

CHCCCS014

Provide brief interventions

Release 1

Learner guide

Aspire Version 1.2



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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

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CHCCCS014 Provide brief interventions Release 1

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First published April 2017

Reprinted (with amendments) February 2019

Cover design Rewind Creative

Printer Doculink Australia Pty Ltd, 1d/28 Rogers Street,
Port Melbourne VIC 3207

e-ISBN 978-1-76059-790-0 (PDF version)

ISBN 978-1-76059-788-7

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Before you begin

This learner guide is based on the unit of competency *CHCCCS014 Provide brief interventions*, 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ 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 Assess the person's needs	1A Discuss and determine issues of concern and the person's stage in the decision to change	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Identify resources required to support the brief intervention	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Identify and plan appropriate brief intervention strategies to match the person's needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Use brief intervention strategies	2A Raise awareness of the health issue with a person who is not contemplating change	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Conduct a brief motivational interview with a person who is contemplating change and match approach to stage of change	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Support the person who expresses motivation to change in exploring choices, setting goals and identifying relapse prevention strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Take opportunities to support and encourage a person who has made a change	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Identify current needs and sources of assistance, and give support as appropriate for a person who has lapsed or relapsed into prior behaviour	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 3 Monitor brief intervention activities	3A Keep notes in accordance with organisation policies and procedures, recording the person's stage of decision-making on each occasion	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Maintain confidentiality and security of information	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Regularly review the person's progress or outcomes, adjust approaches or make referrals according to their needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Discuss outcomes with the person in an appropriate manner	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn how to:

- 1A Discuss and determine issues of concern and the person's stage in the decision to change**

- 1B Identify resources required to support the brief intervention**

- 1C Identify and plan appropriate brief intervention strategies to match the person's needs**

Assess the person's needs

Brief intervention is an approach to working with an individual that aims to motivate them to make changes to behaviour or to improve aspects of their health and wellbeing. The first step in providing a brief intervention for any person is to assess their specific needs and circumstances. Once you have clarified what the person's needs are, identify what brief intervention strategies will best meet those needs. Consult with the person and any significant others to plan how the strategies will be used to match the person's needs. To provide an effective brief intervention, identify the resources that will support the brief intervention.

1A Discuss and determine issues of concern and the person's stage in the decision to change

Brief interventions are evidence-based practices used to motivate individuals to change their behaviour. It is most commonly used in the alcohol and other drugs sector with individuals at risk of substance abuse; however, it is also an effective way to discuss other areas of concern for a person. By nature, brief interventions are quick and often opportunistic. They can take place in any situation, such as during an informal discussion or during formal counselling sessions. They can be as quick as thirty seconds or may occur over four or five more formal sessions.



It is important to discuss specific issues of concern the person is experiencing to determine how these can be addressed using a brief intervention. Again, this could be during a formal assessment or during an informal discussion.

Stages of change model

It is important to first determine the person's readiness to change. You can assess the person's readiness to change using the stages-of-change model developed by Prochaska and DiClemente. The model assesses how the person feels about their behaviour, health and wellbeing. It determines if the person is comfortable with their current situation and behaviour, or if they are considering making changes, or if they are ready to take action to change.

It is important to remember that this is not a linear progression, people can move backwards and forwards between the stages depending on their current circumstances.

You can read more about each stage of the behaviour change model [here](#).

Pre-contemplation

Individuals in this stage are happy with their current behaviour and are not thinking about changing. The benefits they get from the behaviour currently outweigh any problems or consequences. They do not intend to take any actions to change current behaviour and may avoid information on the issue. People may be unaware or unwilling to see their behaviour is problematic or risky. They may feel overwhelmed by the issue and have given up any hope of change.

Contemplation

Individuals in this stage are willing to concede they have an issue and are beginning to consider options. They may be experiencing some negative impacts from the behaviour, while still enjoying aspects of it. At this stage they may be considering change or may decide to continue with the behaviour. Although not yet committed to change, they are often interested in learning about the issue and treatments. They may make a list of the pros and cons of changing their behaviour and talk about their intent to change. This stage is identified as a preparation, determination and a commitment to changing the behaviour, recognition of likely challenges and how these may be addressed.

Action

The person will now be experiencing more negative consequences than positives from their behaviour and are ready to start taking some small steps towards changing. The person overtly modifies their behaviour and their environment to facilitate change. They have a realistic action plan and may make public commitment to stop the behaviour; to strengthen their resolve and gain support from others. They may be actively taking steps to change their behaviour and gaining confidence and motivation to continue. However, they may also still feel some ambivalence about changing and may try several different strategies.

Maintenance

At this stage, the person has found ways to cope without the problem behaviour. They are able to anticipate and handle any temptation to return to the behaviour. Without strong commitment, relapse is likely and the person will go through the stages of change again. The longer the maintenance stage, the less tempted the person is to relapse. Successful maintenance depends on good relapse prevention skills and getting support when needed.

Considerations of health and wellbeing

It is important to consider, discuss and identify any factors that may have an impact on the person's health and wellbeing. These factors may add to other areas of concern. They include the person's nutrition, their use of alcohol, their use of either prescribed or non-prescription drugs, and external factors in the person's environment.

Here are definitions of health and wellbeing.

Health

Health is a concept that relates to and describes a person's state of being and is therefore, highly subjective. The term 'health' has traditionally been seen as being free of physical or mental illness, disease or injury. The World Health Organization (WHO) definition of health suggests that health is a continuum and defines it as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'.

Wellbeing

Wellbeing is a complex combination of positive physical, mental, emotional and social health for a person. There is link between a person's wellbeing and their happiness and sense of satisfaction with their life. Factors that impact on a person's wellbeing include relationships, career, sleep, nutrition, spirituality, a sense of purpose and belonging and resilience.

Effects of environmental health

Environmental health refers to a variety of factors that are external to the person and that could impact on their health and wellbeing. These factors could be physical, chemical or biological. They could include physical factors like water quality, waste-management or sanitation. Chemical factors could include poisons, pollution (like smoke, smog or mould) or pesticides. Biological factors could include infectious diseases, disease prevention strategies and treatment. For example, a person may live in a home with asbestos, or they may store chemicals or food unsafely, or they may have rubbish lying around the house for extended periods of time, which attracts rodents and disease. Discuss what environmental factors are impacting on the person.



Effects of nutrition

The World Health Organization defines nutrition as ‘the intake of food considered in relation to the body’s dietary needs’. Good nutrition refers to a diet that is adequate and well balanced, and requires access to adequate and good quality food. Poor nutrition can lead to reduced productivity, can impair physical and mental development, and decreases immunity leading to increased susceptibility to disease. The person’s understanding of the requirements for good nutrition, and their ability to access adequate food resources are important for you to assess. If the person’s nutrition is lacking, it is important to assess the causes of this and the impact on their health and wellbeing.

You can read more about nutrition at <http://aspirelr.link/nutrition-australia-home>.

Effects of alcohol

Alcohol is the most commonly used drug in Australia, so it is important to assess whether the person uses alcohol and if so, what impact it is having on their overall health and wellbeing.

Alcohol is a depressant drug, which means it slows down the messages travelling between the brain and the body. It can impact on the person’s mental and physical health and can create or add to risk factors. The effect that alcohol has on an individual is dependent on many factors including the person’s weight, size and gender, how much they drink and how often they drink, and what other drugs they may be using.

You can read more about the effects of alcohol here.

The effects of alcohol

The effects of alcohol may include:

- ▶ feeling relaxed
- ▶ trouble concentrating
- ▶ slower reflexes
- ▶ increased confidence
- ▶ feeling happier or sadder, depending on your mood.

Drinking large amounts of alcohol

The effect of drinking large amounts of alcohol may include:

- ▶ confusion
- ▶ blurred vision
- ▶ clumsiness
- ▶ memory loss
- ▶ nausea, vomiting
- ▶ passing out
- ▶ coma
- ▶ death.

Regular alcohol use

The effect of using alcohol regularly may include:

- ▶ regular colds or flu
- ▶ difficulty getting an erection (males)
- ▶ depression
- ▶ poor memory and brain damage
- ▶ difficulty having children (males and females)
- ▶ liver disease
- ▶ cancer
- ▶ high blood pressure and heart disease
- ▶ needing to drink more to get the same effect
- ▶ dependence on alcohol
- ▶ financial, work and social problems.

