Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies Issue 3: September 2023

Engage me

NADA network of alcohol and other drugs agencies

CEO report

Dr Robert Stirling NADA

This issue of the Advocate is focused on increasing engagement.

Being a peak body, NADA's engagement with members is essential, as we are driven by their knowledge and concerns. We recently engaged members to provide input into our policy platform in preparation for the NSW Drug Summit, and we would like to thank them for their contribution. As a sector we are committed to bold and innovative reform, based on evidence and practice, and informed by the views and experiences of those most impacted.

Alongside this, NADA staff are directly contacting member organisations to conduct the annual needs assessment. This has resulted in increased engagement from members, which better informs our advocacy, programs and services.

We have been engaging with government, as well as other health and social services, to connect across sectors. Further, we engage with people with living and lived experience to ensure that the outcomes and experiences of care are relevant, appropriate and responsive to needs—a big shout out to the committed people on NADA's Consumer Advisory Group who inspire and guide us.

NADA looks to, and celebrates the cultural guidance, leadership, and expertise of First Nations people. We are proud to partner with the Aboriginal Corporation Drug and Alcohol Network (ACDAN) to support First Nations workers, and the Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN) who have achieved so much in developing and evaluating their model of care and broader support of residential rehabilitation services.

We engage with Aboriginal Community Controlled member organisations, and other partners to ensure that the non-government sector is a culturally safe environment for First Nations people who access our services, and for the First Nations workforce.

'We collaborate and engage, and we acknowledge that achievements result from not one but many'. 2023/26 NADA strategic plan

I'm proud to say that we are doing better, but know that we have a lot more work to do.

We are absolutely committed to reconciliation. We have recently developed our second Reconciliation Action Plan which will guide our governance, operations and service delivery. Join us for the launch on 28 September!

NADA supports The Uluru Statement from the Heart and the National Agreement on Closing the Gap. We believe that policies and programs that affect First Nations people should be designed, developed and implemented together with First Nations people. We support self-determination and its importance in AOD policy and practice. We ask you to share information and support people to make informed decisions in the upcoming referendum. More information is available via Reconciliation Australia and the Uluru Statement website.

For resources to support First Nations people during the referendum, see the Australian Human Rights Commission, 13YARN and the resilience resource, 6 ways to look after yourself and mob during the Voice referendum debate.

Be informed, be respectful, be safe.

Lived experience insights

Improving access and equity in the alcohol and other drugs settings

Download this resource

In this resource, we interviewed people from a range of communities with living and/or lived experience of accessing AOD services. Interview participants explored barriers they faced in engaging with treatment as it related to their experiences and identities, and shared practical tips for AOD services to address to overcome them.

This resource complements the guide *Access and equity: Working with diversity in the alcohol and other drugs settings—second edition*.

NADA
network of alcohol and other drugs agencies

Engage from the get-go

Engagement plays a vital role to reduce dropout rates and achieve better outcomes for clients. Daryl Chow—practicing psychologist, trainer and author—shares how to increase engagement with clients right from the first session.

Michelle Ridley (NADA): In your book *The first kiss* you talk about undoing the Intake Model and using an Engagement Model first. Why?

The way we are trained to conduct a clinical intake assessment does not engage clients. This is not an exaggeration. The cumulative evidence suggests that, on average, about 20–30% of clients attend only one session and prematurely drop out of treatment.

You can see this being played out further, particularly in larger service settings. In the attempt to solve a waitlist issue, they have an 'intake officer' do the initial assessment, then subsequently transfer to a treating psychologist or counsellor. However, the unintended consequence is that when a client is transferred to someone else after initial assessment, they are 2–3 more likely to discontinue treatment.

Overvaluing a clinical intake assessment may result in obtaining 'true but useless' information.

Here's a snippet from the book, *The first kiss*:

The Intake Model schools us this way: Step 1: Figure out the 'clinical' background, who's who in the system. Step 2: Develop a rigorous case formulation. Step 3: Slay our clients with our latest evidence-based interventions.

We do not need to conduct a 'thorough psycho-social assessment' before we begin therapy.

Our urge is to gather all the necessary facts from the person. One eminent psychiatrist once said to a room of more than a hundred mental health professionals during a grand ward round, 'we must seek the truth out of our patients.' I gather he was extolling us to become Sherlock Holmes. While his forensic approach appealed to me, imagine if we adopted this idea in our first sessions in therapy.

Have we earned the licence to pry?

If we start a first session like a truth seeker, we run the risk of three problems. First, as we try to dig the past and gather all the facts, we may inadvertently re-traumatise our clients. For example, I was once referred by my client's general practitioner (GP) to help him with his post-traumatic stress disorder, regarding a significant event of abuse that happened in his teenage years. Even though it was clearly defined as PTSD by his GP, my client wasn't prepared, nor interested in talking about it in the first session. If I had pushed, insisting that this was *the* primary concern, I would have caused emotional injury. He might have dropped out from therapy.

Second, even as we attempt to gather all the facts in the first session, even if your client responds to your questions, we may not have a consensus to delve into a particular area of their life.

In short, the Intake Model values information, the Engagement Model prioritises connection. We should focus more about what we are giving than what we are 'in-taking.'

Engage from the get-go

continued

Our training over-emphasises on what is eliciting information. Instead, we need to focus more on developing a shared focus, that is, figuring out where a person is, where they need to go, and what they deeply care about.

NADA: In your keynote presentation at the NADA Conference 2021, you spoke about accessing a counsellor when you were young in Singapore. You said it was a profound experience because this person listened—he let you talk and didn't have an agenda. You spoke about the importance for practitioners to be personal over professional. Can you explain more?

This is vital. There is a strange paradox at hand. Our drive to be 'professional' can lead us to become clinical and cold.

If you stop to think about it, the helping profession, especially those that fall under talk therapies, is a strange profession. Our tools of healing are not tools, but our personhood. If we detach our personhood from the process—our experiences, knowledge, feelings and idiosyncratic nature of being—we risk creating distance in the space between us.

In this profession, the most professional thing to do is to be personal.

You've spoken before about the need for practitioners to create a climate of emotional safety for people accessing treatment/therapy? How do they do this?

Here's what *not* to do.

The Quaker writer Parker Palmer says,
'If we want to see a wild animal, we know that the last thing we should do is go crashing through the woods yelling for it to come out. But if we will walk quietly into the woods, sit patiently at the base of a tree, breathe with the earth, and fade into our surroundings, the wild creature we seek might put in an appearance. We may see it only briefly and only out of the corner of an eye--but the sight is a gift we will always treasure as an end in itself.'
~ From Hidden Wholeness

Simply telling someone that 'you are safe here' isn't going to cut it. The challenge is neither to be invasive or evasive.

We might come across as invasive when we aren't cognisant of 'true but useless' information, and if we remain too distant from the human endeavour of deep conversation, we inadvertently evade from painful, stirring and traumatic topics. Healing can only begin when we approach the things that wound us, with the guidance of someone with whom you can relate with, someone who cares about you.

Safety is cultivated in the presence of a healing connection.

For more on this, see this post, *Safe me* (https://darylchow.com/frontiers/safeme/)

NADA: What are your top three practice tips for workers to increase engagement with their clients right from the first meeting?

Here's my top three principles that guide me especially in my initial connection with someone.

1. Follow the pain and follow the spark
I talked about this in the book.

When I think about 'follow the pain', I think about my father-in-law who is a traditional Chinese medicine physician. He will ask his patients, 'Where does it hurt?' and when he ascertains the location and quality of pain, he would start to apply specific pressure to aid in their healing.

There are some parallels in the emotional realm. We need to figure out what are the inner struggles the person is facing on the inside. Often, these are unspoken. It takes a warm and inviting climate for these aspects to surface.

If you are hurried and clinical, don't expect these parts to show up.

I sometimes hear from clients that entering the therapy room was all it took for them to feel things that often get bypassed in daily living. I suspect that's because the environment is cloistered, slowed down and all parts of oneself are welcomed in the spirit of exploration.

