**Assessment Book 4**

**CERTIFICATE III IN HEALTH SERVICES ASSISTANCE**

Work in an Alcohol and Other Drugs Context

CHCAOD001



First Edition, June 2021

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Australian Institute of Professional Counsellors

Head Office

47 Baxter St., Fortitude Valley, QLD 4006.

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Assessment Instructions

**All of the information that you need to complete your assessment tasks are included in your Study Guide and associated Readings.** Before attempting to complete this Assessment Book you must read through all of the information supplied to you in the Study Guide and Readings for this unit. You are required to complete all assessment questions successfully in order to be deemed competent in this unit.

This Assessment Book is designed to assess **your** knowledge. Copying sentences and blocks of text directly from your Study Guide, Readings, or other documents does not demonstrate your understanding of the topic. Neither does copying the work of another student. Such practices are regarded as plagiarism and will not be tolerated. (Please see your Student Handbook for further information regarding Plagiarism).

A guideline for the number of words required for a response is included to give you an idea of the depth of information that is required to successfully answer the question. If you are well under the approximate number of words you may need to ask yourself whether you have been too superficial in your response. If you are well over the word limit, then you may need to ask yourself whether you have included irrelevant information or repeated yourself unnecessarily.

If you do not understand what is required for you to complete an assessment, please contact an Education Adviser.

**Important Note:**

When an assessment item asks you to *write what you would say* to a client, this means that you need to write, word for word, what you could say to the client if you were in session. These items assess your ability to generate appropriate responses and demonstrate important skills in the counselling context. As such, it is **not** acceptable to write out the topics you would cover. Rather, you need to imagine that you are in the session with the client and write out how you would verbally respond in the scenario. We have provided an example to indicate how you should approach this type of assessment item.

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| **Assessment Item:**  Karen has come to counselling after the end of a long-term friendship. Karen has been struggling to make sense of how the friendship ended and is also wondering why she is in so much pain. She says that she is as hurt by this friendship ending as she has been by the worst break-ups she has been through, and she worries she is over-reacting or having a ‘mental breakdown’. What would you say to Karen to normalise this experience? (Your response should be approximately 70 words.) |
| **Response:**  “Karen, although we don’t often see the pain of friendship loss represented in television shows or movie or pop songs, and we only seem to talk about relationship loss in terms of romantic relationships, the loss of a friendship can be just as significant. The loss of an important friendship brings on grief, just the way the loss of any other kind of important relationship does.” |

Submitting an Assessment Book

Please submit your assessment book via your online student portal.

Use the following as a checklist before submitting your Assessment Book:

Have all of the questions and activities been completed?

Is your name and student number noted in your Assessment Book? (on the following page)

Have you completed the Candidate Declaration? (on the following page)

Have you saved a copy of all of your work (in case of loss)?

SHORT RESPONSE QUESTIONS

Section 1

Understanding alcohol and other drugs use

An Introduction to the Patterns of Alcohol and Other Drugs Use

1.1 Identify the purpose of alcohol and other drugs use in the below scenarios and briefly explain your choice. Each response should be approximately 30 words.



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| **Scenarios** | **Purpose of alcohol and other drugs use** |
| 1. Tammy went to a house party with her cousin for the first time. She made some new friends including Cassandra, who encouraged her to try to smoke weed. Tammy has never taken any substance before and was curious about the experience and agreed to try it. However, Tammy did not enjoy the effects after she smoked the weed and have not use cannabis ever since. |  |
| 1. Jack suffers from chronic back pain for many years. Recently, his condition worsens and gotten intolerable that he has not been able to get out of his bed for a few days. His doctor made a home visit and prescribed Jack with fentanyl help relieve his pain. Jack only took fentanyl for two weeks to help cope with his back pain. |  |
| 1. Kelsey is a professional accountant who has been working in the field for six years. Recently, she got promoted to a more senior position and her workload increased significantly. She was overwhelmed by her work, especially during the tax season and she started using “ice” to keep herself awake for longer hours to finish her work on time. She relied on ice for almost a month to cope with her work. |  |
| 1. Lin started drinking when he was in university and used to drink a couple of beers a week. He graduated a few years ago and has been working in the legal profession, which has been stressful for him. Over the years, he started to consume higher doses of alcohol and more frequently, and a year ago, he starts to consume spirits almost daily. Currently, he feels like he requires a couple of drinks during lunch time daily to help him stay focus on work. |  |
| 1. Aisha enjoys attending music festivals and has been attending an annual music festival in Melbourne with her university friends. She usually takes ecstasy with her friends to enhance their experience at the festival by feeling euphoric and energetic due to ecstasy. However, she does not consume other drugs during other times. |  |

