CASP

COMMUNITY SUBSTANCE MISUSE TEAM

INTERVENTION MODEL

The Clondalkin Addiction Support Programme (CASP) was established in 1995 by community members, and workers in local voluntary and youth organisations, as a response to increasing numbers of young heroin users in the Clondalkin area.
CASP is a community service for people who use substances, over 18 years of age, and their families from the North Clondalkin area.

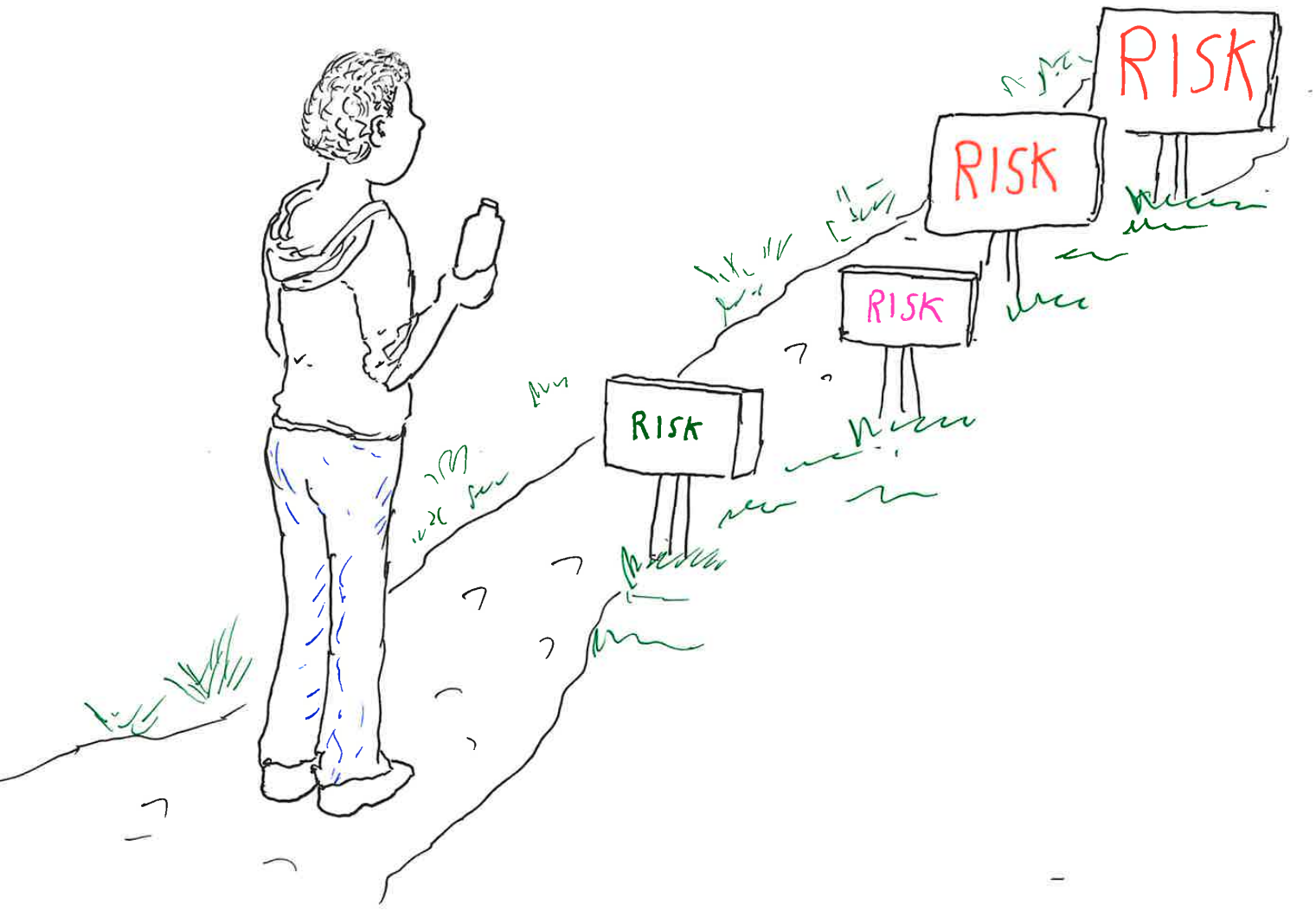
The Community Substance Misuse Team is a multi-dimensional team, within the suite of services managed by CASP (www.casp.ie) and funded through the MWRDAF. We respond to under 18's and their families within the Mid-West, where substance misuse impacts them.

