Supplementary file 5:

SBNT manual

SOLID (Supporting Looked After Children and Care Leavers In Decreasing Drugs, and alcohol):

a pilot feasibility study of interventions to decrease risky substance use (drugs and alcohol) and improve mental health of Looked After Children and Care Leavers aged 12 -20 years.

Looked After Children

Social Behaviour and Network Therapy

Treatment manual

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Adapted from:

COPELLO, A., J.ORFORD, R.HODGSON and G.TOBER, 2009. *Social Behaviour and Network Therapy for Alcohol Problems*. Hove: Routledge.

TOBER, G, 2012. iSBNT Treatment Manual. Leeds: ADAPTA study.

Prepared for the SOLID study

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Contents

Introduction

The core idea of Looked After Children-SBNT

The core idea of Social Behaviour and Network Therapy (SBNT) is relatively simple, people with an alcohol or drug problem have an increased chance of success reaching their goals if they have support from other people that are important to them. SBNT encourages practitioners to think about alcohol and drug problems not just as something that happens to someone in isolation but rather something that happens in a person's social world that affects and is affected by others e.g. family members, carers, friends. This social world around the young person has enormous potential to help and support the individual person with their attempts to deal with alcohol or drug problems.

Most forms of help focus mainly on the person with the alcohol and drug problem and pay little or no attention to the social context. The challenge is to find a way of working with and helping people that takes the social context into account and uses the whole social/family system to support change and reduce problems, yet is an approach simple enough to be implemented in routine practice.

SBNT is an approach that was originally developed as part of the United Kingdom Alcohol Treatment Trial (UKATT) to respond to alcohol related problems. For more details with regards to the origin and background of SBNT see: ***Copello, A., J.Orford, R.Hodgson and G.Tober, 2009.*** **Social Behaviour and Network Therapy for Alcohol Problems*. Hove: Routledge.***

Since the original development of the approach, it has been adapted to work with users of drugs other than alcohol (Day et al, 2013), with non-help seeking hospital patients (Watson et al. 2015) and recently it has been adapted and shown to be feasible in a pilot study of young people (Watson et al, 2016 HTA final report (in preparation). This manual describes the further adaptation of the SBNT approach to work with Looked After Children and Care Leavers, called young people from now on, experiencing problems with substance misuse.

The present manual is mainly focused on the components and strategies of SBNT, for more detail of the background and principles the reader is referred to Copello et al., (2009).

Family based interventions, including multidimensional family therapy and brief strategic family therapy, have been shown to be effective in reducing alcohol usage in young people (Tripodi et al, 2010). As Looked After Children are living outside their biological family unit, this creates a challenge for family-based approaches but not necessarily wider social network approaches.

General good practice principles

Through a series of interviews and workshops with Looked After Children and care leavers, carers, social workers and drug and alcohol practitioners, the following list of good practice principles were agreed. All of these principles should be adhered to within each session.

- All sessions should provide young people with a safe and confidential space.
- The worker should be supportive and non-judgemental.
- The sessions should be on the young person's own terms, with *their* wishes and goals at the centre of the work
- The worker should be respectful of the young person and their autonomy.
- Worker's should 'resist the righting reflex', trusting the young person's resources to change.
- Emphasis is placed upon the quality of the worker-young person relationships (worker should be 'human' and make appropriate self-disclosure which benefits the young person and their ability to relate to the worker).

- The approach should be flexible and able to respond to individuality (e.g. working with boys and girls, young people of different ages between 12-20 years and using engaging resources such as worksheets, arts and crafts as well as traditional talking approaches).
- Safeguarding the young person is the priority. However, young people should be able to make choices and take control appropriate to their age. This may include respecting (but not condoning) their right to make *bad* choices.
- Young people and their strengths and abilities should be valued

The overall aim of Looked After Children-SBNT

To help these young people develop and use positive support for change in substance use or if this is not the focus of the young person, any important chosen positive goal that is hypothesised may in turn improve the chances of low risk substance use in the future.

This is done through a series of 6 sessions which focus on the core topics of:

- Deciding goals, eliciting commitment, agreeing the plan and recruiting the network
- Better communication with others
- Coping and interactions
- Increasing pleasant activities with others.
- Drug and alcohol information for everyone involved including network members

The young person using alcohol and/or drugs is called the **focal person (FP)** throughout. The focus of Looked After Children-SBNT is the FP's substance use. The manual directs the practitioner to develop support from important people within the young person's life. This support would ideally continue beyond the period when the young person is in contact with services.

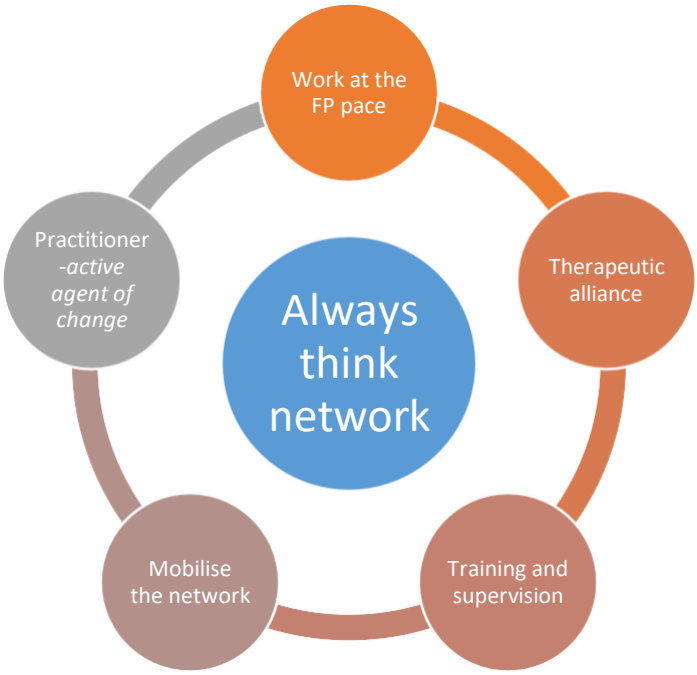
The key aspects of a network approach are:

- Identify network
- Think network
- Agree goals
- Enhance support
- Explore and enhance (if possible) communication
- Explore coping if necessary

But never lose sight of the overall aim;

'To develop support for a chosen goal and to use any of the available strategies to achieve this overall aim'.

The guiding principles of SBNT are:



Flexibility

The initial plan may be modified as treatment proceeds. The key to the application of the manual is flexibility, that is, agreeing and completing tasks ***at the pace of the FP's*** and network's change efforts. For example, a decision to change the substance use behaviour may not be achieved at the first session. This may then be tackled again with the assistance of the network that has been recruited. This does not mean that treatment is open-ended. On the contrary, it is task and objective driven and non-completion of tasks or non-achievement of objectives does not mean endless treatment. The treatment is required to be completed in six sessions.

