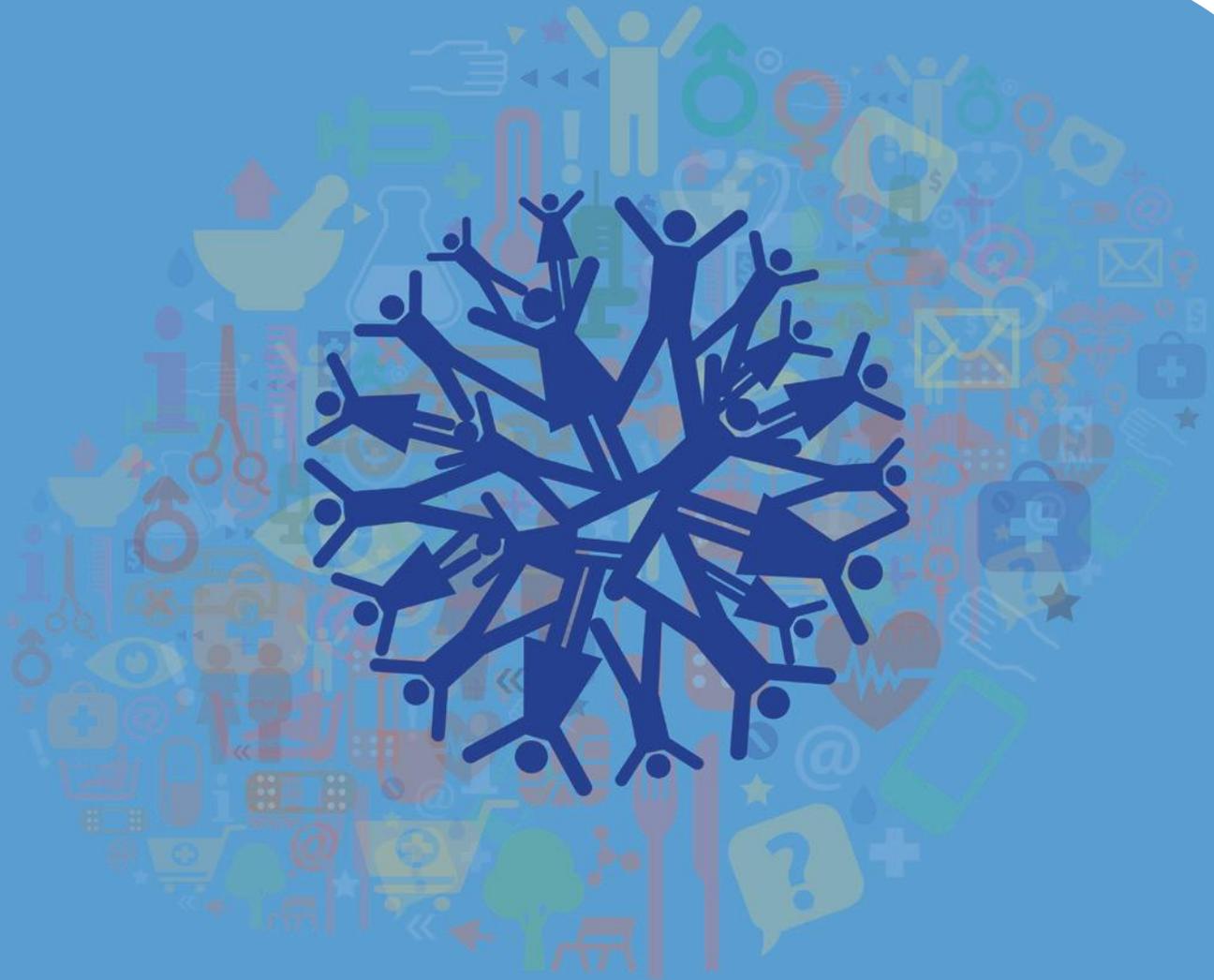# CHCAOD006
# Provide interventions for people with alcohol and other drugs issues

Release 1



*Learner guide*

aspire
*learning resources*

# Provide interventions for people with alcohol and other drugs issues

Release 1

**Learner guide**

Aspire Version 1.2

## Version control and modification history

| Version | Release date | Modification |
|---------|-------------|--------------|
| Release 1, version 1.1 | April 2017 | First release |
| Release 1, version 1.2 | February 2019 | Minor corrections as part of our continuous improvement program |

# Contact details

## Participant

Name: .............................................................................

Start date: .............................................................................

Phone number: .............................................................................

Email: .............................................................................

## Work location

Name: .............................................................................

Address: .............................................................................

Postal address: .............................................................................

Workplace supervisor name: .............................................................................

Phone number: .............................................................................

Fax: .............................................................................

Email: .............................................................................

## Registered Training Organisation (RTO)

Name: .............................................................................

Address: .............................................................................

Postal address (if different): .............................................................................

Phone number: .............................................................................

Fax: .............................................................................

RTO contact name: .............................................................................

Mobile: .............................................................................

Email: .............................................................................

# Contents

# Before you begin

This learner guide is based on the unit of competency *CHCAOD006 Provide interventions for people with alcohol and other drugs issues*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

## How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

| Feature of the learner guide | How you can use each feature |
| --- | --- |
| Learning content | ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake. |
| Examples and case studies | ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. <br> ▶ Case studies highlight learning points and provide realistic examples of workplace situations. |
| Practice tasks | ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete. |
| Video clips | ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help |
| Summary | ▶ Key learning points are provided at the end of each topic. |
| Learning checkpoints | ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt. |

# Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

| Foundation skill area | Foundation skill description |
| --- | --- |
| Learning | ▸ Understanding your job role, organisational procedures and legal responsibilities<br>▸ Managing your work and seeing how well you are going and making goals for yourself at work<br>▸ Seeking professional development opportunities for continuous improvement |
| Reading | ▸ Understanding how documents are presented and being able to navigate through documents<br>▸ Understanding industry- and job-specific terminology<br>▸ Interpreting key information in relevant documents<br>▸ Understanding routine workplace checklists and documentation |
| Writing | ▸ Planning, drafting and writing reports and documents<br>▸ Communicating through written letters, email and online<br>▸ Recording progress; reporting incidents |
| Oral communication | ▸ Clarifying instructions<br>▸ Providing information<br>▸ Supporting others through encouragement, negotiation and conflict resolution<br>▸ Using body language to model desired behaviour and responding to others' body language |
| Numeracy | ▸ Calculating costs, weights, measurements of height and distance<br>▸ Interpreting measurements |
| Teamwork | ▸ Working well with other people by cooperating, collaborating, encouraging and building rapport |
| Planning and organising | ▸ Planning your workload and commitments<br>▸ Implementing tasks<br>▸ Completing work on time<br>▸ Knowing how to deal with hazards and risks |
| Making decisions | ▸ Understanding and applying decision-making processes<br>▸ Reviewing the impact of your decisions |
| Problem-solving | ▸ Identifying problems<br>▸ Working out how to fix a problem using problem-solving processes and reviewing the outcome |
| Innovation and creation | ▸ Recognising opportunities to develop and apply new ideas<br>▸ Generating ideas by thinking of new ways to do something<br>▸ Making suggestions to improve work |

| Foundation skill area | Foundation skill description |
|---|---|
| Technology and digital literacy | ▶ Efficiently using digitally based technologies and systems correctly and safely<br>▶ Accessing, organising and presenting information<br>▶ Using equipment correctly and safely |

## What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

| Topic | Key outcomes | Rate your confidence in each section |
|---|---|---|
| Topic 1 Prepare for an intervention | 1A Interpret intervention requirements from the individual treatment plans | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 1B Identify and organise support resources required for the intervention | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 1C Plan the intervention in line with the person's needs and treatment plan | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| Topic 2 Confirm the intervention requirements with the person | 2A Describe features of the intervention and how it can be used effectively | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 2B Confirm the person's understanding of the intervention | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 2C Report any misunderstandings or confusion experienced by a person to a supervisor | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 2D Obtain consent before commencing the intervention | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |

| Topic | Key outcomes | | Rate your confidence in each section |
|---|---|---|---|
| Topic 3 Conduct an intervention | 3A | Guide and support the person to participate in the intervention as defined in the treatment plan | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 3B | Provide feedback to the person to reinforce their understanding of the intervention and progress | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 3C | Identify and manage any issues the person is having with the intervention | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 3D | Work collaboratively and seek assistance when the person presents with needs or signs outside the limits of your own authority, skills and knowledge | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| Topic 4 Monitor and record activities | 4A | Provide feedback to your supervisor regarding the outcome of interventions | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 4B | Implement variations to the intervention under guidance from your supervisor | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 4C | Clearly document information about the intervention and its progress | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 4D | Provide progress feedback to the person | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 4E | Identify the need for referral to other services and take action in consultation with your supervisor | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |

# Topic 1

In this topic you will learn how to:

**1A** Interpret intervention requirements from the individual treatment plans

**1B** Identify and organise support resources required for the intervention

**1C** Plan the intervention in line with the person's needs and treatment plan

# Prepare for an intervention

It is important to prepare carefully when planning an intervention for a person with alcohol and other drugs (AOD) issues. You should follow your organisation's policies and procedures for conducting interventions and carefully review the person's treatment plan so you understand the recommendations for ongoing support.

Another aspect of preparing for an intervention is checking the person's availability and determining that you have appropriate resources and a space in which to conduct the intervention.

Careful preparation allows you to consider the person's individual needs and prepare an intervention that will match these needs within the specifications of the person's treatment plan.

# 1A Interpret intervention requirements from the individual treatment plans

In the AOD field, every person has an individualised treatment plan. The plan should contain agreed options as to the type of treatment and intervention to be offered to the person. These agreed options, particularly concerning the intervention strategies that may be contained in the treatment plan, are designed to meet agreed outcomes or goals. The treatment plan may include relevant information about the intervention from other community services via referral, doctors or other professional reports, or from the person's family or support network.



Treatment plans contain a range of treatment goals, all of which are devised in conjunction with the person. Plans use a biopsychosocial model, which aims to prevent and lessen health and wellbeing complications by providing the person with support from a team of appropriate specialists.

Treatment plans are negotiated with each person. Individual involvement and decision-making is actively encouraged; however, the important consideration of a person's ambivalence is not often reflected in the treatment plan. At certain stages, the person may have an awareness of the need for change, as reflected in the treatment plan, but the person may not yet be ready to invest time, money or energy into the process.

## Examine the treatment plan

The treatment plan evolves from a collaborative process and will often contain arrangements for the intervention, including proposed dates, people who will be present (including how to arrange the presence of the person), and important points that are to be addressed during the intervention.

Not all interventions will come about as a result of the treatment plan. However, when preparing for an intervention, always review the information in the person's treatment plan to gain an understanding of the person's situation. There may be certain specifications regarding interventions contained in the plan.

The treatment plan may include the following information:

▶ Basic details about the person and their reason for seeking treatment

▶ The person's health status and any co-existing conditions; for example, mental health disorders

▶ The type of intervention to be used with the person

▶ The person's history of AOD abuse and treatment

▶ The person's level of motivation to change their behaviour and/or their current stage of change

▶ Availability of family or other social support

▶ Other service providers working with the person

# Detoxification

Individuals being treated for drug and alcohol dependence will usually go through a period of detoxification and withdrawal. Detoxification is the removal of toxins from the bloodstream. This involves a period of abstinence from the drug. Depending on the drug and the severity of their addiction, people may undertake detoxification treatments as an out-patient or in-patient in a hospital or a specialised facility.

During and after withdrawal, strategies are put into place to help people overcome their addiction. These will generally include psychosocial and pharmacological (medical) approaches.

Psychosocial approaches may be delivered in in-patient or out-patient settings and include:

▶ individual and group psychotherapy
▶ family therapy
▶ self-help groups
▶ community support.

Pharmacological treatment involves the use of medication to ease the symptoms of withdrawal and may be combined with psychosocial approaches.

# Information relating to detoxification and community supports

The treatment plan may include information regarding detoxification. Detoxification is the process of removing toxic substances from the body such as nicotine or a form of medical treatment of an alcoholic or drug addict involving abstention from drink or drugs till the blood stream is free of toxins. There may be notes in the plan concerning contact information and policies of nearby treatment centres as well as an overview of their programs and details of how the centres proceed with detoxification.

If the treatment plan refers to a particular community services or rehabilitation facility for the person to attend as part of the intervention, the treatment plan should contain information regarding in-patient rehabilitation facilities and notes from doctors, such as referrals. What is involved in differing facilities and a recommendation as to which is most appropriate for the particular person may have been discussed at the time of devising the treatment plan. The treatment plan (or notes on file from discussions with the person about the treatment plan) may contain further information about the following.

## Housing information

Materials regarding 'half-way' houses and similar places once in-patient treatment has been completed, if applicable. Information regarding the location, rules and other important details of facilities may have been gathered and outlined in the treatment plan or notes related to the plan.

**Contact numbers**

Names and telephone numbers of various relevant counsellors for referral during the recovery journey

**Support meetings**

Relevant programs or other recovering AOD support meetings. Take the individual's preference into consideration. For example, members of certain religions may prefer support programs that are directly tied into their faith.

**Family**

How family and friends can aid in the person's recovery and the people that the person should avoid interacting with, such as heavy drinkers or drug users

**Progress**

Notes about monitoring the person's progress, such as mutual decisions on how often and at what stages check-ups will be made and in what manner

**Review dates**

Initially review dates may be monthly for two months and then bimonthly till the completion of the program. Where there are significant changes to the treatment plan, a new document should be formulated by you and the person.

# Relevant information from referring agencies

Individuals may come to your AOD service via referral from other community services organisations. Gather as much information as possible about the person from the other service provider as this will be invaluable to both the treatment plan and the preparation of an appropriate intervention strategy. Referral will give you access to a person's reports and other details that doctors or the person's family or support network may not be able to.

The referring service may deal with the person's variety of concerns, such as:

▶ mental illness
▶ child protection issues
▶ domestic violence and abuse, and risk of abuse
▶ developmental disability
▶ acquired brain injury
▶ homelessness or inadequate housing
▶ unemployment and new arrival in the country
▶ juvenile justice issues
▶ communicable disease
▶ financial difficulties.

# Considerations and AOD strategies to be implemented

The treatment plan needs to consider the person holistically not just what is required for management of the AOD issues. For some people who access the service other issues such as domestic violence impact on their AOD issues and these issues need to be addressed in the treatment plan. Often the referral that comes into the organisation from other agencies will have identified some of the other problems that the person is experiencing in their life. This is referred to as a dual diagnosis or comorbidity. When designing the treatment plan there are a number of areas that need to be assessed to ensure interventions will be successful. Before commencing the interventions the person should be fully assessed. The organisation will have a policy and procedure for intake assessment with supporting documents to complete. It is important that you familiarise yourself with these requirements. The following information outlines some of the considerations that are relevant to the treatment plan and AOD intervention strategy when referrals come to your service.

## Mental illness

▶ Does the person:
  – receive treatment for their illness and is the illness well-managed
  – require referral to a doctor or clinical mental health service
  – require support from a community mental health service
  – pose any risk to workers and others
  – have supportive friends and family
  – have other issues that are affecting them such as homelessness or substance abuse
  – have family and friends who also require support

▶ Does the agency have the resources to support the person?

▶ Can staff recognise and respond to indicators of mental illness?

## Child protection issues

▶ Are there indicators of risk of abuse, harm or neglect connected to the person's children?

▶ Has the person's child disclosed abuse?

▶ Does the child's stage of development (for example, under five years) place them at greater risk?

▶ What protective factors are present?

▶ How will the child's various needs be met?

▶ What family and welfare programs may help the family address their needs?

## Domestic violence and abuse

Does the person:

▶ require crisis intervention or immediate help to remain safe

▶ have indicators of risk or actual abuse, harm or neglect

▶ have injuries and/or do they require medical help

▶ require crisis or other accommodation

▶ require counselling

▶ require access to legal services or the police to obtain restraining orders

▶ have children who may be at risk

▶ have other issues such as substance abuse or mental health issues?

## Developmental disability

Does the person:

▶ require formal assessment to determine how their care needs can be best met

▶ have their needs for self-determination and independence met if appropriate

▶ have a supportive family or carer (if not, do they have enough social contact to avoid isolation)

▶ have suitable accommodation

▶ need assistance to learn independent living skills

▶ have a carer or family who may also have support needs?

## Acquired brain injury

Does the person:

▶ receive appropriate services to meet their needs

▶ engage in challenging behaviour

▶ require specialist support services; for example, rehabilitation services or behavioural consultants

▶ need assistance to learn independent living skills

▶ have adequate social and recreational opportunities

▶ have grief and loss issues that they need to deal with

▶ have a carer or family who may also have support needs including learning how to respond to challenging behaviour?

## Homelessness or inadequate housing

Does the person:

▶ have access to basic services such as welfare, clothing and blankets, meals, outreach, or a place to shower

▶ have barriers to obtaining accommodation; for example, unemployment, race or culture issues

▶ know what options are available to obtain housing

▶ have other issues involved such as substance abuse or mental health issues?

## Unemployment

Does the person:

▶ need to access services such as Centrelink and Job Services Australia

▶ need specialised support to learn résumé writing skills

▶ have barriers to employment such as age and lack of confidence

▶ want to learn more about training options?

## Juvenile justice issues

▶ How is the person involved in the juvenile justice system? For example, are they in detention, under community supervision or probation, or a diversionary program?

▶ What is their family situation?

▶ Does the person:

– need access to legal advice or an advocate

– have family or other informal support

– have special needs; for example, appropriate cultural support

– have peer group or social factors that influence their situation

– have other areas of concern such as homelessness?

## Communicable disease

▶ Does the person:

– receive appropriate health care

– require support to manage their condition?

▶ Are staff aware of the need to take precautions to avoid contacting infectious diseases such as hepatitis or HIV/AIDs?

## Financial difficulties

▶ Is the person eligible for government benefits through Centrelink?

▶ Are they in a situation where they are being financially abused?

▶ Do they require financial counselling?

▶ What other support do they require; for example, employment services?

## New arrival in the country

▶ What are the circumstances of the person's arrival; for example, are they are a refugee or illegal immigrant?

▶ What experiences may they need help to address; for example, torture and trauma?

▶ What are the person's language and cultural needs?

▶ What other support does the person require to meet their needs?

# Legal and ethical considerations

When a support worker is interpreting the person's treatment plan and the issues the person is presenting with, there are number of legal and ethical considerations that need to be considered. It is important that you are aware of your legal and ethical responsibilities and work within these. Often your organisation will have clearly documented policies and procedures that you can use to guide your actions. Your supervisor will also be able to direct you to the correct course of action when planning interventions and designing a treatment plan. Some of the legal and ethical considerations that must be addressed include the following:

▶ Children in the workplace

▶ Codes of conduct

▶ Codes of practice

▶ Discrimination

▶ Dignity of risk

▶ Duty of care

▶ Human rights

▶ Practice Standards

▶ Policy frameworks

▶ Rights and responsibilities of workers, employers and people accessing the service

▶ Specific AOD legislation

▶ Work health and safety

# Legal and ethical considerations for AOD work

Here are the legal and ethical aspects of alcohol and other drugs work to consider.

### Legal and ethical issues

#### Children

There may be times when it is necessary to have children in the workplace, particularly when meeting with a person who needs to bring their children. Children are protected by health and safety laws even if they are not employees. Workplace health and safety Acts cover children in the workplace. An organisation may not allow children access to the workplace or may require supervision of children. Parental consent needs to be obtained. Requirements will be found in an organisation's policies and procedures.
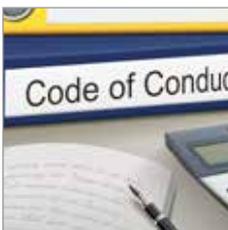
#### Codes of conduct

A code of conduct is a set of rules that outlines the roles and responsibilities of how everyone must conduct themselves in the organisation. A code is developed based on ethical principles or the values of an organisation. Codes of conduct indicate the appropriate behaviour that reinforces an organisation's values. Some examples of codes of conduct may relate to language dress or making appointments and responsibilities to communicate the information to people accessing the service. Codes outline what happens when there is a breach of the code of conduct. Codes can outline behaviour in a range of workplace settings such as work parties, out in the field or when a visitor comes to the office.

## Codes of practice

Codes of practice, sometimes referred to as compliance codes, provide practical guidance on all kinds of practices in many different industries. Codes of practice are practical guides to assist in achieving standards. These are usually developed through consultation with representatives from industry, workers and employers, special interest groups and government agencies. They benefit an AOD organisation because they provide information on how to achieve a consistent standard of practice. Codes of practice can be mandatory or voluntary.

## Human rights

Human rights recognise the value of every person, regardless of background, where we live, what we look like, what we think or what we believe. They are based on principles of equality and respect, shared across cultures, religions and philosophies. They are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives. Respect for human rights underpins the values and principles of the community health sector and should be applied by all workers when supporting people. It allows all persons to contribute to society and feel included.

## Dignity of risk

The rights of people to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. A person has the right to make their own choices and to take risks.

Dignity of risk needs to be considered in terms of capacity and decision-making. It is necessary to find a balance between the need for duty of care and the right and capacity of people to decide what level of risk they are comfortable with themselves.

## Duty of care

A duty of care exists when someone's actions could reasonably be expected to affect another person. The law has established a duty of care to the person. This principle is based on the worker taking reasonable care to avoid acts or omissions that may cause foreseeable harm to any person. You must think ahead about possible risks or dangers to the person using your service, co-workers or others while making sure you follow the organisation's policies and procedures.

## Practice standards

Practice standards ensure rules, regulations and legislation are followed and the organisation isn't exposed to legal action as a result of an individual making a decision about aspects of the treatment process they can and can't implement. Practice standards are often produced by professional organisations that oversee the standards of people who work in a particular industry or by Commonwealth departments of health. Practice standards exist for professions such as nursing, social work and for mental health.

### Work health and safety

On 1 January 2012, the *Work Health and Safety Act 2011* (Cth) came into effect, replacing the *Occupational Health and Safety Act 1991* (Cth). This model legislation was developed by the Commonwealth government to harmonise work health and safety laws across Australia. The object of the harmonisation of work health and safety laws, is to:

▶ protect the health and safety of workers; for example, identifying hazards and controlling them

▶ improve safety outcomes in workplaces

▶ reduce compliance costs for businesses

▶ improve efficiency for regulatory agencies.

# Discrimination

Unlawful discrimination refers to unfair or unequal treatment of an individual (or group) based on certain characteristics, including age; disability; ethnicity; gender; marital status; national origin; race; religion; and sexual orientation.

Alcohol and drug addiction can affect all types of people equally and treatment cannot be denied based on discrimination of any kind. There are specific laws regarding discrimination with regards to age, disability, race, sex and further protections under the Human Rights Act.

### Age Discrimination Act

The *Age Discrimination Act 2004* is a relatively new law which is especially important with regard to Australia's ageing population. It protects people who are discriminated against because of their age and states that, regardless of age, everyone has the same right to equality before the law.

The Act also allows appropriate benefits to be given to people of a certain age, particularly younger and older people, according to their circumstances. Objectives of the Act also include removing barriers to older people participating in society and changing negative stereotypes about older people.

Exemptions include stipulations regarding youth wages, health care and voluntary work.

## Disability Discrimination Act

The *Disability Discrimination Act 1992* gives a broad definition of disability and prohibits direct or indirect discrimination based on disability. It also prohibits discrimination against people associated with people who have disabilities; these may be friends, relatives, carers and co-workers. The Act makes it unlawful to discriminate in the areas of:

▶ employment

▶ education

▶ access to public premises

▶ purchase of house and land

▶ provision of goods, services and facilities

▶ administration of Commonwealth Government laws and programs.

