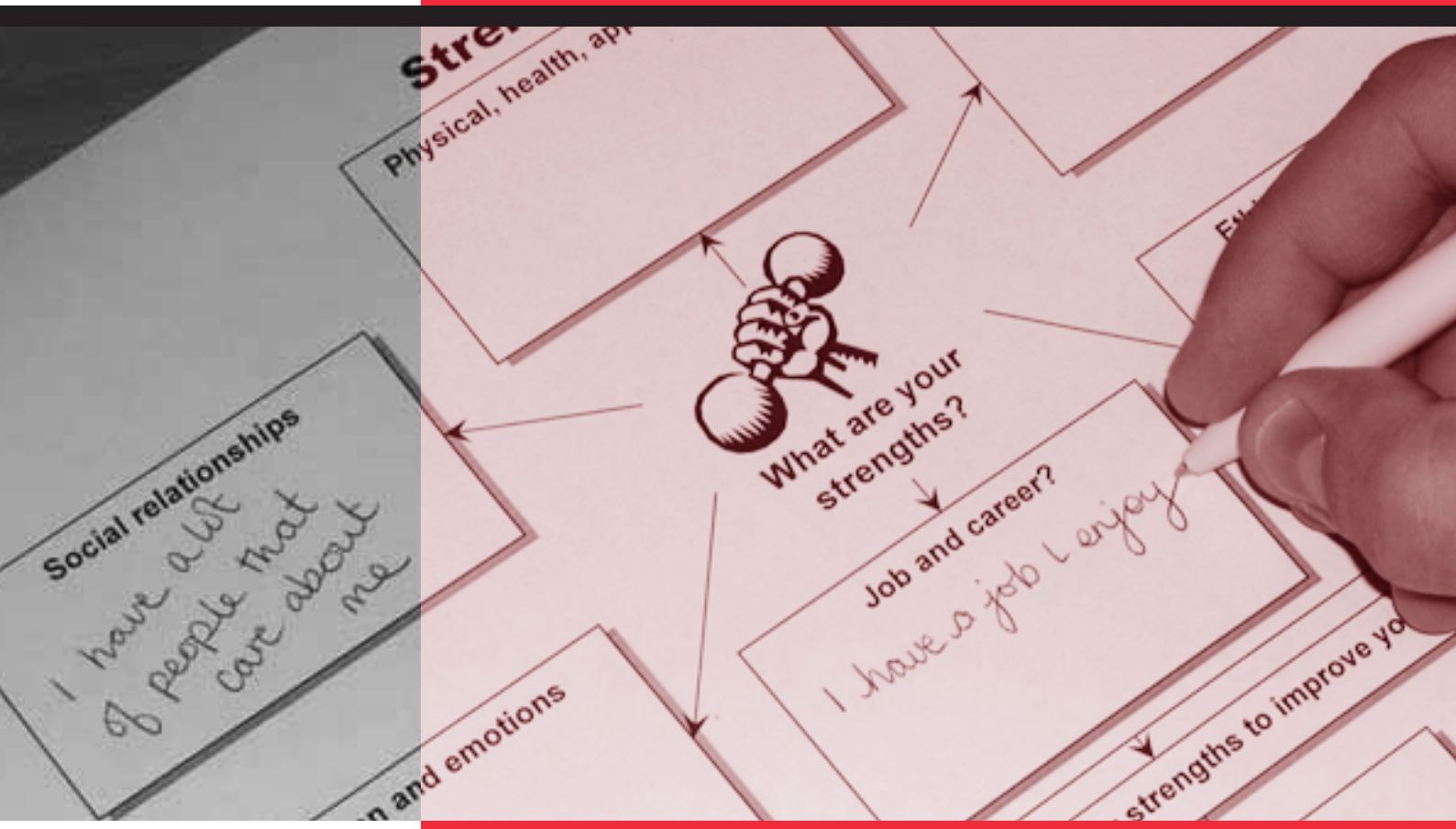
NHS

National Treatment Agency
for Substance Misuse

The International Treatment Effectiveness Project

Implementing psychosocial interventions for adult drug misusers



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The National Treatment Agency for Substance Misuse

The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by Government in 2001, to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

Treatment can reduce the harm caused by drug misuse to individuals' well-being, to public health and to community safety. The Home Office estimates that there are approximately 250,000–300,000 problematic drug misusers in England who require treatment.

The overall purpose of the NTA is to:

- Double the number of people in effective, well-managed treatment between 1998 and 2008
- Increase the percentage of those successfully completing or appropriately continuing treatment year-on-year.

