



The Reasons For Use Package:

*the development , research and launch of a Dual Diagnosis
Online resource*

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Acknowledgments – Lots!

Consumers, carers and staff from various agencies

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Monash Art Design & Architecture – Dr Cameron Rose, Dr Indae Hwang, Mark Guglielmetti

...and more!

A Brief Outline of Dual Diagnosis

When a person experiences mental illness and substance use issues
No 'typical' client – common themes and/or varying complexity
Sometimes called comorbidity or concurrent disorders

Alcohol and other Drug use can impact your mental health and vice versa

Background

“Despite isolated examples of good practice, estimates show that only seven per cent of people with a co-existing mental illness and substance use disorder will receive treatment for both problems”

Thriving, not just Surviving – Australia's National Mental Health Report Card 2013 Ch.3

Driving Question

How do we improve outcomes for consumers, carers and staff?

Complexity

- Staff need to know about MH, AD, stigma, housing etc be experienced in all these areas, all the while being able to apply all this knowledge to their work with consumers as well...and more!
- **Need tools that are practical and user friendly!** We seek to find the best ways to support staff to work in a complex environment
- Consumers shouldn't fail, staff shouldn't fail

What is the RFUP?

- Built to align with common health and welfare skills that workers already have. Rocket science free!
- Provides a user friendly, practical framework and approach for applying these skills
- It also assists in building agency dual diagnosis capacity in a straight forward manner
- Now a web-based resource



Why did you make the RFUP?

- Workers asking for resources to assist after they have done initial screening to detect dual diagnosis issues.
“I’ve done the screen, what do I do now”
- *What vs How* - Staff are often told what to do rather than how to do it
- When exploring DD issues using the right approach is crucial. A tool can assist this

Development of the RFUP

- The RFUP is a compilation of existing tools, interventions and information that incorporates the RFU scale
- The Reasons For Use scale (Spencer et al 2002) is a 26-item self-report instrument that explores mental health and substance use*. Consumers respond well to it. Many staff have used it. Quick, easy and useful!
- Nexus has drawn on practice wisdom to create the RFU Package

* Part of Collaborative Therapy

Emphasis

- Approach is supportive, curious, exploratory and collaborative. A “conversation NOT an interrogation” Pilot 1 Participant
- The consumer and the worker bring their expertise together to develop next steps in treatment

How is it used with consumers?

3 steps

1. Consumer completes Reasons For Use scale/questionnaire with worker to create a graph of their reasons for use
2. Worker and consumer discuss the graph & consult 'Options to Consider' - the brainstorming area
3. Worker and consumer collaborate on a treatment plan

Reasons For Use Package

A resource that facilitates therapeutic conversations with consumers to explore issues relating to the interaction between their mental health and alcohol and/or other drug use.

Designed by Simon Kroes and Kevan Myers.

Demographics


Please enter Consumer Details (no identifiable information stored).

Video
Guide



**How many times have
you used RFUP?**



Next 

Choose Path

What do you want to do today?

I want to do the questionnaire

Go 

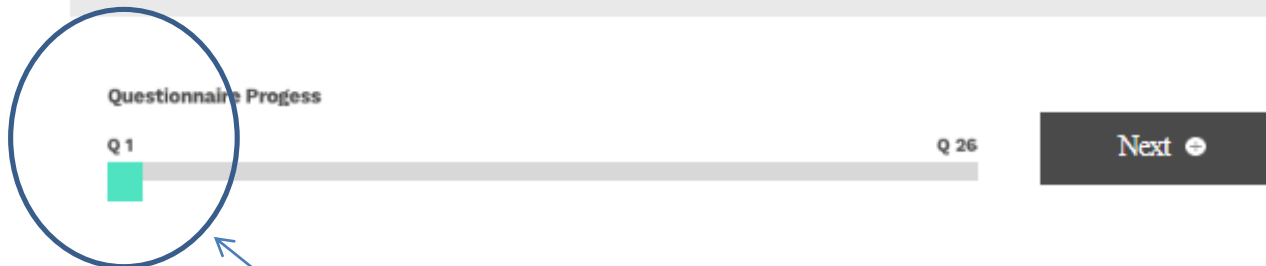
**I have done the questionnaire and wish to go to the
treatment planning section**

Go 

Questionnaire – 26 items

1. How often do you use Alcohol
To relieve boredom ?

Almost never Some of the time Half of the time Most of the time Almost always



Next ➔

Progress Bar

Questionnaire

14. How often do you use Alcohol

To get away from the voices ?

