

Building the Holistic Treatment Mosaic

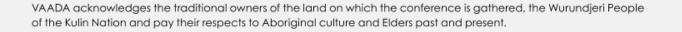


TREATMENT INNOVATION & COLLABORATION

CHAIR: SHANNON BELL, GROUP MANAGER, SPECIALIST PROGRAMS, UNITING

- 1. Providing dual diagnosis treatment to the highest risk offenders in the community: more than counselling
- 2. Does CBD help improve mood and sleep in daily cannabis users?
- Walk-in, Walk with: Same day single session work in Thorne Harbour Health's LGBTIQ+ Walk-in AOD Program

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Walk-in, Walk with: Same day single session work in Thorne Harbour Health's LGBTIQ+ Walk-in AOD Program Lucy Burnett, Thorne Harbour

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VAADA acknowledges the traditional owners of the land on which the conference is gathered, the Wurundjeri People of the Kulin Nation and pay their respects to Aboriginal culture and Elders past and present.



Walk-in, Walk with: Same day single session work in Thorne Harbour Health's LGBTIQ+ Walk-in AOD Program

Amy Lopes, Senior Care and Recovery Coordinator Joseph Borellini, AOD Counsellor





Wherever we are joining this training, we are on stolen land. We are on Wurundjeri country and pay our respects to Wurundjeri Elders past and present. We would also like to acknowledge and offer respect to any Aboriginal and **Torres Strait Islander people joining us** today and acknowledge ongoing impacts of colonisation.

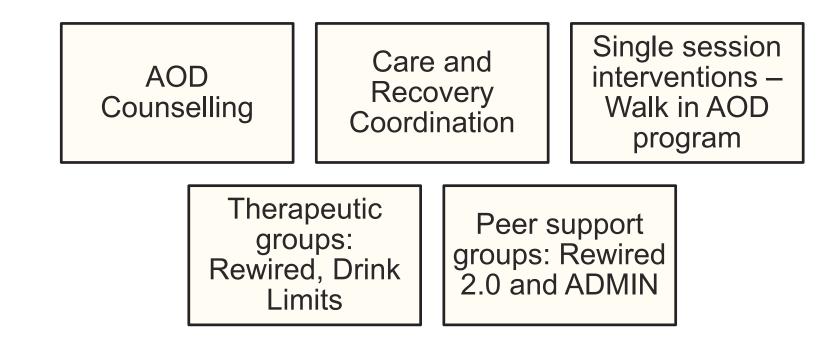
Thorne Harbour Health AOD services



- Thorne Harbour Health Provides Victoria-wide LGBTIQ+ and HIV+ focused Alcohol and Other drug support for people ages 18+.
- High volume of self-referrals from LGBTIQ+ community members, referrals from catchment based intake services across the state, and justice referrals.
- AOD Service is harm reductionist, LGBTIQ+ affirmative, and sex and pleasure positive.
- Services running from Abbotsford, The Victorian Pride Centre, & Bendigo.
- Thorne Harbour Health AOD outposts at Uniting in the north, and soon to be outposts in Braybrook in the west and the South East.
- Referrals can be made to aod@thorneharbour.org or 9865 6700.

Thorne Harbour Health AOD services include:





Walk in AOD Program



- The Thorne Harbor Health Walk-In AOD Program (WAP) is available to LGBTIQ+ community members seeking AOD support following the initial assessment.
- In order to better support people ready to address their AOD use, we offer single sessions on a "walk-in" basis.
- Drawing on Single Session Therapeutic Model, WAP recognizes that many people develop insights and feel supported through just one timely and responsive session, but leaves the door open for people to continue to access service as needed.



Evolution of the Walk-in AOD Program (WAP)

- Goal to be responsive and timely
- To centre client needs and preference/ removing barriers to service
- Expanding access for LGBTIQ+ people living with disabilities and living in regional/remote areas or outer Melbourne (e.g. suburbs with limited transport)
- Initially offered as a physical walk-in service with appointments in person, but shifted to phone/telehealth during COVID-19.
- It continues to be delivered both in person and via telehealth.
- Part funded for people living in the Inner and Inner West of Melbourne through our Rainbow Recovery program funded by the North Western Melbourne Primary Health Network.



Single Session Thinking in the Walk-In Program

Single Session service provision recognises that many people develop insights and feel supported through just one session, but leaves the door open for people to continue to access service as needed. Offers engagement

To focus these sessions, clients are asked at the start of the session:

- What would you most like to speak about today?
- What would you like to get out of today?

Using single session approaches, the clinician then guides the session around client goals, redirecting where necessary, and checking in with clients about how the time is being used.

