Acknowledgement of Country

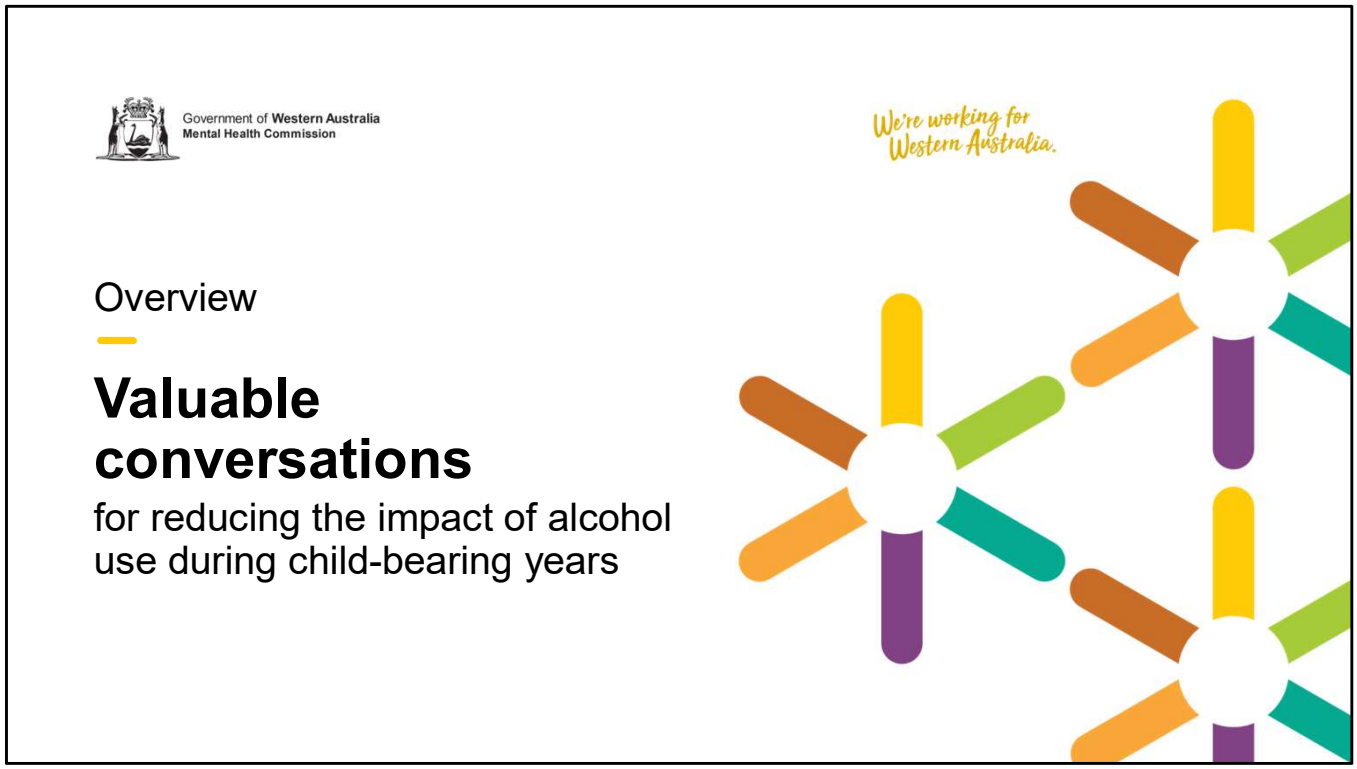
We acknowledge the Traditional Custodians of the land on which we meet today.

We honour all past and present Elders as the care takers of the memories, culture and dreams of Aboriginal and Torres Strait Islander people.

Delivery information:

Acknowledgment of Country

- We acknowledge the Traditional Custodians of the land on which we live and work.
- We honour all past and present Elders as the care takers of the memories, culture and dreams of Aboriginal and Torres Strait Islander people.



Aim of slide:
To introduce the presentation

Delivery information:
This presentation was developed from the *Valuable Conversations* training (the Training) to assist participants with sharing information with colleagues and/or community members.

For support to customise the slides contact:
Dionne Aitken – dionne.aitken@mhc.wa.gov.au

Fetal Alcohol Spectrum Disorder (FASD)

- FASD is caused by Prenatal Alcohol Exposure (PAE).
- The placenta does not provide a barrier against PAE.
- The developing embryo/fetus is sensitive to the teratogenic (toxic) effect of alcohol from two weeks.
- The impact of PAE is difficult to predict and can be lifelong:
  - Time
  - Dose
  - Pattern
- A national FASD diagnostic criteria was published in 2016 and requires a multidisciplinary team; it is a time intensive process.
- Shaming women about their alcohol use stops engagement for behaviour change and/or accessing support.

**** This slide contains animated content ****

Aim of slide:
The purpose of this slide is to establish a foundation of FASD knowledge for the next two days

Delivery instructions:
Remind participants about foundational concepts of FASD:

- Fetal Alcohol Spectrum Disorder (FASD) is caused by Prenatal Alcohol Exposure (PAE), specifically:
  - Dose (how much) of alcohol
  - Pattern (how frequently) of alcohol consumption
  - Timing of fetal development (the stage of growth)

- Diagnosis …
  … is a multidisciplinary, time intensive process (We have heard it can take up to 18 months – 2 years) involving
  - Paediatrician
  - Speech pathologist
  - Occupational therapist
  - Psychologist

  … can be obtained with or without confirmed PAE

… may have a combination (0-2; 3) of the following three sentinal facial features:

- Thin upper lip
- Smooth philtrum
- Small palpebral fissures (the diagnostic criteria accounts for ethnic differences in eye shape and size)

… includes assessment of 10 neurodevelopmental domains (impairment in at least 3)

- Brain structure/neurology
- Motor skills
- Cognition
- Language
- Academic achievement
- Memory
- Attention
- Executive function, including impulse control and hyperactivity
- Affect regulation
- Adaptive behaviour, social skills or social communication

There are a variety of reasons women use alcohol during pregnancy. Shaming women about their alcohol use stops engagement for change.

- The National Health and Medical Research Council (NHMRC) guidelines were developed in consultation with leading experts in the field of alcohol related harm and public health. The Guidelines (NHMRC, 2020) are based on what the evidence says about the effects of drinking alcohol are categorised by:
    1. Healthy men and women
    2. Children and young people
    3. Pregnancy and breastfeeding (or PAE):
    - No safe time during pregnancy for alcohol use
    - No safe type of alcohol
    - No safe amount of alcohol

- Research on prevalence:
    - approx. 2-5% of general population (more in specific populations, e.g. foster care and custodial settings – 36%

Banksia Hill study, 2018)

- The **impact of PAE is difficult to predict** and can be lifelong
    - Largely no facial features (estimated to be around 80%)
    - Secondary issues associated with FASD; areas affected include:
        - Education
        - Incarceration
        - Difficulty being independent in adulthood

    It's important to acknowledge there is a general lack of professional awareness/confidence in addressing alcohol use during pregnancy

    - Guilt and shame of birth parents
    - A recent twin study – each child was unique and could be affected differently with both being exposed to alcohol in-utero
    - Each pregnancy unique – will need to take into account the number of pregnancies the a women has had previously with FASD effected children

- **Other training and information**
    - NO FASD Hub – online training and heaps of information and videos

Notes does not need to be delivered – Liliwan project backgound
Liliwan project - To establish the prevalence of FASD and other health and developmental problems in all children born in 2002 and 2003 and residing in the Fitzroy Valley. Determine relationships between pregnancy exposures and neurodevelopmental outcomes.