However, following the pain needs to be balanced with following the spark.

Engage from the get-go

continued

These aren't ice-breaker questions. They are fire-starters. I want to learn about what this person sitting in front of me cares about. What interests does this person have? Why? What about it? How do they share these parts of their lives with, etc.

2. Significant events

Second, I want to find out about significant things that have happened in their lives so far.

Though significant events often relate to traumatic incidents, significant events also entail threshold moments—a sort of bridge-crossing from one place to another—when a change so drastic alters the course of one's life. This could be a move to another country, falling in love, a surprising life-affirming feedback from a teacher, or any other happenstance that wouldn't have ordinarily led to transformation of the self.

Sometimes, when appropriate and relevant, as a therapy homework, I would ask clients to draw up a timeline and take time to reflect on what were the significant moments in their lives and why.

3. Significant people

Finally, I want to fully appreciate who are the people that this person loves, who loved them into being, who played an important role in their early years and adult life. It is as if we invited a community of others into the therapy room, even though it is just two of us in the healing conversation.

Some years ago, I met a woman in her mid-30s who was struggling with relationships and alcohol dependence. I asked her to take a moment and think about people in her life who have shaped her. She became quiet for a while. She came from a well-to-do family, but her parents were often absent due to work travels. She then went on to talk about her nanny. Her nanny was her mother-figure. Her attachment to her nanny became a secure base for her, until the day that she was told to leave. It devastated her. There was little pre-warning about her departure.

She was shocked that her parents made that decision so abruptly. Maybe her parents become fearful of the bond that she is having with someone who is not in the family. She had no further contact with her nanny; she wasn't allowed to.

As my client was sharing this story, I asked her to picture her nanny. She fought the tears, because she was surprised by the floodgates of this memory. Instead of running away from this, I asked if she would permit herself to simply feel this memory, to feel this connection she had to her nanny, who was her guiding light.

This access to her memory, her connection with someone so significant to her, was a life-giving force for her. Though no longer in physical connection, the emotional connection was palpable.

We exist in a web of relationships. It is only sensible to understand others around your clients in order to understand your client.

For more on this, I talk about 4 perennial factors you should figure out about your clients: https://darylchow.com/frontiers/4s

Learn more

Watch now: Daryl Chow's keynote from the NADA Conference 2021.

Learn ways to deepen the engagement with clients right from the first session of therapy.
More info

Reap what you sow

By Lauren Mullaney, Triple Care Farm

I am not a gardener. The truth of the matter is, I can *look* at a plant and it faces its untimely demise. That being said, I do know universal truths about gardening. For instance, depending on what you are trying to grow, you have to modify the environment to suit and consider what elements you may need to contribute.

I also know that not all growth trajectories are the same, and not all plants will produce the same flower or fruit. When a plant doesn't follow an 'expected path' we don't tend to blame the plant when it doesn't flourish. In fact, as all the gardening shows tell us, we need to look at the environment in which the plant is attempting to grow, and consider things like: the amount of sunlight and water it is being given, or the PH of the soil it is growing in.

It's a funny thing, but sometimes when we look at human growth and capacity for change in our services, we can overlook key fundamentals. And, we can lean towards attributing the reason to our clients when we perceive them to not flourish, saying things like 'the client is resistant' or 'the client is disengaged'. Now, I say that with absolutely no judgement. We know that sometimes people aren't ready for change, and that is okay. It can also be an automatic thought to respond in these instances, by looking at the 'why' and attributing it to someone else.

Our job in this scenario, however, is to look at what is within our control. Rather than focusing on what a client should or shouldn't be doing, we need to focus on what *we* do, and how *we* respond. We should look at how we engage ourselves (and our programs), in order to provide an environment people can respond to, and ultimately flourish in. I am not talking about environment in the physical sense, like posters, colour, and cushions, etc. These things are important of course, but they are only one aspect of the environment we need to tend to. I am talking about the intangible—the psychological safety of the environment we are contributing to.

If you are wishing to reflect on some of this, there are some questions that may connect us to this self-evaluation. Some to start with, may include:

- What am I doing that is contributing to the safety and trust of the environment?
- Am I acknowledging my and my organisations limits, and am I effectively communicating this to our clients (i.e., it actually isn't you, it might be us).
- Do I know what guides me in my work, and am I working in line with these values/principles regardless of what is happening around me?
- Am I acknowledging that the 'obstacle' in treatment isn't the client, but rather the thing getting in the way of me and the client connecting effectively? Are there ways I can be creative to work around this?
- In my decision making, am I honouring both the client's dignity of risk, and our duty of care requirements?
- What are my expectations of me?
- Am I as objective as I need to be in this scenario, and am I showing unconditional regard?

There are many layers to this of course, and it isn't as simple as one thing or a list of dot points. However, if we focus on what is within our scope and take ownership of that, our clients will flourish.

TRANSLATING RESEARCH INTO PRACTICE

Creativity is the hook

Running from seven locations across Australia, The Street University provide workshops, counselling and training on a range of creative skills, that focus on building a positive experience the moment a young person walks through the door. Kieran Palmer, Clinical Service Manager, shares what attracts young people to the space, and what makes them stay.

Often a young person will walk into The Street University based on the strength of a friend's recommendation. And is it any wonder? They provide workshops and training on a range of endeavours including film making, song writing, studio recording, dance and graffiti. They also run a radio station profiling music, art, and celebrating the diversity of youth culture. A tattoo-style insignia adorns The Street University hoodies and caps. Everything about the place says: Street! Credible! Alive!

'Creativity is the hook in the initial engagement phase,' says Kieren Palmer. 'Clinical services follow on from this, but we need to make sure young people want to walk through the doors in the first place.'

While the creative workshops are key to engaging young people, developing a range of work and life skills helps to maintain it. Participating in a studio recording workshop, for instance, they will learn how to write a marketing blurb, develop a budget, learn about invoicing and tax, and foster their communication skills.

Engagement is a vital element to The Street University program, to young people accessing the social and health interventions that they provide.

Developing authentic relationships

The Street University use a dynamic balance of relational and clinical approaches.

From go to woah, there is an organisational effort to make the young person feel welcome. The Street University fosters this feeling to engender safe and trusting clinical relationships.

But *how* do they do it?

First up, the décor. The environment is light, bright, and colourful, which feels very inviting—there is nothing cold and clinical here.

There is an expectation that engagement youth workers and clinical staff welcome each young person to the space. 'It's important to be authentic and genuinely interested,' said Kieren. 'Laptops are to be closed, phones put away and the young person becomes the focus.'

Staff will consciously model ways of relating that are respectful and appreciative of *all* people. They will also observe this in the way a new young person—whether they are gender diverse, living with disabilities or neurodivergent—is welcomed by other young people.

Creativity is the hook

continued

The youth worker will start a conversation about what the university offers, enquire about the young person's interests, and what they want to try out.

Top tip from Kieran? 'Actively listen.'

During the activities, the young person will learn side-by-side Street University employees. All staff are expected to participate in the workshops, and not position themselves as the expert. If there is a hip hop workshop, an AOD worker with no dance experience will be seen giving it a go. The positioning of staff alongside the young people is deliberate, mirroring all other interactions.

'You don't have to be an expert, let the young person lead the conversation,' said Kieren.

Seamless support

Once the young person has been shown around, and have settled, they are offered a short chat with one of the clinical staff. This staff member will conduct a brief assessment, this includes completing a Severity of Dependence Scale, Quality of Life Scale, and Kesler 10 mental health screening.

All Street University hubs are located in postcodes of disadvantage. The young person may be experiencing complex intersecting challenges of family breakdown and violence, poor mental health, and problematic use of substances; many are struggling to stay connected to school, weighted by social pressures, isolation and struggling with where they belong.