Exemptions to the Disability Discrimination Act include when a potential employer would be placed under unjustifiable hardship in order to employ a person with a disability, although the employer is expected to make reasonable adjustments. An example of an unjustifiable hardship might be the cost of extensive renovations to allow for wheelchair access to and throughout a small second-floor studio owned by a small business.

## Racial Discrimination Act

The *Racial Discrimination Act 1975* covers all of Australia and prohibits racial discrimination and offensive behaviour based on racial hatred. It covers discrimination based on race, colour, descent and national or ethnic origin. It also protects those who may be discriminated against based on their association with people of a particular ethnicity. The Act applies to everyone in Australia and all organisations.

The *Racial Hatred Act 1995* (Cth) was added to the Racial Discrimination Act in 1995 and provides an avenue for people to complain about racist behaviour that offends, insults, humiliates or intimidates others in public. Exceptions to the law include when the behaviour is a matter of public interest (such as a newspaper report on racially-based violence), or is part of an academic discussion that is not malicious or spiteful. These exceptions often involve rights to free speech.

## Sex Discrimination Act

The *Sex Discrimination Act 1984* states that it is unlawful to discriminate against someone based on their sex, marital status, pregnancy or potential pregnancy. It sets out laws against sexual harassment as well as dismissal from work based on family duties, including pregnancy.

According to the Act, it is unlawful to refuse to provide goods or services, education or employment based on a person's sex. The Act also covers discrimination within awards and enterprise bargaining, insurance and superannuation, Commonwealth laws and programs, and accommodation.

Sexual harassment is included in the Act because it is a form of discrimination to treat a person unfairly because of their sex.

An exception to the Act includes when goods or services can only be applied to one sex; for example, female- or male-specific health care. Another exception covers employing a person to look after a child in the child's home. Sexual discrimination in the training and ordination of religious ministers is also not covered under the Act.

## Australian Human Rights Commission Act

The *Australian Human Rights Commission Act 1986* (initially called the Human Rights and Equal Opportunity Commission) was established in 1986 to deal with breaches of anti-discrimination laws and to promote human rights education.

This Act only covers actions or policies of the Commonwealth.

The Act promotes human rights for all people, and covers most forms of discrimination not already covered in the other Acts, including discrimination on the basis of:

▶ criminal records

▶ marital status

▶ medical record

▶ political opinion

▶ religion

▶ sexual preference

▶ social origin

▶ trade union activity.

# Policy frameworks

A policy framework is a set of principles and long-term goals that form the basis of making rules and guidelines. The policy framework in the alcohol and drug therapy context, for example, can guide activities and partnerships between state and federal agencies, local government and community organisations to help reduce damage from alcohol and drugs to individuals and the community.



There are many policy frameworks for the community services industry and some specific policies for drugs. State and territory strategies often develop from national policies.

TThe current federal policy is called the *National Drug Strategy 2017-2026*.

You can read more about the national strategic framework at: http://aspirelr.link/national-drug-strategic-framework.

# Harm minimisation

Australia adopted the harm minimisation approach to managing AOD misuse in 1985 and is now considered a world leader in innovative approaches to AOD interventions, research and policy developments.

As opposed to a zero tolerance approach that focuses on abstinence and eliminating illegal drug use, the harm minimisation approach emphasises the following principles.

| Principles of harm minimisation |
| --- |
| Drug use is a public health issue rather than a criminal or legal issue. |
| Illicit drug use will always be part of our society and approaches to manage the problem must be morally neutral. |
| Harm reduction strategies acknowledge that injecting drug use requires responsible public health measures to reduce individual and community harm associated with such practices. |

## Approaches to harm minimisation

Harm minimisation programs aim to help individuals reduce problem drug use instead of relying purely on law enforcement strategies to control the problem. Most states in Australia now offer drug diversion programs so people who are caught using or in possession of an illegal drug are offered a caution on the condition that they undertake assessment and/or treatment

Harm minimisation attempts to prevent anticipated harm and reduce actual harm from drug use by improving the knowledge, health, social and economic outcomes for the community and individuals.

The Australian approach to harm minimisation combines it with other strategies that include prevention, health promotion and law enforcement approaches that stop or interrupt the supply of illegal drugs. The three approaches to harm minimisation are outlined below.

### The three approaches to harm minimisation



**Demand reduction**

The aim is to discourage people from using drugs in the first place. It is about encouraging drug users to stop or use less. The education programs are designed to make drug-taking less attractive.

**Examples:**

National public health campaigns such as:

▶ 'Quit now' an anti-smoking campaign

▶ 'Where's your head at?' campaign aimed at young people and drug taking

▶ 'Count your drinks', a national alcohol campaign

## Supply reduction

The aim is to reduce the supply of drugs by imposing legislation, regulations and law enforcement.

**Example:**

Liquor licensing laws restrict the sale of alcohol to specific groups of people; for example, people under 18 years of age.

## Harm reduction

The aim is to prevent harm to the community, the people and the property, and reduce harm to families and individuals.

One way it promotes social inclusion is to educate people about drug harms. This approach helps drug users to use drugs in the safest possible way.

**Examples:**

▶ The introduction of low-alcohol beer means people can still drink but the health risks are reduced.

▶ Providing drug users with free, clean needles and syringes reduces the risk of people getting HIV or hepatitis C.

# Rights and responsibilities of workers, employers and people accessing the service

Rights and responsibilities differ between states and community services organisations. Examples of these are as follows.

| Workers' rights |
| --- |

▶ Work in a safe environment

▶ Not to be bullied or suffer from sexual harassment

▶ Not to be discriminated against

| Workers' responsibilities |
| --- |

▶ Duty of care and not harm the health and safety or others

▶ Apply all applicable legislation

▶ To maintain confidentiality

▶ Behave within the Code of Conduct operating within their organisation

▶ Act ethically

▶ Treat the person with respect and dignity

| Employers' rights |
| --- |

▶ Appoint and dismiss workers in accordance with proper procedures

▶ To enter into contracts with people and other businesses

▶ Run a business in any manner providing it doesn't violate any laws

## Employers' responsibilities

▶ Provide a healthy and safe work environment

▶ Ensure employees have necessary qualifications and credentials

▶ Pay by the award

▶ Comply with health and safety laws

▶ Work conditions

## The person's rights

▶ Treatment

▶ Be treated with dignity

▶ Complain

▶ Not be discriminated against

## The person's responsibilities

▶ Make sure they are truthful

▶ Actively help themselves

▶ Respect the privacy of others

▶ Act respectful of staff and other individuals

# Specific AOD legislation

Working with individuals with alcohol and other drug issues means having to work with the knowledge of legal and ethical considerations.

Each state and territory has its own specific laws outlining rules for the consumption and selling of alcohol. These are generally referred to as the 'liquor laws'. For example, in New South Wales, there is the *Liquor Act 2007* (NSW). Consumption laws include details on where a person can drink; for example, there are alcohol-free zones distributed across Australia. There are laws for being in a public place and being drunk and driving while under the influence of alcohol.

There are rules for selling alcohol: age restrictions and whether the person is already drunk. Premises where alcohol can be sold is tightly regulated. A licence can be required to sell alcohol at certain events and functions.

There are also specific laws for the importing and exporting of drugs, possession, use, production and supply of drugs that have been declared prohibited. In New South Wales the law is called the *Drug Misuse and Trafficking Act 1985* (NSW).

Random driver drug testing occurs in various states and territories across Australia, which test drivers for particular drugs and links to road transport laws. Australia is a signatory to a number of international treaties and conventions about drugs and drug policy. These treaties are not law in Australia but countries that sign these treaties must agree to pass laws against using and trading of recreational drugs. It is also an offence under the Commonwealth Criminal Code to assist or be knowingly concerned in any illegal importation of drugs.

# Types of information and terminology found in treatment plans

It is important to fully understand the information found in treatment plans in order to deliver the treatment safely and effectively. You need to read the information that has been gathered from the initial assessment, referrals from other services in order to identify issues that the person is presenting with and to determine the type of intervention and services that are required. It will also contain information as to what stage the person is at with the plan, whether they have gone through the process of detoxification or if they are just commencing the program.
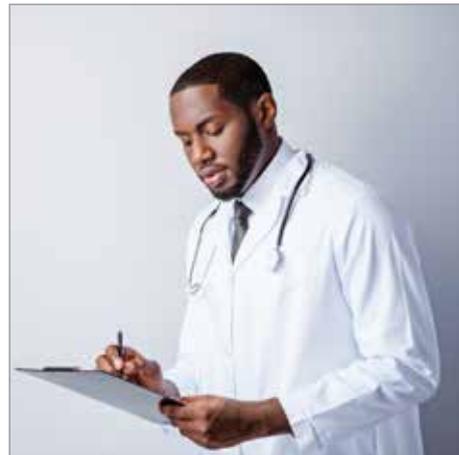
There are sometimes abbreviations contained in treatment plans that need interpretation. Abbreviations should not be used unless they are universal abbreviations. Examples of these are times medication is to be taken such as QID meaning four times a day or TDS three times a day. Your organisation should have an accepted list of abbreviations for you to access to interpret information.

Often treatment plans will have goals set down for short term, intermediate term and long term. It is important to understand that these goals are to be achieved and are not already achieved. The treatment plan will require you to assess the progress of the person from the information documented. This requires you to make a decision regarding the type of intervention.

# Use appropriate terminology

Ensure you use appropriate terminology when making written or verbal reports about individuals involved in interventions. This means using terminology that is consistent with current usage in the AOD field and within a particular organisation.

Be aware that terminology may change over time and vary between treatment approaches and organisations. For example, the term 'alcoholic' is rarely used these days because it has many negative associations that imply that an individual who has a problem with alcohol is a hopeless case. Suitable terminology may include 'alcohol dependency' or 'problems with alcohol'. Other terms that have negative connotations include 'drug addict' or 'junkie'. These terms label people in a negative way and imply that the individual may be dangerous and out of control.

It is important to note that 'drug abuse' is commonly accepted terminology, but some organisations may suggest you avoid using the word 'abuse' and prefer other terms, such as 'drug misuse' to describe the harmful or inappropriate use of drugs.

# Current and relevant terminology in the organisation

Always check the preferred use of terms in the organisation you work for before making reports or discussing a person. It is important that you use the same terminology that everyone else in the organisation uses so that everyone understands what you mean and you do not confuse or offend others. Always take care to use terminology that is respectful and unbiased.

Access more information on examples of terminology you may need to be familiar with when it comes to documenting responses to people, outcomes and problems related to interventions. Keep in mind that terminology may vary from organisation to organisation.

## Abstinence

Abstinence means not using a particular substance. Abstaining may mean that a person has decided never to use a substance again or not for a particular period of time.

Ambivalence means that a person is experiencing conflicting emotions about changing their current drug use.

## Addiction

Drug addiction occurs when a person has a strong compulsion and motivation to procure and use a drug, even if it is causing harm.

Craving is a strong physical and psychological desire to use a substance.

Drug dependence occurs when an individual is dependent on a drug for normal physiological functioning. Stopping use of the drug results in withdrawal symptoms. Dependence may be mild or it can be severe when a person is both physically and psychologically dependent on the drug.

## Binge drinking

Binge drinking involves the rapid consumption of alcohol over a short period of time to the point of intoxication. For example, consuming five or more drinks in one session or heavy and continuous drinking over a number of days or weeks.

## Controlled use

Controlled use means that a person has decided not to quit a substance altogether, but instead aims to use it in a controlled way; for example, only having two drinks a night for five nights a week and abstaining on the other two nights.

## Denial

Denial means that a person refuses to accept or acknowledge that they have a problem with substance misuse.

## Intoxication

People are said to be intoxicated when they use an amount of a substance that produces noticeable changes in their behaviour.

## Lapse/relapse

A lapse is a minor episode of uncontrolled use, such as a person who has decided to quit smoking having one cigarette or someone trying to confine themselves to two drinks a day having five on one occasion.

A relapse is a return to previous levels of problem use.

## Overdose

An overdose is the accidental or intentional use of a drug in an amount that is higher than it is normally used (subject to tolerance). The effects of overdose may vary with different drugs.

## Recreational drug use

Sometimes people use a drug or drugs on a casual basis to enhance socialising or to increase their enjoyment of leisure and recreational activities.

## Resistance

Resistance occurs when a person puts up barriers to achieving objectives they previously agreed to.

## Therapeutic purpose

Therapeutic purpose is the reason treatment or an intervention is conducted.

**Example**

## Interpret intervention requirements from the individual treatment plans

Here is an example of an individual treatment plan. Note that plans will vary in format and style from workplace to workplace.

| Individual treatment plan | | |
|---|---|---|
| Name: Sandra Smith | Date: 11/06/2017 | Worker: Mary Jones |
| Address: 16 Green Street, Northtown | | |
| Telephone: 3675 4389 | Mobile: | Email: |
| Referral source: Dr Tom Brown, Northtown Medical Centre | | |

**Presenting issues**

Sandra states she is having difficulty keeping her drinking under control. She started drinking heavily several years ago when she was going through a difficult divorce.

She does not want to have to stop drinking completely, but would like to cut back to a moderate level; for example, having a wine with the evening meal and one or two drinks when she goes out on the weekend.

She has tried to cut back on her own but without success. She says that one of her main problems is that she feels very isolated. She would like to get a job and meet more people but lacks confidence.

| Key workers | Organisation | Tasks |
|---|---|---|
| Dr Tom Brown, GP | Northtown Medical Practice | Health monitoring |
| Liam Williams, AOD worker | Northtown AOD Service | Provide AOD and other information/support as required |

| Treatment plan | | |
|---|---|---|
| **Drug use/reduction** | **Completed** | **Date** |
| Short term: conduct brief intervention to raise awareness/provide information about controlled drinking strategies | Yes – LW | 20/06/2017 |
| Medium term: prepare and use relapse prevention plan | | |
| Long term: join AOD support group | | |
| Social/recreational | | |
| Discuss social support/recreational needs and consider options | Yes – LW | 25/06/2017 |
| Identify appropriate activities and groups and take steps to participate | Yes – LW | 1/07/2017 |
| Employment/education/training | | |
| Refer to career counsellor/employment service | Yes | 25/06/2017 |
| Individual treatment plan review – conducted monthly. Next review date: 6 August 2017 | | |

# Practice task 1

1.  State three legal and ethical considerations a support worker should consider when interpreting a treatment plan.

2.  State three rights that a person accessing AOD services has.

3.  When interpreting a treatment plan for a person who is homeless, identify two areas to consider.

**Click to complete Practice task 1**

# 1B Identify and organise support resources required for the intervention

As part of your role as a support worker you will be required to identify and organise support resources for interventions that will be undertaken with people who access the service. Part of being professional is having all the resources that will be required on hand. Information about the types of resources required will be guided by the treatment plan and the proposed intervention. Your supervisor will provide guidance about specific resources you may need; for example, to ensure your personal health and safety. The organisation's policies and procedures will contain specific information about the type of documentation and resources that are required to be used. It is vital that this preparation is undertaken before the intervention takes place.
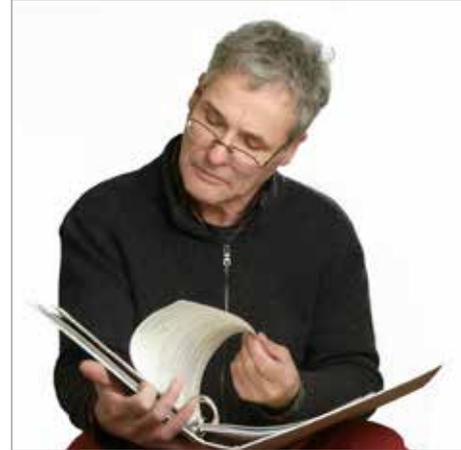
## Availability of space and resources

Before beginning an intervention, it is important to have an appropriate space and the resources you need to conduct the intervention.

Try to keep in mind that the intervention setting may influence how at ease a person feels about providing information and participating in the intervention process. Make sure that the environment is comfortable and appropriate for the person's individual requirements. There are many factors that need to be considered for the person to access the service.

You should ensure that:

▶ the person can easily get to the appointment

▶ you make a suitable time for the appointment that fits in with the person's other obligations

▶ specific requirements of the person are known beforehand; for example, wheelchair access

▶ the space that you have chosen will be available for conducting the intervention.

# Choose an appropriate location

When thinking of an appropriate location for an intervention, some of your options may include:

▶ an office or room in your organisation

▶ an office or room at another organisation, such as a community health service

▶ the person's home

▶ a community hall or other facility if the intervention involves more than one person, such as a self-help group.

Some individuals who have a disability or difficulty accessing other locations may prefer that the intervention takes place in their home.

Your organisation will have specific guidelines for visiting people in their homes and conducting interventions in that environment. These guidelines will cover areas such as your safety, respecting the person's privacy and confidentiality, and making a suitable time to visit.

# Home visits

If you are conducting an intervention with a person in their home, it is essential that you consider safety issues. Organisations must have policies and procedures about visiting a person's home that outline basic safety procedures. A safety check prior to the visit is required. Some areas to assess in a person's home to ensure safety are as follows.

## Physical hazards

▶ Dark work areas make it is difficult to see and this increases the risk of an accident occurring. A dark area at the front of a person's home increases the risk of falls.

▶ Slippery and uneven surfaces increase the risk of falls and injury.

▶ Work areas with equipment and personal property on the floor increase the risk of tripping and injury.

▶ Poorly designed or uncomfortable furniture or equipment that is not well-made or designed increases the risk of strains and muscular aches.

▶ Chairs that are not adjustable or do not support your back can cause strained muscles from sitting incorrectly.

▶ Equipment that is not maintained can break or work incorrectly and cause injury to you.

▶ Unsecured homes increase the risk of intruders.

## Pets

A person's dog may bite strangers or workers they don't know. Some people have unusual pets such as snakes that roam freely within the house.

### Fire hazards

Piles of newspapers, magazines or books in a room or in hallways can be a fire hazard.

### Biological/chemical hazards

▶ Contaminated body fluids or toxic or hazardous substances in the workplace are serious threats to your or your person's safety.

▶ A person smoking while you are in their home is a health risk.

▶ Some people may not have or use air-conditioning. This can make the work environment very hot. To avoid the risk of overheating or dehydration, you should drink plenty of fluids and take short breaks between tasks.

### Electrical hazards

Equipment that is not maintained can break or work incorrectly and cause injury to you.

# Emergency planning

One common emergency in the AOD sector is finding a person unconscious. Quick and appropriate action can reduce the likelihood of further harm and increase the likelihood of revival. Your organisation should have an emergency response procedure that includes the following:

▶ Identifying that an emergency response is required

▶ Ensuring personal safety

▶ Ensuring safety of the person, which may include administering CPR

▶ Calling an ambulance, police or fire brigade

▶ Reporting as soon as practicable to the supervisor

▶ Completing the relevant documentation

As part of your studies and subsequent employment in the AOD field, you must be trained in and maintain first-aid knowledge and skills, including CPR.

# Resources required for working with people with mental health concerns

If you work with individuals who are sometimes aggressive or who have mental health concerns, your organisation will have a range of policies designed to ensure your safety. It is important that you are familiar with the resources and policies that your organisation has in place to ensure personal safety.

Resources and strategies required include:

▶ policies that outline whether one or two workers are required to undertake home visits

▶ carrying safety alarms and mobile phones

▶ making sure you sit near an open exit and have clear vision of who is in the house and who enters the house

▶ checking for physical barriers you can use if necessary

▶ ensuring that doors are not locked behind you when you enter a house.

# Appropriate space to conduct interventions

Once you have decided on a location to conduct an intervention, the space itself needs to be conducive to a positive intervention experience. This could simply mean that the space is comfortable. When discussing private matters, the environment should allow for the person's individual requirements and for all parties to feel comfortable; however, there are a number of other elements that you might consider about the space, including:

▶ privacy

▶ seating arrangements

▶ a check for discriminatory material

▶ resources.

# Ensure the space is private

When conducting an intervention, the space needs to be private. It should not be possible for anyone not involved in the intervention to overhear what is said. If you are familiar with the space, think about whether or not it is quiet and free from interruptions.



Many organisations have special interview rooms that ensure privacy. Once the door is closed, no one on the outside can hear what is said in the room. You may also opt to put an 'Interview in progress' sign on the door to make sure you are not interrupted during the interview. Your organisation should have guidelines about conducting interviews with individuals that include how you should maintain the person's privacy. If you cannot find any written guidelines, ask your supervisor what the organisation's policies and protocols are in this matter and how you should ensure that the space adheres to organisational guidelines for service delivery.

## Think about seating arrangements

Where possible, try to sit in reasonable proximity to the person and make sure that there are no barriers between you; for example, a large desk between you may intimidate the person. Make sure that your chair is at the same height as the person's so you are not looking down on them. There should be enough room for several people to sit comfortably. This will be important in cases where the person requires a support person present, such as an interpreter or other supporter.

The layout of the chairs is also important. Part of the nonverbal communication process is eye contact. Chairs should be positioned to ensure that eye contact can be made comfortably. In a group setting, chairs arranged in a circle or half circle is a good way to accomplish this. It is also important to consider the spacing of the chairs to ensure personal space privacy and comfort.

When talking to people it is important to maintain an open posture. This usually involves having limbs uncrossed and hands upward and resting on knees. Taping conversations may be the practice but there should be an organisational policy that covers this issue. Your supervisor can give you guidance on the accepted practice of note and record taking. When taping a conversation, it is essential to obtain consent from the person to tape the conversation and to record the notes after the intervention is completed.

## Resource material

Conducting an intervention requires access to resources that can be used to improve the intervention process.

You should ensure you have all the resources you will need at hand. For example, as part of a brief intervention you may need to provide the person with brochures and other information to help them make informed choices about their AOD use and the options available to them.

Make sure that the space you use does not contain any material that may cause offence to people or cause them to feel excluded; for example, posters should be representative of people from different racial and cultural backgrounds, genders, ages and abilities.

Resources may include:

▶ information brochures
▶ fact sheets about different drugs and their effects
▶ information about different types of services; for example, self-help support groups, residential services or professional services
▶ multimedia products such as DVDs
▶ cross-cultural resources such as information in other languages.

**Example**

**Identify and organise support resources required for the intervention**

Jana is preparing to conduct a brief intervention with a new person, Marisa. Marisa has a physical disability that makes it difficult for her to walk long distances. She is receiving treatment for an alcohol and prescription drug addiction.

Jana contacts Marisa in preparation for the intervention and asks about her transport options. Marisa does not drive, but can use public transport for short trips. She says she prefers not to have the intervention at her home as she does not want her mother, who lives with her, to know about her AOD issues. As Jana's place of work would require a bus change for Marisa, Jana says she will try to find somewhere near her home.

Jana finds a neighbourhood centre near where Marisa lives. She checks with Marisa that this venue is suitable and easy for her to access. Marisa confirms this, so Jana visits the premises to check its suitability, and then books a room.

Jana prepares for the intervention by gathering information resources she thinks may be suitable for Marisa. These include information about relevant self-help groups, brochures and fact sheets about alcohol and prescription drug abuse.

# Practice task 2

1. Identify two areas that need to be addressed before an intervention.

2. List two resources a support worker can access to ensure correct resource identification.

3. Identify two options where interventions can be carried out.

**Click to complete Practice task 2**

# 1C Plan the intervention in line with the person's needs and treatment plan

In planning an intervention, your primary role is to support positive changes in the person's behaviour, increase motivation, provide options for dealing with difficult times or relapses, and to inform the person about drug issues. The main point to remember throughout this process is that the plan may never be implemented or adhered to, or it may simply fail. You must be prepared for this type of negative outcome.

## Obtain information from doctors, professional reports or the person's family and support network

As suggested previously, relevant information about the intervention may come from doctors and other professional reports, or from the person's family and support network.

