The Drug and Alcohol Counsellors Training Program

DVD Resources and Training Guide

Government of **Western Australia**
Mental Health Commission

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Foreword

The Drug and Alcohol Counsellors Training Program DVD Resources consists of audio-visual scenarios both with and without teaching text. Expanded text outline key teaching points are also included within this package.

This resource has been designed to support trainers who are delivering training to frontline workers, with the purpose of supporting the workers knowledge, development, competence and confidence of core counselling skills required for effective AOD counselling.

Prior to delivering any training using this package, trainers should familiarise themselves with the audio-visual resource and all information provided in the teaching points. It is highly recommended that presenters are acquainted with relevant core counselling skill literature.

Teaching Points - Confidentiality

- Breach of confidentiality is a considered process and informed by policy and done in consultation with senior management. It should not be a decision made in isolation by a clinician.
- All forms need to be explained within the session to ensure the consumer has a comprehensive understanding of the limitations of confidentiality. Complete all forms within the counselling room, not in the waiting room. This process also ensures literacy issues are not a barrier to treatment engagement and informed consent.
- Release of information is an ongoing working document which requires regular review. If a consumer revokes authority to release information or wants to add an additional person/service to the release of information, a new form needs to be completed as opposed to changes being made to the original form. Any previous forms will then become invalid. It is therefore important to ensure all required individuals or services whom the consumer consents information being released to are listed on the new form.

Teaching Points - Engaging a new consumer

- When engaging a consumer, it is important to be mindful of the number of questions versus reflections. Reflections allow clinicians to facilitate ongoing consumer engagement, ensure the consumer feels heard and assist rapport building. A balance of reflections and questions will allow clinicians to learn more about the consumer, developing a strong therapeutic alliance, whilst avoiding the feeling of interrogation.
- Consumer goals can range from abstinence, to changes in using behaviour, to harm reduction. Treatment goals need to be consumer led. A one size fits all approach will not work. Goals need to be meaningful and individualised to the consumer.

Teaching Points - Treatment planning

- Treatment planning involves developing a detailed plan of what treatment intervention will take place.
- Treatment plans help to ensure sessions are focussed and goal oriented
- A treatment plan is developed in consultation with the consumer
- The plan outlines the different goals that will be worked towards in treatment and clarifies each person's responsibilities in achieving these goals
- Treatment plans should be based around informing the plans/goals of treatment for a specific timeframe (generally six attended counselling sessions). Following this timeframe, the treatment plan should be reviewed for what has been achieved, in addition to any further goals still remaining. If further goals remain, a new treatment plan should be developed.
- A treatment plan is a process rather than an event. Goals need to be evaluated, assessed and re-set.
- Goals outlined within a treatment plan should be "SMART Goals".
- **S**pecific – clear, not vague. Setting specific goals is related to better goal achievement because it removes ambiguity (Kaminer, Ohannessian, McKay, Burke, & Flannery, 2018). If possible, set dates, times and identify resources that will be needed to achieve the goal
- **M**easurable – can be measured in quantity or time in order to assist consumers to monitor their progress and identify when their goals have been reached
- **A**chievable – realistically able to be achieved
- **R**ealistic – can be attained along with other commitments
- **T**ime-limited – the goal can be achieved within a specified time frame.

(Farrand & Woodford, n.d; Fenn & Byrne, 2013)

- When setting goals within a treatment plan it is important to look broader than just the consumers AOD goals. Treatment plans should be holistic, incorporating other areas in a consumers life, including physical and mental health, relationships, finances, employment and social functioning.
- Not all goals need to be addressed within session. As treatment plans are holistic, it is important for the plan to delegate responsibility for each goal to those best positioned to support them. For example, a referral to an employment service to assist with seeking employment. Counsellors should support the attainment of such goals through referrals or the consumer initiating contact directly.

Teaching Points - Ineffective Counselling: What not to do

- Clinician communicates concerns from the point of view of her own values, not those of the consumer. This can lead to consumers feeling not heard and judged.
- The clinician demonstrates a significant lack of reflection, particularly around consumer emotions. Instead of reflecting feelings, the clinician responds with judgment and negative questioning. This stops the development of a therapeutic alliance and safe space for the consumer to discuss her situation.
- The clinician demonstrates a lack of mirroring. The consumer is becoming visibly frustrated and unravelling, yet the clinician does not respond with empathy or compassion. Instead the clinician continues to respond from her own values base.
- The clinicians body language throughout is negative. She responds emotively to the consumers story, portraying disapproval of the consumers actions through both verbal and non-verbal communication. This contributes to the consumer becoming defensive and shutting down within the session. It is imperative that clinicians body language (both verbal and non-verbal) remains engaging and empathic to allow the development of a therapeutic alliance.