

PSU Newsletter

Convener's Report

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We hope you enjoy this edition of the newsletter. This year has been an unusual one for us, with fewer activities than past years—which is disappointing for us but we hope just a temporary lull for the group.

The big issue facing the interest group at the moment is who will take on the roles in the executive committee—the national positions of convener, secretary and treasurer—when Graeme and I finish our second term. Voting will be held at our next AGM, which will be during the next annual APS conference in Melbourne.

We have been grateful for the couple of people who have enquired about the roles, but we need more interest to ensure all the positions are filled. If we can't fill the executive positions, the future of the interest group becomes in doubt, which would be a great pity.

I can appreciate how hard it is to find time for activities outside of work and family responsibilities, but the other side of contributing to the group is the opportunity for a real sense of satisfaction and reward.

I have felt very lucky to have been part of PSU, and intend to remain involved after finishing as convener. It has been rewarding to contribute back to a profession that has been a source of genuine pleasure and fulfilment.

It has also been exciting to help place substance misuse well and truly on the agenda of core business for psychologists. We have a long way to go, but we have covered considerable ground since Dr Debra Rickwood convened the first meeting of the APS

working party on substance use issues.

The working party produced two discussion papers addressing the contribution psychology has made to the alcohol and other drug field, and highlighting opportunities for further involvement.

PSU can also be proud of it's role:

- Four years of newsletters;
- Seminars in Melbourne, Sydney and the Sunshine Coast;
- Representation at three of the last four APS annual conferences;
- An irregularly updated website (by the way, if you're not interested in running for an executive position, we desperately need a website editor!);
- Collaboration with the APS to develop the Alcohol and Other Drugs Tip Sheet;
- Collaboration with the APS to develop an online Alcohol and Other Drugs information resource, to be added to over the coming years; and
- Collaboration with APSAD for the 2005 APSAD conference.

We can only hope with a fresh perspective and new ideas, the next stage for PSU will be equally rewarding. So jump in, get involved and I guarantee you will get as much back as you put in!

**Helen Mentha
 National Convener**

By the way...

Do you have access to the internet? Are you comfortable with simple software? And have a spare half an hour ever 2-3 months? We want you!

PSU is looking for a new web editor to make minor updates on the PSU website.

It's a small job with a big impact—but we need help. For more info contact Graeme Kane at Graeme.Kane@iechs.org.au.

Important reminder

All PSU Executive and committee positions will be up for election this year! The current executive will not be standing for another term.

Please use the nomination form enclosed with the postal copy of the newsletter to stand for election.

2005 AGM will be held 1-2 pm on Saturday 1st October at the APS Annual Conference in Melbourne.



Professional development

PSU seminars for 2005

Melbourne seminar #1: "Alcohol: Beliefs vs Experience"

Presenter: Anthony Flynn
Time: 7.30-9.00 PM
Date: 10th August 2005
Where: Rear of Boroondara Community Health Centre
 378 Burwood Rd, Hawthorn (enter through car park)
RSVP: Graeme on 9818-6703;
 Graeme.Kane@iechs.org.au

This seminar examines the relationship between people's perceptions of their alcohol use, their emotional experience and treatment outcomes in counselling. The presentation will take a practical approach, and will focus on the implications for the work done within the counselling session. Anthony Flynn is an experienced clinician in the alcohol and other drug field and a really nice bloke.

Melbourne seminar #2: The Person, The Family and Addiction: Understanding Addiction from a Psychological Perspective

Presenters: Carl Scuderi and Oriella Cattapan (Children's Court Clinic Drug Program)
Time: 7.30-9.00 PM
Date: 5th October 2005
Where: Rear of Boroondara Community Health Centre
 378 Burwood Rd, Hawthorn (enter through car park)
RSVP: Graeme on 9818-6703;
 Graeme.Kane@iechs.org.au

which focuses upon the person and their family relations. Consideration will be given to psychoanalytic and family therapy approaches. Case material will also be presented.

About the presenters

Oriella Cattapan – Children's Court Clinic Drug Program - is a psychologist and family therapist who has completed a doctoral research project on the family life of illicit substance using parents as part of her clinical training.