Doctors or other professional reports can provide you with relevant information about a person that will be applicable to preparing for the intervention. The amount of information that may be at your disposal will depend on the access you are granted to these records and the amount of information that the person has disclosed to the doctor.

Families and significant others such as friends, carers or support networks can play a significant role in a person's treatment outcomes. For this reason, AOD workers may collaborate with family members to support the person to undertake programs and achieve specific goals.

For example, the partner of a person with methamphetamine dependence may collaborate with an AOD worker to help their partner reduce drug use. Workers may provide strategies to recognise patterns of use and specific communication skills to support and motivate their partner to make changes. The partner could also be supported to develop coping strategies to increase their own emotional wellbeing and resilience. They may be referred to a self-help group or receive individual counselling.

## Communicate with people accessing the service

You will deal with individuals on a daily basis about very sensitive issues, so it is essential that you have good communication skills. These skills are essential to planning an intervention and responding effectively to the person according to their preferences, culture, abilities and other needs. Communicating well helps you to plan interventions that are person-focused and empowering for the person.

Your organisation may provide communication guidelines or they may expect you to know how to communicate in a professional way at work. Some common expectations are listed below.

### Expected communication by workplaces

▶ Communicate in a courteous manner with everyone you deal with.

▶ Maintain appropriate boundaries when communicating with individuals; this means not being too familiar (you should not speak to the person as you would one of your friends).

▶ Avoid swearing and using slang.

▶ Listen attentively to the person and others in order to identify their needs and help them address problems.

▶ Do not make assumptions about what the person are saying and check their meaning if you are unsure – you can do this by briefly summarising what they have said; for example, 'So, if I understand you correctly, you are saying …'

▶ Speak clearly and check that others understand you by encouraging the person to repeat information or ask questions to clarify.

## Communication and cultural groups

Good communication happens when there is a willingness to communicate, individual differences are respected and people feel they can trust others and say what they need to. You will work with individuals from different cultures. When planning an intervention, you will need to establish an understanding of the person's culture, at least at a very basic level.

### Slow down

Speak clearly and slowly, ensuring the words you use are easy to understand.

### Take turns

Communication is enhanced through taking turns to talk, making a point and then listening to the response.

### Voice level

Unless the person has a hearing impairment, there is no need to raise your voice. Many people find raised voices confronting, aggressive, frightening or distracting.

### Avoid negative questions

In English we answer 'yes' if the answer is affirmative and 'no' if it is negative. In other cultures, a 'yes' or 'no' may only indicate whether the questioner is right or wrong.

For example, the response to 'Are you not coming?' may be 'yes', meaning 'Yes, I am not coming'.

### Be supportive

Good communication is about being comfortable with communicating. Encouraging people who are not confident speaking English helps build their confidence and trust in you.

### Write it down

If you are unsure whether something has been understood, write it down and check. This is also useful when giving directions, appointment times or addresses.

### Check meanings

Never assume the other party has understood your message. Be an active listener. Summarise what has been said in order to verify it. This is an effective way to ensure accurate cross-cultural communication has taken place.

### Avoid slang or colloquial language

Slang is not appropriate in cross-cultural communication and may cause your meaning to be missed. Always use easy-to-understand words or plain English.

### Maintain etiquette

All cultures have their own etiquette associated with communication. Where possible, take some cross-cultural awareness training or do some research on the culture of people you deal with on a regular basis.

### Interpreters

Sometimes when you need to convey important information or the person needs to tell you something, you should use interpreters to ensure the person is able to properly understand what is being said and convey the information they need to.

## Person-centred approach

A person-centred approach is used in conjunction with two other principles associated with community services work: a holistic approach and a strengths-based approach.

A holistic approach means taking into account all of a person's needs and not just focusing on one problem such as drug addiction. Workers who adopt a holistic approach also consider a person's environment, their social connectedness, their physical and mental wellbeing and whether or not their basic needs for housing and financial security are being met.

A strengths-based approach identifies a person's strong points, advantages and assets and helps the person use these to build confidence and self-efficacy in other areas of their life. For example, if a person is interested in creativity and art, they may benefit from the opportunity to explore this area of their life. This may provide an interesting hobby and diversion from AOD abuse, and foster personal growth and understanding.

Characteristics of a person-centred approach are provided below.

| Features of a person-centred approach |
| --- |
| Respects and values each individual as they are |
| Provides individualised services that match an individual's needs |
| Provides a safe and supportive environment |
| Includes people in making decisions that involve them |
| Listens to and addresses complaints |

# Motivational interviewing

Motivational interviewing focuses on increasing the person's motivation to change, even if they have not yet made a decision to change, or are not sure that they can or want to change their drug use. The technique, devised by Miller and Rollnick (1991), uses open questions, affirmations, reflections and summaries to encourage the individual to explore their reasons for drug use and reasons for changing it. It accepts that ambivalence is a normal part of changing any entrenched behaviour and works with the person at their current stage to explore their impediments to change.

Individuals are encouraged to reflect on the discrepancy between their actual behaviour and how they would like to be. Motivational interviewing explores with the person what they value or want to achieve in life and how this may be at odds with their present drug use. The assumption is that people are more likely to change their drug use if they are prepared to acknowledge the impact on themselves and others.

Motivational interviewing techniques involve:

▶ building the person's confidence and belief in their ability to change

▶ using active and reflective listening skills to gain insight and show empathy

▶ encouraging the person to consider how their present pattern of drug use may affect the achievement of important life goals

▶ avoiding arguments with the person about their drug use as this may result in them becoming defensive and resisting change

▶ rolling with resistance, which means being prepared for resistance and continuing to work with the person in a calm and accepting manner.

# Assess readiness for change

The transtheoretical (or stages of change) model was developed by James Prochaska and Carlo DiClemente in 1982 as a guide to determine a person's readiness to change their behaviour. The model also proposes strategies that can be adopted to guide the individual through the different stages.

Some individuals are highly motivated to change their drug use and others are ambivalent or unwilling to do so. The stage of change model recognises that people go through a number of stages before they actively begin to implement change.

The type of intervention a worker provides each person is influenced by the stage of change they are in. A person in the pre-contemplation stage is often unaware of the possible harm their drug use is causing. Therefore, the most appropriate type of intervention will be one that raises their awareness of these issues; for example, a brief intervention.

The benefit of the stages of change model is that it helps a person to understand that change is an ongoing process with defined steps. All parties should accept that relapses are likely to occur and that the person may need to repeat the change cycle until they are able to maintain behavioural changes. The following information identifies the different stages through which a person progresses in order to change their behaviour and the actions a support worker can take at each of the stages.

## Pre-contemplation

The person is not considering change.

**Example:**

▶ 'I was forced to come here. I'm not telling you more than I have to keep the judge happy.'

▶ 'I can't stop using right now. My life is too complicated.'

Workers can provide information about the harm associated with current drug use and encourage the person to consider healthier behaviours by looking at the positive and negative aspects of their current behaviour and their effects on the person's life.

You should try to:

▶ engage the person – if you are able to appropriately engage with a person, this means that they are more likely to come to you if or when they are thinking of doing something about their drug use

▶ raise awareness of risks involved in drug use – this can be achieved by using motivational interviewing techniques.

## Contemplation

The person is ambivalent. There is an awareness of the need for change, but they are not yet ready to invest time, money or energy into the process.

**Example:**

▶ 'I'd like to get a good job one day, but my friends all use and I can't get away from that environment.'

▶ 'I'll give up someday. Now is just not the right time.'

Effort is put into increasing the person's awareness of the negative aspects of their current behaviour and the possibilities of a new life if the change does occur.

▶ The goal has to be important to the person; discussion needs to be about what they want out of life, relationships that they want and values they hold.

▶ The person must have confidence in their ability to achieve the goal; if they do not, they are less likely to try, focus discussion on what supports will help improve confidence.

## Preparation

The person is trying to make changes and is planning for change.

**Example:**

▶ 'I came here to get help, but I want to know what that involves before I make any decisions.'

▶ 'I've moved away from the group of kids who were pressuring me to use, but I still can't seem to kick the habit.'

During this phase, individuals make decisions and actively plan for the change; for example, making doctor's appointments or contacting withdrawal services. Support and encouragement are vital here.

## Action

The person is actively taking steps to change.

**Example:**

▶ 'I've seen my doctor and he's given me a lot of information about the methadone program.'

▶ 'I've come to get help and I will do whatever is needed to get drugs out of my life.'

People who are at this stage have sustained their new behaviour for some time and require support to keep going. It is useful to discuss strategies for relapse prevention and teach coping skills, how to participate in substitute activities and how to avoid situations that may trigger a relapse.

## Maintenance

The person is committed to sustaining new behaviour.

**Example:**

▶ 'I haven't used for six months. It's been tough and I need some more help to get through the difficult times.'

People move into this stage when they have sustained the new behaviour for more than six months. They require support from trusted people, as well as ongoing development of coping strategies.

**Relapse**

The person has relapsed and returned to old patterns of behaviour. The process starts again.

**Example:**

▶ 'I tried rehab, but I went straight back to using after I got out.'

The most likely initial outcome of stages of change is a relapse. This is when the person returns to old patterns of behaviour. As part of the planning process, try to prepare the person for this stage in advance by explaining that relapse is often the most likely outcome.

After a relapse, a person may enter the change model at any stage. Where they enter largely depends on the way they perceive their relapse. For example, it may be that the person goes back to full-on use after finishing a rehab program or the person begins to dabble and use intermittently. You should try to reinforce gains and not assume that all gains that were initially made are now gone. Keeping the person connected to your services is important and, as always, you should offer encouragement to the person.

# Intervention strategies

The type of interventions that you plan depend on the specifications of the treatment plan that you devised in collaboration with the person, the type of services your organisation offers and your role in the organisation. Intervention strategy options may include brief interventions, crisis intervention, protective intervention or relapse prevention.

Here is some more information about the goals of intervention: what they should include and what they aim to achieve.

| Features of goals | The intention of goals |
|---|---|
| ▶ Be negotiated with the person | ▶ Reduced drug use |
| ▶ Respectful of the person's stage of change | ▶ Improved physical health |
| ▶ Clear | ▶ Improved psychological health |
| ▶ Stated in positive terms | ▶ Improved social adjustment and functioning |
| ▶ Realistic and achievable | ▶ Reduced harm associated with drug use |
| ▶ Broken down into their smallest components | ▶ Reduced criminal behaviour |

# Roles and responsibilities of people involved in the intervention

The intervention is not conducted in isolation; all those involved with the person will have a role and responsibilities to assist the person achieve the change in their use of drugs or alcohol.

The person accessing the service has the responsibility to be open and honest with the worker. This includes sharing information regarding drug and alcohol use and any other comorbidity that they may have. It is also expected that the person will be honest in accepting the proposed plan and take responsibility and accountability in following the plan.

The family and other support people need to also be involved and support the person with the proposed plan. This may involve assisting the person to attend appointments or being honest and open in their communication with the person.

# Multidisciplinary approach

Working cooperatively with other services and professionals can help you to manage problems using a multidisciplinary or shared approach.

Individual service providers are not equipped to deal with every condition that a client may present with. It is necessary to work in conjunction with other service providers to monitor progress and prevent a relapse.

You should never attempt to diagnose a person's condition yourself – even if you clearly recognise the signs of a common medical problem. Instead, record the information that you can see or that you are told and refer the person you are supporting to a professional who is trained to assess and diagnose medical or psychiatric conditions.

A multidisciplinary approach may include:

- taking note of information provided by other services such as doctors' reports or referral letters
- referring people to appropriate services or professionals for expert assessment
- providing to professionals the information that you have collected about the person with your referral
- obtaining the person's consent to discuss information with other services.

# The role of the family

Whatever role family plays in a person's life, it is important to consider and accommodate the family structure, dynamics, communication and decision-making processes unique to every family. Key familial relationships can impact the person's AOD use. This may be level of the support and encouragement they feel, the communication skill level of family members and their ability to understand and empathise with the person.

Here are some examples of the way familial relationships can differ and may influence or impact the person's AOD use and future treatment and recovery.

### Family dynamics

▶ Family dynamics are the interactions between members of the family. Interactions can be positive or negative, equal or unequal, empowering or disempowering.

### Communication skills

▶ Communication refers to the way information is relayed between family members. Sometimes messages between people can be miscommunicated and/or misunderstood, which can be damaging for relationships and for individuals involved in the communication if not handled carefully.

### Decision making

▶ Decision-making refers to how decisions are made in the family and who makes the decisions. Sometimes older people in the family or people with certain roles are responsible for making all decisions. In other cases, decisions fall to the family members who have more power because of their positions in society, levels of education, financial position or physical size.

# Self-help group benefits

For some people who access the service, they will choose to access a self-help group. Self-help groups can be both face-to-face where the person joins a group of people who have the same issue or a computer-based program. A self-help group's role is to assist the person accept their issues and become accountable for their actions.

At times family members and other support people also need more support and there are self-groups that also provide support for people caring for the person with the drug or alcohol issue.

The benefits of self-help groups are as follows.

### Self-help group benefits

**Community involvement**
An atmosphere that fosters sharing and growth can assist people going through addiction. The addiction may have reduced the social supports of a person as the addiction takes over their life.

**Support**
Additional support from people other than the counsellor may be available with others in the group or a person who has gone through the same issue.

**Personal growth**
Being part of the group encourages sharing, learning and emotional growth as acceptance and accountability of the drug and alcohol issue is worked through.

# Self-help groups

Here is some more information regarding examples of self-help groups available for people with drug and alcohol issues, their families and support people.

### Alcoholics Anonymous

▶ Alcoholics Anonymous is a group of men and women who share their experiences to help other recover.

You can access more information at: http://aspirelr.link/aa-vic.

### Narcotics Anonymous

▶ A not for profit group of men and women for whom drugs had become a major problem.

You can read more information about this group at: http://aspirelr.link/na-aus.

### Al-Anon

▶ A self-help group to assist families and friends of alcoholics recover from the effects of living with someone whose drinking is a problem.

You can access more information at: http://aspirelr.link/aa-family-groups-aus.

### Alateen

▶ A self-help group set up for teenagers who are living with a person for whom alcohol is a problem.

You can access more information at: http://aspirelr.link/aa-teen-groups-aus.

# Brief interventions

Brief interventions are provided in one to four sessions of between five and 30 minutes, usually in an opportunistic fashion where the person has not sought out treatment but an issue has been identified during screening.

Evidence-based research has found that motivational interviewing techniques make this a very effective method of instigating behavioural change. It is important to use this technique in a manner that is supportive and non-judgmental of the person or their choices.

The interventions follow a structure that can be described as FLAGS. You should not consider doing a brief intervention if the person indicates that they are not interested, they are intoxicated or they are in a traumatised or highly emotional state where they are unable to think clearly or rationally.

Consider the following.

## Feedback

▶ Provide individualised feedback about the screening results.

▶ Discuss the potential health problems that can arise from AOD use.

## Listen

▶ Listen to the person's response.

▶ This should spark a discussion of the person's consumption level and how it relates to the values held by the individual.

## Advice

▶ Ask permission to give information to other services.

▶ Give clear information about the harms associated with current AOD use and the options available.

▶ A brief intervention should involve a non-judgmental attitude.

## Goals

▶ Discuss the limits of safe use and assist the person to set specific goals in regard to their drug use.

▶ Instil optimism in the person that their chosen goals can be achieved.

▶ Encourage the person to develop, implement and commit to a plan to change their drug-use behaviour.

▶ Ensure the person is aware that the choice is solely theirs to make.

## Strategies

▶ Ask the person to suggest some strategies for achieving these goals.

▶ This approach emphasises the individual's choice to reduce drug use and allows them to choose the approach best suited to their own situation.

# Crisis intervention goals

You may work with people who are in crisis situations. People who abuse alcohol or drugs are highly vulnerable, especially if they are intoxicated or experiencing other impacts of drug use such as withdrawal or overdose. Crisis situations may also arise from high levels of stress, acute mental illness, injury or accidents, self-harming or suicide attempts, or attempts to harm others.



Crisis intervention has two immediate goals:

1. Reduce the effects of trauma and stress by providing emotional support, ensuring safety and restoring equilibrium to the person.

2. Mobilise support from others to strengthen the person's ability to get through the crisis period.

# Crisis interventions

Obtaining support for an individual may involve the use of personal and community networks. You may need to help the person mobilise their own support networks, such as family and friends, to help keep them safe, and give the person information about services that can support them and that they can call in times of crisis, such as the telephone crisis lines and counselling services, community support services and mutual support groups.

If necessary, you may need to ensure the person receives emergency treatment at a hospital and ongoing support from a doctor, mental health professional or other service provider.

Crisis interventions include:

▶ establishing rapport and communication with the person

▶ identifying the source of the problem

▶ encouraging the person to discuss their feelings and emotions

▶ exploring options to resolving the situation

▶ establishing access to appropriate help and support both immediately and after the crisis is resolved.

# Protective interventions

Protective interventions are interventions or strategies to keep a person from harm. The strategies chosen will be focused on raising awareness and sharing knowledge or potential risks and problems associated with AOD use and practice. The aim of protective interventions is to increase a person's protective factors and lessen the impact of risk factors. The National Drug Strategy outlines the objectives from the harm minimisation framework. There are certain groups within the community who have a greater risk of AOD issues; in particular, young people.

Some examples of protective interventions are specified here.

| Protective interventions |
| --- |
| ▶ Informal discussions |
| ▶ Telephone services |
| ▶ One-to-one counselling opportunities |
| ▶ Self-help manuals or workbooks |
| ▶ AOD education in a group setting |
| ▶ Computer-based programs |
| ▶ School-based programs |
| ▶ Provision of harm reduction information in community settings |

More information regarding young people and AOD issues can be accessed at:

▶ http://aspirelr.link/aod-intervention-for-youth.

# Relapse prevention

For all people, a lapse or relapse in drug use is normal. A lapse was once considered to be a return to use of any kind and related to the person aiming for abstinence. Relapse is used to describe the process where a person returns to previous levels or patterns of problematic drug use. With harm minimisation becoming a more accepted and realistic treatment goal, lapse has become a less-used term. Relapse prevention aims to help a person stay on their treatment plan.

Try to normalise relapses by discussing with the person ways to anticipate relapses and prepare the person to respond without losing confidence in their ability to overcome drug abuse.

Relapse prevention counselling involves developing strategies to help maintain abstinence or reduce drug-using behaviours following the withdrawal period. Individuals are provided with instruction and rehearsal of strategies for coping with relapse, dealing with cravings and thoughts about the drug, and managing lapses and relapses.

Relapse prevention encourages the person to recognise high-risk situations and provide strategies for coping in these situations.

High-risk situations may include:

▶ participating in events or attending parties where people are likely to drink
▶ being with friends in familiar drug-using environments
▶ times of stress, such as arguments with family members
▶ payday or the payment of pensions or allowances (when the person has money to spend)
▶ worsening symptoms of health problems or mental illness.

# Plan interventions for relapse

A person might be assisted to develop relapse prevention plans identifying the behaviours they intend to use when faced with situations that could trigger relapse. Back-up support, such as phone calls or visits from AOD workers, is important.

Your role in relapse prevention is to help the person with problem-solving and coping skills. This may include identifying activities they enjoy that do not involve drug use, developing support networks and setting goals for how they want their life to be.

The person needs support to develop strategies to avoid and deal with relapses. The emphasis is on the person coming up with strategies. You will support them to create their own relapse prevention plan.

The plan helps the person to:

▶ identify and document their reasons for wanting to change their drug use

▶ devise specific goals; for example, to cut down on their use of alcohol to five drinks a week within a month

▶ identify situations where they are at risk of wanting to misuse alcohol or other drugs, such as when they are experiencing personal problems or they are socialising with friends

▶ develop strategies they can use to prevent relapse, such as talking to a friend, doing some exercise, or practising refusal skills; that is, saying no when others offer them alcohol or drugs

▶ create a list of support people who are willing to offer support at any time, such as family members, friends and peer or buddy contacts from a self-help group

▶ plan what they should do in the aftermath of a relapse, should it occur.

# Duty of care for interventions

When involved in crisis interventions, duty of care is extremely important. You are required to use your professional judgment and experience when making decisions about the most reasonable action to be taken in certain situations. Negligence occurs when duty of care has been breached and harm to either person or property ensues. It is the legal and ethical obligation of any community worker, supervisor or organisation to ensure that people using services are not exposed to unnecessary or unreasonable risk.

Here is some more information about duty of care.

| **How to fulfil your duty of care** |
| --- |
| ▶ Adhere to all reasonable directions given by your employer. |
| ▶ Act in a way that a reasonable person in your position would be expected to act. |
| ▶ Avoid misusing equipment or substances. |
| ▶ Manage safety risks within the service. |
| ▶ Adhere to your duties as outlined in your job description. |
| ▶ Write up all necessary records and documentation promptly and accurately. |
| ▶ Be aware of the person's rights and make sure the person also know their rights. |
| ▶ Use your common sense. |

**Factors you may need to consider**

- ▶ The risk of harm and the likelihood of the risk occurring
- ▶ The type and degree of harm that may occur
- ▶ The precautions that could be taken
- ▶ The professional standards and legislation regarding the issue
- ▶ The policies and procedures of the organisation

# Level of risk

With many activities, it is not possible to eliminate risk altogether. Risk is a part of our daily lives and it is through risk, trying something new and sometimes making mistakes that we learn. This idea is sometimes expressed as dignity of risk, which means a person has the right to make their own choices and to take risks. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk.

The key issue when considering the legal and ethical considerations of dignity of risk is to determine what is an acceptable level of risk for the benefit the activity offers. These questions should be discussed with the person and appropriate others offering support.

The three questions to ask about risk:

- ▶ What are the potential risks?
- ▶ What are the potential benefits?
- ▶ How can the risks be reduced without reducing the benefits?

# Risks associated with intoxication

The standard expected of you is the standard a reasonable person would provide when working in the AOD or community services sector. Individuals in the AOD sector face many possible risks associated with intoxication due to alcohol and drug consumption. Although each state and territory has laws regarding dealing with intoxicated people, these are usually aimed at the hotel industry and police. If you work in a community services organisation, your obligations are less clear and depend on a number of factors. Most AOD services will have policies on how to deal with intoxicated people so you are able to meet your duty of care.

Risks include:

- ▶ accidents and injury
- ▶ drug overdose
- ▶ alcohol poisoning
- ▶ bloodborne diseases such as hepatitis C or HIV contracted through drug use
- ▶ drug-induced psychosis
- ▶ injury to others due to drink-driving or alcohol/drug-related violence
- ▶ long-term health consequences of drug and alcohol abuse.

# Duty of care and intoxication

You should always remember that your duty of care is to take reasonable measures to see that the person or others are not exposed to harm. Your aim is to reduce the risks that people may face. For example, during a crisis intervention, if an intoxicated person comes to your service, you should:

▶ find out if they are able to get home safely

▶ make a phone call for them or let them use the phone to get assistance

▶ drive them home if this is possible and there are at least two workers available to do this

▶ not allow them to drive themselves

▶ call the ambulance if they require medical attention

▶ contact the police if the person is aggressive or threatening others.

**Example**

## Plan the intervention in line with the person's needs and treatment plan

Jill has tried to give up smoking many times but has always failed. She says she hates being a smoker and that it is ruining her social life because her friends don't like being around a smoker.

Jill's treatment plan recommends that she use nicotine patches for a specific time. It also states that she should learn strategies for coping with nicotine withdrawal and try to build relationships with others who can support her to quit smoking.