If the young person is experiencing mental health and AOD issues and need or want clinical support, they will be offered it. The Street University provides counselling, case management and referral into treatment; the therapeutic modalities are strength-based and centre on the specific needs of the person.

For the street, by the street

There is an overarching structure to The Street University, yet every hub location is unique, reflecting the diversity and interests of the community accessing it. Local young people not only provide input on décor, but also programming, events and more. These consultation groups, known as Street Unions, are vital to the success of the operations; a local union in Townsville was initiated to co-design the upcoming Street University site.

Anecdotally Noffs have known that The Street University model works. This has been confirmed by recent research: over a 90-day period, The Street Universities demonstrated a 63% retention rate, with more than half attending the Street University weekly or more often showing significant improvements in key wellbeing indicators within the first 30 days of engagement. 50% of young people who engage with The Street University reduced their use of substances and the young people with the highest SDS and Kesler 10 scores and lowest Quality of Life Scales experienced some of the most significant improvements.[1]

With a focus on engagement, and developing authentic relationships, The Street University improves the health and lives of young people. These strategies can be adapted to meet the needs and improve the outcomes of other client groups; focus on these approaches to reap the rewards.

The Ted Noffs Foundation provides residential treatment for 13–18-year-olds, community programs such as The Street Universities for young people up to 25, youth homelessness programs, a parent's website, and op shops to fund these programs. The Foundation delivers the Take Control campaign advocating for safer, less discriminatory drug laws.

Learn more

Working with young people What's different about treatment for young people, emotion regulation and digital safety. Read the Advocate: Youth focus [PDF]

Join the Youth AOD Services Network to enhance service provision, develop partnerships and improve referrals for young people. Learn more about the network and email Hannah Gillard to join.

Improve consumer participation in your service
Consumer participation plays a pivotal role in providing improved outcomes for individuals, organisations, and the community at large. NADA members can be supported by Jennifer Uzabeaga, consumer engagement coordinator, to evaluate their consumer engagement practices and inclusivity in service delivery.

Bibliography

1. Caruana T; Mao L; Gray RM; Bryant J, 2023, 'Engagement and outcomes of marginalised young people in an early intervention youth alcohol and other drug program: The Street Universities model', PLoS ONE, 18, pp. e0286025, http://dx.doi.org/10.1371/journal.pone.0286025

Keep calm and make tea

Close to half of all people accessing AOD services may have a personality vulnerability, so it is important for us to know: how might we best engage them? Brin Grenyer OAM, Senior Professor of Psychology at the University of Wollongong and Director of the Project Air Strategy for Personality Disorders, shares thoughts and strategies with Sarah Etter (NADA).

What is the most important thing for workers to know when working with someone with personality vulnerabilities?

One of the most important things is to address stigma and the negative attitudes that health practitioners often have about people with personality challenges or a diagnosed disorder. Project Air provides training on evidence-based practices while also tackling stigma.

There is so much good evidence—over 60 randomized controls trials—so we know how to be effective and treat people with personality disorder, particularly borderline personality disorder.

Personalized responses are one of the most important ways of keeping people engaged. People can do well for a year or two, but there are lapses or relapses. Be responsive to what people need and recognise that problems come and go in people's lives. At the time the person is asking for help, we want to be able to offer brief interventions, and then support them to either step up to more intensive interventions or step down to more community-based services.

What are your thoughts on the intersection between the diagnosis of post-traumatic stress disorder and considerations for our practice?

It's important to recognise that there are people with a personality disorder who don't have trauma, and people who have experienced trauma who don't have a personality disorder, but there's are quite a lot who experience both. The treatment approaches for working with both overlap because there is a strong emphasis on psychological safety and strategies to help the person in the here and now.

There are also differences. With personality difficulties, there are problems in understanding who they are and where they want to go in life, fundamental questions around identity. The building blocks of personality is understanding these questions: What are my goals? What is valuable to me? What kinds of relationships do I want? That is why for personality vulnerabilities and disorders, the treatment of choice is psychological therapy, to help them build a sense of themselves.

Keep calm and make tea

continued

The research evidence shows that whether you start with the person where they are at now or whether you start with the trauma, doesn't matter so long as you start with a trauma-informed response that focuses on psychological safety as the priority, getting the person to a point where the here and now is okay and then work on both. What does a life worth living look like? What can I do with the distressing trauma-fused memories—fears and triggers that come up—that are making it so hard to do the things I need to do?

What are effective therapy models for working with people with personality vulnerabilities?

Project Air is about promoting the core underlying factors that we know work across all therapies. Therapists and people working in this space already have the skills, they just need to be reminded of how powerful relationship skills are when working with clients that can be difficult to engage and present with multiple issues.

What do you think is the most important thing for workers to understand when working with someone with personality vulnerabilities and substance use?

Expect non-attendance. 50 percent of the appointments you make won't be held and that's normal. We're asking people to be organized, get out of bed, get dressed, work out how to get to the clinic and be there on time. That is a major achievement. Attendance is the goal in the early phases.

Our job is to be there, show our availability and compassion because people bring complicated histories into the room. For instance, their previous experiences with treatment providers, justice systems, a trauma background. The shame and difficulties they have with self-esteem, and beliefs about whether they deserve to be helped, a complicated set of feelings get stirred up by walking in the door of a treatment setting.

We're asking the person to think and talk about challenging, difficult things that they've spent most of their life trying to avoid and the substance use has become part of the avoidance strategy, so, of course, it's hard and scary. We must be patient and think long term.

Why does the practice of 'keep calm and make tea' work so well?

You put on the kettle, boil the water, heat the pot, pour the hot water onto the tea leaves, let it seep for three or four minutes, and by the time you pour the tea out and you're ready to drink it, you're in a different place than when you started. You've had a chance to think and to become more reflective and that's the strategy that we want people to be in when they're providing support to people.

It is important to model how to be reflective rather than reactive. People with personality disorder and substance dependence can evoke reactions in others that are often quite toxic, challenging, angry, blaming and so forth. When we're struggling to support somebody, it's easy for us to be reactive and want to push them away, or alternatively, the reverse, this is the client I most want to help because they're so vulnerable and traumatized. Both of those responses are reactive and immediate. We use the idea of keeping calm and making tea because tea drinking has its part in many ancient cultures with a whole process of making tea which models the reflective stance that we want clinicians to be in. We want clinicians to 'brew' their thoughts and feelings before sharing them with their client. What clinicians say to their clients are best when they reflect how the clinician has tried to hold the client's mind in mind, and tried to see the world through their eyes.

What's next for Project Air?

We are very interested in the whole question of whether cognitive and emotional remediation (rehabilitation) is effective. Mindfulness is a wonderful, wonderful skill for us to practice daily, and works both emotionally and with our thinking. People often have a lot of difficulty naming their emotions, or understanding what their emotions are telling them about what is important to them. There is a big opportunity for us to do some important work in this space.

The Project Air Strategy for Personality represents a successful partnership between the University of Wollongong and the NSW Government—Ministry of Health, Local Health Districts, and NSW Department of Education. The partnership also embraces key members of the community including health professionals, schools, community and consumer groups, families and carers, and people with lived experience of personality disorder.

Sensory strategies

By Antonia Ravesi (NADA)

It was the early 90s, and I was working for an AOD service. Methadone treatment operated from the accident and emergency department of the small regional hospital where the service was based, and dosing took place in one of the triage cubicles. While treatment was effective in stabilising clients' lives, dosing often left people feeling nauseous, and parents were worried about the impact of the environment on their children.

The clinical nurse specialist and I came up with a plan to enhance their experience. Each morning, we made big jugs of strawberry flavoured milk which we offered to clients before dosing, as well as their children. The children loved it, those who struggled with nausea found it helpful—and all appreciated the kindness. An unexpected result was improved adherence to the rules and overall engagement in the program.

While we might not have much say in our physical environments, we can think about the simple things we can do to contribute to supporting the courageous people who access our services.

