Routes to recovery Part 3

BTEI: a fresh perspective on delivering ‘talking therapies’
What is BTEI?

Over the past two years, the NTA has sponsored a programme of psychosocial interventions known as ITEP (the International Treatment Effectiveness Project). The Birmingham Treatment Effectiveness Initiative (BTEI) is a development of the initial ITEP work and was undertaken in Birmingham and the West Midlands. Its findings and impacts, however, can be applied to the rest of the country.

As its name suggests, BTEI has one simple aim – to improve treatment effectiveness. It does this by making the delivery of psychosocial interventions both easier and clearer and by promoting organisational improvements. In particular, BTEI improves the quality of care planning through the use of a set of simple manuals.

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. A more structured, systematised approach is needed if we are to make the most of ‘talking therapies’ and engage service users more effectively in care plan delivery – and BTEI provides this.

The approach which BTEI is founded on 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 to 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 BTEI is therefore built on findings that the adoption of a relatively 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 treatment system stronger and more efficient.

The basics of BTEI

At its core, ITEP is built around a step-by-step, easy to use manual which the worker through the processes needed to make the intervention work. The ITEP manual forms the basis of volume 2 in the ‘Routes to recovery’ suite.

BTEI differs from ITEP in one important regard – it is based around four thematic manuals rather than the one manual used by ITEP. These manuals can be found in volumes 4, 5, 6 and 7 of the ‘Routes to recovery’ suite.

It should be stressed that BTEI recognises the range of skills and abilities among keyworkers. The manuals therefore don’t assume any high level academic knowledge or long-standing experience of delivering psychosocial interventions. Instead, they are designed to equip staff with the basics, which will allow them to systematically deliver an intervention which has been shown to improve treatment engagement.

The BTEI approach is based on a cognitive approach known as ‘node-link mapping’. This is effectively 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, what it does is to reduce the often complex and tangled results of keyworking sessions to a simple and orderly record of decisions and progress. Mapping can therefore help clients and keyworkers to clarify and focus on an issue, with minimal distraction, and without going off on tangents.

The regular use of mapping during keyworking sessions also provides a model for systematic ‘cause-and-effect’ thinking and problem-solving, which clients can begin to adopt. The BTEI manuals show workers how to do this clearly and simply.

The benefits of maps

- Provide a workspace for exploring problems
- Improve therapeutic alliance
- Focus attention on the topic at hand
- Clearer and more systematic thinking
- Provide easy reference to earlier discussions
- Create memory aids for client and worker
- Provide a method for getting ‘unstuck’
- Useful structure for clinical supervision

Mapping works

As part of the BTEI programme, both the mapping and the brief intervention were evaluated by a number of questionnaires measuring organisational climate and client appraisals of self and treatment, as well as training and implementation of the manual. The results of this evaluation can be found in part 9 of the ‘Routes to recovery’ suite.

It is worth noting at this stage, however, that the evaluation found that just by implementing BTEI, treatment agencies underwent significant and lasting organisational improvements – with positive impacts on the effectiveness of treatment delivery. This bears out other research which has found that organisational structure and climate influences the use, effectiveness and efficiency of such interventions, and is predictive of
treatment satisfaction and client-practitioner rapport. There is a strong 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. The effectiveness of mapping has also been borne out by a number of randomised clinical trials comparing clients receiving mapping and enhanced counselling with those only receiving counselling:

- The former were less likely to test positive for opiates or cocaine both during treatment and 12 months after treatment.
- Mapping clients also missed fewer counselling sessions, and had higher ratings of their own progress.
- Self reports of using needles and criminal activities were also lower a year after treatment.
- Mapping has been shown to have 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.

Studies also show that node-link mapping is particularly beneficial for clients with different racial and ethnic backgrounds, those with low educational levels, and behavioural difficulties.

A focus on organisational functioning

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

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Alongside the mapping intervention, therefore, organisational assessment is built into the ITEP programme, through the Organisational Readiness to Change (ORC) and the Client Evaluation of Self in Treatment (CEST) sets of 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.