Effects of other drugs

Drugs are any substance, other than food, which are taken to change the way the body and/or mind function. Drugs that alter a person's mood are called psychoactive drugs. These drugs can affect how a person thinks, feels and acts. These drugs can be illegal, over-the-counter or prescribed medication.

Discuss the person's substance use with them and consider the impact this use may have on their health and wellbeing. For example, a person may need to take prescribed medication to stay well or may be putting themselves at risk by illegally using drugs.



You can find more information regarding specific drugs at <http://aspirelr.link/adf-drug-facts>.

Reasons for using brief interventions

Brief intervention approaches are useful for providing individuals with information and to encourage changes to problematic behaviour; for example, drug use or risky sexual behaviour. Brief intervention can be used to reduce harm, to provide respite, to meet an immediate need or to change behaviour.

Here are three reasons to use brief interventions with individuals.

Raising awareness

Brief intervention can be used effectively to raise awareness of the impact of certain behaviours with a person. It may help them to become more aware of how behaviour is impacting negatively on aspects of their life. It can also raise awareness of alternative ways to behave.

Sharing knowledge

Brief intervention approaches recognise that many people can benefit from being given appropriate information at the right time. Accurate and relevant information can assist the person to understand the impact of the behaviour, such as the effects and risks of using a certain drug. Or it can provide the person with alternative behaviours like meditation to relax instead of drinking alcohol. It can also provide the person with harm reduction strategies.

Making changes

Brief intervention encourages the person to make changes to current behaviours. This may be to moderate or stop a certain behaviour. Or it may be to move the person to another stage of change; for example, from pre-contemplation to actively thinking about the issue. Brief interventions are used to motivate individuals to change their behaviour to improve health and wellbeing. A short time frame allows for more immediate achievement of goals or observing improvements to the person's situation.

Example

Discuss and determine issues of concern and the person's stage in the decision to change

Lori is fifteen and tells Rita she binge-drinks alcohol on weekends with her friends. Lori has recently had a pregnancy scare but tells Rita she gets so drunk she does not really remember having sex. Rita asks Lori if this risky behaviour concerns her, and Lori admits that 'it's a little scary'. But Lori also says that she isn't going to stop drinking.

Rita briefly discusses the risks of unprotected sex with Lori. Then she and Lori discuss some strategies to reduce the risks relating to alcohol that Lori experiences.

They decide that Lori will eat a substantial meal before going out, and that she will fill her glass with water between each drink to drink less. Rita also supports Lori to visit a Family Planning clinic to discuss sexual health issues.



Practice task 1

1. Briefly explain what is meant by a 'brief intervention' in a community services work setting.

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2. Outline the four stages of change.

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3. What are two reasons for using a brief intervention?

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Click to complete Practice task 1

1B Identify resources required to support the brief intervention

Once you have determined that a brief intervention is appropriate, identify what resources may be required to support the process. Keep in mind that resources should meet the needs and circumstances of the individual and may be human or other types of resources. In some cases, the resources required will be simple, like a factsheet or a brief verbal discussion providing information. For other individuals, you may require formal screening tools such as checklists or need to enlist the support of family, friends or other health professionals. Resources should also be appropriate for the individual, so consider factors relating to literacy or culture.



Identify resources

Identify what resources will be most useful for the individual and their circumstances and stage of change. Consider the individual's needs and capacities including literacy, language and cultural issues. Individuals who are at different stages of change will require different resources to support their wellbeing. For example, you may need to consider if it would be useful to refer a person to an AOD agency for counselling if they are happy with their drug use, or if you could provide them with information on harm reduction.

Here are some resources to consider at the different stages of change.

Pre-contemplation

Resources may include:

- ▶ written resources like fact sheets
- ▶ relevant websites
- ▶ verbal information
- ▶ facilities to hold safe, private and confidential discussions
- ▶ harm reduction information.

Contemplation

Resources may include:

- ▶ written information like factsheets
- ▶ relevant websites
- ▶ screening or assessment tools
- ▶ harm reduction information
- ▶ brochures or flyers.

Action

Resources may include:

- ▶ support from family or friends
- ▶ goal setting or checklists
- ▶ referral information to organisations providing specific services
- ▶ stress management strategies (like meditation)
- ▶ health checks, a visit to GP
- ▶ screening or assessment tools.

Maintenance

Resources may include:

- ▶ support from family or friends
- ▶ strategies to identify risk.

Using resources as support

It is important to use resources in a way that supports the brief intervention. It can be tempting as a busy worker to provide a person with written information as they are leaving. Just giving a person a factsheet or flyer is not likely to be adequate, as they may not be willing or able to read the information. It is possible that they will have questions to ask or may not understand the information. You could consider reading through the information with the person and checking for questions, or summarising the content for the person and giving them the written information as a reminder.



For example, if you determine that the person is either contemplating or preparing for change, you may need to use more formal tools, like screening or assessment tools, to encourage and support that change. While many tools can be used by community services workers, it is important for you to familiarise yourself with the tool before using it. You should also consider how you will use the information gathered by the tool, and how you will discuss this with the person.

Example

Identify resources required to support the brief intervention

Stuart is an international student. Since arriving in Australia, Stuart has gained almost 15 kg and is now significantly overweight. Stan notices that Stuart can often be seen with a fast food packet in hand. Stan talks to Stuart about what he has noticed and Stuart tells him that aside from toast and breakfast cereal, he almost only eats fast food as he does not know how to cook and can't afford 'proper restaurants'. Stan asks Stuart if he'd like to change his diet to improve his health. Stuart says he's been thinking about asking a friend to teach him to cook. Stan determines Stuart is at the contemplation stage and identifies that to support a brief intervention, he will need information on nutrition, information on the impact of being overweight on health, information on cooking classes or motivation for Stuart to approach his friend.



Practice task 2

1. Sally is at the contemplation stage of change. What are three types of resources that might support a brief intervention?

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2. List two reasons why it is important to not just give a person written resources to take home.

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Click to complete Practice task 2

1C Identify and plan appropriate brief intervention strategies to match the person's needs

Brief intervention is an approach that consists of a range of strategies. Be aware of a variety of brief intervention strategies so you are able to meet the needs of the person.

At times, when the brief intervention is opportunistic and very short, there will not be time to plan for the intervention. For example, you may provide a person with a harm reduction strategy during a discussion, like suggesting spacing alcoholic drinks with water. Other times, the brief intervention will take place over a few occasions and you will have the opportunity to identify the best strategies and plan how to use them.



Identify intervention strategies

Brief intervention strategies can take a variety of forms. It is important to identify the strategy or strategies that will assist the person to meet their needs or manage their issues.

You can identify appropriate strategies by considering the person's stage of change and matching the intervention. Someone who is at the pre-contemplative stage may require harm reduction information; someone in the contemplative stage may require more information on health impacts; and someone who is in the action stage may require goal-setting strategies.

You can also identify strategies that match the person's abilities. For example, consider if the person's literacy level will impact on whether you provide the person with written or verbal information.

Things to consider when matching a strategy to the person's needs

- ▶ The suitability of the environment – is it private enough, is it safe?
- ▶ The person's state of mind – are they intoxicated or able to pay attention?
- ▶ The timing – is there a more appropriate time?
- ▶ Observe how the person responds to initial discussion regarding change.
- ▶ What does the person already know, or what have they experienced?
- ▶ What information and resources are available?
- ▶ What will support change for the person – information, increased motivation, support from significant people, meeting practical needs, counselling?

Features of brief interventions

Brief intervention approaches share a number of features. Brief intervention takes a short period of time and is a one-to-one intervention. Brief intervention can be opportunistic, can be done by any worker in community or health services, and is led by the person receiving support. Examples of brief interventions are listed here.

Brief intervention strategies

- ▶ Informal discussions
- ▶ Telephone helplines
- ▶ One-to-one counselling
- ▶ Screening or assessment
- ▶ Self-help workbooks
- ▶ Education on a specific topic
- ▶ Online quizzes or information
- ▶ Peer programs
- ▶ Harm reduction information

A private, one-to-one approach

Brief interventions are one-to-one approaches that involve only the person and the support worker. Ensure that privacy and confidentiality are maintained, as this supports the development of trust in the working relationship. While brief intervention does not require a formal counselling session, it does require a quiet and private space. The issue could be raised in the car driving the person to an appointment; sitting outside with a coffee; or a counselling session in an office. It is important that brief intervention happens one-to-one, as the strategy needs to meet the identified needs of the individual and be tailored to their circumstances.



