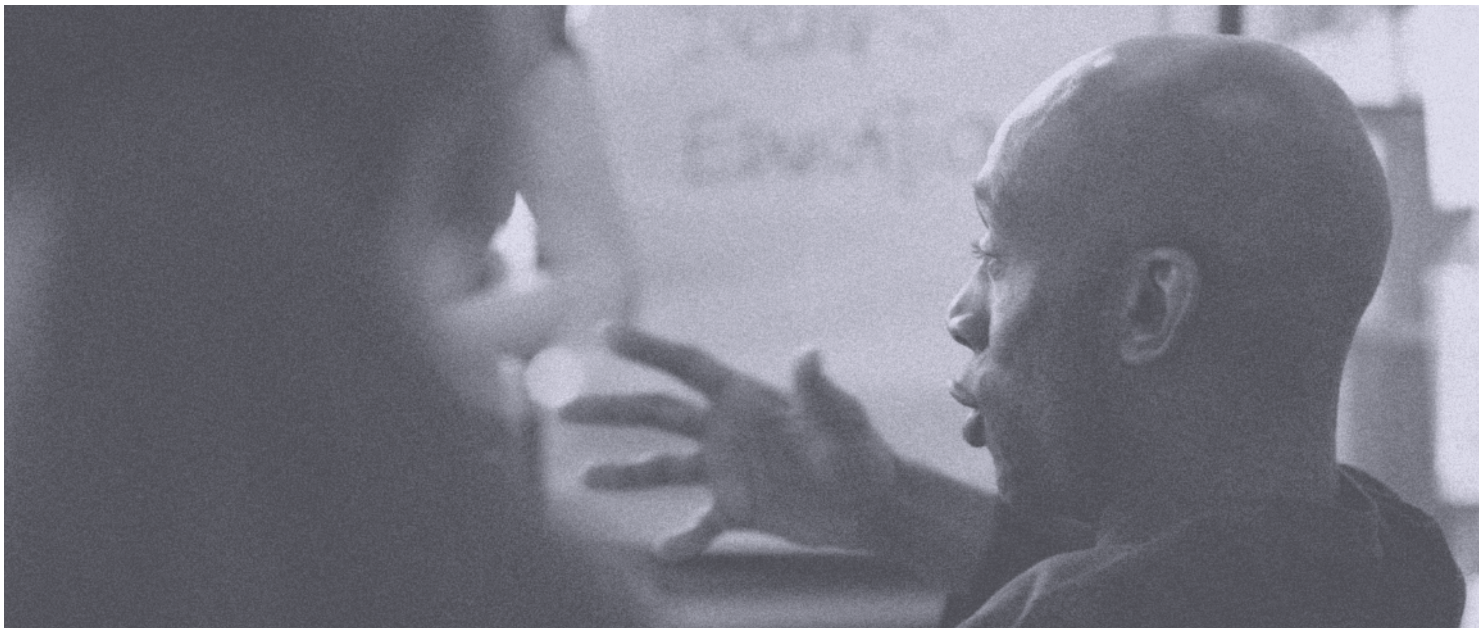


Routes to recovery

ITEP & BTEI: new approaches to psychosocial interventions



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.

The NTA works in partnership with national, regional and local agencies to:

- Ensure the efficient use of public funding to support effective, appropriate and accessible local services
- Promote evidence-based and co-ordinated practice, by distilling and disseminating best practice
- Improve performance by developing standards for treatment, promoting user and carer involvement, and expanding and developing the drug treatment workforce
- Monitor and develop the effectiveness of treatment.

The NTA has achieved the Department of Health's targets to:

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

The NTA is now in the frontline of a cross-government drive to reduce the harm caused by drugs. Its task is to improve the quality of treatment in order to maximise the benefit to individuals, families and communities. Going forward, the NTA will be judged against its ability to deliver better treatment and better treatment outcomes for the diverse range of people who need it.

About this document and 'Routes to recovery'

This document is part of the projected 'Routes to recovery' suite of publications.

These publications are intended to equip clinicians and drug treatment workers with the latest and most effective tools for working with drugs users and helping them to overcome dependency.

The 'Routes to recovery' publications will also be of interest to managers and commissioners of drug treatment services, strategic leads and the wider health and drug treatment community, such as policy leaders and practitioners in related fields.

Routes to recovery: ITEP and BTEI

What are ITEP and BTEI?

Over the past three years, the NTA has sponsored two programmes, known as ITEP (the International Treatment Effectiveness Project) and BTEI (the Birmingham Treatment Effectiveness Initiative). As their names suggest, ITEP and BTEI share a simple aim: to improve drug treatment effectiveness.

They do this by making the delivery of a range of psychosocial interventions easier and clearer, and by promoting organisational improvements.

ITEP was set up in Greater Manchester and London to evaluate the implementation of a particular approach to drug treatment. BTEI built on and developed this approach through a programme of work undertaken in Birmingham and the West Midlands.

Both programmes share many characteristics. They also developed resources and easy-to-use manuals to help deliver this system change.

