

## Standard 2: Comprehensive assessment

Providing a productive and empowering comprehensive assessment experience balances the collection of information with the development of the therapeutic relationship. Time and resource constraints can easily influence this balance. When reviewing the efficacy and quality of our practices, it is important to reflect on the aspects of care that shape consumer engagement. Whatever the format, the delivery of a [comprehensive assessment](#) needs to be respectful, holistic, culturally safe, trauma-informed and provide a positive experience of contact with the AOD sector.

Start by creating psychological safety; counteracting trauma and experiences of abuse and neglect by actively demonstrating to our potential client that we are professional and trustworthy. Set a tone of kindness and compassion through clear, straightforward communication and inclusive strength-based language. Safety is also created by how the session is managed; comprehensive assessment sessions need to be bookended, with a clear *start* and *finish*.

### Practice tips: Holding the space

#### Begin with 'small talk'

This is welcoming and validates their efforts and courage in engaging with an AOD service. Ask them how they feel about being at the assessment. Ask about their [pronouns](#) and preferred name.

#### Information is gold

Explain what is involved in a comprehensive assessment and how the information collected is stored and managed.

#### Set the parameters

- Confidentiality
- Reporting requirements
- Duty of care
- Consent/s

#### The service fit

The body of the assessment is the collation of information that informs whether the service can meet the needs of the person. It is also the basis of a treatment and support plan.

#### Not the right service?

- How does the organisation respond if the person is unable to be safely and adequately supported at the service?
- What message does the person receive? Is it strength-based? Consistent across the service?
- Does it encourage continued engagement in the AOD sector?
- What referral options and pathways are in place?

#### Risk is part of the package

Talking about risk invites opportunities for harm reduction conversations and demonstrates the robustness of the therapeutic relationship through having 'tough conversations.'

A holistic risk assessment encompasses:

- an understanding of how and the types of substances and medications being used, withdrawal and overdose histories
- [mental health](#) and level of [suicidal and self-harm thoughts](#) and activity
- physical health impacts
- impact of DFV violence
- use of violence.

### **Responsive and adaptable**

Are your processes responsive to people from different communities such as [LGBTQ+](#), [First Nations](#) and people from [multicultural and multifaith backgrounds](#)?

### **An opportunity**

Comprehensive assessments are the perfect time to provide standard harm reduction information, a link to a 24-hour support option and to metaphorically, plant some seeds. The [motivational interviewing](#) approach is great for these conversations.

### **Grounding closures**

Allocate 5–10 minutes at the end for closure to support the transition out of the assessment space. Talking about past events, particularly traumas, can leave the person feeling vulnerable, angry and activate trauma symptoms. Recounting information on their use of substances can raise feelings of wanting to use. Provide some practical strategies like the [HALTS](#). Ground and stabilise people before they leave or hang up the phone, for example:

*'We have talked about a lot of tough stuff, how about we end with grounding ourselves, by taking three deep breaths together. Now let's stand up and move our bodies before I give you those phone numbers.'*

Ensure:

- the person has time to ask questions
- you summarise what's been covered
- you provide a 24-hour support line number
- you share a couple of simple harm reduction tips
- you write, email or text the next steps of the plan.

A thoughtful closure at the end of a comprehensive assessment session is time well spent, contributes to psychological safety and increases the likelihood that people will return.

## **Practice tips: Working with young people**

[Learn the differences](#) between young people and adults when conducting an AOD assessment.

- Use of substances is opportunistic and dependant on availability and finances.
- Shorter and often sporadic substance use histories.
- Often self-manage withdrawal due to pattern of use.
- Increased risk of overdose due to physical size, lack of information about contaminated substances, tolerance and withdrawal.
- Effect of substance use is determined on impact on connections with school, education and key relationships.
- Higher environmental risks, as more likely to use in public places, with strangers or peers who are less informed about overdose management and fears about legal implications. When acquiring substances young people may be vulnerable to being ripped off and sexually exploited.
- Young people who are dependent on substances are highly likely to have a history of trauma and [mental health](#) concerns.