Take a short period of time

Brief intervention, as the name implies, takes place over a short period of time. Goals of brief intervention are often achievable in a short time. This short time frame allows for more immediate achievement of goals, or observing improvements to the person's situation. This success is important to motivate the person to continue to make changes to improve their health and wellbeing.

Brief interventions can be a few opportunistic minutes where a person is provided with information on a topic or issue, or a few minutes sharing a harm reduction strategy, like drinking 500 ml of water an hour if using ecstasy or exercising for thirty minutes per day to support mental health.

Alternatively, it could be over two or a number of sessions, but never more than four or five. These sessions could provide opportunity to set goals, to identify and collect resources or to use appropriate screening or assessment tools.

Conduct the brief intervention

Brief intervention can be conducted by any health or community services team member and does not require the worker to be a psychologist or social worker. Health or community services workers are in a unique position, due to their engagement with the individuals they provide services to. Your role is to develop positive relationships with individuals you work with. This relationship provides you with opportunities to identify and intervene with individuals whose behaviour impacts their health and wellbeing. Promoting health is an important aspect of your role when working with people, and you are seen as a credible source of information and resources for the individuals you work with.



Person-led process of change

Brief interventions are approaches to identify issues and motivate an individual to take action to manage these issues. It is important that the process of brief intervention is led by the person, not the worker. While the worker may take opportunities to introduce information to a discussion or seek clarification, the process needs to be led by the person to ensure they are motivated to participate. In order for a person to actually change their behaviour and take action, they need to be ready, willing and able to change.

Key aspects of person-led change:

- ▶ The priority for change needs to be the person's – it needs to be important to them.
- ▶ The person needs to feel confident they can make the changes, and that they have the required skills and knowledge.
- ▶ The person feels supported to make changes.

Opportunistic interventions

Brief intervention often involves taking advantage of opportunities that are presented during everyday interactions with a person. It means if an opportunity presents itself, you take it to raise awareness, share knowledge and encourage the person thinking about making changes to improve their health and wellbeing. This provides an immediate chance to increase the person's perception of risks or problems, or to improve the understanding of issues. It assists in the development of relationships allowing engagement with individuals not yet ready to change behaviour so they will feel comfortable discussing concerns when they arise.

Opportunities could occur:

- ▶ during a general discussion
- ▶ during an informal meeting
- ▶ during a counselling session
- ▶ during an assessment
- ▶ during intake
- ▶ while transporting a person to an appointment
- ▶ while providing other support services to the person
- ▶ while undertaking daily living tasks with the person.

A step-by-step process

A brief intervention often consists of five basic steps. The steps remain consistent regardless of the length of the intervention or the numbers of sessions undertaken.

A five-step brief intervention process

Introduce the issues in the context of the person's health and wellbeing.

Screen, assess or identifying needs as appropriate.

Provide feedback.

Talk about change and setting goals.

Summarise and reaching a conclusion.

FRAMES approach

One brief intervention approach commonly used in the alcohol and other drugs sector is FRAMES. According to Miller and Sanchez (1993), brief intervention can incorporate six key elements or components that are summarised using the acronym FRAMES.

More information on FRAMES can be seen here.

FRAMES
<p>Feedback Feedback or information is given to the individual about any risk or concerns.</p>
<p>Responsibility The responsibility for change is placed on the individual.</p>
<p>Advice Advice to change is given by the worker as required or requested.</p>
<p>Menu A menu of alternative self-help or treatment options is offered to the person.</p>
<p>Empathic An empathic style is used by the worker.</p>
<p>Self-efficacy Self-efficacy or the ability to create change in the person's own life is encouraged.</p>

Example

Identify and plan appropriate brief intervention strategies to match the person's needs

Charlotte, a community services worker, sees Luke sitting outside her organisation having a smoke. She brings out two coffees, offers one to Luke and sits down to talk. Charlotte tells Luke she's noticed he has lost a lot of weight recently and looks pale. She asks him if he is well. Luke tells her that he has been using methamphetamines and that he does not have much of an appetite. Charlotte asks how regularly Luke is using, and checks if this is causing him concern. Luke tells her he likes the feeling when he's using, but feels pretty sick on the days he doesn't. Charlotte suggests that they work on some strategies to help him improve his nutrition and feel better. Luke agrees. Charlotte lets Luke know it is good he doesn't use every day and suggests they go prepare a meal.

Charlotte plans to meet Luke the next day so she gathers information on the impact of amphetamine use. She also gathers information on nutritional requirements, easy recipe ideas and harm reduction strategies for amphetamine use to discuss with Luke.



Practice task 3

1. Explain why the short time frame of a brief intervention can be useful.

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2. Give two reasons why a health or community services worker may be able to provide a brief intervention.

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3. List the five steps in a brief intervention.

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Click to complete Practice task 3

Summary

1. Identify the person's needs and issues, and determine what stage of change the person is at.
2. Identify resources required to support the brief intervention.
3. Identify brief intervention strategies to match the person's needs, and plan to use appropriate strategies.

Learning checkpoint 1

Assess the person's needs

This learning checkpoint allows you to review your skills and knowledge in assessing a person's needs.

Part A

1. Describe the five steps of brief intervention.

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2. Describe two features of brief intervention approaches.

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3. Provide two environmental factors that could impact on a person's health and wellbeing and list one example of each.

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4. Explain the possible consequences of poor nutrition to a person's health and wellbeing.

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5. Provide two factors that impact on the effect of alcohol on a person.

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Part B

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

Case study

Anne, a community services worker, meets with Natasha to discuss how she is going and about her general wellbeing. Natasha tells Anne that she has been smoking marijuana for about two years and finds it useful to relax and to socialise with friends. Natasha tells Anne she does not drink alcohol, so uses marijuana socially instead. Anne asks Natasha if she has any concerns regarding her use. Natasha says that occasionally she is concerned about being caught with an illegal drug, but mostly she is not really concerned.

1. Describe what stage of change you believe Natasha is at and why.

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2. List two reasons why Anne might use a brief intervention with Natasha.

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3. What are two resources Anne might use to support the brief intervention, considering Natasha's stage of change?

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4. Discuss two factors Anne needs to consider when planning a brief interventions strategy for Natasha.

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5. Describe two health and wellbeing considerations for Natasha related to her drug use.

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Topic 2

In this topic you will learn how to:

- 2A** Raise awareness of the health issue with a person who is not contemplating change

- 2B** Conduct a brief motivational interview with a person who is contemplating change and match approach to stage of change

- 2C** Support the person who expresses motivation to change in exploring choices, setting goals and identifying relapse prevention strategies

- 2D** Take opportunities to support and encourage a person who has made a change

- 2E** Identify current needs and sources of assistance, and give support as appropriate for a person who has lapsed or relapsed into prior behaviour

Use brief intervention strategies

Once you have identified issues and determined the brief intervention strategies that are appropriate, put these strategies into action. This may involve providing the person with information or advice, particularly if they are not contemplating change. It could be conducting a motivational interview with someone who is thinking about making changes, or supporting the person to explore choices or set goals. As a community services worker, take any opportunities to encourage the person who has made a change and support them to maintain change or to identify sources of assistance if they have relapsed.

2A Raise awareness of the health issue with a person who is not contemplating change

You are likely to meet with individuals who are participating in behaviours that may impact negatively on their health and wellbeing. For example, they may:

- ▶ smoke
- ▶ abuse alcohol or another drug
- ▶ have trouble maintaining regular sleep patterns
- ▶ not exercise adequately or eat a nutritionally balanced diet.



In some cases, the behaviour may pose an immediate, high risk to the person's health. In other cases, the person may not have any concerns with their behaviour or may be actively happy with it. In these situations, the person is unlikely to want to change the behaviour, so your role is then to raise their awareness of the health issues and consequences of their behaviour. In other cases the person may be considering change and your role is to support this change.