These evaluative tools can be found in appendices at the back of each BTEI manual.
Explaining the manuals

Each of the four BTEI manuals is a standalone document which can be used either separately or in tandem with clients at various points on their treatment journey:

- **‘Care planning’ – mapping achievable goals** is a good starting point for a new client as it covers assessment, the development of effective care plans and monitoring progress.
- **‘Exiting treatment’ – mapping achievable goals** can be used with any client who in preparing to leave treatment and explores the progress made in treatment, relapse prevention plans and building social support networks.
- **‘Building motivation’ – mapping achievable plans** is a manual which can be used with any client at any point in treatment, as it looks at motivation to change, thought processes and the development of action plans.
- **‘Getting motivated to change’ – mapping achievable plans** covers much of the same themes as ‘Building motivation’, but it is designed to be used in group sessions.

All these manuals make use of three different types of map, and all three can be used in one-to-one or group sessions with clients:

1. **Guided maps** are topic-specific, similar to pre-structured mini interviews. They are already laid out, and the worker and client simply fill them in using a specific framework. Here’s an example:

    ![Guided Map Example]

    **Physical, Health, Appearance**

    **Learning, Problem Solving, Decision Making**

    **Ethics, Morals, Beliefs**

    **Social Relationships**

    **Motivation and Emotions**

    **What are your strengths?**

    **Job/Career?**

    **How can you use your strengths to improve your life?**

    **Perhaps go to Map 2** (Problems)

2. **Free maps** are ‘draw-as-you-go’ maps where the worker and client work to create maps together, on the problem or issue under discussion. Once both client and worker are confident with guided maps, they can move on to these, as in the following example:

3. **Hybrid maps** are a combination of guided and free maps. The worker and client begin with a structured map and then develop it over time.
Summarising the manuals

Here, we will briefly set out what each manual aims to achieve.

‘Care planning’ manual

This manual emphasises the importance of care plans – and the concern that care planning can sometimes become a paper exercise:

There is a danger that they [care plans] become an administrative document that feels like a burden for both keyworker and client. In some cases, care plans are generated in a standardised manner and then filed away, primarily so that future auditors can note programme compliance. Keyworkers working with clients may not even refer to these plans or refer to them only in generalities (e.g. “Mary needs to work on her job skills”). The process described in this manual goes some way towards turning the process of care planning into an effective intervention in its own right.

First and foremost, the manual is designed to help establish a good therapeutic alliance between worker and client – and to translate that relationship into identifying client goals and fostering motivation.

It is based around three client sessions (each lasting around 50-60 minutes), though there is scope to take the mapping techniques forward (with further maps provided in an appendix). These sessions are built around a set of maps and talking points, as well as ‘homework’ for the client to take away with them.

<table>
<thead>
<tr>
<th>Session</th>
<th>Number and themes of maps</th>
<th>Purpose</th>
</tr>
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<tbody>
<tr>
<td>Session 1: enhancing assessment</td>
<td>1. Me today 2. Assessment feedback 3. Things I would like to change 4. Strengths</td>
<td>Introduction to mapping  • Starts clients thinking positively about themselves  • Summarises key assessment information in one place  • Focuses on expectations of treatment  • Client identifies personal resources they can draw on</td>
</tr>
<tr>
<td>Session 2: care planning</td>
<td>1. Goal planner 2. Care plan 3. Goal getter</td>
<td>Helps client identify goals and tie them to clear and practical plans  • Prioritises problems which client wants to tackle  • Links them to care planning  • Identifies specific SMART actions needed to deliver each element of the plan</td>
</tr>
<tr>
<td>Session 3: mapping progress</td>
<td>1. What was your success? 2. Running into a brick wall 3. Decisions 4. Care plan update</td>
<td>Helps client tackle success and obstacles  • Looks at success factors  • Explores how client deals with set-backs  • Builds decision-making abilities  • Reviews the care plan</td>
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‘Exiting treatment’ manual

This manual helps clients identify goals for leaving treatment – in particular, by developing strategies for holding onto the gains from treatment and for reinforcing a supportive social network in the community.

