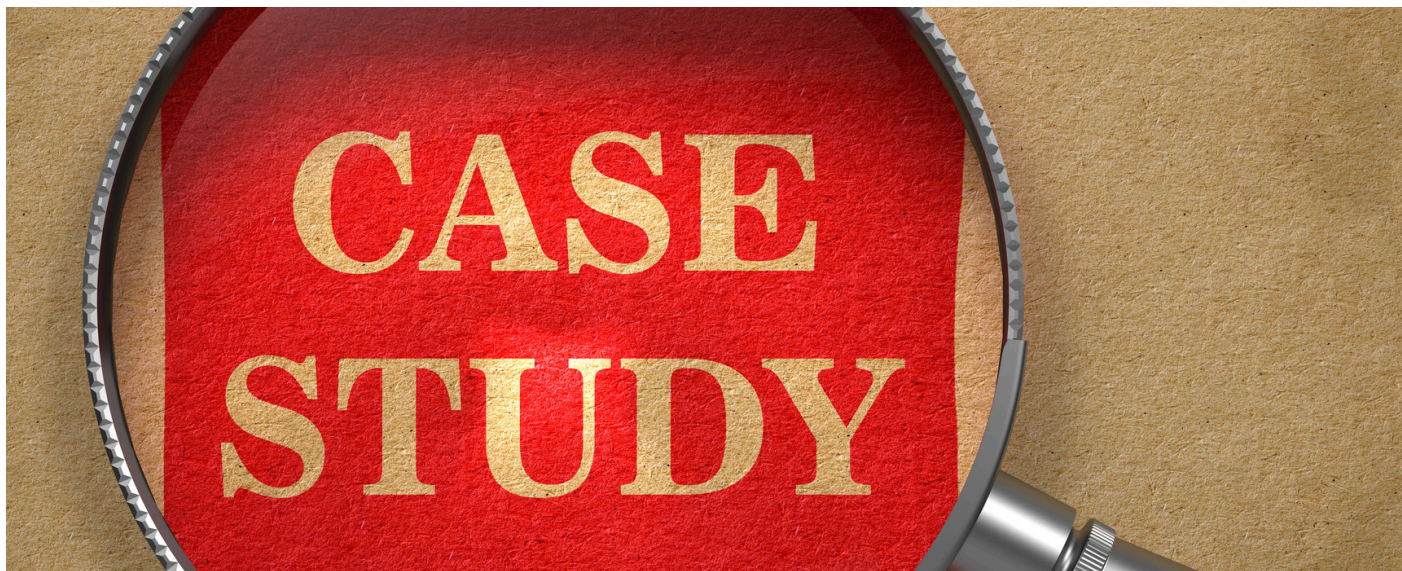


## **Case study**

### Providing clinical supervision with Michael (AOD Clinician)



#### **Context**

You are about to provide clinical supervision with Michael who is a new Intake & Assessment worker in your AOD service. Michael has 2 years experience in the AOD sector and has received ad hoc clinical supervision previously. Michael is required to complete a comprehensive assessment for Adrian who has been referred for withdrawal management

#### **Instructions**

Using your first meeting 'working alliance' document, set up the supervision. Then provide clinical supervision, referring to your using your Proctor clinical supervision model questions, provide clinical supervision with Adrian, & make some notes on your supervision record form

# Case Study - Client Adrian

## Client information

Adrian is a 48 y.o male presenting for help with problematic Alcohol & cannabis use. He is drinking approximately 3L of wine/day, and smoking 2g of cannabis daily via a bong. He is seeking withdrawal & assistance with housing

**Medical-** COPD, uses ventolin frequently.

Type 2 Diabetic, who has this condition managed by his GP. Adrian reports that he hasn't attended his GP for some time and is admittedly poor at regularly taking his Blood sugar levels and administering insulin. One of Adrian's thumbs was quite discoloured & there was a distinct odour

**Medication-** Insulin, Metformin & ventolin

**Mental health-** Depression & anxiety & has current suicidal ideation, labile in mood

**Social-** lives in a boarding house, & is on a last warning for aggressive behaviour when intoxicated  
Unemployed, on DSP, no social networks other than peers at the boarding house

**Legal-** Adrian is on Bail for burglary & theft

Presentation- Adrian is a tall & stocky built man, and at the time of assessment, returned a BAC OF .152, slight tremor in hands, sweats and nil signs of intoxication. Adrian was quite agitated when Michael was asking standard Assessment questions, & pre-occupied with his housing situation

## Michael conveys the following to you

Michael reports to you that Adrian is a tall & stocky built man, and at the time of assessment, returned a BAC OF .152, slight tremor in hands, sweats and nil signs of intoxication. Adrian was quite agitated when Michael was asking standard Assessment questions

'I felt very uncomfortable when assessing Adrian. He seemed very agitated when I would ask him questions, so I found that I rushed through the questions. I now feel like I didn't get all the information I needed and will have to ask him back again. He seemed pre-occupied with his housing situation, so I gave him some information about housing options. I also provided some education about diabetes & the dangers of alcohol consumption. I encouraged him to go to his GP for a check-up. I forgot to get his informed consent & didn't get him to sign a release of information. I said I would put him on the waitlist for detox, and promised him I would fast track him, and call him early next week to update him. I said this just so that I could end the assessment. What else should I have done. I have been feeling really stressed since the assessment & don't think I'm very good at my job"