A manual cannot anticipate all of the situations in which you are seeking to help your FP in treatment; the skill of practitioners is to apply the principles and practices outlined here to particular cases. The manual provides a framework for the delivery of structured work with a range of cases amongst which there can be a strong need for structure in the face of crises and apparent complexity. Using the manual flexibly refers to ensuring adaptation to the FP and network specific needs. **What needs to remain constant is that each session has structure and purpose**, and that these are set out at the beginning of the session and summarised at the end. A combination of good clinical judgement and planning can obviate some of the problems that complex FPs can present to busy practitioners, and for whom 'fire-fighting' inadvertently becomes the dominant style of working.

Flexibility is also required on behalf of practitioners to accommodate the preferences of the young person where possible in terms of location and time of appointment and chosen method of working (therapeutic, creative, via worksheets)

Practitioner Competences

Effective therapists will have the ability to build a ***therapeutic alliance with their FPs.*** A therapeutic alliance is best thought of as the cornerstone of effective treatment. It refers to the degree of mutual respect and understanding between the practitioner, the FP and the network. It is based on the practitioner's ability to communicate empathy, a non-judgmental approach and a task orientation. It will be built upon the perception of the practitioner as a source of help in the resolution of particular problems. The therapist role is therefore different to the role of friend or family member. The therapist acts as a facilitator of change using active strategies to support the efforts and aims of those the therapist is helping including FP and network members.

Training and supervision form the basis of the acquisition and maintenance of practitioner competence. The basic skills on which the interventions are built derive from the well-established core skills of listening, expressing empathy, positive regard and respect, as described by Rogers (Rogers 1957) and demonstrated to be effective in repeated studies of therapist variables (Raistrick et al. 2006).

These core skills do not come naturally and they need to be taught and learnt, alongside the principles of professional practice instilled normally during professional training. Moreover, in order for them to be sustained, continuing supervision has been demonstrated to be essential. Not only do the core skills get lost without constant vigilance, but there is good evidence that without continual supervision based upon recorded practice, even the most experienced practitioners drift away from protocol adherence and treatment fidelity. **The manual is no substitute either for training or supervision but forms the reference point on which to build both**.

Finally, it should go without saying that a thorough and profound knowledge of the effects of alcohol and drugs on behaviour, psychological and physical health and social functioning (including knowledge and awareness of the impacts of substance use on others affected e.g. family and close friends) and the outcomes of treatment is a prerequisite for the perception of the practitioner as an authoritative source of help who will have legitimacy for the task in the eyes of services users, their families and concerned others.

The supervision protocol for SOLID is available in this manual on page 28- 30.

A Social Network Based Context

The social network is the context for the achievement of treatment goals. The practitioner addresses the FP's environment by ***building and mobilising a social network supportive of change*** to help the FP achieve the overall treatment goal. The essence of network treatment is ***always think network*.** This distinguishes it from some other cognitive behavioural approaches. The FP is referred to as the Focal Person and concerned others as the **Network Members (NMs).** The following principles form the core and will facilitate a broader understanding of the approach:

- The social environment plays a significant role in determining substance use behaviour and has a powerful impact in supporting attempts to make and maintain changes in the FP's substance use.

- Treatment is directed towards trying to involve people from different areas of the FP's life to improve levels of understanding and support in the network. Developing relationships and reducing conflict in the network can lead to the consolidation of a social network supportive of change.

- There will be a coherent strategy on how to respond to the FP's problem and an agreed outcome goal. Ensuring that strategies used are supportive will optimise the network's potential to help.

- The FP's social context will vary along a spectrum from total isolation to having an extensive range of people willing to offer support. The objective is to develop positive support for change and the maintenance of change, with at least one supportive person.

- Problem drinking and/or drug use affects both the user and the network. NM's affected by the FP's drinking may well be under stress and at risk of developing problems themselves. Their ability to respond in an effective way can lead to reduced stress and increased confidence in the NMs.

- The practitioner needs to be an ***active agent of change*****.** This style will be more familiar to those used to working in an assertive way, and involves active assistance in achieving the aims of each session. Think of yourself as a team leader to the FP's network for the duration of the treatment.

- Unilateral work involves the possibility of working with the NMs without the FP being present, with the aim of enhancing the FP's chances of change. Research has shown how this unilateral approach can help in keeping the FP engaged in treatment. For example, between sessions you may need to explore concerns with NMs or discuss strategies with them of possible ways to re-engage a FP who has dropped out of treatment. This style of working should be agreed with the FP as early as possible.

There are benefits to inviting supportive members of the network to sessions. This can be raised with the FP early on in the treatment. NMs can provide additional information, offer support and relate experiences where the FP did well or struggled in the past.

The ideal NM should:

- Be available to provide the FP with emotional and practical support even if this is via the telephone if a young person is not currently living near their support network
- Have an overall positive relationship with the FP
- Be prepared to be firm but kind with the FP
- Agree with the FP about their treatment goal
- Be willing to work with the practitioner unilaterally if necessary and helpful
- Be willing to work with other members of the network, during treatment and afterwards to develop and maintain a consistent, agreed policy with regards to maintenance of change.

They should not:

- Have an alcohol or drug misuse problem themselves
- Have a superior or inferior relationship with the FP. Not be in a position of power vis a vis the young person that would make open communication difficult e.g.
- Have a disorganised lifestyle, complex unresolved substance misuse problems or untreated mental illness.

In real life, there may need to be flexibility in the choice of NMs, especially with regards to this vulnerable group of looked after Children and Care Leavers. Although, it is preferable for the NMs not to have an alcohol or drug problem themselves, it has been identified within this group that due to the transient nature of the population in certain cases all potential NMs may be substance users.

If this is the case then NMs have to be stable enough to attend sessions without being intoxicated. The choice of NMs can change over time. The principles listed above should be used for guidance. Once an appropriate network has been identified and recruited, the FP makes use of the NMs for support and achievement of the treatment goal. It is important that the NMs attending sessions are agreed with the worker in advance of the session so that their suitability can be assessed. We have found in previous work with young people that it is important to be creative and inclusive during the early stages of identifying social networks and important people. Some of the network diagrams illustrate this. So for example, hostel workers, teaching assistants and others may be included in the young person's social network. You will have opportunities to explore this in more depth during your training.

The overarching principle of the treatment is to **think network**- at all times in the treatment think about how to involve supportive family and friends and always consider how the substance use affects not only the FP but also those around him or her.

Setting and managing expectations

Practitioner Expectations

One of the best ways to communicate commitment to the FP is to get the six appointments in the diary at the outset. This sets an expectation of attendance. At the beginning of treatment it is worth stating some expectations and ground rules. These may need to be repeated from time to time:

- A treatment goal will be decided and worked towards. This may initially be negotiated with the FP alone, but will form the basis of recruiting the network of people who will support her or his goal.
- Attendance for all sessions of the planned topics is expected. Let the FP know that NMs will also be encouraged to attend whether or not the FP does.
- This will be a collaborative process involving practical tasks during and between sessions. Skills rehearsal and between session practice are essential to success.
- Prescribed medication should continue unless there is a negotiated change in collaboration with the prescriber.
- The content of sessions is confidential and this will be agreed with all NMs. Recording the sessions for supervision and training purposes is good practice. Consent will be sought prior to all recordings.

