

Posters

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1. The healing energy field *Micro Input + Macro Output = Connection*

Bo Roe, Addiction (AOD) Practitioner and Supervisor, Te Utuhina Manaakitanga

“It is connection” The bio energy field is the most profound connection between the micro and macro human energy field. This phenomenology has been known throughout the ages and knowingly recorded for around 5000 years and described as ‘divine intervention’. Since the discovery of the quantum field consistent and countless scientific studies have been conducted about the human bio field. These studies indicate that a major paradigm shift has occurred in the awareness of how we approach health care today. People are now connecting inwards to heal their body, mind and spirit by connecting to their inner energy fields and centers and connecting to the outer human bio fields; which is super seeding the evolution of humanity.

This poster presentation will take you on a journey demonstrating how “it is connection” between the micro and macro fields that provides possibilities to heal the mind body and spirit and bring you into awareness again that “it is connection between the human bio energy fields that creates connection all things.”

Presenter biography

My name is Bo I am currently employed by Te Utuhina Manaakitanga as an AOD practitioner and Supervisor. Over the last 35 years I have embarked on a journey to learn about the mind body connection and healing and human transformation. My love for life creates an innate passion for connecting with others and motivates my thirst for knowledge to support innovative facilitation of self-actualizing and transformation.

2. Whanaungatanga - It's all about connections

Win Ebbings, Counsellor/Health Promoter, Problem Gambling Foundation

Over the past several decades gambling has been part of the entertainment industry where a person will put forward an item of value (usually money) on the uncertain prospect of reward. Gambling is the silent partner in the addiction arena, colluding with alcohol and drugs to become a formidable trio, so an alliance of services must be formed. The Problem Gambling Foundation (PGF) works towards wellness / hauora and readily engage and align with services that can and will provide the best for tangata whaiora (clients). To empower the tangata whaiora, PGF does its utmost to work in a cohesive manner and create flexibility to work with providers ensuring the best support available for tangata whaiora and their whānau. Substance abuse and mental health issues can also occur within the throws of gambling.

The following excerpt is referenced from the Sir Mason Durie Conference Mauri Ora:
The Metrics of Flourishing:

The Whanaungatanga Principle – “While each person is unique, there is nonetheless a relationship between all species within the natural world. They are linked by time, interdependency and common needs.”
Whakapiri – Engagement: Readiness and willingness to participate.
Whakamarama – Enlightenment: Increased awareness, understanding and maturity.
Whakamana – Empowerment – Ability to participate in te ao whānui and te ao Māori. Capacity to contribute to whānau and community as well as the capacity for self-determination.

Presenter biography

Win Ebbings

Te taha o toku Matua

Ngati Maniapoto ki Tainui, Raukawa me Ngati Tūwharetoa nga iwi

Te taha o toku Whaea

Ngati Hineira, Uri Taniwha me Ngati Koruhe nga hapū

Ngapuhi nui tonu iwi

Win has worked for 20 years in the alcohol and other drug sector with Kaupapa Māori and mainstream NGOs. Her involvement with the Problem Gambling Foundation began nine months ago she is finding her work invigorating and rewarding. The opportunity to live and work in the Waikato has allowed her to connect with whānau, hapū and iwi katoa. Win is a dapaanz Registered Practitioner and Supervisor.

3 MANAVATION® – Connections not Corrections

Aimee Bartlett, AOD Clinician, Turaukawa Bartlett Consultancy LTD

Turaukawa Bartlett, AOD Youth Worker, Turaukawa Bartlett Consultancy LTD

Darion Williams, Youth Wellbeing Ambassador – Paeroa College

The number of rangatahi, particularly Māori, experiencing alcohol and other drug related harm has seen increasing growth in recent years. This unsettling growth is perpetuated by poor youth engagement with AOD services, stemming from approaches that have previously been heavily influenced by western paradigms of thought with strong clinical and punitive perspectives. Furthermore, these factors have subsequently maintained a sense of disempowerment, disengagement and disconnection to wellbeing for the rangatahi accessing addiction support.

MANAVATION is a youth-focused alcohol and other drug, wellbeing and leadership programme developed in direct response to these types of approaches. The programme resituates youth as the centre of care and empowers rangatahi by positioning them as the leaders of their own journey of wellbeing – leaders of their own waka.

