



Summer 2016



## Prescription Drug Abuse (PDA)

Dr Ben Teoh, Psychiatrist & Physician in Addiction Medicine and Medical Superintendent, South Pacific Private

**Although most people use prescription drugs appropriately and effectively, there has been a significant increase in the number of cases where these drugs have been abused.**

Recent reports have revealed a marked increase in the deaths of people who have abused prescribed opiates. Many of these deaths involve young people below the age of 25.

PDA has a long history involving different classes of medication: opiates, CNS Depressants (benzodiazepines, hypnotics, barbiturates) and stimulants. Two of the most frequently reported prescription medications in drug abuse-related cases are benzodiazepines (e.g., diazepam, alprazolam, clonazepam, and lorazepam) and opioid pain relievers (e.g., oxycodone, hydrocodone, morphine, methadone, and combinations that include these drugs).

**Prescription drugs are now reported as the second most commonly abused category of drugs after cannabis; ahead of cocaine, heroin, and methamphetamine.**

There has been a substantial increase in opioid use in Australia and New Zealand in recent years: in Australia, there was a 40-fold increase in oral morphine supply between 1990 and 2006, and a nearly **4-fold increase** in oxycodone supply between 2009 and 2013.

Young people who use other drugs are more likely to abuse prescription medications. According to the 2001 National Household Survey on Drug Abuse (US) 63% of youth who had used prescription drugs non-medically in the past year had also used marijuana in the past year, compared with 17 percent of youth who had not used prescription drugs non-medically in the past year.

It is challenging for clinicians managing patients with chronic pain in deciding the provision of adequate analgesia and preventing abuse of the medication. The involvement of a multi-disciplinary team in addressing physical, psychological and social issues would provide the best management plan.

*continued...*

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Frequent monitoring would help to identify those at risk of addiction.

Signs include excessive use and tolerance, doctor shopping, aggression and irritability, hoarding and saving drugs, inappropriate use e.g. for stress, concurrent use of illicit drugs and complaints by family and friends.

Non-pharmacological management options for patients with chronic pain are now considered essential. Strategies include, modification of social factors relevant to the patient's situation, attention to lifestyle factors, including diet, exercise, and sleep management, psychological techniques, such as relaxation, cognitive-behavioural therapy, psychotherapy addressing underlying psychological issues and, physical techniques such as physiotherapy,

exercise programs, hydrotherapy, activity pacing and modification of tasks

At South Pacific Private, we have observed a marked increase in the admission of clients with PDA, particularly opiates in the context of chronic pain and polysubstance abuse.

Management of these clients are challenging and involves working closely with Pain Specialists, GPs and other health professionals. The SPP inpatient program offers an opportunity to address psychological and social issues in addition to physical treatment.

**South Pacific Private will be organising a series of Educational Sessions by experts in PDA this year for health professionals. The first of these is detailed below.**

## UPCOMING EVENT



South Pacific Private and Primary & Community Care Services invite you to join us at this unique event:

### **Dinner & Discussion for General Practitioners:** Addressing Prescription Drug Addiction, Diagnosis & Management

**When:** Thursday 10th March 2016, 6.15pm – 9.00pm

**Where:** Gunners Barracks – The Tea Room, Mosman, Sydney

**Registration is Essential: Reserve your seat at this complimentary event today!**  
**Email:** [registrations@southpacificprivate.com.au](mailto:registrations@southpacificprivate.com.au)

*CPD points are available for attendees of this event.  
Please enquire at point of registration.*

#### Your Presenters:



**Professor John B. Saunders**  
Professor John B. Saunders is a Professor and consultant physician in internal medicine and addiction medicine.



**Dr. Kate Beardmore**  
Dr. Beardmore is a Specialist General Physician practicing in Curl Curl at South Pacific Private.

**You will have the opportunity to hear presentations and discuss with a group of experts on prescription drug abuse.**  
*They will address the challenges on prevention, diagnosis and management. The evening will incorporate both presentation and panel contributions on the topic, providing ample opportunities for discussion and benchmarking.*

*This is a unique opportunity for you to network with peers, to pose your own questions and to share and learn from the experiences of others.*

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## RESEARCH ROUND-UP



**By Ron Blanchard,  
Research Coordinator**

**The following article examines recent published peer-reviewed journal articles and our own research**

### Research indicates an increase in individuals prescribed medication.

In a December 2015 published research, Zhang et al. (Zhang, F., Mamtani, R., Scott, F. I., Goldberg, D. S., Haynes, K., and Lewis, J. D. (2015) *Increasing use of prescription drugs in the United Kingdom. Pharmacoepidemiol Drug Saf, doi: 10.1002/pds.3947.*) surveyed the UK population finding that pharmaceutical medication increases from 1999-2012 were significant.