This model and framework have been designed to provide the foundation for the 'enhancement and improvement in quality of life and exploration of the options for the future, in partnership with and for families and young people, who are affected by the issues arising due to substance misuse, is the overall objective of this initiative. We recognise with pride the trust placed in us by young people and their families as we share in their journey.

Why and how the Community Substance Misuse Team came to be

Although, teens' experimentation with substances is a problem, most do not develop an addiction or other substance use disorder. Yet substance use can be part of a pattern of risky behavior including 'unsafe sex, driving while intoxicated, or other hazardous, unsupervised activities. And in cases when a teen does develop a pattern of repeated use, it can pose serious social and health risks.

These include disengagement from school, problems with family and other relationships, loss of interest in normal healthy activities, impaired memory, risk of contracting an infectious disease like HIV or hepatitis C, mental health problems or overdose and death.



Interventions such as practical and emotional supports, and access to good information, can help offset such risks. And if needed, providing timely access to specialized structured substance treatment can turn a young person back from a path to serious harm.[1] Support for the families of young people is also a critical element in successful early intervention.

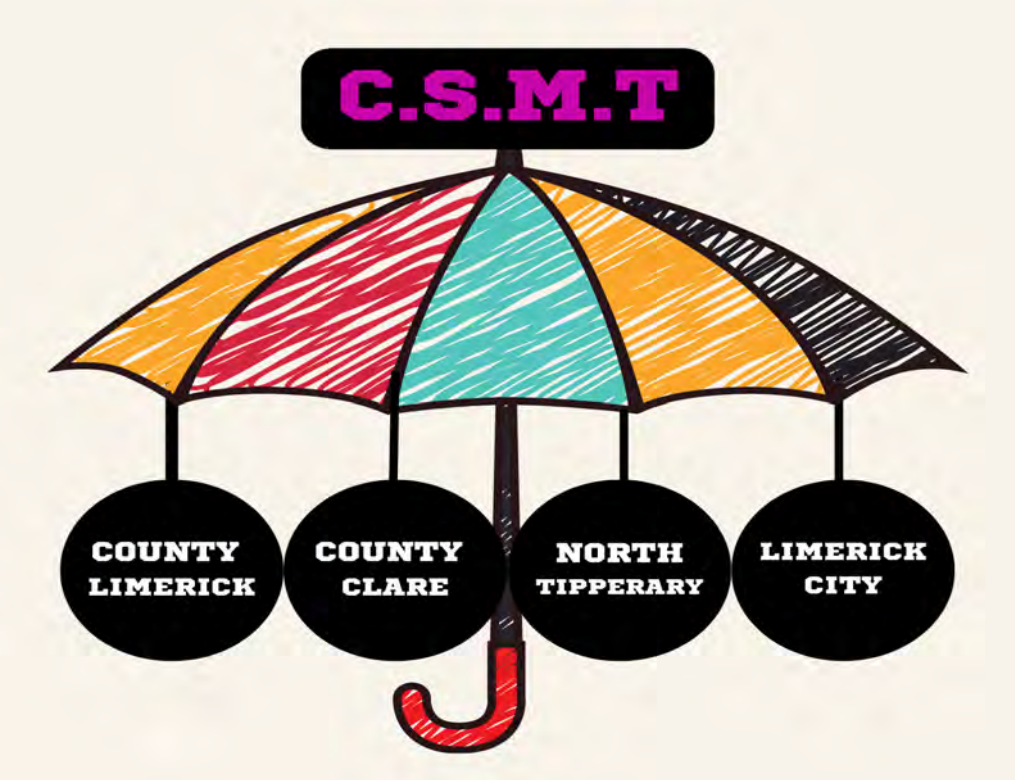
In 2011, the Mid-West Regional Drugs & Alcohol Forum, (MWRDAF) invited proposals from service providers to establish, manage and operate a Community Substance Misuse Team, (CSMT). This new service would focus on the needs of under 18s whose substance and alcohol misuse in the Mid-West region is a cause of concern, in that it might lead to the need for specialist intervention if it continued unchecked. The service intervention would also include working with families of young people.

[1]The National Drugs Rehabilitation Framework 2010 (Doyle and Ivanovic, 2010) p 12 distinguishes four tiers of response to substance misuse. Tier two is described as including" information and advice, triage, referral to structured substance treatment, brief interventions and harm reduction e.g. needle exchange programmes" Tier two interventions are deemed to prevent a person needing the more specialised interventions described in tiers three and four.

The Clondalkin Addiction Support Programme (CASP) tendered to deliver this service and was successful. In 2012 CASP established the Community Substance Misuse Team in the centre of Limerick city. CSMT from the outset established itself in partnership with community and statutory services already in place. These include addiction services, youth services, voluntary bodies, health professional personnel, family resource centers, community development projects and relevant statutory services.

