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CONFERENCE
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Building the Holistic Treatment Mosaic

Addressing the challenges of Dual Diagnosis treatment in a Forensic Mental Health Hospital Lauren Carter,

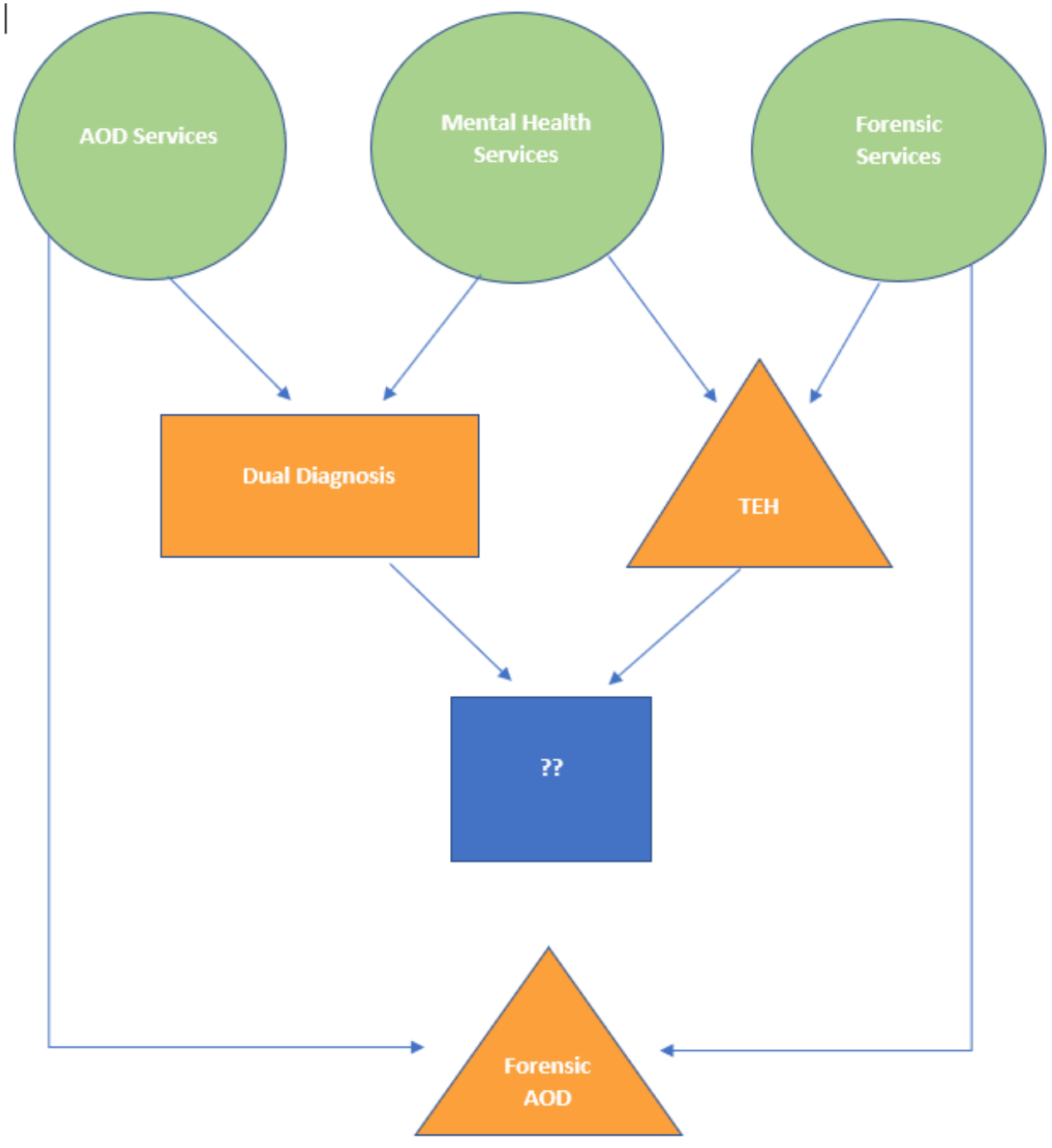
ACSO Jemma Stevenson, ACSO
Shelley Turner, Forensicare

Addressing the Challenges of Dual Diagnosis treatment in a Forensic Mental Health Hospital.

