



A Four Tiered Comprehensive Approach to Family Inclusive Therapy

Carren Hopkins

Kamira

Family Inclusive Therapy Kamira

‘you must be the change you
wish to see in the world’

Ghandi



What we will talk about...

- Overview of Kamira's Residential Program
- Outline of the Four Tier Comprehensive Approach to Family Inclusive Therapy
- Case Studies
- Kamira's FASO inclusion criteria
- Future Directions



WHAT WE ARE NOT GOING TO TALK ABOUT

- RESEARCH
- CLIENT OUTCOMES IMPROVE WHEN THE RELATIONSHIP BETWEEN FAMILY AND SIGNIFICANT OTHERS IS STRENGTHENED, DURING AND AFTER TREATMENT.
- WHEN FAMILIES ARE INCLUDED AS A PART OF THE CLIENT'S CASE MANAGEMENT PLAN, THEIR ABILITY TO SUPPORT AND INTERACT EFFECTIVELY WITH THEIR FAMILIES



KAMIRA'S RESIDENTIAL PROGRAM

- Established 1982 in response to a need for residential alcohol and other drug treatment for women with children.
 - It's funded by the NSW Health Department, Department of Community Services and the Department of Health and Ageing.
 - Kamira has an eclectic approach.
 - Staff utilise a range of evidence based techniques.
 - The Residential Core Program is offered to alcohol and/or other drug dependent women with or without children across NSW.
- a) It can accommodate 19 women and 6 children.
 - b) The core program is divided into five stages and extends across a period of 6 - 12 months.
 - c) Each stage builds upon the previous stage and incorporates new responsibilities and challenges.
 - d) There is an expectation of an increase in behavioural development and self growth, and an increase in leave from the program.



FOUR TIERED APPROACH

1. FAMILY AND SIGNIFICANT OTHERS INFORMATION GROUP
2. FAMILY AND SIGNIFICANT OTHERS SUPPORT GROUP
3. FAMILY THERAPY
4. CHILD AND PARENT ASSESSMENT AND CASE MANAGEMENT PLANS

1. FASO INFO GROUP GOALS

1. General information on Kamira's Residential Program.
2. Provide support and referral for FASO's to engage in treatment options for themselves.
3. Provide a space for FASO's to disclose their common experiences and the impact these have had on their lives.
4. To inform them of the ongoing support Kamira can provide to them.



1. FASO INFO GROUP cont.

- **ACTIVITIES**

1. Information pack is given
2. Onsite groups
3. Confidentiality of the FASOs
4. Detailed information about Kamira's Residential Program provided
5. Generate discussion on the impact of the clients AOD use with group facilitator.
6. Discuss common drugs of abuse and trends within Australia.
7. Family roles and addiction in the family
8. Outside services and supports

Humor is used throughout!



1. FASO INFO GROUP cont.

- FASO'S REPORT.....
- comfort in knowing there is help out there for me too
- I'm not alone
- Shared feelings and experiences
- To look after ourselves and its ok to love our loved ones
- Facilitator was great. Helped to know she had similar experiences which made it easier to believe what she recommended
- Being able to talk and communicate with others
- Understanding of Kamira and its surroundings
- Sense of belonging
- Knowing there is other people going through the same thing
- That we are in recovery also



2. FASO SUPPORT GROUP

- GOALS

- Provide ongoing support to FASO's and provide a network of support among the participants.
- Equip FASOs with tools to support themselves.
- Empowering FASOs in establishing boundaries and being assertive.
- Provide a space for FASO's to share their experiences with others
- The group remains flexible in its approach in order to address any emerging issues FASOs may have



2. FASO SUPPORT GROUP cont.

- **ACTIVITIES**

- Once the FASO has attended an information group, the Family Worker will call them and invite to the ongoing FASO Support Group
- A two hour group conducted one in every three weeks.
- Group begins with a variety of opening activities based around feelings and strengths cards designed to engage the participants in discussions on the theme for the week.
- Themes discussed include:
 - Communication
 - Balancing Life in the midst of chaos
 - Trust
 - Ambivalence
 - Letting go
 - Setting boundaries
 - Understanding drug use and dependencies

2. FASO SUPPORT GROUP cont.

- FASO'S REPORT.....

