

NDTMS YP COMMUNITY INTERVENTIONS AID CDS-Q

Psychosocial interventions — structured

Psychosocial interventions are structured care planned interventions delivered by staff with the appropriate competences. These psychosocial interventions may be provided alone or in combination with other interventions and should be provided in accordance with:

- [Drug Misuse and Dependence: UK guidelines on clinical management](#) (also known as the 'clinical guidelines' or 'orange book')
- [NICE Public Health Guidance 4: Substance misuse interventions for vulnerable under 25s](#) including community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people
- [NICE Clinical Guideline 115: Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence](#)
- [NICE Clinical Guideline 52: Drug misuse in over 16s: opioid detoxification](#)
- [NICE Clinical Guideline 51: Drug misuse in over 16s: psychosocial interventions](#)

Also, see [Practice standards for young people with substance misuse problems](#).

The type of psychosocial intervention should be selected on the basis of the problem and treatment need of the specific young person guided by the available evidence base of effectiveness.

Cognitive and behavioural interventions

A talking and solution-focused therapy that focuses on understanding the roots of problem behaviour. It can help young people to develop coping mechanisms for modifying and reducing such behaviour, and promotes rational belief as a way of achieving change and health.

This includes where young people develop abilities to recognise, avoid or cope with thoughts, feelings and situations that are triggers to substance use. Focus on coping with stress, boredom and relationship issues and the prevention of escalation of harm, including relapse prevention CBT.

For those with limited co-morbidities and good social support, young people are offered individual cognitive behavioural therapy.

Motivational interventions

A brief psychotherapeutic intervention. The aim is to help young people reflect on their substance use in the context of their own values and goals and motivate them to change. Motivational interviewing and motivational enhancement therapy are both structured forms of motivational interventions.

Structured family interventions (including family therapy)

Interventions using psychosocial methods to support parents, carers and other family members to manage the impact of a young person's substance misuse and enable them to better support the young person in their family. This includes work with siblings, grandparents and foster carers, for example. This is a structured family intervention and does not include brief advice and information. Note: family work should only be reported to NDTMS if and when a young person who is a member of the family receiving family work is currently accessing services for specialist substance misuse interventions and should be reported using the young person's attributors.

Multi component programmes

Multi-component programmes may include multi-dimensional family therapy, brief strategic family therapy, functional family therapy or multi-systemic therapy. Interventions that look at the individual, family, peer group, school and social networks associated with the young person's problems. They use evidence-based solution focused interventions, such as strategic family therapy and CBT.

(For those with significant co-morbidities and or limited social support are offered multi-component programmes).

This approach can be delivered by a range of professionals – it should only be recorded if the specialist substance misuse provider is contributing to the delivery of the intervention.

Contingency management

Substance misuse specific contingency management provides a system of positive reinforcement/incentivisation to make substance misuse specific behavioural changes or prevent escalation of harm.

Counselling

A process in which a counsellor holds face-to-face (or equivalent) talks with a young person to help him or her solve a problem or help improve the young person's attitude and behaviour (relating to substance misuse).

Specialist harm reduction — structured

Care planned substance misuse specific harm reduction is not brief advice and information. This intervention must be delivered as part of a structured care plan and after a full assessment of the young person's substance misuse and risks. Specialist harm reduction interventions should include services to manage those at risk of, or currently involved in:

- injecting – these services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses (see [NICE Clinical Guideline 52: Drug misuse in over 16s: opioid detoxification](#))
- overdose – advice and information to prevent overdose, especially overdose associated with poly-substance use, which requires specialist knowledge about substances and their interactions
- risky behaviour associated with substance use – advice and information to prevent and/or reduce substance misuse related injuries and substance misuse related risky behaviours

No sub-intervention review required.

Pharmacological interventions — structured

These are substance misuse specific pharmacological interventions, which include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing of medications to prevent relapse. See [Guidance for the pharmacological management of substance misuse among young people](#).

No sub-intervention review required.

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YP multi-agency working — non-structured
Multi-agency working lists work done by the substance misuse provider with other services needed in the young person's care package. This work includes facilitating access to the service, arranging appointments or making referrals to the service, working directly with the service in joint case reviews and liaising with the service to discuss the whole needs of the young person. This intervention type is non-structured and should support other specialist substance misuse interventions – if a young person receives just this intervention type, they will not be classed as 'in treatment' .
Education/training
Work undertaken with services such as Connexions, NEET, colleges, PRUs, academies, schools, training services
Employment/volunteering
Work undertaken with services such as job centre, school careers advisor, voluntary placement coordinator
Housing
Work undertaken with services such as a housing advisor, housing association, local council
Generic family support
Work undertaken with services delivered by another family service, not psychosocial family work delivered by this service. Such as FIPs, child protection, safeguarding, troubled family teams, other family services
Generic parenting support
Work undertaken with services who are able to support the young person parenting their child
Peer support involvement/mentoring
Work undertaken with services and initiatives consisting of peer supporters and peer mentoring
Mental health
Work undertaken with services such as CAMHS, emotional wellbeing, children and young people's 'improving access to psychological therapies' programme (IAPT)
Offending
Work undertaken with services such as youth offending teams, youth justice liaison and diversion schemes
Health
Work undertaken with services such as GP, dentist, school nurse, BBV nurse
Sexual health/pregnancy
Work undertaken with services such as sexual health or family planning clinics
Meaningful activity
Work undertaken with services such as supported sports, positive leisure
Disability services
Work undertaken with services designed to support disabled young people or young people affected by disability
Behavioural services
Work undertaken with services designed to support young people with behavioural difficulties
Young carers
Work undertaken with services designed to support young people who are a carer including support groups
Smoking cessation
Specific stop-smoking support has been provided by the treatment service, and/or the individual has been actively referred to a stop smoking service for smoking cessation support and take-up of that support is monitored. Suitable support will vary but should be more than very brief advice to qualify as an intervention here. It will most commonly include psychosocial support and nicotine replacement therapy, and will be provided by a trained stop smoking advisor.
Youth services
Work undertaken with services such as integrated and targeted youth support services
Children's social care
Work undertaken with teams such as those who work with looked after children, children in need, child protection, leaving care teams
Client provided with domestic abuse support for victim/survivor
Staff have assessed service user needs in relation to domestic abuse/violence as part of the comprehensive assessment or ongoing recovery care planning process. There are agreed goals that include support actions by the treatment service, and/or active referral to a specialist domestic abuse service. These services may include MARAC; community or refuge support providing safety planning, legal advice, advocacy and therapeutic interventions for victims/survivors and their children.
Client provided with domestic abuse support for perpetrator
Staff have assessed service user needs in relation to domestic abuse/violence as part of the comprehensive assessment or ongoing recovery care planning process. There are agreed goals that include support actions by the treatment service, and/or active referral to a specialist domestic abuse service. Perpetrators of domestic abuse/violence may attend a perpetrator programme.