AADANT
ASSOCIATION OF ALCOHOL AND OTHER DRUG AGENCIES NT

Case Management in Non-Government Alcohol and Other Drugs Services:

A Practical Toolkit

Northern Territory Government

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AADANT acknowledges and highly values the contributions of the Northern Territory Department of Health professionals in the development of this toolkit.

Any opinions expressed in this toolkit are those of the authors and are not necessarily those of the Northern Territory Department of Health.

AADANT acknowledges the Traditional Owners of country throughout the Northern Territory and their continuing connection to land, culture and community. We pay our respects and honour Elders, past, present and future and thank them for allowing us to work and live upon their beautiful country.

01

Introduction

About AADANT

The Association of Alcohol and Other Drugs Agencies Northern Territory (AADANT), is the peak body for the non-Government Alcohol and Other Drug (AOD) Sector in the Northern Territory. Formed in 2012, AADANT was originally au spiced by Northern Territory Council of Social Service (NTCOSS) before incorporating in its own right in May 2013.

Our mission is to build and maintain a strong, sustainable and culturally diverse Alcohol and Other Drugs (AOD) sector that works together to reduce alcohol and other drug related harm across the Northern Territory. AADANT is committed to working together with its members to build the capacity of the sector through various initiatives including;

- Workforce training, support and development;
- Encouraging and/or facilitating collaboration, networking and other communication;
- Promoting a range of effective strategies that minimise related harms including promoting links to current research and best practice guidelines and standards;
- Increasing public awareness, and education regarding AOD issues and strategies to minimise related harms;
- Strategic development of guidelines, resources and publications that support a high functioning AOD sector and;
- Advocacy and representation of a sector perspective on policy and other issues that relate to problematic substance use.

AADANT is governed by a 9-Member Board that is comprised of representatives of member organisations from across the NT AOD Sector.

Further information on AADANT is available on the AADANT website at **www.aadant.org.au**

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Introduction

A recent survey conducted by AADANT identified that the practice of 'case management' is utilised by a large number of Non-Government Organisations (NGOs) working in, or in parallel with the Northern Territory (NT) Alcohol and Other Drugs (AOD) Sector. Emphasized in the survey responses was the diversity amongst the organisational structures and treatment settings in which case management is utilised, as was the variety of applied models and practical frameworks. With this in mind, the practice of AOD Case Management could thus be considered as somewhat inconsistent across the multiple non-government treatment settings throughout the NT. This can create a tension between service expectations and practice during the co-management of clients, especially when considering there are currently more than 30 non-government service providers who offer case management for clients experiencing problematic substance use in the NT.

Despite the diverse application of case management, it is important that we consistently strive toward the development of a common language and universal practices to ensure quality service delivery and effective inter-agency collaboration.

Case Management in non-government Alcohol and Other Drugs Services; a Practical Toolkit was developed by the Association of Alcohol and Other Drug Agencies Northern Territory (AADANT) as part of the Sector Development Project. The project was funded by the Northern Territory (NT) Department of Health, Alcohol and Other Drugs (AOD) Services, to strengthen the NT Non-Government Organisation (NGO) AOD Sector to achieve positive outcomes for clients who have been identified as having problematic substance use.

The Sector Development Project's aim is to facilitate a range of activities to support and enhance the NT NGO AOD Sector's ability to respond to the needs of people with drug and alcohol issues and Co-morbidity through training and education opportunities, information coordination and dissemination, networking and communication facilitation and research and resource development.

AADANT realises that AOD treatment services in the NT who offer case management services are often high-stress, time-poor environments. Case Management in non-government Alcohol and Other Drugs Services; a Practical Toolkit is the first resource which provides practitioners with practical knowledge and implications for the practice of case management for clients with problematic substance use in the NT

Case Management in non-government Alcohol and Other Drugs Services; a Practical Toolkit fundamentally aims to enhance the practice of case management in the NT non-Government AOD Sector by;

- Providing more consistency in the NT non-government AOD Sector in regards to processes, collaborative practices, skills and knowledge in case management
- Complementing other models, frameworks or practices that services must currently comply with
- Being adaptable, flexible and suitable for a range of service types and settings
- Providing clear guidelines and procedures to support the development of comprehensive case management plans for clients.

Acknowledgements

AADANT would like to thank the organisations and practitioners that contributed to the development of this toolkit, with a special thanks to;

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Tony Hand Training & Education Program Officer, Remote Alcohol and Other Drugs Workforce Program
Alcohol & Other Drugs Services Department of Health

Carolyn Price CNC/ NPC, Alcohol and Other Drugs Royal Darwin Hospital Remote AOD Workforce Program
Alcohol & Other Drugs Services Department of Health

Amity Community Services Inc

Anna Godfrey Raw Innovation Pty Ltd.

Members of the NT AOD Case Management Working Group, who were primarily responsible for the direction and development of this toolkit.

The use of the screening and assessment tools as listed; Alcohol Use Disorder Identification Test- Consumption (AUDIT-C) Dawson, D., Grant, B., Stinson, F. and Zhou, Y. (2005). Effectiveness of the derived Alcohol Use Disorder Identification Test (AUDIT-C) in screening for alcohol use disorders and risky drinking in the US general population. Alcohol Clinical and Experimental Research, 29 (5), 844-854.

Drug Use Disorder Identification Test (DUDIT)
Bergman, H., Palmstierna, T., & Schlyter, F. (2005). Evaluation of the Drug Use Disorders Identification Test (DUDIT) in Criminal Justice and Detoxification Settings and in a Swedish Population Sample. European Addiction Research, 11 (1), 22-31.

Indigenous Risk Impact Screen
Schlesinger, C.M., Ober, C., McCarthy, M.M., Watson, J.D. and Seinen, A. (2007). The development and validation of the Indigenous Risk Impact Screen (IRIS): A 13-item screening instrument for alcohol and drug and mental risk. Drug and Alcohol Review, 26 .

Kessler 10 Kessler, R. A. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. Psychological Medicine, 32 (7), 959-976.

Stage of Readiness to Change Adapted from Rollnick, S., Heather, N., Gold, R., & Hall, W. (1992). Development of a short “readiness to change” questionnaire for use in brief, opportunistic interventions among excessive drinks. British Journal of Addiction 87, 743-754.

A variety of existing sources of literature and information relevant to the AOD sector have been utilised in the development of this toolkit, including;

Department of Health and Human Services, Victoria. (2013). The Adult AOD Screening and Assessment Instrument: Clinician Guide. Victoria

Haber, P., Lintzeris, N., Proude, E., O, L., & Department of Health and Ageing. (2009). Quick Reference Guide to the Treatment of Alcohol Problems; Companion Document to the Guidelines of for the Treatment of Alcohol Problems. Canberra: Commonwealth of Australia.

Jenner, L., Devaney, M. & Lee, N. (2009) Clinical Treatment Guidelines for Alcohol and Drug Clinicians. No 15: Case Management in Alcohol and Other Drug Treatment Setting . Fitzroy, Victoria: Turning Point Alcohol and Drug Centre

How to use this toolkit

Through consultation with the NT AOD Sector in the development of this toolkit, a significant proportion of the responses identified that the primary challenges they face when providing case management services to clients included inconsistent approaches to practice, such as the use of assessment tools, referral pathways and follow-up, the sharing of client information and co-management communication mechanisms.

This toolkit was designed to alleviate some of these challenges by providing services with a suite of core-practice documents which have been modelled from best practice and validated stimulus. To encourage a more consistent approach to case management practices in NT AOD services, organisations are encouraged to use the toolkit as is, or review their existing processes to develop practice documents that incorporate both the best practice, validated stimulus utilised in this toolkit and any preferred or additional materials that are necessary to their provision of services.

It is within this context that services are in the best position to decide how the toolkit will complement or re-define their own existing practices, noting that this toolkit is not a policy directive, nor is it intended to replace or take precedence over organisational policies and procedures.

Case workers should also use this toolkit within the context of their position, ethical and legal requirements, organisational policies and the parameters of service agreements with funding bodies.

Who is this toolkit for?

This toolkit is intended for all case workers who offer case management to clients presenting with problematic substance use in the non-government AOD sector.

Case workers included (but not limited to) Alcohol and Other Drugs Workers, Counsellors, Case Managers, Family Support Workers, Program Coordinators, Residential Support Workers, Aboriginal Alcohol and Other Drugs Workers, Community Development Workers and Social Workers.

To support organisations and practitioners with the implementation of this toolkit, please contact the Project Manager- AADANT to organise for training.

The Practice Documents

Screening & Intake

The suite of practice documents in this section provides case workers with a variety of information- gathering mechanisms and validated tools which have derived from the summary of recommendations for Screening in the Guidelines from the Treatment of Alcohol Problems (Department of Health and Ageing, 2009). Using the scores and indications of the validated screening tools and information-gathering mechanisms, case workers should be able to determine the client's eligibility into their service and whether a further, comprehensive assessment is necessary to identify the client's level of risk associated with their substance use. The Initial Screen is intended to be practitioner-administered to ensure the client is given the opportunity to effectively engage in the screening process.

Whilst the use of the Outcome of Initial Screen document is optional, it can be utilised to accompany an immediate referral to a specialist or complementary service. If the client requires a comprehensive assessment, the completion of this document is not necessary.

Assessment

The suite of practice documents in this section provide case workers with a variety of validated tools and assessment mechanisms, used to comprehensively identify the client's treatment needs to inform the development of an Individual Treatment Plan (ITP). The case worker should also be able to determine if any referrals are required to specialist or complementary services to support the client in addressing the immediate and long-term risks or issues associated with their substance use.

It is recommended that case workers utilise the Case Formulation document to summarise the information gathered from the Initial Screen and Comprehensive Assessment. This will provide a 'snapshot' of the client's substance use and any associated issues which can then be used to inform the development of the client's ITP or for the purposes of initiating referrals to other specialist or complementary services without having to navigate through the assessment in its entirety.

Planning

The suite of documents in this section enables case workers to further determine and document the client's treatment needs and goals (immediate and long-term) with an agreed timeframe into an ITP using the information gathered in the screening and assessment phase. Case workers should also identify the methods for measuring the effectiveness of the strategies, resources and services in the Review and Evaluation of the ITP document, as well as commence the development of a Relapse Prevention Plan with the client. It is also essential that the case worker and the client commence the development of the Aftercare Plan during the treatment-planning phase of the case management process.

Case Coordination

The suite of documents in this section allows case workers to implement, co-ordinate and monitor the provision of referrals, resources, supports and specialist or complementary services previously identified in the client's ITP. It is recommended that organisations consider entering into a Memorandum of Understanding (MoU) or a similar agreement with any partnering services, to ensure the conditions and mechanisms required for the effective co-management of a client are determined prior to entering into a collaborative servicing approach.