From trauma to neurodivergence

Fast forward thirty years, and there is awareness in the sector that a person will self-medicate active symptoms of trauma, particularly when we consider how substances affect the central nervous system and why people might be using them. For instance, people might say, 'Smoking cannabis helps my anxiety,' 'I take Valium so I can sleep,' or 'I take ice to feel normal.'

But what is also worth considering, is the impact traumatic experiences have on a person's ability to engage in AOD treatment. Active trauma symptoms affect the way the nervous system works, making it extra sensitive to sensations, such as the sounds, touch, and what we can smell. These changes can be distracting, making it difficult for people to listen in groups or participate in a counselling session. People with a diagnosis of ADHD, autism, post-traumatic stress disorder, and in withdrawal from substances, will all experience similar sensory sensitivities, which if acknowledged and accommodated, will make participation in treatment easier.

So, what can we do about it? We can use intentional sensory approaches that accommodate these changes to improve people's experience and capacity to engage in treatment. This is also supported by an extensive body of research in trauma, dementia and therapeutic approaches for neurodivergent people.

Nourishing the nervous system

Sensory strategies support the body to stay regulated, particularly when we are stressed, feel anxious, distracted, disassociated, are in withdrawal, or having cravings. When our central nervous system is regulated, our bodies feel safe and move out of the survival state that often drives the desire to use substances. The strategies use the seven senses of: sight, sound, taste, smell, touch, vestibular (which looks after balance and eye movement), and proprioception (the body's sense of pressure and where it sits in space).

The use of sensory inputs can regulate the nervous system in the same way as substances can. A client feeling flat and emotionally unresponsive in a group program could use sour lollies, chew gum and drink iced water to feel more alert and focused. A client with high anxiety and disassociation might find relief in a weighted lap blanket. Another, unable to sit still in a group session, will engage in the topic while playing with a fidget or colouring in. As a relapse prevention and life skill, clients can experiment, practice, and learn to identify what suits them, based on their own personal neurobiology.

Calming down and connecting

Feelings of safety, being able to co-regulate and connect with others is fundamental to human wellbeing. When our nervous system feels safe, we can engage and be open to others. When we feel under threat, the body's response is to focus on survival, and higher order thinking like planning or processing events logically is not a priority. *Read more overleaf, in* '*Getting to the guts of things*'.

Does your service environment evoke physiological feelings of safety and support? The best way to find out is to start a conversation with your client about their sensory needs and use this exploration as an opportunity to empower clients to understand one of our greatest natural resources, our bodies.

Sensory strategies
continued

Some simple suggestions

- Providing inexpensive ear plugs for use at night
- Quiet, darkened rooms or a sensory corner
- Lighting: avoid cold white, choose warm white light globes
- Sensory kits: fidgets, tinted sunglasses, stress balls
- Scented hand creams: helps keep participants alert during group sessions
- Beanbags provide the feeling of pressure on the body
- Movement breaks: gentle stretches, deep breaths
- Strong peppermints, chewing gum, sour sprays or lolly
- Clients can drink chilled water or crunch iced water
- Lap blankets: weighted or soft fabric, weighted toys
- Nature sounds in the waiting room
- Minimise clutter e.g., avoid chaotic pamphlet stands
- Calming paint and furnishing colours
- Essential oil diffusers: alerting scents for morning (vetiver, peppermint) and calming scents in the evening (lavender, bergamot). *Be mindful of health conditions and skin sensitivities*
- Bamboo or alternatives to metal cutlery

Bibliography

Sensory-based interventions with adult and adolescent trauma survivors: An integrative review of the occupational therapy literature, Suzie McGreevy and Pauline Boland, Irish Journal of Occupational Therapy · April 2020, Research Gate.

Resources

The neurodivergent friendly workbook of DBT skills
Sonny Jane Wise: The lived experienced educator

Sensory approaches toolkit
Published by Insight, this toolkit has explanatory videos, resources and a great worksheet for clients, Using your senses to cope.

Advocate: **Responding to trauma** [PDF]

Sensory support enhances engagement

Dan Siegal, Clinical Professor of Psychiatry, developed the concept of the **Window of Tolerance**. It identifies the zone in which people can continue to function and access any tools they've learnt, or their internal resources, even when they are stressed or under pressure.

The concept identifies the zone of **Hyperarousal**, when the nervous systems is over stimulated and people might experience difficulty concentrating, have racy thoughts and feel agitated, and the zone of **Hypoarousal** where they may feel numb and dissociated.

Sensory support can assist people to manage sensory and environmental input, supporting them to stay in their Window of Tolerance. Providing fidgets or stress balls during a group program will provide a tactile way to stay connected with the body, if the topic being discussed triggers a trauma response and a person begins to feel disassociated.

Sensory approaches can assist people to manage the unfamiliar environments and sensory challenges that can arise when going through substance withdrawal, managing trauma symptoms, and engaging in busy, communal and sometimes chaotic treatment settings. Learn more.

Getting to the guts of things

Psychologist and neuroscientist Professor Stephen Porges researched the role of the vagus nerve and its link to psychological, emotional and mental health. He developed the **Poly Vagel theory**, an approach which demonstrates the therapeutic value in working with clients to understand the role of the physical body in treating symptoms of trauma, mental health issues and in working with neurodivergent people, to regulate their bodies responses to the external world.

The vagus nerve comprises two nerves that combine and run from the base of the neck, into the chest and abdomen. The vagus nerve is the main component of the parasympathetic nervous system, the system that calms and regulates the body's functioning, especially during times of distress, injury, or threat. It activates the organs' responses, for instance, letting us know that we need to do that nervous wee before we make a speech.

The vagus nerve controls the muscles of the mouth, pharynx, and larynx; there are many ways to activate it such as singing, listen to music and breathing deeply into your belly. **Tip:** If your client begins to feel agitated during a counselling session, they could take a break and splash their face with cold water. Learn more.

WE ASKED YOU

How do you engage people in your service

Dianella Cottage, Lives Lived Well

Karla Priestley, Aboriginal Alcohol and Drug Counsellor/ Case Manager

How do you assist people to feel welcome when they first access your service? There is a lot of anxiety and uncertainty for consumers of our service. Many are coming from a place of chaos, so it's incredibly important that our initial contact is at a pace they are ready for. If that is over the phone, I will start with a warm introduction with a short description of what we offer, and with curiosity, I ask a few questions to understand what they need from us.

If they are coming to Dianella Lithgow or Katoomba—they blend into the community like a normal house. Inside, we create a calm and safe environment with a 'homely' feel. Clients can come in and sit at the dining table and make a cuppa or grab a snack while being able to pick up pamphlets, read resources and learn about community events. We have a group room which is just in a lounge room and then we have our office/counselling spaces where clinicians can have this set how they feel appropriate for their clients. Many consumers after being with us on site often say, 'This is such a great place; I don't know why I was so nervous about coming here now,' and they wished they had done so earlier. We essentially create an environment that is theirs as much as it's ours.

How do you incorporate culture, safety and/or accessibility in your programs? As an Indigenous woman myself, it's incredibly important to create an atmosphere that is culturally appropriate. I want to help mob break the cycle and it all starts with helping mob gain trust in our service. And this won't happen if there is no cultural safety.

There is so much stigma already around being a person who uses AOD. Having no regard for cultural safety just creates another barrier and a level of distrust. If consumers from any race do not feel safe, valued and respected, they will feel that within the first few minutes of accessing a service. This is not just up to organisations; it's also up to everyone to make sure they are trained and aware of our diverse community and keeping themselves accountable and their biases in check.

Inclusivity is key. Making sure everyone is participating in diverse and cultural training within the workspace and then holding colleagues accountable to deliver. I have made a lot of great connections within our community and have a lot of little projects on the side which helps mob who access our services. We are also kicking off a deadly women's group in September where we have Aunty Di from Kandos who does weaving and possum skin story telling art. I have a great connection to our Lands Councils and can help mob find their way back to culture if they want this.

