

**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

Treatment intervention protocol

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SOLID is a feasibility study taking place in the North East of England: Newcastle, Gateshead, Durham and Teesside (Middlesbrough, Redcar and Cleveland and Stockton), to assess the acceptability of two adapted behaviour change interventions Social Behaviour and Network Therapy (SBNT) and Motivational Enhancement Therapy (MET) and assess the feasibility of taking one or both of the interventions to a full scale study in multiple sites.

SOLID aims to assess the feasibility of delivering the two behaviour change interventions and care as usual to reduce risky substance use (illicit drugs and alcohol), and improve mental health in Looked After Children and Care Leavers (LAC aged 12 -20 years).

Phase 1 of the study has now been completed. Qualitative interviews, focus groups and workshops were carried out with LAC and care leavers (n=31), their carers (n=11), drug and alcohol workers (n=6), and LAC social workers (n=7) to ensure acceptability and feasibility of the intervention packages. The formative phase contributed to the adaptation of the SBNT and MET interventions, to make them suitable for Looked After Children (LAC) and care leavers to help reduce risky substance use.

Phase 2 is the part of the study where drug and alcohol practitioners will deliver treatment interventions, comparing: i. MET, ii. SBNT, and iii. Usual care.

Recruitment

The SOLID study is aiming to recruit 150 LAC across the research sites. Of these 150 young people approximately 50 would be allocated into each treatment approach (i. SBNT, ii. MET iii. Usual care).

Patient Identification

All LAC aged 12-20 years in the study sites will be identified by their social workers for screening from their current caseloads.

Screening

Services in the area have agreed to screen all LAC aged 12-20 years for drug and alcohol use by a social worker using the validated 6 question CRAFFT. The CRAFFT has been used extensively with young people, and is sensitive and specific to identify problem substance use.

An initial contact leaflet briefly introducing the study will be shared with the young person by the social worker. Written assent will be obtained from all LAC aged 12-20 for the young person and their parent/ guardian to be contacted by the research team depending on the CRAFFT score. Those scoring ≥ 2 in the CRAFFT ('at risk of substance misuse') will be contacted by the research team if written assent for contact has previously been given to the social worker.

ELIGIBILITY CRITERIA

Young people will be included in the study if they meet all the following criteria:

- Looked Children and Care Leavers aged ≥ 12 and ≤ 20 years
- Screen positive for being at risk of substance misuse i.e. scoring ≥ 2 on the CRAFFT
- Informed consent given: LAC under 16 years consent from parent/guardian (local authority) and assent from young person; LAC 16 years and over consent from young person.

Young people will be excluded from the study if they are:

- Already in active treatment with drug and alcohol services
- Unable to access drug and alcohol services e.g. due to imminent move out of area.
- Unable to give informed consent in English.

Consent

A participant information leaflet for the trial will be sent to all potential participants who agree to be contacted and meet the eligibility criteria. The researcher will contact the young person and their parent/guardian by phone to arrange a convenient time and location to meet. The young person under 16 will be seen with an accompanying adult (parent, carer, social worker, children's home lead) and asked to provide informed assent. If the accompanying adult does not have parental responsibility (PR) the research team will contact the adult with PR to obtain informed consent. If the parent is not contactable or it is a risk for the young person for their parent to be contacted in the view of the designated social worker, the social worker/ local authority guardian with PR will be contacted to sign the consent form. Information on the study will be shared with parents/carers.

For those young adults 16 years and over, informed consent will be taken directly.

Baseline Assessments

After informed consent has been obtained, the researcher will collect baseline information from the LAC using an electronic questionnaire.

Randomisation

Following the completion of the baseline assessment, young people will be allocated into a treatment arm (i. MET, ii. SBNT or iii. Usual care). This will trigger five letters to be sent out:

1. Letter to the young person outlining group allocation.
2. Letter to parent outlining study enrolment.
3. Letter to carer outlining study enrolment.
4. Letter to GP outlining study enrolment.
5. Letter to the Drug and alcohol service outlining group allocation and requesting an initial appointment.

The LAC will be contacted by the drug and alcohol service for treatment to the appropriate treatment group (MET or SBNT) within 6 weeks.

Follow-up Assessments

All young people taking part in the study will be contacted by phone and letter/email 12 months post recruitment to complete a follow up electronic questionnaire.

The questionnaire will be administered by the researcher who will visit the young person in their home/ convenient location. As in the baseline questionnaire, data will be collected using electronic data capture forms programmed onto digital tablets.

Intervention training, delivery and supervision

Each research site will have a control and two separate intervention teams trained to deliver either the MET or SBNT intervention.

Training

Practitioners will attend 2 days training in preparation to deliver the interventions.