Reader information

Document purpose	To assess the effectiveness of psychological interventions in keyworking sessions
Title	The International Treatment Effectiveness Project: Implementing Psychosocial Interventions for Adult Drug Misusers
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In brief

Introduction

The International Treatment Effectiveness Project (ITEP) is part of the National Treatment Agency's Treatment Effectiveness strategy, which identified areas for enhancing the quality of treatment interventions. The project was a collaboration between the NTA, the Institute of Behavioural Research (IBR) in Texas and several service providers in the north-west England and London. ITEP utilised a care planning approach (referred to as "mapping") in the form of a manual, which was used by trained keyworkers with their clients. Previous research had shown that these psychosocial interventions had a number of positive outcomes in terms of clients' treatment experiences and reductions in illicit drug use.

Method

Four services, comprising 24 sites, in Greater Manchester took part in the project. Two services from London were also involved, but due to differences in training schedules the results from London services are not yet available.

The psychosocial interventions were developed into a manual by the NTA clinical team and contain two approaches – node link mapping and a brief intervention aimed at changing thinking patterns.

A number of questionnaires were completed by service staff and clients, which assessed the organisational climate and clients' opinions of their treatment. Data was collected in two waves: one before the implementation of the psychosocial interventions and the other three months after implementation. Additionally, two questionnaires were completed by keyworkers trained in implementing the manual, which measured views on training and, at a later period, their views on how useful the manual was.

Findings

Staff were extremely positive about the training and psychosocial interventions. The majority agreed that they were relevant to their needs and found them useful. Lack of time was cited as the main barrier to use.

Services that implemented mapping found that clients had better rapport with their keyworkers, there were improved levels of client participation in treatment and clients benefited from better peer support, compared to clients in those services that did not receive mapping, or received very little.

Conclusion

The implementation of the interventions was found to have had a positive effect in several areas. Clients' engagement with treatment was found to be higher in those services where mapping was used, compared to services where mapping was either not implemented, or was to a very small degree.

Background

> "*Alcohol & Drug Services has valued its involvement with ITEP. The project has delivered immediate and tangible, benefits for clients though mapping interventions that are clear, straightforward and meaningful.*"
> Tracey Hogan, director of clinical standards and practice, Alcohol & Drug Services

The International Treatment Effectiveness Project (ITEP) is part of the National Treatment Agency's Treatment Effectiveness strategy, which identified areas for enhancing the quality of treatment interventions. The project was a collaboration between the NTA, the Institute of Behavioural Research (IBR) in Texas and a series of service providers in north-west England and London. Previous research conducted at IBR found that clients receiving psychosocial interventions had more favourable outcomes in terms of treatment participation (Pitre *et al.*, 1997), reduced illicit drug use (Dees *et al.*, 1997), reductions in criminal activity (Pitre *et al.*, 1996) and were a successful way to communicate important information about drug abuse (Joe *et al.*, 1997). The ITEP project built on this internationally evaluated model of service improvement and adapted the model to evaluate the use of the psychosocial interventions in English drug services.

Introduction

ITEP utilised an intervention to assist care planning (referred to as "mapping") in the form of a manual, used by trained keyworkers with their clients. It was predicted that services implementing the manual would see a greater positive change in clients' self-assessments of their treatment experiences over time, compared to clients in those services that had little or no mapping.

In addition to mapping, the treatment manual contained a brief intervention aimed at changing thinking patterns.

Mapping is a visual communication tool for clarifying shared information between client and keyworker. It helps clients to look at the causes and effects of their thinking and also assists in problem solving.

"Alcohol & Drug Services has valued its involvement with ITEP. The project has delivered immediate and tangible benefits for clients"