How do you engage communities and families? By showing up and empowering them to do the same. The great part about working in outreach and in the community is the access to other community events and networking. I am also a member of the NSW Aboriginal Education Consultative Group and Planet Youth LDAT project for our local region which gives me a great vantage point to show up for our local families.

Odyssey House

Teguh Syahbahar
Manager Multicultural Programs

How do you assist people to feel welcome when they first access your service? We prioritise creating a warm and inclusive environment for those accessing our services. Our team understands the importance of cultural sensitivity and linguistic diversity in making individuals feel welcome. From the moment someone reaches out to us, we offer culturally responsive communication and ensure our services are provided in languages familiar to them. We actively listen to their concerns and needs, building trust and rapport. This approach ensures a comfortable and respectful experience, fostering a sense of belonging and trust right from the start.

How do you incorporate culture, safety and/or accessibility in your programs? Culture is at the heart of our programs. We recognise that effective support must be

rooted in understanding cultural contexts. Our services are designed with a keen awareness of diverse cultural norms, values, and beliefs. We incorporate culturally tailored approaches into our counselling services and Transitions Program. This includes providing support in native languages, respecting cultural practices and beliefs, and addressing specific challenges faced by culturally and linguistically diverse communities. By embracing diversity and infusing cultural sensitivity into our interventions, we ensure our programs resonate deeply and lead to meaningful outcomes.

How do you engage communities and families? Engaging communities and families is a cornerstone of our approach. We actively collaborate with community leaders, religious leaders, cultural organisations, religious organisations, and community services to establish strong partnerships. Through workshops, seminars, and events, we foster open dialogues around substance use within culturally and linguistically diverse contexts. We provide resources that address cultural nuances and challenges, encouraging families to openly discuss these issues. By involving communities in program development and decision-making, we empower them to drive change from within. This collaborative effort ensures that our interventions are culturally relevant, sustainable, and effective.

ACON
Siobhan Hannan
Team Leader, Counselling Services

How do you assist people to feel welcome when they first access your service? ACON's delivers safe, inclusive and affirming programs and services, free from racism, sexism, ableism, homophobia, biphobia and transphobia. To create this kind of safety and welcome we focus on the principles embedded in the LGBTQ+ inclusive and affirming practice guidelines:

- trauma-informed recovery-oriented and person-led practice
- recognising the intersectionality of people's identities and experiences
- community consultation and co-design, co-production, co-implementation, and co-evaluation
- family inclusive practice.

When delivering services we focus on the client journey, from first contact with ACON through to exiting the service. We create a welcoming experience by ensuring a no wrong door policy and beginning with an inclusive, affirming non-judgemental intake process that ensure no assumptions are made about a person's identity, including their sexuality and gender. This trauma-informed approach is crucial across the entirety of the client journey.

How do you incorporate culture, safety and/or accessibility in your programs? ACON remains committed to delivering culturally safe care and support for everyone who chooses to access our various programs or services. When planning, developing, implementing and evaluating our programs we are strongly guided by our Reconciliation Action Plan, our Multicultural Engagement Plan, and our Blueprint for Improving the Health & Wellbeing of the Trans and Gender Diverse Community in NSW.

We consistently engage with the LGBTQ+ community to understand their needs, their concerns, and their experiences of services and programs. This is particularly important for more marginalised groups within the LGBTQ+ community, including people with intersection identities such as Aboriginal SisterGirls and BrotherBoys. Because our intake process encourages people to tell us about their cultural belonging and identification, workers can respond to individuals from a place of cultural awareness and we know from the reported experience of our clients that overall, this helps people feel safe. And when they feel safe, the outcomes they want are more likely to be achieved.

In practical terms cultural safety and accessibility is providing client services and treatment and support options via telehealth, phone, text, being flexible about appointments and creative in treatment planning. A home visit, a walk in the park, a short check in—we can work in whatever way that will safely maintain engagement.

How do you engage communities and families? ACON was founded by community, for community. We maintain this ethos throughout all of the work we undertake. Community engagement across the spectrum of our work from health promotion campaigns to support services is key to the development and implementation of our programs and services.

For the LGBTQ+ community, the term 'family' is used in a broad sense—and is often referred to as 'chosen family'. This includes friends, partners and ex-partners, biological and non-biological children, and others who provide kinship support. This is because for some LGBTQ+ people, biological family have rejected them based on their gender or sexuality. At ACON, engaging with communities and families means ensuring that we engage and include the full breadth of our community including chosen family.

Engaging families and networks

Traditional AOD treatment focuses on the individual seeking help for their substance use. However, we often hear that their networks need support too. Family Recovery Care spoke to Jennifer Uzabeaga (NADA) to share how they engage the family and friends of individuals seeking treatment.

Tell us about your service

The Family Recovery Program supports all family members impacted by someone's AOD use, mental health issues and associated behaviours. For adults, we offer individual counselling and psycho-educational group programs like PAUSE Group which is for parents with adolescent users and FOCUS on Relationships Groups for partners, parents of older children, siblings, and friends. These are closed groups, with limited numbers to ensure that the clients who participate benefit from the therapy provided and are kept safe.

The children and youth programs support those who are experimenting with AOD. We also provide individual support for children or teenagers who are impacted by another person's AOD use. We offer individual therapy and school-based interventions, creating a secure environment to explore AOD-related issues, mental health connections, harm minimization, and how to identify the need to cut down or stop.

We have two age-specific groups: PATHWAYS TO CHANGE for young people aged 12–18, offering a safe space to consider their AOD use and develop control strategies, and KALEIDOSCOPE for children aged 5–18 affected by someone else's AOD or gambling behaviour.

How do you engage all family members during the treatment journey?

Family Recovery engages family members who are seeking support, for example, a parent seeking support concerning their adolescent child's substance use and/or mental health issues, by engaging with our Adult Counsellor. Alongside this support, the adolescent's siblings who are also impacted, can be engaged with our Child/Adolescent Counsellor—either in individual counselling or in groups. Conversely, adolescents/youths who are in early stages of experimental use can gain support either in counselling or groups.

Family Recovery Service supports all family members who are impacted. However, not all family members are required to engage for change to occur.

How do you involve the individual in treatment in the family recovery process?

Family Recovery has a person-centred approach and with this, attempts to meet the person where they are at, and set goals according to this. Each person has their unique experiences and challenges. They are encouraged to reflect on their own change process. We aim to empower them to communicate more effectively and re-set their boundaries for change to occur. Family Recovery encourages clients to self-care and maintain their own wellbeing while caring for their family members.

How do you engage those who may have difficulty attending in-person?

Clients who have difficulty attending in-person sessions at Lewisham can engage in the service online. Counselling sessions are conducted via telehealth, both phone and video. Groups are facilitated online via Teams (video).

What kind of aftercare or follow-up services do you provide?

Clients who have engaged in groups can access individual counselling for ongoing aftercare/support. Moving forward, Family Recovery ADULT Program will be offering clients who have participated in groups the opportunity to engage in an aftercare group online.

Contact us

No referrals are needed. Simply call **13 18 19** or email familyrecovery@catholiccare.org

Member profile

Community Restorative Centre

The Community Restorative Centre (CRC) is the lead NGO in NSW providing specialist support to people affected by the criminal justice system and their families, with a particular emphasis on the provision of post-release and reintegration programs for people with multiple and complex needs on release from custody. For more than 70 years, CRC has been working to break the cycle of disadvantage, incarceration and recidivism. Our staff have a diverse range of skillsets, lived experiences (including lived experience of criminal justice system involvement) and cultural backgrounds to reflect and appropriately serve the communities we work with.

In common with many people who have been incarcerated, CRC clients have often led difficult and traumatic lives, which includes long histories of abuse and violence. Our clients demonstrate considerable resilience in the face of compounding and inter-related forms of socio-economic, health and psychosocial disadvantage. For First Nations clients, this disadvantage can intersect with intergenerational trauma stemming from the ongoing impacts of colonisation, genocide, and structural and social racism. Many of our clients see a strong connection between their substance use and criminalisation; typically, they have received little, if any, previous support.