Lauren Carter- Senior Manager Clinical Services ACSO
Jemma Stevenson- Senior Practice Advisor ACSO

Acknowledgement of country

Square Peg/ Round Hole



Background

Thomas Embling Hospital (T.E.H)

- Approximately 74% of patients had a comorbid substance abuse or dependence disorder.
- No difference in rates between male and female patients
- Female patients had a lifetime addiction to a significantly greater number of substances
- 12% had a current substance abuse or dependence disorder (previous month).

(Ogloff, Lemphers and Dwyer, 2004; Baksheev, Thomas & Ogloff, 2010; Ogloff et al, 2015).

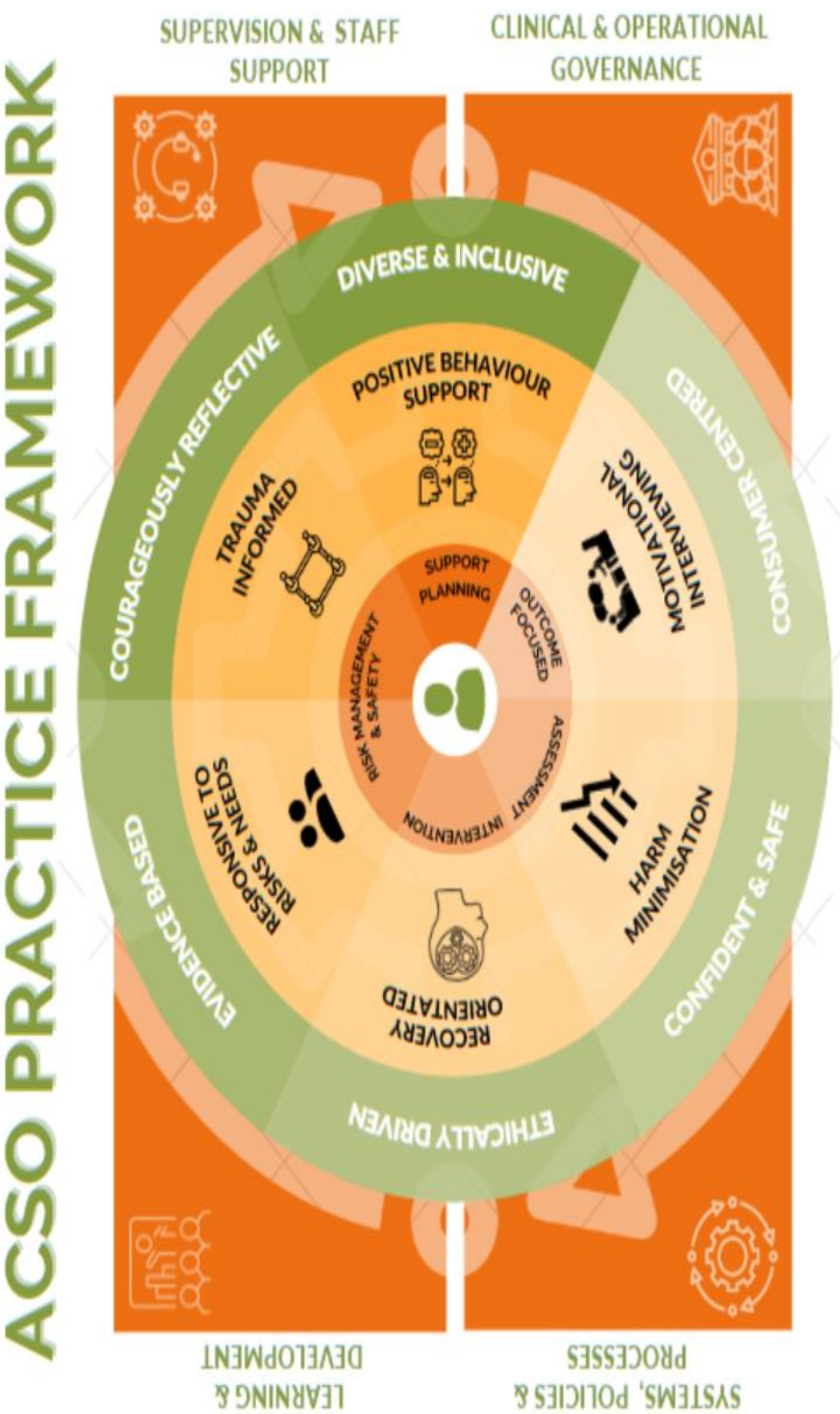
Background Continued

Patients with dual diagnoses at T.E.H were:

- younger age when first hospitalised;
- longer periods of hospitalisation;
- more serious and complex criminal histories;
- more likely to have a history of self-harming and suicidal behaviour.