#### They found:

- A 5% increase of individuals prescribed at least one medication (from 64-69%)
- An increase from 14%-17.5% of individuals prescribed 5-9 medications
- An increase of nearly 5% (from 4.7-9.6%) of individuals prescribed 10 or more

### Research indicates a significant number of individuals struggling with prescription or over-the-counter medication abuse presenting for treatment

**In a recent month's analysis of South Pacific Private's client discharges (24 November to 23 December 2015) we found the following:**

- 84% of all clients presented to SPP to address issues related to substance abuse
- 66% of all clients presented with alcohol abuse
- 19% of all clients presenting to SPP were dealing with over-the-counter or prescription drug abuse
- 64% of the OTC or prescription drug abusers leave SPP on antidepressant or anti-anxiety medication indicating a dual diagnosis
- Prescription medications typically abused by clients admitting to SPP included: Codiene, Ritalin, Valium, Xanax, Mersyndol, Endone & Oxycodone.

### Research indicates prescription drugs commonly abused

In a recent article in the Australian Prescriber, Danielle Wood (Wood, D. (2015). Drug diversion. *Australian Prescriber*, 38(5), 164-166.) states that the most commonly diverted drugs include:

All Benzodiazepines, all opiates, among stimulants dexamphetamine, pseudoephedrine and methylphenidate; among antipsychotics olanzapine

## The Concerning Nature of Opioids



and quetiapine; among anaesthetics ketamine and propofol and among GABA agonists gabapentin and pregabalin.

Wood goes on to discuss the concerning nature of opioids from which a percentage of the prescribed drug is diverted. Her concern is the increase of dispensing from 500,000 annually in 1992 to 7.5 million dispenses in 2012. The 80mg Oxycodone sales have dropped dramatically since the introduction to the abuse-deterrent formula in 2014. Wood concludes that prevention strategies, drug monitoring and training are tools for overcoming this problem in Australia.

### Research indicates concerns about commonly used medication in the mental health setting

Two recent articles published in Australia highlight the need for care when prescribing two medications often found in the mental health setting, Valium and Seroquel.

Brett, J., & Murnion, B. (2015). Management of benzodiazepine misuse and dependence. *Australian Prescriber*, 38(5), 152-155.

Despite a modest decrease in the annual number of benzodiazepine prescriptions dispensed, the current level of prescribing probably represents significant overuse. Over the last 20 years the quantity of benzodiazepines on each prescription has increased. Alprazolam became the second most popular drug, increasing more than eightfold. Of particular concern are the patients who have been using benzodiazepines for more than six months. There are few indications for long-term therapy and they are generally controversial.

Brett, J. (2015). Concerns about quetiapine. *Australian Prescriber*, 38(3), 95-97.

There is a high level of evidence to support the approved indications of quetiapine, but it is being increasingly used off label. Often, clinicians are faced with difficult decisions about prescribing antipsychotics for off-label indications when dealing with distressed patients and inadequate resources for psychological treatments and other support. However, there is growing concern from within the medical community and regulatory bodies regarding the potential harm from prescribing antipsychotics off-label, particularly immediate-release quetiapine.

## Supporting Primary Mental Health Practitioners – Upcoming MHPN Event –

The Mental Health Professionals Network is a unique initiative targeted at improving interdisciplinary mental health practice and collaborative care within Australia. They support primary mental health practitioners through local networks. South Pacific Private is delighted to host the inaugural local meeting for 2016.

The group will enjoy a presentation from Steve Stokes, Clinical Practice Consultant for South Pacific Private, on the practice of mindfulness.

**A recent study by NICE indicated that mindfulness-based cognitive therapy may be as good as medication at stopping people relapsing after recovering from major bouts of depression, according to a study.** Mindfulness-based cognitive therapy (MBCT) was developed from mindfulness techniques, which encourage individuals to pay more attention to the present moment.

In this presentation Steve will discuss the nature of mindfulness, the tools used at South Pacific Private to promote it as a practice and teach clients to engage with it, as well as the benefits it can bring psychologically and physically.

