

|  |
| --- |
| Implementation report practice guide |
| Compulsory treatment – Senior Practitioner |
|  |

Contents

[Introduction 1](#_Toc70004632)

[Compulsory treatment implementation report 1](#_Toc70004633)

[Person’s details 1](#_Toc70004634)

[Engagement in treatment programs 2](#_Toc70004635)

[Progress on treatment plan 2](#_Toc70004636)

[Progress on specific requirements from the Victorian Civil and Administrative Tribunal (VCAT) 3](#_Toc70004637)

[Progress on recommendations or directions from the Victorian Senior Practitioner 4](#_Toc70004638)

[Involvement in incidents 5](#_Toc70004639)

[Changes resulting in a material change 5](#_Toc70004640)

[Any data collected and analysis of that data during the period which demonstrates success or lack of success towards the treatment goals? 6](#_Toc70004641)

[Change in restrictive interventions 7](#_Toc70004642)

[Quality of life assessment 7](#_Toc70004643)

[APO signature block 7](#_Toc70004644)

# Introduction

The Senior Practitioner is responsible for supervising the implementation of a treatment plan.

The service provider is required to provide an implementation report under section 153(4) or 195(2) of the *Disability Act 2006*.

# Compulsory treatment implementation report

## Person’s details

| Item | Detail |
| --- | --- |
| Person’s name |   |
| Date of birth | Format: dd/mm/yyyy |
| Title |   |
| Full name |   |
| Address | Format: Street number Street name, Suburb Postcode |
| CRIS number |   |
| Period of implementation reported |   |
| Date report written |   |
| Disability service provider name |   |
| Disability service provider address | Format: Street number Street name, Suburb Postcode |

## Engagement in treatment programs

Please specify if the person has engaged in any of the following treatment programs.

The following are check box options within the Restrictive Intervention Data System (RIDS).

| Treatment program | Mark with X |
| --- | --- |
| None |  |
| Alcohol |  |
| Smokers group |  |
| Other drugs |  |
| Anger management |  |
| Social skills |  |
| Domestic or daily living skills |  |
| Human relations |  |
| Personal care |  |
| Individual psychological treatment |  |
| Ongoing psychiatric review |  |
| Problem solving (SPORT) |  |
| Offense specific group |  |
| Gamblers |  |
| Community access |  |
| Other |  |

## Progress on treatment plan

### Guidance

The first section should tell the story of how the person has progressed with the implementation of the treatment plan and access to the person’s treatment goals.

Include any outcomes that can be demonstrated or discussed in relation to the person’s participation in the above treatment programs.

Discuss progress in relation to the person’s treatment goals from the treatment plan. Include how you have identified within the plan how outcomes will be measured. This information is found under **Section B: Treatment process**. Under each goal, provide information about what steps (actions) have been taken towards achieving that goal.

Consider whether the person is on track to achieve the goal (mid-plan implementation report) or if they have achieved the goal. Progress towards reaching a goal should be discussed in context of the person’s skill development, participation or reductions in restrictions and incidents of concern.

* Where goals are on-track or have been achieved, discuss how the goals were achieved – what worked for the person and what was staff’s role in supporting attainment of this goal.
* Where goals are **not on-track**, explain why not – what were the barriers to achieving these goals and, if possible, how can these barriers be addressed and overcome in future plans or reviews. For example, consider whether the person has the skills and supports to achieve the goal. If not, what intervention can be put in place in the first instance?
* Will these goals continue in future plans? How do they relate to the person’s rehabilitation or progress towards increased independence or independent living?

If a material change to the treatment plan has occurred, provide a summary of the circumstances to the material change.

### Question

Please report on the progress towards the treatment goals outlined in the current approved treatment plan. This should include the treatment details or goals and what the progress is for each point.

| Progress towards treatment goals |
| --- |
|  |

## Progress on specific requirements from the Victorian Civil and Administrative Tribunal (VCAT)

### Guidance

Address any written directions included on the VCAT order. It is a good idea to type the precise wording of each direction on the order and then address your response in a new paragraph. For example:

**VCAT Order states**: Provide the communication assessment to all relevant parties.

**Response**: Communication assessment report by Ms Speechie (24/01/2016) was uploaded onto the RIDS system on 01/02/2016

This section can also contain progress towards any issues that were discussed during the VCAT hearing but were not included on the VCAT order itself. For example:

The prospect of Mr X getting his own fridge in his bedroom was discussed during the VCAT hearing on 24/12/2015. Since the hearing, Mr X’s financial administrator has approved the funding for a small fridge for Mr X’s bedroom and Mr X has been shopping with staff to select a fridge. The fridge will be delivered on 2/02/2016.

### Question

Please report on any specific requirements that have been set out in the current order by the VCAT or any progress on items that were discussed at the VCAT hearing and not included in the order.

| Progress on specific requirements |
| --- |
|  |

## Progress on recommendations or directions from the Victorian Senior Practitioner

### Guidance

The **treatment plan certificate** from the Victorian Senior Practitioner contains several directions that need to be responded to. Some of these directions are associated with specific timelines and, therefore, may have already been addressed before the implementation report due date. Regardless, it is useful in this section to type the exact wording of the direction on the treatment plan certificate and then address your response underneath. For example:

**Direction 4 states**: Clarification is sought as to what levels of supervision Mr X is subject to when he is at home

**Response**: Mr X is subject to no more than 1:1 staff supervision at home. As Mr X lives with others, there can be up to three staff members present in the house at any time to support Mr X’s housemates. One staff member has responsibility for supervising Mr X at all times. There is one active night staff member in the house during evenings.

