

Case study #1

Stage 1

A client was referred by a family services organization for support with depression and anxiety. You have been seeing your client for a number of sessions. The client lives with their partner and two small children. He often mentions financial concerns and expresses irritation about how his partner manages the money he allocates her.

Stage 2

He recently lost his job and has indicated risky alcohol/drug behavior and trouble in his relationship with his partner. He has discussed on a number of occasions that he and his partner have verbal disagreements especially about money. At the latest session he is feeling very low and when drawn into a discussion he discloses that on the weekend after a drinking session he had an argument with his partner that escalated to violence.

Stage 3

The police attended an incident involving your client physically assaulting his partner. The police removed him from the home and the following week he had to attend court and an intervention order was issued. The client is now on a community corrections order and mandated to attend a Men's Behaviour Change program. A request has been made from Anglicare, the agency running the MBC program, seeking information regarding the client's current drug use.

Stage 4

The client discloses that he plans to see his children after school but you know there is an active IVO and their conditions on the current IVO that relate to the children and the father NOT being able to attend the school. Who would you share this information with? Why?

Case study #2

You are a practitioner at an AOD service and your client is the victim survivor of family violence. You have heard a similar story of escalating violence and have referred the client to the local FV specialist services. The partner is accessing MH services and you receive a request from this agency. The request is asking for details of your client's AOD use.