

**YOUTH ALCOHOL AND DRUG
TREATMENT SERVICES**

-

**ASSESSMENT AND
INTERVENTION TOOL**

Available from the Internet site:
<http://www.health.vic.gov.au/drugservices/pubs/ythassess.htm>

This document has been prepared by
Turning Point Alcohol and Drug Centre Inc.
for
the Drugs and Health Protection Services Branch,
Department of Human Services

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SECTION 1

INSTRUCTIONS

FOR THE USE OF THE ASSESSMENT AND INTERVENTION TOOL FOR YOUTH ALCOHOL AND DRUG TREATMENT SERVICES

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INTRODUCTION

The development of the *Youth Assessment and Intervention Tool* was commissioned by the Drug Treatment Services Unit, Department of Human Services, Victoria. The aim is to provide a standardised assessment tool, which can be used across all youth alcohol and drug service types in Victoria.

The output of the project is a report that provides information regarding the project, the methods used to develop the tool and a literature review. The report is accompanied by the tool, a set of attachments and this manual, which provides information and advice for applying the assessment tool.

The *Youth Assessment and Intervention Tool* is based on a number of key themes that emerged from the reviewed literature and extensive consultation undertaken with the youth sector. Primarily, the tool reflects the ongoing nature of assessment and its close link to intervention. It should facilitate the gathering of relevant information that guides appropriate intervention, but do so in the least intrusive way. It is clear that the needs of youth workers from different services and across service types vary considerably, and the assessment tool has been designed to reflect these differences. Finally, and importantly, this assessment tool will assist workers to perform their job, rather than become a hindrance to their work.

The *Youth Assessment and Intervention Tool* provides a comprehensive tool, which is flexible enough to be useful across a range of work environments and worker styles. This tool allows workers to collect information at varying levels of detail and intensity. It is designed to reflect the development of an assessment over time and at the young person's pace¹. It encourages the development of a relationship/connection with the young person by dealing with presenting issues in the first instance and further developing the assessment as new information is revealed. The sections may be addressed in any order and in any depth.

This manual describes the structure of the tool and discusses application issues. Each question in the tool is examined in turn.

STRUCTURE

The *Youth Assessment and Intervention Tool* is structured into nine areas relevant to the assessment of young people who present at services with alcohol and drug issues including:

- Presenting Issues,
- Demographics,
- Support Services (Referral source),
- Statutory Issues,
- Accommodation,

¹ Justice services that are legally required to provide an immediate assessment should prioritise critical information and proceed with due sensitivity to the young person.

- Relationships (Family, Peers, Other significant adults),
- Health (Emotional/Mental health, Physical health, Substance use),
- Education and Vocation (School, Employment and Training), and
- Leisure and Recreation.

A concluding Summary section and an Individual Treatment Plan are provided.

ADMINISTERING THE TOOL

It is widely acknowledged that the assessment of young people is a potentially intrusive process, which can negatively impact on engaging young people in treatment. Assessment, therefore, should be closely tied to the development of a rapport with the young person and occur in association with the intervention, rather than completed solely for the purpose of information gathering. The *Youth Assessment and Intervention Tool* is designed to maximise the development of a rapport between a worker and their young client by developing an assessment over time and at the young person's pace. This serves to minimise the potentially intrusive nature of assessment and to maximise responsiveness to the young person's presenting needs.

The *Youth Assessment and Intervention Tool* may be used in a variety of ways. It may be completed partially or in its entirety, depending on the level and depth of information required. For example, in some outreach services where a brief, one-off contact with a young person occurs, a worker may decide to complete only the "Presenting issues" and part of the "Demographics" section. This may be the most appropriate form of assessment and intervention required. Such an assessment sharply contrasts with other youth services where more intensive and long-term intervention is the norm. In the latter instance, it may be appropriate for workers to develop a more comprehensive assessment over time, thereby completing most sections of the tool. Given these service-specific differences, workers are encouraged to use their professional discretion when deciding how best to utilise the *Youth Assessment and Intervention Tool*.

Workers should be aware that when assessment information is entered into the tool at a time other than during a client contact (eg. after a session or on returning to a centre-based office), the quality of the information is dependent on workers' recollection. Thus, information should be entered into the *Youth Assessment and Intervention Tool* as soon as practicably possible after a client contact.

| |
|---|
| Please note that data required for ADIS and/or SWITCH are indicated by an asterisk throughout the tool. |
|---|

Statutory Issues

Attention is drawn to the statutory issues that may arise in relation to the *Youth Assessment and Intervention Tool*. These relate to Freedom of Information legislation and guardian notification where minors present for service.

A series of legislation permits a young person access to their individual *Youth Assessment and Intervention Tool*. These include Freedom of Information, Health

Records and Information Privacy. Workers should, therefore, be mindful of recording assessment information in a manner sensitive to the young person, accurately and concisely articulating the key issues.

In addition, workers must ensure that a young person has provided informed consent for the provision of treatment. Accurate information about treatment options must be explained and a young person must understand the implications associated with admission to treatment. If the worker has any concerns about the young persons capacity to provide informed consent, a senior clinician or clinical supervisor must be consulted.

Workers must also be aware that guardianship and custodial orders may differ. For example, a parent may be the legal guardian but a residential facility (Berry St etc) may be the appointed custodian.

Information related to young people serving statutory Juvenile Justice Orders should be sought directly from the young person's statutory case manager.

Following are explanations for each question in the tool.

YOUTH ASSESSMENT AND INTERVENTION TOOL

Presenting Issues

What are the key issues for this young person? Immediate needs? Why have they contacted this agency now? *(eg. Voluntary or mandated clients)*

This question aims to identify the young person's reason for seeking assistance at this time, their current crisis or problem (eg. homelessness), issues which concern them and whether they are voluntary or mandated clients. Identifying presenting issues establishes the young person's expectations of their worker and guides the type and level of intervention provided thereafter (eg. immediately locating accommodation for the young person).

Worker responsiveness to these issues is critical to the establishment of rapport with the young person. While additional issues that impact on a young person may be identified, the worker must, in the first instance, demonstrate a genuine understanding of what the young person is saying and respond appropriately to the needs identified by them. This responsiveness is a key factor that impacts on engaging young people.

Presenting Strengths *(eg. Articulate, stable accommodation, attending school, employed)*

This question aims to identify positive qualities, skills and supports in the young person's life that may be useful in future or could be incorporated into intervention strategies. For example, is the young person attending school? Is the young person satisfied with their accommodation situation? Is the young person articulate or computer literate? Does the young person have a supportive relative?

Identifying a young person's strengths is critical to the formation of an assessment. A young person's strengths function as important tools, which should inform the planning, and implementation of intervention. Strengths are defined as those attributes, behaviours or traits that are currently or potentially valuable, positive and/or functional in the young person's life. At times, identifying a young person's strengths requires workers to reframe their own thoughts and/or the young person's perception of themselves. For example, manipulative behaviour could be reframed as resourcefulness in the young person.

Demographics

Name; Address; Postcode; Phone; Date of birth; Parent/Guardian Contact and Date

While it is not always appropriate to obtain demographic details, there are instances where they provide critical information. For example, knowing how to contact the young person should the need arise would prove difficult without such information.

Country of Birth; Aboriginal/Torres Strait Islander; Interpreter required; First and second languages; Language spoken at home

It may not always be necessary or appropriate to gather this sort of information, however, where it is relevant, these issues must be approached with sensitivity. For some young people, an exploration of country of birth, Aboriginality and related areas may bring with them uncomfortable or difficult experiences.

Contact issues (eg. Can this young person be contacted at home); Is there anyone the young person does not want to know about their contact with this service?

Exploring practical issues such as potential constraints in contacting the young person are also important. For example, where the young person's parents/caregivers do not know about his/her contact with the service, the client can inform the worker of an appropriate response when a parent/caregiver answers the telephone.