Glossary of terms

AOD Case Worker Refers to non-clinical practitioners who provide services in alcohol and other drugs treatment settings. Including (but not limited to); Alcohol and Other Drugs Worker, Counsellors, Case Managers, Family Support Workers, Program Coordinators, Residential Support Workers, Aboriginal Alcohol and Other Drugs Workers, Community Development Workers and Social Workers.

Aftercare Support to maintain recovery does not end when an individual completes treatment programs. As a client exits a program, follow-up protocols, support or resources are utilised to assist a client sustain recovery from their substance misuse.

Brief intervention A short, opportunistic, one-off engagement to raise awareness, share knowledge and promote healthy behaviours with a client. Considered 'informal counselling', brief interventions can last between 5 - 60 minutes and can be performed anywhere appropriate to the context of the engagement.

Individual Treatment Plan Also known as a 'care plan', which is a documented set of prioritised goals, strategies, interventions, resources and supports required to assist the client achieve their desired outcomes.

Case management A collaborative process of assessment, individual treatment planning, coordination, monitoring, transitional care and evaluation to strengthen outcomes for individuals and their families through integrated and coordinated service delivery.

Case Co-ordinator The designated practitioner whose primary role is to organise and facilitate the process of case management or 'shared care' for a client.

Co-morbidity In this toolkit, co-morbidity refers to the simultaneous occurrence of an alcohol and/or other drug-use disorder, along with one or more mental health conditions. May also be referred to as dual diagnosis

Fetal Alcohol Spectrum Disorder (FASD) Refers to a collection of conditions that can occur in a person whose mother consumed alcohol during pregnancy. Problems that may occur in babies exposed to alcohol before birth include low birth weight, distinctive facial features, heart defects, behavioural problems and intellectual disability.

Motivational interviewing A psychological, client-centred intervention strategy that is used to influence or motivate one's intrinsic change.

Non-government Alcohol and Other Drugs (AOD) Sector In this toolkit, the non-government AOD sector refers to those organisations who are funded by Government (Commonwealth and/or State/Territory) agencies to provide assessment, counselling, rehabilitation and treatment services, case management, coordination of care, group work, information and community education to individuals and/ their or families dealing with problematic substance use and co-morbidity issues.

Post-Traumatic Stress Disorder (PTSD) A particular set of emotional, physical and mental behaviours that can develop in people who have experienced a traumatic event in their life.

Psychosocial The characteristic emotions, attitudes and behaviours of an individual and the social context of their family, community, cultural factors that make up the environment in which they live i.e. homelessness, family violence, etc. (NSW Department of Health 2008)

Relapse Prevention Specific strategies, resources or supports that assist an individual in identifying potential situations or 'triggers' that may result in the re-occurrence of harmful substance use.

02

Understanding Case Management in Non-Government AOD Services

Case management by nature, is a complex practice. It is utilised across numerous health and specialist treatment settings and involves a variety of theoretical models and intervention strategies which are manipulated to best reflect the client's needs.

Essentially, case management can be defined as;

> *'...a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost effective outcomes'*
> - (CMSA 2013).

Effective case management utilises a holistic approach to client-care. Within the AOD context, the essential basis of case management, regardless of the treatment setting in which it is practiced, includes the coordination of services and resources to help clients address a range of presenting issues, to assist them to overcome their problematic substance use. (Marsh et al, 2013)

The fundamental undertakings of AOD case management should include:

Screening and Intake

- Determining the client's eligibility with reference to the service-entry criteria
- Screening for problematic AOD use and/or dependency through the use of validated tools across all relevant factors relating to the client's presentation

Assessment

- Identification of drug use history, behaviours, experiences, prevalence of any mental health concerns and any mental and psychosocial issues that contribute to the client's problematic AOD use
- Client needs-identification including determining the most appropriate treatment or intervention-type

Planning

- Development of a comprehensive Individual Treatment Plan (ITP)
- Identification of required resources, services and supports to implement the ITP

Case Co-ordination

- Co-ordination of individual treatment plan
- Facilitation of access to specialist treatment for drug and alcohol disorders
- Facilitation of access to other health services including mental health, primary health, etc. as required
- Facilitation of access to a broad range of community services including housing, family and children services, employment and education etc. as required
- Maintenance of contact with and support for the individual client
- Monitoring progress and outcomes across the individual treatment plan
- Exiting clients, follow up and review of individual treatment plan
- Overall evaluation of the case management process in assisting client to achieve positive outcomes

The intended outcomes of case management in an AOD service may include;

- Facilitation of access and enhanced engagement in specialist and non-specialist health services
- Improved coordination and integration of services for the purpose of providing holistic care to the client
- Enhanced continuity of care for the client across multiple interventions and services
- Empowerment of the client as a result of modelled advocacy from the case worker
- Improved quality of life for the client as the result of needs-identification and treatment matching.

There are a fairly small number of models for case management that have been developed specifically within the context of supporting people with problematic substance use. Believe it or not, the case management models that we so frequently utilise, have actually derived from other health sectors; predominately the mental health field (McDonald, 2005)

Models of case management are of course, applied and manipulated reflective of clients' needs within the various treatment settings in which they are utilised. Some of the differing case management models are identified below (see Table 1.)

Table 1. Case Management models utilised in AOD Services	
Broker or Generalist model	An office-focused approach, which emphasises assessing client needs, referral to other agencies, coordination of services and monitoring of treatment. Under this model, the case manager acts predominately as the case coordinator and the limited engagement between case manager and clients means a greater case load can be facilitated.
Clinical Case Management model	Utilises interventions such as counselling, psychotherapy and/or pharmacotherapy and also provides broker/generalist case management. Clinical case management involves; • Initial phase; engagement, assessment, planning • Environment interventions; linkages with resources, consultations with family, collaborations with physicians and hospital and advocacy. • Client interventions; psychotherapy and education, motivational interviewing etc. • Client-environment interventions; crisis interventions, monitoring etc.
Assertive Community Treatment model	A multi-disciplinary team (e.g. mental health nurse, social worker, case manager etc.) with a low client to staff ratio which are reflective of the complex needs of the client. The entire team has responsibility for client as opposed to a single case coordinator.
Intensive Case Management model	Small caseloads, characterised by a one-on-one service whereas low client to staff ratio allows for a 24-hour, community based approach.
Strengths-based model	Focus on a client's strengths to develop self- determination. Key principles include; • A focus on individual strengths than the client's pathology • Client self-determination is encouraged and nurtured • Community provides a myriad of resources and services to support the achievement of treatment goals • The client-case manager relationship is pivotal • Engagements should essentially take place out in the community and not in the office
Rehabilitation model	Utilises the key principles of a strengths-based approach, as well assisting clients to develop the necessary skills to adequately participate in the community and develop environmental changes to reduce the risk of relapse prevention.

Regardless of the case management model you utilise to best cater for your client's needs, evidenced-based approaches to case management suggest that treatment does not necessarily focus uniquely on the client's problematic substance use per se, but more so on the biopsychosocial issues that influence a person's decision to engage in problematic drug and alcohol use (Miller et al., 2011). That is, people with AOD issues generally present with numerous additional social, emotional, mental and physical concerns that need to be identified and addressed in order for them to commence and progress with their recovery. This may include problems with their general health, mental health, the legal system, family situations, accommodation, employment and education etc.

It is imperative that you also acknowledge and understand the specific-population needs of your client so that you can tailor the treatment interventions, case management models and use of resources as required.

It is highly recommended that you consult the Working with Diversity in Alcohol and Other Drug Settings (NADA, 2014) toolkit which contains examples of best practice approaches, as well as a range of useful resources for practitioners working in non-government alcohol and other drug services.

The following populations included in this resource are Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse (CALD) communities, Lesbian, Gay, Bisexual, Transgender and Intersex people and Older People.

For best practice examples for working with young people, refer to the Dovetail Youth Alcohol and Drug Good Practice Guide.

You should also consult the recommended Alcohol and Other Drug Treatment guidelines to determine the most appropriate practices reflective of your client's specific-population needs. (See appendix 1).

03

Working within a Professional Framework

Key considerations for an AOD Case Worker

AOD case workers, regardless of the treatment setting in which they practice, need to ensure their case management practices remain within a professional framework that encompasses a variety of organisational, legal and ethical responsibilities as well as those related to their role as a health professional.

As illustrated below, an AOD case worker has many considerations inherent to the nature of their profession.

Organisational

Organisational considerations are those aspects of your practice that relate to your responsibility to comply with the variety of policies, protocols and procedures, quality assurance and funding requirements of the organisation in which you are employed.

Ethical

Ethical considerations are important in ensuring compliant, accountable practices that are reflective of the best interests of clients and the community at large.

Important areas of professional ethics that need to be considered in all aspects of your practice includes;

- Ensuring client confidentiality at all times
- Declaring any conflicts of interest; it's not ok to case manage your family, friends or significant others
- Ensuring professional boundaries are made explicit and upheld. As a case worker, you are responsible for identifying and monitoring the professional boundaries and the provision of service of each party involved in the case management of a client.
- Your practices are free from prejudice (or a 'preconception' of your client)
- The limitations of your capability and capacity (including your organisation's) to provide the types of services you say you will; don't promise what you can't deliver.
- The financial considerations involved in the required resources or supports

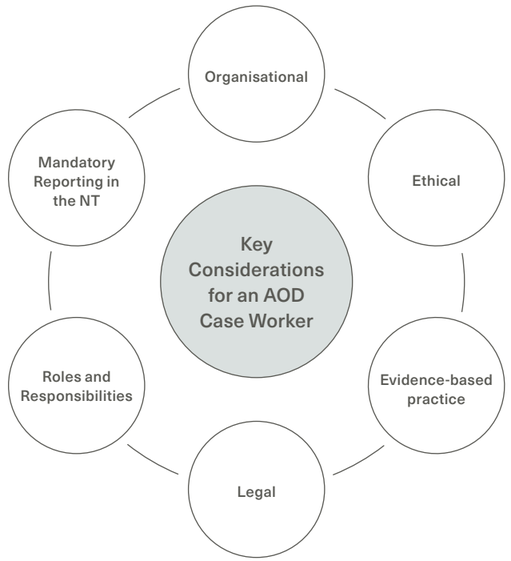

Figure 1. Key considerations for practice of an AOD Case Worker (Adapted from Crane, 2012).

Learn more about the rights and responsibilities of your client and providers of health and community services in the Northern Territory through the *Code of Health & Community Rights & Responsibilities*.

