

Annual Report

2017

For

Áit Linn



Introduction

In considering how to present the information about Ballymun Alcohol Community Outreach Ltd. Activities during 2017, a decision was taken to introduce the reality of the people the project works with and the approach that the project staff take to facilitate these people into whatever recovery process they want.

Therefore, this annual report, while it contains all the usual facts and figures concerning the project's performance during the year, will reflect various staff members' perspective on how and what they do, as they work collaboratively with the clients to support decisions in relation to alcohol and it's role in the lives of the client themselves and their families.

It is also important to state that this **is not** a policy or philosophical document but rather the various views of the staff team who engage with the clients. While presenting these views, beliefs and attitudes to the work, there has been an attempt to create, as succinctly as possible, as many of the issues that impel individuals to seek help in Áit Linn. Any anecdotal information contained in this report is, inevitably, created with the sole purpose of giving a broad impression of the range of issues that are the daily dilemmas for both the staff and clients.

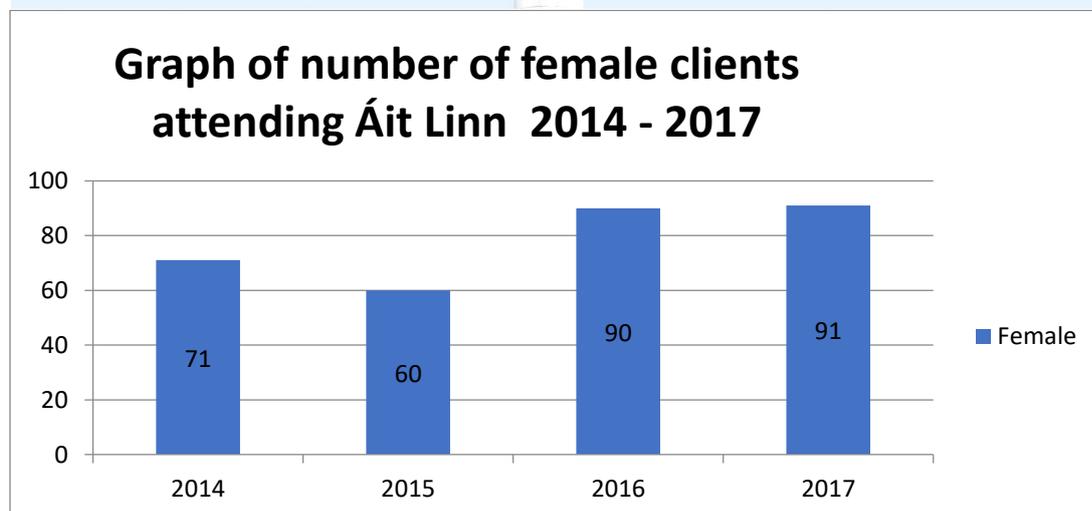
It is difficult to explore and make manifest all the various issues that impel individuals to the project, suffice to say, many come purely due to the physical problems caused by alcohol. These can range from liver disease through to a multiplicity of physical and psychological problems for both themselves and their families.

Referrals

The project's relationship with Beaumont Hospital Alcohol Liaison Nurse and the liaison psychiatry team has ensured that over the past six years appropriate referrals have been made to the project at the point of high motivation for information and change in most individuals. The rapid access aspect (no client waits longer than forty-eight hours for an initial appointment unless they want to) guarantees that clients are established in the project before motivation diminishes and old habits of denial are re-established.

On average, there are four new referrals to the project each week, and some weeks, particularly immediately after Christmas and at the end of the summer period, this number can increase significantly. The spectrum of issues that bring the individual into the project can be an emergency hospital admission due to an alcohol withdrawal seizure, a fall or road traffic accident, or at the request of either a GP or a Social Worker. All clients have a relationship with alcohol in one of its many forms and many clients have ceased to be with family or connected to the family home, while some are under threat of their children being taken into the care system due to their drinking.

The project has always given consideration to the challenges women in particular can face accessing support services when changing their relationship with alcohol as women are predominantly the primary carers in their family, for both children and other family members. This was exemplified by the fact that the first programme offered in the premises was for women. Next year is the centenary of the women's vote and as such, the project aims to offer significant support to women around their own or a family member's alcohol use.