Our Service Users

Our service intervenes with young people aged between 13 and 24 living in the Mid-West region - that is - in Limerick city and county, county Clare or in North Tipperary.



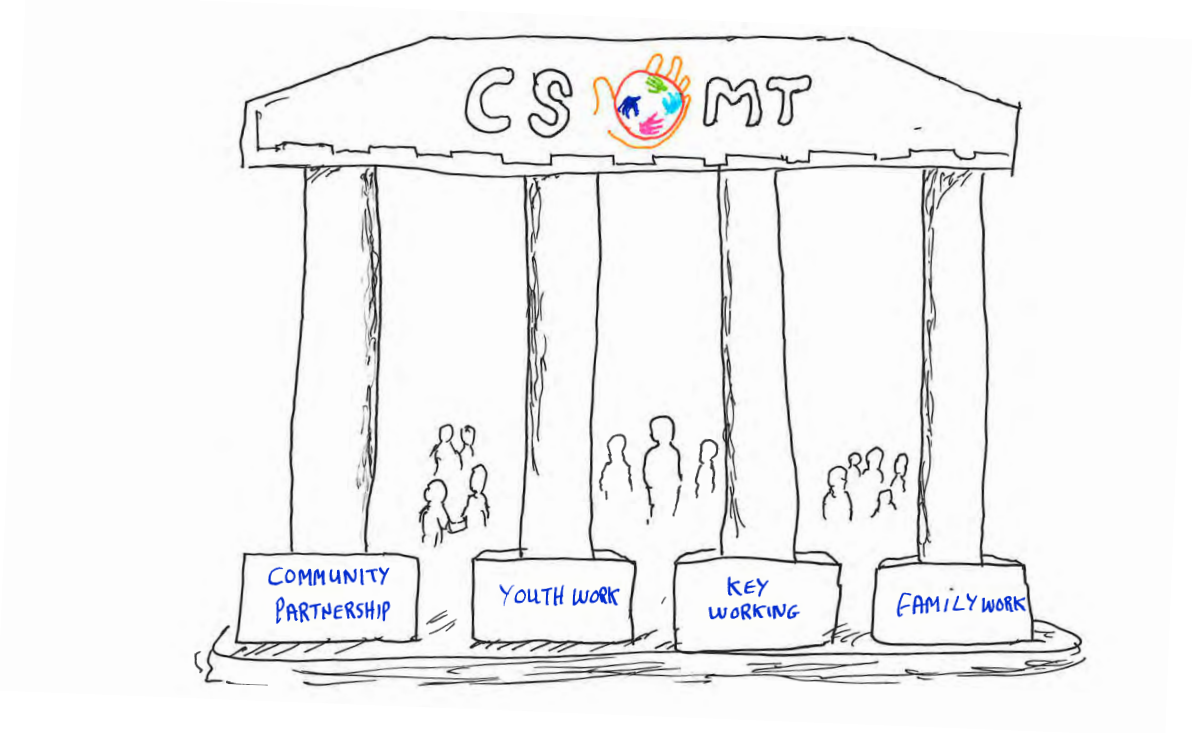
These young people are referred to us by concerned adults, or refer themselves, because their substance use has become or is becoming problematic to themselves and others.

We work with referred young people if our assessment of them indicates that our programme can arrest their path to more risk. Or we refer them to other services better suited to help them if our assessment indicates that they need more specialized help.

Our Intervention Model

1. The Pillars of our Work

Our service is underpinned by four pillars



Pillar One: Community-based partnership

We recognize that we will be less effective working in a silo and so we partner with a range of other agencies and organization across the mid-west

Our partnership work includes:

• Other organisations hosting our work in centres more convenient and accessible to the young people

• Helping other organisations understand our service so they are comfortable referring young people to us

• Helping us to know and understand other services so we can direct our young people to them as appropriate

• Working collaboratively on care plans for young people as appropriate.

• Providing training and support to staff in other services so they can better assist the young people we are collaboratively working with.

This collaborative approach ensures a more efficient use of resources and underpins a more holistic response to the young person.

Pillar Two: Youth work

Our service users are young people. It is important that our service draws on the culture and practice of youthwork in our approach.

