



*National Treatment Agency  
for Substance Misuse*

National Drug Treatment Monitoring System (NDTMS)

## **NDTMS DATA SET J**

**IMPLEMENTATION GUIDE FOR ADULT DRUG AND ALCOHOL TREATMENT  
PROVIDERS**

<b>Author</b>	<b>S Taylor</b>
<b>Approver</b>	<b>J Knight</b>
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## EXTERNAL REFERENCES

Ref No	Title	Version
1	<a href="#">NDTMS Data Set – Business definition for Adult Drug treatment providers</a>	9.02
2	<a href="#">NDTMS Data Set – Business definition for Adult Alcohol treatment providers</a>	9.02
3	<a href="#">NDTMS Data Set - Technical Definition</a>	10.02
4	<a href="#">NDTMS Data Set - Reference Data</a>	10.04

This document uses the convention that external references are indicated by square brackets e.g. [3].

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# 1 INTRODUCTION AND RATIONALE

## 1.1 Summary

- This document provides guidance on the implementation of new NDTMS data items that will together describe treatment intervention types, the setting(s) in which interventions are provided and the time spent in treatment in a week.
- The new codes cover drugs and alcohol treatment, for which definitions are being brought into line.
- Separate business definitions still exist for drug and alcohol treatment providers.
- **The new data set (commonly referred to as the NDTMS Data Set 'J') will come into effect for national data collection from 1st November 2012.**
- The data set, processes and reporting for young people's treatment remain as is but may change significantly in April 2013 following consultation.

## 1.2 Rationale

- Previous modality codes were composed of a mixture of interventions and settings, and were sometimes open to different interpretations.
- This led to inconsistencies in data recording and difficulties in making comparisons between interventions and in looking at the treatment factors that are positively associated with outcomes.
- 90% of all psychosocial interventions have been recorded as 'other psychosocial intervention'.
- There was no facility to record the intensity of treatment being provided.
- There was no code for recovery support interventions provided during structured treatment and no facility to record ongoing recovery support provided following structured treatment.

## 1.3 Changes

- Proposed changes replace the existing modality coding with three components:
  - Intervention types covering pharmacological, psychosocial and recovery support interventions
  - The setting in which treatment interventions are provided
  - Total time spent in treatment each week.
- Multiple interventions and sub-interventions can be recorded to describe the full package of treatment and care being provided to a client. So, for example, someone could be recorded as receiving both a pharmacological and a psychosocial intervention, and – within the psychosocial intervention – recorded as receiving both contingency management and a psychological intervention for depression.
- Multiple settings can also be recorded where appropriate to describe the full range of settings in which interventions are being provided to a client.
- Intervention types will, for the first time, include recovery support interventions provided during and following structured treatment.
- Pharmacological sub-intervention types will reflect the basis on which treatment has been provided: for assessment & stabilisation, maintenance, withdrawal or relapse prevention.
- Structured treatment has been defined to clarify whether interventions are provided during or after treatment.
- The changes have been considered and approved by a group of clinical experts, following public consultation on initial proposals and subsequent amendment of these proposals.

## **1.4 Benefits**

These changes will bring a number of benefits for providers, commissioners and the broader treatment system. They will:

- Provide information that supports the 2010 Drug Strategy goal of helping more people to recover from drug and alcohol dependence, and demonstrates how it is being achieved.
- Bring the intervention types into closer alignment with the interventions recommended by NICE and the 2007 Clinical Guidelines, and with the increasing use of mapping by treatment services
- Provide greater detail about what treatment is being delivered, which will allow the direct comparison of treatment interventions and perhaps the identification of treatment factors that are positively associated with outcomes.
- Enable services to demonstrate the recovery support interventions they are providing during and following structured treatment, which could be used to help reduce re-presentation rates.
- Provide assurance to commissioners about the breadth of pharmacological interventions being delivered.
- Demonstrate to policy makers progress on the recovery agenda and the nature of recovery journeys.

## 2 THE CHANGES IN MORE DETAIL

### 2.1 Structured treatment

- Structured treatment has been defined to clarify both clients for whom NDTMS data should be recorded and whether interventions are being provided during or after treatment.
- If one or more pharmacological interventions and/or one or more psychosocial interventions are selected then the treatment package is a structured treatment intervention, as long as the definition of structured treatment also applies.
- The definition makes clear that, in addition to the standard offer of case management and the separately-recorded pharmacological and psychosocial interventions provided alongside, or integrated within, keyworking, clients should be provided with the following as appropriate: harm reduction advice and information; BBV screening and immunisation; advocacy; appropriate access and referral to healthcare and health monitoring; and crisis and risk management support.

### 2.2 Setting

#### General points

- There are six settings:
  - Community
  - In-patient unit
  - Residential
  - Recovery house
  - Prison
  - Primary care.
- All providers will be registered under one of these settings in the agency table that sits in DAMS.
- In most cases, this will be the same as the setting in which interventions are provided. In these cases, this additional field can be left blank and the setting of the intervention will be populated automatically from the setting linked to the agency code.
- However, for providers delivering interventions in multiple settings and for settings that do not report to NDTMS (such as an acute inpatient ward or in a shared care relationship with a GP), this additional setting code can be used to indicate that an intervention is being delivered in a setting other than that for which the provider is registered in the agency table.
- Settings are not mutually exclusive and, where appropriate, should be used in combination to describe the full range of settings in which interventions are being provided to a client.

### 2.3 Intervention types

#### General points

- There are three high-level intervention types that will be recorded in exactly the same way as current modalities / interventions, these are:
  - Pharmacological interventions
  - Psychosocial interventions
  - Recovery support interventions.
- Each high-level intervention has a number of sub-interventions that will explain the detail of what has been delivered while the client is in the high-level intervention (described below).
- The intervention types and sub-interventions are not mutually exclusive and should be used in combination to describe the full package of treatment and care being provided to a client.
- Data will be collected retrospectively on what interventions have been provided in, at most, the past six months of treatment.

- However, the return is not limited to once every six months and may be updated more frequently. It should also be made on discharge.
- Providers may wish to integrate the collection of pharmacological and psychosocial interventions into the regular care plan review process so that, where the information is known, it can be returned alongside the TOP data.
- However these data items will be a new entity attached to the high level intervention so they can be returned independently if deemed preferable by the provider.

**Pharmacological interventions**

- Four pharmacological sub-interventions enable the basis of prescribing to be reported as: assessment & stabilisation, maintenance, withdrawal or relapse prevention.
- Will report on the basis of prescribing since the last return of this data or, when appropriate, since the client started treatment. Will also include a date denoting when the return was made.
- Psychosocial interventions that are integral to (or provided alongside) a client's pharmacological intervention are now reported separately from the pharmacological intervention – as interventions within the psychosocial intervention type. These integral psychosocial interventions are still core elements of pharmacological interventions but are recorded separately.
- Recovery support interventions that are integral to (or provided alongside) pharmacological should be recorded using recovery support interventions codes.

**Psychosocial interventions**

- Nine psychosocial sub-interventions cover the range of talking therapies that can be used with clients in treatment.
- Psychosocial interventions can be used both:
  - to report psychosocial interventions received by a client who is not receiving a pharmacological intervention, and
  - to report psychosocial interventions received by a client who is also receiving a pharmacological intervention. The psychosocial interventions may be integral or additional to the pharmacological intervention.
- These interventions can be delivered as part of keyworking or by specialist staff, in groups or to individuals. Staff delivering them require appropriate competences, and should be supported by appropriate governance, and supervision structures.
- Psychosocial interventions may include the use of mapping but mapping is a tool for delivering and supporting interventions rather than an intervention in itself.

**Recovery support interventions**

- Thirteen recovery support sub-interventions cover the broad range of activity provided to support a client's recovery.
- Recovery support interventions may be used both:
  - to report interventions delivered alongside and/or integrated with psychosocial or pharmacological interventions, as an adjunct to structured treatment (although they may be delivered outside of structured treatment), and
  - to report interventions delivered and recorded outside of structured treatment, following the recording of an exit from structured treatment.

## 2.4 Time in treatment per week

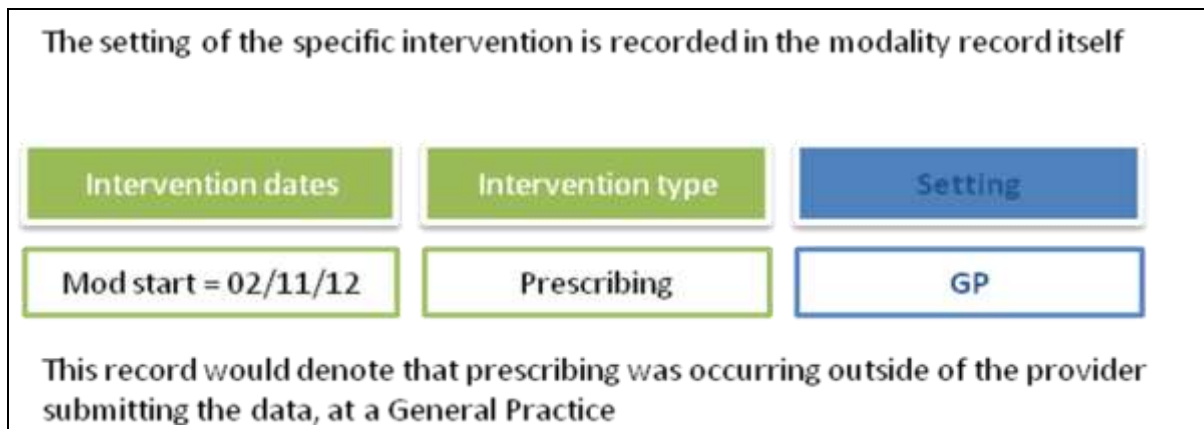
### General points

- This data item allows the recording of time spent – while the client is in structured treatment – in an average week in the pharmacological, psychosocial and recovery support interventions described above.
- This will always include pharmacological and/or psychosocial interventions as recovery support interventions would only be provided on their own following structured treatment.
- The time in treatment per week is the intended time in treatment, i.e. that offered and made available to the client, whether they make full use of it or not. It will usually be the time spent on interventions actually received by the client but may, where the client failed to attend, include time that was scheduled to be spent in interventions.
- It will be recorded at the start of the episode and then updated if and when it changes. Any change would require the new 'time in treatment per week' level to be submitted along with a 'time in treatment assessment date' to denote when the change occurred.
- There are three categories:
  - Standard – 14 hours or less of specified interventions
  - High – more than 14 and less than 25 hours of specified interventions. This amount of time in treatment could mean the client is in a non-residential or residential rehabilitation programme, including programmes previously recorded as structured day programmes.
  - Very high – 25 or more hours of specified interventions. This amount of time in treatment would usually mean a client was in a residential rehabilitation programme or a non-residential rehabilitation programme previously recorded as a structured day programme.