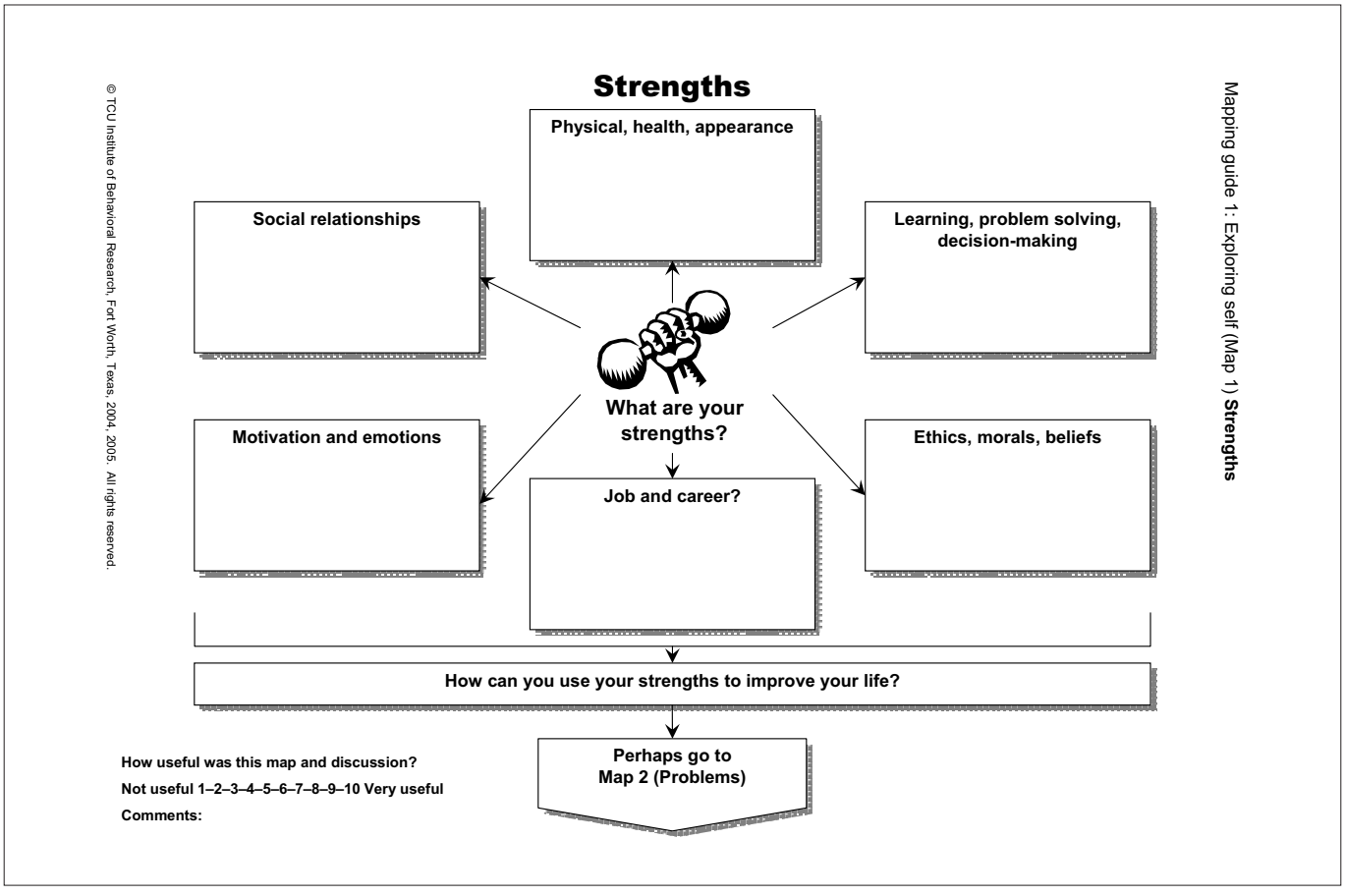

Figure 1: Example of a guide map

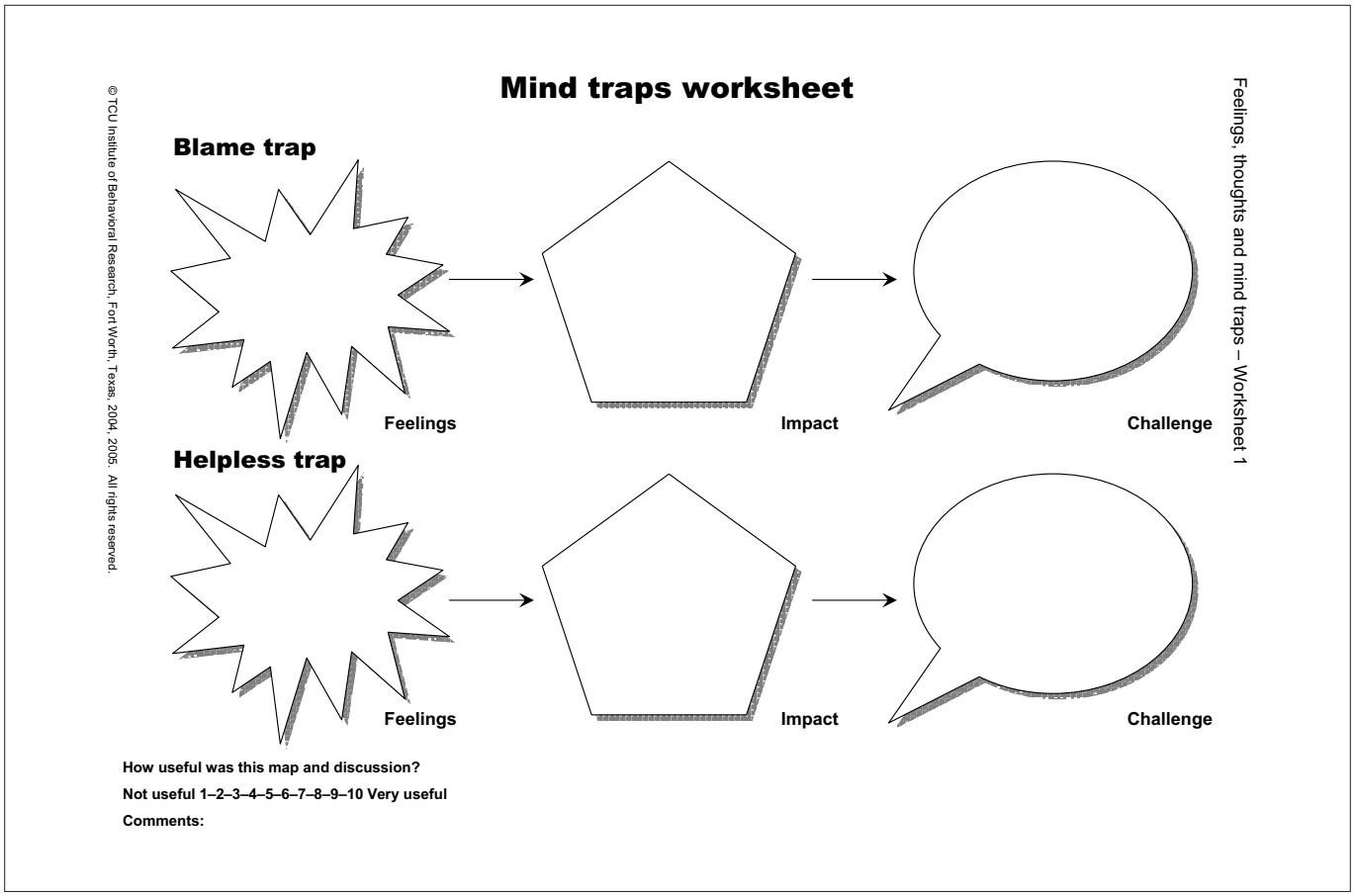

Figure 2: A mixed mind map, taken from Changing Thinking Patterns

Changing Thinking Patterns contains brief interventions, also using maps, aimed at helping clients and keyworkers address thinking patterns that can be barriers to clients changing their behaviour.

The manual in detail

Mapping

The manual contains four mapping guides, each exploring several different areas (see Table 1).

Types of maps

There were three types of map in the manual and all three can be used in one-to-one or group sessions with clients:

1 Guided maps are topic-specific maps, similar to pre-structured mini interviews. The maps are completed on a layout that guides the worker and client within a specific framework (see Figure 1)

2 Free maps are draw-as-you-go maps, where workers and clients create maps together that relate the problem or issue under discussion (see Figure 2)

3 Hybrid maps are a combination of guided and free maps, which help workers and clients begin with a structured map and allow for further expansion of ideas (see Figure 3).

Changing Thinking Patterns in detail

The Changing Thinking Patterns manual contains three sessions addressing different areas of thinking.

Session 1 focuses on clients' feelings, thoughts and mind traps. Keyworkers and clients can discuss feelings and emotional states, and how clients respond to their own emotions, matching words with feelings.

The links between thoughts and feelings are introduced and focus on mind traps and ways for the client to challenge unrealistic thinking.

An example of a mind trap is the blame trap:

> *"We get caught in the blame trap when we refuse to take responsibility for our decisions and our actions. Instead we try to make others responsible. The thoughts sound like: 'he's making me mad', 'she made me do it', 'it's not my fault I slipped up, he's the one who brought the dope home' and 'it's your fault things are not working out'.*

