

# HEALTHY FAMILIES FRAMEWORK

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**CAAPS ABORIGINAL CORPORATION**

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# INTRODUCTION

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CAAPS Aboriginal Corporation delivers a range of important community services to people and their families in the Northern Territory. This includes the 12 Week AOD Program that provides individuals and families who are experiencing issues related to alcohol and other drugs (AOD) with education and support. CAAPS was formed in 1984 and is now a registered corporation under ORIC. CAAPS services associated with the AOD Program are funded by the Commonwealth and Northern Territory Governments and the Northern Territory Primary Health Network.

CAAPS works in a holistic way and within a harm minimisation framework with people who use alcohol other drugs. Family members often experience health, emotional and spiritual harm as a result of a family member's use of alcohol or other drugs. CAAPS recognises that recovery from alcohol and drug use is more effective when involving the whole family.

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

CAAPS places a high priority on networking with allied services in order to create better relationships and enable seamless service delivery.

# PROGRAMS

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CAAPS Healthy Families Program is a 12-week Alcohol and other Drugs treatment program available to residential or day clients. The program is focused on the following areas of care:



Provide participants with skills and education that may assist them in addressing their AOD issues.



Activities to increase life skills



Activities to improve family functioning.

CAAPS Children's Program is complimentary to the Healthy Families program and is available to children attending the facility with their parents/caregivers. The program provides:



Children 1 to 5 years with activities that promote development and age appropriate self care including school readiness skills and routines.



School aged children with homework support and support to parents around school attendance and engagement.



Age appropriate protective behaviour skills for children and parenting support for adults.

# PROGRAM LOGIC

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## ACTIVITIES

## IMPACT MEASURES

## OUTCOMES

Individual case management

Improved;  
- SEWB & MH  
- Family Functioning

Reduced or controlled Substance Use

Psycho-education group programs.

Program attendance and completion.  
Skills to manage AOD issues

Improved psychosocial functioning

Connect to relevant services

Improved:  
- engagement with services  
- Vocational engagement

Improved health outcomes

Discharge planning & follow up

*Engagement with primary and allied health.*  
Improved Health Literacy

# PRINCIPLES

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## 01 **STRENGTHS BASED**

Clients strengths will be paramount in how treatment goals are approached, knowing challenges are understood and problem solving is facilitated.

## 02 **CLIENT CENTRED**

Clients will be actively involved in decisions around their lives. They will also be encouraged to play a critical part in the planning and delivery of activities. When working with families, each client will be supported around their individual needs.

## 03 **CULTURALLY SAFE**

Programs, activities and service delivery will be culturally safe for the client populations as governed by CAAPS Cultural Safety Framework.

## 04 **TRAUMA INFORMED**

Services will ensure a trauma informed approach and staff across the service are provided training and supervision to enhance such skills.

## 05 **INCLUSIVE**

Programs, activities and service delivery will be inclusive as governed by CAAPS Social Inclusion Framework.

# FUNDAMENTALS

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 the 12 week AOD Treatment program.

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

- **Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition)**

All AOD staff receive training as part of CAAPS training requirements to ensure that best practice around these guidelines are implemented in our programs.

- **National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–29**  
Managers have access to this framework and it is consulted when relevant policy, procedure and operating guides are developed and implemented.

- **Alcohol and other Drug Withdrawal: Practice Guidelines, 3rd ed.**

These practice guidelines are used to guide practice around AOD withdrawal in the capacity for the work that we do at CAAPS, noting that we do not provide medicated withdrawal through our service but refer to partner agencies to support this process for clients.

Other best practice guidelines and resources that are used in CAAPS AOD Program will be discussed in other sections of this framework.

# FUNDAMENTALS - PAGE 2

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## **The National Principles for Child Safe Organisations**

CAAPS continues to implement the National Principles for a Child Safe Organisation and as such:

- A Child Safety Policy which requires staff to have Working with Children clearances and requires all clients over the age of 16 years old (residential programs only) to have their criminal histories reviewed for risks to child safety.
- All staff undertake Mandatory Reporting Training
- Child Safety is a standing agenda item at staff and senior management level meetings.

## **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 Governance Committee and clinical staff 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 area for the clinical team.