MANAVATION uses the analogy/metaphor of a leader on a journey towards a desired destination, representing their goals around AOD. This narrative draws upon elements of mātauranga Māori to identify goals, barriers and strengths that can be utilised towards reaching their desired goal(s); while enhancing a sense of identity, connection and purpose within a wider environment.

This poster presentation will clearly depict the program's metaphorical imagery utilising real-life rangatahi journeys, interactions and high impact design illustrations to support the core theme of connection.

Keywords – Whanaungatanga, Rangatahi, Mātauranga Māori, Whakapapa, Hauora, Mana

Presenter biographies

Aimee is the co-founder of MANAVATION and AOD Clinician in the Hauraki area; based in both wharekura and mainstream secondary schools. Aimee is a strong advocate for bi-cultural practice and enhancing hauora beyond the realms of AOD interventions. Aimee is one of the first graduates of the Paetahi Tumu Kōrero bachelor of counselling degree and was the recipient of the 2016 Bachelor of Applied Social Science Academic Excellence Award.

Turaukawa is the co-founder of MANAVATION and Youth Worker supporting rangatahi in secondary schools in the Hauraki region. Turaukawa is the recipient of the 2017 Te Rau Matatini – Bob Henare award for rangatahi excellence towards Māori mental health, the first ever graduate of the NZ Apprenticeship in Mental Health and Addiction Support and 2017 Careerforce Top Māori student, as well as being named the 2016 ITF Future Māori Business Leader.

Turaukawa is the director of Turaukawa Bartlett Consultancy LTD and leads the Careerforce Māori workforce development strategy, as well as being involved in regional Mental Health and Addiction Forums.

Darion Williams is a passionate rangatahi school leader and youth advisor to the MANAVATION programme. Darion is also an ambassador for youth wellbeing, motivational speaker and brings a youth perspective to ensure a rangatahi voice is heard and listened to.

4 Why risk everything 4 nothing in return?

Annabelle Harris, Counsellor and Health Promoters, Problem Gambling Foundation of New Zealand
Brenda Zegerman, Counsellor & Health Promoter, Problem Gambling Foundation of New Zealand

Working within the prison setting has enabled a deeper understanding about the prevalence and neurological pathways which can create a risk-taking lifestyle. This 'world' creates a population of people that experience increased stigma and marginalisation. The Problem Gambling Foundation (PGF) has been delivering services in prison settings for more than 20 years. Leanne White and Annabelle Harris have specifically been running a therapeutic group in the Drug Treatment Units for over four years.

Their combined observations are presented in this poster session to unravel the hidden synergistic effect of this lethal cocktail.

They will describe the complexities and perpetuating factors and relevant screening tools for clinicians to achieve better outcomes in practice.

Presenter biographies

Annabelle Harris (Dapaanz) is a problem gambling counsellor and health promotor who has worked at the Problem Gambling Foundation of New Zealand for 2 years. She is experienced in methamphetamine treatment and has a special interest in working with co-existing issues in prison environments.

Brenda has a background in psychology and has spent the past 16 years working with young people with harmful sexual behaviour problems and in youth justice. She has worked extensively with individuals, families, and groups, and has experience in dealing with multiple addiction issues. Brenda also has a special interest in the effects of trauma and its effects on neuro-psychology, and how to support people and their families to overcome this.

5 Pregnancy and Parenting Support Pilot: Three service models locally designed with strong connections to tikanga Māori practice: Hawkes Bay

Julie Oliver-Bell, Clinical Team Leader for Te Ara Manapou, Hawke's Bay Pregnancy and Parenting Service
Justin Lee, Manager Hawkes Bay DHB Community Mental Health and Addiction Services

The Northland, Tairāwhiti, and Hawke's Bay pilot sites implemented locally designed services with a common goal to reduce harm and improve the wellbeing of children by addressing the needs of parents (AOD and related issues), and working to strengthen the family environment.

Each service was given the flexibility to design a model of care that addressed the needs of their local community.

The service – Te Ara Manapou - connects with agencies and health sector groups locally, and with local tikanga Māori practice to advocate for their clients to share the aim of improving outcomes for whānau.

