

# Clinical Task Instruction

## Delegated Task

### D-SP07: Support a graded exposure program for anxiety – activities of daily living

#### Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant to:

- safely and effectively educate/instruct and supervise clients undertaking a graded exposure program for anxiety using an activity of daily living. This includes:
  - explaining the purpose and procedure for the planned graded exposure program.

#### VERSION CONTROL

Version: 1.0

Reviewed: (Profession)	Statewide Directors of Occupational Therapy, Statewide Directors of Psychology, Statewide Directors of Social Work	Date:	2/3/2021
Approved:	Chief Allied Health Officer, Allied Health Professions' Office of Qld.	Date:	19/4/2021
Document custodian:	Chief Allied Health Officer, Allied Health Professions' Office of Qld.	Review date:	19/4/2024

Acknowledgements: West Moreton Hospital and Health Service

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: [allied\\_health\\_advisory@health.qld.gov.au](mailto:allied_health_advisory@health.qld.gov.au).

This CTI must be used under a skill sharing framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

© State of Queensland (Queensland Health) 2021



This work is licensed under a Creative Commons Attribution Non-Commercial No Derivatives 3.0 Australia licence. In essence, you are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute Queensland Health and authoring unit listed above, and abide by the licence terms. You may not alter or adapt the work in any way. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/3.0/au/deed.en>.

For further information contact Allied Health Professions' Office of Queensland, PO Box 2368, Fortitude Valley BC QLD 4006, email [allied\\_health\\_advisory@health.qld.gov.au](mailto:allied_health_advisory@health.qld.gov.au), phone (07) 3328 9298. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, GPO Box 48, Brisbane Qld 4001, email [ip\\_officer@health.qld.gov.au](mailto:ip_officer@health.qld.gov.au), phone (07) 3708 5069.

#### Disclaimer

Queensland Health has made every effort to ensure that the information in this resource, at the time of distribution, is correct. The information in this resource will be kept under review and future publications will incorporate any necessary amendments. The information in this resource does not constitute clinical advice and should not be relied upon as such in a clinical situation. The information is provided solely on the basis that readers will be responsible for making their own assessment of the matters presented herein and readers are advised to verify all relevant representations, statements and information. Specialist advice in relation to the application of the information presented in this publication must be sought as necessary to ensure the application is clinically appropriate. In no event, shall Queensland Health be liable (including negligence) for any claim, action, proceeding, demand, liability, costs, damages, expenses or loss (including without limitation, direct, indirect, punitive, special or consequential) whatsoever brought against it or made upon it or incurred by Queensland Health arising out of or in connection with a person's use of information in this publication

- facilitating and monitoring performance during the program, including correcting common errors or causes of ineffective performance.
- providing clear and relevant feedback to improve the client's performance of the program.

Activities of daily living in this CTI refers to skills that enable individuals to function in their homes, workplaces and social environments. These are sometimes referred to as instrumental activities of daily living and can include domestic tasks such as cleaning, cooking and shopping, operating electronic appliances and budgeting (Queensland Health 2017).

## Requisite training, knowledge, skills and experience

### Training

- Completion of CTI D-WTS01 When to stop.
- Completion of CTI D-SP06 Support review of recovery goals.
- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
- If not part of mandatory training requirements, complete:
  - occupational violence prevention training including competence in situational awareness, de-escalation and tactically withdrawing from potentially aggressive situations whilst maintaining personal safety.
  - if the task is to be performed with clients who are walking, complete patient manual handling training.
- If working in a Queensland Health mental health setting, completion of [Queensland Centre for Mental Health Learning QC9 - Critical Components of Risk Assessment and Management](#).
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43015 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
  - Community Rehabilitation: Support community access and participation.

Access the module/s at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

### Clinical knowledge

- The following content knowledge is required by an AHA delivering this task:
  - a basic understanding of the common health conditions and activities of daily living that are used as part of a graded exposure program. This includes the safety

requirements for each activity and environment e.g. walking activities and the risk of slips, trips and falls, outdoor activities and the risk of weather exposure.