Public health strategies

Brief intervention is used as a part of public health strategies at both a state and Commonwealth level. It is recognised as an effective and cost-effective tool that can be used to change behaviours that can impact on people's health. The government supports this public health strategy by producing brief intervention resources like screening tools and guidelines for practice. For example, brief interventions are recommended as part of the Quit campaign supporting smoking cessation or as part of reducing the risk of heart disease.

Raise awareness

If a person is not considering change, or is in the pre-contemplation stage of change, you can still support them by raising their awareness of the health issue. The aim of this strategy is to encourage the person to consider the issues and begin thinking about the consequences of behaviour. It is also to introduce harm reduction strategies, where appropriate, to reduce the harm the person faces until they are ready to contemplate change. Raising awareness in a non-judgmental and supportive manner also helps to engage the person with you and the organisation.

Raise awareness by:

- ▶ providing the person with verbal information regarding the issue
- ▶ providing the person with written, audiovisual or online information
- ▶ discussing the person's experiences with the behaviour to assist them to identify concerns.

Example

Raise awareness of health issue with person who is not contemplating change

Liz has been smoking marijuana with friends for a couple of years. She was recently arrested for possessing a small amount and was sent to counselling as part of a court order. Liz tells Bobbi, a community services worker, that she only smokes on weekends, goes to university full-time, has a part-time job and feels like everything in her life is good. Bobbi realises while talking to Liz that she is in the pre-contemplative stage of change. Bobbi decides to provide Liz with information regarding the effects of marijuana and briefly discusses the information with Liz while providing her with a written factsheet to take home. Bobbi also suggests to Liz that getting arrested could be a concern as it could impact on her future career. Liz agrees, so Bobbi discusses some possible harm reduction strategies with Liz. Liz thanks Bobbi for her support and tells her that it's good to know her organisation exists.



Practice task 4

1. Describe two ways to raise a person's awareness of a health issue.

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2. When would you use awareness-raising as a brief intervention strategy?

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3. Why do governments use brief intervention approaches as part of public health strategies?

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Click to complete Practice task 4

2B Conduct a brief motivational interview with a person who is contemplating change and match approach to stage of change

Motivational interviewing is an approach used during a brief intervention that is based on the belief that all behaviour is motivated. In other words, humans do things for a reason – the person either gains something positive from the behaviour, or avoids something negative by continuing with the behaviour.

Motivational interviewing is also based on the idea that the reason a person may participate in a behaviour or stop a behaviour involves them weighing up the potential benefits and costs of the behaviour. Motivational interviewing encourages the person to consider both the good and less good things about the behaviour and explore the possibility of change.



Behaviour change model

The behaviour change model, or the stages of change model, as discussed in Topic 1, provides a framework for encouraging and supporting change. Motivational interviewing can contribute to the development of a positive working relationship with individuals as it helps them to articulate their thoughts and feelings about specific behaviours and issues, rather than imposing judgments or opinions.

The behaviour change model is used alongside the stages of behaviour change model as the content of the interview is based on the person's stage of change. It is useful as part of an initial assessment as it can help the person understand how they feel about a particular behaviour, what the benefits and consequences are, and how motivated they are to change.

It is important to be able to use motivational interviewing in the context of the person's readiness to change. The overall goal of motivational interviewing is for the person to explore their feelings about their behaviour and convince themselves to change.

Pre-contemplation stage

A person in the pre-contemplation stage feels that there are benefits of a particular behaviour. During this stage of change, motivational interviewing can be used to support the person to recognise that while there are good things about the behaviour for the individual, there may also be harmful or negative things about it.

Your role is to increase the person's perception and knowledge of the risks and harms that the behaviour could be doing to their health and wellbeing. It can also be used to provide the person on harm reduction strategies for the behaviour.

Contemplation stage

If the person is contemplating change, or thinking about the pros and cons of their behaviour, motivational interviewing can be used to increase the person's motivation to change. If the person is already highly motivated to change, it can help reinforce their motivation. If the person is feeling ambivalent, it can increase a person's commitment to change.

Motivational interviewing can support change by:

- ▶ supporting the person to weigh up the pros and cons of changing the behaviour
- ▶ helping the person to explore feelings of ambivalence and alternatives
- ▶ identifying the reasons the person has to change
- ▶ identifying the risks of not changing
- ▶ increasing the person's confidence in their ability to change.

Action stage

At the action stage, the person is ready to take action to change behaviour. You can use motivational interviewing to help them set clear goals. Help the person to develop a realistic plan for making a change, including the steps to implement the plan.

Here are some guidelines for goal-setting in this context.

Negotiate goals

- ▶ Goals should be directed by the person, but should also reflect the worker's professional knowledge.

Specific and achievable

- ▶ Ensure goals are defined clearly and specific. For example, a goal of losing weight is vague, while a goal of losing 0.5 kg per week is specific and clear. Goals should also be realistic and achievable. For example, losing 0.5 kg a week is achievable, while losing 5 kg a week is not.

Short term

- ▶ Using brief intervention, it is important that the goals are achievable in a short period of time. This may mean setting small goals or breaking down larger goals into small components. Achieving goals provides a sense of success and increases motivation to continue making changes.

Positive terms

- ▶ Describe goals in terms of the person doing something rather than not doing something. So for example, 'reduce eating chocolate to two days per week' is expressed in negative terms. In positive terms, it could be 'increase the number of days I don't eat chocolate to five days a week'.

Maintenance stage

The journey through the stages of change is usually not smooth for any person, and this could mean the person reverts back to the changed behaviour – or lapses. The word ‘lapse’ has less negative connotations than the word ‘relapse’, which has an implied a sense of failure. A lapse is merely a slip-up, and can be minor and temporary. Even when a person is motivated to make changes, they can still encounter situations that encourage a lapse into the changed behaviour. For example, an ex-smoker who is sitting with smoking friends after a difficult day may have a smoke.

Motivational interviewing can help the person identify and use strategies to prevent a lapse. Strategies may include setting new goals, identifying and managing trigger situations, or identifying alternative behaviours that meet needs.

Here are some factors that are useful to identify with the person as triggers to lapse.

Lapse triggers

- ▶ Feeling low or anxious or alone
- ▶ Being in a particular environment that encourages the behaviour (like a pub or restaurant or casino)
- ▶ Being around other people who encourage the behaviour
- ▶ Life stresses; for example, at work or in a relationship

Support the change process

Motivational interviewing is based on the principle of a collaborative relationship between the worker and the person. The person’s autonomy, strengths and resources are acknowledged and supported. The worker facilitates the process rather than directing it.

Here are some examples of supporting a person to make a change during each of the different stages of change.

Pre-contemplation

James has been smoking for a year. His mother has insisted he discuss his smoking with a worker. He tells the worker he enjoys the occasional smoke and does not see it as a problem. James does not smoke at school and is doing well with his studies. The worker discusses the benefits and consequences (his mother’s nagging, health issues) with James and lets him know he can return any time for a chat.

Contemplation

Simon has been smoking for five years, and still enjoys a smoke. He recently secured a new job where taking smoke breaks will be difficult. The worker supports Simon to list the pros and cons of his smoking and to highlight his concerns. They discuss the ambivalence Simon feels and the worker provides the person with additional information and options.

Action

Dayna has been smoking for 20 years and has noticed increased symptoms of ill-health, such as persistent coughing and shortness of breath. Dayna is really concerned about her health and is ready to change. The worker supports Dayna to set goals, which include a visit to her GP for a health check, buying nicotine replacement patches and smoking 10 less cigarettes per day by the end of the first week.

Maintenance

Maryanne has quit smoking after 20 years and is experiencing some challenges. She tells the worker she is finding it difficult to not have a smoke when she goes out with friends who still smoke. She also says it is even harder when she has more than a few drinks. The worker supports Maryanne to identify strategies to manage these situations, like spacing alcoholic drinks with water and checking her Facebook page instead of going outside with her friends when they smoke.

Skills to use when supporting change

Motivational interviewing and supporting the person to change in general, requires a set of skills. These basic skills assist in building rapport and establishing a working relationship. Here is more information about key aspects of these skills.

Active listening

Motivational interviewing uses active listening skills like summarising and reflecting, affirmations and asking open questions. Open questions elicit detailed information on the person's situation and feelings. Affirmations validate the person's feelings and the challenges they face and assists in building rapport and trust. Reflections or paraphrasing attempts to capture the meaning of the person's statements and encourages continuing exploration. Summarising ensures mutual understanding and links themes and concerns.

