

OUR HEALING WAYS PUTTING WISDOM INTO PRACTICE

WORKING WITH CO-EXISTING MENTAL HEALTH AND DRUG AND ALCOHOL ISSUES
ABORIGINAL WAY





JOANNE DWYER
Our Healing Ways.
 Acrylic on canvas, 2011

Joanne is an Aboriginal woman and mother of three who is traditionally from Gunditjmara country in the western part of Victoria, Australia. She was raised in inner city Melbourne and has completed a Bachelor of Arts/Drama, Certificate in Drug and Alcohol and a Diploma in Family Therapy. Joanne has worked in the areas of sexual health and drug and alcohol. In 2011 the Victorian Aboriginal Health Service appointed Joanne as the team leader for Koori Kids in the Family Counselling Program. Working with her community enables her to build the relationships that support people in their healing. Joanne is looking forward to bringing art into the healing process whether through writing, drama or visual art.

OUR HEALING WAYS: THE STORY

Aboriginal communities and people have an ever present connection with one another due to a shared history of struggle, oppression and triumph. The web throughout the painting is symbolic of this connection. It also symbolizes how complex and intricate it can be for workers to manage an environment where they often have dual relationships with the people they work with.

The three health workers standing together at ease are demonstrating and acknowledging the existing strength, skill and confidence that workers have to be able to work within this environment.

The two figures within the centre red circle is a magnified view of what is happening within the heart of organizations and community. A worker is listening to somebody with a dual diagnosis who needs to share their story. The other red circle suggests the isolation that can come with this diagnosis and the need for people to reach out.

The stepping stones within the pathways are symbolic of the workers moving forward to continue assisting people with their healing journey. The two figures coming together are portraying hope and friendship and showing the ongoing connection that remains even while people are healing.

The Healing Ways manual is a resource that validates and acknowledges the skills that already exist amongst workers. Hopefully it will be a stepping stone for newer workers to continue developing good working practices to ensure they can continue to provide a deadly service for their mob.

VICTORIAN DUAL DIAGNOSIS INITIATIVE: EDUCATION AND TRAINING UNIT



AUSPICED BY ST. VINCENT'S HOSPITAL

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- Ngwala Willumbong Inc: Statewide Aboriginal Drug and Alcohol Service

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- **Gordon Bamblett:** Social and Emotional Wellbeing Project Officer; VACCHO
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The participants in the Our Healing Ways research have made an enormous contribution to our understanding of what is good practice when working with co-existing mental health and alcohol and other drug issues. We continue to use their knowledge and wisdom to produce a range of resources including this resource manual. We take the opportunity to thank them again for sharing with us.

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INTRODUCTION



THIS IS AN IMPORTANT RESOURCE FOR THE ABORIGINAL WORKFORCE AS IT IS A COLLECTION OF PRACTICE WISDOM FROM A CULTURALLY APPROPRIATE AND RELEVANT PERSPECTIVE.

This resource manual has been produced as one of the outcomes of the “Our Healing Ways” research findings. It is a manual of practice wisdom shared by skilled and experienced Aboriginal¹ workers in Victoria. These workers told us about the strategies that helped their clients² to heal from a dual diagnosis that is co-existing mental health (MH) and alcohol and other drugs (AOD) issues³ and we have tried to put this wisdom into practice throughout this manual.

Our Healing Ways research project and the development of resources was funded by the Mental Health, Drugs and Regions Division of the Department of Health Victoria.

This is an important resource for the Aboriginal workforce as it is a collection of practice wisdom from a culturally appropriate and relevant perspective.

The manual is a guide for working with people with mental health and drug and alcohol issues which are often inter-related with other health, social and spiritual wellbeing issues. These issues if not looked after early on, can become severe, long lasting and complex issues. The manual is not intended to tell people what to do rather to guide people's practice and support good decision making processes. It may also be a document that people use as a tool in clinical supervision to reflect on their practice and decision making.

It is a large document and we do not imagine people will pick it up and read it all the way through, rather people will pick it up and read sections they feel are most relevant to them at any particular time. We hope eventually you will have the opportunity to read through all of it.

¹The words Aboriginal and Indigenous are used throughout this manual to refer to Aboriginal and Torres Islander peoples of Australia. We use both words interchangeably to reflect the language of the participants

²Aboriginal workers are most likely to see the people they work with as a person, community member, family member, friend or colleague. We have used the terms client and person throughout this document to reflect the language of the workforce.

³The terms dual diagnosis and co-existing mental health and alcohol and other drugs issues are used interchangeably throughout this document.

USING THIS MANUAL

We have designed the manual for easy access by numbering each of the sections with a total of ten sections and each with subsections.

Each of the sections has an outline of what is to follow so if you choose you may go straight to a particular issue or point of interest. Earlier sections do lay the ground work for the later sections.

At the end of each section we have an area which we have called Reflections. This is where we ask a series of questions to encourage you to think about that particular issue in your own work. It is a way to also support workers to apply information they have read.

We hope it is user friendly and adds value to the work you do.

A WORD FROM THE HEALING WAYS CULTURAL CONSULTANTS GROUP

Strengths come in different ways. The way Aboriginal people work and operate this project has identified as strengths and skills, whereas we don't. It's just what we do, that's how we operate.

This has validated the way Aboriginal people work with their own people. It has made me think about how skillful it is.

This resource has the ability to increase workers confidence and even to improve those skills even with a bit of training. Sometimes skills can be a bit raw and we can see how to improve those skills in a bit more of a professional way.

Joanne Dwyer

This is a resource that I don't believe has been created before. It is something to help preserve and empower workers. We hope that it helps workers to further build a pride in how they work.

It is a practical and reflective tool that says this is what we do, it is validating. It is also a stepping stone and guidelines for new workers because until now there isn't too much of an orientation into the field.

It will raise the profile of how hard the work is for Aboriginal workers and the skill they need to do it. It may also be used as a tool for supervision.

Nareida Wyatt



INTRODUCTION

A WORD FROM THE HEALING WAYS CULTURAL CONSULTANTS GROUP

This resource is valuable because the Indigenous worker can see it written down, it's evidence, proof that this is what we go through, it's not just a yarn it's evidence.

For the non-Indigenous worker they can see the bigger picture of the Aboriginal worker and what they carry with them. It's validating for Aboriginal workers. The printed concrete word says something more than the verbal for mainstream and us mob. To actually see it down on paper is important.

It is also valuable for organizations to consider the needs of workers and the supports a worker might need.

It shows our strengths and our weaknesses.

Michael Honeysett

I think it will be really valuable for those workers who are green in the field, it will help them to answer some of the questions they will have in their heads about how to do this or that. It will be a good reference because you need information to build your confidence. For the more experienced workers it will help to know they are on the right track and doing good work.

Doreen Lovett

To see the proof out there in a legitimate document will give all the workers a sense of pride and will also let them know the hard work they go through every day of the year is not going unnoticed.

This resource has the capacity to benefit new workers coming into the field; it gives them a tool to reflect on how other experienced Aboriginal workers go about working with clients.

This manual is recognition of the work Aboriginal people do, we are unable to pull away from our jobs once our work day is over, so for that to be recognized will only raise the profile of how much work we really do.

Gordon Bamblett

A copy of the Our Healing Ways research report may be downloaded from;

- The Victorian Dual Diagnosis website <http://dualdiagnosis.ning.com>
- The Australian and New Zealand dual diagnosis website www.dualdiagnosis.org.au
- Australian Indigenous Health Information website www.healthinonet.ecu.edu.au



SECTION 1: PEOPLE EXPERIENCING DUAL DIAGNOSIS ISSUES



“OUR HEALING WAYS” RESEARCH IDENTIFIED THAT PEOPLE EXPERIENCING CO-EXISTING MENTAL HEALTH AND ALCOHOL AND OTHER DRUG USE OFTEN HAVE MANY INTER-RELATED ISSUES AND WERE SOME OF THE MOST MARGINALISED PEOPLE IN THE COMMUNITY.

The following is a summary list of worker's experience of people with a dual diagnosis. This list is presented as a way of creating a context for the work and the strategies Aboriginal workers shared with us.

People experiencing a dual diagnosis and not getting treatment and support are most likely to;

- be at risk of isolation
- have burned most bridges
- have the least self esteem
- have the most issues to deal with and be under pressure
- experience chaos in their heads and find it hard to know what has to be done
- feel they can't understand things especially if they are currently mentally unwell
- be the ones that struggle with holding onto a sense of dignity and pride
- have low self care especially if they have had a long term addiction
- have trouble taking in information easily when they are unwell so information may need ongoing reinforcement
- feel they don't just let themselves down, they also let their community down
- feel judged by the community and experience the stigma of having a dual diagnosis
- may not be used to achieving very much so don't have high expectations of themselves and don't handle pressure too well
- be at higher risk of self harm and suicide
- fall through the gaps between services because of the many inter-related issues

SECTION 1: PEOPLE EXPERIENCING DUAL DIAGNOSIS ISSUES

Regardless of the level of mental ill health and AOD use both issues need to be treated at the same time in order to get the best results.

Traditionally mental health services dealt only with mental health issues and AOD services only with the AOD issues however the situation has now started to change. Evidence shows the majority of clients in both service sectors experience a dual diagnosis at some level so it is now essential that workers have the skills to assess both issues.

A good recovery plan involves treating both the mental health and the AOD issues at the same time although not necessarily by the same worker. Both issues need to be treated together because each condition negatively affects the other.

REFLECTIONS:

How does this list fit with your experience of working with people who have both mental health and alcohol and other drugs issues?

From your experience what would you add to this list?



SECTION 2: MAKING GOOD DECISIONS ABOUT HOW WE WORK



2.1

GUIDING PRINCIPLES FOR WORKING WITH DUAL DIAGNOSIS ISSUES

OVERVIEW

- a. Do the work in a way which is in the best interest of the person's healing
- b. Treat all clients with respect
- c. Be honest about what you can and can't do
- d. Explain confidentiality and be upfront about it
- e. Let people do as much as they can and support them to do what they can't do
- f. Make a good assessment of the person's needs, plan your support to match their needs
- g. Be dependable and reliable
- h. Remember change is a process, be there through that process
- i. Involve the family or significant others wherever appropriate
- j. Have a "no wrong door" policy
- k. Take good care of yourself so you can take good care of your clients

SECTION 2: MAKING GOOD DECISIONS ABOUT HOW WE WORK

2.1A DO THE WORK IN THE WAY WHICH IS IN THE BEST INTEREST OF THE PERSON'S HEALING

This includes;

- Having a yarn, finding out about that person and who they are. What's made them come in to the service at this particular time and what is it they want from the worker
- Going at each person's pace, working as fast or as slow as they need
- Meeting them at their place of comfort. If outreach is not part of the workers job description then make the environment as non-clinical and welcoming as possible. Make the person comfortable, help them to relax and feel safe
- Encouraging clients to do only what they can handle at that time. They may not have achieved much and don't believe or feel like they can. Set them up to succeed as they may have felt failure often
- Be mindful of the age and gender match of the client and worker in the engagement and healing process. If it is not ideal consider how it may work best for them. Encourage the client to bring in a support person to meetings if this is helpful

REFLECTION:

Think of one of your clients experiencing a dual diagnosis, what have you done that was in their best interest?

2.1B TREAT ALL CLIENTS WITH RESPECT

- As one worker said
"...if you are there to engage with that person and to help them, you got to gain their trust and part of that means to respect them and to help them, not for what they did but for who they are at that moment. At the time you are working with them... treat them like they are somebody and you will connect"

Participant 4 (Our Healing Ways research)

- The worker is non-judgmental and leaves what they might already know about the client and their family aside. When the client is ready they will tell the worker what they want them to know
- Be respectful not only to the client but all their family members

REFLECTIONS:

What does respect mean for you? Make a list.

Rate yourself from 1-10 on each of those things, on how well you do those things you identified and how consistent you are at doing those things.

Think about where you may be able to step up a little more. How can you do that?

2.1C BE HONEST ABOUT WHAT YOU CAN AND CAN'T DO

- To stay true to their word it is best for workers to promise only what can be delivered
- It is important for workers to know their strengths and their limitations. This way they may be honest with the client and link them into seeing someone else when the issue is outside of their own skill and knowledge base

REFLECTIONS:

What are you good at? What do you know lots about?

What skills might you need to strengthen for your job?

What would be useful for you to learn more about in your current job?

2.1D EXPLAIN CONFIDENTIALITY AND BE UPFRONT ABOUT IT

- Confidentiality is about keeping information the client shares private
- Tell people what can and can't be held private when they first come to the service. This way it is upfront and honest
- Being open about this is essential to building a trusting relationship

REFLECTIONS:

What is your organization's policy on confidentiality?

What laws are you bound by as a worker in relation to confidentiality?

How do you explain this to your clients in language they understand?

Is there some confidentiality issue you might be more upfront about?



SECTION 2: MAKING GOOD DECISIONS ABOUT HOW WE WORK

2.1E

LET PEOPLE DO AS MUCH AS THEY CAN AND SUPPORT THEM TO DO WHAT THEY CAN'T DO

- Self determination and self reliance are important principles in the community especially over health and wellbeing, let the client determine what they want to do
- Self reliance is about encouraging and or teaching people how to do things themselves and to depend on themselves
- If clients are supported to develop their "Life skills" they take these skills away with them and may use them to better manage other life experiences

REFLECTIONS:

In what ways have you supported clients to be self reliant?

Check with your co-workers, how do they do it?

What are two new ways you might try out?

What sort of life skills do a lot of your clients need to develop further?

How do you go about encouraging the development of these skills in your clients?

2.1F

MAKE A GOOD ASSESSMENT OF THE PERSON'S NEEDS, PLAN YOUR SUPPORT TO MATCH THEIR NEEDS

- Working together and having a big picture of what is going on for the client helps to make a recovery plan that best fits that person's needs
- A good assessment done in a yarning way will help the person to reflect on what is going on for them and to think about their options. The assessment may assist people to make better choices for their own healing process

REFLECTIONS:

How do you make a good holistic assessment of what is going on for the client?

How does this fit with your organization's expectations?

In what ways might you be able to strengthen how you make an assessment and recovery plan with your clients?

2.1G**BE DEPENDABLE AND RELIABLE**

- A worker who is dependable and reliable is likely to have more respect for themselves and get more respect from their clients
- Reliability builds the reputation and credibility of the worker and the organization
- Sets an example for clients so eventually they give it back. They learn to be reliable and dependable

REFLECTIONS:

What helps you to be dependable and reliable?

What effect has it had on your relationship with your clients when you have been consistently reliable and dependable?

What have been the consequences when you have slipped up and not been so reliable?

2.1H**REMEMBER CHANGE IS A PROCESS, BE THERE THROUGH THAT PROCESS**

- Help the person to break old patterns and cycles of behaviour and build new ones
- Remember this is often long term work where people might lapse and relapse

REFLECTIONS:

What strengths do you have that help you to stick by people through their healing process?

What skills or qualities might you build on a little more?



SECTION 2: MAKING GOOD DECISIONS ABOUT HOW WE WORK

2.II

INVOLVE THE FAMILY OR SIGNIFICANT OTHERS WHEREVER APPROPRIATE

- It is important to check with the client who they want involved in their healing and how they want them to be involved
- Family is often the strongest support for clients, but sometimes people are not keen on having family involved because they feel shame or angry. Workers need to make treatment and the healing process work for each person so it is important to check what they want
- Some people are away from their families so it is equally important to check who their significant others are who may support them in their healing

REFLECTIONS:

How do you go about checking with clients who they want involved?

How do you find out what the client wants you to tell their family or significant others?

2.IJ

HAVE A “NO WRONG DOOR” POLICY

- A no wrong door policy means if someone comes to the service for their AOD issues and the worker thinks it is really the mental health issues that's a priority, they would see the person anyway and together work out a way to have the other issues taken care of
- This means people are less likely to fall through the gaps between workers or services
- People usually go for support to a worker or a service they trust, with the issue they have identified as one they need support with. A no wrong door policy means they will get the service for both issues



2.1K TAKE GOOD CARE OF YOURSELF SO YOU CAN TAKE GOOD CARE OF YOUR CLIENTS

- Working in a complex environment with tricky issues can take its toll on workers. It is important for workers to find ways of looking after themselves so they may continue to look after clients well
- A worker who is experiencing too much pressure at work or at home may be putting their own wellbeing and their clients at risk in a range of ways. Self care is essential for good practice
- Use debriefing and supervision as appropriate
- A worker who is able to take good care of themselves also models wellbeing practices for clients and community

REFLECTIONS:

When was the last time you felt really great at work, what were you doing that made you feel great... do more of this!

