

# Federation of Drug and Alcohol Professionals



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Part of NAADAC - Registered charity no. 1075222

## Case study

The applicant must provide an actual case study, albeit amended to protect the client's confidentiality, demonstrating a thorough working knowledge of the twelve core functions. In assessing the case study, the evaluators will be looking for evidence that the applicant has the knowledge and competence required to perform all of the twelve core functions.

The applicant should choose a case study that provides the opportunity to demonstrate all of the twelve core functions and those submissions that fail to meet the criteria will be rejected.

### Part one

This part of the case study should be presented under each of the Core Functions (guide length 300-500 words per function), in the order they appear and covering the key elements of each function.

Relevant forms and correspondence should be inserted in the appendix. You should also include here: Risk assessment (a reference to health and self harm/suicide issues should be included); Social history; Substance use history; Emotional/behavioural assessment; Treatment plan and treatment plan review; Aftercare plan and discharge plan; Points for supervision consultations.

See attached example of the format the case study should follow and areas to be incorporated but not necessarily restricted to and also refer to the Core Functions appended to this document.

### Part two

This second part of the case study reports how you used supervision and should cover each of the following headings (guide length 1000-2000 words in total):

2.10 How the client was introduced to supervision

2.20 Overview of the type and nature of the supervision

2.30 The issues brought to the supervision and why

2.40 How the supervision was used / how the issues were explored in supervision

2.50 What the counsellor took from the supervision

2.60 How the supervision influenced the service provided to the client in the case study

2.70 How the supervision influenced the applicant's wider development as a counsellor.

## **Part one.**

### **Case Study Index**

#### **1.00 Introduction**

1.20 Synopsis of the client and any pre contact data such as phone calls *etc.*

1.30 Describe how you established the working relationship, how the relationship developed, and how you developed, sustained the relationship and how you would have disengaged from the relationship if appropriate. You should include an assessment of the outcomes for the client from the relationship.

#### **2.00 Screening**

2.10 Factors determining client's eligibility for treatment.

2.20 Factors considered in determining the client's appropriateness for treatment, e.g. physical condition, psychological condition, previous treatment efforts, programme philosophy and services, level of care required (detox, inpatient, etc).

2.30 Referral procedure that would have been offered when declining when a client is either ineligible or the service is inappropriate.

#### **3.00 Intake**

3.10 Forms used to admit the client. This should cover the conditions of admission, rights and responsibilities of client and the service.

3.20 Review of the financial arrangements.

3.30 Releases related to obtaining or transmitting information to the relevant parties concerned with the treatment.

3.40 Intake information and initial assessment.

#### **4.00 Orientation**

4.10 Nature and goals.

4.20 Factors that may lead to termination of contract.

4.30 Grievance procedures.

4.40 Financial cost to be borne by client.

4.50 Context within which orientation happens: e.g. group, one to one, written materials/ reports etc.

#### **5.00 Assessment**

5.10 Identifications of the client's strengths, weaknesses, problems and needs i.e. critical/ current/ aftercare, which forms the basis of the treatment plan.

5.20 Cover the aspect that assessment is ongoing during treatment.

5.30 Methods of assessment: e.g. interviews, patient report, testing, lab work, outside parties and appropriate releases.

5.40 Major life areas assessed and the impact that chemical use has had in these areas.

#### **6.00 Treatment Planning**

6.10 Involvement in identifying and prioritising problems that need resolution.

6.20 Agreements regarding short and long term goals.

6.30 Treatment process (length, times, etc.) and resources (group, psychologist, family programme, aftercare resources, etc)

6.40 Cover the individual nature of the treatment plan based on the client's needs.

6.50 Goals, objectives and methods that are designed to resolve the problems and are stated in behavioural terms so progress can be measured.

6.60 Explanation that the Treatment Plan is a blueprint. I.e. is subject to reassessment and modified throughout treatment as and when required.

## **7.00 Counselling**

7.10 Individual, group, and family counselling used to identify and explore problems, change attitudes, behaviours, and values, identify options, and facilitate decisions.

7.20 Theory and application of (applicants) preferred approach.

7.30 Rationale for why these techniques were used in this case or why, if they were changed.

## **8.00 Case Management**

8.10 The coordinated approach to bring services, people and agencies together towards achieving the established goals.

8.20 Communication, monitoring and co-ordinating the treatment and treatment services.

8.30 Co-ordination of the treatment and treatment services both internal and external.

## **9.00 Crisis Intervention**

9.10 Highlight any crises that were a crucial and decisive event in the course of treatment that threaten its success.

9.20 Define those crises pertaining to a client's acute emotional and or physical need.

Identify whether the crisis is directly (overdose, withdrawals, etc) or indirectly (AWOL, psychotic episode etc) to alcohol or chemical use.

9.30 Discuss how the crisis was identified, the response to mediate or resolve the problem and how it enhanced the treatment effort.

## **10.00 Client Education**

10.10 Identify the ways in which education was provided to the client, family or the source of referral.

10.20 Describe precisely those educational tools used with this client and why (e.g. videos, pamphlets, books, homework etc).

10.30 Identify how lectures were a part of the education process.

10.40 Discuss how 1-1 counselling and group sessions were used to educate the client about alcohol and drug use, self help, resources for aftercare, etc.

## **11.00 Referral**

11.10 Relate any referral to those needs, which could not be met by the counsellor or agency and were met utilising outside support systems and/or community based resources.

11.20 Cover those areas to show familiarity with a variety of resources and different strengths and limitations of these resources had in making a decision on referrals.