Young People's expectations

- Building up a trust was important for young people and they suggested that practitioners made 'safe and appropriate' disclosures to facilitate this relationship.
- Young people frequently reported feeling 'let down'. It is important for practitioners to outline their availability to the young person and the expected response time if a young person contacts them between sessions.
- Young people wanted to have flexibility with regards to appointments and requested that they could re-arrange if necessary.

The treatment structure and format

The treatment consists of six sessions which address topics that help guide the FP to achieve their abstinence or moderation goal (or as discussed in some cases non-substance specific goals). The treatment map below shows that the network diagram is continually being reviewed and network members can be invited at any stage.

Structure of sessions

Initial contact and session 1

Making contact with the young person and identifying the social network

Sessions 2

Topic 1: Deciding goals, eliciting commitment, agreeing the plan

Session 3-5

Combination of core topics to build positive support for change.

Topic 2: Communication and Coping

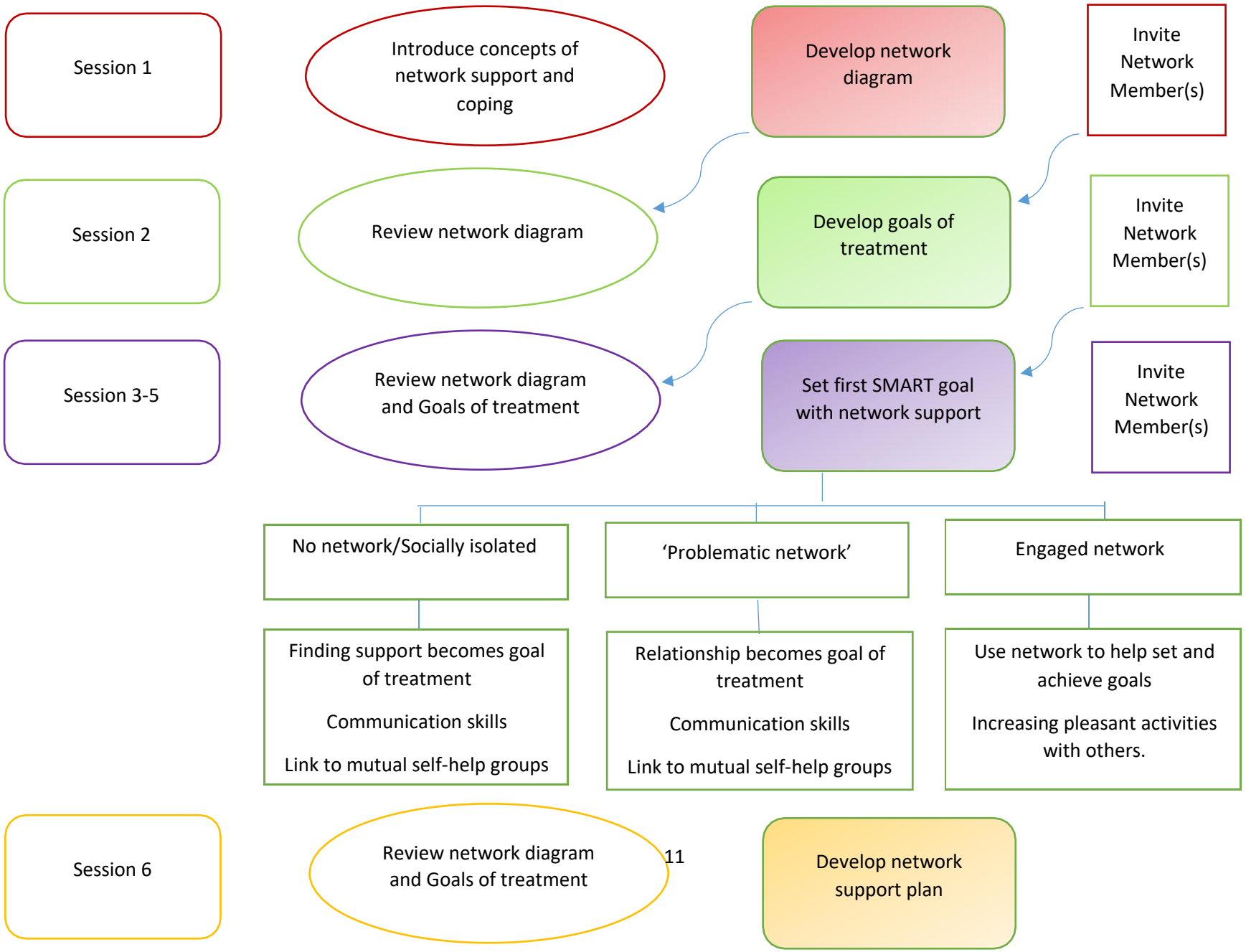
Topic 3: Creating a social environment that supports change: lifestyle changes

Optional topic: Drug and alcohol information for network members

Final session, session 6

Ending and planning for the future

The treatment Map



Meeting Format

The duration of each session should be no less than 30 minutes, while an hour would be the maximum; allow 10 minutes for writing notes and administrative tasks.

The structure of each session consists of a review of where we are now, where we want to be and how we are going to get there. It is in this way that the treatment goal and the goal for the specific session are continually reiterated. A structure to aim for is:

Part 1: Introduction (10-15 minutes)

Greetings and agenda settings

Review behaviour and mood

Summarise previous sessions and bridge to this session

Review progress since the previous session

Part 2: New material (30 minutes)

The session specific goals and aims are stated and agreed

Completion of exercises/work on a given topic

Part 3: Tasks for the next week (10 minutes)

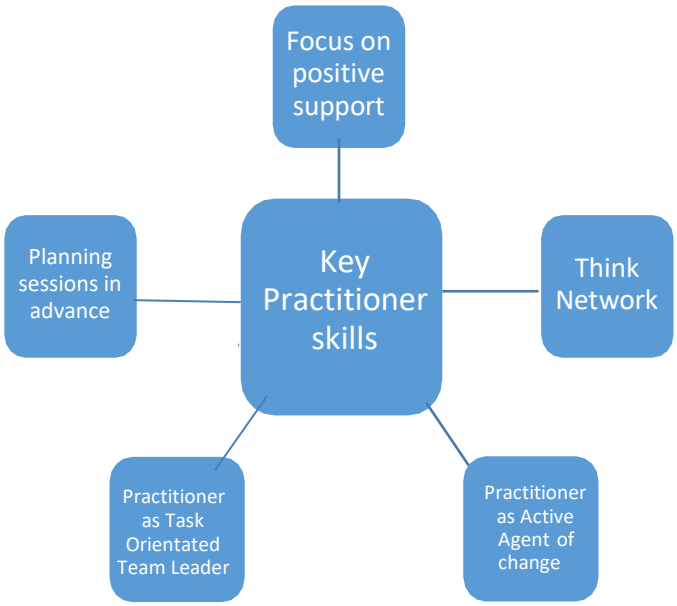
Summarise the content of the session, emphasising achievements and progress

Homework tasks are agreed

Agree next appointment.