**When:**  
Weds 17th February

**Where:**  
Freshwater SLSC Club:  
Kooloora Avenue, Freshwater

**Time:**  
6.30pm - 8.00pm

**Who:**  
Members of the MHPN network  
and South Pacific Private staff

*If you are interested to  
join the group please email  
registrations@southpacificprivate.com.au*

JOIN THE SOUTH PACIFIC PRIVATE TEAM

### SOUTH PACIFIC PRIVATE

**South Pacific Private has recently undergone extensive expansion and refurbishment which has significantly increased our capacity.**

We are a leading addiction and mood disorder treatment facility on the northern beaches specialising in the treatment of co-morbid conditions.

We are also unique amongst treatment centres as we offer a Family Program to support not only the inpatient but also their family members. We know that the support of a family is critical in reducing the likelihood of relapse. Our world-class facility is now in the position to support more lives in crisis and heal more families. In 2016 we will also be launching our children's program to support children living in homes affected by mental illness and addictions.

With so much growth comes opportunity and we are now looking for highly qualified and passionate experts to join our team.

**If you are interested in working for our private hospital and being part of our multi-disciplinary team there are a range of specialist positions available from February 2016.**

*South Pacific Private is a non-smoking facility.*

To apply for any of our available positions please email [applications@southpacificprivate.com.au](mailto:applications@southpacificprivate.com.au)  
Please clearly state in the subject heading of the email which position/s is being applied for. Job descriptions are included on our website (as per below).

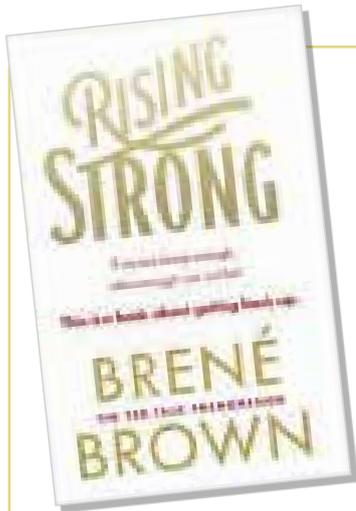


#### POSITIONS AVAILABLE:

- Psychiatrist
- General Practitioner
- Entry Level Counsellors (Day, evening & Weekend Shifts)
- Casual Day Program Liason Officer
- Endorsed Enrolled Nurses/ Registered Nurse/ Assistant in Nursing (AIN) with interest in mental health (1 year experience essential)
- Fundraising Coordinator
- Therapists with group work experience (day / evening / weekend positions available)
- Volunteers
- Junior IT Support

[www.southpacificprivate.com.au/careersatsouthpacificprivate](http://www.southpacificprivate.com.au/careersatsouthpacificprivate)

Closing date for applications 28th February 2016.



## Rising Strong by Brené Brown

Review: Jacque Grant, Relationships Manager, South Pacific Private

**The key themes in this book resonated on a number of levels, as they are themes aligned and attuned to the key concepts taught at South Pacific Private as part of our programs; integrity, gratitude, being present, setting boundaries, owning our own story, and the miracle of the individual.**

True to Brené's style in 'Daring Greatly' (her previous book), this next book is also a raw and honest account of her story, which weaves in lessons, experiences and guidance throughout.

It's a thoroughly engaging read which encourages the reader to self-reflect, to pause and to have the courage to rise strongly after a fall.

As Brené so succinctly puts it, "*The truth is that falling hurts. The dare is to keep being brave and to feel your way back up.*"

This book is an inspiring well-rounded read and one that could be insightful and interesting for those who also have experience of South Pacific Private's inpatient or day programs.

It concludes with an accessible and practical summary of the key lessons of the book including a guide to wholehearted living and the gifts of imperfection.

Now all that remains is to put process into practice, as Brené suggests we must.

## Beyond Reach – A Chronicle by Marinus Vlaskamp

Review: Lara Kocijan, Clinical Psychology Registrar & Primary Therapist, South Pacific Private

**I ended up reading this book in one sitting; I just couldn't put it down.** It had me hooked from the first sentence "*If you ever looked into the eyes of someone who just failed to commit suicide you are peering into another world*".

