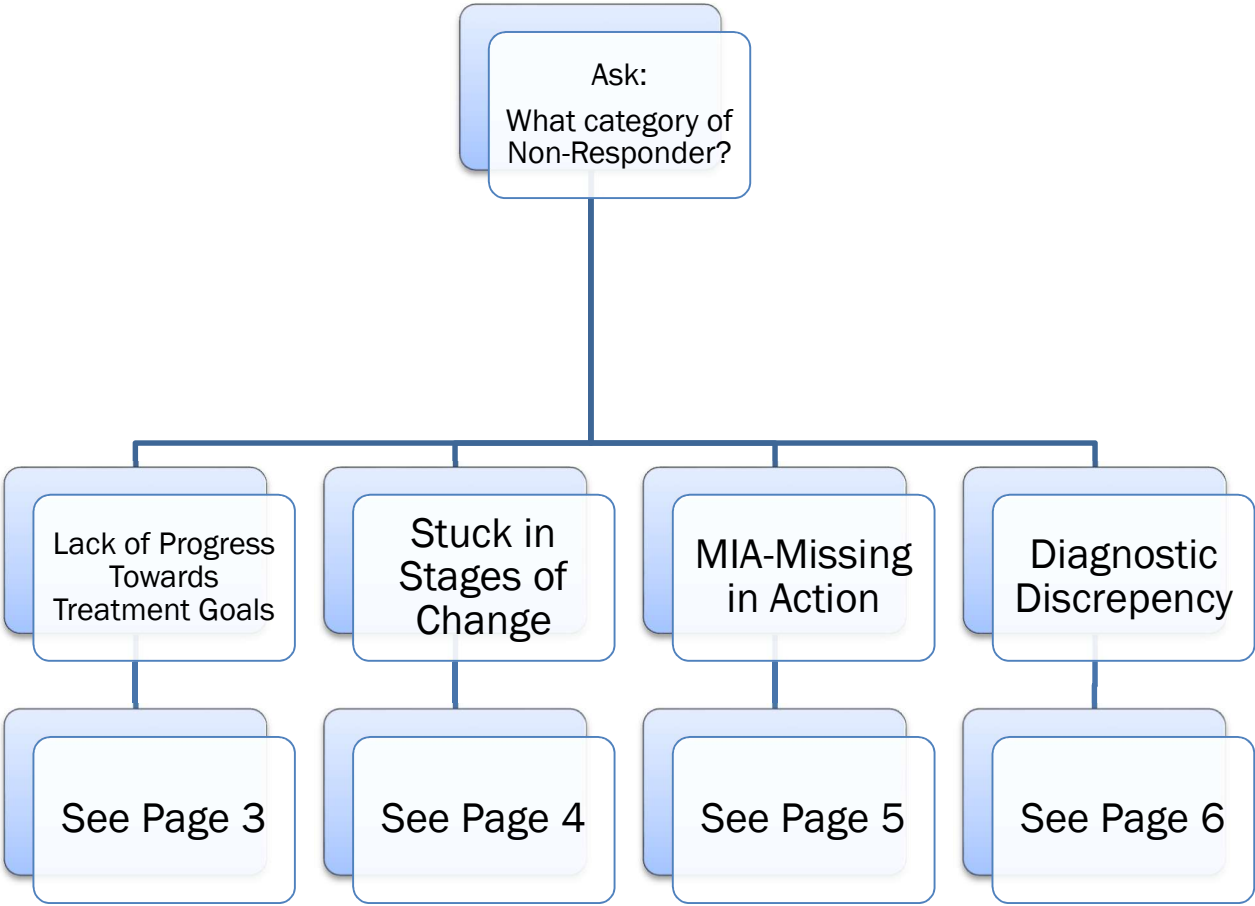


Standard Operating Procedures (SOP) for Treatment Non-Responders

INTEGRATED DUAL DIAGNOSIS TREATMENT (IDDT) PROGRAM

COLUMBUS VA CHALMERS P. WYLIE CARE CENTER

DECIDING WHAT STEPS TO TAKE FOR AN IDENTIFIED ‘NON-RESPONDER’ TO
TREATMENT



Lack of Progress Towards Established Goals

**6-12
months**

- Conduct a Value Card Sort
- Add intensive interventions
- Ensure that our interventions match the stage of change
- Practice patience
- Consider other higher levels of care (inpatient, residential, etc)
- Identify barriers and assist with problem solving
- Consider arranging a TX planning meeting to include the Veteran

**> 12
months**

- Seek supervision (group/individual)
- Consider re evaluation of staging
- Ask: do our interventions = the Veterans stage of change?
- Ask for a peer review of the treatment plan
- Consider having a TX planning meeting with Veteran and all associated clinicians and supports
- Consider a case presentation
- Add a person

> 18 months

- If we have exhausted the above steps:
- Consider other 'non responder' categories
 - Ask: Are Veteran's goals already met?
 - Through supervision and with Veteran, consider graduation to a lower a level of care and/or other services

'Stuck' in the Stages of Change

Ask:

How long has the Veteran been 'stuck'?

< 12 months

> 12
months

Ask:

Do our interventions = Veteran's stage of change?

NO:

- Consider updating the treatment plan and edit interventions
- Consider having a comprehensive TX planning meeting

YES:

- Practice patience
- Ensure we know what is important to this Veteran
- Consider a Value Card Sort
- Add a person

- Consider re staging with a formal, comprehensive worksheet
- Consult with CEBP and/or other clinicians outside of IDDT
- Consider a peer review of the chart
 - Add a person
- Consider transfer to higher level of care (inpatient)

> 18 months

- If we have exhausted the above steps:
- Consider other 'non responder' categories
 - Through supervision consider discharge to a more appropriate level of care and/or other services

MIA-'Missing in Action'

Ask:

When was the last contact with a clinician?

30-90 days

90 -120 days

- Put out an ABP within the COD departments (VJO, Homeless outreach, etc)
- Check VISTA web to see if any other VA has had contact
- Leave your business card at last known address
- Mail a letter of concern to last known address
- Contact supports and/or family if there is an ROI
- Consult with the Veteran's Advance Directive for guidance (if there is one on file)
- Contact the guardian (if there is one)

- Continue checking on the ABP
- Continue to monitor the daily court docket
- Call and/or send a letter to the listed emergency contact

> 6 months

If all above attempts have been unsuccessful at locating Veteran:

- Consult with supervisor and close the case
- Document all these steps in CPRS

Diagnostic Discrepancy

- Consult with IDDT Team psychiatrist for further evaluation
- Consult with team psychologist for further testing
- Consider a Neuropsych consult/evaluation
- Compare periods of use with periods of abstinence
- Gather historical records
- Gather collateral records, reports and/or information (family, supports, criminal justice, etc)
- Consult with Dr. Chris (CEBP)

Ask:

WHAT WAS THE RESULT OF THE DIAGNOSTIC CLARIFICATION?

QUADRANT 4

- Clarify where we are stuck with this Veteran
- Consider other 'Non Responder' decision trees for TX interventions (pg 2-4)
- Consult with clinicians who provided diagnostic clarification for suggestions and guidance for TX interventions

NOT QUADRANT 4

- Inform Veteran of the discrepancy of their diagnosis and current level of care
- Explore other TX options that are available and that match the new diagnoses
- In consultation with team supervisor, develop an updated TX plan to transfer to a more appropriate level of care