- a basic understanding of the rationale for, and elements of, a graded exposure program using activities of daily living. This includes common problems engaging with the program and strategies used to support engagement, including prompting and encouraging the use of prescribed anxiety management strategies such as reality checking, thought evaluation or the use of mindfulness and/or relaxation techniques and strategies.
- the tools and resources used in the local service to support a graded exposure program e.g. client handouts, thought and activity diaries, subjective units of distress scale (SUDS), situational exposure diaries, situation stepladders, progressive muscle relaxation scripts or mindfulness apps.
- The knowledge requirements will be met by the following activities:
  - completing the training program/s (listed above).
  - reviewing the Learning Resource.
  - receiving instruction from an allied health professional in the training phase.

## Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:
  - competence in completing a basic safety check for client equipment commonly used by clients e.g. walking aids.
  - competent use of the SUDS, or other relevant evaluative tool used in the local setting to support the graded exposure program e.g. step-ladder, thermometer, emojis.
  - if working as part of a mental health team, competence in applying the mental health risk screening tool and risk mitigation/management processes used in the service.

## Safety and quality

### Client

- The AHA will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:
  - the graded exposure program is being used with clients who have anxiety problems. Clients may also experience an acute episode of distress, for example due to the death of family member or pet, an unexpected increase in financial stress or change to their living arrangements (accommodation or relationship). Ask the client why they are distressed, acknowledge the client's distress and provide supportive actions e.g. tissue, glass of water. If the client does not wish to commence or continue the task or remains distressed, ensure the client is safe and liaise with the delegating health professional.
  - clients seen by a mental health service will routinely have a mental health services risk screening tool completed including mitigation strategies. If the client is a mental health service client and does not have a current risk screen or their presentation does not match the risk screen, liaise immediately with the delegating health professional. If

the client commences risk behaviours such as engaging in, or threatening to harm, self or others including articulating plans, implement occupational violence strategies, risk assessment training responses and local procedures e.g. call 000 and as soon as practical, advise the delegating health professional.

## Equipment, aids and appliances

- Clients may require equipment, aids or appliances when performing activities of daily living e.g. walking frame, mobility scooter, orthosis, brace, hearing aids or glasses. If the equipment, aid or appliance is not in good working order or does not match the delegation instruction, cease the task and liaise with the delegating health professional.

## Environment

- If working in the community environment, follow any local procedures/processes for personal safety e.g. recording of location and expected duration, risk assessment processes, carrying a mobile phone and raising alarms.
- If the task is planned to include mobilising, hazards may include trips, slips, pedestrians, traffic, time constraints. The AHA should position themselves to provide assistance or cease the task if there is risk of injury to the client or AHA.
- If the task includes being outdoors, weather conditions should be reviewed. Weather hazard mitigation may require additional equipment (e.g. umbrella, wet weather gear, sunscreen) or liaison with the delegating health professional for an alternative location/activity.

## Performance of clinical task

### 1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task for the client, including any variance from the usual task procedure and expected outcomes. This may include:
  - the rationale for the graded activity program including the goal, structure for the program, the activity of daily living, the planned environment, the self-management strategy and the measures for success.
  - the parameters for the task including the expected duration, thresholds to cease/progress e.g. anxiety rating scales, fatigue, pain.
  - tools to support program performance and timepoints for recordings e.g. SUDS, diary, apps, reflection tools.
  - client-specific items, restrictions or adaptations required for the activity of daily living including personal equipment or communication requirements e.g. medications, money, orthosis, brace, aid, equipment, interpreter.

### 2. Preparation

- Collect client instruction sheet/s or tools for the planned program.

### 3. Introduce task and seek consent

- The AHA introduces him/herself to the client.
- The AHA checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The AHA describes the task to the client. For example:
  - “I have been asked to practice (activity of daily living) as part of a graded exposure program to assist you with your recovery”.
- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

### 4. Positioning

- The client’s position during the task should be:
  - as relevant to the activity for the program.
- The AHA’s position during the task should be:
  - beside the client in a position for safety and observation of the task.