All of our reintegration programs (including our AOD-specific program) offer holistic, relational, client-centred, long-term support. We start working with clients as early as three months prior to release to establish rapport, build trust and identify support needs. Establishing a positive relationship between client and worker prior to release increases the effectiveness of engagement. We typically work with clients for a year after release to support them with any needs that will assist them to rebuild their lives in the community, including housing, finances, legal matters, healthcare, etc. We offer flexible outreach support, meeting clients when and where they feel safe and comfortable, which helps to facilitate engagement with an often-isolated population. We find it is the trusting, respectful, non-judgemental relationship between client and worker that underpins the success of our programs.

Our clients display remarkable resilience, motivation and courage in surviving adversity, addressing their substance use concerns, and building new pathways in their lives.

Case study

Cindy is a 21-year-old Aboriginal woman who lives with an acquired brain injury and suffered abuse as a child. This has impacted the way she views both people and services and she finds it difficult to trust, so it took many months to build rapport and connection. Outreach support was initially only a few minutes and has built over time.

Cindy is a warm, kind and trusting person, but her disability has meant other people have taken advantage of her, and she has now been charged with serious offences. The Miranda Project has worked with The Justice Advocacy Service to ensure they understand Cindy was also the victim of a serious assault in the context of family and domestic violence. Project staff also worked closely with Housing NSW and NSW Police to relocate Cindy to ensure her physical safety, linked her to appropriate services in her new area and accessed furniture and other items for her home through services and donations.

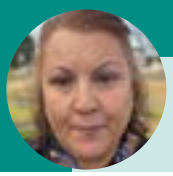
We are hopeful of beginning to work on Cindy's longer-term goals: spending time with her children, starting a TAFE course and engaging in longer-term therapeutic support. With the support of The Miranda Project, she is now beginning to trust mainstream services and can begin the process of healing.

Contact details

251 Canterbury Rd Canterbury NSW 2193
Phone: (02) 9288 8700
Web: https://www.crcnsw.org.au
Email: info@crcnsw.org.au

Profile

NADA board member



Lea-Anne Miller
Program Manager, Yerin Eleanor Duncan Aboriginal Health Centre

How long have you been associated with NADA?

I have been associated with NADA since I began working at Yerin two years ago. I became more involved when they called for NADA Board nominations last year.

What does an average day look like in your role?

No day is ever the same. I manage around 20 staff, including the Yadhaba mental health AOD program, and the Ma-Guwag program, which is our suicide prevention project.

What experiences do you bring to the NADA board?

I bring governance and compliance knowledge around the NSW Aboriginal Land Rights Act, and my background on boards. I've been working in mental health and AOD for seven years, and I love it. I also have teenage sons who have gotten into drugs, in addition to familial experience with attempted suicide, and have felt out of my depth in relation to these things. These experiences have changed my career path.

What are you most excited about as part of the NADA board?

The opportunity to be involved with a peak body, and representation for my community. Providing a cultural lens on how I think board work can impact the Aboriginal community, because the way it works for non-Aboriginal people doesn't mean it will work that way for Mob.

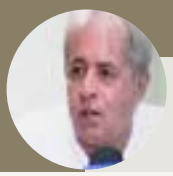
What else are you involved in?

Not in an official capacity, but the campaign for the Yes Vote. It's about education, and busting myths when lies come up on social media. The period has been exhausting due to racism and the effects of campaigns on community.

I've got five kids, four grandkids and another one due—they keep me grounded. At Yerin, which is my second family, we've celebrated NAIDOC week.

A day in the life of...

Sector worker profile



Les Banton Community Support, SMART Facilitator, AOD & Justice Support Worker, Bill Crews Foundation / EXODUS Foundation

How long have you been working with your organisation?

I began working at Bill Crews Foundation nine years ago when we created Sydney Recovery on social media. We then started the Sydney Recovery Walk to celebrate recovery in all its forms during the month of September.

How did you get to this place and time in your career?

I worked for 40 years in the electrical industry, then moved into welfare—something I've been passionate about. Lived experience is important, but I also value education and training, so I attained a Cert 3 and 4 Community Support Studies, culminating in a Diploma in Community Services. I am also a SMART Facilitator and a proud graduate of Foundation House.

What does an average work day involve for you?

I work in guest services and open the site at 8am. Members of the public ask for help with immigration, domestic violence, AOD, legal issues, mental health, homelessness, identity issues, right through to just loneliness. I facilitate groups and advocate for reform in government and other institutions.

What is the best thing about your job?

The people you meet and knowing you played a role in someone changing their life for the better.

What is one thing you would like to see different in the non government AOD sector? What needs to change to get there?

Greater access for all to a variety of recovery pathways at little or no cost to the client and the whole AOD sector treated as a health issue. Harm minimization and 12 step groups not seeing each other as opposing forces.

What do you find works for you in terms of self-care?

Meditation and following sports help me to stay grounded.

NADA acknowledges the sad passing of Les, since the time of meeting with him to develop this member profile. We join with the Bill Crews/Exodus Foundation, and all those whose lives have benefitted from his support and engagement, in giving thanks for all Les has contributed over the years. We also send heartfelt condolences to Les' loved ones.

NADAbase update

Mei Lin Lee PhD NADA

Annual data reporting

NADA has started the process of running our annual data in Validata, the Australia Institute of Health and Welfare's (AIHW) validation portal. Now is the time to review your program's data quality to ensure it accurately describes who is accessing your service.

Please note that AIHW receives closed episodes only. We will be in touch with services if clarification on data is needed.

Reporting

We are working on regular reporting to funding agencies:

- Monthly data reports to InforMH for members who receive Ministry of Health funding
- 4th quarter, i.e. April–June 2023 (Q4 2023) data report for members who receive Primary Health Network funding
- Biannual data reports to Ministry of Health for members who receive funding for the Continuing Coordinated Care (CCC) and Methamphetamine programs

Collecting postcode and suburb

NSW Ministry of Health and AIHW have advised the collection of client's locality will be mandatory 1 July 2024 in the National and NSW Minimum Data Set for Alcohol and Other Drug Treatment Sector. For further details, watch this short video: NADAbase data collection: Changes to postcode and suburb.

Postcode and suburb at client and episode level will become mandatory on 1 July 2024, however NADA have put this in place as of July 2023 to ensure NADA members are cognisant of the changes and these items become part of routine data collection.

Farewell to NADAbase champion

We bid farewell to Tata de Jesus who has worked on NADAbase since 2017, shaping it to what it is today.

For all queries relating to NADAbase, please email nadabasesupport@nada.org.au.

Comorbidity guidelines: new edition

The third edition of the Guidelines on co-occurring conditions were officially launched by Dr Christina Marel at the 2023 APSAD Symposium on Monday 24 July, and aim to build mental health capacity in the AOD workforce.

Building on the highly utilised first and second editions, in 2020 the Australian Government Department of Health and Aged Care funded researchers from the Matilda Centre to develop the third edition of the Guidelines on the management of co-occurring AOD and mental health conditions in AOD treatment settings (the Guidelines). The Guidelines were developed in consultation with people with lived experience, family and carers, clinicians, researchers, and policy makers. In parallel, the existing Guidelines website and online training program were also updated to facilitate the translation of the Guidelines into practice.

Photo: Dr Christina Marel at the 2023 APSAD Symposium

The Guidelines, website and online training program can be freely accessed via comorbidityguidelines.org.au.

News and events

Vale Josette Freeman

It is with great sadness we share the passing of Josette Freeman, Ambassador, SMART Recovery Australia. 'Josette brought warmth, energy, and wisdom to every interaction. Josette's passing will be felt far and wide across the SMART Recovery Community and the AOD sector nationally and globally,' says CEO April Long, Recovery Australia.

