A person reading a book

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CHCCCS014

**Provide brief interventions**

**Assessment 1 of 3**

Short Answer Questions

**Graphical user interface, text

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**Assessment Details**

*This section is for SUT VE Quality and Compliance review and feedback and must be deleted in the student version of the assessment.*

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| --- | --- | --- | --- |
| **SECTION 1** | | | |
| UNIT OF COMPETENCY DETAILS | | | |
| Code | | Title | |
| CHCCCS014 | | Provide brief interventions | |
| COURSE AND MODULE DETAILS  *Assessments may be published in more than one course. Add lines for additional courses as needed.* | | | |
| Course Code (UPed) | | Module Number (Order) | Module Code (UPed) |
| SOE4COM01A | | M9 | M00944A |
|  | |  |  |
|  | |  |  |
| ASSESSMENT TYPE | | | |
| **Assessment Method:**  *Select all that apply.* | **Questioning** Choose an item.Choose an item. | | |

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| **SECTION 2** |
| STUDENT INSTRUCTIONS  *The following instructions detail the requirements of the assessment and are captured in the LMS assessment page. This includes a description of the student instructions, associated files and submission instructions.* |
| **Student instructions** |
| This is assessment 1 of 3 assessments for CHCCCS014  This assessment requires you to answer 14 short answer questions] to test your knowledge required of this unit.  To be assessed as competent, you must complete all tasks in the spaces required.  You are required to download your assessment by clicking on the assessment document icon below (see Let’s begin) and upload your completed assessment for submission. |
| **Files for submission** |
| Submit the assessment document with all tasks completed in the spaces provided.  Submit the following files:   * Assessment document |
| **Submission instructions** |
| **PDF File Submissions**  **Please save all Word documents as PDF files before submitting.**  **IMPORTANT**: Word documents will **not** be accepted.  Most modern web browsers can open and display a PDF file. If you have an older operating system, however, you may need a PDF reader installed on your device such as the Acrobat Reader, available from Adobe.  *Windows: Word 2013 and newer*  Choose **File** > **Export** > **Create PDF/XPS**.  *Windows: Word 2010*   1. Click the **File** tab 2. Click **Save As**  * To see the Save As dialog box in Word 2013 and Word 2016, you have to choose a location and folder  1. In the **File Name** box, enter a name for the file, if you haven't already 2. In the **Save** as type list, click **PDF** (\*.pdf).  * If you want the file to open in the selected format after saving, select the Open file after publishing check box. * If the document requires high print quality, click Standard (publishing online and printing). * If the file size is more important than print quality, click Minimum size (publishing online).  1. Click **Options** to set the page to be printed, to choose whether markup should be printed, and to select output options. Click **OK** when finished. 2. Click **Save**.   *macOS: Office for Mac*  To save your file as a PDF in Office for Mac follow these easy steps:   1. Click the **File** 2. Click **Save As** 3. Click **File Format** towards the bottom of the window 4. Select **PDF** from the list of available file formats 5. Give your file a name, if it doesn't already have one, then click **Export**   For more detailed instructions refer to Microsoft Support. |

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| **SECTION 3** |
| ASSESSMENT TASK CRITERIA AND OUTCOME |
| This assessment will be graded as Satisfactory (S) or Unsatisfactory (US).  To achieve Satisfactory; valid, sufficient, authentic, and current evidence of meeting the criteria must be submitted.  Refer to the mapping spreadsheet for details for this unit. |

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| SECTION 4 |
| ASSESSMENT DETAILS  *Please refer to SECTION 2 to confirm how the assessment tools will be built and the methods that will be used to collect evidence i.e., Student’s will type answers directly into LMS or will upload of files of completed assessment tasks.*  *The STUDENT INSTRUCTIONS above will be added directly into the LMS.*  *All associated files will be accessed via the LMS, as will any Assessor Guides, Matrix, Templates etc.*  *Students and Assessors have restricted permissions in the LMS. Assessor Guides, including model answers, will be available to Assessors ONLY.* |
| The following pages contain the draft assessment which will be built into the LMS once reviewed. This includes:  Instructions to students  Questions /tasks  Templates /tables where applicable  Links to supporting files /websites  Instructions to assessors  Sample answers /examples of benchmark answers |

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| **SECTION 5** |
| STAKEHOLDERS AND SIGN OFF  *List all that apply for each of the stakeholder roles below.* |

|  |  |
| --- | --- |
| UPed Learning Designer/Author name | Estelle Zivanovic |
| SOE Quality and Compliance Manager name |  |
| SUT VE Quality Compliance name |  |
| Date approved |  |

**Assessment Instructions**

**Task overview**

This assessment task is divided into 14 short answer questions.