- Empathy and insight into how to be empathetic
- Communication skills and improvement
- Learning to think about myself
- Understanding of the addiction
- Realising that there are so many more people I can get help/advice and support from
- Good insight in to some real issues
- Great strategies for us to use
- Nonjudgmental support
- Able to express thoughts with others who understand
- Assistance with problem solving
- Shared pain



3. FAMILY THERAPY

- GOALS

- To strengthen relationships between family members
- Help families improve communication and problem solving skills
- Work through stress and tension in family relationships



Family Inclusive Therapy Kamira



3. FAMILY THERAPY cont

•ACTIVITIES

- Family Therapy sessions are offered to FASO's including children that meet the inclusion criteria.
- It is a requirement that Clients have achieved Stage 2 of the program prior to commencing Family Therapy.
- Sessions run up to an hour and a half and are generally offered in six sessions. One off sessions are also offered.
- The sessions are conducted with the client present.
- The sessions are tailored to the needs of the client. The model of counseling incorporates CBT, narrative, family systems approach.
- All family members participating, have the support of the family worker in-between sessions

3. CHILD AND PARENT ASSESSMENT

•GOALS

- To assess the strengths and weaknesses in the relationship between the parent and the child.
- To determine the impact of the parents addiction upon the child and their relationship
- To address any immediate physical and mental health concerns.
- Identify the level of attachment
- Identify the parents current degree of parenting skills
- Assess the achievement of developmental milestones



3. CHILD AND PARENT ASSESSMENT cont.

• ACTIVITIES

- Child and Parent Assessments
- A holistic assessment of the child is completed.
- Strategies are devised with the parent
- Referrals are then made to local services and supports
- Children experiencing social or emotional difficulties may then begin Play Therapy sessions with the Family Worker if required
- The assessment is then repeated if required



CASE STUDY

1. Family Support Group

- 67 year old male accessed the service via the Family Information group
- His wife had struggled with alcoholism – and attended Kamira’s treatment program.
- Second admission he engaged in the program straight away and attended one Family Information group and One Family support group before his wife left the program and relapsed
- He then continued to attend the support group as his wife continued drinking
- Main topics included communication, setting boundaries and understanding drug use and dependency.

CASE STUDY CONT

2. Child Parent Assessment

28 year old heroin addict with an 18 month old daughter completed child and parent assessment. It was evident mum and daughter had been socially isolated prior to treatment

The plan was devised for the daughter to:

- Completed immunisations
- Complete assessment with child health nurse
- Attend playgroups with mum
- Mum to attend external parenting course

Mum and daughter now in final stage of the program



MUM

- Confident, attentive
- Appropriate parenting & discipline skills
- Role model with the therapeutic community
- Good bond with daughter
- Genuinely LOVES being with her daughter

CHILD

- Happy, healthy, good bond with mum
- Reaching all milestones
- Increased social skills

Case Study Cont

3. Child and Parent Assessment

- 25 year old alcohol dependant mother of two small children
- Mother had not had the two children in her care for last 18 months
- Long term severe domestic violence witnessed by children
- Mother experiences major anxiety

Child and Parent assessment was completed prior to the children residing with their mother at Kamira.

From here a case plan was devised

- Mother received intensive support for her parenting skills and anxiety from her case manager, child care worker and Family worker
- Children booked into medical assessment for unknown medical conditions and update of immunisations
- Children booked into local playgroups
- Oldest child commenced 'Play therapy' with Family worker
- A routine for the children's sleep, eating and play was introduced
- Mother is to engage in external parenting courses once she has reached a higher level in the residential program

Case study outcomes

Mum

- Greater confidence in parenting
- Anxiety reduced
- Mum able to identify feelings with children

Children

- Sleeping better at night
- Eating balanced diet
- Socialising with other children

Mum and Children

- Working on identifying feelings and managing emotions
- Better communication

INCLUSION CRITERIA

To be involved in the program the family member or significant other must be;

- willing to participate;
- intending to enter the program with the aim of building a better relationship with the Kamira resident
- supportive of the Kamira resident to recover from their addiction;
- able to refrain from using drugs or alcohol;
- able to refrain from violence of any form or threat there of; and
- able to maintain confidentiality.



Family Inclusive Therapy Kamira

CHALLENGES

- Family Worker employed 16 hours a week
- Time and date to suit majority of FASOS- Support group & Information group
- Funding, funding, funding!



Family Inclusive Therapy Kamira

Future Directions

1. Development of an Information CD for FASO's unable to attend the Family Program due to Geographic's
2. Development of an Information session that can be conducted via teleconference
3. With additional funding would be able to provide more Family Therapy sessions and phone consultations
4. Integration of the Family Program in the Stage 4 of the residential program to include Family members more intensely in the Discharge plan