She won an Outstanding Contribution Award at the NADA Conference 2021, in recognition of her fifteen-year commitment to growing SMART.

Goodbye, farewell

We say goodbye to Tata de Jesus who has done a tremendous job managing development projects for NADAbase. The CALD audit project was her passion, yet her grand finale was undoubtably the NADA Conference 2023. We wish Tata, 'Alt det bedste' in the new chapter of her life.

We bid farewell to Sarah Etter, who provided clinical leadership for the sector in line with NADA's strategic direction. She spearheaded advocacy to support the diverse range of people experiencing AOD issues, and left an indelible mark on all team members.

Apply now: NADA is recruiting for a clinical director, research and data manager, and a research project officer.

Launch: NADA's Innovate 2023-2025 Reconciliation Action Plan

28 September, 10:30am-12:00pm
Surry Hills/Gadigal Country

If you're a health worker or community member interested in reconciliation work in the AOD sector,

and connecting with others involved in this work, you should come along. Learn how AOD services areworking to create safer spaces for First Nations peoples, taste delicious food, network and check out some performances. Register now..

Governing a not-for-profit organisation

25 October, online

Join a legal training session where experienced lawyers from Justice Connect's Not-for-profit Law will unpack the A-Z of governance and make sure you are fully aware of your legal obligations as a board or committee member. The 3 hour workshop will be delivered via Zoom. Join in to workshop legal issues, discuss scenarios and problem-solve as a group. Register now.

Apply now: NGO research and evaluation capacity building grants

NADA invites non-government organisations (including Aboriginal Community Controlled Health Organisations) that receive funding from NSW Health to deliver AOD prevention, harm reduction and/or treatment services to apply for funding under the NGO Research and Evaluation Capacity Building Program. Applications close **11 October**. Learn more.

Apply for a scholarship to gain a Diploma of Leadership and Management

The Association of Children's Welfare Agencies is offering scholarships for people working for small to medium organisations (annual turnover < 5 million P/a). Training is self-paced online with completion within 18 months. This diploma course is tailored to community service workers and ideal for those in team leader or manager positions. You must register by **30 November**. Learn more.

NADA network updates

Women's clinical care network

The network held a symposium in July regarding supporting women experiencing domestic and family violence. Kittu Randhawa, Indian (sub-cont) Crisis and Support Agency (ICSA) presented on supporting culturally and linguistically diverse women in this space. The Community Restorative Centre presented on the complex intersections between AOD use, domestic and family violence, victimisation and criminalisation, and opportunities to enhance responses to these issues.

The final network meetings for the year will be held at the services of Women's Network members; there will also be an option to attend online. If you're interested in hosting a network meeting at your service, or presenting about your work at a network meeting, contact the network coordinator: hannah@nada.org.au.

Youth AOD worker network

Youth Solutions ran training about substances commonly used by young people and effective interventions for the network; this training received a lot of positive feedback.

Network member Jesse Wynhausen (St Vincent's Hospital) volunteered to chair the remaining meetings for the year, which will provide new network leadership.

If you're an AOD worker who works with young people, you should consider joining the network!

Joining provides professional development, networking, and resource sharing opportunities. Each meeting also includes a 'schools working group', where practitioners discuss AOD work they're doing in schools, as well as resources to support this work. Check out the network webpage, or contact the Network Coordinator: hannah@nada.org.au.

Peer worker and consumer representative community of practice

The Consumer Representative and Peer Worker Community of Practice has had a great turnout. The group has been discussing the emerging peer workforce, sharing practical insights and learnings from on the job, and highlighting upcoming training opportunities or needs. If you have living or lived experience of AOD use we would love to see you at the next meeting on 15 August at 1:30 pm. Learn more about this community of practice or contact Jennifer Uzabeaga: jennifer@nada.org.au.

Gender and sexuality diverse AOD worker network

The July network meeting provided a forum for members to talk about research and frontline AOD work they're conducting, and provided a support space where workers could connect with gender and sexuality diverse peers. Several network members are working on a trans youth AOD research project. This research will involve a nationwide survey examining the experiences of young trans people who access AOD services. Survey results will inform a 'tips and tricks' resource which AOD workers will be able to use to inform their trans-inclusive practice.

If you're a gender and/or sexuality diverse person who works in the AOD field, consider joining the network! You can learn about the network, or email Hannah Gillard to join: hannah@nada.org.au

NADA network updates

continued

Focus on CMHDARN

Who are we?
The Community Mental Health Drug and Alcohol Research Network (CMHDARN) is a partnership project between NADA, Mental Health Coordinating Council (MHCC), and the Mental Health Commission of NSW.

CMHDARN was established to broaden involvement of the community mental health and AOD sector in practice-based research and to promote the value of research and the use of research evidence in practice.

What do we do?
CMHDARN facilitates the development of a culture of research by providing opportunities for the exchange of ideas, the sharing of resources, support and collaboration among community organisations and between community organisations and research bodies, including universities and research institutes.

Through our resources, activities, and information sharing, we hope to increase awareness and understanding of co-existing mental health and AOD issues.

Creating and sharing resources
We offer a wide range of resources, webinars and workshops to support research activities in your organisation. Through our CMHDARN Connect newsletter, we also share external resources and research evidence to support your practice.

Research Ethics Consultation Committee
The CMHDARN Research Ethics Consultation Committee (RECC) has been established to provide informal ethical guidance to researchers and research participants.

The RECC can help you by: reviewing project proposals from an ethical perspective; providing guidance and advice on engagement with people with lived experience; providing approval for CMHDARN/NADA/MHCC to participate in or promote a project; providing advice and support for an application to a Human Research Ethics Committee; and much more!

Innovation and Evaluation Grants
Each year CMHDARN is pleased to provide a small seeding grant to support a member of NADA or MHCC with a research or evaluation project in their organisation.

Mentoring
As a NADA or MHCC member, you have exclusive access to free, short-term mentoring with The Matilda Centre for Research in Mental Health and Substance Use at University of Sydney. If you're wanting to conduct your own research but not sure how to get started, or want support with a current research project, the Matilda Centre Research Mentoring Program in partnership with CMHDARN is an opportunity you don't want to miss.

Join the CMHDARN network—it's free!
Join the CMHDARN network for exclusive access to network news and activities, join the network today.

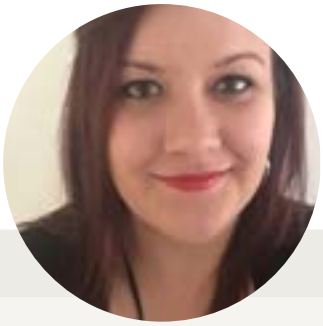
What's new

New resource: Co-design Kickstarter
This resource provides guidance to the co-design of research that draws on the multiple lineages of co-design and the knowledge(s) of people with lived and living experience. Access it here

Ethics and lived experience in research workshop
Jo Farmer unpacks all things ethics when collaborating with people with lived experience in research, both as participants and as co-researchers. Watch the recording

Get started in research in your service
Learn about the research and advocacy work at the Community Restorative Centre. The team share insights from their work, and discuss how they prioritise research in the NGO setting. Watch it here