Non-judgmental

It is important to use non-judgmental language and non-verbal cues when communicating with the person. The worker honours the person's autonomy and right to make decisions.

Supportive

The worker should use a supportive approach with the person by working collaboratively with them. The worker acknowledges the person's expertise in their own lives.

Negotiate

Support workers should use facilitation and negotiation skills to assist in the decision-making process. The worker acts as a facilitator in the change process, rather than dictating change. They negotiate outcomes with the person by providing information and resources as appropriate.

Example

Conduct brief motivational interview with a person who is contemplating change and match approach to stage of change

Molly has been smoking for fifteen years. Rachel meets with Molly and asks her to list all the good things about smoking. Molly says she finds smoking relaxing and sees it as something to do with her friends that also smoke. Rachel then supports Molly to identify negative things about her smoking and encourages her to elaborate on these. Molly says she has been coughing a lot and is concerned for her health. She says she has noticed that she has a lot more wrinkles than other women her age and thinks this may be from smoking. Molly also tells Rachel that her mother died recently from lung cancer, caused by smoking. Molly is devastated by her mum’s death, and is also scared it could happen to her. Molly says she is really worried about her health and is ready to stop smoking. Rachel then supports Molly to identify appropriate goals for the next week to progress towards cessation.



Practice task 5

1. Name three factors that may trigger a lapse, or relapse.

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2. What is the overall goal of motivational interviewing?

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3. Explain two skills that are important in motivational interviewing to support change.

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Click to complete Practice task 5

2C Support the person who expresses motivation to change in exploring choices, setting goals and identifying relapse prevention strategies

People who are at the action stage of change will express motivation to change. They may even have started taking steps towards change. The role of the worker becomes to encourage this motivation and support the person to set goals and explore their choices and options. These goals will be achievable within the short time frame of brief intervention.

Once a person has made small or significant changes to improve their health and wellbeing, they need to maintain the changes. The worker's role is to support the person to identify risks that may lead to relapse and to identify strategies that will help them to avoid relapsing.

Options and approaches to support change

As a worker you have a range of options and approaches that will support the person to change. Whether or not you use an approach like motivational interviewing, you will still need to work collaboratively with the person to achieve change. This may include supporting the person to express their feelings and identify concerns. It may be to support them to set goals, make decisions or choose strategies. It may be building and supporting their motivation by giving positive feedback, or providing additional resources like a referral to a specialist organisation.



Explore concerns and strategies

It is likely that when discussing the pros and cons of a certain behaviour with a person, they will be able to identify at least a few factors that are negative about the behaviour. For example, a person may recognise that while drinking is enjoyable, the hangovers they experience are really bad. They may acknowledge that while they enjoy smoking, their partner hates the smell of cigarettes. They may enjoy junk food, but hate that their clothes do not fit well.

It is important, however, for you to ascertain how much of a concern these negatives really are for the person. You may ask the person if their hangovers are really a problem, or if they're concerned about their partner's opinion. If the person indicates that they are not really concerned about the negative, they may not be motivated to change the behaviour. However, the person may indicate that they are really concerned by the hangovers, as they are impacting on their ability to complete their work well and affecting their reputation. This provides you with the opportunity to explore this issue further and to discuss strategies for working towards change with the person.

Help the person express their feelings, make decisions and set goals

Part of your role is to support the person to identify and express their feelings regarding their behaviour. For example, the person may be scared about the health implications of the behaviour, such as an increased risk of liver disease from regular drinking. They may feel uncomfortable with how others perceive them due to their behaviour – as social outcasts, or deviant or unhealthy. They may be upset because the behaviour is causing distress to people they love. These feelings can be a real and valuable motivation to change behaviour. You can motivate the person by analysing how the person feels about the behaviour during the intervention. You must avoid using value-laden language and non-verbal cues that may be interpreted as judgmental. Open, honest and non-judgemental communication is vital to ensure an effective, trusting and respectful working relationship.



Even when a person is feeling motivated to change; they may still need support to make a decision to change. You can support them to do this by summarising what the person has identified as the costs of the behaviour and their concerns regarding it. You can then ask a question like, ‘Where does this leave you now?’ or ‘What are you thinking you might do next?’

You can support the person to set goals by asking them what change they would like to make, what their priorities are, and how they would like their future to be.

Set goals

A simple and useful goal-setting tool is the SMART goals approach. A SMART goal is one that is specific, measurable, attainable, realistic and within a set timeframe. SMART goals provide structure and purpose around the person’s good intentions and can help them stay motivated and on track. Support the person to set realistic and achievable goals by taking them through the SMART goal-setting process.

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Specific:

Target and clearly define a specific area that you want to improve.

M

Measurable:

Suggest an indicator of progress; quantify if possible. Determine how you will know the goal has been achieved.

A

Attainable:

Agree what the goals should be and keep them achievable in the time frame.

R

Realistic:

Identify what results can realistically be achieved given the available resources, knowledge and time.

T

Time framed:

Specify when the result can be achieved; make sure there is enough time to achieve the goal, but not too much time.

Highlight benefits of change

While the person may have considered the costs of continuing with a behaviour that is impacting on their health and wellbeing, it is often useful to highlight the benefits of making changes.

Here are examples of some of the benefits that a person might experience from quitting smoking two packs of cigarettes a day.

Benefits of change

- ▶ Significant financial savings (several thousand dollars per year) that can be used to do something pleasant, like a holiday
- ▶ Improved ability to taste food
- ▶ No more yellow fingers and teeth
- ▶ Less wrinkles developing
- ▶ No more smoker's breath
- ▶ Return of increased and healthy lung function in a relatively short period of time (less chance of being out of breath)
- ▶ Reduced risk of disease associated with smoking

Give positive feedback and encouragement

A key component of brief intervention is providing feedback to the person. Once a person has started working towards goals, it is important for you to provide feedback to them. When they are doing well, encourage them to continue to work towards change. In particular, it is important to recognise successful outcomes for short-term goals and to provide the person with positive feedback regarding their achievements. If the person is finding a particular goal challenging, you can encourage them by acknowledging the difficulty and how hard they are trying. You can also discuss the person's past experiences where they successfully met and overcame similar challenges. Also provide practical support and resources where appropriate to encourage change.



Offer time and support

Often one of the most valuable things a worker can offer a person is empathy and time. Empathic support provides warm, reflective understanding to the person. It is important for you to offer the person time and support to identify goals, select the best options and strategies, and provide them with feedback. This could mean that you help the person to identify significant people in their lives who could support them to meet their goals. It could mean taking the time to explain the person's options thoroughly and to discuss their decisions. It may also mean spending time to identify ways to celebrate success, or to actively participate in supporting the person by working collaboratively with them.

Refer to other sources of assistance

There are a variety of reasons why a person may require assistance in addition to the support you provide. Some reasons why a person may need other sources of assistance are outlined here.

Reasons for referring to other sources

- ▶ The person requires medical treatment or assessment
- ▶ The person requires legal advice
- ▶ The person needs to expand their social network
- ▶ The person needs to learn new skills or knowledge that require education/training
- ▶ The person needs support when you are not available (from family, friends, helplines, community groups)
- ▶ The person requires psychiatric care
- ▶ The person requires specialist support for other reasons like sexual assault, dental care, literacy, language difficulties

Identify relapse strategies

For any person making changes to behaviour, there is the risk that they may revert back to the unhealthy behaviour. This is not unusual – think about the last time you went on a diet or started an exercise regime. Support the person to identify strategies that will help to either prevent relapse or assist the person to get back on track quickly.

Here are some strategies to consider.

Normalise the lapse

- ▶ Acknowledge that a lapse is a normal experience and is an opportunity to learn how to avoid further relapses in the future.

Continuing motivation

- ▶ Continue to strengthen the person's motivation to change and support the person to identify the pros and cons of maintaining change.

Identify risk

- ▶ Identify high-risk situations that include factors both internal and external to the person. This could include certain people or environments, or situations to avoid.

Coping strategies

- ▶ Help the person identify healthy behaviours and support networks so they can avoid high-risk situations and deal with them when they are unavoidable.