Key elements include:

• Interventions based on developing trustful, respectful relationship with the young people

• Maintaining a sense of informality while pursuing goals

• Voluntary participation by the young person

• Interventions that centre on the young person's needs

• Central involvement by the young person in decisions about their programme

• Maintaining professional boundaries appropriate to working with a young person

• Understanding and valuing the developmental process of a young person

• Using groupwork as appropriate

Pillar Three: Therapeutic Key Working

Central to our work is creating sustainable change in the life of the young person. This involves supportive key working and mentoring, establishing their baseline, helping them set goals and to move through a change process. We assign keyworkers to every young person and use tried and tested therapeutic tools to assist change in their lives.

These tools include:

Community Reinforcement Approach

The Community Reinforcement Approach (CRA) is a comprehensive behavioral program for treating substance-abuse problems. It is based on the belief that environmental contingencies can play a powerful role in encouraging or discouraging drinking or substance use. Consequently, it utilizes social, recreational, familial, and vocational reinforcers to assist consumers in the recovery process. Its goal is to make a sober lifestyle more rewarding than the use of substances.[2]

The Happiness Scale

A tool to help people benchmark their satisfaction with their lives and to set goals for making changes.[3]

Motivational Interviewing

A tool for conversation focused on changing healthcare behaviours.[4]

Pillar Four: Family work

We recognize that the relationship between a young person and key adults in their lives, particularly their parental figures, is often key in addressing their substance misuse. Such a person may feel helpless in responding to the behaviour of the young person. They may also be enabling the problem. Ideally, we want to work with key family members alongside the work with the young person. However, it may not always be possible to do so, or this intervention may come late in the process of the work with the young person.

[2] See The Community Reinforcement Approach (substancesandalcohol.ie)
[3] See Happiness Scale. SOURCE: Meyers, R.J., and Smith, J.E.Clinical Guide to... | Download Scientific Diagram (researchgate.net)
[4] See NHCP motivational interviewing leaflet (hse.ie)

At the heart of our family work is the 5-Step Method. The 5-Step Method is a simple, brief, semi-structured psychosocial intervention that helps family members affected by a loved one's addiction problem (Affected Family Members, or AFMs for short). It is one of the few interventions that supports AFMs in their own right rather than viewing them as being solely or primarily supporters for their loved one's treatment.[5]

2. Our Practice Model

Our practice model describes the phases through which we work with a service user.

Phase One – Welcome

A referral is made by a concerned adult or the young person may refer themselves. This is made possible in the main by our relationships with other services and organisations throughout the communities in our catchment. People know us, they trust us, and they know how to reach out to us.

We assess every referral as a team and decide whether there is a role for us or whether to signpost the young person to a more appropriate service.

Phase Two – Building an interventive relationship

We assign a keyworker to contact the young person on the first working day after the team decision. The keyworker builds a relationship with the young person so as to open the door to their willingness to engage.

Weekly sessions are scheduled at a location that is not a barrier to the young person and the process of ongoing engagement begins.

[5] See The 5-Step Method | Resources to help family members with addiction (afinetwork.info)

Tools such as the Happiness Scale are used to set goals and a programme of induction to pro-social activities begins. All of this involves interagency work, involving other services in the support for the young person, depending on their needs.

Phase Three – Managing change

Goals become clearer and owned by the young person and strategies to move closer to them are bedded down in practice. The keyworker relationship is deepened, and pro-social activities become routine, with the help of other agencies as required. The possibility of a future without substances becomes realizable to the young person.

Phase Four – Exit and sustaining change

Sustained change becomes evident and harmful behaviour becomes rare or non-existent. Strategies to maintain these life changes are now part of the life of the young person. Routine supports can lessen, while the door to CSMT remains open.

Family work during the phases

At an appropriate point in the course of these phases, engagement with family is undertaken. This involves the keyworker or another staff member developing a trusting relationship with family members and inviting them to participate in the 5-step method. This helps them identify the impact on them of the substance misuse of the young person and any problematic family dynamics which cause or exacerbate it. It enables them to set their own goals for addressing these negatives as they undertake their own change process.

3. Principles underpinning our model

All of this work is underpinned by eight principles. These reflect the values base for CSMT.

Our values mean that we are:

1. Inclusive
We seek to involve the young person, their family, those concerned about them and appropriate services in their community in their change process.

2. Multi-dimensional
Our service address all dimensions of the young person's need. These may include addressing addiction or substance dependency, but also educational or employment related challenges, family and other relationships and so on. Our multi-disciplinarian theme reflects this approach as does the wide range of services with who we routinely collaborate.

3. Person Centered
Our focus remains the particular individual young person in our programme. Each is unique and we tailor our programme to respond to them as we find them.

4. Holistic and systemic

Our approach engages the young person holistically. This includes engaging the emotion as well as the intellect and the bodily responses to substance misuse and recovery from it.

