

Changing the culture

An account of how a workforce development initiative supported an AOD agency to become more family focussed

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Family work in agencies is often not done enough because of the power of our professional habits:

- We operate as we always have and continue to leave families in the waiting room
- We feel unsure of how to handle confidentiality and other counselling issues in a family/couple context



INVOLVING FAMILIES IS ESSENTIAL BECAUSE:

Of the significance of systemic principles:

Families are part of the drug user's life and can be part of the solution

- Families can support treatment plans
- At follow up (of ex-residents) family issues are the most prominent
- When families are involved clients engage in treatment earlier and for longer

(Copello Vellerman and Templeton 2005)



BACKGROUND: Some Key points for today's discussion

What was happening in Workforce Development DAO 2006?

Finding an appropriate placement to maintain skills

What are my objectives?

How would it all fit?

What would I do?

The changes of integration

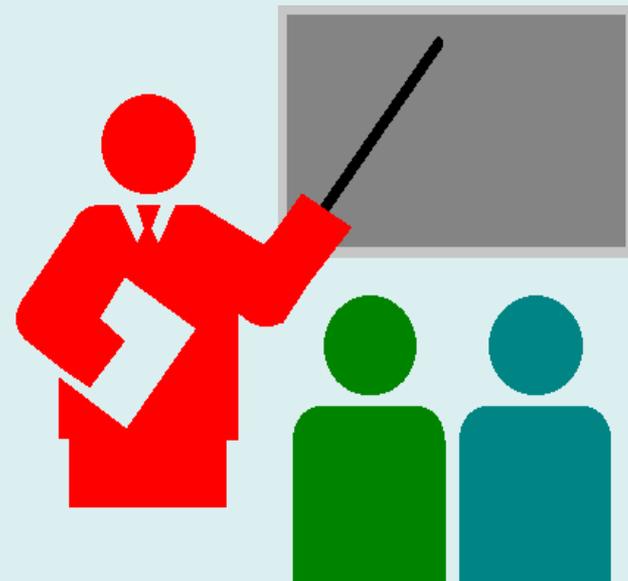
Where to from here?



Workforce Development as a concept:

What does the evidence say?

Workforce development represents a multifaceted and multilevel approach to supporting and sustaining effective AOD work practice



The four levels to which WFD strategies can be applied are:

- 1) Systems (funding, legislation)
- 2) Organisations (policies, resources, supervision)
- 3) Teams (support, cohesion)
- 4) Individuals (motivation, skills, rewards)

(Roche and Skinner 2005)

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**“A bit of nurturing and he should
grow into the job nicely.”**

**Workforce development is a lot more than delivering
a training program!**

How will this fit with my clinical placement at North Metro Community Drug Service?

- What will I do?
- Where will I sit?
- Is there a counselling room big enough for families?



The Journey!

A Long road with some ups and downs



QUESTIONS ASKED BY STAFF

- When/why should the counsellor see the couple/family?
- What has this got to do with the client (or the family)? This client has the issue and they have not asked for family/partner involvement.
- How is the work different?
- Will it involve stuff that other family members should not know?
- How do we maintain confidentiality?

THE WORK EXPLAINED!

Working systemically

A family (when working well) can be likened to a well oiled machine or system with lots of different parts.

- We can keep servicing them
- We can replace the parts and keep patching them up

HOWEVER

- If we don't attend to the underlying problems they will break down AND
- Keep breaking down!



Family therapy or family counselling? The work explained. How I work with a new family/couple? Three basic important first questions!

- Who are you? (say a little about who you are/live/work etc...)
- Why are you here? (under pressure or wanting to be there)
- What do you want? (what has to happen/change)
- Explain the Stages of Change



Remember! There are different styles and ways of working.



This model is often used and can apply to many presentations. This is one way to address the issues in a family/couple presenting in an AOD agency

