

## Steps to Cope: A brief intervention for children and young people (CYP) living with parental substance misuse and/or parental mental health problems

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### Key findings

- An evidence based structured psychosocial brief intervention, called the 5-Step Method for adults affected by a relative's alcohol or drug misuse, can be adapted to support CYP who are living with parental substance misuse and/or parental mental health problems.
- The intervention seems to benefit CYP in a range of ways in line with the 5-Step Method. The intervention may also target some of the protective factors which can create resilience and minimise the risk of negative outcomes.
- Practitioners from a range of disciplines and services are interested in this work, but may struggle to use the intervention, suggesting that more work is needed to establish who is best placed to do such work, and how the intervention is best implemented.
- Future work needs to consider quantitative assessment of the impact of the intervention, the possible longer-term benefits of the intervention, and how the work can reach greater numbers of CYP.
- The Steps to Cope intervention seems to fill a gap in the support needed by the many CYP affected by parental substance misuse and/or parental mental health problems.

### Research team

Lorna Templeton, Independent Researcher, Bristol.

### Background

Large numbers of CYP live with, and can be greatly affected by, parental substance misuse and/or parental mental health problems (Adamson & Templeton, 2012; Cleaver et al., 2011; Reupert, Goodyear & Maybery, 2012), yet there is a lack of evidence-based ways of helping them. Building on an earlier project this study continued the implementation of a new intervention, called Steps to Cope, with CYP living with these problems in Northern Ireland. Steps to Cope has been adapted from the 5-Step Method, which is a well evidenced intervention for adult family members affected by a relative's substance misuse (Alcohol, Drugs and the Family Research Group, 2010; Templeton, 2010). The 5 steps of the intervention are: what is living with this like for me; information about mental health problems and addiction; coping; social support; and further help. The intervention is usually delivered over a number of 1:1 sessions between a practitioner and a CYP, and is supported by training and a workbook.

The project trained 36 practitioners from across Northern Ireland. Additionally, 5 practitioners from the first project continued their involvement. 10 practitioners completed one or more Steps to Cope interventions with a total of 20 CYP (one delivered a group intervention with 7 CYP).

The project collected quantitative and qualitative data. Questionnaires (collected before and after an intervention, and three months later) included the Resilience Scale for Adolescents (Hjemdal et al., 2006; von Soest et al., 2011) and a Steps to Cope questionnaire developed for the project. Qualitative data included a professional log; telephone interviews and a workshop with practitioners; and completed work-

books, interviews and drawings from CYP.

17 CYP completed questionnaires before the intervention, 11 completed questionnaires after the intervention and 2 completed questionnaires at three months. 8 CYP completed questionnaires on more than one occasion. Interim telephone interviews were conducted with 15 practitioners and 9 participated in a workshop. Data from the CYP included 15 completed workbooks, interviews with two CYP and a drawing from a third.

## Findings

The CYP (10 female; 10 male) were aged 10-17 years. 19 CYP were living with parental substance misuse - in 18 cases the problem related to alcohol (maternal in 11 cases). 14 CYP were living with parental mental health problems (evenly spread between maternal and paternal). A number of the CYP were affected by both parental substance misuse and parental mental health problems (one or both parents). The CYP had been living with the problems for between 3 and 16 years. Some were also experiencing other problems such as being in local authority care, offending, their own substance use or mental health problems, bereavement (sometimes linked to the substance misuse), and non-engagement with education.

The qualitative data suggest that the intervention seemed to benefit the CYP in a range of ways, in line with the 5-Steps which guide the work. They were given the opportunity to think about and talk about the problems they were facing – something which many of them had not been able to do before. The work raised awareness among young people about addiction and mental health problems, with some recognising that these problems are common, that they are not alone, and that their parent's problems are not their fault. Young people thought about their coping strategies and their social networks, what and who they found helpful and unhelpful, and what alternatives they could consider. In some cases the work seemed to lead to improved relationships with parents, and facilitated some to talk to their parents about the problems and how they were affected. Furthermore, the intervention seems to target some of the protective factors which are thought to facilitate resilience in children, thus minimising the risk of negative outcomes (Adamson & Tempeton, 2012; Velleman & Templeton, 2007). The quantitative findings tentatively support these qualitative findings but the small amount of quantitative data limited analysis and means that findings cannot be generalised and must be interpreted cautiously.

## Implications

Steps to Cope fits with Northern Ireland's commitment to responding to these young people (e.g. the New Strategic Direction for Alcohol and Drugs [both 2006–2011, Phase 1; and 2011-2016, Phase 2], Our Children and Young People – Our Pledge: A 10 Year Strategy for Children and Young People in Northern Ireland 2006-2016, and the Hidden Harm Action Plan [2009]). The latter called for evidence based practice from elsewhere in the UK to be used to inform developments in Northern Ireland, arguing that where evidence did not exist evaluation of pilot initiatives should be undertaken.

While a diverse range of practitioners were trained, a relatively small number went on to use the materials. Future work, in Northern Ireland and elsewhere, must consider who is best placed to do such work, how the intervention should be implemented and developed, and how other practitioner groups can be encouraged and supported to do such work.

Many of the practitioners invested some time in the interventions. This highlights the flexibility which may be

needed within the parameters of a brief intervention. Moreover, given the nature of the problems which the CYP were experiencing, and the longstanding nature of these problems in many cases, in some cases Steps to Cope will need to be supplemented by continued support, either from the practitioner/service with whom they were engaged for the project or from other services. It is important to deliver interventions which are not time-limited and which can offer support to young people, on their own or in combination with other interventions and support, in the longer term.

## **Conclusion**

Together with the findings from the first project there is encouraging qualitative evidence that the adapted intervention, and the theoretical model of coping with stress on which it is based, can be applied to young people who are affected by parental substance misuse and/or parental mental health problems. Steps to Cope appears to be a useful tool for a range of practitioners who, already skilled in working with vulnerable young people, value the structure and focus which the intervention gives them for working with this population.

The project will be further developed across Northern Ireland through a four year grant secured from the Big Lottery Fund's Impact of Alcohol Programme.

## **Further Information**

The project is a collaboration between the Taking the Lid Off Partnership in Northern Ireland (ASCERT, Barnardo's and the South Eastern Health & Social Care Trust) and the UK Alcohol, Drugs and the Family Group. The key collaborators from the Taking the Lid Off Partnership are Ed Sipler (South Eastern Health & Social Care Trust) and Gary McMichael (ASCERT).

For more information contact Lorna Templeton.

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