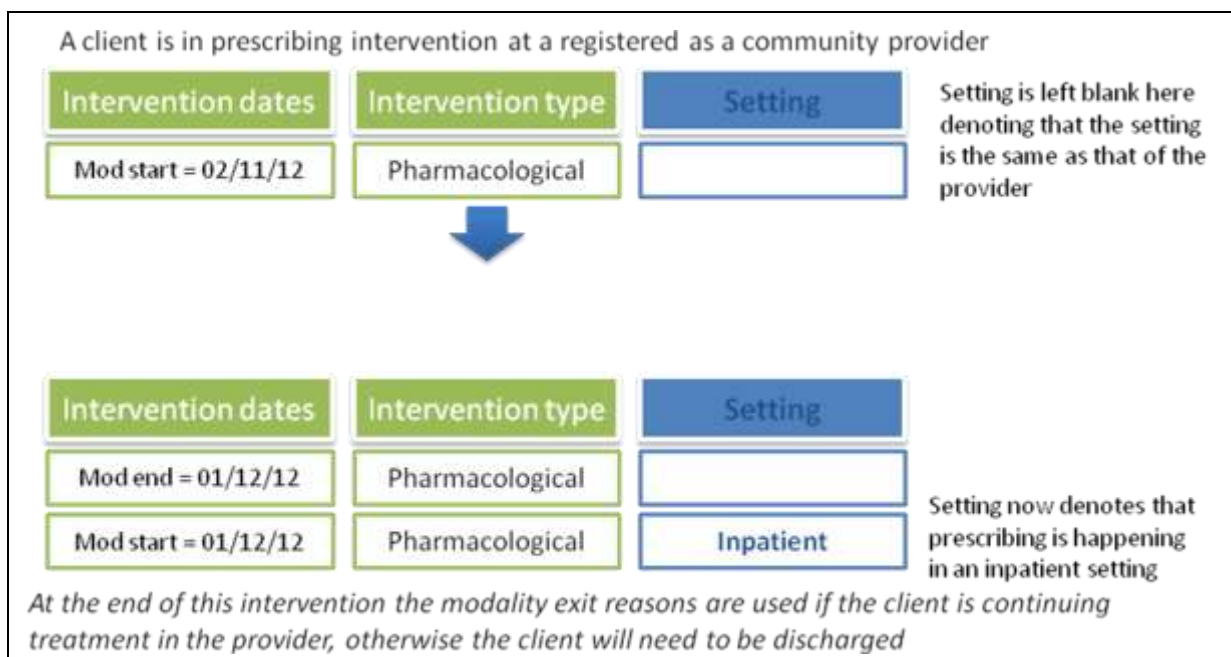
### 3 SCENARIOS

#### 3.1 Setting

3.1.1 Setting will primarily be denoted in the agency table except where the provider is reporting on behalf of someone else (who does not submit data to NDTMS). In these cases the method below is used:



3.1.2 The same approach will also be used where an agency provides interventions in more than one setting, such as in the example below:



It is now possible to have two interventions of the same type open at the same time as long as they are recorded as being provided in two different settings.

## **3.2 Care coordination with no structured treatment interventions**

3.2.1 Providers offering a care co-ordination function but NO structured treatment interventions should:

- Continue to report to NDTMS if they need to submit TOP data, otherwise there is no need to
- Use the intervention type 'recovery support' to denote when the care co-ordination commenced and ended
- Submit recovery support sub interventions if providing any of those listed to clients.

3.2.2 Similarly, non-residential providers offering care co-ordination for clients in rehab should either:

- a) end the episode of treatment with a discharge date, and code of transferred on not in custody or (most likely in the event when TOP care co-ordination continues)
- b) close down any structured treatment interventions with the appropriate end date and open up a recovery support intervention, if not already open and report to NDTMS.

### **What happens if the client returns to the provider for non-structured support?**

- NDTMS is notified that structured treatment has ended – discharge information is entered and reported to NDTMS. Recovery support remains open and continues to be reported until it ends.

### **What happens if the client returns to the provider for structured treatment?**

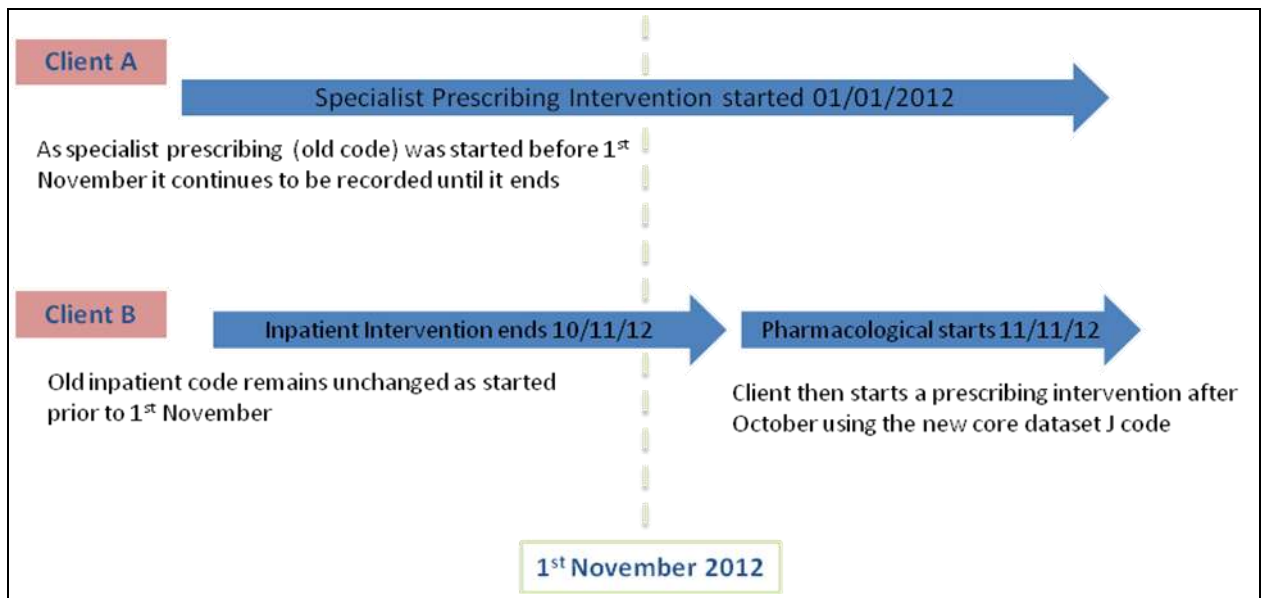
- A new structured intervention is opened and reported to NDTMS.

### **What happens if the client does not return to the provider at all?**

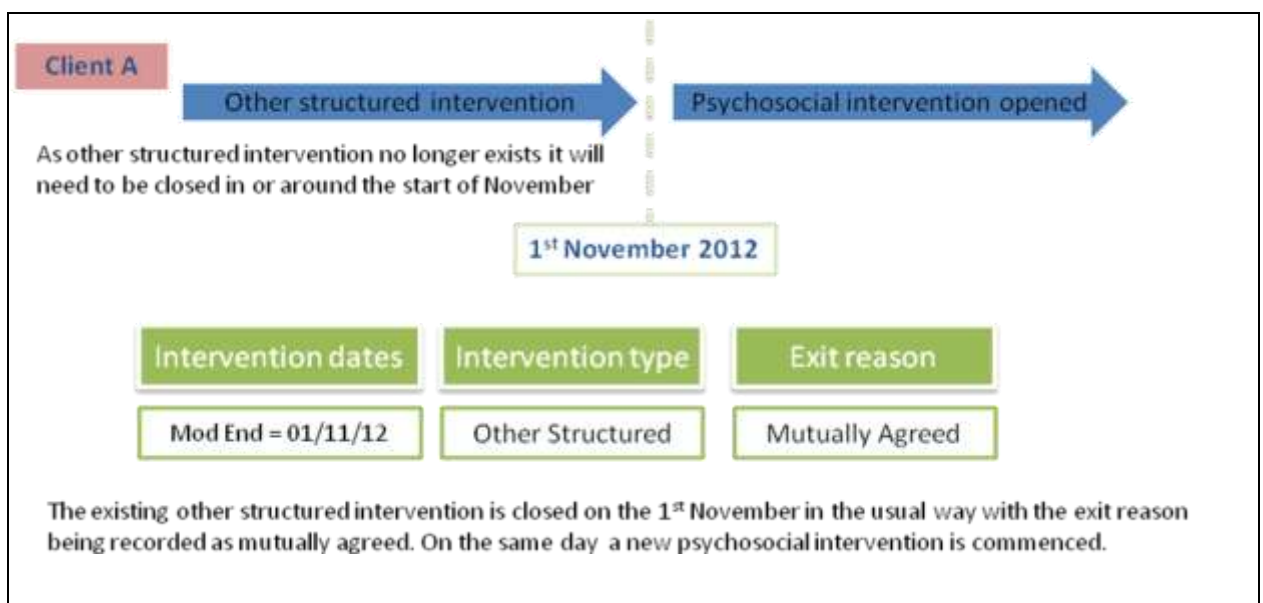
- The episode is closed appropriately using the date of the last contact with client: this being either the last face-to-face meeting or, if TOP forms had been completed while the client was in rehab, the date of the last TOP review.