Environment and lifestyle changes

- ▶ Support the person to recognise and implement changes to their environment/lifestyle to minimise frequency of high-risk situations and to strengthen commitment to change.

Positive self-talk

- ▶ Support the person to develop a phrase or two to repeat to themselves when tempted to return to previous behaviour.

Problem-solving skills

- ▶ Support the person to learn and practise problem-solving skills to use in challenging situations.

Example

Support the person who expresses motivation to change in exploring choices, setting goals and identifying relapse prevention strategies

Fara is talking to Joy, the community services worker. Fara has identified an area of concern to her health and wellbeing. Fara tells Joy that she is inactive and has gained weight and gets out of breath easily. Fara is concerned that she is at risk of heart disease and she also feels very embarrassed by the weight gain. Joy works with Fara to set a small achievable goal for the next week. Fara's goal is to walk for 30 minutes each day for the next week. To support Fara, Joy provides her with information about a local walking group and helps her to call to find out where they meet. Joy also provides a range of websites and mobile apps that Fara can access and follow. Joy also schedules a follow-up meeting with Fara to review her progress, celebrate her achievements and discuss any barriers she has encountered.



Practice task 6

1. Why is it important to establish whether a person is really concerned about a particular behaviour?

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2. List two reasons why a person may need additional assistance.

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3. Explain two relapse strategies that you could use to support a person.

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Click to complete Practice task 6

2D Take opportunities to support and encourage a person who has made a change

Making any change in behaviour, no matter how small, is significant. You would have been in at least one situation where you needed to make a change to improve your health and wellbeing before, and it's likely you already understand how challenging that can be. Sometimes, however, the initial change can be quick and seem relatively easy. For example, a man buys a treadmill or exercise bike and uses it for an hour every day for the first week. In the second week, he gets busy, or he doesn't see instant weight loss, and gets discouraged and his exercise decreases. Individuals who have made a change will often require continued support and encouragement from you to maintain change.

Opportunities to support the person

Create and take opportunities to support the person to maintain changes to their behaviour. An opportunity may be when you observe the person demonstrating the change. Perhaps you notice a person eating an apple at morning tea instead of biscuits, or you observe that they are not hung-over, or that they are not going outside to smoke as often. It is important to let the person know what you have observed and affirm the progress they are making. You can also set up meetings with the person to review progress and celebrate achievements, including significant others where appropriate.

Encourage the person

A person who has made a change in their behaviour is likely to initially feel positive about the change. They may feel proud of themselves, or feel better physically, or be enjoying positive feedback from others. After this initial stage, however, the person may begin to miss the behaviour or may find themselves in a high-risk situation where returning to the behaviour is tempting. Your role is to support and encourage the person to continue with the changes that they have made, even if they have a relapse along the way.

There are some ways to support and encourage the person listed here.

Support and encourage the person

- ▶ Ensure the person understands that relapse is not a failure.
- ▶ Review the costs of the behaviour with the person.
- ▶ Discuss the benefits the person has experienced after changing.
- ▶ Assist the person to develop alternative behaviours that they enjoy or have a positive effect from.
- ▶ Assist the person to find other support networks.
- ▶ Review the progress and success the person has had and affirm their achievements.

Example

Take opportunities to support and encourage a person who has made a change

Oscar, a community services worker meets with Meg and asks how things are going. Meg tells him that she was doing really well for the first week; she managed to cut her drinking down from six drinks per day to two drinks per day. Oscar affirms that this is a big achievement and asks Meg how she is feeling physically. Meg tells Oscar she has fewer hangovers and is feeling a lot better in the mornings. Then Meg frowns. She tells Oscar that she went out with friends a few nights ago and had seven drinks over the course of the night. Meg tells Oscar she feels like a failure and may as well just keep drinking like she always has. Oscar explains to Meg that slip-ups often happen for people, and that it is an opportunity to learn how to prevent it next time.



Oscar and Meg discuss ways she can still go out with her friends but manage her binge-drinking. They decide she can get soft drinks after her two alcoholic drinks in a glass. Her friends won't know and will not nag her to drink alcohol. She also agrees to tell her best friend what she is trying to achieve, so her friend can support her when they go out. Oscar tells Meg he's really impressed with the ideas she has come up with and knows that she can do it because she has already had success reducing her drinking.

Practice task 7

1. Describe two ways you can encourage and support a person to maintain change.

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2. Discuss one way you could take the opportunity to support a person.

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Click to complete Practice task 7

2E Identify current needs and sources of assistance, and give support as appropriate for a person who has lapsed or relapsed into prior behaviour

Even when a person is highly motivated to change, there are barriers that can get in the way of them achieving change. The person may need support from people and organisations beyond you to make progress. They may also have other challenges that need to be addressed alongside or before the identified behaviour can be changed.

At times, because of the person's situation or environment, they will lapse or relapse into the prior behaviour. Your role does not end when the person changes their behaviour – support must continue to ensure that lapses or relapses are managed to ensure achievement of goals in the long-term.

Identify needs and sources of assistance

You may have worked with a person to identify a behaviour that is impacting on their health and wellbeing that they wish to change. It is important when setting goals towards change that you consider the current needs of the person and the broader context for that behaviour. The person may have needs that will get in the way of maintaining change and will lead to relapse. You can identify what the person needs to maintain change by talking to the person about what led to the lapse or relapse and by exploring the person's context. For example, a person may be in a stressful relationship and manages that stress by drinking. If the person stops drinking, they will still be in a stressful relationship. So the person may need to work on their relationship alongside managing their alcohol use.



The person may need assistance to meet the needs you have identified. Match the assistance to the identified need. So for the above example, you may need to support the person to access relationship counselling.

Consider the broader context

You may need to consider other factors that may impact on the person's behaviour, their motivation to change and the resources and support networks that are available to them. As with all community service work, it is important to take a holistic approach when identifying factors that could have positive and negative impacts on the person and their ability to achieve their goals and minimise lapses.

Here are three contexts to consider when identifying the person's needs.

Cultural context

What is the person's cultural background? What impact does the person's culture have on their behaviour and needs? Are their cultural needs being met? Is there trauma related to culture that needs to be considered?

Family context

What is the person's family context? Do they live with family members? Are family members supportive or do they create barriers to change? Are family members not present? Does contact with family members create challenges? Is there family trauma to be addressed?

Community context

How engaged with their community is the person? Is the person isolated from the community and needs to connect? Are there local supports that the person could engage with? Is the community a barrier to maintaining change?

Appropriate support

It is important to establish, when a person has lapsed or relapsed, what triggered or caused the lapse. Appropriate support cannot be provided until triggers have been identified. Triggers could be environmental, people, situational or emotional. Consider, for example, whether the person's goals were realistic and appropriate. If not you may need to support the person to establish new or amended goals. The person may need support that you are unable to provide, so it may be necessary to engage the person with alternative assistance. The person's situation may have changed leading to a change in motivation and priorities. Work with the person to address their current situation.



Barriers and challenges for positive intervention outcomes

Even after a person has made significant progress towards change, they can experience barriers and challenges that block positive outcomes for the brief intervention. These barriers can come in the form of financial concerns, the people in the person's life can create challenges, or the stress associated with their environment.

Here are some barriers and challenges to positive outcomes and some suggestions on addressing these barriers.

Goals

Are the goals inappropriate or unrealistic? Is the goal too big for a short time frame? Does the goal meet the person's needs?

Support the person to amend or develop new goals that meet needs and are realistic and achievable.

Environment

Where does the person live and who do they live with? Where do they work or study? Where do they spend time? What do they do at work and for recreation?

Can the person change their environment? Can the person put in place strategies to manage the environment?

Support network

Who is significant in the person's life? Do significant people encourage the relapse, or do they not support change?

Support the person to develop new support networks, talk to significant people about how they can assist, and to distance themselves from people who trigger relapse.

Finances

Can the person afford resources required; for example, nicotine patches or transport to counsellor?

Support the person to find financial supports, to budget for resources or to access cheaper resources

Example

Identify current needs and sources of assistance, and give support as appropriate for a person who has lapsed or relapsed into prior behaviour

Rod has used heroin for six years. Five weeks ago, with the support of Lochie, a community services worker, he entered a detox centre and then a residential alcohol and other drugs program. Rod has managed to change his drug using behaviour and until yesterday had not used heroin or any other illegal substance. Two days ago, Rod moved back to his apartment with his roommate. He did well initially but then his roommate had friends over and they were all using heroin and he found himself joining them.