Staff Team Reflections on the work

The Harm Reduction Programme

The Harm Reduction Programme is a 12-week group programme, and is the first phase of client engagement with Áit Linn. The programme is delivered in 2 parts; the Information Programme (5 weeks), and the Relapse Prevention Programme (7 weeks). The Information Programme is a gentle yet informative introduction to; the effect of alcohol on the physical health (week 1), mental health and emotional wellbeing (week 2), and the impact of problem drinking and addiction on the whole family (week 3). These first 3 weeks can often be the most difficult for clients as they come to terms with the reality of the effect of their drinking on themselves and others.

Clients are encouraged to explore and share their thoughts and experiences, receiving feedback on the issue as to what degree alcohol might be problematic in their lives. Often the group will consist of clients at varying stages of acceptance of a problem, with some having attempted abstinence before, and others having never considered their relationship with alcohol to be problematic. Week 4 of the Information Programme focuses on the process and stages of recovery and invites the clients to reflect on their own experiences, and what recovery might look like for them. The final week of this phase of the programme (week 5) invites clients to experiment with a period of abstinence for the duration of the Harm Reduction Programme, and to explore possible obstacles to achieving abstinence as well as what would encourage and support them in achieving this. Clients typically decide at this stage to continue in the programme towards abstinence, or to exit the programme and attempt moderation management with a series of follow-up individual appointments to monitor how the client is coping.

While Áit Linn is an abstinence based service, this five week programme offers individuals, regardless of their drinking status, a safe space to begin to explore the impact of their drinking and whether they might benefit from a period of abstinence (short-term or long term). Clients are supported to explore this in

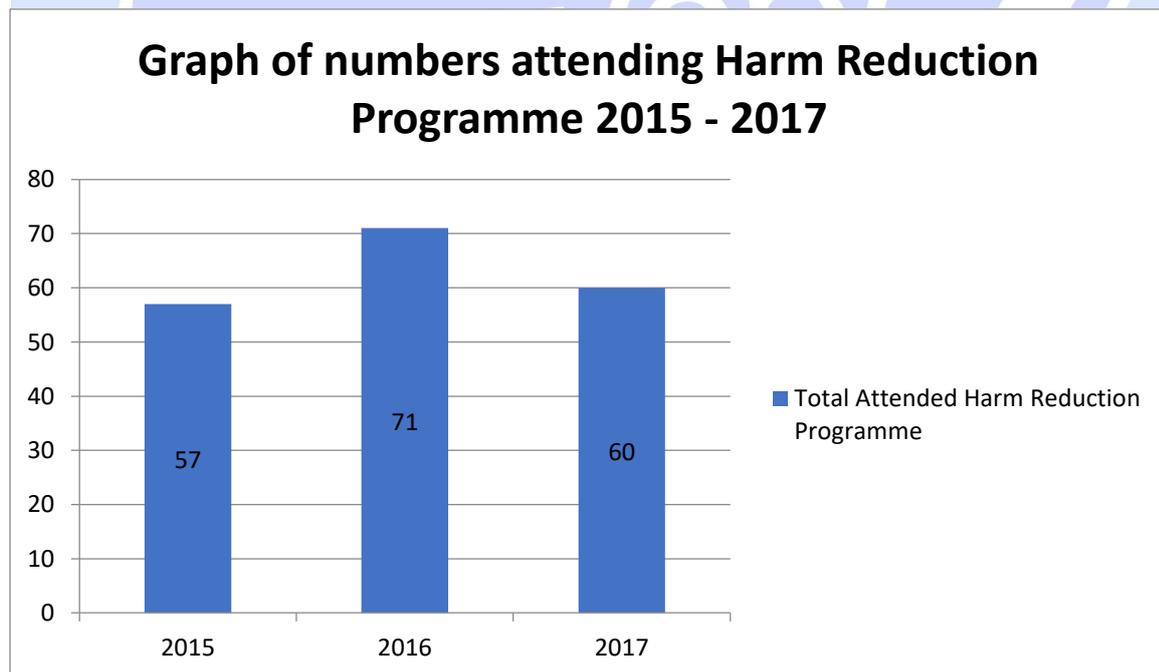
the group context and in Individual Counselling as appropriate. Reduction Planning forms a large part of the work at this stage of the programme for many clients, and the duration of this reduction plan is informed by the client's current drinking pattern, the level of support available to them outside of the service, and their level of confidence in adhering to the reduced amount.