As with the ‘Care planning’ manual, this is also based around three main client sessions (each lasting around 50-60 minutes). These sessions are built around a set of maps and talking points, as well as ‘homework’ for the client to take away with them. There is also a section on ‘further sessions’ with a series of additional maps which can be used to support goal-setting.

<table>
<thead>
<tr>
<th>Session</th>
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| Session 1: getting started    | 1. History 2. Progress 3. Things I would like to change 4. Strengths | Introduction to mapping  
  • Starts clients thinking about change  
  • Summarises the progress made during treatment  
  • Focuses on expectations of life after treatment  
  • Client identifies personal resources they can draw on post-treatment |
| Session 2: staying drug-free  | 1. Reviewing high-risk situations 2. Dealing with cravings 3. Relapse prevention plan | Helps client consider how they will maintain the gains made in treatment once they leave  
  • Identifies internal and external triggers for drug use  
  • Helps the client develop ways of managing cravings  
  • Applies learning from previous maps to create a simple relapse prevention plan |
| Session 3: recruiting a supportive network | 1. Social network 2. Peer inventory 3. Social network support plan | Helps client review their social support  
  • Builds a network of potentially supportive people  
  • Identifies factors that make people important to client as well as ways in which they can help  
  • Helps match up problems to people who could help with them |
| Further sessions: supporting goal-setting | 1. The future I want for myself 2. Goal getter 3. Decision 4. Running into a brick wall | Helps keeps sessions focused on goals and plans for leaving treatment  
  • Helps client renew motivation  
  • Identifies specific SMART actions needed to stay on track  
  • Reinforces problem-solving abilities  
  • Explores how client deals with set-backs |
‘Building motivation’ manual

This manual can be used with individual clients throughout their treatment journey. While the first two manuals are focused on setting and reaching achievable goals, the two motivation manuals are more targeted towards the client developing plans for changing their patterns of behaviour. As the manual notes:

“This is not usually achieved by telling the client what to do, or offering expert opinion. The therapist aims to elicit self-motivational statements from the client, record them, then amplify and feed them back as part of the process of building towards change. A key aim of these sessions is to instil in the client the belief that they can change. In many cases this will lead to positive action without any directive work from the therapist.”

‘Building motivation’ harnesses node-link mapping to Motivational Interviewing (MI) techniques, and so a familiarity with the principles of MI will be advantageous to the keyworker, as the sessions described in the manual rely much more on MI than on mapping.

Unlike the first two manuals, ‘Building motivation’ is presented in three thematic parts – exploring the problem, building towards change and developing a plan of action. While these themes can be tackled in two or three client sessions (each lasting around 50-60 minutes) it may sometimes take longer to explore a particular theme – while the keyworker and client may wish to re-visit the themes from time to time in order to monitor progress.

<table>
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<tr>
<th>Session</th>
<th>Discussion areas and maps</th>
<th>Purpose</th>
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| **Theme 1:** exploring the problem | 1. Feelings about current use: the positives and negatives of drug use 2. The problems use causes: the difficulties and harms of drug use 3. Summarising the discussion 4. Homework: the pros and cons of change | Links problems to motivation to change  
• Starts clients thinking about drug use  
• Identifies risks and problems  
• Agreed summary of discussion  
• Acts as a decision ‘balance sheet’ for possible change |
| **Theme 2:** building towards change | 1. Homework review 2. Where drugs fit in: things that are important to me 3. A future without drugs: where I’d like to be in five years time 4. The ‘tower of strength’: strengths I already have and strengths I want to develop 5. Review the summary | Helps client explore motivation to change in more depth  
• Contextualises the discussion  
• Client can see influences on their lives and where drugs sit  
• Helps client to compare the present with a desired future  
• Reinforces the idea that change is within the client’s power  
• Records change and progress |
| **Theme 3:** developing an action plan | 1. Tackling a problem: the changes I could make to tackle a problem 2. Tackling a problem: the steps I could take to make that change 3. Negotiating a plan of action: how I’ll make it happen | Harnesses the willingness to change  
• Locates a problem and the changes which are needed  
• Identifies the SMART steps needed to make a change  
• Helps client develop a step-by-step plan for achieving change |
‘Getting motivated to change’ manual

The fourth manual builds on much of the work of the third – but it provides a ‘script’ for mapping achievable plans within a group setting. This manual is built around four weekly group sessions (of around two hours each), and as with the ‘building motivation’ manual, requires an understanding of MI techniques.

