CAAPS Youth Services

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Introduction

In February 2020, CAAPS Aboriginal Program proposed to separate out the assessment and treatment phases for the young people who attended the current Volatile Substance Use (VSU) program. The proposal outlined two distinct program structures – an Intensive Assessment Program (IAP) and a Substance Treatment Program (STP). Both programs focus on the individualised outcomes required for each specific young person rather than allocating a set amount of time a young person is required to attend the program.

Service Overview

The IAP provides an opportunity for young people to undergo intensive assessment while building on the young person's motivation to make positive changes in their lives. The goal of the IAP is to allow young people to be supported back in the community wherever possible. A combination of assessment and screening tools, interwoven with motivational interviewing and narrative therapy within a trauma informed approach will be pivotal to achieving successful outcomes.

The overall aim of the program is to assess the needs, challenges and strengths of each young person to inform the development of tailored support and intervention plans. This allows us to identify how best to support that young person in moving through the current challenges they are facing. To facilitate comprehensive assessment and screening, the young person will reside at CAAPS in the IAP for a period of up to four weeks (the actual duration will be dependent on the individuals' level of need and engagement throughout this process and will be intensively supported by the family worker and clinician).

Admission into the STP occurs following completion of the IAP. Direct referral is not available. The STP is available to young people for whom other interventions are not suitable/appropriate. The program will be available to young people between the ages of 14-18. Admission for those who have completed the IAP who are younger than this, may be considered in exceptional circumstances where other options are limited. Entry is based on a rolling admissions process where there are vacancies.

As much as possible, a young person who transitions from the IAP to the STP will retain their key worker to facilitate a smooth transition and maintain relational continuity. The duration of the STP will be dependent on the treatment goals developed with the young person during the IAP, and while there may be a guide around recommended time in the program, this will remain open and flexible.

Rationale

Providing residential treatment programs for young people is challenging, and many factors influence their motivation and engagement. Inadequate assessment of a young person and their needs prior to admission is one of the major factors that leads to unsuccessful attempts at residential rehabilitation. Additionally, not every young person's needs can be addressed within a residential program. The IAP will attempt to determine the most appropriate response and intervention for a young person, whether it be residential treatment, community-based treatment or an individualised program to address developmental, mental health and/or behavioural issues.

The design of the IAP and STP allows for the sharing of resources between the programs while maintaining the separate aims of each. Key workers are allocated to each young person in the beginning weeks of their placement to ensure that their assessment and treatment is coordinated on an individual level. Key worker allocation is based on the relationship built between staff and the young person to match the young person's needs to key worker capabilities and characteristics.

The social worker develops weekly plans related to treatment goals and each young person and their key worker will be involved in planning their individual weekly timetable that meets the young person's specific needs.

Youth Services Beliefs and Principles

Youth Services philosophy encompasses the following core concepts:

1. A young person's **VOICE** is a key component of their case management at CAAPS. Throughout the assessment and treatment provided to each young person, the young person is consulted and their voice and wishes are heard and respected.
2. Every young person is **one** caring **team** away from being a **success** story.
3. We must have the courage to demand greatness from our young people, their families and from ourselves.
4. Crisis creates opportunities.

Underpinning Principles

These principles are based on evidence of what works well within residential programs aimed at youth.

1. **Strengths Based:** The young person's strengths and aspirations are paramount to a young person's motivations, treatment goals and how challenges and problem solving is facilitated.
2. **Young Person Centred:** Each young person is actively involved in decisions regarding their lives. They are encouraged to participate in staff handovers and in the planning and delivery of their daily program.

3. **Culturally Safe:** Programs, activities and service delivery are designed to be culturally safe for each young person, and is governed by the CAAPS Cultural Safety Framework.
4. **Relationally based:** Therapeutic progress is dependent on the building of strong connections between workers and young people based on trust and mutual positive regard.
5. **Family and Community focused:** Therapeutic progress is often dependent on positive engagement with the young person's family, extended family and community, as well as positive identification with culture.

Program Framework

The overall framework for Youth Services applies to the IAP and STP. Youth Services programs are committed to responding to the needs of each young person in our service, which in turn supports effective responses to substance misuse. The first step is to gain an understanding of the individual young person and to address their specific needs through our program framework. This framework is a **needs-based framework**, which feeds into the overall structure of the programs.

1. Universal developmental needs.

These needs are addressed through reference to the Circle of Courage model. This follows the notion of healthy development. A young person requires a sense of belonging, a sense of competence, a sense of determination, strength and generosity.

Circle of Courage

A core component of the Youth Services philosophy is promoting the **Circle of Courage©** (Brendtro, Brokenleg, and Bockern 2002, 2019) which comprises the quadrants of **belonging, mastery, independence,** and **generosity.** The Circle of Courage is directly based on decades of developmental psychology (e.g. Maslow and Coopersmith's work) and identifies the shared components of well-functioning human beings, regardless of culture and belief.

The Circle of Courage is a holistic approach to reclaiming children and young people that is grounded in resilience and in values of deep respect for their dignity. The Circle of Courage evolved from an anthropological comparison of child development between Western and Native American cultures. North American cultures regard children as spiritual creations (the Lakota Sioux word for child is translated as “sacred being”).

Belonging is developed through opportunities to build trusting bonds of human attachment.
Significance- ‘I am important to someone’
Mastery requires opportunities to creatively solve problems and meet goals for achievement
Competence- ‘I am able to solve problems’
Independence is fostered by opportunities to grow in responsibility and autonomy.
Power- ‘I am in charge of my life’
Generosity is shown through opportunities to show concern in acts of kindness and altruism.
Virtue- ‘I am considerate to others’. (Brendtro & du Toit 2005 p.43)

It is of the utmost importance to note that **belonging** includes belonging/identifying with peers, family, sporting teams etc. but most particularly with culture. Mastery encompasses skills in formal and informal education, in sporting and recreational activities, in music making, in social engagement, in formal work, in cultural activities such as hunting, and so on.