Carl Scuderi- Manager of the Children's Court Drug Program - is a psychologist and practising psychoanalyst. He manages the Drug Program at the Children's Court Clinic, he has also recently completed doctoral clinical psychology training.

This presentation will portray a psychological perspective of addiction,

Other Drug & Alcohol Conferences for 2005

8 July 2005

2005 NDARC Annual Symposium

will be held at the **Masonic Centre, Sydney**.

Registration form at: <http://ndarc.med.unsw.edu.au/ndarc.nsf/website/News.symposium>

29th - 30th September 2005

Club Health 2005

Rydges Jamison, Sydney

Registration details to be advised

Information from ADCA website: www.adca.org.au. Remember ADCA membership gives you online access to a range of electronic drug and alcohol journals.

National Executive Contact Details

Feel free to contact us at the following email and postal addresses:

National Convener Helen Mentha helenmentha@yahoo.org.au

National Secretary Graeme Kane graeme.kane@iechs.org.au

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National Treasurer Anna Powell annapowell@lycos.com

Editorial Policy

Content: The views expressed by contributors to the PSU Newsletter are not necessarily those of the Australian Psychological Society Ltd or PSU. Please note: final content is at the discretion of the editor.

Solicited articles: The Editor may approach suitable authors to write on relevant issues.

Unsolicited articles: The editor encourages PSU members to contribute unsolicited articles to the newsletter. Publication of unsolicited articles cannot be guaranteed. The Editor in consultation with regional representatives has the final decision for inclusion of material and the form that it takes. Unsolicited articles should not exceed 500 words,

except with prior arrangement.

Advertising: Placement of an advertisement in the Newsletter is not necessarily an endorsement of the advertiser by PSU. Approval of advertisements rests with the Editor, who may consult with the National Executive. Advertising is at present free of charge, which may be reviewed at a later date.

Submission of material: Material should be submitted to the Editor by the relevant deadline. Submissions are to be in electronic format only via email to helenmentha@yahoo.com. Documents are to be in Microsoft Word, or text only format.



PSU nominations

You would have received Nomination Forms in the post recently.

The term of office for office bearer positions is two years with elections for office bearers and committee positions being held every two years at the AGM for the Interest Group. Each office bearer is able to stand for two consecutive terms (i.e. four years).

As the current committee of the National Convener and Secretary and have served two terms, and our wonderful Treasurer is

unable to commit for a second term, we are seeking interested and enthusiastic member to consider nomination for these positions.

If you would like to speak to someone on the committee about any of these roles and responsibilities, please contact our National Secretary Graeme Kane for more information.

Graeme can be contacted on (03) 9818-6703 or Graeme.Kane@iechs.org.au.

Drug & Alcohol Nurses of Australasia: In partnership with psychologists

I am writing to PSU members at the beginning my official foray into the world of psychology, as a Registered Nurse who has recently graduated (and now in the process of registering) as an Organisational Psychologist.

Both nursing and psychology have enriched and contributed to my rather hybrid career in the AOD field, taking on roles that have utilised varied knowledge and, at times quite different, but (usually) quite complementary, sets of skills.

As the current President of Drug and Alcohol Nurses of Australasia (DANA), I welcome PSU and APS members to our upcoming National Conference, which highlights nursing practice in the Alcohol and Other Drugs field, and the discipline as but one of several essential components of the multidisciplinary team.

Our keynote speakers include two registered psychologists: Rachel Humeniuk, PhD, who will be presenting on the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) through her work at the World Health Organisation (WHO) Collaborating Centre for Research in the Treatment of Drug and

Alcohol Problems at the University of Adelaide; and Joel Porter, PhD, Director of the Pacific Centre for Motivation and Change.

Workshop presenters include Dr John O'Connor, PhD, who will be conducting a workshop on Clinical Supervision for workers in the AOD field. Dr Porter is a member of the International Motivational Interviewing Network of Trainers, and will be conducting two Motivational Interviewing workshops for DANA from June 27-28 and June 29-30 in Adelaide.

Both workshops are almost completely booked but please direct any enquiries to Janice Ough, treasurer@danaonline.org. APS PD points have been sought for both the Conference and MI workshops.

I look forward to meeting you at future events.

Jodie Shoobridge

President DANA & PSU member

Second APS substance use discussion paper published

After travelling a long and winding road, the APS Working Group on Substance Use have released their second discussion paper, *Perspectives in Psychology: Substance Use* (2005).

