A person reading a book

Description automatically generated

CHCCCS014

**Provide brief interventions**

**Assessment 2 of 3**

Case Study

**Graphical user interface, text

Description automatically generated with medium confidence**

**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 |
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|  | |  |  |
| ASSESSMENT TYPE | | | |
| **Assessment Method:**  *Select all that apply.* | **Questioning Case Study** 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 2 of 3 assessments for CHCCCS014 Provide brief interventions.  This assessment requires you to complete 3 parts to test your understanding and skills required of this unit.  To be assessed as competent, you must complete all tasks in the format 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. |
| **Supporting documents** |
| To answer some of the questions, you will need to access the following documents:   * Empower Care Community Services Handbook * Brief Intervention Template * Referral Form. |
| **Files for submission** |
| Submit the following files:   * Assessment document * Referral Form * Brief Intervention Template * Video Submission |
| **Submission instructions** |
| **Video and Audio Submissions**  You may be requested to record an audio or video file for your assessment. You have the option to record directly into your assessment via this page, using the record button from the menu. The feature will provide you with an opportunity to review your recording and redo it as many times as needed, prior to submitting it.  **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 3 Parts. Read each question carefully before typing your response in the space provided. In this task, you must work with a new client to gather information and provide brief interventions. There are three parts to this task:

**Part A:** For this part of the task, students are to conduct a role play motivational interview and provide brief interventions with Jack, a new client. This includes discussing their areas of concern, supporting them to identify their stage in the change process and gather the information that you need to employ brief intervention strategies to best meet their needs.

**Part B**: For this part of the task, you are required to read the follow up notes from the client and review the client’s progress or outcomes. You are then to complete a referral form based on their needs.

**Part C**: For this part you are to send a follow up email to discuss the outcomes of the intervention.

**Additional resources and supporting documents**

To complete this assessment, you will need:

* Empower Care Community Services Handbook
* Brief Intervention Template
* Referral Form.

**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.

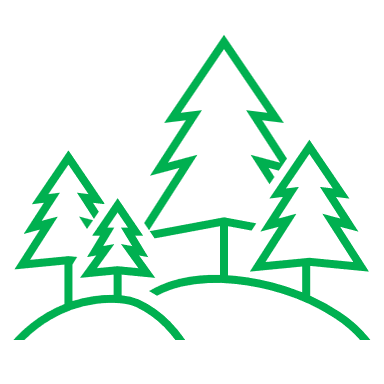
Reasonable adjustment usually involves varying:

* 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.

**PART A: Brief Intervention - Jack**

**Scenario**

You are a Community Services Worker for Empower Care Community. As a part of your role, you provide brief interventions and referrals for support. You have been provided with the history of a new client, Jack. Your supervisor has asked you to complete a motivational interview to identify his stage in the change process and provide brief interventions.

**Client Information**

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| **Client 1 – ID 156789**  Intervention Referral: Jack  Jack is 27 years old and has a history of trauma. He is of Anglo-Saxon background and was sexually abused as a child. He has been a social drinker since he was 18 however has progressively drunk more through the week. He was recently incarcerated overnight for a drunk and disorderly. He has expressed that when he drinks he takes 2–3 days to recover and has been hospitalised from alcohol poisoning. He finds it funny and often comments that all his friends drink with him, so it isn’t a problem. He has asked to remain anonymous for any records kept. |

**Instructions Overview**

Prior to starting the role play, you will need to make yourself familiar with the following policies and procedures which can be found at the Empower Care Services Handbook:

* Intervention and Behaviour Support Policy Document
* Privacy and Confidentiality Policy and Procedure
* Brief Intervention Template
* Referral Policy and Procedure.

You will also need to have the following templates and forms for completion:

* Client Note Template
* Referral Form

During the role play you will need to be taking notes to complete and submit:

* Brief Interventions Template

**Part A Task Instructions:**

1. You are to read the client information and use the brief intervention template to plan brief intervention strategies and questions.
2. Conduct a role play motivational interview meeting and provide brief interventions with the new client (Jack) using the brief intervention template to discuss his areas of concern, support him to identify his stage in the change process and gather the information that you need to identify the appropriate brief intervention strategies to best meet Jack’s needs.
3. At the end of the meeting, make notes in Jack’s file using the Brief Intervention Template. Include:

* the current stage of decision-making
* client’s concerns, interests, and needs
* appropriate brief intervention goals and strategies to match the person’s needs.

