Drugaid

YOUNG PERSONS INTERVENTIONS MANUAL

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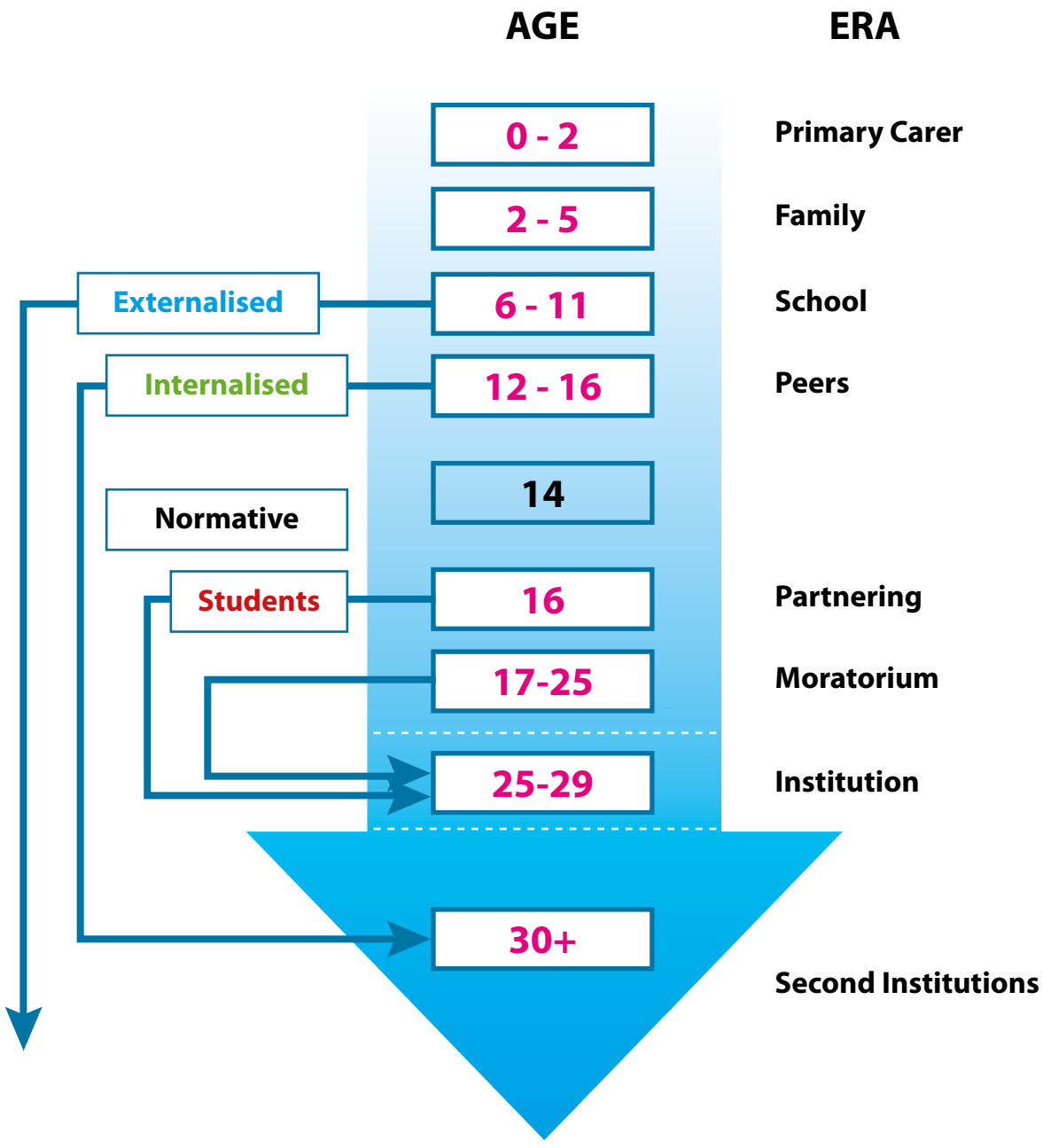
CHAPTER 1: ASSESSMENT

INTRODUCTION:

There is a general trend of substance use initiating in adolescence years and consumption levels and patterns typically declining with age. A large percentage of adolescent substance use is categorised as experimental that the individuals grow out of over time. However, a small cohort will go on to develop more chronic patterns of substance use.

Fig 1. Age of onset and Trajectories



It is for this reason that it is critical for substance use agencies working with young people to correctly identify pattern and trajectory of substance use along with other risk indicators (biological, psychological, relational, and environmental). This will ensure the correct interventions are given to right people when they need them.

It is not appropriate to solely base treatment plans on substance type or amount as the individual pathway that has led to current substance use needs assessing. This means taking into account the whole presentation in order to map the most appropriate intervention to the level of need.

This should include consideration of the following:

- Behaviour
- Reasons for using
- Patterns of using
- The phases of dependency
- Mental health issues
- Life skills
- Social capital
- Other recovery capital

Engagement in assessment is a crucial stage in a successful treatment journey. Evidence shows that the first few appointments are an indicator to the amount of progress an individual will achieve in treatment. The greater the improvement in this initial phase, the greater the overall long-term outcomes.