What do you do to take care of yourself?

What are your warning signs that tell you that you are carrying too much or are too stressed?

What strategies do you put in place to take care of yourself when you are over stressed or under too much pressure?

2.2 ETHICAL GUIDELINES

Most professions have Ethical Guidelines. This is not meant to replace those rather to compliment them and make sure some of the important cultural aspects of the work of Aboriginal workers are also covered

OVERVIEW

- a. Do no harm to the client or their family
- b. Maintain confidentiality
- c. Care for the dual relationships
- d. Respect the person's place in the community
- e. Respect each person's cultural beliefs and traditions
- f. Be accountable to your client, workplace and your community
- g. Debriefing and supervision

SECTION 2: MAKING GOOD DECISIONS ABOUT HOW WE WORK

2.2A

DO NO HARM TO THE CLIENT OR THEIR FAMILY

The first and most important ethical guideline is to do no harm to clients and their families. That is;

- No harm to their emotional, mental, physical, social and cultural wellbeing
- Not using or abusing people in any way
- Not putting them at risk of any sort
- Keeping their reputation and standing in the community protected
- Not engaging in any lateral violence⁴
- Working towards building a person's self esteem and keeping it strong

REFLECTIONS:

Think of a person you are currently working with who is experiencing a dual diagnosis.

What are you doing or saying that is in the best interest of their healing?

How are your actions protecting them from any harm?

In the past how have you protected clients from any lateral violence?

2.2B

MAINTAIN CONFIDENTIALITY

Respect people's right to confidentiality in the workplace, out in the community and at home with family. Confidentiality has also been discussed in the previous section and is connected to the "do no harm" principle. It is important to regularly discuss the concept of confidentiality in the workplace so that people's understanding and limitations are clear and continually updated. Confidentiality in a small community can be a challenge so regular discussion and clarification helps people to keep it in mind.

REFLECTIONS:

Think of a client where you had a tricky confidentiality issue.

How did you decide on how to handle it? What did you do?

What would it be like standing in your client's shoes?

Who do you go to when you need to have a yarn about confidentiality issues?

⁴ Lateral violence is a term that describes "a form of bullying that includes gossip, shaming and blaming others, backstabbing and attempts to socially isolate others" [1]. In another description [5], lateral violence has been explained as the "organised, harmful behaviours that we do to each other collectively as part of an oppressed group, within our families, within our organisations and within our communities". "Lateral violence is the expression of rage and anger, fear and terror that can only be safely vented upon those closest to us when we are being oppressed."

<http://www.creativespirits.info/aboriginalculture/people/bullying-and-lateral-violence.html#ixzz1Zghrhjnt>

2.2C CARE FOR THE DUAL RELATIONSHIPS

A dual relationship means having a relationship with a client outside of the working relationship e.g. friend, family member or colleague

Having a personal and professional relationship with clients is often the “norm” in the Aboriginal community, however it is not always easy for a worker to know when being close to someone is too close to be their worker. Each relationship has to be judged on its own.

There may be risks if a worker takes on a client they know or have an existing relationship with and there may be risks if they don't take them on.

People, family, friends and the community have expectations of their workers and more often than not they go to see particular workers because they know them so it is a tricky situation. It is important to ask “is this relationship in the best interest of the client?”

It is not only the wellbeing of the client that is important here but also the wellbeing of the worker. Aboriginal workers are at risk of burnout because of the complex nature of their working relationships. Making good decisions about who it is OK to work with is an important strategy that helps workers to look after their own wellbeing, even when sometimes the pressure is high from colleagues and community.

SOME GUIDING QUESTIONS;

- Am I the best worker to help out this person
- Do I see them too regularly in my private life, would I be talking work all the time
- If I make a mistake or aren't able to help this person, can I deal with the consequences with them and their family and maybe even the community
- Does working with this person carry any risk of losing the personal relationship in any way
- Does being the persons' worker put me at risk, make me vulnerable or maybe hurt me in any way

Sometimes workers may not have a choice of whether or not to see someone as their client especially in rural and remote communities. If a worker decides to take on a person they know well or are close to as a client, it may be valuable to check for the following;

- Do you have a colleague who can work alongside you
- Does your manager know about the challenge the relationship may pose and are they able to support you
- Do you have someone to debrief with on a regular basis to make sure you are caring for yourself and the relationship in the best way possible



SECTION 2: MAKING GOOD DECISIONS ABOUT HOW WE WORK

ONE WORKER SHARES HER EXPERIENCE OF WORKING WITH FAMILY MEMBERS

It's a good thing I know their family and I know they don't wanna tell me everything. They might 'n want me to know what happened, then I said well ok I can refer you onto someone else, I still be your support worker and I still be there with ya. I said you don't have to tell me everything if you don't want me to know.

I think the most important thing with family members, they don't want to see you get upset or hurt... what their partner have done or... most of the time you don't know what goes behind closed doors... but you know there's something wrong but I don't want to talk to them about it I rather them talkin to somebody else... because it might affect how I'm doing my job as well.

I notice if they break down and cry I know I'm gonna cry ... that's why I rather refer em on... but I always say I'll be there. If you want me to take you (to see someone else) I'll take you and I'll be there... they say you wanna come in? It's up to them if they want me to go in and listen but sometimes I umm and uhh about it myself too so sometimes I just say no. I let em know I'll be out the waiting room sittin in there waitin till they come out so yeh... it's very hard when you're working with family very, very hard.

Participant 3 (Our Healing Ways research)

This worker has worked with her own community for a long time and knows the advantages and the challenges of having close relationships with the people she works with. The worker is also able to say no when she has to, she knows her limitations and is respectful of the relationship. As a family member she is able to say "no" I can't be your worker but I can be a support for you. She knows in this case the client (her family member) may also not want to share certain things with her and respects this.

The worker has made a supported referral and will go with the person to see another counsellor and is able to play the role of family member as a support person.

She is making a decision in the best interest of the client, the best interest of the relationship and in the best interest of herself as a worker with great skill and wisdom.

REFLECTIONS:

What have you done in the past when you have been asked to work with someone who felt "too close" to you?

How do you make decisions about seeing people as clients when you already have a relationship with them? Who do you consult with?



2.2D

RESPECTING THE PERSON'S PLACE IN THE COMMUNITY

This is about paying respect to each and every client and particularly to those who are elders in the community. Anyone can develop mental health issues or have substance abuse problems, no matter how young or old, no matter whose family they belong to. The elders in the communities are likely to be the ones who have been most affected by the Stolen Generations and experienced higher levels of loss and grief.

Workers have expressed the difficulty of sometimes working with an elder when they themselves are much younger. A guiding principle here is they have come to the worker and that organization for help and support, so pay the respect for who they are and support them to explore their choices, providing options rather than solutions. Allow them to find their own solutions using their own experience and wisdom; be the support they need.

Sometimes workers have to work in a particular way and do certain things because their organization, policies and job role requires it. It is important to be honest and open about organizational requirements and worker limitations with each client no matter who they are.

2.2E

RESPECTING EACH PERSON'S CULTURAL BELIEFS AND TRADITIONS

Aboriginal peoples are not all the same. People come from different communities with different histories, traditions and ways. This is especially true when it comes to spiritual beliefs and stories. Pay respect to each person's belief system, that which helps them to be strong, to belong, to build themselves up and to heal.

Equally it is important when a worker is working with a community that isn't their own they are upfront about that. Let those whose community it is, be the expert about their community.

Well one of the clients I have been thinking of, he is an older person so with him I had to, you know show that respect to him as being an elder but then I also had to let him know that him being an elder there were still rules that also need to be followed with him and I had to work out a way of doing that without being disrespectful to him... he grew up in the country, he is used to country life and everything like that and used to having a lot of respect from people. Being here, where everyone is here with AOD problems, workers really don't take on the full thing of being Aboriginal or what, you know what respect is needed in certain areas, so me showing full respect for the elders... (I knew how important it was).

I always let them know I'm not from Victoria... so that with them if they're from the area I can sometimes get information from them, you know that it's their country and their land so you know I acknowledge it's their place not mine and some of them feel happy knowing that straight up.

Participant 7 (Our Healing Ways research)

REFLECTIONS:

Reflect back to your work with someone who was from a community other than your own. How did you pay respect to that person's beliefs and traditions, what did you do that validated their belief system?

What might you have done differently that further honored where that person was coming from?

SECTION 2: MAKING GOOD DECISIONS ABOUT HOW WE WORK

2.2F

BE ACCOUNTABLE TO YOUR CLIENTS, WORKPLACE AND YOUR COMMUNITY

Being dependable and reliable goes a long way to building the relationship with clients. A worker's reputation reflects back on the workplace and it goes out to the wider community. Being accountable may also help workers to manage any risk of lateral violence towards them.

People experiencing a dual diagnosis can sometimes be challenging clients who aren't always reliable and may not always do what they say they will. Workers need to set an example that they are trustworthy and follow through. If workers are accountable for their actions, they are more likely to provide the best possible service to the client, to the organization and to the community. It is a simple principle where everyone wins when workers follow through on what they say and step up to their job role.

REFLECTIONS:

Think of a time when you have followed through on your commitments and it has paid off.

How did you feel? How did the client feel?

What do you think it did for the organization?

In the long run what effect might it have on the community?

What helps you to be accountable as a worker?

How can you continue to use "this" to keep on track?

2.2G

DEBRIEFING AND SUPERVISION

Organizations have a responsibility to proactively care for their workers and make sure there is some form of debriefing and supervision available. This is essential for workers' wellbeing, especially if they are dealing with clients who are presenting with complex issues.

Workers have a responsibility to seek out debriefing and supervision whether from a manager, a co-worker or an external person when they are dealing with complex issues and presentations. This also falls into the principle of accountability to our clients, to our organization and to our community. Ultimately this is about self-care; the more on top of things workers are the better the work with clients, families and community.

The issue of Supervision is covered in greater detail on page 64.

REFLECTIONS:

Who do you go to for debriefing and supervision?

Is this a regular or occasional thing and how does that meet your need?

How is your debriefing and supervision culturally appropriate?

What might you do to better meet your debriefing and supervision needs?



SECTION 3: THE APPROACH



OVERVIEW

- 3.1 Holistic
- 3.2 Client focused
- 3.3 Recovery focused
- 3.4 Strengths based

3.1 HOLISTIC

Holistic means working with the client's physical health needs, their mental and emotional health needs, social needs and of course their spiritual and cultural needs.

The common approach of Aboriginal workers is to work holistically with all of the issues a person comes along with. This is what clients and their families expect. It gets a little challenging when in fact a worker does not have the skills to attend to everything and there are limitations within their role and organization. It is important to have strong networks and be familiar with the best ways to refer and support clients to link them into a worker or service who can attend to their other needs.

People with a dual diagnosis may often be experiencing a crisis. Crises are best attended to in a planned way to minimize the risk of the same thing continually happening without any real change to the person's situation. Housing, legal, protective services, finances, family, physical health issues all need attending to. This is likely to make room for the client to think more closely about their mental health and alcohol and other drug issues.

Working holistically is especially important when working with dual diagnosis issues as they affect each other negatively and the more severe either issue the more likely the person is to have lots of worries and other presenting issues.

Working holistically does not mean the individual worker doing everything for the client, it means assessing and understanding all of the person's needs and developing a holistic recovery plan.

REFLECTIONS:

*What are your strengths in working holistically?
What in your job role allows you to do this?*

What are the strengths in your organization to help you work holistically?

How have you made connections to the relevant workers and organizations in the wider community that assist you to work holistically?

What other workers or services would be valuable for you to build a relationship with?

SECTION 3: THE APPROACH

3.2 CLIENT FOCUSED

This is about supporting people to identify their needs and what they want to do about them. It means going at their pace and working on their goals together, letting them do as much as they can and being there to support them to do what they can't. A goal of client focused work is to support people to be self reliant so they can learn to depend on and trust themselves.

When a person first attends a service they may not be clear about what they want to do or how to achieve it. It can be a slow process especially with people experiencing a dual diagnosis and have lots of other issues affecting their lives.

It is not always easy to support clients to make meaningful goals as some people are used to feeling that they have failed and may not see any point in goal setting. Some people simply do not have any hope or belief in themselves to make change happen. Workers may sometimes carry the hope for them until they are able to carry it for themselves.

If a worker assists a client to focus on the goals they identify and help them to make the goals realistic and achievable there is a greater chance the person will continue their healing journey.

Aboriginal organizations and communities continue to work towards self determination. It is a process that builds and strengthens cultural resilience in individuals, families, organizations and at the community level. Self determination is also a process that may motivate and empower clients to decide on and participate in treatment and a healing process that best meets their needs and goals.

Throughout the Our Healing Ways research, workers spoke of how important it was to support clients to have realistic and achievable goals to work towards. At the same time it was important not to push people beyond what they could handle.

Setting expectations too high for a client might scare them off so they end up feeling like failures again.

It is important to make the goals and the encouragement match where the client is at and what is realistic for them at that particular time. This was an important balancing skill that workers needed to work in a client focused way.

REFLECTIONS:

Think about two people who have been challenging for you to work with.

How did you support them to work out their goals?

How did you help them break down their goals into smaller achievable steps?

What did you do to give them the best possible chance to achieve their goals?

When you get stuck with goals, who in your organization can you go and have a yarn with?

Which co-worker is really good at setting goals with clients? What might you learn from them?



3.3 RECOVERY FOCUSED

"Recovery is a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members"

Erney, J. (2005)

This approach promotes treating people respectfully and allowing people the self determination to achieve their own level of wellness and reach their full capacity. It identifies that people go through the process of change and may have an identity shift when they have been diagnosed with a mental illness and are recovering from addictions.

The Recovery focused approach is presented here because it fits with what workers said were important strategies for working effectively with people experiencing a dual diagnosis.

The following is a summary of the guiding principles of Recovery focused work;

- **Empowerment of the consumer** to choose and determine their own recovery path
- **Person-centered**; recovery is designed to meet each person's needs
- **Empowerment**; people have the right to make decisions for themselves and are supported through information provision
- **Holistic** includes all aspects of the person's health including body, mind, spirit, family and community
- **Non-Linear** means there is a recognition that it is not a step by step process rather it includes ups and downs and learning from any setbacks
- **Strengths-based**; focuses on the person's strengths, capacity to be resilient, abilities and their inherent worth
- **Peer support** recognizes the power of support between consumers
- **Respect** is the acceptance by workers, organizations and communities of the client's rights and to be free of discrimination. Respect for self and others is important to recovery
- **Responsibility**; consumers are responsible for their own care and recovery journey
- **Hope** is an essential message that motivates people and tells them it is possible to recover

Reference: Erney, J. (2005). A call for change: Towards a recovery-oriented health service system for adults. Pennsylvania Office of mental health and substance abuse services.



SECTION 3: THE APPROACH

3.4 STRENGTHS BASED

People who experience a more severe dual diagnosis may not be used to achieving very much in their lives so as workers it is important to help people identify;

- what their strengths are now
- what keeps them strong
- who their supports are
- what are they good at
- what are their hopes and goals
- what have they done in the past that has helped them get well

Focusing on a person's strengths and achievements no matter how small helps to build hope in themselves, the possibilities and the future.

I think what we do so differently is that we got patience. We don't see them one or two visits and then expect we are going to see results, because we are there for the long ride and we're gonna have little setbacks and we are going to start again and never make the client feel bad that they have slipped back. Play up the positive part, it's ok they may have given up for one day or three days, you say at least you gave up for one day, play on that as you go along.

Participant 5 (Our Healing Ways research)

Focusing on strengths is not about talking up a person and what they can do in a false way. It is about realistic encouragement and motivation using the strengths and achievements of that person in a way that is meaningful and honest.

The Strengths Model argues that as a society we tend to focus on the negatives especially when it comes to people with mental health and alcohol and other drugs issues. While people are stuck in the deficits and the negatives about who or what they are, they might find it difficult to look at their possibilities and strengths.

The Strengths Model focus is on assessing people's strengths in two core areas

1. Individual strengths

- a. Aspirations: the person's dreams, goals and hopes
- b. Competencies: what is the person good at, abilities, skills and resources
- c. Confidence: this is about the person's belief in themselves, their personal power; how much they think they can influence the situation

2. Environmental Strengths

- a. Resources: including food, furniture, appliances, income, computer; transport
- b. Social relations: meaningful relationships with family, partner, friends and community
- c. Opportunities: what opportunities are available for the person to help them to meet their goals and their dreams

The role of the worker is to gather information in these areas in a yarning way in partnership with the client and develop a recovery plan focusing on using the strengths of the person.