Ensure that your file notes are in accordance with your organisation’s policies and procedures (ensuring that you protect the confidentiality and security of information).

**Observation Criteria**

During this role play, your assessor will be looking to see that you can:

1. Discuss and determine issues of concern and the person’s stage in the decision to change
2. Raise awareness of relevant health issues with a person who is not contemplating change
3. Use each of the following at least once to support the intervention process:
   * Active listening
   * Non-judgemental language
   * Supportive approach
   * Facilitation and negotiation that assist the persons’ decision-making.
4. Support the person who expresses motivation to change in exploring choices, setting goals and identifying relapse prevention strategies
5. Identify resources required to support the brief intervention
6. Discuss the person’s progress or outcomes in an appropriate manner.

**Role play instructions**

The role play must include at least 1 other participant, must not exceed 10 minutes duration and must address all elements of the Observation Checklist requirements listed below under ‘Key Observation Criteria’.

You are to assume the role of a Community Services Worker. The participant will assume the role of Jack.

**Participant information**

During the role play, you will demonstrate your skills in interacting with at least one other person. Participants in your roleplay may be:

1. Friends or family members; or
2. Fellow student/s who will play the role of a team member. Please contact your fellow student/s via the Discussion Forum and coordinate your role play with them directly.

If you are unable to find a participant to play the role of the other team member, contact your assessor via the Discussion Forum who will discuss options for pairing up with another student to complete this task.

**Option 1: Friend or family member participant**

Should you complete this task with friends or family members, you must fully brief each participant, providing them with the context of the role play, a role outline to play and the ‘Key Observation Criteria’ so that they can prepare for the recording.

Each friend or family member participant will need to state their name and the role they are playing at the start of the recording to provide their consent.

**Option 2: Fellow student participant**

Please contact your fellow student via the Discussion Forum and coordinate your role play with them directly.

Fellow student/s participating in the recording must be provided with context to their role and responsibilities in the session and have reviewed the assessment activity with the ‘Key Observation Criteria’ so that they can prepare for the recording.

Student will need to state their name and the role they are playing at the meeting at the start of the recording to provide consent.

**Participants’ briefing instructions:**

The purpose of this task is to observe the student’s skills in a simulated environment. The student must demonstrate they can support a client who has drug and/or alcohol-related issues, applying strategies that align with the current values and philosophies in the AOD sector.

**Roles**

Role 1: Jack, played by a fellow student/colleague/family member

Remember to use body language relevant to what is being discussed and how the client would be feeling. You may need to add further detail or adjust the conversation depending on the student’s techniques – if they are straying off course or not quite demonstrating the skills required, try using some phrases such as ‘You don’t seem to be listening to me’ or ‘I feel like you are judging me/disapproving of my actions’ to ‘jog’ the student back into the situation.

Give the following information to the student if they ask sufficient questions. The student may ask a variety of questions depending on their method of motivational interviewing. You are to move from a precontemplation stage to a contemplation stage throughout the role play. Start the role play not too phased about the drinking behaviour – you don’t think it is an issue, however as you progress through the interview start to identify the concerns you are facing as a result of your drinking and begin to consider maybe some change is needed. Ensure that you:

* Greet the student warmly.
* If the student asks about your home life, say that you have a girlfriend.
* If student asks about why you drink, note that alcohol helps you relax and disconnect from outer world.
* If the student asks about how much you drink, usually 8–10 beers per day.
* If the student asks about your thoughts on your drinking habits, note that most of your friends drink this much so you see it as pretty normal.
* Identify that you are starting to see the impacts as this is the only thing that is starting to make you happy. But you are concerned that you may be unable to stop drinking. You have tried to stop drinking before and had no support. You wouldn’t even know where to start. Is it just AA support?
* If the student asks about your history, note that you started binge drinking from 18 years of age and from then have been drinking every weekend. Now it is every day.
* If the student asks about your motivation, note that you have gained 20kg and are not feeling your best. That you generally just have take out most nights. Your health is your main motivation for change.
* Outline that you would like your client number to be used in place of your name for all future documents to remain anonymous.
* If the student asks about your goals, you are to identify that you would like to reduce your alcohol intake to two per day, get back into cricket and lose 15 kg.
* If the student presents you with any goal setting exercise you are to work through with them in a positive and friendly manner.

