PACT Group Work Pilot: Outcomes 2010

Phil Harris

This document outlines the key outcomes of the pilot PACT group work programme delivered in Somerset from July – October 2010. The programme was delivered in partnership with the In-Touch Project, a concerned other dedicated service.

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The Author

Phil Harris has worked as a practitioner, manager, supervisor and trainer in substance misuse for 20 years. He is involved in the strategic design and development of services for drug and alcohol users, as well as family services in a wide number of counties in the UK. He has worked as an advisor for the World Health Organisation in the Balkans and is an advisor to the US BICEP programme. A consultant lecturer at the University of Bristol's Social Policy Unit, he has published over twenty scholarly articles and four books on all aspects of substance abuse and its effective treatment.

Executive Summary

The Parents and Carers Training programme has shown positive results in working with concerned others in a one-to-one capacity. This pilot was designed to examine the effectiveness of the programme in a group setting.

Ten treatment subjects attended a five day programme regarding a loved one's problem use. This comprised of 9 women and 1 male. The loved ones were sons (4), daughters (3) or partners (3).

The offspring were more likely to be drug or poly drug users whilst older partners were all male and more likely to be experiencing alcohol problems. The average length of problem use was 11.1 years demonstrating entrenched consumption histories.

Baseline measures revealed 'significant' depressive symptoms in the treatment group, averaging 28.4 on the CES-D. At close of treatment this was reduced to 'elevated' range, with an average score of 18.7 on the CES-D indicating that the programme was effective in reducing depressive symptoms. Considerable variation occurred in the group.

Baseline measures revealed poor social functioning in the treatment group. The Outcome Rating Scale average on treatment entry was 16.74 and 22.14 at treatment completion. Considerable variance of improvement occurred in the group. One treatment subject deteriorated due to relapse in the loved one, one subject experienced no change, whilst two demonstrated that the programme had improved their social functioning. Six of the treatment group achieved clinically significant outcomes indicating that their social functioning was akin to those who did not require professional treatment.

A number of the treatment subjects had loved ones in treatment at the start of the programme. Amongst the five who were not, four were successful in getting their unmotivated loved one into treatment. In the one case where the loved one did not enter treatment, the concerned other was able to re-establish a relationship with their loved one after a period of separation.

Treatment satisfaction and treatment outcome are highly related. Treatment satisfaction with the programme was extremely high, with treatment subjects consistently rating the quality of treatment over 35 on the Session Rating Scales. This is an important clinical cut off point. Where treatment subjects score lower than 35, they are at risk of worsening or dropping out of treatment. The programme demonstrated a 100 per cent completion rate.

The treatment subjects' qualitative reports demonstrated high levels of satisfaction with the programme.

Treatment considerations and development of the programme are also suggested.

Introduction

The Parents and Carers Training (PACT) is a treatment programme developed for concerned others who are experiencing difficulty with a loved one's drug or alcohol use. Piloted in South Wales, the programme synthesised key findings from clinical studies and established interventions into one model (Harris 2010). The programme aims to support concerned others through teaching a range of behavioural skills in order to:

- Assist unmotivated loved ones into treatment
- Support loved one's in treatment
- Reduce the stress and pressure that the concerned other experienced
- Improve the quality of life for the concerned other

Whilst the PACT programme had enjoyed significant success in South Wales as a 1-to-1 service, the aim of the pilot in Somerset was to assess the viability of a group work version of the programme. Funds were secured through the In-Touch project to provide 5 one-day workshops to a group of concerned others in the Somerset and BANES area over a two month period. The workshops consisted of the following elements of the programme:

- Day One: Introduction
  - Understanding Addiction and Dependence
  - Extinction Burst
  - Principles of the Programme
- Day Two: Alternative Rewards for the loved one
  - Reducing Conflict
- Day Three: Disabling enabling
  - Withdrawing Without Conflict
- Day Four: Reducing Depression
  - Improving Your Life
- Day Five: Relapse
  - Responding to Relapse
  - Shares From Those in Recovery
  - One-to-One Programme Review

In addition to this programme, the first hour of each workshop was open. This allowed the concerned others to share their feelings, check –in with the concerned others as to how the previous learning was being applied and to review their own progress. Furthermore, base line measures were taken in day one and retaken again at the close of the programme in order to evaluate treatment outcomes. Baseline measures taken at induction are described in table 1.