Reference: Rapp and Goscha (2006). The Strengths Model: Case management with people with psychiatric disabilities. 2nd Edition. Oxford University Press N.Y.

REFLECTIONS:

What strategies have you used to help people identify their strengths?

Go through the above individual and environmental strengths for yourself.

What does it feel like to focus on strengths?

How might this exercise be used with your clients?

SECTION 4: ENGAGING, CONNECTING AND BUILDING THE RELATIONSHIP



OVERVIEW

4.1 Working with community

- a. Caring for two relationships
- b. Using information about clients in a positive way

4.2 Working as Equals

4.3 Strategies

- a. Creating a safe and comfortable environment
- b. Meeting in an informal or normal environment
The advantages and challenges of home visits
- c. Explaining confidentiality
- d. Listening deeply to people's story
- e. Having the cultural attitude/Aboriginal way
- f. Building trust
- g. Regular contact
- h. Simply talking

SECTION 4: ENGAGING, CONNECTING AND BUILDING THE RELATIONSHIP

4.1 WORKING WITH COMMUNITY

Belonging to, or knowing the community a worker is employed in, is always an advantage as it means the worker has knowledge and often a pre-existing relationship with the people they work with. There may also be some challenges that need consideration.

4.1A CARING FOR TWO RELATIONSHIPS

If a worker is working with people they already know, they are actually caring for two relationships, the personal one and the professional one.

In the personal relationship, there are expectations about how they might help their colleague, friend, family or community member. The relationship can be defined by gender, age and where the worker and that person stand in the community.

In the professional part of the relationship there are expectations from the organization about what the worker may or may not do and how they might behave.

These two parts of the whole relationship may not always fit together really well and in fact may clash at times. What a person expects from a worker and what the organization says they can do, may not always go hand in hand.

There is a skill needed to care for both the personal and professional relationship at the same time and for workers to care for themselves in the process.

4.1B USING INFORMATION ABOUT CLIENTS IN A POSITIVE WAY

Working with community usually means the worker may have lots of information about clients and their families. There is a risk that a worker may already have an opinion of a client and their family if they know them and this may affect the work and the support provided to that person.

It is also fairly common that if a referral comes in where not much is known about a client or they haven't been heard of or seen recently, the worker might ask around to find out what's going on for that person at the moment. So there is a gathering of information from sources other than the client.

As was discussed previously having information about a person can really help the worker with the assessment process however there may also be a risk of the client being judged. Workers need to be able to put aside what they think and see the person from a clear and objective position.

regardless of what we know of people in the community or... what we hear of people in the community... if we're there to do the job we have to, we really, really have to be mindful of the fact that they are somebody, not that person we heard about or, or not part of that family that we don't like (laughs) you know... they're somebody... and that's important.

Participant 4 (Our Healing Ways research)

REFLECTIONS:

Think of a client that you had both a reasonably close personal relationship and a professional one.

What were the challenges for you? How did you manage to care for both parts of the relationship?

When you finished working with that person what was the relationship like after?

Is there anything you would do differently now?

What lesson did you learn that might be helpful in your future work with people that you know well?

There is also a risk that if a worker has a personal relationship as well as a working relationship with their client they may overestimate or underestimate how well a person is. It is possible that a worker may believe the client is well and supported when they are not.

These are example situations of the risk for workers to misjudge, misunderstand and hear misleading information about a client. It stresses how important it is to use information about clients and their families in ways that are in the best interest of the client and gives them a chance to tell their own story, their way.

The skill of gathering information in a way that is respectful of clients' rights and has their best interest in mind is particularly important for Aboriginal workers because of the complex nature of working with community.

A respectful process in gathering or hearing information about a client will protect the worker and the client and help to create the best opportunity to work together in a positive way.

The following are a few possible situations workers may experience that need careful consideration;

- Discussing a client with a number of co-workers outside of a clinical or case management meeting. The worker may be getting information that the client may not want them or anyone else present to have. The worker may also be listening to others' opinions that may not be helpful
- A worker may hear people at home, in their family or their friends having discussions about one of their clients
- One client may talk about another client to their worker during their meeting because they know each other in the community
- Discussing clients and asking questions about them in any "gossipy" or public way. There is a risk it may be a form of lateral violence

It requires a particular skill for workers to know how to manage all the information they may hear about their clients indirectly. For their own and the client's protection it is important for workers to be mindful about how they participate in any conversation about a person who is also their client.

GUIDING QUESTIONS FOR INFORMATION GATHERING

How is this discussion or questions I am asking about my client in their best interest?

What are my client's rights in this situation?

What is the risk of some breach of confidentiality?

REFLECTIONS:

Think of a time when you may have breached confidentiality or nearly did.

What was it that led to this situation?

What might you do differently in the future to avoid a possible breach?

Consider how you might protect yourself and your client from any of the situations mentioned above.



SECTION 4: ENGAGING, CONNECTING AND BUILDING THE RELATIONSHIP

4.2 WORKING AS EQUALS

This was a strong theme throughout the “Our Healing Ways” research and links in closely to knowing clients outside of work. Pre-existing information can go both ways between the client and the worker. The client may have information about the worker, their history and their family and the worker may equally have this information about the client. As one worker put it “you can’t be a cut above”. Workers felt they entered the relationship as equals, as community members even if clients went to them for their professional support.

“I think for me as a worker not seeing yourself as better than them but seeing yourself as equal and again I think the respect side you need to always be respectful”

Participant 7 (Our Healing Ways research)

As equals also refers to travelling along side clients, meeting people “on their level of comfort”, using language that is appropriate and sticking by people through their journey.

Workers felt they went into the relationship first as people, then as community members and then as client and worker. Once the professional relationship had ended, when they had finished their role as the worker they went back to being the family member or sister girl or cuz.

REFLECTIONS:

In what ways have your professional relationships been “as equals”?

How has this been useful to building the relationship with your clients?

How might seeing yourself as an equal with clients cause any issues or concerns?

4.3 STRATEGIES FOR ENGAGING, CONNECTING AND BUILDING THE RELATIONSHIP

The relationship between the worker and the client can play an important part in the person’s healing. The following is a collection of strategies to support the process of building the relationship and strengthening the advantages of working within community.

4.3A CREATING A SAFE AND COMFORTABLE ENVIRONMENT

A safe and comfortable environment is important whether it is in an office of an organization or doing outreach. It involves being friendly, welcoming, offering a cup of tea, having a yarn about “who your mob” and eventually leading into the question of what’s made you come here today.

4.3B MEETING IN AN INFORMAL OR NORMAL ENVIRONMENT

Outreach is a part of some people's job description so it is quite easy to meet in a normal environment, for others outreach may not be easy or acceptable in the organization they work for. Regardless of where appointments take place find ways to make the environment where workers and clients meet as non-clinical, comfortable and welcoming as possible.

A normal environment might include; doing a home visit, taking someone to an appointment, going to court with a client, picking them up and going for a coffee somewhere to talk, going for a walk and having a yarn, for some workers it may mean talking with a client while going with them to do practical tasks like shopping or paying bills.

All environments have advantages and disadvantages. Workers are best able to create a good environment when they know how to maximize the advantages and minimize the disadvantages in any situation.

Some of the advantages of meeting in a normal environment may be that;

- It feels more person to person
- The client and worker meet more as equals
- It normalises the interaction
- The client may feel more comfortable out of the office and be more open to talking about issues
- It may be less stressful for the client than having to travel to an organization

Some of the disadvantages of meeting in a normal environment might be;

- Someone the worker or client don't want to see at that time may come up to either of them
- Sometimes it might be hard to concentrate on what the other person is saying because of what is going on around them
- A client may be more guarded as they might not want to show emotion in public
- If the client sees the worker as their friend rather than their worker this may later blur the boundaries especially if there is a pre-existing relationship between them



SECTION 4: ENGAGING, CONNECTING AND BUILDING THE RELATIONSHIP

HOME VISITS

Making home visits has advantages and certain challenges. It is important for workers to know their organization's Occupational Health and Safety and other policies on doing home visits as their safety is essential.

Advantages of home visits may include;

- People are seen in their normal environment, the worker can see the state of the house, maybe see if there is food in the cupboards, overall see how the client is living and caring for themselves and/or their family
- It is a valuable way to make an assessment of the person's basic living skills
- The person may feel really relaxed and comfortable in their own place so open up to what is going on for them quickly
- They may feel like the worker really cares to make the effort to go to them
- It might take a lot of pressure off the person as they may not have transport or money to get to the worker

Potential risks of home visits

There may also be some risks involved in home visits where the worker may find themselves in situations that are uncomfortable or unsafe. Some of these may include;

- Violence – verbal or physical. An example might be a child talking up to his parent or a man talking down to his missus or threatening her or the kids
- Seeing and hearing things that are not positive going-on in the family. This might be family dynamics such as how the client is behaving towards their kids or partner
- The person and or their family may try to draw the worker into their conflict or may even blame them for some of it
- The person or others in their household may be using illegal substances in front of the worker
- The worker being physically or verbally threatened or harmed



Participant One (Our Healing Ways research) spoke of ways that she managed some of the issues that came up for her at home visits:

She has learnt that if there is a partner in the house it is probably best to take her client out somewhere so as not to be a part of that family dynamic.

Another tip she gave was that it was important to prepare a client for a visit.

Make a phone call the day before to remind them, call first thing in the morning to make sure they are up and getting ready and ring again just before arriving. This was a good way to avoid turning up and the person was still in bed or in their pyjamas. It helped her to get the most out of each visit.

Having a planned approach to Outreach allows workers to be better prepared to think quickly when the situation needs it.

REFLECTIONS:

What have been some of the advantages for you doing Outreach work?

What have been some of the risk factors you have experienced and how have you dealt with them?

How have you made decisions about whether or not to do outreach with a person?

How do you make sure that you and the person you are visiting remain safe during a home visit?

What is your organization's policy on outreach and home visits?

4.3C CONFIDENTIALITY IN A SMALL COMMUNITY

Working in a small community where most people know each other can make confidentiality a more complex issue as we have discussed in earlier sections for two main reasons;

1. Workers often know their clients or have a personal relationship with them in the community. For example a client could be a cousin, a friend or a friend's family member, an aunt or uncle, a co-worker or a co-worker's family member

2. Workers are often a part of and live in the community they work for

These two factors can blur the boundaries of the working and the personal relationship.

There is also likely to be different levels of confidentiality depending on the organization, team or environment the worker is in.

Example: If a person goes to see the AOD worker at their Aboriginal Community Controlled Health Organization, all the community members there are likely to see them, so it is not confidential that they are seeing the AOD worker. Ideally it would be however there may be little control over it in that context because it is a public community place.

SECTION 4: ENGAGING, CONNECTING AND BUILDING THE RELATIONSHIP

As we all know there are many sensitive situations that can arise around the issue of confidentiality in a small community. This makes it even more important for workers to be clear about their organization's policy and how they actually carry that out. In other words how is that actioned, in what ways do workers demonstrate confidentiality. It is one thing to know the policy and another to carry it out especially when there is pressure from community members.

Example: The SEWB worker is seeing a particular client and a family member of that client goes to the SEWB worker and asks them how that person is going. They genuinely want to know and support the person however the worker must make a judgment about what they can say based on what they have been told by their client.

Tips to maintaining confidentiality;

- Have a strong understanding of the organization's confidentiality policy
- Apply this policy consistently. Developing a good consistent practice means workers are less likely to get caught out and are better able to assert themselves around this issue. It also means co-workers may be accountable to each other in their respect of client rights
- Go through case scenarios within a team about how challenging confidential situations might be handled. This helps to prepare workers to keep on top of situations
- Be upfront with people, explain confidentiality clearly. Get permission to do what is needed with their information. Check and use the organization's forms to get the necessary permission to discuss issues with family or significant others
- Read through any pamphlet about confidentiality with people and give them a copy to take away

REFLECTIONS:

Think of one situation where one of your family members asked you about one of your clients they had a connection with. How did you respond to it?

Would you do anything differently now that you reflect on the situation?

Think of a situation that you felt proud about how you managed the issue of confidentiality. What was your behavior? What did you do that makes you feel good about that situation?

If your manager was related to one of your clients how would you manage confidentiality to meet your organization's policy?



4.3D LISTENING TO PEOPLE'S STORY

Listening to peoples' story may sound pretty straightforward, however listening requires certain skills. Some of the skills a worker needs to be able to listen well include;

- Being able to hear what a client is saying even when it is painful for them
- Being able to hold back their own emotions so they can hear those of the person
- Hearing the language/words, the thoughts and the emotions/feelings the person is speaking
- Sitting comfortably with silence
- Being patient for the information they may need
- Giving the time that is needed by each person and balance any demands of their service

Tips for really listening and hearing peoples story include;

- Be present to that person even if a lot is known about them or their family. They still need to tell their story, their way, as they see, feel and experience it
- Follow the person's story with both body and mind. The worker may show with their body language that they are interested in what their client has to say
- Keep a clear and focused mind. Clear to take in all of what the person is saying. If the mind is wondering and thinking about other things or preparing what to say next, workers risk missing out on hearing the whole story. It may mean missing something that is really important to understanding the experience of that person
- Keep a non-judgmental approach when listening, spend little time advising and let each person be the expert of their life

REFLECTIONS:

Think of a time when you were really present, really listening to someone's story.

What were you doing that helped you to really hear what that person was saying?

How were you behaving?

What was your body language like, what were you physically doing that showed to the person you were really listening?

How have you continued to build your listening skills, what do you do differently now?

What is one thing you can do that would support you to continue to strengthen your listening skills?

SECTION 4: ENGAGING, CONNECTING AND BUILDING THE RELATIONSHIP

4.3E HAVING THE CULTURAL ATTITUDE ABORIGINAL WAY

The Cultural way involves different things for different workers and communities.

These are some of the things workers said was the “Aboriginal way”

- Talking about family and sharing history means you may not get on to talk about mental health and drugs or alcohol for a while
- Using the right language for that person
- Being creative and flexible, not stuck in one way of doing things
- Understanding what people have been through, giving understanding
- Breaking down barriers to services and information for people, making access and understanding easier
- Having someone of their own to be with them, another blackfella sitting next to them
- Being known in the community
- Making exceptions to get them through rough patches
- Being informal with them
- Being responsive to their needs
- Being relaxed and comfortable
- Helping people find a place of belonging

REFLECTIONS:

What's your definition of cultural or Aboriginal way?

How does this attitude or approach help you to build a good working relationship with your clients?

*What more can you learn about Aboriginal way?
Who could you go and have a yarn with about that?*

4.3F BUILDING TRUST

Trust is the part of a relationship that allows the client to feel safe to share their story, to believe they will not be judged and that they will continue to be supported by their worker regardless of the things they have done in the past.

Workers also spoke of trust being a “two way thing” as the client may disrespect the worker for example say things about the worker behind their back or talk up at them. Sometimes the worker and the client have to prove their trustworthiness to each other.

Some strategies for building trust include;

- Treat people respectfully
- Be dependable and reliable. Workers need to be on top of this as there is a risk that if they know the client they might be tempted to put someone else first, thinking that their friend or family member will be alright with this
- Go at the person's pace; some people need to go very slowly to tell their story while others can dive into issues. It is important to notice the client's signs about the pace that is right for them
- Have regular contact at first then slowly ease off e.g. phone calls, direct contact, home visits

I tease into it a little, then a little bit more and a bit more. It takes a while for them to build up that trust level that's when the important work is done. It has to be at their pace no way you can pressure them to talk about it

Participant 9 (Our Healing Ways research)



The value of trust;

- It helps to get the full story of that person
- A client is more likely to believe information a worker provides if there is trust
- Supports the person to feel valuable and assist their healing process
- It supports the person to take on board and give consideration to any suggestions the worker makes
- It creates better opportunities for workers to link the person into other Aboriginal and mainstream services or workers

REFLECTIONS:

Think of a client that you built a strong trusting relationship with.

What did you do to build the trust, how did you behave with that person?

Think of a client that you found challenging to build a trusting relationship with.

What did you learn about trust from that relationship?

In what ways did that relationship make you do things differently?

In what area do you think you can further build skills that help to grow trust in the relationship?

*Who might you go and talk to about that?
Who might be able to mentor you in this area?*

4.3G REGULAR CONTACT

Regular and frequent contact is considered a valuable strategy for building the relationship however; this may depend on the nature of each worker's role and organizational policy. Regular contact whether by appointment, outreach or phone in the initial part of the relationship may be particularly valuable.