Andrea, Jill's support worker, asks Jill to identify when she is most tempted to smoke and what actions could she do to prevent a relapse. Jill states that when she is having a few drinks with her friends, two of whom smoke, is when she feels most like having a cigarette. Jill also identified that she has used smoking to replace food when trying to lose weight and has had a long history of smoking while using the computer for study.

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# Practice task 3

1. Describe the role of the support worker in plan interventions for a person and their treatment plan.

2. Identify three components of a person-centred approach in AOD work.

3. List and explain the five techniques for motivational interviewing.

**Click to complete Practice task 3**

# Summary

1. It is important to prepare carefully when planning an intervention for a person with drug issues. You should follow organisational policies and procedures for conducting interventions and carefully review the person's treatment plan to plan appropriate interventions.

2. Always seek advice from your supervisor or others who have contributed to the treatment plan if you are unclear how they should proceed.

3. You may carry out a range of different interventions including relapse prevention, crisis intervention and brief interventions. You should make sure that you understand the aims and purpose of each of these interventions.

4. Always check a person's availability before arranging an intervention. There are a number of reasons why people may not be available and you should follow organisational protocols in arranging interventions and encouraging people to participate.

5. A person's family and support network have an important role to play in supporting them to participate in AOD services. You should respect the role of a person's support network and develop constructive working relationships with them.

6. Before beginning an intervention, make sure that you have the required resources and an appropriate place to conduct the intervention. You need to consider the person's individual requirements; for example, accessibility to a particular location.

7. When planning interventions, you should recognise that all people are unique individuals with different needs. Find out as much as possible about the person's specific needs and the context of their drug use.

8. You should be prepared to collaborate with others and use a range of intervention strategies to meet the person's needs and the recommendations of the treatment plan.

# Learning checkpoint 1
# Prepare for an intervention

This learning checkpoint allows you to review your skills and knowledge in preparing for an intervention.

## Part A

1. What is motivational interviewing and how can it be applied to planning and conducting interventions?

2. Identify two needs of the person accessing the service to consider in the plan for intervention.

3. List two resources or factors to consider when working with people with mental health concerns.

4. List three types of information that a worker can interpret from the treatment plan.

5. Identify two components of a person-centred approach to plan an intervention.

6.  When dealing with people from other cultural groups accessing the service, identify three components of communication you need to consider.

7.  Describe three legal and ethical considerations that an AOD support worker must consider when planning the intervention for a person.

8.  Using the harm minimisation approach, describe the areas you would include in the intervention plan for a person accessing the AOD service.

9.  Describe the responsibilities of the person accessing the service, their family and other support people and self-help groups.

10. List and describe the stages in the stages of change model used for AOD work.

11. Define detoxification.

12. Explain the role of the AOD support worker in relapse prevention.

13. Identify and explain crisis intervention, brief intervention and protective interventions that an AOD worker may be involved in.

# Part B

Read the case study, then answer the questions that follow.

> ## Case study
>
> Billy is 17 years old and has been referred to Megan's organisation by a local youth service. Billy is a polydrug user who uses any drug he can get his hands on. The youth service is concerned about his drug misuse and the fact that he tries to influence other young people to also misuse drugs. In their referral, the youth service recommends that Billy needs ongoing AOD support and education about the harmful effects of his drug use. Billy lives in a squat with some older homeless people, some of whom are also addicted to drugs.
>
> Billy has agreed to attend an intervention.

1. Identify other sources of information that can be accessed to determine Billy's needs.

2. What information does Megan need to assess Billy's living conditions and include in the intervention plan?

3. Describe the actions that Megan could use if she was unsure about accessing external support services.

# Topic 2

In this topic you will learn how to:

**2A** Describe features of the intervention and how it can be used effectively

**2B** Confirm the person's understanding of the intervention

**2C** Report any misunderstandings or confusion experienced by a person to a supervisor

**2D** Obtain consent before commencing the intervention

# Confirm the intervention requirements with the person

When conducting an intervention it is important to respect the rights of people accessing the service and follow organisational policies and procedures. This involves confirming the person's understanding of the intervention and obtaining their consent to proceed.

When responding to situations that are outside the limits of your work role, skills or knowledge, it is advised that you consult your supervisor as to how to handle these situations. Any misunderstandings, difficulties or compliance issues that the person experiences must also be brought to your supervisor's attention.

Follow organisational policies and procedures to ensure you provide appropriate services to people accessing the service and meet your organisation's service objectives.

# 2A Describe features of the intervention and how it can be used effectively

The intervention can be used effectively to explore the person's negative thought patterns and behaviours. Often people come to a service provider with a behavioural issue. Using the intervention can often uncover other issues that the person has that have led to the negative behaviour patterns. It might be that a person is suffering from more than one issue such as a dual diagnosis of substance misuse and mental health issues and will require different techniques in the intervention to address each one individually.

Different approaches might be needed to uncover negative thought patterns held by the person and this information will be outlined in the treatment plan. Usually a collaborative approach is used with the person needing to access different health professionals to deal effectively with different presenting issues.

## Cognitive behaviour therapy

Cognitive behaviour therapy (CBT) uses a dual approach to therapy, a focus that helps individuals to identify unhelpful thoughts and behaviours and learn or relearn healthier skills and habits.

CBT involves both cognitive therapy and behaviour therapy. Cognitive therapy focuses on an individual's pattern of thinking while behaviour therapy looks at associated actions. CBT involves the use of practical self-help strategies, which are designed to affect positive and immediate changes in the person's quality of life.

CBT examines all elements that maintain a problem, including our thoughts (cognitions), feelings, behaviour and the environment. CBT allows the support workers to assist the person identify likely problems and situations that lead to drug use and develop effective coping strategies. Specific techniques include exploring the positive and negative consequences of continued drug use, self-monitoring to recognise cravings early and identify situations that might put one at risk for use, and developing strategies for coping with cravings and avoiding those high-risk situations.

Cognitive behaviour therapy is:

▶ goal-oriented
▶ structured
▶ focused on immediate difficulties and long-term strategies
▶ encouraging of active involvement by the person.

# Cognitive behaviour therapy and dual diagnosis

Cognitive behaviour therapy can be used for different issues that the person experiences. It can be used to assist people with mental health issues such as depression and anxiety by focusing on the negative beliefs held by the person that predispose the person to anxiety or depression. Once the person is aware of the negative thought patterns, the person can consciously and deliberately make changes to replace these patterns with new ones that reduce anxiety and enhance their coping skills.

| Examples of techniques used for cognitive behaviour therapy |
| --- |
| ▶ Encouraging people to recognise the difference between productive and unproductive worries, teaching people how to let go of worries and solve problems |
| ▶ Assisting the person to identify problems that they can change and those they cannot |
| ▶ Teaching ways to let go of worries |
| ▶ Solve problems |
| ▶ Relaxation and breathing techniques |

# Behaviour therapy

Behaviour therapy is a major component of CBT. It is different to CBT because it uses one approach; it focuses on increasing a person's level of activity and pleasure in their life.

People who suffer from anxiety often avoid the situation that they fear. This means that they never confront the issue and do not have to cope with the situation that stimulates the anxiety. Behaviour therapy focuses on gradually exposing the person to the fear stimulus. This assists the person to know their responses and often reduces the negative thinking, or catastrophising thinking that they hold. Catastrophising thinking is where the person imagines the worst scenario or outcomes. This then helps to reduce the negative behaviours that they undertake. Usually the treatment is based on gradually exposing the person to the fear stimulus but there is also a technique called 'flooding' where the person is totally immersed in the fear situation.

# E-therapies

E-therapies, also known as online therapies or computer-aided psychological therapy, can be effective for people with mild to moderate anxiety. CBT and behaviour therapy need to be delivered to people by a trained health professional.

E-therapies are based on CBT and behaviour therapy and provide a structured approach to enabling people to identify negative thoughts and behaviours. It is a useful adjunct to face-to-face intervention. E-therapies are delivered online with additional support from a therapist via telephone, email or text.

You can access more information on E-therapies at: http://aspirelr.link/head-to-health.

This online mode of delivery has several advantages:

▶ Can be done from home
▶ Beneficial for people in rural and remote areas
▶ Can be provided in many cases without having to visit a doctor

# Relaxation techniques

Stress can often produce physical effects on the person's body, usually in the forms of muscle tension, poor sleep and poor eating habits. Learning relaxation techniques can release the tension from muscles and assist the person to focus on their physical state. Relaxation techniques are often proscribed as an adjunct to therapy.



Relaxation techniques are a quick way to reduce tension in the body and can be done at home or work by the person. The techniques range from deep breathing exercises to yoga. It is helpful for the person to try different techniques to find out what is most beneficial to themselves.

Examples of relaxation techniques include:

▶ deep breathing
▶ guided relaxation
▶ yoga
▶ physical activities, such as walking
▶ progressive muscle relaxation
▶ meditation.

You can find more information on relaxation techniques at: http://aspirelr.link/beyondblue-relaxation-exercises.

**Example**

### How the intervention can be used effectively

Jacinta was introduced to inhalants by high school friends. She has made a commitment to change and Toby, her AOD worker, discusses strategies she can use to avoid relapsing. He asks her what situations are high-risk for her. She says that the highest risk is when she is spending time with her friends because they are all still using. Toby asks her what she can do to manage this risk. Jacinta responds that she will need to stay away from her friends until she is no longer tempted to use inhalants.

Toby and Jacinta work on a plan that she can use to keep busy and avoid mixing with friends using inhalants. Toby explores the emotions Jacinta has when she is with her friends and how she feels about using inhalants. Toby asks Jacinta to explore what emotions she is feeling before she uses inhalants and why she is seeking out this group in an attempt to discover the triggers for the behaviour. Jacinta tells Toby that often she is feeling quite anxious about not being employed and at times feels very angry. Toby teaches Jacinta some relaxation techniques to use when feeling anxious. Toby suggests that Jacinta considers joining a chroming self-help group for people her age and encourages her to think about ways she can develop a new network of friends who do not use inhalants or other drugs.

# Practice task 4

1.  List five features of cognitive behaviour therapy.

2.  Explain the advantages of E-therapy.

3.  List three types of relaxation therapies that a person might use to reduce the effect of stress.

**Click to complete Practice task 4**

# 2B Confirm the person's understanding of the intervention

When conducting an intervention it is important to respect the rights of the person and follow organisational policies and procedures. This involves confirming the person's understanding of the intervention and obtaining their consent to proceed.

Provide the person with as much information as possible about the intervention process and check that the information is up to date and relevant. If a person does not fully understand what an intervention involves, they may be confused about what is expected of them and be less inclined to participate as fully as they can.

Your aim should be to:

▶ respect the person's right to be informed and to provide consent for the intervention

▶ establish a working relationship with the person based on respect and trust

▶ adhere to your organisation's policies and procedures regarding the intervention strategy

▶ meet your professional and ethical obligations when working with people and, in particular, with regards to the intervention.

## Provide information to the person

Intervention strategies aim to raise awareness of, and reduce, risky behaviours by sharing information and motivating people to change those behaviours. The best interventions are achieved when the person is fully informed and feels they are an active participant in the process.

Before beginning an intervention, the person should be given a sufficient amount of relevant information, and this information should be discussed with the person for the purpose of clarification.

Information that you give to the person should cover the following:

▶ The purpose of the agreed intervention strategy

▶ Your role in the intervention (clarify your role to avoid misunderstanding)

▶ How you will maintain the person's privacy and confidentiality

▶ The person's right to informed consent and to have complaints dealt with through appropriate channels

▶ Expectations of the person; for example, they should ask for clarification or help if they don't understand anything

# Importance of informing the person

When the person is fully informed and they feel that they are an active participant in the process, the likelihood of a positive result is increased. For example, an intervention based on relapse prevention includes working with the person to identify strategies that the person can use to avoid relapsing. This includes a reassessment of their individual needs and circumstances.

Here are some tips for providing information about the intervention to the person.

### Show empathy

Show empathy by trying to see the situation from the person's point of view. You can try to understand their opinions or attitudes. It is not necessary to always agree with them to show empathy.

### Listen

Listening is the most important part of communicating and it is a very useful tool when providing information to the person about the intervention. If you are not concentrating on what the person is saying to you, you are not listening to them. By listening you can avoid misunderstandings, arguments, delays and mistakes.

### Communicate

When using verbal communication to inform people about the intervention, you need to consider the words you use. The tone, pitch or volume of your voice is important for good communication. A good guideline is to remember the five Cs. Words should be:

- ▶ clear – easy to understand
- ▶ concise – to the point
- ▶ concrete – specific
- ▶ correct – factual and accurate
- ▶ courteous – polite.

When using nonverbal communication to get your message across, the messages are communicated through body language or how you position parts of your body to communicate. Eye contact helps the flow of communication and shows interest, warmth and concern. A gesture, such as nodding your head, shows the person you are listening and agreeing with them.

The communication style you choose should be appropriate to the situation and the relationship you have with the person.

### Be aware of personal space

Being aware of personal space is important. Always keep some distance between yourself and the person.

**Prepare for questions**

A person needs to be comfortable with what you have told them. You do not want them to think that the intervention is a test or something that is done to them by a person in authority.

Always take the time to answer questions that the person may have about the intervention as this will help avoid any misunderstandings or problems later in the intervention process. Promote conversation with the person regarding any difficulties they may be having. If they feel they can be honest with you about what they are experiencing or feeling, it will help with the intervention process.

# Develop rapport with people accessing the service

The ability to effectively engage with individuals provides the foundation for successfully supporting the intervention strategy. When rapport and mutual trust are established, people engage and participate in activities more and the risk of conflict is reduced. When a person feels respected and understood, they are more willing to engage in an open and honest manner to work collaboratively towards recovery.

One of your first priorities as part of confirming the person's understanding of the intervention should be to develop a rapport with the person. Conveying information to a person so that they can easily understand it is not always easy.

You may also need to provide information about the intervention to the person's family and supporters. You should only do this with the person's consent. Adhere to privacy laws and your organisation's confidentiality guidelines at all times.

Your ability to establish rapport will be enhanced if you can identify a person's strengths and their interests. For example, you can talk to the person about their abilities as an artist or musician, as a parent, a businessperson or sportsperson. You can discuss their interest in family, animals, gardening, sport, fashion, art or music. These strengths and interests provide positive, non-threatening topics for conversation, allowing the opportunity to establish communication patterns and feelings of emotional safety and trust. This approach looks at evidence of past accomplishments that can improve confidence and restore a balanced view of self.

To establish rapport, ensure that you:

▶ are polite

▶ are empathetic

▶ listen to the person and respect individual differences

▶ adopt a non-judgmental approach

▶ enlist cross-cultural communication options; for example, you may need to use an interpreter

▶ provide information in an accessible form including in plain English or in their own language via interpreters or translations

▶ use communication aids

▶ involve the person in decision-making

▶ allow the person to have a supporter, family member or an advocate present.

# Strengths-based practice

Strengths-based practice acknowledges that all people have skills and capacities, and encourages individuals and families to build on these strengths and become more selfdetermining. Self-determination encourages the person and families to make their own choices. It also demonstrates a person-centred approach by considering the person holistically rather than as a person with an 'AOD problem'. Both these approaches (strengths-based and person-centred) help to build mutual trust between people and provide a foundation on which all effective communication is based.

The following information outlines some of the key issues that you need to consider when communicating with individuals to establish rapport.

## Preparation

Establishing rapport starts before the conversation begins. If there has been a previous positive experience with your agency before the meeting, this will support the development of an effective relationship.

## Your initial contact

Make contact with the person by telephone before you meet to introduce yourself and confirm the appointment time and place. This contact provides an opportunity to make a connection before you meet in person and helps to break the ice.

## Location

Consider where you will be meeting. Meeting at your agency may create apprehension as it is perceived as 'professional' and may create a sense of disempowerment for visitors. If meeting a person in their home, be sensitive to entering into their environment.

## Communication skills

As with all your work, effective communication and interpersonal skills demonstrate respect and help to establish rapport. Focus on the strengths and interests of the person to help establish rapport.

Different people have different ways of communicating. You should be flexible and patient when communicating with individuals.

## Professionalism

Your mood or personal issues should not interfere with your effectiveness as a worker. Professional practice requires the ability to communicate effectively and so you must be able to put aside personal issues. This can sometimes be difficult so seek support from your supervisor when you need it.

## Respectful language and use of communication

All communication (including words, tone of voice, pace of speech and nonverbal communication) reflects your professional values and attitudes and must therefore be respectful and non-judgmental.

## Nonverbal communication

You do not need to speak to communicate. Your body language and other nonverbal cues such as facial expression, gestures and eye contact create an impression. People with limited English rely on nonverbal communication to assist in understanding and getting a sense of your demeanour. For example, open, relaxed body language can increase feelings of safety. Consider the nonverbal messages the other person is sending.

## Previous experience with service providers

Some people and their family members may have had extensive experience with service providers. Some of this experience will be negative, so it may take some time for them to demonstrate trust.

## Take illness symptoms into consideration

The illness symptoms experienced by people may impact their communication. For example, if they are having intrusive thoughts it is difficult to focus and to engage with you.

## Consider medication side effects and other distractions

The side effects of some medications may impact on a person's ability to effectively communicate with you. For example, they may have difficulty concentrating and find it hard to follow the flow of the conversation.

Give your full attention to the conversation. If you act distracted, the person does not feel valued and soon becomes distracted themselves or may become angry.

## The person's emotional state

Distress, aggression, frustration, or anxiety create emotional stress, which interferes with effective communication.

## Cultural issues and language barriers

Communication patterns reflect a cultural context. Communicating with a person or family from a culture different to your own can sometimes result in misunderstandings. If your communication reflects a respectful attitude, most misunderstandings will be excused.

If you are communicating with a person whose first language is not English, you may need to use an interpreter, either in person or via telephone. This can make establishing rapport difficult, because all verbal communication is relayed through a third person and there can be a lag between nonverbal cues and verbal communication.

# Establish rapport

Consider the last time you visited a medical professional. How did you feel within the first few minutes of meeting them? How did they establish rapport with you? What communication (verbal and nonverbal) worked well to make you feel comfortable? What did not work well?

Establishing rapport is an ongoing process. Once rapport has been established, communication must continue to be effective to maintain trust and develop the relationship.

Aim to apply mindful practice to establish and maintain relationships with individuals. Mindful practice means paying careful attention to the person or situation at that point in time. It requires critical self-reflection to clarify values and refine skills and uses self-monitoring as a means to improve practice. To communicate effectively, you must consider what strategies were effective and what could be improved. Mindful practice should become a regular component of your work.

 The following information will help when meeting people for the first time.

## Tips for an initial meeting

▶ Make sure you are well-prepared before you meet the person.

▶ Welcome the person, smile and make eye contact. Introduce yourself by providing your name and briefly explaining your work role.

▶ Address any communication barriers honestly and respectfully. For example, encourage discussion of the person's emotional state or language barriers.

▶ Make small talk to establish rapport. Use this opportunity to identify the person's strengths and interests.

▶ Ensure you both have a common understanding regarding the purpose of the meeting.

▶ Ensure there is a clear understanding of the time available for the meeting.

▶ Move the initial introduction and general conversation onto more specific discussion topics and questions as smoothly as possible.

▶ Listen carefully, be understanding, speak slowly and clearly and ask questions to clarify information.

▶ Be aware of your nonverbal communication and body language.

▶ Review the interaction to assist you to improve communication and encourage continual best practice.

# Use a range of communication skills

As part of the intervention process you will need to use a range of communication skills to establish a working relationship with the person, convey information, confirm understanding and seek consent or agreement to proceed with service provision.

## Reflective listening

Reflective listening involves listening with attention and using questions, paraphrasing, clarifying and summarising to confirm or reflect the content or feeling of what the person is saying. When you listen in a reflective way you restate in your own words what you think the person is saying or feeling; for example, 'So you are saying that you drink to make yourself feel calmer?' or 'It sounds as though you were very upset by that experience'.

## Open and closed questions

Open questions require the person to give more than a yes/no answer; for example, 'What do you think caused you to go on a binge?' Open questions are useful for gathering information.

Closed questions can be answered with a yes or no; for example, 'Are you still using cannabis?' Closed questions are useful for obtaining a brief direct answer that can lead to further questions.

## Clarifying

Clarifying involves checking the meaning of a statement or response with the person. It can be done through questioning or paraphrasing; for example, 'So you mean that you don't want to give up alcohol altogether, just learn to use it in a more controlled way?'

## Summarising

Summarising involves periodically focusing on and stating the main points of what a person has said to draw attention to a particular issue or check your understanding of what the person has said.

## Nonverbal communication

Make sure that you are also aware of your nonverbal communication. Your body language needs to be consistent with what you are saying because the person may be confused by mixed messages. For example, if you yawn or stare out the window while the person is talking you could be sending them a powerful message that you are not really interested in what they are saying.

Avoid nonverbal behaviours that may block communication. For example:

▶ Do not frown or be inattentive. Instead, use gestures such as nodding your head to show that you are interested in and understand what the person is saying.

▶ Do not cross your arms in front of you as this creates a physical or postural barrier. Maintain an open and upright posture as far as possible as this indicates you are receptive to the person.

▶ Do not avoid eye contact, but maintain friendly eye contact with the person to show them they have your attention.

▶ Do not turn away from the person. Face them squarely when speaking to them.

## Establish the person's understanding of the intervention

Confirming that the person has understood the information provided about an intervention is not a straightforward procedure. To help confirm understanding, it may be useful to consider the main points of the intervention. Consider what your response would be to the following types of questions.

Does the person understand:

▶ what the intervention will involve

▶ your role in the intervention

▶ the issues of privacy and confidentiality; that is, how their personal information will be protected

▶ your expectations of them regarding the intervention

▶ the organisation's complaints process

▶ the need for them to consent to intervention before proceeding?

# Communication skills to use in counselling

People communicate every day in a range of different situations and in a variety of ways. It is a vital and constant element of every job. Communication involves the sending of information (often referred to as a message) to at least one person. Successful communication means the message is understood by the receiver.

Communication involves a range of strategies and techniques, all of which are aimed at understanding the message. They include:

▶ listening to what others are saying

▶ reading what someone has written

▶ asking questions to clarify something you don't understand

▶ rephrasing sentences to make information easier to understand

▶ using facial expressions, gestures or eye contact to emphasise a point or express your understanding

▶ using variations in speech such as tone, volume, pause and emphasis.

# Communication strategies to use in motivational interviewing

Different communication strategies can elicit different information from people. It is important to be aware of the different strategies and to practise them in order to elicit the information required from a person.

## The use of closed questioning

Closed questions are usually easy for the person to answer. They only require short focused answers.

Closed questions:

▶ give you facts

▶ are easy to answer

▶ are quick to answer

▶ keep control of the conversation with the questioner

▶ can be yes/no answers to questions ('Have you taken any drugs today?')

▶ gain factual information ('What is your birth date?')

▶ can asking the person to choose from a list of options ('Did you take the bus or train to the centre?')

## The use of open questions

Open questions allow for longer responses and often elicit more information from a person.

Open questions:

▶ ask the person to think and reflect

▶ will give you opinions and feelings

▶ hand control of the conversation to the person.

Open questions begin with 'what, why' how' describe'

A worker needs to be careful about how they phrase the question. Asking a person 'How did you find the relaxation technique?' may imply a right or wrong response. This is a leading question. It would be better to say, 'Tell me how you are finding the relaxation techniques'.

## The use of reframing

People take meaning from how they perceive things from their beliefs and values. In reframing, the person is asked to look at the issue another way

Examples can be:

▶ A problem as an opportunity

▶ A weakness as a strength

▶ An impossibility as a near possibility

▶ Oppression in contrast to neutral

▶ Unkindness as lack of understanding

## The use of attending skills

Attending means giving full attention to the person while they are speaking. It encourages the person to talk and shows that the counsellor is interested in them. This includes noting the person's body language and the silences and pauses in the conversation. This is often referred to as active listening. It is also important for the worker to be aware of their own body language. Tone and level of voice, eye contact, slowing down speech.

