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## Topic 1

In this topic you will learn how to:

- 1A Interpret intervention requirements from the individual treatment plans**
- 1B Identify and organise support resources required for the intervention**
- 1C Plan the intervention in line with the person's needs and treatment plan**

## Prepare for an intervention

It is important to prepare carefully when planning an intervention for a person with alcohol and other drugs (AOD) issues. You should follow your organisation's policies and procedures for conducting interventions and carefully review the person's treatment plan so you understand the recommendations for ongoing support.

Another aspect of preparing for an intervention is checking the person's availability and determining that you have appropriate resources and a space in which to conduct the intervention.

Careful preparation allows you to consider the person's individual needs and prepare an intervention that will match these needs within the specifications of the person's treatment plan.

## Legal and ethical considerations

When a support worker is interpreting the person's treatment plan and the issues the person is presenting with, there are number of legal and ethical considerations that need to be considered. It is important that you are aware of your legal and ethical responsibilities and work within these. Often your organisation will have clearly documented policies and procedures that you can use to guide your actions. Your supervisor will also be able to direct you to the correct course of action when planning interventions and designing a treatment plan. Some of the legal and ethical considerations that must be addressed include the following:

- ▶ Children in the workplace
- ▶ Codes of conduct
- ▶ Codes of practice
- ▶ Discrimination
- ▶ Dignity of risk
- ▶ Duty of care
- ▶ Human rights
- ▶ Practice Standards
- ▶ Policy frameworks
- ▶ Rights and responsibilities of workers, employers and people accessing the service
- ▶ Specific AOD legislation
- ▶ Work health and safety

## Legal and ethical considerations for AOD work

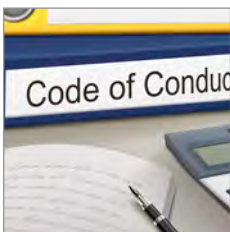
Here are the legal and ethical aspects of alcohol and other drugs work to consider.

### Legal and ethical issues



#### Children

There may be times when it is necessary to have children in the workplace, particularly when meeting with a person who needs to bring their children. Children are protected by health and safety laws even if they are not employees. Workplace health and safety Acts cover children in the workplace. An organisation may not allow children access to the workplace or may require supervision of children. Parental consent needs to be obtained. Requirements will be found in an organisation's policies and procedures.



#### Codes of conduct

A code of conduct is a set of rules that outlines the roles and responsibilities of how everyone must conduct themselves in the organisation. A code is developed based on ethical principles or the values of an organisation. Codes of conduct indicate the appropriate behaviour that reinforces an organisation's values. Some examples of codes of conduct may relate to language dress or making appointments and responsibilities to communicate the information to people accessing the service. Codes outline what happens when there is a breach of the code of conduct. Codes can outline behaviour in a range of workplace settings such as work parties, out in the field or when a visitor comes to the office.

## Australian Human Rights Commission Act

The *Australian Human Rights Commission Act 1986* (initially called the Human Rights and Equal Opportunity Commission) was established in 1986 to deal with breaches of anti-discrimination laws and to promote human rights education.

This Act only covers actions or policies of the Commonwealth.

The Act promotes human rights for all people, and covers most forms of discrimination not already covered in the other Acts, including discrimination on the basis of:

- ▶ criminal records
- ▶ marital status
- ▶ medical record
- ▶ political opinion
- ▶ religion
- ▶ sexual preference
- ▶ social origin
- ▶ trade union activity.

## Policy frameworks

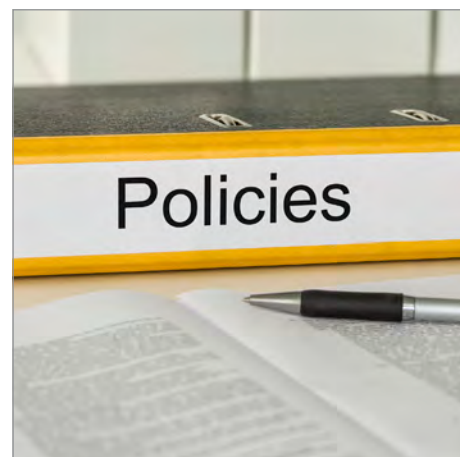
A policy framework is a set of principles and long-term goals that form the basis of making rules and guidelines. The policy framework in the alcohol and drug therapy context, for example, can guide activities and partnerships between state and federal agencies, local government and community organisations to help reduce damage from alcohol and drugs to individuals and the community.

