar through the provision of information and education to clients that is based on strategies to reduce the harm of substance use to individuals and families. This is delivered through sessions for those participating in treatment programs.

Other policy frameworks which govern the delivery of CAAPS services include the Volatile Substance Abuse Prevention Act (2017) which is specific to the Northern Territory and is a reference for the delivery of the VSU Program.

Guidelines

To ensure best practice and good practice points are met within the delivery of services, a number of different guidelines are consulted in regards to treatment provision and client care.

The Consensus Based Guidelines for the Management of Volatile Substance Use in Australia (2011) is one of the resources that informs the delivery of the VSU program. CAAPS service provision closely aligns to this guideline which includes good practice and best practice points in regards to the provision of residential rehabilitation, VSU education and psychological therapies for VSU treatment.

The Handbook for Aboriginal Alcohol Drug Work (Lee et al., 2012) is another key resource that guides CAAPS work with clients accessing our services for Alcohol and Drug use issues. This tool provides a culturally safe guide around alcohol and drug work from clinical, prevention, early intervention and harm reduction perspectives.

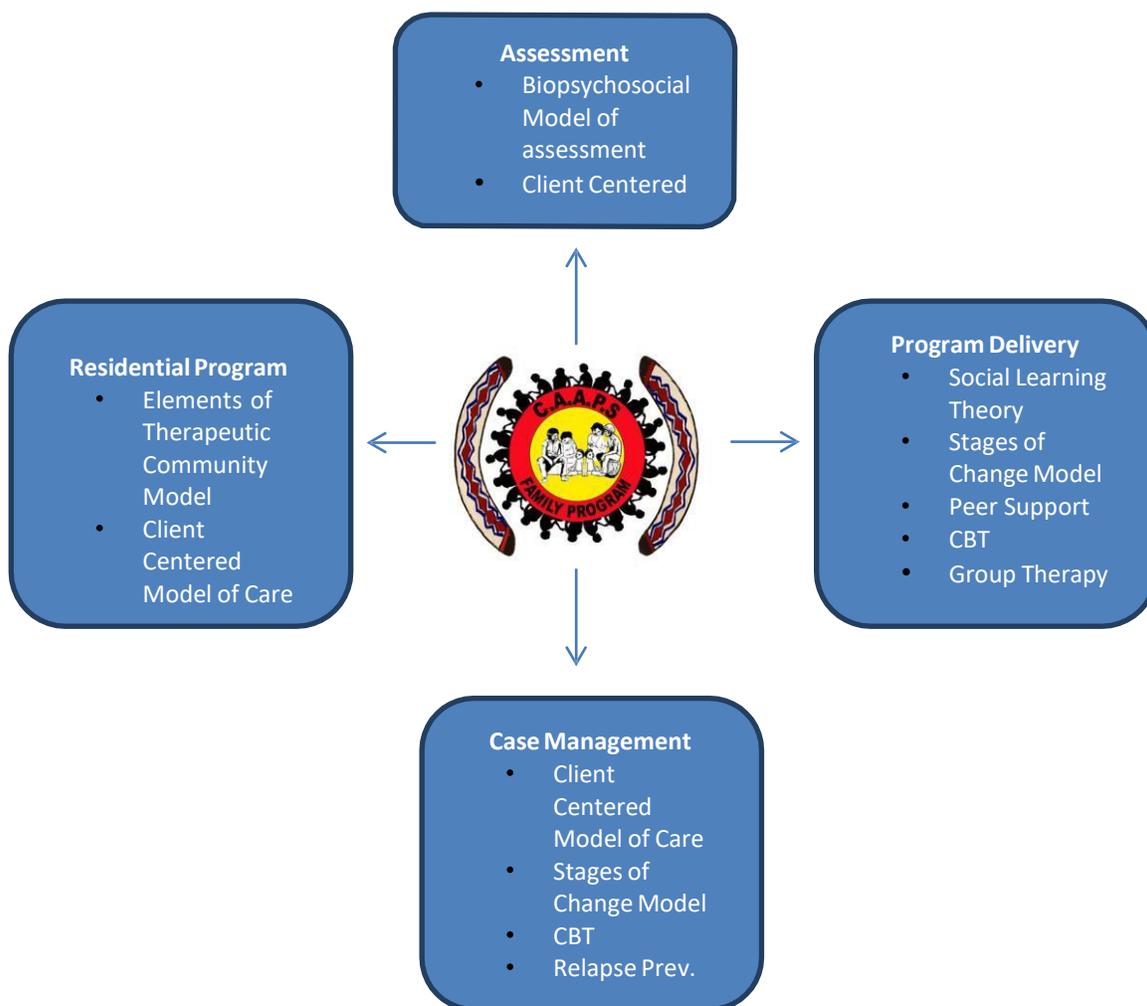
Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings, (2016) provide the evidence base for CAAPS work with these specific treatment populations. Due to the increasing incidence of clients presenting with co-occurring conditions, CAAPS places great emphasis on continuing to improve the services that these clients receive while engaged in CAAPS programs.