Research has identified three key 'ingredients' needed to achieve engagement in the outset of treatment;

1. Feedback
2. Capacity to change (problem recognition)
3. Need/motivation to change

ASSESSMENT PROCESS:

The following process is recommended to promote engagement and appropriate assessment of a young person and their needs:

Sessions 1 – 3 (Assessment and Brief Intervention):

1. Referral Form review
2. ORS/SRS
3. Outcome Monitoring Record (where applicable)
4. Baseline assessment (Drugaid Assessment Form)
5. Risk assessment (for completion after the appointment)
6. Complexity Index
7. Brief Intervention

Depending on the trajectory and assessment needs an individual may require referral into structured treatment. In these cases, following completion of the assessment the following will be completed:

Session 2 – 4 (Careplanning):

1. Exploring the future goals / the articulation of the dream.
2. Goal setting (care plan) from the life audit from the assessment.
3. TOPS (where applicable)

Please read the National Treatment Agency for Substance Misuse document: Assessing Young People for Substance Misuse, February 2007 for more detailed information on good practice assessment.

ASSESSMENT TOOLS:

ORS/SRS

The ORS tool can be used to elicit conversation about the extent and nature of any issues or strengths in a person's life. The ORS should be used in every session, but is particularly important in the assessment phase.

The ORS has four scaling questions looking at satisfaction in the following areas:

- Individually (Personal well-being)
- Interpersonally (Family, close relationships)
- Socially (Work, school, friendships)
- Overall (General sense of well-being)

Ask the service user to mark their satisfaction in each area on the lines, the left hand side represents a poor level of satisfaction and the right side indicates a high level of satisfaction e.g.

Overall
(General sense of well-being)

I----------X----------I

After they have been marked explore the ratings with open questions, for example, "Tell me why that score", "What would need to happen for you to mark higher?".

At the end, or during the session, the lines can be marked with a ruler producing a score out of 10. These can be plotted on a chart that you can use with the service user to show progress over time.

If a service user finds difficulty in rating themselves it can be helpful and useful to ask them to rate each area according to another person's perspective i.e. "How would your parents rate this area for you?"

ASSESSMENT FORM

Consumption table:

› It is more beneficial to look at chronology of substance use and consumption than to look at primary substance use. The chronology will offer insight to the onset of substance use and trajectories.

Progression table:

› To be completed with primary substance in mind

› Depending on where the young person is in the phases, offer the feedback and insight of what issues they are likely to encounter e.g. more phase 1 or moving into phase 2.

Another stand-alone form that can be used is the split assessment table:

› By splitting the main life domains into a 'before' and 'after' initiation of primary substance it will allow the young person to see the effect of their use on their overall life.

› Following these stages, it is important to end with solution focussed questions to assess their confidence in resisting use / making changes (confidence, importance, who, what, how etc).

COMPLEXITY INDEX

The Complexity Index provides a guideline for the trajectory of use the young person presents. Responses in:

- 2 – 5 indicates an 'Externalised' trajectory
- 6 – 8 indicates an 'Internalised' trajectory
- 9 – 10 indicates a 'Normative' trajectory.

TREATMENT MAPPING

Following a thorough assessment of the young person and their presenting needs (making use of the tools outlined above) it will be possible to begin to identify which trajectory of use is most applicable.

Type	Indicators	Possible presenting needs	Interventions
Externalised Young People (Acting out behaviour)	• Personality \ temperament risk begins prior to exposure to use • High sensation seeking • Behaviour dis-inhibition • Low impulse control and hyperactive traits • Increasingly defiant to conformity • Offending • Truancy • Diagnosis of externalised disorder • Problematic drug and alcohol using parents.	• Lifeskills • Communication • Self-control skills • Develop discrepancy in substance use • Boundaries • Rewarding positive changes • Reducing conflict • Improving support	• Careplanning approach of A-CRA • Strengthening Families Programme • Social Behaviour Network Therapy • BTEI / Mind mapping • Cognitive Behavioural Approaches • Recreational Counselling • Motivational Interviewing and Motivational Enhancement Therapy as a primer for the treatment journey and to explore the function use if providing
Internalised Young People (Acting in behaviour)	• Psychopathological risk in the form of significant mental illness • Depression • Anxiety • Suicidal Thinking	• Coping skills • Mood management • Self-efficacy • Communication • Reducing conflict • Improving support	• Cognitive Behavioural Approach • Social Behaviour Network Therapy • Recreational Counselling • Motivational Interviewing and Motivational Enhancement Therapy as a primer for the treatment journey
Normative Use amongst young people that escalates	• Normative risk • Embedded in experimental and recreational use • No social work involvement prior to use suggests more stable family background	• Not using existing resources / skills • Education & substance awareness • Harm reduction	• Brief Intervention • Motivational Enhancement Therapy • Motivational Interviewing • Behavioural Controlled Drinking • Solution Focussed Therapy

