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Living with Alcohol
A Northern Territory Government Program
Tess McPeake
October 1997
Living
with
Alcohol
A Northern Territory
Government Program

Review of
Alcohol Counselling Services
in Northern Territory
Urban Centres

October 1997
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funded by the Living With Alcohol Program
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I would also like to thank Ian Crundall and Sarah MacLean from the Alcohol and Other Drugs Program, who provided comments and guidance through the report writing stages, helping me to tease out the main themes of the study and to extract relevant recommendations for the program.

Finally, I would like to thank Julie Stearne and Carol Atkinson for their help with formatting.

Tess McPeake
Project Officer

December 1997
EXECUTIVE SUMMARY

The Review of Alcohol Counselling Services in Northern Territory (NT) urban centres produced the following key findings:

1. The availability of qualified and experienced alcohol counsellors is critical to potential clients and referring agencies.

* The public survey results showed that a person needing help with problems related to alcohol use, would most likely be recommended to go to an alcohol counselling service before any other type of service. The second most popular recommendation for someone needing alcohol counselling would be Alcoholics Anonymous, and the third, a doctor.

* The availability of trained staff who can be trusted to be confidential would determine whether people would, or would not, nominate a particular service for alcohol counselling and people would not recommend a service if it cost too much.

* Most of the generalist services and other health professionals currently providing alcohol counselling in the NT are limited by a lack of adequate skills and by the fact that they do not consider this as an appropriate part of their role.

* While generalist counselling services and allied health professionals claim to provide alcohol counselling to some Territorians, they are unable to provide the level of service required by clients with severe alcohol issues and the fact that they may need to charge a fee for their services makes them inaccessible for many people experiencing problems related to alcohol use.

2. Several gaps exist in the referral process for clients needing to access alcohol services and a more coordinated approach would benefit clients and service providers.

* Clients are currently referred to alcohol counselling services by a wide range of agencies, however alcohol counselling services refer clients to other specialist alcohol and other drug services more often than to any other type of service.

* Service gaps occur in residential treatment services where there are few alternatives to abstinence-based programs, a limited number of after-care services and a lack of information about client progress for referral agencies to effectively follow up clients after treatment.

* The lack of appropriate services for people with a dual diagnosis of mental illness and alcohol issues, for women and for young people, means that people with alcohol problems in these client groups are currently disadvantaged.

* Coordinated referral networks between alcohol counselling services, health professionals and generalist agencies would ensure that Territorians with alcohol problems are identified and referred to appropriate services staffed by qualified counsellors.
EXECUTIVE SUMMARY

3. There is scope for trialing alternative service delivery methods for alcohol counselling services, including outreach style services and telephone counselling and for improving the profile of existing services.

* The majority of suggestions from the public survey concerned the need to advertise alcohol counselling services so that people know how these agencies can help people who are experiencing problems related to alcohol use.

* Several people suggested that outreach counselling services would provide an alternative to office based counselling services and increase the potential for preventative work within NT urban centres.

* Increased Aboriginal involvement in the management and delivery of culturally appropriate programs for Aboriginal people with problems related to alcohol use was recommended by a cross-section of service providers and members of the public.

* Tertiary training opportunities for alcohol counsellors in the NT should be enhanced and in-service training should be provided for generalist workers and health professionals to improve their knowledge about screening methods and minimal intervention strategies.
RECOMMENDATIONS

It is recommended that:

1. The LWA Program encourage the exchange of information between services and individuals involved in the provision of alcohol counselling in NT urban centres so that the roles and responsibilities of respective organisations can be clarified and referral protocols can be established.

2. The LWA Program continue to fund alcohol counselling services and specified positions within generalist counselling services in NT urban centres so that the current mix of services providing alcohol counselling is maintained.

3. Inservice training courses in early intervention strategies, including training in the application of screening instruments, be made available for health professionals, allied health professionals and generalist workers through the LWA Key Worker Program.

4. The Mental Health and Disability Services Program and the LWA Program take immediate steps to address the lack of referral options in the NT for people with a dual diagnosis of mental illness and alcohol issues.

5. The LWA Program encourage alcohol counselling services and generalist counselling services with specified alcohol counselling positions to initiate contact with Aboriginal Health Workers and establish local networks to improve referral options for Aboriginal clients with alcohol related problems.

6. The LWA Program encourage existing alcohol counselling services to engage in activities which will increase public awareness about their services.

7. The LWA Program investigate whether particular aspects of alcohol counselling services are more effective for Aboriginal people with alcohol related problems than for non-Aboriginal people with alcohol related problems and ensure that funding is available for the provision of specific counselling services for Aboriginal people, if these are required.

8. The LWA Program trial the effectiveness of outreach style alcohol counselling through an existing urban alcohol counselling service in the 1998/99 funding cycle.

9. The LWA Program fund alcohol awareness activities which target young people and continue to allocate funds for the employment of officers within the NT Education Department and the NT Police to ensure that alcohol awareness modules are included in school curriculum and in training for school constables.

10. The LWA Program encourage existing alcohol counselling services to design, promote and run specific programs for women and for young people with alcohol related problems and that these initiatives be included in funding agreements in 1998/99 and 1999/2000.
BACKGROUND

In 1995, the Living with Alcohol (LWA) Program commenced a Review of Counselling Services. The Review aimed to determine the most effective combination of services required to meet the counselling needs of the urban communities of the NT. The original scope of the Review included all types of counselling services, however in the early stages of the study, the focus was refined to include only alcohol counselling.

The Review was prompted by concerns that (1) generalist counselling services were being asked to provide specialist alcohol counselling services without trained personnel and (2) there was a lack of information about the range of counselling services provided to the public. The information gathered through the Review was expected to inform the development and prioritisation of alcohol counselling services in the future.

TERMS OF REFERENCE

The specific objectives of the Review were to:

* identify current barriers to access and recommend changes to increase the accessibility of counselling services;

* identify referral patterns between agencies;

* recommend the most appropriate ways in which counselling services can be delivered to meet community needs;

* develop a data base of counselling services which included the range, nature, location and description of services provided by Territory Health Services, non-Government organisations and the private sector; and

* recommend policy to guide the Alcohol and Other Drugs Program’s resource allocation for counselling services.
METHODOLOGY

The Review aimed to match information about existing referral systems, service providers and client groups with responses from community members regarding their expectations of alcohol counselling services. A Steering Committee, comprising representatives from a range of Territory Health Services programs, was formed to provide advice and guidance for the Project Officer. However, the Review was primarily managed by the Alcohol and Other Drugs Program.

The Review consisted of four stages of data collection and a literature search followed by detailed analysis of the results. Copies of the questionnaires are at Appendix A.

Stage One

Stage One aimed to identify the range of specialist agencies involved in alcohol counselling in the NT and to analyse referral networks between these agencies. A questionnaire was forwarded to sixteen specialist alcohol counselling agencies. Fourteen agencies completed the questionnaire, including eleven non-government alcohol counselling services, two government services and one generalist counselling service which is partly funded by the LWA Program.

Stage Two

Stage Two aimed to clarify whether alcohol counselling was being provided by generalist services, health professionals and allied health professionals, to identify any limiting factors and to list the reasons why agencies refer clients to specialist alcohol counselling services. Multiple copies of a questionnaire were distributed to staff in agencies identified as regular referees to specialist alcohol counselling services in Stage One. A total of 343 copies of the questionnaire were sent to 141 agencies and 156 questionnaires were returned, 114 (41%) from staff in 76 government agencies and 42 (65%) from non-government agencies and health professionals.

Stage Three

Stage Three aimed to gather more details about the range and nature of alcohol counselling services provided by generalist agencies, health professionals and allied health professionals. A questionnaire was sent to 30 generalist agencies and health professionals identified as providers of alcohol counselling in Stage Two. Sixteen agencies responded including two Community Care Centres, five General Practitioners (GPs), five high school counsellors and four generalist counselling services.

Stage Four

Stage Four aimed to gauge public perceptions about the type of services people would choose for alcohol counselling, the reasons why they would select those services, the positive and negative features of preferred services and invited comments about ways in which services might be improved. Over two thousand copies of a public survey were distributed within the five major NT urban centres through government agencies and community organisations and by people responding to public advertisements. More than 400 surveys were returned. Table 1 shows the distribution of returned surveys throughout the NT.
Table 1: Public survey - Distributed and returned surveys

<table>
<thead>
<tr>
<th>Location</th>
<th>% population*</th>
<th>Number of surveys distributed</th>
<th>% of surveys distributed</th>
<th>Number of surveys returned</th>
<th>% of surveys returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darwin</td>
<td>67</td>
<td>1028</td>
<td>43</td>
<td>185</td>
<td>44</td>
</tr>
<tr>
<td>Alice Springs</td>
<td>21</td>
<td>631</td>
<td>27</td>
<td>113</td>
<td>27</td>
</tr>
<tr>
<td>Katherine</td>
<td>7</td>
<td>224</td>
<td>9</td>
<td>41</td>
<td>10</td>
</tr>
<tr>
<td>Tennant Creek</td>
<td>2</td>
<td>281</td>
<td>12</td>
<td>41</td>
<td>10</td>
</tr>
<tr>
<td>Nhulunbuy</td>
<td>3</td>
<td>215</td>
<td>9</td>
<td>42</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>2379</strong></td>
<td></td>
<td><strong>422</strong></td>
<td></td>
</tr>
</tbody>
</table>

* Population 18 years and over based on 1995 ABS estimate.

LIMITATIONS OF METHODOLOGY

The methodology adopted for this Review had a number of inherent limitations, particularly in relation to the range and number of agencies contacted and the consistency of information collected. The following qualifications are highlighted and necessarily caution interpretations and conclusions.

1. The Review did not attempt to measure whether the alcohol counselling provided by generalist services, health professionals and allied health professionals helped people to deal with alcohol related problems and therefore information about the relative efficacy of various services is not included.

2. Data collection methods relied on voluntary completion of questionnaires by individuals, however definitions of key terms, such as “alcohol counselling” were not provided and hence uniformity of answers could not be ensured. A broad range of outlets was targeted for questionnaire distribution and a cross-section of views was collected to offset these problems.

3. Identification of generalist agencies, health professionals and allied health professionals providing alcohol counselling in the NT was dependent on voluntary responses and does not necessarily represent all NT providers of alcohol counselling.

4. No follow-up process was undertaken with respondents to clarify their statements or to establish whether there were other agencies which could have been included in the Review.

5. It was difficult to extract thematic information from the sample for Stage Three because the data was peculiar to each service and was time-limited.

6. The fact that public perceptions about alcohol counselling services were collected through a voluntary written survey meant that this information was limited to the questions in the survey. Time and resource constraints precluded further investigation of public views in this Review.
RESULTS

INTRODUCTION

While key information about the provision of alcohol counselling by generalist counsellors, health professionals and other health personnel was obtained from the second stage of the Review, these results are presented first. A summary of outcomes from the initial inquiry into existing specialist alcohol services is then presented, followed by information from the third stage and then the public survey results.

GENERALIST SERVICES, HEALTH PROFESSIONALS AND ALLIED HEALTH PROFESSIONALS AS ALCOHOL COUNSELLORS

Data collection method

A total of 278 questionnaires were distributed to staff in 76 locations within Territory Health Services, NT Department of Education, NT Correctional Services, NT Police, Commonwealth Department of Health and Family Services (Commonwealth Rehabilitation Service and Commonwealth Medical Officer), Commonwealth Department of Employment, Training and Youth Affairs, Defence Forces and the Department of Social Security.

The questionnaire was also sent to 65 non-government agencies and individual practitioners including accommodation services, Aboriginal health clinics, GPs, religious agencies, legal services, women’s services, Aboriginal organisations, employment and education services, private psychologists and generalist counselling agencies.

Sample

Table 2 shows that while the overall rate of return was 45%, a higher response rate was recorded by non-government agencies and individuals (65%) than Government agencies (41%).

