



**Dr Simon Bennett**

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### 3A: Culturally Adapted Cognitive Behaviour Therapy for Māori:

#### What do we know about it and what implications can we draw for the treatment of addictions?

Dr Simon Bennett, Massey University

A strong case can be made for adapting cognitive-behavioral therapy (CBT) for ethnic and cultural minority groups. In North America literature is readily available for CBT practitioners wanting to adapt their practice when working with ethnic minority groups (e.g., Latino, African-American, and Native American groups). In other countries such as New Zealand, literature of this sort is scarce and thus the empirical foundation for CBT adaptation is weak. This presentation describes the development and core tenets of an empirically validated CBT treatment programme (Bennett, Flett & Babbage, 2014, 2016) tailored for Māori clients suffering from depression in New Zealand. In describing this process a series of considerations for clinicians endeavouring to provide culturally competent CBT with culturally diverse populations is identified and organised into four domains. Two case studies are presented to illustrate the practical application of the approach. Links are made and implications will be drawn to the treatment of addiction and how these findings might guide more effective treatment of Māori with addictions.

#### References:

- Bennett, S.T.**, Flett, R. A. & Babbage, D. R. (2014). Culturally adapted cognitive behaviour therapy for Māori with major depression. *The Cognitive Behaviour Therapist*, 7, e20
- Bennett, S. T.**, Flett, R. A., & Babbage, D. R. (2016). Considerations for Culturally Responsive Cognitive-Behavioural Therapy for Māori With Depression. *Journal of Pacific Rim Psychology*, 10, e8.

*Simon completed an undergraduate degree in Psychology and then completed his postgraduate training in Clinical Psychology at Massey University. Upon completion of clinical training Simon worked for several years as a Clinical Psychologist at Te Whare Marie, a Māori Mental Health team that services the greater Wellington region, before returning to academia completing his PhD under the auspices of the HRC Clinical Research Fellowship. Simon is currently a Senior Lecturer at Massey University and has been the Coordinator of Clinical Psychology training at Massey's Wellington campus over the past five years. Simon's Māori whakapapa traces to Te Arawa (Ngāti Whakaue) on his father's side and to Ngāpuhi (Patu Harakeke) and Kai Tahu (Kati Waewae) on his mother's side.*



**Dr Vicki Macfarlane**  
CADS



**David Prentice**  
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### 3B: Practice-initiated research 1:

#### The Auckland Alcohol Detoxification Outcomes Study

Dr Vicki Macfarlane and David Prentice, CADS

#### Sensory Modulation: Invaluable skill based tool or misuse of addiction resources?

Vicky Totua and Karen Fraser, CADS

We're delighted to be able to offer two breakout sessions this year featuring research initiated by practitioners working within addiction and mental health services. These sessions will follow a slightly different format to the other breakout sessions on offer this year.

Our speakers will present a snapshot of their research project (which may be at different stages of completion), but will also share details about their motivations for embarking on the project, as well as insights into challenges, milestones, tips and tricks encountered so far. Following the short presentations by researchers, there will be a combined Q&A.

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#### The Auckland Alcohol Detoxification Outcomes Study

Published studies have consistently shown that the quality of life (QOL) of clients with alcohol dependence is lower than those without alcohol dependence and that QOL tends to improve after detoxification and treatment. QOL worsens after relapse. There is currently no data on the outcomes of clients who have a medicated withdrawal from alcohol in New Zealand.

We commenced the Auckland Alcohol Detoxification Outcomes Study to look at both the outcomes for clients following a withdrawal from alcohol and opportunities for improvement in service delivery. 80 clients admitted to the inpatient unit at Pitman House between March and September 2016 for a medicated alcohol withdrawal were assessed for both severity of alcohol dependence using the SADQ and AUDIT and quality of life using the WHO-QOL BREF tool. Clients will be followed up after 3 months and 1 year. At follow up assessment of alcohol use and a repeat WHO-QOL BREF will be complete. We will present the results from the 3 month follow up.

***David Prentice** is the Associate Clinical Charge Nurse of the CADS Community and Home Detox Service (CHDS) and has worked at CADS for nearly 12 years. Part of the philosophy of CHDS as with all CADS services focuses on:*



- *Being client focused*
- *Evidence based practice*

*David has an interest in adding to the evidence base for the way service provision outcomes are measured. Current research that David is involved with regarding outcomes from in-patient alcohol detoxification will inform future Medical Detox service delivery.*

**Dr Vicki MacFarlane** is a Fellow of the Royal College of General Practice, with more than 15 years' experience as a General Practitioner. She is also a Fellow of the Chapter of Addiction Medicine with the Royal Australasian College of Physicians. During the last six years, Dr Macfarlane has worked as the Lead Clinician for the Medical Detoxification Services of CADS Auckland. The CADS Medical Detoxification Service provides inpatient detoxifications in a stand-alone 11 bed unit and community detoxifications via a specialist nursing team, with a catchment area covering the greater Auckland region.

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### Sensory Modulation: Invaluable skill based tool or misuse of addiction resources?

This research aims to evaluate a trial commenced through Medical Detoxification Services at Waitemata District Health Board (WDHB) with the approval of the Community Alcohol and Drug Services (CADS) Clinical Governance. In the Inpatient setting a sensory modulation space and modalities were provided alongside education to clients and staff to determine if sensory modulation is a transferable and effective skill within the specialist area of addiction medicine. Sensory modulation equipment/space was made available within the medical detox inpatient unit (IPU) for clients who were experiencing symptoms of substance withdrawal and/or emotional dysregulation. Initial analysis of results indicated that there is significant improvement in client mood through the use of sensory modulation techniques and an incidental observation of an increase in self-efficacy through the development of skills that assist in self-regulation.

**Vicky Totua** is a registered nurse who has been working in the field of addiction over the last five years. She is currently based at CADS Auckland with the Community Home Detox Service (CHDS). Vicky holds post graduate qualifications in Educational Leadership and Management, Clinical education and supervision, Mental Health and Addictions and is currently in the process of completing the Master of Health Practice (Mental Health and Addiction) at AUT University.

**Karen Fraser** is a registered Physiotherapist. She has been working in the addiction field at CADS, for the last six years. Karen works within both the Community and Inpatient detox teams. Karen leads Sensory Modulation through CADS. Karen has previously worked in Paediatrics in the education setting, utilizing similar skills of Sensory Integration.