**Recording instructions**

Your role play must be recorded with all participants captured in a virtual room using an application such as Zoom, Google Meet, Skype or Teams.

Consent to participate in the recording must be captured for all participant/s at the start of the meeting. This is achieved by the student reading the following statement at the start of the recording, followed by all participants replying with their names and the roles they are playing to provide their consent.

*“This session is being recorded for assessment purposes for my course with Swinburne Open Education. This session will be recorded and submitted through my course online learning platform to my Assessor for grading. All participant/s in this session indicate their consent to be included in this recording by stating their name and the role they are going to play."*

The time taken to capture consent at the start of the recording does not count towards the recording time limit.

Save the video recording using the following naming convention, Unit Code\_Student Name\_yymmdd\_Task number\_Role Play. Include this recording as part of your assessment submission, as well as your notes.

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| **Assessor Checklist: Part A**  **Did the student demonstrate the required level of competence for each of the following points?** | **Benchmarks** |
| 1. Conducted a motivational interview with person who is contemplating change to discuss, determine issues of concern and the person’s stage in the decision to change. | *Student must conduct a motivational interview with a person to discuss and determine issues of concern and the person’s stage in the decision to change. For example, the student was able to use the six stages of change to identify that:*   * *Jack was initially at precontemplation stage.* * *He did not consider behaviour as problematic. He is a ‘happy user’.* * *Jack considered the positives that he receives from the behaviours over the contrary information provided by others.* * *Towards the end of the interview he was moving towards contemplation and had raised some points around motivation for change as his health concern.* * *Issues of concern must consider the broader context for the person’s behaviour for example childhood trauma, attitude towards drinking, unlawful behaviour, health and wellbeing, social scene (friends identify it as normal).* * *Brief intervention should take 5–10 minutes should include completing unbiased recommendations on reducing consumption.* |
| 1. Raised awareness of the health issue with a person who is not contemplating change. | *Student must raise awareness of health issues with Jack who was initially not contemplating change. Students’ response may vary, however must include the context of:*   * *Providing individualised feedback about the risks associated with continued drinking. This is based on current drinking patterns, problem indicators and health status of the client. For example, disrupted social networks, unemployment, economic issues, health concerns (e.g. erectile dysfunction, liver inflammation, issues with memory loss).* * *Listened to Jack’s response and had a discussion about his consumption and how it relates to consumption in the general population and any false beliefs held by Jack.* * *Giving clear advice about the importance of changing current drinking patterns and a recommended level of consumption.* * *Advice can be supported by self-help materials that provide information about the potential harms of risky alcohol consumption and can provide additional motivation to change.* * *Discuss the safe drinking limits and assist Jack to set specific goals for changing patterns of consumption. Harmful limits are more than two standard drinks per day.* * *Used reflective listening responses to steer Jack towards recognising his own concerns. For example: ‘You really enjoy having a drink and would hate to give it up but you can also see that is causing you health and legal problems.’* |
| 1. Used active listening to support intervention approach. | *Student must demonstrate active listening to support an intervention approach.*  *For example.*   * *Listened to what Jack was saying and asked relevant questions relating to issues.* * *Withhold any judgments or advice and instead, focused on encouraging Jack to talk about thoughts and feelings.* * *Observed verbal and non-verbal messages that are being sent and then provided appropriate feedback.* * *Showed attentiveness to what Jack was talking about with own body language – paid attention by looking at Jack, nodded head.* * *Asked open ended questions for example, ‘Tell me about? What do you think about?* * *Summarised the information by relaying it back to the client to make sure the information provided was understood. E.g. ‘So, if I understand correctly, some areas of discussion so far have been … is that correct?’* |
| 1. Used non-judgemental language. | *Student must demonstrate using non-judgemental language.*  *For example: avoided moral language – used data-oriented information e.g. highlight health risks rather than use labels such as ‘sensible’ drinker.* |
| 1. Used a supportive approach. | *Student must demonstrate using a supportive approach. Students’ response may vary, however must include the context of affirmations, statements of understanding, or compliments, helping to demonstrate empathy and build rapport.*   * *Affirming and validating strengths and actions. E.g. ‘Thank you for making the step to come to see me today’. ‘You seem almost excited about change’. ‘It sounds like you have so much to you want to achieve in life.’* |