1.2 Read the case study below about Miguel’s drug use and answer the following questions.

Miguel and his friends has a monthly meetup sessions to catch up with each other. This is typically followed by a “trip” where most of them take hallucinogens such as LSD or “shrooms”, to “take an adventure on spiritual discovery” and to “heal”. The effects typically wear off after a few hours and they would discuss their “healing journey” and commit to work on themselves spiritually for the following month before “taking another inner-reflection”.

a) In the past, ancient tribal societies such as the pre-Columbian Mesoamerican societies have been using psychoactive substances to alter their conscious states and moods. This took place during group ceremonies or rituals for religious and/or healing purposes. They also sometimes use psychoactive substances to communicate with the divine. Consider the ancient tribal society’s drug use purpose - is it different from Miguel’s drug use purpose? Explain your answer. Your response should be approximately 30 words.



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b) Based on your answer from 1.2a, how do you think today’s society views both groups’ purpose of drug use? Is there any difference in the acceptance of groups’ drug use? Your response should be approximately 40 words.

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1.3 Identify the three different types of harms from AOD that were listed by the National Drug Strategy 2017-2026. Briefly outline two examples for each type of harm. Your response should be approximately 100 words.



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1.4 Identify the purpose(s) of drug use and briefly describe its harm(s) in each of the following scenarios (Each response should be approximately 70 words):

a) Justine is a 71-year-old woman who has been smoking regularly since her 30s. She started smoking to cope with her stress from work. Over the past two years, she tried to quit smoking on a few occasions but only manage to abstain from smoking tobacco for a few days because she felt tired and could not function. The main motivation for her to quit was when she noticed that she spent a significantly huge sum of her pension on buying cigarettes. Her most recent health check-up also indicated that she has stage two lung cancer.



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b) Cedric is a university student and was diagnosed with narcolepsy three months ago and was prescribed with Concerta, a medication which contains amphetamines. The medication helps him to improve his alertness during the day. Cedric is extremely relieved for the medication as he was unable to focus and stay awake during classes and at work previously. Even though his doctor warned him to take the medication at a regular interval, Cedric disregarded the warning and started taking higher dosage and at more frequent intervals after enjoying the constant energetic feeling. After a week, he starts to experience some undesired symptoms such as having unpleasant and vivid dreams, constantly feeling irritable and depressed. In the end, he has to be admitted into the hospital for inpatient withdrawal services after passing out from overdose.



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Theories and Models for Understanding Addiction

1.5 Identify the models that were proposed to explain AOD use according to the individuals/theories these models were based on. Each response should be no more than 5 words.



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| **Evidence base of model** | **Models to explain AOD use** |
| 1. Underlying psychopathology and personality based on Sigmund Freud’s theories. |  |
| 1. Signs and symptoms of individuals with substance dependency proposed by Jellinek. |  |
| 1. Views held by many in the Western countries since the 1500s. |  |
| 1. Research on various socio-cultural factors showed they play an important role. |  |
| 1. Social learning theories such as modelling proposed by Albert Bandura. |  |
| 1. George Engel rejected biomedical model of substance dependency and proposed this holistic model |  |

1.6 In your own words, outline the brief description of each evidence-based models on why individuals develop AOD dependency. (Your response should be approximately 40 words).



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| **Evidence-based Model** | **Description** |
| 1. The Moral Model |  |
| 1. The Social Learning Model |  |
| 1. The Bio-Psycho-Social Model |  |
| 1. The Psycho-dynamic Model |  |
| 1. The Disease Model |  |
| 1. The Socio-Cultural Model |  |

1.7 Read the case scenario about Chelsea and her dependency on alcohol and heroin. Using the different evidence-based model, provide a brief explanation why Chelsea uses AOD and developed a dependency. Each response should be approximately 50 words.

Chelsea is 21 years old and a university student in her final year. She developed alcohol dependency when she was 17 years old and heroin dependency when she was 19 years old. She grew up in a household where AOD use is the norm – her parents are regular smokers and are dependent on alcohol; her grandfather used to smoke cannabis regularly and passed away from an overdose when Chelsea was 4 years old.

When Chelsea was 15 years old, she tried some of her mother’s spirits and started drinking regularly at high dosage since. She mentioned that she tried it out of curiosity because her parents are always drinking it and not “emotionally available for her” after they drink. Her parents would often sit her in front of the television and went drinking with their friends. Her grandfather used to look after her but after he passed away, she would be left alone at home. When she was 18 years old, her friends encouraged her to try heroin at a house party and after using it, Chelsea enjoyed the “heroin high” because it makes her “forget about her problems in life”. After three months of taking heroin almost every other week, she feels down and not herself when she does not take heroin.