In addition, it may be useful for the young person to specify those people who they do not wish to know about their contact with the service.

Emergency Contact Person

In some instances, the name of an emergency contact person is useful. It may be important if the young person presents injured, ill or drug affected and in need of care. Issues relating to the relationship of the young person to the emergency contact person and the parameters within which the latter can be notified must also be determined.

Support Services

Are there other workers with whom this young person currently has contact?
(eg. Protective Worker, Juvenile Justice Worker, Housing Worker, Mental Health Worker, Alcohol and Other Drug Worker, Social Worker, General Practitioner, Case Manager, Religious Worker)

List details of workers from other agencies with whom the young person has a recent working relationship. It is also useful to identify other workers with whom the young person has a positive relationship or rapport.

Referral Source

Identify the worker and agency from which the young person was referred. Alternatively, indicate whether the young person self-referred to this service, or was referred by family, friends or any other person.

Statutory Issues

Justice

Current Legal Guardian *(where relevant)*

Where court appointed guardianship exists, it is useful to explore the young person's perception of the guardian. Be aware that a young person's guardian may differ from their custodian.

Current Orders

(eg. Juvenile Justice, Community Based Corrections, include dates)

It is important to determine whether the young person is subject to any court orders relating to criminal activity and any conditions under those orders.

Immediate Legal Commitments

(eg. Court, signing on at police station, court/parole related special conditions)

Identify whether the young person is currently subject to any legal commitments such as attending for community work or presenting at any other location. This may also include court or parole related special conditions eg. Drug treatment.

Pending Court Dates

List relevant court appearances, noting dates and location.

Child Protection

Current Case worker

Identify if young person has child protection issues. List all relevant contacts.

Current Orders *(include dates)*

Are there any Protections orders or other conditions to which the young person is subject.

Other

Other Orders/Conditions *(eg. Parole, Mental Health)*

Identify any other orders or conditions to which the young person is subject.

Accommodation

Accommodation Issues

(eg. Stable, unstable, short/medium/long term, supportive, rental, homeless/at risk of homelessness, substance use in household)

Explore with the young person issues surrounding their accommodation. It is critical to identify homelessness (no fixed abode) or risk of homelessness and useful to identify the type of accommodation and the young person's relative transience between different accommodation. It is also useful to explore any drug use within the household.

With whom does this young person live?

Identify others who live in the young person's primary place of residence and whether the young person perceives the accommodation as a safe place to live.

Age first left home

(Include reason for leaving)

Sensitivity must govern the approach to this area of assessment. Exploration should be guided by the necessity of acquiring this information. Inquiry may include why the young person left home in the first instance, where the young person went and with whom they stayed.

Relationships

The young person's relationship network is highly significant. The term "relationship" is broad and denotes a connection with anyone who is important to the young person. It is the task of the worker, where relevant, to understand the type of relationship, the nature of the relationship and the depth of the relationship. However, the degree to which this network of family, peers and significant other adults is explored and understood depends on the nature of the worker/young person interaction. Caution needs to be taken when exploring this area as there may be a range of emotions associated with the young person's relationships.

Explore relationships - which are important/significant to the young person at this time? *(eg. Which relationships are supportive, conflictual?)*

Identifying those people the young person perceives as important in their life at this time can produce valuable insights about the young person and their world. This question aims to provide a snapshot of those people the young person perceives as important at this time. These relationships can be further explored over time and recorded in more detail in the questions below.

Is there anyone (parents, partner, friend) whom the young person would like to involve in this process?

It is useful to determine whether the young person wants their parents/caregivers or any other person involved in their dealings with the worker/service. This would also allow the identification of others' expectations of intervention with the young person.

Family

Explore the nature of this young person's involvement with family members

(eg. Identify supports. What do they think about your substance use? Do they use substances?)

Exploration of the types of family relationships involves developing an understanding of who the young person is connected or not connected with, the types of relationship they share (eg. dysfunctional, conflictual, dependent etc.) and why this is the case.

Mother/Caregiver; Father/Caregiver; Siblings; Other family relationships

(eg. Grandparents, relatives, partner)

Do these relationships provide the young person with positive and/or negative support and in what way? Are these people there for the young person? Do these relationships limit the young person's drug use or perpetuate it? Do these people use alcohol and/or other drugs, condone or collude in alcohol or other drug use? How do these people fit into the young person's world? Is there scope for these people to be involved in the young person's intervention? How?

Is this young person married or in a relationship?

Identify the young person's marital or relationship status including the age of young persons' partner whether or not the partner uses alcohol or other drugs and if the young person uses alcohol or other drugs with their partner?

Does this young person have children; Number of children; Age(s) of children; Do the children live with this young person?

Identify whether the young person has any children, their number and ages. Explore whether the young person lives with his/her children. Does the young person use alcohol or other drugs when the children are present. Explore any custody issues.

Problematic family issues

(eg. Traumatic events, separation/divorce, death/loss, abuse, other AOD use, mental illness)

This is an area of the young person's life, which must be approached with due sensitivity and respectfulness. Assessment of this area may not occur for some time and need only be undertaken if relevant to the issues at hand. It must be pursued at a pace, which is acceptable to the young person.

Peers

Explore peer relationships.

(eg. Identify important friends. Influence of peers? Drug related relationships? Gender mix? Where does this young person socialise?)

Peers hold considerable importance in the young person's world. To better understand this area, explore the extent of the young person's peer network, the depth of relationships, positive and negative relationships and/or groups.

Do the young person's peers provide positive and/or negative support and in what way? Are the peers there for the young person? Do the peers limit the young

person's drug use or perpetuate it? Do peers use alcohol and/or other drugs, condone or collude in drug use? Examine the use of alcohol and/or other drugs in the peer group and the extent of male and female peers. Is there scope for peers to be involved in the young person's intervention and how? It may also be important to identify how long the young person has had these friends and the locations in which they socialise.

Other significant adults

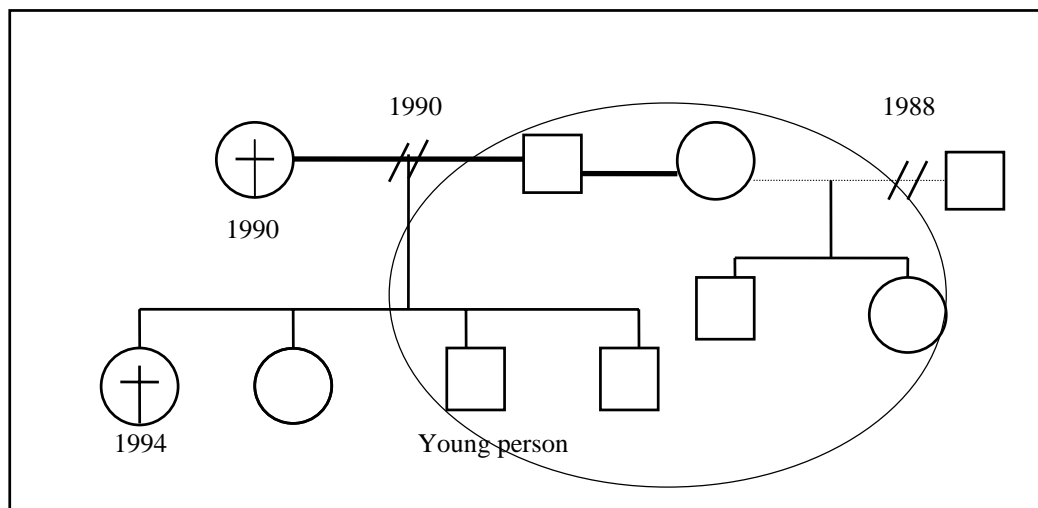
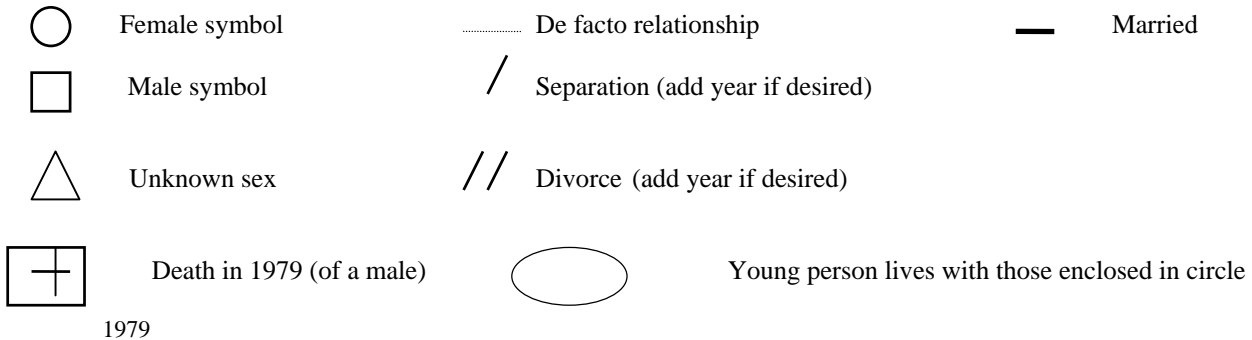
Identify other significant adults and their relationship to this young person (eg. Carer, mentor)