Additionally, the researchers undertake to provide individual, multidisciplinary health management plans for each participant and to deliver education and family support to increase the benefit of the study to participants and their communities.

The Lililwan Project research team interviewed over 130 mothers in the Fitzroy Valley, who were pregnant before the alcohol restrictions were imposed in the Fitzroy Valley, then assessed around 100 of their

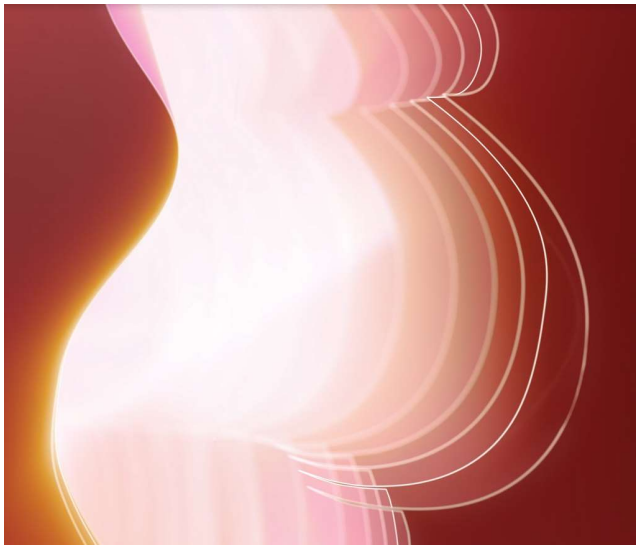
children. They found that the concerns of the community were correct. Approximately 55% of the mothers interviewed had consumed alcohol during their pregnancy and FASD had severely impacted the growth, behaviour and learning abilities of children in the Valley.

- 1 in 5 children have FASD, some of the highest known rates in the World
- 1 in 7 children have neurodevelopmental disorders associated with alcohol exposure
- Almost 10% of children with FASD have significant motor impairment

References: (05/05/22 – STILL NEEDED)

Banksia Hill
Lililwan
NHMRC (2020)
Bowra et al (2016)

Placenta Animatic



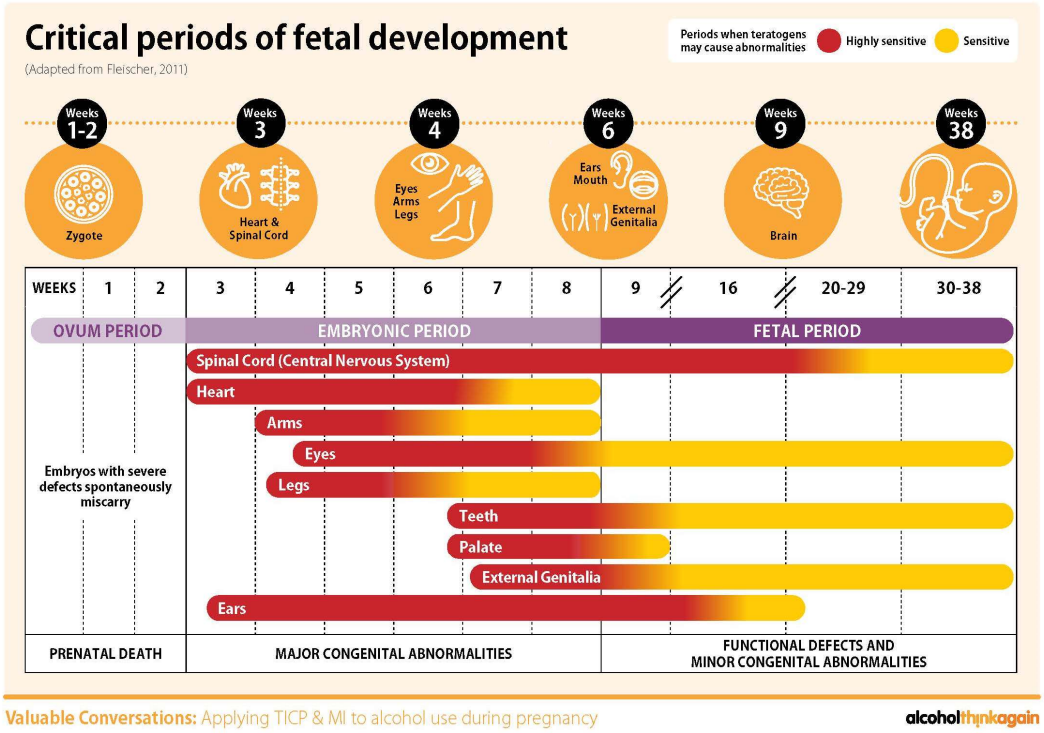
https://alcoholthinkagain.com.au/alcohol-your-health/alcohol-during-pregnancy/

Aim of slide:

The purpose of this clip is to introduce the AlcoholThinkAgain animatic as a resource for using with clients of childbearing age.

Background information:

This 1:34 min clip provides an anatomical description of how the placenta does not protect the fetus from exposure to alcohol molecules.



Aim of slide:

The purpose of this slide is to provide participants with a reminder about fetal development and teratogenic sensitivity

Delivery information:

Physical features (such as sential facial features) which make up part of FASD diagnosis are more or less indicators of FASD and aren't actually part of the disability itself; rather they represent the point of alcohol exposure during gestation (McGynn, no date):

- 47% of pregnancies are unplanned
- Health professional advice can be contradictory and incorrect

So, back to this diagram and alcohol exposure factors:

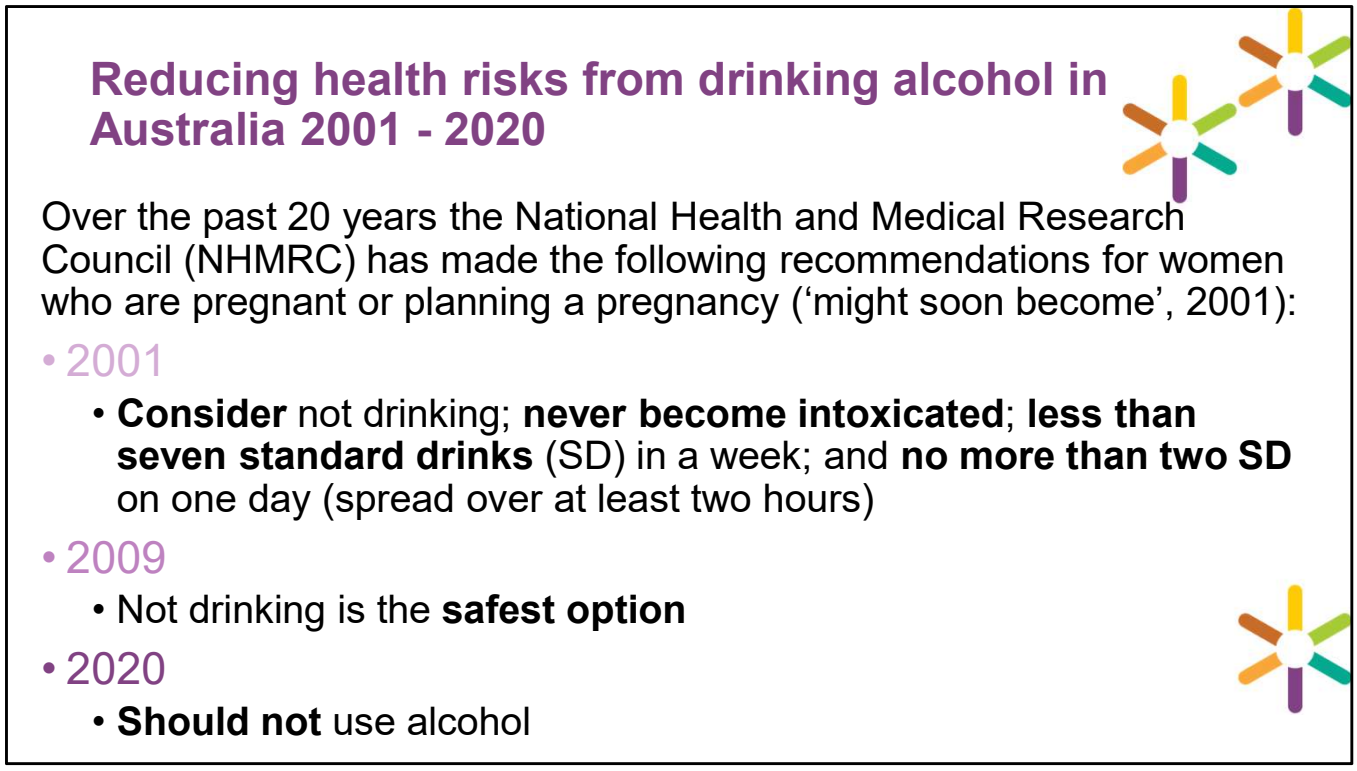
- Dose - how much alcohol is consumed
- Pattern - whether alcohol is used continuously, sporadically or in heavy episodic use (binge drinking)
- Timing - different organs and body systems are being developed throughout pregnancy. (Chudley et al., 2005; May & Gossage, 2005)
- The mother and fetus' genetics and metabolism will have an impact on the effect of alcohol on the developing fetus by influencing how efficiently alcohol is processed by the body.