Treatment Model

As previously mentioned, the NDS Harm Minimisation Model guides service delivery of CAAPS treatment programs. In order to provide an holistic service to CAAPS target population, CAAPS enlists concepts taken from several treatment models rather than prescribing to one individual model.

Assessment, programs, case management and residential services are based on a number of models, or components of models, which over time CAAPS has found to be effective in the treatment of AOD issues among individuals and their families. This approach is utilised within all treatment programs (AOD and VSU).

In line with recommendations regarding delivery of AOD rehabilitation for Aboriginal people, the program is family focused and the model is implemented in a way that accounts for this focus.



Assessment

While engaged with CAAPS services, clients may receive a number of different assessments dependent on their circumstances and identified needs.

Initial assessments are carried out on clients seeking admission to CAAPS treatment programs. The assessment is based on the biopsychosocial model of assessment which encompasses an holistic approach to identifying client's needs associated with biological, psychological and social aspects of AOD use and related issues (Queensland Government, 2013).

The biopsychosocial approach to substance misuse is widely accepted as best practice within AOD treatment and assessments based on this model provide an effective starting point for continued multifaceted care of clients with substance use issues (United Nation Office for Drugs and Crime, 2009).

The Stages of Change Model, which provides an intervention guide based on client motivation to change (Valasquez, Maurer, Crouch, & DiClemente, 2011) is consulted during review for acceptance into treatment programs in order to effectively match treatment services to client needs.

Screens (see below) that compliment assessment include; AUDIT, DUDIT, Psycheck and K10.

After admission into treatment programs, clients undergo additional assessments including immediate needs assessment and medical assessment conducted by an onsite Health Support worker. The outcome of this further supports CAAPS client centered approach to treatment.

For more information on assessment and screening, please refer to the CAAPS Intake Framework.

Screening

Various screening tools are also utilised to assist screening for specific client needs.

The AUDIT-C is a reliable screen used in the detection of risky and high risk (or hazardous and harmful) drinking. This tool is used at assessment and provides a guide around referral of clients for withdrawal assessment. The AUDIT is a best practice tool as validated by the World Health Organisation (Babor et al., 2001) The DUDIT screen is an equivalent screen used to identify other drug related problems.

The Psycheck screening tool is used at assessment and during treatment to detect potential mental health problems and provides information about possible strategies that can be implemented in response to any post screening concerns.

The K10 screen is a simple measure of general distress. It is a screening

instrument to identify if an individual requires further professional assessment for anxiety and depression.

The Clinical Institute Withdrawal Assessment for Alcohol Scale - revised (CIWA-Ar) (Sullivan et al., 1989) is used to screen for alcohol withdrawal and CAAPS refers to guidelines for use of this tool as contained within the Alcohol Treatment Guidelines for Indigenous Australians (2007).