Read each question carefully before typing your response in the space provided.

**Additional resources and supporting documents**

To complete this assessment, you will need:

* LMS learning.

**Assessment Information**

**Submission**

You are entitled to three (3) attempts to complete this assessment satisfactorily. Incomplete assessments will not be marked and will count as one of your three attempts.

All questions must be responded to correctly to be assessed as satisfactory for this assessment.

Answers must be typed into the space provided and submitted electronically via the LMS. Hand-written assessments will not be accepted unless previously arranged with your assessor.

**Reasonable adjustment**

Students may request a reasonable adjustment for assessment tasks.

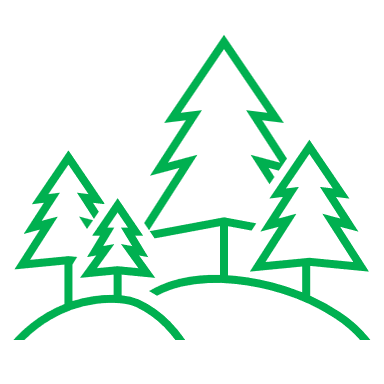
Reasonable adjustment usually involves varying:

* the processes for conducting the assessment (e.g. allowing additional time)
* the evidence gathering techniques (e.g. oral rather than written questioning, use of a scribe, modifications to equipment)

However, the evidence collected must allow the student to demonstrate all requirements of the unit.

Refer to the Student Handbook or contact your Trainer for further information.



 Please consider the environment before printing this assessment.

Leon is thirty-seven and has been using alcohol and other drugs for approximately 15 years now. His health is suffering, and he is showing signs of liver damage, poor dental health and reduced cognitive function. However, he is still reluctant to engage in a recovery process or to consider the interventions which you are suggesting.

**Question 1**

List five reasons why Leon may be reluctant or resistant to change.

(Approximate word count: 100 words)

**Assessor instructions:**Students must list five reasons why Leon may be reluctant or resistant to change.

Students must answer in the same context as the sample answer below.

|  |
| --- |
| * Fear – it could be fear of the unknown, fear of failure, fear of judgement from those around them, fear of no longer fitting in with a peer group. * Feelings of inadequacy – ‘I can’t do it’, ‘I don’t deserve to change’, ‘I don’t deserve help or support’. * Lack of understanding – doesn’t understand the reason for the intervention, how the intervention works or what’s involved. * Doesn’t agree with the change – family/peer group/friends, etc. haven’t changed and they are okay. * It’s too hard/overwhelming – it seems easier to simply leave things as they are. The task is too big or too complex. * Other issues are impacting the change – illness, mental health issues, housing, poverty, cultural practices. |

**Question 2**

Discuss three strategies that you could use to support Leon to participate in interventions/practice new behaviours.

(Approximate word count: 100-150 words)

**Assessor instructions:**Students must list three strategies to support Leon to participate in interventions/practice new behaviours.

Students must answer in the same context as the sample answer below.

|  |
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| Addressing fears by identifying strengths, highlighting importance and benefits of change, putting support structures in place.  Addressing feelings of inadequacy by highlighting strengths, celebrating successes, putting supports in place (mentors.)  Addressing lack of understanding by explaining intervention in a different way, reconfirming understanding, adjusting strategy.  For clients who don’t agree with the change, promote the benefits, address any underlying fears, seek support from extended network, consider role models. Consider professional support if appropriate.  For clients who find the change too hard or too overwhelming, break the change down into small chunks and celebrate each success. Provide feedback and support.  Where other issues are affecting the ability to implement the change, address those issues first with professional support if appropriate. |

**Question 3**

Briefly describe brief intervention and identify five (5) resources that may be required for support.