You find the Code of Health at http://www.hcscc.nt.gov.au/resources/legislation-code/

The ADCA *Code of Ethics for the Australian Alcohol and Other Drugs Field* can also be found on AADANT's website **www.aadant.org.au**

Evidenced-based Practice

AOD case workers must ensure that the intervention-types and practices they utilize will achieve the best possible outcome for their client. Utilising evidenced-based practices, in this sense, ensures that interventions, treatment and service types have been evaluated and shown to be effective as a result of research evidence.

Legal

Your legal responsibilities are those aspects of your practice that are mandated (or 'required') by either Commonwealth and/or State or Territory legislation. You need to uphold all aspects of the mandated and legislative responsibilities of your profession which includes (but not limited to);

- Ensuring that your practices are free from negligence as you have a 'duty of care' for your client
- Having the 'valid' consent of your client
- Free from false imprisonment as a result of either physical, chemical, or psychological restriction of a client.
- Free from assault and battery or the unlawful physical contact of another person without consent.
- Compliant with privacy for assessment, record keeping, the storing of client information, treatment and the administering of medication as per the privacy standards framework under the Privacy Amendment (Private Sector) Act 2000.
- Compliant with Freedom of Information (F.O.I) mandated under state laws, whereas clients have the right to access their own personal information.
- Compliant with appropriate and accessible complaints procedures

In addition to the key areas of your legislative responsibilities mentioned above, the following legislative acts are relevant to your work as an AOD case worker;

- Health (General Amendment) Act 1988
- Equal Opportunity Act 1984
- Occupational Health & Safety Act 1985
- Privacy Amendment (private sector) Act 2000, (which amends the Privacy Act 1988)

Roles and Responsibilities

The following describes some of the roles and responsibilities of each of the parties involved in the case worker-client relationship.

The AOD Case Worker	The Client	The Organisation
• Treatment practices offered remain within the organisation's capacity, their level of competence, capabilities and contractual requirements. It is crucial that you are aware or your organisation's ability to provide what services you say you will. • Ensure practices are ethical and uphold the statutory requirements of the position • Ensure respect for the cultural considerations and personal boundaries of the client at all times e.g. race, religion, cultural requirements, sexuality etc. • The expectations of the service including treatment intent and strategies, times and frequencies of interventions are made explicit • Has the responsibility of the development, maintenance and evaluation of the Individual Treatment Plan • Operate within the agreed parameters of confidentiality when information sharing • Do not develop inappropriate or personal relationships with client	• Identify and communicate problematic substance use and treatment needs • Actively participate in the assessing, planning, maintenance and evaluation of the Individual Treatment Plan • Commit to engagements and treatment interventions • Monitor and evaluate own progress towards treatment goals • Understand the importance of notifying any change of circumstance that may impede the effectiveness of the Individual Treatment Plan to the Case Manager or organisation	• Develop, implement and monitor relevant policy and operational guidelines in regards to employee's cultural competency, ethical conduct and statutory responsibilities, risk management and WH&S • Ensure policies and guidelines are made accessible to employees and clients at all times • Provide a safe, culturally sensitive environment for clients, employees and partnering services • Provide clinical supervision and support mechanisms for employees • Provide clear and accessible complaint and grievance procedures and documentation for employees and clients • Current best practice guidelines and up-to-date knowledge of drug trends and other relevant service providers • Encourage networking to ensure current working relationships with other service providers

Mandatory reporting in the NT; Reporting child abuse and neglect

Under the Care and Protection of Children Act, every person in the NT has a mandated responsibility to make a report to either the NT Department of Families and Children, or Police, if they believe on reasonable grounds, that:

- any child aged less than 18 years has suffered or is likely to suffer harm or exploitation
- any child less than 14 years has been or is likely to be a victim of a sexual offence
- any child aged less than 18 years has been or is likely to be a victim of a sexual offence under section 128 of the Criminal Code Act * where the child is under the offender's special care

Registered Health case workers have an additional duty to make a report to the NT Department of Families and Children, or Police, if they believe on reasonable grounds that:

- a child aged 14 or 15 years has been or is likely to be a victim of a sexual offence and the age difference between the child and the sexual offender is greater than two years.

Download the Mandatory Reporting Toolkit for Service Providers from the NT Department of Children and Families website at **http://childrenandfamilies.nt.gov.au/** to find out more about mandatory reporting in the NT.

It is recommended that you also consult your organisation's policies and procedures in the event of mandatory reporting.

When do you report?

The circumstances in which a person may come to believe on reasonable grounds that a report should be made may include, but is not limited to:

- a disclosure by a child
- a report by a child in relation to another child
- observations of indicators such as physical injuries or fear, observation of age inappropriate behaviours, including in particular sexualised behaviour or talk and delays in emotional or mental development etc.

Additionally, the Domestic and Family Violence Act now requires that every adult in the NT must report to the Police, if they believe on reasonable grounds, either or both of the following:

- Another person has caused or is likely to cause serious physical harm to someone else, with whom the other person is in a domestic relationship, and/or
- The life or safety of another person is under serious or imminent threat because domestic violence has been, is being or is about to be, committed.

How do you make a report?

A report can be made to the 24-hour NT Families and Children Child Protection Hotline on 1800 700 250 or to NT Police on 131 444. You can phone to discuss scenarios with a worker at this hotline and you can also remain anonymous.

04

Case Management in Non-Government AOD Services

Screening and Intake
Assessment
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Case Coordination

04

Case Management in Non-Government AOD Services

Screening and Intake

Assessment

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Screening and Intake

Gather information about the client upon their initial presentation to your service through a 'screen' which includes determining;

- The prevalence of any problematic substance use (including dependency or harmful use) and co-morbidity concerns.
- Whether the client presents with any medical, social, welfare and mental health concerns or risk management issues that need to be immediately addressed through referral to the appropriate, specialist service
- Whether the client would benefit from professional intervention or treatment and thus requires a further, more comprehensive assessment.
- Your service's capacity and capability in addressing the client's treatment needs, their eligibility for your service or whether they are more suitable for another.

Practice Tip

Whether the client is determined as being eligible for your service or not, you should always ensure that you;

- Advise the client of the outcome and indications of the initial screen based on results from the use of validated screening tools.
- Consult the client to determine the most suitable intervention or treatment-type appropriate to their specific-population group needs.
- Arrange for the necessary referrals and appointments to any recommended services, including following-up as to the outcome of the referral.

But what if?

Your client is heavily influenced by a substance at the time of presentation to your service?

Ensure you arrange for the client to 'sober up' in a safe environment and refer to a primary health care service if appropriate. Then when able, arrange for an initial screen to be conducted with the client.

Your client identified as having low-risk levels of substance use or not interested in engaging in your service?

This is a good opportunity to undertake a brief intervention. The 'Yarning About' tools, developed by the Remote AOD Workforce Program provide the client with a little food for thought about the harms associated with substance misuse.
You could also provide clients with any other available information, appropriate to their cultural or ethnic backgrounds.

Needing to know more about the type of substance your client has presented with?

Check out **http://bookshop.adf.org.au/pamphlets/what-drug-is-that-pamphlet**

Complete the following documents:

- Privacy, Confidentiality and the Sharing of Information; Information for Clients
- Client Consent Form
- Consent to Share Information
- Client Information; Personal Details Form
- Initial Screen for AOD Use and Co-morbidity including;
  - Alcohol use Disorder Identification Test- Consumption (AUDIT-C)
  - Drug Use Disorder Identification Test (DUDIT)
  - IRIS (Indigenous Risk Impact Screen) - use for Indigenous clients only
  - Kessler 10 (K10)
  - Assessment of Risk to Self, Children or Others
- Outcome of Initial Screen

Initial Screen for AOD Use and Co-morbidity

For use by non-Government AOD service providers

Purpose

To identify the prevalence of problematic substance use and any mental health disorders, as well as any risk to self, children or others to determine eligibility to service and whether a further assessment or referral to specialist service is required.

Advice

- Explain the purpose, proceedings and duration of the initial screen including confidentiality and mandated responsibilities to the client before commencing (maximum 30 minutes)
- To be conducted in a non-formal, interview setting with client
- Case workers to use questions as prompts and notate responses from client
- Write legibly – other case workers might need to reference information gathered in the assessment
- Ensure that your name, designation and date are recorded on each page of the assessment form.

Conducted by _____

Position/Designation _____

Date _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

04 Case Management in Non-Government AOD Services
Screening and Intake

Privacy, Confidentiality and the Sharing of Information

Information for Clients

Details of Organisation

Name _____

Type of service (e.g. counselling) _____

What information will we collect?

At your first appointment (known as your screen or assessment), we will ask you to provide your personal details along with other information in regards to your substance use and any associated concerns. Each time you visit us after that, we will collect and record any information relevant to your treatment, including (but not limited to) intervention summaries, case coordination actions and outcomes, communication exchanges, case workers observations etc.

You have a right to request access to your information at any time and to ask for it to be corrected if necessary. If you have any questions or concerns about your personal information, please talk to your Case Worker.

Why do we collect this information?

Having a thorough understanding of your personal information and experiences allows us to identify which treatment-types or interventions would best suit your needs. We collect your information to develop and maintain an Individual Treatment Plan, stay up-to-date with your treatment progress and outcomes and to identify and coordinate any other services that will be able to assist you.

From time-to-time we may need to also provide de-identified statistical information in reports to the government agency(s) that provide funding for our program. De-identified information means it does not contain your name, contact details, or any information that could identify you as an individual.

Who else has access to this information?

We understand the importance of the need to protect your personal information so your client files will be stored securely in accordance with the relevant Privacy and Information Acts at both Commonwealth and State and Territory levels at all times. We may store your information in both hard-copy and electronic formats and only the designated employees of this organisation are allowed to access your information.

It is also important to note that every adult in the NT (people over the age of 18 years) has a mandated responsibility to report, in accordance with the Domestic and Family Violence Act, the Care, the Protection of Children Act and any other legislation that requires him/her to provide information to the police. Being 'mandated' means we have a responsibility to do something by law.

Will your information be shared?

We will not share any of your information unless you have given your permission to do so.

To ensure you are receiving the required treatment or care however, we may need to involve and work with other services or organisations, which will mean your personal information relevant to your treatment may need to be shared. The details of the organisation(s), including the types of services and the specific-information shared, will be provided to you and will be kept up-to-date by your Case Worker at all times. Any information that is shared will be for the purposes of professional intent only.

Please talk to your Case Worker if you wish to withdraw your consent to share your information at any time.

STAFF ONLY

I, _____ have discussed and explained the contents of this document and I am confident that the client understands.

Signature (Case workers) _____ Date _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Client Consent Form

Privacy and Confidentiality

I, ________________________________ (client name – please print clearly) have read (with or without assistance) or had read to me the Privacy, Confidentiality and Sharing of Information; Information for Clients document and its contents.