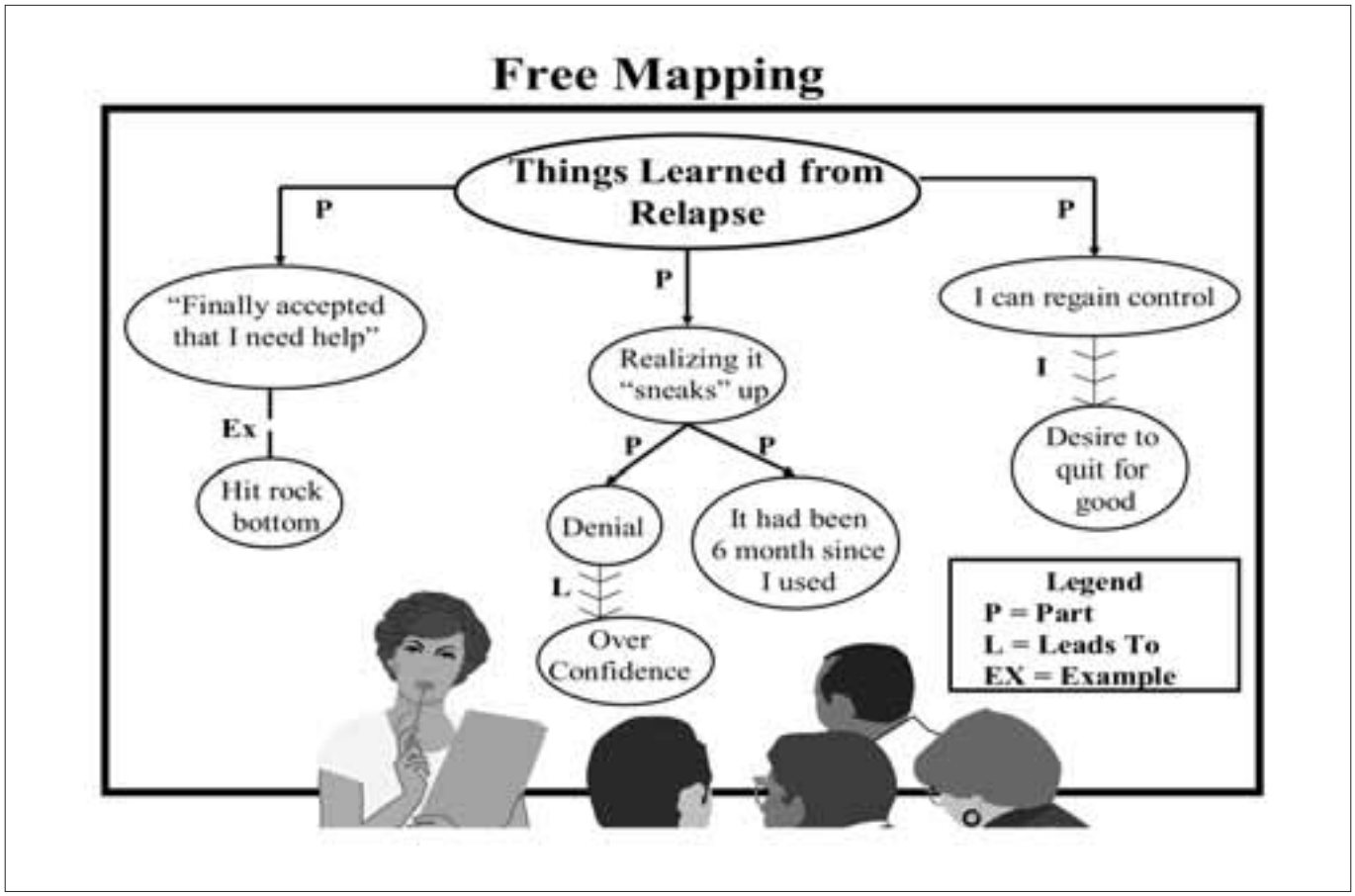

Figure 3: Example of a free map

> *Challenge with: I am responsible for my feelings and my actions. Blaming others keeps me from having to look at my part. I may have an emotional reaction to someone's behaviour, but I am responsible for how I respond. Others may ask me to do things, or offer me opportunities, but no one is responsible for my decisions except me."*

Session 2 focuses on clients' "roadblocks" to healthy thinking. This session helps clients and keyworkers to begin to discuss ways of thinking and how these can interfere with change and contribute to the client relapsing. Negative ways of thinking are identified and ways in which these negative thoughts could be changed are discussed.

An example of a negative way of thinking is: "but … everybody was doing it". Changing Thinking Patterns suggests a response in the manner of:

> *"Rationalisation is what we do when we try to excuse ourselves from full responsibility for our actions. We think of explanations that seem to fit or that seem to logically explain our decisions or behaviours. We look at the outcome of our actions or at a conclusion we have reached, then we pull evidence out of the air that we think will explain everything while allowing us to 'look good' in the eyes of others. We often use rationalisation as an attempt to justify our unhealthy behaviour."*

Session 3 focuses on thinking and behaviour cycles. This session aimed to address how behaviour and ways of doing things become a habit, ritual or cycle. Clients and keyworkers can discuss these cycles and look at ways they can be broken.

Evidence base for psychosocial interventions

There is a good evidence base from other countries, mainly from US studies by IBR, on the importance of these psychosocial tools in increasing the effectiveness of drug misuse treatment. These studies have shown that:

- Mapping is a successful way of communicating important information on drug misuse
- Trials comparing mapping clients and a control group, which did not receive the intervention, found that mapping clients were less likely to test positive for opiates or cocaine during treatment and twelve months after treatment
- Mapping clients missed fewer counselling or keyworking sessions than non-mapping clients

- Self reports of injecting drug use and criminal activities were lower for mapping clients, even a year after treatment
- Client evaluations of group meetings, their counsellors, self efficacy and treatment effort were higher for mapping clients.

Methodology

Services

Four services, comprising 24 sites in Greater Manchester, took part in the project. Two services from London were also involved but due to differences in training schedules, the results from London services are not included.

Materials

The psychosocial interventions

The psychosocial interventions (mapping tools) were translated into a manual by the NTA clinical team, in a form suitable for keyworkers.

Methods of evaluation

Questionnaires

The interventions were evaluated by a series of questionnaires developed and validated by IBR on a range of drug services in the US and Italy. They measured:

1 Organisational climate – staff views of services and their roles within it (Organisational Readiness for Change – ORC), and clients' self-appraisal of their experiences of treatment (Client Evaluation of Self in Treatment – CEST)

2 Keyworkers' views on the training they received in using the manual and, at a later period, their views on the usefulness of the manual.