(Approximate word count: 150-200 words)

**Assessor instructions:**

Students must answer in the same context as the sample answers below.

|  |
| --- |
| *A brief intervention is a structured, time-limited, and goal-oriented approach designed to address specific issues or behaviors within a short timeframe, typically ranging from a single session to a few sessions. This intervention is often used in various settings, such as healthcare, counseling, or social services, to provide immediate assistance, raise awareness, and motivate individuals towards positive change. It is particularly effective for issues like substance abuse, risky behaviors, and mental health concerns. The intervention usually involves assessing the problem, providing feedback, discussing motivation for change, and developing a plan for follow-up.*  ***Five Resources Required for Support:***  *Trained Professionals:*  *Access to professionals trained in brief intervention techniques, such as counselors, social workers, or healthcare providers, is essential. They need specific skills in motivational interviewing, assessment, and feedback delivery.*  *Educational Materials:*  *Providing clients with educational materials, such as pamphlets, brochures, or online resources, helps reinforce the information discussed during the intervention and offers ongoing support.*  *Referral Networks:*  *Establishing a robust network of referral resources, including addiction services, mental health professionals, social services, and support groups, ensures that clients can access comprehensive care if further intervention is needed.*  *Assessment Tools:*  *Utilizing standardized assessment tools and screening instruments helps identify the severity of the issue and tailor the intervention accordingly. Examples include the Alcohol Use Disorders Identification Test (AUDIT) or the Patient Health Questionnaire (PHQ-9).*  *Follow-up Systems:*  *Implementing a follow-up system, such as scheduled check-ins, phone calls, or digital reminders, helps monitor progress, reinforce positive changes, and address any ongoing challenges or needs for additional support.* |

**Answer questions 4-7 referring to this scenario.**

Jane is a 35-year-old single mother who has recently started experiencing heightened stress and anxiety due to balancing work and taking care of her two young children. She has started consuming alcohol more frequently to cope with her stress. During a routine check-up at the community health clinic, the nurse, Sam, notices Jane’s elevated blood pressure and inquires about her lifestyle and well-being. Jane mentions her increased alcohol consumption and stress levels.

Sam decides to conduct an intervention to address Jane’s alcohol use, provide her with resources and help her consider making healthier choices. The session takes place in a private consultation room within the clinic, lasting about 15 minutes.

**Question 4**

1. Using the above scenario:

* Identify the intervention used
* Describe the scope that caused the intervention.

(Approximate word count: 20 words each cell)

**Assessor instructions:**Students must identify the intervention as a brief intervention and must identify that the scope was for janes alcohol consumption and stress managment.

|  |  |
| --- | --- |
| **Intervention Used:** | A brief intervention was used. |
| **Scope:** | In this scenario, the scope includes addressing Jane’s alcohol consumption and stress management. |

1. Identify and explain the five key features of the brief intervention conducted by Sam with Jane.

(Approximate word count: 50 words)

**Assessor instructions:**Students must identify the five key features as provided in the sample answer below. The explanation may vary and must be in the same context as below.

|  |
| --- |
| **One-to-one, private approach**: Conducted in a private consultation room.  **Short duration**: Lasts about 15 minutes.  **Health team member involvement**: Conducted by Sam, a nurse.  **Client-led process:** Focuses on Jane’s concerns and readiness to change.  **Opportunistic:** Arises from Jane’s routine check-up |

1. Using the context of Jane in the scenario above, discuss the importance of a one-to-one, private approach when conducting brief interventions. How did this setting benefit Jane?

(Approximate word count: 50-100 words)

**Assessor instructions:** The explanation may vary and must be in the same context as below.

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| --- |
| One to one and the private approach allows privacy with Jane. Privacy allows Jane to speak openly about her alcohol use without fear of judgment or stigma.It benefits Jane as it builds trust and encourages honest communication. Having a sense of trust and honest communication is crucial for effective interventions. |

1. Explain why brief interventions are typically designed to be short in duration. How does this benefit both the client and the healthcare provider?

