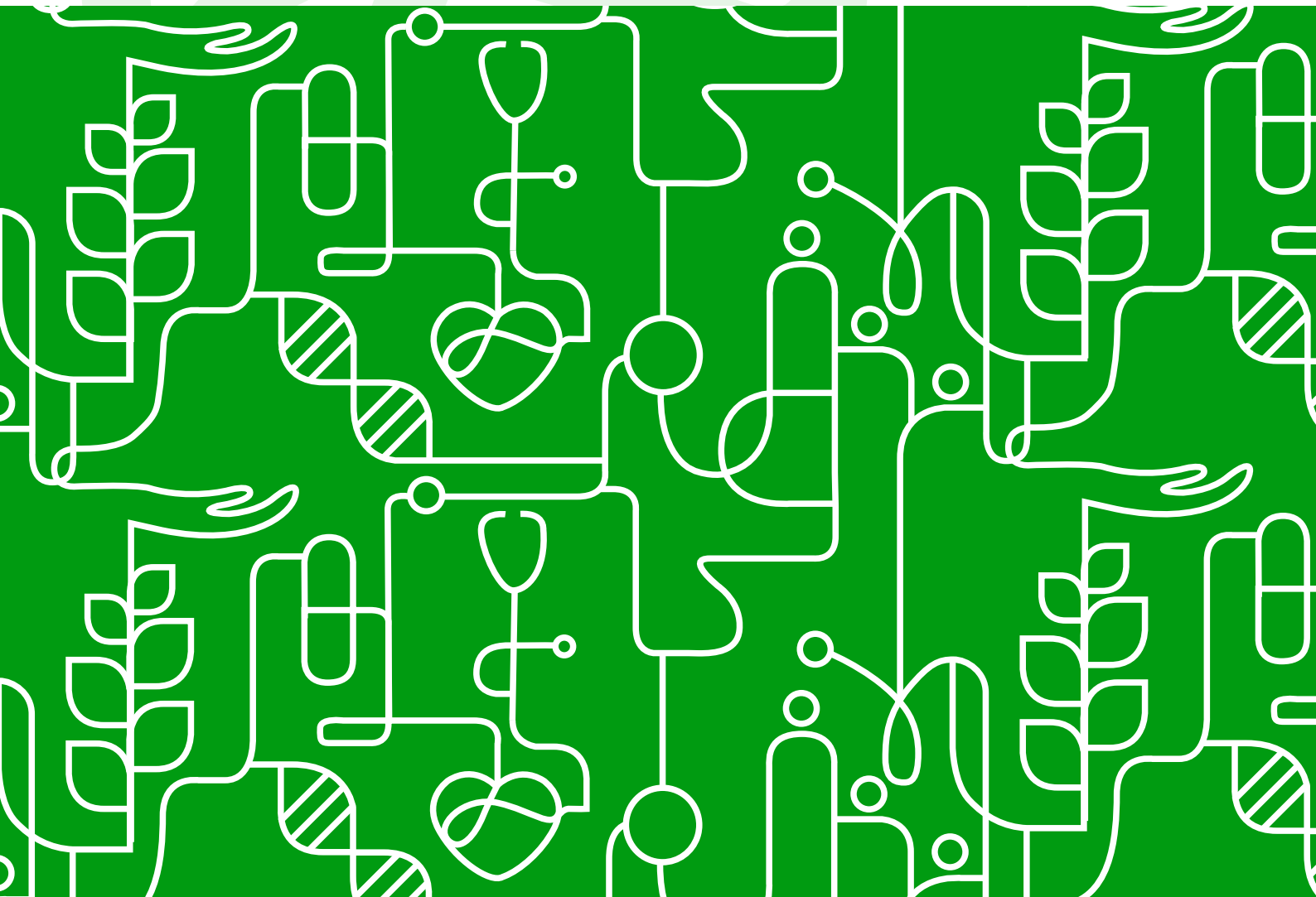


# WRAD HEALTH Model of Care



WRAD HEALTH  
PERSON-CENTRED CARE

# ACKNOWLEDGMENT

We acknowledge the traditional custodians of the land on which we meet today, the Peek Whurrong People of the Maar Nation. We pay our respects to the world's oldest continuing culture, and to Elders past, present and emerging. We acknowledge Aboriginal people as Australia's first people and as the Traditional Owners and custodians of the land and water on which we live, work and play. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches our society more broadly. We embrace the spirit of self-determination and reconciliation, working towards equality of outcomes and ensuring an equitable voice' WRAD acknowledges that our service is sitting on the land of the Gunditjmara peoples.

The WRAD Agency actively values and promotes diversity in our workplace and affirms our commitment to working towards achieving an open, harmonious and inclusive environment; where everyone is welcome, included and valued – regardless of gender, age, race, sex, sexual orientation, and religion, level of ability, cultural or language background.



We acknowledge the Traditional Custodians of the land we work on and pay our respects to Elders Past, present, and emerging.



We celebrate, value, and include people of all backgrounds, genders, sexualities, cultures, bodies, and abilities.

## WRAD HEALTH MODEL OF CARE

172 Merri Street,  
Warrnambool, Vic 3280

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wrad.org.au  
thelookoutrehab.com.au

WRAD Health - 'Person Centred Care' is funded by the Victorian Government Department of Health and the Western Victoria Primary Health Network. Other sources of funding include fee-for-services through Medical Services, and various fund-raising activities.

### THE NEW WRAD LOGO

The logo for WRAD Health with hands beneath the image represents the organisation's commitment to providing compassionate person-centred healthcare services

WRAD Health recognises that many people seeking healthcare services are often vulnerable and face challenging situations. These people may be experiencing physical, mental health wellbeing or emotional pain feeling overwhelmed or face complex health issues requiring sensitive and specialised care and treatment.

The WRAD Health logo symbolises this through the two hands cradling the person as if to offer comfort and support and it is symbolic of being welcoming to all.

The logo represents WRAD Health's commitment to provision of person centred care embodying our values of respect, compassion, integrity, accountability and collaboration that are the heart of everything WRAD Health do.

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# INTRODUCTION

As a Victorian community health service, WRAD Health delivers a comprehensive health service with specialist Alcohol and Other Drug (AOD) treatment programs, mental health support and consultation services and a fully bulk billed medical practice.

WRAD Health works to maintain strong community connections whilst delivering flexible models of care that are responsive to people's needs. WRAD Health prides itself on using evidence-informed practice whilst maintaining a firm underpinning of the social model of health that acknowledges the social, environmental and economic factors that impact health, as well as biological and medical factors.

## WRAD Health aims to:

- improve the health and wellbeing of clients through the provision of comprehensive primary health services.
- address client's holistic needs through integration of services
- improve clients' health status and quality of life.

WRAD health values the uniqueness of all individuals and recognizes the need to provide a flexible, accessible, effective and acceptable service model to all individuals in our community. WRAD Health embrace the principles of harm minimization and offer services to all members of the community inclusive of individuals from diverse cultural backgrounds, Aboriginal and Torres Strait Islander peoples and people who identify with the LGBTQIA+ community

WRAD Health's AOD services are predominantly funded by the Victorian Department of Health and Human Services with some program streams funded by the Western Victorian PHN (Commonwealth funding).

WRAD Health's Alcohol and Other Drug (AOD) treatment services are recovery or harm reduction-oriented and encourage self-determination, whilst recognising people's strengths and resilience and we support consumers and significant others to become empowered and achieve positive health and wellbeing outcomes.

# OUR VISION, MISSION, VALUES & PHILOSOPHY

## OUR VISION

The WRAD Health's vision is to advocate and promote the good health and wellbeing of all people in the South Western Region of Victoria

## OUR MISSION

The WRAD Health Centre strives to provide comprehensive integrated healthcare and tailored treatment to individuals and their families

## OUR VALUES

Respect, Compassion, Accountability, Integrity & Collaboration.