11.30 Shows the working knowledge of the referral process, confidentiality, contracting and release agreements.

11.40 Cover the necessity of the follow up (phone calls, discharge summaries) and outcome of referrals (client progress, programme completion, client satisfaction or dissatisfaction with service).

## **12.00 Reports and Record Keeping**

12.10 Note purpose of charting the result of assessments, treatment plan, progress, response to treatment (discharge summary)

12.20 Identify various ways documentation is important to the counselling process e.g. progress towards goals, communication between members of team etc.

12.30 Link the documentation to accountability. Such as payment of services, verification of the client needs for continuation of treatment etc.

## **13.00 Consultation with other professionals regarding Client Care.**

13.10 Relate consultations to discussions, meetings, and planning with other professionals to ensure quality of the clients care, specifically (but not exclusively) supervision.

13.20 Make reference to in-house consultations with other staff, e.g. nurses, clergy, psychologist, counsellors, etc.

13.30 Identify the treatment plan review meetings, treatment planning sessions.

13.40 Clearly explain how internal and external supervision is utilised.

**14.00 Appendix**

14.10 All documents included in this section should be annotated or marked to indicate what they relate to.

## **Core Functions**

[Adapted from Kulewicz, S. (2000) *The Twelve Core Functions of a Counselor*. Counselor Publications : Connecticut (USA). With kind permission of the author.]

### **Screening**

The screening function is the process by which a client is determined to be appropriate and eligible for admission to a particular program.

Eligibility criteria for a service are generally determined by the focus, target population and funding requirements of the practitioner's program or agency. The determination of a potential client's suitability for a program requires a degree of judgment and skill by the practitioner. Important factors to consider include (but are not limited to) the physical condition and psychological functioning of the client, outside supports/resources, previous treatment efforts, financing and the philosophy of the program.

### **Intake**

Intake is the process of admitting a client to a program or agency.

Typically, the client and the practitioner conduct an initial assessment, complete appropriate confidentiality and releases of information documents, collect financial/funding data, sign consent for treatment, and assign the primary practitioner/key worker.

### **Orientation**

Orientation involves describing the general nature and goals of the service to the client.

The orientation function may be engaged in before, during and/or after the screening and intake process. It can be conducted in an individual, group or family context. Portions of the orientation may include personnel other than counsellors for certain specific parts of the treatment - such as medical interventions. Orientation is understood as describing to the client the general nature and goals of the program, the rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program, identification of treatment costs to be borne by the client (if any), and the client's rights and responsibilities. In a non-residential setting, it should also cover the hours during which services are available.

### **Assessment**

The assessment function is the stage at which a practitioner/agency identifies and evaluates an individual's strengths, weaknesses, problems, and needs, in order to allow for the development of an effective and measurable treatment/care plan.

Assessment should cover a person's drug and alcohol use, physical and psychological health, health risk behaviour, social functioning, educational and employment history, offending history, and housing circumstances and needs - as well as the extent to which alcohol or drug use has interfered with the client's functioning in each of the other areas of their life. It should also cover the client's treatment goals and motivation to change. The result of this assessment should suggest the focus for any further action/intervention.

### **Treatment Planning**

Treatment planning is the process whereby the client and counsellor determine a plan of treatment.

Treatment plans should be drawn up by the counsellor/agency and the client in collaboration with one another, they should take full account of information collected during assessment, and should be reviewed regularly during treatment.

### **Counselling**

Counselling is understood as the structured use of interpersonal skills and processes by the counsellor to assist individuals, families, or groups in achieving objectives identified in assessment and treatment planning. In this regard, no fundamental distinction is made between counselling and psychotherapy.

### **Case Management**

Case management involves managing internal and external resources and people, within a planned framework of action, to help achieve the client's established goals.

Case management is the coordination of a multiple service plan. It may involve, for example, monitoring a client's medical treatment, making a referral to a vocational rehabilitation program or other resource, or communicating with representatives of the criminal justice system. And the ability to keep clear and concise notes/records are an essential skill within this function.

### **Crisis Intervention**

Crisis Intervention relates to responding to a person's needs during acute emotional and /or physical distress.

A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly related to alcohol and or drug use (*ie* overdose or relapse) or indirectly related. The latter might include the death of a significant other, separation/divorce, arrest, suicidal gestures, psychotic episode, or outside pressure to terminate treatment. It is imperative that the practitioner be able to describe how to help resolve the immediate problem and use the negative events to enhance the treatment effort wherever possible.

### **Client Education**

Client Education relates to the provision of information, to individuals and groups, concerning alcohol and other drug abuse and the available services and resources.

Client education is individualised to a client's needs and provided through a variety of mediums, including video, audio, written and seminar-based. In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to clients and their families.

### **Referral**

The referral function involves identifying the needs of the client that cannot be met by the practitioner or agency and (helping) the client to utilise the relevant support systems and community resources available.

### **Report and Record Keeping**

The reports and record keeping function involves charting the results of an individual's assessment and treatment/care plan; writing reports, progress notes, and referral and discharge summaries on individual clients; and recording and writing up data on a service's client characteristics and outcomes.

This function has a variety of benefits all of which ultimately help to enhance treatment outcomes. These include (but are not limited to): helping the practitioner by documenting a client's progress in achieving set goals; facilitating communications between co-workers and agencies involved in a person's treatment; assisting the practitioner's supervisor in providing feedback and guidance; and helping to monitor the overall effectiveness of a practitioner and/or agency.

### **Consultation With Other Professionals re Client Care**

This function involves consulting with other professionals to help ensure comprehensive and high quality care.

'Other professionals' include co-workers, other practitioners involved in providing services to the client, and the practitioner's line manager and supervisor