Almost never Some of the time Half of the time Most of the time Almost always



Progress Bar

Other Reasons for Use


Well done on completing the RFUP. Are there any additional reasons for use?

+ Other Reasons

- Pain
- Addiction
- Habit
- Avoidance of withdrawal
- To experiment/curiosity
- To self harm
- To satisfy curiosity
- Eating disorders

Before we look at results are there any immediate concerns that need to be discussed?

Write additional comments here

Next 

Graph

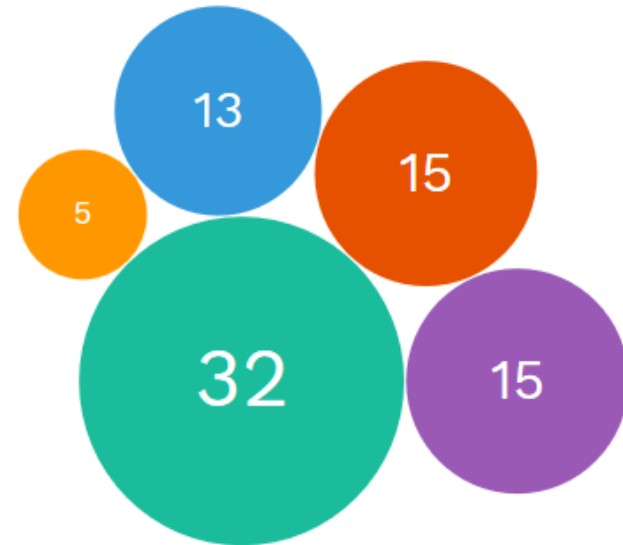
Suggested end of Session One.

Give consumer and staff time to think about next steps and gather information etc.

Evidence from the NN evaluation suggested this is a useful approach for staff and consumers.

These are your results

- Coping with Unpleasant Affect
- Social use
- Conformity / Acceptance
- Enhancement
- Coping with Positive Symptoms & Medication Side Effects



The diagram above represents your self rated reasons for using the particular drug and is not a representation of problematic use.

Other reasons for use:

Does this accurately represent your reasons for use?

You can send these results before continuing to a treatment plan.

Evidence shows that it is useful to take a break to reflect upon these reasons and what you want to do.

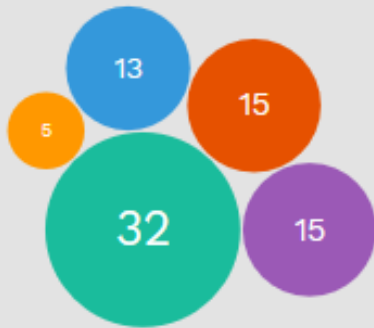
Send Results ●

Or continue to the Treatment Planning Section

Continue ●

Domains and Strategies

This is your result for today



Coping with positive symptoms & medication side effects

Strategies for positive symptoms +

Medication side effects +

Social use

Strategies for social use +

Conformity / Acceptance

Strategies for conformity / acceptance +

Coping with unpleasant affects

Strategies for unpleasant affects +

Enhancement

Strategies for enhancement +

Possible Options

Conformity / Acceptance

Drug use in this category reflects peer pressure and the need to be liked and part of the group. This may include cultural aspects of drug use.

- Build up self-esteem, e.g. using CBT techniques. See <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/cognitive-behaviour-therapy>
- Improve social skills, e.g. communication, assertiveness skills.
- Consider and discuss relevant and appropriate support/self-help groups.
- Explore why it is important for them to be accepted and if there are other ways they can feel accepted without the use of drugs. This might include developing new interests, new social groups or ways of participating in their usual social groups without using drugs.
- Explore a range of alternative activities that are realistic given the consumer's circumstances.
- Use SMART goals to assist with identifying activities that don't involve use. See https://reasonsforusepackage.com/assets/docs/SMART_Goals.pdf

Additional Notes

Write additional comments here

Consult other domains



Build the Treatment Plan

Review Saved Strategies

At this point consider the practicality of the chosen strategies

Category	Strategy	Priority
Conformity / Acceptance	Improve social skills, e.g. communication, assertiveness skills.	Up : Down : Delete
Conformity / Acceptance	Explore a range of alternative activities that are realistic given the consumer's circumstances.	Up : Down : Delete

[Develop SMART goals](#)

[Consider Harm reduction pdf](#)

[Treatment Plan](#) +

The Treatment Plan

Treatment Plan

Today's date

04/10/2019

Next Meeting



Session date: Friday 4th October 2019

Gender: Male

Age: 46-55

Postcode: 3065

Substance: Alcohol

Strategies

Improve social skills, e.g. communication, assertiveness skills.