Additional information:

Hemingway, S (no date) University of Washington; https://www.youtube.com/watch?v=AeEP5rVyxgo

McGynn, V (no date) NZ Neurologist - https://www.youtube.com/watch?v=CIIol3ij0pE ; 54 min mark)

- Fetal genetic make up influences the impact of alcohol exposure. In twin studies from the USA have found that identical alcohol exposure can lead to different levels/expressions of damage (Dr Susan Hemingway, 2019 – University of Washington; https://www.youtube.com/watch?v=AeEP5rVyxgo). That is to say, fraternal (non-identical genetic make up) twins have differing degrees of sensitivity to teratogens where one fetus experienced greater risk than the other. These findings support the recommendation that 'no alcohol use during pregnancy' is best for the baby and the importance of the message that **it is never too late to stop or reduce alcohol use** during pregnancy it's the best approach to support women.



Aim of slide:
The purpose of this slide is to illustrate the development in FASD research and understanding that there is no safe level of PAE

Delivery instructions:
In **2001**, the alcohol guidelines for women who are pregnant or might soon become pregnant recommended:

- may consider not drinking at all
- most importantly, should never become intoxicated
- If they choose to drink, over a week, should have less than 7 standard drinks, AND, on any one day, no more than 2 standard drinks (spread over at least two hours)
- should note that the risk is highest in the earlier stages of pregnancy, including the time from conception to the first missed period

Alcohol in a woman's blood stream enters that of her unborn child, and this may affect the child from conception onwards. It is difficult to identify exactly the lower levels of drinking at which alcohol may cause harm to the child and, for this reason, a woman may consider not drinking at all.

Nevertheless, while more high quality research is needed, the limited available evidence indicates that averaging less than one drink per day has no measurable impact on children's physical and mental development.

The evidence indicates that episodes of drinking above the guideline levels considerably increase the risk to the unborn child, including the risk of miscarriage, low birth weight, cognitive defects and congenital abnormalities. Heavy bouts of

drinking maximise that risk.

This was changed in **2009** to women who are pregnant, planning a pregnancy or breastfeeding: that **NOT** drinking alcohol is the safest option.

The current **(2020)** advice for pregnancy is as follows:
To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.
No safe level of alcohol consumption during pregnancy has been identified.

- When a woman drinks alcohol during pregnancy, so does the developing baby. The baby's blood gets about the same level of alcohol as the mother's blood.
- A baby's brain starts growing very early in pregnancy, often before the mother knows she is pregnant. Drinking alcohol in pregnancy can damage the baby's brain which can cause fetal alcohol spectrum disorder (FASD). FASD leads to many lifelong problems including learning and behavioural issues during childhood and adult life.
- The risk of harm to a baby increases the more alcohol a mother consumes, and the more frequently she drinks. It does not mean the developing baby will always be harmed if a woman drinks while pregnant. Every pregnancy is different and there are a range of factors that play a role in determining the risk.

The current advice for breastfeeding is as follows:
For women who are breastfeeding, not drinking alcohol is safest for their baby.

- If a mother drinks when she is breastfeeding, the alcohol crosses into the breastmilk.
- If a mother breastfeeds her baby while there is still alcohol in her breastmilk, the baby also drinks the alcohol.
- When a mother drinks alcohol while breastfeeding, the baby can have problems feeding and sleeping.
- A baby's brain keeps developing after it is born. This means an infant's brain is more sensitive to damage from alcohol than an adult brain.

References:
NHMRC (2001, 2009, 2020)

What is trauma?

- Wide range of experiences
- Single or repeated events
- Interfere with a person's ability to cope or to integrate
- Actual or perceived threat to life, bodily integrity and/or sense of self
- Impacts can be cumulative across the lifespan

(MHCC, 2013)

Aim of activity:
The purpose of this slide is to provide a definition of trauma.

Delivery information:
Trauma can be defined as the result of any experience that overwhelms a person and can render them helpless (van der Kolk, 2019). It can be any event that involves a person being exposed to actual or threatened: death, serious injury or sexual violence. Almost everyone who experiences trauma will be emotionally affected, but not everyone will respond in the same way (Phoenix Australia, 2019). Traumatic events are "extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary adaptations to life" (Herman, 1997, p.33).

However, it is important to note that one can experience a traumatic event, without developing a trauma response; two people can see the same event and one is traumatised and the other is not.

Points to consider:
- Trauma is subjective and **can have a number of different meanings**.
- Trauma **theory is a relatively new concept**, having emerged in the 1970s in recognition of the experience of Vietnam Veterans. Until relatively recently in the field of social sciences, a traumatic event was thought to be an event outside of the normal human experience, such as war or a natural disaster (American Psychiatric Association, 1980). However, the term has been broadened to include a wider range of events such as family and domestic violence, child abuse, and

racism. Recognition of impact is growing.

- In the context of this event we will use the Mental Health Coordinating Council (MHCC, 2013; peak body for MH services in NSW) definition: traumatic events are either **one-off events**, such as a car accident; or **re-occurring events,** such as on-going child abuse.
- There's also a compounding impact – that is a person who is having difficulty coping with their trauma can have an increased risk of susceptibility to further trauma (e.g. AOD use).

Reference:

MHCC is Mental Health Coordinating Council (Australia) – from Mental Health Coordinating Council (MHCC) 2013, *Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction,* Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group, Authors: Bateman, J & Henderson, C (MHCC) Kezelman, C (Adults Surviving Child Abuse, ASCA)

Creating a trauma-informed organisation

According to Poole (2013), becoming a trauma-informed service starts with acknowledging:

- The high prevalence of trauma.
- That trauma can impact on a person's psychological and neurobiological development.
- People do the best they know how in order to survive; these adaptations are functional.
- Trauma, substance use, mental health and physical health problems are interrelated.