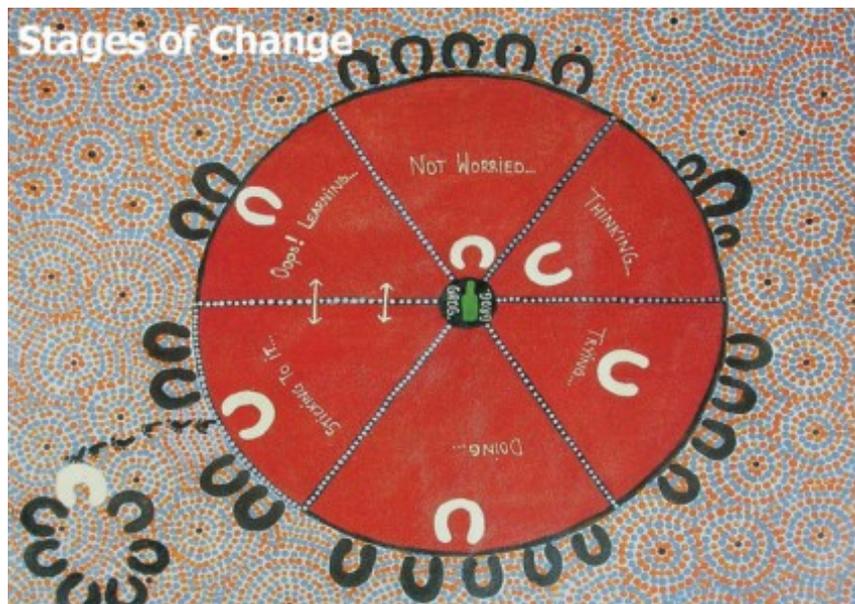
## **Cultural Safety and Social Inclusion**

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. CAAPS also has a Social Inclusion Committee to ensure access to programs, information and supports are available to all people including staff and program participants.

# FUNDAMENTALS - PAGE 3

## Stages of Change

The Stages of Change Model, which provides an intervention guide based on client motivation to change (Valasquez, Maurer, Crouch, & DiClemente, 2011) and is consulted when planning intervention activities with clients. In line with cultural safety the Indigenous Stages of Change Story developed by the Northern Territory Government is the approved resource for use with clients.



## Opportunities to Support Recovery

CAAPS understands how important each opportunity is to support someone in their recovery journey. A person's recovery journey is different for each individual and some people may access a range of programs and services before they reach their recovery goals.

It is of the highest importance that each engagement with CAAPS staff and programs are positive for the client as this may influence opportunities for future engagement in any AOD treatment.

# INTAKE

Intake into CAAPS AOD or Children's program is governed by the CAAPS Intake Framework, in summary below:

- **Referral In:** CAAPS accepts referrals from Individuals, family members, service providers and the community. Referral can be made online, email, phone and in person. Exclusion criteria prohibits entry to persons with history of sexual offending. People who are incarcerated may apply for entry following release from prison.
- **Assessment:** All clients over the age of 16 are required to undergo assessment and provide a criminal history prior to approval for entry. Timelines are prescribed within the intake framework. 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).
- **Admission:** Clients are provided with a priority rating when approved for entry. This can be adjusted if the clients circumstances change at any time. Priority ratings guide how placements are offered into the AOD Program. Intake staff will provide clients important information around admission upon acceptance. Please note that CAAPS do not fund travel expenses and this is the responsibility of incoming clients and where relevant, referring agencies. 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 assessment further supports CAAPS client centered approach to treatment.

## Intake Notes:

- An Intake Panel which includes the AOD Clinical Coordinator, Intake and Health Officer and AOD Workers review each completed application.
- CAAPS reviews data around duration between each Intake stage to ensure that Intake processes are timely.
- Please see our Approved Tools section of this framework for more information around Intake screening tools used in the AOD program.

# AOD PROGRAM

Psychoeducation is defined as a brief process of therapy focused on the communication of varied aspects of disease- and/or treatment-related information and has been found to be a collaborative approach to teaching where client engagement, understanding, and utilisation of the information provided is the central goal (Magil et al 2021).