### 5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
  1. Confirm with the client the activity of daily living to be undertaken in the graded exposure program. This may include repeating the explanation of the task and/or re-enforcement of the rationale for the program.
  2. Check the client is suitably prepared for the planned activity of daily living such as:
    - i. clothing, footwear, weather protection.
    - ii. any required medication such as asthma puffers, anginine or insulin.
    - iii. aids, appliances or equipment e.g. distance glasses (not reading), walking or hearing aids, etc.
    - iv. money for bus fare, groceries and/or shopping.
  3. Confirm the client is ready to commence the task and request the client perform the activity.
  4. Provide feedback during the activity to improve performance.
  5. If part of the delegation instruction, support the client to complete their SUDS scales, graded exposure diary or other reflection tools at required timepoints.
  6. Based on the client’s performance, determine progression to the next planned activity. Repeat steps 1 – 5 until the prescribed program has been completed or the task is ceased.
- During the task:
  - provide feedback and correct errors in the performance of the task including:
    - maintaining the environmental parameters for the activity such as presence of crowds or noise. If environmental parameters are escalating or exceeded, support

- the client to change the environment e.g. asking for music to be turned down or guiding the client to move to a quieter/less crowded area.
- if the client reports concerns with commencing the task or activity e.g. meeting the required parameters. Pause the task, listen to the client and provide support and encouragement to the client to problem solve and adjust the task through applying the parameters of the delegation instruction, for example setting a shorter time period for practice. If the client is unable to commence the task or parameters cannot be maintained, liaise with the delegating health professional.
  - clients may become upset, frustrated and/or irritable during task performance. This may be due to increased anxiety, stress, frustration or resistance to the task. If this occurs, pause the task and provide support and encouragement to the client to use the prescribed self-management techniques, including self-adjusting within the parameters. If the client continues to display symptoms, cease the task and liaise with the delegation health professional.
  - if the client requests modification to the planned activity including a request to change the activity, its duration or location/destination and this was not within the prescribed program parameters, pause the task. Listen to the client and advise them you will need to liaise with the delegating health professional to modify the activity. If the client indicates they are happy to continue within the program parameters, recommence the task. If the client withdraws consent or refuses to participate in the prescribed activity, cease the task and liaise with the delegating health professional.
  - the client performs the activities as prescribed, meeting the required performance criteria. Progress the activity as per the delegation instruction. If there are no progression criteria, liaise with the delegating health professional.
  - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
- At the conclusion of the task:
    - encourage feedback from the client on the task.
    - provide summary feedback to client, emphasising positive aspects of performance and areas to work on.
    - if part of the delegation instruction provide instructions for independent practice of the task including reinforcing safety considerations and use of a home diary or other reflective tools.
    - ensure the client is comfortable and safe.

## 6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task the following specific information should be presented:
  - the name of the activity/ies of daily living performed, including practice environment.

- measurements/recordings collected during the task e.g. SUDS score for each activity performed, including timepoint.
- performance observations including any difficulties experienced, adaptations and/or monitoring requirements to complete the task and if these were maintained.
- client reported feedback or comments on their task performance. If the client records this in a diary/reflective tool, a copy may be required and this will be included in the delegation instruction.

## 7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.
- The AHA may also provide observations to the delegating health professional that can support changes to the program.

## References and supporting documents

- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Community rehabilitation learner guide – support daily living requirements in a community rehabilitation context. Instrumental activities of daily living, p37. Available at: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0028/650593/LG-support-daily-living-reqs.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0028/650593/LG-support-daily-living-reqs.pdf)
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2<sup>nd</sup> edition). Available at: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0019/143074/ic-guide.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf)

# Assessment: performance criteria checklist

## D-SP07: Support a graded exposure program for anxiety – activities of daily living

**Name:**

**Position:**

**Work Unit:**

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including collecting the instruction sheet/s or tools for the planned program.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensures safety.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Confirms with the client the activity of daily living planned for use in the graded exposure program. If required, provides re-explanation of the task and/or re-enforcement of the rationale for the program. b) Checks the client is suitably prepared for the planned activity of daily living. c) Confirms the client is ready to commence the task and requests the client perform the activity. d) Provides feedback during the activity to improve performance. e) If relevant supports the client to complete their SUDS scales, graded exposure diary or other reflection tool as required. f) Based on the client's performance, determines progression to the next planned activity. Repeating steps a) – e) until the prescribed program has been completed or the task is ceased.			

g) During the task, maintains a safe clinical environment and manages risks appropriately.			
h) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

**Notes on the scope of the competency of the Allied Health Assistant**

The allied health assistant has been trained and assessed as competent to deliver the following self-management relaxation and mindfulness techniques in the following settings.