## OUR PHILOSOPHY

WRAD health values the uniqueness of all individuals and recognises the need to provide a flexible, accessible, effective and acceptable service model to all individuals in our community. WRAD Health embrace the principles of harm minimisation and offer services to all members of the community inclusive of individuals from diverse cultural backgrounds, Aboriginal and Torres Strait Islander peoples and people who identify with the LGBTQIA+ community

# PURPOSE OF THE MODEL OF CARE

## WRAD Health's AOD Model of Care (MoC) defines

- the key components of the Victorian AOD Program and components which are Commonwealth funded
- the frameworks and theories underpinning the Model of Care
- clinical service delivery across WRAD Health AOD Program Teams and in other Programs, including general practitioners and nursing
- the AOD workforce
- clinical governance and how Model of Care fidelity is achieved
- related policies, procedures and work instructions
- the types of interventions that are in scope and the evidence on which they are based

# GUIDING PRINCIPLES

- **Person-centred and strength-based**
- **Trauma-informed**
- **Recovery-oriented continuity of care**
- **Integrated service delivery**
- **Partnerships**
- **Sustainability** - through continuing advocacy, innovation, and a culture of quality improvement ensuring our service is welcoming, effective and empathic and provides a vision for positivity and hope.

**Person-centred and strength-based approach that respects the individual** and empowers them to identify their goals for change and enhance their own strength and resilience towards recovery. This practice is supported by staff trained in motivational interviewing and treatment planning.

**Trauma-informed** – We recognise the significant impact of traumatic events in the occurrence of mental illness and/or harmful drug or alcohol use. This understanding is crucial to providing high quality care in a trauma sensitive framework

**Recovery-oriented continuity of care** – We recognise that recovery is different for everyone and both length and types of treatment varies for individuals. We aim to support health and wellbeing of individuals for as long as people benefit from the therapeutic relationship.

**Integrated service delivery** – Our commitment to collaborative, multi-disciplinary team approaches remains a central underpinning of quality care. We will always strive to give people all the support they need from one team in one place. The team will plan and implement care in close partnership with other services and disciplines as well the people we are supporting.

**Partnership** – Long term strategic partnerships are essential to maintain quality service provisions to the meet the needs of the 'whole' person and include close working relationships with government, business, education and philanthropy.

WRAD will maintain **sustainability** through continuing advocacy, innovation, and a culture of quality improvement ensuring our service is welcoming, effective and empathic and provides a vision for positivity and hope.



# THEORETICAL FOUNDATIONS

- Harm Reduction
- Stages of Change
- Motivational interviewing
- Strengths-based and resilience oriented
- Trauma-informed Care and Practice
- Dual Diagnosis Awareness
- Recovery-oriented Practice
- Substance use as a Behavioural Issue
- Family Sensitive Practice

## HARM REDUCTION

Harm reduction aims to prevent or reduce harms associated with drugs rather than reducing or stopping drug use itself and is fundamental to WRAD Health's AOD services. WRAD Health supports clients to reduce harm from drugs via needle syringe services, medication assisted treatment and support for opioid dependence, brief interventions and education.

Our aim is to work with clients where they are at in terms of the change cycle and support them to achieve their goals which may not necessarily be to stop drug use or alcohol consumption.

Our NSP, peer workforce and clinicians seek to educate people about safer using practices and how to reduce blood borne virus transmissions and overdose.

Our harm reduction service aims to increase access to other health and social services among people who have little or no access to them, increasing positive health outcomes for people who might otherwise not receive support.

Additional programs that outreach to clients include the "rough sleepers" program and the "medical services to homeless" program which actively try to engage people into healthcare.

## STAGES OF CHANGE

The Transtheoretical Model of Health Behaviour Change (commonly referred to as the stages of change) was developed by Prochaska and DiClemente (1983) after noticing that the change from unhealthy behaviour (smoking) to healthy behaviour (not smoking) is complex and involves a series of stages. These stages do not happen in a linear order, the process is often cyclical

This model for understanding the process of change has remained a solid foundation for clinical work. WRAD Health clinicians identify the stage of change for a persons substance use disorder and/or co-existing health concerns and take a stage matched approach to planning goals and interventions with the client.

## MOTIVATIONAL INTERVIEWING (MI)

Motivational interviewing is a counselling method that involves enhancing a patient's motivation to change. The definition of MI is captured in the following;

- Motivational interviewing is a guiding, client-centred counselling style for helping people explore and resolve ambivalence about behaviour change
- It is an approach designed to help clients build on their own motivation and reach a decision to change
- Intentionally addresses to the resolution of ambivalence
- It is a method of communicating

The 4 Processes of MI include **Engaging, Focusing, Evoking, and Planning**. These processes are not linear and require a lot of skill of the clinician. WRAD provide ongoing training, supervision and development around clinicians skills in the use of MI. As a skill set MI principles and philosophy underpin all of the work we do with clients of WRAD Health.

The spirit of MI underpins a lot of the work we do at WRAD Health.

## SPIRIT OF MI

### Acceptance

- **Absolute worth** - Accepts the person regardless, total non-judgement and honours the client's expertise and experience
- **Affirmation** - To seek and acknowledge the persons strengths
- **Accurate Empathy** - An active interest in and, effort to understand the others internal perspective, view through their eyes
- **Autonomy** -The counsellor affirms the client's right and capacity for self-direction and facilitates informed choice

## COMPASSION

Defined as; "Deep awareness of the suffering of another coupled with the wish to relieve it". We want to understand and respect the client and their experience.

## EVOCATION

The resources and motivation for change are presumed to reside within the client. Intrinsic motivation for change is enhanced by drawing on the client's own perceptions, goals and values.

## PARTNERSHIP/COLLABORATION

Counselling involves a partnership that honours the client's expertise and perspectives. The counsellor provides an atmosphere that is conducive rather than coercive to change.

## STRENGTHS-BASED AND RESILIENCE ORIENTED

WRAD Health incorporates a strengths-based approach and Clinicians focus on identifying strengths within clients, their networks and community. The strengths-based approach is aligned with resilience

theory where the central principle is that in spite of facing adversity, people often do well and thrive. Resilience is a protective process which enables individuals to reach good outcomes even though they may have endured significant adversities. Resilience is a common phenomenon arising from ordinary human adaptation and strength. It is a dynamic process that can change across time, developmental stage, and life domain. WRAD Health AOD Clinicians seek to engage and grow the resilience that is apparent in their clients. WRAD Health provides resources from the Resilience Project for those clients interested in taking a strengths and resilience focus to their recovery journey.

## TRAUMA-INFORMED CARE AND PRACTICE

Trauma-Informed Care and Practice acknowledges the lasting impact of trauma and is underpinned by the strengths-based framework outlined above. WRAD Health AOD practitioners are trained (or will be) in trauma-informed practice and how to respond to the impact of trauma. Being trauma-informed means that our clinicians

- pay attention to safety, trustworthiness, choice, collaboration and empowerment
- seek to create opportunities for clients who have experienced trauma to rebuild a sense of control and empowerment
- recognise the prevalence of trauma and its impact on the emotional, psychological and social wellbeing of people (and communities)
- are informed by knowledge around attachment, development, working with the body, memory and an understanding of self
- include the psycho-social (trauma-informed) and a recovery focus (recovery-oriented)

Whilst treatment of trauma is out of scope for WRAD Health AOD practitioners, interventions related to managing trauma responses are provided.

## DUAL DIAGNOSIS AWARENESS

WRAD Health know that co-occurrence of mental health conditions and substance use is common. WRAD Health clinical staff approach to dual diagnosis adheres to the principals of No Wrong Door meaning any door the client enters the system is the “right” door and WRAD Health staff will work with that client to address the presenting needs within their scope of practice and ensure smooth transfer or integrated treatment occurs when their mental health issues are out of scope. WRAD Health clinicians adopt a holistic approach to the management and treatment of co-occurring mental health and substance use issues, based on treating the person, not the illness.

All clients are screened and assessed for Mental Health and substance use at initial screening and comprehensive assessment and beyond. During the episode of care, the client’s AOD use and mental health condition are treated simultaneously by the practitioners. This approach allows for the exploration of the relationship between the person’s AOD use and his/her mental health condition.