TREATMENT INTERVENTIONS

Intervention	Approach
Support for concerned others	• Aims to facilitated treatment entry in unmotivated users • Reduces stress on family members • Improve quality of life for family members • Support the user in treatment
Motivational Interviewing / Motivational Enhancement Therapy	• 1-4 sessions • Brief Interventions • MI can be part of longer treatment journey • Helps resolve ambivalence regarding change • Identifies personal goals that the service user values • Uses the service users existing mastery to achieve these goals
Controlled Use (Behavioural Control Training)	• Young people are 10 times more likely to drop out of abstinence base treatment programme • Provides education on alcohol and intoxication • Sets BAC drinking limits • Provides a range of drinking management skills • Reviews and responds to over-drinking events
Cognitive Behavioural Approaches (Structured Relapse Prevention)	• Skills based programme that teaches a range of relapse prevention skills • Teaches a wide range of additional coping skills to deal with emotional problems • Increases the service users self-efficacy in refusing drugs and alcohol as well as dealing with triggers of use
Family Interventions Based on Family Behaviour Therapy (using elements of SBNT and SFP also)	• Works with whole family to address conflict and established patterns of behaviour • Looks to improve family communication skills to reduce conflicts • Behavioural therapy approach • Teaches parents how poor behaviour can inadvertently be reinforced by giving into acting out behaviour • Assists parents to set and adhere to new boundaries • Teaches communications skills to reduce conflict • Uses rewards to reinforce positive behaviour • Delivered in a wide range of formats
Adolescent Community Reinforcement Approach	• Comprehensive care planned model • Assesses every element of the users life and set targets to improve the quality of life in each domain • Provides a wide range of interventions to assist the service user to achieve goals in every area of their life • Includes the development of vocational and recreational skills • Can incentivise treatment progress to increase retention and compliance.
Solution Focussed Therapy	• Focus on solutions and goal setting • The young person will find the solutions themselves with the support of therapist • To include: the miracle question, repetitive behaviour, negative thinking

EFFECTIVE CARE PLANNING

Adolescent Community Reinforcement Approach (A-CRA) is used when developing the careplan. It involves the following:

- Collaboratively assessing each domain of the service user's life and identifying steps and targets to improve the quality of life in each area.
- Identifying the most appropriate package of care. As A-CRA encompasses a wide range of interventions and support packages for one individual this may include MET and FI, whereas for another it may include CBA and SF.
- Reinforcing positive change. This can include reward activities as part of a care plan. It should also be encouraging the service user to discover rewards they can continue using after treatment ends. Focussing on work to increase the social network and pleasurable activities is integral.
- Developing life skills in order to increase a service user's social capital.

Identity formation is a critical issue for young people (Marcia's 4 stage model) so assessment and care planning needs to explore and develop the service user's 'dream' - their vision of themselves operating in a desired adult role. To develop the goals, time needs to be spent developing this vision. Tips when developing the vision:

- Begin with the ending in mind (think about where you want to be and work backwards).
- Use a timeline.
- Explore each goal in detail to bring it to life and be visualised (see below).

Successful goal achievement requires consideration of 6 key points. On the right-hand side are some additional goal setting questions / prompts that can be useful to explore goals thoroughly covering these points.

1. Goals expressed in the positive

a. What do you want?
b. What do you want instead?
c. What would you rather have?

2. Make the goal specific

a. What exactly do you want?
b. Can you describe that more precisely?
c. What exactly will you see and hear when you get that?
d. How long will that take?
e. When do you want to achieve that goal?

3. Decide how you will get evidence and feedback for achievement

a. How will you know that you have achieved your goal?
b. What milestones will you set up along the way?
c. How will you know that you are on track for this goal?
d. How often will you check that you are on track?

4. Marshall your resources

a. What resources will you need to achieve your goal?
b. What resources do you have already?
c. Where will you find the resources you need?

5. Be proactive

a. How far is this goal under your control?
b. What are you going to do?
c. What will you be doing to achieve this goal?
d. What can you offer others that will also make them want to help you?

6. Pay attention to the wider consequences

a. What are the consequences for other people?
b. What is the cost in time, money and opportunity?
c. What might you need to give up?
d. How will the balance between the different aspects of your life be affected when you achieve this outcome?
e. What is important in your present circumstances that you might have to leave behind?

CHAPTER 2: MOTIVATIONAL INTERVIEWING / MOTIVATIONAL ENHANCEMENT THERAPY

INTRODUCTION:

Motivational Interviewing / Motivational Enhancement Therapy was developed by William Miller. It recognises that being confrontational with individuals about their substance use is not effective. It can be met with resistance, because it can come across as an accusation and this can result in the service user defending themselves. This defending tends to lead to justification and rationalisation.

MI aims to elicit change (decrease problems, harms, consumption etc). Fundamental to MI is the belief that if change motivation is present then behaviour change will follow. A source of change is internal motivation. It is trying to achieve the following:

- Enhance motivation
- Reduce resistance
- Enhance self-efficacy
- Increase discrepancy
- Increase optimism
- Move through stages of change

PRINCIPLES

- Service user-centred, directive
- 4 general principles (Miller, 1983)
  - › Express empathy
  - › Develop discrepancy
  - › Roll with resistance
  - › Support self-efficacy

CORE SKILLS / TECHNIQUES

- Open questions
- Affirmation
- Reflection (selective)
- Rephrasing
- Summarise

WHICH TRAJECTORY IS IT SUITABLE FOR?

Motivational Interviewing is the corner stone of engaging in a conversation with individuals with regard to their substance use. Therefore, elements of MI can be used in all interactions with service users.

It has been identified to be particularly useful to use in a structured format with Normative, especially with regards to offering brief interventions. 3 sessions of MI using the range of BTEI worksheets to complement it would form a brief interventions package of care.

It can also be used as part of a package of care for Externalised, as part of the interventions offered within Adolescent Community Reinforcement Approach.