This book is an incredibly honest and moving account of the devastating impact undiagnosed mental illness can have on the loved ones around them. The author offered the most humbling invitation into 'another world'. It is challenging to understand the inner world of an individual suffering mental illness. The author, however, offers insight into both the inner world of his late partner as well as his own overwhelming confusion, fear, anger and despair in supporting her while she was unwell, before ultimately coming to peace with the most devastating of experiences.

The humanity in this book was captivating and I found the story has stayed with me. The significance of owning and sharing our own stories only later dawned upon me once I had a chance to reflect further. I experienced a catharsis reading this book, familiar to me only after journaling my own inner world.

I wouldn't recommend reading this book to someone very early in their own journey of recovery from mental illness as it was confronting at times. However, I imagine health professionals, family and friends of those suffering and those with mature and stable recovery, could find information, identification and inspiration from the experience of this courageous author.

The clinical presentation of the undiagnosed mental illness can often be misunderstood by loved ones and health professionals and highlights the importance of comprehensive and multidisciplinary treatment.

**Available in iBook: <https://itunes.apple.com/au/book/beyond-reach/id1052692923?mt=13>**



# South Pacific Private announces Launch of Certified Sex Addiction Therapy Training Course – The First of its Kind in Australia!

Steve Stokes, Clinical Practice Consultant, South Pacific Private



**This addiction affects men and women regardless of sexual orientation.** If treated as simply a sex impulse issue, or affect regulation issue, without addressing the obsession and compulsion traits seen with other process addictions, the client can remain in the cycle of addiction and feeling increasing despair.

This addiction negatively impacts relationships as the addict is involved in acting out. The damage to a marriage or primary relation is particularly confusing and devastating, and can result in complex trauma in the family system.

*"Currently, we are facing a pandemic of porn, sexual dysfunction and relational breakdown as a result of sex addiction. The impact zone is widening to where the average age that children begin to be introduced to pornography is 10. People are becoming desensitised regarding what 'real' sex is"* believes Steve Stokes, Clinical Practice Consultant, South Pacific Private.

Sex addiction is devastating and treating it takes real skill and training. Unfortunately, until now, there has been a lack of certified sex addiction training available in Australia.

**However, in 2016, we are presented with a unique opportunity to learn from the world leaders and to harness their knowledge as they travel to Sydney to host their CSAT training for the first time.**

**South Pacific Private has been supporting clients into holistic recovery through inpatient and day programs to address sex as well as love and avoidance addiction since its inception.** As a result, the team are delighted to not only be part of this training but to have the opportunity to host it.

Starting in August 2016, Dr. Stefanie Carnes (*Mending a Shattered Heart, Facing Heartbreak, Facing Addiction*) and Kenneth Adams (*Silently Seduced, When He's Married to Mom, Clinical Management of Sex Addiction*), two of the worlds authorities on sex addiction, will be facilitating, with other IITAP expert faculty, the four module training and certification program.

Dr. Stefanie Carnes, IITAP President recently stated, *"We are pleased that they (South Pacific Private) are committed to train their staff as well as host the training for other therapists in the area so that qualified IITAP*

*trained therapists will be available for those seeking recovery."*

Since its inception in 2004, the International Institute for Trauma and Addiction Professionals (IITAP) core curriculum has been recognised worldwide as the most prestigious therapeutic training in sex addiction.

The CSAT training not only informs us of a comprehensive treatment program for the addict, but also for the family member.

IITAP is a unique, experiential, and transformational learning environment. Unlike any other sex addiction training available, the Certified Sex Addiction Therapist (CSAT®) training was created by the pioneer in sex addiction treatment, Dr. Patrick Carnes.

For professionals that want to build-up their skills, then this course is essential. IITAP and CSAT credentials also give you access to fantastic therapeutic support, data and research. These will be invaluable as you treat your clients.

As professionals this is a unique opportunity to be better supporting clients and to up skill yourself.

Personally, I have been overwhelmingly grateful to the work of Patrick Carnes. His work has enabled South Pacific Private, and myself personally, to give hope where there was despair, light where there was darkness, and a pathway into recovery with clarity.

IITAP's curriculum includes experiential components. They believe it is important for clinicians to have both an intellectual understanding of how the tools work and a lived experience of what clients may experience as they go through the recovery process. Some materials may evoke challenging feelings as well as inspiration for participants. Participants are encouraged to have support, including their own personal therapy, as they go through this training.