There are many policy frameworks for the community services industry and some specific policies for drugs. State and territory strategies often develop from national policies.

The current federal policy is called the National Drugs Strategic Framework. It expired at the end of 2015 with a new policy aimed to replace it for the next period.

You can read more about the National Drugs Strategic Framework at:

- ▶ [www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/national-drug-strategic-framework-lp](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/national-drug-strategic-framework-lp).





## Choose an appropriate location

When thinking of an appropriate location for an intervention, some of your options may include:

- ▶ an office or room in your organisation
- ▶ an office or room at another organisation, such as a community health service
- ▶ the person's home
- ▶ a community hall or other facility if the intervention involves more than one person, such as a self-help group.

Some individuals who have a disability or difficulty accessing other locations may prefer that the intervention takes place in their home.

Your organisation will have specific guidelines for visiting people in their homes and conducting interventions in that environment. These guidelines will cover areas such as your safety, respecting the person's privacy and confidentiality, and making a suitable time to visit.



## Home visits

If you are conducting an intervention with a person in their home, it is essential that you consider safety issues. Organisations must have policies and procedures about visiting a person's home that outline basic safety procedures. A safety check prior to the visit is required. Some areas to assess in a person's home to ensure safety are as follows.

### Physical hazards

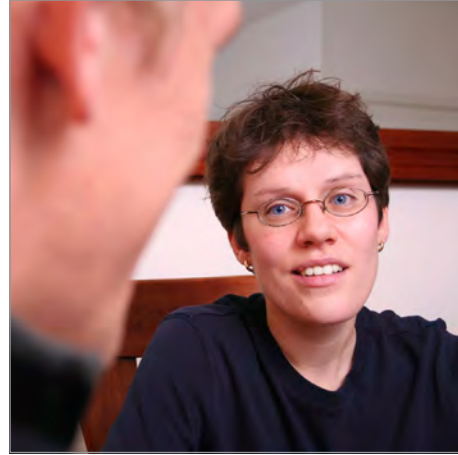
- ▶ Dark work areas make it difficult to see and this increases the risk of an accident occurring. A dark area at the front of a person's home increases the risk of falls.
- ▶ Slippery and uneven surfaces increase the risk of falls and injury.
- ▶ Work areas with equipment and personal property on the floor increase the risk of tripping and injury.
- ▶ Poorly designed or uncomfortable furniture or equipment that is not well-made or designed increases the risk of strains and muscular aches.
- ▶ Chairs that are not adjustable or do not support your back can cause strained muscles from sitting incorrectly.
- ▶ Equipment that is not maintained can break or work incorrectly and cause injury to you.
- ▶ Unsecured homes increase the risk of intruders.

### Pets

A person's dog may bite strangers or workers they don't know. Some people have unusual pets such as snakes that roam freely within the house.

# 1C Plan the intervention in line with the person's needs and treatment plan

In planning an intervention, your primary role is to support positive changes in the person's behaviour, increase motivation, provide options for dealing with difficult times or relapses, and to inform the person about drug issues. The main point to remember throughout this process is that the plan may never be implemented or adhered to, or it may simply fail. You must be prepared for this type of negative outcome.



## Obtain information from doctors, professional reports or the person's family and support network

As suggested previously, relevant information about the intervention may come from doctors and other professional reports, or from the person's family and support network.

Doctors or other professional reports can provide you with relevant information about a person that will be applicable to preparing for the intervention. The amount of information that may be at your disposal will depend on the access you are granted to these records and the amount of information that the person has disclosed to the doctor.

Families and significant others such as friends, carers or support networks can play a significant role in a person's treatment outcomes. For this reason, AOD workers may collaborate with family members to support the person to undertake programs and achieve specific goals.

For example, the partner of a person with methamphetamine dependence may collaborate with an AOD worker to help their partner reduce drug use. Workers may provide strategies to recognise patterns of use and specific communication skills to support and motivate their partner to make changes. The partner could also be supported to develop coping strategies to increase their own emotional wellbeing and resilience. They may be referred to a self-help group or receive individual counselling.

## Communicate with people accessing the service

You will deal with individuals on a daily basis about very sensitive issues, so it is essential that you have good communication skills. These skills are essential to planning an intervention and responding effectively to the person according to their preferences, culture, abilities and other needs. Communicating well helps you to plan interventions that are person-focused and empowering for the person.