SUGGESTED SESSION OUTLINES / EXERCISES

All the MI sessions should follow the following structure:

- Introduction
- Time for session
- How many sessions e.g. 1/3
- To the therapy if first session (pg 39 in manual)
- Variety of skills / strategies
- Mini-summaries
- Following after a strategy e.g. decisional balance sheet
- Ending
- Summary of what has been discussed
- End with what has been agreed – actions
- What do next time and any homework

There are 3 key phases to MI, which can be used as a guide to session outlines:

1. Build Motivation to change
2. Strengthen commitment to change
3. Follow-up

Below are the suggested session outlines for Motivational Enhancement Therapy (for 3 or 4 sessions)

SESSION 1

- Introductions, explaining a little about the intervention including the number of sessions, duration and frequency of sessions.
- Begin to explore what has brought them here today
- Begin to explore the ambivalence (pros and cons)
- Feedback from assessment with regards any results / phases of dependency.
- Explore their response to the feedback, aiming to elicit self-motivational statements of problem recognition, expressions of concern etc.
- Elicit a commitment to do something, even if it is to think about something and come back to the next session
- Summarise salient points from the session

SESSION 2

- Brief summary of key points from previous session
- Explore the discrepancy between the goal agreed in session 1 and what has occurred
- Focus on building confidence in ability to change and belief that it is possible.
- Continue with MI techniques to move through the phases outlined above.
  - o If the service user committed to change in session 1 this session is building their confidence in their abilities to change.
  - o If there was no decision in session 1 continue to work to a point of decision making
- If appropriate incorporate the change worksheet into this session
- Summarise the session

SESSION 3&4

- Brief summary of key points from previous session
- Focus is following up on progress.
- Review progress
- Renew motivation
- Restate commitment to change

KEY STRATEGIES FOR USE IN SESSIONS

- Decisional Balance Sheet
  - Positives and negatives of continued use
    - Tell me what, if anything, do you like about using ….
    - Tell me what concerns you about your use of…
  - Negatives and positives of stopping use
  - Aim is to bring about a shift from pre-contemplation to maintenance
  - After a decisional balance sheet,
    - "Where does this leave you?"
  - It is important to start with where they are. If they are in determination don't go through the positives to continued use, focus on the negatives of continued use
  - Can be given as homework
    - Seen as most active ingredient in CBT, as it communicate that you expect/want to see them again and that they need to be thinking about their behaviours

Stage of Change	Continued Use		Stopping	
	Positives	Negatives	Positives	Negatives
Pre-contemplation	++++			++++
Contemplation	++	++	++	++
Determination	+	+++	+++	+
Action	+	+++	+++	+
Maintenance		++++	++++	

- Looking Back / Looking Forward
- A)
  - Runs the risk of placing an emphasis on what people have lost (only use if you know the service user well and can be sure that it is not going to un-earth a lot of bad memories)
- B)
  - "Tell me how you would like things to be"
  - Aim is to create a discrepancy between where the service user is now and where they want to be
  - Less risky than A

- Person A / Person B
  - Aim is to develop discrepancy
  - Quick fire word round – words they would use / others may use to described them
    - Person A (person using the substance)
    - Person B (person not using the substance)

- Scaling questions
  - I'm going to ask you a few questions about what you have said. Imagine a continuum (draw on paper) 1-10
    - How much do you want to stop?
    - How ready are you to stop?
    - How important is it to you that you stop?
    - How much better is life going to be if you stop?
    - How confident are you that you can stop?
    - How confident are you that you can make this change? 0 - 10
    - How ready are you to make this change? 0 - 10
    - How important is it that you make this change? 0 - 10
    - How will life be better if you make this change? 0-10
    - How motivated are you to make this change? 0-10
  - What could help to you to feel more confident?
    - Need to know more about how life is going to be better. We know how it would be worse if he continues. But saying "I have to" rather than "I want to"

SUGGESTED 'SCRIPTS' OR CASE STUDIES

For detailed descriptions of suggested scripts see Manual For Motivation Enhancement Therapy (Tober et al) or Motivational Interviewing (Miller).

Below are some useful questions that can be used to begin conversations and respond appropriately within MI/MET:

1. Opening strategy: Lifestyle, stresses and substance use
    - Where does your use of … fit in?
2. Opening strategy: health and substance use
    - How does your use of … affect your health?
3. A typical day/session
    - Can we spend the next 5-10 minutes going through this day from beginning to end. What happened, how did you feel, and where did your use of … fit in? Lets start at the beginning...
4. The good things and the less good things
    - What are some of the good things about your use of….?
    - What are some of the less good things about your use of….?
        - › How does this affect you?
        - › What don't you like about it?
    - So,…… On the other hand…..
5. Providing information
    - I wonder would you be interested in knowing more about the effect of…on..?
    - I wonder, what do you make of all this? How does it tie in with your use of…?
6. The future and the present
    - How would you like things to be different in the future?
    - What's stopping you doing these things you would like to?
    - How does your use of … affect you at the moment?
7. Exploring concerns
    - What concerns do you have about your use of…?
    - What other concerns do you have about your use of …?
    - What else, what other concerns do you have…?
    - What concerns do you have about no longer using?
8. Helping with decision-making
    - Where does this leave you now?
    - What are you going to do now?
    - Useful questions
        - › When has motivation been high?
        - › When has motivation been low?
        - › How confident are you that you can make this change? 0 - 10
        - › How ready are you to make this change? 0 - 10
        - › How important is it that you make this change? 0 - 10
        - › How will life be better if you make this change? 0-10
        - › How motivated are you to make this change? 0-10
    - I'm going to ask you a few questions about what you have said. Imagine a continuum (draw on paper) 1-10
        - › How much do you want to stop?
        - › How ready are you to stop?
        - › How important is it to you that you stop?
        - › How much better is life going to be if you stop?
        - › How confident are you that you can stop?
    - What could help to you to feel more confident?
    - What needs to happen for …..?
    - How would life be better without using?....
    - When discussing list of things of how life will improve etc ask
        - › What's the worst thing?
        - › What's the most important thing?
    - Moving on from this stage, summarise and then
        - › How are you going to get there?
        - › What has to happen for you to get there?
        - › What things are going to help you?
    - Resistance
        - › C: "You don't understand because you're not a user"
          T: "You're worried that its going to be difficult for me to understand you. Tell me a bit more of what it is like for you"
        - › If someone can't say anything or says "I don't know", possible response "It is difficult to think of something/ to talk. Would it help if I shared some things that have helped others…?"
    - What do you make of this?
    - Where does this leave you? (After DB)
    - What sense do you make of this?
    - "Tell me how you would like things to be" (looking forward)