**Direction 5 states**: Ms Clinician recommends an updated risk assessment is conducted in 6 months’ time to inform ongoing use of restrictive interventions with Mr X. This should occur within the life of this plan

**Response**: Ms Clinician is currently engaged in the risk assessment. It is anticipated that it will be completed by 23/12/2021. The assessment will be uploaded to the RIDS system when completed.

**Direction 6 states**: The treatment plan should be amended to include the date of the treatment plan (page 1).

**Response**: Addressed at the VCAT hearing and amended treatment plan submitted to the RIDS system on 10/12/2021.

### Question

Please report on any progress towards the items which were outlined in the current treatment plan certificate or statement issued by the Senior Practitioner.

| Progress on directions from the Senior Practitioner |
| --- |
|  |

## Involvement in incidents

Please specify the number and types of incidents the person has been involved in this implementation period.

The following are check box options within RIDS.

| Incident type | Mark with X |
| --- | --- |
| None |  |
| Harm to others |  |
| Property damage with harm to others |  |
| Absconding |  |
| Harm to self |  |
| Property damage with harm to self |  |
| Offending behaviour |  |
| Warning signs to high risk behaviour |  |

The following details are added in a free text field within RIDS.

| Number and details of incidents |
| --- |
|  |

## Changes resulting in a material change

Was there a change in supervision levels or restrictive interventions as a result of the incidents that resulted in a material change to the treatment plan?

Radio option buttons are presented in RIDS for ‘Yes’ or ‘No’.

| Was there a change in supervision levels or restrictive interventions? State yes or no |
| --- |
|  |

## Any data collected and analysis of that data during the period which demonstrates success or lack of success towards the treatment goals?

### Guidance

This section should contain any data that relates to the person’s progress in treatment overall, including progress in relation to reductions in restrictions and management of their risk towards others.

Data should be presented in a way that is meaningful and tells the story, for example:

* comparing the data from the current time period to previous time periods so we can get a sense of how the behaviour has changed over time
* presenting the data visually using graphs to clearly identify patterns or trends.

Visual-based data (like graphs) will need to be attached as a separate document to the e-implementation report and uploaded to RIDS separately.

Any graph displayed should also have some written analysis of the data – what does the data say about the effectiveness of the treatment plan for the person. For example, are things going well or what has worked?

Based on the review of the data, consider if the team needs to change things. For example, are there obvious outstanding treatment needs that should be addressed to continue progress towards gradual reductions in restrictions, effective offence management and pro-social behavioural change?

The following are examples of assessments or procedures you could use to demonstrate the person’s success (or lack thereof) with their plan

| Goal | Assessment example |
| --- | --- |
| Improved quality of life | * Quality of life assessment completed at set intervals to compare. Provide a summary of the results and how they guide treatment goals.
 |
| Least restrictive interventions | * Restrictive intervention data (such as number and duration of seclusion incidents, frequency of PRN use)
* Changes in supervision arrangements (including forwards and backwards movement within step downs).
 |
| Improved management of the person’s risk to others | * Incident report and non-critical incident data
* Data reflecting how many times the person demonstrated changes in their risk presentation, including behaviours observed, as well as changes to their critical risk factors or protective factors. Give context to these changes.
 |
| Compliance and engagement in treatment | * Goal Attainment Scale data
* Data that demonstrates progress towards achieving treatment goals (such as the percentage of clinical treatment sessions the client attended)
* The person’s development of skills or replacement behaviour over time and under what circumstance this behaviour is demonstrated.
 |

### Question

Please report on any data which has been collected and analysed which provides evidence to the success or otherwise of steps towards achieving treatment goals and reducing restrictive interventions or supervision.

This should include what informed any decision to reduce, increase or make no change to restrictions.

## Change in restrictive interventions

Please specify if there has been a change in restrictive interventions – including forwards or backwards movement in supervision arrangements, and the context to these changes.

Examples may include changes to:

* chemical restraint
* the number and duration of seclusion incidents
* changes in supervision arrangements (including forwards and backwards movements within the step downs). If there has been no progression through step downs (towards decrease in supervision), discuss what barriers may be present and how these can be addressed into the future.

## Quality of life assessment

Has a quality of life assessment been completed?

Radio option buttons are presented in RIDS for ‘Yes’ or ‘No’.

| Quality of life assessment completed? State yes or no |
| --- |
|  |

## APO signature block

| Item | Detail |
| --- | --- |
| Date | Format: dd/mm/yyyy |
| APO Title |   |
| APO full name | First name and Last name  |
| Date | Format: dd/mm/yyyy |
| APO signature |   |

To receive this document in another format phone 03 9096 8427, using the National Relay Service 13 36 77 if required, or email the Senior Practitioner <VictorianSeniorPractitioner@dffh.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Families, Fairness and Housing, April 2021.

ISBN 978-1-76096-231-9 (online/PDF/Word)

Available on the [DHHS website’s Senior Practitioner page](https://www.dhhs.vic.gov.au/victorian-senior-practitioner) <https://www.dhhs.vic.gov.au/victorian-senior-practitioner>.