By providing my consent, I acknowledge and understand that my personal information will be collected and shared with other services for the purposes of professional intent only and under the Privacy Amendment (Private Sector) Act 2000, to ensure I am being provided with the required care and support to assist with my needs.

My consent to the sharing of my information is valid for the period in which I am engaged in treatment or support-interventions with the identified services providers as per my Individual Treatment Plan.

I also acknowledge that these services may need to provide my de-identified information for the purposes of statistical data, contractual reporting requirements or service-monitoring to the relevant Commonwealth or State or Territory Department.

I am aware that I have the right to withdraw my consent at any time.

Signed ________________________________

Dated ________________

STAFF USE ONLY Practitioner Name: ________________ Position: ________________ Date: ________

04 Case Management in Non-Government AOD Services
Screening and Intake

Consent to Share Information

Identification of Organisations/Agency and all associated information to be completed by designated Case Co-ordinator

Client Name /ID #: ________________

D.O.B: ________________

Case Co-ordinator ________________________________

Review Date ________________

I give consent for my confidential, personal and treatment information to be exchanged, released or received by the following organisations/agencies, limited to the purposes of the development, monitoring, co-ordination and evaluation of my treatment or care plan

Name of Organisation/ Agency	Service Type	Specific Information to be shared	Purpose of Exchange
	(E.g. Counselling, Residential Rehabilitation)	(E.g. All relevant information, Medical only)	(E.g. Referral, Shared- care, Development of Care Plan etc.)

This authority expires upon completion of my agreed treatment or engagement period with the services as listed above.

I understand I may revoke consent for release of information except where authorised information has been released prior to my withdrawal of consent.

Signed: ________________________________

Dated: ________________

STAFF USE ONLY Practitioner Name: ________________ Position: ________________ Date: ________

Client Information

Personal Details Form

Family name: _____ Given name(s): _____

Preferred name(s): _____

Have you ever been known by any other name(s)? Yes No

If yes, please details: _____

Gender: Male Female Other

Date of birth: _____

Address:

_____

_____

_____

Postal address (if different from above):

_____

_____

_____

Other addresses:

_____

_____

_____

Daytime telephone: _____ Mobile: _____

Do you identify as being Aboriginal and/or Torres Strait Islander? Yes No

Country of birth ('kantri' or nation): _____

Cultural background: _____

Preferred language: _____

Interpreter required: Yes No

Client Name /ID #: _____

D.O.B: _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Do you have any medical conditions (including allergies)? Yes No

If yes, please provide details _____

What medications are you currently taking? _____

Do you have any disabilities? Yes No

If yes, please provide details: _____

Emergency Contact

Name: _____

Relationship to you: _____

Address: _____

Telephone: _____ Mobile: _____

Client Name /ID #: _____

D.O.B: _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

GP/ Clinic Services

Do you have a GP/Clinic Doctor? Yes No

If yes, please provide their details:

Name of organisation: _____

_____

Address: _____

_____

_____

Telephone: _____

Do you use any other services? Yes No

If yes, please provide their details:

Name of organisation: _____

_____

Address: _____

_____

_____

Telephone: _____

Name of organisation: _____

Address: _____

_____

_____

Telephone: _____

Name of organisation: _____

Address: _____

_____

_____

Telephone: _____

Name of organisation: _____

Address: _____

_____

_____

Telephone: _____

Do you have any legal concerns? Yes No

If yes, please provide details: _____

_____

_____

_____

_____

Client Name /ID #:

D.O.B:

04 Case Management in Non-Government AOD Services

Screening and Intake

Is the client pregnant or likely to be? Yes* No

Does client currently appear intoxicated? Yes* No

If yes, action taken _____

_____

_____

_____

Client Name /ID #:

D.O.B:

Has the client stopped using alcohol or drugs in the last 24hours? Yes* No

Does client present any current signs of withdrawal? Yes* No

If yes, action taken

_____

_____

_____

*Consider immediate referral to hospital, clinic or specialist service (Provide referral details in Outcome of Initial Screen- Summary of Actions)

Reasons for referral and presenting issues

"What is your reason for coming to (insert name of your organisation) today? / Does this worry you?"

_____

_____

_____

_____

_____

"Have you thought about getting help for this in the past?" If yes, please explain

_____

_____

_____

_____

_____

"Were you referred by someone? / If yes, why do you think they referred you?"

_____

_____

_____

_____

Screening for AOD Use

AUDIT- C

- It is recommended that the case worker conducts screen and notes client's responses
- Ensure feedback is given to client at the completion of screen in regards to the score indication

Client Name /ID #: _____

D.O.B: _____

Please circle the answer that is correct for you

1. How often do you have a drink containing alcohol?

Never (0)	Monthly or less (1)	Two to four times a month (2)	Two to three times per week (3)	Four or more times a week (4)	Score
○	○	○	○	○	_____

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 (0)	3 or 4 (1)	3 or 4 (1)	7 to 9 (3)	10 or more (4)	Score
○	○	○	○	○	_____

3. How often do you have six or more drinks on one occasion?

Never (0)	Less than monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	Score
○	○	○	○	○	_____

Total Score (Add the number for each question to get your total score) _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Score	Degree of risk	Action	Outcome (√)
0 points	No risk	Intervention not required	_____
1-3 points for males 1-2 points for females	Low risk	Brief Intervention to encourage continued low-risk use	_____
4-5 points for males 3-5 points for females	At risk	Brief Intervention, brief counselling and continued monitoring. Referral for Comprehensive Assessment (provide referral details in Outcome of Initial Screen)	_____
6-7 points	High risk	Referral to medical or specialist service for physical examination or withdrawal Referral for Comprehensive Assessment (provide referral details in Outcome of Initial Screen) More intensive intervention required	_____
8-12 points	Severe risk	Immediate referral to medical or specialist service for physical examination and withdrawal Referral for Comprehensive Assessment (provide referral details in Outcome of Initial Screen) More intensive intervention required	_____

- Utilise the Northern Territory Government Patient Handycard; Drink Less when providing feedback to your client
- After completing an initial screen using the AUDIT-C tool, it is recommended that you consult the AUDIT-C Alcohol Consumption Questions; an effective Brief screening test for problem drinkers guide for further clarification.
- You can also complete the AUDIT -Interview version instead if this screen.

A copy of this assessment and accompanying documents can be found at **http://www.health.nt.gov.au/library**

Client Name /ID #: _____

D.O.B: _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

DUDIT

- It is recommended that the case worker conducts screen and notes client's responses
- Ensure feedback is given to client at the completion of screen in regards to the score indication

Client Name /ID #: _____

D.O.B: _____

Complete only if client has used drugs other than alcohol in the past 12 months	(0)	(1)	(2)	(3)	(4)
1. How often do you use drugs other than alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times week
2. How often do you use more than one drug on the same occasion?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times week
3. How many times do you take drugs on a typical day when you use drugs?	0	1 or 2	3 or 4	5 or 6	7 or more
4. How often are you influenced heavily by drugs	Never	Less than monthly	Monthly	Weekly	Daily or almost
5. Over the past year, have you felt your longing for drugs was so strong that you could not resist?	Never	Less than monthly	Monthly	Weekly	Daily or almost
6. Has it happened, over the past year that you have not been able to stop taking drugs once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost
7. How often over the past year have you taken drugs and then neglected to do something you should have done?	Never	Less than monthly	Monthly	Weekly	Daily or almost
8. How often over the past year have you needed to take a drug the morning after heavy drug use the day before?	Never	Less than monthly	Monthly	Weekly	Daily or almost

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

	(0)	(1)	(2)	(3)	(4)
9. How often over the past year have you had guilty feelings or a bad conscience because you used drugs?	Never	Less than monthly	Monthly	Weekly	Daily or almost
10. Have you or anyone else been hurt (mentally or physically because you used drugs?	No		Yes, but not in the last year		Yes, during the last year
11. Has a relative or friends, a doctor or a nurse or anyone else been worried about your drug use or said to you that you should stop using drugs?	No		Yes, but not in the last year		Yes, during the last year

Score	Degree of risk	Action	Outcome (√)
0 to 7	Low risk	Brief Intervention recommended but not required	_____
8 to 15	Moderate risk of harm	Brief Intervention, brief counselling to identify harms associated with harmful drug use	_____
16 to 19	High risk or harmful level	Referral to medical or specialist service for physical examination or withdrawal Referral for Comprehensive Assessment (provide referral details in Outcome of Initial Screen) More intensive intervention required	_____
20 or more	High risk or dependence likely	Immediate referral to medical or specialist service for physical examination and withdrawal Referral for Comprehensive Assessment (provide referral details in Outcome of Initial Screen) More intensive intervention required	_____

Client Name /ID #: _____

D.O.B: _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

IRIS

- Can be used instead of AUDIT-C and DUDIT for Indigenous clients
- It is recommended that the case worker conducts screen and notes client's responses
- Ensure feedback is given to client at the completion of screen in regards to the score indication

Client Name /ID #: _____

D.O.B: _____

Instructions for scoring

1. Calculate the scores from the IRIS Screen Instrument pertaining to each risk
2. Compare the client's scores for Alcohol and Other Drug against the risk cut-off scores

Alcohol and Other Drug Risk	(1)	(2)	(3)	(4)	(5)	(6)
1. In the last 6 months have you needed to drink or use drugs more to get the effects you want?	No ○	Yes, a bit more ○	Yes, a lot more ○			
2. When you have cut down or stopped drinking or using drugs in the past, have you experienced any symptoms, such as sweating, shaking, feeling sick in the tummy/vomiting, diarrhoea, feeling really down or worried, problems sleeping, aches and pains?	Never ○	Sometimes when I stop ○	Yes, every time ○			
3. How often do you feel that you end up drinking or using drugs much more than you expected?	Never/ Hardly ever ○	Once a month ○	Once a fortnight ○	Once a week ○	More than once a week ○	Most days/ Every day ○
4. Do you ever feel out of control with your drinking or drug use?	Never/ Hardly ever ○	Sometimes ○	Often ○	Most days/ Every day ○		
5. How difficult would it be to stop or cut down on your drinking or drug use?	Not difficult at all ○	Fairly Easy ○	Difficult ○	I couldn't stop or cut down ○		
6. What time of the day do you usually start drinking or using drugs?	At night ○	In the afternoon ○	Sometime in the morning ○	As soon as I wake up ○		

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

	(1)	(2)	(3)	(4)	(5)	(6)
7. How often do you find that your whole day has involved drinking or using drugs?	Never/ Hardly ever ○	Sometimes ○	Often ○	Most days/ Every day ○		

Alcohol and Other Drug Risk Score (Questions 1 – 7) _____

Emotional Well Being Risk (Mental Health Risk)	Never/Hardly ever	Sometimes	Most days/ Every day
8. How often do you feel down in the dumps, sad or slack?	○	○	○
9. How often have you felt that life is hopeless?	○	○	○
10. How often do you feel nervous or scared?	○	○	○
11. Do you worry much?	○	○	○
12. How often do you feel restless and that you can't sit still?	○	○	○
13. Do past events in your family, still affect your well-being today (such as being taken away from family)?	○	○	○

Mental Health and Emotional Well Being Risk Score (Questions 8 – 13) _____

Alcohol & Other Drug Risk

Add scores for questions 1-7

Total Score: _____

Cut off Score = 10

Note: If client falls above risk cut off scores proceed to Brief Intervention.