Finally, Claire Barber, General Manager of South Pacific Private shared, *"We are delighted to work with IITAP. Our mission: 'To be a beacon of hope for all people and their families who are suffering from addictions and mental illness' will be well served with the IITAP training and certification. We want our facility to offer the very best in care and believe the IITAP training and materials will permit us to do so."*

*"As professionals this is a unique opportunity to be better supporting clients and to up skill yourself."*

**What is included in this unique 4 day training course?** The Four module training and certification program will be available over 2 year timeframe (two modules annually). Module 1 is outlined below.

### Day 1 - Session Objectives:

- To specify program learning objectives
- To specify week 1 objectives
- Describe overview of sex addiction treatment
- Summarize evidenced-based data about recovery
- Introduce the conceptual foundations of the Task-centred approach to therapy
- Describe task one, including performables, and therapist competencies
- Identify the "disclosure testing" process characteristic to early recovery
- Explain the evolution and research of the Sexual Addiction Screening Test - Revised (SAST-R)
- Utilise the SAST-R in a clinical setting

### Day 2 - Session Objectives:

- Present task two emphasising the "addiction" part of sexual addiction
- Describe sexual anorexia as the deprivation side of sex addiction
- Utilise specific addiction concepts as part of therapy process
- Review personal and sexual history for specific challenges to working with sex addiction population
- Explain and prepare strategies for working with unique, challenging, or unexpected sexual behaviour
- Discuss and list the architecture of the "ten types" of sex addicts
- Apply family dysfunction, key affect, and repetition compulsion theoretical concepts commonly associated with sexually compulsive behaviours
- Utilise the Sexual Dependency Inventory in a clinical setting

### Day 3 – Session Objectives

- Specify how the twelve steps are a grieving process
- Describe and explain utilisation of tasks three and four
- Explain the advantages of incorporating the steps into therapy
- Utilise criteria for assessing first step
- Discuss the challenges sex addicts face in rebuilding trust (task four cont'd)
- Describe critical data about disclosure and family intervention
- Utilise family relationships in supporting recovery
- Prepare to assist family members in starting recovery for themselves
- Discuss the importance of Couples Recovery (task seven continued)
- Apply disclosure in the larger context of task-centred therapy

### Module 1, Day 4 – Session Objectives

- Discuss and utilise Tasks 5, 6, and 7, including performables and therapist competencies
- Provide applications for relapse prevention
- Discuss basic neural pathways involved in addiction and sexuality
- Apply strategies for patients to be able to access and understand their arousal template
- Analyse arousal template issues related to relapse prevention
- Utilise the twelve steps in promoting basic concepts of healthy sexuality
- Provide an overview to adjunct materials including the Recovery Start Kit
- Apply concepts learned to sex on the internet
- Introduce the Neuronal Adaptation Model
- Review cybersex literature
- Model relationship and community building as a therapeutic objective

**Where:** South Pacific Private, 24 Beach Street Sydney, NSW, 2096

**When:** Module 1: August 24th - 28th 2016

**Cost to attend:** \$1250.00 (USD)

**To become a Certified Sex Addiction Therapist (CSAT), a practitioner must have a Masters-level degree, be fully licensed (depending on country/state) and have at least 5 years of experience in the counselling field.**

These requirements must be met at the time of application for FINAL certification rather than at the commencement of training. An Associate Sex Addiction Therapists (ASAT) is likely on the path to becoming a CSAT but may be missing some component (currently an intern, may not have the full five years, etc.). To begin the training process, you must be a mental health professional (or an intern) and have access to clients. The Pastoral Sex Addiction Professional is the certification for counselling clergy.

**If you have questions on any of the requirements, visit [www.iitap.com](http://www.iitap.com) or contact [tami@iitap.com](mailto:tami@iitap.com)**

**If you meet the pre-requisites and wish to register for the course please visit:**

[www.iitap.com/certification/csat-certification-and-training](http://www.iitap.com/certification/csat-certification-and-training)

If you have any questions please contact 1800 063 332 or email [registrations@southpacificprivate.com.au](mailto:registrations@southpacificprivate.com.au) and we are able to facilitate communication with IITAP.

## Showcasing our Expanded and Refurbished Facility



### Lorraine Wood, Founder & CEO, South Pacific Private

**Now that most of the scaffolding has been removed from our new building it is easy to see the progress that is being made and how exciting it is.** We are a little behind our

time-frame, however that is to be expected, especially with an expansion and refurbishment of this size.

We expect to move in to the new building in February. The builders will then start upgrading the existing facility, which will take approximately eight weeks.