A lack of structure to the psychosocial elements of treatment can mean that care planning is sometimes not as clearly articulated as it could be. The approach that both ITEP and BTEI are founded on therefore places psychosocial interventions at the heart of drug treatment by recasting the way we look at care planning and keyworking. In turn, this can help workers maximise their ambitions for clients.

Evidence also tells us that the way a drug treatment service is organised and managed can have as much – if not more – impact on client outcomes as the interventions on offer and the characteristics of an agency's clients.

The success of ITEP and BTEI is built on findings that adopting a simple psychosocial intervention, coupled with a focus on organisational functioning, can have positive and measurable effects, helping to make a treatment service and a local system stronger and more efficient.

The basic psychosocial mapping intervention

At their core, ITEP and BTEI are built around step-by-step, easy-to-use manuals that take keyworkers or drug workers through the processes needed to implement the interventions.

The manuals don't assume any high-level academic knowledge or long-standing experience of delivering psychosocial interventions. Instead, they are designed to equip staff with some of the basics, enabling them to systematically deliver interventions that have been shown to improve treatment engagement – which, in turn, is associated with better treatment outcomes.

At the heart of ITEP and BTEI are psychosocial interventions that are based on a cognitive approach known as 'node-link mapping'. This is a technique for discussing issues with clients and visually representing them in a series of maps, with text boxes (nodes) connected by lines (links),

which represent different types of relationships. It's important to stress that node-link mapping isn't a new theoretical approach – it uses the same cognitive behavioural principles as motivational interviewing and relapse prevention.

However, mapping can enable the client, in partnership with the worker, to systematically think through the often complex results of keyworking sessions. Mapping can therefore help clients and keyworkers to clarify and focus on an issue with minimal distraction, and without going off on tangents.

A focus on organisational functioning

Although ITEP and BTEI take an individual or group psychosocial structured intervention as their basis, they are as much about enhancing organisational functioning and improvements within drug services as they are about encouraging behavioural change among clients. In fact, this is central to the success of the approach.

So alongside the mapping intervention, ITEP and BTEI have built organisational assessment into their programmes, through the Organisational Readiness to Change (ORC) and the Client Evaluation of Self in Treatment (CEST) evaluative tools. In particular, this helps services and their

managers to target training in particular skills towards specific members of staff who have a responsibility for clients at different stages of the treatment journey.

In summary, by creating an easy-to-use systematised intervention, ITEP and BTEI helped treatment services in Manchester, London and the West Midlands to re-prioritise the place of psychosocial interventions in the delivery of drug treatment. This happened because ITEP and BTEI also helped to promote strong leadership, a learning culture and clarity of purpose – the three key elements of organisational health.

Mapping works

There is a strong international evidence base for mapping's role in increasing the effectiveness of drug treatment. American-led research on non-residential offenders on probation orders found that treatment mapping was a successful way of communicating important information on drug use. Its effectiveness has also been borne out by a number of randomised clinical trials that compared clients receiving mapping and enhanced counselling with those receiving only counselling:

- The former were less likely to test positive for opiates or cocaine both during treatment and 12 months after treatment
- Mapping clients missed fewer counselling sessions, and rated their own progress higher

- Self reports of using needles and criminal activities were also lower a year after treatment
- Mapping has shown a significant and positive influence compared with standard counselling on client evaluations of group meetings, their keyworkers and their self-efficacy and treatment effort
- Clients in treatment for less than six months who received mapping interventions were also found to have better urinalysis outcomes (for opiates) than their counterparts.

Professor Dwayne Simpson, head of the Institute of Behavioral Research, Texas Christian University (TCU), endorses the ITEP programme: "Evaluations of TCU manual-guided interventions indicate they improve treatment participation and engagement, knowledge levels, pro-social attitudes, and retention in outpatient and residential settings... UK addiction treatment practitioners have made impressive progress in completing adaptations and regional applications of TCU-originated treatment resources to meet their service improvement needs. They are initiating more advanced implementation strategies and also are hearing requests from other regions in the UK for dissemination and implementation assistance."

What we did in England

As the international evidence for mind-mapping is compelling, the NTA did not primarily set out to see whether it 'worked'. Instead, we wanted to

discover if such an approach to psychosocial interventions could be implemented in the English context. The answer is that it can.

Dr Louise Sell, the Service Director for the Greater Manchester West NHS Mental Health Foundation Trust, says that "mapping-enhanced treatment has become the cornerstone of our strategy for delivering psychosocial interventions to our client groups", while **Dr Ed Day**, a consultant psychiatrist at the Birmingham & Solihull Mental Health Foundation NHS Trust and a senior lecturer at the University of Birmingham, says that "the BTEI project has brought about seismic changes in attitudes in the treatment services in Birmingham".