Practitioners need to communicate the importance of building network support and help the FP to identify his/her current social network. Further sessions should engage the network and help the network to identify common agreed goals for treatment. The practitioner needs to empower the network, promote cohesion, support achievable goals and manage conflict.

When using SBNT the therapist needs to draw on the following skills;



Tips for Practitioners

- Focus on engaging your FP from the first session; it was perceived as highly important for Looked After Children and Care Leavers to feel that their worker had 'got to know them' within the first couple of sessions.
- Looked after Children and care leavers thought that 'safe and appropriate' disclosures on behalf of practitioners were important in building up trust.
- Treatment is collaborative and the practitioner is responsible for building the therapeutic alliance
- Goals and tasks are agreed together
- The skills of open-ended questions and selective reflective listening are used throughout
- The focus is on positive change, on the present and the future, rather than the past
- Use positive language; emphasise strengths
- Focus on making changes to your FP's behaviour
- Give a clear rationale for homework, make it relevant and interesting, within the FP's skill level, and manageable. Always review homework at the start of the session, affirm effort, address achievements and the need for different plans
- Practice tasks and skills with your FP in the session.

Initial contact

When the practitioner receives the referral for the young person, initial contact must be made. The worker will introduce themselves and the intervention they will be providing. They will use the initial introduction to 'set up' the work, asking the young person:

- The most appropriate time, day and location to be seen
- How the young person would like to be contacted
- Preferred frequency of contact
- Preferred way of working (therapeutic, worksheets, creative)

Where young people request a meeting in 'less therapeutic' environments such as a coffee shop or residential home, the worker could agree to meet in this location initially but then move onto a more confidential and conducive environment with the FP's agreement.

The practitioner will be able to use this information to make the sessions as responsive as possible for the young person, therefore increasing the chance of engagement. The practitioner will be able to deliver the sessions in a creative way that both reflects their personal style and accommodates the young person's requirements.

The following session plans are a guide to help you deliver SBNT in the most effective way you can.

Session 1

1. Welcome those attending
2. Explain the boundaries of confidentiality
3. Explore the young person's understanding of why they are seeing a drug and alcohol worker.
4. Communicate the philosophy of the treatment. Introduce the concept of social support, the social network, and developing positive network support to achieve goals and cope better.
5. Communicate the format of future sessions, reiterate that this is session 1 of 6.
6. Help the client draw their own social network diagram
7. Start to think about who to invite and how to approach members of the social support network to attend the next session or involving them in some way to support the young person and his or her goal.
8. Communicate that anyone from the network can continue to attend all treatment sessions, even if others decide to drop out.

Aim of session 1

To **identify** a network that can support positive change.

Introducing the treatment

'This form of treatment is based on the idea that the chances of success will be far greater for someone with a problem when he/she can get support from one or more people' (Copello, A., J.Orford, R.Hodgson and G.Tober, 2009. *Social Behaviour and Network Therapy for Alcohol Problems*. Hove: Routledge- page 48)

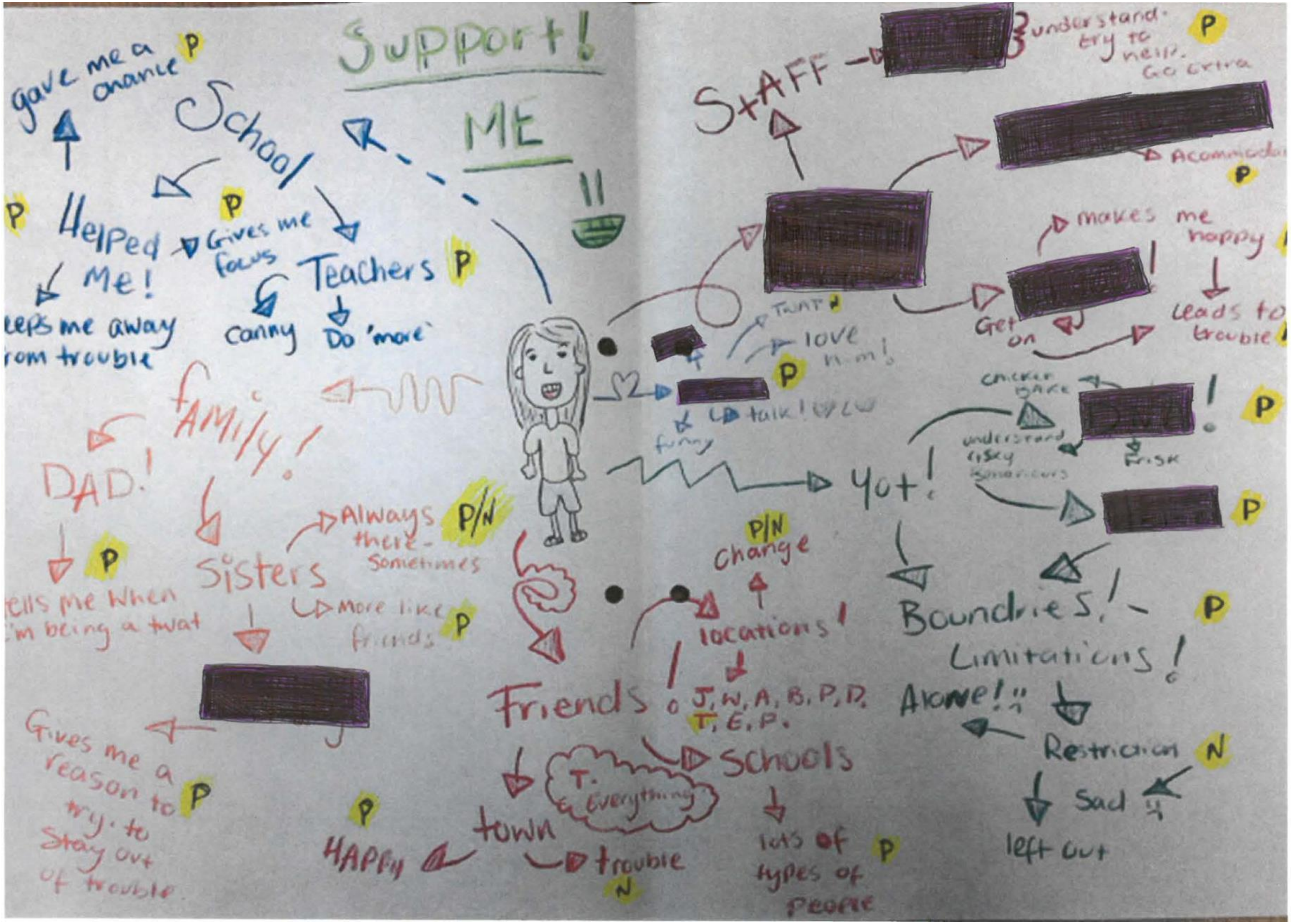
Treatment commences with preparing FPs for change by helping them to decide the appropriate goal. The next step is the identification and recruitment of the network which is going to help in the achievement of the goal, and thereafter a plan is put in place that will lead to its achievement. One way of doing this is to encourage the FP to draw their own social network diagram. We have provided an example of network diagrams previously drawn by young people on page 15.

Create a network map - What to do

i. Describe the rationale of the network-based treatment process to the FP (and NMs if present) including the benefits of developing a supportive network versus working in an individually focused way.
ii. Once you have identified all those important to the FP, describe the nature of the people suitable to be supportive network members: that they are not problem drinkers or drug takers, that they are concerned about the FP and support their goal, that they are available to give support.
iii. Draw the network, build up an understanding of who is already in the FP's social network, and identify who may be supportive to the FP. Do not be afraid to say that the FP's nearest and dearest might be very important but not be suitable for this network approach.
iv. Identify who, in the network, could be invited to participate in sessions and who might play a more indirectly supportive role. Allocate tasks to different NMs and insert these in the map.
v. Agree a plan to recruit potential NMs, namely who will approach them, when and how. If the FP lacks the communication skills necessary to make this achievable, role play the dialogue that needs to take place.

Many YP in the Looked after children's service have difficulties identifying trusted individuals in their network. Don't be put off, a really important part of SBNT is to work with the YP to allow them to see that they have a network of support. The work you may carry out clarifying who the YP perceive as trustworthy or not is central to increase their understanding of themselves and how they can maximise their use of social support. Techniques to broaden the network:

- Who have you spoken to in the last week?
- Who is in your phone contacts list?
- If I asked your friend/family who would they add to the diagram


Support!
ME
School
gave me a chance
P
Helped Me!
Keeps me away from trouble
Gives me focus
Teachers
canny
Do 'more'
Family!
DAD!
tells me when I'm being a twat
Sisters
Always there - sometimes
P/N
more like friends
[redacted]
Gives me a reason to try. to stay out of trouble
STAFF
[redacted]
understand. try to help. Go extra
Acommodat
makes me happy
Get on
leads to trouble
love him!
talk!
funny
YOT!
understand risky behaviours
Boundries!
Limitations!
Alone!
Restriction
N
Sad
left out
change
locations!
Friends
J, W, A, B, P, D, T, E, P.
Schools
lots of types of people
T. Everything
town
HAPPy
trouble

Once the network map has been established, the therapist should work towards enhancing the network, enhancing social support for network members and reducing negative influences. The therapist should

- Check that the FP feels adequately supported both emotionally and practically; identify gaps in support in either sphere; discuss ways of resolving these gaps, and who else might be invited to join the network.
- Discuss NMs' own feelings of need for support and ensure that these are catered for.
- Identify potential continuing sources of negative influence and make plans to minimise these.

Working with and involving in various ways the FP's social network is the essence of the treatment described in this manual. This topic can be addressed where the FP has decided to change and is embarking on a course of change, or where it is difficult to raise motivation to change and the practitioner takes the view that the early support of a network might be the best way forward. It is advisable to review the network periodically and consider recruiting new members to it, if helpful. The network may evolve and change and it is important to capture this, particularly as this may be an important result of your work with the YP.

The following summary points might be helpful.

1. Providing appropriate and relevant support can promote attitude and behaviour change. There is evidence in addiction and wider mental health treatment that people with appropriate positive support tend to do better in treatment than those without.
2. The FP may not be using their NMs in a supportive way or may lack sources of support: for example they may have alienated potentially supportive NMs or may lack the skills to communicate with them.
3. Support can have reciprocal effects in that not only can it help the FP achieve their treatment goal, but can also improve cohesion and reduce strain in the network.
4. Support can vary from friendship to providing helpful information and can be provided not just from close friends and relatives but also from the community at large. Support can also change; what starts as a contact for information may become a source of moral support or even a friendship. Dependable friendships take time to develop (or recover).
5. You may find that some people see their drinking as their own problem and believe they should be self-reliant when dealing with this. It is important to highlight the message that having appropriate support leads to people feeling more confident in managing their lives and can help them deal more effectively with their problems.

Here are some specific types of support and examples which you can use to frame your discussion:

- ***Moral support*** – giving encouragement and positive feedback to the FP
- ***Solving problems*** – other people may have had a similar problem and/or be good at weighing up different sides to a situation
- ***Help with tasks*** - simply sharing the load and/or bringing some particular knowledge or skills to a situation
- ***Organisational help*** - arranging a fun social activity, a rewarding task, or practical support such as driving to and from activities
- ***Providing information*** - making available resources or information for example about courses, jobs, leisure activities, support services, specialist advice
- ***Emergency help*** – for example, financial or equipment loans, transport.

Strategies for more difficult scenarios:

Scenario A: Young person has no network and is socially isolated.

- Finding support becomes the goal of treatment

- Communication skills
- Link to mutual self-help and support groups.

Scenario B: Network members attend, but are not cooperative

- Working on achieving support by dealing with barriers within an important relationship becomes the goal of treatment
- Communication skills
- Link to self-help groups.

Homework suggestions

FP to approach people who have been identified in the session, explain the nature of the treatment, report the treatment goal and ask them if they will join the network. Then plan with them what their particular contribution will be and report back. Use the types of network support worksheet.

Session 2

1. Welcome any network members attending the session, reiterate that this is session 2 of 6.
2. Review the social network diagram from the first session, asking for comments and feedback from any network members present
3. Develop the goals of treatment, again involving the network members where appropriate.
4. Think about matching goals to social support by asking **'who can help me achieve this goal and how'**. Invite specific network members to become involved in the treatment process.
5. Set homework in the form of steps to achieve goals.

Topic 1: Deciding goals, eliciting commitment, agreeing the plan and recruit the network.

Stage 1- Decide the treatment goal, elicit commitment and agree a plan.

This stage addresses the possibility that the FP is undecided about change, or their motivation to change is uncertain, unstable or just not very strong.

Aim

To elicit a firm and concrete commitment to change. The goal or target behaviour can be abstinence or a moderation goal. If substance use is not the focus of the young person, any important chosen positive goal that is hypothesised may in turn improve the chances of low risk substance use in the future.

Strategies

- Elicit an account of the behaviour and its consequences.
- Elicit concerns about the behaviour and its consequences.
- Elicit an expressed desire to change, a concrete goal and self-efficacy for achieving it.
- Elicit a change plan accompanied by optimism about the outcomes of change.

Throughout the session it is important to be thinking about eliciting change talk and commitment: concerns/ problem recognition/ disadvantages of drinking; advantages of change; setting a goal; making a plan. Looking ahead – how would the FP like life to be? In eliciting concerns always be mindful of the FP's particular concerns and, if dealing with complex cases, integrate mental and physical health concerns or pregnancy and parenting issues alongside those of the drinking.

Try to get a firm commitment to the treatment goal, the reasons for change, hopes for the future as a result of making a change, the ways in which the FP will know that things are beginning to improve and their vision of how they will feel as a result of involving other people in their progress. Examine potential barriers that may hinder progress.

When discussing the change plan. The FP should identify possible social support for the change goal and a concrete plan should be agreed. The more concrete and specific the elements of the plan the more likely it is that it will be carried out.

Homework

FP to complete the SMART goals worksheet and identify the appropriate NM's to support them in their chosen goal.

Stage 2 - Recruit the social network

The NMs will have been identified in session 1, this session should focus on recruiting the NM's into the support network. The practitioner should discuss appropriate methods of contacting NM's and should encourage AT LEAST one NM to attend the following session.

It is also important to discuss possible mechanisms that could be used to promote positive support from NM's. The table below highlights some possible techniques that can be used.

Mechanisms that promote positive support and possible techniques to foster them

Mechanism	Technique
Increase understanding	Provide educational information on addiction
Change attitudes	Use cognitive modification techniques to alter attitudes that may interfere with giving or receiving social support
Improve interaction skills	Model, rehearse and provide constructive feedback on behavioural skills related to giving and receiving emotional and social support
Increase communication	Provide opportunities for network members to meet as a group and facilitate open communication and problem solving among network members
Coordinate responsibilities	Encourage network members to commit to specific support responsibilities to avoid diffusion of responsibility
Strengthen bonds with positive network members	Encourage and facilitate enjoyable interactions with positive network members
Weaken bonds with destructive network members	Discourage interaction with unhelpful network members, those that support continued substance misuse and teach methods that minimise harm that may result from contact with them
Remove structural barriers to support	Facilitate interaction and communication between network members who have been kept apart by rigid subsystem boundaries and alliances.
Provide support to network	Provide emotionally supportive counselling to network members as required.

Detailed content and examples of dialogue

Give an explanation of the network approach to the FP and others present. If there is conflict between the FP and the others present it is best to pursue this without the attendance of the others. This topic may need to be re-addressed in an alternative session. Where the concerned others present are angry, frustrated, or do not share an appropriate treatment goal, it is not a good idea to have them in the network. The network approach is not an opportunity to sort out NMs' problems and they may need to be steered elsewhere for this purpose. In general, you may avoid this situation from arising by considering carefully who to invite, for example, consider delaying inviting someone if it is not clear how strained the relationship has become.

Elicit the thoughts of the FP and those present regarding the approach. Iron out uncertainties. The practitioner needs to be flexible in the nature of the network agreed upon. Where the FP says

she/he does not want to involve anyone else, think about a virtual network where the FP is getting positive support without bringing the network to sessions.

> **"Who is there who you care about and who cares about you?" Who would be willing to do things with you which would help you to avoid drinking?" "Who would you like to spend more time with when you are not drinking?"**

Encourage those present to think about all the significant people in the FP's current social network. Identify and distinguish those giving positive and helpful support from those who are not in a position to do so. Complete the network diagram on the worksheet (the FP could do this). The network can include any number of people: do not discount other professionals albeit that their involvement might be temporary, even if they are too busy to attend sessions. At this stage make sure you are inclusive. Having someone in the network diagram lets you know about influential people in the YPs life, even if you decide not to approach or involve them in the intervention.

Attempt to become familiar with the members of the social network illustrated in the diagram. Collect information on their relationship with the FP, for example views/attitudes about their drinking problem, the support offered at present or in the past, the frequency of contact, activities they do or have done together. Help the FP to distinguish different types of support, for example direct support in sharing in a drinking goal, or indirect support such as looking after the children while the FP goes to the cinema.

There may be potential NMs who may have been alienated due to the FP's drinking. Consider those with whom relationships have become strained or distant, as they may, arising out of the progress that you make, become NMs in the future. If there are no identifiable NMs it may be necessary to look at recruiting alternative support from outside the network, for example AA/NA can offer high levels of easily accessible support, and also consider other befriending agencies/day centres/community support services. It is important to convey optimism about the possibilities of developing positive social support, even if the current network is limited.

Make a note of those in the network encouraging excessive drinking or drug use. It is as important to reduce this negative support as it is to try to develop positive support. The FP may find it easier to engage in treatment with positive support at first and then to disengage negative support once positive support is in place.

An opportunity to rehearse skills in the session could be introduced thus:

> **"How do you think you might describe to your friend what it is that we are doing?" "What sorts of things do you think they might want to know?"**

Session 3-5

1. Welcome any network members attending the session, reiterate that this is session 3/4/5 of 6.
2. Review the social network diagram drawn in the first session, ask for comments and feedback from any new network members present.
3. Review the goals set in previous session, again involving the network members where appropriate.
4. Continue to think about matching goals to social support. Invite network members to become involved in the treatment process.
5. Use sessions 3-5 to cover core topics 2 and 3 described below.
6. Set homework in the form of steps to achieve goals.

Topic 2 – Communication and Coping

Communication and coping skills are core topics that may need to be addressed early on. In introducing and working through the communication element of this topic, the SBNT therapist should draw the attention of the FP and/or the NMs to the damage that poor or negative communication patterns can have upon all concerned. In particular, such patterns may contribute to the re-occurrence, maintenance or escalation of the substance misuse problem.

The coping element of this topic addresses the question of how NMs respond to the FP's drinking/drug use and to their temptations to use. Some coping styles are associated with better outcomes than others. Tolerant and withdrawal styles of coping are frequently used and understandable responses but may in some cases exacerbate the problem. Whatever the current style of coping, it is important to avoid any suggestion of blame. Response styles can be explored and coping strategies that are described as engaged can be planned and implemented. The principle guiding an effective coping response is to reject the drinking/drug use and not the person.

Aim

To explore current styles of communication and coping between members of the network and to plan new, constructive styles where necessary.

Strategies

- Explain the importance of effective communication
- Describe different communication and coping styles and the way they affect relationships and behaviour.
- Identify current forms of communication and coping separately or in tandem, by asking the FP and NM to describe specific situations.
- Invite the FP to communicate what they think helpful responses on the part of NMs.
- Explore ways in which the NMs can communicate effectively to support the FPs substance use goals.
- Discuss the advantages and disadvantages of current and past ways of coping with the FPs substance use.
- Make plans for new strategies, record these plans and plan practice situations for helping the FPs efforts to change.
- Review and amend as necessary.

Communication

Good communication skills

Discuss good communication skills and ensure that they are being used within the support network. Good communication skills can include:

- Practitioners need to work at the pace of the young person and tailor communication styles to the best way of engaging young people.
- Believing that the young person is competent and can contribute effectively to decision making and planning.
- Presenting one issue at a time
- The issue that is being discussed should be defined clearly and specifically
- Network members should speak in a way that is positive and avoids blaming other people.
- Make an offer to help in the situation you are talking about.

Detailed content and examples of dialogue

Addressing communication could commence with asking the network how conversations usually go, how each feels about their ability to communicate their needs and thoughts to each other, how their communication is received and how they want it to be. The session will include practice in asserting one's point of view and listening to others.

The following checklist identifies common communication challenges that may need to be addressed:

1. Asking for help
    - dealing with drinking situations
    - dealing with craving
    - for practical matters
    - recruiting additional NMs

2. Managing criticism
    - exploring feelings that result from criticism
    - building self esteem
    - turning it into a positive, helpful experience

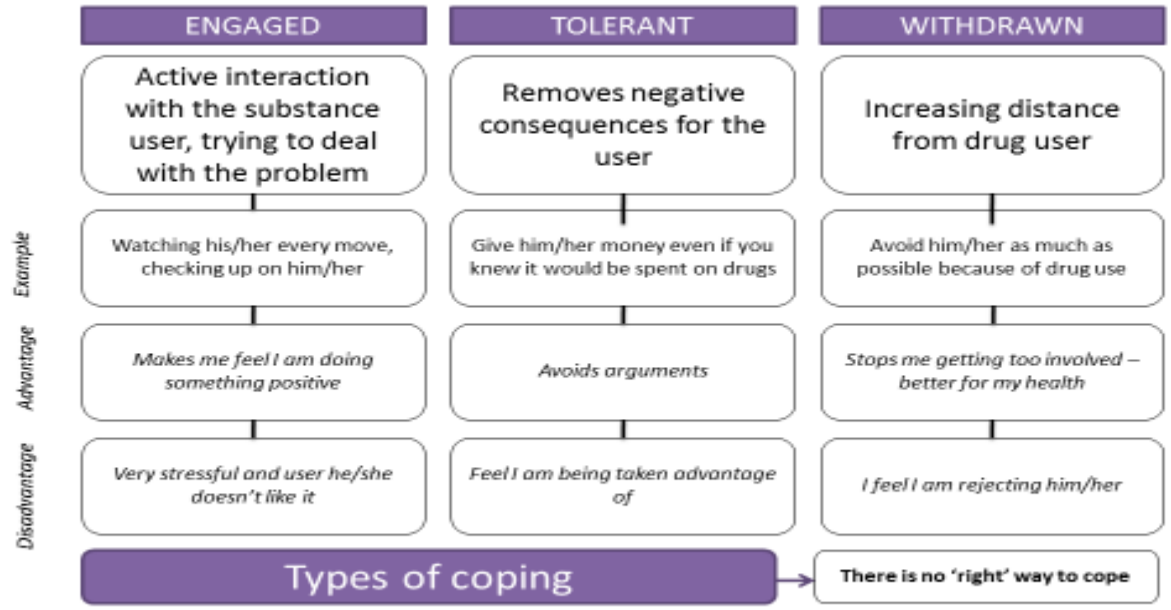
3. Listening and conversation skills
    - talking in turn
    - acknowledging feelings
    - talking about things other than substance use

Coping

The subject of coping could start with explaining what is meant by coping in the general sense, that it refers to people's responses in general, and whether these are helpful to themselves and the FP or not. Once it is understood that everyone has coping responses, it may be useful to have a discussion about what sorts of things are supportive and give assistance in dealing with the problem, and which may aggravate matters.

Types of coping

The 'Types of coping' information map may help to structure the discussion about how social support can be useful in achieving goals and changing behaviour.



Ultimately, the process may lead to the development of a 'Social Network Support Plan'. Use the network supporters to help the client set meaningful goals and play a part in rewarding the achievement.

Homework suggestions

Write down specific plans for experimenting with new dialogue and coping responses.
Use activities worksheet to plan and monitor.

Topic 3: Creating a social environment that supports change: lifestyle changes

Sometimes life style change occurs alongside stopping drinking/drug use, and often it needs to be planned before the substance use has stopped or changed.

There are two essential components to lifestyle change – a change in daily routine and the introduction of alternative pleasurable activities that are inconsistent with substance use. Daily routines will have been taken over by the perceived need to procure and drink alcohol/take drugs. Pleasurable activities that do not involve substance use may have been abandoned, both by the FP and often also by their close friends. Establishing a new daily routine is sometimes difficult and needs planning. Certain times of the day or the presence of particular people might present particular challenges, so the network is as important here as elsewhere.

Lifestyle change is positively associated with the maintenance of desirable outcomes. Doing fun things can result in positive feelings, reduce negative emotions such as boredom or feeling isolated which are relapse risks. Alternative activities, inconsistent with substance use, build self-efficacy for behaviour change and can facilitate cohesion and positive support in the longer term. This topic requires the participation of NMs in contributing ideas and concrete plans.

Aim

To establish a substance free lifestyle supported by a network.

Strategies

- Establish an understanding of a substance free lifestyle based on the vision of the FP and NMs.
- Identify roles in achieving new routines and activities.
- Have an action plan in place for activities.
- Use a problem solving approach to address challenges to the plan.
- Have short and long term plans for daily routines and alternative activities.

Changing routines - What to do

- Describe the importance of a new routine, to reduce thoughts about substance use and establish a new lifestyle
- Identify desirable routine activities
- Identify NM's to support the FP with specific activities
- Agree a daily plan for the coming week
- Summarise; get session feedback; agree to review next session.

Homework suggestions

Use the Daily routine planner worksheet to practice the new routine and mark whether you managed to stick to your identified plan. This can be discussed in the next session.

Detailed content and examples of dialogue

Negotiate what the daily routine might look like. Ensure that there is a good balance of things that need to be done and things that are enjoyable, and this will be supplemented by the second part of this topic, planning enjoyable alternative activities. It is a good idea to make the plan as specific and concrete as possible, including planning meals and shopping in such a way that drinking triggers are avoided (places and people for instance).

Increasing pleasurable activities - What to do

- Describe the importance of pleasurable activities
- Identify pleasant activities
- Identify NM to support the FP with specific activities
- Agree 1-2 activities for the forthcoming week
- Summarise; get session feedback; agree to review next session.

Homework suggestions

Complete the Pleasant activities worksheet; try out one or more new activity before the next session.

Detailed content and examples of dialogue

The first step is to identify some possible pleasant activities. Asking what the FP has enjoyed doing in the past might be a starting point; asking what other people do that they, too, would like to do is another way of generating ideas. The NMs should be encouraged to make suggestions, and the practitioner might think of some suggestions as well. NMs can contribute thoughts on what they have enjoyed doing with the FP. Brainstorm ideas emphasising quantity at this point. A flipchart might be useful. You can use a list to trigger ideas. Identify which activities on the list are most likely to be pursued, bearing in mind that those chosen should be practical and realistic. Involve the network by identifying who is going to do what with the FP. Try to strike a balance between what the FP enjoys and what the NMs enjoy doing.

> **"Let's think of some things that you have enjoyed doing in the past; what is the likelihood of being able to do these again?"**
>
> **"How would you like your daily life to look in three months' time?" What would you like your daily routine to look like?"**

Develop a plan: for example, set aside specific time over the coming week to take on 1-2 pleasurable activities as a homework task. Spend some time exploring potential obstacles and develop strategies to deal with these.

Once new activities are attempted and the FP starts to feel rewarded for them, you can extend this topic by increasing the number of pleasant activities, and asking the FP to plan them in advance. Remember to include which NMs will be involved for each activity. Remember to reinforce the FP and NMs for activities that are working well, and continue to explore gaps in the schedule and how the FP could fill the gaps with pleasurable activities. Review and monitor this in the next session. This work is focused on making things happen so homework planning is highly important.

Session 6

1. Welcome any network members attending the session, reiterate that this is the final session of SBNT.
2. Review the goals set in previous session, again involving the network members where appropriate.
3. Summarise the content of the sessions, emphasising achievements and progress.
4. Ask the FP what they have learnt and what they will take away from the sessions.
5. Signpost on to other services where relevant/necessary. End sessions with young person.

Ending the treatment

This session is very important in order to review what has been done, debrief and think about the short term future. Considering the work you have been doing, how anything achieved is sustained over the next few weeks is very important and this session should allow time to review and plan for the immediate future.

From the outset you have told the young person that the treatment consists of six sessions, emphasise that the support network they have identified remains in place to help in the future, and that they should think about ways to regenerate and renew the network when necessary.

Start the last session as before, by reviewing homework tasks set at the previous sessions and restating the goal and commitment to the goal. You then point out that this is the last session and the work undertaken will be for the network itself to follow up on.

A certificate of achievement should be presented in this session to acknowledge the commitment young people have made to attend the sessions and to celebrate their achievements.

This session should provide an opportunity for practitioners to obtain feedback about the intervention, people should have an opportunity to say what they all think they have got out of the sessions, what they have learnt and what they will do differently in the future.

What if the service user wants to continue to be seen at the end of the four sessions? You need to emphasise that the purpose throughout has been to look at the service user's need for continuing support and hopefully this will have been a theme in each of your sessions. You might identify the specific support needs the service user still has and make sure that they have information on community resources. This last session would be used to signpost young people to additional service if necessary.

Supervision Protocol

Introduction

This protocol outlines guidelines for supervision of drug and alcohol practitioners/supervisees delivering Social Behavioural Network Therapy (SBNT) or Motivational Enhancement Therapy (MET) as part of the SOLID study.

Purpose of supervision

Supervision provides supervisees with regular opportunities to reflect on their practice and maintain adherence to trial treatment protocols as specified in treatment manuals.

The purposes of supervision are:

- To enhance and maintain protocol adherence
- To support best practice that is beneficial in the delivery of the treatments for both drug and alcohol practitioners and Looked After Children and Care leavers.

Confidentiality

Supervisors will not reveal confidential material concerning practitioners without consent from the supervisee, except in the case of unsafe practice.

Who are the supervisors

Professor Alex Copello- Birmingham University

Alex is Professor of Addiction Research and a Consultant Clinical Psychologist. Alex was the Principal Investigator in the UK Alcohol Treatment Trial, the largest trial of alcohol treatments conducted in the UK that informs effective and cost effective delivery of psychosocial interventions for alcohol problems. Alex also led the development of Social Behaviour and Network Therapy. Alex will supervise practitioners delivering SBNT within the SOLID study.

Dr Gillian Tober- Leeds Addiction Unit (Leeds and York Partnership NHS Foundation Trust)

Gillian was a Principal Investigator and lead for training and supervision in the UK Alcohol Treatment Trial described above. She has adapted both MET and SBNT practice for other clinical trials and supervised independent rating of practice. She is co-author of an instrument for measuring the delivery of these treatments. She was employed by the Leeds and York Partnership NHS Foundation Trust as a Consultant Psychologist and Clinical Service Manager. She is Associate Senior Lecturer at the University of Leeds and Head of Addiction Research and Training for LYPFT. Gillian will supervise practitioners delivering MET within the SOLID study.

What to expect from supervisors

Supervisors will perform the functions of education, support and evaluation regarding the delivery of the SBNT or MET interventions. Their role is to ensure that the assigned treatment is delivered per protocol and in a consistently professional manner. They will be guided by validated instruments for the rating of the delivery of these treatments. They will not replace usual case management arrangements for the respective organisations.

Education: Supervisors will use their expertise to enhance the drug and alcohol practitioners' theoretical knowledge of SBNT/MET.

Support: Supervisors will provide affirmation of good practice and support the drug and alcohol practitioners to handle difficult and challenging encounters in their practice.

Evaluation: Supervisors will evaluate the drug and alcohol practitioners' ability to uphold standards, adhere to the values and principles of SBNT/MET and promote good professional practice.

What to expect from supervisees

Supervisees will be expected to record ALL of the intervention sessions that they carry out as part of the SOLID study (subject to receiving consent from the young person). Supervisees will be asked to select two recordings in advance of their supervision session. They should choose an example of their best practice which will allow for discussion reflecting their strengths and learning. They will also be asked to choose a recording of a session that they have found challenging so that the further skill development can take place.

Supervision sessions will be completed face to face with the supervisor. Supervisees must attend sessions prepared to discuss:

- What has been the best and worst thing about delivering the interventions
- Elements of the interventions with which they feel comfortable and those that are a challenge to them
- Elements of intervention delivery that have been successful
- Challenges that they have experienced when delivering SBNT/MET
- Elements of the interventions that they have consistently done or consistently not done
- Areas that they require further support/guidance to deliver the interventions

What if there aren't any recordings available?

Supervisees will still be expected to attend the planned supervision session and discuss their practice.

Supervision sessions

As part of the SOLID study, intervention delivery will take place over a 12 week period. Intervention delivery will commencing on Monday 5th December 2016 until 24th February 2017.

Within this intervention delivery period practitioners will receive 3 supervision sessions. The sessions will take place on the following dates:

Supervision 1: Monday 19th December 2016
Supervision 2: Monday 16th January 2017
Supervision 3: Monday 6th February 2017.

Supervision session will last the maximum of 1 hour.

Face to face supervision session will take place at The CORE in Newcastle. Exceptions to this must be negotiated with the supervisor.

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