(Approximate word count: 20-50 words)

**Assessor instructions:** The explanation may vary and must be in the same context as below.

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| --- |
| Brief interventions are designed to be short in duration to fit easily into regular consultations, making them less daunting for clients and more manageable for healthcare providers, thus allowing more clients to be reached |

1. Discuss the role of a health team member, such as Sam, in conducting brief interventions. Why is it significant that Sam, a nurse, performs this intervention?

(Approximate word count: 20-50 words)

**Assessor instructions:** The explanation may vary and must be in the same context as below.

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| --- |
| Sam, as a nurse, has the clinical expertise and rapport with Jane, making him well-positioned to provide credible advice and support. It is significant as his role emphasizes the intervention’s medical validity and encourages Jane to take the advice seriously. |

1. Analyze how Jane's readiness to change her behavior impacts the effectiveness of the brief intervention. How should Sam handle a situation where Jane is not ready to change?

(Approximate word count: 20-50 words)

**Assessor instructions:** The explanation may vary and must be in the same context as below.

|  |
| --- |
| Jane’s willingness to acknowledge her alcohol use and consider changes is crucial. If she is not ready, Sam should use motivational interviewing techniques to explore her ambivalence and gently encourage contemplation of change without pressure. |

1. In what ways can brief interventions serve as an opportunistic approach in public health strategy? Provide examples from the scenario.

(Approximate word count: 50-100 words)

**Assessor instructions:** The explanation may vary and must be in the same context as below.

|  |
| --- |
| Brief interventions can be seamlessly integrated into routine healthcare visits, like Jane’s check-up, allowing health professionals to address issues proactively. This opportunistic strategy maximizes reach and impact without requiring separate appointments. |

**Question 5**

Identify and explain two reasons for using brief interventions, as demonstrated in the scenario with Jane. How does raising awareness about her alcohol consumption help Jane?

(Approximate word count: 50-100 words)

**Assessor instructions:** The explanation may vary. Students must identify the reasons being under the context of 1.to share knowledge 2. Help Jane make changes to improve health.

|  |
| --- |
| Raise Awareness: Jane becomes aware of the health risks associated with her alcohol use. (Knowledge)  Share Knowledge: Provides information on healthier coping mechanisms. (knowledge/ making changes)  Encourage Change: Helps Jane consider making healthier choices to reduce stress and alcohol consumption. (changes)  Raising awareness about Janes alcohol consumption and what that can do to her health, will increase her knowledge about the issue and support her to make health changes. |

**Question 6**

Describe the step-by-step process Sam should follow in conducting the brief intervention with Jane. What are the key steps involved?

(Approximate word count: 50-100 words)

**Assessor instructions:** The explanation may vary and must be in the same context as below.

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| Engage Jane: Build rapport and explain the purpose of the conversation.  Assess: Ask about her alcohol use and stress levels.  Advise: Provide information about the risks and benefits of reducing alcohol consumption.  Assist: Discuss possible strategies and resources to help her reduce alcohol use.  Arrange: Plan follow-up support or referrals if needed. |

**Question 7**

Explain the importance of record-keeping in the context of brief interventions. What specific information should Sam document after the intervention with Jane?

(Approximate word count: 20-50 words)

**Assessor instructions:** The explanation may vary and must be in the same context as below.

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| --- |
| Accurate records ensure continuity of care and provide a basis for evaluating the intervention’s effectiveness. Sam should document Jane’s reported alcohol use, the advice given, her readiness to change, and any agreed-upon next steps or referrals. |

**Question 8**

Identify and explain the six stages of behaviour change model.

(Approximate word count: 300 words)

**Assessor instructions:** Students must identify the six stages are precontemplation, contemplation, determination or preparation, action, maintenance, and relapse. The explanation may vary, and must follow the same context as below.