CHAPTER 3: BEHAVIOURAL CONTROLLED DRINKING TRAINING

INTRODUCTION:

Behavioural Controlled Training is not about abstinence. It is about developing a range of techniques to enable an individual to control their drinking at the levels they set themselves. This is particularly important with young people as evidence shows that they are 10 times more likely to drop out of abstinence base treatment programme rather than programmes aiming at reducing their use and minimising associated harms.

PRINCIPLES

- Harm reduction
- To provide education
- To offer alternative techniques to use to limit their drinking levels
- To offer support when reviewing over-drinking events

CORE SKILLS / TECHNIQUES

BCT uses skills / techniques from other interventions. In particular:

- Providing education (harm reduction) using techniques recommended in MI to avoid them being resistant to taking it on board 'Would it be helpful if I shared with you….?'
- MI techniques to explore their feelings around their use and their goals
- CBA techniques to identify triggers / times for over-drinking, anxiety etc
- SBNT / CRA techniques for addressing social support / social situations

WHICH TRAJECTORY IS IT SUITABLE FOR?

BCT is suitable for those individuals drinking alcohol on a Normative trajectory.

Caution should be taken if the individual has recently attempted to control their drinking unsuccessfully. This alone is not enough of a reason to not use it, but the reasons for a failed attempt needs taking into consideration.

It should not be followed with an individual who is showing signs of physical dependency on alcohol.

SUGGESTED SESSION OUTLINES / EXERCISES

BCT is combining techniques and exercises from a range of other techniques. For each topic there is an associated worksheet to be used (either to be used directly with the service user or as a prompt for you to discuss the relevant topics).

The topics below are core topics that need covering at the outset of the programme in Session 1:

- Exploring how they are feeling about alcohol use
- How much alcohol do I consume? In what time? What time did you start drinking? What time did you stop drinking?
- Understanding effects of alcohol & BAC limits. What affects are you wanting from alcohol?
- Keeping track of your drinks

After a number of sessions it is important to review the progress and suitability of this course of treatment:

- Review if BCT is working?

It is then important to work with the individual to identify which topics are relevant for them and their support needs:

2. Slowing down & Making it last
   - › Sharing tips of slowing their drinking rate down so that they reduce the overall amount of alcohol consumed
   - › Consider the environment, who they are with, what they are drinking & eating

3. Refusal Skills
   - › Strategies to say no to drinks or going out drinking
   - › Ensure that you provide the opportunity to practice the conversation (role play) introduced so that the service user is comfortable with this. E.g. 'OK, so imagine I am your friend, what are you going to say, when I say 'Come on lets go and get drunk?'

4. Affirming Progress
   - › Importance of rewarding positive changes
   - › Review rewards that can be used (small and larger)

5. Partners In Progress
   - › The importance of social support in making changes and sustaining changes.
   - › Reviewing who they have available for social support and who to avoid
   - › Identify what they need to communicate to the important people and how to communicate it.

6. Recognising Triggers to Over-drinking
   - › Monitor patterns of drinking using form on worksheet or a drink diary
   - › Discuss any patterns/triggers to over – drinking
   - › Identify any other 'hunches' they may have, as to their triggers
   - › Identify which triggers would be useful to focus on from sessions 7 - 16

7. Reviewing Progress: Places
   - › Identify places associated with use
   - › Make plans for avoiding / reducing time in places
   - › If need to attend places, how can they reduce the risks

8. Reviewing Progress: People
   - › Identify who they drink with
   - › What changes can they suggest to do together – different activities etc
   - › Plan for difficult conversations
   - › Practice difficult conversation (role play)

9. Reviewing Progress: Days & Times
   - › Identify what times or days are a risk to relapse or over-drinking
   - › Make plans to address this
   - › Consider linking with (12) Boredom

10. Reviewing Feelings
    - › Discuss different feelings and whether these are related to over-drinking
    - › Consider Mind Trap worksheets to challenge automatic thinking patterns

11. Reviewing Progress: Other Triggers
    - › Review other possible triggers listed on worksheet

12. Dealing with Boredom
    - › Explore different ways to increase pleasurable activities
    - › Involve some of the people identified in 'Partners in Progress'
    - › Invitation for Family Fun – plan a family activity

