

Suffolk Treatment System – My Treatment Plan



July 2009

All boxes must be completed

Please complete this form in black ink

1	Name:	Date of Birth:
	Address:	Postcode:
	Telephone Number:	
	Agency No:	My Keyworker is:

We agree to the Goals and Action Points laid out in this Treatment Plan.

2	Client:	Worker:	Manager:
	Date:	Date:	Date:
3	Start date:	Client Review Signature:	Client Review Signature:
		Date of 1st Review:	Date of 2nd Review:
4	Aims of my Treatment:		
5	Others involved in my plan	Name	Contact name
	GP		

My Treatment Plan (Care Plan)	
6	My communication needs are (Interpreter BSL etc):
7	My needs in respect of my age, disability, gender/sexuality, Ethnicity, faith:
8	My strengths are:

If I am struggling or in a Crisis	
9	Details
10	If I am struggling the plan is ...
11	If I am in a crisis I can ...

My Drug and Alcohol Use (inc. Prescription/Detox)	
12	Area of Need:
	Goal to aim for:
13	We (the Agency) agree to ...
14	I agree to ...

My Physical and Mental Health	
15	Area of Need:
	Goal to aim for:
16	We (the Agency) agree to ...
17	I agree to ...

My Social Situation (housing, benefits, Activity, Work, Cultural/Religious)	
18	Area of Need:
	Goal to aim for:
19	We (the Agency) agree to ...
20	I agree to ...

My Moving On Plan (Rehab, Keyworking, Counselling)	
21	Area of Need:
	Goal to aim for:
22	We (the Agency) agree to ...
23	I agree to ...

Treatment Outcomes Profile (TOP)



National Treatment Agency
for Substance Misuse

About the TOP

The Treatment Outcomes Profile (TOP) is a new drug treatment outcome monitoring tool that has been developed by the NTA in partnership with drug treatment providers in over 70 sites across England. It is applicable for use in all of the structured treatment modalities as defined by Models of Care for Treatment of Adult Drug Misusers: Update 2006. For the first time, service users, clinicians, service managers and commissioners will be able to obtain objective and comparable data about real improvements in service users' lives that will be able to inform and improve practice on both an individual and strategic level.

The TOP is a simple set of questions that will improve clinical practice by enhancing assessment and care plan reviews for clients. The data it provides will improve performance monitoring. Data will be reported into the National Drug Treatment Monitoring System (NDTMS) from October 2007 and results fed back to providers and commissioners from March 2008. There will also be monthly exception reports from NDTMS on non-returns and multiple submissions.

The TOP should be completed within 2 weeks either side (+/-2 weeks) of the first modality start date at the beginning of each client's treatment journey to record a baseline of behaviour in the month leading up to starting a new treatment journey. If the Treatment Start TOP is completed after the first modality start date, it should focus on the 28 days before this date. Review TOP scores should be recorded in regular 12-week review periods during treatment (it may be helpful to do this at the same time as a care plan review) to capture changes in behaviour. The first Review TOP can be completed 4 weeks or 29 days after the first modality start date. It should also be completed at Treatment Exit and may be used by some services to measure post Treatment Exit outcomes. Note: when services are introducing TOP, existing clients (as well as new presentations) should also have the TOP completed with them as part of the review process.

How to complete the TOP

Start by entering:

- 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 – Treatment Start, Review, Treatment Exit, or post Treatment Exit.

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.

You should aim to ask and complete every question. Do not leave any of the blue boxes blank. Enter “NA” if the client refuses to answer a question or, after prompting, cannot recall.

(See *TOP keyworker guidance* and *Interim revised guidance (August 2008)* for more detailed information: www.nta.nhs.uk/TOP)

Alcohol units converter

Drink	%ABV	Units
Pint ordinary strength lager, beer or cider	3.5	2
Pint strong lager, beer or cider	5	3
440ml can ordinary strength lager	3.5	1.5
440ml can strong lager, beer or cider	5	2
440ml can super strength lager or cider	9	4
1 litre bottle ordinary strength cider	5	5
1 litre bottle strong cider	9	9

Drink	%ABV	Units
Glass of wine (175ml)	12	2
Large glass of wine (250ml)	12	3
Bottle of wine (750ml)	12	9
Single measure of spirits (25ml)	40	1
Bottle of spirits (750ml)	40	30
275ml bottle alcopops	5	1.5

Thank you for your contribution to the TOP

Treatment Outcomes Profile

/ / / /

Client ID **D.O.B. (dd/mm/yyyy)** **Name of keyworker**

/ / **Gender:** M F **Treatment stage:** Treatment start Review

TOP interview date (dd/mm/yyyy) Treatment exit Post-treatment exit

Section 1: Substance use (Please use NA only if information is not disclosed or not answered.)

Record the average amount on a using day and number of days substances used in each of past four weeks

	Average	Week 4	Week 3	Week 2	Week 1	Total
a Alcohol	<input type="text"/> units/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
b Opiates	<input type="text"/> g/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
c Crack	<input type="text"/> g/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
d Cocaine	<input type="text"/> g/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
e Amphetamines	<input type="text"/> g/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
f Cannabis	<input type="text"/> spliff/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
g Other problem substance?	<input type="text"/> g/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28

Name.....

Section 2: Injecting risk behaviour (Please use NA only if information is not disclosed or not answered.)

Record number of days client injected non-prescribed drugs in past four weeks (if no, enter zero and 'N', and go to section 3)

	Week 4	Week 3	Week 2	Week 1	Total
a Injected	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
b Inject with needle or syringe used by someone else?	Yes <input type="checkbox"/> No <input type="checkbox"/>				<input type="text"/> Enter 'Y' if any yes, otherwise 'N'
c Inject using a spoon, water or filter used by someone else?	Yes <input type="checkbox"/> No <input type="checkbox"/>				

Section 3: Crime (Please use NA only if information is not disclosed or not answered.)

Record days of shoplifting, drug selling and other categories committed in past four weeks

	Week 4	Week 3	Week 2	Week 1	Total
a Shoplifting	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
b Drug selling	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
c Theft from or of a vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>				<input type="text"/> Enter 'Y' if any yes, otherwise 'N'
d Other property theft or burglary	Yes <input type="checkbox"/> No <input type="checkbox"/>				
e Fraud, forgery and handling stolen goods	Yes <input type="checkbox"/> No <input type="checkbox"/>				
f Committing assault or violence	Yes <input type="checkbox"/> No <input type="checkbox"/>				<input type="text"/> Enter 'Y' or 'N'

Section 4: Health and social functioning (Please use NA only if information is not disclosed or not answered.)

a Client's rating of psychological health status (anxiety, depression and problem emotions and feelings)

Poor 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 **Good** 0-20

Record days worked and at college or school for the past four weeks

	Week 4	Week 3	Week 2	Week 1	Total
b Days paid work	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
c Days attended college or school	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28

d Client's rating of physical health status (extent of physical symptoms and bothered by illness)

Poor 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 **Good** 0-20

Record accommodation items for the past four weeks

e Acute housing problem	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Enter 'Y' or 'N'
f At risk of eviction	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Enter 'Y' or 'N'

g Client's rating of overall quality of life (e.g. able to enjoy life, gets on well with family and partner)

Poor 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 **Good** 0-20