| 1. Used facilitation and negotiation that assist the person’s decision-making. | *Student must use facilitation and negotiation that assist in Jack’s decision-making. Students’ response may vary, however must include the context of*   * *Rephrasing statements and information to capture the feelings, or meanings that Jack is expressing.* * *Understanding the motivations involved in reinforcing the desire for change. E.g. ‘You are worried about the effects this behaviour is having on your work life and employability. In fact you were recently approached about the behaviour by your friend. This is making you doubt the sustainability of the behaviour and recognise the need for change.* * *Encouraging Jack to talk about benefits of change and the worst consequences of not changing.* |
| 1. Supported the person who expresses motivation to change in exploring choices, setting goals and identifying relapse prevention strategies. | *Student must support the person who expresses motivation to change in exploring choices, setting goals, and identifying relapse prevention strategies. Students’ response may vary, however should include:*   * *Asked questions about positive and negative aspects to get a clear understanding on client support needs and how to encourage his change and also finding out the right way to approach change.* * *Identifying needs and drawing up a plan, for example service coordination plan forms. To assist the client with formalised needs identification, goal setting and plan development procedures.* * *Set goals on safe drinking techniques and helped client to set specific goals for changing consumption patterns.*   *Student uses an appropriate positive manner such as the use of change talk to elicit optimism and motivation such as ‘What strengths do you have that would help you make a change? In what ways do you want your life to be different in five years?* |
| 1. Identified resources required to support the brief intervention. | *Student response must identify resources required to support the brief intervention that consider the individual’s needs, abilities, stage of change and accessibility.*  *Resources must include the context of time, money, equipment, network contacts, facilities, staff or other services, infrastructure or information. For example, a student may provide resources on reputable or current information on the impacts of alcohol use and clinically sounds (EBP) questionnaire around the established concerns.*  *Resources may include information to bring about awareness and intervention to support the person in making the change. These may include the harmful effects of AOD, the process of change or areas of support. E.g.*   * *https://scnv.io/Zc6H* * *https://scnv.io/bINa* * *https://scnv.io/8WAN* * *https://scnv.io/jRDV* * *https://scnv.io/R8B2* * *https://scnv.io/5njn* * *https://scnv.io/eCwC*   *Further examples are provided in the Brief Intervention Template below.* |
| 1. Discuss outcomes with person in an appropriate manner. | *The student must discuss outcomes with Jack in an appropriate manner. This includes an empathetic and non-judgemental manner. For example:*   * *Listen actively: listening to the person's concerns, feelings, and needs. Show that they understand their perspective by paraphrasing what they have said.* * *Be non-judgemental: Avoid using language that may sound judgemental or critical. Instead, using an empathetic and supportive tone that shows that they are on their side.* * *Be clear and concise: Be clear and concise when discussing outcomes. Use simple language that is easy to understand and avoid technical terms unless they are necessary.* * *Use open-ended questions: Encourage the person to talk by asking open-ended questions. This will help them understand their perspective and needs better.* * *Provide options: Discuss different options or strategies for achieving the desired outcomes. Encourage the person to choose the option that works best for them.* * *Show support: Show the person that they are there to support them throughout the process. Offer encouragement and offer to help in any way that they can.* * *Follow up: Schedule a follow-up meeting or call to check in on the person's progress and offer support if needed.* |
| 1. Kept notes in the person’s file in accordance with organisation policies and procedures to maintain confidentiality and security of information recording the person’s stage of decision-making. | *Student must keep notes in person’s file using brief intervention template in accordance with organisational policies and procedures to maintain confidentiality and security of information. This includes:*   * *Maintaining confidentiality and security of information by storing in password protected file supplied by the assessor.* * *Ensure that sessions are one on one with the professional and are held within a private setting.* * *Student must ensure information is not disclosed to others regarding the treatment or anything that is said as part of it.* * *Avoid using client names or other identifying information in the notes, and instead use a unique identifier or code to maintain anonymity.* * *Being mindful of where they are when recording notes and avoid having conversations or writing notes in public places where others could overhear or see the information.* * *Using abbreviations or codes to describe sensitive information, rather than using explicit language that could be easily understood by someone who is not authorised to access the notes.* * *Stores notes in a password protected folder provided by assessor.* |
| 1. Identified and planned appropriate brief intervention strategies to match the person’s needs. | *Student must identify and plan appropriate brief intervention questions and strategies to match the person’s needs. In Jack’s case these must be relevant to alcohol use.*  *Students’ answers may vary; however, their strategy documented in the brief intervention template should be similar to benchmark answer provided.* |

