

WELCOME

VAADA Biennial Conference 2025

From Challenges to Solutions: Responding to a Changing World

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AOD & FV Practice Integration: Talk4Change - The Best of Both Worlds



Presenter:
Tony Johannsen



Acknowledgement

Family Life, and all the individuals who make up our organisation respectfully acknowledge the Traditional Owners of the country on which we live and work. We especially acknowledge the Wurundjeri people on whose lands this conference is being held, as well as the Boon Wurrung /Bunurong people, and other peoples of the Kulin nation on whose ancestral lands Family Life provides services to the community.

We pay our respect to elders past and present, and acknowledge their living culture and centuries of custodianship of these lands, which were never ceded. We acknowledge that the lands on which we stand always was and always will be aboriginal land.





Acknowledgement

- I also want to acknowledge the trauma in the room – BIG & little T
- Motivation, blind-spots, biases, intuition, informs and impacts our professional boundaries and provides the blueprint for our Transference & Countertransference relationships
- Our stories are our greatest strengths & our Achillies heal
- Be gracious – open mind & a growth mindset





The Best of Both Worlds – Overview

- AOD & FV conceptual understanding and comparison of:
 - Behaviour
 - Drivers of maladaptive behaviors
 - The role of society & culture
 - The 'individual'
 - The Therapeutic Alliance
 - Available treatment paradigms
- Talk4Change



Caveat

- When I say FV - I am referring to Men's use of FV - MFV
- The FV sector has a RADICALLY different conceptualisation of why 'people other than adult male's' use of FV
- I am speaking in very generalised, stereotypical terms





AOD Conceptual Understanding of BEHAVIOUR & MOTIVATION

- All behaviours serve a need OR are trying to communicate a need – serving a purpose
- Behaviour is learned – Social Learning Theory, Classical & Operant Conditioning
(Behaviouralist: reward & punishment contingencies), C.B.T
- Acknowledgment of Neuro-physiology (CNS), evolutionary influence of reward seeking & avoidance (discomfort) as motivators
- Environment influences behaviour (Housing/Hierarchy of needs, etc...)



FV Conceptual Understanding of BEHAVIOUR & MOTIVATION

- Tabula rasa – humans are born with a 'blank slate'
 - everything is taught/learned/socially conditioned
- Social Learning Theory - Multidimensional influences that co-construct the individual (carers/parents/schools/workplaces/media/social-structures)
- No acknowledgement of evolutionary or biological instinctive forces



AOD Conceptual Understanding of MALADAPTIVE-HARMFUL BEHAVIOUR

- Maladaptive behaviors serve a need OR are trying to communicate a need
 - serving a purpose
- Once were 'adaptive' (networking, social inclusion, managing MH symptoms, sleep)
- Decline in physiological & psychological wellbeing of the individual (DSM-5)
- Maladaptive behaviours are strongly influenced by tolerance/withdrawal mechanisms (Neuro-physiology, Biology & the Central Nervous System)
- Maladaptive behaviours generally have their origins in Trauma (ACEs)



FV Conceptual Understanding of MALADAPTIVE-HARMFUL BEHAVIOUR

- FV is not considered a maladaptive behaviour but an act of violence (along the family violence spectrum)
- FV serves the purpose of establishing and maintaining power & privilege
- A behaviour is considered an act of FV based on the 'impacts' it has on other parties not the intentions of the person using FV