This model demonstrates the benefits of flexibility in design and local community input.

This presentation will demonstrate the innovative models of a 'parenting and pregnancy support service' that the pilot sites have implemented, and how it enhances the sectors ability to connect with their community.

These services have all demonstrated a local need to connect with tikanga Māori practices and this is seen strongly in each of the service designs.

Topics that will be addressed include:

- The service model designs
- Implementation and application of innovative concepts
- Success to date
- Why these models of care can work in other areas

Present biographies:

Julie is the Clinical Team Leader for Te Ara Manapou, Hawke's Bay Pregnancy and Parenting Service. Julie is a social worker who has worked in the community for many years with time in the NZ Police and the last four years at the District Health Board. Julie has a whanau approach to her work and utilises the services strength based approach in both her client and management work.

Justin has overall management responsibility for Hawke's Bay DHB Community Mental Health and Addiction Services and has returned to the DHB environment after 10 years working for NGO, CareNZ Ltd. Justin has held Clinician, Service Manager and National Manager roles over a number of years, and has a strong Addiction background and Recovery focused approach.

6. Pregnancy and Parenting Support Pilot: Three service models locally designed with strong connections to tikanga Māori practice: Tairāwhiti

Frances King, Manager Mental Health & Research, Ngati Porou Hauora.
Te Awhimate Tawhaj, Kaiarahi, Te Hiringa Matua, Ngati Porou Hauora

“E tipu e rea mo nga ra o tau ao”

The Northland, Tairāwhiti, and Hawke's Bay pilot sites implemented locally designed services with a common goal to reduce harm and improve the wellbeing of children by addressing the needs of parents (AOD and related issues), and working to strengthen the family environment.

Each service was given the flexibility to design a model of care that addressed the needs of their local community.

The Tairāwhiti service – Te Hiringa Matua - connects with agencies and health sector groups locally, and with local tikanga Māori practice to advocate for their clients to share the aim of improving outcomes for whānau.

This model demonstrates the benefits of flexibility in design and local community input.

This presentation will demonstrate the innovative models of a 'parenting and pregnancy support service' that the pilot site has implemented, and how it enhances the sectors ability to connect with their community.

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- Why these models of care can work in other areas

Presenter biographies:

Frances King is the manager Mental Health & Research at Ngati Porou Hauora. She has been involved with Mental Health & Addictions sector for many years. She is passionate about service development and delivery to whanau especially in Tairāwhiti and its rural areas.

Te Awhimate Tawhai is the Kaiarahi, Te Hiringa Matua, at Ngati Porou Hauora. He has been practicing indigenous mediums of holistic health care, especially in the area of alcohol and other drugs, using the knowledge of our ancestors to make a difference for the next generations.

7. Pregnancy and Parenting Support Pilot: Three service models locally designed with strong connections to tikanga Māori practice: Northland

Jacqueline Parker-Harrison, Tupua Waiora, Pregnancy and Parental Service, Kaitaia
Maureen Maheno, Tupua Waiora, Pregnancy and Parental Service, Kaitaia

From the DHB that brought you last year's sensation – Te Ara Oranga - comes a new service and another sensation.

The Northland, Tairāwhiti, and Hawke's Bay pilot sites implemented locally designed services with a common goal to reduce harm and improve the wellbeing of children by addressing the needs of parents (AOD and related issues), and working to strengthen the family environment.

Each service was given the flexibility to design a model of care that addressed the needs of their local community.

The service - He Tupua Waiora- connects with agencies and health sector groups locally, and with local tikanga Māori practice to advocate for their clients to share the aim of improving outcomes for whānau.

This model demonstrates the benefits of flexibility in design and local community input.

This presentation will demonstrate the innovative models of a 'parenting and pregnancy support service' that the pilot sites have implemented, and how it enhances the sectors ability to connect with their community.

These services have all demonstrated a local need to connect with tikanga Māori practices and this is seen strongly in each of the service designs.