Chelsea is graduating from university in two months and is worried about not getting a job and recently started using tobacco. She has been smoking around 10 cigarettes per day and claims that it relieves her stress thinking about “adulting”. She is aware that she has been spending a lot of money on purchasing cigarettes and tries to cut down on her smoking. However, she confides that she feels powerless as she is unable to control her urge to smoke.



a) Moral model

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b) Disease model

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c) Social learning model

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d) Psychodynamic model

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e) Socio-cultural model

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f) Bio-psycho-social model (Your response for this question should be approximately 100 words)

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1.8 Read the case scenario about Tai and his dependency on tobacco and cannabis.

Tai is a 29 year old male who works as a senior financial consultant in a famous company. He has been under a lot of stress from his family and work for the past two years and has been using AOD regularly to cope with these stresses. As a result, Tai developed dependency on tobacco and cannabis, and feels easily irritable when he craves for a cigarette.

When he first started working in the company, his colleague invited him to join them on smoke breaks but he declined as he did not smoke. However, he felt like he was missing out and decided to start smoking socially. Eventually, he realises that cigarettes help him to relieve his stress from work and he started smoking regularly (around 20 cigarettes per day) and on rare occasions two packs of cigarettes per day.

Outside of work, he also hangs out with his friends from high school almost every week. They usually meet at Tai’s apartment and play video games and catch up about their life. About 4 months ago, one of his friends brought weed for everyone in the group to try it. Tai enjoyed the euphoric feeling from it and has been asking his friend to bring more for the next meeting. Ultimately, Tai started smoking weed during the weekends and has since developed a dependency on it.

However, he finds that recently, it is harder for him to concentrate at work and keeps forgetting things that he needs to do. His manager has expressed that he is concerned with Tai’s work performance lately and has been behind on work. Tai also realises that he experiences some breathing difficulties occasionally. He seeks help from a doctor and was later diagnosed with oesophagus cancer.

a) Identify and explain the purpose of Tai’s AOD use. Identify the change in pattern/purpose of Tai’s AOD use, if any. Your response should be approximately 70 words.



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b) Identify one evidence-based model that can be used to explain Tai’s AOD use. Explain how the model helps you to understand Tai’s AOD use. Your response should be approximately 50 words.



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c) Identify the harms and impacts from Tai’s AOD use. Your response should be approximately 60 words.



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Section 2

An introduction to the different drugs



Classifications of Drugs

2.1 List out the six categories of drugs that are under the classification system according to the effects of the drugs on the Central Nervous System. Then, give two examples of drugs that are under each category. Your response should be approximately 20 words.



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2.2 Refer to your Reading C: The National Drug Strategy 2017 – 2026. List three (3) of the priority substances and briefly explain why each of them are of concern in Australia. Your response should be approximately 150 words.



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2.3 Identify the administration methods for each type of drug below. Each response should be approximately 20 words.



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| **Drug** | **Administration Method** |
| 1. Morphine |  |
| 1. Hash (Cannabis) |  |
| 1. Psilocybin (Magic Mushrooms) |  |
| 1. Alcohol |  |
| 1. Tobacco (Nicotine) |  |
| 1. Benzodiazepines |  |
| 1. Methadone |  |

2.4 Identify three (3) withdrawal symptoms that may occur for each drug. Each response should be no more than 10 words.



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| **Drug** | **Withdrawal Symptoms** |
| 1. Tobacco (Nicotine) |  |
| 1. Alcohol |  |
| 1. Ketamine |  |
| 1. Codeine |  |
| 1. Cocaine |  |
| 1. Marijuana (Cannabis) |  |
| 1. Aerosols (inhalants) |  |



















2.5 In your own words, briefly describe the effects of each drug type on the individual’s body after consumption. Your response should be approximately 30 words.



a) Depressants

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b) Stimulants

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c) Opioids/Narcotics

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d) Hallucinogens

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e) Cannabinoids (Cannabis)

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f) Inhalants

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2.6 In your own words, briefly summarise what is poly drug use and provide an example of a poly drug interaction and its effect. Your response should be approximately 70 words.



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2.7 Read the case scenario about Chen and answer the following questions

Chen is a 32-year-old man who works as a forklift driver. He has had a few panic attacks in the past two years and not having quality sleep. Recently, he decided to seek medical help from a general practitioner after experiencing a panic attack when he was at work. His was diagnosed with generalised anxiety disorder and prescribed with Valium to help reduce his anxiety symptoms and improve his sleep quality. The doctor reminded Chen that he has to follow the prescribed dosage carefully to prevent developing a dependence on it.

After a few days of taking Valium, Chen noticed that he now feels more relaxed and calmer and able to sleep more soundly. He really enjoyed the positive feeling from it and started taking Valium more frequently than the doctor’s advice. He also started drinking a couple glasses of wine when he takes Valium to help “enhance his mood”.