Regular contact;

- Allows the relationship to build
- Provides more opportunities for trust to develop
- Supports people to deal with other issues so they can make space for dealing with the mental health and AOD issues
- Helps people deal with crisis issues quickly
- Helps break down old patterns of behaviour and build new ones

Regular contact appears to have lots of value however it is also important to be aware of and consider some of the challenges it might create;

- It may set up unrealistic expectations for the client
- The worker might become resentful of the responsibility
- The client may not be getting the opportunity to learn to be self reliant

REFLECTIONS:

What might you do if a client becomes dependant on you for getting them around or visiting them or getting them access to services or just being there for them?

What happens if you try to ease off and the person feels like you are abandoning them? How do you manage that in a way that is in the best interest of the client?

Think of a client with whom you had a really good finishing up. How did you make that happen? What did you do?



SECTION 4: ENGAGING, CONNECTING AND BUILDING THE RELATIONSHIP

4.3H SIMPLY TALKING

Having a yarn with a client may seem a natural and normal thing to do. Having a yarn is about both the person and the worker talking about and sharing their thoughts and experiences of what might be happening in the world, in their families, their past experiences and in their lives generally.

Workers don't have to share their own "horror" stories with the person in order to be accepted by them. They don't have to join them in order to build trust with them. Sometimes if a worker is feeling the need to share "horror" stories it may be a sign of burnout and letting go of good boundaries. This may lead to the worker putting themselves at risk.

There are times when clients might try to test out workers if they have a shared history. That is if they grew up together, drank together, used drugs together or any other activity that was a part of their shared history. This may be brought up in a way that can be embarrassing or challenging for the worker. In order to build trust a worker needs to be without guilt and fear when they are with their client. Workers need to look after themselves in the present in a way that helps them, the client and the working relationship.

"Simply talking" can have many layers and add value to the relationship. It may help the person's healing process by;

- Supporting the person to release emotional energy that has been stuck inside them for a long time
- Providing a witness to their story
- Supporting them to move on from past mistakes and harms they may have caused that they still feel guilty about
- Providing an opportunity for the person to experience a shared history with the worker and not feel alone in their struggles

There can also be some dangers involved in sharing experiences with clients so it is important to work out a way of when, what and how to share information with clients when having a yarn.

Many Aboriginal workers are working with their own communities, their own friends, family members or colleague's family members so the client and the worker may already know a lot about each other's lives. How does a worker make a decision about what they share in this kind of a relationship?

When sharing personal information with clients it might be useful to think about;

How will sharing my story or experience benefit this person?

Am I possibly sharing this to make myself look good or bad in the eyes of the client?

Am I over identifying with the person's experience? (Thinking and feeling too much of what the client is)

Does sharing this personal information put me at risk of losing the respect of the client?

REFLECTIONS:

How have you in the past decided what you will and won't share about your own personal life with a client who you don't really know?

How have you in the past decided what you will and won't share about your personal life with a client who you have a history with?



SECTION 5: STRATEGIES FOR SUPPORTING HEALING



OVERVIEW

- 5.1 Assess the person's needs and help them to stabilize
- 5.2 Be practical
- 5.3 Spend quality time with clients, let them tell their story
- 5.4 Identify the person's goals and work together on them
- 5.5 Build the person's ability to rely on themselves
- 5.6 Provide the right information in the right way for that person
- 5.7 Support people to manage the change process
- 5.8 Involve family or significant others wherever it is appropriate
- 5.9 Support people to build their pride, dignity and connectedness to family and community

5.1

ASSESS THE PERSON'S NEEDS AND HELP THEM TO STABILIZE

There is no one right way of assessing a person's needs. A holistic approach is a useful way of looking at assessing needs. What are the person's social and emotional wellbeing needs or what are the Bio-psycho-social-spiritual needs of the person:

- Biological= physical issues the person needs to take care of including; medications, drugs, dental health, pain, infections, sores, illness etc
- Psychological= what is going on for the person in their mind, how are they thinking, what is their belief system about, how are they thinking about themselves and the world around them
- Social= what is happening for that person socially, how are they connected to their family and friends, how are they involved in their community and other activities
- Spiritual= what is their sense of identity, belonging and culture, sense of purpose and value

See appendix I for an example of what a Bio-psycho-social-spiritual assessment may include.

SECTION 5: STRATEGIES FOR SUPPORTING HEALING

Assessing a person's needs may be done in a number of ways; verbally, written or in picture form such as Mind Mapping. It may take one meeting or it may take a few or it may be an ongoing strategy throughout the healing process.

It is essential for people with complex issues to have their mental health, physical health and drug and alcohol use assessed. These three things affect each other so strongly; it is very difficult to heal one without the others being looked after at the same time. People with mental health and drug and alcohol use problems are most likely to have ongoing physical health problems.

A culturally holistic assessment is an important tool for understanding all the issues a person with a dual diagnosis may be experiencing and how they are inter-related. Workers have to find a way that works best for them, the client and meets their organization's requirements.

The value of making a culturally holistic assessment may include;

- Helps the person to make sense of what is going on for them
- Supports both the worker and client to get a big picture of the person's strengths and needs
- Support the person to prioritize and attend to the most critical issues
- Assists the person to make decisions if they can see what is in front of them
- Helps to create more focused goals
- Supports more realistic goal setting
- Provides opportunity for better practical support where it is most needed
- Creates the support that best meets the client's needs

REFLECTIONS:

Think of a person that you have made a really great assessment with

- *What did you do that made it a great assessment?*
- *What was the value for you in that assessment, what did you as a worker get out of it?*
- *What was the value for your client? What did they get out of it?*

For an example of a culturally holistic assessment go to Appendix 2

For a Mind Mapping example see Appendix 3



5.2 BE PRACTICAL

Crises are a normal part of the lives of many people experiencing a dual diagnosis and more complex presentations. It is important to attend to any crisis in a practical way and get good outcomes. This is part of the process of helping people to stabilize. For some people this process may take longer than others. It is useful for workers to be aware of this process and their role in it.

There may be many issues that need attending to before the person is ready or has the space in their head to deal with their mental health and alcohol or other drug issues. These issues may include legal, Centrelink, financial, Protective Services and housing. This again highlights the importance of a holistic assessment.

There is a balance that workers need to find between the crises work and the healing work. It may at times be easy to get caught up in the practical, fixing up and attending to crisis work and never really get much healing done. If a person is constantly in crisis with a number of issues and it is difficult to work on the healing part maybe a rethink is needed on how best to work together and the treatment goals.

I do a lot of mind mapping when I first meet them, just show em where they're at. I might do a map over here and show them they might need AOD work over here (draws a picture of this) and then you might need family counselling, and you got your legal issues, like child protection and we go on like that and when I draw that in a map they can grasp that and do a few dots here you know what I mean and try and make it a little colourful like it's koori art ... And that way they can grasp it

Participant 1 (Our Healing Ways research)

This is an example of an empowering visual process that helps clients to identify the issues and what they need to do to deal with them.

It may at times become frustrating for workers when they are seeing the same thing happen over and over. The process is about being practical, supporting clients to create enough stability in their lives to work on the healing of their mental health and alcohol and other drug issues.

People need to have meaningful goals, enough motivation to change, a belief that it is possible and to know how to make the change. This may be a challenging process for clients experiencing a dual diagnosis and other complex issues.

REFLECTIONS:

Think about a client who you have worked with who was regularly in a crisis.

What did you do with this person to help them to stabilize?

What were the challenges for you as a worker and how did you manage them?

What lessons did you take away from that experience?



SECTION 5: STRATEGIES FOR SUPPORTING HEALING

5.3 SPEND QUALITY TIME WITH CLIENTS, LET THEM TELL THEIR STORY

Letting people tell their story is an important part of the healing process. This means hearing their story, letting them talk about the pain they feel or about the things they have done wrong without being in a hurry. It also means allowing the time to talk about how they want to try and fix those things and fix what is going on for them now.

Some people need to tell their story slowly as they develop trust in the relationship, others want to tell it all in one go and get it off their chest and others have told it so many times that it is just one more telling.

The worker's job is to create the right environment for the client to feel comfortable about telling their story. This includes a safe, confidential, supportive and non-judgmental space where the client feels heard, understood and validated.

Most clients will want to have a purpose to tell their story and it is usually in the context of a trusting relationship with their worker, at their pace, when they are ready. Part of the client's healing may depend on the care shown by the worker as they hear the person's story. It may be the first time they have ever shared it or it may be the first time anyone has taken the time to listen respectfully.

REFLECTIONS:

Think about a client that you have supported to successfully achieve their goals.

How did you go about creating a safe, confidential, supportive and non-judgmental space?

What was your behavior that helped create this, what did you do that helped the person to tell their story?

How do you manage the pressure of your work and create the time each person needs to tell their story?

5.4 IDENTIFY THE PERSON'S GOALS AND WORK TOGETHER ON THEM

This is where listening, letting the person tell their story and doing a holistic assessment combine to really inform the process of healing for the client.

A person may come in to see a worker with goals already in mind or they may come in when they are in a crisis or simply when they are feeling really bad and don't know why or don't know what to do about it. They may also come in because they have been forced to by a partner; family member; courts, Child Protection Services or any other authority.

Sometimes goals can be really clear and other times they can be challenging to identify and set with a person especially if they have been forced to attend the service. There are two considerations in this process; firstly supporting the person to identify goals that are meaningful for them and secondly to set those goals in a way that is realistic and achievable.

There are many strategies for helping people to identify their goals, here are a few examples;

- A good holistic assessment is helpful to the process of setting goals
- Mind mapping can be a way of setting goals in a more visual way using pictures, diagrams and photos
- Using listening skills to hear what the client is saying, listening for the person's dreams and hopes and being able to reframe things, to draw them out into possible goals.

MAKING **SMART** GOALS

One strategy for supporting clients to set workable and realistic goals is using the concept of **SMART** goals. This is about how we set goals to increase the opportunity of achieving them.

Specific: This means make the goal short and clear

Measurable: How will the person know when they have achieved this, what will be the signs

Achievable: Make goals realistic to fit the person and identify what they have to do to get there

Relevant: The goal has to fit the person's life, where the person wants to be heading

Timed: When does the person want to achieve this, set a time for it to happen

Reference: Frameworks for Health (2010).
Collaborative Therapy; Framework for managing
mental health and substance use.
St Vincent's Hospital Melbourne

The value of having goals is that it adds meaning to the healing process. Clients can see where they are now and where they are heading. They have goal posts and can get a sense of their success.

If there are no goal posts the person may feel better for a short while after having a yarn however have they achieved any lasting change to their condition or situation?

It is important for workers and clients to have an understanding of what they are working towards, a sense of purpose, shared goals.

REFLECTIONS:

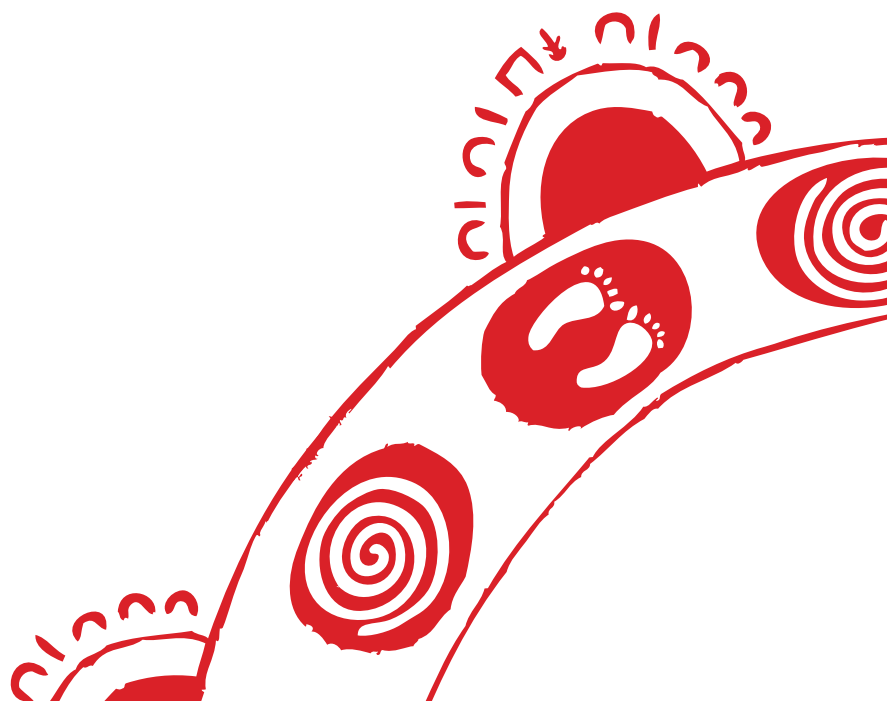
Think of three clients you have supported to get well.

What strategies did you use to help each to set goals?

What was your role in helping them to achieve their goals?

On reflection was there anything you may have done differently?

What skills would you like to further grow to support clients to develop SMART goals?



SECTION 5: STRATEGIES FOR SUPPORTING HEALING

5.5 BUILD THE PERSON'S ABILITY TO RELY ON THEMSELVES

People with co-existing mental health and alcohol and other drug problems (especially if these are long term issues) may have missed out on opportunities to learn valuable life skills. They may often have feelings of not being in control of their lives and may not feel particularly confident or capable of achieving goals. Having a worker that encourages and supports them to do as much as possible on their own is important in building a person's belief in themselves, their self-esteem and their resilience. It is also about developing life skills including problem solving.

This is part of building long term change rather than simply crises management.

The skill for the worker is in knowing how much to encourage people to do on their own and how much to do for or with people. Finding the balance between saying "here you go you can do it" and saying "what if I show you how then you can have a go". Knowing how big a step is "big enough" for each person. For some clients picking up the phone and ringing someone to ask for help when they are unwell may be a big step, for others they may be really skilled at this.

To assess people's life skills it may be useful to consider:

- What sort of relationships they have with family and friends
- Who did they grow up with
- Have they spent time locked up
- How long has the drug abuse been around
- How long have they had mental health issues
- Have they had any head injuries
- What sort of housing history have they had

These considerations are about assessing the opportunities the person may have had to learn good life skills and build resilience and what opportunities they may have missed out on.

The stronger a person's life skills the better they will be able to manage their lives, the more they will trust themselves and believe that they can heal from dual diagnosis issues.

The task for the worker is to listen to the client's story to know;

1. How high to set the expectations
2. How far to set the goals
3. How much support to provide

Building self reliance is about setting people up for success by building their life skills to better manage their relationships, feelings, finances, self care and their motivation to create change.



5.6 PROVIDE THE RIGHT INFORMATION IN THE RIGHT WAY FOR THAT PERSON

Information can be a powerful tool for both clients and workers. There is a lot of information around that people can read, look at and listen to. Workers cannot possibly have all the information clients need in their head, it is important for workers to know how to get it and how to share it. It is best for workers to know of a range of resources so a resource may be well matched with the needs of the person they are working with.

Psycho-education is providing information to people about mental health issues. Providing psycho-education to a person is a skill that can continue to be fine tuned by workers.

Skills that contribute to providing good psycho-education include;

- Assessing what information is needed by the person to help them make good lifestyle decisions
- Understanding the information
- Knowing what format to use the information and how to do it
- Knowing how much to reinforce the information before it becomes a lecture or the person feels they are being harassed
- Using the right language for each person
- Giving just the right amount of information in that moment
- Reinforcing information that was given at a later time to check the person understood it

The balance is about knowing what is enough information and what is too much for each client. Some considerations may be;

- How much information does the person have about their situation/condition/MH/AOD
- What kind of schooling has the person had, what are their reading and writing skills like
- What sort of a learner are they (visual-see it, auditory-hear it, tactile-touch it)
- What is the person's memory and concentration like
- Have they had any head injuries that might affect how they take in information
- What information are they asking for
- What information do you as their worker think the person needs to make good decisions

One "size" is unlikely to fit all. Match the information to each person even if the same pamphlet is being used, it still needs to be presented in a way that makes sense to each person.

REFLECTIONS:

What resources have you found most useful when you need to provide information to people about dual diagnosis issues?

What do you like about those resources?

What information are you really good at providing to clients? What makes you good at it?

What information or resources do you need more of in order to further develop your psycho-education skills?

SECTION 5: STRATEGIES FOR SUPPORTING HEALING

5.7 SUPPORT PEOPLE TO MANAGE THE CHANGE PROCESS

Change may be a very exciting and challenging process for both the client and the worker. One of the changes people with a dual diagnosis often have to make is around their identity. For example if a person is giving up their substance abuse (especially if it was long term and severe) they may be moving from the identity of being a “user” to that of a non-user. Similarly if a person goes from being mentally well to being diagnosed with a mental illness, this is likely to have an impact on their identity.