## The role of the family

Whatever role family plays in a person's life, it is important to consider and accommodate the family structure, dynamics, communication and decision-making processes unique to every family. Key familial relationships can impact the person's AOD use. This may be level of the support and encouragement they feel, the communication skill level of family members and their ability to understand and empathise with the person.

Here are some examples of the way familial relationships can differ and may influence or impact the person's AOD use and future treatment and recovery.

### Family dynamics

- ▶ Family dynamics are the interactions between members of the family. Interactions can be positive or negative, equal or unequal, empowering or disempowering.

### Communication skills

- ▶ Communication refers to the way information is relayed between family members. Sometimes messages between people can be miscommunicated and/or misunderstood, which can be damaging for relationships and for individuals involved in the communication if not handled carefully.

### Decision making

- ▶ Decision-making refers to how decisions are made in the family and who makes the decisions. Sometimes older people in the family or people with certain roles are responsible for making all decisions. In other cases, decisions fall to the family members who have more power because of their positions in society, levels of education, financial position or physical size.

## Self-help group benefits

For some people who access the service, they will choose to access a self-help group. Self-help groups can be both face-to-face where the person joins a group of people who have the same issue or a computer-based program. A self-help group's role is to assist the person accept their issues and become accountable for their actions.

At times family members and other support people also need more support and there are self-groups that also provide support for people caring for the person with the drug or alcohol issue.

The benefits of self-help groups are as follows.

### Self-help group benefits

#### Community involvement

An atmosphere that fosters sharing and growth can assist people going through addiction. The addiction may have reduced the social supports of a person as the addiction takes over their life.

## Duty of care and intoxication

You should always remember that your duty of care is to take reasonable measures to see that the person or others are not exposed to harm. Your aim is to reduce the risks that people may face. For example, during a crisis intervention, if an intoxicated person comes to your service, you should:

- ▶ find out if they are able to get home safely
- ▶ make a phone call for them or let them use the phone to get assistance
- ▶ drive them home if this is possible and there are at least two workers available to do this
- ▶ not allow them to drive themselves
- ▶ call the ambulance if they require medical attention
- ▶ contact the police if the person is aggressive or threatening others.



### Example

#### Plan the intervention in line with the person's needs and treatment plan

Jill has tried to give up smoking many times but has always failed. She says she hates being a smoker and that it is ruining her social life because her friends don't like being around a smoker.

Jill's treatment plan recommends that she use nicotine patches for a specific time. It also states that she should learn strategies for coping with nicotine withdrawal and try to build relationships with others who can support her to quit smoking.

Andrea, Jill's support worker, asks Jill to identify when she is most tempted to smoke and what actions could she do to prevent a relapse. Jill states that when she is having a few drinks with her friends, two of whom smoke, is when she feels most like having a cigarette. Jill also identified that she has used smoking to replace food when trying to lose weight and has had a long history of smoking while using the computer for study.



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## Strengths-based practice

Strengths-based practice acknowledges that all people have skills and capacities, and encourages individuals and families to build on these strengths and become more self-determining. Self-determination encourages the person and families to make their own choices. It also demonstrates a person-centred approach by considering the person holistically rather than as a person with an 'AOD problem'. Both these approaches (strengths-based and person-centred) help to build mutual trust between people and provide a foundation on which all effective communication is based.

The following information outlines some of the key issues that you need to consider when communicating with individuals to establish rapport.

### Preparation

Establishing rapport starts before the conversation begins. If there has been a previous positive experience with your agency before the meeting, this will support the development of an effective relationship.

### Your initial contact

Make contact with the person by telephone before you meet to introduce yourself and confirm the appointment time and place. This contact provides an opportunity to make a connection before you meet in person and helps to break the ice.

### Location

Consider where you will be meeting. Meeting at your agency may create apprehension as it is perceived as 'professional' and may create a sense of disempowerment for visitors. If meeting a person in their home, be sensitive to entering into their environment.

### Communication skills

As with all your work, effective communication and interpersonal skills demonstrate respect and help to establish rapport. Focus on the strengths and interests of the person to help establish rapport.

Different people have different ways of communicating. You should be flexible and patient when communicating with individuals.

### Professionalism

Your mood or personal issues should not interfere with your effectiveness as a worker. Professional practice requires the ability to communicate effectively and so you must be able to put aside personal issues. This can sometimes be difficult so seek support from your supervisor when you need it.

### Respectful language and use of communication

All communication (including words, tone of voice, pace of speech and nonverbal communication) reflects your professional values and attitudes and must therefore be respectful and non-judgmental.

### **Mind-reading**

Not listening to what the person is saying because you think you already know what they are going to say.

### **Rehearsing**

Being too busy practising how to answer instead of listening to what is being said.

### **Filtering**

Hearing only what you want to hear and screening out everything else.

### **Judging**

Ignoring the speaker and not paying much attention to what they are saying because you are thinking about who they are or what they look like. Support workers must avoid making judgments about people and other workers.

### **Dreaming**

Only half listening until the speaker says something that reminds you of something in your life; then you think about yourself and stop listening.

### **Identifying**

As the speaker shares his or her experience, you relate it back to your own life instead of listening to what the person is saying. This is similar to dreaming.

### **Advising**

This is listening to a little bit and then offering advice. Often the speaker feels they were not understood. Often, they are not looking for advice but just want someone to listen.

### **Sparring**

Finding things to disagree with and then beginning to argue with the speaker.

### **Being right**

Avoiding being wrong. It often means instead of listening to what the speaker is saying, you remind them of mistakes they have made in the past.

### **Derailing**

Changing the subject because of boredom or discomfort with the topic being discussed.

### **Placating**

Agreeing with everything the speaker says to avoid conflict.

## Resolve problems of understanding

Do not be impatient or critical. In fact, the problem could actually rest with your standard of communication skills. Rather than focusing on the source of confusion, it is best to report the matter to your supervisor and explore the issue further with the person to try and resolve the issue.

You will find it useful to use problem-solving skills to resolve the misunderstanding or confusion. Problem-solving involves working through a series of steps to find the best possible solution to a problem or concern.

These steps are identified below.

### Basic steps of problem-solving

Defining what the problem is

Brainstorming options to deal with the problem

Choosing the option that seems the best

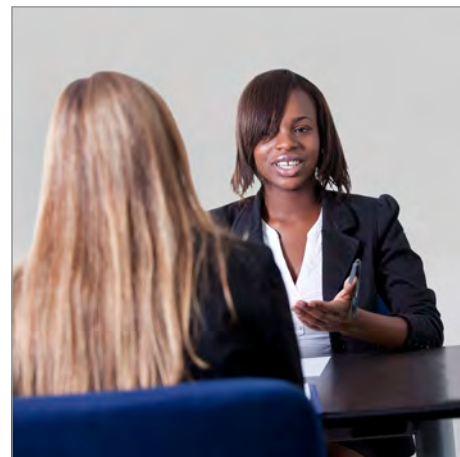
Implementing the solution

Evaluating the results

## Work with the person to overcome misunderstandings and confusion

Collaboration means a cooperative relationship focused on a common goal. It encourages an effective working relationship as it advocates an honest, equal relationship where contributions by all parties are respected. People feel valued and empowered to make decisions about their life and recovery when their contribution is respected.

The purpose of collaboration is to overcome any misunderstanding or confusion by enabling common ground and establishing that you and the person are on the same page when it comes to conducting the intervention. Some responses to a person's misunderstanding are not helpful and will cause the person to lose trust in you. It is best to avoid the following types of responses:



- ▶ Pressuring the person to see things your way
- ▶ Blaming
- ▶ Making fun
- ▶ Threatening
- ▶ Arguing
- ▶ Being judgmental or patronising
- ▶ Ignoring

## Consent to share information

Besides seeking consent to proceed with an intervention, you also need to obtain consent to share a person's information. The person should understand the organisation's confidentiality and privacy policies so they can feel certain that their information will be kept private.

A person must also know what kind of information you will need from them and how it will be used. If the person is unwilling to give certain types of information, you must respect their wishes.

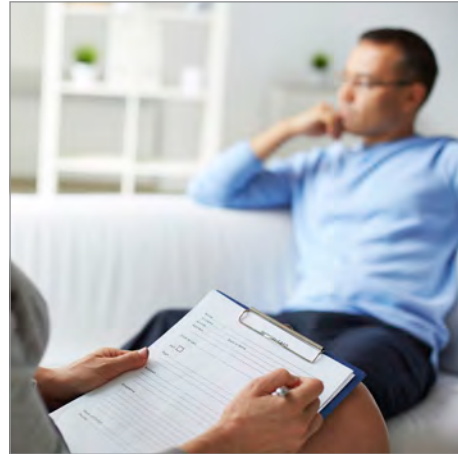
Inform the person that their personal information will only be shared with their consent unless specific circumstances require that their information is disclosed. Such circumstances include:

- ▶ risk that the person may harm themselves or others
- ▶ if information must be revealed for legal reasons.