The Relapse Prevention Programme is the next phase of the Harm Reduction Programme and runs for 7 weeks. During these 7 weeks clients are supported in exploring their experience of abstinence and are facilitated in developing coping strategies as they deal with life without alcohol. The symptoms of Post-Acute Withdrawal Syndrome (week 1) are discussed and many clients report feeling relieved to learn that what they are experiencing is 'normal' and 'expected' and feel encouraged to continue in abstinence. Tools and strategies in managing these symptoms are explored (week 2), often with the clients themselves identifying the best strategies and encouraging and supporting other group members to try new ways of coping while remaining alcohol free. The Relapse Process (week 3), Cravings and Triggers (week 4), and The Stress Response (week 5) are explored in detail as clients are encouraged to begin to identify helpful and unhelpful patterns in their thoughts and behaviours and are gently challenged to choose new ways of thinking, behaving and responding to their environment.

During this exploration of patterns of behaviour, many clients identify anger as a particularly difficult emotion to manage in recovery. Week 6 of the programme, therefore provides an opportunity for clients to think about anger and the effect of unresolved anger, as well as its potential as a factor in relapse. Anger management techniques are discussed as clients are encouraged to practice healthier ways of managing and expressing anger. Finally, week 7 of the Relapse Prevention Programme (week 12 of the overall Harm Reduction Programme) is called 'Planning for Success'. 'Success' can mean different things to individual clients, and while some clients choose to remain abstinent and transition on to one of the two weekly Treatment Groups, others are happy to engage in moderation management, given the new knowledge and awareness about alcohol and its impact they have gained from participation in the programme. Clients who decide to take this route are

supported with follow-up individual appointments aimed at helping the client to continue to drink responsibly and to integrate new strategies for coping with life without abusing or misusing alcohol.

Overall, the 12 weeks of the Harm Reduction Programme allows time and space for individuals to think about and begin to talk about their drinking and the impact it had and continues to have on the different aspects of their lives. It allows clients to become comfortable talking, listening, and receiving feedback from group members and the facilitator in a safe, supportive, non-judgemental environment. Recovery is about change and clients are encouraged and supported to learn and experiment with new ways of living their life without alcohol. The Harm Reduction Programme is where this change begins; and this programme allows for a gentle, non-intimidating introduction to group work and the more personal, emotionally charged conversations that may occur during group therapy.



Individual/Couples Therapy as part of the support network for clients accessing Áit Linn

Initial Assessment

At the Initial Assessment, which usually happens within a week of the first phone call, the prospective client will be informed in more detail of the service available. The Therapist will assess the client's needs and match these to what Áit Linn can offer. What we offer is based around the group programme component of the service. The service offers a Psycho-educational and Relapse Prevention Programme which runs for 12 weeks. This is the beginning phase of attending the service, where people who are newly looking to be alcohol free, or who have relapsed and want to try again find their feet in abstinence again. When a client comes to access the service they will be encouraged towards joining the next cycle of the 12 week programme. Appointments with the Individual therapist serve this purpose. The four therapists who meet with clients for Individual Therapy are all systemically trained. (Separate section on efficacy of Family Therapy for working with alcohol problems). Initial meetings are important in setting goals and boundaries. Limits of confidentiality regarding risk factors are explained and clarified, including Child Protection & Welfare responsibilities of the service.

Individual Sessions

Clients are met with individually. The therapist welcomes and encourages the client for taking the step of getting themselves here. This is important, as anxiety is generally running high, fuelled by the habit of alcohol mis-use, and many other habits of self-doubt. The individual therapist will take a history of the problem, as appropriate, and begin to assess what the person needs. This is a collaborative process. The therapist does not take an 'expert' stance but does use their experience and knowledge of alcohol related issues, to guide the client around potential pitfalls. Clients are encouraged to draw on their own, sometimes unacknowledged resources.

