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## Practical Exercise 1 - Case study

Gemma is 42 years old, and you have seen her on three occasions. From your sessions with her and the intake assessment, you are aware of the following information.

She has a long history of polysubstance use (she reports she had 2 overdoses while using heroin 10 years ago). For the last 6 years she reports she has been drinking approximately 12 glasses of wine and smoking up to 20 cones of marijuana daily. Gemma says that she has been abstinent for 5 weeks, since inpatient withdrawal management at the local hospital, and she started rehab 2 weeks ago. She has a history of depression (recently medicated - Sertraline 100 mg antidepressant)

Although never formally diagnosed, Gemma describes symptoms consistent with PTSD (nightmares, avoidance-based symptoms) linked with two main traumas that you know of:

1. a serious to a car accident which occurred 3yrs ago
2. a physical assault occurring while serving a short prison sentence for high range DUI (her only incarceration).

Gemma has literacy issues (left school at 14yrs old), she can read and write at a basic level and has worked on and off as a waitress in cafes. However, she doesn't keep a job generally for more than four months-five months, often quitting after verbal altercations with her employers. Gemma reports she has no family that she is in contact with (her mother was an alcoholic and she doesn't know who her father was), nor any close, long-term friendships.

Gemma has had a number of partners in her life; the longest relationship of which lasted six years, he died three months ago from a stroke. Gemma stated that she hasn't experienced any family and domestic violence when asked, however you are starting to suspect that she may have given some of her comments in the last counselling session.

At the last case meeting, issues regarding Gemma were raised, and you now need to address these with her:

1. Gemma has had difficulty with the other residents. She is often involved in small altercations, reportedly because the other residents are frustrated with her behaviour e.g., not doing her chores or not doing them properly, being moody and not taking responsibility for her behaviour or responding to or giving feedback well
2. Staff are getting increasingly frustrated with her as she is regularly late to group, doesn't have her folder with her, doesn't complete homework (despite agreeing to and stating that the tasks are within her capacity to

perform), is disorganised and does not respond well to feedback. Questions have been raised about Gemma's motivation and overall suitability for the program

**Questions**

1. In the case study, underline Gemma's potential risk factors for cognitive impairment.
2. If Gemma does have a cognitive impairment, what might be contributing to the two issues that you need to speak to her about?

_____

_____

_____

3. Identify three strategies that could help Gemma to manage the issues you need to discuss with her:

1._____

2._____

3._____

***Food for thought exercise -two points***

1)_____

_____

_____

2)_____

_____

_____

***Cognitive Strategy -explain the information to someone else, key points***

_____

_____

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***Food for thought exercise -two points***

1)_____

_____

_____

2)_____

_____

_____

***Food for thought exercise- two points-elaboration***

1)_____

_____

_____

2)_____

_____

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**Practical Exercise 2 – ACE Screener**

Review the administration guide and the questions

**Practical Exercise 3 – Case Study Gemma**

Review the case study of Gemma and see if you can identify and underline any further risk factors for Cognitive Impairment.

***Break out room -discuss your experience with a colleague which ones did you get initially, did you get any more after viewing the presentation, where the any that you didn't get?***

**Practical Exercise 4 – ACE Brief intervention Handout**

1. Read through the patient fact sheet -Alcohol and drug Cognitive Enhancement program

***Break out room work in pairs to practice how you would broach the idea of cognitive impairment with your clients***

2. Look over the 'Brief intervention for managing Cognitive Impairment in AOD clients' ACE resource

3. Tick the strategies you use regularly, and Asterix (*) the strategies you want to try for yourself.

4. Look again at the case study of Gemma. Nominate three strategies you could show her which may help manage the issues you need to raise.

**Gemma's Plan**

| Area for improvement | Strategies want to try | Plan |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |

Think about an area that you may benefit from practising some of strategies and nominate 3 strategies you would like to try over the next 3 weeks.

**My Plan**

| Area for improvement | Strategies want to try | Plan |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |

| | | |
|---|---|---|
| | | |

**Breakout room -discuss your experiences with a colleague and with the wider group**

**Video links/Resources**
https://www.youtube.com/watch?v=T-duk-PilXo -how does methamphetamine work in the brain

https://www.youtube.com/watch?v=w98Fn8JofCw&t=14s -this video wasn't shown in in the presentation but is great to explain the role of triggers in addiction

**NADA**

Complex needs capable website-a practical resource for drug and alcohol services

- Website http://www.complexneedscapable.org.au

Has a range of really helpful resources from treatment based information, policies, worker well-being etc, etc

**Tips for working with older people and cognitive Impairment**

NSW Health (2015) *Older People's AOD project full report* https://www.health.nsw.gov.au/aod/professionals/Publications/opdap-fullreport.pdf

**Tips for working with Anger**

Fishkind, A., B., (2002) *Calming Agitation with …* Current Psychiatry Vol. 1, No. 4
https://www.mdedge.com/sites/default/files/Document/September-2017/0104_Fishkind.pd
Richmond, J.S., et al (2012) *Verbal De-escalation of the Agitated Patient:* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3298202/

**Alcohol and drug Cognitive Enhancement (ACE) Program**

1. ACE Risk Screening Tool – 12 items
2. ACE Brief Executive function Assessment Tool (BEAT) – 20 mins
3. ACE Brief Intervention (Fact Sheet and Strategies Worksheet)

4. ACE 12 Session Cognitive Remediation Program and instructional videos
5. ACE Aboriginal and Torres Strait Islander Cognitive Remediation Supplement

**TIPS for services to work better with clients with cognitive impairment**

- This link below is useful if you are wanting to develop written materials for your clients http://www.daru.org.au/wp/wp-content/uploads/2013/08/Easy-English-Writing-Style-Guide.pdf
- Mix up written information with pictures, videos and demonstrations or audio-visual cues

**Tips for workers work better with clients with cognitive impairment**

- ***How do I talk about cognitive impairment with my clients?*** Read with the client the ACE Brief intervention Handout-provided at the workshop.
  This draft resource was developed for the ACE Brief Intervention. It has been trialed with clients and has had consumer feedback. We can send you the final version once it has been released
- **Allocate enough time-**is is our most valuable resource-think about the best way to use it -helping make sure they can get to the first appointment is important for example
- Think about clearly communicating what you want-using concrete rather than abstract language
- Think about your expectations in terms of what changes are realistic and what support is needed to bring about change
- **ROLE MODEL THE SKILLS**