



THE WIZARD OF OZ AND THE NEW ALCOHOL AND DRUG PROFESSIONAL

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This paper argues the importance of families and communities as sources of knowledge and wisdom in management of alcohol and drug problems, using the well known tale of the Wizard of Oz to illustrate the point. It will contrast three frames for delivery of expertise to end users - medical, experiential and situational. The medical frame involves delivery of knowledge by a recognised professional expert. Alcohol and drug services favour this frame. The experiential frame emphasises the importance of people either living through their own learning or taking guidance from people who have experienced and resolved significant problems. This approach is common in self help approaches outside of services. The situational frame places emphasis on the variety and depth of knowledge and expertise situated within a given context. It recognises that management of alcohol and drug problems often requires input at various levels and from sources that understand the character and values belonging to that particular context. The paper examines the advantages of a social ecological frame that combines elements of the other three frames and concludes by advocating for the development of networks to enable access to expertise within communities.

THE WIZARD OF OZ: AN ILLUSTRATION OF CHANGE

The Wizard of Oz is a tale about a personal voyage of change. For many parents the film forms part of the standard repertoire for entertaining children on rainy days and has accordingly attained a strong place in modern Anglo-American folklore. The story revolves around Dorothy and her struggle with the harsh cruelty of prairie farm life and dog-resenting locals. During a twister, she seeks refuge in a farmhouse. The farmhouse is picked up by the twister and transported, along with Dorothy, to a colourful and strange world of magic and danger. The house, unfortunately, lands on a witch, prompting the squashed witch's sister to pursue Dorothy for revenge. After some discussion with peculiar little people she sets out on her personal voyage along the yellow brick road to the Emerald City to locate the one person who can help her return to normality, the magnificent and all powerful Wizard of Oz. On



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this journey Dorothy is challenged by various perils that require her to act decisively. Her struggle with danger, uncertainty, fear and deception comprise the central narrative. These dimensions will be used to examine the interaction between the alcohol and drug professional and processes of change.

PEOPLE HELPING PEOPLE

Alcohol and other drug addictions typically affect people in ways that cut deep into the core of them as human beings. Addiction impacts in a variety of ways on one's physical, emotional, social and spiritual being. Consequently, the change process takes a long time and involves numerous challenges and struggles. People may take many years to recognise the need for change. Once change is initiated they may face several relapses before working out what works for them. During the first few years of change, they will call on a wide array of emotional and social supports. The longer period of consolidation requires strategies that embed the change into day to day living. As with Dorothy's journey, during the long process of recovery from addiction, the person will encounter a range of difficult obstacles (or "nasties"), all of which require the person to draw on various sources of strength. These sources include access to knowledge, ability to exercise prudence and judgement, access to external social supports and a belief that the journey is leading to a better place.

This paper emerged during consideration of two key questions about assisting people with addictions:

1. How do we position one person to most effectively help another person?
2. What is the role of the expert professional in the helping process?

In responding to the first question, we need to examine whether case based delivery is the only or even the most desirable way of facilitating change. Paying professionals to sit in one hour blocks, talking one-on-one with the person in need will probably be of some assistance. However, the same assistance may be more effectively achieved through family, friends or community professionals (eg GPs, nurses, community workers) within that person's immediate environment. In considering the second question, the trained professional will continue to play a role, but questions arise about how they are best positioned, what role they will play and what skills they need to acquire. This paper argues for development of a new alcohol and drug professional. A professional capable of moving beyond case based delivery, able to communicate knowledge to collections of people and able to resource and support community responses to addiction.

DOROTHY'S FORMULA

Three companions helped Dorothy in her journey of change - the straw man (who lacked a brain), the tin man (who lacked a heart) and the lion (who lacked courage). It is one of the delights and ironies of the story that the Wizard was revealed as a fraud. He had no genuine power to help Dorothy. Instead, it was her three companions who provided the real assistance in, ironically, exactly the areas they felt were lacking in themselves. They collectively provided the knowledge, heart and strength to support Dorothy. They represented the three contributing and necessary ingredients for Dorothy's process of change. They enabled Dorothy to confront fear and danger and thereby discover in herself resources for future growth. In this way, the story reveals the formula for change.



Knowledge (Scarecrow)

The field of information, knowledge and skills relating to drugs is continually expanding. Change is facilitated by personal access to information about the physical effects of particular drugs, the nature of withdrawal, potential pharmaceutical assistance, effective psychological strategies to manage and prevent relapse, and ways of monitoring progress. Such awareness facilitates recognition of change, including how it can be done and whether it has been achieved. It is also important that family members and health professionals possess effective interpersonal skills so they can help the person in need to access sources of information and knowledge. These skills include communicating appropriately, listening reflectively, giving advice and enhancing motivation.