**We are celebrating the opening from the 5th - 11th May with many exciting events and highlights.** Our guest speaker will be Christopher Kennedy Lawford, who is the American delegate to the United Nations on addiction, and a member of the well-known Kennedy family. He has had 30 years of sobriety and is a dynamic, interesting and honest speaker, who I feel very privileged to be able to say is a big supporter of SPP.

When we opened the hospital in 1993, with a total of 8 beds, we couldn't have possibly imagined being at this stage with 53 beds and a supported living facility. Beachwood, our new supported living facility promises to be of immense assistance to clients who will be able to reside there whilst continuing

with their day program attendance as part of their ongoing treatment plan.

Twenty three years later there are many changes afoot, including new spacious accommodation, a modern kitchen and a spectacular dining room overlooking the ocean. The lecture hall has been upgraded and is far more spacious. A new nurse's station, doctor's surgery, a group observation area, expanded day program rooms and upgraded reception will all be part of the new streamlined facility. Finally, an undercover basement parking area and a labyrinth on the top terrace complete this project that is going to take us forward to ensure the viability of the business and at the same time enable us to help many more clients in the years ahead.

Twelve step programs promise us a life beyond our wildest dreams and that has certainly come true for South Pacific Private. I hope this year sees some dreams come true for many of you and please remember, as they say in the rooms, work your program and *"don't stop five minutes before the miracle!"* **Next month we will share the insights of the program of events and formally invite you all to join us as we share our delight in the newly upgraded and bigger facility.**

# Inpatient Program 2016 – Insights and Updates

Chris Mordue, Program Manager, South Pacific Private



**I feel excited and privileged to be leading such a passionate and committed therapy team into 2016 and the expansion of our service.**

At South Pacific Private we have been treating trauma as the underlying issue in addictions and mental illness since 1993. We trust our experience, we trust the process and we believe in the program we deliver, but as 'Australia's Leading Treatment

Centre' we are always looking to improve and develop our people and what we do for the benefit of our clients and their families.

Inpatient treatment is delivered by our Multi-Disciplinary Staff (MDS) team, involving a psychiatrist, GP, Program Manager, Nurse Unit Manager, Primary Therapist and Continuing Care Case Manager. All treatment and discharge planning is made in consultation with our clients and liaised with family and allied health professionals where appropriate. **Our goal is to maintain our standards of excellence and give our clients a potentially life-changing therapeutic experience.**

## Our Standards of Excellence

In order to engage our clients and co-create best outcomes, we offer a 7-day per week psycho-educational and group therapy process within a community setting. All clients' medical and psychiatric needs are regularly assessed and managed in order to stabilise clients as to engage most effectively with the therapeutic program.

We strongly believe in the value of establishing routines around self-care and the program schedule offers structure and direction for clients who often present in crisis and chaos. Further to this attendance of all aspects of the program is compulsory once a client has admitted.

Our lecture program offer interactive sessions based on a range of topics such as trauma, PTSD, addiction, mood disorders, healthy relationships and family systems for example. On admission, clients are given a manual and journal which offer further reading and written exercises to integrate their learning.

Primary Group runs twice per day and offers clients the opportunity to develop increased self-awareness through identification, feedback and group process. Group is a safe environment to explore presenting issues and relational dynamics that occur for clients. We emphasize the need for continuing care, support planning and support programming as recommended by the MDS team. Embedded within our Primary Program, some clients are referred to our Changes 1 program as part of the treatment journey. This group offers a 'closed group' psychotherapeutic program specifically addressing the underlying issues and trauma that have fuelled the development of the presenting problem.

Our weekend program involves group workshops and more innovative and complimentary therapies such as massage, drumming and dance. While these activities are less intensive as Primary group, they still offer education, skills and therapeutic value and support to ongoing recovery. Integration and relaxation are important due to the emotional work that clients participate in.

## What's Around the Corner?

As we move from 37 to 53 beds we will add two extra Primary Groups to the inpatient program and expand our team to include two senior therapists. While the Primary program will simply match the increase in client numbers, the re-structure of our team allows us to offer extra support to vulnerable clients and the flexibility to deliver more break-out groups and improve our client orientation process. Furthermore, we will be making use of improved technology by allowing clients to access on-line resources and information on addiction, mental health and recovery.

As a smoke-free facility we acknowledge the additional difficulty that quitting smoking can bring to an already challenging situation.