Self-management strategies for anxiety used during the graded exposure program (include name of local resource)	Knowledge acquired	Supervised task practice	Competency assessment
Body scanning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progressive muscle relaxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reality checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----			
Sensory strategies			
-----			
Thought evaluation			
-----			
Visualisation			
-----			
Other -			

Settings	Knowledge acquired	Supervised task practice	Competency assessment
----------	--------------------	--------------------------	-----------------------

The allied health assistant has demonstrated capacity to deliver this task in the location areas indicated below. Demonstrated competence implementing each activity of daily living in each setting is not required as skills can be transferred between settings. The local service should determine settings for competence assessment based on common settings for the task and risk analysis and note this in the space provided.

Client's home and yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport <i>e.g. private car, taxi/ride share, bus, train, ferry.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community <i>e.g. walking in local neighbourhood, crossing roads, visiting outdoor/recreational area/park or services (restaurant, bank, shopping centre)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

**Record of assessment competence:**

Assessor name:	Assessor position:	Competence achieved: / /
----------------	--------------------	--------------------------

**Scheduled review:**

Review date: / /
------------------

# Support a graded exposure program for anxiety – activities of daily living: Learning resource

## Required reading

- Centre for Clinical Interventions (2018).
  - Information sheets – Situational exposure
  - Worksheets - Situational exposure: Building steps
  - Worksheets - Situational exposure diaryAvailable at: <https://www.cci.health.wa.gov.au/Resources/For-Clinicians/Social-Anxiety>
- St Vincent's Hospital (2010). CRUFADclinic.org. Social Phobia patient treatment manual. Section 5: Graded exposure. p36-46. Available at: [https://crufad.org/wp-content/uploads/2017/01/crufad\\_SocialPmanual.compressed.pdf](https://crufad.org/wp-content/uploads/2017/01/crufad_SocialPmanual.compressed.pdf)
- Government of Western Australia: Centre for Clinical Interventions (2021). Workbook – Stepping out of social anxiety. Module 5: Safety Behaviours <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Anxiety>
- If implementing sensory strategies, complete:
  - Queensland Centre for Mental Health Learning. QC42: An introduction to the use of sensory approaches in mental health care. Available at: <https://www.qcmhl.qld.edu.au/course/search.php?search=42>

## Optional reading

- American Psychological Association (2020). What is exposure therapy? Available at: <https://www.apa.org/ptsd-guideline/patients-and-families/exposure-therapy>
- Government of Western Australia: Centre for Clinical Interventions (2021). Information sheets Anxiety: The vicious cycle of anxiety. Available at: <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Anxiety>

## Example client resources and tools

The AHA should be competent in training the client to use the local client resource/handout or tool/s. The following list is provided for educational purposes and may supplement local resource information as part of training. Names of resources for use by the AHA should be listed in the Performance Criteria Checklist.

- Breath control
  - [Breathing Retraining](#)
  - [Mindfulness of the breath - meditation \(MP3\)](#)
  - [Breathing retraining audio \(MP3\)](#)
  - [Breathing Rate Record](#)

- Mindfulness
  - [What is Mindfulness?](#)
  - [Mindfulness and Letting Go](#)
  - [Letting Go with Mindfulness](#)
- Progressive muscle relaxation and Body Scanning:
  - [Progressive Muscle Relaxation](#)
  - [Monitoring Relaxation](#)
- Reality checking/thought challenging:
  - [Way Ahead – What is Anxiety Fact Sheet](#)
  - [Behavioural Experiments](#)
  - [Workbook – Panic Stations](#)
- Situational Exposure:
  - [Situational Exposure](#)
  - [Situational Exposure: Building Steps](#)
  - [Situational Exposure Diary](#)
- Visualisation / Meditation:
  - [Watching thoughts - meditation \(MP3\)](#)
  - [Internal Exposure Record](#)