Writing the paper presented a considerable challenge, as the authors were scattered across the country and AOD fields, from research, policy and education through to clinical practice.

The paper does not claim to represent every field of psychological practice in relation to substance use; time and practicality restricted the focus, while the desire to be fully inclusive saw us staring at a 16 volume series of door-stopper texts.

The paper is better viewed as a springboard for discussion, a source of information that invites question and comment rather than a comprehensive reference of "all you need to know".

The paper can be downloaded from the APS website at: http://www.psychology.org.au/members/prof_practice/6.14_8.asp

PSU would like to offer the newsletter as a forum to highlight the strengths and limitations of the discussion paper; a process I'm sure we could all learn from.

Share your thoughts, feedback and criticisms of the paper with us and other members,. It would be particularly good for members to highlight those areas the paper was not able to cover sufficiently, such as Sports and Organisational Psychology, impact on families and other carers, formation of policy, social psychology research... the list is literally as endless as the range of work we engage in.

So get downloading and get back to us!

Changing Scenarios, Changing Lives: Using Dramatic Psychological Storytelling (*Psychotheatrics*) to assist alcohol and other drug clients to make positive choices

This project started in Bathurst when I began running Relapse Prevention Programs last year with the clients referred to the Bathurst Community Health Centre's Drug & Alcohol Service. The groups were not only a way of working smarter, not harder, in order to keep the waiting list down, but were a way of bringing together clients with common issues and concerns in a supportive environment which encouraged them to think about maintaining the positive changes they were attempting to make in their lives. The first five weeks of the program contains nothing new to those of you familiar with Relapse Prevention Programs. I have put together a composite of ideas from Relapse Prevention Programs already in existence and I have taken an eclectic approach from the inception of this pilot program. I include motivational interviewing techniques, cognitive behaviour therapy (cognitive restructuring), empowerment therapy principles and life skills training with an emphasis each week on stress management/relaxation techniques. My dilemma was, from the start of the pilot program in 2003, how to pull the threads together at the end of the program so that all of the sessions that have gone before came together and gave the participants some insight by allowing them to see how they could continue to make positive changes in their lives.

It was about this time that my husband, Rob Allen, began working on a major rewrite of a book on *Psychotheatrics* that he had written with his colleague in the USA, Dr. Nina Krebs, entitled '*Psychotheatrics: The New Art of Self-Transformation*'. It was while I was involved in helping Rob in the initial planning stages for the new publication that I became aware of how useful this model could be if we were to incorporate it into the Relapse Prevention Program that I was currently running at the Bathurst Community Health Centre. I asked Rob if he would consider co-facilitating the final session of my six-week program, using the *Psychotheatrics* model, and he agreed to trial this with me. Rob and I have been involved in running three sessions to date, using the Dramatic Psychological Storytelling (*Psychotheatrics*) model with drug and alcohol clients in the final session of each program. I have not had the luxury of undertaking a research project around these sessions due to pressure of work and time constraints within the workplace but Rob and I were happy to have a poster presentation accepted at the recent Australian Psychological Society Conference held in September/October at Darling Harbour, in Sydney, NSW.

Our target population are Drug & Alcohol clients who present to the Drug & Alcohol Service for "relapse prevention" with the majority of referrals coming from the Probation & Parole Service. **The Challenge:** We begin by asking one of the D & A participants to briefly relate to us the "story" of the last time he or she had a "lapse" or a relapse. We then ask the other participants to build on this story and one-by-one the participants add links to the chain until the original story is transformed into something that the whole group can own and to

which they can all relate. **The Element:** *Imaginal Psychotheatrics* in this case, given that the participants all share a common concern. (There are other elements to *Psychotheatrics* depending on how it is to be used and for what purpose). **The Narrative Map** is the story as it is originally told. **The Craft** are the links that are added to the chain to transform the original story into a powerful group story. **The Drama Quest** is the re-enactment of the story, with the participants becoming both Producer/Director of a story that they now own (note: this differs from Psychodrama where the therapist is the Director).