13. Dealing with Stress
    - o Discuss different coping strategies
    - o Relaxation strategies
    - o Visualisations

14. Sleeping Problems

15. Fear & Panic

16. Depression & Negative Mood

SUGGESTED 'SCRIPTS' OR CASE STUDIES

For further breakdown of the sessions and example case studies see the BCT Training Manual (which contains annotations)

CHAPTER 4: STRUCTURED RELAPSE PREVENTION (COGNITIVE BEHAVIOUR APPROACHES)

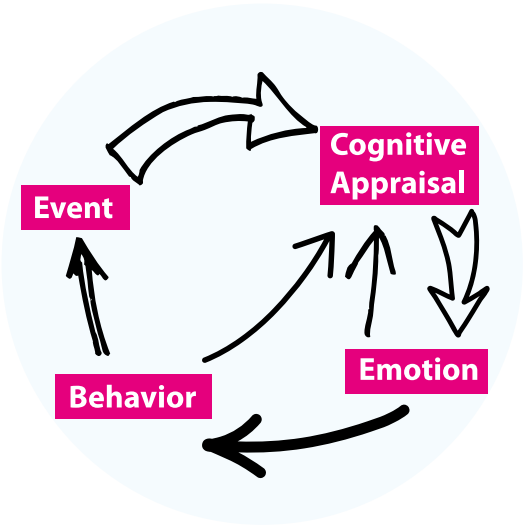
INTRODUCTION:

Cognitive behavioural approach is the backbone of structured relapse prevention. It focusses on ensuring that the individual has an effective coping response in the face of triggers. This in turn leads to an increased self-efficacy that they can maintain the changes that they have actioned. For this to occur, it is essential that service users have a clear understanding of the relationships between situations, thoughts, feelings and their subsequent behaviour, with a particular focus on their substance use and potential lapses / relapses.

PRINCIPLES

- To anticipate likely problems that may occur and develop appropriate coping strategies
- To develop the ability to self-monitor their thoughts, feelings and subsequent behaviour
- To provide some basic alternative skills to cope with situations that might otherwise lead to substance use
- Develop strategies for coping with cravings and high risk situations
- Major focus is on the development and rehearsal of skills. Repetition is key to the learning process, so an emphasis is placed on rehearsal and applying to real-life scenarios.

Basic Cognitive Behaviour Model



Source: From Wright JH, Basco MR, Thase ME: Learning Cognitive-Behavior Therapy: An Illustrated Guide. Washington, DC, American Psychiatric Publishing, 2006, p5

GROUP

- Group work allows the individuals to realise they are not alone, and reduce the feelings of isolation
- Social learning, through modelling, rehearsal, feedback etc can occur more powerfully in a group setting
- The following diagram depicts the rational that CBA is based on:

The Behavioural Methods used in CBA are:

- Activity and pleasant event scheduling
- Graded task assignments
- Exposure and response preventions
- Relaxation training
- Breathing training
- Coping cards
- Rehearsal

CORE SKILLS / TECHNIQUES

- MI / MET skills and strategies
- Problem-oriented focus
- Structured methods
- Pragmatic, action-orientated approach
- Setting and following up on homework

WHICH TRAJECTORY IS IT SUITABLE FOR?

This approach can be suitable for externalised as part of the menu of options of A-CRA.

It can also be used with internalised service users.

SUGGESTED SESSION OUTLINES / EXERCISES

The following sessions are based on those used within the Cannabis Youth Trials. There are 2 programmes that were used, MET/CBT 5 sessions and MET/CBT 12 sessions. Both are outlined below. For further information or breakdown see the manuals.

1. MET
   - Introductions, explaining a little about the intervention including the number of sessions, duration and frequency of sessions.
   - Begin to explore what has brought them here today
   - Begin to explore the ambivalence (pros and cons)
   - Feedback from assessment with regards any results / phases of dependency.
   - Explore their response to the feedback, aiming to elicit self-motivational statements of problem recognition, expressions of concern etc.
   - Elicit a commitment to do something, even if it is to think about something and come back to the next session
   - Summarise salient points from the session

2. MET
   a. Reviewing progress since previous session
   b. Goal setting
   3. Refusal Skills
   a. Identify who and when need to be able to refuse substances
   b. Discuss refusal strategies
   c. Role play practice exercises

4. Enhancing Social Support Network
   a. enhancing social support network,
   b. identifying important people in support network
   c. increasing pleasant activities

5. High Risk Situations & Relapses
   a. coping with unanticipated high-risk situations and relapses
   b. identifying high risk situations
   c. identifying safe places / situations
   d. reviewing potential triggers and working through any relevant worksheets (places, days/times, feelings, people)
   e. making a personal emergency plan which can be shared with people in support network

6. Problem Solving
   a. Working through problem solving strategies
   b. Identify potential problems that can send the service user off track and ways to monitor this
   c. Explore alternative strategies to solve the problem / different perspectives etc

7. Anger Awareness
   a. Reviewing triggers that make service user feel angry
   b. Reviewing a scenario rationally, looking for alternative explanations of other people's behaviour etc (Conducting a Self-Interview)
   c. Relaxation Techniques

8. Anger Management
    a. Working through strategies to reduce anger with certain triggers (calm-down phrases, anger increasing thoughts, anger reducing thoughts, other helpful thoughts)