(Ogloff, Lemphers and Dwyer, 2004; Baksheev, Thomas & Ogloff, 2010; Ogloff et al, 2015

Service Delivery Model


ACSO PRACTICE FRAMEWORK
SUPERVISION & STAFF SUPPORT
CLINICAL & OPERATIONAL GOVERNANCE
DIVERSE & INCLUSIVE
COURAGEOUSLY REFLECTIVE
CONSUMER CENTRED
EVIDENCE BASED
CONFIDENT & SAFE
ETHICALLY DRIVEN
POSITIVE BEHAVIOUR SUPPORT
TRAUMA INFORMED
MOTIVATIONAL INTERVIEWING
RESPONSIVE TO RISKS & NEEDS
HARM MINIMISATION
RECOVERY ORIENTATED
SUPPORT PLANNING
OUTCOME FOCUSED
ASSESSMENT
INTERVENTION
RISK MANAGEMENT & SAFETY
LEARNING & DEVELOPMENT
SYSTEMS, POLICIES & PROCESSES

Foundational Principles of AOD service at Thomas Embling Hospital

- Appropriate treatment should be employed following comprehensive forensic AOD assessment and treatment planning
- Treatment services should be integrated
- Treatment should be holistic, person-centered and recovery orientated
- Treatment does not end upon discharge, and assertive continuity of care should be provided

Service Aims and Objectives

Short - medium term:

- Increased AOD knowledge and relapse prevention skills by attending patients
- Increased understanding of AOD needs of TEH patients
- Improved linkages to community-based AOD services for TEH clients
- Increased TEH staff knowledge of AOD assessment and treatment principles, practices and service sector
- Enhanced working relationship between ACSO and Forensicare
- Patient attitudinal change with regards to substance use

Long term:

- Improved AOD service delivery response for TEH patients

Eligibility and exclusion criteria

To be eligible to participate in the AOD program, consumers are required to meet the following criteria:

- Have issues relating to substance use
- Are willing to participate in assessment and/or counselling and/or attendance at group sessions
- Are not deemed to be a risk to the AOD Clinician
- Are not experiencing acute psychotic symptoms that make it difficult to engage in treatment

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Clients serviced by the Forensic AOD program

- 123 referrals in total
- 70 clients completed the entire treatment episode
- 6 tailored group programs completed
- 21 patients re-referred to the AOD service, and for some, they have more than one treatment episode.
- 24 patients who are currently being seen
- **2 patients** on custodial supervision orders have been discharged with no known instances of further substance use in over a year.

Impact of substance use on mental health and offending – client perspective

‘Using had become habitual and standard behaviour with any social event or environment. I didn't realise the implications at the time that normalising hard drug use at such a young age influenced my priorities and direction in life. This was the beginning of my addiction which began having effects on my mood and personality. I became dissatisfied with normal life and rejecting all normal goals and aspirations. I began chasing extremes through risk taking behaviour. This involved violence and petty crime. By the time I had left school I was experiencing episodes of psychosis, depression and mood swings. This ruined relationships with both family and friends. As I continued to ostracise myself I became more indoctrinated and dependant on drugs. This landed me in prison.’

‘Addiction had created a cycle in my life which had completely disrupted and changed direction of what would have been a promising future. Whether I was emotionally unstable to begin with or it made me emotionally unstable lead to dependence is unknown.’

- TEH patient

Approaches to dual diagnosis treatment

SEQUENTIAL TREATMENT

The client is treated for one condition first which is followed by treatment for the other condition. With this model, the AOD use is typically addressed first then the mental health problem, but in some cases, it may be whichever disorder is considered to be primary (i.e., which came first).

PARALLEL TREATMENT

Both the client's AOD use and mental health condition are treated simultaneously but the treatments are provided independent of each other. Treatment for AOD use is provided by one treatment provider or service, while the mental health condition is treated by another provider or service.

INTEGRATED TREATMENT

Both the client's AOD use and mental health condition are treated simultaneously by the same treatment provider or service. This approach allows for the exploration of the relationship between the person's AOD use and their mental health condition.

STEPPED CARE

Stepped care means the flexible matching of treatment intensity with case severity. The least intensive and expensive treatment is initially used and a more intensive or different form of treatment is offered only when the less intensive form has been insufficient. Of note, stepped care models can include sequential, parallel, and/or integrated treatment approaches.

https://comorbidityguidelines.org.au/b6-approaches-to-cooccurring-conditions/models-of-care

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Challenges in engaging in AOD in a forensic setting

Feedback from patients at Thomas Embling Hospital

- 'It's your job to earn my trust. If you come in with an ego, if you don't care, if you're coming in with preconceptions, if you're approach is out of a textbook, it's not going to work'

- 'Trust is built on mutual respect; it's putting in some effort and getting to know me. It's not being overfamiliar, being an expert, reading up on me and pretending you know it all'.