It is of great value for a person to have someone by their side supporting them to understand and manage the changes they are making. People who are making changes to their substance use will find it may create big changes in their relationships. They are likely to have to stop hanging out with their friends or family who they have been using with, often for a long time. It is not an easy change for people to make so a worker's support may be very important to their success.

People may need support to manage a range of changes including;

- Not using substances so they have to learn new ways to be in the world
- Managing their mental health; using medication, dealing with side effects, understanding and using the mental health system
- Changes in their identity because they are no longer the same person or behaving as they were when they were doing drugs or drinking
- Changes in their relationships; loved ones may have much higher expectations of them if they are well
- Changes in their housing situation, whether living with others, independently or simply managing their own stable accommodation
- Changing how they manage finances
- Changing family situations and roles

Workers become a bit of a “change agent” and may work towards protecting the person from risks to relapsing until they develop the skills to protect themselves.

“So cut everyone off, cut em all off and I’m the big back up guy cuts em all off, enough’s enough give em some time. I’m working with em, give us some time, give us some space. You know they all understand, they might get offended at the time and we work on that but I have to do that because I have to think of my client here”

Participant 1 (Our Healing Ways research)

People with complex issues especially dual diagnosis have often had chaotic lives. Changing how they manage their mental health and substance use can have a ripple on effect and lead to many other changes in their lives. Workers need to be able to prepare the person for these other possible changes. Workers also provide the support a person needs to build the skills to manage the changes well.

REFLECTIONS:

Think of three of your clients who experienced a dual diagnosis and made a lot of changes in their life.

How did you support them to deal with those changes, what did you do?

How did you manage the challenges involved in each person making changes?

What are the patterns you see in the changes people have to make to heal from dual diagnosis issues?

5.8

INVOLVE FAMILY OR SIGNIFICANT OTHERS WHEREVER IT IS APPROPRIATE

People who are unwell are often cared for by their family. For any lasting change and good management of the person's condition, the family or significant others may need to be involved. The family may also need to know what is happening in order to understand how they can help.

Clients can find it really difficult to explain to their family what is going on with their mental health issues and alcohol and other drug use. Workers are in a position to be able to provide that information and support the family to process what is happening so everyone can work together to support the client's recovery.

If a person develops a mental illness and needs to use a mental health service this can be very scary for the person and their family especially if it is a mainstream service. It can become challenging for a worker to;

- Manage confidentiality for the client
- Deal with the pressure from the person's family to know what is going on
- Work within the policies and procedures of their organization

Considerations in involving family may include;

- What permission is needed from the client to involve their family or significant others
- What information does the person say is ok to pass on to their family and what is not
- What family members does the person want involved
- Who else may be involved to support the family
- What information does the family need to support the person in the change process

The value of having family involved may include;

- Support for the person to continue to manage their health
- Provide good boundary setting for the person
- Provide the support the person needs to feel like a productive family member
- Provide a safe home for the person to heal

Some of the challenges of having family involved include;

- They may put too much pressure on the person
- Be on the person's back all the time about what is ok and not
- They may not be able to provide good boundary setting
- It may not be a safe environment for the person

Families may provide great support for some people's wellbeing however they may be an added stressor for others. It is important for workers to be open and transparent regarding the family's involvement. Be respectful of the client's wishes. It is equally important to be respectful, kind, supportive, patient and transparent with the family. This will assist workers to protect themselves in their role, their relationship with the client and the client's significant others.



SECTION 5: STRATEGIES FOR SUPPORTING HEALING

5.9

SUPPORT PEOPLE TO BUILD THEIR PRIDE, DIGNITY AND CONNECTEDNESS TO FAMILY AND COMMUNITY

A lot of pride, dignity and connectedness may have been lost by people who have experienced long term or severe dual diagnosis issues. People experiencing a dual diagnosis and other complex issues may have “burnt many bridges” and feel shame for things they have done in the past. They may have a lot of repairs to make in order to reconnect with their family and community.

Pride may be built through a number of areas

- in who people are
- in what they have become
- in what they have achieved
- in being accepted by and belonging to family and community

In order to regain their pride people will often have to go through the process of proving themselves first to their immediate family, their extended family and to community leaders. Community leaders provide the support to the person by saying to the community “yes they are trying to fix themselves; yes they are proving themselves to their family”.

Time is an important factor and both the client and the worker need to understand that being accepted again may take some time before the trust is built up. The saying “it takes a community to raise a child” is one held by many Aboriginal people. It can often take time for the person to prove themselves to family and community because;

- the person may belong to a large family, so there are a lot of people to make amends to and reconnect with
- people may belong to families where they have been raised by someone not necessarily the parent but by the partner of a parent or other extended family members
- families may also be really spread out across the country so acceptance and belonging can be challenging to find

Dignity is about the fact that the client matters as a person. They are important for who they are and worthy to eventually hold their head up high and reconnect with their community. Reconnecting with community gives the person a sense of belonging through being accepted. Contributing to the community helps them feel worthy to be part of it. The worker’s role is to help prepare the person to regain the trust and acceptance of others knowing that they may be rejected due to their past behavior and it may take a few attempts.

REFLECTIONS:

What makes you feel proud as a person?

What is it that gives you your dignity?

What does acceptance and belonging mean to you and how did you get that?

Knowing this about yourself, how do you go about supporting clients to build their pride and dignity and to develop their sense of belonging?



SECTION 6: FINISHING UP



OVERVIEW

- 6.1 When the client is ready
- 6.2 When other supports are in place
- 6.3 Open door policy
- 6.4 Continued contact

For many people the journey they have travelled with their worker may be a long journey of change, so it is important that the client determines when they are ready to finish up. The role of the worker is to help them to identify that point.

SECTION 6: FINISHING UP

6.1 WHEN THE CLIENT IS READY...“IT’S A NATURAL PROCESS”

Usually people will let their worker know that they are ready to finish up and don't need to see them any more however there are times when this doesn't happen. It is important for workers to be mindful of some of the signs that a person may be ready to finish up. These include;

- Missing appointments or forgetting them
- Client says they are too busy to attend appointments
 - busy doing “normal” things in their life
 - busy spending fun time with family and friends
 - busy involved in other activities e.g. sports, art, groups
 - busy doing volunteer work
 - busy with a job or doing studies

It is important to have a yarn about missed appointments so when the person is ready there is an opportunity for finishing up by reviewing achievements and developing a staying well plan together.

The last session with a person may include:

- A review of the person's goals; what did they want when they first came in and where they are at now
- Setting future goals that they can follow on their own or with other supports
- Reflecting on how they feel about themselves and their relationships now
- Drawing up a staying well plan; a review of warning signs that they may be slipping and what they can do about that, including a list of support people

A staying well plan may be written up with the client or it may be drawn or in any visual format. It may involve family or significant others. It simply has to belong to them, make good sense and be easy for the person to follow.

An example of a Wellness Recovery Action plan can be found in Appendix 4

Ideally it would be the client's decision when they are ready to finish up. However there may be times when other issues need to be considered. These include;

- A person may develop attachments to their workers or may not have many other supports hence the role of the worker in their life may become “other” than just a worker. Often the worker is likely to have “another” relationship with the client through simply being a community member
- Some organizations have limitations on the number of sessions or how long a worker can spend with a client

The goal of finishing up the healing process with anyone is to make it a positive experience for them using a Client focused and Strengths-based approach.

REFLECTIONS:

Think of a situation when a client has become “too” dependant or “too” familiar with you.

What did you do that was helpful and respectful of the person?

Think of a time when your organizational policy has put pressure on you regarding the number of times you can see a client.

How have you managed that in a way that has been in the best interest of the person and the organization?

What are some of the challenges you experience when finishing an episode of care with clients and how do you handle these?

What are some of the rewards of finishing up with clients?

6.2 WHEN OTHER SUPPORTS ARE IN PLACE

Having a good support network is important for everyone's wellbeing, especially those who are healing from dual diagnosis issues. Making sure a person has a good support network is also an important part of the relapse prevention plan.

Depending on the role of the worker supports they set up may include;

- Family and friends
- Community activities
- Housing
- Legal aid support
- Parenting support
- Alcoholics Anonymous or Narcotics Anonymous
- Community mental health services
- Other?

For an example of a care plan see Appendix 5: The Staying Strong Care Plan was produced by the AIMI Project in the Northern Territory (AIMHI NT)

Some people may need ongoing support from other workers or services and other clients may have reached their goals and not require any further support. Again it is about making it fit for each person. What support do they need to continue on their new journey?

REFLECTIONS:

How do you work out what supports a person may need after they finish up with you?

How might you strengthen your relationship with relevant services and workers to get easier access and support for your clients?

6.3 OPEN DOOR POLICY

An open door policy is an invitation for the client to return at any time they feel they need the service. Some workers offer this as an invitation for the person to simply drop in sometimes have a cuppa and a yarn to let them know how they are going.

This kind of policy may serve a number of purposes including;

- Recognising that healing from and creating changes to mental health and AOD issues is a process rather than an event
- Respecting that a lapse or a relapse are part of the learning process
- Acknowledging the relationship between the worker and the client as being an important one

An open door policy welcomes the person back if they have a need for the service and acknowledges the change process. The philosophy is a good match with staying strong and wellness recovery planning.

Ideally most people want to live their lives healthy, well and independently from workers and services. However for some people their mental illness and addictions may be long term and they may need longer term support.

REFLECTIONS:

What value does an open door policy serve your clients?

What value does it serve you as a worker?

What value does it serve your organization?

6

SECTION 6: FINISHING UP

6.4
CONTINUED CONTACT...“DON'T EVER
REALLY FINISH UP”

For many Aboriginal workers working with and having family, friends, colleagues and community members as clients generally means the relationship doesn't finish up because contact with that person continues out in the community.

What does it mean that workers never really finish up with clients?

- Attending community functions and meeting people there
- Going to the supermarket and bumping into clients, having a yarn, answering questions
- Going to the health service and seeing them there
- Going to see family or friends and seeing clients there
- Seeing people at sporting events
- Being out in the community and seeing them

This means a worker may need to fine tune the skill of being able to balance their role as a worker and that of being a community member.

So sometimes it's about I guess distinguishing when, even though I guess you're always there to support them but distinguishing when you're there to support them individually and when you're there as another community member, just as they are....

I guess we definitely have this within community particularly around places like you know events like NAIDOC and stuff where we're attending events just as you know community members and I guess standing along side our clients but not there (as workers), and when we kind of have those chats in those kind of situations, doing it on a personal kind of informal level....

Which I think has helped them as well, just to kind of also see their value as an individual and their capabilities and that they don't always need a worker along side them

Participant 8 (Our Healing Ways research)

For some workers however there is not a clear separation of roles.

It's more like that I am a community member, family member and worker before, during and after work.

This kid that come around that was sniffing paint, I told him none of that crap at my house if you wanna do that you can bugger off home right now, but he came in, had a piece of cake and a cup of tea, he settled down cause he was pretty high... he smelled like paint something terrible but he still gave my misses a big hug, aunt I promise I'll leave you alone tonight and took off but that's a pretty common thing.

Participant 9 (Our Healing Ways research)

This worker had clear bottom lines for the behavior of this person within his home and family environment and it was obvious that the person also understood and respected what these were.

The worker in this instance was giving an example of how in fact he was wearing all his “hats” at the same time comfortably. He would not be putting up with that behavior in his workplace and doesn't put up with it in his home.

REFLECTIONS:

What's the difference between being a worker and being a community member around clients?

How do you go from being a worker to being a community member with a client?

If there is no transition in the relationship what effect does it have on you as the worker and on the client?



SECTION 7: EFFECTIVE WORKER QUALITIES AND SKILLS



OVERVIEW

THROUGHOUT THE OUR HEALING WAYS RESEARCH WORKERS TALKED OF THE IMPORTANCE OF CERTAIN QUALITIES AND SKILLS WHEN WORKING WITH ABORIGINAL PEOPLE EXPERIENCING A DUAL DIAGNOSIS.

7.1 QUALITIES

- a. Non-judgmental
- b. Patient
- c. Trustworthy
- d. Honest
- e. Dependable
- f. Empathic
- g. Respectful
- h. Optimistic, hopeful and positive
- i. Kind, caring and supportive

7.2 SKILLS

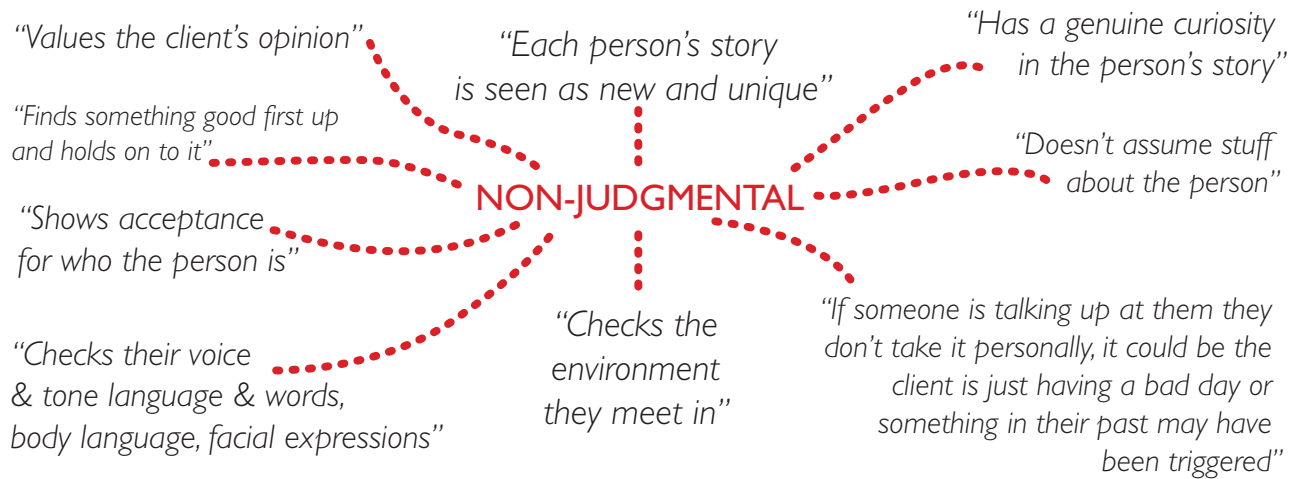
- a. Assessment
- b. Deep listening
- c. Ability to assist people to reflect on their strengths and achievements
- d. Ability to see the big picture of what is going on for the person and support them to see it
- e. Goal setting and planning
- f. Matching strategies, treatment and information to each person's needs
- g. Ability to teach practical life skills
- h. Networking
- i. Motivational Interviewing

SECTION 7: EFFECTIVE WORKER QUALITIES AND SKILLS

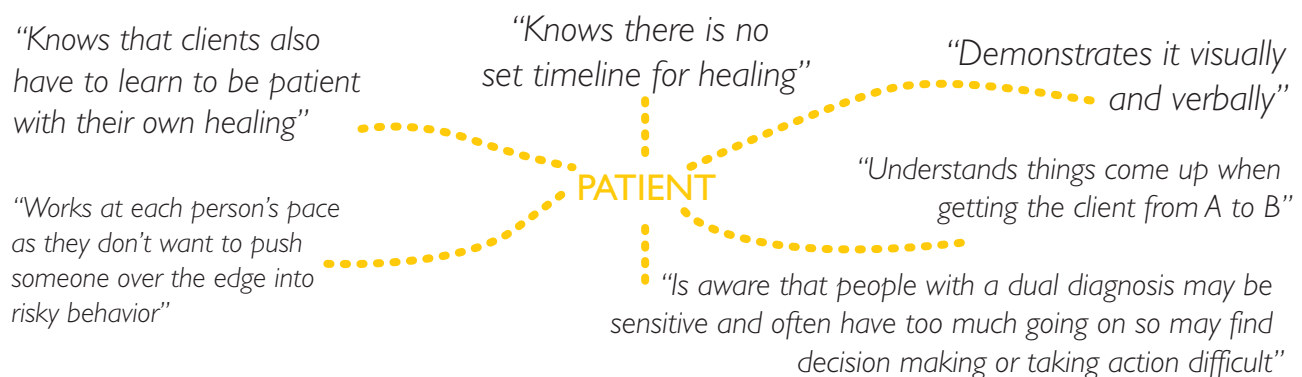
7.1 QUALITIES

The following qualities were identified as important for working effectively with dual diagnosis issues in the Our Healing Ways research. They may be demonstrated by workers in the following ways;