In order to support our clients we will be improving our smoking cessation program through additional education and support groups.

The evening program will also see an increase in our massage service, as well as more SPP alumni returning to the program to share their personal stories of experience, strength and hope with the clients.

So much of our attention is focused on our clients, as clinicians it's essential we don't forget about ourselves. From an ethical perspective all of our team is expected to attend individual clinical supervision and practice self-care. As a team we reflect and encourage each other, as well as conduct regular client care case reviews and in-house group supervision. We also look forward to re-introducing our internship program, as well as making use of our new observation window for training purposes.

Finally, as we expand our service, we do so in-line with our improved clinical practice monitoring program, staff learning and development program and program review.

Our mission to bring hope, health and happiness to troubled people, through our expertise in the holistic treatment of addictions and mental illness, by changing lives and healing families. **The expansion of our services enables us to continue to achieve this and we are, as ever, committed to bringing best practice to our clients, our stakeholders, our staff and our team.**

"Our goal is to maintain our standards of excellence and give our clients a potentially life-changing therapeutic experience."

# Continuing Care and Day Programs 2016 - An Update -



**Gael Seymore, Day Program Manager, South Pacific Private**

**At SPP we take a tailored approach to recovery. We recognise that our inpatient stay is just the very beginning - sometimes referred to as the foundation of the treatment journey for people with addictions and or mood disorders.**

**As we enter the final phase of our expansion project at SPP, we are on the precipice of a truly inspiring time in the history of SPP.**

Although the coming months will involve consolidation of our current programs, a new beginning is dawning: *a time of growth, of expanded services and opportunities for our clients, alumni and of course their families.*

I recently came across the following passage in ***Life in Recovery***, dated June 11, 2015:

*"Successfully completing a rehabilitation program is a crucial first step in addiction recovery, as well as a commendable accomplishment."* Statistically, a majority of individuals suffering from addiction never take this first, crucial step. However, "first" is the operative word.

Acquiring sobriety and sustaining sobriety are different, and individuals who do not participate in aftercare services and peer-support groups are prone to relapse. While stabilisation and rehabilitation is a short-term component of recovery, addiction is a life-long disorder.

Recently, the Institute of Behavior and Health introduced a long-term strategy to reduce relapse and foster sustained sobriety called the New Paradigm for Recovery.

*"Addiction is life-long and treatment is brief,"* explains Robert DuPont, the President of the Institute of Behavior and Health. *"We need to shift our thinking about treatment from the current focus on short-term episodes to long-term recovery management."* Studies conclude that relapse rates correlate directly with an individual's length of sobriety time.

With this in mind, and with our vision set firmly on being able to offer SPP clients a long term continuing care recovery support framework, we tiptoe now into what that will indeed look like for not only our current 37 inpatient clients - but for 53 clients once our expansion is complete.

**Currently we offer the following day and evening programs:**

- **Mastering Moods Programs** – for exploring the triggers of depression and anxiety.
- **Transitions Programs** – for transitioning between inpatient program and daily life post admission.
- **Relapse Prevention Programs** – for support through the first 3 months of recovery from addictions (specialised groups available for men and women).
- **PTSD Programs** – specialist programs for those struggling with PTSD and trauma related conditions.
- **Life Skills Programs (an integrated DBT program)** – offering practical living skills, mindfulness, distress tolerance, emotional regulation and interpersonal effectiveness.
- **Life Skills 2 Programs** – the opportunity to look at relationship concerns and the habits and patterns of behavior within those relationships.
- **Changes 2 Program** – an intensive experiential process for exploring current behavioural concerns and the underlying issues, with the aim of creating positive change.
- **Family Programs** – psycho-educational lectures, structured exercises and guided discussions to explore challenging family systems and communication.
- **Family Education and Support Groups** – designed to meet the needs of family and friends of someone struggling with addictions / mood disorders.



Evidence based research indicates that approaching recovery from all angles is essential - and our day and evening programs / outpatient addiction programs, combined with 12 step meetings, regular 1-1 visits with a therapist, SPP's regular online webinars and other alumni events plus a healthy lifestyle including mindfulness, exercise, nutritious food and healing relationships are vital.

We will be increasing the day programs that are available to ensure increased demand for services is met and, as such, will be introducing new programs.

This will be supervised by our Clinical Practice Consultant Steve Stokes, in conjunction with our Board of Directors and Medical Advisory Committee.