Table 2: Number and percentage of returns by type of agency

<table>
<thead>
<tr>
<th>Type of agency</th>
<th>No. agencies</th>
<th>No. surveys</th>
<th>No. returned</th>
<th>% returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>76</td>
<td>278</td>
<td>114</td>
<td>41</td>
</tr>
<tr>
<td>Non-government</td>
<td>65</td>
<td>65</td>
<td>42</td>
<td>65</td>
</tr>
<tr>
<td>TOTAL</td>
<td>141</td>
<td>343</td>
<td>156</td>
<td>45</td>
</tr>
</tbody>
</table>

Types of services provided and areas of specialisation

Respondents were asked to indicate which types of services they provide from a list of options. The majority of respondents (69%) reported that they provide three main types of services: information and education, health services and counselling (see Table 3). Training and education services and family services were also provided by a significant proportion of respondents (36%). Respondents recorded the provision of “other” types of services where this was applicable. The most common type of “other” service was assessment/referral.
Table 3: Type of service provided by number and percentage of respondents

<table>
<thead>
<tr>
<th>Type of service</th>
<th>No responses *</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information and education</td>
<td>108</td>
<td>69</td>
</tr>
<tr>
<td>Health</td>
<td>108</td>
<td>69</td>
</tr>
<tr>
<td>Counselling</td>
<td>108</td>
<td>69</td>
</tr>
<tr>
<td>Training and education</td>
<td>57</td>
<td>37</td>
</tr>
<tr>
<td>Family</td>
<td>56</td>
<td>36</td>
</tr>
<tr>
<td>Accommodation</td>
<td>34</td>
<td>22</td>
</tr>
<tr>
<td>Judicial</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>Employment</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>Other: Assessment/referral</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Other: Guardianship</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Other: Grief &amp; loss</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Other: Advocacy</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total respondents</td>
<td>156</td>
<td></td>
</tr>
</tbody>
</table>

Note: respondents may provide more than one type of service.

Respondents were also asked if their agency specialised in any particular area of service provision. Thirty five respondents reported that they did not provide any specialist services. Specialist areas included: mental health (14), youth (12), family relationships (7), sexual assault (6), domestic violence (6), career planning (6) and long term unemployed (5).

Prevalence of alcohol counselling, skill level and role perception

Respondents were asked if they ever counsel clients about their alcohol problems. They were also asked to select, from a list, factors which may have limited their capacity to provide alcohol counselling. Most respondents (59%) reported that they provide alcohol counselling, however 64% identified a lack of adequate skills to address alcohol issues, and only 41% agreed that the role of the agency included the provision of alcohol counselling (see Table 4).

Reasons for referral to alcohol counselling services

Respondents were asked what factors influenced their agency to refer a client to a specialist alcohol counselling service. A range of factors were reported including that:

* the client requested referral;
* alcohol problems were severe, life-threatening or impacted on the family;
* the client needed to withdraw from alcohol;
* time and expertise were limited; and
* the client needed to address alcohol as a primary problem before secondary issues, such as employment, could be tackled.
Table 4: Type of agency by provision of alcohol counselling, skill level and perceived role of agency in providing alcohol counselling (overall trend)

<table>
<thead>
<tr>
<th>Type of agency</th>
<th>Alcohol</th>
<th>Adequate skills</th>
<th>Seen as agency's role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation</td>
<td>limited</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Aboriginal health clinics</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>General Practitioners</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Private psychologists</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Churches</td>
<td>seldom</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Legal services</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Women's services</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Aboriginal organisations</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Miscellaneous services</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Community Health</td>
<td>yes</td>
<td>yes/no</td>
<td>yes</td>
</tr>
<tr>
<td>FYCS</td>
<td>yes</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Hospital doctors</td>
<td>yes</td>
<td>yes</td>
<td>yes/no</td>
</tr>
<tr>
<td>Hospital Social Workers</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Mental Health services</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Hospital nurses</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>High school nurses</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>High school counsellors</td>
<td>yes</td>
<td>limited</td>
<td>no</td>
</tr>
<tr>
<td>NT Police</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Correctional services</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>CRS, CMO</td>
<td>limited</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>DEETYA</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>DSS</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td><strong>TOTAL YES</strong></td>
<td>13 (59%)</td>
<td>8 (36%)</td>
<td>9 (41%)</td>
</tr>
<tr>
<td><strong>TOTAL NO</strong></td>
<td>6 (27%)</td>
<td>12 (55%)</td>
<td>12 (55%)</td>
</tr>
<tr>
<td><strong>TOTAL LIMITED</strong></td>
<td>3 (14%)</td>
<td>2 (9%)</td>
<td>1 (5%)</td>
</tr>
</tbody>
</table>

Summary of agency skills and role perception

While generalist counsellors and health workers sometimes counsel clients about alcohol issues, most respondents did not consider that their staff had adequate skills to provide alcohol counselling and did not include this as part of their agency’s role (see Table 5).

Exceptions to this finding were General Practitioners (GPs) and four generalist counselling agencies (Somerville, Employee Assistance Scheme, Centacare - Katherine, and Crisis Line) which do provide alcohol counselling, do possess adequate skills and do see this as their role. The Employee Assistance Scheme and Centacare - Katherine are funded for this purpose by the LWA Program.

Neither of two generalist counselling agencies who claim to provide alcohol counselling and to employ staff with adequate skills consider that this is the primary focus of their service.
While counsellors at Relationships Australia have no difficulty raising alcohol issues with clients, they would refer clients to alcohol specific counselling services to improve the effectiveness of counselling, in recognition of the cost, quality and accessibility of specialist alcohol counselling services, and to facilitate inter-agency coordination.

On the other hand, the Vietnam Veterans Counselling Service, which provides specialist counselling for veterans (particularly those affected by post-traumatic stress disorder), reported that clients rarely ask for alcohol counselling but that counsellors can include alcohol issues in group sessions, if required.

Table 5: Provision of alcohol counselling, adequacy of skills and role perception

<table>
<thead>
<tr>
<th>PROVIDE ALCOHOL COUNSELLING, HAVE ADEQUATE SKILLS AND SEE IT AS THEIR ROLE</th>
<th>PROVIDE ALCOHOL COUNSELLING, HAVE ADEQUATE SKILLS BUT DO NOT SEE IT AS THEIR ROLE</th>
<th>PROVIDE ALCOHOL COUNSELLING, DO NOT HAVE ADEQUATE SKILLS, YET SEE IT AS THEIR ROLE</th>
<th>DO NOT PROVIDE ALCOHOL COUNSELLING, DO NOT HAVE ADEQUATE SKILLS AND DO NOT SEE IT AS THEIR ROLE</th>
<th>MIXED RESPONSES</th>
</tr>
</thead>
</table>
| •General Practitioners (11/21)*  
•Crisis Line  
•Somerville  
•EAS  
•Centacare (Katherine) | •Relationships Australia  
•Vietnam Veterans Counselling Service | •Aboriginal health clinics (2/3)  
•Defence Forces (2/3)  
•High School nurses (6/10)  
•Community Health nurses (26/71)  
•High School counsellors (4/10) | •Accommodation services (4/4)  
•Churches (3/4)  
•Aboriginal organisations (2/5)  
•Legal services (3/4)  
•NT Police (1/2)  
•Commonwealth Medical Officer, Commonwealth Rehabilitation Service (3/3)  
•Department of Employment, Education, Training & Youth Affairs (3/4)  
•Department of Social Security (1/2)  
•Council on the Ageing | •Women's services (3/4)  
•FYCS workers (6/23)  
•Hospital doctors (8/18)  
•Hospital social workers (3/3)  
•Hospital nurses (36/92)  
•Correctional Services (6/9)  
•Mental Health services (8/26)  
•Private psychologists (4/8)  
•Sexual Assault Referral services (2/2) |

* First number refers to the number of questionnaires returned while second number refers to the total number of questionnaires distributed.

Providers who are limited by a lack of adequate skills

Respondents who provide alcohol counselling, see it as their role, but do not consider that they have adequate skills to counsel people with alcohol problems included staff from Aboriginal Health Clinics, Defence Forces, Hospital nurses, High School nurses and counsellors and Community Health nurses. These respondents reported that they would refer clients to alcohol counselling services for qualified help: if their problems were more complex than staff could manage; when clients required specialist support and information; when an Aboriginal alcohol counselling service was more culturally appropriate; or when clients had alcohol related medical conditions or a history of alcohol misuse.
High School nurses and counsellors indicated that there were very few alcohol counselling services which cater for adolescents. Nonetheless, counsellors would refer students who exhibit harmful drinking behaviour to alcohol counselling services because they would be able to “convey appropriate messages regarding the seriousness of alcohol consumption.”

**Mixed responses**

In some agencies, mixed responses were received from staff regarding the provision of alcohol counselling and the factors which limit this provision. These variations in perception, skill and experience are likely to adversely effect clients, particularly in agencies where clients do not always have contact with the same staff member.

For example, the responses from FYCS staff ranged from officers with adequate skills, experience and a perception that the provision of alcohol counselling was part of their role, to staff who did not counsel people about alcohol problems because they either didn’t have the skills or didn’t consider it part of their role.

In some agencies, all respondents reported that they had counselled clients about alcohol problems, but some claimed to be limited by inadequate skills and/or they did not consider this as part of their role. For example, all the social workers, hospital doctors, Sexual Assault Referral Services, Mental Health Services and Correctional Services staff who responded to the survey reported that they provide alcohol counselling. However, several of these respondents were limited by inadequate skills and, others who were adequately skilled lacked the conviction that this type of counselling was a legitimate part of their work.

**Summary**

Obviously the lack of adequately skilled staff does not stop generalist agencies from providing alcohol counselling, but if staff do not consider this as part of their role this means that priority is unlikely to be placed on maintaining and improving staff skills in this area. The wide disparity of views and abilities amongst staff in these agencies could result in inconsistent service delivery to clients and it may be useful for these agencies to formulate guidelines outlining their position on this issue to overcome these problems.
SPECIALIST ALCOHOL COUNSELLING SERVICES AND THEIR NETWORKS

Data collection method and sample

Questionnaires were forwarded to sixteen specialist alcohol counselling agencies throughout the NT, requesting information about referral patterns and difficulties, gaps in counselling services and ways to improve referral networks. Fourteen agencies completed the questionnaire. Seven agencies were based in Darwin, two in Katherine, two in Tennant Creek and three in Alice Springs. Two Darwin agencies did not complete the questionnaire.

Referral patterns

Respondents were asked to list the services to which they refer clients and to estimate the rate at which they refer clients to these services on a five point Likert scale ranging from very frequent to rare. They were also questioned about the reasons for referring clients to these agencies. Answers were categorised into service types and the results are presented in Table 6.

Table 6 : Service category by average rate of referral by reasons for referral

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Average rate of referral</th>
<th>Reasons for referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol &amp; other drugs (36)*</td>
<td>Moderate</td>
<td>Residential rehabilitation program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drink driver course</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supervised detoxification</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alcohol counselling</td>
</tr>
<tr>
<td>GP/Hospital/Clinic (13)</td>
<td>Frequent</td>
<td>Anxiety and depression</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical checkup &amp; management</td>
</tr>
<tr>
<td>Generalist counselling (12)</td>
<td>Infrequent</td>
<td>Relationship issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General counselling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parenting skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Financial counselling</td>
</tr>
<tr>
<td>Women’s refuge/Sexual Assault (8)</td>
<td>Moderate</td>
<td>Safe accommodation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DV or sexual assault counselling</td>
</tr>
<tr>
<td>Accommodation (8)</td>
<td>Moderate</td>
<td>Housing/accommodation</td>
</tr>
<tr>
<td>CDEP/SkillShare/NT Uni (5)</td>
<td>Frequent</td>
<td>Employment preparation &amp; training</td>
</tr>
<tr>
<td>Mental Health (5)</td>
<td>Infrequent</td>
<td>Psychiatric assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Treatment of mental illness</td>
</tr>
<tr>
<td>AA/Al Anon (4)</td>
<td>Very frequent</td>
<td>Ongoing support &amp; social network</td>
</tr>
<tr>
<td>Psychologist (4)</td>
<td>Infrequent</td>
<td>Client requests referral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychological testing/assessment</td>
</tr>
<tr>
<td>FYCS/NT Police (3)</td>
<td>Infrequent</td>
<td>Mandatory reporting of child abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children’s issues (FYCS only)</td>
</tr>
<tr>
<td>DSS Social Worker (2)</td>
<td>Frequent</td>
<td>Social assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Financial assistance</td>
</tr>
<tr>
<td>Family Court/Legal Aid (2)</td>
<td>Moderate</td>
<td>Domestic violence and child access</td>
</tr>
<tr>
<td>Night Patrol (1)</td>
<td>Moderate</td>
<td>Network with Aboriginal community</td>
</tr>
</tbody>
</table>

* Number of times that agencies recorded referring clients to this type of service
As Table 6 shows, specialist alcohol agencies refer clients to other alcohol and other drug services more often than to any other type of service. There were 39 records of agencies referring to alcohol and other drug services and, on average, agencies reported referring to these services at a moderate rate. Most of these referrals were for residential rehabilitation programs, although some were for detoxification, counselling or drink driver education.