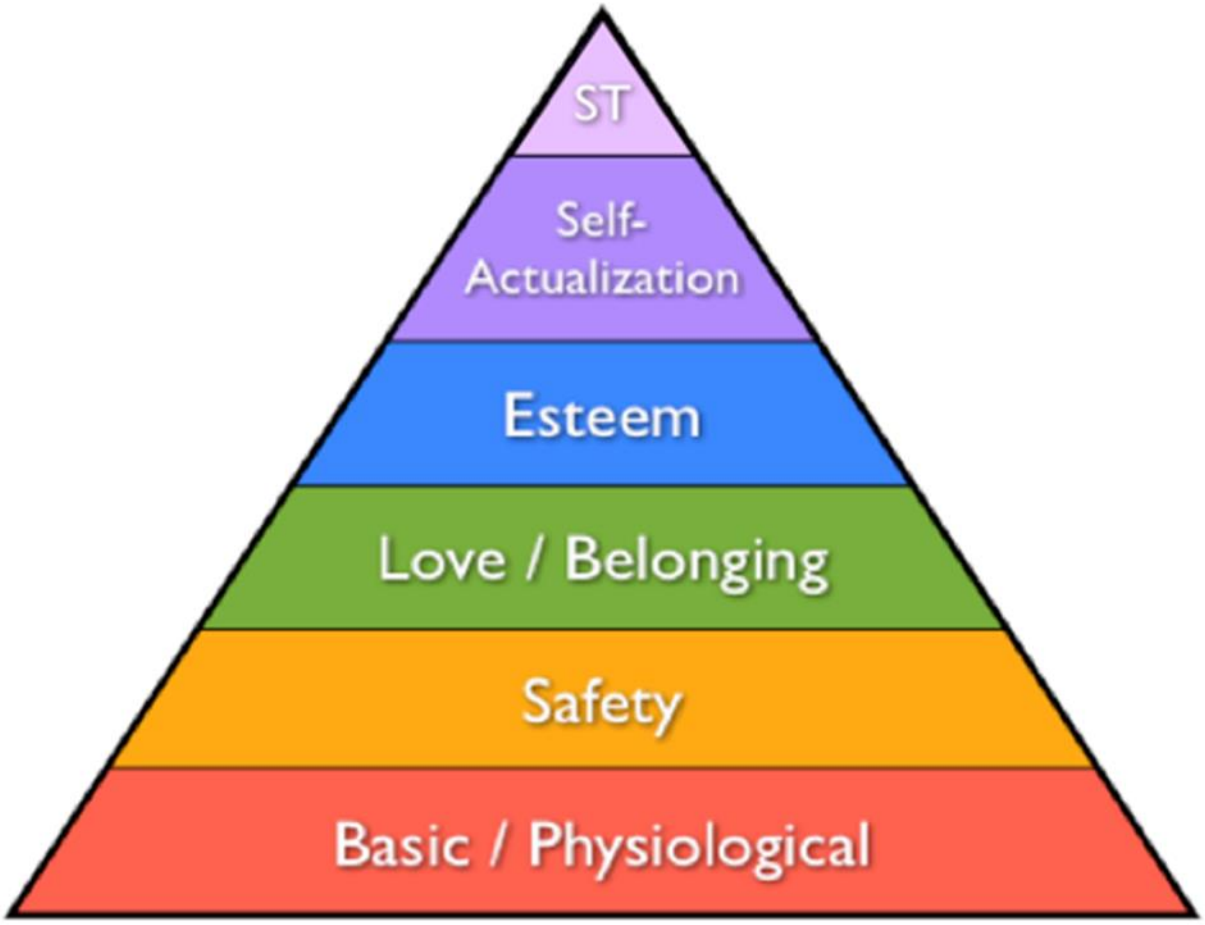
Independence (often referred to as autonomy) is a particularly important emphasis for programs working with substance-affected young people. It includes the ability to adaptively manage the turbulent negative emotions, thoughts and impulses often associated with developmental traumas such as abuse, neglect and the witnessing of family violence. As Bloom and Farragher have pointed out (2013, p. 74, 75), ‘People who are traumatised appear to lose all or some of the capacity to choose courses of action. Their behaviour, particularly problematic behaviour, is often repetitive, even when it is self-destructive.’

Generosity is a characteristic of healthy, connected people regardless of culture and race. The program seeks to engender a sense of responsibility and generosity to others as a counter to the focus on clients’ own issues and needs.

Youth Services is committed to building all of these qualities within our young people. We seek to cultivate an environment and sense of attachment (belonging), competence (mastery), power (independence), and worth (generosity). “When growth needs are met; Youth have positive outcomes. When growth needs are frustrated; Youth show problems.” (Brendtro & du Toit 2005 p.15)

The Circle of Courage has also been referred to as “The Resilience Code” due to its ability to comprehensively translate strength-based research describing universal human growth needs, much the same as Maslow (1970) described the hierarchy of needs. Maslow's hierarchy of needs is

a motivational theory in psychology, which identifies the five essential human needs. It is often illustrated as hierarchical levels within a pyramid. The needs at the bottom of Maslow's hierarchy must be fulfilled before the needs higher up in the hierarchy can be addressed.



(Koltko-Rivera 2006)

The Circle of Courage is closely linked with research into Self-Worth: *Belonging* correlates with Significance (research into self-worth); *Mastery* connects with Competence; *Independence* is associated with Power; and *Generosity* corresponds with Virtue (e.g. Coopersmith, 1967).