9. Effective Communication
    a. Discuss examples of good communication skills
    b. Strategies to receive criticism
    c. Planning for important conversations (including role play)

10. Coping with Cravings & Urges
    a. Triggers that cause cravings
    b. Alternative strategies for coping with cravings

11. Automatic Thoughts
    a. Thinking Errors - Identifying negative automatic thoughts (potentially causing Depression etc)
    b. Working through Mind Traps
    c. Identifying negative voices and developing alternatives

12. Managing Thoughts About Substances
    a. Reviewing how now feeling about substance use
    b. Reviewing decisional balance sheet etc

SUGGESTED 'SCRIPTS' OR CASE STUDIES

For a detailed breakdown of the sessions and example scripts see

- Motivational Enhancement Therapy and Cognitive Behavioural Therapy for Adolescent Cannabis Users: 5 Sessions Manual

and

- Motivational Enhancement Therapy and Cognitive Behavioural Therapy for Adolescent Cannabis Users Supplement: 7 Sessions Manual

CHAPTER 5: FAMILY INTERVENTIONS

(BASED ON FAMILY BEHAVIOUR THERAPY, STRENGTHENING FAMILIES PROGRAMME & SOCIAL BEHAVIOUR NETWORK THERAPY)

INTRODUCTION:

The family interventions used within the young persons drug & alcohol services is led by the needs of the young person, their family, and the presenting needs. It makes use of techniques, skills and exercises from within a variety of evidence based interventions (FBT, SFP, SBNT, CBA, MI). It aims to

- Reinforce the development of skills that are incompatible with substance use (recognising triggers, improving communication skills to reduce conflict etc)
- Modify the environment to facilitate reinforcement for time spent in drug-incompatible activities (e.g. school/work, supportive social network, increasing pleasurable activities, changing routes to school/work to avoid triggers)
- Reward actions that are incompatible with substance use

The intervention aims to work with the young person and their family to agree a goal related to their substance use and future they want. With this goal in mind, the worker, young person and family members plan the sessions that are needed and work together to achieve the goal.

PRINCIPLES

Core beliefs behind the family intervention are that:

- The young person and their substance use do not exist in isolation. Therefore, it is important to work with the family in which they live to make long, lasting sustainable changes.
- The family and social network will be the support team long after treatment ceases
- Changing the behavioural cues associated with the substance are necessary for successful outcomes.

CORE SKILLS / TECHNIQUES

As this intervention is based on a number of interventions it is important to be familiar with all the core skills/techniques outlined in them (SFP, SBNT, CBA, FBT).

In addition it is felt that the following core skills from SBNT are essential to enable the worker to work with the family as a whole:

- Think network
- Focus on positive support
- Active agent of change
- Task oriented team leader

WHICH TRAJECTORY IS IT SUITABLE FOR?

This intervention can be suitable for all the trajectories identified. However, the trajectory will offer some guidance on topics to be focussed on or avoided.

Externalised young people should focus on improving communication and rewarding positive behaviour changes (sessions 3, 4 & 5).

Internalised young people should focus on improving communication and reducing conflicts (sessions 4, 5 & 7).

Normative young people may require a briefer package of topics.

SUGGESTED SESSION OUTLINES / EXERCISES

There are 7 potential sessions (plus a pre-intervention session). The pre-intervention session (1) and session 2 and 8 are core sessions that must be carried out. However, the remainder of the sessions are to be planned and agreed with the service user and their family. This is an integral part of session 2.

1. Pre-intervention (overview, social network map)
    a. Discuss programme with family to ensure understanding and that they are all committed to the programme
    b. Complete a social network map with the young person

2. Review goals / Contract / Communication / Agenda setting
    a. Review assessment (if new service user with no prior interventions from the team)
    b. Complete agreement (focus on communication and goal setting)
    c. Review the satisfaction scales
    d. Plan the priorities for the programme, and subsequent order of topics (using the Topic Choices Form)

3. Reward Systems
    a. Establish an effective contingency management system in which the service user earns rewards from their family members for completion of target behaviours that are incompatible with substance use and its associated problem behaviours.
    b. Using the Desired Behaviour & Agreed Rewards Worksheet
    c. Distribute the 'Things I appreciate' clouds to each family member, giving them 1 to complete per family member and bring back to session 4.

4. Improving Family Relationships - Reciprocity Awareness (positive statements, complements, NVC)
    a. Family members exchange what is appreciated about each other, using the clouds. This is done through a variety of techniques including giving complements (SFP).
    b. Family members learn and practice health communication skills. For example, Non-Violent Communication Skills (Life Coaching Skills).

5. Improving Communication - Positive Requests ("'I statements")
    a. Begin with round of complements (SFP)
    b. Making positive requests so people are more likely to do what is asked and disagreements can be settled.
    c. Introduce the concept of positive communication
    d. Work through the worksheet – Positive Request Clouds
    e. Practice positive requests
    f. Continuing to use the techniques from NVC and also the use of 'I statements' (SFP)

6. Managing the Environment - Triggers
    a. Assist the young person and participating adults in the identification and avoidance of at-risk stimuli that increase the youth's risk of using illicit substances and other problem behaviours
    b. Assist the young person and participating adults in the identification and participation with, safe stimuli that are incompatible with using illicit substances and other problem behaviours.
    c. Trigger Happy Worksheet

7. Managing Negative Thoughts – Self Control (thought record, flashcard)
    a. Teach the young person to recognise triggers
    b. Teach the young person to interrupt intensity of triggers with thoughts and behaviours that are incompatible with drug use.
    c. Thought Diary/Record

8. Plan for the future
    a. Identify family strengths that may be used to assist in generalising treatment effects
    b. Complete a relapse plan, focussing on what the young person would feel comfortable with. E.g. what is the best way to raise it with them, who is going to be a 'go-to' safe person etc.
    c. SBNT 'Relapse Prevention' session guidance
    d. Looking to the Future & The Future I want maps

SUGGESTED 'SCRIPTS' OR CASE STUDIES

In the electronic file (FBT) detailed session outlines / scripts can be found. For a more thorough description please see the Treating Adolescent Substance Abuse Using Family Behaviour Therapy book.)