On average, there was a frequent rate of referral to GPs, hospitals and health clinics for treatment and management of medical conditions and this category was mentioned thirteen times by respondent agencies. While generalist counselling services were mentioned twelve times, the average rate of referral to this type of service was infrequent. Clients with relationship, parenting and financial issues were targeted for referral to generalist agencies.

While only four agencies recorded referring clients to self help groups such as Alcoholics Anonymous and Al Anon, these referrals occurred very frequently. These groups offer social networking and support for people recovering from problems related to alcohol use and are particularly useful for people attending abstinence based alcohol treatment services.

Women's services (such as refuges and sexual assault referral services) and accommodation services were each mentioned on eight occasions and attracted a moderate rate of referral from these agencies. Referrals to mental health services and to psychologists were infrequent although they were mentioned on five and four occasions respectively. Clients were usually referred to these services for assessment of psychological or psychiatric issues.

**Referral difficulties**

Respondents were asked if they ever experienced difficulties when referring clients to other agencies and nine respondents provided details of difficult incidents. Three agencies reported problems due to a lack of vacancies in residential programs or accommodation services which meant that immediate referral was not possible.

Other issues which were highlighted by more than one agency included:

* the lack of clarity about who pays for travel when the selected service is unavailable locally;

* the need to improve relations with Department of Social Security to expedite payment transfers for clients moving into residential treatment;

* the need for appropriate services to cater for clients with a dual diagnosis of mental illness and alcohol issues;

* the fact that some agencies have selection criteria which limits referral options (for example, clients with a criminal history are sometimes excluded); and

* the failure of residential treatment services to notify referral agencies when a client returns home, combined with a lack of after-care facilities, can hinder effective follow-up.
One agency registered difficulties because there are no specific programs for young people and women. Another service reported problems because local agencies only provide total abstinence programs for residential treatment and clients want other options.

**Referral sources for alcohol counselling**

Respondents reported that a variety of services refer clients to them for alcohol counselling. Medical and legal services were the most common sources of referral (44%). These included mental health services, Aboriginal health clinics, GPs, hospitals, government health departments, courts, lawyers, Legal Aid, Correctional Services and the NT Police.

Table 7 shows that alcohol and other drugs services (11%), Aboriginal organisations (10%), employment and vocational agencies (9%), and generalist counselling services (8%) also regularly refer clients for alcohol counselling. These agencies ranged from schools, government departments, Aboriginal Councils, private psychiatrists and psychologists to specific organisations such as Crisis Line, Centacare, Vietnam Veterans Counselling Service and Somerville Youth and Family Services.

**Table 7 : Type of agency as referral source by number of times mentioned**

<table>
<thead>
<tr>
<th>Type of service referring to specialist alcohol agencies</th>
<th>No of times mentioned</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>32</td>
<td>23</td>
</tr>
<tr>
<td>Legal</td>
<td>30</td>
<td>21</td>
</tr>
<tr>
<td>Alcohol &amp; other drugs</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>Aboriginal</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Employment/vocational education</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Generalist counselling</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Religious</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Women’s services</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Accommodation</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>143</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Fewer referrals than expected**

When asked to provide details about agencies which did not refer clients as often as expected and to speculate on the reasons for this, all respondents mentioned at least one referral source which fell into this category. Respondents raised two general issues which may contribute to the lower than expected rate of referrals:

1. Non-government agencies may be perceived as charitable services staffed by unqualified people in voluntary positions and therefore not attract referrals; and

2. Some alcohol agencies have a philosophical commitment to abstinence as the only appropriate treatment goal and therefore do not provide a range of treatment approaches for clients. Agencies may not refer clients to these services for this reason.
Three respondents reported that GPs refer to them less often than expected. Explanations included: a lack of awareness of alcohol issues amongst doctors; difficulty in raising substance abuse issues with patients; preference for medical treatment of drug-related problems over "lifestyle" treatment services; and the inability of alcohol services to "sell" their services to doctors.

Perceived differences in philosophy and a misunderstanding about the nature of the alcohol service on offer were suggested as reasons for fewer referrals from generalist counselling services to a Darwin based alcohol service. Another Darwin respondent postulated that government services would be unlikely to consider non-government organisations for client referral unless the client needed accommodation.

One Katherine agency explained that two local generalist counselling services did not refer clients to them because they provide alcohol counselling themselves. It was also thought that these agencies did not refer because they did not understand that alcohol counselling services could also assist clients with general life issues. Another Katherine respondent suggested that potential referrals were not forthcoming because agencies failed to identify or assess clients as suitable for a total abstinence program.

One respondent thought that Community Care Centres did not refer because: their staff lack awareness of substance abuse issues; there were no formal referral mechanisms; and staff were overworked and not addiction focussed. Another respondent suggested that FYCS did not refer to them because their main concern is the child.

Two Tennant Creek respondents noted that high staff turnover contributed to a lower rate of referrals from the local hospital and that poor communication between the hospital and alcohol agencies was also a factor. An Alice Springs respondent received less referrals from the hospital than expected and suggested that this may be because patients were not usually referred to outside agencies and the service had not "sold" itself to the hospital.

Summary

It is postulated that a lack of awareness about alcohol issues or about the services that specialist alcohol counselling agencies can offer for people experiencing problems related to alcohol use, contributed to a lower than expected rate of referral from generalist agencies and health professionals. Factors such as high staff turnover and differences in treatment approach were also thought to influence the rate of referrals from these sources.

Difficulties experienced when clients are referred to an alcohol agency

All respondents had experienced some difficulties when receiving referrals from other agencies. Most of these problems related to discrepancies in client or referring agency expectations and the scope of services provided by specialist alcohol counselling services.

Three alcohol counselling services mentioned that mandatory clients referred through the courts were resentful and did not fit into a program designed for voluntary clients. In relation to mandatory clients, one agency argued that "current residential centres are not comprehensive enough to provide the types of rehabilitation outcomes that these people want".

Review of Alcohol Counselling Services
It was suggested that these clients were “problem drinkers” rather than “alcohol dependent” and that a service which focused solely on drinking issues was not likely to meet all their needs.

Three respondents complained that they received insufficient background information about clients at the time of referral. Another three agencies suggested that a lack of referral protocols meant that referral agencies were not familiar with the scope of services offered and this resulted in inappropriate referrals and/or delays in the referral process.

One respondent reported difficulties in exchanging information between agencies because privacy protocols prevented sharing information without client consent. Two agencies mentioned that clients came to them with inappropriate expectations about their service. This was thought to be due to a high rate of turnover amongst staff in referring agencies which resulted in poor knowledge about the services actually offered by alcohol counselling agencies.

Other difficulties included inadequate assessment of clients before referral and lack of cultural awareness by non-Aboriginal staff members which led to communication problems for Aboriginal clients in non-Aboriginal services.

**Gaps in alcohol counselling services**

When asked to record any gaps in existing alcohol counselling services, four agencies recorded concerns about the lack of counselling services for youth and two of these respondents also thought that specific programs should be designed for women. Three agencies reported that insufficient resources were available to provide effective aftercare or follow-up services for clients leaving residential treatment and one agency reported that “outreach services are not able to meet the demand out bush”.

Gaps in staff knowledge about the effects of alcohol misuse and a lack of experienced counsellors were highlighted by two agencies and a lack of residential treatment services, particularly comprehensive longer term programs, concerned a further three respondents. Two agencies which run programs for relatives of alcohol users thought that they should be funded to provide complimentary programs for alcohol users.

Finally, one agency considered that there was not enough publicity about alcohol counselling services but they planned to address this problem in the near future.

**Suggestions for improving referral networks**

The development of referral protocols and procedures for alcohol counselling services was considered essential by a number of respondents. Suggestions for strategies to improve referral networks included:

* annual, bi-annual or more regular meetings between specialist alcohol agencies;

* the allocation of resources to non-government alcohol counselling services to promote their services to other services and to the general community;
* the provision of training sessions for health professionals to increase their knowledge about contemporary approaches to drug and alcohol problems;

* regular updating of a directory of NT alcohol counselling services; and

* progress reports for referring agencies to activate follow-up and support services when the client leaves a treatment service.

Other suggestions for improvements included:

* increasing employment opportunities for Aboriginal substance abuse workers;

* training more health professionals to screen for drug and alcohol related problems; and

* employing a full-time counsellor at the prison to run alcohol programs to "assist prisoners to break through their denial".
OTHER PROVIDERS OF ALCOHOL COUNSELLING IN THE NT

Data collection method

Thirty questionnaires were distributed to agencies and individuals which were identified as providers of alcohol counselling in the second stage of the Review.

Sample

Sixteen agencies responded (53%), including two Community Care Centres in Darwin, five GPs (three from Alice Springs and two from Darwin), five Darwin high schools and four generalist counselling services (one in Katherine and three in Darwin). The sample did not include services or individuals from Tennant Creek or Nhulunbuy.

Hours of operation and charges

All respondents advised that they are open from Monday to Friday inclusive, with opening hours ranging from 7.30 - 3.30 (High School nurse C) to 9.00 - 5.00 (Generalist B). Some doctors surgeries open on Saturday mornings, while one doctor (Dr E) closes for lunch. All services are closed on Sundays, although five agencies could be contacted after hours.

All responding doctors charge for their services, however three offer bulk billing on Medicare. The two doctors without bulk billing charge between $30 and $40. None of the other respondents charge a fee for alcohol counselling services.

Table 8: Agency/GP details of clients counselled for alcohol problems

<table>
<thead>
<tr>
<th>Agency/GP</th>
<th>Clients per month</th>
<th>No. counselled for alcohol related issues</th>
<th>Time for alcohol counselling per month</th>
<th>No. clients to specialist alcohol agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Care Centre A</td>
<td>2500</td>
<td>varies daily</td>
<td>variable</td>
<td>2 to 3</td>
</tr>
<tr>
<td>Community Care Centre B</td>
<td>1100</td>
<td>6</td>
<td>3.5 to 5 hours</td>
<td>1</td>
</tr>
<tr>
<td>Dr A - Alice Springs</td>
<td>1200</td>
<td>20 - 30</td>
<td>&lt; 5%</td>
<td>5</td>
</tr>
<tr>
<td>Dr B - Alice Springs</td>
<td>3500</td>
<td>unknown</td>
<td>unknown</td>
<td>2</td>
</tr>
<tr>
<td>Dr C - Alice Springs</td>
<td>1600</td>
<td>20 - 30</td>
<td>&lt; 5%</td>
<td>1 to 5</td>
</tr>
<tr>
<td>Dr D - Darwin</td>
<td>800</td>
<td>unknown</td>
<td>unknown</td>
<td>2</td>
</tr>
<tr>
<td>Dr E - Darwin</td>
<td>900</td>
<td>varies</td>
<td>part of consultation</td>
<td>3 to 4 or more</td>
</tr>
<tr>
<td>Generalist A - Katherine</td>
<td>30</td>
<td>1</td>
<td>3%</td>
<td>1</td>
</tr>
<tr>
<td>Generalist B - Darwin</td>
<td>100</td>
<td>very few</td>
<td>0</td>
<td>20 - 30</td>
</tr>
<tr>
<td>Generalist C - Darwin</td>
<td>220</td>
<td>7</td>
<td>3%</td>
<td>1 or 2</td>
</tr>
<tr>
<td>Generalist D - Darwin</td>
<td>340</td>
<td>90</td>
<td>5%</td>
<td>1 or 2</td>
</tr>
<tr>
<td>High School counsellor A</td>
<td>120</td>
<td>0 to 1</td>
<td>minimal</td>
<td>0</td>
</tr>
<tr>
<td>High School counsellor B</td>
<td>75</td>
<td>5</td>
<td>small proportion</td>
<td>3 or 4 per year</td>
</tr>
<tr>
<td>High School nurse A</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>High School nurse B</td>
<td>3000</td>
<td>1 or 2</td>
<td>2 hours</td>
<td>only by parents</td>
</tr>
<tr>
<td>High School nurse C</td>
<td>400</td>
<td>2</td>
<td>unknown</td>
<td>0</td>
</tr>
</tbody>
</table>
Extent of counselling and referral patterns

There was considerable difference in the number of clients seen by responding agencies each month (see Table 8) and, of these, some agencies were unable to estimate the number of clients counselled for alcohol issues. For those that did provide an estimate, the amount of time devoted to alcohol counselling was usually minimal (3% - 5%), with the exception of Generalist D which reported contact with 90 clients for alcohol related issues per month.