Heart (Tin Man)

Change is inevitably an emotional process. For the person experiencing change, the process typically involves shifts in the internal and external environment, resulting in times of uncertainty, periods of effort and struggle and moments of apparent hopelessness. These experiences evoke emotional responses that include elements of fear, anxiety, doubt, joy, resentment, sadness and despair. As with all experiences of emotion, the ability to communicate, share and have one's experiences validated impacts significantly on how a person responds to and manages the situation. As such, it is vital that there are other people around who are concerned about what the person experiencing change is going through. This is necessary to prevent the person losing heart and to help them maintain a positive outlook about the future.

Strength (Lion)

During the process of recovery, it is necessary for a person to make significant changes in various aspects of their life. The scope of necessary changes is broad, and as such takes a great deal of time. For some the process will take many months, for others it may take years, for some it may take decades. To maintain momentum over these extended periods, the hard slog of recovery requires a sustained source of strength. For most people this comes from the care and support of people around them. For many, strength depends on the extent to which family, friends and work colleagues sustain their support and integrate relevant changes into their own patterns of living. For example, a person moving from an alcohol dependent lifestyle to abstinence will often require improvements in the quality of intimate relationships, particularly improvements in honesty and communication.

FRAMES FOR DELIVERING HELP

A major dilemma for development of the alcohol and other drug workforce is how to best use limited resources to benefit the mass of people who need help. A key component of workforce development is deciding how best to invest training resources. This relates to who to train and how they are socially positioned to provide assistance. It also relates to the attributes and skills that are targeted for development to enable them to fulfil their roles. In terms of positioning people to help others, three major frames of delivery are identifiable within the field.

Medical Frame

The medical frame focuses on the direct relationship of an expert to an isolated individual or organism. The emphasis is primarily on knowledge transfer. The medical frame has a long history and is familiar to most people. As shown in Figure 1, the well trained, knowledgeable health professional spends time directly with the person in need (patient/client). A combination of research based knowledge, interpersonal skills and clinical judgment are used in guidance and planning. For efficiency reasons, “patients” are provided with scheduled, one-on-one meetings with the expert in special environments called “clinics”. These environments typically consist of clustered offices somewhat removed from the places patients live. Specialist alcohol and drug services currently operate predominantly in this medical frame. “Clients” typically attend scheduled one hour counselling sessions with a specially trained alcohol and drug professional. These professionals are understood to have in-depth knowledge of relevant research and advanced skills in communicating, and engaging and assisting clients in a process of change.

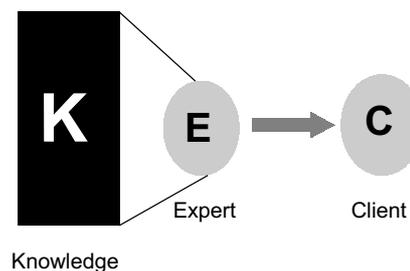


Figure 1: Relationships in a Medical Frame

Experiential Frame

The experiential frame places more emphasis on the emotional processes of change (heart). It involves direct contact between one person who has previously struggled and another person who is currently struggling. The person in need faces various emotions ranging from doubt to despair. The helper offers their experience as a resource to provide a sense of direction and hope for the person in need. Experiential help is most frequently found at Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings. At these meetings fellow travellers relate stories of struggle with addiction. As shown in Figure 2, the communication occurring in the meetings provides opportunities for mutual identification, which in turn serve to validate experience, convey concern and provide a sense of a shared journey. Within the communication, the person in need recognises some degree of mutual experience and thereby identifies the other person as a fellow traveller, a kindred spirit, someone who has been in a predicament similar to their own. This identification helps the person in need to open up to guidance and encouragement that will prove crucial when setting out into uncharted territory. An alcohol and other drug counsellor could be seen as offering opportunities for mutual identification. Their use of reflective listening and other empathic skills can encourage a sense of mutuality. Counsellors often have their own experiential base on which to draw, particularly those involved with their own recovery process. However, access to formal counselling is typically limited to short periods and the level of mutual identification will vary enormously depending on the qualities of the counsellor and the quality of the relationship. Self help groups such as AA provide a stronger opportunity for finding receptive fellow travellers.