Children participating in the Children's program also receive a needs assessment focusing on developmental milestones. This was introduced to the service as a result of consideration of national response recommendations made by the National Indigenous Drug and Alcohol Council (NIDAC) in addressing Foetal Alcohol Spectrum Disorders (FASD) (NIDAC, 2012). The assessment tool used by CAAPS is commonly used to screen children who may be at risk of not achieving developmental milestones as outlined in the validated ages and stages model questionnaire (Squires & Bricker, 2009).

The Kimberley Indigenous Cognitive Assessment (KICA) is used as a cognitive screening tool for clients who may be at risk of undiagnosed cognitive impairment (LoGiudice et al., 2006). While the tool is specifically validated for use with older Aboriginal people, the tool has also proven useful in screening clients where language barriers may exist.

All clients admitted to the service are supported to attend initial medical appointments with local Aboriginal and specialist medical services that carry out health screening as per medical protocols.

Program Delivery

Social learning theory holds the view that people learn by observing others. As a psychological theory, social learning explains how people learn new behaviours, values, and attitudes. In order for social learning to occur, the theory specifies that attention and remembering the observed behaviour of others and motivation to act the same way must exist (Jung, 2010).

CAAPS translates this theory into practice within its treatment programs through the delivery of sessions which explore past behaviour, exposure to the modelling of more appropriate behaviours and providing participants the opportunity to practice more positive behaviours. This approach is particularly effective within the life skills and parenting sessions that are provided as part of CAAPS treatment programs, whereby staff and other clients model desired behaviours.

Specific components of programs also explore the Stages of Change Model which compliment the work that clients do within case management.

Sessions based on Cognitive Behavioural Therapy (CBT), which has been shown to be an effective way of modifying behaviour related to AOD use (NIDAC, 2014) are also part of CAAPS treatment programs. Sessions based on CBT explore problem solving techniques and introduce stress management skills.

To accommodate treatment goals within the Harm Minimisation Model a range of information and support is provided. Opportunities to engage with peer support networks form part of the AOD treatment program. These are particularly relevant for clients who choose abstinence as a treatment goal. Participation in peer support groups is voluntary and provides participants with benefits that can be ongoing after discharge from CAAPS programs.

All program sessions are delivered in a group environment, although group membership may change depending on the topics being delivered. Whole group, men's groups and women's groups form part of the programs. Working in groups hold many benefits such as the generation of different perspectives, and the opportunity to receive and provide group support to participants (Jarvis Et al., 2005). While some evidence suggests that group therapy may not be appropriate for some Aboriginal populations, CAAPS client feedback has shown that participants consistently value this type of engagement (CAAPS Client Feedback Surveys).

Case Management

Client motivation to change is assessed at initial assessment and is used to identify best treatment options using Prochaska and DiClemente's Stages of Change Model. Reference to this model continues throughout treatment for the purpose of informing case plans and implementing recommended interventions.

Client centered care is described as providing care that is respectful and responsive to individual client preferences, needs, and values, and ensuring that client values guide all clinical decisions (Victoria Department of Human Services, 2007). CAAPS case managers adhere to this approach with all client orientated work including the development of treatment and discharge plans.

A Strengths-Based approach to client care and case management accepts that clients have experiences, abilities and knowledge that assist them in their own lives. The aim is to help people to identify and build on their strengths so that they can reach their goals and retain or regain independence in their daily lives (Victorian Government Department of Health, 2012).

The AIMhi Stay Strong application, which was developed by Menzies School of Health Research is used within CAAPS as a resource for Case Management. The app is a structured mental health and substance misuse intervention using Indigenous specific content and imagery in a digital format.

CBT is widely used within AOD treatment is also utilised within CAAPS case management services to clients. This allows the individual participants to focus on treatment planning, goal setting and relapse prevention.