CHAPTER 6: SOLUTION FOCUSED THERAPY

INTRODUCTION:

"The establishment (with the service user) of what a "preferred future" might be (and) the identification of ways in which this is already happening." (De Shazer, 2004)

As its name suggests, focuses on solutions and is goal-oriented, rather than problem fo-cused as many other therapies are. It was developed by Steve de Shazer and Insoo Kim Berg, who were influenced by the work of Milton Erickson. Working together, the service user and worker devise a vision of what the possible future could look like. They work to mold and define it as detailed as they can in order to allow the service user to hold that clear picture in his or her mind.

PRINCIPLES

- Change is constant and inevitable
- Service users are the experts and define goals
- Service users have resources and strengths to solve problems
- Future orientation - history is not essential
- Emphasis is on what is possible and changeable
- Short term
- Service users want change

CORE SKILLS / TECHNIQUES

- Engage in problem free talk
- Explore any pre-session change
- The ability to listen actively for service user strengths, resources, skills and any past or present utilisation of those skills
- The ability to elicit from the service user a preferred future
- The ability to co-construct a rich image or narrative of that future
- Look for exceptions and differences
- Be able to take a non-expert stance in reflection to the service users experiences and constructs
- Utilise the miracle question
- Utilise scaling
- Be sensitive to using 'and' and not 'but'
- Be sensitive to using 'how' and not 'why'
- Ability to give genuine complements and praise to a service user
- Ability to negotiate a task outside of the sessions, which is related to the service users movement toward a preferred future

WHICH TRAJECTORY IS IT SUITABLE FOR?

Externalised

Normative

SUGGESTED SESSION OUTLINES / EXERCISES

Session 1

The focus of this session is to build rapport and 'soften' the service user to the style of working. The following questions are useful ways to start the intervention:

- What would you like to change?
- Tell me how you've managed to survive x for x years
- How would you like things to be different from the way they are at the moment?
- What's changed about your problem since you knew you would be seeing me/getting help?

Following this, the first step should always be asking the miracle question (see suggested 'scripts'.)

SUGGESTED 'SCRIPTS' OR CASE STUDIES

Solution Focussed Therapy has a number of key questions that it employs throughout the sessions. They fall into a number of different categories below.

Miracle Question

"Suppose that one night, while you are asleep, there is a miracle and the problem that brought you here is solved. However, because you are asleep you don't know that the miracle has already happened. When you wake up in the morning, what will be different that will tell you that the miracle has taken place? What else?" De Shazer's (1988)

O'Hanlon suggests other variations of the question: a time machine, crystal ball, and a letter from a future self Building on the miracle question:

- What difference would you (& others) notice?
- What are the first things you notice?
- Has any of this ever happened before?
- Would it help to recreate any of these miracles?
- What would need to happen to do this?
- What else?

To link the miracle question with the current state, use Exception Questions

- Are there any very small parts of the miracle happening already?
- What did you do to cause this?
- When is the problem absent/less?
- What did you do to cause this?
- Tell me about the last time you managed to solve this problem?
- What did you do to cause this?
- I know you say the problem has always been there. Tell me the different ways in which the problem has happened?
- Has anything been better since the last appointment? What's changed? What's better?
- Can you think of a time in the past (month/year/

ever) that you did not have this problem?
- What would have to happen for that to occur more often?
- When doesn't the problem happen?
- What's different about those times?
- What are you doing or thinking differently during those better times?
- When have you been able to stop doing....?
- Are there times when you expect to...but you remember something that helps you calm down?
- What else?

Coping Questions

- How do you cope with these difficulties?
- What keeps you going?
- Who is your greatest support?
- What do they do that is helpful?
- What do you do that stops the problem getting worse?
- When you've had this problem before, what helped you get through then?
- How did you manage to solve the problem?
- What advice would you give to someone else who has this problem?
- What else?

Scaling questions

- On a scale of 1 to 10 where 1 is the worst it's ever been and 10 is after the miracle has happened, where are you now?
- Where do you need to be?
- What will help you move up one point?
- How can you keep yourself at that point?
- What would be the first sign that you had moved on one point further?
- Who would be the first person to notice you've moved one point up? What would they notice?
- What else?

De Shazer's Skeleton Keys

- Between now and next time....observe what works - notice what is going well in your situation that you would like to continue (keep doing what works)
- Do something different
- Pay attention to when.....(an exception happens)
- Write, read, and burn thoughts
- Write about what is bothering you for 15 minutes each night, at the same time. When you've fully expressed everything you think needs to be expressed, read it over each night until you really think it's complete, and you've got it all out, then burn the paper you've written on