Motivational Level	Description of Person at this Level
Self-transcendence	Seeks to further a cause beyond the self and to experience a communion beyond the boundaries of the self through peak experience.
Self-actualization	Seeks fulfillment of personal potential.
Esteem needs	Seeks esteem through recognition or achievement.
Belongingness and Love needs	Seeks affiliation with a group.
Safety needs	Seeks security through law and order.
Physiological (survival) needs	Seeks to obtain the basic necessities of life.

(Koltko-Rivera 2006, p303).

2. Trauma-related needs.

Addresses the three core needs of young people through the Three Pillars model: a sense of safety, the importance of connections and an ability to cope in adaptive rather than self-destructive ways.

Three Pillars of Transforming Care

The Three Pillars of Transforming Care (Three Pillars, Bath & Seita, 2018) is a trauma informed framework designed to assist those who work with young people who have been exposed to various forms of trauma and adversity. This framework seeks to highlight the three core needs of traumatised young people and the implications for support and intervention. The Three Pillars recognises the importance of the 'other 23 hours' (i.e. the hours outside of formal counselling) and that much of a young person's healing can be facilitated and supported where they live, learn and play, in non-clinical settings.

The Three Pillars program suggests that, *"the creation of trauma-informed living and learning environments, by adults that are focused on addressing the trauma-related needs of children and young people, are the essential ingredient in therapeutic transformation, even where formal therapy may be necessary." (Bath & Boswell 2016 pii-iii).*

The Three Pillars is a guide for understanding and responding to the core needs and behaviours of young people who have been exposed to severe early adversity. The focus is on interacting with the young people in their everyday living and learning environments.

The critical trauma-related needs are to:

- **Feel safe:** physically, emotionally, relationally and culturally.
- **Connect:** with family, young people, staff, community and culture.
- **Cope adaptively:** with negative cognitions, emotions, and external challenges.

The goals of the Three Pillars are:

1. To positively transform the way we understand and respond to the young people in CAAPS Youth Services.
2. To promote the development of care and education environments that are sensitive to the experiences of severe adversity and trauma and that enable healing, personal growth and positive relationships. (Bath & Boswell 2016)

3. Individually assessed needs.

CAAPS Utilises the Child and Adolescent Needs and Strengths (CANS) assessment, the Teen Star, and other appropriate assessments to allow an accurate understanding of the individual young person and their needs.

Child and Adolescent Needs and Strengths (CANS) assessment

In the IAP, individually assessed needs are determined through a rigorous assessment process guided specifically by the CANS assessment. This informs the development of the young person's treatment plan. For young people who progress to the STP, their progress is monitored through the Outcomes STAR – the Teen Star.

The CANS assessment is a tool that supports decision-making, including level of care and service planning. The tool is based on communication theory and can be completed over a period of time. It emphasises the importance of working together with the young person to develop a shared understanding of needs and priorities and provides the basis for an assessment of progress over time. The tool provides a guide for assessing a number of core items including life functioning, strengths, acculturation, caregiver needs and resources, behavioural and emotional needs and risk behaviours (Kisiel, Lyons, Blaustein, Fehrenback, Griffin, Saxe & Ellis 2011). The CANS is used as the basis for assessment in conjunction with other tools to compliment the collection of information towards a comprehensive report. The needs of each young person and any emerging evidence governs our assessment, including accessing specialist services where required.

The following are the assessment domains that are included in the IAP assessment process.

Assessment Domains

Broad developmental needs	**Family Functioning**
Aim: To identify needs associated with development. *Sources:* School reports, medical records, self-report interview. Secondary Assessment/Support through specialist referral.	*Aim:* To identify family functioning and resilience. *Sources:* Reports and records, Genogram, The Family Resilience and Functioning resource (Subjective, caregiver).
Behavioural Issues	**Abuse and Trauma History**
Aim: Identify how support can be provided to any identified Behavioural issues. *Sources:* School reports, caregiver information, SDQ Screen (objective and subjective versions). Secondary Assessment/Support through specialist referral (e.g. psychiatric assessment).	*Aim:* To identify if trauma is present. Link to other areas of functioning or problems. *Sources:* CANS, Records, reports, observations, self-report. Secondary Assessment/Support through specialist referral (e.g. psychiatric assessment).

Substance Use *Aim:* To identify what interventions may be included in care plan to address substance use. *Sources:* CANS, Reports, *Yarning About* series	**Schooling/Training/Employment** *Aim:* Investigate experiences and achievement. *Sources:* Reports, The Australian Core Skills Framework (ACSF), self-report, caregiver information.
Mental Health *Aim:* To identify any indicators that require further investigation. *Sources:* CANS, Dependent on needs and presentation. Psycheck, The Westerman Aboriginal Symptom Checklist Youth (WASC-Y), K10. Specialist referral will be utilised where required.	**Criminal/Legal Issues** *Aim:* Explore current legal issues, offending history, patterns of criminal behaviour. *Sources:* Records, reports, self-report.
Emotional State *Aim:* Explore current mental state. *Sources:* Self report, caregiver, observation, SDQ, K10. Specialist referral (e.g. counselling, psychologist) if required.	**Peer relationships** *Aim:* To identify how the young person interacts with peers including conduct problems. *Sources:* CANS, SDQ, observations, reports.
Strengths and social/emotional assets *Aim:* Explore strengths and coping styles. *Sources:* SDQ, observations, caregivers, self-report.	**Motivation towards change** *Aim:* Assess and build on motivation to change. *Sources:* Self report, Stages of Change Model.
Cognitive Functioning *Aim:* Identify need for further assessment and support. *Sources:* Records and reports.	**Social, cultural and community connectedness** *Aim:* Explore connectedness. *Sources:* The Family Resilience and Functioning resource.

Secondary Assessment: WISC-V Wechsler Intelligence Scale for Children - Fifth Ed (Psychologist Administered) and/or referral to specialist service.	