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK



NADA practice leadership group

Meet a member

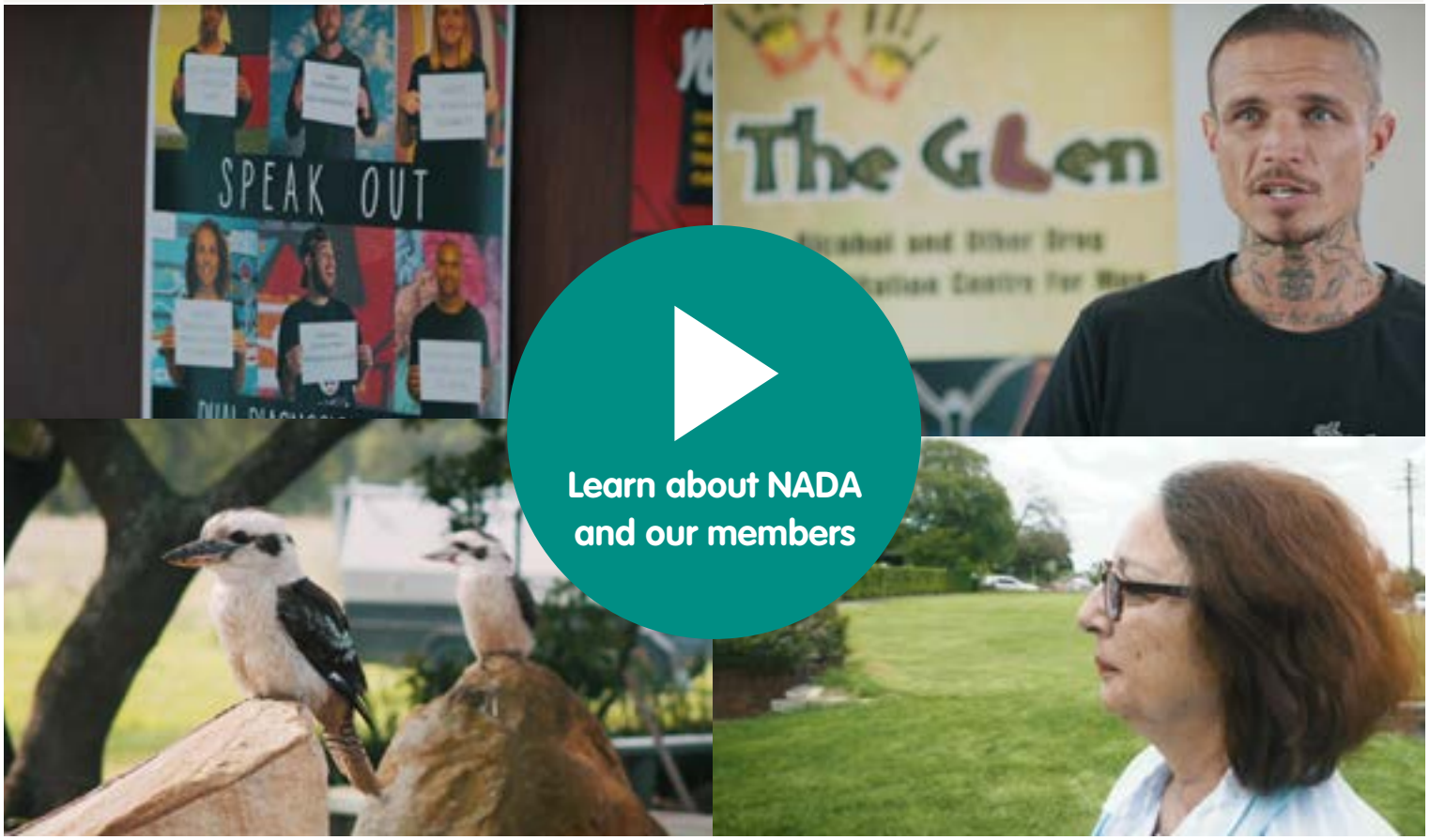
Lauren Mullaney Program Manager (Psychological Services), Triple Care Farm

How long have you been working with your organisation? How long have you been a part of the NPLG?
I began working with Triple Care Farm in 2015, and became part of the NADA Practice Leadership Group in 2016.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
There are so many areas of practice and research that I am interested in. However, to summarise (and not bore you!), I am really interested in mental health/psychology, the health of the workforce, and working with all people at whatever stage they are at. While we utilise a dialectical behavioural model at Triple Care Farm, I also acknowledge that therapy/ treatment is a collaborative process with the client, and it's about finding what works (and when) together.

What do you find works for you in terms of self care?
Getting a good night's sleep, and connecting with my friends and family. Being ethically and clinically sound in my approach also helps me to continue stay on top of what I need to.

What support can you offer to NADA members in terms of advice?
I am really passionate about connecting with the individuals we work with and in being able to walk alongside them at often challenging parts in their lives. I think the key bit of advice I have would be to be genuine with who you are, and use that in a way that guides your practice. Of course, this has to strike the right balance between professionalism and being your authentic self—but if we can get it 'right' it is where we can really begin to establish connection, safety, and rapport with our clients.



Advocacy highlights

Policy and submissions

- NADA provided input to a number of submissions and position statements that were coordinated by Australian Alcohol and other Drugs Council (AADC). Access AADC submissions here.
- Inquiry into the Perceptions and Status of Vocational Education and Training
- National Consumer Engagement Strategy for Health and Wellbeing
- AOD related stigma and discrimination

Advocacy and representation

- Attended a number of meetings related to the SCI implementation.
- Represented members concerns regarding contracts and indexation to DoHA (incl. PHN commissioned services) and NIAA, with AADC.
- Held a member consultation to develop NADA's policy position and advocacy in preparation for the NSW Drug Summit.
- Participated as a Fair Treatment campaign member, in a Drug Summit Planning Session to determine the groups priorities on Summit structure, attendance, scope and outcomes.
- Held a member consultation for building a peer workforce.
- Invited to present at the ATOD Policy Officers forum on the KPI study, which includes representation from DoHA and each jurisdictional health department.
- Worked with the Community Grants Hub on a pilot Activity Work Plan that incorporates the standardised KPIs an option for NADA members directly funded by DoHA.
- Hosted the Director, Addiction, Mental Health and Addiction, National Commissioning, Health New Zealand, who was interested in hearing about NADAbase, standardised KPIs and our practice guides.
- **NADA continues to represent the sector with key stakeholders:** NSW Ministry of Health; Department of Health and Aged Care; DSS Community Grants Hub; NIAA; PHNs; ACDAN; ADARRN; AADC; AOD Peaks Network; DACRIN; DPMP; Insight; Justice Connect; MHCC; NCOSS; NCETA; NDARC; NCCRED; QNADA; SANDAS; UQ, UoW and TAFENSW.
- **Ongoing meeting representation:** NSW Ministry of Health AOD NGO Reference Group; DAPC, QIT Sub Committee; ACI D&A Executive Committee; NSW Ministry of Health CAOD Treatment and Support Hubs Project Group; Project Advisory Group for the AOD Information Access and Support Model NSW Ministry of Health CAOD; AADC Members Council; AADC Policy Officers Network, CAOD Strategic Research & Evaluation Advisory Group; MoH CAOD Employee Value Proposition Project Advisory Group, CMHDARN Operations Meeting.
- **NADA staff presented at:** NCOSS NGO Researchers Forum; APSAD Symposium-The Translators: Research into Policy & Practice; NUAA Peer and Consumers Forum.

Information on NADA's policy and advocacy work, including Sector Watch, and the meetings where NADA represents its members, is available on the NADA website.

Contact NADA

Phone
02 9698 8669

Post
Gadigal people of the Eora Nation
PO Box 1266, Potts Point, NSW 1335

Robert Stirling
Chief Executive Officer
(02) 8113 1320

Chris Keyes
Deputy Chief Executive Officer
(02) 8113 1309

Michelle Ridley
Senior Program Manager - WFD
(02) 8113 1306

Raechel Wallace
Aboriginal Program Manager
0456 575 136

Antonia Ravesi
Program Manager
(02) 8113 1322

Hannah Gillard
Project Coordinator
(02) 8113 1365

Alice Guirguis
Project Support Officer
(02) 8113 1308

Jennifer Lucas
Consumer Engagement Coordinator
(02) 8113 1307

Mei Lin Lee
Senior Research Officer
(02) 8113 1319

Sharon Lee
Communications Officer
(02) 8113 1315

Maricar Navarro
Operations Manager
(02) 8113 1305

Jo Murphy
Admin and Project Support Officer
(02) 8113 1311

Photo by Kris Ashpole