

Treatment Review Guidelines

Process of Reviews

The purpose of treatment reviews during the course of a client's attendance at the young persons programme is to monitor their care plan in a systematic and structured way. It is a labour intensive process. In preparing for the review, conducting the actual review meeting and revising the treatment plan in collaboration with the client following the review, the **keyworker will probably spend at least 4-6 hours per client review**. Other team members are also actively involved in this process. Each keyworker tends to hold a caseload of about eight clients at any one time. If reviews are held once every three months, this means that each keyworker will have about thirty-two reviews to conduct each year representing slightly more than one review per fortnight per keyworker.

It is important that one team member within the Y.P.P take responsibility for ensuring that reviews happen in a planned and regular manner. This person should ideally be the project manager. The **team administrator should keep a list of all clients** currently attending the Y.P.P and this list should also **include the date of the next scheduled review**. The administrator should inform the keyworker at least two weeks in advance of the planned review. The keyworker should then decide who needs to attend the review and, with the assistance from the administrator, relevant parties, such as the client's parents and other professionals involved, should be invited to attend the review meeting.

The **project manager should take overall responsibility** for ensuring this process runs smoothly. In the absence of the project manager, this overseeing role should be delegated to another member of the team.

In view of the tremendous complexity of needs frequently seen in clients attending the Young Persons Programme, it is important that there is input by senior clinicians into the process. The arrival of a second part-time Consultant Child & Adolescent Psychiatrist and the arrival a Senior Clinical Psychologist make this more possible than what was the case in 2004 and early 2005. The Consultant Child & Adolescent Psychiatrist responsible for the client should attend and chair every second review meeting of each client. In the absence of the Consultant Psychiatrist, the senior Clinical Psychologist should fulfil this role.

The treatment review should ideally be a **three-stage process** in order to make sure that it is collaborative, involving the client at the maximum extent.

1. Firstly the Keyworker should meet **with the client in advance of the review meeting** to look at the current treatment plan and they should begin to re-draft a new treatment plan to bring in to the review meeting.
2. The next step is to **conduct the review meeting involving relevant staff members from the Y.P.P, the client, the family and other professionals if relevant**.
3. The final stage of the process is for the **keyworker and the client to meet once again to incorporate the changes in the treatment plan agreed at the review meeting**.

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It is our experience that this client group are frequently reluctant to become actively involved in the review process and often fail to attend planned meetings. Nevertheless, we should strive to involve them to the maximum extent in the review process in order to ensure that they “buy into” the treatment plan. It is **important that clients see this as their treatment** plan rather than as perceiving it as our treatment plan which is imposed upon them.

Content of Reviews

The treatment plan addresses nine broad domains (see appendix 1). These are as follows:

1. Substance Misuse
2. Psychological & Emotional Wellbeing
3. Family
4. Education & Vocational Needs
5. Forensic / Legal
6. Social Issues
7. Physical Health
8. Risk Assessment
9. Engagement with Keyworker

Many of these domains have a number of **sub-headings** which should be routinely commented upon in all reviews, whether a problem is present or not. The sub-headings are provided below.

Under **Substance Misuse**, all potential drugs of abuse should be explored. Alcohol abuse should be specifically commented upon. Clients' thoughts on detoxification should be specifically commented upon and if it is their goal to detoxify in the future; efforts should be made to help them determine a date by which they would hope to detox. Treatment progression option should also be specifically commented upon.

Under **Family Issues** there are two important sub-headings. Firstly comments should be made upon the client's relationship with key family members. Secondly problems evident in key family members, such as depression, addiction, physical illness, marital disharmony should be specifically noted. These issues are important to monitor as they can have a significant impact on our clients ability to make changes to their own lives.

Under the heading of **Forensic / Legal Issues**, three areas should be explored. Firstly the level of ongoing criminal behaviour. Secondly any ongoing charges or probation issues should be identified. Finally it should be stated whether or not there are any childcare issues before the courts regarding the client (i.e. where the client himself/herself is the subject of child care proceedings).

Under **Social Issues**, there are five important sub-headings. These are housing, peer relationships, boredom and leisure activities, partner and children. With regards to housing, consideration should be given to the suitability and stability of the client's current placement. With regards to peers consideration should be given to the amount of contact that the client has with non-drug using peers. With regards to boredom, consideration should be given to the amount of structure and leisure activity in the client's typical day. With regards to the client's partner, consideration should be given to

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the influence of that relationship on the client's progress towards recovery or otherwise. With regard to clients who have children, any difficulties that the client is experiencing in their role as parent should be identified.

On the topic of **Physical Health**, consideration should be given to a number of specific matters. Firstly injecting risk behaviour should be addressed. Secondly, viral status should be noted and further investigations planned as needed. Thirdly, sexual risk behaviour and risk of unplanned pregnancy should be explored. Finally general physical health matters should be noted.

Under the topic of **Risk Assessment** there are four sub-headings which should be specifically commented on at every review of every client. Firstly there is the risk of deliberate self-harm. Next is the risk of accidental self-harm (i.e. risks of accidental overdose or risk of injuring themselves whilst severely intoxicated or engaging in criminal behaviour). Thirdly consideration should be given to the risk that the client will be a victim of violence. Finally consideration should be given to whether or not the client is a significant risk to others
