

Bunbury Regional Prison: Alcohol and Other Drug intensive treatment programs for prisoners



Carl Holroyd

Thanks to Robin, for requesting a small article about my work in the Bunbury Regional Prison running Alcohol and Other Drug intensive treatment programs for prisoners. The program is called Pathways and was developed in the States and is run with 12 participants over 100 hours or 50 x 2 hour sessions. It is primarily an education program based on good old Cognitive Behavioral Concepts (more about that later!).

We use individual sessions, group work and small group work and the groups are closed. Being outside contractors helps us maintain our integrity with the participants and build trust. Programs are facilitated by two people, preferably a male and female, which allows modelling of respectful relationships and communication skills – it's also great for the men to have a women's perspective as it helps balance opinions and hopefully see relationships from the other point of view. In fact, assisting participants to see their thinking and behaviour choice from the position of 'the other' is one of the aspects I enjoy about the program.

The program addresses beliefs, attitudes and behaviours, criminal conduct, alcohol and other drug use and abuse patterns and erroneous thinking and ties these in with triggers, responses, subconscious reactions etc. In the latter, part of the program looks at how to contribute to the community in a positive and healthy way.

We have some interesting and challenging moments and there is usually a lot of humour, which is often self-deprecating in a healthy way. An aspect of the program is to have each participant write their autobiography and you can imagine the resistance we get at times! However, it is a joy to see people engage with their life story in a way that assists awareness, understanding, identifies patterns etc. Some of the guys can't stop writing once they start and it is a privilege to read their stories.

So back to CBT - It works well as an intervention strategy and it is great for concrete thinkers! We do 'extend' our remit

slightly and delve deeper into underlying issues, especially if the client is open to it. For instance we had one man who started 15 minutes early in the afternoon session and we encouraged him to explore his inner life via pastels, especially the darkness within (don't tell our supervisor!). He has been out of prison for 12 months now - he may get his autobiography published, and is enrolled at University in a business course, and is doing well. I believe we would gain better results if we had a wider remit and more time to do one-on-one work. We do as much as we are able but it would be interesting work if we could use some psychophonetics techniques and approaches!

The type of thinking I encounter amazes me and some of the stories are incredible - stories of survival after the most devastating and abusive childhoods; these are courageous stories and at times deeply moving. I also get to work occasionally with Aboriginal participants and this is special for me, I really enjoy building trust and communications and modifying the program approach to be as culturally appropriate as possible in a "one size fits all" system.

So, after four years doing this work I have met many personal and professional challenges. Of prime importance is the building of the therapeutic alliance - research has shown this is the key to effective results regardless of the modality used. So I try to deal with each individual in a non-judgmental, respectful manner, meet them where they are in their lives, try to phenomenologically bracket my 'stuff' and move it to one side so I can see the other more clearly, be open and encouraging and challenge them from a belief that all of us have the ability to change, to grow into who we really are and were meant to be.

For me, one of the greatest compliments I receive is *"you treat us like we are people"* - Amen.

Carl Holroyd moved from Melbourne in 1999 to begin his Masters in Social Science at ECU in Bunbury WA and decided to stay. Carl began the Psychophonetics training in the mid 90s and during the course he also completed a Grad Cert Performing and Visual Arts, before graduating with an Ad Dip in Psychophonetics in 2000. He completed his Masters

thesis in 2003 about "On being-in-community, in the context of the community building workshop and business.

Carl's current practice is primarily in the field of Adult Education, Community Development, and Drug and alcohol intervention, with his particular expertise and skills in drug and alcohol intervention, general life skills and trauma.

In addition to working at the Bunbury prison, Carl also works part-time as the coordinator of the [Busselton-Dunsborough Volunteer Centre](#) and plays in the band, [The Flamin' Crows](#).

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'Emerging from the darkness'

By Igor Sturmheit

www.igorsturmheit.com

INTERNET RESOURCES


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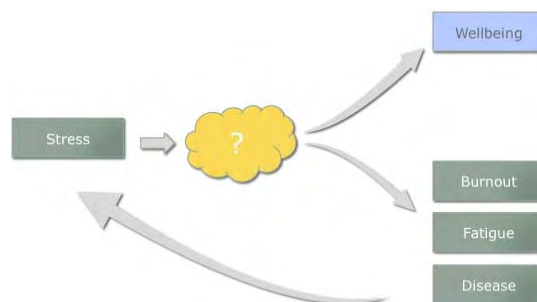
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 www.youtube.com/watch?v=Pu8KmOAuykQ
(3 mins)



❖ Wellbeing & Stress - www.katherinetrain.co.za

There is an intricate relationship between wellbeing and stress. We all experience stress, and it is essential to our functioning, but the manner in which we manage it will determine whether it helps us achieve our goals, or whether it undermines our wellbeing.



Resilience is a capacity in people to manage well in the face of adversity. It overlaps with an ability to manage stress. **Effective stress management** requires that we are aware of how things impact upon us and have effective strategies to change the impact.

Stress is "an environmental change that must be adapted to if health and life are to be maintained". It may be emotional or physical. Stress is normal. When we refer to a person as stressed, we are usually referring to a sustained level of stress, beyond what is required for healthy, active functioning. How stress is processed determines how much stress is felt, and its effects. Unmanaged stress may put a person at risk of burnout, fatigue syndromes or aggravation of disease.

Symptoms of **burnout** are exhaustion, depression, cynicism, boredom, loss of compassion and discouragement. Various **fatigue syndromes** such as compassion fatigue, chronic fatigue and fibromyalgia and **diseases** are also aggravated or stimulated by stress. It is essential to effectively process and moderate stress in any disease management programme.

Katherine Train: Coaching, training and facilitation for stress management and resilience.

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