Aim of activity:
The purpose of this slide is to solidify the need in participants' minds for TICP

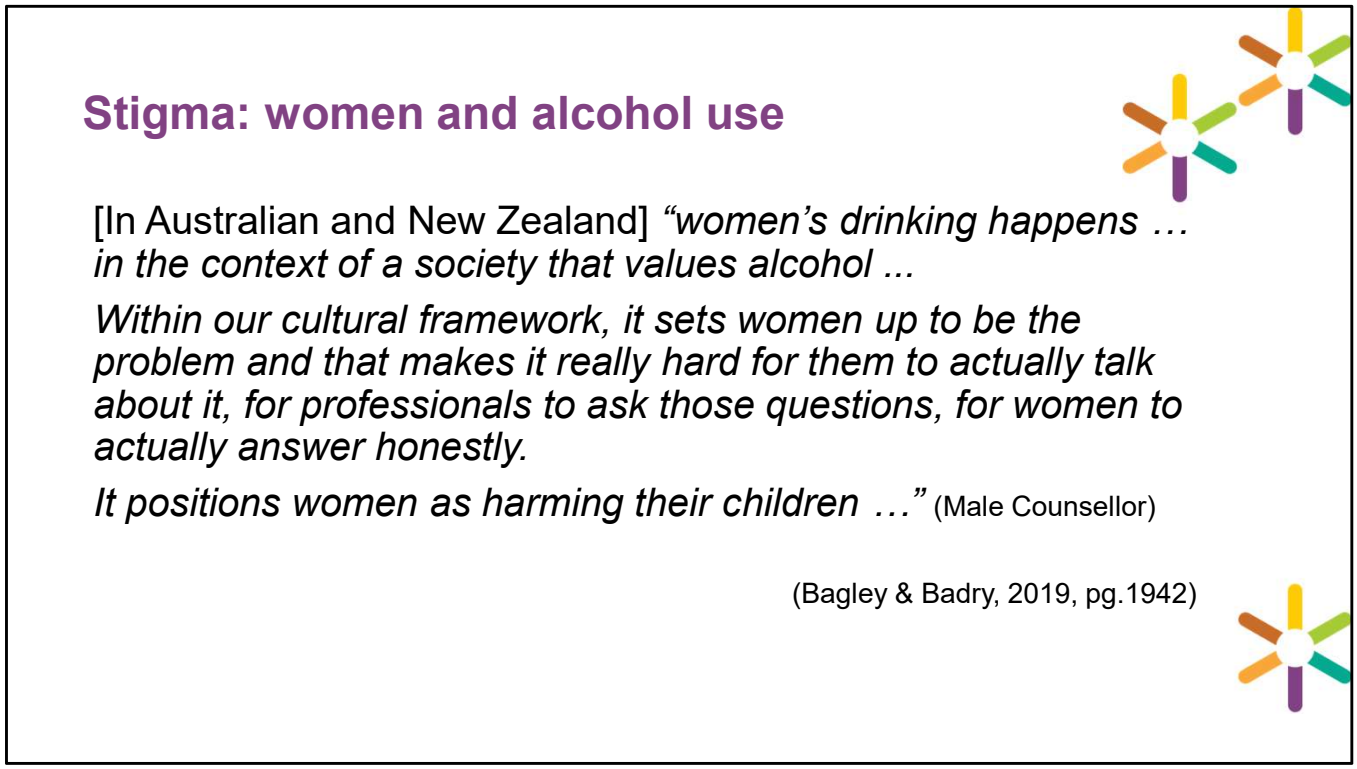
Delivery information:
Nancy Poole is a Canadian researcher and global leader in FASD and women-centered practice.

According to Poole (2013), becoming a trauma-informed service starts with acknowledging:

- The high prevalence of trauma
- That trauma can impact on a person's psychological and neurobiological development – epigenetics inside of trauma and FASD. Stress in pregnancy including the generational impact
- **People do the best that they know how, in order to survive, and that these adaptations are functional.**
    - ***Ask participants,*** *"What function might alcohol use during pregnancy serve for clients?"*
- Trauma, substance use, mental health and physical health problems are interrelated – agencies can adjust to be Trauma informed – supportive alcohol policy and agency policy.
    - Way too simplistic to tell women to "just stop drinking alcohol" (similar to Nancy Reagan's "Just say 'no' to drugs" campaign in the 80s".
    - It is important to consider, "Is the AOD use during pregnancy is a response to stress and coping with trauma or a history of trauma?"

Furthermore, TICP requires (Poole, 2013):

- A shift in organisational culture
- Affects all aspects of service delivery
- Applies to all staff - not just clinicians
- Embedded in culture, policies, procedures
- Begins with a widespread recognition of the impact trauma has on mental health and AOD use



Aim of slide:

The purpose of this slide is to highlight that alcohol use by women, whether pregnant or not, occurs in a social construct. It is important to be mindful, and challenge ourselves where necessary, on ways we may perpetuate shame and stigma around PAE and FASD.

Delivery information:

In this quote taken from a Bagley & Badry (2019) qualitative research among service providers in New Zealand. In this quote a participant (Male Counsellor) poignantly reflects on the social construct in which alcohol use during pregnancy occurs. His thoughts/words highlight the broader issue of PAE; specifically the societal value of alcohol consumption. In a hierarchy, for some clients alcohol abstinence during pregnancy may be competing with alcohol saturation and normalisation.

Adding a TICP lens to this statement can be helpful in navigating how to explore a pregnant client's alcohol use.

Additional information:

Bagley and Badry assert, "the name 'fetal alcohol spectrum disorder' is itself loaded with stigma, as it clearly identifies the etiology of the problem". Furthermore they contend there is a "need … to reframe FASD as a public health problem that warrants the same supports and services as any other lifelong disability.

Reference:

Bagley, K. & Badry, D (2019) How Personal Perspectives Shape Health Professionals' Perceptions of Fetal Alcohol Spectrum Disorder and Risk. *International Journal of*

Environmental Research and Public Health, 16(11), 1936-1949

Benefit of Motivational Interviewing (MI)

- Client focussed approach to working with their ambivalence.
- Builds participant understanding of their own Righting Reflex.
- Incorporates the Spirit of MI:
  - **Compassion**
  - **Acceptance**
  - **Partnership**
  - **Evocation**
- Considers micro-counselling skills of **OARS** and **Ask-Offer-Ask**

Aim of slide:
The purpose of this slide is to highlight that alcohol use by women, whether pregnant or not, occurs in a social construct. It is important to be mindful, and challenge ourselves where necessary, on ways we may perpetuate shame and stigma around PAE and FASD.

