

Reasons For Use Package

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

Designed by Simon Kroes and Kevan Myers.

What is the RFUP?

- Built to align with common health and welfare skills that workers already have. Rocket science free!
- Provides a user friendly, practical framework and approach for applying these skills
- Now a web-based resource

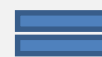
Reasons for
Use
Questionnaire



Options to
Consider



Training and
Mentoring



Reasons for
Use Package
(RFUP)

Development of the RFUP

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

* Part of Collaborative Therapy

How is it used with consumers?

3 steps

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

Philosophical Underpinnings

- Consumer and Carer Centred
- Augments and supports commonly held practice wisdom
- Harm reduction
- Motivational Interviewing
- Strengths based
- Recovery orientated

Emphasis

- Approach is supportive, curious, exploratory and collaborative. A “conversation NOT an interrogation” Pilot 1 Participant
- The consumer and the worker bring their expertise together to develop next steps in treatment. There is an opportunity
- Can be used to explore ANY drug use in relation to ANY mental health issue

RFUP website

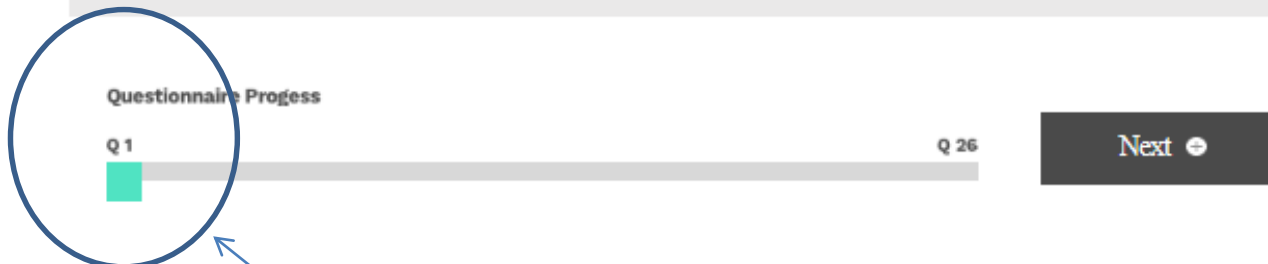
www.reasonsforusepackage.com

- Landing page has a short explanatory video
- Log in is via an organisation code and worker email
- Collects non-identifiable demographic data to assist service development – no consumer data is identifiable
- Results and treatment plan is sent to worker email
- Organisation agreement stresses duty of care is held by worker and Organisation. Access is only given to staff who have received training and mentoring

Questionnaire – 26 items

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

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



Next ➔

Progress Bar

Other Reasons for Use


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

+ Other Reasons

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

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

Write additional comments here

Next 

Graph

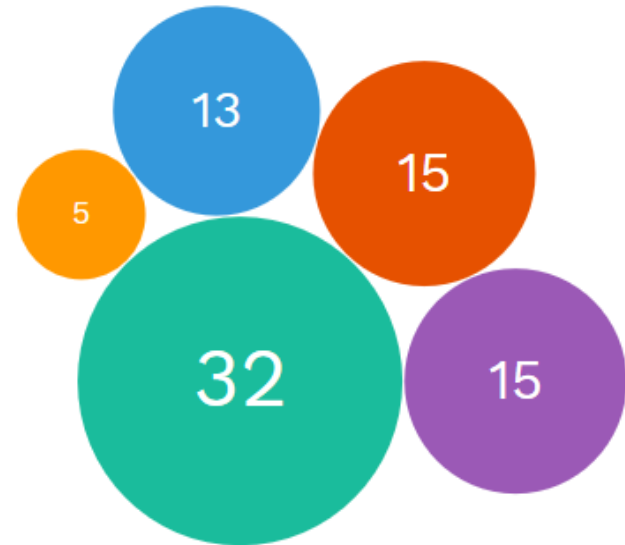
Suggested end of Session One.

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

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

These are your results

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



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

Other reasons for use:

Does this accurately represent your reasons for use?