Generalist B refers between 20 and 30 clients to specialist alcohol counselling services per month but most of the other agencies or GPs recorded an average of only 3 referrals to specialist alcohol services per month. High School nurses suggested that adolescents do not recognise alcohol problems and that they find it difficult to talk about this type of issue and that alcohol related problems were only identified if students were referred to them by their parents.

Staff qualifications

Respondents reported that their staff possessed qualifications in psychology (6), medicine (5), community nursing (3) or teaching with some counselling training (2). No respondents had specifically trained in alcohol counselling.

Counselling types and techniques

Most respondents work with individuals and provide alcohol education more often than any other technique. Group counselling was least prevalent and family counselling is only provided by two agencies (see Table 9).

Table 9: Counselling techniques for individual, group or family

<table>
<thead>
<tr>
<th>Counselling techniques</th>
<th>Individual</th>
<th>Group</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol education</td>
<td>14</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Stress management</td>
<td>9</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Motivational interviewing</td>
<td>8</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Behavioural self-management</td>
<td>7</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Assertiveness training</td>
<td>6</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Relaxation training</td>
<td>6</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nutritional/Dietary training</td>
<td>6</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cognitive restructuring</td>
<td>6</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Communication skills training</td>
<td>4</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Social skills training</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Work skills training</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Financial/budgeting counselling</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Relapse prevention training</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Summary

While health professionals, generalist counselling services and other counsellors provide alcohol counselling to some clients, it is usually a minimal part of their workload.

Review of Alcohol Counselling Services 22
PUBLIC OPINION ABOUT ALCOHOL COUNSELLING SERVICES

Data collection method and sample

Over two thousand copies of a questionnaire were made available to members of the public through community organisations, government agencies and newspaper advertisements in major NT urban centres. In some instances, agency staff assisted people to complete the survey by administering it verbally. Agencies which distributed surveys are included in Appendix B.

A total of 422 surveys were returned (18%). Table 1 shows the proportion of surveys distributed and returned compared with the distribution of the NT population. It can be seen that residents of Tennant Creek and Nhulunbuy received proportionally more surveys than other parts of the Territory and subsequently returned higher amounts (10% each) than their proportion of the population. Organisations in these towns were more willing to distribute surveys and members of the public were more likely to return surveys than in other centres. As a result, the views of these Territorians are slightly over represented in the sample.

Proportionally less surveys were distributed to Darwin residents, however the rate of returns for Darwin was consistent with the proportion of surveys distributed and 44% were from Darwin.

Demographic information

Table 10 shows that most respondents were between 25 to 44 years (57%). More women responded to the survey (61%) and the majority of respondents had not previously received alcohol counselling (77%). Twenty three percent considered themselves to be an Aboriginal or Torres Strait Islander person (see Table 11).

Table 10 : Public survey - Age of respondents

<table>
<thead>
<tr>
<th>Years</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 - 24</td>
<td>62</td>
<td>15</td>
</tr>
<tr>
<td>25 - 34</td>
<td>115</td>
<td>27</td>
</tr>
<tr>
<td>35 - 44</td>
<td>126</td>
<td>30</td>
</tr>
<tr>
<td>44 - 54</td>
<td>80</td>
<td>19</td>
</tr>
<tr>
<td>55 +</td>
<td>32</td>
<td>8</td>
</tr>
<tr>
<td>Missing</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>422</td>
<td></td>
</tr>
</tbody>
</table>

Table 11 : Public survey : gender, Aboriginality, previous alcohol counselling

<table>
<thead>
<tr>
<th>Gender</th>
<th>No.</th>
<th>%</th>
<th>ATSI</th>
<th>No.</th>
<th>%</th>
<th>Previous alcohol counselling</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>165</td>
<td>39</td>
<td>Yes</td>
<td>99</td>
<td>23</td>
<td>Yes</td>
<td>98</td>
<td>23</td>
</tr>
<tr>
<td>Female</td>
<td>255</td>
<td>61</td>
<td>No</td>
<td>323</td>
<td>77</td>
<td>No</td>
<td>324</td>
<td>77</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Limitations of sample

The results of the public survey provide a useful insight into public perceptions of alcohol counselling services in the NT, but it should be remembered that most respondents had not previously received alcohol counselling and therefore, their views may be based on limited experience and personal opinion, rather than on facts. Where relevant, the views of respondents with a history of alcohol counselling have been separately analysed and compared with the majority’s responses.

Preferred source for alcohol counselling

Respondents were presented with a list of services and asked which services they would nominate if they, or someone they knew, wanted to talk to a counsellor about problems related to alcohol use. They were able to choose more than one option and were provided with an “other - please indicate” box for services which were not included in the list of options.

Of the 422 respondents, most nominated specialist alcohol counselling services as their preferred source for counselling about alcohol related issues. Alcoholics Anonymous was also chosen by a large number of people, followed by GPs and then a family member or a friend. Respondents with a history of alcohol counselling nominated these services in the same order of preference.

As Table 12 illustrates, fewer people would go to a generalist counselling service for alcohol counselling or would consult hospital staff about alcohol problems than might be expected.

Table 12 : Preferred type of service for alcohol counselling by number of respondents

<table>
<thead>
<tr>
<th>Type of service</th>
<th>No.</th>
<th>%</th>
<th>Type of service</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Counselling Service</td>
<td>282</td>
<td>67</td>
<td>General counselling service</td>
<td>67</td>
<td>16</td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>193</td>
<td>46</td>
<td>Church Minister</td>
<td>57</td>
<td>16</td>
</tr>
<tr>
<td>Doctor (GP)</td>
<td>150</td>
<td>36</td>
<td>Hospital doctor/nurse</td>
<td>53</td>
<td>13</td>
</tr>
<tr>
<td>Family or friend</td>
<td>115</td>
<td>27</td>
<td>Psychologist/Psychiatrist</td>
<td>54</td>
<td>13</td>
</tr>
<tr>
<td>Welfare/Social Worker</td>
<td>72</td>
<td>17</td>
<td>Women’s refuge/DV couns</td>
<td>38</td>
<td>9</td>
</tr>
<tr>
<td>Community Health Centre</td>
<td>72</td>
<td>17</td>
<td>Mental Health worker</td>
<td>33</td>
<td>8</td>
</tr>
</tbody>
</table>

Reasons for recommending or not recommending agencies for alcohol counselling

Respondents were asked to choose one or more options from a list of reasons why the selected services would be good for a person needing alcohol counselling and then to nominate one or more reasons that would stop them suggesting these services for a person needing alcohol counselling.

Two outstanding features which would encourage people to recommend services for alcohol counselling were if the service was known to employ trained staff and if they knew that staff could be trusted to be confidential. Table 13 shows that other factors such as cost, welcoming atmosphere, choice of female/male staff and whether staff speak language were also significant.

Less importance was placed on the provision of childcare than might have been expected from a predominantly female respondent population (see Discussion).
Table 13: Positive attributes of service by number of respondents

<table>
<thead>
<tr>
<th>Positive attribute of service</th>
<th>No.</th>
<th>%</th>
<th>Positive attribute of service</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trained alcohol counsellors</td>
<td>297</td>
<td>70</td>
<td>Staff speak language</td>
<td>107</td>
<td>25</td>
</tr>
<tr>
<td>Staff are confidential</td>
<td>258</td>
<td>61</td>
<td>Opening hours suitable</td>
<td>86</td>
<td>20</td>
</tr>
<tr>
<td>Service doesn’t cost too much</td>
<td>161</td>
<td>38</td>
<td>Transport is easy</td>
<td>62</td>
<td>15</td>
</tr>
<tr>
<td>Welcoming atmosphere</td>
<td>124</td>
<td>29</td>
<td>Service has private entrance</td>
<td>42</td>
<td>10</td>
</tr>
<tr>
<td>Choice of male/female staff</td>
<td>113</td>
<td>27</td>
<td>Childcare is provided</td>
<td>21</td>
<td>5</td>
</tr>
</tbody>
</table>

Responses from people who had previously received alcohol counselling were in a similar order, however these respondents indicated that they would be slightly more concerned that the service had a welcoming atmosphere than about the cost, and the fact that staff spoke their language would be more attractive than whether they could have a choice of male/female staff.

Table 14: Negative attributes of service by number of respondents

<table>
<thead>
<tr>
<th>Negative attribute of service</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service costs too much</td>
<td>157</td>
<td>37</td>
</tr>
<tr>
<td>No trained alcohol counsellors</td>
<td>156</td>
<td>37</td>
</tr>
<tr>
<td>Staff not confidential</td>
<td>151</td>
<td>36</td>
</tr>
<tr>
<td>Don’t know which service is best</td>
<td>107</td>
<td>25</td>
</tr>
<tr>
<td>No welcoming atmosphere</td>
<td>100</td>
<td>24</td>
</tr>
<tr>
<td>Transport is difficult</td>
<td>92</td>
<td>22</td>
</tr>
<tr>
<td>Staff don’t speak client’s language</td>
<td>92</td>
<td>22</td>
</tr>
<tr>
<td>Opening hours are unsuitable</td>
<td>89</td>
<td>21</td>
</tr>
<tr>
<td>Everyone sees me going in</td>
<td>85</td>
<td>20</td>
</tr>
<tr>
<td>No childcare</td>
<td>54</td>
<td>13</td>
</tr>
</tbody>
</table>

Most respondents would not recommend a service to a person needing alcohol counselling if it cost too much. Several people who recorded this view made comments about unemployed people being deterred from treatment because of the cost. Consistent with reasons for choosing a service, respondents would also be less likely to recommend services for alcohol counselling if staff were not trained in alcohol counselling or if they could not be trusted to be confidential.

Table 14 shows that a quarter of all respondents would not recommend a service because they are unsure which service would be best for a person needing alcohol counselling and a similar number would be deterred if the service lacked a welcoming atmosphere.

Those with a history of alcohol counselling would be more reluctant to use a service which did not employ trained staff who could be trusted to be confidential. Cost was a secondary issue for these respondents. Also, if the service did not have a welcoming atmosphere or if it was difficult to arrange transport, they would be less likely to go there than if they didn’t know what the service had to offer. It can be presumed that these respondents would have more information about what services offer and subsequently are less deterred by this factor.
Source of information about alcohol counselling services

There was little difference between options when respondents were asked how they would find out which service to go to if they, or someone they knew, needed alcohol counselling. Most respondents nominated family or friends as the best source of information about alcohol counselling services, followed by their doctor. As Table 15 shows, the phone book is the least utilised way for people to find information about alcohol counselling services.

Table 15: Sources of information by number of respondents

<table>
<thead>
<tr>
<th>Information source</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family or friend</td>
<td>226</td>
<td>54</td>
</tr>
<tr>
<td>Doctor (GP)</td>
<td>210</td>
<td>50</td>
</tr>
<tr>
<td>Crisis Line</td>
<td>168</td>
<td>40</td>
</tr>
<tr>
<td>Phone book</td>
<td>164</td>
<td>39</td>
</tr>
</tbody>
</table>

Ideas for improving alcohol counselling services

Nearly half the respondents (45%) took the opportunity to record their ideas for improving alcohol counselling services for Territorians. Table 16 presents a summary of the types of ideas proposed and the frequency of responses for these suggestions.

