

QC55 Rob's care plan

Recovery goal	Clinical goal	Strategy
Feel better physically.	Safely manage alcohol withdrawal.	<ul style="list-style-type: none"> • Rob to continue to take diazepam (Valium) as detailed in the plan provided by Dr Smith (GP). • Rob to attend follow-up appointment with Dr Smith (GP) as booked on Monday (DD/MM/YYYY) for review (including need for further medication support). • Rob to have his partner attend this appointment with him to help his partner understand the GP treatment plan and recommendations. • Rob and Sam (AOD clinician) to engage in education about possible symptoms that might be present during initial and ongoing alcohol withdrawal. • With Rob's consent, Sam will send Rob's GP a copy of the care plan.
Feel better physically.	Physical health examination/tests.	<ul style="list-style-type: none"> • Rob to discuss with his GP about any physical health signs he may be experiencing. • Rob to attend the pathology clinic (DD/MM/YYYY) to complete pathology tests ordered by his GP (primarily to assess kidney and liver function) so the results are available before scheduled review with GP. • Rob to bring a copy of these results to AOD clinic when they are available.
Feel better physically.	Improve diet and exercise routines.	<ul style="list-style-type: none"> • Rob to continue taking oral thiamine as prescribed by his GP. • Rob and Sam to work on developing a self-care plan—psychoeducation on Healthy Eating Plate. • Rob to get back into riding his bike—commencing with a stepped plan to ride three days per week, on Wednesday, Saturday and Sunday.
Get better sleep.	Improve sleep maintenance routine.	<ul style="list-style-type: none"> • Rob and Sam to engage in education about sleep hygiene and to develop ideas for strategies to improve sleep in a realistic and achievable manner. • Monitor sleep using a sleep diary. • Monitor for changes to concentration as sleep, diet and exercise improve. Discuss strategies for concentration if this has not improved by (DD/MM/YYYY).
Increase enjoyment of being a parent.	Reduce impact of health-anxiety related to son's wellbeing.	<ul style="list-style-type: none"> • When comfortable, Rob and Sam to explore Rob's experiences and ongoing thoughts related to the loss of his brother. • Where needed, beliefs and feelings developed from Rob's early experience to be discussed openly in session with a view to challenging any unhelpful assumptions and beliefs. • Consider the need for focussed psychological therapy if symptoms do not improve by (DD/MM/YYYY).

Recovery goal	Clinical goal	Strategy
Don't use alcohol when feeling stressed.	Expand repertoire of global coping skills.	<ul style="list-style-type: none"> • Rob and Sam to work together to identify high-risk events which act as cues and triggers for alcohol use and the beliefs contributing to problematic alcohol use in these situations. • Rob and Sam to work on strategies to manage cravings and urges associated with alcohol. • Rob to discuss with GP possible benefits of short-term alcohol anti-craving medications while also engaging in developing other thinking and behavioural strategies. • Rob and Sam to work on developing and rehearsing a menu of adaptive coping skills—these to include progressive muscle relaxation, breathing for relaxation, mindfulness and scheduling of pleasant activities. • At the end of each session, Rob and Sam to create a list of practice tasks to implement these skills in daily life with the outcomes to be noted by Rob and reviewed at the next session. • Rob to contact the Adis 24/7 Alcohol and Drug Support Service, after hours, if required (contact details provided).
Be able to have a drink or two on special occasions (e.g. Christmas).	Harm reduction for alcohol—controlled/moderated drinking.	<ul style="list-style-type: none"> • While developing these skills, Rob reported he does not want to have any drinks containing alcohol for at least the next four weeks. This will be reviewed on (DD/MM/YYYY) to see if Rob wants to extend this. • Rob and Sam to work together to define and clarify what a 'controlled drinking' plan means for Rob. Specifically, discuss the extent to which total abstinence is realistic and desirable for Rob. • Rob to invite his partner along to one of these sessions before any reintroduction of alcohol.
Don't use alcohol when feeling stressed.	Reduce the negative reinforcement effects of drinking alcohol.	<ul style="list-style-type: none"> • Reduce anxiety which prompts Rob to drink through exposure. Rob to go inside immediately upon arrival home from work. Aim is to demonstrate to Rob that he can handle the stress and worry associated with domestic life, without alcohol <ul style="list-style-type: none"> – To be initiated following discussion of distress management techniques (progressive muscle relaxation, breathing for relaxation, etc.). • Explore and challenge Rob's globally positive view of alcohol (based on paternal role modelling and early experiences with alcohol). Create balanced conceptualisation of both the positive and detrimental aspects of alcohol use.
Be there for my family. Don't let them down.	Role identification and improve family relationships.	<ul style="list-style-type: none"> • Facilitate discussion between Rob and his wife regarding strategies for enhancing the strength of family relationships (e.g. completing chores together in the evening, initiating "date nights", joint structured play with their son, etc.).