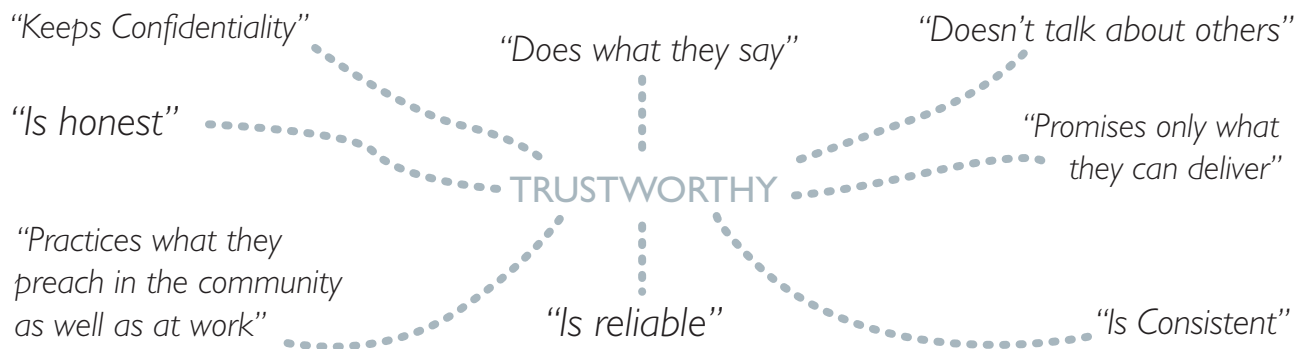
A. NON-JUDGMENTAL



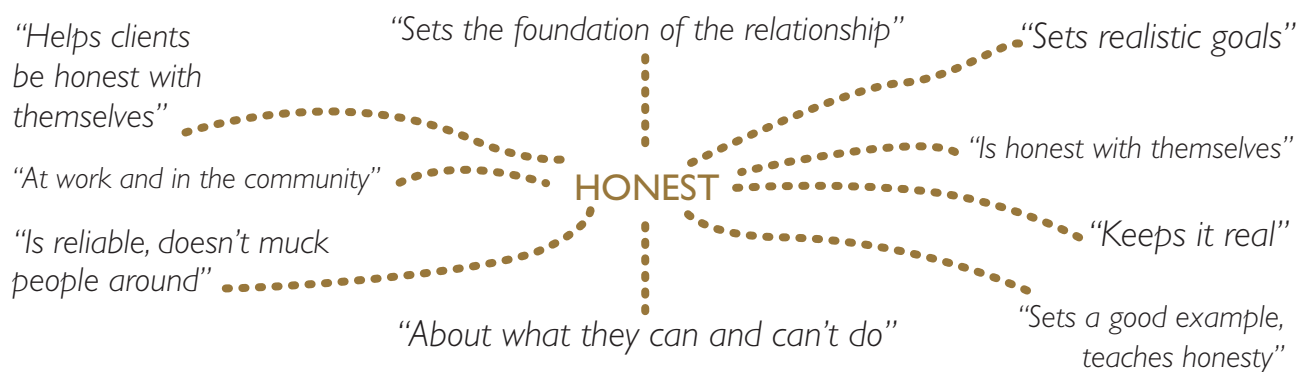
B. PATIENT



C. TRUSTWORTHY

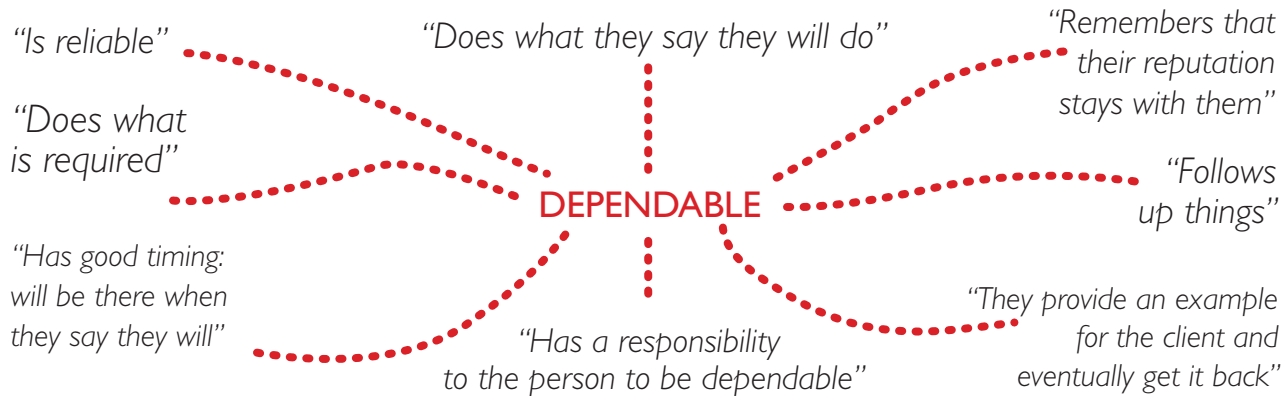


D. HONEST

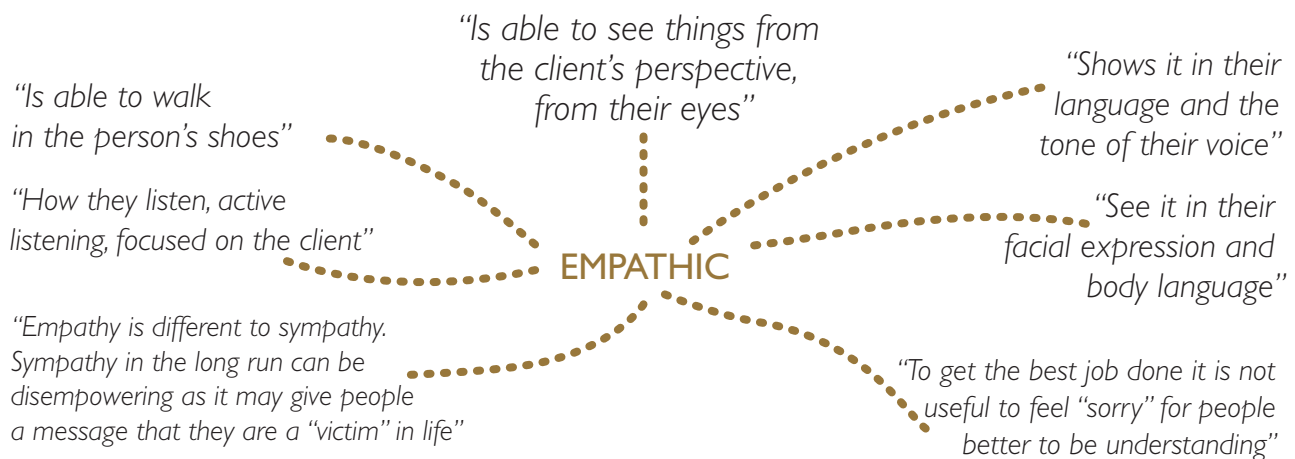


SECTION 7: EFFECTIVE WORKER QUALITIES AND SKILLS

E. DEPENDABLE



F. EMPATHIC



Other important qualities include;

RESPECTFUL:

- Treating people like they matter, like they are important
- Accepting people for who they are
- Workers who give respect out are much more likely to get it back

OPTIMISTIC, HOPEFUL AND POSITIVE:

- Hope is an essential part of what workers give to clients who may often feel little hope. A belief in the possibilities that things can be better and different. Giving the message that recovery is expected
- Picking up the smallest of positive things whether they be strengths, qualities, skills that the person has and working with and building on these
- Optimism is not about falsely building up a person, it is about honest positive feedback and an honest positive exploration of the possibilities the person has available to them
- Optimism is about working on realistic goals with the person that they believe are achievable
- It is about being able to pick people up when they have lapsed or relapsed and helping them get back on track

KIND, CARING AND SUPPORTIVE

People with a dual diagnosis and other complex issues may have been isolated due to past behavior so it is important for workers to be showing kindness and caring. They may not be receiving this from many people and a little bit of kindness can simply support people to feel valued.

“Even saying a kind word, it goes a long way because they get sick of being put down and everything they got gets taken, they got nothing. It’s just that simple”

Participant 1 (Our Healing Ways research)

These qualities provide great value for the client, the worker and the organization. Using these qualities to support people’s healing also;

- Creates safety in the relationship
- Encourages people to open up more
- Helps to provide the best possible service and promotes best practice
- Works both ways “you give it you get it back”
- Clients shop around for workers, they ask around on the streets and in the community about who is a good worker to go to. Having these qualities builds the workers reputation in a good way
- Builds the workers credibility in an ongoing way
- Builds workers confidence to do the right thing for the client
- Helps to keep good boundaries and protect clients and workers

REFLECTIONS:

Think about the last five clients you have worked with. Go through the above list of qualities and rate yourself on a scale of 1 to 10 on how much you think you demonstrated that particular quality with each person.

1 ● ● ● ● ● ● ● 10

I did not manage
to demonstrate
this quality
hardly at all

I demonstrated
this quality
almost
all the time

How do you continue to learn about and build these qualities as a worker?

How can you actively demonstrate these qualities?

SECTION 7: EFFECTIVE WORKER QUALITIES AND SKILLS

7.2 SKILLS

The Our Healing Ways research clearly identified that the culturally appropriate approach to working with dual diagnosis issues was in a holistic, Strengths-based and client focused way. To work in this kind of way the following skills were identified by workers as some of the most valuable in helping people to achieve their wellbeing goals. Some of these skills have been discussed in detail in previous sections.

- a. Assessment
- b. Deep listening
- c. Ability to assist people to reflect on their strengths and achievements
- d. Ability to see the big picture of what is going on for that person and support them to see it
- e. Matching treatment, healing strategies and information to each person's needs
- f. Goal setting and planning
- g. Ability to teach practical life skills. This includes; good communication skills, conflict management, problem solving, managing finances, negotiating relationships, change management and organizational skills. These are the skills that help people to manage their daily living in an effective way and assist in building good relationships
- h. Networking is an important skill to help link people with the appropriate workers and services. Knowing the criteria and how to access services provides a more efficient service and enables better relationships for everyone
- i. Motivational Interviewing is a way of increasing a person's motivation for creating change in their lives

MOTIVATIONAL INTERVIEWING

Is a clinical method that was developed by Miller and Rollnick in the early 1980's. The approach of workers in Our Healing Ways research to working with mental health and drug issues appears to match well with the spirit of Motivational Interviewing which is identified as;

1. **Collaboration:** meaning working together with the client in a respectful manner
2. **Evocation:** is about drawing out from the person what is already there, believing in the person and being curious about what is going on for them
3. **Autonomy:** This is about letting the person be the expert in their life, to develop independence and supporting them to make informed choices

The stronger the qualities and skills workers have to support clients, the greater their ability and confidence to provide the best possible service to the community. Strengthening these qualities and skills contributes to building a more resilient self, workforce and community.

REFLECTIONS:

Think of two people that you have worked with who were experiencing dual diagnosis issues and you supported them to heal.

What were the most important skills in supporting each person to achieve wellness?

What skills do you think would be really useful for you to continue to build on?

Using a scale of not so good to very good, how would you rate yourself on the above skills?

What will you do to continue to build on the skills you have identified?

SECTION 8: LOOKING AFTER OURSELVES



OVERVIEW

8.1 Balancing work and the rest of life

8.2 Debriefing and supervision

- a. External supervision
- b. Internal supervision
- c. Peer supervision
- d. Group supervision
- e. On-line supervision
- f. Line management

8.3 Ongoing professional development

8.4 Wisdom

- a. What does wisdom mean
- b. Using and growing our wisdom

SECTION 8: LOOKING AFTER OURSELVES

Working with complex issues may at times become a challenge and further emphasizes the importance for workers to be taking good care of themselves.

There are also the challenges of working within a small community and having dual relationships with clients which often means work and other life get mixed together:

And it's different; a mainstream worker would not be confronting perpetrators you know. You know, in their lives they go home to a different world, we go home to out there and involves looking at them. I have to keep a straight face and not acknowledge I know.

Participant 1 (Our Healing Ways Research)

This is a powerful example of one type of stress that comes with working with community and emphasizes the importance of work and life balance, getting debriefing and supervision and continuing to build skills that help workers to keep strong and resilient in their work.

8.1 BALANCING WORK AND THE REST OF LIFE

Balancing work and life may sometimes become an issue. This is especially so when a worker is working with their own community. Aboriginal workers have an added risk of burning out when they may be dealing with the same issues at work and at home or because the two are difficult to separate as clients are often part of the worker's community.

Participants in the Our Healing Ways research spoke of a number of ways of trying to get that work and life balance especially in how they dealt with work demands outside of normal work hours. For some it was about the attitude they had towards working after hours and for others it was about the action they took. The following are some of the ways workers coped with clients coming to them outside of normal work hours.



Yeh see, because they know where I live, they come there. They say oh but sis I need to talk to ya, even though I seen em on the street I still stop and have a yarn, we talk.... I said look I can't do anything on a Saturday or a Sunday this maybe have to wait till Monday that's the only thing I can think of to get em to see people, but if they got trouble sleepin an stuff, need the hospital or maybe need to see triage or mental health up there (then I do what they need)...

Participant 3

The strategy this worker used was having a yarn with them so she works out whether or not it was something that could wait until work hours and if it was urgent and couldn't, she took the action that was needed in that moment.

I finish at 5 o'clock at night then that's it till the next morning. I don't think about me clients, ... I just worry about my time, that's my time and that's why I find it's so easy to do me job, and not stress in me job is because I can shut it off... because there's time that you know works work but I've also got a life too so, after 5 o'clock and weekends that's my time, ... sometimes it don't happen that way, sometimes you have emergencies with your clients and you help em,... but I don't stress about it, I just go along and do what I can do and go home feelin good.

Participant 2

This worker felt that doing what was needed in the moment and then switching off quickly when he'd finished was his way of balancing life. He also identified the importance of being able to switch his mind off when he left work so he was not continually thinking and worrying about clients. There was also the importance about being able to prioritise his own needs once he had finished up at work.

Workers said it was also important to do physical work and other creative or time out activities.

Activities:

- Sports or exercise, going for a walk or a swim
- Playing with children, grandchildren or nieces and nephews
- Going camping with the family
- Getting away on weekends, going bush and walking in the forest
- Painting or drawing
- Music, singing or dancing
- Gardening or cooking something delicious
- Spending fun time with people who care for you and you can have a laugh with

One example of working out how you take care of yourself is mind mapping your wellbeing.

This includes the physical, emotional, mental, spiritual, social and cultural wellbeing.

See Appendix 3 for an example of a Mind Map.

REFLECTIONS:

Draw a mind map of how you take care of yourself include all of the six areas mentioned; physical, emotional, mental, spiritual, social and cultural wellbeing.

Make it meaningful for you, add color, pictures, put in photos, make it yours so that when you look at it you feel proud of having created it and are motivated by it. It does not have to be done all in one go you could complete one section at a time.

Having done this exercise for yourself, which of your clients might find this activity useful?

SECTION 8: LOOKING AFTER OURSELVES

8.2 DEBRIEFING AND SUPERVISION

Clients' issues and working with community can at times become complex and stressful, it is important for workers to find a confidential way to unload it in order to maintain their wellbeing.

Debriefing is about workers unloading an experience, making some sense of it and working out a way to care for themselves in that moment. This needs to be done ethically and confidentially. Some workers choose to go to their peers or their managers for debriefing and others may go to a trusted elder who is experienced, part of the community and can provide culturally appropriate support. Depending on the type of debriefing needed some people choose to go to an external supervisor who is not part of their organization or their community.

Supervision is a more formal process that is a regular ongoing commitment to meet with someone and discuss client and other work issues.

Supervision is the process of being with a skilled, experienced and wise person who respectfully, caringly and honestly supports a worker to reflect on their work. Reflect in a meaningful way that helps them to learn and grow as an Aboriginal worker in the context of working within community.

The following is a range of ways that clinical supervision may take place;

A. EXTERNAL SUPERVISION

This is supervision where the worker goes to see the supervisor outside of their own work place. The person is generally separate from the organization; they may be from another organization or a senior worker in private practice. For some workers it may be difficult to find a supervisor who has both cultural knowledge and clinical expertise so it may be necessary to have two supervisors, one with the cultural knowledge and wisdom and one with the clinical.

B. INTERNAL SUPERVISION

This supervision occurs within the organization and is usually by a more senior worker however they are not the worker's line manager.

C. PEER SUPERVISION

Peer supervision occurs when two or more workers get together to discuss client and related issues. This is with people who are peers and it is a relationship of equality where people provide different perspectives on how to work with client issues. It may involve case discussions, professional development and training issues, reviewing articles on relevant subjects and sharing understandings of community and organizational issues.

