

The Treatment Outcomes Profile (TOP)

A training resource to ensure
effective use of the TOP

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

Contents

Introduction

What is the TOP?.....	4
Course aim.....	5
Who is the resource for?.....	5
What is in the resource?	5
How to use the resource.....	5
DANOS.....	6

Course content

What is the TOP?.....	8
Aim and objectives of the training course	8
DANOS	8

Development of the TOP

The NTA vision.....	9
Story so far.....	9
Why are improvements needed?	9
What's the NTA been doing?.....	10
Piloting and validation	10
Feedback from the frontline	12

Importance of monitoring treatment outcomes

Features	13
Benefits.....	13

How to complete the TOP

When should the TOP be completed?	14
How the TOP can be delivered.....	15
Confidentiality.....	16
TOP format	16
Completion and non-responses.....	17

Step-by-step guide

Helping clients with timelines.....	19
Injecting risk behaviour	19
Crime.....	20
Health and social functioning	21
Helping clients with non-rating scales.....	22
Practice makes perfect.....	23

Questions, comments and solutions	24
---	----

Summary	25
---------------	----

Further help and advice.....	26
------------------------------	----

Introduction

Welcome

This resource has been developed to ensure that keyworkers understand how and when to use the Treatment Outcomes Profile (TOP), and how to integrate it into their assessment and care planning. The resource includes materials to provide a training course for keyworkers in structured drug treatment services. The course lasts for approximately two and a half hours.

Implementing TOP

This course is not designed to discuss the merits of the TOP, it is intended as a tool to effectively implement the TOP within your service.

What is the TOP?

The NTA has developed a new treatment outcomes monitoring tool called the Treatment Outcomes Profile or TOP.

The TOP is a simple set of questions for clients at various stages in their treatment journey and the data is reported through the National Drug Treatment Monitoring System (NDTMS).

The TOP represents a move towards real measures of the effectiveness of drug treatment.

TOP data will provide directly comparable information about real improvements in individuals' lives, which can be used to inform and help improve clinical practice and provide a basis for improved performance management.

Course aim

To be able to use the TOP effectively.

Course objectives

- To understand the development of the TOP
- To understand the importance of monitoring treatment outcomes
- To understand when and how to use the TOP
- To consider potential barriers and identify solutions

Who is the resource for?

Drug service managers and keyworkers can use the resource to deliver training to their colleagues within their teams. Some services may want to use a bought-in trainer to deliver the course.

What is in the resource?

The resource consists of this manual and a CD-ROM, which contains a PowerPoint presentation and copies of some of the TOP guidance. The course contains seven sections.

1. Course introduction
2. Development of the TOP
3. Importance of monitoring treatment outcomes
4. How to complete the TOP
5. Step-by-step guide
6. Questions, comments and solutions
7. Summary

How to use the resource

The course is designed to be delivered during a 2-3 hour period. This manual provides approximate timings for each section. If need be, the course could be delivered during two separate sessions. Read through this manual and PowerPoint presentation to ensure that you

understand the course aim, objectives and content. If any parts of the course seem unclear or if the trainer feels less than confident, discuss these concerns with your manager or a colleague.

Tutor prompt

It is essential that all trainers read [The Treatment Outcomes Profile \(TOP\) A guide for keyworkers \(NTA 2007\)](#), before delivering this course. The 'keyworker's guide' answers many of the questions which will arise during this session.

The course primarily involves going through the PowerPoint presentation. Delegates also have the opportunity to practice using the TOP with a colleague. It is also recommended that course delegates participate in the training by being able to comment and ask questions. This can often be achieved by asking delegates for comments and questions after each section. This manual provides information and 'tutor prompts' for the trainer.

The NTA website includes additional information and downloadable resources about the TOP at www.nta.nhs.uk/TOP

DANOS

Drugs and Alcohol National Occupational Standards, DANOS, specify the standards of performance that people in the drugs and alcohol field should be working to. They also describe the knowledge and skills needed to meet those standards. The course supports the following DANOS units:

- AF3 Carry out comprehensive substance misuse assessment
- AG2 Contribute to the development, provision and review of care programmes

Course content

The Treatment Outcomes Profile (TOP)

A training resource to ensure effective use of the TOP

Course introduction

🕒 Time: 15 minutes

📄 Slides 1-7

📄 What is the TOP?

