

## Practice based/ Service Delivery Abstract Template

Submissions must not exceed 300 words (excluding title & authors), an extra 50 words are given **only** to submissions who answer the optional point. The document **must not** be password protected or saved as read only as this may result in your abstract failing to upload successfully. Use Arial 11 point type only. Please structure your submission using the subheadings below. If the abstract does not fit the headings, please put full abstract beneath introduction and we will remove the headings once submitted.

### **When should we disclose our stories as an AOD peer worker? Development of a guide and reflective practice tool.**

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#### **Background:**

As the AOD Lived-Living Experience (L-LE) workforce (or peer workforce) continues to grow and evolve, so too does the need for training specific to the unique needs of this cohort. Personal disclosure within the allied health fields has traditionally been seen as something to avoid, while new AOD L-LE positions require this disclosure as a part of their role.

The sharing of personal stories can be beneficial in a therapeutic relationship and can assist in challenging the ongoing stigma that many who access AOD treatment still experience.<sup>1</sup> Given the growth in the AOD L-LE workforce and considering that over 67% of workers report some form of AOD lived experience,<sup>2-4</sup> there exists a need for more guidance around how and when this disclosure is beneficial. Disclosure in service delivery may include sharing information about experiences with substances, substance use recovery, coping with distress, navigating the AOD system, etc. While beneficial to strengthen rapport and role model change, there are considerations affecting both the people accessing treatment as well as to the workers themselves. For example, does the sharing become more beneficial for the worker than the person we are working with, or does the sharing bring up personal risks for the worker?<sup>5-7</sup>

#### **Description of Model of Care:**

Insight's Disclosure Decision Making Guide is both a reflective practice and ethical decision-making tool designed to help all workers determine whether self-disclosure is beneficial or not, including what, when and how much to share. The tool was developed by Insight's AOD Lived Experience Educators and the initial conceptualisation of the tool took into consideration trauma informed care, client-centred practice and the occupational health and safety of workers (including self-care).

#### **Acceptability:**

Insight's Disclosure Decision Making Guide, including an accompany eLearning module is freely available to workers. Feedback from this draft package of resources has been positive across different disciplines including L-LE workers and other AOD workers.

#### **Conclusion and Next Steps:**

Increasing workers' confidence in disclosing their story in a safe and ethical way may positively contribute to the treatment experience of people who access our services.

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Reflective practice tools can help workers make decisions about self-disclosure in service delivery. Our team will work with industry stakeholders to disseminate this tool across their networks.

**Disclosure of Interest Statement:** We have no conflicts of interest to disclose.

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