

Residential / TCs – Concurrent Sessions

**Thursday 19 September
2.00pm – 3.00pm**

Using recovery capital frameworks to facilitate best practice of recovery and care

Zeddy Chaudhry, Doctoral Researcher, Sheffield Hallam University and Odyssey
Mohammed Anwaar, Clinical Manager, Odyssey

This presentation will translate what 'looking back, moving forward' looks like in practice in services supporting recovery from addiction. In Te Wairua services at Odyssey, a recovery capital framework is currently being used that supports individuals to access recovery from their co-existing mental health and addiction challenges.

A strengths-based assessment and recovery planning tool based on recovery capital concepts (the REC-CAP) is being implemented in two Te Wairua residences to support holistic care. Designed by David Best, the REC-CAP is based on over 10 years' research promoting the same key principles that Substance Abuse and Mental Health Services Administration (SAMHSA) identified as key components in providing a trauma-informed approach. These include collaboration, mutuality, empowerment, choice, peer support, transparency and personalised individually-based care (SAMHSA, 2017).

A recovery capital lens has been used to better understand the support pathways for Post-Traumatic Stress Disorder (DeGarmo and Gewritz, 2018) and can guide practitioners in addiction treatment settings to provide best practice through the understanding of the recovery pathways and resources necessary to achieve recovery goals (Cano et al, 2017).

This joint presentation with clinical manager Mohammad Anwaar of Te Wairua, Manakau, will case study the impact of using the REC-CAP is having for staff and residents. We will describe how practitioners are utilising recovery capital concepts in their work and supporting residents to set goals, using what has worked in the past rather than focusing on deficits or problems.

Biography of presenting authors

Zeddy is a doctoral researcher from the Centre for Regional Economic and Social Research at Sheffield Hallam University. Her PhD research focuses on the implementation of recovery capital measurement and recovery-oriented approaches to overcome addiction in Florida and New Zealand. This is supervised by David Best and Michelle Newberry. She has previously completed a MSc Psychology with research interests in the interactions of moral reasoning, personality traits, offending behaviour and substance misuse. She has experience working in the criminal justice system, both community and custody, supporting rehabilitation and recovery as well as with children in care settings.

Mohammed is a clinical manager with Odyssey's Te Wairua service, based in Auckland. He manages a residence with 12 staff and 19 residents in a therapeutic community based on abstinence recovery. Mohammed has a Master of Public Health from the University of Auckland, majoring in mental health, and child and youth health. He has been with Odyssey for nine years, having previously worked in intellectual disability with a focus on autism and child abuse. He also holds a Diploma in CBT, a Certificate in Addiction and MH Supervision, and a National Certificate in Adult education and teaching.

Higher Ground: Looking back at data to move forward effectively

Maree Matthews, Community Manager, Higher Ground Drug Rehabilitation Trust

What does research data have to do with helping people and whānau look back to move forward? In this presentation, we explain how Higher Ground's research programme is used to prove and improve its impact – using robust evidence for service planning, continuous improvement, and demonstrating results to stakeholders.

Higher Ground provides abstinence-based treatment, within an 18-week, 52-bed therapeutic community for adults. The majority of clients present with histories of addiction, particularly to methamphetamines and alcohol, often significantly associated with mental health, eg depression, anxiety, stress, and PTSD, as well as issues with physical health, relationships, work, accommodation and criminal behaviour.

A multi-therapy approach, including helping clients with the lasting impacts of early trauma, is followed. This includes the structured and staged environment of the therapeutic community, guiding principles such as individual responsibility and Narcotics Anonymous 12-step recovery, evidence-based therapies, including group, individual and family approaches, cognitive behaviour therapy, dialectical behaviour therapy, motivational interviewing, psycho-education, relapse prevention, moral reconnection therapy, trauma therapy, a Māori programme, and continuing care after graduation.

Higher Ground collects longitudinal data on all consenting clients using a battery of validated tools, with repeated measures at up to nine points in time from first presentation through to 12-month post-discharge follow-up. Qualitative, or 'soft', data are also captured in order to better understand client experience of the programme. This commitment to ongoing research provides evidence that clients who complete the programme and engage in continuing care experience recovery.

Biography of presenting author

Maree manages the community team at Higher Ground. This team works with tāngata whai ora pre and post residential treatment. This involves preparing clients for admission and supporting them in continuing care once they have completed the programme. She has been with the

organisation for eight years in various roles and is passionate about working in the addiction sector.

Trauma among incarcerated men in drug treatment: Implications for practice and research

Dr Sally Beale, Programme Facilitator, Drug Treatment Programme, Otago Corrections Facility

The Adverse Childhood Experiences (ACE) study highlights the correlation between unresolved childhood trauma and a range of health-risk, anti-social and risk-taking behaviours. In particular, the dose-response effect of multiple ACEs increases the risk of addiction and mental health problems, adult trauma, inter-generational transmission of abuse and trauma, and incarceration. Rates of trauma among incarcerated men in New Zealand are extraordinarily high: 77% have experienced any form of violence, 48% childhood family violence, and 15% sexual violence (Bevan, 2017).

This study explored types and levels of trauma among incarcerated men attending CareNZ's Drug Treatment Programme (DTP) at Otago Corrections Facility (OCF). Staff reviewed case files of nine consecutive cohorts between March 2018 to March 2019 (n=100). Data were collated utilising the 10 items from the ACE study and a further four items related to adult trauma. Finally, staff provided comment regarding how trauma affected men and manifested in the therapeutic community.

Findings reveal high levels of trauma and these are compared to the ACE study and Bevan's (2017) research. I then discuss clinical implications, particularly challenges in enabling men to engage, build trust and feel safe. Tendencies to normalise trauma histories and impacts often prevent men making links with substance abuse. I explore how the DTP acknowledges and addresses trauma through therapeutic alliance, therapeutic community, psycho-education, cultural competence, gender-responsive practice, mindfulness, grief work, emotional intelligence, and men sharing their life stories. Lastly, I traverse research implications, and review possible screening tools to capture rates of trauma and trauma symptoms.

References

Bevan, M. (2017). New Zealand prisoners' prior exposure to trauma. *Practice: The New Zealand Corrections Journal*, 5:1, 8-17.

Biography of presenting author

Sally trained initially as a naturopath and massage therapist in NZ, going on to complete social work and counselling qualifications in the UK out of a growing awareness of body-mind connections. She has worked in the fields of mental health, addiction and learning disabilities, developing a strong interest in the role of childhood trauma in substance abuse and mental health issues. Her doctoral research, completed in 2017, explored social workers' and social work educators' perceptions of child sexual abuse, and how the issue is addressed in mental health/addiction services and social work education.