Identify other significant relationships the young person has with adults. Explore the type of relationship and what this adult means to the young person. Does this relationship provide the young person with positive and/or negative support and in what way? Is this person there for the young person? Does this relationship limit the young person's drug use or perpetuate it? Does the significant adult use alcohol and/or other drugs, condone or collude in drug use? How does this person fit into the young person's world? Is there scope for this person to be involved in the young person's intervention? How?

Relationships Genogram

A genogram identifies the family relationships in a young person's life through graphic representation. It is useful to include all members of the young person's immediate family, and extended family members such as grandparents where they are perceived as important by the young person.

An example of a family genogram is provided below.



Health

Emotional/Mental health

Where there is any doubt about the young person's emotional well-being, workers should seek in-house supervision and advice and/or clinical consultation from the Drug and Alcohol Clinical Advisory Service (DACAS) and other services such as Mental Health or Disability (See p.20/21).

What are the current emotional/mental health issues for this young person?

(eg. When was the last time you were happy? Sad? Is something worrying you? What's on your mind? Do you have trouble sleeping?)

The emotional and psychological health of young people can be vulnerable or unstable for a variety of reasons. In addition to life developmental stage issues, which they face, young people are subject to other factors that impact on their emotional well being and which may require exploration. While it is important to explore the emotional and psychological issues that negatively impact on the well being of a young person, it is equally important for workers to explore those events, activities and issues that positively impact on the young person's emotional and mental well being.

Explore harm to self

(eg. Indicators include mood (depression), thoughts (suicidal ideation), behaviour (risk-taking activities) and history (previous suicide ideation/attempts, cutting or slashing and treatment).

The exploration of self-harm is an important area for which workers should seek advice where doubt or uncertainty exists. Again, this is an area of the young person's life, which must be approached with due sensitivity. Depression, cutting, suicidal ideation, risk-taking behaviour and a history of suicidal ideation/attempts may be indicators of issues other than substance use that may require further investigation. Identification of the young person's degree of social isolation, recent history of loss (eg. death, parent's separation or divorce) and previous treatment for emotional/mental health problems may also be informative. While these indicators are useful, they serve as a guide only and should never take the place of a validated psychological assessment. Further clinical advice should be sought from DACAS or other services such as Mental Health or Disability (See p.20/21).

While it is useful to explore the emotional/mental health issues of young people who present for treatment, they may find a request to disclose such information distressing. Thus, exploring these issues with a young person must be approached with due sensitivity.

Physical Health

Explore diet/nutrition, illness, hygiene, allergies and Blood Borne Viruses

(BBVs include Hep B, Hep C, HIV/AIDS).

Exploration of areas such as diet, nutrition, hygiene and health can occur through conversation as well as observation. Attention to the young person's weight, height, pallor and skin can provide useful insight into their physical health. Exploration around exposure to, and risk of contracting, Blood Borne Viruses (BBVs) is also

important. The provision of appropriate information regarding BBVs can be a valuable intervention. STD and BBV pamphlets are available from the Disease Control Unit, Department of Human Services (See p.20/21). Knowing if the young person is allergic to stings, bites, foods or medications, in particular, may be beneficial if the young person requires urgent medical treatment.

Does the young person want testing for BBVs?

(eg. Hep B, Hep C, HIV/AIDS)

Provide this option to the young person. Workers should be prepared for pre- and post- counselling issues that may arise around BBV testing.

Current prescription medication and compliance *(eg. Serapax, Methadone)*

Identify the use of prescription medication (including pharmacotherapies) and the young person's compliance with the prescribed regime.

Substance Use

Develop a picture of this young person's current substance use.

Type of substance(s) used (list in order of preference); **Age First use; Age First regular use; Age first injected; Average daily use? Amount? Cost? No. Injections?**

(previously and now); **Pattern of Use** (Definitions include experimental, recreational, situational, intensive, compulsive); **Describe use in past week/past month; When last used;**

Longest period of abstinence?

Obtaining a "picture" or understanding of the nature and extent of substance use, as well as the role it plays in the young person's life is important. As with other areas of this assessment, developing a picture of the young person's substance use should occur over time at the young person's pace. Explore all the substances used, age of first use, age of first regular use, age first injected, average daily use, amount, cost and number of injections, and patterns of use. Definitions for pattern of use (experimental, recreational, situational, intensive, and compulsive) are provided.

The substance use table explores use in the previous week including the number of times per day, quantity, how long the young person has been using in this way and whether the pattern of the last week is typical for them. If the pattern is not typical, what is the young person's usual pattern of use and what prompted the change? Finally, the substance use table examines when the young person last used and their longest period of abstinence.

What was happening in this young person's life at the time they began using alcohol and/or other drugs? *(eg. Experiencing problems, new peer group etc.)*

It is useful to explore those issues, which may have been precursors to the young person's drug use. Identify whether drug use helped the young person to resolve/deal with these issues and whether the issues are still present in their life. Be aware that not all drug use occurs as a response to negative life events.

What is this young person's experience of using. What is happening in this young person's life at the time they began using alcohol and/or drugs that makes them continue using? (eg. Likes? Dislikes? Is use problematic? What is not using like?)

Explore what using alcohol and/or other drugs is like for the young person at the moment. Examine what they identify as the advantages and disadvantages of use and the consequences of not using/ceasing use.

What, if anything, does this young person want to do with their drug use?
(eg. Continue using, control using, abstain - specify for each substance)

Explore the young person's desires or goals around their using (eg. to keep using, reduce using, cease some using but not other, stop using entirely etc). Where goals are identified by the young person, explore the nature of the goals and the young person's commitment to them. Determine if the commitment is internally driven or externally imposed.

Past attempts to control, reduce or stop use.
(eg. When, where, experiences of withdrawal - physical, psychological, support people)

Explore whether the young person has previously tried to stop using alcohol and/or other drugs. Examine their experience of withdrawal, where this occurred, the period of abstinence and who/what helped/supported them during this time.

Explore risk-taking behaviour with this young person.
(eg. Share equipment, binge drinking, drink driving, use alone, poor injecting technique, blackouts, overdoses)

It is important to identify whether the young person is an injecting drug user, whether they share needles or equipment with others, use in company, experience blackouts or overdose. Workers should ensure that young people have sufficient information regarding safer using practices. A range of pamphlets that address safer injecting practices are available from the Disease Control Unit, Department of Human Services

Explore relationship between offending behaviour and alcohol and/or other drug use. (eg. Criminal activity to support use, offending prior to use or use prior to offending?)

