

# Treatment Outcomes Profile

	/ /	
<b>Client ID</b>	<b>D.O.B. (dd/mm/yyyy)</b>	<b>Name of keyworker</b>
	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Treatment stage: Start <input type="checkbox"/> Review <input type="checkbox"/> Exit <input type="checkbox"/>
<b>TOP interview date (dd/mm/yyyy)</b>		Post-treatment exit <input type="checkbox"/>

**Total for NDTMS return**

## Section 1: Substance use (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/opioids (illicit)*	<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? (name.....)	<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

\*Includes street heroin and any non-prescribed opioid, such as methadone and buprenorphine

## Section 2: Injecting risk behaviour (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 (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 & social functioning (Use NA only if information is not disclosed or not answered)

a Client's rating of psychological health (anxiety, depression, 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 (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 status 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 (able to enjoy life, gets on with family and partner, etc)

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

# Treatment Outcomes Profile (TOP)

## About the TOP

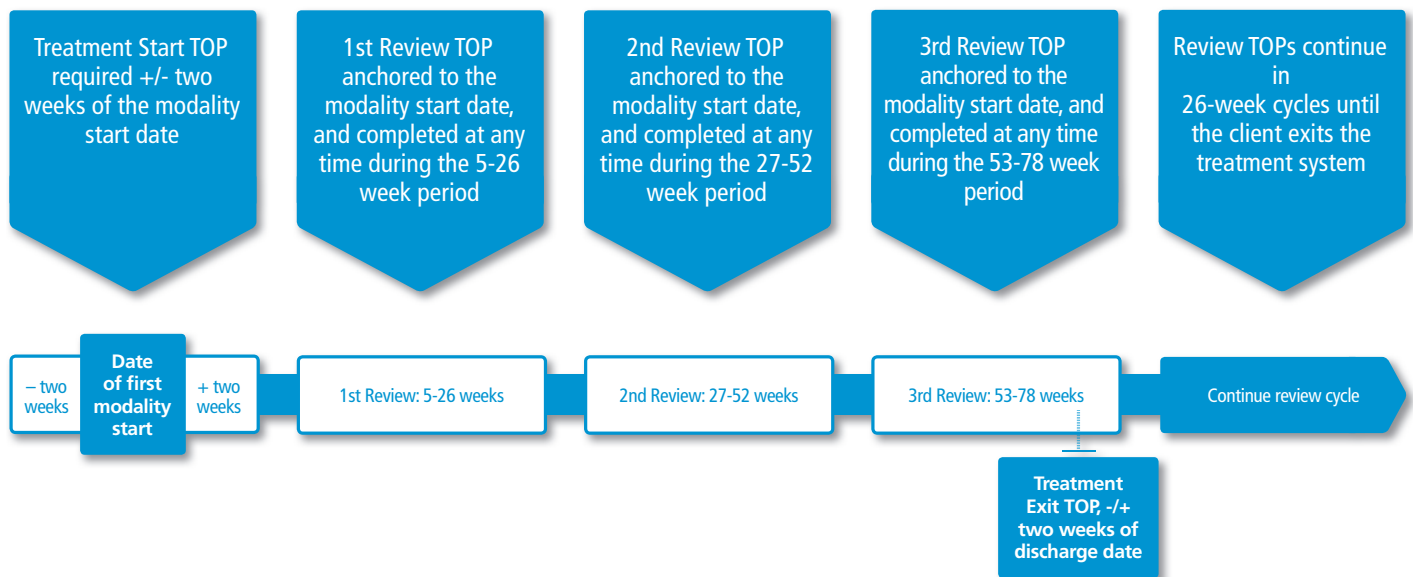
The TOP is a validated tool for monitoring the changes that occur during treatment for service users. It was developed by the NTA and implemented throughout the English drug treatment system in 2007 to provide service users, clinicians, service managers and commissioners with objective and comparable information about 'real' changes that occur in service users' lives, in order to inform and improve practice on both an individual and strategic level.

It is a simple set of questions that can aid improvements in clinical practice by enhancing assessment and care plan reviews, helping to ensure that the clients' needs are identified and addressed in the care plan and place them in the best position to help them meet their treatment goals.

The TOP should be completed with clients in all Tier 3 and 4 structured treatment modalities (as defined by Models of Care: 2006 update) at the start of treatment (Treatment Start TOP), periodically throughout the clients treatment journey (Treatment Review TOP) and when the client exits the treatment system (Treatment Exit TOP)

We recommend that the TOP is completed during the care planning process. It is good practice to review a client every 12 weeks. However, this may be more or less frequent depending on individual need. The TOP should be reported to NDTMS in accordance with the reporting protocol below.

## The protocol for TOP reporting



## How to complete the TOP

### Start by entering:

- Client name and identifiers (date of birth and gender)
- Your name
- Date of assessment
- The stage at which you are completing the TOP – 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 21-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.

### A few things to remember

- The blue shaded boxes are the only information that gets sent to the NTA
- Week 4 is the most recent week; week 1 is the least recent
- The Treatment Start TOP should always capture pre-treatment drug use, so it is important that the recall period is the 28 days before the treatment start date. Not doing this will skew outcomes as there is likely to be a lower baseline.

### Calculating alcohol units

$$\frac{\text{Volume (ml)} \times \%ABV}{1000}$$

**Thank you for your contribution to NDTMS by using the TOP**