

Drunk and Depressed The Road to Change

**Denis Carroll
(Manager)**

Background

- **Medium Sized Organisation providing AOD, Employment & Training Services**
- **35 years**
- **Located in Prahran, Northcote, Frankston, Pakenham Cranbourne**
- **AOD in Moorabbin**

Vision and Mission

Vision

- Giving people the opportunity to achieve social inclusion through social and economic participation in society

Mission

- To break the cycle of addiction and unemployment

What we do

- CCCC (Youth/Adult)
- Forensic
- JPET
- Women and Children
- Youth Outreach
- Dual Diagnosis
- TATS
- Southern Headspace
- Medical Clinic
- Psychology Students
- Volunteers & Student Programme
- Consultant Psychologist
- Acupuncture
- Education & Training (RTO)
- Youth Transition Support Initiative
- Connections
- Prisoner Transitional Support Program

Identity: how we see ourselves.

- User friendly
- Approachable
- Non threatening
- Reliable
- Flexible
- Accepting
- Respectful
- Negotiable
- Interested
- Quality
- Self improvement
- Have embraced and achieved change
- Innovative
- Non stagnant
- Inclusive

DUAL DIAGNOSIS

MANAGEMENT'S PERSPECTIVE

- **Received funding from DoHA**
- **Excited – development of links, networks, pathways with mental health**
- **Went through tasks required to commence implementation of DD project**

The Aim of Today's Presentation

Discuss our organisations experience of the change
Process

- What it was like
- What we did with it
- What we came to understand
- Where we are going

Iren Citler

(Dual Diagnosis Coordinator)

“Most effective when one person leads the effort. This individual must have the backing of senior administrators and the respect of direct treatment staff.”

Thoughts prior to implementation of DD

- Exciting
- Mutual respect
- Enthusiastic
- Relatively no hurdles
- Supported
- “progress and success are measured by consumer outcomes rather than process measures such as hours of therapy.”
- Hooray!!!!!!

The Job Begins.....

- **Building relationships**
- **Consumer advisory group**
- **Collaborative partnership**
- **Auditing clinicians capabilities**
- **Training programme developed**
- **Goals and time frames**
- **Team meetings**
- **Co-ordinators meetings**

The reality of it.....

- **Perplexed**
- **Feelings of stagnation**
- **Ambivalence and brick walls**
- **Frustration**

**“What I envisaged as the
easiest most enjoyable
part of my job (training)
has proven to be most
difficult”**

**It was clearly time to
explore the resistance**

Paul Thompson

(Counselling Program Team Leader)

A dilemma

VAADA Presentation

- “I did not want to do it”
- No energy
- Flat and unenthusiastic

What to do?

- “I knew what I was feeling”
- What to do with it was unclear.
- In the end....
 - Decided to share the feelings
 - Stay with it
 - Use it somehow
 - Felt risky but only choice

The Felt Experience of Dual Diagnosis

- **Positive messages given by a faction of the organisation**
- **Didn't feel that way to some of us**
- **Felt**
 - **Unheard**
 - **No time given to feelings of conflict**
 - **Attitudes and ideas imposed upon us**

What is this thing called Dual Diagnosis?

- Are our skills being underestimated?
- Feelings of conflict remained unaddressed
- Would speaking out increase the conflict?
- Life is challenging enough!

Roles and Relationships

- **The Supervisor holds clinical values more than any other**
- **The Dual Diagnosis project is about influencing the organisation's clinical values**
- **If you want to influence clinical values working with the Counselling Coordinator would be a good place to start**

Key understanding

“A reasonable working relationship between Dual Diagnosis Coordinator and Counselling Coordinator is paramount”

Without this

- **progress would be slow, possibly cease**
- **stressful and frustrating for Dual Diagnosis Coordinator**

Not so simple...

- Seems simple and obvious
- Not clear from the beginning
- Feel bad
- Sometimes things get overlooked
- Maybe we need to have the experience first

...it was hard work

It involved

- Soul searching at an individual and agency level**
- This meant having to sit with some really strong emotions**
- Reflective work**
- Meetings, workshop, emotions, reflections at a personal and group level**
- Revisiting material again and again**
- Sitting with uncertainty**

We also realise

- **Change can be difficult**
- **Relationships are complex**

Things.....

- **Can become confusing**
- **Do not always go according to plan**
- **Do not work out the way we expect or hope**
- **We can get lost along the way**
- **Conflict can emerge where the reasons for it are unclear**

We have also found

- We keep learning, the process never ends....
- We are not all knowing experts on relationships
- Sometimes we get things wrong
- By working together, tolerating difficult emotions, and being patient a better presentation emerged.

“It is not so much what happens, but what you do with it that counts”

or

In Short

Can't promise that S..T won't happen

but

Can promise that we will deal with it

Where we are going

Establish processes to facilitate

- **Discussion**
- **Communication**
- **Overall involvement**
- **Problem solving**

Project planning day

Workshops

Dates for milestone reviews

And continue to be

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After all

That's Who We Are

Acknowledgements

- To the team who continue to ‘keep on keeping on’ and are committed to making it work
- Karen Walker (ATS Project Coordinator)
 - Mediator
 - Facilitator
 - Couples counsellor

Questions????