Where resources are thin on the ground, the therapist will support the client in constructing a plan, or a framework, which can act as a scaffolding to help

them begin to put in place healthier ways of living. Often, a very practical plan can be of huge assistance in the early work. If a person is still drinking this will include recording alcohol consumption in a 'drinks diary'. This 'naming' and acknowledgement of the problem can have the effect of 'externalising' the problem, and therefore making it accessible to be worked on. The next step will then be quantifying a planned reduction in consumption. Many clients who access the Service may not be drinking for a brief period, following a crisis. The plan then is very important in supporting them to access and practice positive daily activities. This could include exercise, a yoga class, further education etc. It may also involve forging or maintaining important links with other health service providers. As 'systemic' practitioners, the therapist will be addressing the client's familial, social and cultural context. Steps can be small but achieving a small step can allow an individual to grow or rediscover a sense of competence/self-value, that may have been eroded by years of broken promises/failures and being seen as a disappointment or an embarrassment. Being able to take responsibility for self can often only come after some self-belief has been found or restored. And once a client identifies how they can live their lives differently, positive changes are possible.

Relational issues can begin to be addressed by the therapist, as the client gains some strength through sobriety. As sobriety grows – a client can begin to see 'self' more clearly, and thus the meaning given to the past, and possibly traumatic events can also shift. The past can move from being experienced as an invisible restrictive enclosure, to a place where forgiveness and love can come from. Often shame can be attached to the past. The therapist can gently help the client to unpack what's in the baggage of shame. Accepting responsibility for self and one's actions is a huge step and milestone on the path to lasting sobriety.

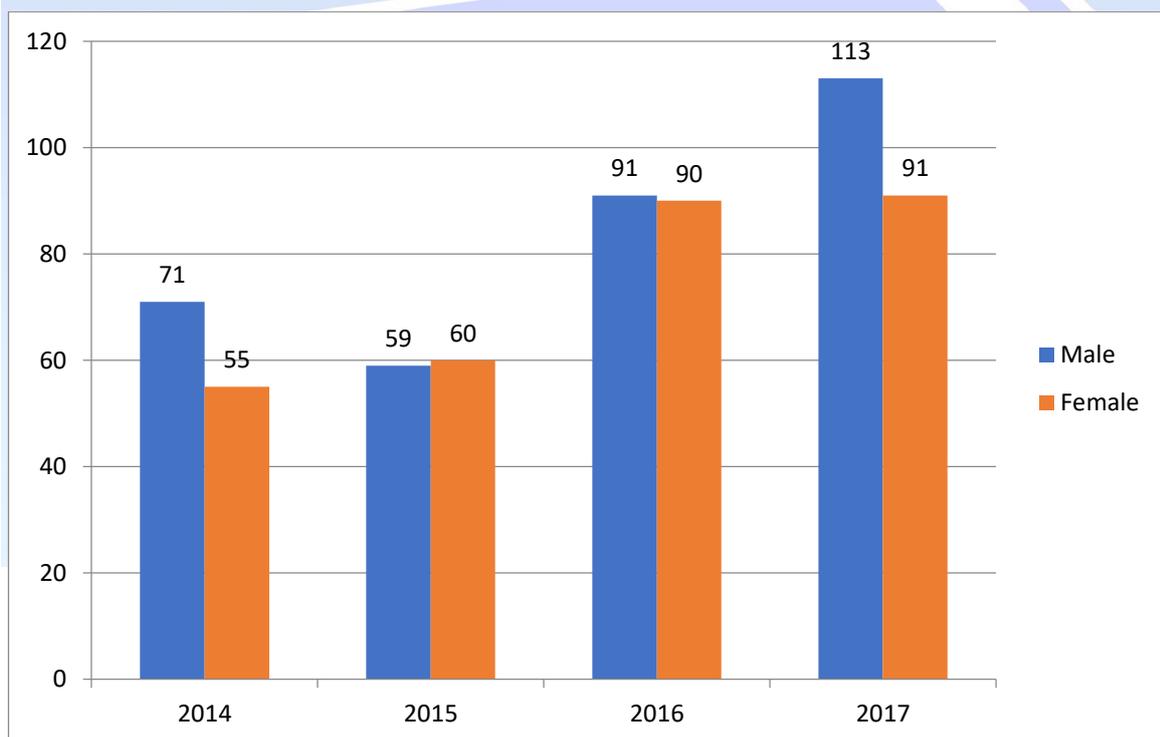
As soon as a client is ready they will join the next available Harm Reduction Programme. Individual therapeutic support is still available to clients once they start the Harm Reduction Programme, as the need arises.