Investigate the reasons why the young person offends and any link between this and substance use. If the young person only offends when under the influence of substances this may be an area to address in treatment (strategies to reduce offending). This area may also be important if the young person is taking risks in order to obtain alcohol or other drugs eg prostitution, violent crimes, and may identify other topics to be explored in treatment.

Education

School

What is this young person's experience of school?
(eg. Likes, dislikes, attendance, literacy and numeracy skills, what year level did they complete?)

Explore the young person's experience of school. Identify whether they currently attend school and their perception of their reading, writing and numeracy skills.

Where the young person has left school, identify their highest level of completion and their reason(s) for leaving.

Employment and Training

Currently employed? Has this young person worked in the past? What type of work? Currently training?

Identify the young person's employment/training status and explore with them any previous work experience. Identify the type of work/training undertaken, any skills gained and the young person's satisfaction with the work.

What employment/training would this young person like to pursue? Any steps taken towards this employment?

Identify the type of work the young person would like to undertake in the future and any attempts to work towards this goal. Explore whether the young person has developed any skills to assist them in obtaining work in this area.

Current sources of income? (*eg. Major source, other sources, legal and other*)

Explore whether the young person has a source of income at present. Determine how they currently support themselves (eg. Paid income, social security benefits illicit/informal income etc).

Leisure and Recreation

What does this young person do in their spare time?
(*Explore interests, activities, sports etc.*)

Identify any individual or group activities in which the young person is involved. Explore membership (formal or informal) of clubs, organisations, groups of any kind, and sporting, music or other interests that occupy the young person. It is also useful to explore how the young person enjoys spending their free time or has enjoyed in the past.

Summary

Key Issues

Identify issues, which the young person perceives as central and any difficulties they are currently experiencing. These may centre around homelessness, poverty, breakdown in relationships etc. It is also useful to identify any other issues that the worker perceives as critical for the young person (eg. drug use).

Young person's strengths

Identify the young person's strengths, that is, those resources which could be utilised in intervention. Explore the young person's skills and how have they have managed/coped so far (eg. articulate arguing skills, resourceful in finding assistance, work skills.)

What positive supports does the young person have?

(eg. Family member, friend, employer)

Identify those relationships that provide positive support and assistance to the young person and with whom the young person has a connection.

What prevents the young person from achieving their goals?

(eg. Family, friends, lack of employment skills, accommodation issues)

Determine those issues and relationships that are problematic for the young person. Identify what hinders the young person from taking positive steps in their life.

Individual Treatment Plan (ITP)

The Individual Treatment Plan (ITP) allows workers to record the young person's issues and goals and the steps or tasks required to reach each goal. The goal and tasks are reviewed on a set date and an outcome recorded.

In developing an ITP, workers should refer to the *Youth Intervention and Assessment Tool* and the functional areas within. These include the young person's presenting issues, demographics, support services, statutory issues, accommodation, relationships, health, education and vocation, and leisure and recreation. Workers should also be aware of what constrains or enhances the young person in terms of the available opportunities, their skills and beliefs about themselves.

Support Linkages Chart

The Support Linkages chart is attached to the ITP and is used to record Support Services involved in the welfare of the young person. The chart provides a snap shot of important persons and whether the assessor has made contact. A copy of this chart may be useful for the client, to keep track of networks. If contact with those in the chart is necessary, obtain the young person's permission to do so.

ATTACHMENTS

The *Youth Assessment and Intervention Tool*: Attachments are provided as supplements to the tool and may be used as required. Workers are in no way obliged to utilise the Attachments. They may, however, prove helpful to those who wish to change existing proformas or incorporate different tools into their interventions with young people.

Attachment 1: Assessment and Intervention Case Notes

This attachment may be used to compile running case notes on clients. It is divided into two forms: The first is a proforma with prompts for case note entries, while the second provides a standard case note form without prompts.

Workers may utilise these case note forms in one of three ways:

1. Use the proforma with prompts throughout (where prompts are desired or required on a continuing basis),

2. Use the proforma with prompts as a cover sheet followed by the standard proforma,
3. Use the standard proforma throughout (where comfortable with the recording requirements of case notes).

Workers who use the proformas must include the young person's name and file number on each page. Each case note entry must be dated and, for legal purposes, followed by the worker's full signature. Photocopy extra proformas where required.

Attachment 2: Significant Treatment Goals Attainments Summary

The purpose of an alcohol and other drug assessment is to formulate a plan to address substance use issues. This plan identifies realistic and attainable goals for the young person to work toward. Treating clinician may also wish to use the goals outlined in this summary to review a young person's progress and achievement.

The Significant Treatment Goals Attainments Summary is a guide to assist clinicians in developing and reviewing Individual Treatment Plans and a young persons progress, motivation and achievement of significant treatment goals.

Attachment 3: Offending History Prompts

This attachment provides further examples of questions that may be asked during an assessment. The main focus is on the relationship between a young persons' offending history (if any) and their alcohol or other drug use.

Attachment 4: Substance Use Prompts

This attachment provides further examples of questions that may be asked during an assessment when obtaining information on a young persons alcohol or other drug use.

SUPPORT SERVICES FOR WORKERS

(I think this list should be reviewed)

- Drug and Alcohol Clinical Advisory Service (DACAS)
Phone: (03) 9416 3611 or 1800 812 804

DACAS provides a state wide 24- hour telephone service providing health and welfare professionals with advice on the clinical management of alcohol and drug issues.

- Mental Health Branch, Department of Human Services
Phone: (03) 9616 8592
www.health.vic.gov.au/mentalhealth/index.htm

The Mental Health Branch and website will be able to provide contact information for Mental Health services in your area.

- Disease Control Unit, Department of Human Services
Phone: (03) 9616 7777

Level 17, 120 Spencer Street, Melbourne 3000

Provision of material and publications regarding STDs and BBVs.

- Disability Intake and Response Service, Department of Human Services
Phone: 1800 552 355

The Disability Intake and Response Service provides information about services for people with an Intellectual Disability and/or Acquired Brain Injury. They will be able to supply contact details for the most appropriate service/s in your area.

- Community Offenders Advice and Treatment Service (COATS)
Phone: (03) 9320 4000
357a Spencer St West Melbourne, 3003

COATS is an assessment, referral and brokerage service for offenders with substance use issues. They are also a useful contact for information about local alcohol and drug services including withdrawal and residential rehabilitation waiting times.

- Syringe Hotline, Department of Human Services
Freecall within Victoria: 1800 552 355

The Syringe Hotline is available to assist people who have found improperly discarded syringes in the community. Information may be provided to aid people in retrieving and safely disposing any syringes found or to contact the most appropriate agency in your area to address the issue.

SECTION 2

ASSESSMENT AND INTERVENTION TOOL

FOR

YOUTH ALCOHOL AND DRUG TREATMENT SERVICES

| | |
|---------------------------------|----|
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Name: _____
File Number: _____

YOUTH ASSESSMENT AND INTERVENTION TOOL

- Please note that you are **not** required to fill in all sections of this tool. Complete only those sections that are relevant to your interaction with the young person.
- Assessment and intervention should occur over time and at the young person's pace¹.
- Date and initial all entries subsequent to first contact.
- * indicates data required for ADIS and/or SWITCH.
- Refer to the accompanying Turning Point/YSAS manual for how to use this tool.

Worker _____ *Date of first contact __ __ / __ __ / __ __

Young person's name _____ *Gender M / F

Presenting Issues

What are the key issues for this young person? Immediate needs? Why have they contacted this agency now? (eg. *Voluntary or mandated client*)

Presenting strengths

(eg. *Articulate, stable accommodation, attending school, employed*)

¹ Justice services that are legally required to provide an immediate assessment should prioritise critical information and proceed with due sensitivity to the young person.

Name: _____
File Number: _____

Demographics

Name: _____

Address _____

*Postcode _____

Phone _____

*Date of birth _____

Date parent/guardian contacted (if any): __ __ / __ __ / __ __

*Country of birth _____

*Aboriginal/Torres Strait Islander Y / N If yes, circle below:

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

*Interpreter required Y / N

*First language _____

Second language(s) _____

Language spoken at home _____

Contact issues (eg. Can this young person be contacted at home?)