The NTA has developed a new treatment outcomes monitoring tool called the Treatment Outcomes Profile or TOP.

The TOP is a simple set of questions for clients at various stages in their treatment journey and the data is reported through the National Drug Treatment Monitoring System (NDTMS).

Tutor prompt

Highlight the main benefits and features of the TOP e.g. direct contact between keyworker and client; clear, meaningful and sensitive to change; helpful for the client.

📄 Aim and objectives of the course

To be able to use the TOP tool effectively

- To understand the development of the tool
- To understand the importance of monitoring treatment outcomes
- To understand when and how to use the tool
- To consider potential barriers and identify solutions

📄 DANOS

Drugs and Alcohol National Occupational Standards, DANOS, specify the standards of performance that people in the drugs and alcohol field should be working to. They also describe the knowledge and skills needed to meet those standards. The course supports units AF3 and AG2.

Development of the TOP

🕒 Time: 20 minutes

📄 Slides 8-16

📄 The NTA vision

The NTA has shared a long-term goal with treatment providers, service users and commissioners to establish a more direct outcomes monitoring system and has now developed the TOP to start to move the system from relying on proxy measures of outcomes such as retention (although these will remain important for a while) to the measurement of change at an individual, agency and Partnership treatment system level.

📄 The story so far

It is generally recognised (Audit Commission, 2002; NTA Treatment Effectiveness Review, 2005) that monitoring treatment outcomes is an important component of delivering high quality, effective services. Over the last five years drug treatment services have been required to report on performance in terms of process measures such as waiting times, numbers in treatment etc. Measuring treatment outcomes has not been an NTA requirement other than by a proxy measure (retention rates at twelve weeks).

📄 Why are improvements needed?

Drug treatment outcomes internationally and in the UK are generally grouped into four key domains: drug and alcohol use, physical and psychological health, social functioning, offending and criminal involvement. A wide range of client behaviours and characteristics within these domains is (or should be) examined as part of assessment and care planning, and re-examined in care plan reviews. A number of treatment outcomes monitoring instruments covering these and other

issues already exist. However, many of these either lack the sensitivity to detect change; are too long and complex for routine use; do not measure behavioural change objectively; do not adequately involve the client in the process.

The challenge

To develop a straightforward but effective, validated instrument that addresses the issues in the previous slide. The TOP tracks outcomes in the four key domains and can be incorporated into care planning reviews by key workers.

What's the NTA been doing?

Researchers (Dr John Marsden and Dr Michael Farrell) developed a simple draft instrument and ways in which it could be validated. An expert advisory group approved the instrument and validation process. Keyworkers then tested the instrument with service users across a range of drug services. After testing the tool was modified as appropriate and a final set of validated 'TOP' questions decided. The NTA is currently delivering a programme of dissemination and rollout to ensure that drug services and their staff can start to use the TOP with their clients as soon as possible.

Piloting and validation

Tutor prompt

Explain that there was careful selection of different services to validate the TOP, in order to cover modalities, drug used, gender, young people, urban/rural and statutory/voluntary. Keyworkers in the testing sites conducted three interviews with clients:

-
1. **Test**

This was the longest interview (about 30 minutes) as it contained all the additional questions from other outcomes monitoring tools against which the TOP questions are validated.
 2. **Re-test**

The second interview was conducted by a different keyworker a few days after the initial test interview. This was much shorter as it only contained the TOP questions. It was designed to test whether someone else administering the questions asks them in a similar way and receives similar answers. Researchers call this 'inter-rater reliability'.
 3. **Follow-up**

Another short interview was conducted about a month after the test interview. This was designed to check that the TOP questions were sensitive to changes in the client's drug use, health, criminal activity and social functioning - the key domains for which outcomes are being measured.

What was involved in the validation process?