### 3.3 Intervention types for existing and new clients

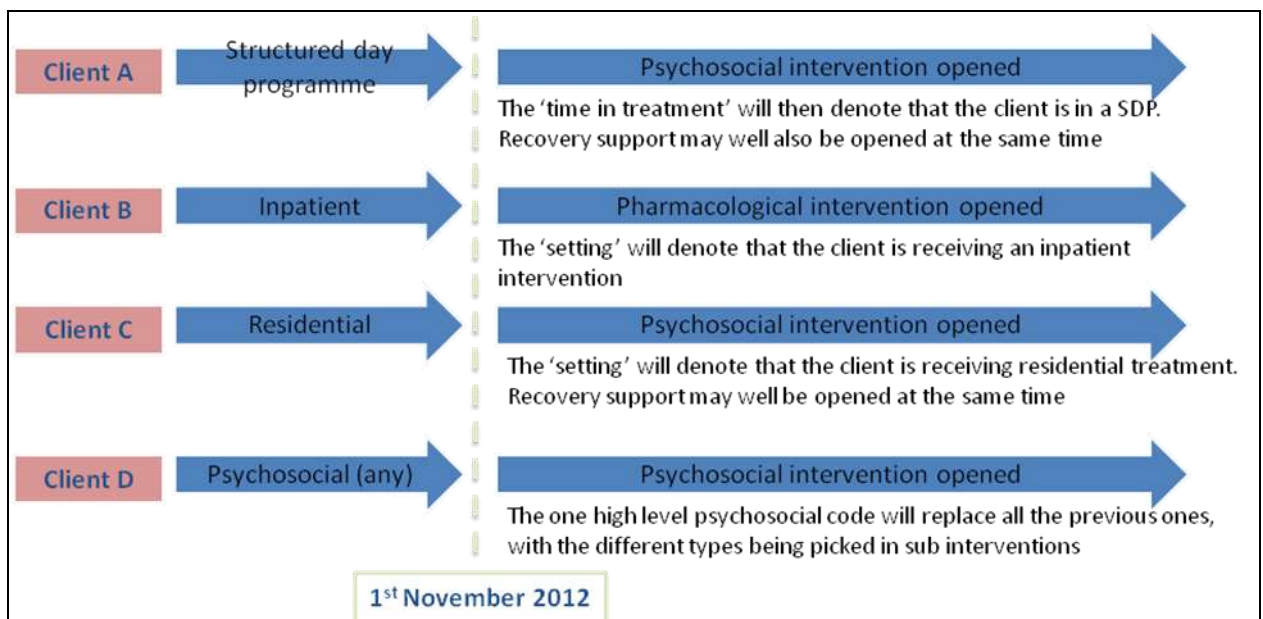
3.3.1 Core data set J intervention types will be expected for all clients who start a treatment intervention after 1 November 2012 in a new or current treatment episode, but existing clients currently receiving a prescribing intervention (specialist, GP or alcohol) will not need to be updated. However in these cases the setting field should be updated where it is appropriate to do so.



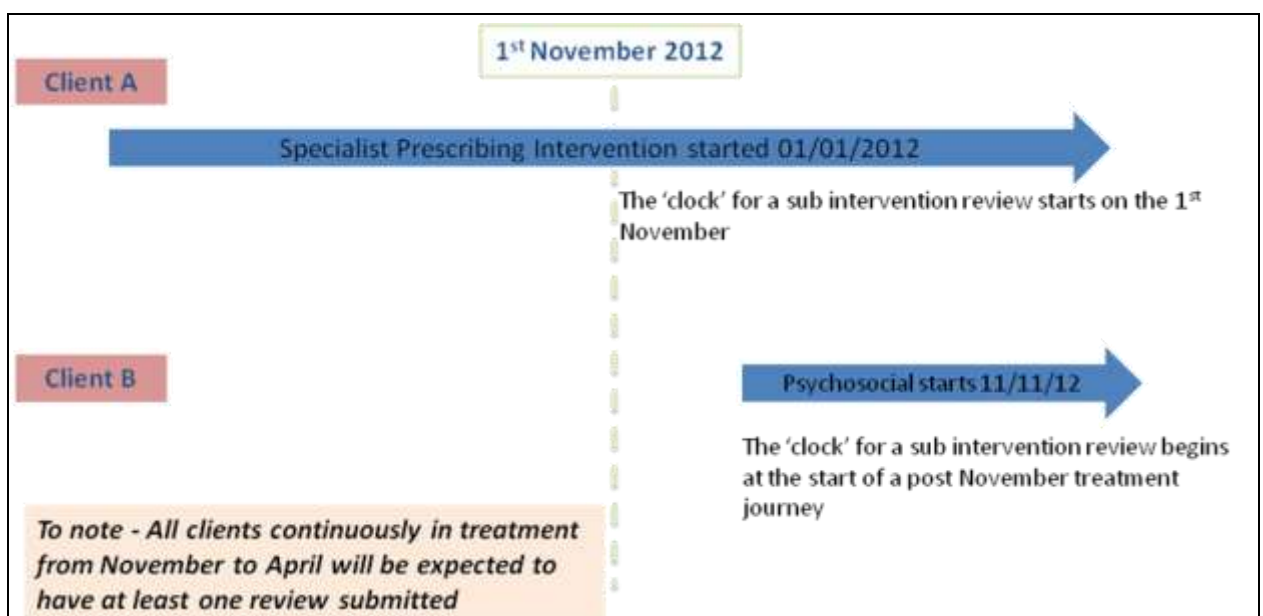
3.3.2 However any other existing client interventions will need to be closed and a CDS-J intervention opened instead as it will not be possible to add sub-interventions to them. However this should be done pragmatically so, for example, if there are only a couple of weeks to run on an existing intervention then that can be left open until it is completed.



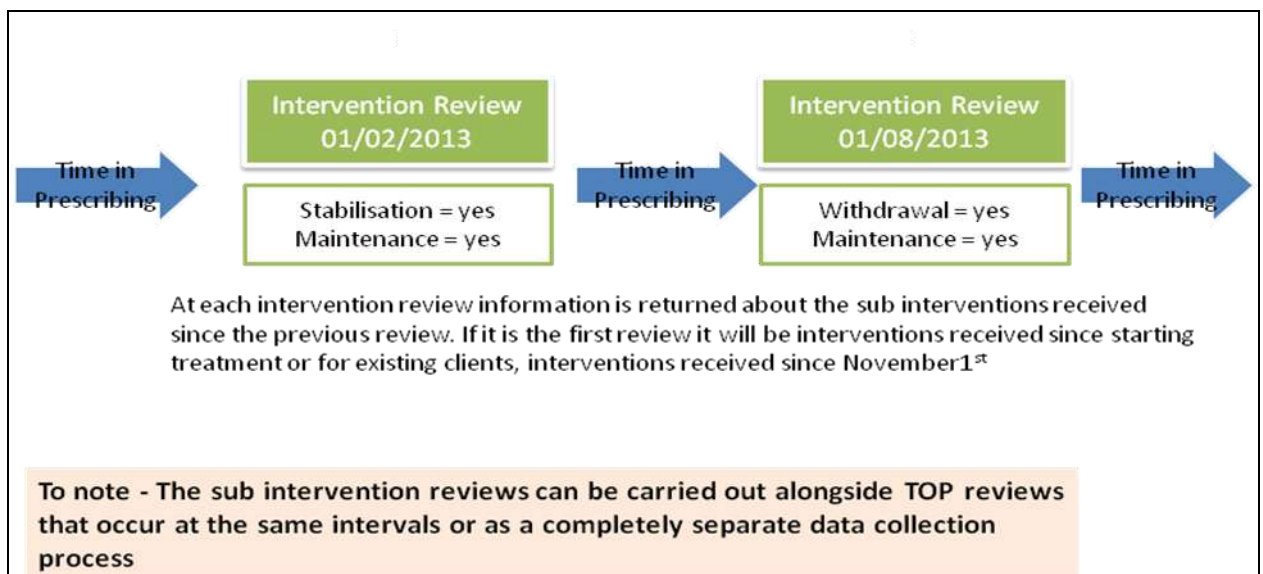
The other pre-core data set J intervention types should be closed and CDS J intervention opened as below, both at 1 November 2012 (again where it is pragmatic to do so) and subsequently for new interventions that start after this time:



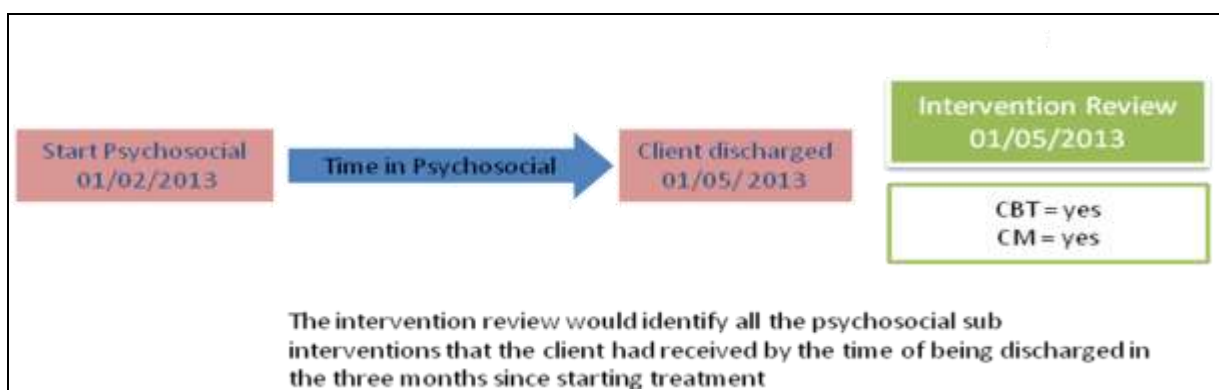
3.3.3 The sub-intervention reviews will be expected of all clients in treatment from November 2012, both existing clients and those starting a new treatment journey after this date. All existing clients in treatment on 1 November 2012 should have at least one sub-intervention review completed before 31 March 2013.



All existing and new clients will then be expected to receive sub intervention reviews at six-month intervals for as long as the client remains in that intervention and also at the end of the intervention where enough time has passed since the previous review to warrant doing so:

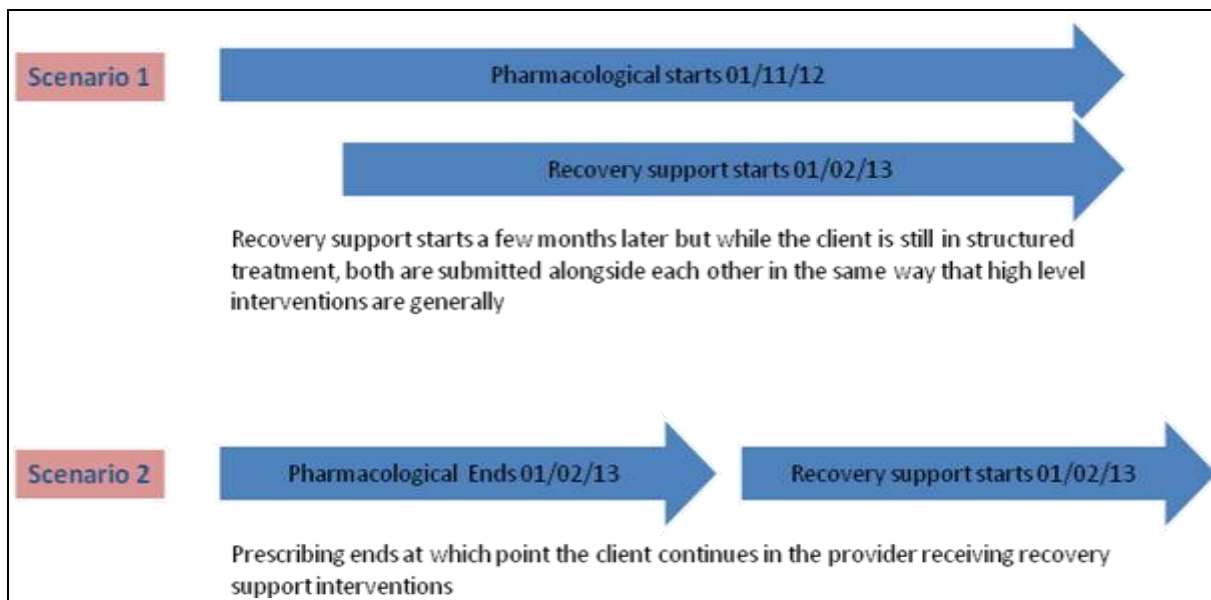


3.3.4 For clients in treatment for shorter durations than six months the sub intervention review should be submitted at the point of discharge from the episode:

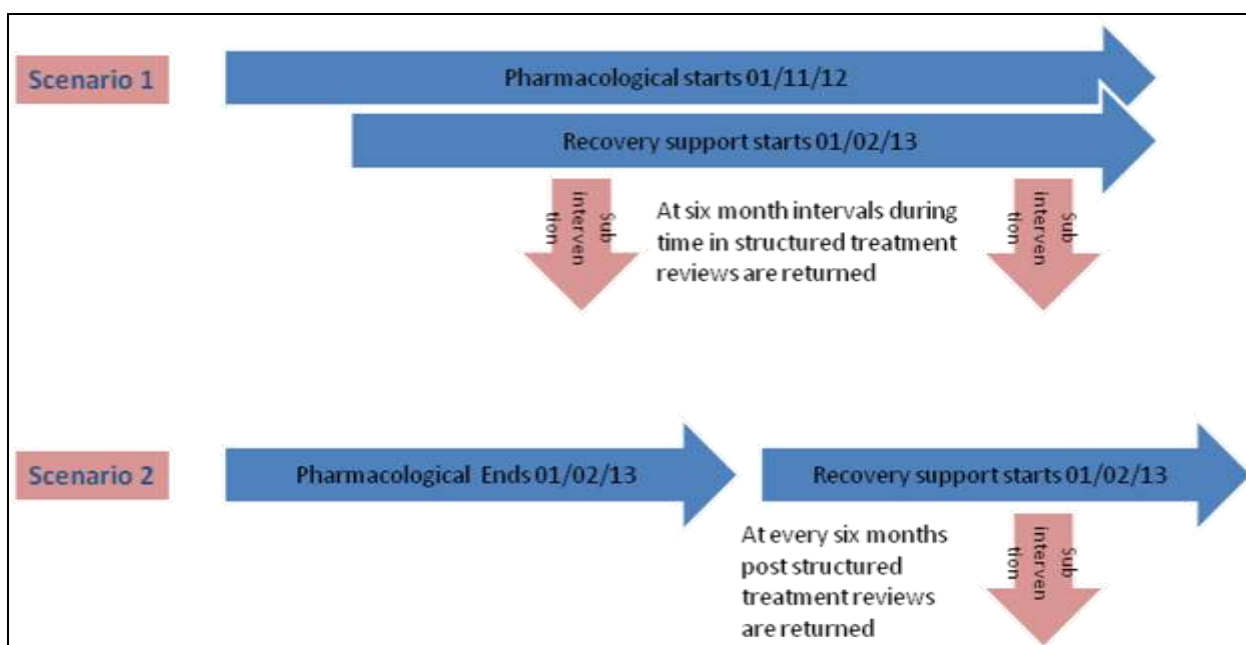


### 3.4 Recovery support interventions

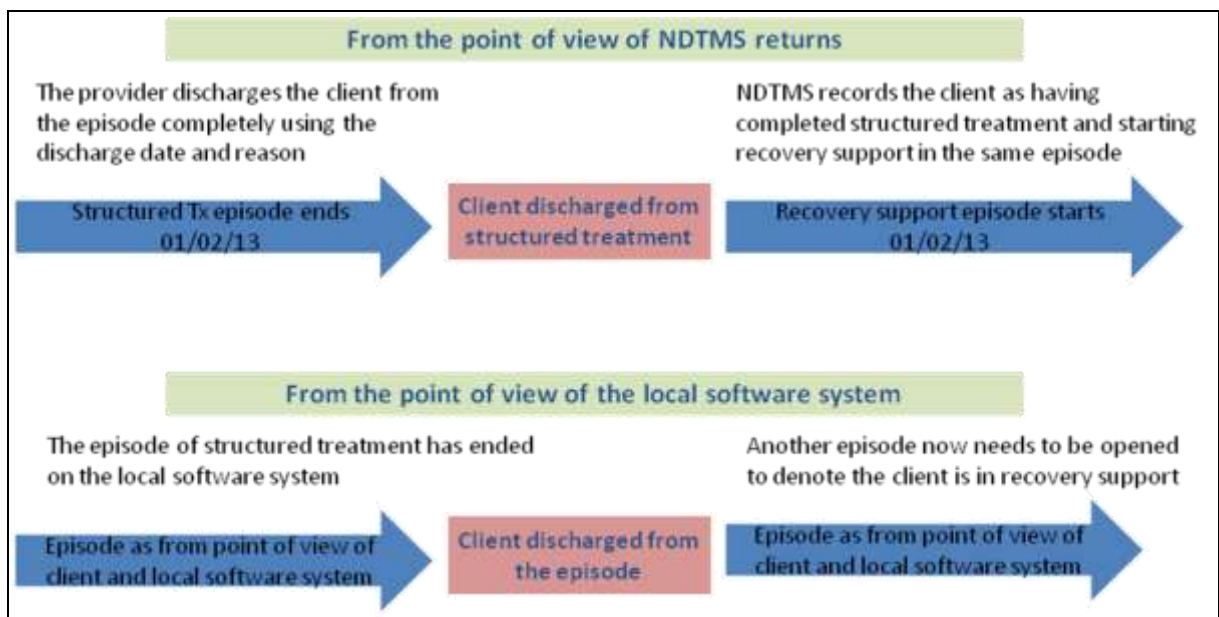
3.4.1 Although recovery support intervention are non-structured interventions they can be delivered alongside structured treatment and also following structured treatment:



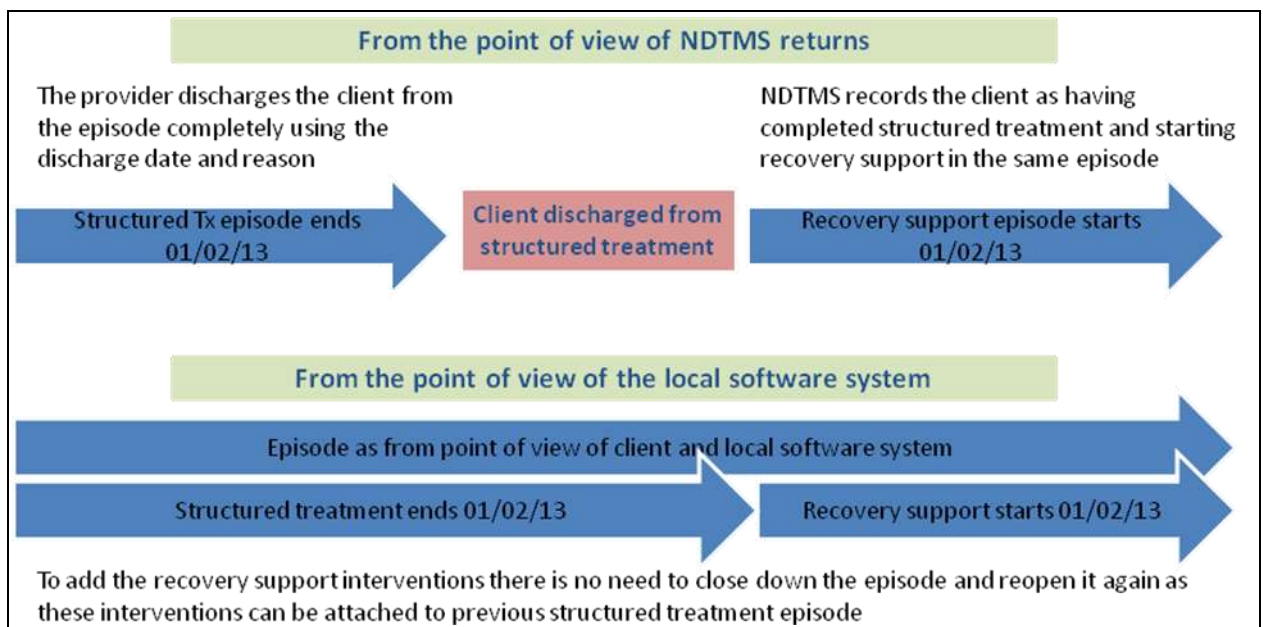
3.4.2 The recovery support sub-interventions will be recorded at review in exactly the same way as for the two structured interventions:



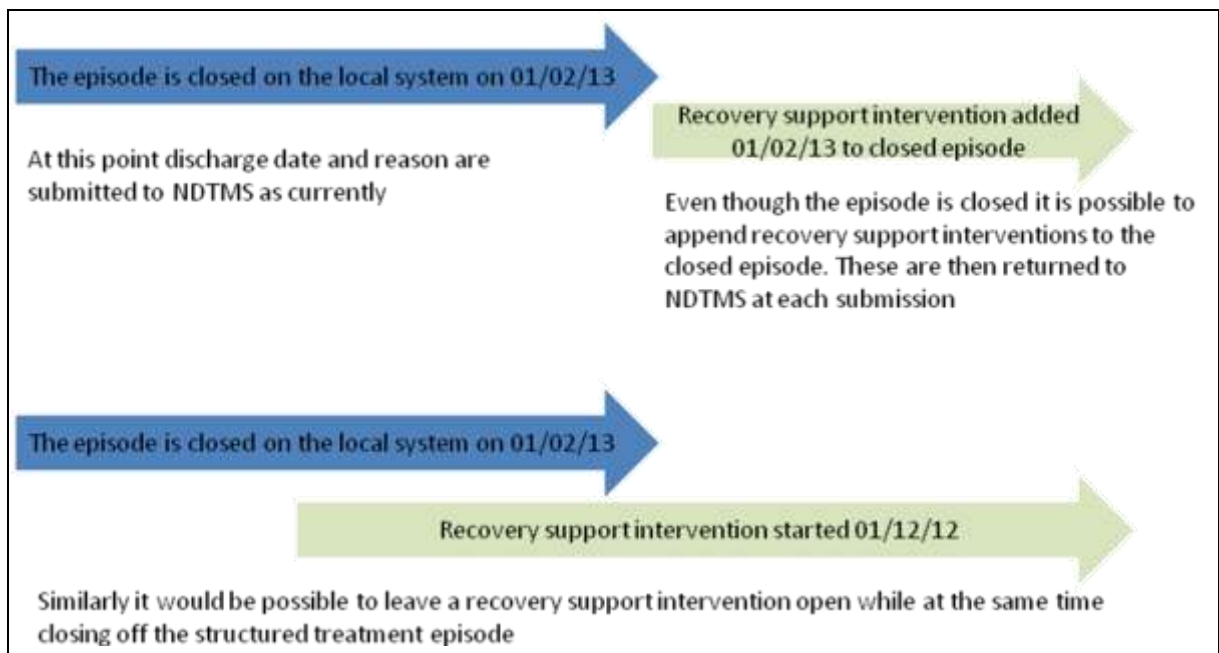
For recovery support interventions to be submitted to NDTMS after structured treatment most software systems would currently require it to be recorded as below:



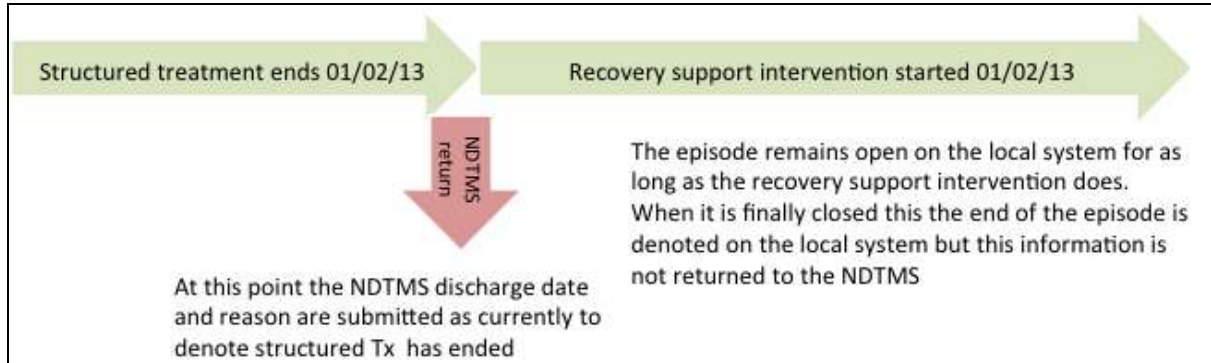
3.4.3 This does not reflect the client's experience, as treatment within the agency is continuing despite it no longer being structured. Therefore software suppliers have been asked to implement the functionality below into their systems to allow recovery support to be more straightforwardly recorded post structured treatment:



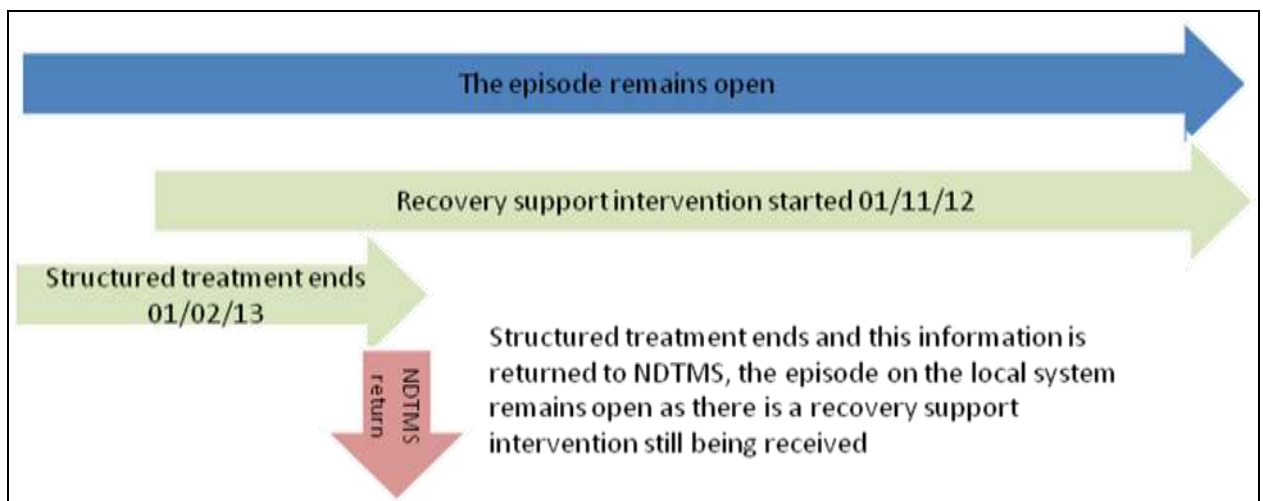
This could be implemented using two different approaches, firstly closing the episode as per current practice, but appending to it the recovery support intervention. This approach has been suggested for databases primarily designed just to collect NDTMS information (such as the DET) rather than clinical systems:



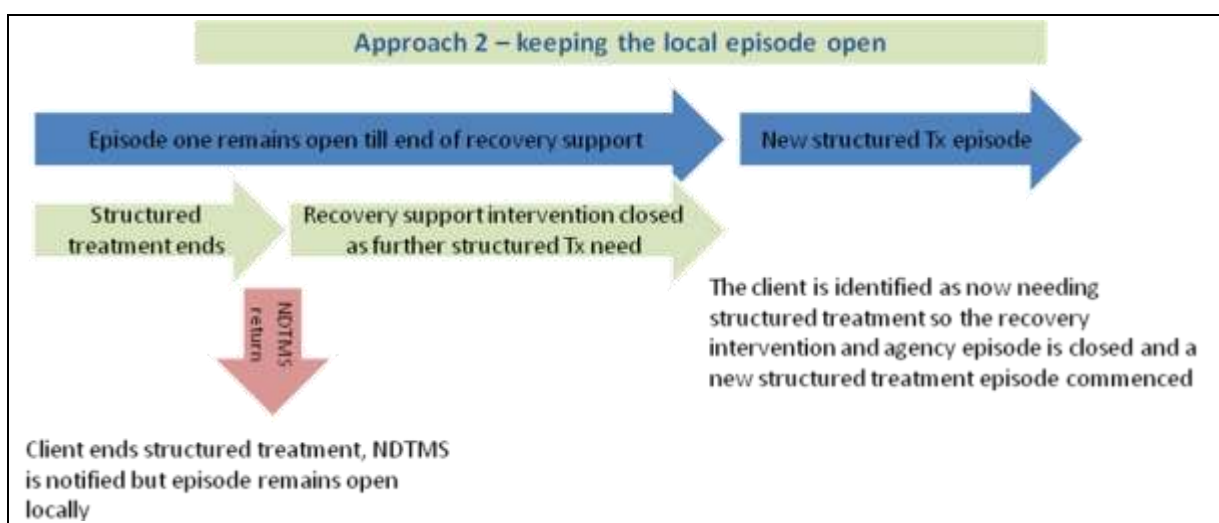
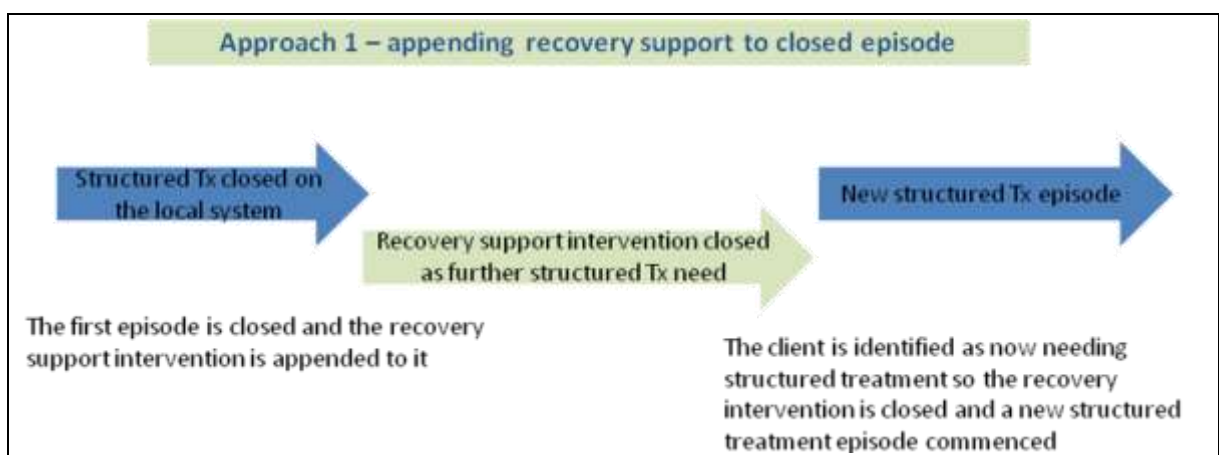
Or secondly by leaving the episode open on the local software system while at the same time notifying NDTMS that structured treatment had ended at that point:



3.4.4 Similarly, this approach would cover the scenario where recovery support interventions were open at the same time as structured treatment and continue after it has ended:



3.4.5 Whichever approach is adopted, if a client receiving recovery support interventions needs to return to structured treatment then a new episode denoting this needs to be returned to NDTMS:



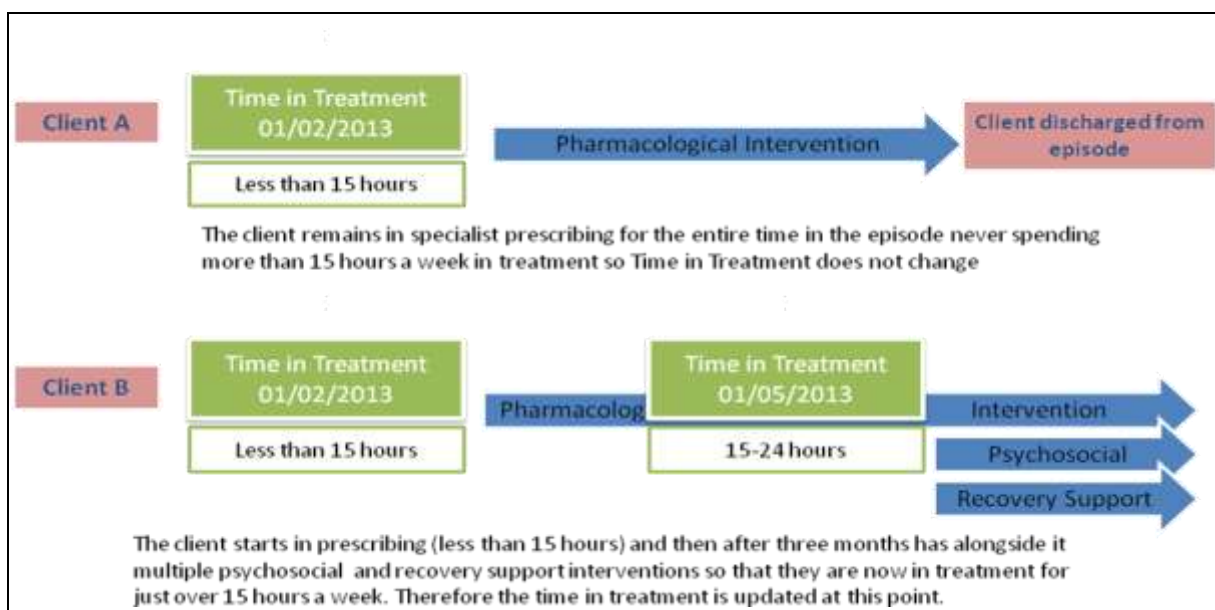
### 3.5 Time in treatment

3.5.1 The time in treatment durations below apply to the time spent each week in the entire treatment episode, while the client is in structured treatment and not in each different intervention type

- Standard - 14 hours or less – Engagement in one or more interventions for 14 hours or less per week
- High - More than 14 hours and less than 25 hours – Engagement in one or more interventions for more than 14 and less than 25 hours per week (could include non-residential or residential rehabilitation programmes, including services previously recorded as structured day programmes).
- Very high - 25 or more hours – Engagement in one or more interventions for 25 or more hours per week (could include non-residential or residential rehabilitation programmes, including services previously recorded as structured day programmes).

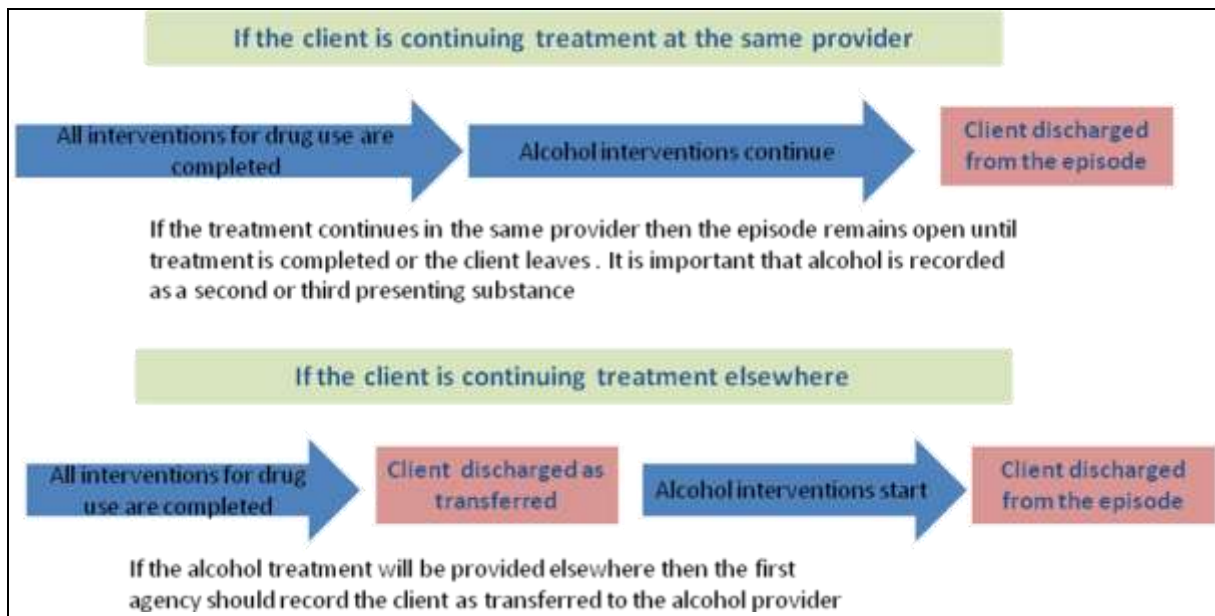
NB If a client is only receiving recovery support interventions then 'time in treatment' does not need to be returned.