The Outcome Star – Teen Star

Triangle Consulting Social Enterprise ("Triangle") created the Outcomes Star. There are over 30 different types of Outcomes Stars, and each consists of specific key outcome areas - each presented in a star shape. The five stage Journey of Change supports the Outcomes Star.

The Teen Star is used with young people specifically in substance misuse services where young people have complex needs. The Teen Star guides the clinical case management in the STP and is based on three processes:

1. young person empowerment (self-determination),
2. collaboration
3. integration.

The Teen Star explores six specific outcomes areas:

1. Drugs and Alcohol.
2. Well-being.
3. Safety and Security.
4. Structure and Education.
5. Behaviour and Citizenship.
6. Family/Adults.

The STP uses the Teen Star to support goal setting and action planning with the young people. The social worker meets with the young person to complete the star collaboratively with them. From this information, a case plan is developed with the young person. The Teen Star is then completed approximately every four weeks to review the case plan and track the young person's progress through the STP. A final Teen Star is completed on the day that the young person leaves the STP.

As previously stated, the overall framework for Youth Services applies to the IAP and STP. This framework is a **needs-based framework**, which feeds into the overall structure of the programs and considers three key sets of individualised needs: **1- Universal developmental needs, 2- Trauma-related needs,** and **3- Individually assessed needs.** Through the comprehensive assessment and intervention this needs-based framework drives the care planning for each young person including: comprehensive case plan, behaviour support, treatment plans, relapse prevention planning and discharge plans.

Key Components of the Therapeutic Frameworks

CAAPS Youth Services incorporates several key philosophies to support the effective care and treatment for young people. Theoretical models employed are **culturally embedded, trauma informed** and **strength-based** and supported by **restorative practices**.

Cultural Embedding

All aspects of the Youth Services Programs are congruent with the cultural perspectives and priorities that apply to the CAAPS program as a whole. Each program is firmly based on an understanding of the significant trauma and dislocation for Aboriginal communities in the Northern Territory that accompanied colonisation, and that still play out in a myriad of ways that affect the health and wellbeing of Aboriginal children, families and communities.

CAAPS is committed to embedding the identified key elements required for successful residential care for Aboriginal and Torres Strait Islander children and young people (Hunter & Croisdale, n.d; Office of the Guardian 2015). The following cultural practices are embedding into all facets of the youth services programs in response to the significant trauma experienced by Aboriginal and Torres Strait Islander people:

- ***Protective Strategies – supporting safe relationships and safe environments:***
    - Employing Aboriginal and Torres Strait Islander identified staff members as priority.
    - All staff possess appropriate qualifications and are provided with appropriate culturally relevant training.
    - All staff demonstrate skills, knowledge and an understanding of working across cultures, of historical practices and their adverse impact, and the significance of cultural knowledge to Aboriginal and Torres Strait Islander young people and their families.
- ***Ensuring Cultural Connectedness:***
    - Developing an understanding of each young person to incorporate and further support their current cultural connections. (e.g. young people who have already been through ceremony, kinship, identifying which staff are appropriate to work with young people, attending sorry business etc.)
    - Staff and youth programs celebrate and integrate cultural practices into the young person's daily planner.
    - Relationships with the young person focuses on deepening their connections with the young person's family, community, language and customs.
    - Collaboration with other Aboriginal and Torres Strait Islander specific organisations and providing structured cultural programs, which promote connection and identity.
    - Supported transition to the young person's family and community, with a comprehensive case plan to support ongoing commitment to meeting the young person's identified goals.
- ***Trauma informed and Self-Determination:***
    - Comprehensive assessment to ensure the appropriate identified services and goals to best meet the young person's cultural and therapeutic needs.

- Young people are empowered to exercise their rights and be actively involved in their goal setting and case planning. The young person is recognised as experts in their own life experiences.

Trauma Informed practice

Neurological research is now demonstrating that people who are exposed to early childhood trauma show significant alterations in both the structural make-up of the brain, particularly the amygdala, hypothalamus and limbic system in that the brain actually changes neuron responses and cognitive pathways (Perry, Pollard, Blakely, Baker & Vigilante 1995). This in turn influences the function of these structures resulting in many common behavioural responses such as hyper-vigilance, and the misinterpretation of environmental cues as being threatening, resulting in a stronger tendency to show a fight, flight or freeze response (Perry *et al* 1995). This highlights and summarises trauma-related problems with social information processing (heightened threat perception, misclassification of others' emotions) and problems with emotional processing (elevated emotional reactivity, low emotional awareness, poor emotional regulation) (McLaughlin, Colich, Rodman, & Weissman 2020).

Trauma frequently leads to more volatile and eruptive emotive states/ moods. Often the reactive nature of the young person's personality makes them unpredictable with emotive responses being incongruent with the circumstances. This volatility often influences the staff as they become emotionally drained or tired, thus leading to the trap of wanting to respond to these behaviours with tighter controls or pain-based solutions (Abramovitz & Bloom 2003).

Trauma-informed care reflects a commitment to understand these and the many other impacts of developmental trauma, including the impacts on the developing brain and the developmental consequences over time. It includes an understanding of troubling perceptions, thoughts, emotions, impulses and behaviours and the maladaptive coping strategies associated with trauma that many young people subsequently employ, such as withdrawal, self-harm, substance misuse, and aggression. It involves a commitment to create living and learning environments that are culturally, physically, emotionally, and socially safe for the young people and the staff members that care for them and that promotes engagement styles and invention strategies that empower and motivate rather than punish or re-traumatise.

Strength-based

In an effort to negate ingrained negative self-perceptions in the young people and to facilitate change within them, staff are expected to pay continual attention to all of the young people and consistently acknowledge a young person's strengths and positives. The assumption is that focusing on strengths and choices is inherently more motivating than focusing on what has gone wrong.

