Supplementary file 4:

MET 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

Motivational Enhancement Therapy

Treatment manual

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Ruth McGovern[1], Hayley Alderson[1], Rebecca Brown[1], Gillian Tober[2], Alex Copello[3], Raghu Lingam[1]

1. Newcastle University
2. Leeds Addiction Unit and University of Leeds
3. University of Birmingham

Adapted from:

Tober, G., Kenyon, R. Brodie, J. Heather, N. & Raistrick (2002) Manual for Motivational Enhancement Therapy.

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Contents

Introduction

This manual was created within the NIHR-funded SOLID study as a reference for you to use when delivering Motivational Enhancement Therapy (MET) to Looked After Children and Care Leavers as part of the SOLID Trial. It will introduce you to the MET approach and provide you with a treatment map as a guide to how to deliver the intervention sessions.

The SOLID manual is an adaptation of MET for a population of Looked After Children (called young people from now on), aged 12-20 years who use substances, informed by interviews with Looked After Children and their carers, focus groups with social work practitioners and drug and alcohol professionals working with young people. These findings were analysed and presented to workshops of i) professionals (social work managers and practitioners and drug and alcohol practitioners and staff working in supported accommodation with Looked After Children and care leavers) and ii) young people who use substances. The workshops guided the development of the manual.

The core idea of MET

MET is a client-centred, directive counselling approach developed within the NIH MATCH study as a concentrated version of motivational interviewing which adds a problem feedback component to standard treatment (Miller WR 1999, Lundahl B W and et al 2010) and adapted for use in the UK for the UK Alcohol Treatment Trial (UKATT Research Team, 2005).

The basic assumption of MET is that the motivation and responsibility for change lie within the client and it is the practitioner's role to help the client to change their thinking to facilitate behaviour change. The practitioner employs specific strategies to develop motivation, seeking to mobilize the client's inner resources and intrinsic motivation and in doing so, enables the client to initiate and achieve behaviour change.

There are four steps based on motivational strategies used to mobilise the client's own resources for change:

Step 1: Describing drug use

Step 2: Eliciting concerns: recognising risks, benefits and costs.

Step 3: Considering change: where do you want to be?

Step 4: The treatment goal: making a plan to change.

MET is a time-limited intervention; in this study MET will consist of six sessions of 50 minutes, held over a maximum of a 12 week period.

The core principles of MET are outlined in Figure 1:

Good Practice Principles

Through the 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.

- The 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 (e.g. 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 use engaging resources such as worksheets, arts and crafts as well as traditional talking approaches).
- Safeguarding the young people 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 young person-MET
To help young people within the looked after system to develop their intrinsic motivation to change, leading to the young person initiating, persisting in and complying with attempts at behaviour change.

This is done through the following basic motivational interviewing practices, which underlie the motivational approach.

1. Express empathy
2. Develop discrepancy
3. Avoid argument and roll with resistance
4. Support self-efficacy and elicit self-motivational statements

Express Empathy:

Empathy refers to the ability of the practitioner to make sense of the young person's world.

Empathy is communicated by the practitioner through reflective listening and selective reinforcement, through affirmation and the way that the practitioner summarises the young person's position.

Develop discrepancy

Motivation for change occurs when people perceive a difference between where they are and where they want to be, e.g. they need to think about, where they are, where they want to be and how to get there.

Avoid argument and roll with resistance

An attack on the young person's drinking or drug using behaviour tends to evoke defensiveness and opposition and suggests to the young person that the practitioner 'does not really understand'.

The MET style explicitly avoids direct argument. In MET, the young person and not the practitioner voices the arguments for change. This is especially important for Looked After Children who may have had little or no control in their lives.