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| Precontemplation is when a person doesn’t consider their behaviour as problematic. These people are often referred to as ‘happy users’. They usually consider the positives they receive from the behaviours over the contrary information provided by others, which is often ignored or discounted.  Contemplation is the stage where the person may be ‘sitting on the fence’ about their behaviour. They are still enjoying it and find it desirable but can also see the adverse effects of it in their lives and within their health and wellbeing. The adverse effects they may be beginning to observe and acknowledge may be medical, personal, psychological, legal, or causing social or family problems.  The determination or preparation stage is one of the most challenging, as many do not progress past this point. This is the point where they know the behaviour is problematic and that change needs to occur. They see change as imminent, but it is getting over this line and into ‘action’ that is the most difficult for them.  The action stage is when a person commits to change and the process required to make it occur, this is where their journey begins.  Maintenance is where a person has successfully halted their behaviour and sustained the ongoing behaviour required. At this point the behaviour has been abandoned for long enough that they can state they have stopped the behaviour and made the change, usually occurring after around 6 months of change.  Relapse can occur during the stages of action and maintenance and it’s important to note that people may move between stages within the process. Many of those who make change will return to the behaviour by changing their minds or reverting to old patterns of behaviour. Once a relapse occurs, they will revert to one of the previous stages. Some may ‘lapse’, which is short term or a one-off change, or some may relapse, which is for a longer period. |

**Background:**

Alex is a 40-year-old office worker who has been experiencing increasing levels of stress and poor physical health due to a sedentary lifestyle, unhealthy eating habits, and lack of exercise. During a routine health check-up at the community health clinic, the nurse, Taylor, identifies these issues and decides to have a conversation with Alex to support behaviour change. The session takes place in a private consultation room, lasting about 20 minutes**.**

**Scenario Description:**

Taylor starts the conversation by raising awareness about the impact of a sedentary lifestyle and poor diet on Alex's health. Taylor shares information and resources about the benefits of physical activity and healthy eating. Taylor listens to Alex's concerns about finding time for exercise and making healthier food choices, and they explore various strategies together.

Taylor helps Alex express his feelings about his current lifestyle and guides him in making decisions and setting achievable goals. Taylor highlights the benefits of these changes, such as improved energy levels, better mood, and reduced health risks. Throughout the conversation, Taylor provides positive feedback and encouragement, emphasizing small successes and progress.

Taylor offers ongoing support by scheduling follow-up appointments and referring Alex to a nutritionist and a local fitness program. Taylor also provides contact information for a support group for individuals looking to improve their health habits.

**Question 9**

While providing an intervention, you are typically asking or pointing to a client changing their behaviour. Answer the following questions based on the scenario above.

1. How did Taylor raise awareness about the impact of Alex's current lifestyle on his health? Provide specific examples from the scenario.

(Approximate word count: 20-50 words)

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| --- |
| Raising Awareness:  Taylor discussed the health risks associated with a sedentary lifestyle and poor diet, such as increased stress levels, weight gain, and the potential for chronic diseases. |

1. What types of information and resources did Taylor share with Alex to support his behaviour change? Why are these important?

(Approximate word count: 20-50 words)

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| Sharing Information and Resources:  Taylor provided Alex with brochures on the benefits of physical activity, dietary guidelines, and information about local fitness programs and healthy recipes. They are important to share information and resources, to increase his knowledge. |

1. Describe how Taylor explored Alex's concerns and strategies for overcoming barriers to a healthier lifestyle. What specific strategies were discussed?

(Approximate word count: 20-50 words)

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| --- |
| Exploring Concerns and Strategies:  Taylor asked Alex about his challenges, such as lack of time and motivation, and discussed strategies like short, manageable exercise routines and meal prepping. |

1. How did Taylor help Alex express his feelings, make decisions, and set goals? What techniques were used to facilitate this process?

(Approximate word count: 20-50 words)

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| Expressing Feelings, Making Decisions, Setting Goals:  Taylor used open-ended questions and active listening to help Alex articulate his feelings about his lifestyle and guided him in setting specific, realistic goals like walking for 30 minutes three times a week. |

1. Identify and explain the benefits of change that Taylor highlighted during the conversation with Alex. How did these benefits relate to Alex's personal situation?

(Approximate word count: 20-50 words)

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| Highlighting Benefits of Change:  Taylor emphasized benefits like increased energy, improved mood, and long-term health improvements, relating these benefits to Alex’s desire to feel better and reduce stress. |

1. What examples of positive feedback and encouragement did Taylor provide to Alex? Why is this important in supporting behaviour change?

(Approximate word count: 20-50 words)

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| Positive Feedback and Encouragement:  Taylor praised Alex for his willingness to change and acknowledged small steps, like considering walking during lunch breaks, reinforcing Alex's confidence and motivation. |

1. In what ways did Taylor offer time and support to Alex? How does this contribute to the effectiveness of the intervention?