The staff questionnaires assessing the organisational climate have two functions. Firstly, they inform services how their staff feel about their work and services, and how clients feel about their treatment experiences,highlighting any areas for improvement as well as aspects where services are functioning well. Secondly, they assess how successful the manual is with clients.

Mapping guide	Number of maps	Type of maps	Purpose
1 Exploring self maps	4	i Strengths ii Problems iii Failure iv Successes	Useful starting point. Starts clients thinking positively about themselves Identifies problems they may have in a number of important areas of life Provides an overview of issues for clients
2 Social improvement maps	3	i Important people ii Relationship problem iii Crucial conversation	Help better understand and relate to others Identify those people important to the client Explore difficulties in each relationship How to raise important issues in relationship
3 Decision making	3	i Examining choices ii Acting on the decision iii Decision process	Help clients think through an important decision Focusing on the choices available, the consequences of each choice, planning what actions will arise once reaching a decision and evaluation of actions and progress
4 Taking control maps	3	i Understanding ii Actions iii Progress	Help clients better understand LEEPS (life, events, emotions, problems, successes)
5 Health and awareness maps	1	i What if you have a disease?	Help clients better understand and manage serious diseases. Explore ways of avoid getting or giving a serious disease

Table 1: Summary of the ITEP manual mapping guides

Case study: Alcohol & Drug Services

Tracey Hogan, director of clinical standards and practice at Alcohol & Drug Services (ADS), was involved in the project and discusses her experience of ITEP.

"ADS, along with other leading service provider partners in north-west England, were invited to participate in the International Treatment Effectiveness Project as part of the NTA's Treatment Effectiveness strategy.

"ADS has been asked to contribute to this report by describing our experiences and participation in the project.

"It is well known that organisational functioning and climate are intrinsically linked with effectiveness and efficacy of the interventions delivered to clients. As an organisation committed and known for quality, we were excited to participate and contribute to this body of work as it provided us with additional validated materials and methodology to link organisational factors and treatment interventions together and to evaluate and improve upon both.

"In November 2005, an ADS representative and other senior clinicians from the participating organisations and the NTA attended a five-day consultation and planning programme at the Institute of Behavioural Research in Texas, and developed the ITEP manual from the wealth of materials, described in greater detail in this report.

"Upon their return, the participating organisations conducted the two questionnaires, Organisational Readiness for Change (ORC) and Client Evaluation of Self in Treatment (CEST). We believed that it was essential to evaluate the entire organisation's structure and climate along with our clients' evaluations of themselves and the treatment they receive. Therefore, ADS made a decision to distribute the questionnaires throughout the entire organisation as opposed to self selection of a limited number of sites.

"IBR evaluated all results and provided each participating organisation with verbal and graphical feedback on each 'unit of treatment' (participating project or site) assessed and were also available to offer advice and additional interpretation based on their wealth of experience.

"As large regional and national providers, the participating organisations selected focused "units of treatment" within their organisations that would act as demonstration sites. This represented a number of multi-agency staff who would receive the training to ensure 100 per cent saturation within each unit selected. Each provider also selected, though internal consultation, lead trainers who would also participate in the train the trainer module. A key element throughout this project has been the successful multi-agency co-operation, therefore we decided to pool our resources and deliver subsequent training held in the north-west though a number of weekly multi-agency training events.

"ADS selected and trained staff within six sites representing seven treatment units:

- Structured day programmes (drug)
- Structured day programmes (integrated)
- Structured day programmes (drug abstinence)
- Stimulant services
- Primary care – brief interventions pre/ early dependent drinkers
- Prison in-reach (drug)
- Benzodiazepine withdrawal service

"As a provider of structured day programmes, ADS also adapted IBR's off-the-shelf group work packages to a UK style and language, enabling the materials to be delivered in a variety of settings, as part of closed rolling programmes or a workshop format.

"As a component of its quality management framework and in addition to line management and casework supervision provided monthly to all staff, ADS also operate a clinical supervision model. This is delivered by a dedicated team of qualified and accredited clinical supervisors. It was essential for us to assure competence and confidence in delivery of the mapping interventions. Therefore, we provided line managers and the staff with specific group and individual clinical supervision. Staff were encouraged to bring anonymous copies and relate mapping work undertaken. As clients are encouraged to rate the usefulness of each map or group using a ten-point scale – this process provided a rich source of information informing the project.