Some clients with dual diagnoses may require additional treatment for their mental health problems. These clients are referred to WRAD Health’s Dual Diagnosis Program and/ or referrals made to clinical mental health services.

## RECOVERY-ORIENTED PRACTICE

Definition of Recovery; ‘Recovery means gaining and retaining hope, understanding of one’s abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life and a positive sense of self. Recovery is not synonymous with cure’ (WHO, 2013)

Recovery enables clients to live their lives according to the way they want to live and has positive effects on the client, their families and the wider community. As recovery is individual for each person, WRAD Health believe recovery is individual for everyone and the successful elements of recovery are defined by the client not the service.

WRAD Health agree with the following:

- Recovery emerges from hope
- Recovery is person-driven

- Recovery occurs via many pathways
- Recovery is holistic
- Recovery is supported by peers and allies
- Recovery is supported through relationship and social networks
- Recovery is culturally-based and influenced
- Recovery is supported by addressing trauma
- Recovery involves individual, family, and community strengths and responsibility
- Recovery is based on respect

For more information and practical examples of how these principles are adopted in practice go to the guidelines researched by Turning Point, SHARC and DHHS pages 11-14.

[https://nceta.androgogic.com.au/pluginfile.php/237/block\\_html/content/Recovery%20resource%20-%20Turning%20Point.pdf](https://nceta.androgogic.com.au/pluginfile.php/237/block_html/content/Recovery%20resource%20-%20Turning%20Point.pdf)

## SUBSTANCE USE AS A BEHAVIOURAL ISSUE

WRAD Health view substance use as a behavioural issue whereby a person can make significant change to their situation through a combination of the right motivation (intrinsic and extrinsic) as well learning the necessary skills to make that change utilising a cognitive behaviour therapy framework. To make change firstly the clinician and the client need to be fully aware of the function of the substance use behaviour to effectively suggest appropriate treatment strategies going forward.

## FAMILY SENSITIVE PRACTICE

Family Sensitive Practice has been defined as ‘any work role that is performed in a way that is inclusive, understanding and respectful to families and other carers, including their social and cultural role’. (Young, Riess, & O’Hanlon, 1998).

The Royal Commission into Victoria’s Mental Health Services recommends greater involvement of families. NCETA see family sensitive practice as an important component of the treatment journey for someone with substance use problems and encourage seeing the family rather than the individual as the “unit of intervention”

WRAD Health are continuing to expand the capacity of the service to respond to the unique needs of family members and significant others of someone with a substance use problem.

At WRAD Health we partner with Family Drug and Gamblers Help to offer external support should a family member wish contact with someone outside of the organisation that their loved one may attend.

## CULTURAL DIVERSITY AND SAFETY

WRAD Health recognises that we work with a diverse population of people from different cultural backgrounds, diversity and people living with a disability. WRAD Health are constantly aware of the need to be a welcoming and safe, accessible organisation.

WRAD Health has a consumer participation group to provide feedback on the service and its offerings as well to the experience of consumers

WRAD Health is working towards being Rainbow Tick accredited as well seeking to complete the reconciliation action plan process

WRAD Health has a commitment to ensure all clinical staff are trained in LGBTIQ+ inclusion as well cultural awareness training about the local traditional custodians of this land

## SPECIAL POPULATIONS

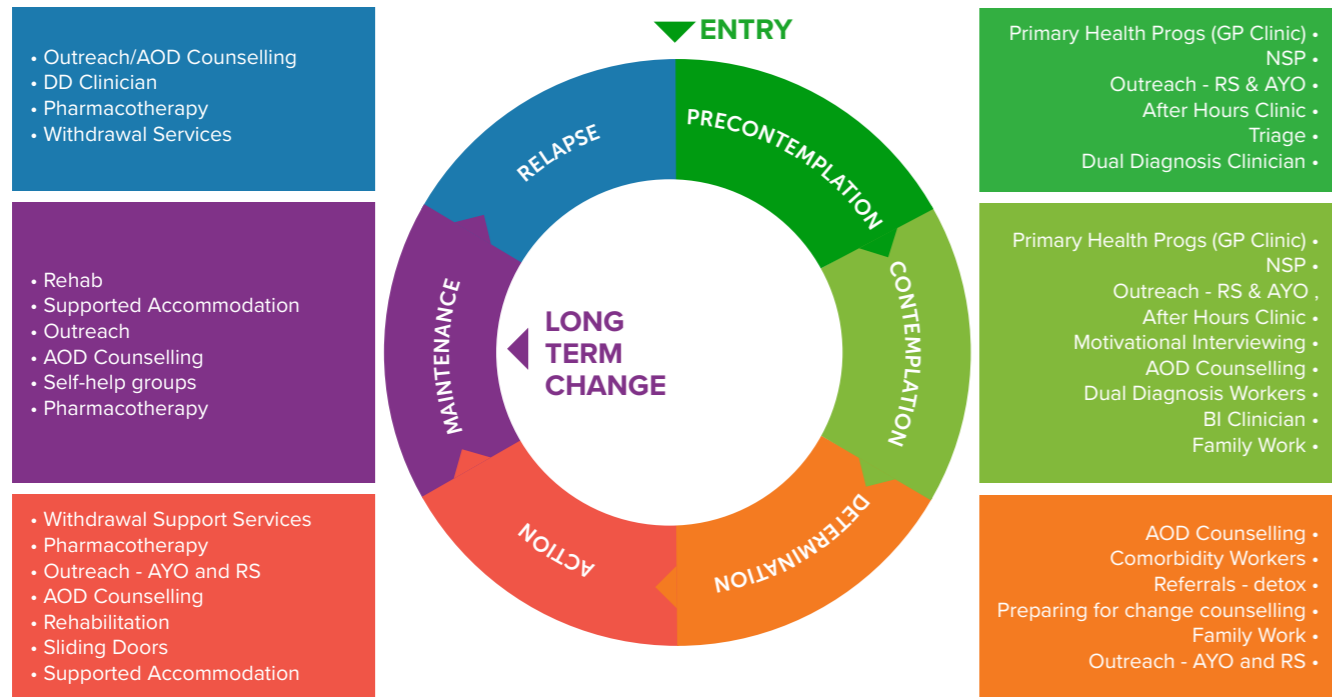
Consumers with Child Protection and/or Family Violence Related Concerns.

The following guidelines are utilised by WRAD Health AOD clinicians to guide practice where child protection and/or family violence exist in relation to the AOD consumer and/or their family members.

- Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) <https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management>.
- MARAM Practice Guides Responsibility 5&6: Information Sharing with Other Services, Including Secondary Consultation and Referral.
- MARAM Practice Guides Foundation Knowledge Guide.
- MARAM Practice Guides Responsibility 2: Identification of Family Violence Risk.
- MARAM Practice Guides Responsibility 1: Respectful, Sensitive and Safe Engagement.
- MARAM Practice Guides Responsibility 9 and 10: Contribute to coordinated and collaborative risk management including ongoing risk assessment.
- Parenting Support Toolkit for Alcohol and Other Drug Workers.
- Parenting support toolkit for AOD workers Booklet 3: Service and resource guide.
- For Kids’ Sake: A workforce development resource for Family Sensitive Policy and Practice in the alcohol and other drugs sector.
- Clinical treatment guidelines for alcohol and drug clinicians no 11: Working with families.
- Protocol between Drug Treatment Services and Child Protection for Working with Parents with Alcohol and Other Drug Issues.
- Practice Guide for Responding to Domestic & Family Violence in Alcohol & Other Drug Settings.
- Scope of Practice: for Working with Service Consumers in Alcohol and Other Drug Settings who Experience or Use Domestic and Family Violence.
- Domestic and Family Violence Capability Assessment Tool: for Alcohol and Other Drug Settings.

# WRAD HEALTH AOD SERVICES

## WHAT SERVICES DO WE OFFER?



WRAD provide a number of programs to meet the varied needs of our consumers.

AOD COUNSELLING	HARM REDUCTION	AOD GROUP WORK	AOD MEDICAL SERVICES
<ul style="list-style-type: none"> <li>Counselling – Standard and Complex</li> <li>Family Counselling</li> <li>Outreach Counselling – voluntary</li> <li>Forensic Counselling</li> <li>Dual Diagnosis</li> <li>Youth AOD outreach</li> <li>Family Reunification</li> </ul>	<ul style="list-style-type: none"> <li>Needle and Syringe Program</li> <li>Peer Overdose prevention</li> <li>Pharmacotherapy support</li> <li>Education on harm reduction</li> </ul>	<ul style="list-style-type: none"> <li>Sliding Doors – non residential rehabilitation program</li> <li>Family and Friends Group</li> <li>SMART Recovery groups</li> </ul>	<ul style="list-style-type: none"> <li>Opioid Replacement Therapy (General Practitioners)</li> <li>Blood Borne Virus screening and treatment</li> </ul>

WRAD Health have visiting specialists and consultation services including:

- Addiction Psychiatrist
- Psychiatric Registrar
- Psychological Services – Community Collective
- Dietician

# CLINICAL GOVERNANCE

WRAD Health's Committee of Management, WRAD Health senior management team and clinicians and peer workers are responsible for ensuring that services are delivered

safely and are of high quality. Clients and significant others are also important partners in the clinical governance process.

## CLINICAL GOVERNANCE

SYSTEM PROCESS	HOW IT'S ENACTED
<b>Scope of Practice</b>	Workers are responsible for their individual clients. WRAD Health defines the Scope of Practice for each AOD clinicians through their position descriptions. This is mutually agreed between the line manager and practitioner. The line manager assesses that the employee has sufficient skills, training and competence regarding the treatment of client presentations. Clinicians are expected to work within the confines of their knowledge limitations. Each clinician's scope of practice is conveyed to their clinical supervisor and included in the supervision agreement
<b>Client Allocation</b>	Allocation of clients to clinicians considers which clinicians has capacity and capability to best meet the needs of individual clients. The clinicians' scope of practice and interventions in which he/she are trained are considered
<b>Client/Clinical Review Meeting</b>	Provides a regular process whereby all AOD clients at least every 6 appointments at a multidisciplinary, integrated team review meeting. The review is brief and focuses on risk, progress and discharge. This monitoring process is important in determining how well the client has responded. Client discussion covers their entry, progress and discharge plan.
<b>Case Presentation at Team Meetings</b>	Complex clients may be reviewed in the form of a full case presentation with the team. Documentation from this review is inserted into the health record using a client review pro-forma .
<b>Client review with line manager or clinical supervisor</b>	Complex clients and clients who are not progressing or whom the worker is finding it difficult to support may be reviewed on an individual basis with the clinician, line manager or clinical supervisor. The review may lead to re-formulated treatment plans.
<b>Critical Incident Review</b>	Reviews are conducted where a client is involved in a clinical or OHS type of incident.
<b>Annual Health Record Audit</b>	A small sample of each clinician's clients' health records is peer-audited annually for the broader purposes of educating and providing evidence in the event of medico-legal issues. .



SYSTEM PROCESS	HOW IT'S ENACTED
Clinical Supervision	<p>Clinical supervision covers the following:</p> <ul style="list-style-type: none"> <li>• Methods and modalities of clinical practice in accordance with the practitioners defined and agreed scope of practice</li> <li>• Concerns the drug and alcohol professional has about client progress, establishing or maintaining boundaries, etc</li> <li>• Any impacts a client is having on the worker</li> <li>• Skill and knowledge development</li> <li>• Ethical and professional practice</li> <li>• Workload issues</li> <li>• Scope of Practice</li> <li>• These processes assist in               <ul style="list-style-type: none"> <li>- Developing the worker's professional practice</li> <li>- Ensuring practitioners are operating within relevant clinical, organisational, ethical, and professional boundaries</li> <li>- Monitoring and supporting worker wellbeing and coping capacity in relation to their work.</li> </ul> </li> </ul>
Professional Development and Training	On an annual basis, practitioners have an opportunity to discuss with their line manager training and professional development needs that may broaden the worker's practice base and enable them to perform a broader range of interventions (in accordance with the model of care).
Dynamic and Ongoing Risk Review Practice	Risk is assessed upon client entry and at each interaction with a worker. Risks are raised at Client/Clinical Review meetings and at the times of risk change or increased concern.
Client outcomes	A formal mechanism for measuring client outcomes is the treatment plan which is uploaded to the clients RediCASE file. as well the department outcome measures used in the AOD suite of tools are recorded on RediCASE.

## OUTCOMES MONITORING

WRAD Health seeks to measure the short-term treatment outcomes of clients who have accessed WRAD Health AOD services, including changes in substance use and mental health and wellbeing.

WRAD Health uses the Department of Health and Human Services' outcomes framework and recommended tools. A suite of detailed performance indicators are incorporated into the Victorian Alcohol and Drug Collection (VADC) data for Victorian AOD services to measure performance. **Three of the outcome indicators are:**

- improved quality of life
- improve physical health
- improved mental health outcomes

**WRAD Health is required to collect data from administration of the following tools:**

- Alcohol Use Disorders Identification Test (AUDIT)
- The Drug Use Disorders Identification Test (DUDIT)
- Kessler Distress Scale (K10)
- Australian Treatment Outcome Profile (ATOP)

A formal mechanism for measuring client outcomes is outlined within the department outcome measures used in the AOD suite of tools and are recorded on RediCASE.

## COLLECTION OF OUTCOMES

	Comp Assess	Counselling	CRC	Dual Diagnosis	AYO	BI	MATOD	NSP	A/H Clinic
VADC	Self complete	Self complete & treatment plan	Self complete & treatment plan	Self complete & treatment plan	Self complete & treatment plan	Self complete	Self complete & treatment plan	N/A	N/A
PHN	N/A	N/A	N/A	Smartsheet	Smartsheet	Smartsheet	Smartsheet		Smartsheet

Outcome measures currently only collected at commencement and closure of service episode.

## WRAD HEALTH - PROGRAM LOGIC



Longer term outcomes that we don't currently measure is whether a person sustains their change goals over 12 months or whether they relapse in substance use in under 12 months.

# TREATMENT PRINCIPLES

## DEPARTMENT OF HEALTH VICTORIA

### 1. Substance dependence is a complex but treatable condition that affects brain function and influences behaviour

This principle reflects the complex nature of substance dependence, its neurological impact and influence on behaviour. It acknowledges that substance dependence can be treated effectively. While lapse and relapse may be common but not inevitable features of recovery from dependence, they can also offer valuable learning opportunities for clients.

### 2. Treatment is accessible

A principle on treatment accessibility draws on theories of individual treatment readiness to highlight the importance of a treatment system that is visible, accessible from multiple points of entry and available in a timely manner. Treatment should be provided equitably and without prejudice to diverse populations (for example, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities or forensic clients) and in diverse locations (for example, metropolitan, regional and rural). Treatment should be experienced as welcoming, accepting, non-judgemental and responsive by clients and families.

### 3. Treatment is person-centred

A person-centred approach tailors treatment to the multiple needs of the client, not just their substance use. This approach supports people to be active and equal participants and partners in their treatment planning, taking into account their family, significant others, cultural circumstances and any other needs.

### 4. Treatment involves people who are significant to the client

With the client's consent, people who are significant to the client are meaningfully engaged in treatment planning. Treatment also addresses the needs of a client's family and significant others, and, in particular, the needs of dependent children.

### 5. Policy and practice is evidence informed

Alcohol and other drug policy and practice should be informed by a robust evidence base. The timely transfer of knowledge between research and practice is a critical enabler of evidence-based policy and practice. Resource allocation that supports sector innovation and evaluation is encouraged to complement the existing evidence base.

### 6. Treatment involves integrated and holistic care responses

Integrated and holistic care means engaging practitioners from different health, human services and welfare sectors to provide coordinated care to meet people's diverse needs. Such care involves clear pathways, strong partnerships and collaboration, and reduced duplication within and across sectors. A variety of treatment types, interventions and modalities should be available and tailored to the unique needs of people, their family and children.