Is there anyone the young person does not want to know about their contact with this service? _____

Emergency contact person _____

Name: _____
File Number: _____

Support Services

The purpose of this section is to identify significant relationships in the young person's life. It is important to understand the level of connection of these people and discuss the appropriateness of involving them in any treatment plan. *Permission must be obtained from the young person to contact any of the people listed here.* An attachment referred to as Support Linkages, has been included.

Are there other workers with whom this young person currently has contact?
(eg. Protective Worker, Juvenile Justice Worker, Housing Worker, Mental Health Worker, Social Worker, General Practitioner, Case Manager, Religious Worker, Alcohol and Other Drug Worker)

Name _____ Phone _____
Position/relationship to client _____
Organisation _____
Address _____
Postcode _____ Fax _____

Name _____ Phone _____
Position/relationship to client _____
Organisation _____
Address _____
Postcode _____ Fax _____

Name _____ Phone _____
Position/relationship to client _____
Organisation _____
Address _____
Postcode _____ Fax _____

Name _____ Phone _____
Position/relationship to client _____
Organisation _____
Address _____
Postcode _____ Fax _____

Name _____ Phone _____
Position/relationship to client _____
Organisation _____
Address _____
Postcode _____ Fax _____

*Referral Source

Name _____ Phone _____
Position/relationship to client _____
Organisation (where relevant) _____
Address _____
Postcode _____ Fax _____

Name: _____
File Number: _____

Statutory Issues

Justice

Current legal guardian (*where relevant*)

*Current orders

(*eg. Juvenile Justice, Community Based Corrections, include dates*)

Immediate legal commitments

(*eg. Court, signing on at police station, court/parole related special conditions*)

Pending court dates

Protection

Current caseworker (*where relevant*)

*Current orders

(*eg, include dates*)

Other

*Current orders or conditions

(*eg, include dates*)

Name: _____
File Number: _____

Accommodation

*Accommodation issues

(eg. Stable, unstable, short/medium/long term, supportive, rental, homeless/at risk of homelessness, substance use in household)

*With whom does this young person live?

Age first left home

(Include reason for leaving)

Relationships

To explore relationships using a genogram refer to Page 14.

Explore relationships - which are important/significant to the young person at this time?

(eg. Which relationships are supportive, conflictual?)

Is there anyone (parents, partner, friend) whom the young person would like to involve in this process?

Family

Explore the nature of this young person's involvement with family members

(eg. Identify supports. What do they think about your substance use? Do they use substances?)

Mother/Caregiver

Father/Caregiver

Name: _____
File Number: _____

Siblings

Other family relationships (eg. Grandparents, relatives, partner, parent's defacto)

Relationships continued ...

*Is this young person married or in a relationship? Y / N

Age of young persons spouse: _____

Does the young persons spouse use alcohol or other drugs? Y / N

Does the young person use alcohol or other drugs with their spouse? Y / N

Explore the impact this relationship has on the young persons alcohol or drug use:

Does this young person have children? Y / N If yes, number of children _____

Age(s) of children _____, _____, _____, _____ .

Do the children live with this young person? Y / N

Problematic family issues

(eg. Traumatic events, separation/divorce, death/loss, abuse, other AOD use, mental illness)

Peers

Explore peer relationships

(eg. Identify important friends. Influence of peers? Drug related relationships? Gender mix? Where does this young person socialise?)

Name: _____
File Number: _____

Other Significant Adults

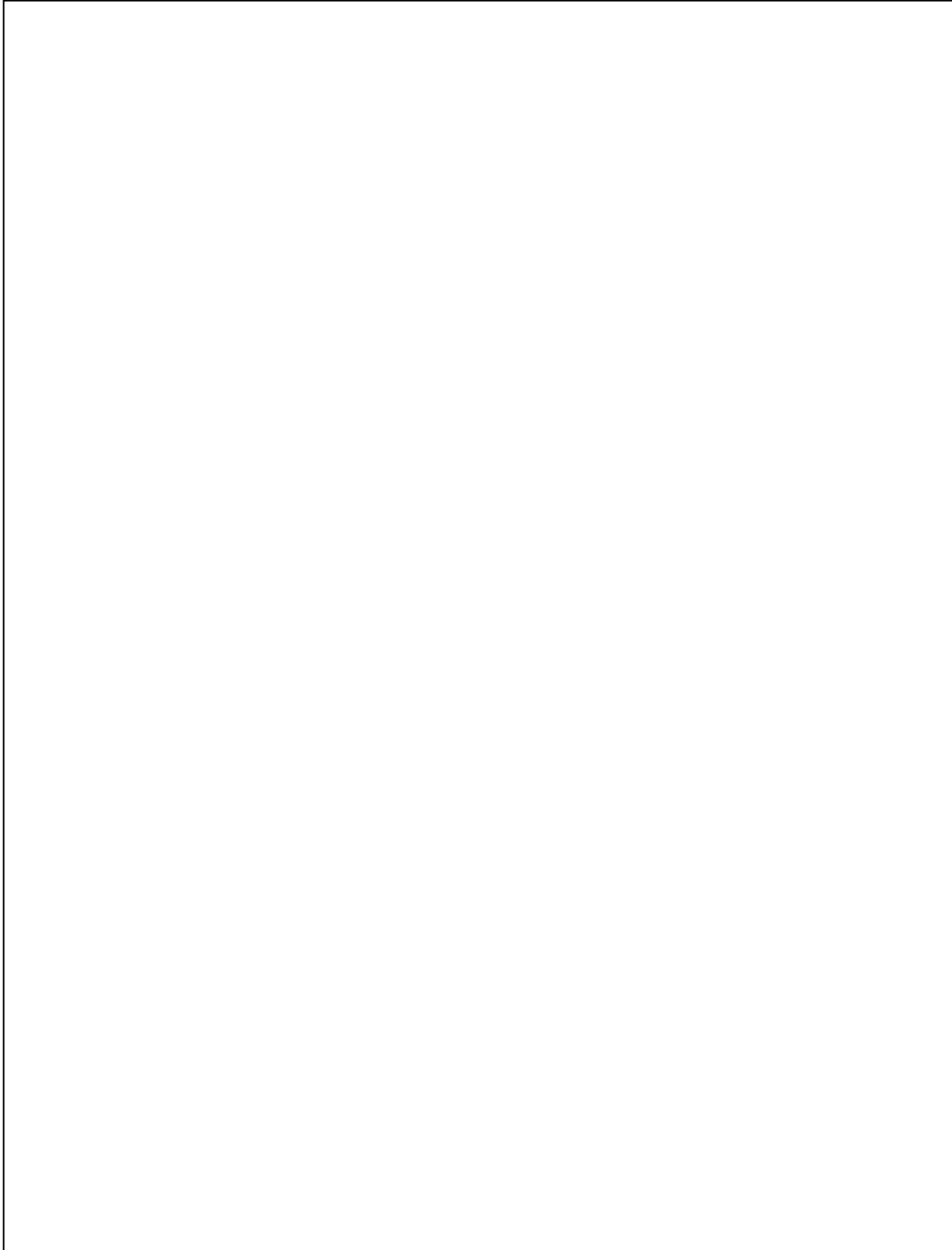
Identify other significant adults and their relationship to this young person (*eg. Carer, mentor*)

Name: _____

File Number: _____

GENOGRAM

Date: _____

A large, empty rectangular box with a thin black border, intended for drawing a genogram. The box is currently blank.

Name: _____
File Number: _____

Health

Emotional/Mental Health

What are the current emotional/mental health issues for this young person?
(eg. When was the last time you were happy? Sad? Is something worrying you? What's on your mind? Do you have trouble sleeping? Do you feel angry?)