CAAPS AOD Psychoeducation program sessions are delivered in a group environment, although group membership may change depending on the topics being delivered and cultural considerations. Whole group, men's groups and women's groups form part of the programs offered. Working in groups holds many benefits such as the generation of different perspectives, and the opportunity to receive and provide group support to each participant (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 express they find value in this type of engagement (CAAPS Client Feedback Surveys).

To accommodate treatment goals within the Harm Minimisation Model a range of information and support is provided. Specific components of programs 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.

Opportunities to engage with peer support networks (e.g. AA and NA) 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.

# AOD PROGRAM

CAAPS AOD Psychoeducation sessions are organised into weekly themes of 1 session per weekday (see below), although each session is stand alone so there are no pre-requisite requirements. The sessions are designed to be culturally appropriate, trauma informed and accessible to our target populations. A Facilitators manual guides delivery.

## **Substance Use and Health Issues**

Increase understanding of substance related health issues and skills helpful in recovery

## **Making Changes**

Problems Solving Skills,  
Goal setting,  
understanding cycle of behaviour change,  
understanding common challenges in recovery.

## **Recovery from Addiction**

Managing expectations,  
improving skills that support recovery,  
understanding addiction progression

## **Acceptance & Moving Forward**

Understanding acceptance, building self esteem and tools to manage stress.

## **Trauma and Healing**

Understanding trauma and the impacts of trauma, building skills that can improve outcomes related to trauma.

## **Making Positive Choices**

Relapse prevention and long term goal planning

## **Healthy Relationships**

Exploring principles for respectful and positive relationships. Coping with criticism, humbug, guilt and shame.

## **Culture & Recovery**

Exploring how traditional culture impacts identity and belonging. Looking at how Australian history has impacted Aboriginal people.

## **Parenting**

Improving skills that provide nurturing environments for Aboriginal children.

## **AOD & Family Violence**

Exploring the impacts of violence in relation to substance use and developing skills that prevent violence.

## **Staying Stopped**

Relapse Prevention training

## **Livelihood**

Accessing support services. Looking at opportunities for education, training and employment.

# 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 a client's 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.

AADANT Case Management in Non-Government Alcohol and Other Drug Services: A Practical Toolkit is also an approved resource for case managers to use when developing Case Plans, Treatment Goals, and Aftercare Plans

# CASE MANAGEMENT

Cognitive Behavioural Therapy (CBT), Motivational Interviewing (MI) and delivery of Brief Interventions (BI) are widely used within AOD treatment and are utilised in Case Management work with clients. CAAPS staff reference Turning Point's Clinical Treatment Guidelines for Alcohol and Drug Clinicians in the delivery of CBT, BI and MI.

AOD Clients are case managed by the AOD workers. Children are case managed by the Children's Worker. Both Adults and children will have:

- Case plans developed at entry, mid term and exit (Aftercare Plan). More detail for this can be found in the AOD Staff Manual.
- Opportunities for daily check in with Case Workers
- Weekly formal sessions with their case workers to check on progress against case plans.
- Referral to services to support client needs outside of CAAPS capacity.
- Support and advocacy for engagement with other service providers.
- Follow up at 2, 6 and 12 weeks after exit.

# RESIDENTIAL SUPPORT

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 and clients chair these meetings weekly. 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). Additionally LifeSkills Development Workers support clients by providing evening programs such as relaxations and stress management. LifeSkills Development Workers also support:

- Social and emotional well-being of clients outside of business hours.
- Parenting skills (e.g. school ready routines)
- Cooking and other domestic skills

There are also onsite activities that encourage a sense of community such as traditional food cook-ups and family movie nights.

# HEALTH SUPPORT

It is recognised that people who have had long term substance use often have chronic health issues as a result. As such CAAPS have a designated AOD Health Worker who provides the following support:

- Medication education and support
- Monitoring, referral and symptomatic management of symptoms related to AOD withdrawal
- Wound Care (education and support)
- Increasing skills around health literacy and the ability to manage ones own health.
- Education around prevention and treatment of chronic health conditions
- General and specialist primary and allied health referral
- Screening (e.g. mental health, Milestone Development checks for children)

Our health worker is required to have a background in nursing or Aboriginal Primary Health Care and utilise best practice resources in the provision of services including:

- Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition)
- Alcohol and other Drug Withdrawal: Practice Guidelines, 3rd ed.
- ASQ Trak (culturally relevant developmental screening tool based on the Ages & Stages Questionnaires®, 3rd edition)
- CARPA Standard Treatment Manual 7th Edition

While our AOD Health Worker supports good health outcomes, they do not provide direct primary clinical health care.