Couples Work

The Service also offers specific supports for couples if there are problems in the relationship that are not resolving. Two Family Therapists meet with the

couple and help with adjustment in the relationship now that the drinking partner is not drinking. There can be emotional and behavioural issues that were never addressed while drink was involved. And trust may have been depleted which makes adjustment difficult. Partners are supported in recognising their needs now, and in safely asking for these needs to be met. Trust is re-established, and old hurts can be healed. Couples therapy is available to clients for as long as they are willing to work on re-establishing confidence in the relationship and in each other. Any current or emerging child welfare concerns will be worked with by referring such concerns to Tusla for assessment.

Chart of Male : Female ratio of clients attending Áit Linn



Treatment Group

Core Ideas that Inform the Work:

The principles of context and connectivity from systemic therapy guide the work. Central also to the group process are the values of personal responsibility, accountability and compassion.

Pathway

The majority of group members transition into the Treatment Group having completed the Psychoeducation/Harm Reduction Programme in Áit Linn. Occasionally a service user will join the group having completed a residential treatment programme or hospital admission elsewhere. Sometimes clients will learn of the service through word of mouth or from other community services e.g. Alcoholics Anonymous or the GP. After presenting for several initial individual sessions the client will be offered a place in the group if it is appropriate.

Regardless of where they come from, all clients need to be drink and drug-free in order to join the Treatment Group. Clients must have chosen to remain drink and drug-free, and be committed to learning how to live a drink and drug-free lifestyle.

Structure

The Treatment Group is a rolling group and is facilitated by a female systemic psychotherapist. The group meets for an hour and a half on a weekly basis. The Treatment Group consists of men and women between the ages of 30 and 70 years. There is approximately ten members in the group at any one time.

Group members come from mixed social contexts: some are parents, some married but without children, in employment or unemployed, living with family or living alone. Some members have good support in their lives, other members are more isolated. Some members also have a history of additional substance abuse and mental health issues.

Process

Systemic therapy is relational based psychotherapy that asserts the whole is greater than the sum of its parts. Therefore, a systemic psychotherapy perspective is particularly interested in the connections and relationships between people, ideas and experience. For example, systemic therapy is interested in the relationship between childhood trauma and alcohol abuse, ideas of low self-esteem and poor self-care, and the experience and impact of alcohol abuse on the problem drinker and the other members of the family system. Systemic therapy also pays close attention to the impact of culture and the wider social context on individuals and families. Systemic psychotherapy supports the client to explore the role of alcohol in their life and to identify strategies and actions (s)he can implement to achieve her/his goals.

All group members are committed to and adhere to a group contract. This contract is reviewed at the beginning of group every time a new member joins the group. The contract explicitly states what is expected of the individuals and the whole group; ensuring boundaries, expectations and responsibilities are clearly understood by all members from the outset of the work. Commitment to being drink-free, the group process and active participation are required of all members.

It is understood that relapse can be a part of the recovery process. Group members are required to disclose any slip or relapse/any drinking episode to the group at the next available group meeting. This is then processed in the group by the group. However, the Treatment Group is not a group that accommodates ongoing relapse. If a participant has three consecutive slips/drinking episodes they are required to step away from the group to process their relapse in individual sessions. Consideration is given to the engagement of the participant in the group, the context of the relapse and the client's level of motivation to revert to being drink-free when deciding whether it is appropriate for the individual to return to the group at that time. Group members are made aware of the rules regarding relapse from the first session, as per the group contract.

Issues Addressed:

The treatment group is primarily focused on supporting group members to remain drink-free and to change their beliefs and actions accordingly. A variety of diverse issues are discussed and processed in the group including mental health, relationships, family, self-care, stress-management and general wellbeing. However, the focus of the work always returns to the impact these ideas and experiences have on the members' relationship with alcohol and recovery.