(Approximate word count: 20-50 words)

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| Offering Time and Support:  Taylor scheduled follow-up appointments to monitor progress and provided contact details for further questions, showing commitment to Alex's long-term success. |

1. What other sources of assistance did Taylor refer Alex to, and why were these referrals made? How do these additional resources support Alex's behaviour change?

(Approximate word count: 20-50 words)

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| Referring to Other Sources of Assistance:  Taylor referred Alex to a nutritionist for personalized dietary advice and a local fitness program to provide structured exercise opportunities, enhancing the support network around Alex. |

1. Discuss the importance of setting achievable goals in the behaviour change process. How did Taylor ensure that Alex's goals were realistic and attainable?

(Approximate word count: 20-50 words)

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| Setting Achievable Goals:  Setting achievable goals helps Taylor to stay on track and create changes.Taylor ensured goals were specific and realistic, such as starting with short walks and gradually increasing duration, making success more attainable and less overwhelming for Alex. |

**Question 10**

Briefly describe the health and well-being considerations for the following in the community services process.

(Approximate word count: 50-100 words each cell)

**Assessor instructions:** The student's response must demonstrate an understanding of the health and well-being considerations for the following in the community services process. The student's response must reflect the content in the exemplar answers provided.

|  |  |
| --- | --- |
| **Health and Well-being Considerations** | **Description** |
| **Environmental Health** | Environmental health is crucial for promoting overall well-being and addressing factors that impact mental, emotional, and physical health. This includes ensuring safety and physical well-being, maintaining privacy and confidentiality, enhancing accessibility and inclusivity, minimizing noise and distractions, incorporating nature and natural elements, practicing cultural sensitivity and diversity, providing psychological comfort, and prioritizing sustainability and eco-consciousness. In community services, creating a supportive environment that considers these aspects ensures clients feel safe, respected, and comfortable, which is essential for effective support and intervention. |
| **Nutrition** | In community services, assessing clients' dietary habits and nutritional knowledge helps identify areas for improvement. Providing education on balanced nutrition, its impact on mental and physical health, and strategies for healthier food choices is essential. Addressing emotional eating patterns or disordered eating behaviors is also important. Collaborating with clients to develop meal plans, set nutrition-related goals, and encourage mindful eating practices supports their overall well-being and helps them make sustainable dietary changes. |
| **Alcohol** | When addressing alcohol use in community services, considerations include assessment and screening to understand the extent of use, providing education and harm reduction strategies, and using motivational interviewing to explore clients' readiness to change. Referrals to addiction specialists or medical providers may be necessary for comprehensive care. Offering ongoing support and collaborating with other healthcare professionals ensures a holistic approach to addressing alcohol-related issues. |
| **Other Drugs** | Addressing the use of other drugs in community services involves conducting substance use assessments, implementing harm reduction and safety strategies, and enhancing clients' motivation to change through motivational interviewing. Referrals to addiction specialists or medical providers may be essential for providing holistic care. Offering continuous support and collaborating with relevant professionals ensures a comprehensive approach to managing substance use issues and promoting clients' overall well-being. |

**Question 11**

Why are brief interventions often used as a public health strategy?

(Approximate word count: 110 - 120 words)

**Assessor instructions:**The student's response should demonstrate an understanding of the role of brief intervention as a public health strategy.

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| The student's response needs to include a reference to the following points.   * Brief interventions are often used as part of public health strategies because they can be conducted by a range of health professionals (i.e., not just counsellors) and can be conducted in brief, opportunistic times (i.e., conducted in a single brief session for clients who may be unwilling or unable to return or they can encompass a few sessions for clients who are motivated to make changes). * Brief interventions can be used in various settings to help prevent or reduce disease, promote health and well-being, and increase life span and quality of life. Addressing health-risk behaviours in brief, targeted intervention contributes to the overall public health of the community. |

**Question 12**

When providing brief interventions, it is important to consider the broader contexts of a client's problematic behaviour.  Describe why it is helpful to consider the following broader contexts:

1. Cultural
2. Family
3. Community.

(Approximate word count: 50-100 words for each description)

**Assessor instructions:**The student's response should include understanding the importance of considering the broader contexts of a client's problematic behaviour when providing brief interventions.