Explore harm to self

(eg. Indicators include mood (depression), thoughts (suicidal ideation), behaviour (risk-taking activities including cutting) and history (previous suicide ideation/attempts and treatment).

Physical Health

Explore diet/nutrition, illness, allergies, hygiene and Blood Borne Viruses (*BBVs include Hep B, Hep C, HIV/AIDS*).

Does the young person want testing for BBVs (*eg. Hep B, Hep C, HIV/AIDS*)? Y /N

Name: _____

File Number: _____

Prescribed Medication (including pharmacotherapies)

| Medication (Generic name) | Reason for medication | Dose, frequency and compliance | Duration of treatment | Prescribing doctor | Contact Details |
|---------------------------|-----------------------|--------------------------------|-----------------------|--------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Name: _____

File Number: _____

Substance use table

| | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|
| Substances # | | | | | |
| Age of first use | | | | | |
| Age of first regular use | | | | | |
| Preferred Route | | | | | |
| Average daily use? Amount (# drinks, smokes, pills, injections etc)? Cost? | | | | | |
| Pattern of use ## | | | | | |
| Describe use in past: -week -month Number of times per day/week? Amount used? Preferred drink? How long using like this? With whom do you use? Is this pattern of use typical for them? If not, what is typical? If not, what prompted the change? | Past Week: | Past Week: | Past Week: | Past Week: | Past Week: |
| | Past Month: | Past Month: | Past Month: | Past Month: | Past Month: |
| When last used (day/time)? | | | | | |
| Periods of abstinence? | | | | | |

List in order of preference (alcohol, amphetamines, minor tranquillisers, cannabis, cocaine, ecstasy, hallucinogens, heroin, volatile substances, steroids, over-the-counter medications).

Patterns of use:

Experimental: single or short-term use motivated by curiosity or desire to experience new feeling or moods. May occur alone or in the company of other experimental users.

Recreational (social): controlled use on specific social occasions by experienced users who know which substances suit them and in what circumstances.

Situational (occupational): used when specific tasks have to be performed and special degrees of alertness, calm, endurance or freedom from pain are sought (eg. truck driver, sportsperson). *Intensive*

(binge): similar to situational use but with higher and more frequent doses. Often used to seek relief or a high level of performance. If intensive is selected, another category can be included.

Compulsive (dependent): characterised by persistent, frequent and high doses resulting in psychological/physiological dependence where the user cannot at will discontinue use without significant mental or physical distress.

See Attachment # 3 for additional prompts to use when investigating a young persons' alcohol or other drug use.

Name: _____
File Number: _____

Substance use continued ...

What was happening in this young person's life at the time they began using alcohol and/or other drugs?
(eg. Experiencing problems, new peer group etc.)

What is this young person's experience of using alcohol and/or other drugs?
(eg. Likes? Dislikes? Is use problematic? What is not using like?)

What, if anything, does this young person want to do with their drug use?
(eg. Continue using, control using, abstain - specify for each substance)

***Past attempts to control, reduce or stop use**
(eg. When, where, experiences of withdrawal - physical, psychological, support people)

***Injecting drug use?** Explore risk- taking behaviour with this young person. Who do they use with?
(eg. Share equipment, use alone, poor injecting technique, blackouts, overdoses).

Name: _____
File Number: _____

Education and Vocation

School

What is this young person's experience of school?
(eg. Likes, dislikes, attendance, literacy and numeracy skills).

What year level did this young person complete?

Employment and Training

*Currently employed? Y / N

Has this young person worked in the past? What type of work?

*Currently training? Y / N

Has this young completed any training in the past? What type? Eg. TAFE, Forklift licence

What employment/training would this young person like to pursue? _____

Any steps taken towards this? _____

Current sources of income?
(eg. Major source, other sources, legal and other)

Leisure and Recreation

What does this young person do in their spare time?
(Explore interests, activities, sports etc.)

Name: _____
File Number: _____

Summary

Key issues

Young person's strengths

What positive supports does the young person have?
(*eg. Family member, friend, employer*)

What prevents the young person from achieving their goals?
(*eg. Family, friends, lack of employment skills, accommodation issues*)

Individual Treatment plan (ITP)

Name _____

Worker _____

| Date | Issues and goals (list in order of priority) | Steps/tasks to reach goal | Review date | Outcome |
|------|--|---------------------------|-------------|---------|
| | | | | |

- Young people may have issues/goals relating to the following areas of their life: *Statutory issues; Accommodation; Relationships - Family, Peers and Other significant adults; Health - Emotional/Mental, Physical, Substance use; Education and Vocation; Leisure and Recreation.*
- In planning the steps and tasks to complete to achieve their goals, consider what constrains or enhances the young person in terms of the opportunities available to him/her, his/her beliefs about him/herself and life, and his/her skills.
- For a list of Significant Treatment Goals Attainment, see Attachment 2 of the *Assessment and Intervention Tool for Youth Alcohol and Drug Treatment Services*

Support Linkages

- *May include:*
- Parent/Guardian
 - JJ Worker
 - DHS Caseworker
 - AOD Clinician
 - Workplace
 - School
 - General Practitioner
 - SAPS/Accommodation
 - Child Protection
 - Significant older person
 - Friends
 - Other Family

Name: _____
 Position: _____
 Ph: _____

Contacted: Y/N
 Date of contact: __/__/__

Contacted by: _____

Name: _____
 Position: _____
 Ph: _____

Contacted: Y/N
 Date of contact: __/__/__

Contacted by: _____

Name: _____
 Position: _____
 Ph: _____

Contacted: Y/N
 Date of contact: __/__/__

Contacted by: _____

Name: _____
 Position: _____
 Ph: _____

Contacted: Y/N
 Date of contact: __/__/__

Contacted by: _____

Name: _____
 Position: _____
 Ph: _____

Contacted: Y/N
 Date of contact: __/__/__

Contacted by: _____

Client: _____

Assessor/Worker: _____

Position: _____

Agency: _____

Ph#: _____

Name: _____
 Position: _____
 Ph: _____

Contacted: Y/N
 Date of contact: __/__/__

Contacted by: _____

Name: _____
 Position: _____
 Ph: _____

Contacted: Y/N
 Date of contact: __/__/__

Contacted by: _____

Name: _____
 Position: _____
 Ph: _____

Contacted: Y/N
 Date of contact: __/__/__

Contacted by: _____

Name: _____
 Position: _____
 Ph: _____

Contacted: Y/N
 Date of contact: __/__/__

Contacted by: _____

SECTION 3

ATTACHMENT

| | |
|---|-------|
| Attachment 1: Assessment and Intervention Case Notes | p. 40 |
| Attachment 2: Significant Treatment Goals Attainments Summary | p. 42 |
| Attachment 3: Offending History Prompts | p. 51 |
| Attachment 4: Substance Use table Prompts | p. 52 |

ATTACHMENT 2

| |
|--|
| Counselling, Consultancy & Continuing Care |
| Significant Treatment Goal Attainments |
| Reduced Substance Use Indicators |
| Stabilised drug withdrawal |
| Achieved abstinence from drug of concern |
| Linked successfully to community pharmacotherapy |
| Significantly reduced level of use of drug of concern |
| Significantly reduced level of poly-drug use |
| Progressed to a higher level of the 'Stages of Change' model |
| Learnt relapse prevention strategies |
| Linked successfully to other Drug & Alcohol treatment service for further care |
| Other |
| |
| Improved Physical Health Indicators |
| Achieved positive changes in physical health status |
| Reduced risk-taking behaviours |
| Linked successfully to other health services |
| Other |
| |
| Improved Level of Connectedness |
| Improved relationship with family/friends/community |
| Obtained employment |
| Obtained workforce training or education |
| Obtained other meaningful regular activity |
| Improved accommodation status |
| Other |
| |
| Reduced Crime Indicators |
| Reduced offending |
| Achieved compliance with legal requirements |
| Achieved compliance with family court recommendations |
| Other |
| |
| Improved Emotional and Psychological Well-being Indicators |
| Improved management of problematic emotional states |
| Resolved presenting crisis situation |
| Reduced self-harming behaviours |
| Successfully linked to mental health service |
| Other |

| |
|--|
| Residential Rehabilitation |
| Significant Treatment Goal Attainments |
| Reduced Substance Misuse |
| Stabilised drug withdrawal |
| Achieved abstinence from drug of concern for 3 months or longer |
| Completed formal program |
| Learnt relapse prevention strategies |
| Attained respite from drug use |
| Linked to other Drug & Alcohol treatment or pharmacotherapy for further care |
| Other |
| |
| Improved Physical Health Indicators |