### 7. The treatment system provides for continuity of care

Continuity of care acknowledges the importance of providing treatment that responds to a person's ongoing needs. As such, treatment systems should articulate clear care pathways, deliver early intervention and prevention, treatment of appropriate mix and duration, and post-treatment follow-up.

### 8. Treatment includes a variety of biopsychosocial approaches, interventions and modalities oriented towards people's recovery

A responsive service system requires a range of approaches to meet people's diverse needs. Treatment should build on the person's own strength, resilience and resources. Recovery-oriented treatment acknowledges that a person's path to recovery is individual and unique, and informed by their strengths and hopes, preferences, needs, experiences, values and cultural background.

### 9. The lived experience of alcohol and other drug users and their families is embedded at all levels of the alcohol and other drug treatment system

The knowledge and lived experience of alcohol and other drug users and their families should be embedded at all levels of the alcohol and other drug treatment system, including policy development, service planning, service delivery and quality improvement. The value of the lived experience must be acknowledged and supported within organisations and programs.

### 10. The treatment system is responsive to diversity

Alcohol and other drug treatment and support should be culturally safe and responsive to people's differing understandings of health and wellbeing. Consistent with notions of equity, treatment should be responsive to Aboriginal and Torres Strait Islander

peoples and people from diverse cultural backgrounds, communities, religions, language groups, gender and sexual identities. The unique needs of forensic clients, young people, older people, those with a dual diagnosis, and vulnerable and disadvantaged people with complex needs should also be addressed.

### 11. Treatment is delivered by a suitably qualified and experienced workforce

A strong and capable workforce is an essential component of any robust service system. The alcohol and other drug workforce should have the requisite skills, knowledge, values and attitudes to respond to people's needs and a capability and willingness to work across disciplines and sectors. The workforce should include meaningful roles for those with a lived experience of substance use.

## PROGRAMS DELIVERED BY WRAD

### WRAD Health offers a number of options designed to reduce the harm of drug use to the user and society.

The following programs are among the core service functions offered by WRAD. They follow WRAD's core principles of harm minimisation which recognises that people in our society use both licit and illicit drugs, and that drugs can be used in ways that are more or less harmful to individuals, families and society.

#### TRIAGE

**Definition:** *The sorting of and allocation of treatment to patients according to the urgency of their need for care.*

The Triage/Intake Co-ordination service is not a crisis service for existing clients. Existing client inquiries should be directed to their Clinician or default to the Clinical Team Leader.

In most cases contacts to the service for counselling or assessment are directed to

ACSO to complete the intake and make referrals however if the person has "walked-in or current patient of GP clinic then triage will see them asap to enhance engagement.

#### TELEPHONE

People through telephone enquiry make most initial contact with reception and are offered direct contact with the triage staff or in many cases the person is directed to ACSO Connect 1300 022 760.

#### IN PERSON

Some people make their initial contact with the WRAD Centre by presenting in person. These people may present at reception who then contact the rostered Triage worker

and ask them to talk with the person. The reception staff may then direct the person to the waiting area seating and explain that someone will be with them



shortly. On greeting the presenting person the Triage worker will introduce themselves and direct the person into a private interview room. The Triage worker will then take some initial information about the person's enquiry.

### ASSESSMENT

Comprehensive assessment is completed by the WRAD Health clinical team using the state-wide comprehensive assessment tool and self-assessment tool. Assessments are normally allocated by the clinical manager after referral has been received from ACSO or COATS or from WRAD Health triage.

<https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment>

For overview of the assessment tools watch: [https://www.easyauthoring.com/course/Eastern\\_Health\\_Turning\\_Point\\_AOD\\_Assessment\\_271017/story\\_html5.html](https://www.easyauthoring.com/course/Eastern_Health_Turning_Point_AOD_Assessment_271017/story_html5.html).

### COUNSELLING

The counselling program at WRAD is delivered under several different funding streams within the Victorian Alcohol & Other Drug program under DHHS.

<https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/community-based-aod-treatment/aod-counselling>

The three main funding streams for WRAD Health are Standard Counselling, Complex Counselling and Care and Recovery (CRC). The forensic funding stream will be discussed under forensic clients and the PHN funded programs also have different arrangements.

Counselling will aim primarily to address the impact substance misuse/abuse/dependence is having on the client and his or her family's lives. Services will recognise the client's skills and deficits in areas such as making resolutions, stress management, and dealing with difficult emotional states such as anger, anxiety and depression.

### STANDARD COUNSELLING & COMPLEX COUNSELLING

Standard counselling refers to short focused counselling of up to four sessions. Sometimes at completion of the four sessions the client may not have fully reached their goals and discretion is allowed to extend the program for another series of four sessions or refer to another funding stream if required i.e. case more complex than originally expected. A clinician can only extend a program once before it needs to be reallocated through the ACSO process.

Complex Counselling refers to a more extended and possibly intensive program of between 10 to 15 sessions to complete what is termed an 'episode of care'. It is imperative that the client complete a minimum of 10 sessions to qualify for the funding stream otherwise they are to be recorded as a "standard" counselling episode. It is expected that every client in the counselling stream will have developed a treatment plan developed with the client.

### CARE, RECOVERY AND COORDINATION

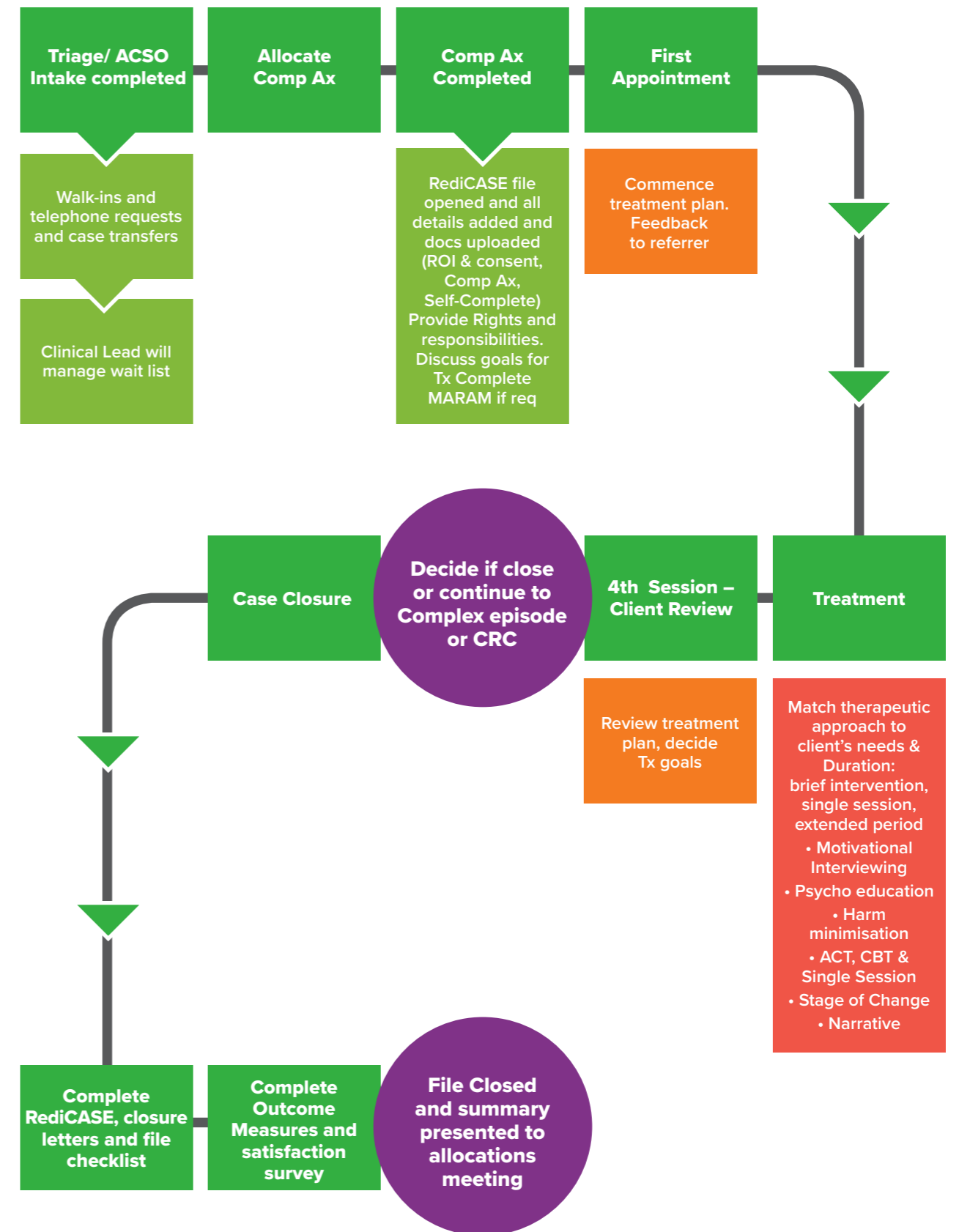
<https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/community-based-aod-treatment/care-and-recovery-aod-treatment>

