



## **ACCEPTANCE CRITERIA – TREATMENT/CARE PLANNING**

The clinician and client shall work together to develop and implement an individualised written treatment/recovery plan that identifies services/support needed to address the problems and needs identified in the assessment. When appropriate, family shall also be involved. The treatment/recovery plan shall include goals, objectives and strategies. Goals shall be based on the client's problems/needs, strengths and preferences. Objectives shall be individualised, measurable, time specific, appropriate to the level of treatment, and clearly stated in behavioural terms. The treatment/care plan shall identify discharge criteria and include initial plans for discharge. The treatment/care plan shall be reviewed/evaluated on a regular basis (minimum of three months) and revised as needed to reflect the ongoing re assessment of the client's problems, needs, and response to treatment.

### **Treatment Guidelines**

What treatment options are offered to our clients?

A range of possible treatments may exist for the cases which present. It will be the role of the Clinical Director/Regional Coordinator/Manager/Clinical Psychologist/Counsellors and staff to develop guidelines for the preferred treatments for particular illnesses / presentations, and to develop systems for ensuring that the treatments provided by staff fall within these guidelines.

## **GENERAL TREATMENT GUIDELINES**

1. The Rata Alcohol and Other Drugs Service aims to provide treatments which are consistent with current international scientific literature and that are evidence based i.e. clinical evidence integrated with Alcohol and Other Drugs Service expertise. Evidence based treatments come from research literature which consists of Clinical trials, Observational studies, expert opinion consumer experience and current treatment trends. This literature comes from a variety of treatment authorities including the National Centre for Treatment Development and ALAC, etc. The treatment provided by Rata Alcohol and Other Drugs Service is regularly reviewed by the MDT.
2. One clinician will be the Key worker/case-manager who will be the primary provider of treatment.
3. All clinicians practice to the standards and code of ethics as set by their professional bodies.
4. A treatment agreement between the person and MDT is outlined and mutually agreed.
5. The Key worker/case-manager will involve family, whanau and significant others as appropriate. Practice will be responsive to the specific needs of the client e.g. cultural, spiritual, gender and sexual orientation.
6. Components of Treatment in use by the Rata Alcohol and Other Drugs Service include:
  - Motivational Enhancement Therapy /Motivational Interviewing techniques
  - Motivational Interviewing
  - Cognitive Behavioural Therapy
  - Person Centred Therapy
  - Interpersonal Psycho-Therapy
  - Education
  - Relapse Prevention and Skills Training
  - Supportive Counselling
  - Community Reinforcement
  - Rational Emotive Therapy



- Narrative Approaches
- Reality Therapy
- Psychopharmacological

7. Counselling needs not associated to Rata Alcohol and Other Drugs issues are referred to appropriate counselling services eg. relationship courses, anger management, etc.

8. If a Clinician in the team wished to pursue another treatment avenue, the following procedures would have to be followed to ensure that the Clinician was not working outside of their scope of practice:

The case would be presented by the clinician to the MDT at the review meeting

The proposal for treatment would also be presented and should include:

- \* rationale
- \* literature review

The multidisciplinary team would discuss the proposed treatment

Before treatment could commence it must be approved by the Clinical Director/Clinical Psychologist and/or other senior members of the team.

If the proposed treatment is being offered to a patient it must be explained in full and cannot proceed without the patient's consent.

**Table 2d**

<b>ACCEPTANCE CRITERIA – TREATMENT/CARE PLANNING</b>		
	People will be accepted into active treatment by the Rata AOD Service if:	
		<ul style="list-style-type: none"> <li>• The person is willing to engage in treatment options identified as per initial screening and/or comprehensive assessment</li> </ul>
	and	<ul style="list-style-type: none"> <li>• Have confirmed or probable alcohol/drug abuse or dependence</li> </ul>
	and	<ul style="list-style-type: none"> <li>• Their needs would not be best met by another Mental Health Service</li> </ul>
	People will be accepted for joint management with another Mental Health Service if:	
		<ul style="list-style-type: none"> <li>• They have been assessed by Rata AOD Service</li> </ul>
	and	<ul style="list-style-type: none"> <li>• Have confirmed or probable alcohol/drug misuse or dependence issues complicated by another psychiatric disorder</li> </ul>
	and	<ul style="list-style-type: none"> <li>• The person is willing to participate in treatment according to their individual treatment plan</li> </ul>
	and	<ul style="list-style-type: none"> <li>• Comply with the assessment, treatment/recovery, and discharge processes</li> </ul>