Rod and Lochie identify that sharing an apartment with someone who uses heroin, and having friends who use, is a trigger for Rod. Lochie supports Rod to talk to his roommate about not using in the apartment. His roommate is supportive and agrees that using in front of Rod was not good. He agrees to not use heroin when Rod is around. Rod also tells Lochie that he thinks he will start looking for a new apartment soon. Lochie provides Rod with the contact details of a housing program to encourage this.



Practice task 8

1. How can a person's family context impact on the outcome of a brief intervention?

2. Name two factors that can be barriers or challenges to a person who wants to achieve a positive outcome.

Click to complete Practice task 8

Summary

1. If a person is not contemplating change, then work to raise their awareness of the particular health issue.
2. Conduct motivational interviews to encourage the person to make changes.
3. Support the person who is motivated to explore choices, set goals and identify relapse prevention strategies.
4. Support and encourage the person who is making changes.
5. Identify current needs and sources of assistance, especially in situations where the person has relapsed into prior behaviour.

Learning checkpoint 2

Use brief intervention strategies

This learning checkpoint allows you to review your skills and knowledge in using brief intervention strategies.

Part A

1. Describe two aims of raising a person’s awareness of a health or wellbeing issue when they are not considering change.

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2. Describe two barriers to having a positive outcome of a brief intervention.

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3. List two ways that motivational interviewing can encourage the person to change.

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4. Suggest two ways you can support a person to make a decision to change.

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5. What are the stages of change and what is one strategy you can use at each stage to support change?

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6. Give one reason why brief intervention is part of public health strategies in Australia

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7. Why is it important to explore a person's feelings and level of concern about a behaviour when they are at the contemplative stage of change?

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8. Give two examples of how you could support a person who expresses motivation to change.

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Part B

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

Case study

Larissa has recently lost 15 kg by walking every day and eating a more balanced diet. However, Larissa believed she has failed because she recently went out with friends and family and binged on a large meal that included chips, beer and dessert. Larissa tells you that food is a big part of her culture, as well as how she socialises with friends.

1. Explain how you could take or create opportunities to support Larissa's positive behaviour change.

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2. Describe two ways you can encourage Larissa to continue with her positive behaviour.

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3. How could you help Larissa maintain her behaviour change?

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4. What factors do you need to identify before you can support Larissa to maintain change or to avoid another lapse.

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5. Larissa tells you that she has been feeling nauseous and light-headed recently. What alternative support might Larissa require?

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Topic 3

In this topic you will learn how to:

- 3A Keep notes in accordance with organisation policies and procedures, recording the person's stage of decision-making on each occasion**

- 3B Maintain confidentiality and security of information**

- 3C Regularly review the person's progress or outcomes, adjust approaches or make referrals according to their needs**

- 3D Discuss outcomes with the person in an appropriate manner**

Monitor brief intervention activities

As with any support service provided to an individual, always record details regarding the brief intervention and the person in line with your organisation's policies and procedures. This ensures accurate information regarding the person is readily available to other staff and organisations as required. It also provides the person and yourself with a reference point to review and discuss progress. Ensure the person's confidentiality is maintained and that records are kept securely in line with privacy laws.

3A Keep notes in accordance with organisation policies and procedures, recording the person's stage of decision-making on each occasion

Most organisations will require you to keep records, often in the form of case notes, regarding any support services provided. Aspects of the brief intervention need to be documented, including screening, goals and outcomes. You must follow your organisation's policies and procedures, which will help you detail what information needs to be included and who is responsible. Taking professional notes regarding the brief intervention will provide you with a record of decisions that have been made and the person's stage of change. It will support the brief intervention by providing information for reviewing progress, assessing changes in circumstances and documenting achievements. Records are considered legal documents and may be required for or used in court proceedings if necessary.

Record-keeping requirements

Good records are essential to provide best practice services and support the decision-making process for you and the person receiving services. Records may include the person's personal contact and medical details, screening or assessment documents, case/file notes, information from other service providers, and review notes. Record-keeping requirements will differ depending on the organisation you work for; however, there are some fundamental requirements across community services.

Here are some of the essential requirements for record keeping.

Objective language

- ▶ The language you use in records should document facts and observations, rather than subjective opinion.

Accurate and current

- ▶ Records need to be updated in a timely manner and details should be accurate and complete to avoid misunderstandings or legal repercussions.

Dated and signed

- ▶ Case notes and other documentation should be dated to enable appropriate follow-up. Records should also indicate the name of the worker involved.

Typed or clearly written

- ▶ Records must be legible and professional to facilitate information sharing with other health professionals.

Relevant

- ▶ You should only record information that is relevant and essential to the intervention.

Secure

- ▶ Records must be collected, stored and used in accordance with privacy legislation to protect the person’s privacy and confidentiality. Only share information with the person’s consent and only with people who are authorised to receive it.

Example

Keep notes in accordance with organisation policies and procedures, recording the person’s stage of decision-making on each occasion

Ben, a community services worker, has just completed a brief intervention with Lorna. He makes a note in Lorna’s case file regarding Lorna’s stage of change and her motivation to change. He also documents the content of their discussion and lists the goals that Lorna has set herself for the next week. Ben uses the organisation’s case note template to document the brief intervention. All records are password-protected, and printed documents are stored securely in locked cabinets.



Practice task 9

1. Explain why keeping professional notes are useful.

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2. What are two essential requirements for record keeping?

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Click to complete Practice task 9

3B Maintain confidentiality and security of information

As a worker in community services you are required by law, organisational policy and/or industry codes of practice to maintain the privacy and confidentiality of the individuals who receive services. Codes of practice are guidelines for workers that assist workers to achieve standards of practice and follow ethical requirements.

Confidentiality means keeping shared information between you and the person. Confidentiality requires you to not share the person's information with anyone else without their consent unless you believe they are at risk. In addition, it is a legislative requirement of community services organisations to maintain the privacy of individuals receiving services. You have a legal obligation to comply with the *Privacy Act 1988* (Cth) which regulates the collection, storage and use of an individual's personal information.

Privacy, confidentiality and disclosure

When providing a brief intervention and discussing issues and goals with a person, always be aware of maintaining the person's privacy. You must protect confidential details and you always need the person's consent if you wish to talk about their situation with others. People are usually happy to give their consent because they know you want to help them achieve their goals.

Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information, but this is generally only when you become aware that someone may harm themselves or someone else.

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>

Codes of practice

As a community services worker, you should be aware of the codes of practice of your sector and relevant legislative and ethical requirements. You should be familiar with legislation that relates to service provision and ensure that these guide how you provide and record a brief intervention. Legislation relating to privacy, mandatory reporting and discrimination are particularly important.

You should also be familiar with your sector's ethical guidelines and how they impact on confidentiality and keeping a person's information secure.

Although there are general codes of ethics for community services workers, your specific sector may have their own code of ethics; for example, the youth work code of ethics.

You can read an example of a code of ethics at <http://aspirelr.link/acwa-code-of-ethics>.

Example

Maintain confidentiality and security of information

Martha has just completed a brief intervention with Rachel. Martha makes a note on Rachel’s case file outlining the discussion regarding Rachel’s ecstasy use and her stage of change. Martha also notes the information she gave Rachel regarding harm reduction strategies in line with Rachel’s pre-contemplative stage. Martha then returns Rachel’s file to a locked filing cabinet for storage.



Practice task 10

1. Briefly explain what an industry code of practice is.

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2. What does the *Privacy Act 1988* (Cth) regulate?

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3. Briefly explain what ‘maintaining confidentiality’ means with regard to community services work.

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Click to complete Practice task 10

3C Regularly review the person's progress or outcomes, adjust approaches or make referrals according to their needs

When using a brief intervention approach, it is essential that you regularly meet with the person to review the progress they are making towards their goals. Brief intervention goals have short time frames, so the review process should occur within a short time after the intervention. Regular reviews allow for affirmation of achievements and identification of changes in the person's needs. Changes could occur to the person's motivation, their environment, their health, or to other factors impacting on their ability to change behaviour. If any changes in circumstances or needs are identified, it is important to adjust the brief intervention accordingly and to make referrals where necessary.