Chen started taking higher dosage of Valium over the next two weeks to achieve the same initial “calmness”. He realised the drug does not seem to work anymore as he feels more anxious than before and occasionally experience the fear of someone robbing his house. He also notice that he starts to forget about tasks he has to complete at work. A few days ago, he almost got involved in a workplace accident driving the forklift; he claims that he was unable to see clearly and got confused about how to operate the forklift. As a result, Chen was suspended.

Chen got frustrated and started consuming more alcohol (spirits) and take a high dosage of the remaining Valium in hope to help with his presenting symptoms. However, he experiences an overdose and was hospitalised for withdrawal management.

a) Identify the substance(s) that Chen used and the drug class they belong to. Your response should be no more than 10 words.



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b) Identify the harms experienced by Chen due to his AOD use, including any non-health harms. Your response should be approximately 40 words.



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c) Chen is engaged to Emily, who disapproves of Chen’s AOD use. Recently, Emily started getting frustrated because Chen kept forgetting to reply to her messages and not show up when they were supposed to meet. She starts to feel that Chen is not putting in effort into the relationship and starts to doubt their relationship. As a result, sometimes she was unable to focus on work and would constantly worry about Chen and their relationship.

Elaborate the harm that Emily experienced due to Chen’s AOD use. Your response should be approximately 30 words.



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d) Identify if there was a poly drug use by Chen. If there was, identify the poly drug interaction and its potential harmful effects. Your response should be approximately 20 words.



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e) Identify five (5) potential withdrawal symptoms that you expect Chen to experience due to his AOD use. Your response should be approximately 10 words.



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f) Chen’s younger cousin Val, who is 26 years old, also consumes alcohol. She drinks two glasses of wine almost every day to “relax her mood” and “sleep more soundly”. Unlike Chen, Val did not experience any overdose or the need to be hospitalised for any inpatient treatment.

Identify five (5) possible reasons/factors that can explain the difference of the drug’s effect between Chen and Val. Your response should be approximately 40 words.



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Section 3

Framework of alcohol and other drugs practice

Frameworks and Approaches of Working with AOD Clients

3.1 The following questions are related to the public health model in relation to understanding individuals’ AOD use.

a) In your own words, briefly summarise the key principles and aspects of the public health model, including when it was first introduced in Australia). Your response should be approximately 50 words.



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b) Read the strategies below and identify which type of intervention approach each of the strategies belong to. Your response should be no more than 2 words.



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| **Strategies** | **Intervention Approach** |
| 1. Individuals who overdose from AOD are hospitalised for inpatient withdrawal managements |  |
| 1. Local campaigns in high schools encouraging high school students to avoid the early use of AOD |  |
| 1. Posters about safe use and disposal of used needles are put up in the local community centre |  |
| 1. Regular home visits to families who are at high risk of AOD use, such as members with AOD dependency history, low socioeconomic background, poor healthcare access). |  |
| 1. Reduced advertisement of alcohol and tobacco in media. |  |
| 1. Methadone are prescribed to help individuals with opioid dependency to manage their withdrawal symptoms. |  |
| 1. AOD workers are stationed at major music festivals or events to educate the attendees about safe AOD use. |  |

3.2 Briefly explain the three strategy pillars of harm minimisation and provide two (2) specific example strategies for each pillar. Each response should be approximately 40 words.



a) Demand reduction

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b) Supply reduction

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c) Harm reduction

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3.3 Based on the harm minimisation approach, suggest three (3) strategies that can be implemented to minimise AOD use in the following scenario. Your response should be approximately 50 words.

You work as an AOD counsellor in your local community centre, mainly working on outreach programs to educate your community about safe and responsible ways to use AOD. You also work on individual cases and provide counselling to individuals who uses AOD.

Recently, you noticed that there has been a significant increase in high school students coming in to seek your help. Most of them are concerned about their cravings for beer and cigarettes, and cannot pay full attention in class. Some of them told you that there is an ongoing trend that “drinking and smoking ciggies” are “cool” and “in”, hence many high school students in the local area are trying AOD to appear “cool”.



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3.4 Read the following scenarios. Identify which guiding principles of recovery can be observed and explain your choice. Each response should be approximately 50 words.

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a) Natalie is going through cannabis withdrawal treatment. Her parents and sister has been supportive of her, such as sending her to counselling sessions, attending self-help groups with her. They also read up on information about cannabis withdrawal to have a better understanding of what Natalie is going through. Natalie also practices self-care such as relaxation techniques to help manage her withdrawal symptoms.

