



Keyworking

Comprehensive assessment including:

- Safeguarding and family services
- Risk
- Assessment/reassessment of recovery capital**
- Cataloguing strengths
- Recovery/care planning**

Care coordination (if applicable)

- Risk management**
- Crisis management**
- Health monitoring**
- Advocacy**

Pro-active engagement/re-engagement

- Building social networks**
- Harm reduction**
- Multi-agency work, including**
- Safeguarding and family services
- Mental health

Appropriate supported/facilitated referrals to:

- Medical monitoring and healthcare
- Mutual aid
- Financial and legal advice
- Housing, employment, education and training

The care plan should specify the detail of the case management interventions, as agreed with the service user. Case management and keyworking interventions may utilise mapping techniques and manuals to support their delivery.



Keywork Interventions
psychosocial & other interventions

Interventions focused on:

- Building the therapeutic relationship
- Engaging with the care-planning process
- Building motivation for change
- Setting initial treatment goals.

Session topics could include:

- Personal strengths and resources
- Cost-benefit of drug use
- Ambivalence
- Risk awareness

And may be supported by protocols and mapping tools, and delivered in 1:1 or group settings.

Interventions focussed on:

- Refining treatment goals
- Preparing for change.

Session topics could include:

- Commitment to change
- Recovery goals & change plans
- Triggers for using & management strategies
- Personal & community resources

And may be supported by protocols and mapping tools, and delivered in 1:1 or group settings

Interventions focused on:

- Initiating and maintaining changes in substance use
- Behaviour and cognition
- Building recovery capital

Session topics could include:

- Cravings
- Relapse prevention and lapse management
- Leisure/vocational/educational plans
- Personal and community resources
- Skill development (social, personal, vocational)

And may be supported by protocols and mapping tools, and delivered in 1:1 or group settings

Interventions focused on:

- Graduation from treatment
- Reviewing achievements
- Planning for reintegration
- Developing recovery capital
- Exiting formal treatment

Session topics could include:

- Recovery check lists
- Personal strengths
- Reviewing changes achieved
- Relapse prevention and lapse management
- Undertaking leisure/vocational/ educational plans
- Personal and community resources
- Skill development (social, personal, vocational)

And may be supported by protocols and mapping tools, and delivered in 1:1 or group settings.

Interventions focused on:

- Strengthening community integration,
- Developing recovery capital
- Exiting formal treatment.

Session topics could include:

- Future plans and support
- Structuring time
- Undertaking leisure/vocational/educational plans
- Personal and community resources
- Skill development (social, personal, vocational)

And may be supported by protocols and mapping tools, and delivered in 1:1 or group settings



Keywork+ Interventions
requiring additional competencies

- Motivational interviewing
- Family support
- Motivational enhancement therapy
- Contingency management (attendance)

- Low intensity interventions for common mental illness:
 - Computer-based CBT
 - Guided self-help
 - Behavioural activation
 - Relaxation techniques
- Contingency management (BBV)
- Family support

- Contingency management (behavioral change)
- Community reinforcement approach
- Social behaviour and network therapy
- Family support

- Community reinforcement approach
- Social behaviour and network therapy
- Family support
- Relapse prevention

- Community reinforcement approach
- Social behaviour and network therapy
- Family support



High intensity or specialist interventions and services

- BBV testing and vaccination
- Counselling (registered/ accredited)
- Specific physical health interventions
- Mutual aid
- Medically assisted recovery
 - Inpatient assessment & stabilisation
 - Opioid substitute treatment
 - Injectable Opioid Treatment

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- Specific physical health interventions
- Mutual aid
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 - Opioid substitute treatment
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- CBT for common mental illness
- Behavioural couples therapy
- Family therapy
- Psychodynamic therapy
- Counselling (registered accredited)
- Specific physical health interventions
- Mutual aid
- Community detox
- Inpatient detox
- Residential and community rehabilitation.

- CBT for common mental illness
- Family therapy
- Psychodynamic therapy
- Counselling (registered/accredited)
- Specific physical health interventions
- Mutual aid
- Residential and community rehabilitation.

- CBT for common mental illness
- Psychodynamic therapy
- Counselling (registered/ accredited)
- Specific physical health interventions
- Recovery communities
- Mutual aid
- Residential and community rehabilitation.

The Skills Framework is a recovery-orientated, conceptual model of drug treatment, containing the interventions that constitute effective treatment...

It was developed by the Skills Consortium, with the NTA, which is using it as the basis for its work and for The Skills Hub, an online resource for practitioners and service managers.