Measurement	Function	Frequency
Relationship with loved one	Establish where the type of relationship influenced treatment outcomes.	Induction & Completion
Length of problem use	Establish the severity and duration of problematic use.	Induction
Substances used	Profile the substances that the programme could or could not assist with.	Induction
Pattern of Use	Establish changes in the consumption pattern of the loved one post-treatment.	Induction & Completion
Frequency of Use	A measure of the loved one's consumption in order to assess any reductions in use post-treatment.	Induction & Completion
Loved ones current treatment status	Whether the loved one was in treatment at the outset of the programme compared to completion.	Induction & Completion
Confidence in Change	Whether the concerned other felt more confident in making further gains post treatment.	Induction & Completion
CES-D	The severity of depressed mood in the concerned other and how this changed post treatment.	Induction & Completion
Outcome Rating Scales	The measure of weekly subjective improvement reported by the concerned other across the course of treatment.	Every session
Session Rating Scales	Identifies elements of the programme and the group dynamic that was or was not helpful to the concerned other. Reveals overall treatment satisfaction.	Every session

Table 1: Baseline outcome measures taken on the programme

Treatment Group

The In-Touch Project recruited 10 subjects to trial the programme. Prospective candidates were given an information leaflet regarding the nature of the project and were given further assistance and encouragement by the In Touch project to attend. A member of the In-Touch project was very familiar with the programme having

completed training in the approach the previous year. The demographics of the treatment subjects are described in table 2.

Domain	Programme Composition
Gender	Female 9 Male 1 (including 1 couple)
The loved one was the…	Son x 4 Daughter x 3 Male Partner x 3
Substance abused	Alcohol & Cocaine Cannabis x 3 Polydrug use & Alcohol Heroin & Methadone Alcohol Only x 5
Average period of use	11.1 years
Pattern of use at treatment outset	Abstinent x 1 Episodic x 4 Daily x 5

Table 2: Demographics of treatment subjects.

The profile of treatment subjects was typical in that it showed a much higher ratio of women to men. In regards patterns of use, offspring were more likely to be drug or poly-drug users. Older problem using partners were almost exclusively alcohol related problems. One concerned other reported suspected (and later confirmed) cannabis & cocaine use in an older partner but still felt that the primary issue was alcohol consumption. Alcohol users were more likely to present with an episodic or binge pattern of consumption, though binge patterns of alcohol use often co-occurred with drug use in the offspring of concerned others. Whilst 'frequency of loved one's use' scores were taken at induction and treatment completion, this data was too incomplete to be of use. This was because some concerned others were either estranged or in less contact with the loved one at either the start or end of the programme. Therefore it was impossible for them to give meaningful scores. However, the average length of problematic use was 11.1 years suggesting that the loved ones were entrenched in problematic use.

For partners, two subjects reported having established a relationship with the loved one after the problem was established. Whilst no measurements were taken, most concerned others reported significant mental illness in the loved ones. Depression was a common theme for many and one loved one had been recently sectioned under the mental act with drug induced psychosis. As such, the treatment group reported a typical spread of consumption, with (poly) drug use most associated with offspring in their twenties and early thirties and alcohol in partners in their forties and early fifties with one exception. Loved ones in this programme had no dependants in their care.

Retention rates across the programme were very high. There was 100 per cent treatment completion. This was not simply down to the programme but the additional support given to members by the In-Touch project. The project was very effective in providing group members with reminders, check-ins and additional support especially when the concerned other's motivation dropped. It is especially important to acknowledge the vital support that the project offered outside of the group work programme and is testament to the strong alliances and invaluable support In-Touch offers concerned others.

Outcomes: Concerned Others

Several outcome tools were used throughout the programme to gauge the effectiveness of the treatment. The CES-D (Radloff 1977) is a validated tool that measures depressive symptoms and was used to screen the current mood of all concerned others entering into the programme. This tool allows for comparison between current rates of depressive symptoms against typical rates of depressive symptoms found in normative populations. The scale is scored from 0-60, with 60 being the highest range. Normative scores can vary according to the life situation of the individual but the highest score found in non-treated groups is 12. Elevated depression scores can be found between the range of 12-24. Anyone scoring over 24 has a significant range of depressive symptoms. The CES-D was taken at induction and treatment completion in order to assess how effective the programme had been in reducing the pressure that the loved one was under.