3.5.2 Time in treatment is reported at the start of the structured treatment episode and whenever it then changes while the client remains in the episode:



### 3.6 Continuing alcohol treatment

3.6.1 When the current NDTMS discharge codes were defined, a scenario that described a need for treatment for alcohol dependence following the completion of drug treatment was not included. However the expectation then, as now, is that if a client has completed drug treatment but still requires a structured alcohol intervention then, depending where the alcohol treatment is provided, the following processes should be followed:



## 4 DEFINITIONS

### 4.1 Structured treatment

If one or more pharmacological interventions and/or one or more psychosocial interventions are selected then the treatment package is a structured treatment intervention, if the following definition of structured treatment also applies.

Structured treatment definition	<p>Structured drug and alcohol treatment consists of a comprehensive package of concurrent or sequential specialist drug- and alcohol-focused interventions. It addresses multiple or more severe needs that would not be expected to respond, or have already not responded, to less intensive or non-specialist interventions alone. Structured treatment requires a comprehensive assessment of need, and is delivered according to a recovery care plan, which is regularly reviewed with the client. The plan sets out clear goals which include change to substance use, and how other client needs will be addressed in one or more of the following domains: physical health; psychological health; social well-being; and, when appropriate, criminal involvement and offending.</p> <p>All interventions must be delivered by competent staff, within appropriate supervision and clinical governance structures. Structured drug and alcohol treatment provides access to specialist medical assessment and intervention, and works jointly with mental and physical health services, and safeguarding &amp; family support services according to need.</p> <p>In addition to pharmacological and psychosocial interventions that are provided alongside, or integrated within, the keyworking or case management function of structured treatment, service users should be provided with the following as appropriate: harm reduction advice and information; BBV screening and immunisation; advocacy; appropriate access and referral to healthcare and health monitoring; and crisis and risk management support.</p>
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## 4.2 Setting

Setting	Definition
Community	A structured drug and alcohol treatment setting where residence is not a condition of engagement with the service. This will include treatment within community drug and alcohol teams and day programmes (including rehabilitation programmes where residence in a specified location is not a condition of entry).
Inpatient unit	An in-patient unit provides assessment, stabilisation and/or assisted withdrawal with 24-hour cover from a multidisciplinary clinical team who have had specialist training in managing addictive behaviours <sup>1</sup> . In addition, the clinical lead in such a service comes from a consultant in addiction psychiatry or another substance misuse medical specialist. The multi-disciplinary team may include psychologists, nurses, occupational therapists, pharmacists and social workers. Inpatient units are for those alcohol or drug users whose needs require supervision in a controlled medical environment.
Primary care	Structured substance misuse treatment is provided in a primary care setting with a General Practitioner, often with a special interest in addiction treatment, having clinical responsibility.
Prison	Structured drug and alcohol treatment delivered by a locally commissioned substance misuse team within the prison establishment providing the full range of drug and alcohol interventions in line with the evidence base articulated in the Patel Report <sup>2</sup> .
Residential	<p>A structured drug and alcohol treatment setting where residence is a condition of receiving the interventions. Although such programmes are usually abstinence based, prescribing for relapse prevention prescribing or for medication assisted recovery are also options. The programmes are often, although not exclusively, aimed at people who have had difficulty in overcoming their dependence in a community setting.</p> <p>A residential programme may also deliver an assisted withdrawal programme. This should be sufficiently specialist to qualify as a "medically monitored" inpatient service – and it should meet the standards and criteria detailed in guidance from the Specialist Clinical Addictions Network<sup>1</sup>. This level of support and monitoring of assisted withdrawal is most appropriate for individuals with lower levels of dependence and/or without a range of associated medical and psychiatric problems.</p> <p>Within the residential setting, people will receive multiple interventions and supports (some of which are described by the intervention codes below) in a coordinated and controlled environment. The interventions and support provided in this setting will normally comprise both professionally delivered interventions and peer-based support, as well as work and leisure activities.</p>
Recovery house	<p>A recovery house is a residential living environment, in which integrated peer-support and/or integrated recovery support interventions are provided for residents who were previously, or are currently, engaged in treatment to overcome their drug and alcohol dependence. The residences can also be referred to as dry-houses, third-stage accommodation or quasi-residential.</p> <p>Supported housing that does not provide such integrated substance misuse peer or recovery support as part of the residential placement is not considered a recovery house for this purpose.</p> <p>Recovery houses may be completely independent, or associated with a residential treatment provider or housing association. Some will require 'total abstinence' as a condition of residence whereas others may accept people in medication assisted recovery who are otherwise abstinent.</p>

<sup>1</sup> SCAN (2006). Inpatient Treatment of Drug and Alcohol Misusers in the National Health Service.

<sup>2</sup> Patel K (2010) Reducing Drug-Related Crime and Rehabilitating Offenders – Recovery and rehabilitation for drug users in prison and on release: recommendations for action. London: House of Lords

### 4.3 Pharmacological interventions

The psychosocial interventions that are integral to a service user's pharmacological intervention are now reported separately from the pharmacological intervention itself - as interventions within the psychosocial intervention type. This should not be taken to suggest that these are not still core elements of the pharmacological interventions.

This change does enable the basis of the pharmacological intervention to be reported for the pharmacological intervention – as defined below.

It also means that the psychosocial returns will include all psychosocial interventions provided, whether integral to the pharmacological intervention, additional to the pharmacological intervention, or provided in the absence of a pharmacological intervention.

Therefore, in addition to completing pharmacological intervention codes, all structured psychosocial intervention(s) delivered as integral to or alongside a pharmacological intervention should be reported using psychosocial intervention type codes (4.4). Recovery support interventions that are integral to or provided alongside a pharmacological intervention and/or psychosocial interventions should also be recorded using recovery support intervention codes (4.5).

Basis of pharmacological intervention	Definition
Assessment & stabilisation	Prescribing of a receptor agonist (such as methadone), or partial agonist (such as buprenorphine), or other pharmacotherapy specific to substance misuse, to stabilise use of illicit drug(s), following and alongside continuing appropriate assessment. It also includes re-induction onto opioid substitution treatment prior to prison release, in the limited circumstances where this is appropriate.
Maintenance	Prescribing of substitute medications under a stable dose regimen to medically manage physiological dependence and minimise illicit drug use. Maintenance prescribing may be provided to support the individual in achieving or sustaining medication assisted recovery.
Withdrawal	Prescribing of an agonist or partial agonist or other medication, usually up to 12 weeks and 28 days as an inpatient, to facilitate medically-supervised assisted withdrawal and to manage withdrawal symptoms. Prescribing of benzodiazepines and/or other medication for the management of alcohol withdrawal.
Relapse prevention	Prescribing medication for drug and/or alcohol relapse prevention support (such as naltrexone as part of opioid relapse prevention therapy; or naltrexone, acamprosate or disulfiram as part of alcohol use disorder relapse prevention therapy).

#### 4.4 Psychosocial interventions

The psychosocial intervention field and its sub-interventions should be used by both prescribing and non-prescribing services. They should be used to report structured psychosocial interventions delivered alone, as well as psychosocial interventions integrated with or additional to a pharmacological modality/intervention.

Recovery support interventions that are integral to or provided alongside a pharmacological intervention and/or psychosocial interventions should also be recorded using recovery support intervention codes (4.5).

Psychosocial sub-intervention	Definition
Motivational interventions	<p>Motivational interventions aim to help service users resolve ambivalence for change, and increase intrinsic motivation for change and self-efficacy through a semi-directive style and may involve normative feedback on problems and progress. They may be focused on substance specific changes and/or on building recovery capital. Motivational interventions can be delivered in groups or one-to-one and may involve the use of mapping tools.</p> <p>Motivational interventions require competences over and above those required for keyworking, and delivery within a clinical governance framework that includes appropriate supervision.</p> <p>Motivational interviewing and motivational enhancement therapy are both forms of motivational interventions.</p>
Contingency management	<p>Contingency management (CM) provides a system of reinforcement or incentives designed to motivate behaviour change and/or facilitate recovery. CM aims to make target behaviours (such as drug use) less attractive and alternative behaviours (such as abstinence) more attractive.</p> <p>CM requires competences over and above those required for keyworking, and delivery within a clinical governance framework that includes appropriate supervision.</p>
Family and social network interventions	<p>Family and social network interventions engage one or more of the client's social network members who agree to support the client's treatment and recovery. The interventions use psychosocial techniques that aim to increase family and social network support for change, and decrease family and social support for continuing drug and/or alcohol use. These interventions may involve the use of mapping tools. They require competences over and above those required for keyworking, and delivery within a clinical governance framework that includes appropriate supervision.</p> <p>Examples: social behaviour and network therapy (SBNT), community reinforcement approach (CRA), behavioural couples therapy (BCT) &amp; formal family therapy.</p>
Cognitive and behavioural based relapse prevention interventions (substance misuse focused)	<p>Cognitive and behavioural based relapse prevention interventions develop the service user's abilities to recognise, avoid or cope with thoughts, feelings and situations that are triggers to substance use. They include a focus on coping with stress, boredom and relationship issues and the prevention of relapse through specific skills, e.g. drug refusal, craving management. They can be delivered in groups or one-to-one and may involve the use of mapping tools. They require competences over and above those required for keyworking, and delivery within a clinical governance framework that includes appropriate supervision.</p> <p>Examples: CBT based relapse prevention (which may include mindfulness and 'third wave' CBT), behavioural self control (alcohol).</p>