Delivery

Intervention delivery will cease on Thursday 31st August 2017.

Each practitioner will aim to offer 6 sessions of SBNT or MET, with each session lasting 50 minutes. In both intervention arms, sessions will be offered weekly to fortnightly, within a maximum period of 12 weeks. The rationale for this number of sessions stems from learning from the UKATT trial and pilot work using SBNT with young people referred to child and adolescent mental health services. We will assess the number of sessions offered and actually attended by LAC to determine the appropriate number of sessions in a definitive trial.

Practitioner log

Practitioners will need to complete a practitioner log for each young person receiving SBNT or MET. It is important that this log captures all of the preparation work and activities involved with each individual session of the intervention.

Audio recordings

Practitioners will need to audio record ALL sessions delivered (details of how to upload recordings are below). When consent is being obtained, the researcher will make it clear that the young person can refuse to audio taping of their session if they wish – this will not affect their participation in the study as a whole.

The audio recording will be used as part of the supervision sessions with the research team for the purpose of professional development. Additionally, a 20% random sample of SBNT and MET sessions will be analysed ensuring we sample early, mid and late sessions of both interventions. This analysis will assess the quality of intervention delivery (treatment fidelity) and it will assess items including commitment, optimism, collaboration and interpersonal focus which help determine if the LAC are actively engaged in the intervention sessions.

Supervision

The MET and the SBNT practitioners will have separate external intervention-specific supervision delivered by the research team. Supervision provides supervisees with regular and ongoing opportunities to reflect on their practice and enhance their professional development. Full details of the supervisory arrangement can be found in the back of the SBNT/MET training manuals.

Supervision dates will be circulated in due course.

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Uploading Audio Recordings of sessions



We would like you to upload **ALL** of the recording from every session with the young people you see as part of the SOLID trial. In order to upload the audio files and send them to the research team you will need to follow the following instructions.

Please can you upload the audio recording as soon as possible following your MET/SBNT session. Once you know the recording has successfully been saved please delete it from the Dictaphone.

1. Please save the file using the following format- session x, date 01.01.2016, YP initials
2. Once the recording has been saved, please right click on the file and go to 'send to'- choose 'Compressed (zipped) folder'. You will then be presented with a file as follows:



Session 1 01.12.2016 HA.zip

3. Once the file has been zipped it is ready to upload to the Newcastle University File Drop-off service- <http://dropoff.ncl.ac.uk>
4. Follow the link and choose the  button.
5. You will **NOT** have a request code, so you need to complete: Your name, your organisation and your email address and click the  button.
6. You will receive an email to the email address you provided- click on the link and follow instructions
7. Send your recording to
 - a. Hayley.Alderson@newcastle.ac.uk if you are delivering SBNT interventions OR
 - b. Rebecca.Brown@newcastle.ac.uk if you are delivering MET interventions.
8. Click File 1- Browse- and upload your zipped file (as discussed in point 2 above). Feel free to add a note in the 'short note to recipients' box if you would like to draw the supervisors' attention to anything within the recording.

9. Click the  button.

10. Your upload is complete. Once you receive confirmation that your recording has been received by the recipient (Hayley/Rebecca) please delete the audio file from your computer.

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Welcome to our practitioner intervention log.

We would like you to record the following demographics for the each young person receiving a treatment intervention as part of the SOLID study. Please use one intervention log per young person.

Name of worker:

Job role and Pay grade:

Unique Identifier for young person:

Age:

Gender:

Placement type:

Geographic Location:

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We would also like you to record every session for every client, this is to enable us to calculate how cost effective the interventions are to deliver.

We need you to record (for each session):

- *All activities associated with the delivery of the session*
 - *And the duration of each activity.*
- *If any travelling was required to deliver the intervention, please record this, too.*

Activities would include any form of

- *Patient contact (including the duration of a session, phone calls, etc.)*
 - *Non-patient contact (including preparation work and completion of forms (other than this one), e.g. for referrals etc.)*
- For each session please could you record the NUMBER of people present within the session (not including yourself).*

Date	Session number	Type of casework <i>Please specify, e.g. preparation, session, telephone call, form filling, ...</i>	Total time in minutes	Mileage	Travel time in minutes	Number of people present in session

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		<i>Please continue on an additional sheet if required.</i>				

Number of sessions offered:

Number of sessions attended:

Reason for non-completion of treatment if known:

Referral into agency for further treatment: Yes No

When the intervention delivery has been completed, please return this

form; FAO: Hayley Alderson

Institute of Health and Society, Newcastle University, Baddiley Clarke Building, Richardson Road, Newcastle Upon Tyne, NE2 4AX