

Practice tips to support and engage consumers during COVID-19

COVID-19 has created challenging and unprecedented times. It has changed the way alcohol and other drugs (AOD) services deliver treatment and support. For people experiencing AOD issues and seeking help, or who are currently engaged in treatment, this can be a particularly stressful time.

This factsheet has been developed for people working in AOD services. It has been developed in consultation with consumers of NADA member services, to provide practice tips for supporting people engaged in treatment during this time. It is not an exhaustive list of tips, as there is no one-size-fits all approach. Everyone has different needs and ways of coping during stressful times, so being person-centred is important.

‘The thing that has really helped me during this time is having someone there to talk to. I’m not necessarily looking for someone to solve my problems but having people there to listen and to feel validated, has helped me cope’ (Tammy, residential rehab).

The most common feedback from consumers about what support has been the most helpful during COVID-19, was ‘having someone to listen to’. You are not expected to always solve the problem but being there to listen and validate is important.

‘What’s helped me is the support. To be reassured and listened to is not something I’m used to coming from the life I have. I came here full of fear and this place has allowed me to feel safe enough to talk about what really on my mind’ (Chris, residential program).

Create a safe space for your client to talk freely. Normalise, validate and reflect their experience. This helps to provide comfort and connection as well as removes any stigma, in that moment from whatever the person is going through.

‘I have a children’s court matter and was directed to complete a relapse prevention course. After a couple of sessions, the group stopped running. We were not referred on anywhere else. My next court hearing isn’t for a couple of months and I’m stressed that this might impact chances of restoration’ (May, community AOD program).

We are in uncertain times. To ease anxiety related to uncontrolled changes to treatment, develop contingency and safety plans with your client.

Be transparent—have open conversations about any possible or planned changes to service delivery and what this may mean can help to give a sense of control and reduce stress.

‘Prior to COVID I was attending SMART groups, church, AOD counselling and doing volunteer work twice a week. I live with schizophrenia and the isolation has wreaked havoc with the voices and I have been suicidal a number of times’ (Ian, community AOD program).

Isolation is a key factor for all of us during COVID, particularly for marginalized groups who can already feel secluded. Making regular phone check-ins can help a client feel connected and supported, as well as encourage continued engagement.

'My caseworker referred to a counsellor who I could talk to over the phone because the group I was attending stopped running. My caseworker had given the counsellor some background information, which made that initial phone call a lot easier because I did not have to go over my story again' (May, community AOD program).

Where possible make warm referrals. Provide a direct contact that knows about the client's circumstances. This will help your client make contact and receive the support they need.

'I am in a residential program on my own. Though it can get lonely, the program has taught me the tools I need to look after myself. I have my own daily routine, go for daily walks and practice self-care. This has helped me keep a positive perspective' (Tammy, residential rehab).

Provide self-care strategies to help improve mental health. Even incorporating one healthy activity or act of self-care can be useful, such as drinking enough water and going for a walk.

'I live with an impairment so accessing zoom meetings was really challenging. I think a good idea would be to record the meetings and upload to you tube. Even though you won't be able to participate, you could hear how other people are coping' (Ian, community AOD program).

When working with people with intellectual, cognitive, and psychosocial disabilities use clear ways to share information. For example, do not only use written information.

Ask about technology literacy before providing or referring a client to telehealth services. As some people do not have access to technology or struggle with the use of smart phones.

'I used to get a lot out of seeing my AOD counsellor face to face once a week. It's just not the same over the phone. I have trust issues which can make it hard to talk freely... I have a lot of spare time on my hands now and boredom is a big trigger for me. I'm really lucky to be in a program and have support on hand' (Paul, residential program).

When stressed, people have a harder time managing emotions. Helping clients with some grounding techniques can be useful. If you notice changes in your client's behaviour this could be because of stress and fear. Some people struggle to talk about what is going on for them. Starting a conversation with 'are you ok...I've just noticed....' can really help.

Other useful resources:

[NADA resources for frontline workers and clients](#)

[Health grounding techniques](#)

[Narcotics Anonymous \(NA\)](#)

[Alcoholics Anonymous \(AA\)](#)

[Smart Recovery Australia](#)

[How to use zoom](#)

[Zoom for beginners](#)

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