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b) Sandeep developed a dependency for amphetamine and decided to pursue AOD treatment to cease his use. During the initial session, his counsellor suggested that the best and quickest intervention is for Sandeep to enrol in an inpatient withdrawal management program in a rehabilitation centre nearby. However, Sandeep did not wish to join the program as he wanted to continue working at the same time. They discussed and agreed on an outpatient program and frequent counselling sessions to keep track of his treatment progress.

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c) Davor came from a low socioeconomic status and his parents were abusive towards him. Growing up, he had a low self-esteem and a negative view of himself, thus used AOD to cope with his circumstances. When he first started treatment, he would feel unworthy of treatment and some AOD workers treated him differently due to his background. However, his AOD case worker helped him to identify and overcome the challenges he was facing and protected his rights as a client. Davor also went for counselling which assisted him establishing a more positive sense of himself.

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d) Ragna is an unemployed 32-year-old who is receiving treatment for her alcohol and methamphetamine dependency. She was also recently diagnosed with bipolar disorder. Her AOD case worker assisted her in seeking mental health treatment and also supported her in seeking for employment. They also encouraged Ragna to be responsible of her own well-being by practicing self-care.

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3.5 Imagine you are an AOD case worker. Read the following scenario and suggest three (3) strategies that can be implemented to **empower** the client in their recovery. Your response should be approximately 60 words.

Julia has multiple medical conditions such as chronic back pain and diabetes, and recently diagnosed with anxiety disorder. She started using alcohol and opioid to help cope with her pain and developed a dependency on these substances. She recently started to seek help from the community health centre you work. She wanted to stop her AOD use as the ultimate goal but would like to reduce AOD use for now as she feels like she needs to take these substance to “function normally”. She also mentioned that her parents are still very involved in her life and kept forcing her to move back home to “monitor her drug use”. However, she is very reluctant to do so.



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3.6 Read the scenario below and answer the following questions.

Aaliyah was recently hospitalised due to alcohol overdose. She was binge drinking with her friends at a house party and had a few bottles of beers and took many shots of spirits. Aaliyah felt that her AOD case worker was impersonal and had a dismissive attitude towards her, as the case worker did not acknowledge her depression. She also felt that the case worker was being judgemental about her drinking behaviour as they mentioned “reckless drinking” and “risky behaviours”. As a result, she felt extremely guilty of her binge drinking episode and did not wish to open up to the case worker. When the case worker presented her treatment plan, Aaliyah did not have the opportunity to make any decisions but was told to read through it and sign the consent form.

a) Evaluate whether the AOD case worker was demonstrating empowerment. Your response should be approximately 70 words.



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b) Imagine you are in the AOD case worker’s position. Based on the health promotion principles, suggest three (3) strategies that you can implement in Aaliyah’s case. Your responses should be approximately 80 words.



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3.7 Answer the following questions.

a) There are legislations put in place to regulate the retail of tobacco products, including e-cigarettes and accessories. Look up the report by AIHW (2021). Hint: visit this website: <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/about> and look for the option for “tobacco” under “drug types”.

i. Evaluate how these legislations impacted the availability of tobacco and the amount of tobacco sold. Your response should be approximately 60 words. (Hint: Recall the harm reduction principle from the harm-minimisation approach).



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ii. Identify the change in pattern of e-cigarette use. Discuss whether you think e-cigarette is a new and emerging drug trend. Your response should be approximately 40 words.

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b) Look up on information about harm minimisation on the internet. Discuss your view on the approach and its effectiveness. Your response should be approximately 100 words.

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c) According to Ritter (2015), only almost one per cent of health care spending in Australia goes into AOD treatment spending, with majority of the spending goes into community-based AOD treatment. Evaluate and discuss your views about the impacts that this amount of spending has on the impact of the AOD treatment and services available. Your response should be approximately 100 words.

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d) Refer to Reading E - The social determinants of AOD use.

i. Choose **one** social determinant and evaluate how it may affect an individual seeking for AOD-related treatment. Your response should be approximately 60 words.

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ii. Based on your answer in 3.8d(i), discuss if there is any policy or strategy that can be implemented to help provide equal access of AOD related services to everyone. Your response should be approximately 30 words.

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3.8 Imagine you are an AOD case worker and you are seeing a new client. Identify three (3) legal considerations that you have to keep in mind when working with the new client. Your response should be no more than 10 words.

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3.9 Read the case scenario below and answer the following questions.

Marianna is a 44-year-old female who has been homeless for many years. She developed heroin dependency about a year ago and recently experienced an overdose, which prompted her to seek for AOD treatment. She visited a community health centre to seek help and was assigned an AOD case worker who just started working in the sector. Marianna felt that the case worker was friendly initially but upon observing the track marks on her arms, their attitude changed slightly and gotten worse after learning that she has been displaced.

