

## **Clinical Leadership Arrangements Protocol: Leicester Multisystemic Therapy (MST) and Turning Point Leicester**

Multisystemic Therapy (MST) is delivered in the City of Leicester to families where there is a child aged between 6 and 17 and there is a risk of the child being placed into care. The programme targets those at risk of care either through physical abuse and/or neglect or through the child's anti-social behaviours.

Turning Point is the service with responsibility in Leicester and Leicestershire for working with adults and young people with substance misuse. Turning Point offers a range of services to individuals affected by drugs and / or alcohol; running services for adults, children and families. This includes pharmacological support, harm reduction, community detox, referral to inpatient services for detox and rehabilitation, community and criminal justice 1-1 and group therapeutic support.

This protocol should be read in conjunction with the MST / Turning Point information sharing protocol.

Harper (1995) defined a Clinical Leader as '...one who possesses clinical expertise in a specialty practice area and who uses interpersonal skills to ... deliver quality patient care.'

It is expected that the MST Teams should have clinical leadership. This leadership role is not intended to replace or remove the responsibilities of statutory agencies or other key workers, in particular criminal justice work and managing prescribing. It does however provide the framework for the inclusion of MST in all relevant decision making that could have impact on the long-term client outcomes. It means ensuring that the various stakeholders involved with any given MST family are coordinating care, as needed. MST is governed internally by the Local Authority and externally by MST Services and the DfE on a weekly, monthly and biannual basis following evidence based scrutiny processes.

MST is a licensed, evidence-based program which works with the entire family in an effort to keep children with their families and help the family resolve clinical and practical concerns so that children can be safe and secure. MST is an intensive therapy, lasting five to nine months that addresses the specific problems that brought the family to statutory services. MST is delivered in the home at times that are convenient to the family; a minimum of three sessions per week. All members of the family are involved in the treatment. Common treatment strategies include Safety Planning, Cognitive Behavioral Therapies, Reinforcement Based Therapy (RBT) for adult substance misuse, and Contingency Management (CM) for youth substance misuse. The major goals of MST are to keep families together, assure that children are safe, reduce adult and child substance abuse, reduce offending by adults and children, secure and increase child attendance at school, reduce mental health difficulties experienced by adults and children, and increase natural social supports.

The ranges of services offered by Turning Point are addressed below in order that there is no duplication or contradiction in outlining the Turning Point or MST Clinical Role. This protocol will delineate service responsibility and working relationships to ensure there is a coordinated and seamless service to individuals. This protocol will only cover those families and children living within the City of Leicester.

During co-treatment with MST, Turning Point should record their treatment as per agency requirements. MST record treatment outcomes to MST UK, the DfE and the locally governed MST steering group.

#### **Prison drug and alcohol treatment:**

This area of treatment is led by Turning Point Leicester. Usual care pathways and care planning policies will apply for any MST cases going in or out of Prison.

#### **Community Criminal Justice Drug and Alcohol work**

The MST role is not intended to replace or remove the responsibilities of statutory work. MST should be included in all relevant decision making that could have impact on the long-term client outcomes and should be notified of any failure to comply which could result in breach or additional sentence. Hours spent in therapy with MST can be counted towards an individual's treatment when on an order. This needs to be agreed at the beginning of an intervention with regular liaison between Turning Point and MST therapist.

#### **Drug and alcohol testing**

MST will conduct drug and alcohol testing as part of treatment. It is expected that where Turning Point are prescribing medication for alcohol and / or drug dependence, then Turning Point will also conduct screens as per their own policies. Where Turning Point are testing in relation to Criminal justice work; then Turning Point will also conduct screens as per their own policies. The results of tests should be shared between agencies to enable the identification of patterns of use and to drive treatment effectively.

#### **Prescribing**

Turning Point will remain as the clinical lead for prescribing medication for alcohol and / or drug dependence. MST will be kept advised by Turning Point of any changes to prescribing regimes including reductions and increases in medication and whether or not the taking of medication is supervised.

#### **Specialist harm reduction interventions**

Turning Point will remain the clinical lead for specialist harm reduction which include needle exchange services; screening for BBV and TB; signposting and provision of Hepatitis treatment and provision of Naloxone. MST will signpost service users into harm reduction services accordingly. Turning Point will advise MST of any relevant harm reduction strategies being recommended for inclusion into the MST safety plans.

#### **In-patient detoxification**

Turning Point will have the clinical lead for arranging detoxification in relation to alcohol and / or drug dependence. MST will be kept advised of any plans for an inpatient detox to take place. Where it would benefit the service user to partake in an inpatient detox at a certain point in the MST treatment; on a case by case basis; MST may be able to contribute funding towards a placement in a detox unit.

## **Talking therapies, counselling and 1-1**

MST will conduct all talk therapies as part of RBT. This may include the use of Cognitive Behavioural strategies, Motivational Interviewing and Solution Focussed Therapies. It is expected that MST hold the clinical leadership for this area of work. MST will share information relating to patterns of use, lapse and or any safety concerns back to Turning Point where it is also involved in treatment.

## **Young person's drug work**

MST will conduct all taking young person's drug and or alcohol work as part of CM. Any case which is receiving treatment through the Turning Point young person's drug service will be transferred to MST within ten working days of MST commencing. The only time this would not occur would be if the young person was being prescribed medication for drug and or alcohol dependence. In this case MST would take the clinical leadership role for the 1-1 talking therapies which may include the use of Cognitive Behavioural strategies and Solution Focussed Therapy. Turning Point would lead on all prescribing. In these cases information sharing would be conducted as standard to ensure that the young person is kept safe under the relevant Leicester Safeguarding Children's Board policies. MST will share information relating to patterns of use, lapse and or any safety concerns back to Turning Point where it is also involved in treatment. MST will be kept advised by Turning Point of any changes to prescribing regimes including reductions and increases in medication and if the taking of medication is supervised or not.

## **Group work**

During the course of MST, Turning Point will not refer any client open to MST to attend group work. Clients may choose to attend mutual aid sessions such as AA/NA if they wish.

## **Signposting**

During MST, no signposting to any agency with the exception of the specialist harm reduction services will take place without prior discussion with MST. This is to ensure that the service user does not become overwhelmed in treatment and that work being completed is not repeated. MST will usually support signposting to agencies which offer support outside of the therapeutic context (such as housing or benefits support), but should always be consulted before such a referral takes place.

## **Volunteering**

However, MST recognises the benefits of volunteering opportunities and decisions over this should be made on a case by case basis in conjunction with the service user, Turning Point and MST. As MST is an intensive treatment, volunteering during the early stages in treatment may create a sense of overload in the service user and thus the costs and benefits should be explored with the service user before a decision is reached.

## **Aftercare**

Upon exit, MST will produce a 'sustainability report' which will be passed to Turning Point. This will include details of what worked during MST treatment to enable any future service provision to be tailored towards the client needs. It is expected that the sustainability plan will be used in the case

of any future lapse and that the plan will be used to prevent a full relapse. MST can provide a period of 4 weeks re-involvement if required post closure. This would usually entail the MST worker and any new professional working together on applying the sustainability plan back into place.

***Reference***

*Harper J (1995) Clinical leadership – bridging theory and practice. Nurse Educ 20 (3): 11–12*

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