The student's response needs to include a reference to the following points.

|  |  |
| --- | --- |
| 1. **Cultural** | In Australia's multicultural society, a client's cultural context is vital in counselling. It encompasses understanding diverse beliefs, values, communication styles, and norms. Counsellors must navigate potential stigma and discrimination linked to mental health issues, acknowledging these challenges to address the client's concerns and account for cultural norms that shape perceptions of problematic behaviour, recognising that acceptability varies across cultures. |
| 1. **Family** | **Family dynamics:** Family plays a significant role in an individual's life. Understanding family dynamics, relationships, and roles within the family unit can provide insights into the origins and perpetuation of problematic behaviours.  **Interpersonal conflicts:** Family conflicts or dysfunctional relationships can contribute to or exacerbate problematic behaviours. Addressing these issues may be crucial for the client's well-being and progress.  **Support systems:** Family members can serve as both sources of support and stress. Identifying the level of support available to the client can help counsellors develop intervention strategies that leverage positive family dynamics and address negative influences. |
| 1. **Community** | **Social networks:** The client's community, including friends, acquaintances, and social networks, can support or enable problematic behaviours. Examining the client's social connections can reveal potential triggers or sources of support.  **Environmental factors:** The client's physical environment, neighbourhood, and resource access can influence their behaviour. Identifying these factors can help in developing strategies to mitigate environmental stressors.  **Community resources:** Communities often have resources such as mental health services, support groups, and community organisations. Connecting clients to these resources can be integral to their recovery and addressing problematic behaviours. |

**Question 13**

Common barriers and challenges can hinder positive intervention outcomes in the integration counselling process.

* 1. Complete the table by explaining three (3) strategies to address each barrier.
  2. Add an additional three (3) barriers and provide examples of how to address these.

(Approximate word count: 80 - 90 words for each)

**Assessor instructions**: The student's response must demonstrate an understanding of overcoming barriers and limitations in counselling. The student's response must reflect the content in the following exemplar answers.