- 'Talking about your drug use can be hard. It's a time in your life, and things that you've done, that you're not proud of'.

- 'Lots of people blame you for using drugs. Why couldn't you just stop? Maybe then the offence wouldn't have happened. There's a lot of shame around drug use'.

- 'It can be hard to talk about drugs in a forensic setting particularly with an abstinence policy. It equates to risk'.

Review

- Two years post implementation of the service, Forensicare initiated a review into the ACSO in-reach AOD service conducted by Swinburne's Centre for Forensic Behavioural Science.
- Purpose was to examine staff and consumer experience with the AOD service and to develop an understanding of the service activity delivered.
- Specifically, the study aimed to explore the perceived effectiveness of the integration of the external service into the hospital system.

- **Findings were that the value of the AOD service was lauded unequivocally by staff and consumers alike. In particular, it was the specialist AOD knowledge and unique skills and externality to Forensicare that were highly valued.**

Mawren, D. & Furness, T. (2022). Final Report: Review of the ACSO AOD in-reach service at Thomas Embling Hospital. Prepared for Forensicare by the Centre for Forensic Behavioural Science, Swinburne University of Technology, Melbourne Australia.

Identified Benefits

Abstinence vs harm minimisation

In contrast to the abstinence policy maintained at Forensicare, ACSO adopts a harm minimisation approach to AOD recovery.

This difference in approach may have minimised patients' fear of judgement and facilitated honest discussion around AOD use.
Working with ACSO provided a space for patients to be honest about the challenges around AOD recovery without fear of repercussions. Some patients also disclosed the relief of working with a clinician external to Forensicare, with whom they did not feel the stigma of preconceived perceptions.

"It is not a linear journey. If you are living a life where you are experiencing a sense of hopelessness and are fairly miserable each day, well most people use drugs or alcohol in their lives legally or legally without too much of a problem and can live a functioning life. So i think there does need to be some recognition and some normalising of drug use" (staff)

Identified Benefits

Specialist knowledge and skills

Patients who engaged in long term individual AOD counselling emphasised the benefits of the service.

Engaging in tailored, one to one, AOD intervention, allowed clients a space to gain greater understanding of their substance use, address their specific needs, and develop specific strategies to mitigate risk.

Clients emphasised the level of knowledge of the AOD clinician and felt there was a deep understanding and empathy for the challenges they encountered managing AOD issues.

'You can pick the phone up and be like, 'I'm dealing with this issue and I think there is an AOD element, can I get some advice?' (staff)

There is definitely an impact, just in terms of motivation enhancement. Its very surprising that in a matter of two or three weeks [the AOD clinician] has managed to get them to at least contemplate, [the AOD clinician] creates that initial in road (Staff)

Identified Benefits

External service provider

The use of an external community organisation to provide in-reach AOD treatment at the hospital was positively received.

Benefits identified were:

- ACSO was able to facilitate links to community support for patients on leave from the hospital
- As leaders in AOD treatment, staff felt that utilising the expertise of ACSO to complement their own work was more effective than 'trying to do it all' as an organisation.
- This allowed them to focus on their own work

"Inside the hospital, it can be subject to politics and you get a negative reputation… But having someone from outside the hospital, it was quite a positive experience. (patient)"

Case Study

Client with multiple co-morbidities. Substance use a key factor in offending. Limited therapeutic engagement – described as 'difficult to engage'.

Comprehensive assessment and formulation of individualised treatment needs. Treatment plan, goals and sessions evolved and adapted due to changes in client's circumstances i.e., increased leave, improved openness in sessions.

Focus and time on rapport, trauma-informed and strengths-based approaches considered highly important. Treatment continued as the client progressed and transferred to rehabilitation unit.

Client achieved all treatment goals and successfully reintegrated in the community. Both client and MDT identified engagement in AOD as a key to successful court outcome and reintegration.

Feedback from clients

"Her engagement with me has been 100% ...yeah that's why I've been successful. She has gotten to know me over the past two years."

"She had a lot of expertise and insight which I was able to get help from."

"It was one of the first good interactions I've had with the system ."

"She made me feel empowered and like I was capable."

"It's the reason I've progressed this far."

"I wouldn't be where I am without it. I'm hopeful for the future."

Questions...

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