

SSA PhD Studentship Final Report

Helen Crosby

Thesis title:

Development of the Brief Addiction Therapist Scale (BATS): A Tool for Evaluating Therapist Delivery of Psychological Therapies for Alcohol and Drug Use Problems

Report:

Addictions present a major challenge to health and social services in the UK. Treatments are provided by a range of agencies, many third sector, and traditionally these have struggled to be properly resourced. In this environment, it has become even more important that therapists delivering treatments are supported. This need was recognised by the Society for Study of Addiction who awarded me a Doctoral Studentship to develop the Brief Addiction Therapist Scale (BATS), a tool for monitoring therapists' delivery of psychological therapies widely used in routine practice for alcohol and drug use problems (Appendix 1). A multimethod design, comprising four studies, was used to develop the BATS. Study 1 identified twenty-six measures from the literature that evaluate therapists' delivery of psychological therapies used for addressing alcohol and drug use problems. Study 2 generated items and response formats for potential inclusion in the BATS, using the identified measures as a basis. Generation of the items was primarily based on the results of a thematic analysis; eighteen exemplar items were developed. Study 3 generated a consensus, among experts in the fields of addiction and psychotherapy on the content of the BATS. Group agreement on 12 scale items (from an initial pool of 18 items) and the response format was reached using a modified three-round Delphi survey. These items formed the first version of the BATS. Study 4 developed the BATS further by testing its psychometric properties. The results showed that the BATS is a reliable and valid method for evaluating treatment delivery in routine practice, improving our understanding of the process of therapy in addiction and potentially providing a tool to enhance supervision and identify training needs.

I am co-supervising a new doctoral project examining the relationship between the BATS and treatment outcome, highlighting the scale's value in facilitating future research. The BATS has been presented to a range of audiences, including clinical staff working at addiction services, NHS research forums, and service user groups. I was an invited speaker at the Society for the Study of Addiction's Annual International Symposium, and received first prize for the second year presentations at the Leeds Institute of Health Sciences and Leeds Institute of Clinical Trials Research Postgraduate Research Symposium.

There is good evidence for the utility of the BATS in routine practice. As part of my research, I engaged with frontline services raising awareness of the need and the utility of the new tool; as a result one NHS addiction service has already incorporated the scale to support peer supervision. Permission to use the BATS has been given to addiction services in Estonia and Wales. Further, the BATS has been added to the RESULT addiction outcomes website which supports health professionals to deliver effective alcohol and drug treatment (<https://www.result4addiction.net/my->

[practice/](#)). The real world application of the BATS provides a useful tool for training and supervision, which has the potential to impact on therapist competence and treatment delivery. (480 words)

Helen Crosby December 2018

Appendix 1: The BATS



Brief Addiction Therapist Scale

A tool for evaluating therapists' delivery of psychological therapies for alcohol and drug use problems.

Designed to facilitate training and supervision, and enhance therapist skill.

Instructions for use: For each item, circle a number on the 5-point scale reflecting the extent to which the therapist carried out the behaviour. For items that are not applicable to the session, score 0 'not at all'. Use the space provided on page 2 to give context, comments, and additional information e.g. the client's first session. Item definitions are provided on page 2. To be used with audio or video recordings of therapy sessions.

| During the session... | Not at all | A little | Somewhat | A good deal | Extensively |
|--|------------|----------|----------|-------------|-------------|
| 1. The therapist kept the session focused on the aims for that session. | 0 | 1 | 2 | 3 | 4 |
| 2. The therapist attempted to work together with the client. | 0 | 1 | 2 | 3 | 4 |
| 3. The therapist conveyed empathy. | 0 | 1 | 2 | 3 | 4 |
| 4. The therapist focused on the client's strengths. | 0 | 1 | 2 | 3 | 4 |
| 5. The therapist used "complex reflections" – offering a perspective which added meaning and enabled the client to make connections. | 0 | 1 | 2 | 3 | 4 |
| 6. The therapist and the client planned tasks for the client to do between sessions. | 0 | 1 | 2 | 3 | 4 |
| 7. The therapist and the client reviewed tasks planned in the previous session. | 0 | 1 | 2 | 3 | 4 |
| 8. The therapist enabled the client's goals for treatment to be discussed. | 0 | 1 | 2 | 3 | 4 |
| If in this session the focus was on building motivation for change: | | | | | |
| 9. The therapist encouraged the client to consider inconsistencies between their substance use, and personal goals or values. | 0 | 1 | 2 | 3 | 4 |
| 10. The therapist encouraged the client to talk about the positive aspects of changing substance use. | 0 | 1 | 2 | 3 | 4 |
| If in this session the focus was on planning or maintaining change: | | | | | |
| 11. The therapist enabled a plan for changing the client's substance use, or maintaining change, to be discussed. | 0 | 1 | 2 | 3 | 4 |
| 12. The therapist discussed how the client's social network might support changing substance use or maintaining change. | 0 | 1 | 2 | 3 | 4 |

Total score:

Item definitions

1. **Session aims:** The therapist kept the session focused on clinically relevant aims during the session, e.g. target behaviour. This may or may not include explicit discussion of the purpose of the session, e.g. *to describe a relapse prevention plan*. Aims may change during the course of the session following disclosure of risk.
 2. **Working together:** Developing a collaborative relationship between the client and the therapist. It is about discussing, actively seeking the client's input; not telling, and not arguing.
 3. **Convey empathy:** Making efforts to convey warmth and understanding of the client's thoughts and feelings. The therapist avoids any blaming or labelling.
 4. **The client's strengths:** Helping the client to identify and focus on what they can do, not what they cannot do: achievements rather than failings.
 5. **Complex reflections:** Helping the client to gain insight by making and/or strengthening connections between things they have said. Going beyond repeating or slightly rephrasing what the client has said.
 6. **Planning tasks:** Any task that is planned (the therapist and the client agreed what to do and how to do it) for the client to do between sessions, e.g. *specific homework tasks, trying new behaviours*.
 7. **Reviewing tasks:** Explicit discussion in which tasks set in the previous session are reviewed. This item is not applicable if it is the client's first session, tick the box as appropriate.
 8. **Treatment goals:** Goals refer to the overall treatment goals, e.g. *abstinence, harm reduction, moderation*. The goals could be discussed by the therapist and/or the client.
9. **Considering inconsistencies:** Exploring how the client's behaviour conflicts with his/her personal goals and values, e.g. *I need to drink a bottle of gin but I want to be a good parent*.
 10. **Talking about change:** The therapist encourages the client to talk about the positive aspects of changing.
11. **Change planning:** Discussion of an overall plan to achieve the agreed treatment goals. Tasks represent the steps in the plan to achieve the overall treatment goals.
 12. **The social network:** The therapist facilitates a discussion about the client's actual and/or potential social network to identify how this may support the overall plan.

Context, comments, and additional information:

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