|  |  |
| --- | --- |
| **Barrier** | **Three examples of how to address the barrier** |
| **Resistance or lack of motivation** | 1. Building rapport and trust: Establish a solid therapeutic alliance by demonstrating empathy, understanding, and genuine care for the client's well-being. 2. Eliciting and exploring ambivalence: Use motivational interviewing techniques to help clients explore their conflicting feelings and motivations regarding both the desired change and the existing behaviour, enhancing their readiness for change. 3. Clarifying goals and values: Collaboratively identify meaningful and personally relevant goals that align with the client's values and aspirations, increasing motivation and commitment. 4. Showing the client you are on 'their side' helps to lower resistance. |
| **Limited self-awareness or insight** | 1. Reflective exploration: Encourage clients to reflect on their experiences, thoughts, and emotions, facilitating deeper self-awareness. 2. Active listening and questioning: Use active listening skills and ask open-ended questions to help clients explore their internal processes and gain insights. 3. Psychoeducation: Provide relevant information and psychoeducational materials to increase clients' understanding of their emotions, behaviours, and patterns. |
| **Stigma and social pressures** | 1. Normalising and validating experiences: Help clients understand that seeking counselling is a sign of strength and self-care, normalising their experiences and reducing self-stigma. 2. Education on mental health: Provide psychoeducation to increase clients' understanding of mental health conditions, emphasising that seeking help is a positive step toward well-being. 3. Encouraging social support: Facilitate the development of social support networks for clients, helping them connect with individuals who can provide understanding and encouragement. 4. Encouraging self-directed care: Identifying the client's needs and ensuring understanding of client rights that they have the right to receive care in the manner of their choosing, even if against societal norms. |
| **Cultural and linguistic barriers** | 1. Cultural competence: Enhance cultural competence by educating yourself on different cultures, customs, and beliefs and incorporating this knowledge into your counselling approach. Implement a respectful curiosity approach for all clients, treating them as individuals and avoiding assumptions or judgments based on culture. 2. Language support: Provide language support through interpreters or bilingual counsellors to ensure effective communication and understanding. For some, this may mean using more visual materials and diagrams to explain concepts instead of words with a low literacy level. 3. Collaboration and consultation: Seek consultation with professionals from the same cultural background or expertise to gain insights and develop culturally sensitive interventions—work 'with' the client and not 'on' the client. |
| **External stressors and life circumstances** | 1. Psychoeducation on stress management: Provide clients with strategies to manage stress, such as relaxation techniques, time management, or problem-solving skills. 2. Referral and collaboration: If necessary, collaborate with other professionals or refer clients to appropriate resources, such as financial counsellors, legal services, or support groups. 3. Trauma-informed care: Incorporate trauma-informed principles into the counselling approach, ensuring safety, trust, and empowerment for clients who have experienced trauma. Be mindful of unexpressed past traumas that can impact the therapeutic process. |
| **Limited resources or access to support** | 1. Resource exploration: Assist clients in identifying and accessing community resources, support groups, or organisations that can provide ongoing support. 2. Advocacy: Advocate for clients' needs and rights by connecting them with appropriate services or working with relevant agencies or organisations. 3. Collaborative care: Collaborate with other professionals involved in the client's care, such as medical providers, social workers, or educators, to ensure a comprehensive and coordinated support system. Keeping the client central to all communications. |
| **Communication difficuluties due to cognitive impairments.** | Simplified communication techniques: Use simple language, short sentences, and clear instructions to accommodate clients with cognitive impairments, ensuring they can understand and engage in the counselling process.  Visual aids and tools: Incorporate visual aids, such as charts, diagrams, and pictures, to help convey complex information in an accessible manner.  Patience and repetition: Demonstrate patience and repeat important points as needed, allowing clients ample time to process and respond to information. |
| **Trust issues due to past trauma.** | Trauma-informed approach: Apply trauma-informed principles to create a safe and trusting environment, acknowledging and validating the client's past experiences.  Consistent and predictable interactions: Maintain consistency and predictability in sessions to help clients feel more secure and build trust over time.  Empowerment and collaboration: Empower clients by involving them in the decision-making process and collaborating on treatment goals, fostering a sense of control and partnership. |
| **Financial constraints.** | Sliding scale fees and pro bono services: Offer sliding scale fees or pro bono services to accommodate clients with financial difficulties, ensuring access to counselling regardless of their financial situation.  Resourceful use of low-cost community services: Connect clients with affordable community resources and support groups that can provide additional assistance.  Telehealth options: Utilize telehealth services to reduce transportation costs and time constraints, making counselling more accessible for clients with financial limitations. |

**Question 14**

Briefly outline four legal/ethical considerations that counsellors must consider in the context of brief interventions.

(Approximate word count: 70 - 90 words)

**Assessor instructions:**The student's response must outline **four** legal/ethical considerations that the counsellor must consider in the context of brief interventions.

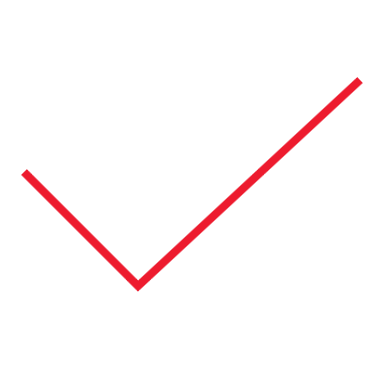
The student's response needs to include a reference to the following points. Wording may differ, but appropriate answers must reflect the themes and characteristics of the following examples.

|  |
| --- |
| * **Privacy:** The client has a right to access their information and to be assured that their information is kept private and not to be shared publicly. * **Confidentiality:** Counsellors must not disclose what happens in the therapeutic space unless the situation deems it vital to do so. * **Disclosure:** Counsellors must keep a client's disclosed information private and share only after obtaining the client's consent * **Codes of practice:** Counsellors abide by the rules and policies determined by ACA and organisational policies. |

**Assessment checklist:**

Students must have completed all questions within this assessment before submitting. This includes:

|  |  |  |
| --- | --- | --- |
| 1 | 14 short answer questions to be completed in the spaces provided. | ☐ |

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**Congratulations you have reached the end of Assessment 1!**

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