## Exploring options

It is helpful for the person to generate options to assist in behavioural change. This may be addressed in segments until all of the problems facing the person are addressed. Questioning techniques are important to assist the person generate options.

## The use of paraphrasing

This is reflecting back to the person the essence of the information that was voiced. It is learning to choose the most important details of the conversation.

## Summarising

Summaries are brief statements of longer information from the session. It is taking note of the verbal and nonverbal communication from the person, taking the key information and restating them. It is a way of checking accuracy of the information.

## Reflection of feelings

This technique is similar to paraphrasing except it is focused on the person's feelings and emotions – not the words they have used. It is used to demonstrate empathy as it shows the person that you understand how they are feeling.

## Normalising

It is assisting the person to see their experience as 'normal' in their circumstances. An example may be that the person is taking illicit drugs and is homeless; this is what is considered normal for that person taking illicit drugs.

# Ways to improve your skills

It is important to constantly review your practice in communicating with people. There are a number of ways to review your skills, some of which are described below.

### Self-evaluation

Reflects on your own skills, strengths and limitations. Awareness will assist you to choose professional development activities to increase your skills in these areas. It will also assist you to identify situations or people who are beyond your level of skill.

### Client feedback

Providing the person with the opportunity to feed back to you gives you the opportunity to evaluate the approach and intervention and adjust techniques if required. It also makes the person feel they are valued and the intervention is not one-way.

### Peer review

Discussing people and situations with your supervisor or work colleagues can assist in developing more options for the person and increase the quality of the intervention.

### Professional supervision

Acts as a mechanism to ensure the approach is aligned with professional standards and reflects the requirements of the organisation.

# Critical aspects of communication

A critical aspect of communication is understanding. If you are receiving the message, you need to understand it. If you are sending the message, you need to make sure it can be understood by the receiver of the message.

Sometimes people do not listen properly. There are many reasons for this. These reasons are called listening blocks. Listening blocks are things that people do when they should be listening. It happens when they are not concentrating on what the speaker is saying and it stops them from understanding the real message.

Most of us use listening blocks at some time. If you are aware of listening blocks, you can make an effort to avoid them when communicating. You need to concentrate and focus on what the speaker is saying. This can be hard sometimes – especially if you are tired.

The following information outlines 12 common blocks to listening.

### Comparing

Thinking about who is better or who has more while the other person is speaking.

An example could be an older person telling you about their grandchild who got good marks at school, but you are thinking that your child's marks are better.

### Mind-reading

Not listening to what the person is saying because you think you already know what they are going to say.

### Rehearsing

Being too busy practising how to answer instead of listening to what is being said.

### Filtering

Hearing only what you want to hear and screening out everything else.

### Judging

Ignoring the speaker and not paying much attention to what they are saying because you are thinking about who they are or what they look like. Support workers must avoid making judgments about people and other workers.

### Dreaming

Only half listening until the speaker says something that reminds you of something in your life; then you think about yourself and stop listening.

### Identifying

As the speaker shares his or her experience, you relate it back to your own life instead of listening to what the person is saying. This is similar to dreaming.

### Advising

This is listening to a little bit and then offering advice. Often the speaker feels they were not understood. Often, they are not looking for advice but just want someone to listen.

### Sparring

Finding things to disagree with and then beginning to argue with the speaker.

### Being right

Avoiding being wrong. It often means instead of listening to what the speaker is saying, you remind them of mistakes they have made in the past.

### Derailing

Changing the subject because of boredom or discomfort with the topic being discussed.

### Placating

Agreeing with everything the speaker says to avoid conflict.

# Communication issues

There can be many problems with communication. This is because we all have different ways of communicating. For example, an older person might not answer you when you ask a question. You might think the person has a hearing problem or that they are rude. The real reason might be that the older person is shy and once they get to know you better, they will be comfortable talking to you.

In day-to-day work, it is likely some communication problems will occur. When they do, it is important to know who can help you.

There are different people who can help you if you are unsure about what to say to a person and to gauge their understanding. Your colleagues (other support workers) may have worked in community services for a long time and know a lot about the dynamics of dealing with people accessing the service.

If you have a communication problem, another experienced support worker would be a good person to ask for help. Team leaders usually have a good understanding of an individual person's problems so they should be able to help you.

The ability of the person to understand the message you are sending may be affected by other issues, such as the examples below.

### Continued use of drugs

▶   This can cause confusion and disorientation.

### Drug use causing illness

▶   Symptoms may include overwhelming feelings, affecting ability to focus.

### Cognitive disability arising from drug use

▶   Drug use can impact ability to analyse and comprehend complex information.

### Side effects of medication

▶   Drowsiness affects concentration.

### Language barriers

▶   English skills may deteriorate when the person is stressed or anxious.

### Cultural barriers

▶   Feelings of shame, fear or distrust, cause distress and affect concentration.

# Determine level of understanding

When providing information to people accessing the service, try to determine their level of understanding of what you have told them. It is possible to do this in a number of ways. Some examples are mentioned here.

### Examples of ways to determine a person's understanding

**1** **Questioning**
Once you have given the person chunks of information, it may be useful to pause and ask questions such as, 'Is that clear?' or, 'Are you okay with that?'

**2** **Nonverbal behaviour**
Observing a person's nonverbal behaviour may force you to think about changing the way you are presenting information as some people may look distracted, bored or confused.

**3** **Other ways to communicate**
Some individuals may respond better to having the amount of talking you do kept to the minimum and to have some information conveyed in other ways; for example, diagrams, audio-visual programs or written documentation.

**4** **Concerns**
Encourage the person to ask questions and talk about any concerns they have about the intervention so you can explain points they are not sure about.

**5** **Summarise**
Summarise the information you have given them from time to time and ask a few questions.

**6** **Written information**
Provide the person with relevant written information and give them an opportunity to read the information and ask questions.

# Provide the person with a summary

After you have discussed the intervention, you may want to give the person a written summary of what you have discussed with them. Allow the person time to read and understand the notes. Ask them if they are clear on all the points noted. Give them the opportunity to clarify with you any areas of concern. Alternatively, you may like to verbally run through a list of points you have discussed and ask the person to confirm that they have understood each point.
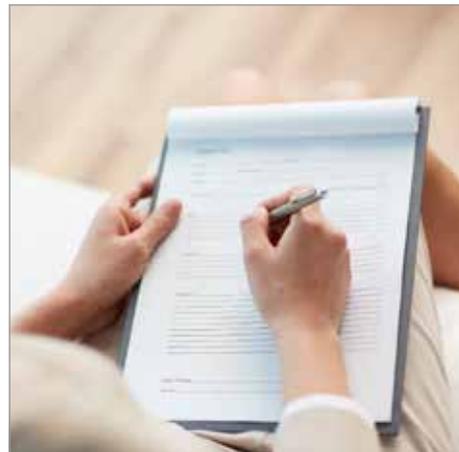
**Example**

### Confirm the person's understanding of the intervention

Sara is a support worker undertaking interventions for people who have drug and alcohol issues and are referred to the AOD service she works for. Sara's supervisor informs Sara that she has been allocated a new referral, Juliana, and goes through the intervention plan with her. Sara obtains information from the referring counsellor Michael who is concerned that she does not understand the consequences of mixing drugs and alcohol. Juliana is a young mother who has been prescribed anti-depressants to help her cope with postnatal depression.

Juliana says she does not have a problem and that mixing her pills with alcohol makes her feel better most of the time. She admits that sometimes it makes her feel sick when she overdoes it. She says she has only come to see you because she likes her counsellor and wants to continue seeing him.

Sara introduces herself to Juliana and establishes rapport with Juliana, asking about the baby and her social life. Juliana reveals that most of her friends also use alcohol. Sara acknowledges that Juliana is aware of the negative consequences of mixing antidepressants with alcohol but, through questioning and clarifying, Sara becomes aware that Juliana's knowledge of the medication needs improving. Sara starts to deliver some information but notices that Juliana seems distracted, looking out the window and playing with her hair. Sara decides to give Juliana a recording of the information for her to listen to. At the next meeting with Juliana, Sara checks that Juliana has understood the information by asking questions that relate to the present use of medication and alcohol.

# Practice task 5

1.  List three types of information that a support worker should give to a person.

2.  List three main points of the intervention that you would check to confirm the person's understanding.

3.  Identify three key issues that you need to consider when communicating with individuals to establish rapport.

4.  List three communication strategies that can be used in motivational interviewing/counselling.

**Click to complete Practice task 5**

# 2C Report any misunderstanding or confusion experienced by the person to a supervisor

It is important that you compile a report to your supervisor when a person misunderstands or is confused about something to do with an intervention. Report the matter as soon as possible. This ensures that your supervisor is aware of any problems or needs the person may have in relation to participating in the intervention. It also allows you to:

▶ ask for help in clarifying the issue with the person

▶ seek advice on how to proceed

▶ alert your supervisor to any changes that may need to be made to the intervention.

## Misunderstandings or confusion

Confusion caused by the way a message is relayed is one barrier to effective communication. The person may sometimes misunderstand or be confused about what an intervention involves. This is not a time to place blame as there may be many reasons for this.

Possible reasons why misunderstandings occur are listed below.

| Reasons for confusion and misunderstanding |
| --- |
| ▶ A lack of adequate information is made available to the person. |
| ▶ Information given to the person is not easily understood by them; for example, English is not the person's first language. |
| ▶ Your role is not clearly understood by the person. |
| ▶ The person is intoxicated. |
| ▶ Symptoms of mental illness may be experienced by the person, which makes it difficult for them to concentrate or focus on what they are being told. |
| ▶ The person has a learning disability or acquired brain injury, which makes it difficult for them to easily assimilate information. |
| ▶ The person does not think they have a problem. |
| ▶ The person does not want to participate in an intervention and is unwilling to engage with the worker. |

# Resolve problems of understanding

Do not be impatient or critical. In fact, the problem could actually rest with your standard of communication skills. Rather than focusing on the source of confusion, it is best to report the matter to your supervisor and explore the issue further with the person to try and resolve the issue.

You will find it useful to use problem-solving skills to resolve the misunderstanding or confusion. Problem-solving involves working through a series of steps to find the best possible solution to a problem or concern.

These steps are identified below.

| Basic steps of problem-solving |
| --- |
| Defining what the problem is |
| Brainstorming options to deal with the problem |
| Choosing the option that seems the best |
| Implementing the solution |
| Evaluating the results |

# Work with the person to overcome misunderstandings and confusion

Collaboration means a cooperative relationship focused on a common goal. It encourages an effective working relationship as it advocates an honest, equal relationship where contributions by all parties are respected. People feel valued and empowered to make decisions about their life and recovery when their contribution is respected. The purpose of collaboration is to overcome any misunderstanding or confusion by enabling common ground and establishing that you and the person are on the same page when it comes to conducting the intervention. Some responses to a person's misunderstanding are not helpful and will cause the person to lose trust in you. It is best to avoid the following types of responses:

▶ Pressuring the person to see things your way

▶ Blaming

▶ Making fun

▶ Threatening

▶ Arguing

▶ Being judgmental or patronising

▶ Ignoring

# Conflict

Conflict in the workplace is not always a bad thing. Healthy conflict occurs in workplaces where people are able to share ideas and engage in robust discussion that is not based on anger or hostility. By contrast, negative conflict that springs from dislike and disrespect can be corrosive and disrupt the workplace, erode team spirit and weaken the service. When you are counselling people with AOD issues you need to identify and respond to conflict situations that have the potential to escalate and undermine good working relationships.

# Identify conflict with the team

Conflict demotivates team members and diverts their focus from their work roles. It can escalate with alarming speed, from an occasional grumble to a staff member resigning, and can stem from relatively minor beginnings. Conflict may be isolated to one or two team members or be widespread across the organisation. It may stem from personal factors between team members, management practices or organisational and systemic factors. It is important that the cause of a conflict is identified and then addressed to prevent relationships from deteriorating. Find out what is causing the conflict by talking to the person concerned, observing and asking others.

You must be aware of negative conflict before it affects morale and work outcomes. Conflict needs to be handled promptly and sensitively. An effective coordinator or team leader has a range of strategies and techniques to handle difficulties as they arise. These include the following.

### Dealing with conflict

Refer conflict to the relevant person if the situation is outside the scope of your role, authority or expertise.

Use communication and interpersonal skills to develop and maintain good working relationships with the people you work with, minimising potential or real conflict.

Continue to increase your own expertise with training and professional development.

**Example**

## Report any misunderstanding or confusion experienced by the person to a supervisor

Julian is a homeless teenager who is an injecting drug user. He has very little knowledge of safe injecting practices and Marsha, an AOD worker, is preparing to conduct a brief intervention to educate him about the need to avoid sharing needles and always use sterile needles. Julian has made it clear that he is not ready to stop using, so at this stage Marsha intends to focus on harm minimisation. She has gathered a number of written resources that explain where he can go to get sterile equipment and where there are safe injecting rooms. While she is telling Julian that she will give him these lists so he can always obtain safe equipment, she observes that he looks confused and disengaged.

When she gives him the information he grabs it and says curtly, 'Is that all you can do to help me?' He leaves in a huff. Marsha is not sure what she has done wrong and decides to discuss the matter with her supervisor.

The supervisor listens carefully and asks, 'Is it possible that Julian can't read?'

Marsha is shocked she overlooked something so basic. She is able to arrange another appointment with Julian and this time asks him what she can do to help him use safe injecting practices. He responds, 'Well it is no use giving me stuff in writing because I can't read.' Marsha apologises and asks Julian to explore with her ways that she can give him information about places he can go to inject safely and use safe equipment.

She suggests driving him around and showing him different places. He rejects this, saying it would be embarrassing. They then discuss using diagrams, an idea Julian likes because he usually orientates himself by the different buildings and landmarks he knows. Marsha is then able to draw a diagram showing a number of different places he can go; for example, a safe injecting room near the railway station, a needle exchange program near a hotel that he knows and a local chemist who supplies free syringes.

Marsha changes her intervention strategy to meet Julian's needs. Instead of giving him written information, she plans to show him DVDs about safe drug use and to use visual information as much as possible.

# Practice task 6

1. Explain the benefits of reporting misunderstanding to the supervisor.

2. Identify three reasons misunderstanding or confusion may occur with a person accessing the service.

3. Identify two ways a support worker can identify whether the person is having any misinformation or confusion.

**Click to complete Practice task 6**

# 2D Obtain consent before commencing the intervention

Informed consent ensures the person receives all the relevant information in a form that is most appropriate to them. A person's ability to make decisions may be impacted by temporary capacity issues, limited English, intellectual disability or pressure from family or others. A person under the age of 18 must have parental consent.

The person should be supported to make decisions, within their capacity, and to review these decisions regularly. Where the person is unable to make a decision, a family member, guardian or significant other will be asked to make the decision. If no-one is available, a public guardian may be appointed to this role.

All individuals have the right to be informed and make decisions about the services they receive. Informed consent means that a person is given relevant and sufficient information for them to make an informed decision about participating in an intervention.

The person must have enough information to make an informed choice about proceeding with the intervention. Do not assume that you know what a person needs. Never begin an intervention without first providing the person with sufficient and relevant information or without asking for the person's consent to proceed.

Obtaining informed consent involves:

▶ discussing the intervention with the person

▶ listening to and respecting the person's wishes and opinions

▶ using effective communication skills.

## Organisational policies and procedures

Your organisation will have policies and procedures that outline a person's rights regarding information about the intervention; involvement in decision-making; and providing consent to services.

Make sure you are familiar with your organisation's requirements and that you adhere to them. A person has a right to know about the services an organisation provides; assessment and intervention processes they will be expected to undertake; options available to them; and safeguarding of their personal information.

All relevant information should be explained to the person before you begin your first intervention with them or at any other time they ask.

A person accessing the service is more likely to want to participate in interventions and other services if they know their rights will be respected and that they will be able to make decisions about matters that affect them.

Informed consent provides the person with:

▶ decision-making options

▶ a sense of control over the processes they are involved in

▶ understanding of responsibilities both to themselves and to you and the organisation you represent

▶ active participation in the intervention process.

# Consent to share information

Besides seeking consent to proceed with an intervention, you also need to obtain consent to share a person's information. The person should understand the organisation's confidentiality and privacy policies so they can feel certain that their information will be kept private.

A person must also know what kind of information you will need from them and how it will be used. If the person is unwilling to give certain types of information, you must respect their wishes.

Inform the person that their personal information will only be shared with their consent unless specific circumstances require that their information is disclosed. Such circumstances include:

▶ risk that the person may harm themselves or others

▶ if information must be revealed for legal reasons.

Most organisations have a consent form that a person accessing the service is asked to read and sign. The consent form allows an individual's information to be shared with others involved in their case. It is important that agreement to share information is made voluntarily and that the person does not feel compelled to sign the form. Individuals should understand that they have the right to refuse consent and to determine who has access to their personal information.

You can read more about privacy, confidentiality and disclosure at the following sites:

▶ http://aspirelr.link/aacqa-privacy-policy

▶ http://aspirelr.link/law-handbook-privacy-confidentiality

# Confidentiality

When you are employed by an organisation, there is an ethical expectation that you will not reveal any sensitive or confidential business information relating to that organisation. You should not disclose a person's confidential or personal matters to other team members or anyone else.

There are some instances in which you are required to disclose information as part of your duties; for example, if the person is being referred to another service you may need to provide specific information. In this case, you must obtain written consent from the person to pass on their information.

You can disclose private or confidential information when:

▶ you are being compelled by law; for example, if the person has a reportable disease or upon police request

▶ a person's interests require disclosure; for example, they have threatened suicide or harm to another person

▶ it is a duty to the public; for example, there is public threat or concern.

# Documentation and confidentiality

Your organisation will have policies and procedures in place regarding confidentiality and privacy and you have a legal and ethical obligation to understand and follow these at all times.

Remember, any written documents, forms, emails or the person's records are permanent and legal documents. For this reason, you should be very particular in the way that you record and handle written information in your workplace.

A person's case notes and personal files are recognised as evidence in a court of law. Make sure that you always write case notes and reports in a clear and legible way. Most organisations recommend that you use a black or blue pen and that you do not use correction fluid to correct mistakes. If you need to correct errors, draw a line through the error and initial it. Always double-check the name of the person you are writing about.

Make sure completed documents are filed appropriately, such as in a locked filing cabinet or a password-protected file.

On 12 March 2014, the Australian Privacy Principles (APPs) replaced the National Privacy Principles and Information Privacy Principles and apply to organisations, and Australian Government (and Norfolk Island Government) agencies.

You can access more information regarding privacy principles at: http://aspirelr.link/app-privacy-fact-sheet

There are now 13 privacy principles that apply to the collection, use and storage of information. Here is further information about how to handle personal information.

## Collection, use and storage of personal information

**1** **Open and transparent management of personal information**
Ensures that organisations manage personal information in an open and transparent way.

**2** **Anonymity and pseudonymity**
Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.

**3** **Collection of solicited personal information**
Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.

**4** **Dealing with unsolicited personal information**
Outlines how organisations must deal with unsolicited personal information.

**5** **Notification of the collection of personal information**
Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.

**6** **Use or disclosure of personal information**
Outlines the circumstances in which an organisation may use or disclose personal information that it holds.

**7** **Direct marketing**
An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.

**8** **Cross-border disclosure of personal information**
Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.

**9** **Adoption, use or disclosure of government-related identifiers**
Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.

**10** **Quality of personal information**
An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.

**11** **Security of personal information**
An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.

**12** **Access to personal information**
Outlines an organisation's obligations when an individual requests to be given access to personal information held about them by the organisation.

**13** **Correction of personal information**
Outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

# Mandatory reporting

Mandatory reporting legislation requires designated persons to report certain kinds of child abuse and neglect to government authorities. Often severe child abuse and neglect occurs in private, causes substantial harm to extremely vulnerable children, and is unlikely to be reported. Mandatory reporting means you must report it and it is a criminal act not to do so.

In most states, you must let your community services department know if you suspect that a child is being physically, emotionally or sexually abused. Mandatory reporting means that you do not have a choice: the law says you *must* make a report.

Some states (for example, New South Wales and Victoria) require that criminal record checks (working with children checks) are undertaken on people who work with children and young people.

Mandatory reporting raises a couple of concerns; chiefly, that it breaches confidentiality of the person undergoing treatment. Trust is an essential component of the therapeutic relationship and if it is breached it can jeopardise the entire process.

You can read more about mandatory reporting at:

▶ http://aspirelr.link/mandatory-reporting-child-abuse.

**Example**

### Obtain consent before commencing the intervention

Rachel is working with Mathew, a teenager aged 16 and three months, who is part of a diversionary program aimed at redirecting young people involved in drug-related offences to AOD services rather than having to go through the legal system. He has been referred to a community AOD service to participate in interventions aimed at raising his awareness of problems associated with drug abuse. Rachel is his AOD worker.

Rachel is keen to begin the interventions with Mathew as his motivation to abstain from drugs is high due to the consequences that may arise if he continues on this path. Mathew has had two other friends who were sent to a juvenile detention centre and he is very apprehensive about also ending up there.

Rachel is aware of Mathew's other misuse of alcohol and is keen to refer him to a specialist to commence withdrawal and detoxification. Rachel is aware that first she must obtain consent from Mathew's legal guardian, in this case, his mother, before Mathew can commence the intervention. Rachel is also aware that Mathew's mother has found it difficult to control Mathew and wants his father to look after him. Mathew is not keen for this to happen as his father can be very aggressive and has at times lashed out physically when Mathew has found himself in trouble with the law.

# Practice task 7

1. Explain the legal and ethical obligations that Rachel has in regard to informed consent.

2. Identify three reasons for breaching confidentiality and disclosing information without a person giving consent.

3. If Mathew's father is physically aggressive towards him, what are Rachel's responsibilities?

## Click to complete Practice task 7

# Summary

1. You have a responsibility to provide the person with information about the intervention process and to check that the person understands this information.

2. Before proceeding with an intervention, you must obtain the person's consent to do so. Informed consent means that a person is given enough information for them to make an informed decision about the options available to them.

3. A person may sometimes misunderstand or be confused about what an intervention involves. You should clarify any misunderstandings or confusion they have and report the matter to your supervisor as soon as possible.

4. Once you are sure the person understands what the intervention will involve and they have provided consent to proceed, you need to guide them to participate in and complete the intervention.

5. There are many reasons why a person experiences difficulties in completing their intervention requirements. You should use communication and problem-solving skills to identify why a person is having difficulties and make sure that you document them and report them to their supervisor.

6. The person does not always comply with treatment plans or interventions they have previously agreed to. It is important that you can identify when this is happening and have strategies in place to manage the issue.

7. Always seek appropriate assistance when you are faced with situations outside the scope of your role or your skills and knowledge.

8. Some of the difficulties that people accessing the service have with participating in and completing interventions may not be easily resolved. You should seek guidance from your supervisor about how to proceed.

# Learning checkpoint 2
# Confirm the intervention requirements with the person

This learning checkpoint allows you to review your skills and knowledge in confirming the intervention with the person.

## Part A

1.  Explain why cognitive behaviour therapy is a useful treatment intervention for people with alcohol and drug issues.

2.  Describe the communication strategies that are used to confirm the person's understanding of the intervention during motivational interviewing or counselling.

3. Explain why you need to report any misunderstandings that arise with a person accessing the service to the supervisor.

4. Explain the role of healthy conflict in the workplace and give two examples of behaviour that can lead to conflict arising with other team members or the person accessing the service.

5. Problem-solving is a strategy used to find solutions to problems or concerns. Identify the steps to problem-solving.

6. Explain the legal and ethical considerations when obtaining consent from a person accessing the service and commencing an intervention.