Explore a range of alternative activities that are realistic given the consumer's circumstances.

Join employment program

Back to Domains +

Send and logout +

Additional notes can be added

The website will be your guide...

- Website is custom built to guide you BUT it is the exploration with the consumer that is most important! I.e. More than just clicking options
- Tested with staff. All staff found it easy to navigate

To the website!

Via Nexus website:

<https://www.svhm.org.au/our-services/departments-and-services/n/nexus/resources>

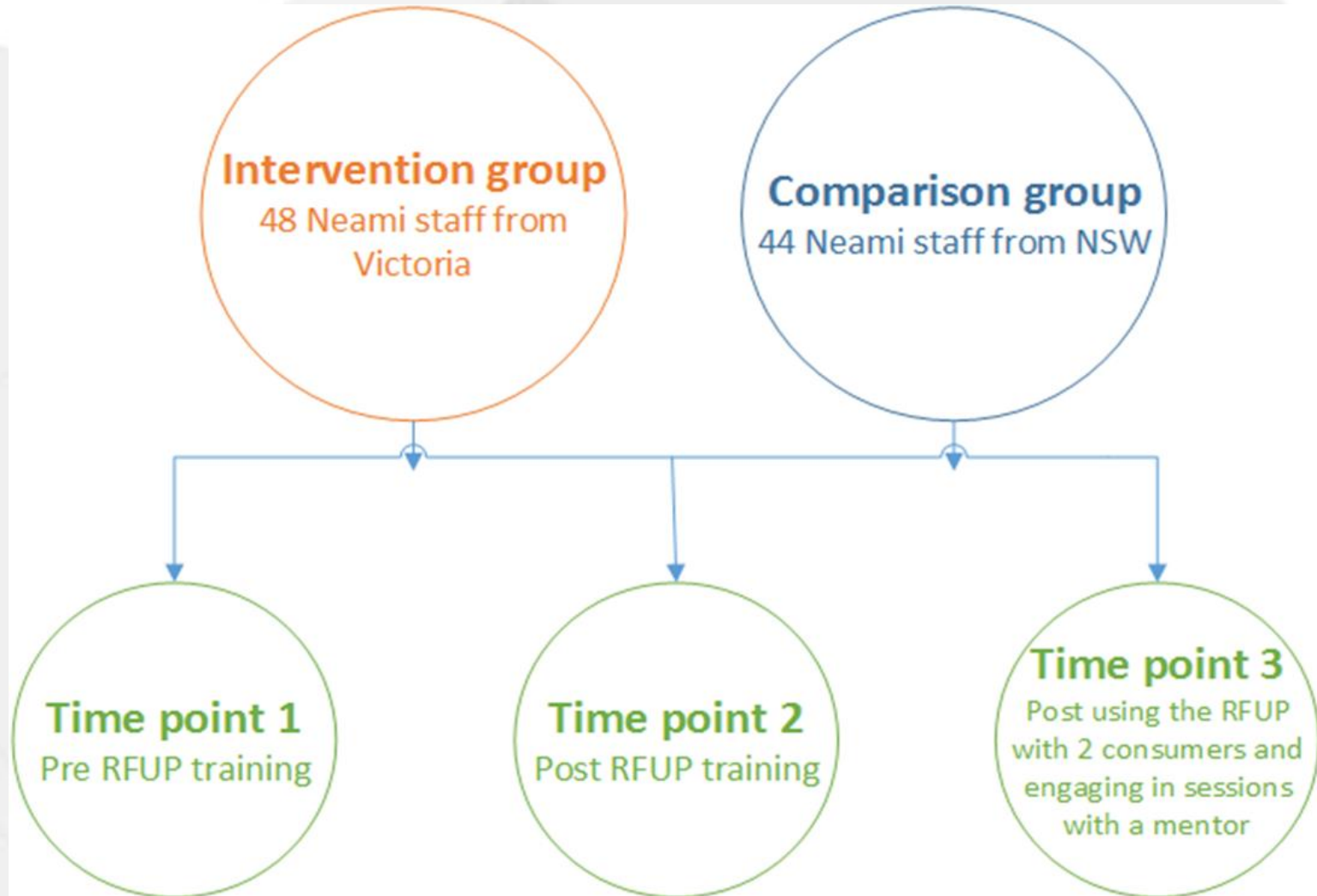
Direct link to website:

<https://reasonsforusepackage.com/>

Evidence Base

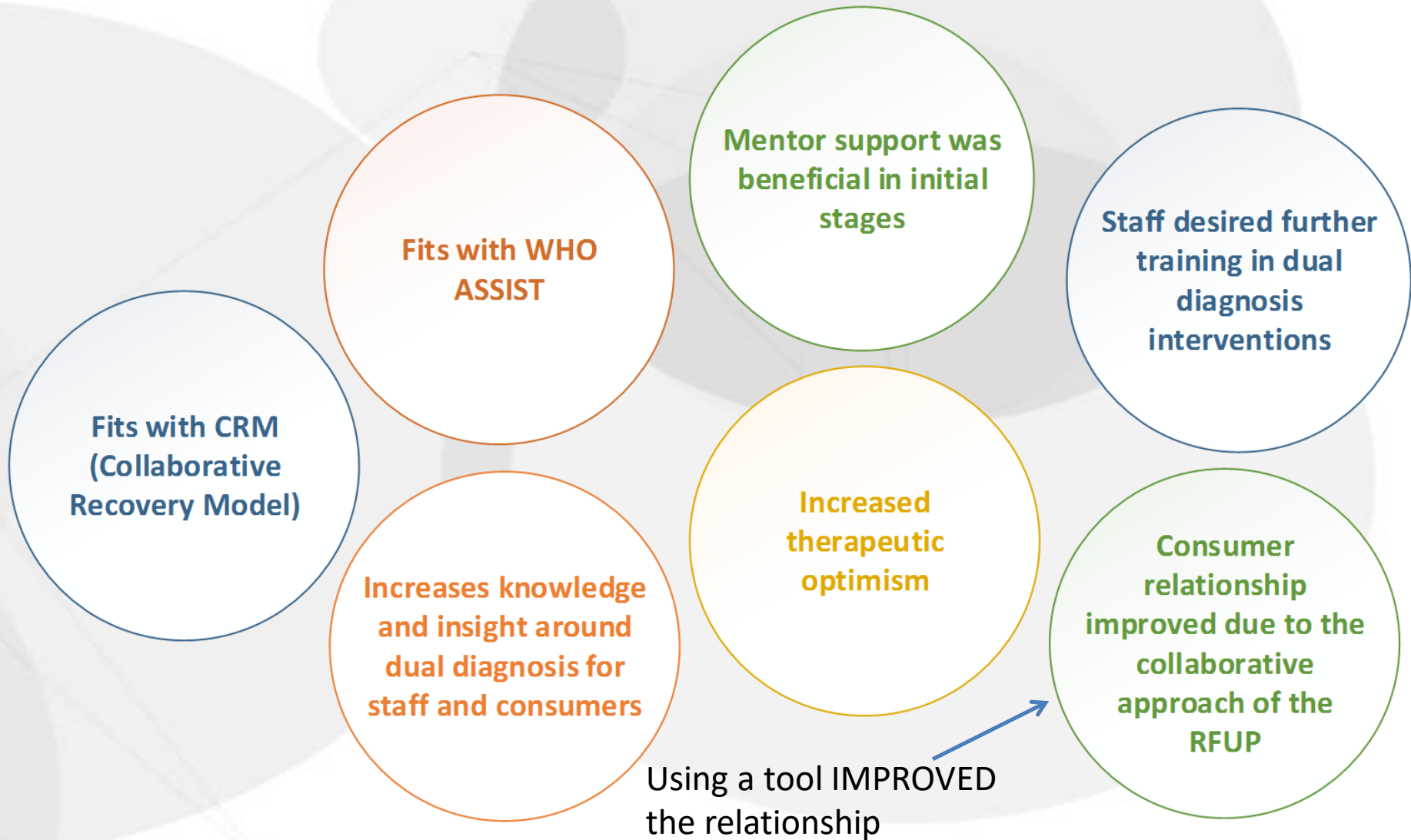
- Numerous small pilots with staff from a range of disciplines and services. The results were overwhelmingly positive
- We then collaborated with Neami National an Australian Mental Health NGO (NN) and Monash University on a national evaluation
- Throughout we have collected data each time we train and mentor staff – and we continue to do so - the Quality Improvement (QI) process is ongoing!