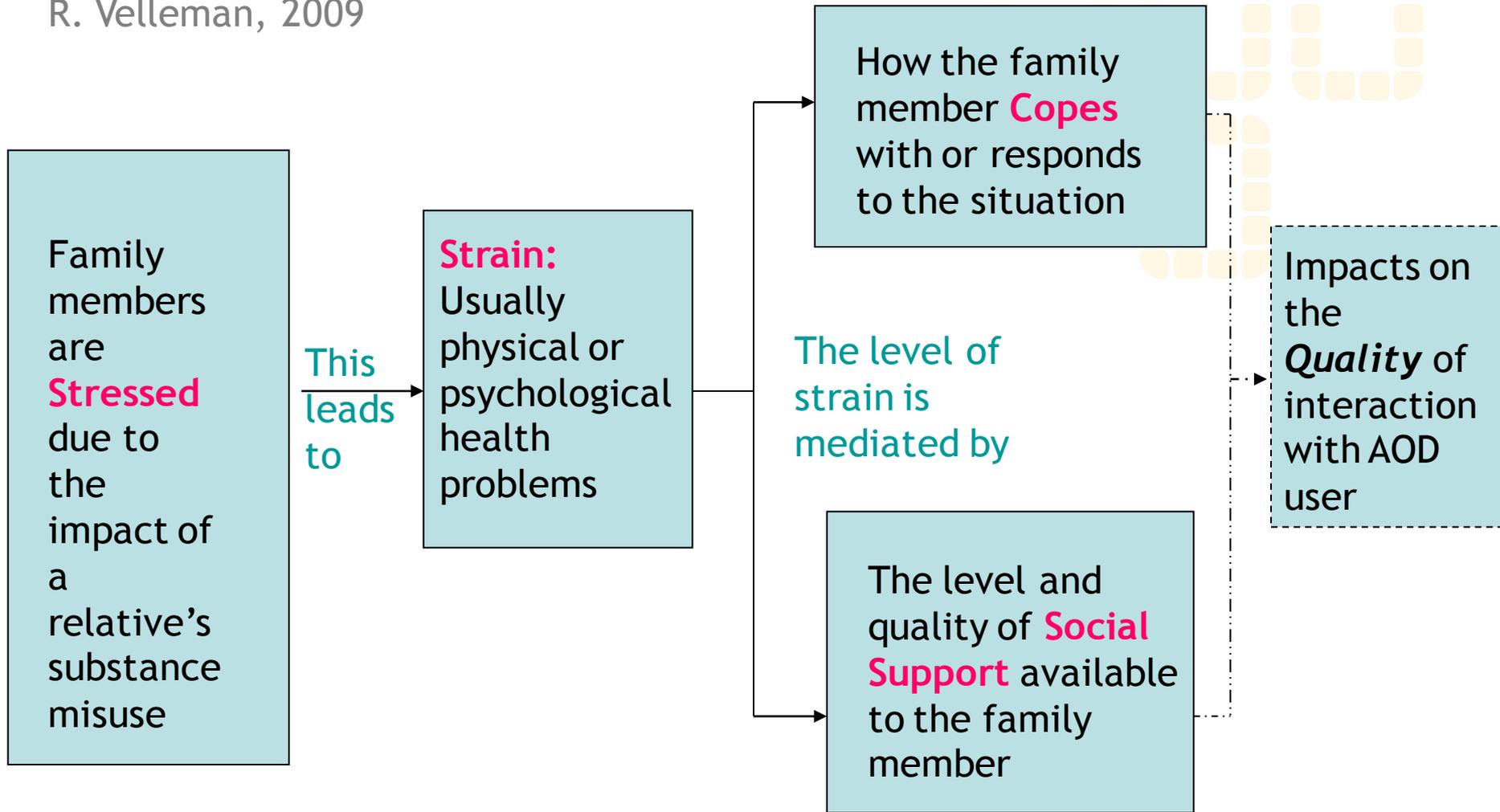
The Stress-Strain-Coping Model

- Alex Copello
- Richard Velleman
- Jim Orford
- Lorna Templeton



Stress-Strain-Coping Model -Explained

R. Velleman, 2009



There are different behaviours (coping strategies) that family members have/do in times of stress. I encourage the worker to explore with them which ones are helpful; which ones are not so helpful?



The different coping styles described by Orford

- **Engaged** – active involvement with the user with the view that *“I ought to be able to change him/her or fix this”*. Includes attempts to control use, expressing emotion, being assertive, and being supportive.
- **Tolerant** – puts up with, joins in or makes up excuses for substance use, substance user’s behaviour put ahead of family needs and protected from negative consequences. Feeling of powerlessness.
- **Withdrawal** – family member gets on with their own life and leaves the substance user to their own devices. Psychologically or physically distancing self.



I encourage the worker to explore the coping styles with the family to:

- Establish the family member's current approach to dealing with the substance use problem
- Consider the pros and cons of their approach,
- Understand that there is no right or wrong approach
- Assist the family member to identify alternative ways of responding



The journey continues.....

- Intake meetings and referrals
- Staff turnover

Becoming an Integrated service

- Changes
- Policies
- Assessment protocol
- Training
- Staff interest
- Technical challenges



Where to from here?



- THANK YOU

