



Working at the “Pointy End”

**A collaborative team approach to problematic AOD use
in young people with multiple and complex needs**

Meg Lovett

Jane Nisbet

**Manly Drug Education and Counselling Centre
(MDECC)**



MDECC's New Model

- “Planting the seeds of change” (Volkov & Watson, 2015)
- Developed into a unique family inclusive counselling service for young people with problematic substance use who may have comorbid mental health issues
 - Specialist D&A service, aim to be a centre of excellence: fill the gap and focus on clinical practice
- Change severity of use criteria to “problematic”
 - Most clients meet criteria for SUD
- Changed to be youth specific – 14-25 years old and parents/carers
- Client is now a client of the service:
 - Information sharing by a multidisciplinary and collaborative team

- Young people & parents allocated different counsellors
- Belief and support in the model
- Organisational climate:
 - Strongly supported by management

MDECC's New Model

The Clinical Team

- Senior Counsellor – Mental Health
- Senior Counsellor – Addictions
- Alcohol and Other Drugs (AOD) Counsellors
- AOD Counsellor/Intake Officer
- Family Therapist – Consultant
- Range of qualifications:
 - MSocHlthCounsel, BA(SocSci), BCouns, PGCertHSCCAMH, BSocSc(Soc Wel – Drug & Alcohol Addiction), MSocSc(Addiction), MSW(PQ – in progress), BScPsych, PGDip(Psych), Assoc MAPS, BPsych(Hons), MCP(in progress), MA(ClinPsych), BA(Psych), GDip(Coup & Fam Couns), GDip(Fam dispute Res), GDip(Couns)

- Every client presented before their 10th session
- Families prioritised
- Reviewing clients from an addictions and Mental health lens
- In the context of their family system
 - Not pathologising the individual client
 - Genogram
- Allows us to work collaboratively
 - “Backseat family therapy”
- Decision making
 - Treatment matching
 - Continue/phase out/refer on



Case review

“Pointy End”: Multiple & Complex Needs

- From clients with occasional drug use to moving up the spectrum where most of our clients now meet criteria for moderate to severe SUD
- 83% of clients present with symptoms of a mood/anxiety disorder
- 17% of clients present with symptoms of a psychotic disorder
- Clients too pointy for other services eg headspace
- Multiple risk factors: complex trauma, homelessness, disengaged from work or school
- Multiple services involved (CYMHS, EHT, PECC, JJ, Corrective Services, housing services, early psychosis services, Centrelink, schools etc.)
- Typically at risk of harm to self or others

Benefits

MDECC Team

- Accountability – shared responsibility in decisions re: treatment
- Treatment planning from multiple perspectives
- Facilitates Management of crises by team
- Seamless transition between counsellors
- Professional development
 - Increased knowledge of different disciplines
 - Innovation and creativity from process of hypothesising
 - Encourages sharing of ideas, experience and feedback
- Counsellor wellbeing – informal debriefing, support



Challenges

Maintaining the integrity of the collaborative model

Case Review at 10 sessions

- Clear leadership. Expectations of counsellors in case review must be clear and consistent.
- Avoiding informal “group supervision”
- Respecting different perspectives, valuing everyone’s contribution evenly
- When to withhold feedback

Counselling

- Informing practice without bias: remaining impartial and neutral when you might have heard another perspective of the client’s story

Case Example

Steve* (17)

- Cannabis dependence
- History of methamphetamine dependence
- Substance induced anxiety disorder
- Suicide ideation
- Juvenile Justice - AVO
- Homeless & disengaged with school

Richard & Sarah*

- Seeking support to manage Steve's substance use and aggressive behaviour

* Young person and parent names have been changed.

The Young Person

- Rapport building is prioritised and Steve engages well
 - reduces substance use
 - anxiety eases
 - relationship with parents improves
 - symptoms of first episode psychosis emerge
 - physical health remains poor
- Steve can pay off fines with a Work Development Order or meet Community Service Order obligations
- Steve can attend a psychiatric review at headspace

Case Example

The Parents

- Parents attend Paving Ways and ongoing counselling
- Supported in boundary setting, consequences and negotiating conflict
- “Backseat family therapy”
- Working towards family cohesiveness even when not in the same room.

Case Example



Manly Drug Education and Counselling Centre (MDECC)

91 Pittwater Rd, Manly, 2095

www.mdecc.org.au

Telephone (02) 9977 0711

jane@mdecc.org.au

meg@mdecc.org.au