Care and recovery coordination provides integrated treatment and care pathways clients by coordinating treatment planning and care in accordance with the recovery goals identified by the client and supporting people's access to other services. It supports meaningful involvement by the person and families in care coordination and goal setting to maximise opportunities for meaningful social and economic participation.

People eligible for care and recovery coordination typically present with behaviours and/or conditions that:

- place the individual at high risk to self, to staff and/or the community
- are identified as requiring a long-term supportive service
- require residential treatment.

### CLINICAL PROCESS FLOWCHART



## CLINICAL PROCESSES

### ASSESSMENT PROCESS VOLUNTARY CLIENTS

#### Stage 1

**INTAKE** – Often completed by ACSO and info sent to Clinical Team Leader. New requests for assessment are allocated at the clinical allocations meeting.

#### Stage 2

Allocated clinician calls the person and arrange an appointment with allocated client.

#### Stage 3

**FIRST APPOINTMENT** – Develop treatment plan with the client. Check all appropriate paperwork has been completed and uploaded to client file on RediCASE and the allocated worker will complete the following documents with the client:

- Self-complete
- Comprehensive assessment
- Release of information and consent
- Assessment processes Coats clients

#### Stage 1

**REFERRAL** – Referral sent from Corrections to ACSO forensic assessment worker.

#### Stage 2

**ALLOCATION** – New referrals will be emailed to clinical team and presented in allocations meeting.

#### Stage 3

Once allocated client, after the meeting email brokerage on [brokerage@acso.org.au](mailto:brokerage@acso.org.au) with the appointment time, whom will send a letter to the client and upload the client to the *Penelope* portal.

#### Stage 4

**FIRST APPOINTMENT** – Develop treatment plan with the client.

\* Clinician is required to liaise with corrections case worker about client updates/ allocations.

\* Clinician is required to complete 'progress reports' on *Penelope* after every appointment. (Separate from case notes on Redicase).

## PENELOPE DATABASE

The Penelope portal is used for the following:

- Completing treatment completion advice (TCA) payment forms. Completion of TCAs enables ACSO to broker payment to treatment agencies according to the activity provided.
- Completing TCA payment forms for assessment which enables WRAD to be paid for all assessments.
- Progress reports for COATS clients. The purpose of this is for the Corrections Case manager to view attendance.

All intake documents per client will be available to view and print.

## GENERAL PRACTICE AND MEDICAL SERVICES

Handbury Medical Suites is one of the few general practices in Warrnambool to offer a comprehensive range of bulk-billing services which means patients do not have to pay gap fees.

The service is accredited by the Australian General Practice Accreditation Limited (AGPAL).

**Practice hours are Monday – Friday  
9am–5pm and after hours Mon, Tues  
and Thurs 6–8.30pm.**

## COMMUNITY ENGAGEMENT IN RAISING AWARENESS AND HARMS OF SUBSTANCE USE

WRAD health promotes awareness campaigns such as National Drug Awareness Week, Rural Health Week, and, where possible, translates the theme locally into action. WRAD also participates in awareness days for LGBTIQ+ and Aboriginal and Torres Strait Islander events.

## BRIEF INTERVENTION PROGRAM IN PARTNERSHIP WITH PHN TO DELIVER AOD INTERVENTIONS IN PRIMARY HEALTH CARE SETTINGS

**Brief intervention** recognises that many people can benefit from being given appropriate information at the right time in a suitable manner. It places more emphasis on people managing their own problems and monitoring their own alcohol and drug use. A brief assessment is made and a plan for change is negotiated between the client and the worker. This generally takes between five to thirty minutes with the possibility of some follow up sessions. Usually the person is given some information to take away with them, such as a self-help manual on reducing use.

### Brief Intervention Intake Process:

- Client attends GP Clinic and referral made by GP to see AOD worker
- Client completes AOD intake tool with clinician
- Appointment is made to see Brief Intervention Worker
- Client attends scheduled appointment, up to five scheduled appointments
- Client is then if needed referred to other services
- If referred to WRAD for standard counselling then Brief Intervention worker will complete intake tool and/or comprehensive AOD assessment with the client

## DUAL DIAGNOSIS SERVICES TO PEOPLE WITH CO-OCCURRING SUBSTANCE USE AND MENTAL ILLNESS

This Program has been developed to facilitate seamless and integrated treatment pathways for clients with Dual Diagnosis issues. This will necessitate case management with internal and external partners to ensure an integrated service response that assists clients and their family members / significant others to reduce harms associated with their mental health and substance use and promote recovery overall.

Dual Diagnosis services are accessible 5 days per week from WRAD Health. The Dual Diagnosis Clinic accepts internal and

external referrals and has several access pathways for clients and referrers. The Dual Diagnosis team is committed to improving access for difficult to engage clients and offer outreach appointments at other community service agencies as needed.

### Dual Diagnosis Practitioners provide:

- Dual Diagnosis assessment and care planning;
- Motivational enhancement and goal setting;
- Education on co-occurring substance use and mental health conditions;
- Integrated strategies to reduce substance use and improve mental health;
- Referral to additional supports, including WRAD Health Addiction Psychiatrist, for secondary consultations and treatment recommendations.

### Modes of and Requirements of Referral

#### Internal Referral Process:

Referral from WRAD Clinicians into the program where the client identifies a level of concern in regard to their mental health and would like another level of support.

or

The clinician identifies a level of psychological distress and asks client whether they would like another level of support. The clinician must determine if the client has both a addiction issues and a mental health problem formerly diagnosed or undiagnosed seeking clarification of screening results.

#### Process; Clinician will

- Obtain a release of information from client
- Complete an internal referral form
- Provide Self-complete Assessment
- Provide both MMS and Assist Screens.
- Liaise with Dual Diagnosis Clinician and set up an appointment for the client
- Dual Diagnosis Clinician will
- Determine the appropriateness of the referral

If determined ineligible for the program discuss options and give feedback to clinician (CRC function). If determined eligible liaise with referring Clinician and



set up an appointment for the client and complete another level of assessment, develop a treatment plan and implement case management strategies to provide support.

#### External Partners

The role will involve taking referrals from external partners and the provision of care and recovery and linking of clients into WRAD services.

The client will determine the level of extra support they require and may decide that engagement for case management in the Dual Diagnosis program is sufficient and decline the option of being also involved in other WRAD clinical services.

#### External Referral Process:

- Referral from other agencies into the program
- Referring Clinician will obtain a release of information from client and complete a referral form and any other documentation appropriate to treatment and assessment.
- Dual Diagnosis Clinician will determine the appropriateness of the referral and if determined ineligible for the program discuss options and give feedback to clinician (CRC function)

This may well take the form of outcomes summary letter with recommendations attached.