# OTHER SUPPORT

## AOD Counselling

CAAPS provide access to people participating in the AOD program to engage in AOD counselling. We have counsellors who can provide sessions onsite or at our Strong Steps AOD Counselling Service. Clients can continue to access these opportunities after exit from our AOD program, in person, by phone or video conferencing.

## Homelessness Outreach Service (HOS)

Many clients and their families who engage with the AOD Program are experiencing homelessness or at risk of homelessness. Our HOS workers assess the housing needs of clients in our AOD program as referred by our AOD Workers.

HOS provide:

- Supported referral to accommodation or crisis support providers
- Advocacy around accommodation or needs
- Access through referral to services that provide furniture and white goods
- Rent and Bond Assistance Applications (Centerlink/Territory Housing)
- Applications to suspend Territory Housing rent payments while in CAAPS residential services.

Clients can continue to be supported by this service after exit from the AOD program if required.

# CHILDREN'S PROGRAM

Our Children's Program supports dependents of AOD clients aged 0 to 18 years. CAAPS have a Children's Worker who provides the following services:

- Family Resilience Screening Tools in conjunction with our Case Workers. Our Children's Worker is trained in use of these resources (Using Aboriginal cultural knowledge systems to strengthen families' resilience - Emerging Minds)
- ASQ-Trak Screening in conjunction with our AOD Health Worker for developmental milestone checks.
- Referral to specialist services (e.g. Play Therapy)
- Support in school enrollment, engagement and attendance
- Parenting support
- Early Learning programs (e.g. school readiness, fine and gross motor skill development and age appropriate self care).
- Homework support
- Case Management
- Age appropriate Protective Behaviour sessions

# AFTERCARE

As part of Case Management, our staff will support clients to develop Aftercare Plans. This process usually starts within the last few weeks of participation in our AOD program.

As part of this process, referrals will be made to external agencies who provide aftercare services.

To identify how clients are progressing with their aftercare goals and if additional support can be provide in the form of referral, our AOD Workers provide follow up at the following intervals:

- 2 weeks post exit
- 6 weeks post exit
- 12 weeks post exit

Clients may be considered for re-entry in the AOD program if required and CAAPS has capacity.

# APPROVED TOOLS & RESOURCES

## Guidelines

The Australian Human Rights Commission (2018). National Principles for Child Safe Organisations.

Australian Department of Health. National Drug Strategy 2017–2026

Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition)

National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–29

Alcohol and other Drug Withdrawal: Practice Guidelines, 3rd ed.

CAAPS Intake Framework

CAAPS Cultural Framework

CAAPS Diversity & Inclusion Framework

Clinical Treatment Guidelines for Alcohol and Drug Clinicians, Turning Point.

CAAPS AOD Staff Manual

CARPA Standard Treatment Manual 7th Edition

## Resources

Northern Territory Department of Health (2008). Indigenous Stages of Change Story (pp. 1).

CAAPS AOD Facilitator Manual

Aboriginal and Islander Mental Health Initiative (AIMhi) Stay Strong App

Case Management in Non-Government Alcohol and Other Drug Services: A Practical Toolkit

Family Coping Toolkit, CatholicCare NT

Using Aboriginal cultural knowledge systems to strengthen families' resilience

# APPROVED TOOLS & RESOURCES

Below is a list of approved screening tools that are used within the Healthy Families AOD Program. Staff consult the CAAPS AOD Staff Manual for more detail around how these tools are used.

## Screening Tools

The Kessler psychological distress scale (K10)

Indigenous Risk Impact Screen (IRIS)

CAAPS Healthy Families AOD Treatment Program Comprehensive Assessment

CAAPS Risk Alert Form

Sessions Rating Scale (SRS)

Outcome Rating Scale (ORS)

ASQ-Trak (University of Melbourne)

Drug Use Disorders Identification Test (DUDIT)

Alcohol Use Disorders Identification Test (AUDIT)-C

Psycheck Screening Tool

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