**Marker Guide 4**

**CERTIFICATE III IN HEALTH SERVICES ASSISTANCE**

Work in an Alcohol and Other Drugs Context

CHCAOD001



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MULTIPLE CHOICE AND TRUE/FALSE QUESTIONS

Section 2

An introduction to the different drugs

The Neurophysiology of Addiction

2.1 Read the following statements and indicate whether they are True or False.

|  |
| --- |
| This is covered on pages 33-35 of the Study Guide. |

a) Neurotransmitters are the chemicals that transmit messages between neurons.

True [x]  False [ ]

b) Oxytocin is the neurotransmitter that regulates motivation and feelings of pleasure.

True [ ]  False [x]

c) Individuals develop dependency/addiction because their brain’s reward pathway is flooded with the pleasurable neurotransmitter.

True [x]  False [ ]

2.2 Read the following statements about the common/street names for each type of drug. Indicate whether they are True or False.

|  |
| --- |
| This is covered on pages 38-68 of the Study Guide. |

a) MDMA is also known as Ecstasy and pingers.

True [x]  False [ ]

b) Dope and Junk are the street names of heroin.

True [x]  False [ ]

c) Speed is another name for cannabis.

True [ ]  False [x]

d) Love boat is one of the street names for LSD (Lysergic Acid Diethylamide).

True [ ]  False [x]

e) Another name common name for butane hash oil is dabs.

True [x]  False [ ]

f) The street names for methamphetamine are ice and meth.

True [x]  False [ ]

2.3 Identify which of the following symptoms is the **incorrect** symptom for each drug.

|  |
| --- |
| This is covered on pages 38-68 of the Study Guide. |

a) Individuals who use meth regularly for a prolonged period can experience:

1. Mood and anxiety disorders
2. Chest pains
3. Memory impairment
4. Cardiovascular problems

|  |
| --- |
| iii. Memory impairment is not a symptom from meth. |

b) Individuals who used inhalants may experience:

1. Severe itch
2. Nausea and headaches
3. Delirium
4. Seizures

|  |
| --- |
| i. Severe itch is not a symptom from inhalants. |

c) Long-term use of barbiturates can lead to:

1. Depression
2. Lapses in memory
3. Impaired judgement
4. Muscle weaknesses

|  |
| --- |
| iv. Muscle weaknesses is not a long-term effect of barbiturates. |

d) Long-term use of opium can lead to:

* + 1. Constipation
		2. Difficulty having children
		3. Short-term memory loss
		4. Irregular periods

|  |
| --- |
| iii. Short-term memory loss is not an effect caused by opium. |

Section 3

Framework of alcohol and other drugs practice

Frameworks and Approaches of Working with AOD Clients

3.1 Read the following scenarios and identify whether the AOD worker is following person-centred approach in each scenario. Check the box if person-centred approach was used by the AOD worker.

|  |
| --- |
| This is covered on pages 79 of the Study Guide.  |

|  |  |
| --- | --- |
| **Case scenarios** | **Person-centred approach** |
| Tina sought help for her alcohol dependency with a goal to reduce her AOD use. Tina consumed a pack (12cans) of beer every night and she hopes to reduce her use by at least half. Her counsellor told her that she should be aiming to abstain from alcohol instead. | [ ]  |
| Yusuf is an AOD case worker with lived experience of AOD use. He had heroin dependency and spent less than a year to stop using drugs. He was recently assigned with a new client who has a similar AOD use history as him. Towards the end of the first session, Yusuf told the client that they should be able to stop using in a year’s time but the client thinks that it is unachievable. | [ ]  |
| Chester has recently gotten a prosthetic leg. He is frustrated with hid situation and copes by drinking heavy alcohol. He was referred to Jayden, an AOD counsellor to help with his AOD use. Together with Chester, Jayden explored some exercises that Chester can do and negotiated ways to reduce harmful alcohol consumption. | [x]  |
| Crystal has been drinking alcohol for many years. She has been feeling depressed lately and increased the amount of alcohol she consumes to “lighten up her mood”. However, she notices that she has been feeling worse and thus seek help from an AOD counsellor. The counsellor was dismissive of her depressed feelings and suggested that she stop drinking so the depressed feelings will go away. | [ ]  |
| Farah comes from a conservative Muslim family. She started smoking weed a year ago when she started university and has since developed cannabis dependency. She started seeing an AOD counsellor as she is concerned that her studies are affected by her AOD use. Throughout the sessions, her counsellor actively involve Farah in decision making process such as goal setting and changing AOD use (instead of ceasing use immediately). Her counsellor also checks in with her regularly to reassure her that her AOD use is a health issue instead of a moral problem. | [x]  |

Ethical and Legal Considerations Working in AOD Context

3.2 Read the following statements and identify whether they are True or False.

a) If a client becomes aggressive and starts talking loudly, you have to be louder and speak over them to weaken their aggression.

True [ ]  False [x]

b) A client discloses their intentions to commit a serious crime. After the session, you immediately report it to the relevant authority.

True [x]  False [ ]

c) When working with clients who are under 18 years old, you adhere to your state’s legislation on working with children as well as your organisation’s policies on working with clients under 18.

True [x]  False [ ]

d) Codes of practice is a set of ethical values and principles that AOD workers have to adhere to.

True [ ]  False [x]

e) Your organisation has a policy that all AOD workers have to keep their clients’ case notes for 8 years after their last session. 10 years after the last session with your client, it is ethical that you dispose their records and case notes in a safe manner.

True [x]  False [ ]

f) A client does not understand the difference between day rehabilitation program and inpatient treatment program. You clarify the differences with them and ensure they fully understand before they sign an informed consent.

True [x]  False [ ]

g) During a house visit, your client appears to be extremely intoxicated and may be experiencing an overdose. Due to your duty of care, you immediately call for an ambulance to send them to the hospital.

True [x]  False [ ]

h) Your client, a recent immigrant, appears to not understand you clearly and pointed out that they have difficulty understanding your English with an Australian accent. You replied that they are in Australia and should learn to understand the Australian accent instead, but you conducted the remaining session speaking in a slower speed. This is not discrimination because you accommodated them by speaking slower so they can understand you.

True [ ]  False [x]

i) When you are faced with an ethical dilemma, you refer to the codes of conduct that your organisation provided to guide your actions.

True [x]  False [ ]

j) An example of dignity of risk is when your client does not wish to receive inpatient treatment but wanted to try self-help group instead. You think that they may receive more benefit from inpatient treatment, but you respect their autonomy and agree with their decision.

True [x]  False [ ]

k) Organisations have to adhere to the National Framework for Alcohol, Tobacco and other Drug Treatment 2019-2029. This is to ensure that all AOD-related services are delivered with a consistent quality across all service providers.

True [x]  False [ ]

l) When you experience burnout, you have the sole responsibility to lower the risks of experiencing emotional distress such as practicing self-care.

True [ ]  False [x]