Mental Health & Emotional Well Being Risk

Add scores for questions 8-13

Total Score: _____

Cut off Score = 11

Note: If client falls above risk cut off scores proceed to Brief Intervention and recommended referral to Mental Health Service

Client Name /ID #: _____

D.O.B: _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Screening For Mental Health Disorders

K10

- It is recommended that the case worker conducts screen and notes client's responses
- Ensure feedback is given to client at the completion of screen in regards to their score

Client Name /ID #: _____

D.O.B: _____

For all of the questions, please tick the appropriate response

In the past 4 weeks;	None of the time (+1)	A little of the time (+2)	Some of the time (+3)	Most of the time (+4)	All of the time (+5)
1. About how often did you feel tired for no good reason?	○	○	○	○	○
2. About how often did you feel nervous?	○	○	○	○	○
3. About how often did you feel so nervous that nothing could calm you down?	○	○	○	○	○
4. About how often did you feel hopeless?	○	○	○	○	○
5. About how often did you feel restless or fidgety?	○	○	○	○	○
6. About how often did you feel so restless you could not sit still?	○	○	○	○	○
7. About how often did you feel depressed?	○	○	○	○	○
8. About how often did you feel that everything is an effort?	○	○	○	○	○
9. About how often did you feel so sad that nothing could cheer you up?	○	○	○	○	○
10. About how often did you feel worthless?	○	○	○	○	○
Totals (Total of each column)	_____	_____	_____	_____	_____
Score (Total of all scores)					_____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Score	Degree of risk for substance abuse	Degree of risk for substance abuse	Outcome (√)
10 to 15	Low risk or no risk	Intervention not required	_____
16 to 19	Medium risk	Refer for primary-care mental health assessment (Provide referral details in Outcome of Initial Screen- Summary of Actions)	_____
30 to 50	High risk	Refer for specialist mental health assessment (Provide referral details in Outcome of Initial Screen- Summary of Actions)	_____

Do you have any current or past psychiatric or mental illness diagnoses? Yes No

Please detail _____

Client Name /ID #: _____

D.O.B: _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Assessment of Risk to Self, Children or Others

Client Name /ID #: _____

D.O.B: _____

Environment associated with Substance Use

Describe the environment or context of client's substance use

E.g. "Tell me about where you usually smoke ganja",
"Do you usually smoke with other people?"
"When you buy drugs, it is on the street or do you go to someone's house?"
"Does you partner use these drugs as well?"

Self-harm and/or Suicidal Risk

Have you ever attempted suicide or tried to harm yourself? Yes No
Do you ever think about killing or harming yourself? Yes No
Do you ever think about hurting someone else? Yes No
Have you ever hurt anyone else like your partner, children, family or friends? Yes No
If yes to any of the above, please provide further details Yes No

Is the client identified as being high-risk for suicide or self-harm? *Yes No

*Consider immediate referral to hospital, clinic or specialist service
(Provide referral details in Outcome of Initial Screen)

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Outcome of Initial Screen

Conducted by _____
Position _____
Date _____

Client Name /ID #: _____

D.O.B: _____

- ○ Screening scores indicated need for further assessment
- ○ Immediate referral to specialist service/ hospital/ clinic required
- ○ Client not eligible for this service (please detail actions for referrals to other services)
- ○ Client does not wish to continue with service

Screening Tool _____ **Degree of Risk** _____

Screening Tool _____ **Degree of Risk** _____

Summary of Actions (Including referrals, worker/agency actions etc.)

Date	Details of Action	Signed

Details of appointment for Comprehensive Assessment _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

04

Case Management in Non-Government AOD Services

Screening and Intake

Assessment

Planning

Case Coordination

Assessment

During a comprehensive assessment, the AOD case worker will further explore the client's current AOD use, history, behaviours and experiences, prevalence of any mental health concerns and any psychosocial issues that may contribute to their substance misuse at more depth. The client is provided the opportunity to identify and discuss any concerns or issues they may have in relation to their substance use which, in some cases, may also indicate their stage of readiness to change.

It is important to note however, that an assessment should not be considered as a 'one-off' event. Throughout the course of a client engaging in your case management service, it is important to continually assess their progress against their desired goals or outcomes using the methods of evaluation you identified in the Review and Evaluation of the ITP template.

Remember, discussing problematic substance use and the associated concerns may be a sensitive topic for some. Depending on their specific-population needs, get to know your client first, develop a rapport and build their trust before you delve into highlighting their concerns or substance misuse.

Practice Tip

Providing feedback to your client in regards to the outcome or score indications determined in the comprehensive assessment is an essential practice for AOD case workers. It is best practice to ensure your client is provided with information about appropriate treatment and service options available to them. It is also beneficial to discuss how family, friends, carers or advocates can be actively involved in the recovery process to support your client and assist with relapse prevention.

Complete the following:

- Comprehensive Assessment for AOD Use and Co-morbidity
  - Current AOD Use
  - AOD History and Behaviours
  - Mental Health and Co-morbidities
  - Social, Emotional and Domestic Violence Screen
  - Accommodation and Living situation
  - Family and Social Connectedness
  - Physical Health & Wellbeing
  - Employment and Education
  - 'Client Needs- Identification'
  - Stage of Readiness to Change
- Case Formulation

Comprehensive Assessment for AOD Use & Co-morbidity

Purpose

To further explore the client's current substance use, history, behaviours and concerns including any co-morbidities and stage of readiness to change, to identify any areas of need which will then inform the basis of their Individual Treatment Plan.

Advise

- To be attached to client's Initial Screen
- Use the Initial Screen as source of information where possible to ensure questions aren't repeated
- Explain the purpose, proceedings and duration* of the Comprehensive Assessment including confidentiality and mandated responsibilities to the client before commencing
- Case workers to use questions as prompts and notate responses from client in summary of notes
- Write legibly – other case workers might need to reference information gathered in the assessment
- Ensure that your name, designation and date are recorded on each page of the assessment form.

*Comprehensive Assessment may be completed over various engagements with client. It is recommended that engagements are no longer than 30minutes at any one time

Conducted by _____

Position/Designation _____

Date _____

04 Case Management in Non-Government AOD Services
Assessment

Current AOD Use

Client Name /ID #: _____

D.O.B: _____

Does client currently appear intoxicated? Yes No

If yes, action taken _____

Does the client present any current signs of withdrawal? Yes No

If yes, action taken (consider immediate referral to hospital or clinic) _____

	Substance Type		
Alcohol or Drugs used in the past month (Including method of route of use E.g. If injecting, please see Q5)	1/	2/	3/
Day last used (E.g. Today, yesterday, last week)			
Days Used in Past Week or Month? (Can be an average)			
Age at First Use?			
Age when use became more regular?			
Is use regular or opportunistic (i.e. will drink or use drugs whenever available to them?)			
If regular, describe average use (Including quantity e.g. number of cans, cones, grams etc., situation or environment, triggers, influences, and cost of average use)			

AOD History and Behaviours

Client Name /ID #:

D.O.B:

Any periods of abstinence ('stopping')?
Please define which substance(s), duration, reason and when?

Any withdrawal symptoms experienced at this time? Please tick

- ○ Shakiness/tremulousness
- ○ Nervousness/anxiety
- ○ Increased appetite
- ○ Irritability/ Restlessness
- ○ Strange/wild dreams
- ○ Sweating
- ○ Decreased appetite
- ○ Headaches
- ○ Trouble sleeping (insomnia)
- ○ Fatigue, tiredness, yawning
- ○ Depressed mood
- ○ Increased anger or aggression
- ○ Nausea or stomach pains
- ○ Trouble concentrating

Any past history of interventions such as treatment or hospitalisations for substance misuse? (Such as rehabilitation, overdose or associated-harms?) Please define which substance, intervention-type, duration and result.

Has the substance-use been the reason for any harm (mental or physical) shown towards any family, friends or significant other? What happened? Why?

Has the client ever engaged in risky injecting practices? (E.g. sharing or re-using equipment?) Please detail.
(Only to be completed if route of use for substance is injecting)

STAFF USE ONLY Practitioner Name: Position: Date:

Co-Morbidity Assessment

- It is recommended that a comprehensive mental health examination is conducted by the relevant specialist service.

Client Name /ID #:

D.O.B:

Specialist Mental Health Assessment attached? Yes No

Current diagnosed conditions (as per Mental Health Assessment)

○ Depression ○ Anxiety ○ Psychosis ○ PTSD ○ Bi-Polar Disorder ○ FASD
○ Other

Do you know if anyone in your family has a history of any mental illness? Yes No

Please detail

Do you have any history of abuse or neglect? Yes No

Please detail

Have there been any major stressful or traumatic events in your life? Yes No

Please detail

If yes, what are some of the coping strategies or activities you have used?

Observation of client's current mental state (E.g. appearance, behaviour, speech, mood, affect, perceptions, cognition)

STAFF USE ONLY Practitioner Name: Position: Date:

Social, Emotional and Domestic Violence Screen

Client Name /ID #:

D.O.B:

Have you any worries or concerns about anything in your life right now?
(Could be related to family, not having enough money for food, work stress etc.)

Have you ever been hit, punched, slapped or hurt in other ways by your partner or ex-partner? Yes No
Are you frightened of your partner of ex-partner? Yes No
Has your child/children been hurt or seen domestic violence? Yes No
Are you worried about the safety of your child/children? Yes No

Who is looking after your child/children? Where are they now?

Are you safe to go home when you leave here? Yes No
Would you like some help with anything? Yes No

Accommodation and Living Situation

How would your client rate their current living situation in regards to risk of violence, abuse or harassment, state of shelter or facilities, risk of homelessness or eviction, and/or over-crowdedness etc.

◯ Safe & Stable ◯ Some risks – 'some of the time' ◯ Moderate Risk – 'most of the time' ◯ High Risk – 'all of the time'

Please detail client's response

How would your client rate their level of well-being in their current living situation in relation to access to food & sanitation, clothing, sleep etc.)