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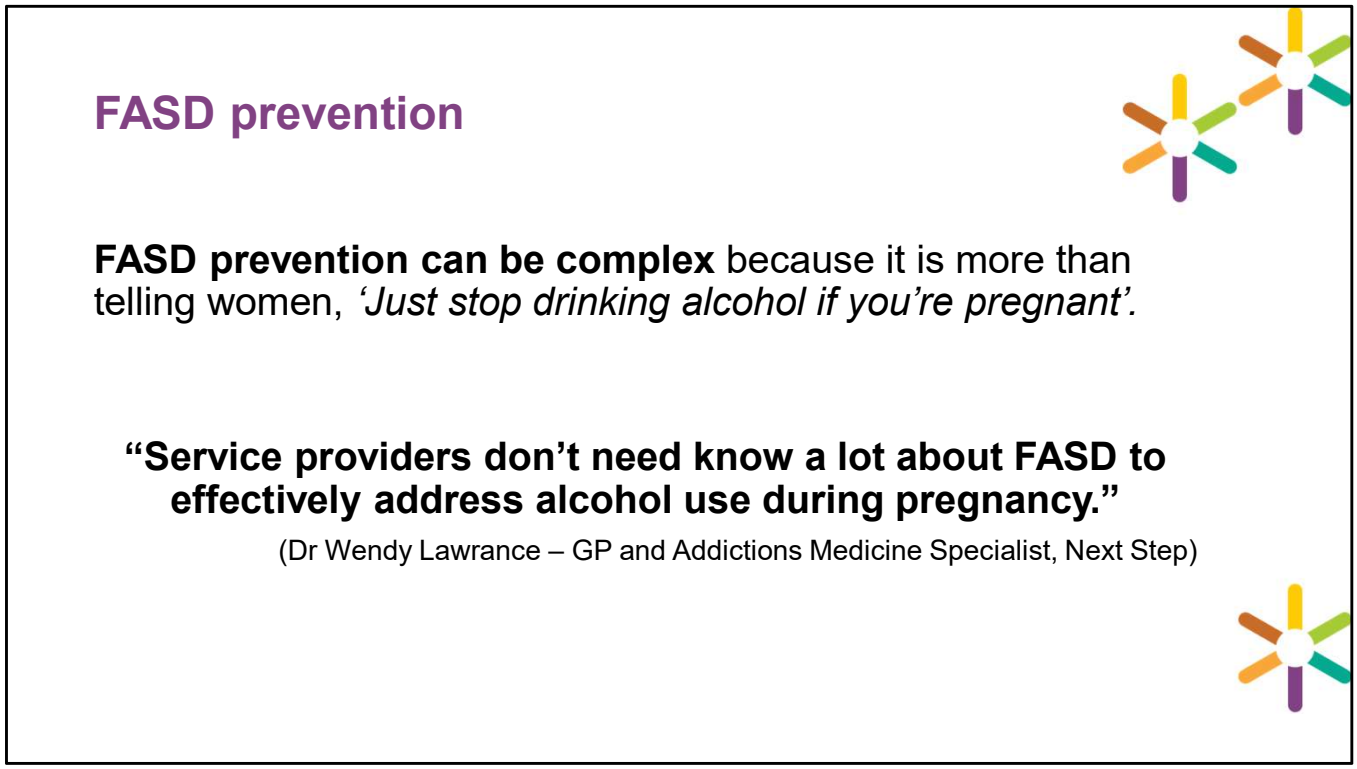
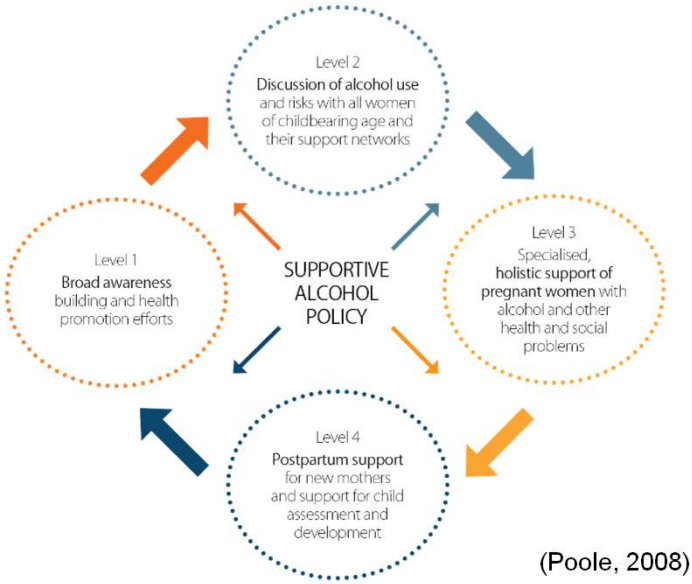


Aim of slide:
The aim of this slide is to introduce FASD prevention

Delivery information:
Prevention refers to a range of activities, strategies and/or processes that seek to **prevent uptake**, **delay onset** and **reduce harms** associated with an activity such as alcohol use, with a focus on **individuals**, **groups** and **communities**.

FASD prevention can be complex because it is more than telling women, *'Just stop drinking alcohol if you're pregnant'.*

Holistic prevention framework



(Poole, 2008)

Aim of slide:
The purpose of this slide is to introduce or remind participants of how holistic FASD prevention can be delivered.

Delivery information:
Holistic FASD prevention

Pool (2008) developed a woman centred approach to overarch the four levels of FASD prevention. These four levels interact to provide a comprehensive approach to FASD prevention that is underpinned by supportive alcohol policy.

Level 1 **- Broad awareness** is directed to all sectors of society, including girls and women of childbearing years and can:

- **reduce stigma** among women who drank prior to pregnancy confirmation
- **raise awareness** of the risks of drinking in pregnancy, and alternatives to alcohol use during pregnancy
- **signal** where help for those who need support for managing drinking is available
- **promote** involvement by community members in bringing awareness to action on FASD prevention

Level 2 **- Discussion of alcohol use** involves a system-wide **commitment** from all service providers working with women of childbearing age around alcohol use.
A brief intervention (BI) is a useful guide for engaging in discussions around alcohol use and pregnancy (especially for service providers in roles outside the alcohol and

other drug sector) and will be discussed later in this module.

Level 3 **- Specialised Prenatal Support** provides treatment for women who are alcohol dependant during pregnancy. Services operate from a harm reduction perspective by:

- **engaging** women in antenatal care
- **promoting** health and nutrition of women and their children
- **providing** education, support and referrals

Level 4 **- Postpartum Support** assists mothers to make and maintain changes to their alcohol use by:

- **providing** postnatal support to mothers who have been unable to make (or maintain) changes to their alcohol use
- **supporting** families through assessment processes
- **recommending** early interventions for children who may have FASD

Supportive alcohol policy addresses the context of alcohol use for women of childbearing age and is essential to the success of FASD prevention.

Strategies may include:

- liquor outlet density regulation
- regional alcohol management plans
- health focused media campaigns
- regulation of alcohol pricing and liquor outlet trading hours.

Campaign

https://alcoholthinkagain.com.au/campaigns/alcohol-and-pregnancy-one-drink/

Aim of slide:
The purpose of this clip is to share the AlcoholThinkAgain 'one drink' campaign.

Background information:

This 1:00 min clip reinforces the NHMRC's (2022) guideline that women who are pregnant or planning a pregnancy should not use alcohol.

Brief Interventions (Level 2-4 FASD prevention); using the AUDIT-C

The AUDIT-C is a screening tool initially developed by the World Health Organization (1989). An overall risk to health from alcohol use is assessed using the amount and frequency of consumption.

An understanding of standard drink measure is important for correctly administering the AUDIT-C.

When combined with education and support, the AUDIT-C is a useful aide in providing client's with information to stop/reduce their alcohol use during pregnancy.

Aim of slide:

The purpose of this slide is to introduce or remind participants of the AUDIT-C as an assessment tool for risk of harm from alcohol use

Delivery information:

The AUDIT-C is a shortened version of the 10-item AUDIT tool, first developed by the World Health Organization in 1989. AUDIT-C has been validated for use with pregnant women and is recommended for use by an Australian study that examined what questions should be asked about alcohol consumption and pregnancy.