5. Responsive and Flexible

While we work to a specific practice model put forward in this document, we recognize that the change process is different for each person. Some need more time than others. Sometimes an unforeseen crisis can force a change of approach. We accept the need to adapt to these realities in the interest of the young person.

6. Age, Gender and Cultural approaches

We work with a wide age-range of young people. The needs of a 13 year old and an 18 year old are very different. Likewise, gender and sexual orientation will need to be taken account of. Different cultural background may also need to be taken into account in how we respond to a young person.

7. Collaboration and partnership

We value our partners in a range of agencies and professions and commit to collaborating with them in the design and delivery of our service.

8. Equal Access

While acknowledging that different young people may require different level and types of support, we hold the basic value that all young people should have equal access to our service.

4. Stages of work underpinning our model

Pillar	Stage	Summary	Inputs	Client phase	Frequency of sessions	Time period
Communtiy partnership	Initial Contact	Referral is made by any concerned person for a young person or themselves. Referral pathways are nurtured through targeting of need in a community across the Mid-West.	Team follow up with referer/client	Establishing realtionships	As required	First week after initial contact
	Referral form/screening for suitability	Referrals are reviewed by the team and discussed weekly for appropriateness or signposted to a more suitable service. The referral is accepted or supported to another service.	Discuss referral with Concerned Person or client. Establish needs, expectations and assess suitability	Building on first contact relationship	Every Tuesday and attemptiong contact for upto 3 weeks	1-4 weeks
Youth Work	Appoint a key worker	The keyworker contacts the concerned person and/or client to do introductions the next available working day. The approach is to build a relationship that gets an agreement to attend an appointment to begin the assessment but within the context of establishing a partnership approach.	Invite client, Concerned Person or key supports to appointment. Disucss consent, Happiness Scale/Function Analysis and investigate intereagency network and pro-social resources	Building interventive relationship & establishing rules of engagement. Seeking consent to collaborate on activities	Weekly face-to-face and phone contact as frequent as agreed to monitor and support motivation	1-12 weeks
	Engagement and personal development	Weekly sessions scheduled and agreed for a location that is not a barrier to engaging. Utilisation of Motivational Interviewing, the Adolescent Community Reinforcement Approach (ACRA), the 5-Step Family Model etc. The Happiness Scale and Functional Analysis are used to establish a pro-social routine that reduces substance use opportunities and increases positive experiences with healthier use of leisure time.	Meet client. Participate in the Happiness Scale/Function Analysis and establish expectations and identify broad objectives. Continue the intereagency networking	Building interventive relationship and increasing positive client engagement. Seek pro-social activities to engage client in.	Weekly face-to-face and phone contact as frequent as agreed to monitor and support motivation and acknowledge positive outcomes	4 – 26 weeks
Key Working	Change Management	Engagement grows or has momentum and the client is developing a positive response and behaviours when managing issues. Is at the 'preparation (ready)' stage of change and is able to focus on a future without substance use or at least a reduction in use.	Meet client. Participate and enagging in the Happiness Scale/Function Analysis and delivering positive home work/new skills outcomes and identify key objectives. Continue the intereagency networking	Interventive relationship in full flow and positive enagement and action. Increased positive client engagement. Established pro-social activities that client is enageging in.	Weekly face-to-face and phone contact as frequent as agreed to monitor and support motivation and acknowledge positive outcomes	12 - 40 weeks
	Action	The interventive relationship has become less about reactive behaviours and responding to issues and is more forward planning and goal setting and achievements. The achievement may be small steps forward and new skills and experience are available.	Meeting client. delivering positive home work/new skills outcomes and meeting key objectives. Increasing levels of self-reflection, independence and returing to positive attendance in school, home, work and positve relationships with the community	Supportive relationship in full flow and less frequent enagement or guidance required. Client is attending pro-social activities as part of a healthy routine.	Less frequent appointmnets face-to-face and less phone contact as client has a positive drive and motivation with positive life style choices and behaviour.	20 - 52 weeks
Family Work	Closing	The client engagement can reduce as issues are rare or life style change is now positive with a focus now on those impacted by the substance use	Meetings less frequent or necessary. Contact with interagency network is not required.	Client has become busy with new life style changes and pro-social activities or leisure pursuits and graduation to closing is discussed	Fortnightly or every 3 weeks to check in	39 - 64 weeks

Department of Health and Children, 2005
Doyle and Ivanovic, 2010
'Risk and Protection Factors for Substance Use among Young People' by Haase and Pratschke 2010
NACD, 2010 http://www.drugs.ie/resourcesfiles/research/2010/RiskYoungPeopleSchool.pdf
NIDA, 2014
Friel, 2010

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