Walk in Program for LGBTIQ+ community – the numbers

- 91 single sessions offered
- On average 1-2 clients request a WAP intervention weekly
- Client feedback has consistently been about how useful it has been to have access to timely LGBTIQ+ specific AOD service, with a focus on taking away:
 - Relapse prevention strategies
 - Sex positive, LGBTIQ+ focused harm reduction strategies
 - Psychoeducation and harm reduction regarding withdrawal and overdose risks
 - Key referrals that furthered AOD treatment process
 - Knowledge that LGBTIQ+ AOD support was available at short notice if needed

Client reflections feedback

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"It's rare to be able to talk to someone right away. I think, having the structure of checking in with someone about my use is really good."

"I'm taking away new techniques and confirming what has helped managing ice cravings in the past. Just knowing someone was there has helped."

"I feel like my mental health is better now that I have some strategies."

"I noticed towards the end of this session I felt like using. Even being able to write and notice that is good."

"Setting small achievable goals and having accountability is useful—it's not failing persist in trying different things and reassessing what works."

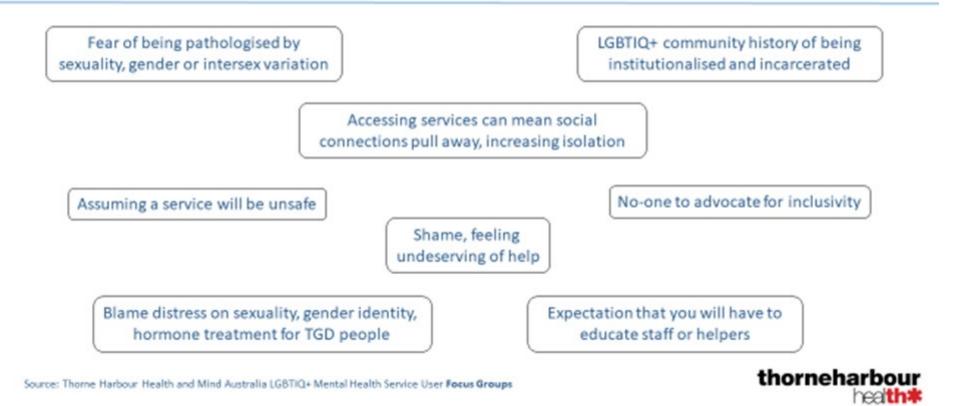


Why LGBTIQ+ Walk in or "Brief Interventi ons"?

Drivers and contexts of LGBTIQ+ AOD use require a culturally sensitive lens that comprehends the identities, relationships and lived experiences of LGBTIQ+ people.



Why don't LGBTIQ+ people seek help?



Staff reflections



- "I've had clients whom are on the waitlist express gratitude for the single-session option often it's enough to stay focused on their longer term goals whilst they wait for longer term support. I think we've done some really great targeted work like legal referrals, ACT interventions, and harm reduction in this space. Some people have just wanted a space to feel heard. Clients also left reporting a sense of relief and connection to the organisation. ""
- 'There is freedom in the time limited process. Focused intension felt containing and refreshing, in contrast to longer term work.'
- 'We saw two primary groups of people presenting for WAP. The first group had relatively low acuity presentations and relatively high levels of social capital and would not be eligible for longer term counselling—Single session interventions were often enough to provide targeted strategies for relapse prevention, harm reduction, or offer referrals to other treatment modalities. The second group were people who tended to be in the 'action' phase of the cycle of change, and were ready for any available treatment. Sometimes this looked like referrals to detox or rehab, sometimes this looked like focused strategies around managing cravings. Some clients would present after a significant change in circumstances, and in this way, were able to alert our clinical team to changes in risk that could sometimes escalate treatment needs."
- 'Offering WAP has been a great support for our clients waiting for treatment. It allows us to provide flexible, targeted and timely support for clients to work on their immediate needs. I've noticed that many clients attending WAP do so in a contemplative or action stage of change.
- Utilizing a single session approach allows for goal oriented, targeted support, making the most of our time together. I've found clients have felt supported, listened to and often leave sessions with a greater sense of how to support themselves in whatever they're trying to achieve, be that maintenance, reduction of use or reaching out to more supports. "



Take away messages

- WAP Supports LGBTIQ+ clients and acts as pathways to the service while on the waitlist/creates service connection familiarity and safety. A stepping stone into culturally safe care.
- High rates of satisfaction from clients.
- Provides practical, solution focused interventions to support the stage of change clients are in.
- Point of connection for people during pandemic or ongoing experiences of isolation.
- Invites clients into collaboration in terms of sharing risk/changes in circumstances while awaiting service.
- Ongoing challenge to provide support for clients without appropriate funding.

Referrals



9865 6700

Clients can self-refer

Clinicians can refer-clients if consent obtained

Our intake and assessment staff can provide a culturally appropriate intake / assessment if not already provided by the referring services.

For secondary consults, please call the intake number and one of our clinical team will get back to you.

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