D. GROUP SUPERVISION

Group supervision is usually carried out with a group supervisor who is a senior worker. This involves a number of workers coming together for supervision over their client work. Usually a number of people present a case they are working with and are given the opportunity for feedback from the group. It may be workers from different professions and training e.g. SEWB, AOD, MH, social workers, psychologists and nurses or it could be a group of workers from the same profession e.g. alcohol and other drug workers.

The group supervision may be an internal or external group. It may be a group of workers coming together from the same organization or a worker from one organization may join with a number of workers from different organizations for supervision.



The supervisor may be an internal or external person. It may be a senior worker from inside the organization or it could be a senior worker from another organization or a consultant supervisor who is separate from any of the organizations that provide that service. Some groups may choose to have two supervisors one who has clinical expertise and one with cultural expertise.

E. ON-LINE SUPERVISION

For some workers in rural and remote areas supervision through audio visual communication such as webcam is becoming more accessible. On-line supervision as with face to face supervision can take place with an external supervisor on an individual basis, with peers or in a group.

F. LINE MANAGEMENT

Supervision for client work is provided by the worker's line manager. The manager who supervises the worker also supervises all their client work. This is generally considered case management rather than clinical supervision.

Supervision is not automatically provided in organizations or to all positions so it is important for workers to find a way that is available to them and supported by their organization. Supervision provides a time for workers to stop, reflect on their work, learn about themselves and their clients and work out ways to improve their practice and take care of themselves.

REFLECTIONS:

If you have supervision, what has been the value for you?

How do you use it to take care of yourself?

If you don't currently have supervision, which of the above methods would best suit you?

How might you make it happen?

8.3

ONGOING PROFESSIONAL DEVELOPMENT

It is useful if each year workers make a plan of what skills they want to build and issues they want to learn more about and stick to the plan for that year. It is important to check with the organization about what the professional development entitlements and requirements are with each job role.

Ongoing professional development may also be a way for workers to take good care of themselves. It may provide opportunities for workers to;

- Take time out from the regular work and focus on self care
- Develop better skills that help to deal with and improve how work is managed
- Catch up with and network with colleagues and not feel so alone
- Decrease isolation for some workers and build a sense of connection to a bigger cause

Workers may feel duty bound to stay at work and care for clients and miss out on professional development activities however as one worker said "if I can't take care of myself how can I take care of my clients". In the end a worker who can take care of themselves professionally will be able to take better care of the people they work with.

REFLECTIONS:

What is the value of attending professional development activities for you?

What are the skills you want to get better with and what subjects do you want to grow your knowledge about?

What is your professional development plan for the next twelve months?

What will you do to achieve this?

SECTION 8: LOOKING AFTER OURSELVES

8.4 WISDOM

Wisdom was a quality that stood out in the participants interviewed for the Our Healing Ways research. It was demonstrated as the broad life experience that people had, their empathy and compassion and the kindness and generosity they showed their clients. It was there in their commitment to and honoring of community and culture, the insight they had in themselves and their client's issues, in their mature view of life, in their openness and honesty. It was how they saw themselves as equals and were able to reflect on how they did things, acknowledge mistakes they had made and what they learnt from them.

Wisdom may be many different things to people and may be demonstrated in various ways.

People may also consider that there are different levels of wisdom and also different sorts of wisdom such as:

- Spiritual
- Cultural
- Experiential
- Emotional
- Intellectual

A. WHAT DOES WISDOM MEAN TO YOU?

What does wisdom mean to you?

Wisdom to me is something which can't be taught, I think it is gained through life experience, through passion for all that you do and through respect for ourselves, others and our surroundings.

Wise person you know?

I would have to say my Nan, Audrey

What makes her wise?

Being a part of the Stolen Generation she has had a lot of life experience both good and bad but still holds no resentment towards anyone or anything. She will tell it how it is, and growing up listening to the knowledge she possesses has molded me into the man I am today. Passing on that knowledge is a huge part of why I think she is the wisest person I know.

Gordon Bamblett



What does wisdom mean to you?

Wisdom is knowledge that is put into practice, knowledge which we gain through experiences in our life journey

Wise person you know?

Esme Bamblett

What makes her wise?

She has lots of life experience and how she thinks. You can come to her with something and she looks at different versions of it. She's also fair in the way that she is.

Doreen Lovett

What does wisdom mean to you?

It is holistic expertise that is the accumulation of knowledge and learning and being able to apply it. It is about leading by example.

Wise person you know?

Nicole Cassar

What makes her wise?

She has a knowledge base that is forever expanding and she shares that experience. She listens, watches, reflects and is not judgmental. Something about her integrity and knowledge and how subtle it is.

Nareida Wyatt

What does wisdom mean to you?

Learning by our mistakes and recognizing what tool to use if we come across it again.

It has lots of parts, like having the honesty to question who we are and taking on feedback from those around us about who we are.

Having an open mind and being flexible and being open to hearing others.

Wise person you know?

Richard Franklin

What makes him wise?

He has words of wisdom and has various hats he wears, so a varied life experience. Where he has come from and where he is today.

It's the feeling I get from the fella, one of those true people who has learnt to get along with everyone and anyone.

He preaches peace, love and happiness and it seems he practices it too.

He strikes as one of those people that my kids will one day pick up a book and read about him as an important Aboriginal man.

Michael Honeysett

SECTION 8: LOOKING AFTER OURSELVES

What does wisdom mean to you?

I believe there is an old wisdom like my Nan's and a young wisdom that I often see in people I work with and often from clients who have come from a difficult past. Their resilience amazes me. I think wisdom comes in different forms; sometimes it is often so subtle we don't see it. Other times its right out there. Wisdom is an inner peace and acceptance of our selves and others.

Wise person you know?

My Nan, Edna Brown was wise

What makes her wise?

She was straight to the point. Even when she was growling at you, you knew she was loving you. She was very matter of fact about life and death. There was a real wisdom in how she viewed it.

Joanne Dwyer

B. USING AND GROWING OUR WISDOM

Wisdom is one of those qualities that is not always easy to define however we seem to recognize it when we come across it.

How we use and grow our wisdom may include;

- Understanding the many layers of impact the Stolen Generations has had on the community
- Understanding the impact of past and current loss and grief issues on the community
- Making mistakes, having the courage to acknowledging them and learn from them
- Having a reflective practice, creating time for ourselves to think about how we work
- Having a sense of belonging with family, community, culture and land or simply continuing to work towards this
- Being comfortable in our own skin, in knowing who we are and accepting the good and not so good parts of us
- Having a generous spirit, to be happy for others achievements, to have good words to give to co-workers, to make the time to support and check on each other
- To pay that respect to Aboriginal culture(s) regardless of whether it is ours or whether we understand it or believe it or live it
- To give ourselves permission to take the time to care for ourselves in good ways
- Being honest, however people may get hurt by being too honest. The wise part is knowing how to balance the honesty with kindness

What helps you to grow your wisdom?

*Watching, reflecting and observing.
Observing is really important for me.*

*Not only listening to what people say
but really hearing them.*

*Life experience – stepping away from it
to look in and see what can be learned
from it. There is always a positive in
every experience if only a little glint.*

*Self reflection – learning about myself
asking what was my part in this, how
can I do it differently and/or better
next time.*

Nareida Wyatt

*Growing up in the bush and just listening
to my grandparent's has played a huge
part in growing my wisdom. Reflecting on
the decisions I have made whether the
end result ended badly or not can only
help me grow.*

*Being a part of a large family where I
am the oldest male has helped me over
the years, feeling as though I have to be
the responsible one and a role model for
my little brothers and sisters has had an
effect on the decisions I make.*

Gordon Bamblett

*Having kids made me reflect on my
life and I decided to stay away from
the dark side of life as much as I could.
I didn't want them going through the
same things.*

*I have been making decisions with them
in mind, keeping that big picture about
their wellbeing.*

*Learning to think about the
consequences of my decisions that was a
big learning for me.*

*It helps with my work a lot. Not telling
people what to do rather I wait for the
right moment to have the conversation
that's needed to guide people to the
right path way.*

Michael Honeysett



SECTION 8: LOOKING AFTER OURSELVES

Being honest about my weaknesses or maybe just embracing and accepting them because what we may feel is a weakness others may see as strength.

It is also about accepting that being human means we will never be perfect so we need to nurture that part of ourselves as well. They are sometimes our most endearing qualities. I'm not as great about accepting my strengths.

Forgiving people, it doesn't matter what mistakes people make they deserve to be forgiven. This is an important message to pass on to people who come into my life and are struggling with whatever. Helping them to explore their inner strength regardless of what they've done.

Joanne Dwyer

Mostly through age, experience and practice. When you are green you don't have much confidence in what you are doing but as you get more and more clients and experience there is learning.

Also learning through training and the Aboriginal way, talking to elders and those more experienced, getting their opinion and thinking about that. Ongoing learning is really important because it helps to build your confidence in your work.

It's a hard question because I think a lot of it comes from within and from experience and practice.

Doreen Lovett

REFLECTIONS:

What does wisdom mean to you?

Think of two people who you consider to be wise; in what ways are these people wise? How do they demonstrate it?

How do you demonstrate your wisdom?

How might you continue to grow your wisdom, what might you do?



SECTION 9: FURTHER RESOURCES

THE DUAL DIAGNOSIS SUPPORT VICTORIA WEBSITE HAS MANY RESOURCES ON DUAL DIAGNOSIS INCLUDING THE RESOURCES PRODUCED SPECIFICALLY FOR THE ABORIGINAL WORKFORCE

<http://dualdiagnosis.ning.com>

The Australian and New Zealand dual diagnosis website is the sister of the Victorian website and has many resources both national and international that are available to download

www.dualdiagnosis.org.au

The Menzies School of Health in the Northern Territory have developed a project called AIMHI NT; Australian Integrated Mental Health project and have produced some great resources that are free to download

<http://menzies.edu.au>

The Australian Indigenous Health information site has many resources on a range of issues including dual diagnosis, mental health, social and emotional wellbeing and alcohol and other drug use

www.healthinfor.net.ecu.edu.au

A Culturally Appropriate Supervision Model has been developed by the VDDI Education and Training Unit in consultation with staff from the Victorian Aboriginal Community Controlled Health Organization and the Victorian Aboriginal Health Service. A copy of this document may be downloaded from the Victorian Dual Diagnosis website

<http://dualdiagnosis.ning.com>

Mind mapping examples can be found on the following website

<http://www.bing.com/images/search?q=Mind+Mapping+Inspiration&FORM=IQFRDR#x0y804>

Gordon, G. (2008). Comorbidity of mental disorders and substance use: A brief guide for the primary care clinician. National Drug Strategy, Monograph Series No. 71. Commonwealth of Australia, ACT. This is a 140 page detailed resource on the interactions between AOD use and a range of mental disorders including medications for those disorders. It is free and can be ordered by ringing (02) 6269 1000

Be mindful that websites may change. Key words to searching for information include;

- Dual diagnosis
- Co-existing mental health and alcohol and other drugs
- Comorbidity of mental health and substance use



SECTION 10: APPENDICES

APPENDIX I: EXAMPLE: BIO-PSYCHO-SOCIAL-SPIRITUAL ASSESSMENT:

Examples of factors that make people strong and that may take strength away

FACTORS	BIOLOGICAL (Physical)	PSYCHOLOGICAL (Emotional & Mental)	SOCIAL (Family/Social/Work)	SPIRITUAL
	<ul style="list-style-type: none"> • Exercise • Medication • Illness • AOD Use • Health centre support • Food • Sleep 	<ul style="list-style-type: none"> • Thoughts • Feelings • Energy • Behavior 	<ul style="list-style-type: none"> • Family • Relationship • Work • Hobbies • Friends • Housing • Sport • Interests 	<ul style="list-style-type: none"> • Culture • Country • Totem • Respect • Identity • Language • Ceremony • Elders • Lore • Purpose
PROTECTIVE What keeps the person strong	<ul style="list-style-type: none"> • Good food and sleep • Exercise • Relaxation • Health Centre Support • Stopped AOD use • Taking Medication 	<ul style="list-style-type: none"> • Positive thoughts • Hopeful • Belief in self • Meditation • Relaxation 	<ul style="list-style-type: none"> • Family • Partner • Housing • Hobbies/ Interests • Sport • Friends • Work • school • Interests 	<ul style="list-style-type: none"> • Culture • Country • Totem • Respect • Identity • Language • Ceremony • Elders • Lore • Purpose
PREDISPOSING What happened In early life • Risk factors	<ul style="list-style-type: none"> • Family history of Mental Illness • Drinking or drugs during pregnancy • Mothers physical health during her pregnancy • Physical health at birth 	<ul style="list-style-type: none"> • Experienced abuse • Neglected, not cared for • Traumatic experiences • Loss or death of important people • Too much time alone 	<ul style="list-style-type: none"> • Separated from family • Lots of fighting in the family • Saw domestic violence • Didn't go to school much • Did not have much experience outside of family • Had lots of pressure from family 	<ul style="list-style-type: none"> • Did not get taught culture • Experienced racism, discrimination when little • No language • No elders • No knowledge about history • Not involved in ceremony
PRECIPITATING What happened just before the problem started • Triggers	<ul style="list-style-type: none"> • Poor physical health • Got sick/Illness • Head injury • Accident • Using drugs/drinking • Addiction • Stopped using Medications • Not sleeping well • Not eating well 	<ul style="list-style-type: none"> • Experiencing lots of grief • Low mood • Lots of anger • Feeling guilty • Thinking life not worth it • Thinking negative all the time • Too much time alone • Not talking much • Too much worries Or stress 	<ul style="list-style-type: none"> • Not seeing family • In DV situation • Not working or studying • Not involved in activities • Money worries • No friends • Work pressure • Family pressure • Relationship break-up • Children problems • Loss or death • Not going to health service/worker 	<ul style="list-style-type: none"> • Not identifying with culture • Haven't been to country • No elders to guide them • No knowledge about history • Not involved in Ceremony • No purpose or sense of belonging
PERPETUATING What keeps the problem going now	<ul style="list-style-type: none"> • Poor physical health • Got sick/Illness • Head injury • Accident • Using drugs/drinking • Addiction • Medications or not using them • Not sleeping well • Not eating well 	<ul style="list-style-type: none"> • Experiencing lots of grief • Low mood • Lots of anger • Feeling guilty • Thinking life not worth it • All negative thoughts • Too much time alone • Not talking much • Too much worries & stress 	<ul style="list-style-type: none"> • Not seeing family • No work or study • Not involved in sports/activities • No friends • Work pressure • Family pressure • Relationship break-up • Children problems • Loss or death • Not going to health service/worker 	<ul style="list-style-type: none"> • Not identifying with culture • Haven't been to country • No elders to guide them • No knowledge about history • Not involved in Ceremony • No purpose or sense of belonging

References for factors: Include the AIMHI NT: Stay Strong Plan and Aboriginal and Torres Strait Islander Mental Health First Aid program

Factors that make people strong and take away their strength

FACTORS	BIOLOGICAL (Physical) <ul style="list-style-type: none"> • Exercise • Food • Medication • Sleep • Illness • AOD Use • Health centre support 	PSYCHOLOGICAL (Emotional & Mental) <ul style="list-style-type: none"> • Thoughts • Feelings • Energy • Behavior 	SOCIAL (Family/Social/Work) <ul style="list-style-type: none"> • Family • Friends • Relationship • Housing • Work • Sport • Hobbies • Interests 	SPIRITUAL <ul style="list-style-type: none"> • Culture • Language • Country • Ceremony • Totem • Elders • Respect • Lore • Identity • Purpose
PROTECTIVE What keeps the person strong				
PREDISPOSING What happened In early life • Risk factors				
PRECIPITATING What happened just <i>before</i> the problem started • Triggers				
PERPETUATING What keeps the problem going <i>now</i>				

SECTION 10: APPENDICES

APPENDIX 2: EXAMPLE ASSESSMENT FORM:
ORIGINAL FORM WAS PRODUCED BY THE AIMHI TEAM IN NT

NAME (AKA)	OTHER NAMES	DOB ____ / ____ / ____
Address:	Phone:	
TELL ME ABOUT WHAT HELPS TO KEEP YOU WELL, HAPPY, AND STRONG: (spiritual, physical, family and social, mental and emotional)		
CURRENT ISSUE: (What has made you come here today?)		
FAMILY/CULTURAL BACKGROUND AND PERSONAL HISTORY (Would you tell me a little about your family and what it was like for you growing up?) Check for family history of mental illness		
PAST MEDICAL HISTORY (What's your health been like? Any medical problems that would be useful for me to know about?) Include any head injuries		
PAST PSYCHIATRIC HISTORY (Have you been to see a counsellor or any mental health worker before? Check any diagnosis) FORENSIC HISTORY (Have you had any trouble with police or court? Tell me a little about that)		

SOME OF THE WORRIES FOR THIS PERSON ARE:	
	Family trouble or worry
	Work or study worries
	Not sleeping good
	Not eating good food
	Too many cigarettes
	Too much grog
	Too much yarndi
	Too much other drugs
	Too much gambling
	Not doing many activities e.g. sport, garden, fishing
	Physical Illness
	Don't want medicine or treatment
	Side effects of medicine – feel sleepy or tight muscles
	Don't know about mental illness or treatment
	Trouble cooking and shopping and caring for myself
	Problem remembering things or finding my way around
	Doing things which worry my family
	Culture worry
	Loss and grief worry
	Sitting down alone – not mixing much with others
	Violent, strange, silly or bad behavior
	Hearing voices or seeing things
	Feeling sad inside, no interest in doing things
	Problem with being too happy or too much energy
	Mixed up thoughts, paranoid, silly thinking
	Self harm behavior or thoughts of suicide
	Feeling anxious or nervous or jumpy
	Other worries

SECTION 10: APPENDICES

APPENDIX 2: EXAMPLE ASSESSMENT FORM:

ORIGINAL FORM WAS PRODUCED BY THE AIMHI TEAM IN NT

If you drink or use drugs what happens to how you're thinking and feeling?														
When you are not feeling right in your spirit, heart or in your head how does that affect your drinking or drug use?														
In the past what has helped you to make changes to your drinking or drug use or maybe cut back a little?														
STAGE OF CHANGE FOR; Mental Health										Alcohol and Drugs				
Good things about stopping or cutting down										Not so good things about drinking or taking drugs				
RISK ASSESSMENT Circle below 1 = no apparent risk 2 = low risk 3 = significant risk 4 = serious risk 5 = extreme and imminent risk														
Self Harm/suicide					Harm to Others					Vulnerability				
1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
MENTAL STATE ASSESSMENT														
Appearance (look OK?)										Affect and Mood (sad or worried or scared or?)				
Behaviour (doing strange things?)										Perception (hearing things or seeing things?)				
Conversation/Speech (saying strange things?)										Thinking/Cognition (confused/ mixed up?)				