#### Consultant Psychiatrist referrals:

Following seeing the client the Psychiatrist makes a recommendation in his report that the client would benefit from seeing the Dual Diagnosis clinician then the Dual Diagnosis Clinician completes another level of assessment, develop a treatment plan and implement case management strategies to provide support. Note clients engaged with AMHS and have psychiatrist allocated are not eligible for secondary consultations with addiction psychiatrist.

#### Internal Medical Service Referrals

Following seeing the client the Medical Officer determines that the client would benefit from seeing the Dual Diagnosis clinician

Medical officer contacts dual diagnosis clinician and discusses concerns and if required a formal referral process ensues

#### External Medical Service

This procedure follows the same clinical pathway except the triage worker will see the client and further triage the needs and seek consent then rest of process as per internal medical services.

**Please note:** Intake through ACSO Connect remains the preferred pathway  
Phone: 1300022760

#### Family Referrals

Family members of Dual Diagnosis clients ringing for support will go through the normal triage process. Dual Diagnosis clinician will be informed so can set up an appointment for the family member

### YOUTH AOD SERVICES

#### What can a young person expect from the Youth Outreach Worker?

##### The service is

- tailored to young people's needs
- available to operate at various locations around Warrnambool where young people feel comfortable to meet

##### Making a Referral:

A young person can self-refer, or be referred by a school or other service provider.

- All referrals come via the WRAD Triage system - Phone: 55 645 777
- The Youth Outreach Worker follows up every referral promptly, and contacts the young person to set up a meeting time and place
- The Worker acts cooperatively with a number of youth specific services in the region
- The Youth Outreach Worker is available Monday - Friday from 9.00am - 4.00pm

### FORENSIC AOD COUNSELLING SERVICES IN PARTNERSHIP WITH OFFICE OF CORRECTIONS

The Australian Community Support Organisation's (ACSO) Community Offenders Advice and Treatment Services (COATS) program will remain the provider of intake and assessment services for the majority of forensic clients. This includes all clients referred through Community Corrections and the Adult Parole Board.

Following intake and assessment by ACSO COATS, forensic clients will be referred to a treatment provider for ongoing treatment and support, drawing on the initial treatment plan developed following the comprehensive assessment.

Catchment-based intake services will continue to provide intake, triage, bridging support and brief intervention services for diversion clients. These include people referred by Victoria Police through the Drug Diversion Appointment Line (DDAL), the Magistrates' Court, and other clients seeking treatment to address the AOD-related offending behaviour.

Assessment for diversion clients will take place by all treatment providers following referral from a catchment-based intake service. Assessment providers will use the department-endorsed comprehensive assessment tool and clinical judgement as a basis for determining the level and type of treatment required.

### COURT REPORTS

Any requests for court reports are notified to the line manager to clarify reasons for report and ethical and legal considerations. A standard fee exists for the production of court reports that detail any assessment or diagnostic/ prognosis information. Standard letters that outline dates of attendance do not require management approval however those letters need to only state client name and dates of attendance or missed appointments and do not offer any other detail. All such information also requires a release of information signed by the client unless subpoenaed.

#### Department of Health & Human Services requests for letters

Letters for DHHS purposes similarly should only state dates of attendance and it is preferential that DHHS requests are made from manager to manager rather than to clinicians.

### FAMILY RE-UNIFICATION SUPPORT PROGRAM

- The AOD Family reunification role provide targeted treatment services for parents whose children are the subject of a family reunification order. The worker will enhance current Care & Recovery Co-ordination, Bridging Support and Brief Interventions activities for this client cohort.

#### The worker will:

- Work to engender hope and build supportive and respectful relationships with people engaged in WRAD services that nurtures and encourages recovery-oriented thinking and behaviour.
- Act as the coordinator for clients who are subject to a reunification order, working with the DHHS Child Protection Services, Courts and established service providers in the region.
- Provide information to those clients and their families in relation to linking with other services, peer led groups and other community services: Including referral to counselling, WRAD medical services, and the Peer Led Peer Support Group.
- Work closely and collaboratively with the AOD Peer Worker and other WRAD staff teams at to deliver services which are welcoming, responsive and flexible.
- Advocate on behalf of clients and help clients to navigate the health and social services systems.

### OUTREACH AOD COUNSELLING TO CORANGAMITE AND MOYNE

WRAD recognise the difficulty with transport to attend centre based appointments for people living in the wider regions of the Greater South Coast. As such clinicians now provide outreach to towns of Cobden, Terang, Camperdown, Mortlake and Port Fairy.

### OUTPATIENT REHAB PROGRAM "SLIDING DOORS"

<https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/community-based-aod-treatment/therapeutic-day-rehabilitation-aod-treatment>

Sliding Doors is a 6 week full-time day rehabilitation program delivered at WRAD centre. It is designed to change the way consumers think and to improve communication skills and learn the tools to manage their life without a reliance on substances. Sliding Doors teaches the skills and knowledge to manage anger and anxiety, problem solve and manage urges and cravings associated with drugs and alcohol.

Contact numbers 0434 307 283



## WARP (WARRNAMBOOL ACTIVE RECOVERY PEER SUPPORT)

WARP (Warrnambool Active Recovery Peer support) was developed through the assistance of SHARC and WRAD. Essentially it is a recovery group to meet the needs of the Warrnambool area, supporting people who have completed counselling and or non-residential rehab and are looking for continued support for their ongoing recovery from AOD issues.

Acceptance into the support group is based on recovery and the client must have some time of no use of drugs or alcohol and have been working with an AOD counsellor, the Sliding Doors program or completed a rehab and are engaged with the service.

It is a safe environment for group members to participate, learn and share.

The topics discussed are everyday challenges that people encounter and provide a platform for people to discuss their strategies and how recovery is working for them and assist with difficulties and provide extra support as services start to come to a close.

This provides bridging into the community with others who are also changing their life and wanting to focus on more positive peers and social outlets.

This also links people in with AA and NA as added support so that once they are nearing completion of treatment they have the opportunity to build supports with others in the community. Others who have been in a similar situation and can offer insights, empathy and understanding, support and suggest positive pathways.

They have the opportunity to see recovery in action and see that sustainable change is possible if you maintain your strategies for change. They see others living a working model of this achievement that come from possibly similar backgrounds, socio economics and MH difficulties.

## KICK-START

Kickstart enables people engaged in treatment at WRAD Health to access Aquazone as part of their individual treatment plan and goals, for an agreed length of time.

Kickstart is about helping create lasting change and building healthier, more positive lifestyles.

This fitness program is based on research evidence which has shown that getting involved in fitness helps people beat addiction and commit to lasting change. It does this by getting you up and moving with support, guidance and monitoring.

People who are into fitness have been shown to be more likely to use activity for stress release and to manage difficult times in the future. Making them less likely to relapse, due to having new positive coping strategies.

## FAMILY/FRIENDS AND CARER SUPPORT GROUP

Currently occurs once a month on the 3rd Monday of the month at the WRAD centre from 6pm to 8pm. It is an open supportive group with voluntary attendance from WRAD staff welcome. This group is a supportive group and was initially set up by SHARC but has continued on run by a group of local people passionate about the needs of families for support when dealing with a loved one in active addiction.

SHARC provide a brief intervention service and can be contacted on **1300 660 068** mention you are from the southwest region and can receive up to 5 sessions with a specific counselor.

WRAD Health in collaboration with BeSMART run a carer support group online every second Thursday evening and to attend simply register online at: <https://smartrecoveryaustralia.com.au/online-smart-recovery-meetings-2/> scroll to bottom of page for family and friends meetings.

## WRAD SUPPORTED ACCOMMODATION PROGRAM

The outreach arm of WRAD addresses client's needs in their most private environment: their home. The program offers supported accommodation to help people with alcohol or other drug problems post treatment who may be at risk of homelessness, to achieve lasting change and assist their reintegration into community living.

Residents are initially signed up to a 3 month tenancy agreement in all SASHS properties allocated for Alcohol & Drug Supported Accommodation and extensions are negotiated

between the client, support worker and the transitional housing manager. A detailed housing strategy plan must be formulated with the client prior to applying for any extension to the existing lease agreement.

