

# NDTMS YP SECURE ESTATE INTERVENTIONS AID CDS-Q

## Psychosocial interventions — structured

Young people under the age of 18 must be able to access each of the young people's specialist substance misuse treatment interventions described below. Interventions include social and health care interventions, all of which are important and complement each other in reducing harm caused by a young person's substance misuse.

Psychosocial interventions are structured treatment interventions that encompass a wide range of actions. Key working is the basic delivery mechanism for a range of key components including the review of care plans and goals, provision of substance related advice and information, interventions to increase motivation and prevent relapse and help to address social problems, for example peer relationships, family relationships and education. In addition, a range of formal psychosocial interventions may be provided by key workers or others with the appropriate competences.

Formal psychosocial interventions may be provided alone or in combination with other interventions and should be targeted at addressing assessed need. They may be provided:

- to treat substance misuse including alcohol or co-occurring mental health disorders
- alone or in addition to harm reduction or pharmacological interventions

Formal psychosocial interventions should be provided in accordance with [Drug Misuse and Dependence: UK guidelines on clinical management](#) (also known as the 'clinical guidelines' or 'orange book') and relevant NICE clinical guidelines.

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 on effectiveness.

Definitions of the secure setting interventions for young people are provided below:

### Specialist pharmacological intervention

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.

The intervention start is the date of dispensing the first dose of medication.

### Counselling

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

### Cognitive behavioural therapy

Cognitive behavioural therapy is a psychotherapeutic, talking therapy that aims to solve problems concerning dysfunctional emotions, behaviours and cognitions through a goal oriented, systematic procedure.

### Motivational interviewing

Motivational interviewing is a brief psychotherapeutic intervention. The aim is to help the young person reflect on their substance use in the context of their own values and goals and motivate them to change.

### Relapse prevention

Relapse-prevention CBT focuses on helping young people to develop skills to identify situations or states where they are most vulnerable to drug use, to avoid high-risk situations, and to use a range of cognitive and behavioural strategies to cope more effectively with these situations.

### Family work

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. This includes work with siblings, grandparents, foster carers, for example.

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 specialist substance misuse treatment services and should be reported using the young person's attributors.

The intervention start is the date of the first formal and time-limited appointment.

### YP harm reduction service (specialist)

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 treatment services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses
- 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

The intervention start is the date of the first appointment where specialist harm reduction interventions were provided.