Average CES-D at intake was 28.4 placing the group as whole in the significant depressed mood range. The mean score at completion was 18.7, indicating that the programme was very effective in reducing depressive symptoms to almost a normative range. This demonstrates a significant reduction in the reported experience of depressive symptoms. The comparison of individual treatment subjects did show variance. Two subjects reported depression rates within a normative range at treatment outset whilst others reported very high depression scores at treatment entry. Four concerned others reported significant levels of depressed mood scoring above 24 whilst the remaining group had elevated levels. Post treatment, six concerned others demonstrated significant reductions in their current experience of depression with two subjects reporting no symptoms at all. Reductions were also achieved in depressive symptoms in those whose loved ones had not entered into treatment. One treatment subject's depressive symptom range remained high due to external stresses.

Slight adjustment occurred in one subject with a second subject showing a dramatic increase in depression symptoms as the loved one relapsed at close of treatment. This subject was considering separation from the loved one as a result and had entered into couple counselling with the partner in order to address this issue. In general, these outcomes demonstrated that the programme was effective in reducing stress and emotional pressure in the majority of the treatment group. However,

relapse in the loved one is often the primary cause of depressive symptoms in concerned others (See figure 1).

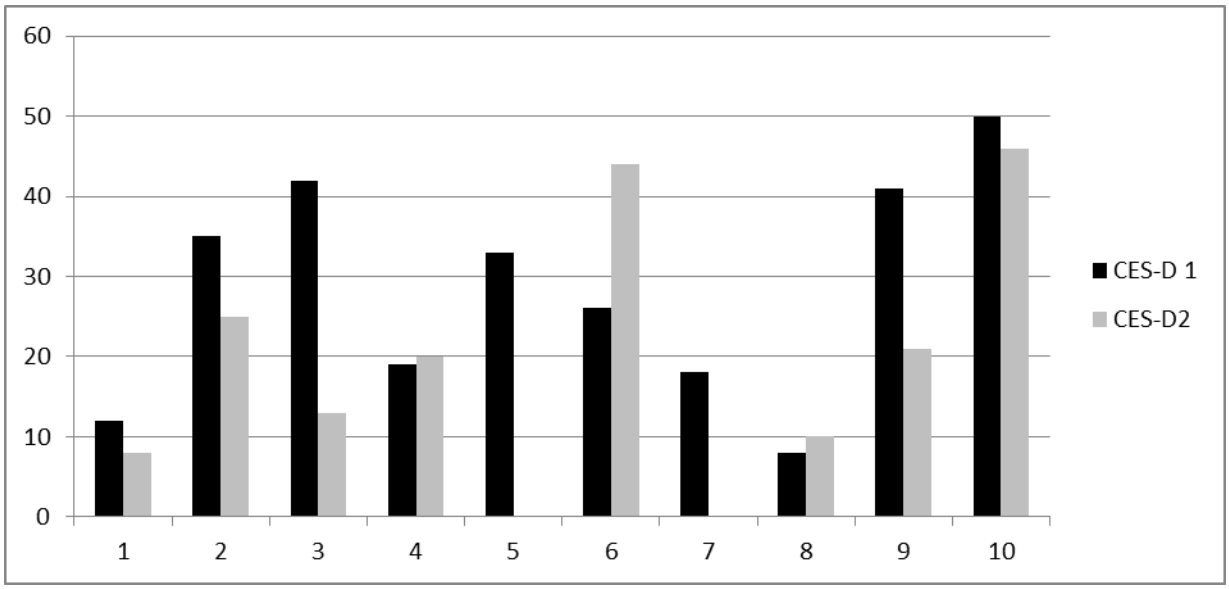

Figure 1: Comparison of CES-Depression Scale at Intake (CES-D1) and Treatment Completion (CES-D2) by Subject.

A second clinically validated outcome assessment tool was used to measure improvements in the concerned others' social functioning. This was the Outcome Rating Scale which is used in conjunction with the Session Rating Scale. These are visual analogue scales that are completed at the start and end of each session. The Outcome Rating Scale (See Miller et al 2004; Miller et al 2005; Miller and Duncan 2004) was used as part of the check in briefing, where subjects were asked to rate their own sense of improvement in four domains. This included their own sense of self, close relationship, wider social relationships and overall. The scales allow for a combined rating of 0 to 40, with 40 indicating the highest level of social functioning. Treatment trajectories are fairly predictable over time and demonstrate a regressed to the mean curve. This curve displays an initially steep gain followed by a rule of diminishing returns as the client approaches normal functioning. This tool is specifically designed to measure predicted treatment trajectories.