Most organisations have a consent form that a person accessing the service is asked to read and sign. The consent form allows an individual's information to be shared with others involved in their case. It is important that agreement to share information is made voluntarily and that the person does not feel compelled to sign the form. Individuals should understand that they have the right to refuse consent and to determine who has access to their personal information.

You can read more about privacy, confidentiality and disclosure at the following sites:

- ▶ [www.aacqa.gov.au/for-the-public/privacy-and-confidentiality](http://www.aacqa.gov.au/for-the-public/privacy-and-confidentiality)
- ▶ [www.lawhandbook.org.au/handbook/](http://www.lawhandbook.org.au/handbook/)



## Confidentiality

When you are employed by an organisation, there is an ethical expectation that you will not reveal any sensitive or confidential business information relating to that organisation. You should not disclose a person's confidential or personal matters to other team members or anyone else.

There are some instances in which you are required to disclose information as part of your duties; for example, if the person is being referred to another service you may need to provide specific information. In this case, you must obtain written consent from the person to pass on their information.

You can disclose private or confidential information when:

- ▶ you are being compelled by law; for example, if the person has a reportable disease or upon police request
- ▶ a person's interests require disclosure; for example, they have threatened suicide or harm to another person
- ▶ it is a duty to the public; for example, there is public threat or concern.

## Summary

1. You have a responsibility to provide the person with information about the intervention process and to check that the person understands this information.
2. Before proceeding with an intervention, you must obtain the person's consent to do so. Informed consent means that a person is given enough information for them to make an informed decision about the options available to them.
3. A person may sometimes misunderstand or be confused about what an intervention involves. You should clarify any misunderstandings or confusion they have and report the matter to your supervisor as soon as possible.
4. Once you are sure the person understands what the intervention will involve and they have provided consent to proceed, you need to guide them to participate in and complete the intervention.
5. There are many reasons why a person experiences difficulties in completing their intervention requirements. You should use communication and problem-solving skills to identify why a person is having difficulties and make sure that you document them and report them to their supervisor.
6. The person does not always comply with treatment plans or interventions they have previously agreed to. It is important that you can identify when this is happening and have strategies in place to manage the issue.
7. Always seek appropriate assistance when you are faced with situations outside the scope of your role or your skills and knowledge.
8. Some of the difficulties that people accessing the service have with participating in and completing interventions may not be easily resolved. You should seek guidance from your supervisor about how to proceed.



## Constructive feedback

Here is some information about how to learn more about constructive feedback.

### Confidence and ability

- ▶ Help the person enhance their confidence and their ability to be self-determining; it should not belittle or make fun of them.

### Timely

- ▶ Be as timely as possible so the actions or behaviour you are providing feedback about occurred recently.

### Language

- ▶ Use positive and constructive language; avoid negative language and comparisons as it may have an adverse effect on a person's motivation and confidence.

### Behaviour

- ▶ Focus on behaviour and actions, not personality; include specific examples of behaviours and actions.

### Communication

- ▶ Allow for two-way communication so the person receiving feedback has an opportunity to discuss the comments and ask questions.

### Directness

- ▶ Be direct and sincere and be provide it in a respectful and supportive manner.

## Factors to consider when giving feedback

People have a right to be given feedback in a comprehensive and timely way and be provided with any further information they require to help them make informed decisions about services.

You should ensure that you provide the person with information and feedback as soon as possible and according to your organisation's policies and procedures.

Discuss with the person how they would like to be contacted to discuss their assessment information. Some people may prefer that others in their household do not know they are involved with an agency or have had an assessment. They may request that you do not leave messages on their home phone, send mail to their home or email them for privacy reasons. Instead, they may choose to contact you or ask you to contact them on their mobile phone. You should make a note of the person's preferences in their files so that other workers are also aware of their preferences. It is important that workers provide feedback and give information in line with their organisation's policies and procedures.

## Respect

Be courteous and respectful when providing the person with feedback. Make sure that the information you provide is accurate and that you engage the person in a discussion about the results. It is important that the person understands the feedback they are given and that you take the time to clarify their concerns.

## Provide feedback to ambivalent people

When delivering detailed feedback or feedback that may upset the person, try to be with the person physically so you can discuss the feedback. You should also be prepared to use the following relationship-building and communication strategies:

- ▶ Active listening
- ▶ Empathy
- ▶ Courtesy
- ▶ Providing information and clarifying concerns
- ▶ Observing a person's nonverbal language
- ▶ Ensuring a person's language and cultural considerations are met
- ▶ Being respectful of individual differences
- ▶ Being non-judgmental

Always invite the person to discuss the feedback and to raise anything they do not agree with. Respect their autonomy and their right to refuse consent or services.

## Ambivalence and motivation to change

Confronting ambivalent people with too much urgency or forcefulness can lead to further resistance. Some people can see both the advantages and disadvantages to reducing or eliminating their drug use, but may not be highly motivated to change.

### Work towards motivation change

- ▶ Ambivalence is more likely to be slowly redirected towards motivation to change if you acknowledge the benefits of drug use in the person's life, even if those benefits are merely the person's perception. Once you acknowledge the positives of drug use, discussing the more negative aspects allows the person to see how the positive perception may be flawed.

It can be useful to encourage the person to create a list of the good and not so good aspects and effects of their substance use. This can allow the person to compare and consider their reasons for wanting to continue using drugs and wanting to change their behaviours.

### Use assessment feedback

- ▶ The aim is to help the person to develop a greater awareness concerning their drug use and to make decisions about it. Always seek responses using active-listening techniques. Guide the person towards talking and thinking about the issues, rather than attempting to provide them with answers. Reflect and re-state the person's own responses to encourage them to delve deeper and clarify their standpoint.

Motivation for change usually grows when a person recognises a discrepancy between where they are and where they want to be. This recognition usually needs to be driven by the person's own thought processes, rather than you.



### **Mental health professionals**

Mental health professionals include clinical mental health workers, psychologists and psychiatrists. A person who has co-existing mental health conditions and AOD issues requires the services of both mental health professionals and AOD workers. Workers in both fields should liaise and cooperate to provide services that best meet the person's needs.



### **Doctors and other health professionals**

You may need to seek assistance from a person's doctor or other health professional regarding a person's healthcare needs.



### **Accommodation services and emergency shelters**

You may need to support a person who is homeless or who needs accommodation or emergency shelter by seeking assistance from housing services and emergency shelters such as domestic violence shelters.



### **Your colleagues and supervisors**

Your colleagues and supervisors are an invaluable source of information and support as many will have years of experience in the AOD field. They can advise you if you are unsure how to respond in a particular situation or if you need information about particular resources or services. In addition, some of your colleagues may be specialists in particular fields such as counselling and clinical AOD services.



### **Family and support network**

A person's family and support network know the person better than anyone. They can provide valuable background information about a person that may help you understand a person's behaviour, habits and level of motivation.

## **Advocate for the person**

Advocacy involves acting to meet the needs and rights of a person who may not have the opportunity or skills to advocate on their own behalf. Advocacy is a social justice process that allows individuals the opportunity to voice their opinions and needs. It ensures the person's rights are upheld, especially when they have a reduced capacity to speak for themselves.

When standing up for the rights of another person, you are advocating for them. Therefore, an advocate is a person who speaks, argues or stands up for the needs, rights and opinions of another.

Here is some information about the different types of advocacy.

## Part B

Read the case study that also appeared in Topic 2, then answer the questions that follow.

### Case study

Ron is trying to overcome alcohol addiction and, although he has nearly completed the intervention, he still experiences strong urges to drink. Samir is working with Ron on relapse prevention strategies, with a particular focus on cravings. Samir believes planning behavioural strategies for dealing with cravings is one of the most important aspects of relapse prevention.

Samir encourages Ron to use the following strategies to cope with his urge to drink:

- ▶ Focus on reasons for quitting alcohol instead of thinking about why he wants to drink.
- ▶ Use decision delay techniques; for example, try telling himself to wait a certain amount of time before he makes a decision about drinking. Cravings often come in waves. If Ron can make himself delay drinking for a time, the urge to drink might pass.
- ▶ Use challenging self-talk; for example, 'I have an urge to drink but I can deal with it. It will go away soon.'

Samir reports to his supervisor that Ron is doing well with these strategies, although he has had some lapses and continues to have to fight the urge to drink. The supervisor suggests that Ron needs to learn about managing cravings and about changing his lifestyle so that he includes activities that are a substitute for drinking.

The supervisor recommends that Samir work with Ron to identify healthy alternatives that may act as a diversion from alcohol use. Ron now needs to:

- ▶ consider activities that have a long-term physical and/or psychological health benefit
- ▶ develop a list of activities that he can refer to when experiencing a strong compulsion to drink; for example, exercise, going to the movies, reading, spending time with friends who don't drink, taking up a hobby, or other recreational activities.

Samir agrees to follow the supervisor's advice and start encouraging Ron to focus on lifestyle factors rather than concentrating exclusively on strategies for dealing with cravings.

1. Explain why it was important for Samir to report the difficulties that Ron was having with the intervention strategies.

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# 4B Implement variations to the intervention under guidance from your supervisor

Supervisors are expected to guide you in providing the best possible services to people accessing the services. This may involve giving instructions for varying or changing the way you carry out interventions to assist a person to complete the intervention.

You are required to provide your supervisor with regular feedback about the person's progress and also to report any difficulties or concerns that the person may have in completing interventions.



## Variations to interventions

As the intervention progresses there are often changes required to meet the person's needs. This will result in the interventions that are being employed being changed or adjusted. The treatment plan is a flexible plan that will reflect the changes already accomplished by the person and the future needs of the person. Often interventions are initially made but as the person progresses new issues or additional information comes to light, this can be as a result of information obtained from family and friends, workplaces or other health professionals that the person is in contact with. Other reasons for the interventions to be varied are listed below.

### Reasons for variations to interventions

- ▶ The intervention strategy does not seem to be working.
- ▶ The person is having concerns, difficulties participating in or completing the intervention.
- ▶ The person is not progressing as well as expected.
- ▶ The supervisor feels that the worker needs to change the way they are working with a person.
- ▶ The supervisor wants to address something that you have overlooked.
- ▶ You have asked the supervisor for advice.

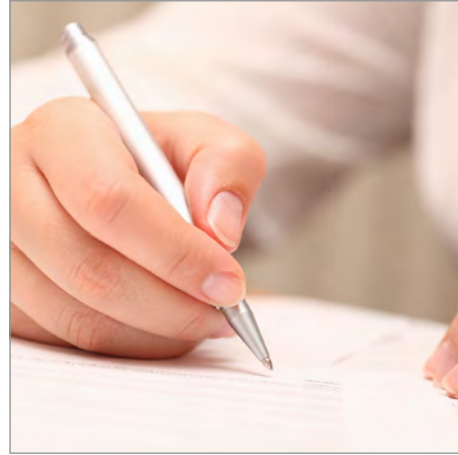


# 4C Clearly document information about the intervention and its progress

You have a responsibility to document information regarding an intervention in an accurate manner and ensure that all records adhere to organisational procedures and guidelines. Take care to provide clear, accurate records based on fact rather than opinion.

The documenting process enables you to keep a record of the person's progress throughout the intervention and to alert team members of any other important details derived from:

- ▶ other services involved in the person's intervention
- ▶ reports on the person from doctors or other professionals
- ▶ the person's family or support network.



## Organisational procedures

Policies and procedures for maintaining accurate and up-to-date client records are based on legislative requirements that are directed at community organisations to be accountable for the services they provide.

A person's case notes and records are used as a reference for organisations to take responsibility for their actions and provide appropriate services to people accessing the service. At various times, courts may request certain documentation to resolve legal matters related to service provision.

Here are some general features to consider relating to documentation.

### Accuracy and clarity

- ▶ Records must be accurate and written in a way that can be clearly understood by others. Always check what you have written to make sure it is clear and that the report includes your name, signature and the date and time you wrote it.

### Objectivity

- ▶ Write only facts about what you see, hear and do. Avoid personal opinions and feelings, and illustrate your points with factual descriptions of behaviour. If you do not have all the facts about a situation, make sure that you make this clear and do not infer that you know more than you do. If you are reporting what someone else has said, use direct quotes as much as possible.

### Language

- ▶ Use bias-free language and a neutral tone as far as possible. Avoid using clichéd or emotive language and slang. Remember that the person may read your report.