

Clinical Care Standard 3

Clients in the driver's seat: Trauma informed person-centred care planning

The information collected at intake and through the comprehensive assessment contributes to the shaping of the plan of action and steps to be taken during the person's contact with the service. A trauma-informed care plan is a collaboration between clinician and client. It ensures that the support and interventions being provided match the person's current circumstance and is responsive to their priority needs.

The care plan, which belongs to the client, is a roadmap of their treatment with identified goals and clearly defined expectations. It ensures that contact is intentional, productive and creates a sense of movement and achievement for the client.

The service setting or system you are working in may dictate the parameters or the steps of the care planning process, but the quality of the experience is an aspect we can shape.

Steps for intentional and purposeful care planning

1. Understand the function and purpose of substance use, including the protective role it may play
2. Establish goals for stabilising, reducing or ceasing substance/s
3. Identify resources, supports, potential referral pathways and/or consultancy opportunities with other specialist services
4. Contingency and safety planning
5. Clarify roles, responsibilities and timeframes

Holistic goal setting

The table below gives an outline of how to ensure that plans are multi-dimensional and take account of factors that may help or get in the way of the person achieving their goal/s, based on a formula developed by Dr Priyanthy Weerasekera.

Priorities	Informed by basic needs, safety, the current relationship with substance, mental health, psychosocial, legal, health, and social needs
Contributors	Factors that contribute to the current situation
Activating event/s	Events that have led them to attend treatment
Sustainers	Factors that maintain the current situation
Protections	Factors that reduce risk, damaging impacts and maintain the person's connection to self

Holding space

At each stage of the intervention, we have an opportunity to provide a positive experience of contact with an AOD service. This does not mean there are no tough conversations or that we skirt around the issues. Care planning requires us to hold reality and possibility at the same time. When orientating the person, ensure the purpose of any information collected is clear and how the care plan is used to guide treatment and the transfer of care, is understood and that the person is invited to be an active participant throughout the process.

Resources to support

Consider including skill development in your care planning such as problem solving, goal setting, positive communications skills and functional analysis of healthy and not healthy behaviours. Clients may also need support around managing distress, ways to settle the central nervous system and emotion regulation. Developing a list of resources, and support options, 24 hour phone lines, drop in services such as [Safe Havens](#), and tips sheets for managing particular experiences and sticking points such as the [NADA HALTS worksheet](#) is useful.

Realistic and responsive

A care plan needs to consider faith, community and cultural connections and sit alongside the person's competing life experiences. The plan is designed based on the person's capacity, current resources and connections to support and community. The planning experience may need to accommodate specific needs such as shorter planning sessions for people with active trauma symptoms or the use of visuals for someone with a brain injury. If you have set or restrictive timeframes, ensure this is made clear to the person beforehand, so they understand why the session is so task driven.

Harm reduction communicates compassion

This is central to care planning and complimentary to the spectrum of goals people have around substance use. Realistic conversations demonstrate honesty and communicate I/we care about you. Harm reduction strategies work as a counterweight to risk. Plans need to include access to information and supports to mitigate damaging impacts and provide opportunities to enhance quality of life. This may be conversations on reducing risks of overdose or a simple safety plan on who to contact if they feel vulnerable around substances; strategies that keep people alive and safe.

Relevant and empowering

Plans in AOD work need to have a primary goal that focuses on the use of substances which matches with the priority for the client. Care planning is an opportunity to explore opportunities and provide choice for engagement with activities that invite belonging and connection. Reflect on ways to spotlight and harness peoples' strengths and internal and external resources to support their goals.

Creative and inspiring

Care planning can be creative and engaging. For some people creating a collage or vision board that reflects their goals around substance use, dot points on a card, post-it notes in an envelope, or a letter to self, invites heart-felt engagement. Draw inspiration from modalities such as [narrative therapy](#) which uses techniques to externalise people's relationship to substance through mediums such as drawing, visual journals, sandtrays, songs, letters and story writing.

Practice and learn

Looking for professional development options to update and refresh your skills, check out Insight's eLearning module [QC55 Formulation and care planning](#).

For more detailed information on the Clinical Care Standards and specifically Standard Three: Trauma-Informed Care Planning see pp.16–17 <https://www.health.nsw.gov.au/aod/Publications/clinical-care-standards-AOD.pdf>