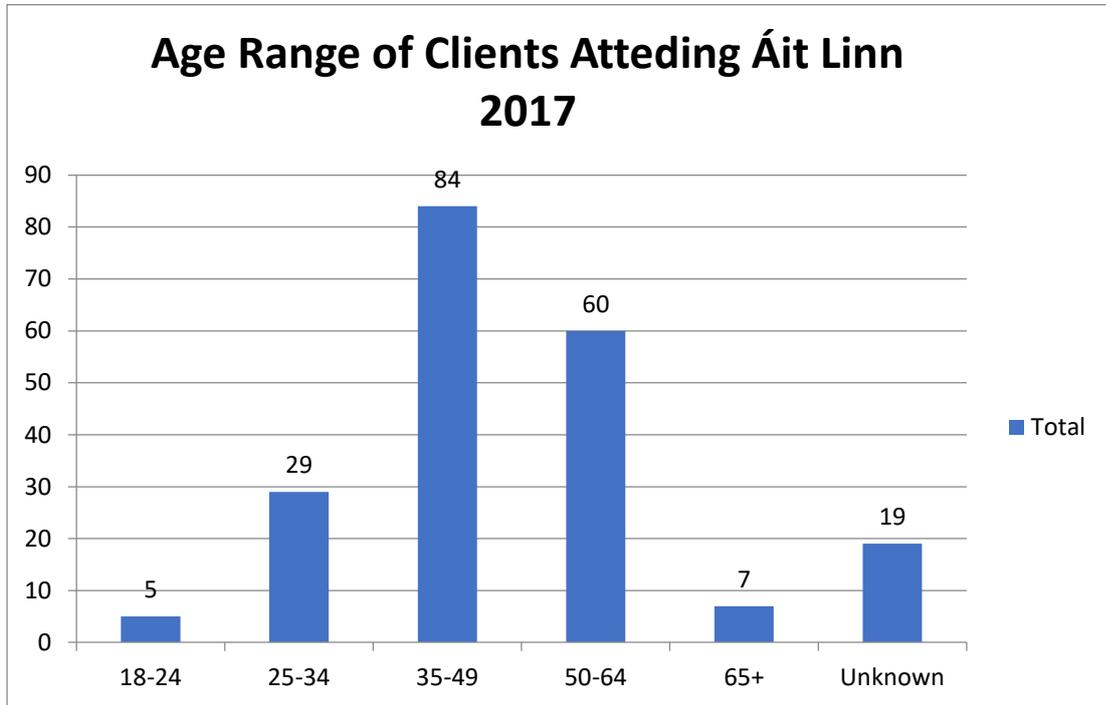
As part of a systemic approach the experiences of the participants' close family are always held in consideration as we explore the impact of problem drinking on all members of the couple and family. This perspective challenges and supports the participants to expand their thinking beyond their own immediate experience and teaches them how to hold multiple perspectives at one time without feeling overwhelmed or the need to revert to a defensive position.

Through therapeutic facilitation and the active engagement of the participants, group members learn to acknowledge, identify and understand their thoughts, feelings and actions. Group members learn to identify the motivating factors behind the choices they make, that initially feel impulsive and beyond their control. Over time members learn how to create space between their experiences and recognise they have a choice regarding their actions, thus feeling empowered to make intentional choices that support their decision to be drink and drug-free.

Outcome

Participants are welcome to leave the group at any time. However, members typically remain in the group for a minimum of one year. Most participants remain drink-free. While participants do experience slips/relapse, the number of relapses and the severity of the relapses typically decrease over time. Once

members have achieved approximately a year drink-free they transition to the After-Care Group.



Reflections on Working as Therapist in the Treatment Programme

The format and the general protocols for admission to and participation in the Treatment Group have already been outlined. In Áit Linn we have a standard protocol that is applied across the board on all our programmes. In this reflection I will focus on some aspects that I feel are important to the work of recovery and represent the strengths that support clients to engage in their recovery from addictions.

Having worked in a variety of settings in both the public and private addiction treatment services, my experience of working in Áit Linn is that the service prioritises the client. While this is often named by many services it is a core strength in Áit Linn.

People experience crises in their drinking in a variety of ways. For some it is that they find themselves in A&E following an incident and/or accident. This could be self-harm where alcohol is a factor, it could be an alcohol-related accident where an injury has occurred, or it could be a referral from a GP who can see that drinking is causing significant harm to the patient. Also, individuals themselves have presented to A&E for help knowing that they cannot stop drinking without medical help with the process of detoxification. However, a number of individuals also present directly to the service due to difficulties in relationships such as marital breakdown, being excluded from the family home and experiencing social isolation.