The original story can now be re-enacted with the participants being encouraged to relate to the Facilitator and Co-Facilitator (also the "actors" in the dramatic enactment) how they can avoid a lapse or a relapse in this situation. For example, the Facilitator who is now the actor in this scenario might say "What would I be thinking right now, if I were to avoid this lapse?" "How would I be feeling?" "What would be happening around me right now?" "What am I doing now?" "How am I behaving?" "What would I be thinking if I were in this situation?" Volunteer group members can also help to represent others (note: in Psychodrama clients play themselves, however, this model differs in that participants do not play themselves but direct others to act out their role with the assistance of the Facilitator.) **The Meaning** is conveyed when the participants are able to recognise the difference between a lapse and a relapse. By re-enacting the original dysfunctional scenario, and giving it a "creative possible functional" ending, the group are able to see how a more positive outcome could be achieved in the future. Finally, **the Touchstone Story** is achieved by the group being able to see in a very dramatic way which is both visual and auditory, how to avoid a High Risk Situation.

This model can be used around any High Risk Situation that has been identified by a member of the group, and in most cases all members of the group can relate to these situations or have experienced similar set-backs in their own attempts to avoid drug and alcohol use. During the course of the telling and re-telling of this story, the main themes can be pulled and explored further by the clinicians in consultation with the group.

The benefits of this approach is that it complements the Relapse Prevention activities that the group have been involved in to this point and also fits within a Harm Minimisation framework. It is designed for illustrative 3-D action and is, therefore, an effective adjunct to CBT. It also allows for inarticulate clients to participate actively as "spectators" and does not require that they are active participants for them to benefit by observational learning. More articulate group members can participate more actively and thus assist other group members who prefer not to be outspoken or directive.



Changing scenarios, changing lives (cont. from p. 4)

Finally, it appears to accelerate the therapeutic process, and for the purpose of the groups that I run in Bathurst, NSW, it helps to bring all those threads together in the final session.

For further information on this method and to receive copies of the Posters presented at the recent Australian Psychological Society Conference held in September/October 2004 at Darling Harbour, in Sydney, NSW:

**Roslyn Medaris, MAPS—Drug & Alcohol Specialist,
MWAHS—56email roslyn.medaris@mwahs.nsw.gov.au**

**Dr. Rob Allen, MAPS—Charles Sturt University, Bathurst—
email roallen@csu.edu.au**

REFERENCES:

Allen, R. & Krebs, N. (in preparation) *Dramatic Psychological Storytelling – Psychotheatrics*.

Benedetti, J. (1998) *Stansislavski & the Actor*. London: Methuen.

Crowley, Michael (2001) *Empowerment Therapy Practitioner's*

Manual (notes and materials in this manual are prepared as an accompaniment to the Empowerment Therapy Workshop, April 2002, and are solely to be used by participants).

Greenberger, D & Padesky, C.A. (1996) *Mind Over Mood: Change how you feel by changing the way you think*. The Guilford Press, New York, London.

Jarvis, T.J., Tebbutt, J. & Mattick, R.P. (1995) *Treatment Approaches for Alcohol and Drug Dependence: An Introductory Guide*. John Wiley & Sons: Chishester, New York, Brisbane, Toronto, Singapore.

Marlatt, G.A. & Gordon, J. (Eds) (1985) *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors*. Guilford Press: New York.

Miller, W. R. & Rollnick, S. (1991) *Motivational Interviewing. Preparing people to change addictive behaviour*. The Guilford Press, New York, London.

Padesky, C.A. & Greenberger, D. (1995) *Clinician's Guide to Mind Over Mood*. The Guilford Press, New York, London.

Dramatic Psychological Storytelling: A Search for Meaning Using Psychotheatrics

An interactive workshop—videos, role-plays, and handouts will be used. This workshop is designed for psychologists seeking to expand their intervention and treatment skills—particularly useful in clinical, organisational, counselling and forensic settings.

According to Albert Einstein "imagination is more important than knowledge." When it comes to making sense of personal and work life, however, we need both—our artistic soul and our rational intellect! Expressing personal, group and organisational stories in dramatic form engages both soul and intellect, making the process deeply healing, challenging and transforming.

Dramatic Psychological Storytelling is a 7-step model for insight and change, anchored by the action method, Psychotheatrics. If you have ever wished that you could see a complex personal, interpersonal, or organisational dynamic in action, in order to better understand or modify it, the Dramatic Psychological Storytelling model offers a systematic, effective process for doing just that.