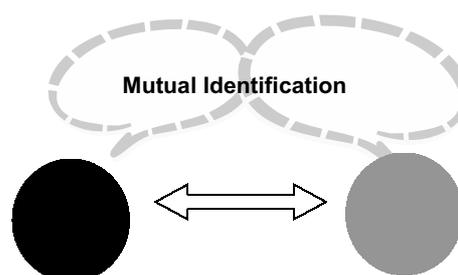


Figure 2: Relationships in an Experiential Frame

Situational Frame

This frame emphasises the sources of strength as existing within a locality. As illustrated in Figure 3, the alcohol and other drug affected person lives within a complex web of relationships. Day-to-day interactions are likely to involve a partner, children, other family members, friends, workmates and neighbours. Each of them may lack the knowledge or experience to understand or identify with the struggle involved with addiction. Nonetheless, their strength and support is often invaluable during the process of change. They will stand beside the person through the many successes and setbacks. They will inherit the consequences of relapses and the task of supporting further attempts at change. They will be called on to adapt their patterns of behaviour to facilitate improvements in the quality of the relationship. Perhaps one person in the immediate social environment will have some understanding of addiction and recovery. Someone else may also have had previous personal experience. However, for the majority of members in the social context, a good understanding of the issues of addiction is unlikely to be available and they are more likely to experience the process as perplexing and at times profoundly disturbing. Consequently, their more immediate requirement is to enhance their understanding of the nature of addiction so they can realise their supportive role in the long term process of change.

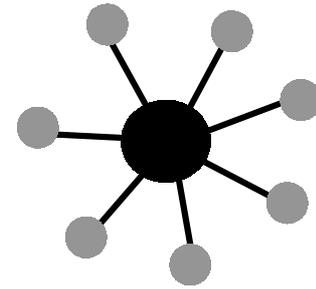


Figure 3: Relationships in a Situational Frame

Comparing Frames

In reality, each of the contexts mentioned above will contain elements of each frame. In Figure 4, Dorothy’s formula for change has been hypothetically applied to each frame. Knowledge transfer dominates the medical frame. However, professionals working in this way often use mutual identification to provide a sense of hope and support for their clients. Many specialist services employ people recovering from addictions precisely for this purpose. Such professionals may potentially see themselves as becoming a part of the ongoing social environment of their patient/client. However, expense will usually restrict this to the short term. The experiential helper provides the person with emotional connectedness, the sense of having a companion on the journey. This person may also provide some information and become part of the broader social environment, although these functions are typically constrained by access to training and the probable separateness of their own lives. The situational supporter is there for the long term and thereby provides an ongoing base of strength and encouragement. These are typically family, friends and workmates. Their function can be improved with access to knowledge. They are capable of mutual identification but not to the same extent as those who have struggled with addictions themselves.

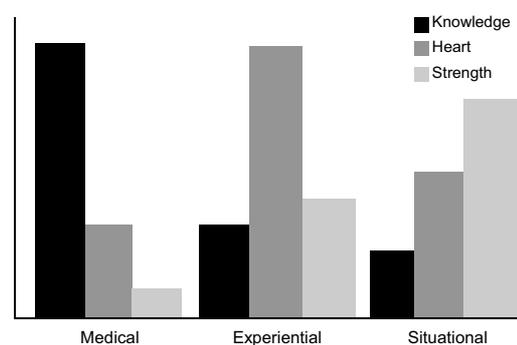


Figure 4: Hypothetical Levels of Change Factors by Frame

No one frame is the most appropriate. Each frame is useful for particular situations. The medical frame works well in situations of urgency where there is a need for assessment and planning. It provides little for the long term. In the experiential frame, the helper is a companion who can provide the addicted person with guidance and emotional support during the medium term stages of change. However, these fellow travellers are usually situated outside the person’s immediate social circle and are therefore not

well positioned to provide ongoing long term support. The situational supporter, the close friend or family member, plays a key role in the longer term, particularly when they have been involved throughout the process. Each frame has its strengths but also its limitations. As depicted in Dorothy’s formula, a frame is required that integrates the strength of the three previous frames and redefines the role of the expert professional.

Shifting to a Social Ecological Frame

The social ecological frame has the advantage of combining all three frames for delivering help. In line with the situational frame, it approaches the person in need in the context of their day-to-day relationships. It also aims to enhance the opportunities for experiential identification within the nexus relationships between affected individuals as well as opportunities for significant others. But its most significant contribution concerns the manner in which it positions the state funded alcohol and drug professional.

As portrayed in Figure 5, rather than positioning the “expert” change professional in a direct relationship with the client, the professional’s key role is with the social environment.

This relationship will typically include the client, but also includes the broader context and opportunities for people within that environment to provide the knowledge, heart and strength for change. In many situations, the transfer of knowledge and skills may be targeted more towards the context than the client. For instance, the professional might devise educational programs to help spouses improve their helping relationship with the addicted loved one. Alternatively, they might choose to help local communities establish regular meetings of families and friends to develop a supportive network. Another possibility could be to set up programs in workplaces, sports clubs, professional organisations, hospitals, prisons, schools, local bodies, cultural societies and so forth. The social context offers the health professional a vast array of opportunities to tap into the knowledge, heart and strength that already exists within these systems. Instead of a direct involvement in treatment, the health professional becomes a change agent for people within a given social situation to discover their own resources for change.

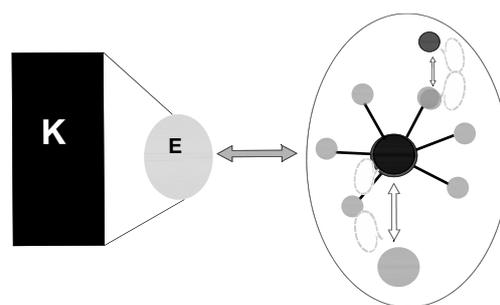


Figure 5: Relationships in a Social Ecological Frame

WORKFORCE DEVELOPMENT OF THE NEW AOD PROFESSIONAL

The new alcohol and drug professional needs to be capable of moving comfortably across the various strata that support people’s change journeys. They will need the ability to assist knowledge transfer to targeted people within a community. They will need to be capable of facilitating opportunities for emotional support within available relationships. Finally, they will require skills in working within community structures, protocols and processes.

In the last five years the Faculty of Medical and Health Sciences at the University of Auckland has developed a range of practitioner training programs based on this contextual capacity building approach. Students who have completed an undergraduate degree enter the programs at postgraduate certificate level. Most students are already working within an applied context. As illustrated in Figure 6, they then have the opportunity to advance



Figure 6: Post Graduate Teaching Tiers

through the programs to a level that matches their interest and ability. As with traditional programs, each level aims to improve the specialist worker's skills in assessment and intervention planning. In addition, each tier also incorporates a range of other areas of knowledge and skill that take students beyond working simply with a client caseload. All levels include training in the skill base required for working with social contexts, which involves a focus on four areas - needs assessment, project coordination, community development, and education and training.

Needs Assessment

The repositioned AOD worker must demonstrate responsiveness to both the needs of the individual and the needs of the surrounding social context. Students are encouraged to approach all assessment in terms of context. They are required to review available resources within the communities in which they work. They are encouraged to explore the needs of those communities, meet with members of the communities, have discussions with key representatives about needs, and survey target groups to find out how they believe their needs can best be addressed.

Project Coordination

One course within the certificate program focuses specifically on project design and planning skills. Students are organised into project planning teams. Over a three month period they design an intervention targeted specifically at change within a social or environmental context. During this time they are given support in project planning skills, team management, proposal writing and understanding models of lifestyle change. The task calls on their ability to work cooperatively in teams, to critically examine the formal and informal political dynamics of a specific context and to plan around the practicalities of finance, management, and available staff time.

Community Development

In widening their focus from individuals to individuals in context, the new AOD professional needs skills to help them to move comfortably within community contexts. These skills are different to those required for individual counselling. They may involve running community meetings, meeting informally over coffee with local community representatives, conducting family meetings and working cooperatively within various cultural contexts. All courses within the training programs have included significant content to enhance these skills.

Education and Training

In working contextually, students soon discover that project development often boils down to legitimising new roles and convincing people they have the capacity to function in them. For example, screening and brief intervention projects often end up concentrating on encouraging General Practitioners to recognise their potential role in helping patients make lifestyle choices. The key task then becomes one of education and training. To participate in contextual change, students need skills in curriculum development, course planning and effective delivery of content to groups such as classrooms, families at home and workplace environments.

CONCLUSION

Individual counselling in New Zealand, as in other countries, dominates expenditure in alcohol and drug services. The current paper argues for examination and re-evaluation of this investment. One-on-one contact with a trained professional on a sessional basis is an expensive way to provide help and tends to resource only one part of the change process. As illustrated in Dorothy's voyage of discovery, the sources of help are varied and often context specific. The social ecological frame focuses on the trained professional helping people in various contexts to develop their capacity to assist and participate in change. It repositions the AOD professional away from individuals in clinics and towards social systems within an environmental context. Repositioning calls on new understandings and new abilities for the professional. A key challenge for future workforce development is to implement strategies to diversify the skill base of future practitioners.

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