Tutor prompt

Delegates may find it helpful to consider how researchers determine that a tool is accurate in collecting information that can track a client's improvements in treatment. Outline the following terms with the delegates:

-
- **Validation** the process of ensuring that the outcomes monitoring tool successfully collects information that can track a client's improvements in treatment.
 - **Inter-rater reliability** the extent to which a client's answers are the same when asked the same questions by different keyworkers.
 - **Test-retest reliability** the extent to which a client's answers are the same when asked about the same time period on different occasions.

Feedback from the frontline

Feedback from practitioners and service users taking part in the testing was very positive.

Initial questions not included in the final TOP

Some questions didn't produce reliable data e.g. overdose, sexual risk, domestic violence and they were removed from the final TOP. This means that they failed to produce valid and reliable answers when tested e.g. client's answers differed either over time or depending which worker asked the question.

Remind participants that questions about these issues are still an important part of client contact such as assessments and care plan reviews.

Importance of monitoring treatment

🕒 Time: 10 minutes

📄 Slides 17-20

📄 Features

The TOP has been developed as a simple but effective, validated instrument that can be incorporated into both NDTMS and assessment and regular care plan reviews by keyworkers.

📄 Benefits

The piloting of the tool has demonstrated that there are benefits for the client being able to visualise their situation and, hopefully, their improvement.

Emphasise TOP's use as a therapeutic tool, which will assist keyworkers to assess the effect of the last care plan and inform future care planning.

Ensure that delegates understand that benefits comprise the improvement of clinical practice and performance monitoring and management.

Over time the TOP could also help to highlight training needs in the workforce.

How to complete the TOP

🕒 Time: 15 minutes

📄 Slides 21-29

📄 When should the TOP be completed?

The TOP should be completed as follows:

For new clients only

At new treatment start (to capture a pre-treatment snapshot of the client's behaviour and situation) - this is defined as an individual not having been in structured treatment within the partnership area's treatment system during the last three months. If a client has already started their treatment journey with another agency within the local treatment system and is being referred on, then a new TOP should not be administered at an internal assessment stage by the agency receiving the referral.

Some partnership areas use a 'gateway' model for admitting clients into treatment; commonly a duty system where staff from a range of local providers see new referrals and signpost to the appropriate agency. In these cases, the agency in which the modality start date is attributed should collect the TOP data.

For new clients and every client currently in treatment

Every three months usually as part of a care plan review meeting (to track change compared with the pre-treatment snapshot and previous quarterly TOPs) - in the cases where an individual is simultaneously the client of more than one treatment service, agreement should be secured locally as to which agency should lead on submitting a single TOP score. This is because the focus is on the outcome for the client and not the specific agency.

Discharge

When an individual is discharged from all services commissioned within the local treatment system, a TOP should be completed. Ideally this should be done face-to-face, however in instances of unplanned discharges a telephone interview is acceptable. The TOP discharge data should be collected, even if the discharge date is less than three months from the last care plan review date.

Post-discharge

This is optional. The TOP can also be used to follow-up clients and assess progress after discharge. This data can be collected by NDTMS but will not be performance-managed by the NTA.

How the TOP can be delivered

The TOP should be delivered in a participatory manner between the keyworker and client.

Initially the TOP will probably be used as a stand-alone form. This may change later as the TOP is embedded in normal processes and procedures. Local services and partnerships will decide how the tool will be delivered.

Unless assessment and modality start coincide, the TOP will probably be used as a stand-alone form when it is administered at the start of treatment. When it is administered at care plan review and discharge it can either be used as standalone form or the questions can be integrated into existing care planning and discharge documents.

Confidentiality

TOP data submitted via NDTMS will have the same safeguards in relation to confidentiality as any other item within the NDTMS core data set. This should be carefully explained to the client and local confidentiality agreements should be modified as appropriate to take into account the introduction of TOP into clinical and reporting systems.

TOP format

There are five parts to the TOP: an administrative part and four sections.

The first part is the personal details of the client and keyworker.

- Name and identifiers of your client
- Date of birth and gender
- Your name
- Date of assessment
- The stage at which the TOP is being completed – assessment, care plan review, discharge or post- discharge

There are then four sections, which form the core of the TOP.