**Student MUST provide the brief intervention template.**

*Brief Interventions Template – Student’s answers will vary but should be similar to the following information and the Interventions notes must be reflective of what was discussed during the role play.*

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| **Assessment Plan** | | | |
| Client Name: | *156789* | Age: | *27* |
| Initial summary of client’s needs: | *It seems that 156789 has a problematic pattern of alcohol use that has escalated over time, and has resulted in negative consequences, including hospitalisation and incarceration. He also has a history of trauma, which may be contributing to his use of alcohol as a coping mechanism. Although 156789 minimises the severity of his drinking, it appears that he experiences significant physical and emotional effects when he drinks, and he may benefit from professional help to address his alcohol use and underlying trauma. As he has expressed a desire to remain anonymous, it will be important to respect his privacy and work with him to identify appropriate treatment options that meet his needs and preferences.* | | |
| Planned brief intervention questions for meeting | | | |
| *Student must include planned questions that showcase their motivational interview technique that are relevant to Jack. For example:*   * *Why are you here today?* * *How often do you have an alcoholic drink?* * *What do you like about drinking alcohol?* * *How many standard drinks would you typically drink each day?* * *How often do you have more than five drinks in a row?* * *What worries you about your alcohol consumption?* * *What are your personal goals for your life in the next few years, and how might your current alcohol use impact those goals?* * *What do you value most in life, and how does your current alcohol use align with those values?* * *How do you feel about your recent experiences with alcohol, including being hospitalised for alcohol poisoning and being incarcerated for drunk and disorderly behaviour?* * *How would you describe your relationship with alcohol, and how has it evolved over time?* * *What would be the benefits of reducing your alcohol consumption, both in the short-term and long-term?* * *How confident are you that you could make positive changes to your alcohol use, and what support might you need to do so?* * *What role do your friends play in your alcohol use, and how might they react if you were to make changes to your drinking behaviour?* * *How would your life be different if you were able to manage your alcohol use and its associated consequences?* * *What has worked for you in the past when trying to change behaviours, and how might those strategies apply to your alcohol use?* * *How can we work together to support your efforts in making positive changes to your alcohol use, and what steps can you take to move closer to those goals?* | | | |
| Appropriate brief intervention strategies to match the person’s needs | | | |
| * *Identifying client’s strengths such as goals, interests, understanding the persons history and experiences, identifying skills, capabilities, and personal strengths, exploring network’s and supports that already exist in their lives, exploring their culture, listening to their stories and the impact these have on them.* * *Use of questioning techniques to identify what stage of change is the person in currently? What information can help them raise their awareness and build further motivation for change? What key areas of health and wellbeing are being affected when they use this drug? What could their health and wellbeing look like if you were to paint a vision for them if they continue to work towards change? Questioning techniques are open ended to allow the person to explore the question.* * *Use of affirmation and compliments such as, ‘You should be really proud that you made the step to come to see me today’ or ‘You seem excited about the change’.* * *Reflect by rephrasing statements such as, ‘You are worried about the effects this behaviour is having on your work life and employability’.* * *Summarise by reiterating the information provided. For example, ‘So if I understand correctly, some areas of discussion so far have been… is this correct?’* * *Using motivational interview techniques, including connecting through person-centred practices, support the person at their current stage, identify their motivations for change, use empathetic responses, empower the individual to make change.* * *Building a rapport with the person, ensuring a positive and effective relationship. Helping the person express their feelings make decisions and set goals.* * *Gather information from the clients around their home life and environments, their barriers to change such as social dysfunction due to the behaviour or use, pressure to seek help from others, inability to function well and solve own problems, workplace related pressures and inducement to seek help.* * *Establishing a clear reasoning for the discussion around drug or alcohol use e.g. specific information and data on how it may be affecting them.* * *Utilisation of a health framework such as SNAP.* * *Using a person centred and positive collaborative style. Avoiding over-interrogating when the person is not ready or comfortable.* * *Being comforting and aware of potential sensitivities within the discussion.* * *Negotiating the agenda and purpose of the meeting around a scope of comfort. E.g. this may begin with a discussion of the persons discomfort around any perceived concerns.* * *Avoiding moral language – use data-oriented information e.g. highlight health risks rather than use labels such as ‘sensible’ drinker.