An underlying value of Youth Services is to place importance on "Demanding Greatness" from each young person in the program (Brendtro & Caslor, 2019). This does not mean that the young people are expected to be perfect, rather the expectation is that the young person is a positive person who is capable of achieving positive things for themselves. Crisis is an opportunity for enabling change within the young person.

What is Strength Based Intervention at CAAPS?

- Identifying strengths and positive attributes
- Intervening with a young person to begin building on their natural strengths and interests.
- Working with a young person to recognize their ability to do **POSITIVE** things and **ACHIEVE** goals!
- Recognising that all young people are worthwhile, but that they might need some help to believe this and choose positive things for themselves.

The Role of Staff in CAAPS Strength Based Intervention:

- All staff share the **SAME** goals.
- All staff work together as a **TEAM** and provide consistency and support for both the young people and colleagues.
- All staff work together to build a young person up to believe in themselves and develop appropriate skills and strategies.

How does CAAPS Youth Services translate Strength Based Intervention into Practice?

- Focus is on catching the young people doing positive things and genuinely acknowledging this. E.g., each young person receives opportunities to contribute to their daily activities and nominated community outings reinforcing the perception that each young person has agency and potential. Staff seek to make negative behaviours uncomfortable for the young person by focusing on the positives of the young person to combat their perceived negative self-image (i.e. so that the young person does not become their behaviours).
- Utilising approach goals rather than avoidance goals: Setting goals that are challenging but also achievable - promoting a sense of mastery and independence within a young person. E.g. working closely with each young person to develop achievable individualized short and longer-term personal goals. It is fundamental that the goals are within the ability of the young person to achieve them to combat any feelings of hopelessness, failure or inadequacy. Goals are initially set to reflect the immediate strengths of the young person.

Restorative Practices

Restorative practice recognizes the importance of human connection and offers proven strategies for strengthening and repairing relationships. The aim of restorative practices is to develop community, and to manage conflict and tensions by repairing harm and restoring relationships. The underlying principle of restorative practices is that young people are happier, more

cooperative, more productive and more likely to make positive changes in their behaviour when people in positions of power do things **with** them rather than **to** or **for** them.

Restorative Practices seeks to repair damaged relationships. It does this by bringing about a sense of remorse and restorative action on the part of the person who has done wrong and forgiveness by the person/s affected. By using the Socratic Method (asking questions), the young people are encouraged to use self-reflection to understand the impacts of their choices and behaviours. This creates a safe space for our young people to have their voices heard, and a safe space to challenge negative behaviours in relation to how it impacts on other people.

Positive outcomes from using restorative practices includes:

- Improved social behaviour.
- Reduced recidivism rates regarding antisocial/criminal behaviours.
- Improved family relationships and engagement.
- Decreased violence.

Intensive Assessment Program (IAP)

Referral

Young people between the ages of 12-17 presenting with a current or history of substance misuse will be eligible for the IAP. Referrals to the IAP are open to all agencies, self, family and community referrals. Referral requires the completion of a brief form that is lodged by email (intake@caaps.org.au) or online (www.caaps.org.au/services/youth). The young person's guardian, (for those under the age of 16 years) is responsible for signing the required consent forms.

Referrals will be processed within 48 hours of receipt for agencies (business days) and within five business days for all other referrals.

Admission Screening

Once a referral has been received to the IAP, admission screening occurs to collect information regarding:

- Basic demographics
- Risk to self.
- Risk to others.
- Risk from others.
- Physical health risks.
- Mental health risks.
- Risk of withdrawal.
- Who the primary guardian is.
- If there are any orders (Child Protection, Youth Justice etc.)

- Specific behavioural issues.

This screening can occur through speaking directly with the young person, their guardian, or the referrer.

Intake

When the young person is approved for admission, they will be offered the next available placement. Due to the IAP being shorter in duration than other residential services, this wait time is expected to be considerably shorter than some other services.

Assessment

The IAP is for a maximum of four weeks. A rigorous and intensive assessment is undertaken to holistically identify the young person's needs, their strengths, their goals and the supports available for them to return to community. This assessment occurs primarily through the use of the CANS, however, is individualised to each young person. Assessment could also include other relevant assessment tools such as the WISC-V (Weschler Intelligence Scale for Children 5th Edition), BRIEF checklist (Behaviour Rating Inventory of Executive Functioning), and other tools validated with Aboriginal and/or Torres Strait Islander populations such as the WASC-Y (The Westermen Aboriginal Symptom Checklist Youth).

At the completion of the IAP, a comprehensive assessment report is provided covering all assessment domains from the CANS and other tools. This report will include recommendations for appropriate support and intervention options, including, but not limited to, a placement in the STP.

Substance Treatment Program (STP)

As mentioned earlier, admission into the STP occurs only after completion of the IAP. The aim of the STP is to provide a supportive environment where their support and treatment needs can be addressed and where the strengths of young people are seen as fundamental to achieving their treatment goals. With the support of the key worker, the social worker oversees the clinical case management of young people in the STP. This ensures that each young person's journey is closely guided and monitored.

Psychoeducation Sessions

Psychoeducational treatment is a key component of treatment in which attitude and behaviour change is facilitated through the process of teaching facts, values, concepts and processes. For example, this approach helps young people understand the nature of their substance misuse, the impact this misuse has on them and on those around them, what is underlying their substance misuse, the stages of change, and the typical cognitive/behavioural processes underlying relapse. It is also a key component in social skills development, anger management, healthy habits,

relationship and communication skills, community supports, daily living skills, and other social skills necessary for the development of an active and successful life.

Narrative Therapy

Good practice has demonstrated that to improve the effectiveness of communication when working with Aboriginal young people, a combination of visual tools and narrative therapy can enhance the process (Encompass Family and Community 2014).