One of our first initiatives, for example, will be the introduction of a Children's Program for the children of parent/s with an addiction or mental health concern. A wait list is now open for this and it will run in conjunction with a 'Parenting Program' for carers of those children attending the Children's Program.

Our Family Education and Support Program will also be made available in a more widespread capacity, aimed at meeting the ongoing needs of an increasing number of families in crisis around the country.

**In the meantime though, our aim after an inpatient stay and after continued engagement in the open day/evening programs is to provide:**

- Our closed Changes 2 Program (for addressing the unhealthy patterns of behavior that have arisen as a result of developmental trauma). This is available (on recommendation) to clients within 3-6 months of their inpatient stay.
- Our closed Life Skills 2 Program (for addressing self-esteem, relationship concerns and patterns of behavior within those relationships) may be offered around 8-9 months post inpatient stay.

- A Recovery Fundamentals Program to all our alumni. This program enables clients to attend a variety of open day programs with the express purpose of keeping themselves healthily reminded and living within the framework of the SPP treatment model and able to address more current concerns post inpatient treatment.
- Regular live webinars are also available on the website discussing a variety of topics relative to the SPP model of treatment.
- Encouragement for our clients to access 12 step fellowship meetings wherever they are living.
- Support of our clients to engage in a long term relationship with their 1:1 therapist in the area in which they live (or are able to access via Skype if living remotely).
- Communications plans for our Case Managers to remain in contact with our clients at multiple touch points. During these follow up calls the Case Managers will be reviewing and assessing for a client's next step or program on the recovery journey, as well as supporting relapsed clients into appropriate care for their current needs.

The journey that we have designed for our clients requires a life-long commitment and our aim is that, through the provision of this support framework, we are able to assist our clients through some of the most challenging years of their lives.

Our vision and goal is to see them embark on a new life of mental health and well-being.

**Here's to 2016 and to what lies ahead.**



## Update

### Program Update – Beachwood Supported Living

*Claire Barber, General Manager, South Pacific Private*



**The team at South Pacific Private are very excited about a brand new initiative that will be launching in the first part of 2016 – Beachwood supported living.**

There will be an assessment process for clients interested in staying at Beachwood, and ideally they will be transitioning directly from inpatient treatment at SPP, or another facility, into Beachwood.

Beachwood is a newly renovated property directly alongside South Pacific Private Hospital.

The property is lovely, with gorgeous ocean views and lots of comfortable communal space. It will offer 10 beds (in private rooms) and will be staffed around the clock by SPP staff who will support residents in their recovery and to help manage the complexities of shared living.

Although a compliment to SPP services, Beachwood will not be a part of the hospital, so the medical and nursing care offered by the hospital itself will not extend to residents of Beachwood.

By offering accommodation at Beachwood to clients as they discharge from inpatient treatment, we aim to make ongoing care through engagement in Day Programs accessible for out of area clients.

“Recovery Fundamentals” is a package of day programs, running Monday to Saturday every week that will allow residents utilising the Beachwood accommodation service to make the most of their extra couple of weeks in the area and engaged in treatment at SPP. We are so excited about this, as we know that extending a client’s engagement with treatment, significantly improves their chances of recovery.

“Beachwood is a new renovated property directly alongside South Pacific Private Hospital.”

Day programs are covered by private health insurance, and as with inpatient treatment, SPP is proud to be contracted with nearly all the major funds meaning that there are no out of pocket expenses for clients to access this treatment. The cost of accommodation at Beachwood is not covered by health insurance though, and there will be fees for this service. Charges will include all meals, linen, cleaning and utilities.

For more information on Beachwood, or to find out how to access this service for yourself or for your clients, please contact our intake department on 1800 063 332. You can also call our Intake Manager, Tamara Bell-Fahey, on 02 9466 6462.

#### **Opportunities!**

The launch of this new service means that there are new employment opportunities available. If you are interested in finding out more about the roles available, please contact Claire Barber on [cbarber@southpacificprivate.com.au](mailto:cbarber@southpacificprivate.com.au). Job descriptions can be found on our website here: [www.southpacificprivate.com.au/careersatsouthpacificprivate](http://www.southpacificprivate.com.au/careersatsouthpacificprivate)

**Our network of professionals is growing! Follow us to keep up to date with the latest news, events and commentary as it relates to SPP & the general therapeutic field.**



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