Topics that will be addressed include:

- The service model designs
- Implementation and application of innovative concepts
- Success to date
- Why these models of care can work in other areas

Presenter biographies:

Jacqueline Parker-Harrison, I have lived in Kaitaia for the past 7 years. I have a Bachelor of Nursing, Unitec, Auckland and a Post Graduate Diploma of Nursing (Mental Health) Massey University, Auckland. I am a Comprehensive Registered Nurse with 18 years' experience working in Mental Health Research, Adult Inpatient, Adult Community Intensive and Liaison Roles, Maternal Mental Health, Adolescent Health and Primary Mental Health. I have been in my current role with Tupua Waiora, Pregnancy and Parental Service in Kaitaia since the pilot commenced just over one year ago.

Maureen Maheno, I am affiliated to Ngati Kuri, Te Aupouri, Ngati Kahu, Te Rarawa and Ngai Takato the five Iwi o Te Hiku o Te Ika. My current role has been with He Tupua Waiora – Pregnancy & Parental Service began over one year ago. I have a Bachelor of Social Work (Biculturalism in Practice) and Diploma in Social Work. I have been a Registered Social Worker since working with the Adult Community Mental Health Team – Counties Manukau Health for 5 years. I returned back home to the Far North 3 years ago, where I worked part time with the Adult Kaitaia Community Mental Health and Addiction Service and as a Generic Social Worker at Kaitaia Hospital.

8. Debt Blocker - Taking control of Debt

Dr Rob Thomson, Managing Director Debt Blocker Ltd

Often people with addictions do not have the funds to make purchases, so do so by obtaining cash loans, or goods that can be sold for cash is also used to feed gambling addictions. The resultant stress and stigma associated with debt in turn increases the likelihood of risky spending, gambling or crime, and their situation gets worse.

Debt blocker is a voluntary and completely free list where people can indicate to lending companies that they don't want to be given credit. This will be useful for people with risky spending habits, mental illness, addictions or those who are coerced into taking out loans for other people. They sign up and their name and DOB go onto a secure list, that can be searched by potential lender as part of an application for credit. This search will only indicate Yes/No whether the person is on the list as no other information is recorded.

Debt blocker is an innovative solution to tackling unsustainable debt and the social consequences for mental health, addictions, poverty, family violence, and crime. It allows both borrowers and lenders to be more responsible and avoid bad debt. Debt Blocker benefits vulnerable borrowers and their whanau, the social service providers who are working with them, lending companies and the wider community.

This will be a really useful tool for workers in the addiction sector to support their clients to take control of the debt and is completely free for individuals and service providers.

Presenter biography tba

9. Social Detox – On the move

Anu James, AOD, Social Detox, Auckland City Mission

Residential Social Detoxification Centre is the first step for a person dealing with alcohol or other drug issues. The Centre helps people with the withdrawal and detoxification process. This involves: withdrawal monitoring; withdrawal support; educational sessions; community recreational services and referral to ongoing residential or community programmes; social work support for housing/accommodation, WINZ.

During their stay, clients will achieve detox from substance in one/two weeks; develop healthy eating/drinking/sleeping habits; attend recovery meetings/church.

Presenter biography tba

10. Recovery in Action: It's all about Connection, Disconnection and Reconnection

Mary Allan, Salvation Army Bridge Programme

This abstract will discuss how the use of action methods can facilitate this process in addiction group work promoting healthy connections that improve wellbeing for tangata whaiora and whanau.

It has been said that the opposite of addiction is connection. (Hari 2015). One of the aims of group work treatment is for tangata whaiora to fully explore the impact that their addictive behaviours has had on their connections with self, whanau and significant others. Relationships that have been damaged or are disconnected can be identified using social atom mapping. Clients are encouraged to use experiential methods to begin to repair significant relationships with the support of the group. The opposite of anxiety is spontaneity (Moreno 1953). The skilful use of action methods can increase the levels of spontaneity in a group enabling tangata whaiora to have conversations between conflicting aspects of themselves or with their drug of choice. A clients "family" can be recreated in the room and the dynamics of those relationships quickly emerge. The feedback from the group also deepens connections within the group.

Creative use of action methods and sociometry in group work can increase group cohesion and deepen relationships. Dr Robert Crawford was a pioneer in the use of action methods in addiction treatment at Queen Mary hospital in Hammer Springs. (1976-1991)

Spontaneity exists in the present moment and can generate the capacity to respond in a new more functional ways. Using "Two Chair" work there are numerous opportunities for clients to explore their ambivalence about substance use and have conversations with conflicting aspects of themselves to facilitate re-connection. Creating family sculptures offers people a chance to step back and observe social dynamics in their families of origin offering new perspectives and possibilities for positive change.