7. Explain when a person's information can be disclosed without their consent and identify three ways an organisation protects a person's privacy.

8. If you become aware of child abuse, what are the legal and ethical obligations that you hold?

# Part B

Read the case study, then answer the questions that follow.

## Case study

Last week David experienced a lapse with a night of binge drinking. He says that he'd had a difficult day at work and the two friends he works with suggested that they go to the pub after work for a quick drink. David and his friends had a couple of drinks in the staff room at afternoon tea time as there was a staff function on to farewell a person who was retiring.

David reports that he felt he was able to cope with the situation but two drinks quickly became four and then he just continued drinking. David informs John, his support worker, that he was so intoxicated that he was unable to drive home and then he vomited in a taxi. David feels he has undone all the work he had accomplished. He was unable to go to work the next day as he felt quite depressed. His wife is angry that he disregarded all the promises he made regarding his drinking habits and is no longer certain she wants to remain married to him if he continues to drink. David states that he feels useless and doesn't see the point in continuing to try.

1.  Describe one of the communication strategies that John could use to elicit information from David and provide support with how David is feeling.

2.  Explain why cognitive behavioural therapy might assist David.

# Topic 3

In this topic you will learn how to:

**3A** Guide and support the person to participate in the intervention as defined in the treatment plan

**3B** Provide feedback to the person to reinforce their understanding of the intervention and progress

**3C** Identify and manage any issues the person is having with the intervention

**3D** Work collaboratively and seek assistance when the person presents with needs or signs outside the limits of your own authority, skills and knowledge

# Conduct an intervention

Many people are strongly attached to alcohol and other drugs (AOD) use. This attachment to behaviours that cause harm perplexes many people. As a result, some people may confront the person, only to find it unsuccessful, often generating more resistance. To guide a person, you need to build a relationship based on trust and respect so that the person feels supported. The aim is to enable the person to effectively participate in the intervention.

# 3A Guide and support the person to participate in the intervention as defined in the treatment plan

Guiding a person requires you to provide them with information, discuss options and encourage them to make decisions. The person then gains a sense of control and empowerment. This helps the person to identify problems and difficulties and gives them the confidence to work towards solving them.

Some aspects of the intervention will be carried out in your presence, whereas others will have to be followed through by the person on their own. For example, if you work with a person to identify relapse prevention strategies, they will then need to apply these strategies on their own.



## Develop and maintain an effective working relationship using motivational interviewing

As you guide the person to participate in an intervention, always maintain your focus on building and maintaining rapport with the person. Rapport is based on mutual respect and trust. It allows the person to feel confident in your presence.

The relationship you develop with the person will impact the success or otherwise of the intervention. If a person does not feel that you value and respect them as an individual, they may find it difficult to participate fully and to remain committed to their goals.

Remember to always respect the person's rights and follow organisational policies and procedures. This allows you to remain accountable for your actions and to ensure that the person receives the service that they require.

You can build and maintain a positive working relationship by:

▶ being warm and empathic

▶ being respectful of the person's individual needs

▶ not judging or criticising the person

▶ encouraging the person to ask questions and raise concerns

▶ ensuring the person feels they have a sense of empowerment and control

▶ encouraging the person to make decisions and solve problems

▶ providing encouragement and constructive feedback

▶ avoiding imposing your own beliefs and values on them.

## Ambivalent people and motivational interviewing

Motivational interviewing is a method used to work with ambivalence and help the person explore their reasons to change their drug use. The emphasis is on helping the person to decide they need to change their behaviour, and to find their own reasons for doing so, rather than someone telling them they need to change.

Motivational interviewing is a counselling style based on:

▶ collaboration

▶ recognising ambivalence

▶ analysing motivations and values.

# Motivation to change

The person accessing the service is usually aware of the dangers of their behaviour but continue to use drugs anyway. They may want to stop using but at the same time they may not want to. Some individuals enter treatment programs but claim their problems are not all that serious. These feelings can be characterised as ambivalence and are natural, regardless of the person's state of readiness.

It is important to understand and accept the person's ambivalence because it is often the central problem. Combined with a lack of motivation, the person will not take active steps to stop their AOD use. Ambivalence is not denial or resistance. Try not to label it as anything other than what it is – ambivalence.

If the person can link their recovery or behavioural change to something they care about, the change is more likely to happen. If a person feels coerced, they may become defensive and decide to rebel against that control, but if they have chosen to change, they are much less likely to rebel against themselves.

Here are some tips on how to conduct motivational interviewing.

| When involved in motivational interviewing |
| --- |
| ▶ Use open-ended rather than closed-ended questions. |
| ▶ Use reflective listening to focus on the person's concerns or ambivalence. |
| ▶ Use affirmative statements to gain the person's trust and confidence. |
| ▶ Use summary statements. |
| ▶ Try to bring out self-motivational statements from the person by using problem recognition, expressions of concern, intention to change, and themes about optimism. |

# Express empathy

Each person has unique feelings, values and perspective. Your attitude should be one of acceptance, but not necessarily approval or agreement.

The use of reflective listening is fundamental to expressing empathy. You need to be switched on to the person's communication so that you can understand what they mean and then think about (or reflect on) the underlying meaning of what the person is communicating.

An empathetic style requires you to communicate respect for and acceptance of the person and their feelings. Your aim should be to encourage a non-judgmental, collaborative relationship with the person where your role is similar to that of a supportive and knowledgeable consultant.

To carry out this role successfully, you should:

▶ sincerely listen to the person

▶ support the idea that acceptance facilitates change and ambivalence is normal

▶ gently persuade the person with the understanding that any decision to change is the person's decision

▶ express how you will provide positive support throughout the intervention

▶ examine issues and bring out personal reasons and methods for positive change as a result of the intervention process.

# Develop discrepancy

Motivation for change is enhanced when the person perceives discrepancies between their current situation and their hopes for the future. Try to help focus the person's attention on their current behaviour and get them to compare it with a picture of what would be considered as ideal or desired behaviour.

Developing discrepancy is a very complex concept that requires specific training to develop. It is difficult to shift a person's focus as they are often unaware of the connection between their behaviour and the negative consequences of their behaviour. To develop discrepancy, you need to be able to convince the person that it is their behaviour that requires change. To do this, you need to support the idea of separation. Separate the behaviour from the person and help the person explore how important personal goals are being undermined by drug use.

As a starting point, try to:

▶ clarify important goals for the person

▶ explore the consequences or potential consequences of the person's current behaviours

▶ link discrepancy between the person's behaviour and their life goals.

# Rolling with resistance

Responding to the person's resistance is one of the most challenging parts of motivational interviewing. To effectively guide the person to participate in the intervention, you need to learn about common emotions behind the resistance and how to handle them. The best way to understand rolling with resistance is to see it used in action with a person by an experienced co-worker or supervisor.

Resistance may be a signal that the person views the situation differently; it is a signal to you to change direction or listen more carefully. Resistance is a legitimate concern because it leads to poor outcomes and lack of involvement in the intervention. However, it actually offers you an opportunity to respond in a new, perhaps surprising, way and to take advantage of the situation without being confrontational.

Adjusting to resistance is similar to avoiding an argument because it offers another chance to express empathy by remaining non-judgmental and respectful, and encouraging the person to talk and stay involved.

Some of the key aspects of rolling with resistance include:

- avoiding resistance; if it arises, try to find another way to proceed with communication about the intervention
- avoiding confrontation
- shifting perceptions without creating a feeling of being pressured or coerced; resistance is not opposed but rather acknowledged and explored
- inviting but not imposing new perspectives
- valuing the person as a resource for finding solutions to problems.

# Support self-efficacy

Without confidence, a person cannot perform to their potential. The concept of self-efficacy has often been used interchangeably with the concept of self-esteem, which is the process of evaluating the self; however, self-efficacy is more accurately described as a precursor to self-esteem. It is an individual's belief in their own competence. Emphasise that self-efficacy is a critical component of behaviour change.

You can support a person's self-efficacy by:

- communicating belief in the person's capacity to achieve goals
- talking about how others in similar situations have changed successfully
- providing opportunities for other people accessing the service to act as role models
- providing credible, understandable, and accurate information about AOD use
- providing information about methods and tools for recovery in a way that instils hope in the person
- breaking the change process down into achievable small steps
- establishing that belief in the ability to change (self-efficacy) is an important motivator.

# Encourage the person to talk about change and discuss options

If a person begins to talk about change, this should be actively encouraged and supported. The person may begin to recognise the disadvantages of staying the same and the advantages of change, and they may express optimism about change and an intention to change.

Asking the person to clarify their statements or elaborate on them is very useful, as is asking the person to imagine the worst consequences of not changing and the best consequences of changing.

Your role is to guide and empower the person to identify the strategies that will work best for them. This often requires you to discuss the options available with a person and encourage them to think about what they need to do to carry out the intervention. For example, you may ask a person participating in relapse prevention strategies to identify situations that pose a risk of relapse to them. These may include when they are with friends or at other social occasions.

Once a person has identified high-risk situations, they then need to consider what they can do to manage the risk; for example, avoiding the situation, learning refusal techniques or taking up alternative activities.

## Example

### Guide and support the client to participate in the intervention as defined in the treatment plan

Isis is a young woman who regularly engages in binge drinking with her friends. She tells Brian, an AOD worker, that there is no harm in it because she and all her friends do it every weekend and they are all okay. Brian asks permission to tell Isis some recent information about binge drinking. She agrees, so Brian discusses with Isis the increasing prevalence of binge drinking among young women and the harm it causes. He does this in a non-judgmental and factual way. To reinforce his message, Brian shows Isis a documentary about binge drinking among young girls, which highlights the risks associated with it, including brain damage.

Brian asks Isis if she now has a better understanding of the risks involved. She says she does and that she had no idea it could be so harmful. Brian asks her if she will continue to drink. She says she does not want to give up drinking altogether, but she now realises that to protect her health and wellbeing she should use alcohol in a more controlled way.

# Practice task 8

1. Explain what guiding a person in an intervention requires the support worker to do.

2. List the actions that a support worker can take to express empathy in the intervention.

3. Give two reasons why it is important to recognise resistance in the intervention with a person.

## Click to complete Practice task 8

# 3B Provide feedback to the person to reinforce their understanding of the intervention and progress

Feedback is an important way to clarify that the message received is the same as the message sent. Feedback involves clarifying understanding by using questions; for example, 'Do you mean to say ...' or 'So what you're saying is ...' You may summarise and paraphrase the original message to check your understanding.

Cooperation, respect, conflict resolution, innovation and teamwork are all results of effective communication. These are pivotal to effective work performance. Working in the AOD field, you need to build up a range of communication skills. You can do this by watching how more-experienced people communicate.

## Provide feedback to the person

An important part of the intervention process is to provide the person with feedback. Feedback should be given in a constructive way that reinforces the person's understanding of the intervention and promotes their progress.

Providing feedback allows you to:

▶ review the person's participation in the intervention

▶ provide constructive guidance and support

▶ discuss what the person has learnt from participating in the intervention

▶ acknowledge areas where they are doing well

▶ identify areas where they still need to improve

▶ build rapport and reinforce your working relationship with the person.

## Provide constructive feedback

People need regular constructive feedback so they know how they are doing. By giving a person regular feedback, workers can help keep the person engaged and motivated in what they are trying to achieve.

The focus of feedback and support for the person should always be on acknowledging the person's strengths and what they are doing well.

When workers recognise the person's achievements, they:

▶ validate the person

▶ show respect and acknowledge their dignity as a self-determining individual

▶ recognise the person's strengths and initiative

▶ promote the person's sense of control over their lives

▶ encourage them to take active steps to help themselves

▶ foster self-determination and resilience.

# Constructive feedback

Here is some information about how to learn more about constructive feedback.

**Confidence and ability**

▶ Help the person enhance their confidence and their ability to be self-determining; it should not belittle or make fun of them.

**Timely**

▶ Be as timely as possible so the actions or behaviour you are providing feedback about occurred recently.

**Language**

▶ Use positive and constructive language; avoid negative language and comparisons as it may have an adverse effect on a person's motivation and confidence.

**Behaviour**

▶ Focus on behaviour and actions, not personality; include specific examples of behaviours and actions.

**Communication**

▶ Allow for two-way communication so the person receiving feedback has an opportunity to discuss the comments and ask questions.

**Directness**

▶ Be direct and sincere and be provide it in a respectful and supportive manner.

# Factors to consider when giving feedback

People have a right to be given feedback in a comprehensive and timely way and be provided with any further information they require to help them make informed decisions about services.

You should ensure that you provide the person with information and feedback as soon as possible and according to your organisation's policies and procedures.

Discuss with the person how they would like to be contacted to discuss their assessment information. Some people may prefer that others in their household do not know they are involved with an agency or have had an assessment. They may request that you do not leave messages on their home phone, send mail to their home or email them for privacy reasons. Instead, they may choose to contact you or ask you to contact them on their mobile phone. You should make a note of the person's preferences in their files so that other workers are also aware of their preferences. It is important that workers provide feedback and give information in line with their organisation's policies and procedures.

Your organisation may have guidelines for:

▶ the time frame in which the feedback is provided; for example, within two weeks of the assessment process

▶ how feedback is provided; for example, by telephone, face to face or via written documentation

▶ how privacy and confidentiality should be maintained, including when transporting information and to obtain a person's consent to provide assessment information to others

▶ the type of information you can give; only give people information that you are qualified to give

▶ the agency's limitations; for example, the services they can and can't provide

▶ what you need to do to provide information in a way that meets a person's individual requirements; for example, language, or comprehension difficulties

▶ the additional information and documentation you may need to provide to individuals, including consent forms and agency policies.

## Specific feedback about the intervention strategy

Information that you gather from an assessment and subsequent dealings with the person can be used to improve outcomes for the person in many ways. Providing feedback about the results and outcomes of your dealings is useful for the person, as it can help them to gain a valuable perspective about how their drug use affects their life. The type of feedback that they receive has the potential to motivate them to seek help through the various channels offered. The feedback session is an opportunity to provide the person with a summary of progress.

Here is some more information highlighting examples of discussion points that an AOD worker can use with people to summarise the intervention.

### Person's perception

▶ The person's own perceptions of the problems – 'Can you tell me how you feel about these issues?'

### Risks and problems

▶ Evidence of the presence of risks and problems – 'We've discussed that you're sharing needles, which is a high-risk activity. There are alternatives available to help people avoid doing this. Would you like me to discuss some options with you?'

### Person's desire for change

▶ Any indications the person makes that they desire change – 'Even though you told me you enjoy being high, you also said there are times you think about giving up so that you can start a family.'

### Actions or referrals

▶ Actions or referrals you researched or looked into on the person's behalf – 'I've collected some written brochures about employment services that might suit your needs.

# How to give feedback to people

The feedback you give a person will be based on your analysis of the information obtained through interviews with the person and others, the questionnaires and screening tools the person has completed and your observations of them. These assessment results will inform the type of services the person is offered.

It is important to consider how you will give the person's feedback before you meet or talk with them. You need to consider their individual requirements, such as a need to have an interpreter or support person present, and the way you give them information. Always give the person feedback in a supportive way; for example, do not simply launch into a list of problems or negative statements based on your analysis of their assessment. It is important to highlight the person's strengths and abilities as well as areas of need.

You may find it helpful to use a checklist of the main points you need to discuss to ensure you give the person all the information they require.

Feedback does not just involve critiquing a person's efforts. It should be given in a supportive way that builds the person's confidence and highlights their achievements. Never give feedback by focusing only on problems or perceived weaknesses. You should draw attention to the person's strengths and discuss ways they can use these strengths to improve areas where they are having difficulties.

Here is some information on how to give feedback to people.

| **Guidelines for giving constructive feedback** |
|---|
| ▶ Focus on helping the person recognise what they are doing well and where they might need to improve. |
| ▶ Never humiliate or make fun of the person. |
| ▶ Be as timely as possible so that feedback is directly relevant to the current situation. |
| ▶ Be specific and avoid vague statements such as, 'Well you seem to be doing okay'. |
| ▶ Avoid negative language and destructive criticism, which may have an adverse effect on a person's confidence. |
| ▶ Focus on a person's behaviour rather than criticising their personality. |
| ▶ Allow for two-way communication so that the person has an opportunity to discuss the comments and ask questions. |

# Communication strategies for giving feedback

When providing feedback you should also display empathy and be non-judgmental and courteous. Make sure the information you provide is fair and accurate. Always invite the person to discuss the feedback and to raise anything with you that they don't agree with. It is important that you focus on fostering understanding rather than imposing your own views.

When providing feedback to a person about an intervention, you need to use a range of communication strategies. These include:

▶ asking open-ended questions to elicit information from the person

▶ listening in a reflective way to aid your understanding of the person's experience and feelings

▶ clarifying what the person says to ensure you understand their meaning

▶ summarising the main points of what the person has stated.

Sometimes you need to adapt the way you provide the person with information and feedback so that you meet their individual communication requirements. Factors that may influence the communication style with people are summarised below.

### Level of comprehension

The person's level of comprehension; for example, a person with an intellectual disability may need a support person or carer present to help them understand the information. In cases where the person's comprehension is very limited, the information should be given to a legal guardian, carer or approved family member.

### Culture and language

The person's cultural and language requirements; individuals from non-English-speaking backgrounds may require an interpreter present to translate information. In some cases it may also be advisable to have someone from the person's culture to advise about cultural matters and aid cross-cultural communication.

### Age

The person's age; a person under the age of 18 may need to have a parent present.

### Mood

The person's mood or mental state; you need to monitor a person's mood to ensure that they do not become agitated or upset by the information you give them. You should be clear and direct in the way you provide information but, at the same time, be aware of how the person is receiving the information.

### Sensitive information

Be aware that the feedback you give people can sometimes contain sensitive information. The person may be surprised or upset by feedback. For example, a person may not like being told that an AOD dependency screening tool indicates they have a high level of dependence when they have strongly denied having substance misuse concerns.

## Respect

Be courteous and respectful when providing the person with feedback. Make sure that the information you provide is accurate and that you engage the person in a discussion about the results. It is important that the person understands the feedback they are given and that you take the time to clarify their concerns.

# Provide feedback to ambivalent people

When delivering detailed feedback or feedback that may upset the person, try to be with the person physically so you can discuss the feedback. You should also be prepared to use the following relationship-building and communication strategies:

▶ Active listening

▶ Empathy

▶ Courtesy

▶ Providing information and clarifying concerns

▶ Observing a person's nonverbal language

▶ Ensuring a person's language and cultural considerations are met

▶ Being respectful of individual differences

▶ Being non-judgmental

Always invite the person to discuss the feedback and to raise anything they do not agree with. Respect their autonomy and their right to refuse consent or services.

# Ambivalence and motivation to change

Confronting ambivalent people with too much urgency or forcefulness can lead to further resistance. Some people can see both the advantages and disadvantages to reducing or eliminating their drug use, but may not be highly motivated to change.

## Work towards motivation change

▶ Ambivalence is more likely to be slowly redirected towards motivation to change if you acknowledge the benefits of drug use in the person's life, even if those benefits are merely the person's perception. Once you acknowledge the positives of drug use, discussing the more negative aspects allows the person to see how the positive perception may be flawed.

It can be useful to encourage the person to create a list of the good and not so good aspects and effects of their substance use. This can allow the person to compare and consider their reasons for wanting to continue using drugs and wanting to change their behaviours.

## Use assessment feedback

▶ The aim is to help the person to develop a greater awareness concerning their drug use and to make decisions about it. Always seek responses using active-listening techniques. Guide the person towards talking and thinking about the issues, rather than attempting to provide them with answers. Reflect and re-state the person's own responses to encourage them to delve deeper and clarify their standpoint.

Motivation for change usually grows when a person recognises a discrepancy between where they are and where they want to be. This recognition usually needs to be driven by the person's own thought processes, rather than you.

**Example**

**Provide feedback to the client to reinforce their understanding of intervention and progress**

Peter is 60 years old. He has experienced long-term AOD-related health issues and he was hospitalised for several months, attending long stints of rehabilitation. He was homeless, but now lives in supported accommodation. He smokes about 30 cigarettes a day, is malnourished and is in poor physical health.

Chris is Peter's AOD support worker. Chris tells Peter, 'Those smokes are killing you, you need to quit'. Peter becomes very agitated: he has smoked for all of his adult life and doesn't want to be forced to quit. Chris apologises. He assures Peter that any decision to stop smoking lies with him. Chris is concerned about Peter's physical health and they discuss these concerns and explore Peter's reluctance to address his health concerns.

Chris uses active and reflective listening and respectful responding, and demonstrates empathy. When communicating with Chris, Peter feels emotionally safe and discloses that he has been worried after experiencing some chest pains. Peter agrees to visit his doctor for a check-up.

# Practice task 9

1.  Explain how feedback can assist you with the intervention for a person.

2.  List three positive outcomes for providing constructive feedback to the person.

3.  Identify the communication strategies you would employ when providing feedback to a person.

**Click to complete Practice task 9**

# 3C Identify and manage any issues the person is having with the intervention

There are many reasons why individuals experience difficulties in completing an intervention, and they may indicate these difficulties in lots of different ways. For example, they may become argumentative, refuse to participate, deny that they have a problem or begin to ignore you. It is important that you identify any difficulties the person has and that you document and report them to your supervisor in a timely manner. Your aim is to support the person by helping them move through any difficulties they are experiencing in completing the intervention.

Individuals may have difficulty completing interventions due to:

▶ not properly understanding what is expected of them

▶ ambivalence about receiving treatment

▶ lack of motivation

▶ preoccupation with other concerns such as financial problems

▶ not thinking the intervention meets their needs

▶ a lack of rapport with their AOD worker

▶ a fear of change and how it will affect their lives; for example, not being able to use alcohol or drugs as a social lubricant

▶ experiencing a sense of grief at the loss of a lifestyle that involved AOD use

▶ experiencing peer pressure to continue their old habits

▶ co-existing conditions, such as mental illness, acquired brain injury or disabilities, that make it difficult for them to carry out the intervention.

## Recognise the stages of change as they apply to an intervention

To identify and anticipate difficulties that the person may face, it is important to have an understanding of the stages of change that people go through as they decide to change their AOD use. The stages of change model is used to recognise that people who are in the process of changing their behaviour are in a 'change cycle'.

The stages of this particular model are outlined below.

## Pre-contemplation stage

In the pre-contemplation stage, the person is not really aware that they need to change and do not see themselves as having a problem. They may resist participating in interventions because they see what they are doing as normal behaviour. For example, a person may reveal to you that they binge drink on a regular basis, but excuse the behaviour by claiming that all of their friends do the same.

At the pre-contemplation stage it may appear as though a person is unconcerned and does not link any problems with their drug use. It is quite possible that they view the positives of the behaviour as far outweighing any perceived costs.

If you are able to suitably engage with the person, they are more likely to seek you out if or when they are thinking of doing something about their drug use. If you are able to achieve engagement with the person, you should focus on raising their awareness about the harms associated with their drug use. This is also known as raising doubt. The aim here is to increase the person's perception of potential risks and problems.

The notion of rolling with resistance is applicable at the pre-contemplation stage. The emphasis here is on personal choice and control. There is no advantage in lecturing them about their drug use. A more suitable approach would be to phrase statements in a non-confrontational manner. For example, instead of stating, 'If you are going to inject drugs, you must do it safely or you will get very sick!' state, 'I cannot force you to use safe injecting practices. It is up to you to protect your own health.'

## Contemplation stage

In the contemplation stage, the person is beginning to think about changing and has a greater awareness of the problems their AOD use may cause. They may be still weighing up the benefits and drawbacks of changing their behaviour and asking themselves if it is worth the pain to make changes.