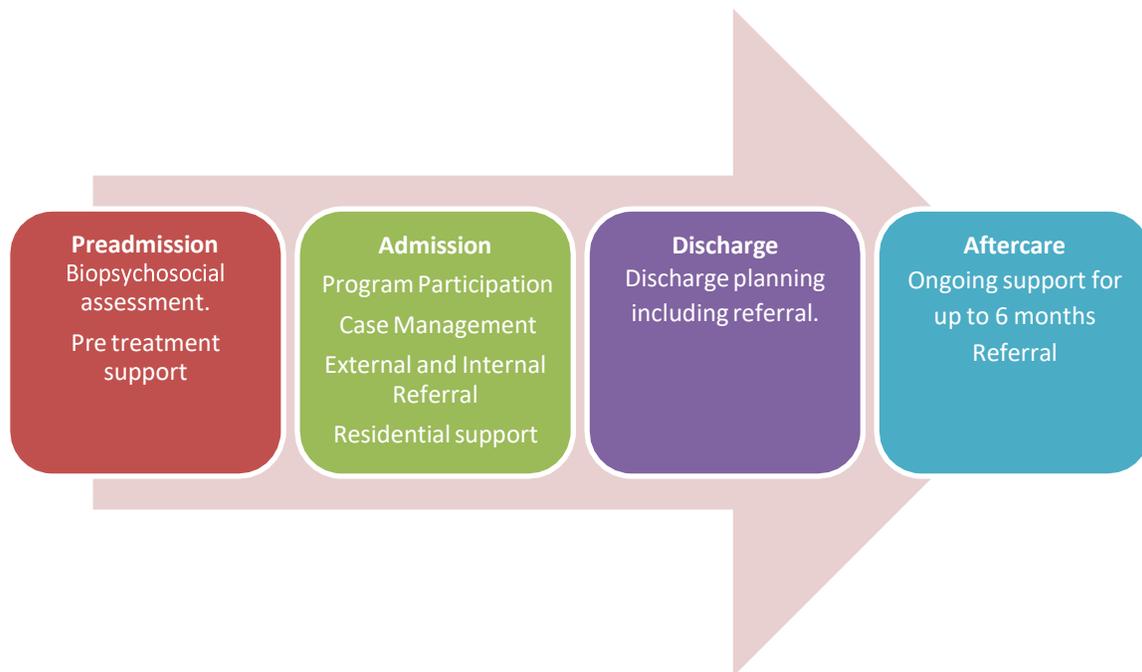
Residential Engagement

Residential clients of CAAPS have an opportunity to make collective choices in regards to aspects of treatment programs such as influence over choices in recreational activities. Drawing from elements of a Therapeutic Community Model, participants also have various responsibilities in maintaining group resources. Community meetings allow a platform for this type of engagement. Peer support and buddy systems are also an important part of this approach.

A client centered and strengths based approach is also evident in the way that the residential services are delivered. AOD Residential units include small kitchens so that clients are encouraged to cook for themselves rather than depend on others for daily needs. Clients are provided with nutritious foods as part of their program and life skills development workers also support clients to increase skills in healthy eating and food handling. Clients are also supported in activities that encourage budgeting and tenancy maintenance (e.g. caring for a home). VSU clients are intensively supported in shared facilities and Youth Engagement Workers support them in engaging in life skills capacity building including self-care, nutrition, hygiene and health routines.

Treatment Services Continuum of Care

The CAAPS treatment services continuum of care provides a model for ongoing support for clients during various stages of engagement in CAAPS treatment services.



Clinical Governance

CAAPS approach to clinical governance ensures that treatment services are delivered in a way that encompasses best practice as well as considering client and community feedback in relation to service design.

Clinical governance policy guides the CAAPS clinical team to remain informed about developments in treatment practices, guidelines and relevant frameworks. Systems are in place to collect and analyse feedback from clients and community members and this is a focus of the clinical team.

Cultural Safety

As an Aboriginal Community Controlled organisation, CAAPS places great emphasis on the cultural safety of its services. CAAPS has a Cultural Safety Framework and a committed Cultural Safety Committee who meet regularly to advise on; programs and services, grounds and facilities, publications and workforce issues.

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