* * *Education on the effects of excessive drinking: Provide 156789 with information on the physical and emotional effects of excessive drinking. This can help him understand the harm he is causing to his body and wellbeing.* * *Motivational interviewing: Use motivational interviewing to help 156789 identify the negative consequences of his drinking, explore his ambivalence towards change, and increase his motivation to change.* * *Referral to counselling or therapy: Given his history of trauma, it may be beneficial to refer 156789 to a counsellor or therapist who can help him address the root cause of his drinking and develop coping strategies.* * *Support groups: Suggest that 156789 attend support groups such as Alcoholics Anonymous, where he can meet others who have struggled with excessive drinking and gain support and encouragement.* * *Lifestyle changes: Encourage 156789 to make lifestyle changes, such as finding new hobbies or activities to replace drinking, avoiding social situations that involve heavy drinking, and setting realistic goals for himself.* * *Goal setting and tracking: Help 156789 set achievable goals for reducing his drinking and track his progress. Celebrate his successes and encourage him to continue making positive changes.* | | | |
| Resources required | | | |
| *Students may record some basic health statistics to share during intervention.*  *Handouts, information and referral options for the following possibilities:*   * *Alcohol/Substance Abuse Treatment and Counselling* * *Trauma-Informed Counselling* * *Withdrawal Services* * *Rehabilitation Services* * *Medical Services.* | | | |
| **Intervention Notes** | | | |
| Current stage of decision-making | | | |
| *156789 is in the contemplation stage of decision-making, as he is aware of the negative impacts of his drinking and has expressed a desire to change his behaviour. However, he is struggling with the idea of giving up alcohol and does not know where to start. He has set specific goals for reducing his alcohol consumption and improving his health, indicating that he is considering taking action to address his behaviour* | | | |
| Current needs | | | |
| * *Support: 156789 needs emotional and practical support to help him overcome his addiction to alcohol. He needs someone who can listen to him without judgment, offer advice and encouragement, and help him develop coping strategies for managing triggers and cravings.* * *Medical assistance: 156789 needs medical help to manage the physical effects of alcohol abuse, such as liver damage, weight gain, and nutritional deficiencies. He may also need medication to manage withdrawal symptoms if he decides to quit drinking.* * *Addiction treatment: 156789 needs access to addiction treatment, such as counselling or therapy, to help him address the underlying issues that led to his alcohol abuse, such as his history of trauma.* * *Self-care: 156789 needs to focus on self-care, such as regular exercise, healthy eating, and adequate sleep, to improve his overall health and wellbeing. This will also help him achieve his goal of losing weight.* * *Social support: 156789 needs to build a supportive social network that includes people who do not drink heavily and who can offer positive social activities, such as cricket. This will help him reduce his alcohol intake and avoid relapse.* | | | |
| Discussed goals | | | |
| * *To reduce alcohol intake to two per day.* * *Get back into cricket.* * *Lose 15 kg.* * *Eat fewer take-out dinners.* * *Generally improve health.* | | | |
| Resources required | | | |
| * *Trauma-Informed Counselling: 156789 would benefit from a qualified trauma-informed counsellor who has experience working with survivors of sexual abuse. The counsellor would need to provide a safe and supportive environment for 156789 to explore the trauma he has experienced and the impact it has had on his life. The counsellor would need to use evidence-based therapies such as Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR) to help 156789 manage the trauma.* * *Substance Abuse Treatment: 156789 has developed a problem with alcohol and would benefit from a substance abuse treatment program. This program should be tailored to his specific needs and should include individual counselling, group therapy, and peer support. The program should also address his trauma history and the impact this has had on his alcohol use.* * *Medical Support: 156789 has been hospitalised from alcohol poisoning, and it is important that he has access to medical support to manage any health problems that may arise from his alcohol use. This could include regular check-ups with a doctor, medication to manage withdrawal symptoms, and referrals to specialist services if necessary.* * *Harm Reduction Strategies: As 156789 is not yet ready to stop drinking, harm reduction strategies should be discussed and implemented to reduce the negative impact of his alcohol use. This could include education on safe drinking practices, strategies to reduce the risk of overdose, and information on community-based harm reduction services such as needle exchanges and overdose prevention programs.* * *Anonymous Support: As 156789 has requested anonymity, it is important that he has access to anonymous support services such as helplines and online forums. These services would provide him with a space to talk about his concerns and access information and support without fear of judgement or stigma.* * *Family and Social Support: 156789 may benefit from involving his family and friends in his recovery journey. This could include education about trauma and addiction, family therapy, and support groups for loved ones. It is important that 156789 has a supportive network of people around him who can encourage him to seek help and provide him with practical and emotional support.* | | | |

