

## Using data and conversation to inform treatment

### Clinical Care Standard 5: Monitoring treatment progress and outcomes

This guide outlines an approach to reviews and monitoring treatment outcomes that is:

- collaborative
- strength-based
- trauma informed

The key components to consider when facilitating an effective and respectful review process are:

- establish therapeutic safety
- be creative
- approach with curiosity
- strength-based and trauma-informed
- reviews are collaborative
- take a sustainable approach to goal setting
- outcomes measure results are just numbers without a conversation
- harm minimisation and safety planning are imperative
- keep yourself professionally nourished and inspired

#### Develop and maintain therapeutic safety

Therapeutic safety comes from relationships which are built on trust and respect. No matter the type of treatment, efficacy is enhanced when the development of the relationship between the worker and the person has been prioritised. A solid connection will withstand challenging conversations, have clear boundaries and support a review that looks at the client's experience of the treatment as well as the outcomes.

Make time to prepare for a review appointment. Set the tone, to ensure it is reflective, your approach is compassionate, and the intent is clear, which is to make sure that the treatment meets the client's expectations. Review meetings can be organic and creative but also must have a clear objective, so they are meaningful. Understanding the purpose of a review and any other requirements such as reporting to other agencies, also establishes safety, particularly for people impacted by trauma. Consider including other supports or chosen family and ensure cultural needs and [cultural safety](#) has specifically been discussed when working with [Aboriginal people](#) or people from [multi-cultural or multi-faith backgrounds](#) [PDF].

#### Curious inquiry to invite reflection

Check in with your client's basic needs by asking and listening to understand.

- Use the [HALTS](#) tip sheet or work with the client to [develop their own checklist](#) for self-care to support goals around substance use and in maintaining mental health
- Refresh your [motivational interviewing skills](#)  
Be curious, stay true to your purpose and stay connected.

### Think outside the form

One example of a technique that may be helpful is therapeutic letter writing. [Therapeutic letter writing](#) is a narrative therapy approach and can be used in a few ways. It can be a powerful way for people to express the intricacies and the binaries of their relationship with substances: It's bad, it's good! Writing a letter to a substance is a narrative technique which asks you to imagine substance use as a relationship and the substance as a person. It allows the person to acknowledge the ways in which substance has assisted, protected and supported them to manage experiences such as social anxiety, being in a violent relationship, family, childhood abuse and legacies of trauma, illness, injury and family breakdown as they also explore the costs and losses caused by the relationship. The letters examine why the relationship with substance is changing, as they share reflections and memories and the many feelings that this change evokes.

Letters can also be used by workers as a creative way to provide feedback. Keep them simple as you share with your clients what you have observed, acknowledge their efforts and struggles and let them know that you notice when they turn up. They don't need to be lengthy, a paragraph on a slip of paper, an image or quote handed to them at the end of an appointment.

Allocate time in your diary to prepare adequately for review meetings. Ensure you have reflected on the results of the outcome measures, so you can provide meaningful and relevant feedback. Plan how you will provide an opportunity for your client to also provide feedback on their experience of treatment, their relationship with you and whether they feel that the treatment is beneficial and meets their current needs.

### Sustainable goal setting

We need both performance and mastery goals. A performance goal might be, 'I'm going to stay at detox for five days.' If the last visit to detox ended at day three due to high anxiety, the mastery goal might be to develop anxiety management techniques before going to detox. Mastery goals focus on the process and the skills needed to achieve our performance goal. For more information on this approach check out [achievement goal theory](#).

### Therapeutic use of outcome measures

Without a conversation, [outcome measure](#) results are just numbers and there is little incentive for the client to see the relevance or usefulness of their application.

Outcome measure tools allow the client to step back from the relationship between service provider and client. The therapeutic value is in the conversation that comes from the questions and most importantly results. A client may feel comfortable with the service but may have outgrown it or may require the fresh input of a different clinician to be able to maintain the momentum of their progress. Outcome measure results are a quality assurance mechanism to ensure that the service and specifically the care plan continue to match the client's needs. To be therapeutic, they need to be completed regularly, with results informing the therapeutic work and care planning. When the client is also invested and understands their value, they assist in highlighting risks and vulnerability in plans and provide validation and affirmation of their efforts.

### Use visuals

Consider using visuals and explore the capacity of your outcomes database to provide graphs that can compare and map the person's progress. Vision boards can be a creative and refreshing way to explore goal setting when renegotiating goals based on outcome measure results.

### Not the expert

When having conversations about substance use, we do not need to be an expert. If you are not sure about what your client is referring to, ask, and take time to fact check information with reputable sector-recognised sources. Use the [Drug & Alcohol Specialist Advisory Service \(DASAS\)](#) 24/7 phone line **1800 023 687** for health professionals and AOD workers for questions around dependence, withdrawal, health impacts, harm minimization and treatment options.

Some of the commonly used measures are briefly explored below.

### **Severity of Dependence Scale**

This outcome measure explores the level of dependence or the intensity of the relationship with substances. This covers physical, mental and emotional dependence. This tool can be used to reflect on past or current use. It provides opportunities to have conversations about cravings, obsessive thinking, and to identify times of vulnerability and potential risk. This can lead to conversations on safety planning, harm minimisation and overdose prevention. It is an opportunity to refresh ways to sustain goals such as 12-step meetings and self-reflection tools, SMART Recovery and connections to culture and community.

### **Kessler 10**

A scale to assess levels of anxiety and depressive symptoms over a four-week period, initiates conversations in areas that without the structured feedback of the [results](#), may be difficult to articulate. It provides opportunities to talk about sleep patterns, exercise and self-care such as personal hygiene, taking regular medication and social connectedness. It generates reflection on recent thinking states, which can lead to exploration of self-harming, restrictive eating and suicidal thinking and if required [risk assessment and management](#) [PDF].

### **Quality of Life Scale (QOL)**

This explores five domains or areas of a client's life:

- material and physical wellbeing
- relationships with others
- social and community activities
- personal development
- fulfillment and recreation

The benefit of this tool is in the development of holistic care planning and treatment matching. It ensures that areas that will sustain and impact on a person's capacity to engage in treatment are addressed and considered in treatment matching and planning.

### **Australian Treatment Outcomes Profile (ATOP)**

The ATOP screener covers substance use, health and wellbeing including housing status and safety; domestic and family violence, and whether there are children in their care which may lead to a risk assessment response at the same time. Safety planning can cover all areas based on the results. It is important to ensure that when completing the section, 'other substances' that workers reflect on current substance use trends and include this in their line of questioning. The ATOP generates opportunities for conversations on harm minimisation, overdose prevention, and well as discussions on different treatment and psycho-social support opportunities.

### **Professional inspiration and nourishment**

Maintaining focus and professionalism while [sustaining optimism and hope](#) in our everyday approach to our work takes conscious reflection and time. Schedule time in your diary for [case notes](#) and [case reviews](#) [PDF] to ensure you stay up-to-date and have review and reflection time.

Visit the NADA website for the range of worker [resources](#) and tips sheets and the [NADA learning portal](#). Register for Turning Point's webinar series, [Connect and Learn](#) on the latest research, approaches and innovation in alcohol and drug treatment.

[Connect with like-minded people](#), join [networks](#), use your professional development allowance and don't forget [NADA travel subsidies](#) to attend conferences and trainings. Most importantly, ensure your time away from work includes experiences that nourish and rejuvenate you and your most important relationships.