Measuring the effects

The ITEP and BTEI interventions were evaluated by a number of questionnaires measuring organisational climate and by client self-appraisals of treatment – and overall, nearly 3,500 questionnaires were completed, from over 2,500 service users and 750 staff members:

- The ITEP pilot found that nearly a year after beginning to implement ITEP, its influence was still strong. Around four in five staff had recommended the techniques they had learnt to others and nine in ten expected to use those techniques in future
- Clients in services that used more mapping were shown to have better rapport with their keyworker, better levels of participation in their treatment and to benefit from better peer support

- The BTEI pilot found that higher client satisfaction was associated with greater worker perception of both the efficacy of the BTEI approach and opportunities for growth
- Higher client ratings of keyworker rapport were associated with more positive ratings by their workers on measures of cohesion and communication in their staff teams following implementation of BTEI
- BTEI also found substantial and generalised gains among clients early in the treatment process. For clients in the first three months of treatment, there were measurable improvements in treatment engagement, psychological functioning and treatment motivation. In other words, these clients were more effectively 'gripped' by the treatment process
- This would appear to be linked to the substantial improvements in the ratings provided by workers of their perceptions of organisational functioning.

Mark Gilman, the NTA's regional manager in the North West attests to this change: "The training activity and subsequent implementation efforts within the different treatment services has begun to fundamentally influence the client-keyworker interface across the region, allowing for a more structured interaction."

The research highlights two essential elements to the success of ITEP and BTEI:

1 A complex psychosocial intervention can be implemented effectively through the use of simple, easy-to-use manuals, with improvements in psychological functioning, satisfaction with treatment and the therapeutic alliance.

According to **Dr Ed Day**, this is one of BTEI's main attractions: "The idea of a complete service assessment, with an individually tailored package of interventions that fits the needs of the service client group, is appealing to many service managers."

Although initial training for workers was very important, ongoing supervision of their use of the interventions was found to be critical to success.

2 Simply the process of implementing ITEP or BTEI can contribute to significant and lasting organisational improvements. There are significant improvements in reported stress levels by workers, and improved ratings for mission, cohesion, communication and readiness for change.

Tracey Hogan, Director of Operations for Addiction Dependency Solutions in Manchester, agrees: "The culture and vision of ADS have been altered, which in turn served as the framework for major renovations in the structure and clinical tools for our services. The ITEP programme has had a major influence on the development and advancement of ADS programmes and organisational functioning from 2005 to present."

Staff who are more positive about their organisation in this way are also more open to training and more able to incorporate it into their everyday practice. In turn, organisations where this happens also find that their clients are more satisfied with the treatment they receive.

The NTA view of ITEP and BTEI

The NTA has watched the drug treatment systems in Manchester and Birmingham develop, and supported the implementation of the psychosocial interventions in ITEP and BTEI (especially the mapping) and the focus on organisational functioning this approach has brought.

We are impressed by the testimonies from the commissioners, managers, clinicians and service users who have participated in these initiatives and found them valuable.

We have seen evidence of improvement in services, in therapeutic relationships and in client outcomes from the data that has been collected. We are also impressed by the spirit of joint working that has been generated and is evident across the services that have engaged in ITEP and BTEI. We are particularly impressed by local systems sharing training and supervision resources – particularly across statutory and voluntary sector services – and the improvement in relationships and system functioning this has brought.

The 2007 Clinical Guidelines (*Drug Misuse and Dependence: UK Guidelines on Clinical Management*) endorsed mapping techniques and said they “have been found to enhance both the

therapeutic relationship and treatment engagement, and to improve the patient’s memory and understanding of the therapeutic session”.

It is for these reasons that the NTA has given the ITEP and BTEI projects and their manuals its seal of approval. The NTA endorses the implementation of the psychosocial mapping interventions, along with the focus on organisational functioning and service management that this approach advocates.

We ask that service providers and commissioners consider:

- Implementing the ITEP/BTEI manuals – especially where keyworking requires improvement
- Utilising the tools to aid organisational review and development – especially in services where management and competence may require improvement
- Investing in training and supervision in using the ITEP/BTEI manuals across local systems – this can improve working relationships and core competence in keyworking across a range of statutory and voluntary sector funded treatment services.

The next steps

In early 2009, the NTA will roll out the publication of a series of reports and manuals that can be used by the treatment sector to help improve treatment and organisational effectiveness:

Part 1: ‘Challenging and changing the way we think’ introduces ITEP

Part 2: ‘The ITEP manual’ is a simple tool which can be used to implement the ITEP psychosocial intervention

Part 3: ‘The BTEI approach’ explains the BTEI intervention and its modifications of ITEP

Parts 4, 5, 6 and 7: ‘The BTEI manuals’ are tools for implementing the full BTEI intervention – covering care planning, building motivation (for both individuals and groups) and treatment exiting

Part 8: ‘The ITEP research’ sets out the work that was undertaken to pilot ITEP in Manchester

Part 9: ‘The BTEI research’ sets out the work that was undertaken to pilot BTEI in Birmingham and the West Midlands

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The ITEP and BTEI programmes have been national collaborations between the NTA, researchers at the University of Birmingham and a range of service providers in London, Manchester, Birmingham and the West Midlands.

The work could not have been carried out without our international collaborators – under the leadership of Professor Dwayne Simpson – from the Texas Christian University, or without funding from NIDA and the NTA. This partnership has allowed us to transfer technologies to England which have been shown to be effective in the USA and Italy.

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