The Outcome Rating Scale has a clinical cut off point at 25. Individuals who are not seeking professional help tend to score on 25 or above and so this gives an indication that a good level of social functioning has been achieved. Whilst this cut-off point can be explained to clients at the outset of treatment, the group was not informed of this at outset in order to reduce any bias in their scores. The mean average score at intake was 16.74. This score suggests below average social functioning whilst the mean average score post treatment was 22.14 (See figure 2).

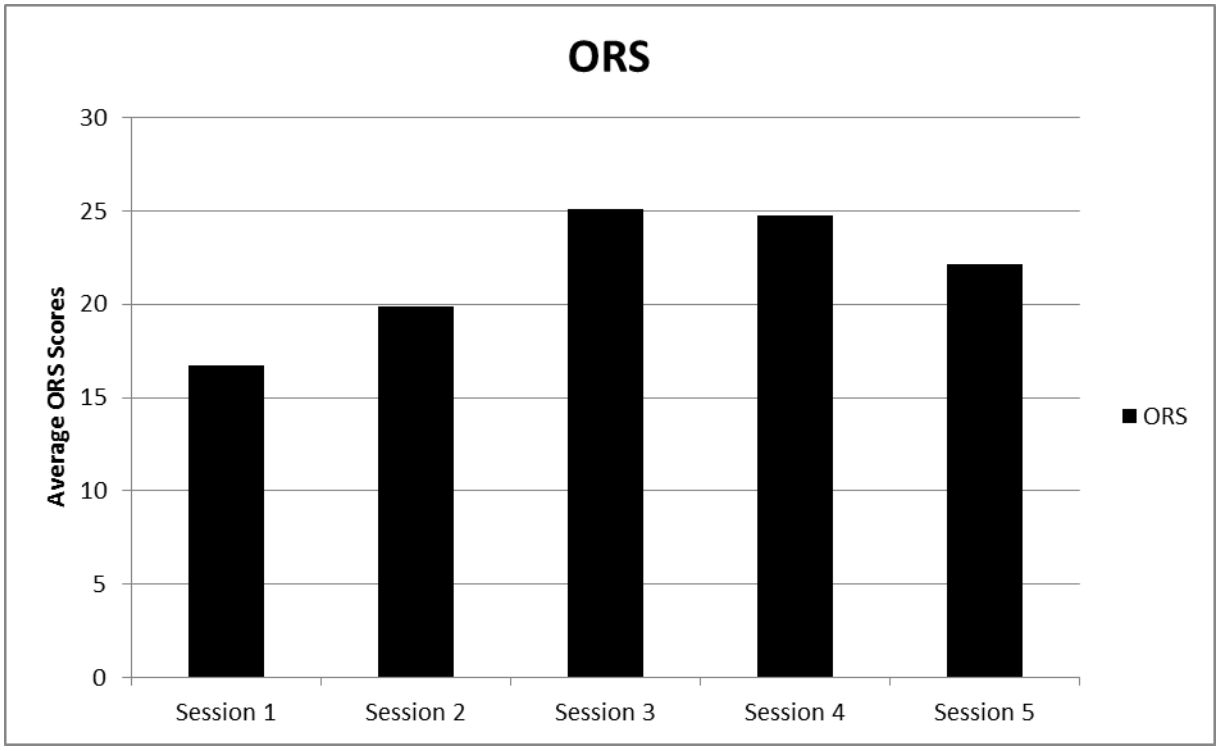

Figure 2: Mean average improvement in social functioning across the 5 week programme as indicated by Outcome Rating Scales scores

Again, individual variation did occur in the Outcome Rating Scales. Most concerned others made significant improvements. It was striking how those with loved ones in treatment demonstrated the highest base line scores at intake, whilst those with loved ones who were still using problematically scored the lowest at intake. Despite variance in the initial base score, both groups made significant change. This appears to support findings in other concerned other treatment research that shows that the loved ones treatment entry does not in itself improve the life of the concerned other after many years of stress. Even when the loved one has entered treatment there is considerable scope to support concerned others to improve their own lives.