Storytelling is a time-honoured and effective form of com-

munication for the construction of shared understanding. Combined with drama, storytelling becomes even more powerful - a visual connection for deep meaning. DRAMA QUEST, using Psychotheatrics, is the step in the Dramatic Psychological Storytelling model that transforms the storytelling process into action. In particular, Psychotheatrics creates a visual phenomenological framework depicting challenges, strategies and outcomes that develop into a dynamic story-book.

Dates, venue & fee:

- 1) 15 September at Charles Sturt University – Bathurst
\$50.00 for APS members, \$75.00 others
- 2) 22 September at Sydney University
\$70.00 for APS members, \$90.00 others

For reservations contact: Dr. Rob Allen at roallen@csu.edu.au. APS-PD pending

Full workshop description www.psychotheatrics.com

Websites of interest

These two sites list enough links to keep you out of mischief for a long time!

Drug scope – independent website from the UK:
<http://www.drugscope.org.uk/links.asp>

Addiction Treatment Forum:
http://www.atforum.com/SiteRoot/pages/related_websites/related_websites.shtml

What websites do you use? Let us know and share a resource!

Book review: Hendrikson, E.L., Schmal, M.S., & Ekleberry, S.C. (2004) *Treating Co-Occurring Disorders: A Handbook for Mental Health and Substance Abuse Professionals*. New York: Haworth Press

In the lead up to the recent Australian Federal Election, the Human Rights Commissioner Sev Ozdowski called for urgent action on mental illness by the Federal Government. His department had found that widespread drug use among young people was putting pressure on poorly funded and inadequate state mental health services (The Age, 26/08/2004). Whether there will be any significant political response is yet to be seen. However, in the past six years there has been a growing body of excellent clinical and academic publications that have begun to address the issue of dual diagnosis (e.g. Graham, 2004; Mueser, Noordsy, Drake & Fox, 2003). The most recent by Hendrikson, Schmal and Ekleberry attempts to provide a treatment handbook suitable for use by case managers attempting to provide interventions for a population whose outcomes are significantly worse than those with a single diagnosis (see Mueser et al., 2003, for an excellent review).

The opening chapters assert the clinical philosophy of the authors. At its core is integrated treatment, the position that one agency, and preferably one case manager, provides simultaneous treatment for both the mental health disorder and the substance use disorder, as opposed to parallel or sequential treatment provided by different agencies. The following chapters provide very basic information about the various Axis I and II disorders that typically co-occur with substance use disorders. A short chapter on assessing substance use follows, including a discussion of various assessment tools. The bulk of the handbook is then taken up with chapters on psychoeducation and group therapy, individual therapy and case management, family interventions, relapse prevention, and the recovery self-help movements. The handbook's final chapters address supervision issues and outcome measurement.

The handbook has a number of strengths. It is simple and straightforward, covering the major areas in the dual diagnosis field in a brief and concise manner. It is easy to negotiate and is pitched at an academic level that will be easy to grasp for clinicians with little time to read academic journals. There is a strong focus on family involvement in recovery and it is realistic about the level of improvement that can be expected from the various interventions. Additionally, the chapter on supervision for dual diagnosis workers is possibly the only published work on this important area.

However, the handbook also has some significant limitations. Although it is clear that parallel and sequential treatments do not work (Drake, Mueser, Clark & Wallach, 1996; Havassy, Shopshire & Quigley, 2000), it is far from clear that integrated treatment fares any better, with the most recent Cochrane review concluding that:

"The current momentum for integrated programmes is not

based on good evidence. Implementation of new specialist substance misuse services for those with serious mental illnesses should be within the context of simple, well designed controlled clinical trials" (Jeffrey, Ley, McLaren & Siegfried, 2004).

The current authors need to address these concerns in some detail rather than simply refer to integrated treatment as the "general consensus". Second, there is no discussion of the causes of dual diagnosis. Although the overt behaviors that are the focus of clinical attention may be obvious to the case manager, a failure to address the causes of the behavior is likely to produce little progress. Third, for what is meant to be a handbook, there is virtually nothing in the way of resources for the clinician. By comparison, Graham (2004) provides 37 pages of client handouts, while Mueser et al. (2003) provide a massive 125 pages.

As a basic handbook, *Treating Co-Occurring Disorders* provides a reasonable introduction to the field. However, both Mueser et al. (2003) and Graham (2004) provide comprehensive treatments of the topic that have much greater utility for clinicians in the field.

Simon Milton
Senior Clinical Psychologist
Eastern Health Dual Diagnosis Service, Melbourne

References

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Book review: Miller, W.R. & Rollnick, S. (2002) *Motivational Interviewing: Helping people to change* (2nd Edition) New York: Guilford Press

I should admit from the outset that I'm a big fan of motivational interviewing and the significantly revised second edition is worth the cost. Respectful, pragmatic, practical and adaptable, motivational interviewing has applications well beyond the alcohol and other drug field. The text is gratifyingly well written and accessible – it is a pleasure to read.

Miller and his colleagues have put great thought to the processes of change, not just the goals that we aim for. The text examines the nature of motivation and change, the role of ambivalence and the strategies that assist us to work with these processes. There is a particularly strong emphasis on our own role and the delicate art of balancing the need to be both client-centred and mindfully directive, articulately highlighting the dangers of straying too far in either direction.

The style does not require you to replace your other techniques, but enhances and complements them. Seemingly basic techniques such as “reflective listening” become a highly disciplined artform in the hands of skilled motivational interviewing practitioners – even if you never quite reach their keenly developed level of skill, the style gives you an opportunity to review core techniques and take them to the next level.

The second edition has been substantially rewritten, with the main disappointment being the loss of the significant Australian content in the first edition. The new edition updates research into various applications of motivational interviewing, as well as fine-tuning of the process itself.

There is a chapter on motivational interviewing and the stages of change model written by DiClemente and Velasquez, a review of motivational interviewing research findings and applications to a range of settings including: medical & public health settings, treatment adherence, adolescents and young adults, criminal justice populations, couples, clients with a dual diagnosis and group interventions.

There are some good therapist-client case dialogues to illustrate learning but tempting though they may seem on flicking through the pages, be sure to take the time to read the earliest chapters that set up the context, philosophy and rationale of motivational interviewing. I cannot say this strongly enough: *If you don't understand the spirit and rationale of motivational interviewing, you're not doing motivational interviewing.*

**Helen Mentha
PSU convener**

Review: Najavits, L.M. (2002) *Seeking Safety: A treatment manual for PTSD and Substance Abuse*. New York: Guilford Press

In contrast to *Motivational Interviewing*, *Seeking Safety* is a far more structured manual outlining a session by session approach to assisting clients with both PTSD and substance misuse. Najavits identifies CBT and a degree of psychodynamic therapy as key influences in the development of the approach, which proposes an integrated model whereby both the PTSD and substance misuse are addressed concurrently by the same clinician.

However, in keeping with the spirit of motivational interviewing, the program emphasises a respectful, client-centred approach, while offering practical strategies and information to assist clients to make progress toward a healthier, more fulfilling life.

Najavits highlights that the manual only addresses the initial stage of healing from both PTSD and substance misuse, the need to establish safety. The manual covers cognitive, behavioural and interpersonal aspects of this crucial therapeutic goal. While the expected topics are present, such as “Coping with triggers”, “Recovery thinking” and “Asking for help”, it is refreshing to note the range of topics incorporated into the program, extending to “Setting boundaries in relationship”,

“Respecting your time”, “Honesty” and “Commitment”.

Suggestions are offered for ways in which to adapt the program to a range of therapeutic environments and Najavits emphasises that a manualised program cannot replace the fundamental importance of the therapist. The outline of sessions may feel uncomfortably prescriptive to many counsellors, but it is worth noting Najavits' observation that clients often adapted well to the structured session format – more so than some of their therapists.

The breadth of topics is impressive and worthy of careful consideration, and is likely to provide at the very least solid food for thought even if you are unable to make full use of the program. In short, the manual is worth checking out, especially for those who often work with clients experiencing both PTSD and substance misuse.

I strongly encourage anyone who has used the Seeking Safety program in Australian settings to write about your experiences and share your thoughts on its benefits and limitations for the PSU Newsletter.

**Helen Mentha
PSU convener**