It may be the case that the person is saying one thing to you but is actually doing another, which may not be apparent to you during the intervention. The person may also be hiding their true motivations and emotions by providing reasonable or self-justifying explanations to you, or they may be 'playing down' their drug use.

You might also notice that the person is more anxious. This is recognised as being an indicator of contemplation, but there is no guarantee of this. Anxiety is very complex and its analysis is beyond the scope of your role. However, if you notice that anxiety is rising within the person, talk with them about their feelings and relate the discussion to concerns they may have about the intervention.

There will be times when the person will be trying some things that are not working, and they may end up talking about change in their drug use and then arguing against it. With this intention to take action, some small behavioural changes may already be occurring and this should be your focus.

You should be prepared to continue to raise awareness of the risks of drug use and try to help the person to make informed choices while offering continued support, assistance and encouragement. It is quite possible that the person will consider change as the best option for them. Emphasise the risks associated with not changing.

Look at ways to boost the person's self-efficacy using motivational interviewing techniques, open-ended questions, affirmations and summarising during your discussions with the person. Your aim is to allow the person to recognise the problems associated with their drug use, link this with an intention to change and instigate a self-assessment of their values, strengths and needs.

## Preparation stage

In the preparation stage, the person is getting ready to make changes. They will feel that they can admit a need for change and accept the consequences of their behaviour. At this stage, the person will appear to be asking for help and considering the options available to them, such as quitting, cutting down or changing their patterns of drug use. They may still be unsure of what they want to achieve; that is, whether they need to quit altogether or just cut down.

Help the person to clarify their options and make decisions. Provide a glimpse into their future by providing information on all available options. With help, goals can be set, plans can be made and strategies can be discussed.

## Action and maintenance stages

In the action and maintenance stages, the person has made the decision to change and is actively trying to change old habits and maintain new behaviours. They are taking action by making changes in their drug use. The person taking action will often seek you out for help or refer to the discussions that you have had previously and use the strategies and tools to make their plan more successful. The focus is on recovery.

During these stages the person needs support and encouragement to keep their focus. You need to keep highlighting positive consequences of change and help them develop appropriate relapse prevention strategies.

## Relapse stage

Relapse is expected to happen. Although it is recognised as being a difficulty in completing an intervention, relapse is a stage of the change cycle. You can help the person plan with the use of relapse roadmaps and crisis plans for when a relapse might happen. It is important to review the warning signs of relapse.

In the relapse stage the person uses again, often to an extent where they may surpass the amount they had reduced their use to. It may also be the case that the person begins using a new form of drug and views this as failure. The person may have experienced a minor lapse of behaviour or a full-blown relapse back into old patterns of use. They will usually go through a range of emotions at this stage, including feelings of shame, helplessness, failure and loss of confidence.

You need to provide support and information and encourage the person to start moving through the change cycle again. It is important that you explain to the person that relapse is an expected and normal part of the cycle of change. This will help them develop the confidence to start over again.

# Identify and manage compliance issues

Individuals do not always comply with intervention strategies that they may have previously agreed to. For example, the person may not turn up to appointments, may state that they are adhering to agreed intervention strategies when they are not or they may fail to follow all aspects of agreed intervention strategies.

It is important that you identify when compliance issues arise and have strategies in place to manage the compliance issues. Apart from obvious signs of relapse or continued drug use, there are a number of ways that you may identify compliance issues. One way is through subjective reporting; for example, a person tells you they

have not been following intervention strategies. Another way is through objective reports obtained from test data; for example, breathalysers or blood tests, or reports from AOD professionals.

You may also use your own observation skills; for example, a person may tell you they have not been using alcohol or other drugs, but you can smell alcohol on their breath or observe other signs that indicate they are using.

It is important that you check a person's compliance on a regular basis. You can do this by simply asking them if they are having any difficulties carrying out the intervention strategies that they have agreed to follow.

If a person tells you they are not complying or you hear this from someone else, you should ask permission from the person to discuss the situation and find reasons why this is happening.

Here are some guidelines on how to approach the person who is non-compliant.

### Be non-judgmental

Approach the issue in a calm, non-judgmental manner and avoid accusations or being critical.

### Communicate

Listen to the person's explanation and encourage them to explore with you how the issue might be resolved. You may find it useful to use problem-solving strategies to involve the person in identifying solutions to the problem. This will involve:

▶ discussing and identifying why they are not complying

▶ exploring the consequences of not complying

▶ brainstorming options to help them comply; for example, receiving additional support or changing the intervention they are undertaking

▶ selecting the option that seems the most suitable

▶ implementing the strategy

▶ evaluating the outcome.

### Encourage responsibility

Encourage the person to take responsibility for their actions. Using motivational interviewing techniques, allow them to see that you are not going to give up on them.

### Be accepting

Understand and accept that individuals who are voluntarily participating in AOD services sometimes do not comply with treatment plans or intervention strategies that they have agreed to undertake.

# Report difficulty in completing interventions

Your organisation will have policies and procedures in place for working with individuals who have difficulty completing interventions. These will vary according to the organisation you work for, your job role and the person's treatment goals. Make sure you follow the appropriate procedures; for example, documenting the person's concerns in a fair and objective manner.

In line with organisational policies and procedures, you should report any difficulties the person experiences to your supervisor as soon as possible. Explain the steps you have taken to assist the person to complete the intervention and, if necessary, seek further advice.

It is important to remember that your role is not only to provide interventions but to support the person. When you report the person's difficulties to your supervisor and others involved in the person's treatment, you should also point out what the person is doing well and what they are aiming to achieve. This ensures that you give a complete picture of the situation. This allows you and others to recognise the person's strengths as well as their difficulties.

# Report compliance issues

Report all compliance issues according to your organisation's policies and procedures. The reporting process that you follow will either be subjective or objective, depending on the circumstances of the compliance issue. In some services, you may work with individuals who are on compulsory treatment orders. These may involve diversion programs where individuals – usually people who have committed offences related to drug use – may be diverted from the judicial system to AOD treatment services. It may also happen when a court orders a person to participate in compulsory treatment before or after sentencing. In these circumstances, you are expected to make regular objective reports on how the person is complying with the interventions they are undertaking.

Here are examples of subjective and objective reporting.

### Subjective reporting

Subjective reporting involves the person describing their own experience and you documenting this. The report will contain reference to the person's own recollections; for example, they may reveal to you that they had difficulty understanding or following the treatment plan or intervention strategy. The information that the person shares with you will form part of a subjective report.

### Objective reporting

Objective reporting involves statements of fact and not an interpretation of an event. In the AOD field, objective reports are often based on tests, such as reports of blood alcohol tests or breathalyser tests. Sometimes you will be required to fill in compliance reports for the police or courts. These objective reports request information about the person's compliance with their treatment plan or intervention strategy and whether or not they are missing appointments or failing to meet agreed goals. These types of reports can have serious implications for the person.

**Example**

### Identify and manage any issues the client is having with the intervention

Amber is in the early stages of pregnancy and her husband has told her she must stop smoking. She and Martin, her AOD worker, have identified a range of strategies she can use to stop smoking and avoid relapse.

Amber tells Martin that she is experiencing difficulties with managing her cravings. She says when she gives in to her craving to smoke, she starts smoking more than ever. She feels guilty about the fact that she lies to her husband by telling him she no longer smokes.

Martin asks permission to discuss with Amber why she is having difficulties with the strategies they devised. Amber replies that she feels she is being made to give up smoking when she does not really want to. She says she can't see how a few cigarettes a day can really hurt the baby.

Martin realises that Amber is at an earlier stage of change than he thought, and he will have to use more appropriate strategies relating to ambivalence. He uses motivational interviewing to highlight the dangers of smoking while pregnant. He documents Amber's difficulties and his intended response.

# Practice task 10

1. List three reasons why a person may have difficulty in following the plan.

2. List the five stages involved in the stages of change model.

3. Identify the four factors to consider when approaching a person who is non-compliant with the intervention plan.

**Click to complete Practice task 10**

# 3D Work collaboratively and seek assistance when the person presents with needs or signs outside the limits of your own authority, skills and knowledge

Working with people who have AOD issues is a complex and challenging role. You need to make sure that you know who to contact for help when you are faced with a person who has needs or is showing signs that are outside your area of practice or expertise.

It is important that you always work within the limits of your role, knowledge and experience and seek assistance where necessary. If you are unsure of any aspect of your work role and responsibilities, always ask for advice from your supervisor or manager.

Help may potentially come from any number of sources, including team members within your organisation or from a wider network of other professionals and service providers.

## Refer to documents

You can also refer to relevant written documentation to guide you in understanding the obligations, scope and limitations of your role.

Here are some examples of documents to refer to.

### Position description

Your position description outlines the tasks you are expected to carry out as part of your job. You must make sure that you work within these boundaries and do not take on tasks that are assigned to other workers or are outside the scope of your role.

### Organisational policies and procedures

Each organisation has policies and procedures that:

▶ outline the types of services on offer

▶ specify how these services are delivered

▶ indicate what people are eligible to receive services.

You have a responsibility to follow organisational guidelines when providing services. This means that you may need to seek assistance from other people both within and outside of the organisation. Sometimes, you may need to refer the person to other services.

### Relevant codes of ethics or conduct

Relevant codes of ethics or conduct provide guidelines about professional practice and ethical behaviour. It is important that you know how the standard of conduct and ethics applies to the work that you do and how they relate to the people and relevant parties.

### Your training and qualifications

The training you undertake equips you to work in a particular role and at a specific level. Over time, you will gain experience and knowledge and may take on positions of greater responsibility, but you should always take care that you do not perform tasks that you are not trained or qualified to do.

# Other services to access for support

At times people will have issues that are not within the organisation's scope of practice. You need to know what services are available in the community to refer or access for support for the person. Experts are sometimes used as resources for obtaining technical information such as clear directions on the effects of illegal substances with a type of medication or alcohol. You may need to contact emergency services if a crisis situation arises. It is important that you know the type of support that is required and the contact details for each service delivery. When seeking assistance from others, it is important that you follow your organisation's guidelines. You should also be clear about why you are seeking assistance and conduct yourself in a professional manner. This includes:

▶ being courteous and respectful

▶ understanding the role of the service or individual you are seeking assistance from

▶ advocating for the person

▶ documenting the interactions you have

▶ liaising and following up actions.

### The services from which you may need to seek assistance



#### Emergency services

You may need to call emergency services if a person:

▶ has overdosed

▶ is showing signs of acute mental illness such as hallucinations, delusions and high levels of agitation

▶ has harmed themselves or is threatening to harm themselves or others

▶ has had an accident or is ill.
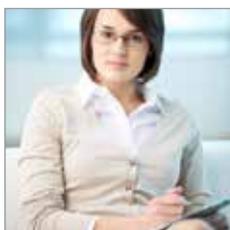


#### Other AOD services and professionals

Your organisation will offer specific services within the AOD field. At times you will need to seek assistance from other AOD professionals and services to meet a person's specific needs; for example, detoxification units, AOD counsellors, residential services, street-based services and mobile units.

### Mental health professionals

Mental health professionals include clinical mental health workers, psychologists and psychiatrists. A person who has co-existing mental health conditions and AOD issues requires the services of both mental health professionals and AOD workers. Workers in both fields should liaise and cooperate to provide services that best meet the person's needs.

### Doctors and other health professionals

You may need to seek assistance from a person's doctor or other health professional regarding a person's healthcare needs.

### Accommodation services and emergency shelters

You may need to support a person who is homeless or who needs accommodation or emergency shelter by seeking assistance from housing services and emergency shelters such as domestic violence shelters.

### Your colleagues and supervisors

Your colleagues and supervisors are an invaluable source of information and support as many will have years of experience in the AOD field. They can advise you if you are unsure how to respond in a particular situation or if you need information about particular resources or services. In addition, some of your colleagues may be specialists in particular fields such as counselling and clinical AOD services.

### Family and support network

A person's family and support network know the person better than anyone. They can provide valuable background information about a person that may help you understand a person's behaviour, habits and level of motivation.

## Advocate for the person

Advocacy involves acting to meet the needs and rights of a person who may not have the opportunity or skills to advocate on their own behalf. Advocacy is a social justice process that allows individuals the opportunity to voice their opinions and needs. It ensures the person's rights are upheld, especially when they have a reduced capacity to speak for themselves.

When standing up for the rights of another person, you are advocating for them. Therefore, an advocate is a person who speaks, argues or stands up for the needs, rights and opinions of another.

Here is some information about the different types of advocacy.

**Self-advocacy**

When the person can advocate on their own behalf. The individual or a group represents their own view

**Individual advocacy**

When the worker advocates on behalf of the person. The worker represents the rights, needs and opinions of the person to another individual or organisation.

**Professional advocacy**

Professionals represent the rights, needs and opinions of a person to another individual or organisation. Professional advocates include specialist aged, disability, Indigenous or multicultural advocates; tenancy advocates; lawyers and union advocates.

**Legal advocacy**

A lawyer or other person assists an individual to uphold their legal rights.

**Citizen advocacy**

When an independent community volunteer establishes a long-term relationship with a person and represents their interests.

# Principles of advocacy

There is no prescribed way of advocating, but there are principles that are common to all advocacy work. Good communication skills and professional conduct is essential to advocacy.

As with all activity in AOD work, being prepared is essential. This means ensuring that documentation and case notes are kept up to date to access required information.

Here is some more information on the principles of advocacy.

**Advocacy principles**

▶ Person directed – Advocates work at the direction of the person to help the person make informed choices.

▶ Conflict management – Advocates endeavour to avoid confrontation as much as possible

▶ Confidentiality – A person has the right to expect that privacy and confidentiality will be respected and information will not be disclosed without their permission.

▶ Culturally sensitive – Advocacy must consider the cultural, linguistic and communication needs of the person

▶ Duty of care – Advocates have a duty of care not to advocate in ways that are illegal or will cause harm to the person.

▶ Empowerment – Advocacy seeks to increase the control a person has over their lives.

> ▶ Independent – Advocacy must be independent and free of conflicts of interest.

> ▶ Needs-based – Service is provided to people in the group according to need.

> ▶ Partisan – Advocacy is on the side of the disadvantaged party. It exists to assist the person.

## Limitations on the scope of your job role

The scope of your job role refers to the responsibilities that you are permitted to perform, within the limits of your training, qualifications and job description. Sources of information about the scope of your role are available to you in various formats, including job descriptions and policy and procedure documents.

Supervisors can advise you of limitations that are placed on your position. They can provide advice for how you might seek help for the person from an appropriate professional, either internal or external to your AOD organisation.

Some tasks that might be outside the scope of your role include:

▶ administering medications, particularly intravenous injections, which should always be performed by suitably qualified health professionals

▶ counselling a person who has depression or has admitted self-harm or suicidal intentions

▶ giving legal or financial advice to people, regardless of how much experience you have in these areas outside of your current work role

▶ performing certain health and mental health screens that require specific training or qualifications

▶ attempting to diagnose medical or mental health conditions

▶ lecturing or preaching to people about your own religious or moral beliefs in an attempt to solve their problems

▶ helping the person with cultural needs that are better addressed by culturally-specific services, such as Indigenous drug and alcohol services.

## Report difficulties

Some of the difficulties that a person has with participating in and completing interventions may not be easily resolved. Difficulties must be reported immediately to your supervisor. You can make a report to your supervisor by speaking directly to the supervisor in person or by telephone or making a written report.

By reporting the matter to your supervisor, you meet the obligations of your work role and your duty of care to the person. It is also an opportunity to ask for advice. Supervisors have a responsibility to monitor your work and to ensure that individuals are receiving appropriate services.

By using a process of self-reflection, thinking about how you work with different groups of people and seeking new ways to respond, you can modify your personal attitudes and reactions to be less judgmental. As part of your ongoing professional development, learn from your colleagues and clinical supervisors by discussing issues that arise.

Supervisors need to consider:

▶ the person's treatment plan or proposed interventions need to be changed

▶ you have provided the appropriate support to the person

▶ if the person needs additional support to complete the intervention

▶ you have followed organisational policies and procedures

▶ you have overlooked anything in responding to the person having difficulties.

# Review progress

Participating in a review of the strategies with the supervisor gives you an opportunity to consider your own role as well as the difficulties experienced by the person.

Whether or not you are using the most appropriate type of intervention is a judgment call made by your supervisor. For example, you may be working with a person on relapse prevention strategies when they are still in an earlier stage of change and are ambivalent about making changes. A brief intervention focusing on educating the person and providing them with information may be more appropriate.

You may also need to explore, with a supervisor, whether the relationship you have developed with the person is helping or hindering the intervention. There are a number of reasons why a working relationship may impede a person's progress; for example, the person may feel that the worker is judging them in a critical way or they may feel that the worker has too high expectations of them. A lack of rapport between you and the person can lead to a misunderstanding of what you say to and expect of the person.

You may sometimes fail to take into account all the reasons that the person experiences difficulties participating in interventions. It might be the case that the person is going through a period of personal or financial crisis, such as a failing personal relationship or difficulty paying rent.

Sometimes a person just needs additional support to complete interventions. This may come from family members or friends or through a self-help group. Your supervisor may be able to recommend an appropriate self-help group and ways of including a person's social support network.

# Clinical supervision

There is growing interest in clinical supervision for the AOD field. Clinical supervision is now being incorporated into most AOD services in most areas of Australia. It is directed at developing less-experienced AOD workers' clinical practice skills through the provision of support and guidance from a more-experienced supervisor. The process of clinical supervision is primarily through collaboration between an experienced practitioner and less-experienced practitioners.

Whatever advice your supervisor gives you, it is best to accept it in a non-defensive way. This may involve:

▶ listening carefully to their advice and/or suggestions

▶ asking for clarification if you don't understanding something

▶ using the situation as a learning experience

▶ thinking about how you can apply their suggestions.

**Example**

**Work collaboratively with others and seek assistance when the client presents with needs or signs outside the limits of your own authority skills and/or knowledge**

Tim is studying at university and has decided to gradually cut down his use of alcohol and cannabis so that he will be drug-free and clear-headed by the time his exams come around. He and his AOD worker, Kurt, work out a plan that has Tim cutting back on his drug use slightly each week. Several weeks go by and Tim reports that he has been unable to stick to the plan. He is using just as much as before because every time he goes out, his friends find ways of inducing him to drink or smoke.

Kurt discusses the case with his supervisor, who suggests that if Tim is really serious about limiting his drug use before his exams he should consider stopping using completely. The supervisor also suggests that Tim should avoid situations where his friends can pressure him into using, and to practise his refusal skills.

Kurt discusses this strategy with Tim, who agrees that it is probably the only way he can concentrate on his study and get through his exams.

# Practice task 11

1. Briefly explain what advocacy is.

2. List two sources that you can access to obtain information about the scope of practice of your role.

3. Give three examples of activities that are outside the role of a support worker in AOD services.

**Click to complete Practice task 11**

# Summary

1.  An important part of the intervention process is to provide the person with feedback. Feedback should be given in a constructive way that reinforces the client's understanding of the intervention and promotes their progress.

2.  Always seek appropriate assistance when you are faced with situations outside the scope of your role or your skills and knowledge.

3.  Some of the difficulties that clients have with participating in and completing interventions may not be easily resolved. You should seek guidance from your supervisor about how to proceed.

4.  You should be prepared to collaborate with others and use a range of intervention strategies to meet client needs and the recommendations of the treatment plan.

5.  You should provide regular feedback about clients so your supervisor can monitor their progress and offer guidance where necessary.

6.  Feedback may be given to supervisors on an individual basis or at case meetings.

7.  Clients may experience difficulties or have concerns throughout the intervention process. These may relate to difficulties they experience in achieving their treatment goals or completing interventions.

8.  It is important to recognise where a person is at in the stages of change to assist in developing strategies or modifying strategies for the intervention.

# Learning checkpoint 3
# Conduct an intervention

This learning checkpoint allows you to review your skills and knowledge in conducting interventions with people with AOD issues.

## Part A

1. Identify three ways you can build and maintain a positive working relationship with people accessing AOD services.

2. List three strategies to use when undertaking motivational interviewing.

3. Explain how feedback assists the support worker to reinforce the person's understanding of the intervention.

4. Identify three reasons why a person may have difficulty completing an intervention.

5. As a support worker managing noncompliance, explain three actions that you would take.

6. If a person accessing the service has an issue that was outside your role, what action would you take? Explain how you would identify that the issue was outside your role.

7. As a support worker you may have to access other services. Explain why this may occur and give three examples of other services that an AOD worker may access.

# Part B

Read the case study that also appeared in Topic 2, then answer the questions that follow.

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## Case study

Ron is trying to overcome alcohol addiction and, although he has nearly completed the intervention, he still experiences strong urges to drink. Samir is working with Ron on relapse prevention strategies, with a particular focus on cravings. Samir believes planning behavioural strategies for dealing with cravings is one of the most important aspects of relapse prevention.

Samir encourages Ron to use the following strategies to cope with his urge to drink:

▶ Focus on reasons for quitting alcohol instead of thinking about why he wants to drink.

▶ Use decision delay techniques; for example, try telling himself to wait a certain amount of time before he makes a decision about drinking. Cravings often come in waves. If Ron can make himself delay drinking for a time, the urge to drink might pass.

▶ Use challenging self-talk; for example, 'I have an urge to drink but I can deal with it. It will go away soon.'

Samir reports to his supervisor that Ron is doing well with these strategies, although he has had some lapses and continues to have to fight the urge to drink. The supervisor suggests that Ron needs to learn about managing cravings and about changing his lifestyle so that he includes activities that are a substitute for drinking.

The supervisor recommends that Samir work with Ron to identify healthy alternatives that may act as a diversion from alcohol use. Ron now needs to:

▶ consider activities that have a long-term physical and/or psychological health benefit

▶ develop a list of activities that he can refer to when experiencing a strong compulsion to drink; for example, exercise, going to the movies, reading, spending time with friends who don't drink, taking up a hobby, or other recreational activities.

Samir agrees to follow the supervisor's advice and start encouraging Ron to focus on lifestyle factors rather than concentrating exclusively on strategies for dealing with cravings.

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1. Explain why it was important for Samir to report the difficulties that Ron was having with the intervention strategies.

2. List the strategies that Samir and the supervisor worked collaboratively on to assist Ron in following the intervention plan.

# Topic 4

In this topic you will learn how to:

**4A** Provide feedback to your supervisor regarding the outcome of interventions

**4B** Implement variations to the intervention under guidance from your supervisor

**4C** Clearly document information about the intervention and its progress

**4D** Provide progress feedback to the person

**4E** Identify the need for referral to other services and take action in consultation with your supervisor

# Monitor and record activities

You have a responsibility to clearly document information related to interventions. Any difficulties or concerns the person has in completing the intervention need to be reported to your supervisor.

All verbal and written reports should be completed in a timely way and according to organisational guidelines. This ensures that your supervisor can monitor the person's progress and provide advice about varying the intervention if necessary.

It is also helpful to determine what other support services the person may require and to keep a record of referrals to other agencies that may be required. Information regarding other services includes when the other service will be required and what supports they will provide for the person.

# 4A Provide feedback to your supervisor regarding the outcome of interventions

Supervisors require regular progress feedback so they know how you are going with the intervention. Giving supervisors regular feedback helps keep them informed and engaged in what you are trying to achieve and to keep track of how the person is progressing with the intervention strategy.

## The supervisor's role

The supervisor's role is to monitor the intervention process. Regular feedback from you allows them to provide suggestions and advice about the intervention and make reports to management or others involved in the person's case.

Feedback can be either verbal or in written form. You will be required to provide both. Providing this information is part of your role and is not a breach of the person's confidentiality or privacy.