References:

- Burns E, Gray R, Smith LA. Brief screening questionnaires to identify problem drinking during pregnancy: a systematic review. Addiction. 2010 Apr;105(4):601-14. doi: 10.1111/j.1360-0443.2009.02842.x. PMID: 20403013.
- Dawson, D. Grant, B., Stinson, F. and Zhou, Y. (2005). Effectiveness of the derived Alcohol Use Disorder Identification Test (AUDIT-C) in screening for alcohol use disorders and risky drinking the US general population. Alcohol Clinical and Experimental Research Vol 29, No 5. Pp: 844-854.
- Halliday et. al, (2017) *Alcohol consumption in a general antenatal population and child neurodevelopment at 2 years*
- **Murdoch Children's Research Institute** (2010). Alcohol in Pregnancy: What questions should we be asking? Report to the Commonwealth Department of Health and Ageing. AQUA Project (Asking Questions about Alcohol in pregnancy), Victoria.

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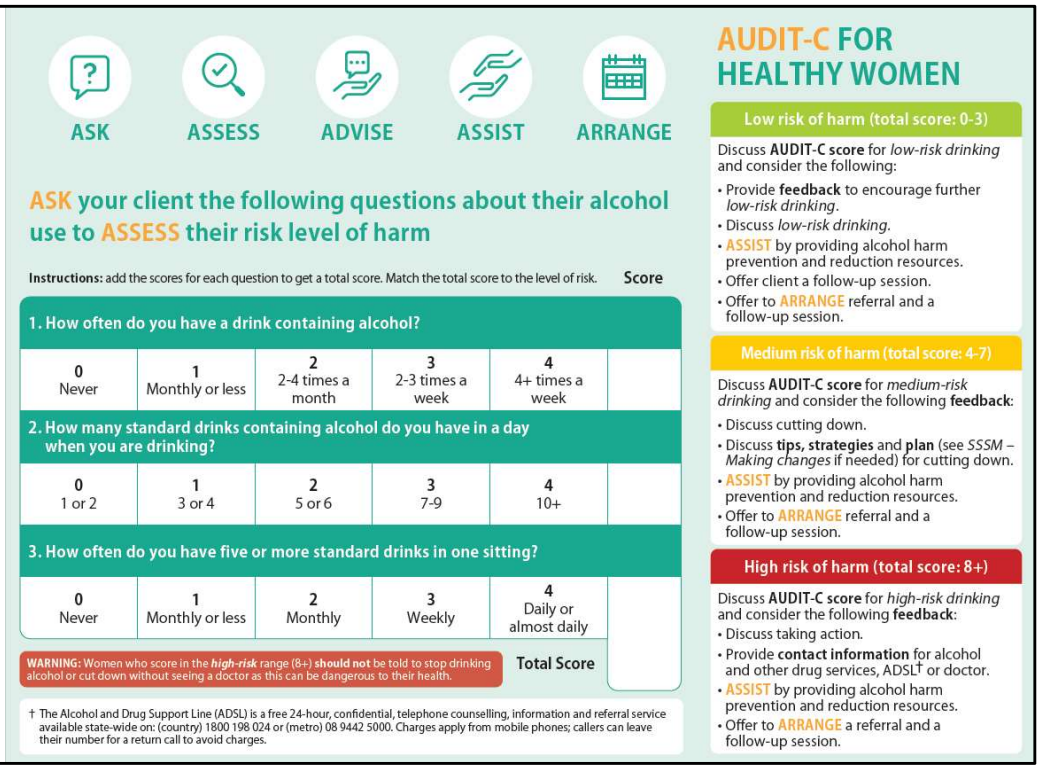


Aim of slide:

The purpose of this slide is to introduce/remind participants of this tool (they will be using it in *Activity 4: AUDIT-C and Five As with Emily*)

Delivery information:

This version of the AUDIT-C was developed for use with healthy women as part of the *Healthy women and pregnancies - Aboriginal focus on FASD prevention in communities* resource kit (MHC, 2019).

Clients are asked to answer the following questions:

- How often do you have a drink containing alcohol?
- How many standard drinks of alcohol do you drink on a typical day when you are drinking?
- How often do you have 5 or more drinks on one occasion?

Each question has a score and once added up, you will correlate feedback regarding risk of harm depending on the client's score.

Understanding the AUDIT-C score

Across the bottom of the Audit-C are three boxes – green, yellow and red.

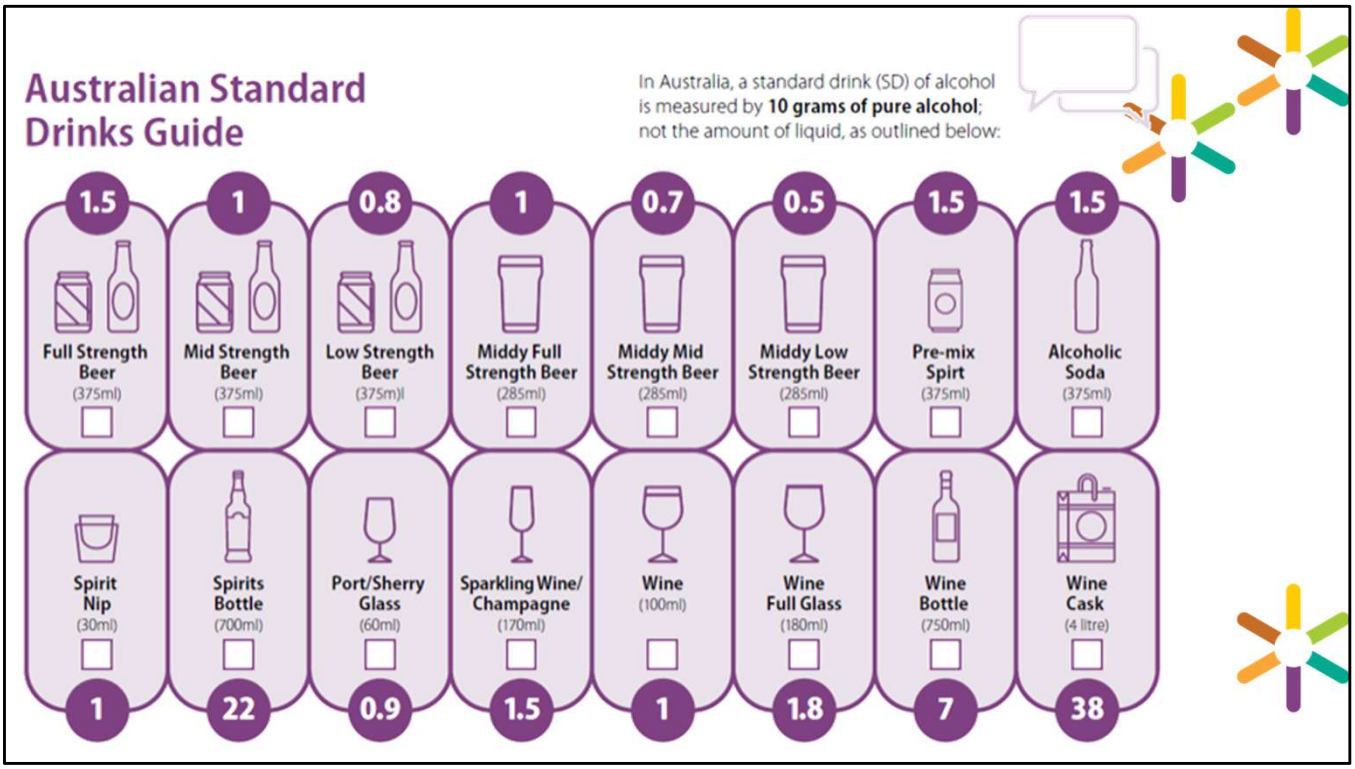
A score of **0-3 females** indicates a **'low risk'** pattern of drinking. (green box)
A score of **4-7 for females** indicates a **'risky'** pattern of drinking. (yellow box)
A score of 8+ indicates a **'high risk'** pattern of drinking. (red box)

*****Warning******
Women who score 8+ should not be advised to stop drinking without being assessed by an AOD service or a doctor.