◯ Not adequately met ◯ Basic needs met ◯ Needs met

Does your client have enough money to buy food? Yes No

Referral to Accommodation Support Service or Emergency Relief required?
(Provide referral details in Outcome of Initial Screen- Summary of Actions) Yes No

STAFF USE ONLY Practitioner Name: Position: Date:

You will find a comprehensive service directory of agencies that provide crisis, transitional, short term, low cost, and supported accommodation, and other support services in the NT at **http://shelterme.org.au/**

Client Name /ID #:

D.O.B:

Family and Social Connectedness

How would your client describe the quality of the relationships or social connections in their life?

Physical Health & Wellbeing

How would your client describe their physical health (including level of motivation) with respect to their health?
(E.g. relates to hygiene, nutrition, exercise, sexual behaviours and dental health etc.)

Employment and Education

Please describe your client's current employment and/or education status (including motivation to engage)

STAFF USE ONLY Practitioner Name: Position: Date:

Client Needs - Identification

- Case worker to ask client about their worries/concerns in relation to the areas of their life and notate responses in space provided.
- Assist client to identify their strengths and how they can use these to help them overcome their worries

Client Name /ID #: _____

D.O.B: _____

Area of my life	What are my concern(s)? E.g. "My father died of a stroke when he was young and the Doctors say it was because of his heavy drinking. I don't want to die the same way."	My strengths in this area? E.g. "I have 3 kids who want to help me to cut down on my drinking."
Alcohol and/ or Drug Use		
Family, Children or Relationships		
Culture		
Legal Issues		
Health (Physical or Mental)		
Money		

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Area of my life	What are concern(s)?	My strengths in this area?
Housing		
Work/ Training		
Friends or Social Life		

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Stage of Readiness to Change

- The highest score represents the client's current stage of change
- Once questionnaire has been completed, add the totals of each stage and record the scores below
- Could also be conducted in Initial Screen

Client Name /ID #: _____

D.O.B: _____

Readiness to Change Questionnaire for AOD	Strongly Disagree (-2)	Disagree (-1)	Unsure (0)	Agree (+1)	Strongly agree (+2)	Stage of change
1. I don't think I use too many drugs/drink too much alcohol	○	○	○	○	○	P
2. I am trying to use less drugs/alcohol than I used too	○	○	○	○	○	A
3. I enjoy using drugs/alcohol, but sometimes I do use too much	○	○	○	○	○	C
4. Sometimes I think I should cut down on using drugs/drinking alcohol	○	○	○	○	○	C
5. It's a waste of time thinking about my use of drugs/alcohol	○	○	○	○	○	P
6. I have just recently changed my drug/ alcohol habits	○	○	○	○	○	A
7. Anyone can talk about wanting to do something about using drugs/drinking alcohol, but I am actually doing something about it	○	○	○	○	○	A
8. I am at the stage where I should think about using less drugs/drinking less alcohol	○	○	○	○	○	C
9. Using drugs/drinking alcohol is a problem for me sometimes	○	○	○	○	○	C
10. There is no need for me to think about changing my use of drugs/alcohol	○	○	○	○	○	P
11. I am actually changing my use of drugs/ alcohol right now	○	○	○	○	○	A
12. Using less drugs/drinking less alcohol would be pointless for me	○	○	○	○	○	P

Key P= Pre-contemplation, C= Contemplation, A= Action

Pre-contemplation _____

Contemplation _____

Action _____

Stage of change result
(P, C or A?) _____

It is recommended that you consult The Cycle of Behaviour Change' (Department of Health and Families, 2008)

You can find it at http://health.nt.gov.au/Alcohol_and_Other_Drugs/Alcohol/Advice_for_Health_Practitioners/index.aspx

Client Name /ID #: _____

D.O.B: _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Case Formulation

Conducted by _____

Position/Designation _____

Date _____

Client Name /ID #: _____

D.O.B: _____

Overview of Alcohol and Other Drug Use

(Briefly summarise findings from assessment) _____

Overview of Mental Health/Co-morbidity Concerns

(Briefly summarise findings from assessment) _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Recommendations for Addressing Issues or Concerns

(In order of priority or immediate needs)

Presenting issues/concerns	Recommendation (for referral, action, intervention or treatment type

Client Name /ID #: _____

D.O.B: _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

04

Case Management in Non-Government AOD Services

Screening and Intake

Assessment

Planning

Case Coordination

Planning

Planning is a holistic, continuous process, where the issues or concerns that were identified during your client's assessment are translated into goals and addressed through strategies, interventions and outcomes. This is known as the development of an 'Individual Treatment Plan' (ITP) or 'Care Plan' for your client. Individual treatment planning is an essential stage in AOD treatment and of course, the development of any ITP must be realistic in the way that it considers the capabilities of those involved to work towards meeting the desired goals or outcomes.

Practice Tip

The case co-ordinator is responsible for the development of an ITP with the client. It is also acceptable for any supporting services who will be utilised in the co-management of the client to be involved in the planning phase as well.

The direction of the ITP will vary depending on your client. For instance, some clients may chose to focus on their substance use by determining goals that see them engage in a period of abstinence. Others may wish to address some of the psychosocial aspects of their life that may influence or contribute to their substance misuse. The goals and interventions that you negotiate with your client should reflect both their stage of readiness to change and be considered in the context of any current medical, cultural or legal circumstances. A client's ITP may include a variety of initial or short term goals that aim to address any immediate issues related to their problematic substance use, as well as more holistic, longer term goals aimed at minimising their substance use and maintaining recovery.

Remember, no two ITPs should ever be the same in terms of the agreed goals, actions and timeframes.

It is essential that every ITP is given a review date along with methods to measure the effectiveness of the chosen strategies and interventions in assisting the client to achieve their desired outcomes.

It is best practice to ensure the ITP is documented in a language that your client can understand. Where necessary, utilise interpreter services or get creative and utilise visual imagery (such as pictures or drawings) to assist your client's understanding of their ITP

Individual treatment planning is also a good time to devise a Relapse Prevention Plan with your client. Relapse is a common occurrence in behaviour change and needs to be addressed so that in an event of a relapse, your client knows how to deal with it. Relapse prevention is a core component of all AOD and mental health work and planning.

Complete the following documents:

- Individual Treatment Planning
- Case Notes
- Referral and Acknowledgement Cover Sheet
- Individual Treatment Plan (ITP)
- Relapse Prevention Plan
- Aftercare Planning

Exit Planning essentially begins upon the client's entry into your service. Exit planning allows you to assist your client to successfully exit your service after the achievement of their desired goals or outcomes within an assigned timeframe, by determining the required resources and supports necessary for a sustained recovery. You should also be aware of any indicators to suggest the need for transition prior to the assigned timeframe. For example this may include, the satisfactory achievement of goals or positive outcomes, sustained harm reduction, a client's change in living circumstances or locality etc.

Your client's desired goals or ambitions for post-treatment should also be identified in an Aftercare Plan, along with any supports or resources required to also ensure the sustainability of their recovery. In collaboration with your client, determine any personal-strengths or values that were associated with the achievement of their desired goals or outcomes and be sure to use these as the foundation for the development of their Aftercare Plan.

Individual Treatment Planning

Client Name /ID #: _____

D.O.B: _____

Purpose

To identify client's needs and goals (immediate and long-term) in addressing the harms associated with their problematic substance use or mental health concerns and determine the required actions, interventions and support.

Instructions

- Make the Individual Treatment Plan personal for your client- make sure it is documented in a language that he/she can understand.
- Explain the purpose (in your own terms) and proceedings of Individual Treatment Planning including confidentiality and mandated responsibilities, as well as roles and responsibilities of each party involved to the client before commencing.
- Write legibly – other case workers might need to reference information gathered in the Individual Treatment Plan.
- Ensure that your name, signature and date are recorded on each page of the Individual Treatment Plan.

Conducted by _____

Position/Designation _____

Date _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

04 Case Management in Non-Government AOD Services
Planning

Case Notes

Client Name /ID #: _____

D.O.B: _____

- Most recent case notes on top
- When preparing your case notes, always complete your case notes as if they are subject to review, FOI or subpoenaed to a court of law.
- Include the date, time and the practitioner's name which should be printed and signed and not on behalf of another practitioner.
- Ensure they are legible, brief and accurate and complete whilst avoiding value judgements and conclusions
- Avoid abbreviations where possible
- Any alterations should be made neatly and preferably signed when amended

Date	*Details of Engagement* (E.g. Record of intervention or action, discussion, observations etc.)

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Date | **Details of Engagement**

(E.g. Record of intervention or action, discussion, observations etc.)

Client Name /ID #:

D.O.B:

STAFF USE ONLY Practitioner Name: ____ Position: ____ Date: ____

Referral & Acknowledgement Cover Sheet

To be attached to Client Information; Personal Details Form AND Outcome of Initial Screen or Case Formulation when making a referral to an external service provider.

Client Name /ID #:

D.O.B:

Details of organisation making referral (your organisation)

Name ____

Position ____ Organisation ____

Email ____ Phone ____

Fax ____

Details of organisation to receive referral (the external organisation)

Name ____

Position ____ Organisation ____

Email ____ Phone ____

Fax ____ Date of referral ____

Reason for referral/type of referral requested ____

Priority referral? Yes No

If yes, provide detail ____

The following are attached:

- ◯ Client Information; Personal Details Form
- ◯ Outcome of Initial Screen
- ◯ Case Formulation
- ◯ Individual Treatment Plan
- ◯ Other ____

STAFF USE ONLY Practitioner Name: ____ Position: ____ Date: ____

Acknowledgement of referral

(Complete if a referral has been received and provide back to referring organisation)

Details of organisation receiving referral

Organisation _____ Program _____

Location/Service Region _____

Primary Contact person name _____

Email _____ Phone _____

Fax _____

Date referral received _____

○ Status of referral ○ Accepted

○ Wait-listed ○ Rejected

Details of referral outcome _____

Date of proposed assessment _____

Request for further client information

Details of types/specific information required _____

Client Name /ID #: _____

D.O.B: _____

Individual Treatment Plan (ITP)

Client Name /ID #: _____ D.O.B: _____

I _____ (client name) understand and agree to this plan.

Signed _____ Date _____

Treatment Goal or Outcome Based on assessed needs and risks	Strategies	Required Intervention(s), Treatment-type or Services	By who?	By when	Review Date for this goal/ outcome	Modifications to plan

Client Name /ID #:

D.O.B:

Review & Evaluation of Individual Treatment Plan

Treatment Goal/Outcome	Methods of evaluation (E.g. discussion & feedback from client, minutes from case-conference etc.)	Evaluation of effectiveness of strategies and interventions (include supporting evidence)	Identification of service gaps and/or need for development of resources

STAFF USE ONLY Practitioner Name: _____ Position: _____

Date: _____

04 Case Management in Non-Government AOD Services
Planning

Relapse Prevention Plan

- It is recommended that you complete Brief Intervention using Remote Alcohol and Other Drugs Workforce Intervention Tools (E.g. Yarning about Relapse)
- Ensure you discuss the fact that relapse isn't considered a failure.
- Emphasis that the most important aspect of relapse is the ability to recognise why it happened.