**PART B: Provide follow up support - Jack**

**Scenario**

*You are to continue in your role as a drug and alcohol worker for Empowered Care Community Services. You recently complete a follow up call with Jack (Client ID 156789). He has advised that he has reduced his drinking to a couple of days a week and has started up cricket training. While he hasn’t lost a huge amount of weight, he is really happy about the new friends that he is making as a result of the changes. He believes that it is time to address the trauma from his childhood to see if it was at all linked to his behaviour. He has asked to make sure his name is not anywhere to be found as he does not want anyone to know other than those necessary. As a part of your role, you are required to complete a referral form to an appropriate specialised practitioner or service.*

**Task Instructions:**

For this part of the task, you are required to read the follow up scenario from one of your clients, Jack and review the client’s progress or outcomes. You are then to complete a referral form based on his needs.

* Read the scenario and the Empowered Care Referral Policy and Procedure to complete the referral form for the client.
* Complete the referral form for the client.

|  |  |
| --- | --- |
| **Assessor Checklist: Part B**  **Did the student demonstrate the required level of competence for each of the following points?** | **Benchmarks** |
| 1. Regularly review the person’s progress or outcomes, adjust approaches or make referrals according to their needs. | *The student must regularly review the person’s progress or outcomes and make referrals according to their needs. This includes completing the referral form to assist the client in their action phase. The referral should be to other service providers or for more intensive interventions. Referral must be relevant to the client’s individual circumstances.*  *Referrals for the individual may include:*   * *Trauma-focused therapy: This type of therapy is specifically designed to address the impact of trauma and can help individuals work through the emotional and psychological effects of abuse. Examples of trauma-focused therapies include Cognitive Processing Therapy (CPT), Eye Movement Desensitisation and Reprocessing (EMDR), and Prolonged Exposure Therapy (PE).* * *Support groups: Support groups can provide a safe and supportive environment for individuals to connect with others who have experienced similar trauma. Examples of support groups for survivors of childhood abuse include Al-Anon and Adult Survivors of Child Abuse.* * *Medical professionals: Individuals who have experienced childhood abuse may have physical health concerns related to their trauma, and may benefit from referrals to medical professionals such as primary care physicians or specialists.* * *Legal resources: If the abuse was criminal in nature, referrals to legal resources may be appropriate. This could include referrals to law enforcement, attorneys, or victim advocacy organisations.* * *Social services: Referrals to social services may be necessary to address practical needs related to the trauma, such as housing, financial assistance, or childcare. Examples of social services include Child Protective Services (CPS), the Department of Social Services (DSS), or community-based organisations that provide assistance to survivors of abuse.* |
| 1. Kept notes in the person’s file in accordance with organisation policies and procedures to maintain confidentiality and security of information, recording the person’s stage of decision-making on each occasion. | *Student must keep notes in person’s file using case notes template in accordance with organisational policies and procedures to maintain confidentiality and security of information. This includes:*   * *Maintaining confidentiality and security of information.* * *Ensure that sessions are one on one with the professional and are held within a private setting.* * *Student must ensure information is not disclosed to others regarding the treatment or anything that is said as part of it.* * *Avoid using client names or other identifying information in the notes, and instead use a unique identifier or code to maintain anonymity.* * *Being mindful of where they are when recording notes, and avoid having conversations or writing notes in public places where others could overhear or see the information.* * *Using abbreviations or codes to describe sensitive information, rather than using explicit language that could be easily understood by someone who is not authorised to access the notes.* |