The manual sets out a clear, step-by-step process for leading these group discussions, with checklists for the group leader and handouts for participants:

The first session covers the ‘basics of motivation’. Group members are encouraged to work together to create a group definition of motivation, to discuss the drivers of and barriers to motivation and to choose a target to work towards over the coming weeks.

The second session looks at the ‘art of self-motivation’. It reviews participants’ targets, explores the challenges of making a choice or committing to a change, looks at the pros and cons of change and revisits participants’ ‘target charts’.

The next session tackles ‘staying motivated’. Participants discuss progress towards their targets, the importance of determination and commitment, undertake a ‘role play’ to understand how to head off doubt and negative ‘self-talk’.

The final session deals with ‘making it second nature’. Group members review their success and carry out activities designed to assess their personal strengths, as well as discussing goals and plans for avoiding future drug use. This session ends with the ‘tower of strength’ and ‘goal getter’ maps from the previous manuals.
The keys to BTEI success

The aim in developing the manuals was that they should be easy to use by all keyworkers (not just those with extensive training). Repeated use of the techniques and materials contained in the manuals can help improve keyworker competence, and because the maps are not prescriptive, they allow for substantial key worker and client freedom to develop their own unique ways of using BTEI.

There are two main measures of BTEI success which should become immediately apparent to clients, keyworkers and their supervisors:

- Firstly, maps and handouts can help with ‘problem definition’ – they can systematically highlight issues for the client in terms of causes, consequences and solutions (it is a good idea to give copies of completed maps to clients as a record of their sessions, which they can take home and share with friends/family).
- Secondly, maps and handouts provide easy-to-read summaries of a keyworking session that are not only useful for quick recall of session issues but also for reviewing a case in clinical supervision.

Equally important is the role of clinical supervision. It’s all very well to show people how to use the manuals, but as stated above, it’s their repeated use that embeds BTEI into effective and efficient treatment delivery. It is therefore vital that keyworkers have the opportunity to discuss their experiences of using the manuals during regular clinical supervisions (at least one hour a month). For this reason, it is also important that processes are established which document the intervention on a session-by-session basis.

Finally, although BTEI takes an individual or group psychosocial structured intervention as its basis, it is as much about organisational change as encouraging behavioural change among clients. By creating an easy-to-use systematised intervention, it can help organisations to re-prioritise the place of psychosocial interventions in treatment delivery – and as such, it can promote strong leadership, a learning culture and clarity of purpose, the three key elements of organisational health.
The NTA view of BTEI

The NTA has watched and supported the drug treatment systems in Birmingham and the West Midlands develop, and supported the implementation of the psychosocial interventions in ITEP (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 this initiative and found it 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 which have engaged in 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 BTEI project and its manuals the NTA seal of approval. Not only does the NTA endorse the implementation of the psychosocial mapping interventions, but we also endorse the focus on organisational functioning and service management that this approach advocates.

We would ask that service providers and commissioners consider:

- implementing the 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 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.

For further details on BTEI, you can contact:
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BTEI rollout and training: Dr Ed Day (e.j.day@bham.ac.uk)

The ‘ Routes to recovery ’ suite

The NTA is rolling out a series of reports and manuals that the treatment sector can use to help improve treatment effectiveness:

- Part 1, explains the ITEP intervention
- Part 2, the ITEP training manual, is a simple tool for implementing the ITEP psychosocial intervention
- Parts 4, 5, 6 and 7, the BTEI manuals, are tools for implementing the full BTEI intervention – covering care planning, building motivation (for individuals and groups) and treatment exiting
- Part 8, the ITEP research, sets out the ITEP pilot work in Manchester
- Part 9, the BTEI research, sets out the ITEP pilot work in Birmingham and the West Midlands.