Client Name /ID #: _____

D.O.B: _____

My Cravings Plan

(Adapted from Copeland et al. 2009)

When I'm having a craving, I feel like _____

When I'm having a craving I act _____

When I'm having a craving I think _____

High risk situations (When am I more likely to want to drink/use?)	**My coping plan** (To help me to manage my cravings, I will...)

(Adapted from Insight Alcohol and Other Drug Training Unit, 2013)

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Our 5-step Plan to 'Getting back on Track' (for just in case)	Who can help me with this?
Step 1	
Step 2	
Step 3	
Step 4	
Step 5	

Client Name /ID #:

D.O.B:

STAFF USE ONLY Practitioner Name: Position: Date:

Client Name /ID #:

D.O.B:

Aftercare Plan

STAFF USE ONLY Practitioner Name: Position:

Date:

To be developed and implemented prior to date of exit from service

Goals to address risk of relapse or harm	Activities or Strategies	Required Intervention(s) or Treatment-type	Name of Service (Specialist or non-specialist)	Available social and support networks	Priority? ✓

Details of agreed aftercare engagement

(to be negotiated with client including frequency, duration, method and purpose of engagements)

Client Name /ID #:

D.O.B:

Summary of Actions Taken for Referral (either for active or self-referral)

Date	Details	Signed

STAFF USE ONLY Practitioner Name: Position: Date:

Record of Aftercare Actions and Engagements

Date	Details of actions, outcomes etc.	Signed

Client Name /ID #:

D.O.B:

STAFF USE ONLY Practitioner Name: Position: Date:

04

Case Management in Non-Government AOD Services

Screening and Intake
Assessment
Planning
Case Coordination

Case Coordination

Implement the required actions, interventions and strategies identified in the Individual Treatment Plan to assist your client in achieving their desired goals or outcomes.

When making any referrals, provide your client with as much information as possible about the new service to ensure they are given every opportunity to make an informed decision as to whether they chose to engage with the service. You should assist your client by advocating on their behalf (in their presence) to make suitable appointments to any new partnering services. This approach is also highly recommended for clients that are unmotivated, unlikely or unable to initiate their own referral. (Mills, et al.)

When making referrals to other service providers, ensure you;

- Have the consent of the client, preferably valid and informed (see 'More on Consent' below) to the sharing of their confidential information before making a referral.
- Provide a reason for making the referral and any associated information
- Enquire as to appointment arrangements including time, date and location
- Follow-up after the client has attended the initial appointment with the service provider to determine outcomes and further action required.

Practice Tip

When acting on behalf of your client, encourage participation to whatever extent they feel comfortable, in order to support the development of their own self-advocacy skills and confidence. By assisting your client to develop their own skills, you are providing them an opportunity to take away the tools, skills and knowledge required to problem solve issues for themselves in the future.

Work together through linkages with partnering or specialist services to assist your client towards achieving their goals and positive outcomes. Successful coordination of a client's Individual Treatment Plan is more achievable if you have developed rapport and effective communication mechanisms between you, your client and any partnering services. Case management essentially relies on the ability of practitioners to liaise, network and source resources to engage and provide effective treatment services for client.

Track the effectiveness of the Individual Treatment Plan by monitoring the quality of services, resources and support provided to assist your client to achieve their goals. If necessary, adjust, renegotiate and amend the actions, services, resources and support to better reflect the direction of your client's treatment journey. Ensure your client and any partnering services are actively involved and agree to any alterations. Remember, an effective Individual Treatment Plan is responsive and outcomes-focused. Routine monitoring of an Individual Treatment Plan ensures it continually evolves and reflects your client's needs and expectations.

If you feel your client is not progressing in their goals, then perhaps it is time to reassess. Assist your client to identify the barriers hindering their progress and redefine their goals and the required resources, services and supports. This is also a good time to readdress and strengthen their relapse prevention plan.

Evaluating the Individual Treatment Plan includes the gathering and analysis of information regarding the strategies, resources, interventions or services (as well as their cost-effectiveness) and their ability to meet the desired treatment goals or outcomes. Client satisfaction and feedback in this instance should be at the forefront of any evaluation, as should feedback from any services you worked with.

It is highly recommended that a client's treatment journey is collectively reflected upon by the multi-disciplinary team of services that were involved in the Individual Treatment Plan. Considering case management is essentially a collaborative process, it therefore makes more sense to reflect on our practices for future quality management as a bigger team of professionals.

Client Consent & Confidentiality

Having a *valid consent* means;

- The consent is voluntary provided by the client
- Must clearly define the legislative act of the treatment
- Must clearly define the treatment to be provided, the timeframe and any participating parties involved in the treatment process.
- The client must have legal capacity to sign. A parent or guardian must provide consent for a client under the age of 18.

Informed consent means the client agrees to a particular intervention after being informed or educated on the associated potential risks or harms and understands what they are consenting to. If necessary, use interpreter services to ensure your client comprehends what they are providing consent for.

AOD case workers by law, must not disclose any client information received in confidence, unless there is sufficient or convincing reason to do so.

When are you allowed to share your client's information?

Only when you have a valid consent from the client to disclose or discuss confidential information with any identified services

When do you have to provide client information?

- Issues identified that are subject to law or mandatory reporting requirements including risk of harm to self or others, child abuse notification, court order or infectious disease notification.
- If the AOD case workers or case notes are subpoenaed to court.
- Disclosing information to appropriate government departments about clients who are mandated to attend treatment.

Complete the following documents:

- Service Co-ordination Overview
- Case Conference

It is recommended that you also complete a Memorandum of Understanding (MoU) when co-managing a client's Individual Treatment Plan (ITP) with external services.

Care Co-ordination

Client Name /ID #: _____

D.O.B: _____

Purpose

A collaborative process that relies on effective communication, information sharing, networking and liaising with case management and other staff supporting the client within and between services. Coordination activities may include directly arranging access, reducing barriers to obtaining services, establishing linkages and the identification of other interventions and resources to assist the client in achieving positive outcomes as per their Individual Treatment Plan.

Advice

- Ensure you document all activities in client case notes.
- Write legibly – other case workers might need to reference information gathered in the Individual Treatment Plan.
- Ensure that your name, signature and date are recorded on each page of the Individual Treatment Plan.

Conducted by _____

Position/Designation _____

Date _____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Client Name /ID #:

D.O.B:

Care Co-ordination Overview

- As per recommendations from Assessment Summary and any additional information identified in the Individual Treatment Plan

Tasks	Outcomes	Cost	Considerations for Practice

Date:

Position:

Practitioner Name:

STAFF USE ONLY

04 Case Management in Non-Government AOD Services
Care Co-ordination

Memorandum of Understanding

Between _____ **(Insert 1st organisation name here)**

AND _____ **(Insert 2nd organisation name here)** Each known as a 'party'

Purpose or statement of intent

This Memorandum of Understanding (MoU) establishes a collaborative arrangement between (Insert 1st organisation name here) and (Insert 2nd organisation name here) to co-manage the provision of services provided to the client(s) to assist in minimising the harms associated with his/her problematic substance use in the immediate and long term.

Each party recognises that the purpose of this MoU is to identify the co-ordination mechanisms required for the co-management of the client(s), including the communication and information sharing expectations and the roles and responsibilities of each party involved.

Both parties have agreed to enter into this MoU on the terms and conditions contained herein.

Objectives of the MoU;

To formalise a partnership that;

- ensures best practice outcomes for client(s) under a holistic servicing model
- promotes referral pathways between organisations to encourage collaborative servicing approaches
- develops easily navigated client wellness pathways
- scaffolds the client case management process
- utilises all available resources and complementary support-services in the management of the client(s)' Individual Treatment Plan

In the operation of the partnership, the parties agree to:

- Actively engage in and pertain to the agreed-upon consultation schedule related to the co-management of the client(s)
- Share knowledge, skills and resources based on best-practice evidence to determine the most appropriate treatment or intervention-types, subsequent to a comprehensive assessment of the client's needs-identification.
- Collaboratively monitor and review treatment-types, interventions and supports to ensure for and increase the individual's likelihood of achieving positive outcomes as per those identified on Individual Treatment Plan.
- Evaluate the effectiveness of the treatment-types, interventions, supports and case management processes in assisting the client(s) to achieve positive outcomes as per those identified on Individual Treatment Plan or identify the service gaps and need for the development of resources.

Term of MoU

This MoU commences on _____ and will expire on _____ , unless terminated earlier or extended as agreed in writing by the parties.

Contact persons for MoU

_____ **(Insert 1st organisation name here)**

_____ **(Insert 2nd organisation name here)**

Signatories

Signed on this _____ (insert date) day of _____ (insert month) 20__ __.

Signed _____
Name and position of authorised person, organisation 1

Signed _____
Name and position of authorised person, organisation 2

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Case Conference

Client Name /ID #:

D.O.B:

Conducted by

Position/Designation

Date

Item (E.g. Monitoring of outcome #1)	Summary of Discussion (E.g. Progress made toward achievement of outcome)	Action/ Amendment Required (Including person responsible)	By when?

Details of next Case Conference (Date, time & location)

STAFF USE ONLY Practitioner Name: Position: Date:

Key documents you need to know about

National Drug Strategy 2010 – 2015:
A framework for action on alcohol, tobacco and other drugs

Guidelines for the Treatment of Alcohol Problems 2009

Alcohol treatment guidelines for Indigenous Australians

Australian Guidelines to Reduce Health Risks from Drinking Alcohol

Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (National Comorbidity Clinical Guidelines)

Tips and Tricks for New Players; a guide to becoming familiar with the alcohol and other drugs sector (ADCA 2013)

Commonwealth FASD Action Plan

AOD withdrawal practice guidelines (Turning Point 2012)

National Standards of Practice for Case Management

Need to find information on new and emerging drugs? Check out;

Australian Indigenous Alcohol and Other Drugs Knowledge Centre
http://www.aodknowledgecentre.net.au/

National Alcohol and Drug Knowledgebase
http://nadk.mesuvawebdevelopment.com.au/

Australian Drug Information Network
http://www.adin.com.au/

DrugInfo- Australian Drug Foundation
http://www.druginfo.adf.org.au

Key Contacts

Association of Alcohol and Other Drug Agencies NT (AADANT)

(08) 89717 389
admin@aadant.org.au

The peak body for the Non-Government Alcohol and Other Drug (AOD) Sector in the Northern Territory.