The main problem today is:		
The plan today is:		
TYPE OF TREATMENT		WHAT WILL HAPPEN, WHO WILL DO IT
<input type="checkbox"/>	Medication	
<input type="checkbox"/>	Compliance strategies	
<input type="checkbox"/>	Life style changes (substance use, diet, exercise, smoking)	
<input type="checkbox"/>	Social Changes (go out bush, job training)	
<input type="checkbox"/>	Cultural or spiritual activity or treatment	
<input type="checkbox"/>	Other services / other treatments e.g. for physical illness	
<input type="checkbox"/>	Review care plan goals or complete a care plan	
<input type="checkbox"/>	Other	
MEDICATION REFER TO PRESCRIPTION FOR DETAIL OF ALL MEDICATIONS	DOSE, FREQUENCY AND ROUTE	DR'S SIGNATURE AND DATE

What other services/workers are involved in supporting the client to be well?

Date arranged for review / /

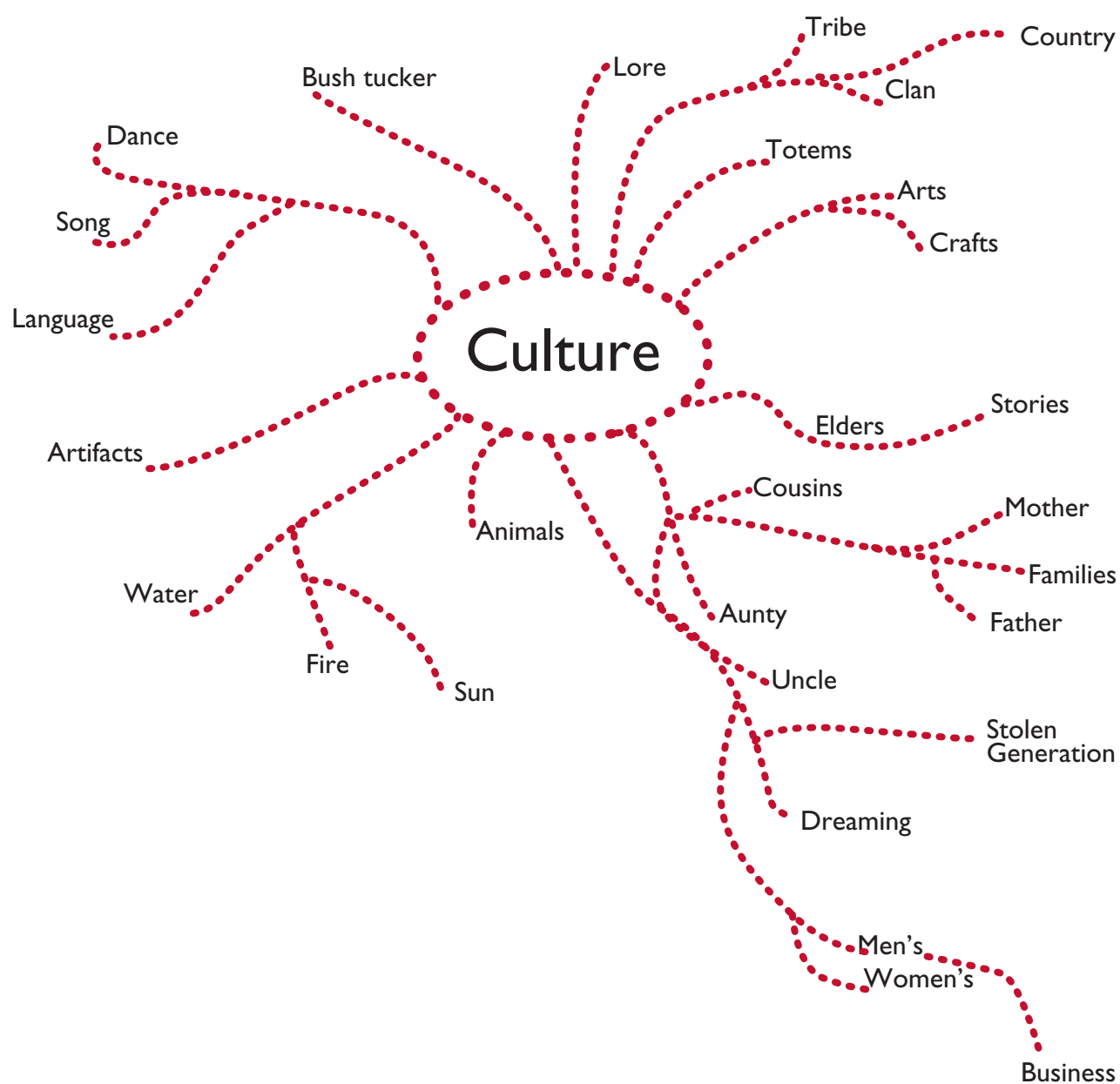
To be reviewed by:

AHW or AMHW	Doctor	RN/Allied Health	Mental Health Worker
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Signatures

SECTION 10: APPENDICES

APPENDIX 3: AN EXAMPLE OF A MIND MAP ON WHAT DOES CULTURE MEAN TO ME



CREATED BY DOREEN LOVETT

APPENDIX 4: WELLNESS RECOVERY ACTION PLAN

MY WELLNESS RECOVERY ACTION PLAN PART A: WELLNESS TOOLBOX AND MAINTENANCE PLAN	
NAME:	Date:
WELLNESS TOOLBOX	
What I'm like when I'm feeling well: What do other people notice about me when I'm well?	
What I do for fun when I'm down that lifts my mood and helps me feel well:	
Things that I might try in the future:	
WELLNESS MAINTENANCE PLAN	
Things I need to do each day to keep myself feeling alright (for example: walk or exercise for ½ hr; talk to 1 other person, eat well, get to bed early, relaxation...)	
Things I might do each week or every few weeks to keep myself feeling alright (example go to a community event, spending time with family or a friend, have some quiet time, go for a walk)	
People who are helpful to me – when and how often do I need to contact them:	

SECTION 10: APPENDICES

APPENDIX 4: WELLNESS RECOVERY ACTION PLAN

MY WELLNESS RECOVERY ACTION PLAN

PART B: RELAPSE PREVENTION

Things that may increase my stress such as loss of sleep, arguments, using drugs, skipping medication:

Things I can do to reduce my stress (see Wellness Toolbox section):

Signs that my stress is becoming too much for me to handle. What would other people notice about me if I'm feeling really stressed?

When I find I cannot manage stress on my own I need to:

MY WELLNESS RECOVERY ACTION PLAN

PART C: CRISIS MANAGEMENT

How would I know I'm in crisis? How would others know I was in crisis?

This is the list of help I would prefer to receive and the people I would prefer to receive it from:

Be quite *specific* about these preferences.

(Who, what you need them to do, what medications work for you, who to call, who to not call, medications that don't work for you).

POST CRISIS MANAGEMENT:

How will I know the crisis has passed?

Things I need to do as soon as I'm out of crisis:

Things that can wait:

Things I need to do to recover from the crisis – (see Wellness Toolbox and Maintenance Plan)

During week hours I can contact my Case Manager first on

Out of hours I can contact Triage on

Other resources include

Commenced by:

Date:

Copy given to family/support person and purpose explained.Y/N

Date:

SECTION 10: APPENDICES

APPENDIX 4: WELLNESS RECOVERY ACTION PLAN

MY WELLNESS RECOVERY ACTION PLAN PART D: FAMILY SUPPORT	
How have my family and friends been involved in my treatment and/or have supported me in the past?	
How would I like them to support me in the future?	
What kind of information do they need to support me best?	
How can they help me to avoid crises? (For example letting me know if they think that I'm getting stressed)	
Who is my main support person and what are their contact details?	
Who can be contacted if my main support person cannot be contacted in a crisis? What are their contact details?	
My Family / friends helped to develop this WRAP YES <input type="checkbox"/> NO <input type="checkbox"/>	
Copy given to family/support person and purpose explained.	Date:

APPENDIX 5: STAYING STRONG CARE PLAN: AIMHI NT

NAME (AKA)	OTHER NAMES	DOB ____ / ____ / ____
PEOPLE THAT HELP TO KEEP ME STRONG: (family, friends, elders, carers)		
I trust this person to give advice about my treatment _____		
THINGS THAT HELP TO KEEP ME STRONG: (spiritual, cultural, physical, family, social, mental and emotional) (Tick or circle)		
<input type="checkbox"/> Culture, language, heritage, spiritual belief <input type="checkbox"/> Art and craft <input type="checkbox"/> Dance <input type="checkbox"/> Going to country <input type="checkbox"/> Health centre, health worker, doctor; <input type="checkbox"/> Medication <input type="checkbox"/> Good diet <input type="checkbox"/> Sports or Exercise <input type="checkbox"/> Other _____	<input type="checkbox"/> Work <input type="checkbox"/> Music <input type="checkbox"/> Teaching children <input type="checkbox"/> Activities outside, gardening or fishing <input type="checkbox"/> Knowing about illness and treatment <input type="checkbox"/> Support <input type="checkbox"/> Family <input type="checkbox"/> Positive thinking <input type="checkbox"/> Other _____	
SOME OF THE WORRIES I HAVE ARE: (Tick or circle)		
<input type="checkbox"/> Culture or spiritual worries <input type="checkbox"/> Not many activities eg music, fishing, art and craft <input type="checkbox"/> Not enough exercising <input type="checkbox"/> Not taking medication or treatment <input type="checkbox"/> Physical illness <input type="checkbox"/> Hearing trouble <input type="checkbox"/> Not eating well <input type="checkbox"/> Memory worry <input type="checkbox"/> Sleep worry <input type="checkbox"/> Marijuana, alcohol, cigarettes, other drugs <input type="checkbox"/> Side effects of medicine: sleepiness, tight muscles, other <input type="checkbox"/> Too much energy, can't slow down, thinking too fast <input type="checkbox"/> Other worry _____	<input type="checkbox"/> Family or relationship worries <input type="checkbox"/> Feeling alone – not mixing much with others <input type="checkbox"/> Not working or trouble at work <input type="checkbox"/> Gambling worries <input type="checkbox"/> Not knowing enough about illness and treatment <input type="checkbox"/> Feeling anxious or nervous or jumpy <input type="checkbox"/> Violence or other problem behavior <input type="checkbox"/> Not caring for self: trouble shopping, cooking, cleaning <input type="checkbox"/> Feeling sad inside, no interest in doing things <input type="checkbox"/> Mixed up thoughts, paranoid thinking, silly thoughts <input type="checkbox"/> Hearing voices or seeing things <input type="checkbox"/> Self harm behavior or thoughts of suicide <input type="checkbox"/> Other worry _____	
DETAIL OF WORRIES / CURRENT ISSUES		
PAST WORRIES: relevant family, medical, psychiatric and forensic history (trouble with the police or the law)		
EARLY WARNING SIGNS OF ME GETTING SICK ARE:		
1.	3.	
2.	4.	
IF I KNOW I AM GETTING SICK I WILL DO THESE THINGS TO GET HELP QUICKLY:		
1.		
2.		
3.		
PROGRESS TOWARD PREVIOUS GOALS:		
Previous care plan completed? <input type="checkbox"/> _____ Previous care plan reviewed? <input type="checkbox"/> _____		

SECTION 10: APPENDICES

APPENDIX 5: STAYING STRONG CARE PLAN: AIMHI NT

GOALS I HAVE TODAY FOR CHANGING WORRIES – STEP BY STEP:		
<p>Goals are things that we want to do differently. The steps to the goal help us to check how we are going. They should be do-able and measurable. Follow up with review and feedback.</p>		
<p>Think about: What will help? And who? And what has helped before? Change is your own choice. Everyone can make changes. Small steps can lead to big changes.</p>		
GOAL: _____	GOAL: _____	
Step 1.	Step 1.	
Step 2.	Step 2.	
Step 3.	Step 3.	
What would be good about making this change:	What would be good about making this change:	
TREATMENT GOALS FOR OTHER PROBLEMS:		
Other Problem (Diagnosis)	Goal and steps	Who will help
OTHER TREATMENTS THAT I AM TRYING :		Who will help:
1. Compliance strategies (Webster pack, dosette, depot)		
2. Life style changes (substance use, diet, exercise, smoking, time-out, go bush, job training)		
3. Cultural or spiritual activity or treatment (going to country, healer, church)		
4. Other services (counselling, other treatments, treatment for physical illness, investigations)		
5. Medication plan (Dose, Frequency and route): see prescription for details		

Signed (Client) _____

Signed (Practitioner) _____

This plan belongs to Remote Mental Health Care Plan – AIMHI NT . The complete copy can be found on their website

... I think that's yeh the dual roles that everyone plays and the boundary stuff and ... the difficulty of getting away from you know, its not kind of a 9-5 job or anything like that.

And often particularly if you kind of work in the community you've gown up in, or you're a part of, you know there's an interconnected web of who are, you know, and how do you define someone as a client as opposed to a family friend or one of your work mates families or something, so it's really, I think that labelling is really, I guess how you kind of term relationships is really um difficult. I guess complicated, in that someone who might be my client is sitting here today I then go out to a community event and it's actually kind of another workmates mother or brother or whoever it is.

Participant 8
(Our Healing Ways research)

... you don't really finish up with them, you can't, like I said in there, I seen that fella for two years and he recognised me and then he said to some others this is the fella who helped me get off all the other shit, so he remembered and then he pointed me onto somebody else and then it just goes back in that circle again, I'll start with somebody and go back around.

Participant 10
(Our Healing Ways research)

...we've got to stick to what we say, but a lot of the times it's providing the information and education so they can self-manage themselves a bit better. It's not taking all their responsibilities on yourself, because at the end of the day you as a person still have to look after your health and your own mental health.

So you need to be able to, as a health professional, be able to learn some skills to educate people to self-manage their issues. If you can educate them to self-manage then you're going to be a better person to be able to help the next person along the way. If you try and take on a lot of those responsibilities yourself it does become too much for that one person. Um and that then, you're disadvantaging that person then along the way anyway because you're not giving them the skills to work through those issues.

Participant 6
(Our Healing Ways research)

...you've gotta keep an open mind, you've got to understand what they go through and if you know Aboriginal people, they're, how can we put it, to my opinion we're a different race. Compared to white people and all other people, we do things different, we do it in our cultural way, and that's the best way to go about it, the way we know how best...

Participant 2
(Our Healing Ways research)



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