## POINT OF RESIDENT'S ENTRY INTO THE PROGRAM

The Alcohol & Drug Supported Accommodation (A&DSA) Program is not a housing program. It is a residential drug rehabilitation program linked to medium term housing provided by the Transitional Housing Management (THM) Program. The main objective of the Program is to assist people who have undergone a drug withdrawal program, or who need assistance in controlling their drug use to achieve

### Access

There are three general pathways of entry into the WRAD Supported Accommodation Service.

- a) Via referral from accredited Alcohol & Drug Rehabilitation Program or Detox Program.
- b) Referral from A&D Physician, Clinical Team, Other A&D Services or via the Court System.
- c) Self Referral

## Eligibility

Eligibility criteria incorporate- a policy of inclusion – WRAD will provide supported accommodation to clients who:

1. Require assistance controlling their Alcohol and Drug use.
2. Recent completion of a Withdrawal program or equivalent
3. Receiving ongoing Alcohol and Drug counselling.
4. Currently homeless, at risk of becoming homeless or living in inappropriate housing.
5. Are withdrawn from all drugs upon admittance to the program. (Exceptions to this rule include those people taking anti-depressant medication, those withdrawing from Benzodiazepines and those people currently on methadone reduction programs.)

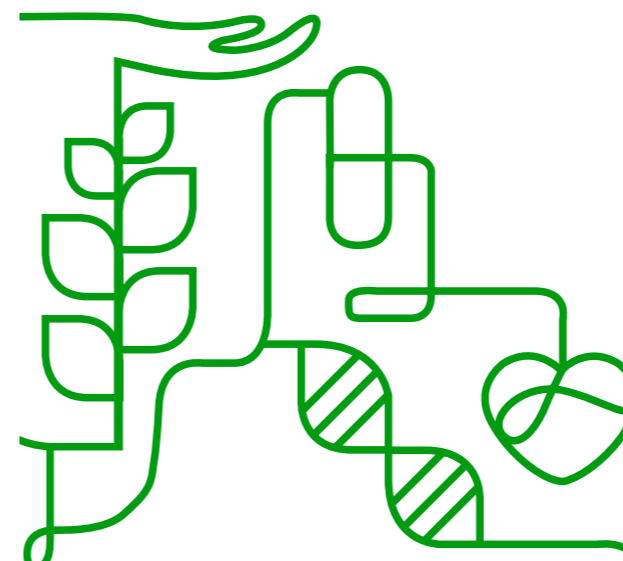
## Points of Resident Exit from the program

Prior to leaving the supported accommodation program a full discharge plan should be developed with the client and they will be linked into services/ agencies appropriate to their needs.

## NEEDLE AND SYRINGE PROGRAM

### Syringe Availability:

Needle and Syringe availability programs provide drug use consumables and safe needle disposals. Information, advice and referral services are also offered. THE NSP is located on the ground floor room next to the Sliding Doors group meeting room. The NSP now also offers Naloxone as a harm reduction life saving intervention in the case of overdose. Staff are trained to educate individuals and families in its use.







## AFTER HOURS MENTAL HEALTH AND AOD CLINIC

The model of AOD/MH service operates two nights per week with a closing time of 8.30pm (Monday and Tuesday). This service is staffed by medical and AOD/MH clinicians and a receptionist.

WRAD believe combining an AOD/MH service with GP goes some way to meet the often co-occurrence of serious physical conditions that affect quality of life and impedes recovery from mental illness therefore a holistic model that includes

physical health is an important aspect of the after-hours clinic.

The AOD/MH clinic is supported by an Addiction Psychiatrist who will be available for case discussion and reviews under the MBS items already used with the PHN funded dual diagnosis project. WRAD will hope to in the future recruit an allied mental health professional to provide additional psychological interventions under the MBS funded mental health program initiatives.

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## PHARMACOTHERAPY MAINTENANCE AND SUPPORT PROJECT

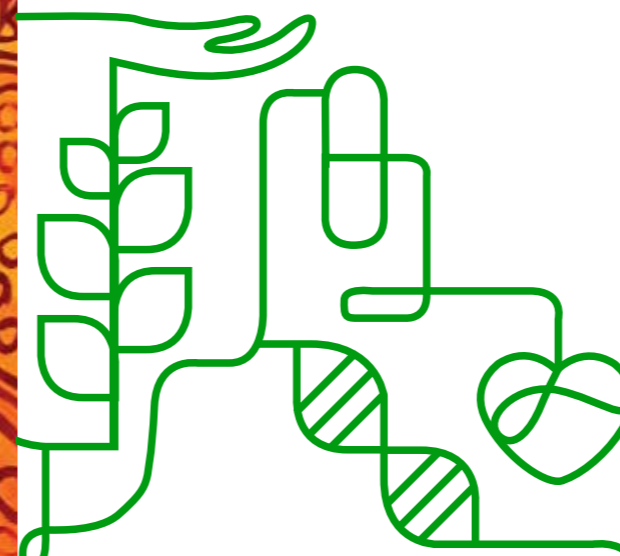
### Background

Pharmacotherapy is the use of medication (e.g. Methadone, Suboxone and Sublocade) prescribed by general practitioners and dispensed to clients by trained pharmacists to assist in the treatment of opioid dependence. The Pharmacotherapy Maintenance & Support Practitioner (PMSP) supports people who are experiencing barriers accessing or maintaining pharmacotherapy who have complex needs and assists in improving pharmacotherapy treatment outcomes.

### Workforce

The PMSP has qualifications in the Certificate IV Alcohol and other Drugs or equivalent knowledge and experience, as well as experience working in case management or counselling with people who use drugs. PMSP provide case management to people who have multiple complexities such as opioid dependence, mental health issues and/or lack of sustainable housing.

*This program is still in development.*







## THERAPY GUIDELINES

INTERVENTIONS	CLINICAL PRACTICE GUIDELINES REFERENCES
Acceptance and Commitment Therapy	NSW Health Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines. 2008 (Page 33)
Brief Interventions	Counselling guidelines: Alcohol and other drug issues. Government of Western Australia. Drug and Alcohol Office. 3rd Edition. Ali Marsh, Stephanie O'Toole, Ali Dale, Laura Willis & Sue Helfgott. 2013 (Page 53)
Cognitive Behavioural Therapy	Guidelines for the Treatment of Alcohol Problems. Australian Government. Department of Health and Ageing. Paul Haber, Nicholas Lintzeris, Elizabeth Proude and Olga Lopatko. NSW Health. University of Sydney (Page 86)
Comorbidity	Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings THIRD EDITION
Family Approaches	NSW Health Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines. 2008 (Page 34)
Harm Reduction	Counselling guidelines: Alcohol and other drug issues. Government of Western Australia. Drug and Alcohol Office. 3rd Edition. Ali Marsh, Stephanie O'Toole, Ali Dale, Laura Willis & Sue Helfgott. 2013 (Page 51)
Interpersonal Therapy	Queensland Health, Dual Diagnosis Clinical Guidelines (Page 96)
Motivational Interviewing*	Queensland Health, Dual Diagnosis Clinical Guidelines (Page 79)
Mindfulness Based Stress Reduction	Counselling guidelines: Alcohol and other drug issues. Government of Western Australia. Drug and Alcohol Office. 3rd Edition. Ali Marsh, Stephanie O'Toole, Ali Dale, Laura Willis & Sue Helfgott. 2013.
Narrative Therapy	QNSW Health Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines. 2008 (Page 36)
Solution Focussed Approaches	NSW Health Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines. 2008 (Page 35)

Refer also Addy, D. & Ritter, A. 2002, Clinical Treatment Guidelines for Alcohol and Drug Clinicians, Motivational Interviewing, Turning Point Alcohol and Drug Centre, Fitzroy, Melbourne.



# WRAD HEALTH MODEL OF CARE



172 Merri Street,  
Warrnambool, Vic 3280



55 645777



wrad.org.au  
thelookoutrehab.com.au



WRAD HEALTH  
PERSON-CENTRED CARE