Table 16: Ideas for improving alcohol counselling services

<table>
<thead>
<tr>
<th>Ideas for improvement</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertise services and what they offer</td>
<td>27</td>
<td>14</td>
</tr>
<tr>
<td>Employ trained counsellors</td>
<td>22</td>
<td>12</td>
</tr>
<tr>
<td>Specific ideas for rehab programs</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>Provide outreach/mobile services</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Provide culturally appropriate services</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>More education about controlled drinking</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>More funding/more services</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Better integrated services</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Increase access for remote communities</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Educate young people/school children</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>No improvements needed</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Extend hours of existing services</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Restrict alcohol or compel offenders to rehab</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Increase services for family members</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Increase services for women and youth</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Silly comments</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>189</td>
<td>100</td>
</tr>
</tbody>
</table>

The most common suggestion (14%) was to advertise existing alcohol counselling agencies more broadly to raise their profile and to inform members of the public about the services that these agencies can provide for people experiencing problems related to alcohol use. Specific comments included: “Make them easy to find” and “Advertise more of where to get help”. 

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A similar proportion of people (12%) suggested that agencies should employ trained counsellors who were experienced and empathetic in their approach to clients and who could guarantee confidentiality, privacy and support. One respondent suggested that alcohol counselling services should “put the right people in the right job”.

Nine percent of suggestions directly related to specific improvements for rehabilitation programs and these were mainly from people with previous alcohol counselling experience. The idea of outreach style services which would “offer counselling at public events” and would “go to where the people live” was promoted by 8% of public survey respondents who offered suggestions.

Thirty one suggestions (16%) related to increasing funding for various purposes including:

* to extend the opening hours of existing services;
* to increase the number of funded services; or
* to fund services which would specifically assist women, youth and family members.

A total of 23 suggestions (12%) related to improving education about alcohol issues, with 7% aimed at educating members of the public about the hazards of excessive drinking and 5% focussing on the inclusion of alcohol awareness modules within school curriculum.

Twelve respondents suggested that alcohol counselling services needed to be more integrated with general services to provide a “more coordinated approach” for dealing with alcohol problems. Finally, two contributors registered complete satisfaction with the existing system with the following comments: “reckon we don’t need more help” and “seems adequate at present”.

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DISCUSSION

INTRODUCTION

Excessive alcohol consumption is a major cause of morbidity and death in the NT. In 1996, it was reported that alcohol plays a part in over 50% of all arrests and summons and in three quarters of homicides.\(^1\) Apparent per capita consumption of absolute alcohol was 50% higher than the overall consumption rate for Australia in 1997.\(^2\)

While Territorians who drink in excess may not be categorised as alcohol dependent, the negative health and social consequences of their behaviour can be significant. Routine screening and minimal intervention approaches administered by health professionals, hospitals, workplaces and generalist counselling services can help to detect people who are drinking at harmful levels and encourage them to reduce the risk of long term damage.

An important distinction exists between these types of early intervention activities and specialist alcohol counselling, which is characterised by the application of specific counselling techniques and strategies to resolve alcohol related problems. In regard to early intervention strategies, it was recently suggested that:

"... this form of intervention will not be carried out by specialist alcohol and drug counsellors whose skills should be reserved for the more severely affected individuals. "\(^3\)

The investigation undertaken for this Review did not establish a definition for alcohol counselling and did not clarify the difference between minimal intervention strategies and alcohol counselling techniques. Therefore, the results of surveys which inquired about the provision of "alcohol counselling" need to be considered in this context.

It may be helpful to note that a recent Australian quality assurance project on the management of alcohol problems recommended that alcohol counselling be provided as part of an overall treatment plan and suggested that:

"...the goal of counselling is to develop a relationship between the therapist and the client which will support the implementation of specific strategies designed to combat the drinking or drug problem."\(^4\)

ALCOHOL COUNSELLING PROVIDERS

Consistent with the approach recommended in the Quality Assurance Project, the NT Government funds a range of services, including alcohol counselling services, for people seeking help with alcohol related problems (see Table 17).

---

\(^1\) Alcohol and Other Drugs Program Overview, 1996, Territory Health Services, Darwin.
\(^4\) ibid p183
Table 17: Government funded alcohol counselling services in the NT

<table>
<thead>
<tr>
<th>Darwin</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <em>Alcohol Awareness and Family Recovery</em> - non-residential family program</td>
</tr>
<tr>
<td>2. <em>Alcohol and Other Drug Service</em> - counselling and medical service</td>
</tr>
<tr>
<td>3. <em>ANSTI - A New Start Towards Independence</em> - residential (non-AA) program</td>
</tr>
<tr>
<td>4. <em>Amity Community Services</em> - counselling, education and drink driver training</td>
</tr>
<tr>
<td>5. <em>CAAPS</em> - residential and non-residential program for Aboriginal people &amp; family</td>
</tr>
<tr>
<td>6. <em>FORWAARD</em> - residential and day program for Aboriginal people</td>
</tr>
<tr>
<td>7. <em>Salvation Army Bridge Program</em> - residential and non-residential AA program.</td>
</tr>
<tr>
<td>8. <em>Employee Assistance Scheme</em> - non-residential counselling for public servants.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Katherine</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. <em>Katherine Alcohol and Drug Association</em> - non-residential counselling, drink driver training, Sobering Up Shelter</td>
</tr>
<tr>
<td>10. <em>Kalano Rockhole Alcohol Rehabilitation Centre</em> - residential or day program</td>
</tr>
<tr>
<td>11. <em>Centacare</em> - non-residential counselling - one position</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nhulunbuy</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. <em>Living with Alcohol Program</em> - counselling &amp; court assessments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tennant Creek</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. <em>BRADAAG</em> - residential treatment and non-residential counselling, Sobering Up Shelter and drink driver training</td>
</tr>
<tr>
<td>14. <em>Anyinyingi Congress</em> - non-residential counselling</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alice Springs</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. <em>CAAAPU</em> - men’s outreach and day program</td>
</tr>
<tr>
<td>16. <em>Central Australian Alcohol and Other Drug Service</em> - non-residential counselling</td>
</tr>
<tr>
<td>17. <em>Drug and Alcohol Services Association</em> - non-residential counselling, non-medical detoxification program and Sobering Up Shelter.</td>
</tr>
<tr>
<td>18. <em>Employee Assistance Scheme</em> - non-residential counselling - one position</td>
</tr>
<tr>
<td>19. <em>Holyoake</em> - non-residential counselling for family members</td>
</tr>
</tbody>
</table>

*Aboriginal managed service

Alcohol counselling is either provided within residential treatment services or made available for non-residential clients through specialist agencies or specific positions within generalist counselling services. As this Review has shown, a number of generalist counselling services, health professionals and allied health professionals also claim to provide alcohol counselling, however the public survey results indicated that these practitioners may not be the first choice for people needing alcohol counselling in the NT.
General practitioners

Eleven GPs who completed the second questionnaire, reported that they regularly provide alcohol counselling (see Table 5) and 36% of respondents in the public survey selected doctors as a possible source of alcohol counselling (see Table 12). In addition, 50% of people surveyed nominated their doctor as a point of contact for information about alcohol counselling services (see Table 15).

One respondent suggested that “the doctor’s office is a good place for alcohol counselling because nobody need know why you’re there.” However, as Table 12 shows, most people would go to an alcohol counselling service (67%) or to Alcoholics Anonymous (46%) before seeking help for alcohol issues from their doctor (36%).

Alcohol agencies speculated that GPs refer to them less often than expected because they have difficulty raising substance abuse issues with patients or are reluctant to use “lifestyle” treatment services. This is reinforced by an overseas study which notes that there were:

“... difficulties experienced in motivating GPs to implement brief interventions. One obvious obstacle was that the stigma relating to alcohol problems made it difficult for GPs to ask the patient relevant questions. Also, GPs fear that identifying a positive case will complicate management of the patient.”

Despite these concerns, GPs are ideally placed to identify patients with alcohol related problems and doctors are becoming a focal point for training in alcohol and other drug issues in the NT.

Other health professionals

In a recent publication about counselling for health professionals, it was suggested that:

“Almost all counsellors will sooner or later have to deal with a person suffering from a drinking problem, either through direct counselling of a person with a problem or indirectly, through dealing with affected members of a client’s family or colleagues at work”

The Review found that some health personnel employed in community health centres, Aboriginal health clinics and High Schools provide alcohol counselling and see this as their role, but they are limited by inadequate skills in this area (see Table 5). These workers reported that they would refer clients to specialist alcohol counselling services if they did not have sufficient skills or, time to assist people with complex issues related to alcohol use.

The utilisation of screening and early intervention strategies may be suitable for the majority of people coming into contact with these workers in these settings and training in these tools should include these personnel.

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5 Heather, N. 1997, Where treatment and prevention merge: the need for a broader approach in Addiction 92 (Supplement 1) p135
6 Kennedy and Charles 1990: 338 in Byrne, D. & A., 1996, Counselling Skills for Health Professionals, McMillan Education Australia, p16
Generalist counselling services and allied health professionals

Psychologists, psychiatrists, social workers, mental health workers and generalist counselling services were less likely to be suggested to assist a person needing alcohol counselling than specialist alcohol counselling services (see Table 12) but, as Table 4 shows, these agencies claim to provide alcohol counselling to some Territorians. The Review also confirmed that staff in some generalist counselling services and some allied health professionals currently provide alcohol counselling without being appropriately skilled or without agency support (see Table 5). This situation is unsatisfactory for both clients and staff.

Effective alcohol counselling requires skilled personnel with access to a range of strategies to assist clients. Without adequate training and agency support, staff in generalist agencies and allied health professionals are unlikely to provide appropriate help to people with problems related to alcohol use.

The results of the public survey further emphasised the issue of qualified staff. Over 70% of respondents considered the availability of trained staff to be essential in services which cater for people with problems related to alcohol use (see Table 13). Similarly, 40% of respondents would not refer a person to a service if it was known to employ untrained staff (see Table 14). One respondent was adamant that someone with alcohol problems “needs to see counsellors which specifically deal with alcohol abuse.”

There is a role for workers in generalist agencies to identify alcohol issues which arise in counselling sessions and to refer clients with significant problems related to alcohol use to appropriate services and the Review shows that this is occurring. In recognition of the value of minimal intervention in generalist settings, the LWA Program funds alcohol counsellor positions within three generalist counselling agencies (see Table 17) to ensure that immediate assistance is available for clients who prefer to deal with this type of problem within the generalist context.

The other important issue relating to generalist services and allied health professionals is that some of these agencies charge for their services. Public survey results show that that cost is an important factor for people needing alcohol counselling (see Tables 14 and 15). Generalist counselling services which charge a fee may deter some clients who cannot afford to pay for alcohol counselling.

Summary

While generalist counselling services and allied health professionals do provide alcohol counselling to some Territorians, they are unable to provide the level of service required by clients with severe alcohol issues and the fact that they may need to charge a fee for their services makes them inaccessible for many people with drinking problems. It is essential that these agencies are well-informed about screening tools and the services provided by specialist alcohol counselling agencies so that they can make appropriate and timely referrals for clients who require more help.

7 see Mattick, R., 1993, An outline for the management of alcohol problems, National Drug Strategy Monograph Series No.20, AGPS, Canberra
Recommendation 1
The LWA program encourage the exchange of information between services and individuals involved in the provision of alcohol counselling in NT urban centres so that the roles and responsibilities of respective organisations can be clarified and referral protocols can be established.

Recommendation 2
The LWA Program continue to fund alcohol counselling services and specified positions within generalist counselling services in NT urban centres so that the current mix of services providing alcohol counselling is maintained.

TRAINING OPPORTUNITIES

In the NT, training opportunities for people who wish to acquire skills in alcohol and drug interventions are scarce. Table 18 shows that prior to 1998, there were no University level courses available locally and interested students had to enrol in interstate courses to obtain tertiary qualifications in this area.