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

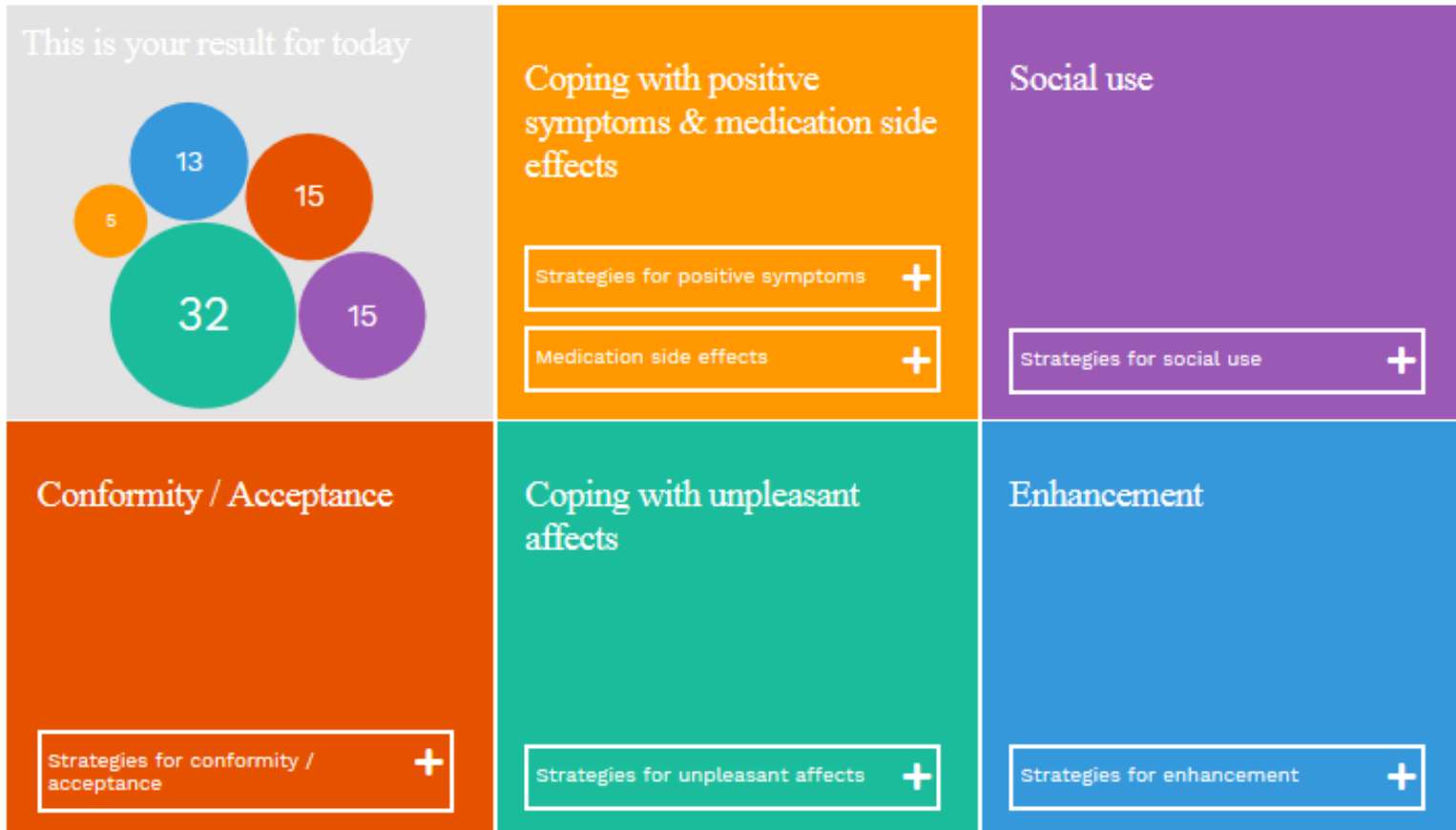
Evidence shows that it is useful to take a break to reflect upon these reasons and what you want to do.

Send Results

Or continue to the Treatment Planning Section

Continue

Domains and Strategies



Build the Treatment Plan


Review Saved Strategies

At this point consider the practicality of the chosen strategies

Category	Strategy	Priority
Coping with Positive Symptoms & Medication Side Effects	<p>Set up a medication review with the client's psychiatrist/GP to ask:</p> <ul style="list-style-type: none">• Is the client on the lowest possible effective dose?• Is the client on the right medication?• Are there any alternative medications that might be suitable?• Are there any things that have changed for the consumer since being prescribed that may affect how the medication works, e.g. stopped/started/increased/decreased smoking, taking herbal supplements, etc.?• Are there other ways/times of taking the medication that might be more effective?• What treatments are available to manage side effects, e.g. medications, behavioural strategies such as exercise, diet, meditation, relaxation, self-help/support groups, etc.?	Up : Down : Delete
Coping with Positive Symptoms & Medication Side Effects	Provide (further) psycho education about what the medication does and how it works, side effects, etc.	Up : Down : Delete

[Develop SMART goals](#)

[Consider Harm reduction pdf](#)

Treatment Plan 

The Treatment Plan

The screenshot shows a web form titled "Treatment Plan". On the left, there are two sections: "Today's date" with a text input field containing "30/04/2018", and "Next Meeting" with an empty text input field and a calendar icon. The main area contains a scrollable text box with the following text: "Session date: Monday 30th April 2018", "Gender: Male", "Age: 46-55", "Postcode: 3065", "Substance: Alcohol", "## Results", "Coping with Unpleasant Affect: 32", "Social use: 15", "Conformity / Acceptance: 15", "Enhancement: 13", "Coping with Positive Symptoms & Medication", "Side Effects: 5", and "## Strategies". At the bottom of the scrollable area, the text "Get up a medication review with the client's" is partially visible. Below the scrollable area are two buttons: "Back to Domains" and "Send and logout". A blue arrow points from the text "Additional notes can be added" to the scrollable text area.

Additional notes can be added

Evidence Base

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

Staff Quotes

“Simple, meaningful and related to work practice”

“Good for building dual diagnosis into core practice”

“Gives loads of treasures to dig for”

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

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

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

“Creates new energy”

How do I get access to it?

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

Thank You

- For more information visit the Nexus site at St Vincent's <https://www.svhm.org.au/our-services/departments-and-services/n/nexus/resources/rfu-package>

Or visit www.reasonsforusepackage.com

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