After learning about Marianna’s AOD use history, the case worker presented her with some documents and instructed her to sign it. They only told her that it was “paperwork”, “it’s for your own good”, and “just sign it”. Marianna later learned that the documents were her treatment plan and consent form. She felt disrespected as she was not informed about the treatment options available, and she requested to know about other treatment options. However, the case worker refused and claimed that Marianna did not understand how treatment works and the plan they had was the best for Marianna. Unsatisfied, Marianna asked to provide feedback about her experience but was quickly dismissed by the case worker who asked Marianna to “mind your own business”.

a) Identify three (3) ethical and legal considerations that were violated by the AOD case worker and explain your choices. Your response should be approximately 120 words.

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b) Imagine you are in the AOD case worker’s position. Identify three (3) actions that you can take to ensure the service delivered to Marianna follows the ethical and legal guidelines of AOD context. Your response should be approximately 80 words.

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3.10 Your organisation has two core values: inclusion and professionalism. Inclusion means involving different stakeholders in your work and professionalism means being respectful and professional at all times. Identify if the following actions are in line with your organisation’s core values.

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| **Actions** | **Is it in line with your organisation’s core values? (Yes/No)** |
| 1. I constantly reflect on my work to ensure that I deliver services that are up to a good standard. |  |
| 1. I always involve my clients in decision making processes that are related to their treatments. |  |
| 1. I do not like to collaborate with other colleagues as they may “steal my clients”. |  |
| 1. Despite the tiredness, I prefer to work long hours to show my supervisor that I’m capable and hardworking than other colleagues. |  |
| 1. I respect my clients and build good rapport with them but not overstepping the professional boundaries. |  |
| 1. I do not like to attend professional development courses because I feel like I’m already good at my work. |  |

3.11 Read the following case scenario about an AOD counsellor, Carol and her client, Zora. Then, answer the following questions.

Zora is a 63 year old female who recently migrated to Australia with her 28 year old daughter. She disclosed that she finds it hard to cope with the Australian culture here and felt like she betrayed the country she came from. Her daughter has been busy with work and unable to spend much time with her at home. Hence, she started consuming alcohol in large doses to “feel relaxed and calmer” and “not so guilty about betrayal”. She started seeking help because her daughter found her passed out in the living room when she got back home from work two weeks ago.

During the initial session, Carol, the AOD counsellor, noticed that sometimes Zora did not fully comprehend her question and occasionally displayed a confused look on her face. Carol politely asked Zora whether she would like additional help to assist with the session. Zora agreed and Carol provided her with information about alcohol dependency that was translated into Zora’s first language. Carol also suggested that Zora return for another session next week in the presence of an interpreter before they discuss about Zora’s treatment plan and sign the consent forms.

a) Identify two (2) ethical and legal consideration mentioned in the above case scenario. Your response should be no more than 10 words.

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b) Do you agree with Carol’s actions? Explain your answer. Your response should be approximately 50 words.

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During the next session, Carol suggested that Zora participate in an inpatient alcohol withdrawal program for six weeks. However, Zora expressed that she does not wish to “move to a new place” again and wants to be able to “sleep in her own bed”. Further, she disclosed that she does not wish to cease alcohol use immediately because “it’s suffering without alcohol”. In the end, they agreed for Zora to join a day rehabilitation program and continue to attend weekly counselling sessions with Carol. Carol also encouraged Zora to participate in some community activities and make some positive lifestyle changes.

c) Identify whether Carol used a person-centred approach in Zora’s case. Explain your answer. Your response should be approximately 50 words.

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d) Based on harm minimisation approach, suggest an intervention strategy for Zora. Your response should be approximately 20 words.

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Over the next few weeks, Zora has made some good treatment progress. However, last Friday, Zora showed up at the community centre Carol works in. Zora appeared to be intoxicated and was shouting at the reception, and demanded that Carol sees her immediately otherwise she would cut herself. However, Zora’s appointment is not until next Tuesday and Carol is currently with another client. Carol recalls that her organisation’s core values are ensure safety of all stakeholders and to respect each individual as their own.

e) Imagine you are in Carol’s position. Outline the actions that you will take in this scenario. (Hint: the actions should be in line with risk and mitigation strategies as well as your organisation’s values). Your responses should be approximately 100 words.

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3.12 Read the case scenario and answer the following questions.

Kim has been working as an AOD counsellor in a rural community for 3 years. His most recent client is an acquaintance from high school, Renee, whom he has not seen or spoken to for many years. He was concerned about violating professional boundaries by having a dual relationship with his client. However, Kim’s supervisor advised him that it is fine for him to work with Renee as they did not have any contact for many years. Subsequently, Kim started working with Renee on her cannabis and tobacco dependency.