Table 18: Tertiary courses in drug and alcohol studies

<table>
<thead>
<tr>
<th>Name of course</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate in Community Service (Alcohol &amp; Other Drugs)</td>
<td>Northern Territory University</td>
</tr>
<tr>
<td>Certificate in Addiction Studies</td>
<td>Curtin University of Technology, WA</td>
</tr>
<tr>
<td>Graduate Certificate in Health : Addiction Studies</td>
<td>National Centre for Education and Training on Addiction, Flinders University, SA</td>
</tr>
<tr>
<td>Master of Primary Health Care</td>
<td>National Centre for Education and Training on Addiction, Flinders University, SA</td>
</tr>
<tr>
<td>Master of Science (Primary Health Care)</td>
<td>National Centre for Education and Training on Addiction, Flinders University, SA</td>
</tr>
<tr>
<td>Graduate Diploma in Health Science (Drug and Alcohol Studies)</td>
<td>University of Newcastle, NSW</td>
</tr>
</tbody>
</table>

In the first semester 1998, the NT University will offer a Certificate level 3 course designed for workers in Sobering Up Shelters and Night Patrols and in Semester 2 students will be able to enrol in a Certificate level 4 course which will include modules about client care which include training in counselling skills. Negotiations between the LWA Program and the NT University have also resulted in the provision of alcohol and other drug modules as electives for all enrolled students. These modules aim to increase the professional capacity of students to deal with alcohol-related issues in the workforce and to contribute to their personal development.

Vocational Education and Training courses

Batchelor College offers the Certificate in Alcohol and Other Drug Studies which comprises a series of workshops over 12 months. Batchelor also offers electives in drug and alcohol studies within Associate Diploma courses in Social Sciences and Health Studies. These three year courses qualify students as Aboriginal Health Workers.
Aboriginal Health Worker training is also offered through the Anyinginyi Congress Education Unit in Tennant Creek and Njarkla Congress in Alice Springs. These courses include alcohol and other drugs modules as well as counselling skills units. The Anyinginyi course is considering offering alcohol and other drugs as a major study option in the near future.

**Short courses**

The LWA Key Worker Program which began in 1996, aims to support hospital staff and management by providing training and support to hospital based health professionals in the efficient and effective clinical management of patients with alcohol related problems. The program is delivered by Key Workers through a NT wide coordinated approach.

CAAPS (Council for Aboriginal Alcohol Program Services) is a private provider of accredited training in substance misuse programs, with culturally appropriate learning styles for Aboriginal people. CAAPS offers two courses: an introductory two week course and one year full-time.

**SCREENING**

While health professionals and GPs may not have the expertise or time to engage in alcohol counselling or may not wish to become specialists in this area, they are in an ideal position to practise early intervention strategies, as recommended in a recent publication:

"Doctors are probably the most crucial link to alcohol-related problems in the community. It makes sense then, to see them as the most legitimate group through which early intervention strategies are targeted."  

Training GPs, generalist workers and allied health professionals to administer simple screening instruments, such as the Alcohol Use Disorders Identification Test (AUDIT), is a good way to ensure that people with problems related to alcohol use are identified at an early stage.

"The AUDIT is designed as a self-report measure and may be used by any health worker who requires a reliable and brief screening instrument to identify an individual with alcohol problems. It is particularly appropriate for a primary health care setting as a screening instrument and would be usefully incorporated into routine history taking."  

As previously noted, it is essential that generalist services, health professionals and allied health professionals who are screening clients for alcohol problems also have access to current information about specialist alcohol agencies to ensure that clients are referred to appropriate services.

**Recommendation 3**

Inservice training courses in early intervention strategies, including training in the application of screening instruments, be made available for health professionals, allied health professionals and generalist workers through the LWA Key Worker Program.

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REFERRAL PATTERNS FOR EXISTING ALCOHOL COUNSELLING SERVICES

According to service providers who responded to the second questionnaire, clients are referred to alcohol services if they require alcohol counselling, residential rehabilitation, drink driver training or supervised detoxification.

Table 6 summarises the reasons that agencies refer to particular services. The overall referral pattern appears to be logical and consistent and gives the impression that clients are directed to appropriate agencies when specific issues arise. However, two types of referral problems were identified by service providers.

Inadequacies in the system included:

* a lack of cultural awareness amongst non-Aboriginal staff which resulted in Aboriginal people preferring to go to an Aboriginal service even if this involved travelling to another town;

* inadequate assessment of clients prior to referral resulted in delays in the referral process; and

* a lack of appropriate services and inter-agency coordination for clients with a dual diagnosis of mental illness and problems related to alcohol use resulted in these clients being under-serviced by both systems.

Recommendation 4

The Mental Health and Disability Services Program and the LWA Program take immediate steps to address the lack of referral options in the NT for people with a dual diagnosis of mental illness and alcohol issues.

Client specific issues included:

* clients who were compulsorily referred to alcohol services by courts tended to be resentful and less cooperative; and

* some clients came to alcohol services with unrealistic expectations due to misinformation from referring agencies.

Possible solutions to referral problems

Several respondents suggested that cooperative activities involving alcohol counselling agencies and generalist services, such as meetings or seminars, would enable these organisations to clarify their respective roles and to work on improving referral systems. Informal networks which already exist between these agencies could be used to establish and sustain this process.

Opportunities for staff from generalist agencies and alcohol services to receive in-service training in alcohol counselling approaches was also suggested. This would familiarise generalist workers with the techniques used by specialist counsellors and refresh the skills of staff in alcohol counselling services. Staff exchanges between these agencies would also be beneficial.
The provision of cross-cultural training was recommended for staff from all agencies to make services more suitable for Aboriginal and Torres Strait Islander clients and clients from non-English speaking backgrounds.

In addition to educating staff about their attitudes to, and knowledge about, the Territory’s different cultural groups, the physical environment of the service should be welcoming for people from all cultural groups. Treatment programs should also include components which will assist all clients, particularly Aboriginal people, to grapple with issues pertinent to their cultural identity and help them to learn how to maintain their drinking goals after leaving treatment and returning to their own communities.

It was suggested that increased liaison with Aboriginal Health Workers and Aboriginal Health Clinics would help services to better meet local needs. Alcohol services could facilitate this exchange by initiating and maintaining contact with Aboriginal health personnel in their locality.

**Recommendation 5**
The LWA program encourage alcohol counselling services and generalist counselling services with specified alcohol counselling positions to initiate contact with Aboriginal Health Workers and establish local networks to improve referral options for Aboriginal clients with alcohol related problems.

**Recommendation 6**
The LWA Program encourage existing alcohol counselling services to engage in activities which will increase public awareness about the services they offer for people with problems related to alcohol use.

**SERVICE DELIVERY ISSUES**

Several service delivery issues were raised by respondents to the public survey and by service providers within the referral network for alcohol counselling services.

**Staff attitude/approach towards client**

A key service delivery issue for public survey respondents was the attitude of staff towards the client. Comments about the need for staff to use a non-judgemental, non-threatening approach towards clients included “good if staff have an unbiased view on your problem”; “not so blunt, don’t talk at, talk to patients”; and “don’t overrule client by telling them what’s best”.

Research in this area has shown that the approach used by an alcohol counsellor has a significant effect on the client’s response. In particular, the National Drug Strategy Quality Assurance Project reported that:

"The presence of confronting and directive therapist behaviours towards clients with alcohol problems were associated with increased client resistance and higher levels of drinking, whereas supportive and listening behaviours were associated with lower resistance and better outcomes."  

While most services reported that they provide individual counselling and rely on alcohol education as the main technique, several agencies also use stress management and motivational interviewing when working with clients (see Table 9). The Quality Assurance Project recommended that alcohol education which is not specifically personalised to the individual drinker should not be advocated as a treatment strategy for alcohol dependence.\(^\text{11}\)

The information collected in the Review does not provide sufficient detail to determine whether NT alcohol counsellors currently tailor educational information to individual clients.

In the Review, service providers acknowledged that the philosophical position of some agencies, for example abstinence-based programs, did not allow clients to choose from a range of treatment approaches. The need for client-focussed services is highlighted in the literature and this Review has shown that the lack of choice of treatment goals in some towns does adversely effect potential clients. See Recommendation 2.

**Issues in smaller towns**

Service providers reported that the lack of treatment choices was particularly problematic in towns where only one alcohol service was available or where alcohol services were abstinence-based or not suitable for Aboriginal clients.

On the other hand, public survey respondents were concerned about the lack of trained staff or lack of continuity in staffing of services due to high staff turnover in smaller towns. Privacy issues were also a concern because “everyone knows what everyone else is doing.”

These problems are difficult to overcome in the short term, however several NT towns have recently begun to combat problems related to alcohol as a community issue\(^\text{12}\) and this trend towards exposing the problems and dealing with them as a community may help to overcome the stigma attached to residents of smaller towns who need help with alcohol issues.

**Welcoming atmosphere**

The atmosphere of the service was considered to be an important service delivery factor for nearly one third of public survey respondents. The public survey results show that 30% of respondents would suggest a service to a person needing counselling for problems related to alcohol use if it was known to have a “welcoming atmosphere” (see Table 13). Correspondingly, 24% of respondents would not recommend a service if it did not have a “welcoming atmosphere” (see Table 14).

“Welcoming atmosphere” refers to the physical location of the service (the type of building and surrounding buildings), the visual appearance of the reception area, waiting room and counselling rooms (the style of wall hangings, floor coverings, seating arrangements), the attitude of front-line staff and the presence (or absence) of other clients and/or staff with whom the client can identify.

Studies in this area have highlighted the significance of this issue for problem drinkers:

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\(^\text{11}\) ibid p207  
"The physical surroundings communicate to the client what the agency thinks of them and their problem... A long wait in a waiting room communicates to clients that their time is not highly valued".  

In relation to waiting times, some service providers reported that residential treatment programs are often full and clients may need to be placed on a waiting list. This can be a frustrating time for both client and counsellor. It was also reported that delays in referral can occur when the local service is not suitable for the client but funds are not available to help clients to travel to another town for treatment.

**Cultural appropriateness**

In the Review, agency respondents reported that Aboriginal people were reluctant to be referred to services which had a reputation for being culturally inappropriate and one agency said that they would not refer an Aboriginal client to a particular program which required literacy skills.

Service providers suggested that employment opportunities for Aboriginal substance abuse workers should be increased and that cultural awareness training should be provided for workers in alcohol counselling services.

Amongst the people who offered suggestions for improving alcohol counselling services, 7% thought that Aboriginal people should be working as counsellors and in management positions within alcohol counselling services and that services should be culturally appropriate for Aboriginal people (see Table 16). This suggestion ranked five on the list of improvement ideas.

Although the public survey did not include an Aboriginal service amongst the list of services which might be suggested to a person needing counselling for alcohol problems, several Aboriginal respondents used the “other- please indicate” box to nominate specific Aboriginal services. The survey results show that 19% of Aboriginal respondents would specifically recommend Aboriginal focussed services to a person needing help with problems related to alcohol use (see Table 19).

**Table 19 : Aboriginal respondents select “other” services for alcohol counselling**

<table>
<thead>
<tr>
<th>Type of service</th>
<th>No. respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Health Worker</td>
<td>1</td>
</tr>
<tr>
<td>Aboriginal health clinic</td>
<td>7</td>
</tr>
<tr>
<td>Aboriginal alcohol service</td>
<td>2</td>
</tr>
<tr>
<td>Aboriginal Community Council</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol rehabilitation service</td>
<td>8</td>
</tr>
<tr>
<td>Alternative therapies</td>
<td>1</td>
</tr>
<tr>
<td>Religious person</td>
<td>1</td>
</tr>
<tr>
<td>No other options for this question</td>
<td>78</td>
</tr>
<tr>
<td><strong>Total Aboriginal respondents</strong></td>
<td><strong>99</strong></td>
</tr>
</tbody>
</table>

---


Review of Alcohol Counselling Services
In the NT, five Aboriginal managed alcohol services currently receive government funding (see Table 17) and the Aboriginal LWA Program also addresses alcohol issues from an Aboriginal and Torres Strait Islander perspective. In addition, LWA funds are allocated for the employment of an Aboriginal Community Liaison Officer in the NT Liquor Commission and an Aboriginal Liaison Policy Officer in the NT Police.

**Recommendation 7**
The LWA Program investigate whether particular aspects of alcohol counselling services are more effective for Aboriginal people with alcohol related problems than for non-Aboriginal people with alcohol related problems and ensure that funding is available for the provision of specific counselling services for Aboriginal people, if these are required.