A young person's resistance is a legitimate concern. Resistant behaviours within treatment sessions are responses that predict poor treatment outcomes. Much of the young person's resistance can be affected by how you respond to it. You may be able to identify resistance by the young person interrupting- cutting off or talking over you, arguing with you, challenging you, discounting your views or being openly hostile. It is best to avoid confronting or responding to this resistance head on as this encourages further resistance. Some responses to avoid are:

- Arguing, disagreeing, challenging
- Judging, criticising, blaming
- Warning of the negative consequences
- Trying to persuade with logic or evidence
- Interpreting or analysing the 'reasons' for resistance
- Confronting with authority
- Using sarcasm

Some of the above may take subtle forms and it is important to be very aware as a therapists that you are NOT engaging in these types of behaviours. In contrast it is important that you *roll with this resistance.* You can achieve this by:

- Using simple reflections of what the young person is saying
- Reflecting with amplification to encourage the young person to correct you - *'as far as you are concerned you haven't experienced any harms or concerns with your drinking'*
- Doubled-sided reflection - *'you don't like the idea you are 'addicted', yet you don't think your drug use is a problem.'*
- Shifting focus – *'you're anxious about having to make a decision to change right now, let's come back to that later and see what, if anything, you would like to do about that.'*

How the practitioner handles the young person's resistance is a critical and a defining characteristic of the MET approach. Resistance should not be confronted or challenged. Ambivalence is viewed as normal and is explored openly.

Support self-efficacy and eliciting self-motivational statements

People who feel that they need to change will still not move towards change unless there is hope for success. People will change if they believe that they can.

In this instance, the young person must be convinced that it is possible for them to change their own drinking or drug use.

Unless self-efficacy is supported, the young person attending the MET sessions is likely to resort to defensive coping (e.g. denial, rationalisation) to reduce discomfort without changing behaviour.

The young person is far more likely to listen to their own argument for change than one that is imposed upon them. Avoid telling the young person they *should* change or arguing with them about the need to change. This will evoke hostility and defensiveness. Instead, a goal of the MET practitioner is to evoke statements of problem perception and a need for change from the young person. Problem definition and recognition, intention to change and optimism for change are elicited from the young person rather than imposed upon the young person. This information can be elicited directly by using open-ended questions.

Useful opening questions to elicit self-motivational statements are:

'Tell me about your concerns about your drinking'

'Tell what your drug use has cost you'

'Tell me about the risks from your drinking and drug use?'

Other strategies for eliciting self-motivational statements to build and also strengthen commitment to change include:

- Looking forward – *'How do you see yourself in 12 months time?'*
- Elaboration - *'Can you tell me more about (your concerns/risks/aspirations)?'*
- Decisional balance – *'Can you tell me about the good things and the less good things about (drinking/drug use/change)?'*

Strategies used in MET

1: **Asking open-ended questions:** demonstrates interest in the young person and allows them space to explore their motivation in-depth. Examples of open questions include:

'Tell me more about….' 'In what ways does this…' 'In what ways do you think….?'

The practitioner asks the young person about their feelings, ideas, concerns and plans. The practitioner should respond with empathic reflection, affirmation or re-framing (discussed later).

Closed questions should be avoided. The only exception would be using closed questions to seek clarification for example:

'Is that OK?' Have I got that right?' 'Is that what you want to do?'

2. **Reflective listening** is listening with empathy. Empathy is commonly thought of as 'feeling with' people, or having an understanding of their situation by virtue of being able to help them make sense of it.

In MET, the practitioner listens carefully to what the young person is saying, then reflects it back to the young person, often in a slightly modified or reframed form. This way of responding offers a number of advantages i) It communicates respect and caring and builds a working therapeutic relationship – this is really important for a young person, ii) It is unlikely to evoke resistance from the young person, iii) It encourages the young person to keep talking and exploring the topic, iv) It clarifies for the practitioner exactly what the client means and v) It can be used to reinforce ideas expressed by the young person.

3. **Reinforcing selectively** is when the practitioner chooses which statements to reflect back to the young person, choosing to reinforce certain components of what the young person has said and ignoring others. In this way, clients not only hear themselves making a self-motivational statement but also hear the practitioner saying that they said it. Practitioners should choose statements that reinforce ability to change and optimism about the outcome of change to reflect back to the young person.

4. **Reframing** is a strategy whereby practitioners invite the young person to examine their perceptions in a new way. New meaning is then given to what has been said.