Alcohol and Drug Information Service (ADIS)

For the General Public: 1800 131 350

ADIS provides 24-hour 7-day telephone counselling, information and referral for people with an alcohol or drug problem.

Drug and Alcohol Clinical Advisory Service (DACAS)

For Clinicians: 1800 111 092

A 24-hour 7-day telephone service that provides advice to health professionals on the clinical management of drug and alcohol issues.

Quitline

For Health Case workers and General Public: 1800 888 564

Is your patient/client investigating the option of quitting smoking? Referral forms are designed to be completed by the health professional for the patient/client. The two Quitline Referral Forms were adapted to cater for Individuals or Pregnant Women & Families and can either be completed ON LINE and immediately emailed to Quitline or printed so that they may be completed and faxed directly to Quitline.

STAFF USE ONLY Practitioner Name: Position: Date:

05

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Rollnick, S. H. (1992). Development of a short "readiness to change" questionnaire for use in brief, opportunistic interventions among excessive drinks. *British Journal of Addiction*(87), 743-754.

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06

Appendices

Appendix 1:
Alcohol and Other Drug Treatment Guidelines

Alcohol treatment guidelines for Indigenous Australians
http://alcohol.gov.au/internet/alcohol/publishing.nsf/Content/AGI02

Drug and Alcohol Treatment Guidelines for Residential Settings (2007)
http://www0.health.nsw.gov.au/policies

Guidelines on the Management of Co-occurring Alcohol and Other Drugs and Mental Health Conditions in Alcohol and Other Drug Treatment Settings
http://ndarc.med.unsw.edu.au/project/guidelines-management-co-occurring-alcohol-and-other-drug-and-mental-health-conditions

Guidelines for the Management of Substance Use during Pregnancy Birth and the Postnatal Period (2014)
http://www.health.nsw.gov.au/mhdao/programs

Guidelines for the Treatment of Alcohol Problems (2009)
http://www.health.gov.au/internet/main/publishing.nsf

Management of Cannabis Use Disorder and Related Issues
https://ncpic.org.au/media/1594/management-of-cannabis-use-disorder-and-related-issues-a-clinicians-guide.pdf

NSW Health Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines (2008)
http://www.health.nsw.gov.au/policies

Appendix 2:
Recommended Resources and Toolkits

ADCA Code of Ethics for the Australian Alcohol and Other Drugs Field
www.aadant.org.au

Alcohol treatment guidelines for Indigenous Australians
http://alcohol.gov.au/internet/alcohol/publishing.nsf/Content/AGI02

AOD Withdrawal Practice Guidelines (Turning Point 2012)
http://www.turningpoint.org.au/Media-Centre/centrepubs/Other-Resources-various.aspx

AUDIT Alcohol Consumption Questions
http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/64/44.pdf&siteID=1&str_title=The AUDIT Alcohol Consumption Questions.pdf

AUDIT – Interview version
http://www.health.nt.gov.au/library

Australian Guidelines to Reduce Health Risks from Drinking Alcohol
http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds10-alcohol.pdf

Commonwealth FASD Action Plan
http://www.health.gov.au/internet/main/publishing.nsf/Content/0FD6C7C289CD31C9CA257BF0001F96BD/$File/FASD%20-%20Commonwealth%20Action%20Plan%20MAY%202014%20(D14-1125690).pdf

Dovetail Youth Alcohol and Drug Good Practice Guide
http://www.dovetail.org.au/i-want-to/open-the-good-practice-toolkit.aspx

Guidelines for the Treatment of Alcohol Problems 2009
http://www.health.gov.au/internet/main/publishing.nsf/Content/0FD6C7C289CD31C9CA257BF0001F96BD/$File/AustAlctreatguidelines%202009.pdf

Information for Health Professionals on assessing alcohol consumption in pregnancy using AUDIT-C
http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/0FF96125D3B433FDCA257CCF00055046/$File/FARE%20WWTK%20AuditC%20A4%20flyer_v14-LOWRES.pdf

National Drug Strategy 2010 – 2015: A framework for action on alcohol, tobacco and other drugs
http://www.ancd.org.au/images/PDF/NationalStrategies/nds2010.pdf

National Standards of Practice for Case Management
http://www.cmsa.org.au/

Northern Territory Government Code of Health & Community Rights & Responsibilities
http://www.hcscc.nt.gov.au/resources/legislation-code/

Northern Territory Government Patient Handy card; Drink Less
http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/63/50.pdf&siteID=1&str_title=Patient Handycard.pdf

Remote Alcohol and Other Drugs Workforce Program; Resources
http://remoteaod.com.au/aod-work/further-resources

Tips and Tricks for New Players; a guide to becoming familiar with the alcohol and other drugs sector (ADCA 2013)
http://pandora.nla.gov.au/pan/30718/20140313-1048/www.adca.org.au/sites/default/files/publications/july2013Tips%26tricks5_Pages_pdf.pdf

Working with Diversity in Alcohol and Other Drug Settings (NADA, 2014)
http://www.dovetail.org.au/i-want-to/open-the-good-practice-toolkit.aspx

06 Appendix 3:
Optional templates for practice

Thinking about change

- Ensure the first steps are easily achievable for your client to promote self-empowerment and confidence
- Use language such as "I need to...", "I would like to..." or "Help me to..."
- Arrange a time and date for the next appointment with your client

Client Name /ID #: _____

D.O.B: _____

My concern: _____

_____

_____

_____

Importance: ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

(Not very) 1 2 3 4 5 6 7 8 9 10 (Life changing)

Best-Case Scenario: _____

_____

_____

Worst- Case Scenario: _____

_____

_____

_____

Gut feelings

_____

_____

_____

_____

_____

Pluses (+) and Minuses (-)

_____

_____

_____

_____

_____

Decision: _____

_____

_____

Next steps: _____

_____

Today's step: _____

_____

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

06 Appendix 3:

Optional templates for practice

Identifying Local Referral Pathways

Use this table to identify and record details of services or programs that may be utilised to support the needs of your client as identified in his/her Individual Treatment Plan. It is recommended that this record is kept up-to-date at all times.

Client Name /ID #:

D.O.B:

Service Type	Organisation/Agency	Primary Contact Details	Referral requirements
Aboriginal Legal Rights			
Aboriginal Medical Service (AMS)			
Aftercare Program			
Aged Care			
Alcohol Support Groups			
AOD Education and Information			
Art/Cultural Program			
Diabetes Support			
Disability Support Service			
Education / Training			
Emergency medical/ mental health			
Emergency Relief			
Employing/ Training			
(RJCP, Job Services Australia Etc.)			
Family and Children			

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Service Type	Organisation/Agency	Primary Contact Details	Referral requirements
Support			
Financial Counselling/ Literacy/ Assistance			
Gambling Support Services			
Health & Wellbeing Services- Women			
Health & Wellbeing Services- Men			
Health & Wellbeing Services- Families/ Children			
Health & Wellbeing Services- Youth			
Housing- Crisis			
Housing- Short Term			
Hospital/ Clinic			
Infectious Disease Unit			
Legal Aid/Services			
Literacy and Numeracy Program			
Men's Shelter			
Mental Health- grief and loss counselling			

Client Name /ID #:

D.O.B:

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Service Type	Organisation/Agency	Primary Contact Details	Referral requirements
Mental Health- social and emotional wellbeing			
Needle and Syringe Program (NSP)			
Relapse Prevention Support			
Residential Rehabilitation			
Sexual Health			
Sobering-Up Shelter (SUS)			
Withdrawal Management			
Women's Shelter			

STAFF USE ONLY Practitioner Name: ______________ Position: ______________ Date: ________

Wallet Card

You're next appointment is

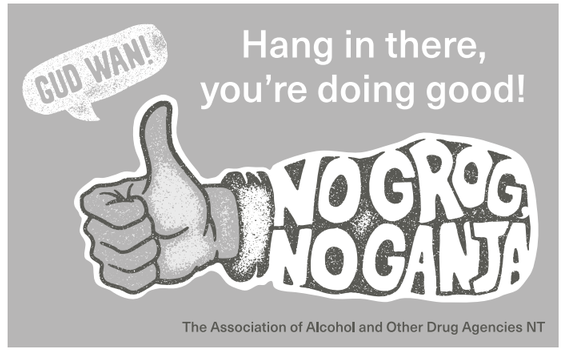
____

____

at

____

____



You're next appointment is

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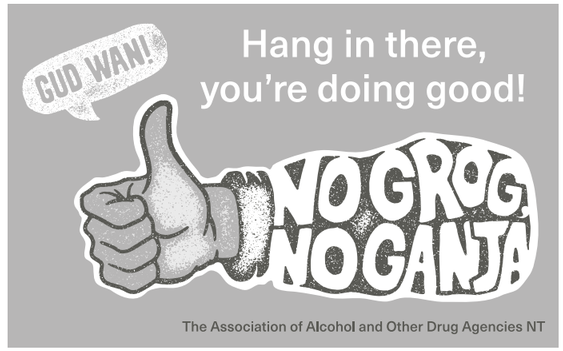

You're next appointment is

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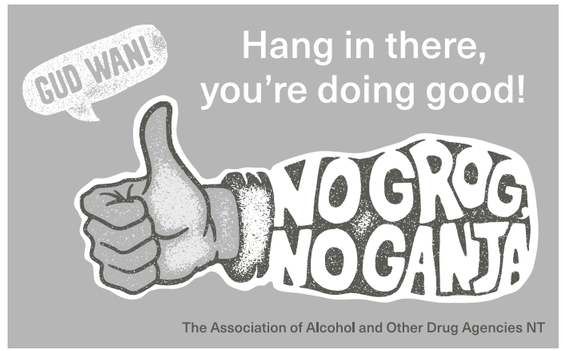

You're next appointment is

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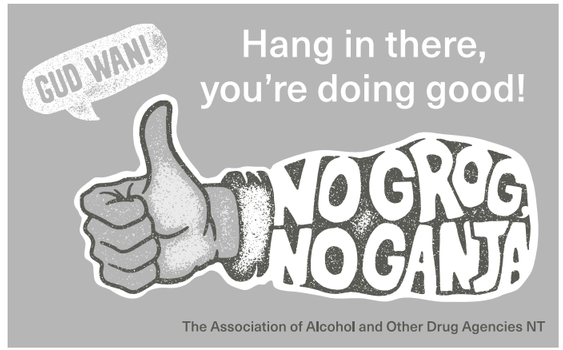

Notes

STAFF USE ONLY Practitioner Name: Position: Date: