

Steps to Cope: Project Summary

Overview

- *The project aimed to pilot the 5-Step Method (an intervention for adult family members affected by a relative's substance misuse) for use with young people living with parental substance misuse and/or parental mental health problems.
- *Collaboration between the *Taking the Lid Off* Partnership in Northern Ireland (ASCERT, Barnardo's and the SE H&SC Trust) and the UK Alcohol, Drugs and the Family Group.
- *The project was undertaken in 2011 with funding from the Public Health Agency and the South Eastern Health & Social Care Trust, and supported by the *Taking the Lid Off* Partnership.



Background

- * Large numbers of young people live with parental substance misuse or parental mental health problems. These problems commonly co-exist, and other issues are also often present, such as domestic abuse and social disadvantage. Many young people take on caring roles within the family, while others may be cared for temporarily or permanently by other family members.
- * Living with such problems can be extremely worrying, frightening, distressing and confusing for young people. Their emotional and physical health, education, family life and relationships can all be affected in a wide range of ways. Such problems are often kept secret within the family, while some young people are very protective of their parents and want to keep things private. This can leave young people feeling very isolated and lacking in support.
- * There are a number of variables which influence the extent to which young people may experience adverse outcomes. This includes gender, age, ethnicity, whether both parents experience problems, whether the ill parent is a lone parent, whether other problems are present, and severity and exposure to the problems.
- * Increased recognition has been given to a set of protective factors and processes, operating at the individual, familial and environmental levels, usually referred to as 'resilience', which, if present, can buffer children against the negative effects of parental problems and minimize the risk of negative outcomes. This has important implications for the development of interventions and services to support these young people.
- * In Northern Ireland there is a clear commitment to responding to these young people, including through the *New Strategic Direction for Alcohol and Drugs (both 2006 – 2011, Phase 1; and 2011-2016, Phase 2)*, and *Our Children and Young People – Our Pledge: A 10 Year Strategy for Children and Young People in Northern Ireland 2006-2016*.

Steps to Cope: the 5 Steps

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|---------|----------------------------------------------------------------|
| Step 1: | What is living with this like for me? |
| Step 2: | Information about addiction and mental health problems. |
| Step 3: | Coping with addiction or mental health problems in your family |
| Step 4: | Using support |
| Step 5: | Further help |

The 5-Step Method

The 5-Step Method is an intervention for family members affected by a relative's alcohol or drug misuse. It differs from other approaches to supporting family members, many of which pathologise family members and focus on individual and family deficits. Rather, the intervention is based on theories of stress-coping which propose that family members are affected by a unique and complex set of stressful circumstance and who, as a result, need help *in their own right*. The 5-Step Method was developed following primary mixed methods research with families in a range of international locations. It is a brief, structured intervention which guides a professional through five key steps in supporting family members – listening, giving information, coping, support, and further support. Within this core structure there is flexibility in delivery to account for things such as individual need, and the number, length and frequency of intervention sessions needed. The 5-Step Method has a strong evidence base, which demonstrates positive outcomes in the core areas of impact, physical and psychological well-being, coping and support, outcomes which one English study has suggested can be sustained to 12 months. The intervention has been introduced in a range of services across England and has been recommended in NICE and NTA guidance. The *Steps to Cope* project is the first time the 5-Step Method has been tested with young people and the first time the model has been tested with those affected by a relative's mental health problems.

To find out more about the 5-Step Method please see a special supplement of the academic journal *Drugs: education, prevention and policy*, which was published in December 2010.

The Steps to Cope Project

- * Developed the *Steps to Cope* workbook to guide practitioners in using the 5-Step Method with young people affected by parental substance misuse and/or mental health problems.
- * Recruited 21 practitioners from a wide range of organisations from across the 5 H&SC Trust areas in Northern Ireland.
- * Delivered two one-day training events to the practitioners in how to use the *Steps to Cope* intervention with young people.
- * 13 practitioners piloted *Steps to Cope* with at least one young person, 23 young people in total.
- * The young people were aged 12-17 years old; 15 were female and 8 were male.
- * 13 young people were living with parental substance misuse. In 12 cases the problem was related to alcohol and in 9 cases it was the mother who had the alcohol problem.
- * 18 young people were living with parental mental health problems (usually the mother).
- * 8 young people were living with parental substance misuse and mental health problems (one or both parents).
- * The young people had been living with the problems for a range of 3-14 years; nearly half of the sample had been living with the problems for 10 or more years.
- * 11 of the practitioners worked with young people on 1:1 basis. Two practitioners worked in a group setting with 10 young people (all of whom were affected by parental mental health problems).
- * Young people had been known to the practitioners for varying lengths of time. Referrals came from a range of sources, including social workers and parents. In a few cases the practitioner was working with the parent with the problem and identified the young person that way.

¹ *Steps to Cope* Project Summary: February 2012

Steps to Cope and how it helped young people

The intervention seemed to benefit young people in a range of ways, in line with the 5-Steps which guide the work.

- * Young people were given the opportunity to think about and talk about the problems they were facing and their feelings about these issues – something which many of them hadn't been able to do before.
- * The work raised awareness among young people that these problems are very common ones, and that they are not alone.
- * For some young people the support they received helped them to recognise that their parent's problems are not their fault.
- * Young people were able to ask questions and find out about addiction or mental health problems. They seemed to value learning more about these problems and related issues such as treatment.
- * The work helped young people to make links between the family problems and their own health, things like sleeping, stomach aches, worrying and drinking alcohol.
- * Young people were able to think about their coping strategies. Some said that they coped by concentrating on their school work while the intervention helped some young people to consider alternative strategies, such as listening to music rather than drinking, feeling more positive or talking to others.
- * Young people were able to think about their support needs and who they can turn to for help. This helped some young people identify people who they could turn to, while others started to talk more to their family or friends.
- * In some cases the work enabled young people and their parents to talk about the problems and how it was affecting them. In one case the practitioner facilitated a family session where the young person could

explain how she felt and the parent could respond that the problems were not her daughter's fault.

- * The work helped young people to think about their relationship with the parent. For example, one young man was supported because he did not want contact with his father and was able to discuss the court process that his father was putting them both through.
- * For some young people the intervention raised other issues that they were dealing with and which they were able to discuss with the practitioner.
- * Some of the young people appreciated that there was something specific which had been developed for them.

"I didn't really understand it so I didn't know what to feel....[it's given] me the chance to be open....[the sessions] were very very helpful....I felt like I had somebody to talk to..... [it] helped me to become more positive"

"...well, the way I [used to] cope with it was to shut myself off whereas now I'm kinda downstairs a lot more with the family and we've been going out places and stuff like that...so it's helped like bring everyone together....just even like go on day trips or watch movies together, stuff like that"

"....it made me realise I've got plenty of people there for me"

"....we talked about it together which we had never done before....we went through the book together so my mum understood how I was feeling....it was a bit weird because we'd never done that before but I think it was a good thing....I guess [she responded] the best way that she could've....she was telling me that it's not my fault and stuff like that....she just understands now how I was feeling"

¹ Steps to Cope Project Summary: February 2012

Views of Practitioners about how *Steps to Cope* helped young people

".....because it was written down in front of her and she could work on the booklet in her own time....she was able to see within each step what it was like for her living with addiction....."

"I think actually breaking down at the start what it was actually like for him, I don't think anyone had ever asked him that before.....almost a sense of relief that he's been able to talk about it"

"...because it was used in a group work setting I think the main thing they came away with was that they weren't alone... it helped them understand that actually....some of the feelings that they had were normal...other young people were saying exactly the same thing"

"...definitely it's made him think about talking a bit more to people, it's very much a secret within the house, and now he will talk a bit more and he will say things that he would never have said before"

"...as we worked through the steps as well she was able to see that it wasn't her fault, she had a better understanding"

"I've seen a big change in her....she was able to see that her methods of coping weren't appropriate...she was able to look at what she was doing.....and come up with alternatives.....she hasn't drunk alcohol now in about 4 months"

"...she did start to talk to friends about it....and she found out that they had similar [experiences] so she found that very useful, and so she has become more open"

"I thought it was useful bringing them together because [you had some saying] this is how it makes me feel and this is what I do to cope with it, and you could see some of them thinking 'gosh, I never thought of that, maybe I should try that', so they were able to bounce off each other some ideas of how they coped with their parents mental illness"

In her own words (Girl, 14, maternal alcohol and mental health problems)¹

Before	After
"Before I started meeting with [Jane], I didn't like talking about any problems I had and often bottled my issues up, this always ended up in the same result. I would end up breaking down and often didn't realise why I was so upset as I was used to blocking things out. I found it hard trusting people, including friends which had quite a negative impact but I [saw] this as a way of protecting myself, as I was always used to people letting me down"	"Since I've started working with [Jane] I've become more open. I know that I have to learn to trust people because not everyone is going to let me down. I can talk about my problems more easily and this has had a very positive impact on my life. I have also learnt to sort out my problems because avoiding them does not help the situation. I think the booklet is the main reason I have progressed so much, in my own state of mind"

¹ Colour of the text reflects the colours that the girl chose to write with.

What do the practitioners think?

The intervention seems to be useful in a number of ways.

- * The practitioners thought that the *Steps to Cope* intervention helped to raise awareness about young people who are living with these problems.
- * It offered a structured tool for practitioners to use to guide their work and start discussions with young people about the issues they were dealing with. Some felt that the young people also benefitted from working through a structured intervention.
- * Several of the practitioners felt that *Steps to Cope* reflected the way they work with young people anyway, but that it offered a framework to guide work with a vulnerable sub-population of young people.
- * The workbook was used in a range of ways to support the work; some practitioners had ideas about how the workbook could be developed.
- * The practitioners were able to work through the 5 Steps in order and cover the key issues within each step.
- * However, often the work took place over several months. It is important therefore that the intervention can be delivered flexibly. This is because it takes some young people time to engage with services, they cannot always be consistent with appointments, and other issues may arise which need to be addressed.
- * The work helped the practitioners to think about what other support the young people may need.

“it’s made me a bit more aware of hidden harm and the issues that come from it.....I probably wouldn’t work with hidden harm an awful lot and especially on that level getting an insight into a young person’s life so I think it’s been very good for me as an individual and a professional”

“.....the workbook gave me the opportunity to....open up that avenue for the discussion in the first place, I think it was much easier having that than not having it because in the past prior to doing the *Steps to Cope* I had tried but wasn’t sure how to broach the subject with her....she just kind of brushed it off, whereas having this set thing that I was able to say look this is what this is, we’re going to work through this together and this is what we’re going to do for the next while, made that a lot easier”

“...you do have a stepped programme of work that is structured which leads in to those difficult subjects for young people and it’s in a child friendly way so it gives you that opportunity to lead in to those difficult subjects that isn’t in a threatening manner...”

“...you can use the book at whatever speed you need to....I need to be very flexible with them...”

“....I use that structure of *Steps to cope* with everybody that I meet....I keep that in mind with everybody now”

“...[it’s very] practical stuff and stuff that I would use all the time....I found the booklet very good to use...”

“....it probably reinforces everything that I already know anyway but it’s just bringing it to the forefront.....it allows you to focus on key issues which when cases are complex you might overlook something and a piece of work that could be done”

Summary of Project

- * It is possible to adapt the 5-Step Method for use with young people. The *Steps to Cope* intervention appeals to practitioners because it balances a structured framework with flexible delivery. The workbook is an important part of the intervention.
- * It is possible to recruit practitioners from a range of organisations to deliver *Steps to Cope* with young people. The intervention can be used by practitioners from a range of disciplines.
- * It seems possible to deliver *Steps to Cope* through working 1:1 with a young person or in a group setting. The intervention seems suitable for young people aged 12-17 years old.
- * The *Steps to Cope* intervention, and the model on which it is based, can be applied to support young people affected by parental mental health problems, as well as those living with parental substance misuse, although some changes are needed to the workbook to include more about mental health.
- * The intervention appears to benefit young people who have been living with the parental problems for many years, and who have received little specific help in relation to these problems.
- * The findings suggest that the intervention can benefit young people in a range of ways, in line with the five steps of the 5-Step Method, indicating that this is an appropriate framework to guide work in this area. The ways in which young people benefit are similar to reports of other interventions for young people, and also of evaluations of the 5-Step Method with adult family members.
- * One of the things which the young people seemed to find most helpful, and which the practitioners agreed was crucial, was being able to discuss their feelings, fears, concerns and hopes with a trusted professional. This suggests that the first step of the intervention is critical, requiring time and patience. Realising that there are many other young people who live with similar problems, and that their parents' problems are not their fault, are important aspects of the work.
- * *Steps to Cope* is making a contribution to the priorities for working in this area as laid out in Northern Ireland's Drug & Alcohol, Children's, and Hidden Harm Strategies. There are a number of ways in which the work can be developed but the findings from the pilot study are encouraging and suggest that the *Steps to Cope* intervention could become a widely used tool, both in Northern Ireland and elsewhere, to support young people who are struggling because of parental substance misuse and mental health problems.

“...I think they see it from their own point of view and that it [isn't] necessarily about.... talking about tackling this problem, they're talking about tackling living with...it's slightly different”

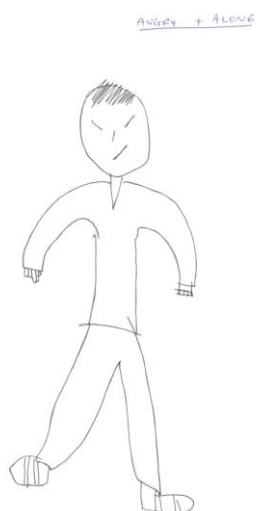
“....he said that he liked it, he thought that for once people had got it right about writing stuff for kids....most of the time people write stuff for kids and it doesn't relate to us and he said that he liked the booklet”

“In terms of mental illness we were struggling to find tools to work with young people because a lot of tools are developed for adults with mental [illness] and not actually the person caring for them...we found it really useful and quite refreshing”

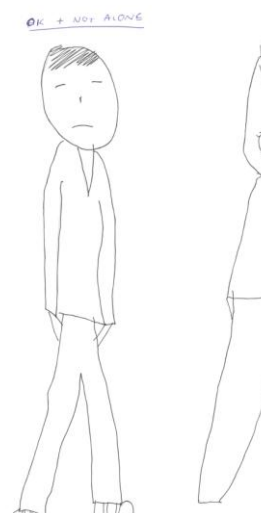
“...they [the group] understood that everybody was going through the same thing, they opened up and it was really amazing to watch”

Feeling less angry and alone (Boy, 14, paternal alcohol problems)

Before



After



Additional points of interest and next steps

- * The majority of the young people were White Irish or White British and affected by maternal problems. Future work needs to consider how to engage broader populations of young people, and how the materials could be adapted to support younger children.
- * Given that many of the young people had been living with the problems for many years, and had not received support, consideration must be given to how young people can be identified and encouraged to engage with services sooner.
- * The findings from the pilot are encouraging but are based on short-term benefits associated with the intervention. Future work needs to consider the longer-term impact of *Steps to Cope*.
- * The intervention might target the factors and processes which are thought to facilitate resilience in children, thus maximising their protection from the potential harms associated with parental substance misuse. Further research is needed to understand this and whether there is variation for different groups of young people according to, for example, gender, living with substance misuse or mental health problems, living with maternal or paternal problems, and over time.
- * Staff turnover affected attrition in the project and there was a lack of involvement from statutory services. Given the prevalence of substance misuse and mental health problems in families who are referred to social services, *Steps to Cope* is a potentially valuable resource and how to increase engagement from these groups needs to be considered. In addition, it is essential that as the work continues to be rolled out that practitioners are adequately trained and supervised, and have the appropriate procedures and support in place to ensure that *Steps to Cope* is delivered safely.
- * It is possible that an intervention like *Steps to Cope* can be part of a wider package of support that is offered to families affected by substance misuse or mental health problems, although such family-oriented work must be delivered within safe practice frameworks.
- * A further group of practitioners will be recruited in early 2012, and three further one day training courses will be held in March 2012. Engagement of practitioners from the statutory sector will be a particular focus of the next phase of the work. Evaluation of *Steps to Cope* will continue.

¹ *Steps to Cope* Project Summary: February 2012

Evaluation

The evaluation of *Steps to Cope* was based largely on qualitative data collected from practitioners and young people. Data from the practitioners were collected using a professional log to summarise the work that they did and to provide some details of the young people, interim telephone interviews with all of the practitioners, and face-to-face discussions with a sample of the practitioners at the end of the project. Seven young people contributed to the evaluation: four were interviewed, four participated in a drawing (or writing in one case) exercise and five shared their completed *Steps to Cope* workbook with the project team.

Additional Information

- * The *Steps to Cope* project was funded by the Public Health Agency and the South Eastern Health & Social Care Trust, and supported by the *Taking the Lid Off* Partnership.
- * Particular thanks to Ed Sipler for thinking of the idea for *Steps to Cope* in Northern Ireland, and to Ed, Gary McMichael (ASCERT) and the *Taking the Lid Off* Partnership for making the project possible.
- * *Steps to Cope* is an adaptation for young people of the 5-Step Method. The 5-Step Method has been developed by the UK Alcohol, Drugs & the Family Research Group, and thanks are extended to the other Group members, Professors Jim Orford, Richard Velleman & Alex Copello, and Dr Akan Ibanga, for their support of this work in Northern Ireland.
- * Finally, thanks to all the practitioners and young people who participated in the pilot project.
- * This Briefing was written by Lorna Templeton, who is an Independent Research Consultant from Bristol, England and has over 15 years research experience in the addiction and the family field.
- * References have not been included in this Briefing, but are available on request.

To find out more about *Steps to Cope* (including how to access the full final report), or the *Taking the Lid Off* Partnership, you can contact:

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