"Key information and themes reported though this process were:

- Ease of transfer from training into practice
- Immediate successes in the ease of use of materials
- Improvement in the quality of client interactions in both individual and groups
- Majority of maps and groups rated in the +8 range.
- Maps scoring below five also resulted in positive interactions between client and worker
- Clarity of case direction, not getting side tracked
- Increased confidence for staff, especially those new to the field
- Sessions have better flow and linking sessions are easier

"In summary, ADS have valued our involvement with ITEP. The project has delivered immediate and tangible benefits for clients though mapping interventions that are clear, straightforward and meaningful. We have found the ORC and CEST to be extremely useful tools for organisational assessment and have now embedded their use into our existing organisational quality management system."

“It has been very satisfying to see that the mapping has been so readily adopted by the staff at Kenyon House”

Procedure

The project ran for 13 months, from December 2005 to January 2007.

Month 1: The completion of the first wave of questionnaires to measure organisational functioning.

Month 6: Keyworkers were trained in the use of the manual and data collected on staffs views of the training and their expectations around using the manual.

Month 9: Questionnaires completed by keyworkers assessed how the manual was being used and their views of the manual.

Month 11: A second wave of questionnaires reassessed organisational functioning for both staff and clients.

Month 12: Analysis.

Key aspects to the success of the project

ITEP as a movement – developing local champions

Service managers in two regions expressed interest in the previous work conducted by IBR and wanted to be involved in the UK pilots. Several services within these regions volunteered to take part and lead the project, with staff chosen from each service as representatives.

After initial meetings in the UK, the group visited the IBR experts in Texas to discuss the project. Because the representatives were involved in planning from the outset, this resulted in a cohesive group with the same aims and outlook. It also helped foster

Staff and client evaluation

The results from both waves of the Organisational Readiness for Change (ORC) and Client Evaluation of Self in Treatment (CEST) questionnaires provided invaluable information to service managers in their own right, regardless of the implementation of the interventions. The ORC questionnaire results provided detailed information from staff on the current organisational functioning and climate at service level, while the results from the CEST questionnaire provided detailed information on client's views of themselves and their treatment experience again, also at service level. Because data could be provided at a service level data comparisons could be made between one service and other services in the same area as well as against regional level data.

Client feedback – CEST

Overall, clients showed greater levels of agreement with statements concerning their levels of treatment engagement, motivation, desire to receive help and treatment readiness and there were also comparatively lower levels of hostility and risk taking. However, a number of potential problem areas were identified; clients were less likely to have high levels of psychological and social functioning,

The importance of treatment engagement on outcomes has frequently been found in many studies. In the CEST questionnaire, client engagement was measured by looking at different aspects – treatment satisfaction and participation, counselling rapport, and peer and social support. ITEP results found that higher levels of treatment engagement were associated with a number of factors:

- Treatment motivation – highly motivated clients had higher levels of satisfaction and better rapport with staff
- Levels of self esteem – clients with low self-esteem had greater treatment needs, yet reported lower participation, and lower rapport with staff
- Levels of hostility – clients with high levels of hostility were less likely to be satisfied with their treatment, had lower levels of participation and had less rapport with staff ($p<.01$)
- Type of treatment – clients receiving structured counselling had higher levels of depression and anxiety, than those receiving other types of treatment. However they had lower levels of hostility and risk-taking behaviour
- Gender – men showed significantly higher levels of agreement with statements about satisfaction, treatment participation and rapport than women ($p<.01$). They were twice as likely to agree with statements that they were ready for treatment.

Service staff feedback – ORC

Findings from staff questionnaires were generally positive indicating good organisational functioning in the services. The main issue appeared to be that some services felt that access to equipment to do their work was poor (for example, internet resources). There was also evidence that general staffing levels could be higher and training improved. Staff were most likely to rate general staff attributes highest, particularly believing staff efficacy to be high as well as staff being very adaptable. However, there were marked variations between services.

> **“As a worker I valued ITEP as a useful extra tool in my toolkit”**

strong relationships between the staff from the various services, which was key to the success of the project.

The ITEP pilot could not have gone ahead without the engagement of key senior staff in each service, who helped gain high-level senior management support.

Service commitment

A high level of service commitment from service managers, staff and clients ensured a successful implementation of the project.

Managers put forward their services, time and resources, and disseminated information to staff, keeping them informed about the project and providing encouragement.

Keyworkers took time to be trained and, in some cases, trained other staff. They completed questionnaires as well as encouraging clients to use the interventions and spending keyworking time implementing them.

Hundreds of clients completed questionnaires and many spent their keyworking sessions using the psychosocial interventions

Psychologists and trainers had overall responsibility of drawing together the manual used by keyworkers, as well being available to provide ongoing supervision and support to all staff.

IBR have had many years of experience implementing psychosocial interventions in the US and Italy. They provided input and advice in adapting material into a manual that would be relevant for a UK audience. They also trained the initial delegation of English staff in using the manual and training others to use it. Data collected from the questionnaires was provided to IBR for analysis, which could be reported back to the NTA and individual services.