Renee is a 24-year-old and stay at home mom who looks after her 3 year old daughter. Renee started smoking when she was 19 years old but ceased tobacco use when she was pregnant two years later. However, 2 years ago, she started smoking again due to stress from taking care of her child. She also started using cannabis half a year ago by mixing it in her cigarettes. She claims that she uses cannabis almost every other day because she could not stand her daughter crying most of the time. She often uses cannabis and goes to sleep while leaving her daughter alone to “tire out from crying”.

a) Evaluate whether Kim violated any professional boundaries by working with Renee. Your response should be approximately 50 words.

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b) Identify the legal obligation that Kim has to perform due to Renee’s disclosure. Explain why. Your response should be approximately 50 words.

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c) After a few sessions, Kim notices that Renee may have experienced substance-induced psychosis. She disclosed that in the past two weeks, her daughter would often appeared in a devil-like form and claims that her daughter wanted to “punish me for the sins I’ve committed”. Despite not professionally trained to work with clients with severe mental health conditions, Kim still tried to help Renee with her psychosis during the next few counselling sessions.

Do you agree with Kim’s action? Explain your answer. Your response should be approximately 50 words.

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d) A week ago, Kim attended his high school gathering. A mutual contact of Renee revealed that they knew Renee is receiving AOD-related treatment from Kim and asked about her progress. Kim politely declined them and mentioned that he needs to respect all his clients’ privacy. Kim then proceeded to change the topic and they discussed about last week’s football match.

Identify the ethical and legal obligation that Kim performed. Explain whether you agree with Kim’s action. Your response should be approximately 60 words.

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Personal Values, Beliefs, and Attitudes

3.13 Read the following scenarios and reflect on your personal values. Identify how your values may potentially influence or challenge your work in the AOD sector. Each response should be approximately 50 words. (Note: There is no incorrect responses but your responses are required to demonstrate reflection of personal values and how they may impact your work).



a) Your client often uses cannabis around their young children.

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b) Your client committed a few robberies in the past to obtain money to fund their AOD use.

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c) Your client is pregnant and refuses to cease cannabis and tobacco use.

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d) Your client keeps insinuating that you are “weak” and “a coward” because you refuse to try a cigarette when they offer you one.

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3.14 Read the scenario and answer the following questions.

Arjun has been working as an AOD counsellor for 13 years in a small local community. He recently moved to a metro city and his first client is Marcus, who seeks help for his tobacco dependency. Marcus disclosed that he is bisexual and he would like to engage his current partner, Nate, in future sessions for his moral support. Growing up in a conservative family and working in a small community, Arjun has no prior interaction with someone from the LGBTIQ+ community. He finds it challenging to work with Marcus as Arjun perceives that Marcus engaging in a homosexual relationship goes against Arjun’s religious teachings.

a) Imagine you are in Arjun’s position. Briefly outline how the conflicting personal beliefs may impact your work as an AOD counsellor. Your response should be approximately 50 words.

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At the end of the initial session, Arjun disclosed his conflicting beliefs to Marcus. In a non-judgmental way, Arjun acknowledges that they may have conflicting beliefs and values, but he will still treat Marcus as a person first. Arjun also reassures Marcus that he will not treat him differently because of his sexual orientation; but Marcus should not feel pressured to continue treatment with him if Marcus finds it uncomfortable. Marcus felt reassured and decided to continue seeking treatment from Arjun.

b) Do you agree with Arjun’s actions? Explain why. Your response should be approximately 30 words.

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| Yes. He respected Marcus as an individual with dignity, regardless of his cultural background. He also mentioned to Marcus that he should not feel pressured to continue treatment with him. |

After two sessions, Arjun suggests that Marcus participate in an outpatient withdrawal program as it would benefit him the most. However, Marcus expressed that he does not wish to cease his smoking habit as it helps relieves his stress. Arjun then suggested he participate in Smokers Anonymous which is a spiritual-based 12-step recovery program, which Marcus expressed his disinterest as he holds a sceptical belief towards spirituality. Arjun respects his decisions and suggests he reduces the amount of cigarettes smoked per day to reduce the harms from tobacco.

c) Evaluate whether Arjun adopted person-centred approach and considered Marcus’s values in deciding treatment plans. Your response should be approximately 50 words.