For example, young people will often admit, even boast of, being able to 'hold their drink' or cope with large amounts of drugs without looking or feeling intoxicated or becoming negatively affected by their use. This can be reframed (quite accurately) as a risk factor, the absence of a built- in warning system that tells people when they have had enough.

When people have developed tolerance, they may continue to drink/use drugs to high levels of intoxication and fail to realise potential risks and harm because they do not look or feel intoxicated. Thus, what seemed like good news (I can hold my drink/drugs) becomes bad news (I'm especially at risk).

5. **Affirming** is used by the practitioner to communicate to the young person an appreciation of the difficulty in changing a behaviour. Affirmation can help to i) strengthen the working relationship, ii) enhance the attitude of self-responsibility and empowerment, iii) reinforce effort and self-motivational statements, iv) support self-esteem.

6. **Summarising** is useful during a session, particularly towards the end of a session. It is especially useful to repeat the young person's self- motivational statements.

Midsession summary: *"So far, you've told me that you're concerned that you may be damaging your health by using heroin and that sometimes you get arrested because of your heroin use. What else concerns you?"*

Summarising gives both the practitioner and the young person the opportunity to take stock of where the session is going; it gives the practitioner the opportunity to change direction if necessary without too abruptly changing the subject.

These six skills form the basis of motivational interviewing which underpin MET.

The treatment map

The treatment consists of up to six sessions which address a number of topics that help guide the young person to achieve their abstinence or moderation goal. The practitioner should maintain focus and work through as many steps as possible within each session.

Structure of sessions

We suggest the following outline for sessions but this needs to be geared to the needs of the individual young person.

Phase I: Sessions 1, 2 and 3

Make contact with the young person, agree their preferred approach to their sessions (e.g. a therapeutic style, worksheets or using creative methods) and build motivation to change

Phase 2: Sessions 4 and 5

Strengthen commitment to change

Phase 3: Session 6

End treatment and plan for the future

Meeting Format

The duration of each session contact should be up to 50 minutes, some young people may require flexibility on session duration. Each session should be no less than 30 minutes, while an hour would be the maximum; allowing 10 minutes for writing notes and administrative tasks.

Part 1: Introduction (10 minutes)

- Greetings and introductions
- Summarise previous sessions and bridge to this session
- Review progress since the previous session

Part 2: New material (30 minutes)

- State and agree on the session's specific goals and aims
- 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

Discuss the focus of the next session

Agree next appointment date.

Tips for Practitioners

- Focus on engaging the young person from the first session
- Treatment is collaborative and the practitioner is responsible for building the therapeutic alliance
- Goals and tasks are set by the young person
- The skills of open-ended questions and selective reflective listening are used throughout
- The focus is on the present and the future, rather than the past
- Use positive language; emphasise strengths
- Focus on making changes to the young person's drug/alcohol use
- Focus upon self-efficacy rather than the mechanics of behaviour change
- Only provide advice when explicitly requested by the young person and after responding to all opportunities to elicit self-motivational statements.

Initial contact

When the practitioner receives the referral for the young person, initial contact must be made. The practitioner 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)

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.

Session 1: Getting to know you

Describing the treatment contract occurs at the outset and can be re-visited at the start of subsequent sessions. Confidentiality is explained and the rights and responsibilities of both parties discussed and agreed. This is designed to provide the young person with a safe space and encourage ownership and choice from the onset.

There should be a positive focus to the interaction ('your attendance is voluntary – it's great you decided to come here today').

It is important to provide feedback on the CRAFFT (Car, Relax, Alone, Forget, family/friends, Trouble) screening tool result:

'You recently answered a few questions about your drinking and drug use on a sheet that your social worker gave you. The answers you gave suggest that your drinking and drug use place you at risk of harm. What are your thoughts on that?'

If the young person responds with self-motivational statements, reflect this back to reinforce the motivation.

In the first session the worker should review what is already known about the young person's preferred way of working, and negotiate the frequency of contact (weekly/fortnightly).

In the latter stage of the session, the worker should focus upon getting to know the *young person* rather than their drug use. This should have a positive focus and may include:

- Their strengths
- Interests
- People that are important to them
- Things that are important to them
- What a good day (and a bad day?) would look like for them
- Aspirations (worded as 'How would you like to things to be in your life in 6-12 months' time?'). Aspirations at this stage are not restricted to those which are related to treatment goals/change in relation to drug and alcohol use.