Tangata Whaiora can then reconnect to the positive strengths they have, make choices about which relationships and behaviours to disconnect from and ultimately, reconnect with their own sense of wellbeing.

Presenter biography

I am a social worker and alcohol and drug clinician based in Wellington. I worked in the Corrections area for over 15 years as a Probation Officer and AOD programme facilitator at Rolleston prison. I worked for Wellington CADS dual diagnoses team for 13 years and I am now working at the Salvation Army Bridge programme in Wellington. I love working at the Bridge and group work is my passion. I and have done three years training in action methods at The Christchurch Psychodrama Institute in the 1990s.

I have a B.A in Psychology and a Masters in Social Work. I completed my Post Graduate Diploma in Health Sciences (Addictions) with distinction in 2001. Since then I have been fortunate enough to be employed part time as a Clinical Lecturer for Otago University teaching PSMX 404(Comprehensive Assessment) and PSMX 422 Treatment and Management planning for the last ten years.

11. Connecting Midland

Eseta Nonu-Reid, Regional Director, Midland MH&A

Belinda Walker, Information Project Coordinator, Midland MH&A

Steve Neale, Workforce Planning Lead, Midland MH&A

Akatu Marsters, Business Support Coordinator, Midland MH&A

Connections are pivotal to ensure the view of our stakeholders are well represented at a local, regional and national level. Our presentation will verbally describe how we connect with our region and our poster depicts a visual representation of these connections.

We will describe the diverse regional network groups that provide strategic advice and direction to the Midland Clinical Governance and Portfolio managers group.

We will showcase the collaboration and integration undertaken to develop the regional addiction model of care and will focus on the substance abuse legislation component of this model.

Real people, real time, real voices – Connects Midland.

Presenter biographies

Eseta Nonu-Reid is a registered psychiatric nurse with over 40yrs of mental health and addiction experience. Belinda Walker has been involved in the sector for over 25yrs from service user to senior management. Steve Neale is an AOD Practitioner, manager and commissioner over the last 25yrs in NZ and the UK. Akatu Marsters has 8 years' experience in MH&A providing administration support to the team, region and regional activities.

12. Odyssey Café: Connecting young people to a world of potential

Nicola Corney, Living Well Programme Manager, Odyssey

In the December 2017 quarter, one in eight Aucklanders aged 15-24 year olds (some 32,000 young people) were Not in Employment, Education or Training (NEET) (Source: Auckland Council). Common barriers to employment for young people include a lack of basic skills, low self-esteem or confidence, and a history of offending or substance use.

Odyssey opened a café at its New Lynn community services hub in early 2016 to build links and break down barriers with the local community. It then launched a work training programme in late 2016 to provide Odyssey tāngata whaiora with opportunities to gain experiences of competence within a work setting. Participation in the programme has supported transition back into the community and has provided an opportunity for trainees to widen their social connections and build social capital before leaving residential treatment. As a recent graduate of the programme shared, “the training programme makes you feel like you can get back into the community, in a way that you feel like you’re going to succeed.”

More importantly, participation in the programme connects young people and their whānau to more hopeful visions of their future potential – for example, many graduates have gone on to pursue further education.

This presentation will provide initial outcome data from the training programme’s first 18 months. We will share our Theory of Change, success factors and challenges, as well as reflections on what we have learnt as a health services organisation running a hospitality business and attempting to build a successful social enterprise.

Presenter biography

Nicola is the Living Well Programme Manager at Odyssey, where she leads the development of initiatives to support tāngata whai ora and staff wellbeing. She joined Odyssey in 2016 to establish Odyssey Café’s work training programme, and has overseen this programme since its launch. Prior to joining Odyssey, Nicola spent 5 years developing a social enterprise cafe in London. Nicola has a BA(Hons) in International Relations and a passion for using food as a tool to support people to develop skills, confidence and connections. In her spare time she helps to run a free monthly community meal, Kaitahi, in Point Chevalier.