Feedback on AUDIT-C scores are based on healthy adults. People who have health problems such as diabetes, or are on medications that interact with alcohol should seek advice from their doctor.
Any questions about the Audit-C?

Note that the AUDIT-C scores indicate harm to the woman, not to the developing fetus. However, an AUDIT-C score of 0 would indicate no risk of alcohol-related harm to the developing fetus as no alcohol is being consumed by the mother.

Ask participants, *"How could you deliver AUDIT-C results in a TICP and MI consistent way?"*

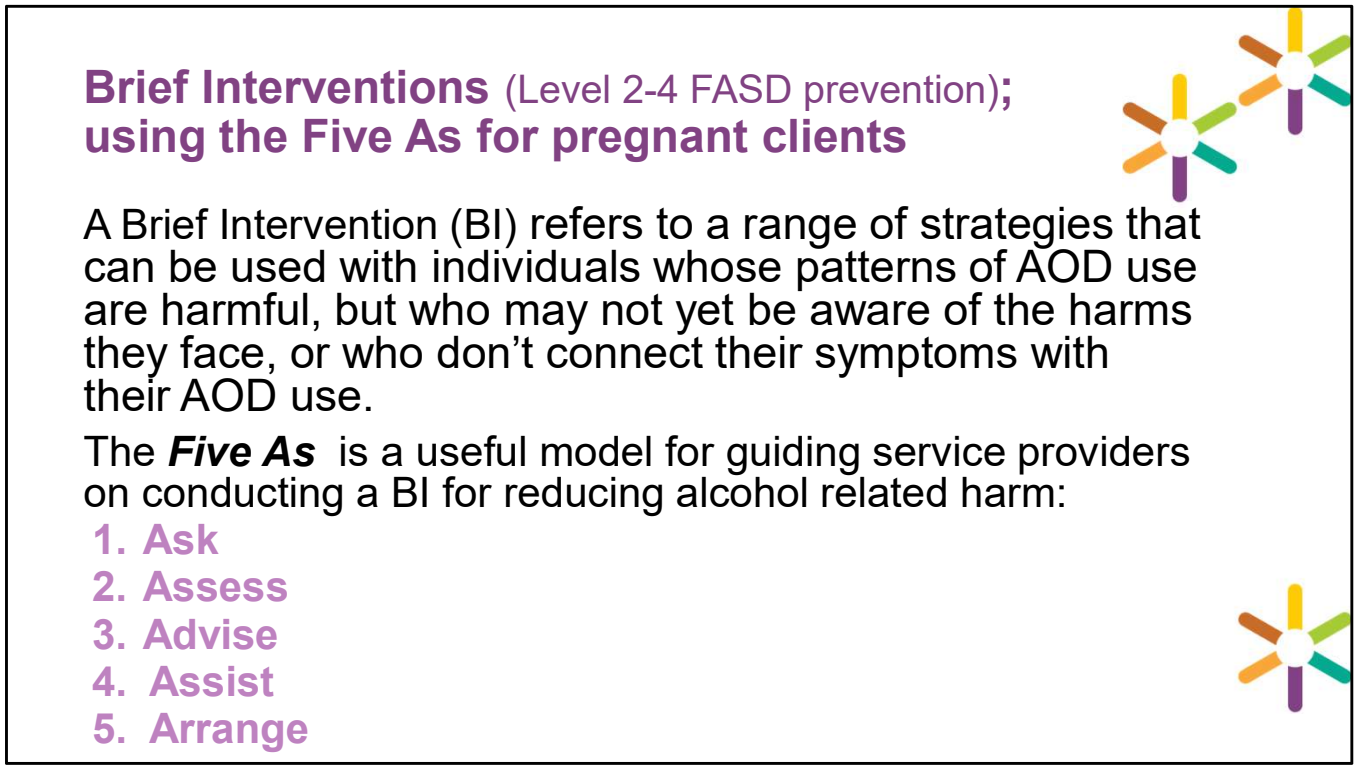


Aim of slide:

The purpose of this slide is to provide participants with a reference point for Standard Drink measures prior to their Five As and AUDIT-C practice

Delivery instructions:

- An Australian standard drink contains 10 grams of alcohol (12.5 mL pure alcohol).
- Other countries have different measures for standard drinks (e.g. in Canada a standard drink contains 13.5g alcohol.)
- Different alcoholic drinks contain different amounts of alcohol.
- A standard drink is a measure of the amount of alcohol in a drink, not the amount of liquid.



Aim of slide:
The purpose of this slide is to introduce or remind participants of the Five As

Delivery information:
The *5 As* is a useful model for guiding service providers on conducting a BI for reducing alcohol related harm.

It offers a set of simple "how-to guidelines" (Whitlock, et al., 2002):

1. **Ask** ***all*** women of childbearing age about their alcohol use
   - This includes asking your client for permission to ask about their alcohol use
2. **Assess** their level of alcohol use with a comprehensive assessment
   - The **AUDIT-C** will be presented in subsequent slides
3. **Advise** all women that no alcohol use when planning a pregnancy, during pregnancy or breastfeeding is safest
   - Give support and information about the NHMRC guidelines (2019) with the assurance that stopping use at any time decreases harm
4. **Assist** women to reach their health goals through: information; counselling and care
   - Treatment and management options including **motivational interviewing**, which will be presented in subsequent slides
5. **Arrange** appropriate referrals
   - Such as follow up care yourself or appropriate referrals for client care and support