- Section 1- Substance Use
- Section 2 - Injecting Risk Behaviour
- Section 3 - Crime
- Section 4 - Health and Social Functioning

Three types of questions

The questions in these sections use one of three types of responses:

- **Timeline** – invite the client to recall the number of days in each of the past four weeks on which they did something – for example, the number of days they used heroin. You then add these to create a total for the past four weeks in the blue NDTMS box
- **Yes and no** – a simple tick for yes or no, then a “Y” or “N” in the blue NDTMS box
- **Rating scale** – a 20-point scale from poor to good. Together with the client, mark the scale in an appropriate place and then write the equivalent score in the blue NDTMS box

Completion and non-responses

Keyworkers should ask every question and complete every blue box.

The keyworker should enter ‘NA’ in the blue box if client refuses to answer a question or if, even after prompting, client cannot recall.

Step-by-step guide

🕒 Time: 45 minutes – including 30 minutes for practice

📄 Slides 31-49

Tutor prompt

Ensure that all participants have a copy of the TOP and a copy of the 'keyworkers guide' before starting this section.

The slides 31-49 comprise a step-by-step guide to deliver the TOP.

Remind delegates that with practice, it should take 10 minutes to complete the TOP.

The slides containing extracts from the TOP include bullet points that help explain how the section should be completed.

Tutor prompt

There maybe some questions around how to record different drugs. Where the form specifies opiates this means illicit opiates only (including street-bought methadone) and not opioids prescribed for the client, such as methadone.

If an opiate user is using benzodiazepines regularly this needs to be recorded under 'other problem substances'.

If the client is using several 'other problem substances' the keyworker should decide which one they use most regularly and record that.

Tutor prompt

It should be emphasised that, in Section 1: Substance use, that the quantity of drugs used and the frequency of use are recorded separately.

The average amount consumed on a using day (slide 34) can be recorded in weight units, or perhaps more commonly the number of bags or rocks. This is not taken into account when calculating the number of days when the drug was used in the past four weeks (slide 35), and will not be included in the NDTMS blue box.

Other slides entitled *Helping clients with timelines; Calendar showing date of TOP and recall period; Injecting risk behaviour prompts; Crime prompts; Helping clients with rating scales; and Helping clients with non-rating scales* are also included in this subsection to help the keyworker complete the TOP.

Helping clients with timelines

The most commonly encountered challenging situation in using the TOP is where a client says, *“I have been using, but I just can’t remember how often” or “there’s really been no pattern.”*

How should you handle this? Probably the best strategy to use is to say:

“I totally understand that it may be hard to remember and, it’s probably almost impossible to be 100% accurate - so I’m thinking that you could give me your best guess.”

Some tips include:

- Have a calendar handy - can the client highlight any significant events during the last month?
- Clarify responses - if client says “I was using every day”, say “Can I just check that there were no days at all in the past month when you didn’t use?”
- Contrast one week with another - “Do you think your pattern was about the same in this week?”

Calendar showing date of TOP and recall period

Show slide 36 to illustrate the start date for the delivery of TOP – the red arrow on the slide - and the 28-day recall period.

Injecting risk behaviour

If in Section 1 the client has reported only using a non-injectable substance (either alcohol or cannabis) then enter a “0” (zero) in each of the week four, three, two and one boxes and move directly to Section 3.

If the client has reported use of opiates, crack, cocaine or amphetamines, or another problem substance (named), then ask the following:

“I’m now going to ask you about drug injecting. Thinking about the past four weeks we have been talking about [remind the client of the start and end day and point out the calendar] did you inject a non-prescribed drug at any time?”

Injecting includes intravenous, subcutaneous and intramuscular.

If the client says “no”, probe to check that there was not a single day of injecting.

If client says “yes”, mark on the calendar each day the client has injected e.g. “Let’s look together at these dates. Maybe we can start with the most recent week. How many days would you say you injected during this week?” and “What about the week before?”

Crime

There are six questions in the Crime section, which record information about the most important (and reliably reported) crimes – shoplifting, drug selling, other theft, fraud, forgery and committing acts of violence.

Above all the other sections, Section 3 needs special handling concerning confidentiality. You need to reassure the client about this issue and the following introductory words should be paraphrased:

“I’m now going to move on to ask you some questions about things you may have done in the past four weeks that are against the law. Clients have obvious concerns about confidentiality and I want to stress that we ask all our clients these questions – as do treatment services all over the country – and the information is used to help us see what changes happen in this area over time. I am not asking for any details – just general information about how often or whether you did certain things.”