A narrative approach is utilised in Youth Services to concentrate on the whole of a young person and their strengths; this creates a safe environment for a young person to externalise and discuss their substance misuse and other problematic behaviours. Narrative therapy provides simple language to discuss a young person's thoughts, feelings, values, choices and behaviours free from judgement, alleviating feelings of shame or discomfort. This helps the young person move from seeing the problem as pervasive, permanent and personal to seeing it as specific, temporary, and within their control (Ayland & West 2006).

The primary role of Narrative Therapy will be to assist the Clinician to discover the young person's story during the intensive assessment phase, and to support therapeutic sessions with the young people. The Youth Services Clinician facilitates Aboriginal specific Narrative Therapy in a variety of ways to empower our young people to "tell their stories in a way that makes them stronger". ("Aboriginal Narrative Practice Course", 2021).

Clinical Case Management

The clinical case management model integrates the therapeutic support, personal involvement, and environmental interventions needed to holistically address the young person's needs, including their physical and social environments. Clinical case management in the STP is supported through the use of the Teen Star, empowering the young person to identify their individualised goals and promote ownership of their progress within the program.

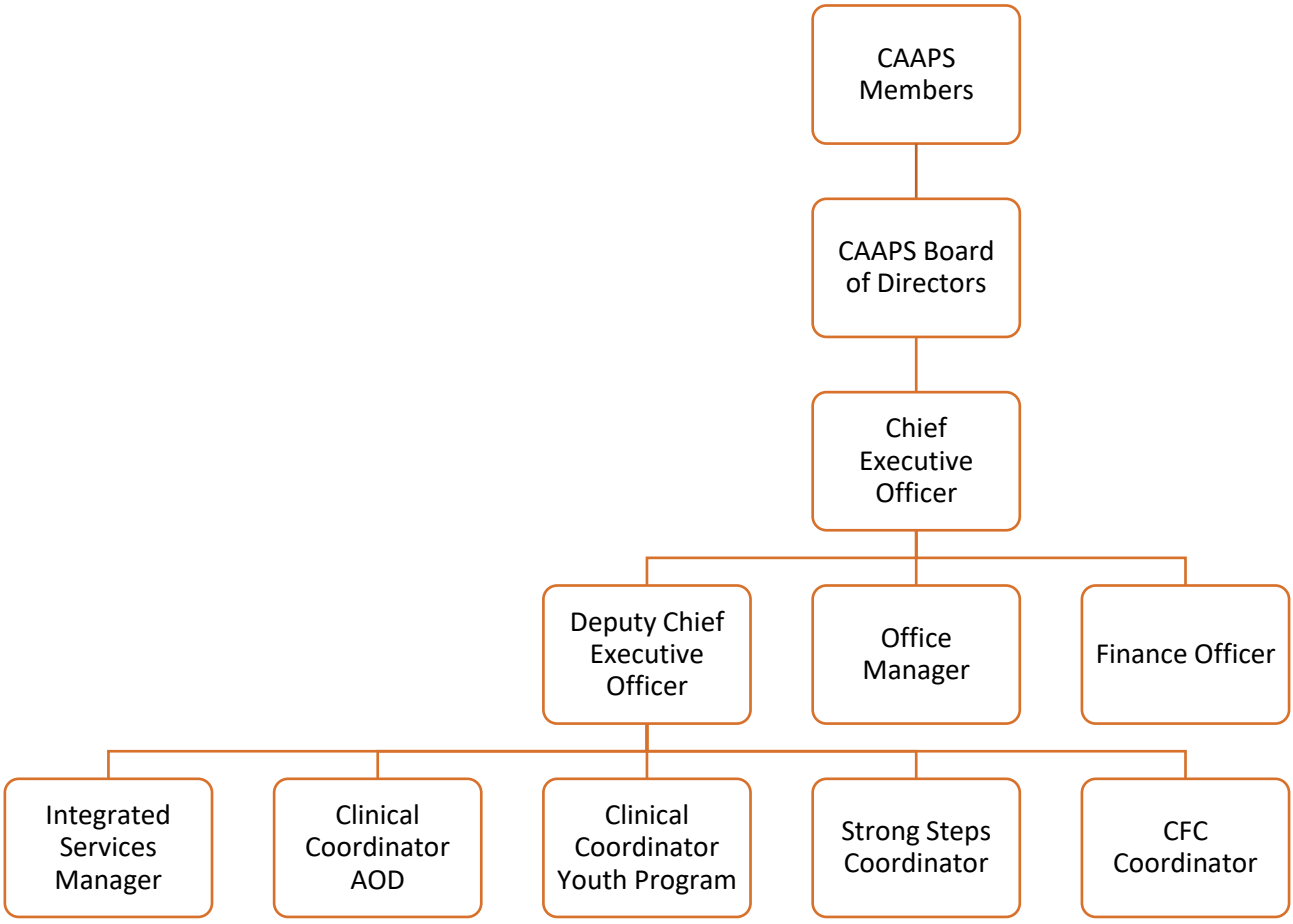
Specific Individualised Interventions

The STP allows flexibility to respond to the specific needs of each individual. Components of the STP that may be utilised include:

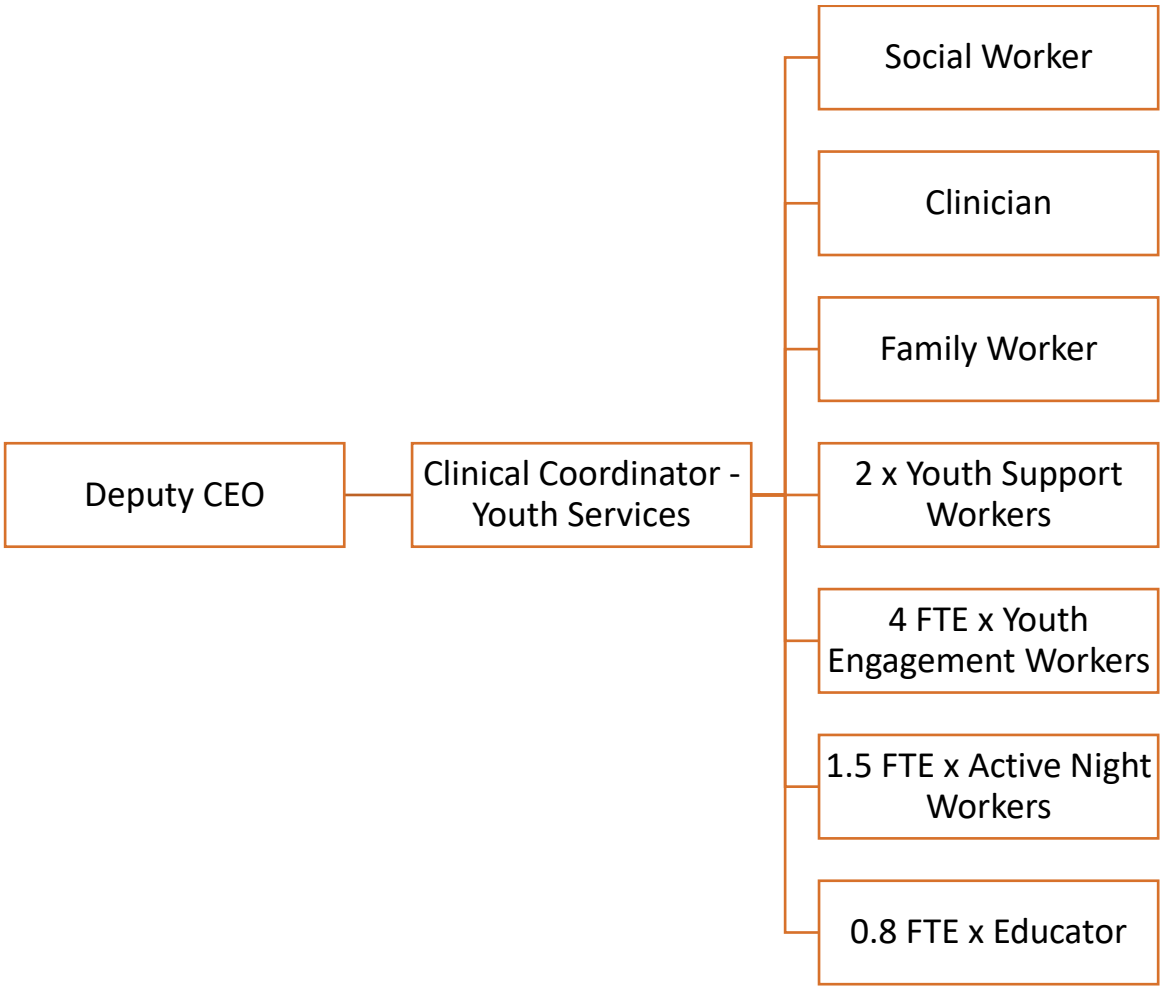
- Adventure therapy.
- Cultural Support and Training.
- Motivational Interviewing.
- Brief Interventions.
- Art Therapy.

Staff Structure

CAAP Aboriginal Corporation



Youth Services



Roles and Responsibilities

Youth Services Clinical Coordinator:

The Clinical Coordinator is responsible for the operations of the IAP and STP. The Clinical Coordinator provide support to staff to ensure the intent of each of the programs is met. The Clinical Coordinator oversees clinical team meetings, handovers, intake, staff supervision and risk management. The Clinical Coordinator is also responsible for the coordination of the implementation of care plans for young people exiting the IAP.

Social Worker:

Our Social Worker provides clinical case management within the STP and ensures support for young people who have exited the IAP around the implementation of care plans. The Social Worker is pivotal in ensuring individualised intervention for each young person and is responsible for creating the weekly timetables. If required, the Social Worker also has be ability to act as a Key Worker for some young people.

Clinician:
The CAAPS Clinician is responsible for assessment and screening within the IAP. The Clinician develops the assessment reports for all young people and works closely with the Family Worker in developing support structures for the young person post IAP as well as the Social Worker to ensure continuity of care and intervention in the STP. The Clinician provides individualised therapeutic services across both programs.

Family Worker:
Our Family Worker is responsible for building key relationships within the young person's communities, with the young person's family and with services that can support the young person's individual community-based goals. The CAAPS Family Worker is central in building capacity within families to support their young people.

Educator: The CAAPS Educator works with our young people to deliver numeracy and literacy sessions across programs. Our Educator works closely with the CAAPS Social Worker to support the coordination of goals around vocation and study during and after exit from any of our programs.

Youth Support Workers:
Our Youth Support Workers assist our young people with appointments and vital life skills development opportunities. They work with our young people Monday-Fridays to support them to engage in activities and provide residential support. Based on the strength of the relationship they build with particular young people, our Youth Support Workers are often the allocated key worker for many of our young people.

Youth Engagement Workers:
These workers provide residential support to young people after hours. They are instrumental in supporting healthy routines and responding to the immediate needs of young people. One Youth Engagement Worker is assigned to each program (IAP and STP) during after hours to ensure adequate support.

Active Night Workers:
Our Active Night Workers provide residential support and supervision to our young people overnight. They are responsive to the young person's needs as they arise and assist with healthy routines such as self-care and sleep hygiene.