**PART C: Monitor and discuss - Jack**

* 1. Communicate with Jack using the email template.
  2. In the email discuss the outcomes of the follow up call and the intervention activities.

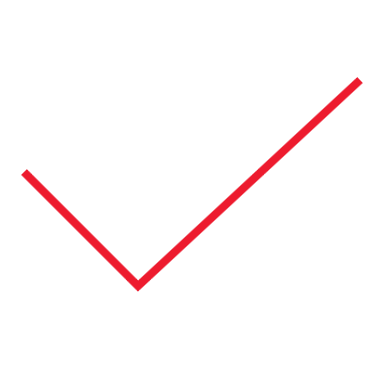
(Approximate word count: 350-400 words)

|  |  |
| --- | --- |
| **TO** | Jack |
| **FROM** | Student |
| **SUBJECT** | Follow-Up on Your Progress and Next Steps |
| Dear Jack (Client ID 156789),  I hope this email finds you well. It was great to hear from you during our recent follow-up call. I wanted to take a moment to summarize our discussion and outline the next steps based on your progress and current needs.  Progress Update:  Reduction in Drinking: Congratulations on reducing your drinking to just a couple of days a week. This is a significant achievement and an important step towards your overall well-being.  Cricket Training: It's wonderful to hear that you have started cricket training and are enjoying the social aspects of the activity. Making new friends and engaging in physical activity can greatly contribute to your mental and physical health.  Weight: While you mentioned not losing a significant amount of weight yet, your commitment to a healthier lifestyle is commendable, and gradual progress is perfectly normal.  Next Steps:  You expressed a desire to address the trauma from your childhood to better understand its potential impact on your behavior. This is a courageous decision, and it can be a critical part of your healing journey. To support you in this process, I have completed a referral form for specialized trauma-focused therapy.  Referral Details:  Type of Service: Trauma-focused therapy  Recommended Therapies: Cognitive Processing Therapy (CPT), Eye Movement Desensitisation and Reprocessing (EMDR), or Prolonged Exposure Therapy (PE)  Confidentiality: Rest assured that your privacy is our top priority. Your name and personal details will not be disclosed to anyone other than those directly involved in your care.  I will forward the referral to the appropriate practitioner, who will then contact you to schedule an appointment. Please let me know if you have any preferences or specific requirements regarding the therapy sessions.  Maintaining Confidentiality:  As per our policy, all your information will be handled with the utmost confidentiality and security. We ensure that all sessions are conducted in private settings, and your details are kept anonymous in our records.  If you have any questions or need further support, please do not hesitate to reach out to me directly. Your continued progress is important, and we are here to support you every step of the way.  Best regards,  [Your Name]  Drug and Alcohol Worker  Empowered Care Community Services  [Contact Information] | |

**Assessment checklist:**

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

|  |  |  |
| --- | --- | --- |
| Part A: Prepare for and draft communication | | |
| 1 | Communication Strategy Planning table | ☐ |
| 2 | Email to HR – message clarification and additional resource request | ☐ |
| 3 | Email to Assistant Manager – role clarification and negotiation | ☐ |
| 4 | Email to Assistant Manager – message draft and feedback request | ☐ |
| Part B: Address feedback and resolve issues | | |
| 1 | Email to Assistant Manager – address feedback | ☐ |
| 2 | Develop issues log | ☐ |
| Part C: Report on outcomes of communication | | |
| 1 | Updated issues log | ☐ |
| 2 | Email to HR – report on outcome of communication and identify next steps | ☐ |

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