Organisations usually provide guidelines about when to provide feedback to supervisors and how it should be given. Make sure you are familiar with organisational guidelines regarding feedback and learn the basic principles of giving feedback.

These guidelines may include reference to:

▶ who feedback is provided to

▶ how often feedback is provided

▶ the form of feedback

▶ information that should be included in the feedback

▶ how to provide accurate and unbiased feedback.

## Information to include in progress reports

When you give a supervisor feedback about a person's progress, it is important that you give an accurate and balanced report that is evidence-based.

You should not state that the person is doing really well if this is not the case. Supervisors need to know what is actually happening so they can make a fair assessment of the situation and provide guidance on the information they have received.

### Evidence feedback should contain

▶ Any change you observe in the person's behaviour, health or level of motivation

▶ Any changes that take place in the person's environment

▶ Any change in relationships and people that are with the person, 'The person has formed a relationship with another AOD user at the homeless shelter'

# Objective feedback

As with writing reports about a person's progress, you should ensure that you provide objective feedback that is not simply based on your personal opinions. As far as possible, you should discuss the person's behaviour and responses to the intervention without criticising their character or personality. It is important that you highlight the positive progress they are making as well as areas where they are having difficulties. Notes should be completed on the day of the interaction to avoid forgetting the details of what occurred.

Information to include in reports:

▶ How the person was involved in decision-making

▶ Goals discussed

▶ Activities and strategies discussed

▶ Why the strategies were selected

▶ What you did

▶ What the outcomes were

▶ What worked

▶ What did not work

▶ Any conflicts or difficulties that arose and how you resolved them

▶ Future action

# Report the person's concerns to your supervisor

The person may experience difficulties or have concerns regarding interventions at any stage of the process. All individual's concerns or difficulties, including those they experience in achieving their treatment goals or completing interventions, need to be reported to your supervisor.



It is important that supervisors are aware of factors that may prevent a person from reaching their treatment goals. This is so that they can consider whether the person needs additional support to complete the intervention. The supervisor may also believe that the person needs other services to help them with aspects of their lives outside the range of an AOD service.
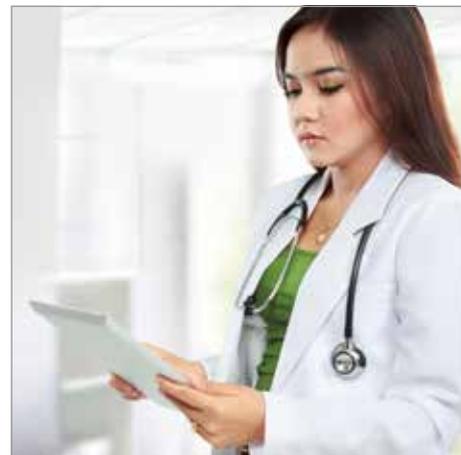
**Example**

### Provide progress feedback to your supervisor regarding the outcome of interventions

Olga works with four or five individuals at any one time. Each person may be at a different stage of progress and receiving different interventions. On a weekly basis, she attends team meetings with her supervisor and fellow team members. At the meetings, team members briefly update the supervisor and others on each person's progress. Olga reports on the first three people and then discusses Steven, whom she has been working with on relapse prevention strategies. Last week, it appeared that Steven had made a breakthrough. Up until now he had found it difficult to turn down a drink when his friends offered him one. Olga says that roleplaying a range of scenarios with him, where he has to refuse a drink when it is offered, has given him the confidence to say no for the first time and not to give in when others tease him or pressure him to have drink.

Olga was in contact with another of her clients, Joanne, to find out that she had relapsed. Joanne was meant to meet with her husband and one of her children (the other older child is estranged from her) but failed to attend the meeting. The meeting was meant to be about the likelihood of her returning to the family home. Joanne had completed a detox program and had been progressing really well and keeping herself occupied with regular attendance at Alcoholics Anonymous (AA) meetings and volunteer work at a local church. Olga provides written feedback, concerning Joanne's situation, to the supervisor.

# Practice task 12

1.  Why is it important to provide feedback to the supervisor on the progress of the person and the implemented interventions?

2.  Give three examples of information that you would include in your documentation.

3.  Explain why documentation needs to be evidence-based.

**Click to complete Practice task 12**

# 4B Implement variations to the intervention under guidance from your supervisor

Supervisors are expected to guide you in providing the best possible services to people accessing the services. This may involve giving instructions for varying or changing the way you carry out interventions to assist a person to complete the intervention.

You are required to provide your supervisor with regular feedback about the person's progress and also to report any difficulties or concerns that the person may have in completing interventions.



## Variations to interventions

As the intervention progresses there are often changes required to meet the person's needs. This will result in the interventions that are being employed being changed or adjusted. The treatment plan is a flexible plan that will reflect the changes already accomplished by the person and the future needs of the person. Often interventions are initially made but as the person progresses new issues or additional information comes to light, this can be as a result of information obtained from family and friends, workplaces or other health professionals that the person is in contact with. Other reasons for the interventions to be varied are listed below.

### Reasons for variations to interventions

▶ The intervention strategy does not seem to be working.

▶ The person is having concerns, difficulties participating in or completing the intervention.

▶ The person is not progressing as well as expected.

▶ The supervisor feels that the worker needs to change the way they are working with a person.

▶ The supervisor wants to address something that you have overlooked.

▶ You have asked the supervisor for advice.

# Changes to the initial assessment

The information gathered about the person, their drug use and related problems across a wide range of areas can be collected through use of a variety of strategies, such as discussion, questioning, observation and screening tools. The accuracy and completeness of the information depends, at least in part, on the honesty of the person and their family about the problems that the person may face.

There will be times during an initial assessment that you will talk to people who are not forthcoming about themselves and their problems. Unfortunately, some of the person's most deep-seated and urgent problems can remain hidden under the surface of the discussion. The person may use alcohol or drugs as a coping mechanism in an attempt to avoid facing these problems.

As the relationship between yourself and the person progresses, the person may be more forthcoming about other problems that were not made clear at the initial assessment phase. It is your responsibility to report these additional areas of concern to your supervisor and to adjust the treatment plan to include interventions to address these.

# Negotiation and mediation

Negotiation is one of the most common methods used to make decisions, manage conflict or achieve desired outcomes. The ability to negotiate is fundamental to your role. You will need to use your negotiation skills when discussing preferred strategies with people accessing the service, especially once difficulties have been identified that will impact the completion of an intervention.

With the difficulties recognised, negotiating with the person may involve making decisions about:

▶ which strategy best meets the identified needs

▶ how much the person can do for themselves and how much you may do on their behalf

▶ how much can be achieved in a certain time frame

▶ the practicality of certain options.

# Support the person to make decisions

There are times when some individuals do not have the capacity to make their own decisions about an intervention due to their drug use. They may need support to make decisions. Minor decisions may be supported by offering a range of options from which the person chooses, but major decisions may require the involvement of an advocate or family member. If there is dispute about the plan or responsibilities of the people involved, mediation may be used. A third party will assist in the negotiation stage. Your organisation will have a policy and a procedure for handling mediation or your supervisor will be able to advise you.

You can support a person to make choices by:

▶ fully involving them in decisions

▶ providing information pitched at the right level

▶ assisting the person to interpret information

▶ providing emotional support to address feelings that arise

▶ coaching to communicate their decisions

▶ allowing the required time to make decisions.

# Negotiation with the supervisor

You may also need to negotiate with your supervisor when they give you instructions that you do not believe are in the best interests of the person. In most cases, you will follow the supervisor's instructions and do what they suggest; however, if you have a valid reason for not agreeing with them, you should be prepared to put your case through negotiation and advocate on the person's behalf.

It is important that you understand the basic skills involved in negotiation, which are listed below.

| Basic skills in negotiation |
| --- |
| ▶ Avoid trying to get your own way or win at all costs. |
| ▶ Try to understand the other person's perspective – ask questions to encourage them to speak about their concerns; for example, 'What are your concerns about what I am suggesting?' |
| ▶ Use reflective listening skills to understand and clarify the other person's point of view. |
| ▶ Try to uncover points or issues that you can agree on and then build on. |
| ▶ Avoid becoming angry or emotional as this may cloud your judgment and your ability to behave in a rational manner. |
| ▶ Focus on issues, not personalities. |
| ▶ State your position clearly so that the other party in the negotiation knows exactly what you mean or what you want. |
| ▶ Don't argue, as negotiation is about finding solutions, not about trying to prove the other person wrong. |

▶ If you disagree with something the other person is saying, you need to tell them in a calm yet assertive way.

▶ Be prepared to accept a workable compromise so that all parties feel that they have gained something.

## Example

### Implement variations to the intervention under guidance from your supervisor

Ron is trying to overcome alcohol addiction and, although he has nearly completed the intervention, he still experiences strong urges to drink. Samir is working with Ron on relapse prevention strategies, with a particular focus on cravings. Samir believes planning behavioural strategies for dealing with cravings is one of the most important aspects of relapse prevention.



Samir encourages Ron to use the following strategies to cope with his urge to drink:

▶ Focus on reasons for quitting alcohol instead of thinking about why he wants to drink.

▶ Use decision delay techniques; for example, try telling himself to wait a certain amount of time before he makes a decision about drinking. Cravings often come in waves. If Ron can make himself delay drinking for a time, the urge to drink might pass.

▶ Use challenging self-talk; for example, 'I have an urge to drink but I can deal with it. It will go away soon.'

Samir reports to his supervisor that Ron is doing well with these strategies, although he has had some lapses and continues to have to fight the urge to drink. The supervisor suggests that Ron needs to learn about managing cravings and about changing his lifestyle so that he includes activities that are a substitute for drinking.

The supervisor recommends that Samir work with Ron to identify healthy alternatives that may act as a diversion from alcohol use. Ron now needs to consider activities that have a long-term physical and/or psychological health benefit.

# Practice task 13

1. Identify three reasons why the intervention plan may need changes.

2. Explain briefly why negotiation with a person be required when implementing variations to the plan.

3. List and explain three basic negotiation skills

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# 4C Clearly document information about the intervention and its progress

You have a responsibility to document information regarding an intervention in an accurate manner and ensure that all records adhere to organisational procedures and guidelines. Take care to provide clear, accurate records based on fact rather than opinion.

The documenting process enables you to keep a record of the person's progress throughout the intervention and to alert team members of any other important details derived from:

▶ other services involved in the person's intervention

▶ reports on the person from doctors or other professionals

▶ the person's family or support network.

## Organisational procedures

Policies and procedures for maintaining accurate and up-to-date client records are based on legislative requirements that are directed at community organisations to be accountable for the services they provide.

A person's case notes and records are used as a reference for organisations to take responsibility for their actions and provide appropriate services to people accessing the service. At various times, courts may request certain documentation to resolve legal matters related to service provision.

Here are some general features to consider relating to documentation.

### Accuracy and clarity

▶ Records must be accurate and written in a way that can be clearly understood by others. Always check what you have written to make sure it is clear and that the report includes your name, signature and the date and time you wrote it.

### Objectivity

▶ Write only facts about what you see, hear and do. Avoid personal opinions and feelings, and illustrate your points with factual descriptions of behaviour. If you do not have all the facts about a situation, make sure that you make this clear and do not infer that you know more than you do. If you are reporting what someone else has said, use direct quotes as much as possible.

### Language

▶ Use bias-free language and a neutral tone as far as possible. Avoid using clichéd or emotive language and slang. Remember that the person may read your report.

### Completeness

▶ Reports should contain relevant information. This may include both positive and negative information and include notes about behavioural changes or observed indicators of risk.

### Timeliness

▶ You should write your reports as soon as possible after contact with the person to ensure accuracy and to make sure the person's records are kept as up to date as possible.

### Alterations

▶ Any alterations made to your records should be done neatly and be initialled. Never change what someone else has written.

## Keep information about interventions private and secure

Your organisation will also have policies and procedures in place about how to maintain the person's privacy and confidentiality when documenting information about an intervention.

Some of the privacy and security considerations may include:

▶ keeping the person's records in a locked filing cabinet when not in use

▶ protecting files and emails with passwords

▶ storing computer files appropriately

▶ limiting access to filing cabinets and computer storage facilities to those whom need to access client information as part of their work

▶ making sure that the person's files are not left out or unattended; for example, in a car or in the lunch room

▶ ensuring that the person's documents on a laptop computer are secure

▶ avoiding sending or receiving the person's information via email or fax as these methods are not secure.

**Example**

### Clearly document information about the intervention and its progress

Tina is working with Aidan, a teenager who is part of a diversionary program aimed at redirecting young people involved in drug-related offences to AOD services rather than having to go through the legal system. He has been referred to a community AOD service to participate in interventions aimed at raising his awareness of problems associated with drug abuse. Tina is his AOD worker.

When Aidan misses an appointment with her, Tina makes a note in his case file. She fails to write up that since then he has been to an appointment and is progressing well. Tina is now off sick and no one knows what is going on with Aidan. A case manager from the diversionary program has called to check whether he is attending regular sessions. From the last notes that Tina made, it appears that he is not. The case manager decides that Aidan is not cooperating with the program and may need to go through the courts after all.

# Practice task 14

1. Explain briefly the responsibility of a support worker in AOD services for documentation.

2. List and explain six factors to include or consider when completing documentation.

3. Explain why terminology is important when writing your case notes. Support your answer with two examples.

**Click to complete Practice task 14**

# 4D Provide progress feedback to the person

Within your organisation, assessment information can be used to direct the person to appropriate services and programs, and inform staff about the status and needs. In many situations, information can also be helpful to others, including the person. Providing feedback about results and outcomes of an assessment is useful for the person to gain perspective about how their drug use affects their life. It can also be used as a motivational tool to assist the person to stay on board with action plans and gives them a guide by which to measure their success.

Feedback can motivate a person to seek help through the various channels offered or suggested. Multiple services accessed by an individual can benefit from sharing assessment information, saving time and avoiding the need for complete reassessment when the person accesses a new service. This process encourages streamlined support between services, improving the person's access to the range of services that suits their individual needs.

## Conduct a feedback session

The feedback session provides the person with a summary of your assessment. After you discuss the results and draw the person's attention to any need for specialist interventions you have identified, such as mental health assessment, the session can also be a time for you to assist the person with making appointments to see health professionals. Your role is to encourage the person to seek further information from appropriate specialists, rather than attempting to interpret medical results yourself. Motivational interviewing can be particularly useful during feedback sessions because its techniques encourage the person to consciously explore their substance use.

Read the following examples of how to elicit information from people during feedback sessions.

**Person's perception**

The ways an AOD worker can prompt the person with discussion are to provide short open questions. An example is 'Can you tell me how you feel about these issues?'

**Evidence of risks**

'We've discussed that you're sharing needles, which is a high-risk activity. There are alternatives available to help people avoid doing this. Would you like me to discuss some options with you?'

**Desire for change**

'Even though you told me you enjoy being high, you also said there are times you think about giving up so that you can start a family.'

# Review the intervention with the person

Reviewing the intervention gives the person an opportunity to think about and consolidate what they have achieved and to raise any final concerns they may have. The review allows them to mentally prepare for the next step they need to take in managing their AOD issues.

In reference to the stages of change model, individuals are considered to have moved on from the action and maintenance stages, where you will have discussed:

▶ strategies for relapse prevention

▶ coping skills

▶ how to participate in substitute activities

▶ how to avoid situations that may trigger a relapse

▶ obtaining support from trusted people

▶ ongoing development of coping strategies.

# Review of intervention and past interventions

When reviewing an intervention, an area to consider is past interventions and their level of success. During the initial assessment, you would have asked the person about past attempts to seek help for their AOD use. As part of the process of reviewing the intervention, some people may reveal additional unanticipated concerns or difficulties. They may discover that, while they have learnt strategies to manage their drug issues, they are disappointed to find that their life has not changed in ways they expected. They may have stopped binge drinking or smoking marijuana, but they still have relationship problems or still experience depression or anxiety. These individuals may require additional support to help them replace the role that their drug misuse played in their life.

Some people may not have reached their treatment goals and may wish to continue with the intervention until they are more confident that they can manage their drug issues on their own.

Sometimes the person may find that they change the goals or outcomes they want to achieve as the intervention progresses. For example, they may start out wanting to quit AOD use altogether and then decide they will be happy if they can cut down AOD use to a reasonable level and minimise harm to themselves. Alternatively, they may start out wanting to cut back and then decide to stop altogether. In each case, you should report the change of goals to your supervisor as this will have an impact on how the success of the intervention is evaluated and whether the person needs more help.

**Example**

### Provide progress feedback to the person

Last week Joni experienced a lapse with a night of binge drinking. She says her tolerance must be lower now because she became intoxicated quickly and was very ill the next day. She now thinks it may be easier for her to deal with her problems with alcohol if she becomes abstinent for a time instead of aiming for controlled use. She believes her lapse occurred because she was still ambivalent about changing her drinking habits.

She now says, 'If I can abstain altogether for at least a year I think I can try controlled drinking again just as a recreational user when I go out. I do not know that I can manage this though as I seem to have one drink and before I know it I have had four glasses of wine'. She says she never wants to binge drink again. Joni appeared quite overwhelmed with this insight and Sara the case worker suggested that they review Joni's progress to date. After reviewing Joni's progress, Joni could see that although she had a suffered a lapse she had still achieved significant gains from the work to date and felt more empowered to continue with the program.

## Practice task 15

1.  Identify three ways a person can elicit information during a feedback session.

2.  Explain what a support worker should consider when reviewing an intervention.

3.  Explain why an intervention or program may be continued.

**Click to complete Practice task 15**

# 4E Identify the need for referral to other services and take action in consultation with your supervisor

Understanding the limitations of the service that your organisation provides can stem from talking to other professionals and program managers about their services. As a result of your discussions and investigations, you may discover various issues and services that are outside your organisation's scope.

In larger organisations, some of these specific services might be available, but only from staff with particular qualifications or seniority. For example, your organisation might employ mental health professionals who are able to counsel and treat individuals with severe mental illnesses. Some examples are listed below.

| Services outside AOD case management services |
| --- |
| ▶ Assisting the person to access welfare payments |
| ▶ Giving the person legal or financial advice |
| ▶ Assisting with other lifestyle concerns, such as gambling |
| ▶ Addressing health concerns |
| ▶ Seeking housing and employment |
| ▶ Treating the person who is aggressive or violent |

## Determine referral with the person

People have the right to make their own decisions about support and can refuse any assistance or referrals offered to them. People have the right to remain in control of their decisions and this can provide them with a sense of empowerment and control over their drug use. A person is required to make commitments in terms of time and effort in order to successfully take part in treatment, so they should be made aware of these factors.

You should provide a choice of referral options and information about intake criteria, waiting times, costs, transport and availability. Inquire into a person's past experiences with these or other services and ask them to determine which service they want to be referred to. They should feel that you are available to provide information and support during the time that they access other services, and that the referral is appropriate for their needs. Some AOD treatment services are offered on a regional basis, and only people who live in that region can access those particular treatments or services. Encourage the person to phone ahead to check their eligibility for their chosen program, make an appointment or place themselves on a waiting list if necessary.

# The supervisor's role in the referral process

A person accessing the service may experience difficulties or have concerns regarding interventions at any stage of the process. All of a person's concerns or difficulties, including those they experience in achieving their treatment goals or completing interventions, need to be reported to your supervisor.

Supervisors can advise you of limitations that are placed on your position. They can provide advice for how you might seek help for the person from an appropriate professional – either internal or external to your AOD organisation.

It is important that supervisors are aware of factors that may prevent a person from reaching their treatment goals. This is so that they can consider whether the person needs additional support to complete the intervention. The supervisor may also believe that the person needs other services to help them with aspects of their lives outside the range of an AOD service.

The planning of referrals should be part of the intervention plan. Just as there are protocols in place for the beginning of an intervention, there are also accepted practices involved in concluding interventions.

Some of these accepted concluding practices include:

▶ reviewing with the person what they have achieved and whether or not they have reached their treatment goals

▶ asking the person about any ongoing concerns they have

▶ discussing how the person will move forward after the intervention

▶ recording all relevant information and making necessary reports.

## Example

### Identify the need for referral to other services and take action in consultation with supervisor

Rosanna has been a long-term cocaine user and has recently been through a rehabilitation program. An AOD worker, John, knows that Rosanna is at a high risk of relapse, because she spends a great deal of time with a group of people who continue to use cocaine. Rosanna is unemployed and has mentioned that she would like to get a job. John feels that obtaining full-time work would help Rosanna avoid falling back into her old lifestyle. John believes that Rosanna lacks confidence. He feels that she dresses and speaks in a way that would detract potential employers.

John takes his concerns to the supervisor and they adjust the intervention plan to include the referral to Mission Australia. John refers Rosanna to Mission Australia's employment services. Mission Australia specialises in helping the person to develop new skills, providing training in job search techniques and preparing résumés.

# Practice task 16

1.  List two services that are outside the AOD case management service.

2.  Explain the supervisor's role in the referral process.

3.  When making a referral for a person, identify the information that should be given to the person.

## Click to complete Practice task 16

# Summary

1.  You should provide regular feedback about the person so your supervisor can monitor their progress and offer guidance where necessary.

2.  Feedback may be given to supervisors on an individual basis or at case meetings.

3.  The person may experience difficulties or have concerns throughout the intervention process. These may relate to difficulties they experience in achieving their treatment goals or completing interventions.

4.  A person's difficulties or concerns in completing interventions should be reported to the supervisor, who may provide instructions about varying the intervention.

5.  You must ensure that the person has appropriate support in place after the intervention ends. This may include support from families and friends, or joining an appropriate self-help group.

6.  You have a responsibility to document information regarding an intervention in an accurate and timely manner.

7.  Procedures for documenting information may vary between organisations, but there are some common principles. Information records should be objective and based on facts rather than personal opinions.

8.  When making written or verbal reports, use appropriate terminology. This means using terminology that is consistent with current usage in the AOD field and within a particular organisation.

9.  A feedback session is commonly held with the person after an assessment has been interpreted and documented. A feedback session involves talking to the person about the types of options and considerations arising from your assessment interpretation. This is a crucial time for talking about change with the person.

# Learning checkpoint 4
# Monitor and record activities

This learning checkpoint allows you to review your skills and knowledge in monitoring and recording activities.

## Part A

1.  Explain why it is important to regularly provide feedback to the supervisor.

2.  Give three reasons why the intervention plan may change over time.

3.  Give two examples of when negotiation may be used with a person to effect changes to the intervention plan.

4.  List and explain the six components of keeping accurate records.

5. Explain the legal considerations for maintaining accurate and comprehensive notes and case files.

6. Why is motivational interviewing helpful when conducting feedback sessions with people accessing the services?

7. Explain the role of the AOD support worker in feedback sessions.

8. Explain why it is important for the person to make the decisions regarding accessing additional support from external agencies.

# Part B

Read the case study, then answer the questions that follow.

## Case study

Liam is undertaking an intervention with Justine, a 19-year-old woman, which has focused on raising her awareness of dangers associated with the indiscriminate use of party drugs. Justine has been taken to hospital on two occasions after taking pills she was given at parties. She tells Liam that she understands that there are some risks associated with using these drugs but that she isn't dead yet. She says she can't just give up because her friends would think she is a loser. The way she parties and uses drugs has made her popular and the life of the party among her circle of friends. Liam feels frustrated by Justine's attitude. He doesn't think that there is anything more he can do to help her as she has obviously made up her mind to continue abusing these drugs. Justine has also failed to keep three appointments during the time Liam has been meeting with her.

1. What actions should Liam take?

2. Outline the basic principles of negotiation that Liam could use to persuade the supervisor to allow him to end the intervention.

3. Describe the type of documentation requirements that need to be fulfilled in Justine's situation.

4. Before commencing the variations to the intervention plan, explain the action Liam should take.