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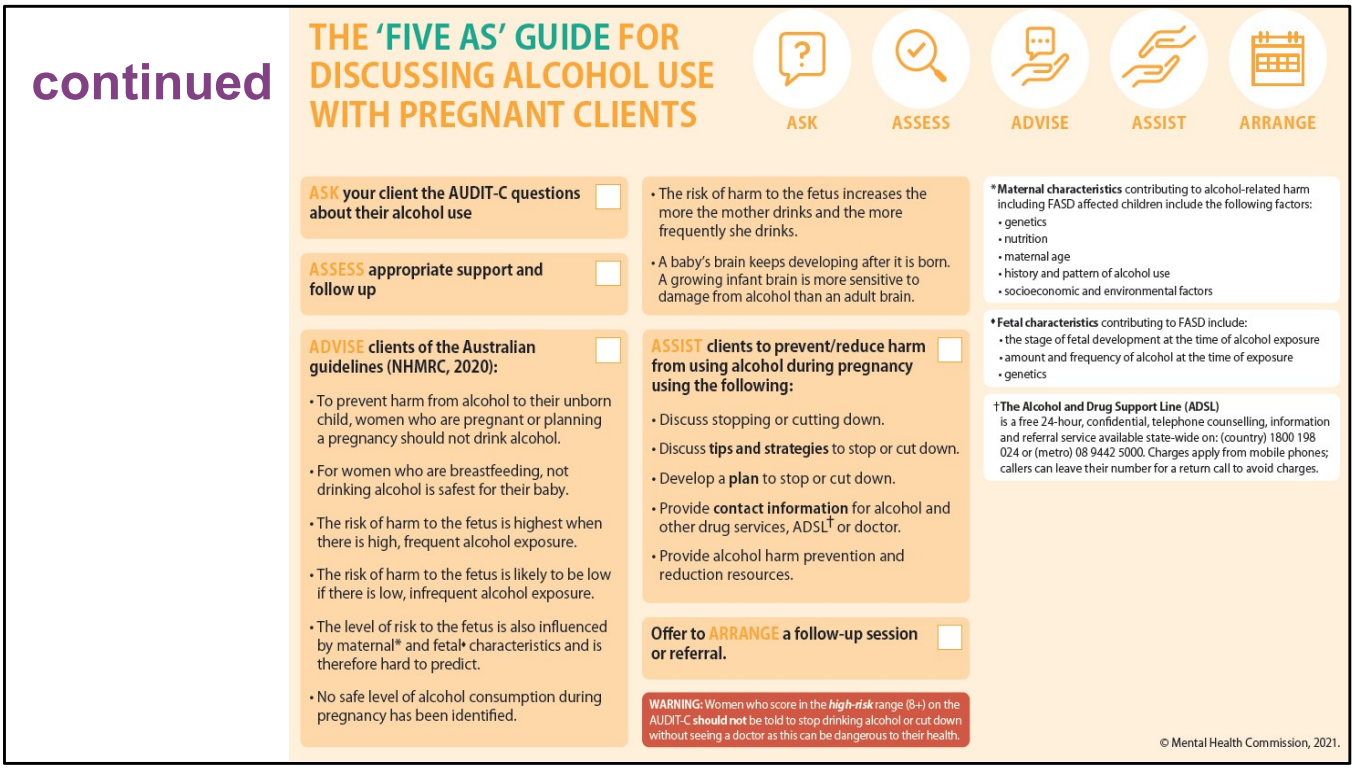
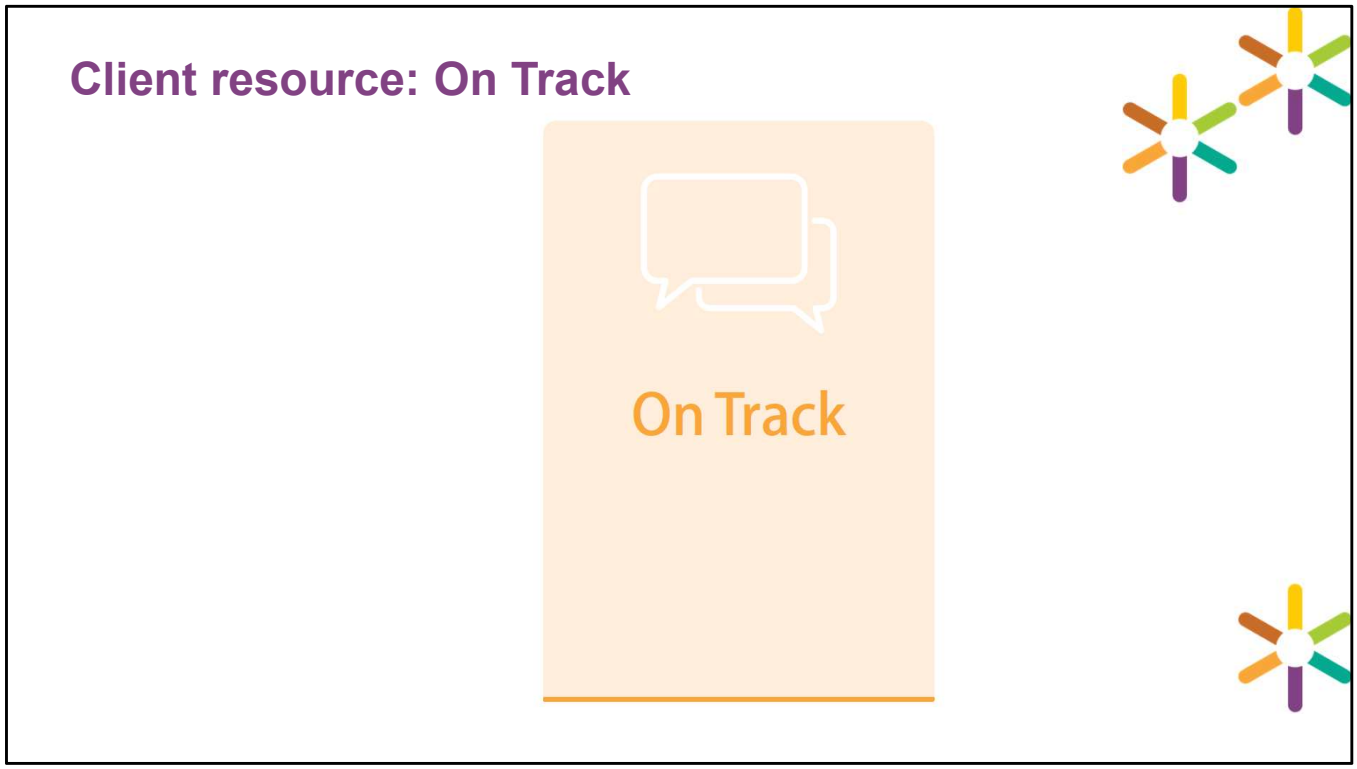


Aim of slide:

This version of the Five As was developed for use with healthy women as part of the *Healthy women and pregnancies - Aboriginal focus on FASD prevention in communities* resource kit (MHC, 2019); it offers a guideline for participants to use with how to best direct their clients.

Delivery information:



Aim of slide:
The purpose of this slide is to prompt distribution and discussion around the tracking resource to assist participants when working with clients who are trying to reduce or stop their alcohol use.

Delivery instructions: **(30 mins)**

This resource booklet is designed to help clients track and understand their alcohol use with the aim of changing their consumption levels. It was developed on the *Here's to your Health Drink Diary*. Clients choose to use On Track as a personal record or to discuss their progress with a support person (friend or service provider).

On Track is made up of four parts:
1. Useful Contacts and Support as well as a notes page are located in back.
2. Information for Change
Each week clients are provided with information to increase their knowledge and build their confidence for success

- **Week One** – Australian Standard Drinks Guide
- **Week Two** – Stages of Change Model
- **Week Three** – Australian Guidelines to Reduce Health Risks from Drinking Alcohol
- **Week Four –** Interaction Model

3. Tracking Changes
Using On Track to keep daily records can be helpful to show clients their progress and help maintain their motivation. Each day has a column to help clients record the following information across the week:

- **Standard Drink (SD) type and amount** – see the graphic on page. 4-5; they can use a ✔ in the blank boxes to identify their preferred drink/s **(reminder: that one drink doesn't**

necessarily equal one SD).

- **Money spent/saved** – tracking how much money clients spend (or save on the days they don't drink) can be very motivating.
- **Situation** – when clients drink, they could record where they are; who they're with and what's happening.
- **Overall mood** – clients can also record their thoughts, feelings and mood before, during and after drinking; including if they had any urges or cravings and what actions you took (e.g. drank, drank less than normal, resisted drinking).

4. Following each week there is also a space for you to record:

- **Weekly Reflections** can be very helpful to think about what worked well and what they would like to focus on or get extra support for.
- **Weekly Goals** setting goals (even small ones) gives clients an opportunity to include your hopes and dreams in their change journey.

Group discussion around resource.

- **A digital version will be available in A5 and A6 size at the QR code.**

Thank you

https://www.mhc.wa.gov.au/training-and-events/training-for-professionals/alcohol-and-other-drug-training/

Delivery information:

The link in this slide is for AOD training events offered to professionals.