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Section 4

TREATMENT AND SERVICES FOR ALCOHOL AND OTHER DRUGS CLIENTS

Stages of Change Model

4.1 Read the scenarios below and identify the stage of readiness to change each individual is at.



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| **Case Scenario** | **Stage of Change** |
| 1. Eleanor started noticing that she starts getting tired after smoking cannabis and does not experience the high as long as her first try. However, she still thinks that smoking weed with her friends are fun. |  |
| 1. Allison has completed an outpatient withdrawal program for her alcohol dependency. She has avoided alcohol for three months and is proud of her achievement. |  |
| 1. Selena visited two community health centres to seek for assistance on how to cease her heroin use. |  |
| 1. Edward has been avoiding tobacco use for five months. He recently started a new job, and his colleagues invite him to join them on a smoking break. He was tempted and smoked two cigarettes. He continues to go on smoke breaks and have two cigarettes each day. |  |
| 1. Dana is attending AOD counselling sessions and self-help groups to help reduce her opioid use. Her ultimate goal is to cease the use of opioids. |  |
| 1. Casper is a high school student. His parents notice that he started smoking tobacco and cannabis and wanted to seek help with his AOD use. However, during the intake interview, Casper appears disinterested and keeps insisting that smoking substances are “dope” and “nothing wrong with being cool”. |  |
| 1. Germaine has been avoiding alcohol for two years. Last week, she attended her best friend’s wedding as her bridesmaid. She had a few glasses of wine and champagne. However, after the wedding, she did not consume any alcohol. |  |

4.2 Identify the treatment settings that matches the description of its characteristics.



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| **Characteristics** | **Treatment Settings** |
| 1. AOD workers go out of the centre and locate individuals who may require assistance or support related to their AOD use. For example, parks and streets. |  |
| 1. When individuals have severe withdrawal symptoms and other needs, they need to be hospitalized. |  |
| 1. Individuals who require immediate access to AOD resources or services can access this service/setting. However, it may not be able to provide intensive services. |  |
| 1. Individuals who experience severe consequences from AOD use typically receive this treatment. It usually is in a supervised setting and provides a safe space for individuals to withdraw from AOD use. |  |
| 1. AOD treatments are available as digital services such as discussion forums and online counselling. Individuals are able to access AOD services more easily and at a lower cost. |  |
| 1. A more structured environment for individuals to attend different services such as education, support, and counselling services. Individuals typically attend these services for set times during the day and remain living at their home. |  |
| 1. A one-stop service that offers a range of AOD related services and programs for individuals. However, not all services are available across all centres. |  |
| 1. Individuals who are experiencing symptoms due to ceasing AOD use typically receive this treatment. It can be in both inpatient and outpatient settings. |  |
| 1. Usually the first point of contact of AOD-related services for individuals who uses AOD and those around them. They can obtain private and confidential counselling and assistance via this service. |  |

4.3 Read the following scenario and answer the following question.

Alexander is a 21-year-old male and currently a university student. Last Sunday, he woke up in a hospital and was told by the nurse that he was sent into the emergency department after experiencing a “blackout” in the alley of a pub. Alexander has no memory of it and could only vaguely remember smoking cannabis at one of his friend’s house before heading to a pub for drinks.

Alexander has been consuming alcohol regularly – binge drinking with his friends almost every weekend. He also uses cannabis almost every week when he hangs out with his friends. He recently tried heroin for the first time, but did not enjoy it. Alexander is worried as he did not recall his “blackout episode” but he is unsure how he could proceed to modify his AOD use. He then went to the doctor to seek assistance. Alexander’s doctor suggested that he receive treatment for his alcohol and cannabis dependency.

a) Identify the stage of change Alexander is at.

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b) Suggest three (3) services/interventions that can assist with Alexander’s AOD dependency. Your response should be no more than 10 words.

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| **CHCAOD001 Assessment Book** |
| **Assessor’s Comments – Overall**  *To be completed by the Australian Institute of Professional Counsellors to provide constructive overall feedback on this Assessment Book.* | |
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| Competent / Not Yet Competent | |
| Signature of Assessor: | |
| Date: | |

**FIRST RESUBMISSION**

The following Entry Box is for students to complete any activities that require resubmission.

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| **Important Note:** In order to assist the marker in reassessing your work, make sure you have **clearly identified the question number** for each question you have to re-submit. |
| *Complete resubmission activities here* |

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| **Assessor’s Comments – First Resubmission**  *To be completed by the Australian Institute of Professional Counsellors to provide constructive feedback on resubmission of this Assessment Book.* |
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| Competent / Not Yet Competent |
| Signature of Assessor: |
| Date: |

**SECOND RESUBMISSION**

The following Entry Box is for students to complete any activities that require resubmission.

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| **Important Note:** In order to assist the marker in reassessing your work, make sure you have **clearly identified the question number** for each question you have to re-submit. |
| *Complete resubmission activities here* |

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| **Assessor’s Comments – Second Resubmission**  *To be completed by the Australian Institute of Professional Counsellors to provide constructive feedback on resubmission of this Assessment Book.* |
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| Competent / Not Yet Competent |
| Signature of Assessor: |
| Date: |