The worker should end the session by explaining what they will cover in session 2. This should be communicated to them to put them at ease.

Session 2-5

Practitioners should use sessions 2-5 to move through the following steps of MET.

Step 1: getting to know your drug use

Step 1 is concerned with beginning to build motivation to change. To start this task, encourage the young person to explore their typical drinking or using day. Use an open question to begin this discussion:

'Tell me about a typical day when you drink/use drugs so I understand what happens.'

It would be useful to prompt the young person focusing on these areas:

- How much they drink/use
- When they drink/use
- Who do they drink/use with

The young person may begin to make self-motivating statements. It is important that you use reflective listening to respond to these statements. If the young person does not offer self-motivating statements proceed with open questions. For example:

'Tell me what you have noticed about your drinking/use, has it changed over time?'

'What things have you noticed that concern you, which could be problems or might become problems?'

'What have other people said to you about your drinking/drug use?'

'What have you noticed about your drinking/drug use and your health? Do you find it has caused you any problems or could become a problem?

'What about how you feel? Have you noticed feeling upset or angry?'

'What have you noticed about your drinking /drug use and the people you know?'

'How do you find your drinking/drug use affects your behaviour?'

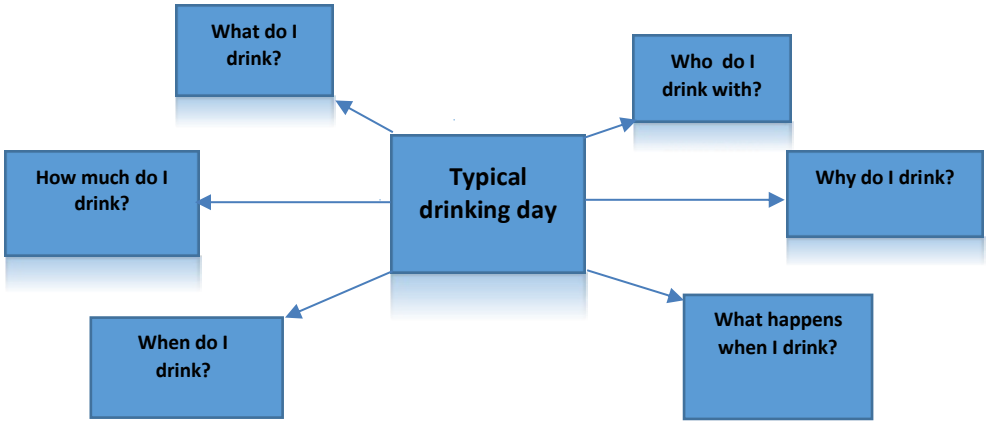
Remember to use the strategies discussed above throughout (listen reflectively, double-sided reflection, reinforce selectively, reframe, affirm and summarise). If the young person is resistant or you experience difficulty eliciting concerns, you may find it helpful to ask a question like:

'Your drinking/drug use is really important to you. Tell me about that.'

Creative alternatives in session 2

Some young person may find a discursive approach to be difficult. For young people who specify an alternative approach to working within session 1, consider approaching the content of this session by completion of worksheets, written work or arts and crafts. These may include:

- A drawing to show what their typical drinking/drug using day looks like
- A collage representing their typical drinking/drug using day
- A worksheet/spider diagram



Whichever way you decide to approach this session with the young person, it is important that you continue to use the MET strategies. For instance, if you use a spider diagram approach, ask open questions as you work through the sheet to elicit self-motivating statements and listen reflectively i.e. your style should remain consistent with the MET approach.

End the session by summarising the motivational content of the session. Advise the young person that next time you meet you will talk about what they think about their drinking/drugs use, the risks, costs and benefits. Agree a date and time for the session.

Step 2: recognising risks; benefits and costs

Step 2 aims to continue to build motivation. You previously explored the young person's drug/alcohol use with them. Recap on what you discussed and advise the young person that this step will focus upon their thoughts about their drug/alcohol use.