The framework gives a proportionate and integrated position to all the interventions recommended by:

- the 2007 suite of NICE drug misuse guidance*, which recommends only evidence-based interventions
- Drug Misuse and Dependence: UK Guidelines on Clinical Management (DH & devolved administrations, 2007), which added to the NICE interventions those based on expert consensus.

The framework also incorporates emerging thinking on recovery, personalisation and adaptive treatment.

Principles

The model is about making treatment:

- more ambitious for our clients
- focused on recovery and reintegration
- deliver robust harm minimisation
- adaptive and personalised.

The framework provides a coherent platform for strategically thinking about workforce development, training and qualifications.

Scope and limitations

- The framework focuses on interventions and practice rather than service and treatment system design.
- It initially focuses on structured treatment rather than pre-and post-structured treatment interventions, which may be incorporated as the work of the Skills Consortium progresses.
- Although integrating with mainstream services is key to the delivery of effective treatment, it is not directly addressed by the framework at this point.

Design

The framework organises interventions in two ways: by treatment phase and by treatment delivery.

Treatment phase

Treatment phase is based on the premise that different interventions are more appropriate at different times in a client's treatment journey. The treatment phases are:

- **Engagement** is the first phase of the structured treatment journey and includes interventions that seek to develop therapeutic relations and motivate clients to change. It also establishes the components of key working designed to reduce

harm, involve them in their treatment and navigate the service user through their treatment journey.

- **Preparation** includes interventions that seek to refine treatment goals and prepare clients for change
- **Change** includes interventions that seek to initiate and maintain change (The Preparation and Change phases together make up the central Delivery stage of treatment in which interventions are delivered)
- **Completion** includes interventions that seek to help clients reflect on, prepare for and exit from formal treatment.
- **Reintegration** starts from the beginning of the treatment journey and runs throughout and beyond. It includes interventions that seek to strengthen community integration and develop recovery capital.

Review/plan/optimize The treatment journey should be punctuated with interventions designed to review, plan and optimise treatment. They are central to maintaining momentum, ensuring the package of interventions is relevant to changing needs, and ensuring that interventions are optimised to achieve the best possible outcomes for the service user.

Change can often be a cyclical and iterative process and, in contrast, the framework may appear to be strictly linear. This has a greater potential to engender movement, a sense of clear goals and a recovery-orientated direction of travel. But clinical judgment and client-centred case management will be needed to mitigate the risks inherent in a linear model, of driving people through before they are ready and not allowing them to slip back to an earlier stage if they lapse, relapse or fail to benefit from treatment.

Furthermore, change will happen in several areas of someone's life and at different rates. The service user should be located in the phase relating to the key change identified in the care planning process.

Treatment delivery

The second way in which the interventions are organised is by treatment delivery: who delivers them, with what competencies, in what setting:

- **Keyworking** includes elements of keyworking/case management which drive and support all clients treatment journeys which are offered to all service users at all times, therefore these interventions are not segmented by treatment phase.
- **Keywork interventions** are the psychosocial and other interventions that every keyworker should have the competencies to deliver
- **Keywork+ interventions** are those requiring additional competencies, training and supervision structures
- **High intensity or specialist** includes interventions requiring specialist competencies, training and supervision structures, as well as specialist services.

Future development

The Skills Hub contains resources required to deliver the interventions in the framework, including: guidance and evidence, manuals, competencies, training resources, guidance on implementation, and lessons others have learned. As new interventions and resources develop they can be integrated into the framework and Hub. This is very much a work in progress and will rely on the sector's continuing contribution.

The further development of interventions in the framework can also provide a vehicle to develop more clarity on emerging ways of working such as: integration with and fostering of recovery communities, recovery planning, recovery coaching and building recovery capital.

* NICE (2007) Methadone and Buprenorphine for the Management of Opioid Dependence. NICE technology appraisal 114. London: National Institute for Health and Clinical Excellence.

NICE (2007) Naltrexone for the Management of Opioid Dependence. NICE technology appraisal guidance 115. London: National Institute for Health and Clinical Excellence.

NICE (2007) Drug Misuse: Psychosocial Interventions. NICE clinical guideline 51. London: National Institute for Health and Clinical Excellence.

NICE (2007) Drug Misuse: Opioid Detoxification. NICE clinical guideline 52. London: National Institute for Health and Clinical Excellence.

NICE (2007) Community-Based Interventions to Reduce Substance Misuse Among Vulnerable and Disadvantaged Children and Young People. Public Health Intervention Guidance 4. London: NICE.