This is a crucial time in the process of recovery, they may for the first time be realising that alcohol really is a problem in their life and they may be open to the possibility of engaging in a treatment service which can be the first step towards recovery. An individual can then move to a place where they are willing to explore the idea of making a change in their life regarding their drinking. This reflects the stages of the Wheel of Change outlined by Prochaska

& Di Clemente: an incident or crisis in drinking can bring a person into the stage of **Contemplating** where their awareness is heightened to the nature of their drinking. With clinical intervention at this point the individual can move to stage of **Preparation** which is a prerequisite for engaging in real recovery.

In Áit Linn, the rapid access model of offering immediate appointments when people contact the service is key to supporting positive change. Offering individual therapeutic support and a place on the Psychoeducational Harm Reduction Programme offers rapid access to support real change.

In 2016 and 2017 there were a significant number of women who engaged in the treatment process. Problem drinking affects women differently than men. Many women are home drinkers settling down to a glass of wine when the children go to bed. Their drinking may be hidden even from close family members until it reaches serious levels.

There are also issues of child protection that affect women and their drinking, and often agencies such as Tusla will be involved with us in this area. From time to time there will be situations where children are taken into care because of a woman's drinking. This is very difficult experience for all involved; part of the treatment process supports the necessary changes for the restoration of the relationship between parent and child. There is also a significant measure of shame and stigma experienced by women drinkers. The Women's Programme offers a safe space for these issues to be explored and supports changes in behaviour. All the treatment programmes take place within the school day so we offer a great opportunity for parents of school going children to engage with us at a time that suits with family commitments.

Áit Linn offers a safe supportive environment for those who wish to engage in a pathway of recovery from alcohol addiction. It is a source of great satisfaction to accompany another human being on their journey of recovery, and a source of great joy to witness the transformation that can happen between first appointment and completing aftercare programme.

Conclusion

The project was, as usual, a busy place in 2017. The number of referrals grew, and the number of people doing the Harm Reduction Programme was similar to all previous years, but with a slight increase with the number of men attending in comparison with women. The groups remained the same in number but the project also engaged to support the clients in offering a self-help group, LifeRing, on a regular basis. Like all aspects of the project, LifeRing started slowly but within four months had become a weekly facet of the services offered in the project with an average weekly attendance of ten clients.

There were many individual highs and lows for the staff team and clients as the year wound its way along. Memorable was the Twelve-Month Ceremony in July when the board, the staff and clients were to be found in the garden singing along with Mary Coughlan, who kindly gave her time to the project.

Overall, the project is a busy place and as numbers continue to grow on an annual basis, the flexibility and innovativeness of the staff in making every aspect of the work smoothly must be commended. The support from the board and their interest in all aspects of the work needs to be remarked on. The presence of the clients, whose determination and co-operation with the programmes on offer, makes it not merely work but a positive and exciting facility to engage in, all coalesce to make it a positive experience for everyone.

In all of this, the size of the building encourages endless ingenuity to ensure that the clients can be given the service they deserve, and the staff can feel a sense of achievement in their work. As we go into 2018, the numbers already connecting with the project indicate that yet another innovative change will be required to ensure the project's smooth running with increased numbers coming to avail of the programmes.

Maybe the best compliment for all who work in the project came from a client who wandered into the office for a chat one morning with a staff member; after she had answered some phone calls, arranged some appointments and sent a couple of emails, he commented:

“You always all have time to chat, and make us feel welcome, I didn’t realise it took such a lot of work to keep here running. And make us feel important at the same time: thanks”.



Statement of Finances for Year Ending 31 December 2017

Opening Balance	€30,906
Income	€
Grant Income (DCC)	120,000
Refund (Currys)	<u>9</u>
<u>Income Total</u>	€150,915

Expenditure	
Wages	111,787
IT	485
Rent	3,890
Printing and promotional materials	299
Audit Fees	1,373
Insurance	1,280
Fixed Assets	643
Utilities	2,221
Administrative and Sundry	<u>3,500</u>
<u>Expenditure Total</u>	<u>€125,478</u>
Balance as at 31 December 2017	€25,438

**Full audited accounts will be uploaded onto the website on completion by the auditor*

List of Directors	List of Staff
Michael O'Grady Peter McVerry Anne Keating Trish Flynn Karen Walsh Evelyn Hanlon Eamon O'Doherty Mairéad Hennessy	Mara de Lacy Maureen Treanor Shalom Lambert Sibéal de Bhulbh Lilianna Radola Ann Dempsey