Psychosocial sub-intervention	Definition
Evidence-based psychological interventions for co-existing mental health problems	<p>NICE guidelines for mental health problems generally recommend a stepped care approach. Low intensity psychological intervention for co-existing mental health problems, include guided self-help or brief interventions for less severe common mental health problems.</p> <p>High intensity psychological therapies (such as cognitive behavioural therapy) are recommended for moderate and severe problems. Typically formulation-based and delivered by clinicians with specialist training who are registered with a relevant professional/regulatory body. They can be delivered in groups or one-to-one.</p> <p>Both low and high intensity interventions require additional competences for the worker and delivery within a clinical governance framework that includes appropriate supervision.</p>
Psychodynamic therapy (substance use focused)	<p>A type of psychotherapy that draws on psychoanalytic theory to help people understand the developmental origins of emotional distress and behaviours such as substance misuse, by exploring unconscious motives, needs, and defences.</p> <p>Psychodynamic therapy requires additional competences for the worker and delivery within a clinical governance framework that includes appropriate supervision. Therapists should be registered with an appropriate professional/regulatory body.</p>
12-step work	<p>A 12-step intervention for recovery from addiction, compulsion or other behavioural problems. Interventions are delivered within a clinical governance framework that includes appropriate supervision.</p> <p>The aim of 12-step work is to facilitate service users to complete some or all of the 12 steps.</p>
Counselling – BACP Accredited	<p>A systematic process which gives individuals an opportunity to explore, discover and clarify ways of living more resourcefully, with a greater sense of well-being. This requires additional competences for the worker and delivery within a clinical governance framework that includes appropriate supervision.</p>
Other	<p>An intervention based on established psychological models/theories that have an evidence base, and that is undertaken by a worker with the required competences with adequate supervision and clinical governance arrangements</p> <p>This category can only be used where an intervention is not covered by individual, or a combination of, categories above. It is anticipated that use of this category would be relatively uncommon.</p>

## 4.5 Recovery support interventions

During structured treatment, recovery support interventions should be recorded for interventions delivered alongside and/or integrated with a psychosocial or pharmacological intervention.

Recovery support interventions can also be delivered and recorded outside of structured treatment, following the recording of an exit from structured treatment.

Recovery support sub-intervention	Definition
Peer support involvement	<p>A supportive relationship where an individual who has direct or indirect experience of drug or alcohol problems may be specifically recruited on a paid or voluntary basis to provide support and guidance to peers. Peer support can also include less formal supportive arrangements where shared experience is the basis but generic support is the outcome (e.g. as a part of a social group). This may include mental health focused peer support where a service user has co-existing mental health problems.</p> <p>Where peer support programmes are available, staff should provide information on access to service users, and support access where service users express an interest in using this type of support.</p>
Facilitated access to mutual aid	<p>Staff provide a service user with information about self-help groups. If a service user has expressed an interest in attending a mutual aid group, staff facilitate the person's initial contact with the group, for example by making arrangements for them to meet a group member, arranging transport, accompanying him or her to the first session and dealing with any concerns. These groups may be based on 12-step principles (such as Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous) or another approach (such as SMART Recovery).</p>
Family support	<p>Staff have assessed the family support needs of the individual/family as part of a comprehensive assessment, or ongoing review of their treatment package. Agreed actions can include: arranging family support for the family in their own right or family support that includes the individual in treatment.</p>
Parenting support	<p>Staff have assessed the family support needs of the individual as part of a comprehensive assessment, or ongoing review of their treatment package. Agreed actions can include a referral to an in-house parenting support worker where available, or to a local service which delivers parenting support.</p>
Housing support	<p>Staff have assessed the housing needs of the individual as part of the comprehensive assessment, or on-going recovery care planning process, and has agreed goals that include specific housing support actions by the treatment service, and/or active referral to a housing agency for specialist housing support.</p> <p>Housing support covers a range of activities that either allows the individual to maintain their accommodation or to address an urgent housing need.</p>
Employment support	<p>Staff have assessed the employment needs of the individual as part of the comprehensive assessment, or on-going recovery care planning process, and agreed goals that include specific specialised employment support actions by the treatment service, and/or active referral to an agency for specialist employment support.</p> <p>Where the individual is already a claimant with Jobcentre Plus or the Work Programme, the referral can include a three way meeting with the relevant advisor to discuss education/employment/training (ETE) needs. The referral can also be made directly to an ETE provider.</p>

Recovery support sub-intervention	Definition
Education & training support	<p>Staff have assessed the education and training related needs of the individual as part of the comprehensive assessment, or ongoing recovery care planning process and agreed goals that include specific specialised education &amp; training support actions by the treatment service, and/or active referral to an agency for specialist education &amp; training support.</p> <p>Where the individual is already a claimant with Jobcentre Plus or the Work Programme, the referral can include a 3 way meeting with the relevant advisor to discuss ETE needs. The referral can also be made directly to an ETE provider.</p>
Supported work projects	<p>Staff have assessed the employment related needs of the individual as part of the comprehensive assessment, or ongoing recovery care planning process and agreed goals that include the referral to a service providing paid employment positions where the employee receives significant on-going support to attend and perform duties.</p>
Recovery check-ups	<p>Following successful completion of formal substance misuse treatment there is an agreement for periodic contact between a service provider and the former participant in the structured treatment phase of support.</p> <p>The periodic contact is initiated by the service, and comprises a structured check-up on recovery progress and maintenance, checks for signs of lapses, sign posting to any appropriate further recovery services, and in the case of relapse (or marked risk of relapse) facilitates a prompt return to treatment services.</p>
Evidence-based psychosocial interventions to support substance misuse relapse prevention	<p>Evidence based psychosocial interventions (as described in 4.4) that support on-going relapse prevention and recovery, delivered following successful completion of structured substance misuse treatment.</p> <p>These are interventions with a specific substance misuse focus and delivered within substance misuse services.</p>
Evidence-based mental health focused psychosocial interventions to support continued recovery	<p>Evidence-based psychosocial interventions for common mental health problems (as described in 4.4) that support continued recovery by focusing on improving psychological well-being that might otherwise increase the likelihood of relapse to substance use.</p> <p>These are delivered following successful completion of structured substance misuse treatment and may be delivered by services outside the substance misuse treatment system following an identification of need for further psychological treatment and a referral by substance misuse services.</p>
Complementary therapies	<p>Complementary therapies aimed at promoting and maintaining change to substance use, for example through the use of therapies such as acupuncture and reflexology that are provided in the context of substance misuse specific recovery support.</p>
Other	<p>A recognised recovery activity or support intended to promote and maintain a service user's recovery capital, which is not captured by an individual type or combination of types above.</p>

## 4.6 Time in treatment

Time in treatment covers the time spent in an average week in structured treatment on one or more of the interventions defined above. The time will usually be that actually spent but may include service user absence, within the programme's stipulated attendance requirements.

Interventions included in calculating the time should be exclusively made up of the pharmacological, psychosocial and recovery support interventions defined earlier, but not only recovery support interventions. A client receiving only recovery support interventions would not be in structured treatment.

In deciding which threshold to record for a fractional time spent in treatment, the actual time should be rounded up to the nearest whole hour, e.g. 14.5 hours rounds up to 15 hours so would be recorded as 'High'.

Threshold	Definition
Standard (14 hours or less per week)	<p>One or more of the interventions defined above is received by, or made available to, the service user for 14 hours or less per week. This can include service user absence, within the programme's stipulated attendance requirements.</p> <p>Interventions should be exclusively made up of a combination of pharmacological, psychosocial and recovery support interventions, as defined here, but not only recovery support interventions.</p>
High (More than 14 hours and less than 25 hours)	<p>One or more intervention types defined above is received by, or made available to, the service user for more than 14 and less than 25 hours per week. This can include service user absence, within the programme's stipulated attendance requirements.</p> <p>This could include non-residential or residential rehabilitation programmes, including services previously recorded as structured day programmes.</p> <p>Interventions should be exclusively made up of a combination of pharmacological, psychosocial and recovery support interventions, as defined here, but not only recovery support interventions.</p>
Very high (25 or more hours per week)	<p>One or more intervention types defined above is received by, or made available to, the service user for 25 or more hours per week. This can include service user absence, within the programme's stipulated attendance requirements.</p> <p>This could include non-residential or residential rehabilitation programmes, including services previously recorded as structured day programmes.</p> <p>Interventions should be exclusively made up of a combination of pharmacological, psychosocial and recovery support interventions, as defined here, but not only recovery support interventions.</p>

## 4.7 Dates

Date types	Definition
Time in treatment assessment date	<p>When completing the time in treatment variables, these should also be complemented with the time in treatment assessment date.</p> <p>Where this is a first occurrence, the date field should be populated with the modality start date of the first structured intervention, all subsequent occurrences should capture the date at which there was a change in the time in treatment threshold.</p> <p>For clients already in treatment on 1 November 2012, time in treatment and a time in treatment assessment date should be recorded as and when it is appropriate to do so, but it is expected that all existing clients still in treatment at March 2013 should have at least one time in treatment recorded.</p>
Sub intervention assessment date	<p>When completing the pharmacological sub-intervention type, psychosocial and/or recovery support elements, these should be complemented with the date at which an assessment was performed.</p>