NN Evidence Base – Research Design



+ Focus groups with staff

NN Staff Feedback



Staff Quotes

“Simple, meaningful and related to work practice”

“Good for building dual diagnosis into core practice”

“Gives loads of treasures to dig for”

“The RFUP increased insight for me, the consumer and for our workplace”

“Sometimes you go to training and you can't put it into practice straight away but with this you can”

“...very personal approach to their (the consumer's) situation”

“Creates new energy”

Key Messages from NN Evaluation

RFUP partnership has developed an implementation strategy that is replicable

RFUP aids capacity building

RFU can be used by a wide variety of services and professionals

Attracts resources and energy (i.e. won \$50k innovation grant from St Vincent's Hospital)

RFUP is one of the simplest ways to build dual diagnosis into core practice

Aligns with state and national mental health and alcohol and other drugs strategy

The Gum Story

MHCSS Outreach

Woman using large quantities of Nicotine Replacement gum in relation to anxiety. One risk issue - she was falling asleep at night with gum in her mouth

Exploring this person's mental health and nicotine use assisted in developing insight around a number of issues, increased her level of safety and led to a review of symptoms and changes to her treatment plan

Assisted in other staff and the organisation to have a broader view of dual diagnosis

NN Consumer Feedback

73.7% The RFUP helped me to explore my use of substances

78.9% The RFUP

68.4% The

Answer to the comment: "I've done the screen, what do I do now"

develop goals to work on

The process of feeding back results was clear

73.7% The process of completing the RFU scale was straightforward

Overall Result

- It is now recommended training for CRW's at Neami National
- It is a model of care they use in combination with the Collaborative Recovery Model (CRM) ie. Complimentary
- State implementation committee set up to oversee implementation

Recap Key Messages

- The RFUP is a locally made, globally relevant tool that assists staff and consumers to explore dual diagnosis recovery processes
- Aligns with common recovery strategies workers already have
- Considers recovery strategies
- The RFUP is the simplest and most cost effective ways to build the dual diagnosis recovery capacity of organisations
- The RFUP is user friendly for staff and consumers

It works!

How do I get access to it?

- The RFUP is an organisational capacity building tool that is widely applicable in a range of settings
- Usually we train small staff groups from the one organisation Eg. 8 staff from the one team rather than a sprinkling of staff from various sites etc.
- Contact us and we will discuss how it can be implemented at your workplace

Org Guide/Terms of Use

- Organisation agrees to terms of use which covers data collection, fidelity, maintaining confidentiality, not sharing log in code etc.
- Staff need to be trained and mentored in the proper use of the RFUP. The aim is to maintain the fidelity of the RFUP i.e. use it in the way it is intended
- It is a change management process NOT a one off training session. Eg Action Plan PTO

Action Plan Eg

RFUP Implementation Action Plan – Agency (Eg. X Community Health) Service (Eg. Youth Resi) Year (Eg.2018)

Workforce Development Focus area: Dual Diagnosis Capability

Goal: To successfully implement the Reasons for Use Package at XXXX Service

Objective	Strategies	Activities	Resources & Support	Responsible employee	Time line	Measure of success	Result (how did you go?)
Prepare the organisation to implement the RFUP at XXXX Service	Meet with senior management to discuss the RFUP	Discuss the elements of, and sign, the RFUP agreement	Nexus time and expertise	Simon Kroes and Kevan Myers	Month 2018	Senior management understand the process of implementing the RFUP	
		Emphasise the change management component. <u>ie.</u> It is more than a one off training.	XXXX Agency staff time	Senior Staff person			
	Introduce <u>Knoster</u> Model info graphic	XXXX Agency staff time	Senior Staff person	Month 2018	Coordinator appointed	[] Y Name:	
		Appoint relevant staff to coordinate the implementation process. <u>Eg.</u> Senior practice leaders <u>etc</u>	XXXX Agency staff time	Senior Staff person			[] N
		Create searchable data code	XXXX Agency	Senior Staff	Month 2018	Data code created and	[] Y Name:

Possible Research Gaps/Opportunities?

- Long term outcomes for specific groups of consumers and staff i.e Indigenous, youth, CALD
- Research into economic benefits of using RFUP rather than Treatment as Usual
- Researching the impact of the RFUP on under graduates confidence/ knowledge and retention in workforce

Implementation Challenges

- Nexus is a limited resource but partnership can assist Eg. Albany example Neami National
- If interested, what resources are available?
- Scaling up – Neami National online course

Thank You

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The background features several overlapping, semi-transparent light gray circles of various sizes. A faint, thin wireframe structure, resembling a geodesic dome or a complex geometric shape, is overlaid on the circles. The overall aesthetic is clean and modern.

Questions?