Training and supervision

Keyworkers were trained to implement the manual using a “train the trainers” model. In phase one, a group of keyworkers, representing each of the services involved in the pilot, was given two days of training delivered by representatives from IBR. A follow-up session three days later checked competency and provided an opportunity for the keyworkers to ask any questions, and clarify any issues they may have had.

> **“The user feedback has been very positive”**

Multi-agency partnerships were also essential for training in the outset and also in the second phase of the training, when the trained keyworkers instructed staff who would be delivering the interventions to the participating agencies. Because staff from different agencies could be trained together, this allowed greater flexibility and also ensured that staff from a single agency did not have to be trained at the same time.

Supervision and ITEP consultancy support

Ongoing staff support and supervision was provided by a psychologist, who was seen as essential to ensure that keyworkers were confident and competent in implementing the interventions.

> **“I was sceptical [about ITEP] at first, but it has made me think more clearly and I really value that”**

Findings

Feedback

Feedback from service staff

> *“It has been very satisfying to see that the mapping has been so readily adopted by the staff at Kenyon House, evidenced by the excellent ward round feedback produced by mapping and one-to-one sessions.”*
> Consultant psychiatrist

> *“As a worker I valued ITEP as a useful extra tool in my toolkit. I recognise that it may not be helpful to all treatment clients but where I have used it it has been very useful.”*
> Keyworker, CDP (London)

> *“The user feedback has been very positive as a straight forward and clear way of representing their thinking, motivation, goals and obstacle.”*
> Keyworker, Salford SMS

> *“We run a needle exchange and have been used to very brief interactions with our clients, so workers at this projects have found ITEP very useful, in terms of working with clients in a structured way during one-to-one meetings.”*
> Keyworker, Lifeline

> **“[ITEP] reminds me that it is an ongoing problem I need to work on”**

Feedback from clients

> *“I was sceptical [about ITEP] at first but it has made me think more clearly and I really value that.”*
> Service user, CDP (London)
>
> *“Reaffirms the positive thing I have done.”*
>
> *“Hard work – but good to talk.”*
>
> *“Makes you think.”*
>
> *“Helped to focus and look at what I want to achieve.”*
>
> *“Good to get a clear view of the problem.”*
>
> *“Gave me something to aim for.”*
>
> *“Reminds me that it is an ongoing problem I need to work on.”*
> Service users, Alcohol & Drug Services

On the training process

> *“ITEP was delivered in a very open way throughout. There were good consultations throughout the process meaning that we always clear about the process and the training was delivered well.”*
> Staff member, Lifeline

Results of staff training and competency

The results showed that staff were extremely positive about both the training and the psychosocial interventions, and that implementation of mapping in services had a significant positive effect on some aspects of the client’s treatment experience.

Immediately after training

- Over 95 per cent of staff agreed that the ITEP manual was relevant to their needs
- Similar high proportions rated mapping strategies and critical thinking patterns as effective and useful.

> **“ITEP was delivered in a very open way throughout. There were good consultations throughout the project”**

Follow up three months after staff training

- Sixty-eight per cent of staff had used some mapping and thinking patterns. Of these:
  - Ninety-two per cent found the mapping materials useful, with 85 per cent recommending them to others and 92 per cent expecting to use them in the future
  - Slightly lower ratings were reported for the Changing Thinking Patterns modules
- Barriers to use
  - “Lack of time” was cited as the main barrier to using mapping (67 per cent) or Changing Thinking Patterns (55 per cent).

Client impact

The implementation of the interventions had a positive effect in several areas. Those services using the manual had clients who reported significantly greater improvements in their treatment experiences, compared to clients in services that did not receive mapping or received very little. Significant improvements were:

- Clients claimed to have better rapport with their keyworkers
- Better levels of client participation in treatment
- Clients benefited from better peer support.

Conclusions

The pilot ITEP project demonstrated positive outcomes in terms of its acceptability and usage; the results show that the psychosocial interventions, and training in them, were well received by the keyworkers and led to positive changes in their normal practices. Despite some reports of lack of time being a barrier to use, the majority of keyworkers implemented the mapping with their clients. There were significant positive impacts on some areas of client engagement – services where more mapping was implemented had clients who reported significantly higher levels of rapport with keyworkers, better levels of client participation in treatment and better peer support. Findings also showed that client engagement with treatment was associated with highly motivated clients, clients with high levels of self-esteem and low levels of hostility.

Much of the success of the pilot can be attributed to the organisational backing from the services, the enthusiasm of keyworkers and the multi-agency partnerships that were built up over time, all of which proved to be crucial.

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Further information

For further information on mapping materials, please refer to:

- The care panning maps to support care planning guidelines http://www.nta.nhs.uk/areas/clinical_guidance/care_planning.aspx
- The IBR website for more information on the ITEP project http://www.ibr.tcu.edu/info/nwitep.html
- The IBR website for more information on mapping and downloading maps http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html

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