

Rough Guide – Treatment Modalities

The treatment modalities / interventions to be captured for NDTMS are defined below. There are three categories of modality:

- **Adult drug treatment modalities**
- **Adult alcohol treatment modalities**
- **Young Persons (under 18s) treatment modalities**

NDTMS defines adults as those aged 18 and over. Therefore, adult prisons and Young Offender Institutions (YOIs) with no juvenile (under 18s) population should only use the adult drug and alcohol treatment modalities for recording the interventions they deliver. YOIs that have a juvenile population (under 18s) should use the Young Persons (YP) modalities for any clients aged under 18. Therefore, YOIs with both a juvenile and adult population may record interventions from any of the three modality categories, but only using the YP modalities for clients under 18.

If an adult client is receiving a non-clinical intervention to address both their drug and alcohol misuse, only one modality should be recorded to reflect this – choose either the drug treatment modality, or the alcohol equivalent, based on the client’s primary substance of

Adult Drug Modalities (over 18s)

Treatment Modality data - Example

Treatment Modality: Opioid Maintenance
Modality ID: ACB123
Modality Start Date: 10/10/2011
Modality End Date: 10/11/2011
Modality Exit Status: Mutually agreed planned exit

Opioid Reduction

- Should be used where the client’s care plan objective is reduction with a commitment to becoming drug free
- Every review of the client’s care plan should indicate that the substitute dosage is being reduced- if the dosage is not reduced over 2 or more reviews then this modality should be ended and ‘opioid maintenance’ should be started
- The modality start date is the date of dispensing the first dose of medication where reduction is the aim

Psychosocial Interventional Mental Disorder

Many drug users also suffer considerably with common mental health problems including; depression, anxiety, post traumatic stress disorder, eating disorders, OCD, antenatal and postnatal mental health

- This modality can be used to record where, for example, guided self help and brief interventions for mild problems to cognitive behavioural therapy and social support for more moderate forms are delivered
- The modality start date is the date of the first formal and time limited appointment

Opioid Maintenance

- Requirement that all periods of extended prescribing whether maintenance or gradual reduction are reviewed every three months as a minimum
- Where longer term prescribing is offered (sentenced over 26 weeks) it should be explained that at an appropriate time there will be the expectation that the prisoner works towards reduction, and that abstinence remains the ultimate goal – **The Recovery Agenda**
- The prisoner will also be expected to participate in the psychosocial, educational and rehabilitation opportunities available to them whilst in prison to assist them with achieving abstinence.

Structured Day Programme

- Should be used to record a range of programmes where a client must attend for a fixed period of time
- Programmes should follow a set timetable and include group work, psychosocial interventions, educational and life skills activities
- Majority of drug treatment programmes fall into this category, including 12-step and Therapeutic communities
- Less extensive or less structured ‘day care’ provided in the context of a structured care plan should be recorded under ‘Other Structured Intervention’
- The modality start date is the date programme starts

Other Clinical Intervention

This modality should be used to record the following treatment interventions:

- Detoxification from benzodiazepines
- Detoxification from opiates using a non-opiate agonist
- Prescribing of naltrexone prior to release from prison
- Re-induction onto opiate substitution treatment prior to release
- The modality start date is the date of dispensing the first dose of medication

Other Formal Psychosocial Therapy

- This modality category includes therapies that are used in drug treatment that are beneficial for some clients as they are practical and broad based techniques such as-
- Community Reinforcement Approach
- Social Behaviour Network Therapy
- The modality start date is the date of the first formal and time

Other Structured Intervention

- Use to record a package of interventions set out in the client's care plan, including emotional and psychological support, advice and information, harm reduction support, educational and life-skills. This modality may be particularly relevant for clients that have existing mental health problems
- Includes as a minimum regular planned therapeutic sessions with key-worker
- Will probably be used more frequently for non-opiate drug misusers
- Can be used to record regular key-working sessions delivered in order to keep a client engaged while they are waiting to start another intervention
- Should be used to record where clients are receiving 'day care' rather than a 'day programme'
- The modality start date is the date of the first formal and time-limited key worked appointment

Adult Alcohol Modalities (over 18s)

Alcohol - Prescribing

- Prescribing of drugs to treat alcohol misuse
- Should capture the following:
- Medications to promote abstinence or prevent relapse, including sensitising agents
- Medications for treating withdrawal symptoms during medically assisted alcohol withdrawal
- Nutritional supplements as a harm reduction measure for heavy drinkers and high-dose parental thiamin for the treatment of Wernicke's encephalopathy and its prevention
- Medications for reducing craving for alcohol should only be prescribed alongside psychosocial treatment
- The modality start date is the date of dispensing the first dose of medication

Alcohol – Other Structured Treatment

- To record less clearly defined counselling in the context of a structured care plan (e.g. day care)
- To record a range of other interventions being delivered to meet care plan needs, for example:
- Regular sessions with a key worker to address a range of social and health related needs
- Ongoing support following alcohol withdrawal to maintain abstinence as part of the care plan
- A short period of care-planned regular brief interventions to address problem alcohol misuse
- The modality start date is the date of the first formal and time-limited key worked appointment

Alcohol – Brief Intervention

- Prison teams have the option to be able to record where clients may be receiving brief interventions to tackle hazardous and harmful drinking behaviour
- Should be used to record both brief and extended brief interventions:
- Can consist of either a short session of structured brief advice or a longer more motivationally based session (extended brief intervention). Both aim to help someone reduce their alcohol consumption or abstain and can be carried out by non-alcohol specialists
- The modality start date is the date of the first face-to-face contact where a simple or extended brief intervention has been delivered

Alcohol – Structured Psychological Intervention

- Clearly defined, evidence based interventions delivered as part of the client's care plan, which assist the client to reduce their alcohol consumption
- Can be delivered on an individual basis or in a group setting
- Can include cognitive-behavioural therapy, motivational enhancement therapy, 12 – step therapy, coping and skills training, social behaviour and network therapy
- Psychosocial interventions differ from advice/information or other low-threshold support
- The modality start date is the date of the first formal and time-limited key worked appointment

Modality Exit Reasons

- Mutually agreed planned exit
 - Intervention withdrawn
- Clients unilateral unplanned exit (also use if client dies)

NB. All modalities must be closed when a client's episode is closed (i.e. when they are released/transferred) otherwise this will cause Data Quality Errors

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Published- Jan 2012