Connecting with Young People

Each week, a community meeting is held with the young people to encourage their participation in determining their upcoming week. To support a sense of belonging and independence young people are encouraged to think of recreation ideas and activities, what meals they would prefer, and if they have any people that they would like to visit them. Young people are also encouraged

to consider what things they can do to help each other and their environment such as agreeing to complete a regular chore after meals, thus promoting a sense of belonging and generosity. Contributions from the community meeting supports the development of the weekly timetable. The Social Worker is responsible for creating an individualised timetable for each young person responding to his or her unique needs and goals.

The weekly timetable includes opportunities such as:

- Psychoeducation.
- Education (whether through the CAAPS Deadly Clever program, local school, CDU or other training organisation or work experience).
- Interventions (including individual counselling sessions, art therapy, drumbeat etc.)
- Volunteer work (e.g. Green Corp., Aged Care, other community-based work).
- Individual interests and hobbies (e.g. fishing, art, sports, music etc.)
- Recreation.
- Activities specifically related to individual goals (e.g. capacity building, specialist services etc.)

Behaviour Support Framework

Traumatised young people do not respond positively to pain-based interventions thus emphasising the importance of a non-violent intervention (Abramovitz & Bloom 2003). CAAPS Youth Services uses strategies that are intrinsically positive and have naturally reinforcing consequences. Therefore, we do not seek to inflict punishments onto our young people (Anglin 2002). Instead of pain-based responses, we rely on considered consequences within the context of a strong, positive relationship between the young person and the Youth Services worker.to each choice that a young person makes. These consequences can be positive or negative however, this depends entirely on the young person. Consequences might be something that occurs without an interference or influence from others (a natural consequence), or it might be something that logically occurs as a result of a previous choice or behaviour of a young person. Inappropriate behaviour is often a response to unmet needs. It is the role of Youth Services staff to find more appropriate ways to meet those needs.

> *Punishment motivates rebellion rather than teaching responsible self-control. Young people with histories of abuse by adults construe coercive discipline as hostile attacks. Punishment reinforces the bias that the world is hostile and respect must be gained by threat and coercion. (Brendtro & du Toit 2005 p.32-33)*

Definitions

Behaviour Management

Refers to actively attempting to manage or change a young person's behaviour. It is a formal intervention that occurs in addition to, rather than part of, a Youth Services staff member's daily

activities. Behaviour management aims to prevent and decrease the frequency and impact of challenging behaviours to help increase positive participation and attitudes toward appropriate lifestyle activities.

Behaviour Support Plan

This is a plan developed within Youth Services by the Clinician that identifies agreed strategies or interventions needed to manage or alter the behaviour of an individual young person who is displaying or is likely to display challenging behaviour that cannot be addressed through the standard day-to-day routine. There is an emphasis on incorporating strength-based strategies and collaboration with the young person.

Ensuring relevance of behaviour management approaches to Aboriginal and/or Torres Strait Islander young people: Youth Services recognises that the development of a Behaviour Support Plan must reflect cultural considerations and ensures that cultural considerations paramount in all aspects of the young person's care, including in the development of Behaviour Support Plans.
The Behaviour Support Plan covers:

- Targeted behaviours.
- Strategies to respond to the behaviours.
- Circumstances under which the response is used.
- Responsibilities.
- Specified timeframes.

Developing a Behaviour Support Plan (BSP):
The need to develop a BSP occurs on an individualised basis when ordinary supportive corrective interactions and negotiation between Youth Services staff and the young person has occurred without real success. The BSP structures any intervention that aims to alter behaviour in a systematic manner. When designing and implementing a BSP, the following occurs:

1. The Clinician, in consultation with the Youth Services team, develops and monitors the implementation of a BSP.
2. Consideration of potential risk of harm towards CAAPS staff, other young people and property from the individual young person is to be considered and strategies to mitigate those risks is to be clearly documented
3. The behaviour(s) of concern are clearly identified and described in objective terms.
4. The behaviour(s) are assessed in the context of the total lifestyle and environment of the young person. It is essential to identify what precipitates the need for them to engage in that type of behaviour. Interventions are informed by relevant assessments.
5. The intervention strategy considers the cultural, religious and linguistic background of the young person as well as their past experiences, in particular any traumatic experiences.
6. The Clinician, in consultation with the Clinical Coordinator ensures that staff are adequately briefed, supervised and as necessary, trained to implement the plan.
7. Regular reviews of the BSP and reviewing the frequency and severity of any incidents will determine if any changes to the plan are necessary and how often reviews will need to

be conducted. The monitoring of the plan is an ongoing process, determined on an individualised basis and incorporated into the plan.

Observing and Assessing Behaviour

The following must be addressed when completing shift notes and incident reports:

1. What behaviour is deemed to be unacceptable and why.
2. The circumstances under which the behaviour occurred and the young persons' emotional state at the time (i.e. what appeared to trigger the behaviour?).
3. The frequency and duration of the behaviour.
4. The nature of the behaviour. Is it "typically" adolescent e.g. testing boundaries, risk taking etc.? Is the behaviour out of character for this particular young person? If so what are the possible causes?
5. The strategies that were used to address the behaviour (in line with the BSP) and the level of success or failure of these strategies.
6. Recommendations for further strategies to be considered/modified in the BSP (if applicable).
7. How others respond to the behaviour and the impact of this response upon the young person.

Summary

Providing residential treatment programs for young people experiencing substance use issues is challenging and there are many factors that can influence on a young person's ability and willingness to participate – often resulting in poorer outcomes for young people. CAAPS Youth Services seeks to embrace the innate strengths of our young people, their families and communities to empower our young people to reach greater success by responding to the holistic needs of a young person and embracing an individualised approach to substance abuse treatment. Through the utilisation of a culturally-congruent, trauma informed perspective and the implementation of the IAP and STP, CAAPS Youth Services seeks to provide a high level of care and treatment intervention best tailored to each individualised young person's needs and aspirations.

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