Methods for reviewing person's progress

No matter how good the brief intervention seems, or how good the goals were, you cannot know how effective the intervention is without reviewing progress. Reviews should take place in a timely manner to assess whether adjustments need to be made to the person's goals. Your organisation is likely to have a process for conducting reviews that you must follow. Sometimes, this will involve completing a review document with the person, or it may be a discussion regarding progress.

You may also need to review the person's stage of change. It is possible that the person's motivation has either increased or decreased since the brief intervention and this will impact on the person's progress.

It may be useful to get feedback from significant people in the person's life, like family or friends, regarding their progress. Those who see the person regularly, or even every day, are more likely to see changes or to be able to assist the person to identify barriers to change.

Here are some factors that reviews can assess.

Reviews can assess whether the:

- ▶ person has achieved their goals, or is making good progress
- ▶ goals are appropriate or need to be adjusted
- ▶ time frame was appropriate
- ▶ person's situation or needs have changed.

Make adjustments to intervention activities

A major way to identify whether adjustments to the intervention are required is to review the person's progress with them. If you and the person identify a lack of progress towards achieving goals, consider what adjustments may need to be made to the strategies or activities in order to improve outcomes. You may need to consider if the person's stage of change has shifted and adjust the intervention to match the person's stage and level of motivation. For example, significant events may impact on the person's life, such as the death of a loved one or job loss, and intervention activities may need to be adjusted to cater for these new challenges.

In addition to reviewing the intervention with the person, you may need to consult with medical practitioners or other health professionals to assess changes to the person's health. Talk to significant people or other service providers involved with the person if necessary. Remember that you need the person's consent to discuss their information with others.

Here are some types of adjustments that may be made.

Types of adjustments

- ▶ Changing aspects of the identified goal like the time frame, the observed outcomes, the resources and support required
- ▶ Changing priorities for the intervention – identifying a new short-term goal that is more relevant to the current circumstances
- ▶ Providing additional resources, supports or referral options to support the intervention
- ▶ Establishing new goals if outcomes have been achieved

Meet the needs of person through referrals

In the course of reviewing an intervention, you may identify the need to provide the person with additional sources of support. This may be because the person's circumstances have changed, they are struggling with their goals, or because they require specialist support that you cannot provide. Specialist support may include legal advice, medical assessment or treatment, sexual assault services, alcohol and other drugs services, mental health assessment or treatment, or housing services. You should never refer a person without their consent and always check the person has actually followed through with the referral.

Here are some steps to providing good referral services.

Provide options

Provide the person with referral options for additional support. Keep in mind that too many choices can be overwhelming. Provide the person with two or three options and explain the options to them. Demonstrate empathy and understanding – a referral may be stressful for the person.

Documentation

Complete any referral documentation with the person's consent. Ensure all information is accurate and current. Support the person to make any necessary phone calls or appointments. With the person's consent, share relevant information so the person is not required to repeat their story to multiple service providers.

Barriers

Consider any barriers the person may experience in accessing other services and work with the person to minimise these barriers. Barriers could include financial concerns (fees), transportation, language or literacy issues, child care concerns, or lengthy waiting lists. Support the person to access the other service where appropriate.

Follow up

Ensure that you follow up on the referral with the person and the other service provider. Gain feedback on how the referral is progressing. Follow up on any concerns or issues.

Example

Regularly review the person's progress or outcomes, adjust approaches or make referrals according to their needs

Chris, a community services worker, completed a brief intervention with Ross a week ago. Ross decided during the intervention that he would increase his daily aerobic exercise from almost zero minutes per day to 20 minutes per day. Chris meets with Ross to review his progress. Ross tells Chris that he did begin to jog the first day but got very out of breath and had chest pains so he stopped and has not done any exercise since. Based on this information, Chris discusses the need to make an appointment with Ross' GP to do a health assessment to ensure he can safely exercise. Chris and Ross also discuss what other forms of exercise he could do that might be gentler and Ross agrees that he will walk 20 minutes per day instead, after getting the okay from his GP.



Practice task 11

1. Why is it useful to get feedback from significant people in the person's life regarding their progress?

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2. Explain two possible steps to making a successful referral.

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3. Describe two adjustments that might need to be made to a person's intervention.

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Click to complete Practice task 11

3D Discuss outcomes with the person in an appropriate manner

Discussing the outcome of a brief intervention with the person is useful for a number of reasons. Firstly, if the person has achieved a successful outcome, it is an opportunity to provide them with positive feedback and affirm their commitment and motivation to change. If the outcome is not what was anticipated, it is an opportunity to discuss how the person feels about the outcome and to develop a strategy for moving forward. No matter what the outcome of the brief intervention is, discussing the outcome provides opportunities to facilitate ongoing change or closure to the intervention. Follow your organisation's policies and procedures to discuss the outcomes with the person in a way that supports them to continue in a positive manner.



Appropriate communication

When discussing outcomes with the person, it is essential to keep them motivated and positive. This means providing them with positive feedback, affirming their successes and supporting them through any lapses. Keep your communication supportive, non-judgemental and professional.

You communicate appropriately by:

- ▶ listening actively to the person
- ▶ using professional and courteous language
- ▶ avoiding discrimination, stereotypes and inappropriate jokes or comments that may offend
- ▶ adapting your communication method to suit the needs of the other person
- ▶ ensuring all written communication is accurate and objective.

Communication strategies

You can support the person by using communication strategies, such as open questions, which solicit detailed information and active listening skills. Here are some active listening suggestions.

Active listening

- ▶ Use active listening to show the person you are interested in what they have to say.
- ▶ Briefly recap or summarise what the person has said in your own words.
- ▶ Soften your summary with phrases like, 'You feel ...', 'It sounds like you ...' and 'You think ...'
- ▶ Use paraphrasing statements more than questions.

- ▶ Allow plenty of time and pauses for the speaker to add to what they are saying.
- ▶ Focus on the last or the most prominent feeling, if more than one feeling is expressed.
- ▶ Don't add to or subtract from what the speaker has said.
- ▶ Use neutral words, body language and tone of voice.

Example

Discuss outcomes with the person in an appropriate manner

Anna, a community services worker, meets with Zoe to discuss the outcomes of a brief intervention. Zoe's goal from the brief intervention was to research three training courses and to choose one to enrol in. Anna uses open questions to learn if Zoe has been successful in choosing a training course. Zoe tells Anna that it was harder than she expected to make a decision, but she talked to her best friend and has chosen a course. Anna congratulates Zoe on the outcome she wanted and affirms her decision. She also provides Zoe with positive feedback regarding her decision to seek support from her friend. Anna then discusses the next step that Zoe will take in order to achieve her goals.



Practice task 12

1. What are two strategies you could use when communicating with a person?

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2. List two reasons why communicating about the outcome of a brief intervention useful.

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Click to complete Practice task 12

Summary

1. Record notes regarding the person's stage of change in accordance with the organisation's policies and procedures.
2. Maintain the person's confidentiality and ensure their information is secure.
3. Review the person's progress and achievements with them and adjust approaches used accordingly.
4. Discuss outcomes with the person in an appropriate manner.

Learning checkpoint 3

Monitor brief intervention activities

This learning checkpoint allows you to review your skills and knowledge in monitoring brief intervention activities.

Part A

1. Identify two benefits of keeping professional notes following organisational policies and procedures regarding a brief intervention.

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2. Explain how your industry’s code of practice supports your work.

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3. Describe two factors that can change that can impact on a person’s progress or outcomes.

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4. List two reasons why it is useful to discuss outcomes with the person.

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Part B

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

Case study

Sarah, a community services worker, has completed a brief intervention with Brian regarding his methamphetamine use. During the intervention Sarah identified that Brian is at the contemplative stage of change. Sarah provides Brian with information regarding the effects of methamphetamines on health and wellbeing. Sarah suggests Brian has a medical evaluation to ascertain his overall health and works with him on this referral.

1. Describe two record-keeping requirements that Sarah should follow when recording the brief intervention.

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2. Provide two ways Sarah can maintain Brian’s privacy and confidentiality.

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3. Brian decides he wants to stop using methamphetamines completely. As the first step to this goal, he decides to detox cold turkey at home. After two days, Brian uses again. What type of adjustment might Sarah and Brian need to make?

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