

**SOUTH COMMUNITY BEHAVIORAL HEALTHCARE, INC.
IDDT PROGRAM – CLIENT NON-RESPONSE REVIEW PROTOCOL**

CLIENT NAME: _____ **CLIENT ID:** _____ **DATE:** _____

Treatment Non-Responder Definition: Despite numerous attempts and various intervention strategies there has been no positive movement on the IDDT team in the past 6 months.

Treatment Non-Responder Directions: Please review the following intervention strategies and indicate which were attempted, or if not appropriate, indicate the reasons for not attempting such an intervention. Also verify completion of documentation and process items.

Intervention strategies used to promote movement:

- Change in staff
If not appropriate: _____

- Medication Evaluation (e.g., monitoring or change)
If not appropriate: _____

- Reassess stage
If not appropriate: _____

- Assess interventions for stage appropriateness
If not appropriate: _____

- Case Conference (e.g., with other providers, address payee/guardianship status)
If not appropriate: _____

- Behavioral interventions (e.g., calendars, reminder calls, and/or shorter sessions)
If not appropriate: _____

- Live supervision
If not appropriate: _____

- Live consultation
If not appropriate: _____

- Other referrals and missing services that may be needed
If not appropriate: _____

- Consultation (SAMI CCOE)
If not appropriate: _____

CLIENT NAME: _____ CLIENT ID: _____ DATE: _____

Documentation and process:

- Intervention strategies have been documented
- Team will continue to monitor through progress summary discussions
- Team will evaluate transfer/case closure

Discussion:

Recommendations:

Signature/License: _____

Signature/License: _____

Signature/License: _____

Signature/License: _____

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