ATTACHMENT 2

| |
|--|
| Achieved positive changes in physical health status |
| Developed regular living patterns (ie. Sleep, meals, hygiene, etc) |
| Linked successfully to other health services |
| Other |
| |
| Improved Level of Connectedness |
| Improved relationship with family/friends/community |
| Learnt improved social/communication skills |
| Obtained employment |
| Obtained workforce training or education |
| Obtained other meaningful regular activity |
| Improved accommodation status |
| Other |
| |
| Improved Psychological and Well-Being Indicators |
| Resolved presenting crisis situation |
| Improved management of problematic emotional states |
| Successfully linked to mental health service |
| Other |
| |
| Crime Indicators |
| Resolved legal issues |
| Achieved compliance with legal requirements |
| Achieved compliance with family court recommendations |
| Other |

| |
|--|
| Alcohol & Drug Supported Accommodation (General, Youth & Women) |
| Significant Treatment Goal Attainments |
| |
| Reduced Substance Abuse Indicators |
| Stabilised drug withdrawal |
| Achieved abstinence from drug of concern |
| Significantly reduced substance level of use of drug of concern |
| Progressed to a higher level of the 'Stages of Change' model |
| Learnt relapse prevention strategies |
| Linked successfully to other Drug & Alcohol treatment service for further care |
| Other |
| |
| Improved Physical Health Indicators |
| Achieved positive changes in physical health status |
| Reduced risk-taking behaviours |
| Linked successfully to other health services |
| Other |
| |
| Improved Level of Connectedness |
| Improved relationship with family/friends/community |
| Obtained employment |
| Obtained workforce training or education |
| Obtained other meaningful regular activity |
| Improved accommodation status |
| Other |
| |
| Reduced Crime Indicators |
| Reduced offending |
| Achieved compliance with legal requirements |
| Achieved compliance with family court recommendations |
| Other |

ATTACHMENT 2

| |
|---|
| |
| Improved Emotional and Psychological Well-being Indicators |
| Resolved presenting crisis situation |
| Improved management of problematic emotional states |
| Successfully linked to mental health service |
| Other |

| |
|--|
| Residential Withdrawal (General and Youth) |
| Significant Treatment Goal Attainments |
| Reduced Substance Abuse Indicators |
| ** Completed neuro-adaptation reversal |
| Linked successfully to other Drug & Alcohol treatment service for further care |
| Linked successfully to community pharmacotherapy |
| Learnt relapse prevention strategies |
| Other |
| Improved Physical Health Indicators |
| Made positive changes in physical health status |
| ** Linked successfully with General Practitioner |
| Linked successfully with other health services |
| Other |
| Improved Level of Connectedness |
| Improved relationship with family/friends/community |
| ** Engaged in recreational or vocational activity |
| Other |
| Reduced Crime Indicators |
| Achieved compliance with legal requirements |
| Achieved compliance with family court requirements |
| ** Did not partake in crime whilst in treatment |
| Other |
| Improved Emotional and Psychological Well-being Indicators |
| Improved management of problematic emotional states |
| Reduced self-harming behaviours |
| Successfully linked to mental health service |
| Other |

| |
|--|
| Home-based & Outpatient Withdrawal |
| Significant Treatment Goal Attainments |
| Reduced Substance Misuse |
| Completed neuro-adaptation reversal |
| Linked successfully to other Drug & Alcohol treatment service for further care |
| Learnt relapse prevention strategies |
| Other |
| Improved Physical Health Indicators |
| Made positive changes in physical health status |
| Achieved recognition of ill effects of drug use on health |
| Linked successfully with other health services |
| Other |
| Improved Level of Connectedness |

ATTACHMENT 2

| |
|--|
| Improved relationship with family/friends/community |
| Engaged in meaningful daily activity |
| Other |
| Reduced Crime Indicators |
| Reduced offending |
| Achieved compliance with legal requirements |
| Achieved compliance with family court recommendations |
| Other |
| Improved Psychological and Well-Being Indicators |
| Improved management of problematic emotional states |
| Reduced self-harming behaviours |
| Successfully linked to mental health service |
| Other |
| Rural Withdrawal |
| Significant Treatment Goal Attainments |
| Reduced Substance Abuse Indicators |
| Completed neuro-adaptation reversal |
| Linked successfully to other Drug & Alcohol treatment service for further care |
| Linked successfully to community pharmacotherapy |
| Learnt relapse prevention strategies |
| Other |
| Improved Physical Health Indicators |
| Made positive changes in physical health status |
| Linked successfully with General Practitioner |
| Linked successfully with other health services |
| Other |
| Improved Level of Connectedness |
| Improved relationship with family/friends/community |
| Obtained vocational training or education |
| Obtained employment |
| Obtained other meaningful regular activity |
| Improved accommodation status |
| Other |
| Reduced Crime Indicators |
| Achieved compliance with legal requirements |
| Achieved compliance with family court recommendations |
| Did not partake in crime whilst in treatment |
| Other |
| Improved Psychological and Well-Being Indicators |
| Improved management of problematic emotional states |
| Reduced self-harming behaviours |
| Successfully linked to mental health service |
| Other |
| Youth Outreach Services |
| Significant Treatment Goal Attainments |

ATTACHMENT 2

| |
|--|
| Reduced Substance Abuse Indicators |
| Achieved abstinence from drug of concern |
| Significantly reduced substance use level |
| ** Achieved stabilisation of pharmacotherapy |
| Progressed to a higher level of the 'Stages of Change' model |
| Learnt relapse prevention strategies |
| Linked successfully to other Drug & Alcohol treatment service for further care |
| Other |
| Improved Physical Health Indicators |
| Achieved positive changes in physical health status |
| Reduced risk-taking behaviours |
| Linked successfully to other health services |
| Other |
| Improved Level of Connectedness |
| Improved relationship with family/friends/community |
| Obtained employment |
| Obtained workforce training or education |
| Obtained other meaningful regular activity |
| Improved accommodation status |
| Other |
| Reduced Crime Indicators |
| Reduced offending |
| Achieved compliance with legal requirements |
| Achieved compliance with family court recommendations |
| Other |
| Improved Emotional and Psychological Well-being Indicators |
| Resolved presenting crisis situation |
| Improved management of problematic emotional states |
| ** Addressed family violence issues |
| Successfully linked to mental health service |
| Other |

| |
|--|
| Koori A&D Workers |
| Significant Treatment Goal Attainments |
| Reduced Substance Misuse |
| Successfully stabilised drug withdrawal |
| Achieved abstinence from drug of concern |
| Significantly reduced level of use of drug of concern |
| Successfully maintained controlled substance use level |
| Significantly reduced level of poly-drug use |
| Learnt relapse prevention strategies |
| Linked successfully to other Drug & Alcohol treatment service for further care |
| Other |
| Improved Physical Health Indicators |
| Achieved positive changes in physical health status |
| Reduced risk-taking behaviours |
| Linked successfully to other health services |
| Other |