**Outreach style**

The style of service delivery was also an issue for public survey respondents. All existing alcohol counselling services operate on the basis that clients will come to them, although some services will visit clients at home for an initial interview, if requested. In the Review, 23% of survey respondents who contributed suggestions about improving alcohol counselling services focussed on the need to extend opening hours or to increase the visibility of services among the drinking public (see Table 16).

One respondent suggested that “counsellors should be out in the field not in the office.” Other suggestions for improving the accessibility of alcohol counselling services included:

* home visits;
* after hours sessions;
* telephone services for remote areas;
* mobile services for remote communities;
* provision of counselling in large government departments and at public events; and
* a crisis line dedicated to alcohol problems.

Innovative ideas about linking counselling, or information about counselling, to liquor sales were also forthcoming, for example “there should be pamphlets about counselling handed out with alcohol beverages”.

The LWA Drink Less Campaign was launched in 1997 and provides a toll free phone number for people to obtain information about alcohol use and alcohol services. Crisis Line reported a comparably high level of contact (20 to 30 referrals per month) from people with problems related to alcohol use (see Table 8) which indicates that people do use telephone counselling services to discuss alcohol problems.

Service providers also noted that it was important to provide more assistance in prisons.

**Recommendation 8**
The LWA Program trial an outreach alcohol counselling service through an existing alcohol counselling service in an NT urban centre in the 1998/99 funding cycle.
BARRIERS

When asked whether there were any barriers which might prevent people with problems related to alcohol issues from accessing existing services, agencies pointed to the fact that there were no alcohol counselling services which specifically address the needs of women and/or young people with alcohol problems in the NT. In particular, the lack of specific treatment and detoxification services for women was highlighted and the absence of youth oriented treatment programs was also of concern. Agencies did not provide information about attempts to address these gaps.

In contrast, members of the public were mainly concerned about whether services employed trained staff who could be trusted to be confidential and about the cost of services.

Confidentiality and privacy issues were particularly pertinent for people in smaller towns and for 61% of public survey respondents this was also a critical factor in determining whether someone would recommend a service to a person needing alcohol counselling. The provision of alcohol counselling through a generic service facility, such as GP or generalist counselling service may be a better option for residents in smaller towns.

Strategies for ensuring that alcohol counsellors are adequately trained have been discussed in earlier sections of this report, and since qualified counsellors are bound by a professional code of ethics which includes confidentiality, these strategies will also help to overcome the barriers to access created by concerns about confidentiality. Service providers should also address this issue in any service promotion activities they undertake.

Service providers and members of the public presented different perspectives regarding barriers to access for alcohol counselling services and while these are equally valid, they could create competing priorities for change.

For example, previous research based entirely on service provider views suggested that childcare provision was an important issue for women seeking alcohol counselling, but the survey results did not support this finding. Tables 13 and 14 show that childcare did not rank highly for members of the public, either as a positive attribute of a service (5%) or as a reason for not using a service (13%).

Given that the majority of survey respondents were women (61%) aged between 25 and 44 years (57%), the lack of attention to childcare as a factor was surprising. Only 2% of male respondents and 7% of females thought that the provision of childcare was an important factor in recommending a service to a person needing counselling for problems relating to alcohol use.

Women

While only 3% of public survey respondents specifically suggested that there should be more services for women and young people (see Table 16), the need for segregated services has been shown to be crucial for survivors of domestic violence and sexual abuse:

14 Bardsley, L., 1994, Meeting the needs of women with drinking problems in Darwin, NT Department of Health and Community Services, September 1994.
"The stigma felt by a woman with alcohol problems is likely to be compounded if that woman has also been a victim of sexual abuse. Copeland and Hall (1992) found that 86 per cent of women in treatment for alcohol and other drug problems had experienced sexual and/or physical abuse at some time in their lives.... They also reported that women with a history of child sexual abuse are less likely to drop out of treatment if they are attending a specialist women's service than if they are attending a mixed-sex traditional program."  

At present, NT women seeking help for problems related to alcohol use do not have the option of attending a specialist women's service and as a result, may not be as successful in treatment or may not access alcohol counselling services at all.

In this Review, women's refuges and/or domestic violence counsellors were selected as potential providers of alcohol counselling by 9% of survey respondents (see Table 12). However, women's services reported that they do not provide alcohol counselling and do not see this as their role despite the fact that they employ staff with adequate alcohol counselling skills (see Table 5).

**Youth**

When asked about gaps in service provision, several service providers pointed to the lack of specific alcohol counselling services for youth. This Review did not ascertain whether existing services cater for youth within their treatment programs and further investigation would be required to establish the extent of service provision in this area.

Young people are targeted in the community education component of the LWA program via the media and through a community educator who focuses on youth issues. However, there are no specific alcohol counselling services funded to provide services for young people in the NT. The LWA program funds an initiative called the “Health Connections for Youth” project which is sponsored in Darwin by Anglicare. This project offers health information to young people and education to young people with a particular emphasis on substance use and mental health.

Five percent of public survey respondents who provided ideas for improvements, made suggestions about educating young people and school age children about alcohol. The LWA Program has allocated funds to employ two officers within the NT Education Department to ensure that alcohol awareness modules are included in curriculum and to improve teacher training in this area. The LWA Program also allocates funds for the employment of a teacher within the NT Police to re-write and deliver the DARE (Drug and Alcohol Resistance Education) program for school constables.

High School counsellors and nurses who participated in this Review, claim to provide alcohol counselling and consider this as part of their role, however they are limited by a lack of adequate skills (see Table 5). These personnel and youth workers in general, should be targeted for training provided through the LWA Key Worker program so that young people engaging in excessive consumption of alcohol can be identified and assisted to minimise the harmful effects of such practices. See **Recommendation 3**.

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**Recommendation 9**
The LWA Program fund alcohol awareness activities which target young people and continue to allocate funds for the employment of officers within the NT Education Department and the NT Police to ensure that alcohol awareness modules are included in the school curriculum and in training for school constables.

**Recommendation 10**
The LWA Program encourage existing alcohol counselling services to design, promote and run specific programs for women and for young people with alcohol related problems and that these initiatives be included in funding agreements in 1998/99 and 1999/2000.
CONCLUSION

The provision of appropriate counselling options for people with problems related to alcohol use is clearly an important issue for the NT. A broad range of organisations participated in the Review, providing advice and suggestions for improving the network of alcohol counselling services currently funded by the NT Government. In addition, over four hundred Territorians took the time to complete the survey and half of these contributed their ideas about possible improvements.

The Review found satisfaction with the combination of specialist and generalist services currently funded by the LWA Program and the Alcohol and Other Drugs Program. However, substantial gaps were revealed in the skill level of health professionals, allied health professionals and generalist workers who also counsel Territorians with problems related to alcohol use. These staff are important early interventionists for people with alcohol problems. They need to be equipped with screening tools and skills in minimal intervention strategies, as well as detailed knowledge about specialist alcohol counselling services so that they can direct clients to appropriate services when required.

The public survey highlighted the fact that people expect alcohol counsellors to be qualified and able to be trusted to be confidential. There is scope for improving the profile of specialist alcohol counselling services so that Territorians know where to go for help from professionals who respect their right to privacy.

Service providers also suggested that better communication between alcohol counselling services, generalist services and health professionals regarding referral protocols and information exchange would improve the rate of referral to alcohol counselling services for clients with alcohol problems. Strategies for addressing these issues are contained in the recommendations.

The Review found that for some alcohol counselling services, particularly those in smaller towns, staff turnover and lack of experienced or qualified staff was an issue. Options for people to undertake professional training in alcohol counselling in the NT are extremely limited and as a result, many services rely on attracting qualified staff from interstate. The LWA Program has invested funds in upgrading training in alcohol and other drugs issues for Aboriginal Health Workers, health professionals and University students, however further improvements are needed in this area. Specific training in alcohol counselling would be particularly beneficial.

The availability of free services was also critical to public survey respondents and there is an expectation that Government will continue to subsidise the operation of alcohol counselling services so that Territorians with alcohol problems do not have to pay for expert counselling.

The Review also revealed that some clients may not be accessing alcohol counselling services because of obstacles in referral processes, or they may not be benefiting from existing services because these do not cater for their particular needs. These groups included: mandatory clients; people with a dual diagnosis of mental illness and alcohol related problems; women; youth; Aboriginals; and people from a non-English speaking background. A number of the Review's recommendations aim to remove these access barriers.
REFERENCES

Alcohol and Other Drugs Program Overview, 1996, Territory Health Services, Darwin.

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Dawe, S & Mattick, R., 1997, Review of Diagnostic Screening Instruments for Alcohol and Other Drug Use and Other Psychiatric Disorders, AGPS, Canberra


Irwin, H, 1996, Medical students the target for alcohol intervention in The Drug Offensive Bulletin, Issue 7


Wright, A., 1997, The Grog War, Magabala Books Aboriginal Corporation, WA.

ACRONYMS

A&OD Alcohol and Other Drugs

CMO Commonwealth Medical Officer

CRS Commonwealth Rehabilitation Service

DEETYA Department of Employment, Education, Training and Youth Affairs

DSS Department of Social Security

DV Domestic Violence

EAS Employee Assistance Scheme

FYCS Family, Youth and Children’s Services
STAGE ONE

QUESTIONNAIRE - REVIEW OF COUNSELLING SERVICES

The main purpose of this questionnaire is to identify the range of services involved in alcohol counselling and to analyse referral networks between agencies.

The questionnaire is divided into three sections:

A. The sources you refer clients to for counselling.
B. The sources you receive referrals from for counselling.
C. Gaps in counselling services.

The Office of Women’s Affairs is currently conducting a review of domestic violence counselling services throughout the Northern Territory.

Some of the information gained from this questionnaire is the same as that being collected by the Office of Women’s Affairs. To avoid duplication of effort, relevant results from this survey will be made available to the Office of Women’s Affairs.

All responses will remain confidential and individual agencies will not be identified in the final report.
**A. SOURCES TO WHICH YOU REFER CLIENTS**

**QUESTION ONE**
Please list the sources you refer clients to, the reasons for referral and the frequency of referrals.

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>REASON FOR REFERRAL</th>
<th>FREQUENCY OF REFERRALS</th>
</tr>
</thead>
</table>
| The name of the source to which you have referred clients eg. local doctor, Salvation Army, private psychologist, Tennant Creek Women's Refuge etc. | For example housing needs, domestic violence counselling, financial assistance etc. | Rate how frequently you refer clients to that source by circling the most appropriate place on the scale.  
1 = rarely  
5 = very regularly |
| 1. | | 1 2 3 4 5 |
| 2. | | 1 2 3 4 5 |
| 3. | | 1 2 3 4 5 |
| 4. | | 1 2 3 4 5 |
| 5. | | 1 2 3 4 5 |
| 6. | | 1 2 3 4 5 |
| 7. | | 1 2 3 4 5 |
| 8. | | 1 2 3 4 5 |
QUESTION TWO
Please list any other sources you might refer clients to but never do.

Do you have any particular reasons for not doing so?
Please list.

QUESTION THREE
What difficulties, if any, have you experienced when referring clients to other agencies?

B. SOURCES WHICH REFER CLIENTS TO YOUR AGENCY

QUESTION FOUR
Please list the agencies which have referred clients to your agency for alcohol-related counselling.

QUESTION FIVE
Please list any sources from which you receive fewer referrals than you might expect to get. Why do you think you get so few referrals from each of these sources?

QUESTION SIX
What difficulties, if any, have you experienced when clients are referred to you from other agencies?

C. GAPS IN ALCOHOL COUNSELLING SERVICES

QUESTION SEVEN
What gaps do you think exist in alcohol-related counselling services?

QUESTION EIGHT
Do you have any suggestions for improving referral networks and/or procedures for alcohol-related counselling services?

Thank you for your assistance.

BUBBLES SEGALL
STAGE TWO

QUESTIONNAIRE
ALCOHOL COUNSELLING SERVICES

The main purpose of this questionnaire is to identify:

- services provided by agencies;
- agencies involved in alcohol counselling;
- factors which limit the provision of alcohol counselling;
- reasons agencies refer clients to alcohol counselling services.

SERVICES PROVIDED BY AGENCIES

QUESTION ONE (a)
Could you please circle the types of services provided by your agency (some agencies may provide more than one type of service).