The Social & Cultural Drivers of AOD & FV

AOD

Social norms & attitudes

Peer pressure

Economic & socioeconomic factors

Religious beliefs

Availability & accessibility

Family of Origin

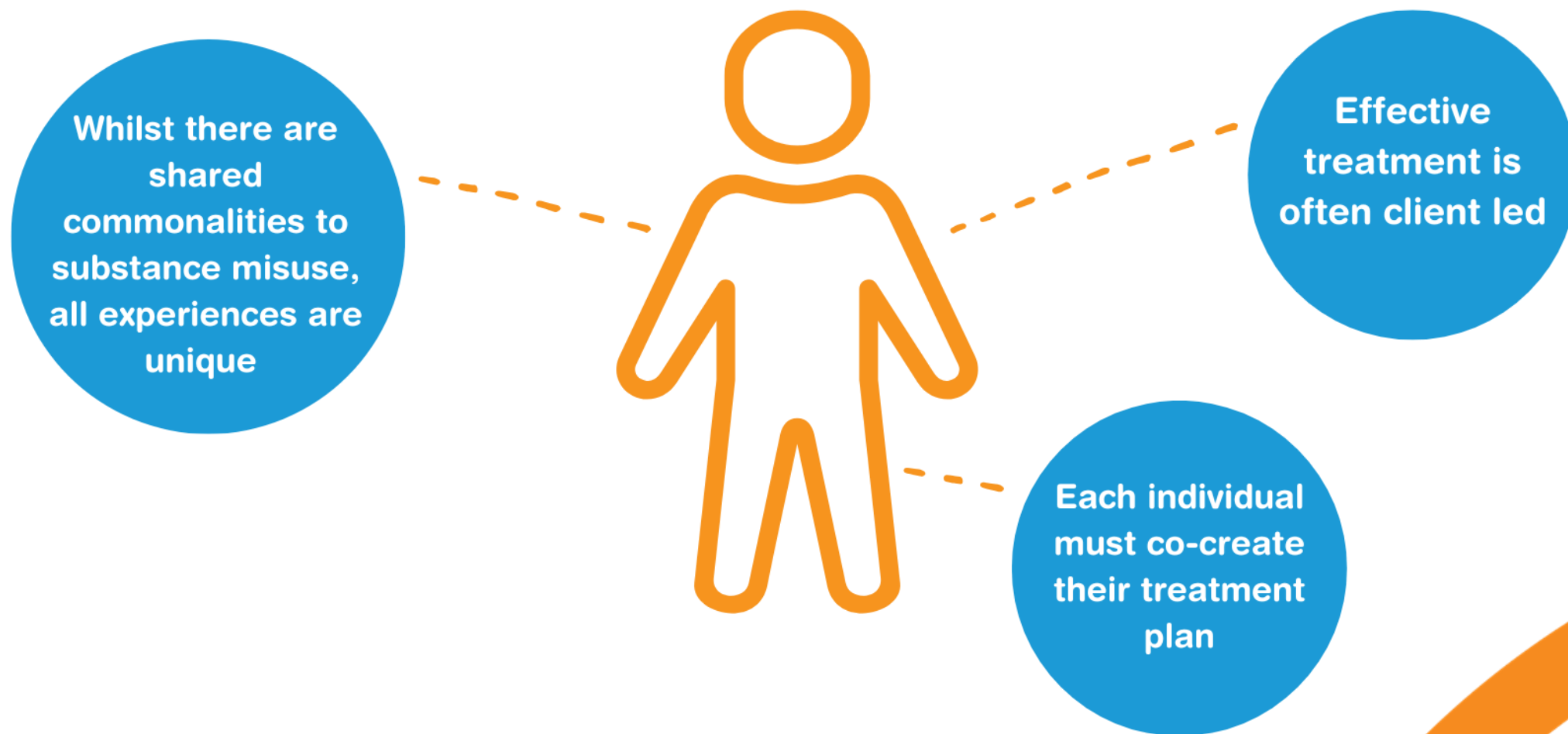
Social policy & law enforcement

FV

Patriarchy



AOD Conceptual Understanding of the INDIVIDUAL





FV Conceptual Understanding of the INDIVIDUAL

- Male FV is always driven by power, entitlement & gender inequality
- Individual circumstances have no bearing on treatment plans
- The individual is a representative of your real 'client/s' (AFMs)



The role of the Therapeutic Alliance

AOD

Bedrock of Behaviour Change

Rogerian-Person Centred

Unconditional Positive Regard

Enhances Risk Assessment

FV

Collusive Practice

Impression Management

Creates Blindspots

Compromises Risk Assessment



Mainstream Treatments

AOD

AOD Counselling

CRC (Case Management)

Groups (Smart, A.A, Choices, Kickstart, etc...)

Assertive Outreach

Residential Detox & Rehabs

Non-Resi withdrawal nurses

Day-hab programs

Harm Minimisation Services

FV- 1 size fits all

MBCPs

Case Management



How is Family Life engaging Men who use FV?

Talk4Change

- ✓ Combines 10 x group work sessions & 10 individual psychotherapeutic sessions
- ✓ Facilitators also do the individual therapeutic work
- ✓ Explicitly therapeutic & Psycho-educational
- ✓ Gendered understanding of MFV
- ✓ Strong focus on the 'impacts' of behaviour





Talk4Change – Evaluation & Metrics

- Swinburne Uni – Conceptual design study
- Adverse Childhood Experiences (ACEs)
- Adult Attachment Styles
- Tracking the Therapeutic Alliance
- Tailoring treatment to individual needs
(via individual sessions)





Talk4Change – ACEs insights

- Positive relationship between ACEs & violent behaviour (Burke et al., 2022)
- Talk4Change ACEs average (4 groups) - 4.2
- 33% have 6+ ACEs
- Anxious & Avoidant Adult Attachment styles



ACEs impacts across the lifespan – 4+ ACEs

10.3 x more likely to use drugs IV

20 x more likely to have been incarcerated

4.6 x more likely to suffer from depression

12.2 x more likely to have attempted suicide

15 x more likely to have committed an act of violence in the past 12 months

(Allen & Donkin, 2015; Felitti et al., 1998; Bellis et al., 2016; McGavock & Spratt, 2016)



Talk4Change & future of working with men @ Family Life – Learnings from the AOD sector

- Explicitly Trauma informed, Trauma capable & Shame Sensitive
- Strong focus on engagement and the Therapeutic Alliance
- Multidimensional, tailored approach (groups, individual)
- Strong focus on skills acquisition & emotional regulation techniques
- Explicit acknowledgment of Neurophysiology (CNS) & the stress response
- Behaviour change is a therapeutic enterprise
- Hurt people, hurt people = Wellbeing & Violence are negatively correlated



Thank you

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