ATTACHMENT 2

| |
|---|
| Improved Level of Connectedness |
| Improved relationship with family/friends/community |
| ** Learnt improved social/communication skills |
| Obtained meaningful regular activity |
| Improved accommodation status |
| Obtained employment |
| Improved social functioning |
| Other |
| Improved Emotional and Psychological Well-being Indicators |
| Resolved presenting crisis situation |
| Improved management of problematic emotional states |
| Successfully linked to mental health service |
| Other |
| Reduced Crime Indicators |
| Reduced offending |
| Achieved compliance with legal requirements |
| Achieved compliance with family court requirements |
| Other |

| |
|--|
| Specialist Pharmacotherapies |
| Significant Treatment Goal Attainments |
| Reduced Substance Misuse |
| ** Stabilised substitute pharmacotherapy regime |
| ** Successfully referred to GP/Community pharmacy |
| ** Successfully transferred to alternative pharmacotherapy |
| ** Successfully withdrawn from substitute pharmacotherapy |
| Achieved abstinence from drug of concern |
| Significantly reduced substance use level |
| Learnt harm relapse prevention strategies |
| Linked successfully to other Drug & Alcohol treatment service for further care |
| Other |
| Improved Physical Health Indicators |
| Achieved positive changes in physical health status |
| Reduced risk-taking behaviours |
| Linked successfully to other health services |
| Other |
| Improved Level of Connectedness |
| Improved relationship with family/friends/community |
| Obtained employment |
| Obtained workforce training or education |
| Obtained other meaningful regular activity |
| Improved accommodation status |
| Other |
| Improved Psychological and Well-Being Indicators |
| Resolved presenting crisis situation |
| Improved management of problematic emotional states |
| Successfully linked to mental health service |
| Other |
| Reduced Crime Indicators |

ATTACHMENT 2

| |
|---|
| Reduced criminal activity |
| Achieved compliance with legal requirements |
| Achieved compliance with family court recommendations |
| Other |

| |
|--|
| Post-Withdrawal Linkage Workers |
| Significant Treatment Goal Attainments |
| Reduced Substance Abuse Indicators |
| Linked successfully to other Drug & Alcohol treatment service for further care |
| Successfully stabilised drug withdrawal |
| Maintained abstinence from drug of concern |
| Learnt relapse prevention strategies |
| Other |
| Improved Physical Health Indicators |
| Achieved positive changes in physical health status |
| Reduced risk-taking behaviours |
| Linked successfully to other health services |
| Other |
| Improved Level of Connectedness |
| Improved relationship with family/friends/community |
| Obtained meaningful regular activity |
| Improved accommodation status |
| Other |
| Reduced Crime Indicators |
| Reduced offending |
| Achieved compliance with legal requirements |
| Achieved compliance with family court recommendations |
| Other |
| Improved Emotional and Psychological Well-being Indicators |
| Improved management of problematic emotional states |
| Successfully linked to mental health service |
| Other |

| |
|--|
| Day Programs |
| Significant Treatment Goal Attainments |
| Reduced Substance Misuse |
| ** Regularly participated in the structured programs provided |
| Successfully maintained reduced substance use level |
| Linked successfully to other Drug & Alcohol treatment service for further care |
| Learnt relapse prevention strategies |
| Other |
| Improved Physical Health Indicators |
| Achieved positive changes in physical health status |
| Reduced risk-taking behaviours |
| Linked successfully to other health services |
| Other |
| Improved Level of Connectedness |

ATTACHMENT 2

| |
|---|
| Improved relationship with family/friends/community |
| Learnt improved social/communication skills |
| Obtained meaningful regular activity |
| Obtained workforce training or education |
| Obtained employment |
| Improved accommodation status |
| Other |
| |
| Improved Psychological and Well-Being Indicators |
| Learnt to manage problematic emotional states leading to drug use |
| Resolved presenting crisis situation |
| Successfully linked to mental health service |
| Other |
| |
| Reduced Crime Indicators |
| Reduced offending |
| Achieved compliance with legal requirements |
| Achieved compliance with family court recommendations |
| Other |

| |
|--|
| Mobile Overdose Response Services |
| Significant Treatment Goal Attainments |
| |
| |
| Reduced Substance Abuse Indicators |
| Learnt harm reduction or relapse prevention strategies |
| Linked successfully to other Drug & Alcohol treatment service for further care |
| Other |
| |
| Improved Physical Health Indicators |
| ** Received wound care |
| ** Gained information about vein care |
| Reduced risk-taking behaviours |
| Linked successfully to other health services |
| Other |
| |
| Improved Level of Connectedness |
| Improved relationship with family/friends/community |
| Other |
| |
| Reduced Crime Indicators |
| Reduced offending |
| Achieved compliance with legal requirements |
| Achieved compliance with family court requirements |
| Other |
| |
| Improved Emotional and Psychological Well-being Indicators |
| Resolved presenting crisis situation |
| Learnt to manage problematic emotional states leading to drug use |
| Successfully linked to mental health service |
| Other |

ATTACHMENT 2

| Peer Support |
|--|
| Significant Treatment Goal Attainments |
| Reduced Substance Misuse |
| Stabilised drug withdrawal |
| Achieved or maintained abstinence from drug of concern |
| Significantly reduced substance use level |
| Progressed to a higher level of the 'Stages of Change' model |
| Learnt relapse prevention strategies |
| Linked successfully to other Drug & Alcohol treatment service for further care |
| Other |
| Improved Physical Health Indicators |
| Achieved positive changes in physical health status |
| Reduced risk-taking behaviours |
| Linked successfully to other health services |
| Other |
| Improved Level of Connectedness |
| Improved relationship with family/friends/community |
| Obtained employment |
| Obtained workforce training or education |
| Obtained other meaningful regular activity |
| Improved accommodation status |
| Other |
| Reduced Crime Indicators |
| Reduced offending |
| Achieved compliance with legal requirements |
| Achieved compliance with family court recommendations |
| Other |
| Improved Psychological and Well-Being Indicators |
| Resolved presenting crisis situation |
| Improved management of problematic emotional states |
| Successfully linked to mental health service |
| Other |

ATTACHMENT 3

Offending History Prompts

RELATIONSHIP BETWEEN OFFENDING AND ALCOHOL AND/OR OTHER DRUG USE

For what offences were you charged/apprehended?

Were you drinking or taking any drugs in the 24 hours before the offence/incident?

What did you take? How much? When (day and time)?

Did you use more than 1 drug? Is this usual?

Were the offences committed to support your alcohol or drug use?

Did you commit the offences with someone else?

If so, did you drink or take any drugs in the 24 hours before the offence/incident?

What did you take? How much? When (day and time)?

Other reasons for offences?

Have you been charged with any similar offences in the past?

Were these charges related to alcohol or other drug use?

From Target for Effective Change- Section 12: Substance Misuse

ATTACHMENT 4

Substance Use Prompts

1. ALCOHOL
 - *Do you drink?
 - *When did you first start drinking?
 - *How Often? Daily? Weekly? Monthly?
 - *How much on each occasion?
 - *What type of drink (beer, self-poured spirits, pre-mixed drinks, wine)
 - *Is there a regular pattern (ie. every Saturday at the football)?

2. OTHER DRUGS
 - *Do you take any other drugs (including prescribed medication)?
 - *What is the route of administration (oral, injecting etc)
 - *How Often? Daily? Weekly? Monthly?
 - *How much on each occasion?
 - *Is there a regular pattern (use with mate after school everyday)?
 - *How long have you been taking them?

3. COST
 - *How much does alcohol or other drugs cost per day? How much per week?

4. ATTITUDE
 - *Are you comfortable with this level of consumption?
 - *Is there any way you would like to alter it?
 - *Have you tried to alter it in the past?
 - *How? What happened?

5. CONSEQUENCES
 - *What are the consequences for **you**- physically, socially, emotionally, legally, financially?
 - *What are the consequences for **others**- physically, socially, emotionally, legally, financially?

6. REASONS
 - Why alcohol/drug use began/continues eg peer pressure, self-medication, too much time or money?
 - Any mental health problems?