Health and social functioning

The Health and Social Functioning section contains a broad set of items about health and health-related quality of life, work or college, and accommodation issues. There is a mix of reporting formats here that need special care in completing. Work, college and school use the familiar days in the past four weeks format. Housing uses the simple yes or no format – non-rating format. Health questions have a different format – rating-scale format.

Rating scales in Section 4 can pose problems - especially the first time the TOP is completed. Some tips include:

- Stress - ‘it’s straightforward’
- Expand on what we mean by anxiety, depression etc
- Subjective - ‘no right or wrong answer’

If a client says, “I really can’t pin-point a single number”, ask for their best estimate. If this is difficult to do, paraphrase:

“Would you say it was above or below the middle of the scale?”

Then, depending on the answer, break the scale down into two ranges of 5-points (0-4 and 5-9; or 11-15 and 16-20). Ask clients if they feel they would score within the upper or the lower band and score them at the mid-point.

Helping clients with non-rating scales

Remind delegates about tips for completing the TOP. Recorded days in work, at college or school, in the past four weeks.

- Have a calendar handy
- Clarify responses
- Contrast one week with another
- 0-28 left as possible range but 20 usually maximum possible

Work

Work is either legitimate paid work or cash in hand, but does not include illegal ‘activities’.

Housing

The TOP defines risk of eviction as follows:

- A verbal warning from their landlord (or agency or lender) concerning their tenancy that concerns some infringement of the agreement – such as arrears in housing payments (rent or mortgage)

-
- A formal written warning, notice seeking possession or court order which may result in their eviction from their rented or owned property

Practice makes perfect

An opportunity to practice administering the TOP with another keyworker.

1. Divide the group into twos
2. Distribute copies of the TOP
3. Ask each person to take a turn in being the keyworker and client. The TOP should be completed in 10 minutes
4. Bring the participants back into a large group and discuss issues raised by the TOP
5. Record the main learning points on a flipchart or white board

Encourage the delegates to find ways of framing the questions so clients can mark the TOP in the appropriate place. This can be put into practice during the next part of the course.

Tutor prompt

The 'keyworker's guide' contains more helpful tips for completing the TOP.

Questions, comments and solutions

🕒 Time: 10 minutes

📄 Slide 48

Encourage delegates to ask questions, make comments and express concerns. Spend a few minutes before starting the course to anticipate any questions and how you will answer them.

Your responsibility is to respond positively to keyworker concerns. Try to highlight the benefits of the TOP.

Questions may relate to more paperwork and time constraints. Concerns may include asking questions about sensitive issues and whether a client's response could cause problems in some instances – e.g. offending in a DIP programme; drug use in a rehab etc.

Encourage delegates to identify solutions to their concerns.

Tutor Prompt

The 'keyworker's guide' contains further information, which may be helpful in answering questions.

Summary

🕒 Time: 5 minutes

📄 Slides 49-51

📄 Conclusion

- Straightforward - easy to use
- Shared approach - involves clients and keyworkers
- Standardised - wherever, whenever
- Snapshot - of progress for client and keyworker
- Sustained - measure progress overtime

📄 Finally

Ultimately, the TOP is simply a set of questions and a method for asking and recording them. But in the hands of a keyworker the TOP can play an important part in building a therapeutic relationship and grounding the care planning and review process.

Further help and advice

 Time: 5 minutes

 Slides 52-53

More information at www.nta.nhs.uk/TOP

NTA regional teams are the first port of call for enquiries about the TOP

Publications

All NTA publications can be downloaded from www.nta.nhs.uk.

To order additional copies of this manual, complete the online order form at www.nta.nhs.uk.

Alternatively, email nta@prolog.uk.com
or telephone 08701 555 455

National Treatment Agency for Substance Misuse

8th floor,
Hercules House,
Hercules Road,
London SE1 7DU

Tel 020 7261 8573

Fax 020 7261 8883

Email: nta.enquiries@nta-nhs.org.uk

Website: www.nta.nhs.uk