Information and Education Service  yes  no
Training and Education Service    yes  no
Employment Service               yes  no
Accommodation Service            yes  no
Health Service                   yes  no
Family Service                   yes  no
Judicial Service (legal/corrections etc) yes  no
Counselling Service              yes  no

Other (please describe)

QUESTION ONE (b)
Does your agency focus on any specialist issues or areas? (eg. sexual assault, marriage guidance, women's refuge etc.)
AGENCIES PROVIDING ALCOHOL COUNSELLING

QUESTION TWO
Do you ever counsel clients about their alcohol problems?

yes (   ) no (   )

FACTORS WHICH LIMIT THE PROVISION OF ALCOHOL COUNSELLING

QUESTION THREE
Do any of the following limit your capacity to provide alcohol counselling to clients?

1. Do not have the skills to address alcohol issues.
   yes (   ) no (   )

2. Too difficult to raise alcohol issues with clients.
   yes (   ) no (   )

3. Have attempted to address alcohol issues but the problems have been too complex to handle.
   yes (   ) no (   )

4. Do not have the time and/or resources to provide alcohol counselling to clients.
   yes (   ) no (   )

5. No privacy in the workplace to address alcohol issues with clients.
   yes (   ) no (   )

6. Client(s) requesting referral to alcohol counselling service(s).
   yes (   ) no (   )

7. Not the role of this agency to provide alcohol counselling.
   yes (   ) no (   )

9. Other (Please describe)
REASONS AGENCIES REFER CLIENTS TO ALCOHOL COUNSELLING SERVICES

QUESTION FOUR
What are the major factors which influence your agency to refer someone to an alcohol specific counselling service?
STAGE THREE

QUESTIONNAIRE
Alcohol Counselling

1. HOURS OF OPERATION
a) What are the hours of operation of your service?

b) Is your service contactable after hours?
☐ yes ☐ no

2. COST OF SERVICE
Could you give some indication of how much clients pay for your services?
☐ Free Service ☐ Between $41 & $50
☐ Bulk Bill Medicare ☐ Between $51 & $60
☐ Under $30 ☐ Over $60
☐ Between $30 & $40

3. CLIENTS
a) On average, how many clients does your service see each month?

b) On average, how many clients does your service counsel for alcohol-related problems each month?

c) On average, what proportion of your services' contact time per month is devoted to alcohol counselling?

d) On average, how many individual clients does your service refer to specialist alcohol counselling services per month.
4. EMPLOYEES AND QUALIFICATIONS
Could you indicate the numbers & types of people likely to provide alcohol counselling in your service as well as their formal qualifications.

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>TYPE (eg. psychologist, community health nurse, general practitioner, Aboriginal Health Worker etc.)</th>
<th>QUALIFICATIONS (primary &amp; other qualifications)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. LOCATION OF SERVICE
Is your service located:

a) in a building on its own

b) in a building with other general services
(eg. non health-related agencies, services or businesses) with one or more common entrances to the building

c) in a building with other general services
(eg. non health-related agencies, services or businesses) with separate entrances to each service

d) in a building with other health & community services
with one or more common entrances to the building

e) in a building with other health & community services
with separate entrances to each service

f) other, please specify
6. TYPES AND TECHNIQUES OF ALCOHOL COUNSELLING

Could you describe the types and techniques of alcohol counselling provided by your service?

<table>
<thead>
<tr>
<th>INDIVIDUAL COUNSELLING</th>
<th>GROUP COUNSELLING</th>
<th>FAMILY COUNSELLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Education</td>
<td>Alcohol Education</td>
<td>Alcohol Education</td>
</tr>
<tr>
<td>Communication Skills Training</td>
<td>Communication Skills Training</td>
<td>Communication Skills Training</td>
</tr>
<tr>
<td>Stress Management</td>
<td>Stress Management</td>
<td>Stress Management</td>
</tr>
<tr>
<td>Assertiveness Training</td>
<td>Assertiveness Training</td>
<td>Assertiveness Training</td>
</tr>
<tr>
<td>Relaxation Training</td>
<td>Relaxation Training</td>
<td>Relaxation Training</td>
</tr>
<tr>
<td>Relapse Prevention Training</td>
<td>Relapse Prevention Training</td>
<td>Relapse Prevention Training</td>
</tr>
<tr>
<td>Nutritional/Dietary Training</td>
<td>Nutritional/Dietary Training</td>
<td>Nutritional/Dietary Training</td>
</tr>
<tr>
<td>Motivational Interviewing</td>
<td>Motivational Interviewing</td>
<td>Motivational Interviewing</td>
</tr>
<tr>
<td>Work Skills Training</td>
<td>Work Skills Training</td>
<td>Work Skills Training</td>
</tr>
<tr>
<td>Cognitive Restructuring</td>
<td>Cognitive Restructuring</td>
<td>Cognitive Restructuring</td>
</tr>
<tr>
<td>Social Skills Training</td>
<td>Social Skills Training</td>
<td>Social Skills Training</td>
</tr>
<tr>
<td>Financial/budgeting Counselling</td>
<td>Financial/budgeting Counselling</td>
<td>Financial/budgeting Counselling</td>
</tr>
<tr>
<td>Other - please specify</td>
<td>Other - please specify</td>
<td>Other - please specify</td>
</tr>
</tbody>
</table>

7. QUESTIONNAIRE IDENTIFYING COMMUNITY NEEDS FOR ALCOHOL COUNSELLING SERVICES

Are you willing to make questionnaires available for people to complete while they are attending your service?

☐ yes  ☐ no

Please place your completed questionnaire in the enclosed reply-paid envelope and return to me.

Thank you for your time and assistance.
Bubbles Segall
SURVEY

If alcohol use is affecting you, or someone you know, talking to a counsellor could help to make positive changes.

This survey aims to find out what sort of counselling services are wanted by Territorians.

While some people would choose to talk about alcohol issues with a person they already know and trust, others might want to talk to an outsider. We want to know more about who people would like to contact for alcohol counselling.

By answering this short survey you can help fill in the picture about how to best provide counselling services in the NT. We are interested in your views whether or not you have used a counselling service in the past.

You do not have to write your name anywhere on the survey, however we do ask you to tell us where you picked up this form. Instructions are given in shaded boxes.

If you have any queries about this survey, or if you would prefer to answer the questions verbally, please contact Tess McPeake on telephone (08) 8999 2781.

After completing all the questions, please fold the survey, stick it together with tape and post it free of charge before 15 June 1997.

Thank you
Q1. Are you?  
- Male  
- Female  

Q2. How old are you?  

Q3. Please cross the box if you consider yourself to be an Aboriginal person or a Torres Strait Islander.  

Q4. If you, or someone you knew, wanted to talk to a counsellor about problems related to alcohol use, where would you go, or suggest they go?  

- Hospital nurse or doctor  
- Doctor (GP)  
- Community Health Centre  
- Welfare worker or Social worker  
- Mental Health worker  
- Women's refuge or DV counsellor  
- Psychologist or psychiatrist  
- Church minister  
- Alcohol counselling service  
- General counselling service  
- Family or friend  
- Alcoholics Anonymous  
- Other - please indicate  

Q5. Why are these services good for a person needing alcohol counselling?  

- Transport is easy to arrange  
- Service doesn't cost too much  
- Can trust the staff to be confidential  
- Service has a private entrance  
- Staff speak my language and understand me  
- Staff have training in alcohol counselling  
- Childcare is provided  
- Opening hours are suitable  
- Choice of male or female staff  
- Service has a welcoming atmosphere  
- Other - please indicate  

Review of Alcohol Counselling Services 55
Q6. What sorts of things would stop you suggesting these services for a person needing alcohol counselling?

You can cross more than one box

- Transport is difficult
- Service costs too much
- Couldn't trust the workers to be confidential
- Everyone can see me going into the building
- Staff don't speak my language
- Staff are not trained in alcohol counselling
- No childcare facilities
- Opening hours are not suitable
- Don't know which service is best for my needs
- Service does not have a welcoming atmosphere

Other - please indicate

Q7. If you, or someone you knew, needed alcohol counselling how would you find out which service to go to?

You can cross more than one box

- Phone book
- Doctor (GP)
- Family or friend
- Crisis Line

Other - please indicate

Q8. Do you have any ideas about how alcohol counselling services could be improved for Territorians?

Q9. Please cross the box if you have ever had alcohol counselling.

Q10. Where did you pick up this form?
LIST OF PARTICIPANTS

DARWIN

Aboriginal Women’s Resource Centre
Alcohol Awareness & Family Recovery
Amity House
Bakhita Village - St Vincent de Paul
Banyan House
Cavanagh Medical Centre
Centacare - Darwin
Council on the Ageing
Criminal Justice : Corrections/LWAProgram
Crisis Line
Damien Howard
Danila Dilba
Darwin Aboriginal and Islander Women’s Shelter
Darwin Community Care Centre
Darwin Skills Development Scheme
Dawn House Women’s Shelter
Don Dale Centre
Dr Tine Adams
Dr Cathy Dugdale
Dr Sam Heard
Dr Jan Isherwood-Hicks
Dr Rhiann Kendrick
Dr Dianne Symonds
Employee Assistance Service NT
Family Court Counselling Service
Family Day Care
FORWAARD
GROW NT
Health Promotion Officer - Territory Health Services
Medical Service Centre : HMAS Coonawarra
NAALAS
NT AIDS Council
NT Legal Aid Commission
NTU Medical Centre
Nungalinya College
Outpatients - RDH
Ozanam House
RAAF Medical Centre
Relationships Australia
Resolve - Anglicare
Ruby Gaea Centre Against Rape
Salvation Army Sunrise Centre
Sexual Assault Referral Service
Salvation Army Homeless Men’s Shelter

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Social Worker - DSS
Social Worker - RDH
Somerville Youth and Family Services
Stuart Park Clinic
Tamarind Centre
Ted Milliken
Top End Womens Legal Service
Vanderlin Drive Clinic
Vietnam Veterans Counselling Service
Working Women’s Centre

KATHERINE

Accident & Emergency Ward & Aboriginal Liaison Officer - Katherine Hospital
Centacare
Community Health Centre
DEETYA
DV Counsellor and CDT Worker
Jawyon Association
Katherine Alcohol and Other Drugs Association
Katherine FYCS
Katherine Regional Aboriginal Legal Aid Service Inc.
Katherine Women’s Crisis Centre
Kintore Clinic
Rockhole Alcohol Rehabilitation Centre
Salvation Army
Somerville Youth & Family Services
Wardaman Association
Wurli Wurlinjang Aboriginal Corporation

TENNANT CREEK

Aboriginal Legal Aid
Anyinginyi Alcohol After Care and Health Clinic
ATSIC Aboriginal Womens Advisor
BRADAAG
Catholic Church
Correctional Services
DV Counsellor
FYCS
SkillShare - Green Corps
Tennant Creek Womens Shelter
Uniting Church

NHULUNBUY

Aboriginal Alcohol Worker - LWA Program
Community Care Nursing Director
Community Corrections
Crisis Accommodation

Review of Alcohol Counselling Services

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CWA Secretary & Court House Clerk
Dr Max and Liz Chalmers Clinic
DV Counsellor
East Arnhem District Manager - Territory Health Services
Gove Hospital - Dr Spillane
Marngarr Council
Miwatj Aboriginal Health Corporation
Nabalco Pty Ltd
Nhulunbuy Community Library
Uniting Church
Urban Mental Health Worker - Hospital

ALICE SPRINGS

Alice People Services Pty Ltd
Asset Training (SkillShare)
ASYASS
CAAOADS
CAAAPU
Centacare Inc
Central Australian Aboriginal Legal Aid
Community Health Centre
DASA
Director of Nursing - Hospital
Disability Services & Liaison Officer - Territory Health Services
Dr Charles Butcher
Dr Karl Horsburgh
Dr Ray Ingamels
Dr Brent Parnell
Dr David Poland
Dr Nicky Purser
DSS - Social Worker
DV Legal Service
Employee Assistance Service
FYCS
Holyoake Alice Springs Inc
Legal Aid Commission
Mall Clinic
Ngarte-Mikwekenhe
Njarkla Health Clinic (Congress)
Red Shield Hostel
Relationships Australia
Sexual Assault Referral Service
Social Worker : Alice Springs Hospital
Tangetyere Council
Women’s Information Centre