Use an open question to start the discussion:

'What concerns you about your alcohol/drug use?'

It is useful for the practitioner to recall the content of step 1, when the impact of drug/alcohol use upon the young person's mental health, physical health, relationships, behaviour & offending were elicited. Encourage the young person to discuss this further, for example:

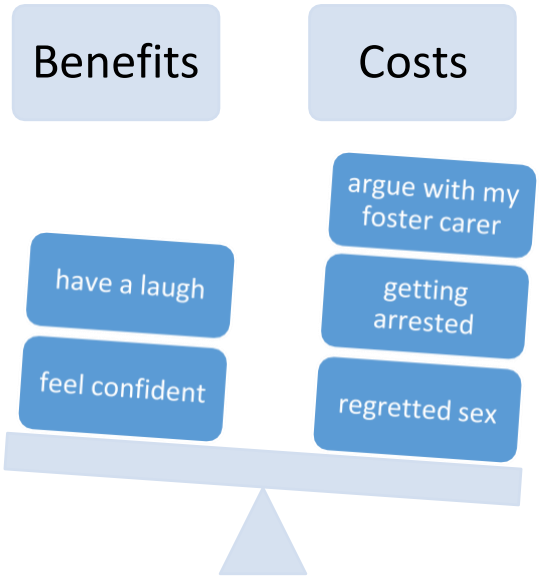
'Last time we met you told me that your foster carer was worried about your drinking. You also told me that you found that you were more irritable the day after you had drunk alcohol. Can you tell me more about your concerns about how your drinking affects your relationships?'

Encourage the young people to consider the benefits and costs of their drug use. It is useful to start the conversation talking about the benefits before moving onto the costs as this will enable you to focus the remainder of the conversation on the costs of the drinking/drug use and therefore elicit self-motivational statements.

Creative alternatives in the session

When the young person prefers to explore suggestions by means other than the discursive, the material can be approached via more creative means. Some suggestions are listed below:

- Ask the young person to draw what a good day looks like when they drink/use drugs and then draw a picture of what a bad day looks like. Reinforce selectively the self-motivational statements that are elicited when discussing the bad day.
- Ask the young person to write a letter (the practitioner may need to support the young person to write this) or record a voice message addressed to the young person from their friend/carer where the person explains to the young person why they are concerned about their drinking/drug use.
- Using a worksheet, represent the benefits and costs with a set of scales asking the young person to list each. Selectively reinforce the costs the young person experiences to elicit self-motivational statements. See below example:



Use the MET strategies throughout to elicit self-motivational statements from the young person.

End the session by summarising the motivational content of the session, seeking to tip the decisional balance in favour of change. Advise the young person that next time you meet you will talk about what they think about changing their drinking/drugs use; how important that might be for them and their confidence to change. Agree a date and time for the session.

It is important for practitioners to be able to recognising readiness to change. Premature or delayed focus on commitment to change can result in a decision not to change.

Follow-up Note
After this session, send a hand written note to the young person. Sign it with both your first and second name to maintain an appropriate level of formality. The note should include personalised, although professional content. This may include affirmations, optimism, a brief summary of the session especially any motivational content and a reminder of the next session. For example:

Dear Lee

I was glad to see you today. I was interested to hear about your goals for the future and how you would like us to work together in our sessions. You seem to have some concerns about how your drinking/drugs use is affecting you. I think we will be able to find a way forward. I look forward to meeting with you again on Tuesday 24th at 4pm.

Regards

Ruth McGovern

Step 3: Considering change- where do you want to be?

Step 3 aims to strengthen motivation to change. You previously explored the costs and benefits of the young person's drug/alcohol use. Recap on what you discussed. Tell the young person that this step will focus upon their thoughts about changing their drug/alcohol use. Start the discussion with an open question, for example:

On a scale of 0-10, how important is it that you change your alcohol/drug use?'

Elicit self-motivational statements by exploring the young person's response, asking '*Why did you choose that number?' 'What might need to happen for change to be more important?', 'What concerns them you about your alcohol/drug use in the future if you do not change?'*

Similar questions can be posed relating to the young person's confidence to change:

'On a scale of 0-10, how confident do you feel about your ability to change your alcohol/drug use?'

Explore with the young person strategies that might may enhance their confidence and promote self-efficacy.

Ask the young person to weigh up the costs and benefits of change. This time start with the costs and end with the benefits. This will allow you to selectively reinforce the benefits of change and elicit further self-motivation statements. When considering change it is important to:

1. Discuss options

A key shift to occur is from focusing upon the reasons for change to focus on the decision to change. Practitioners should use transitional questions to facilitate this shift:

'What are you thinking you'll do about this?'

'Where does this leave you in terms of your drinking/drug use?'

'What are your thoughts about your drug use at this point?'

Your goal in asking transitional questions is to elicit a decision to change from the young person.

2. Communicate free choice

The practitioner should communicate free-choice throughout MET. Young people, their carers, their social workers and drug and alcohol workers all stressed that this is particularly important when working with a young person. When considering change, the young person should be explicitly reminded that it is their decision if and how they want to change:

'It's up to you what you want to do about this.'

'No one can decide this for you.'

3. Discuss the consequences of action and inaction

It may be helpful to ask the young person how they imagine their life to be if they continue to drink/use drugs as they have done before.

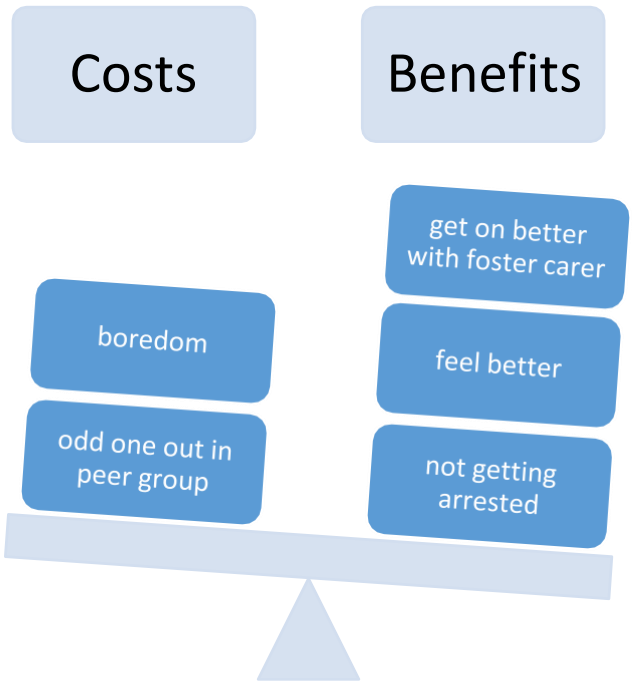
'What do you think will happen if you continue to drink/use drugs? Where do you see yourself in 3, 6 and/or 12 months' time?'

Alternatively, different crafts or worksheets can be used to explore the 'decisional balance' (worksheet illustrating a set of scales where the young person lists pros and cons, visual representation of life with change and life without change)

Creative alternatives in session

When the young person prefers to explore suggestions by means other than discursive, the content of step 3 can be approached via more creative means. Some suggestions are listed below:

- Ask the young person to draw a picture which represents their concerns about changing their drug/alcohol use. Ask the young person to draw a picture that represents the benefits of changing their drug use.
- Ask the young person to write two separate letters in response to their friend/carer's letter previously sent. The first letter should be addressed from the young person – ask them to imagine they have not changed their drinking/drug use. S/he should explain their reasoning in terms of what they see to be the negative aspects of change. The second letter should be also addressed from the young person – this time ask them to imagine they had changed their drug/alcohol use. The young person should write the letter explaining how their life is better since they have changed their drug/alcohol use.
- Using a worksheet, represent the costs and benefits of change with a set of scales asking the young person to list each. Selectively reinforce the benefits of change the young person experiences to elicit self-motivational statements. See below example:



Use the MET strategies throughout to elicit self-motivational statements from the young person.

End step 3 by summarising the motivational content of the discussion, seeking to tip the decisional balance in favour of change. Advise the young person that the next step will address the question of how they might go about changing their drinking/drugs use; goals, strategies and support for change. Agree a date and time for the session.

Step 4: Treatment goal- making a plan to change

Step 4 aims to strengthen motivation to change in preparation for asking for commitment to change. You previously explored the costs and benefits of the young person's drug/alcohol use as well as the costs and benefits of change. Recap on what you discussed. Tell that young person that step 4 will focus upon considering how they might change their drug/alcohol use. Start the discussion with an open question, for example:

'If you were to decide to change your drinking/drug use, what might that change look like?'

The aim here is for the young person to begin to imagine how they would change, however the focus is upon enhancing their self-efficacy to achieve change rather than agreeing the steps they will take to change. As such, it would be useful to elicit what might be helpful in achieving their goal. A further strategy maybe to encourage the young person to consider a time they had achieved something which they found difficult and to tell you about that experience. This may be a time they decided to drink or use less, changed something other than their drug and alcohol use or achieved a goal.

Young people, carers and professionals have told us that a number of topics may be important to explore in order to 'tip the decisional balance' in favour of change. The practitioner needs to establish what sort of information the young person needs in order for them to reach their chosen goal. Topics may include:

- Sexual risk taking
- Offending
- Debt
- Sexual exploitation
- Harm minimisation

The practitioner should only provide advice which is solicited by the young person. This should *not* be provided to the young person as a means of persuading them to change. Further, it is important to maintain a motivational focus. For example:

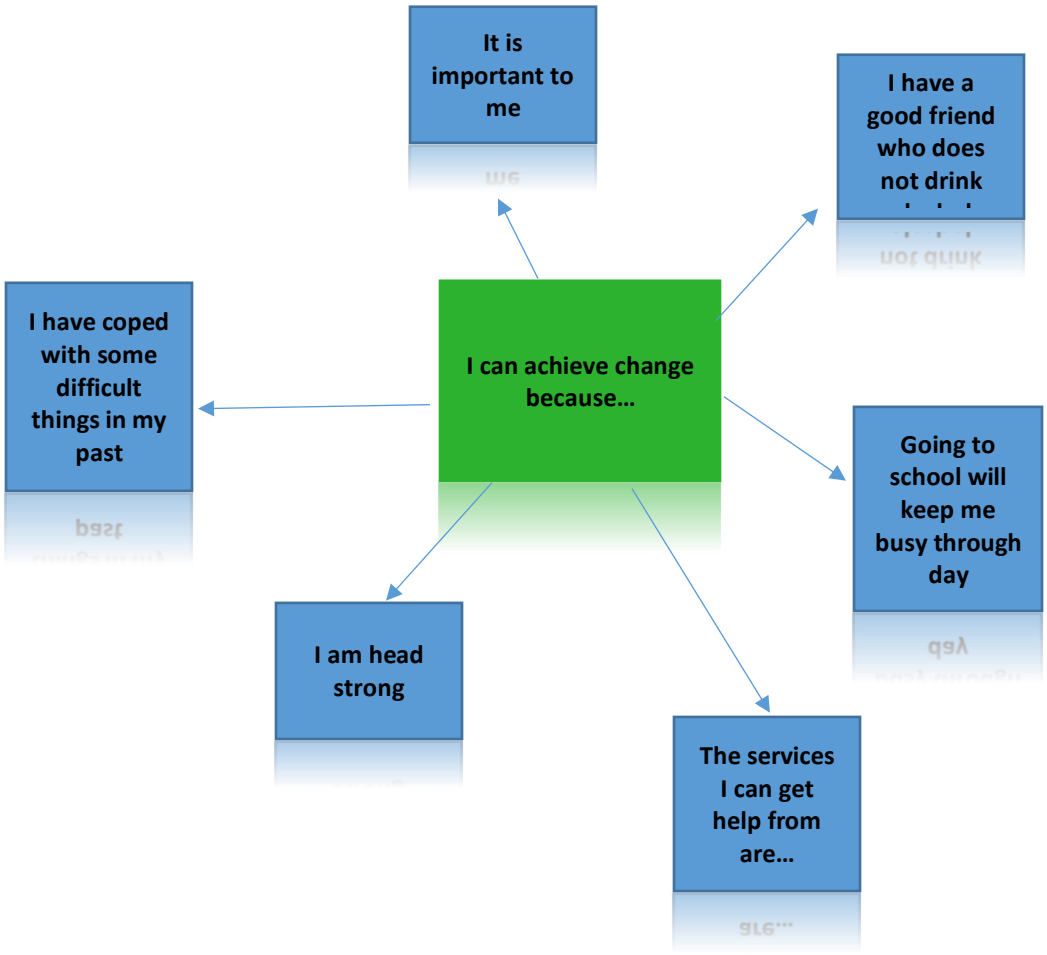
'I had unprotected sex when I was drunk. How do I know if I have an STD?' would be best responded to *'you take sexual risks when you have been drinking and this worries you.'* Information can then be provided but would be best followed up with a question which elicits self-motivational statements

'…what do you think about the information I have provided?'

Creative alternatives in session

When the young person prefers to explore suggestions by means other than the discursive, the content of step 4 can be approached via more creative means. Some suggestions are listed below:

- Ask the young person to draw a picture of a previous achievement they had made
- Ask the young person to write themselves a letter from a person who encourages them (a friend/carer) addressed to themselves. In the letter they ask them to tell themselves why they believe they can change their alcohol/drug use
- Completing a spider diagram that lists all their skills and support mechanisms that will help them to achieve their goal for change.



Towards the end of the commitment process, it is useful to recapitulate with the young person. This involves providing a broad summary of what has been discussed thus far. After providing the recapitulation, ask the young person for commitment to change. For example:

'Are you ready to commit yourself to these changes?'

Followed by questions that enable the young person to plan what they intend to do:

'So what do you think you are going to do about all this?'

'When are you going to make these changes?'

End the session with a positive affirmation and advise the young person that next time you meet you will talk about the progress they have made and their plans for the future. It is important to remind the young person that session 6 will be your last session together. Agree a date and time for the session.

'It has been great to talk to you today about the positive changes you are going to make. I will look forward to hearing about your progress next Tuesday when we meet. This will be our last session together.'

Session 6: restating commitment and end

Begin your final session by reviewing and summarising the content of the previous five sessions, emphasising the self-motivational statements that have been made by the young person. Discuss the commitment and plans made and the progress the young person has made against these plans. Use the MET strategies to reinforce the commitment made. During the review of progress, it is useful to encourage the young person to talk about situations when they did not drink/use drugs as well as those when they did. Remember not to advise the young person how to cope or avoid relapse. Use the MET strategies to empathically consider how the young person thinks they have progressed against their goal.

'Tell me about a time when you have drunk/used since our last session. What do you notice about these times?'

'Tell me about a time when you have not drunk/used. What do you notice about these times? What can you learn about the times when you did not use/drink that might help you?''

A final recapitulation should be used in the end of the session. Your final summary should be interactive, and it should include:

- A review of the most important factors motivating the young person for change
- A summary of the commitments and changes made thus far
- Affirmation and reinforcement of the young person's commitment and changes made thus far
- Exploration of additional areas for change the young person wants to accomplish – what next?
- Eliciting self-motivational statements from the young person for maintenance of change
- Support for self-efficacy by emphasising the young person's ability to maintain change and make further changes

Dealing with missed or cancelled appointments

Young people have told us that they value practitioners who are willing to be flexible with the scheduling of their appointments. It is important that the sessions are arranged at a time, date and location (where this is possible) that is convenient to the young person. This will reduce the potential for missed appointments. However, young people may still miss appointments or cancel these ahead of time. When this happens:

- Respond as soon as you can, avoiding too much time to lapse before making contact
- Clarify the reasons why they missed/cancelled the appointment
- Affirm the client by acknowledging the positive previous contact they have made
- Express eagerness to meet with them again
- Briefly mention any concerns they raised in relation to their drinking/drug use in previous sessions and your appreciation that they are exploring these
- Express optimism at the prospect of change
- Reschedule the appointment.

If no explanation is offered, the opportunity can be used to explore the young person's ambivalence. This should be done in a manner that is consistent with MET (e.g. using the strategies).

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 is the supervisor

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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