In two cases, the concerned others' lives did not appear to make the anticipated progress. In one case (4), the loved one was currently on a methadone prescription with limited access, and motivation, to take up more comprehensive treatment. Methadone appears effective at reducing the psycho social pressures that the user experiences. As motivation is often linked to the negative consequences of use, methadone can forestall the change process in problem heroin users. The concerned other reported that the current methadone programme had stalled their loved one's motivation for greater lifestyle change. Furthermore, this subject reported a dilemma between the current treatment programme that they were participating in and previous support that they had received. This culminated in a 'crisis of faith' in session 3 whereby they reported this deeper conflict in themselves and a more profound revision in their assumptions about assisting their loved one.

Interestingly, from this point onwards, the subject reported a classic regressed to the mean outcome trajectory in subsequent sessions. If measured from session 3 to session 5, the subject does demonstrate statistically significant change. This suggests that a delay in outcome occurred rather than no outcome response. The possibility of contra-indication between the PACT programme and other models to assist concerned others may require further exploration.

A second concerned other (6) made good progress but this was undone by the relapse in their loved one leading to contemplation of terminating the relationship. Their ORS scores demonstrate the catastrophic effect relapse can have on the concerned other. One subject (10) showed a decline in outcome towards the end of the programme but sustained a higher level of baseline functioning despite this (See figure 3).

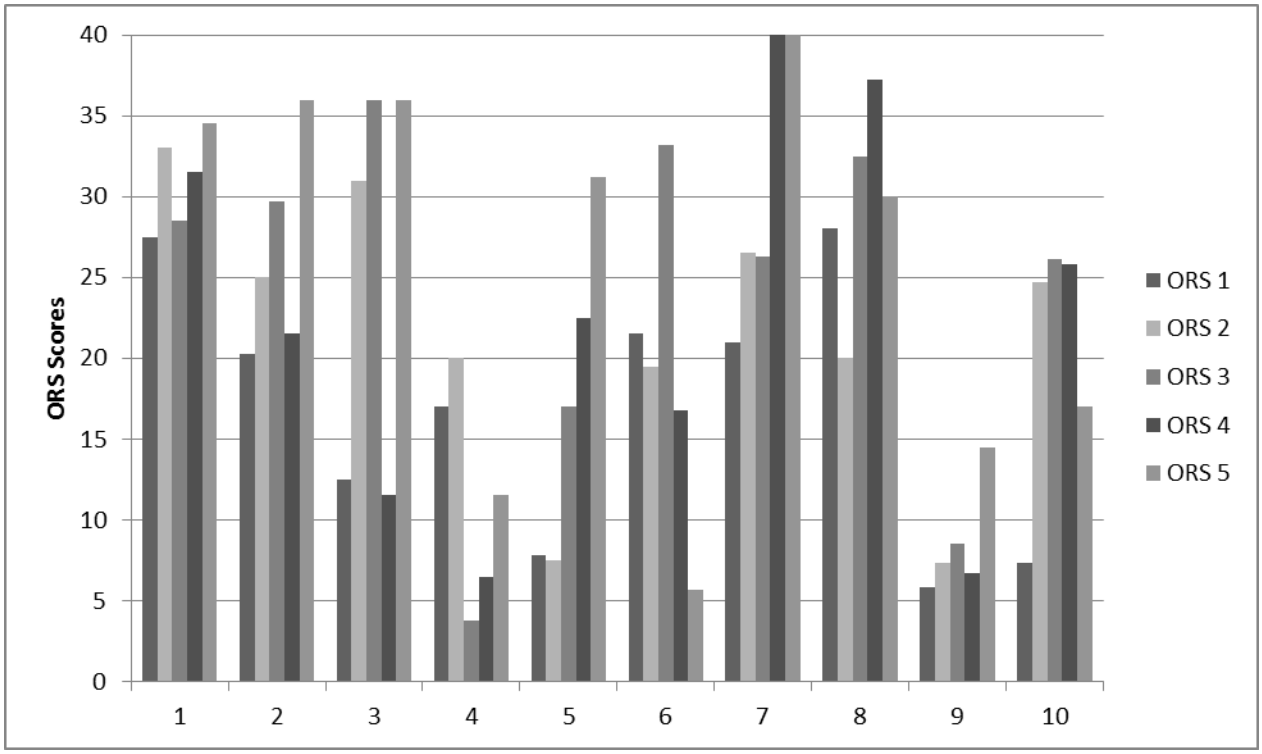

Figure 3: Outcome Rating Scores Over 5 Sessions by Subject.

The ORS tools do not simply measure the subjective improvements in functioning. The ORS scores also allow for the calculation of the 'significance' of the improvement that is being experienced and whether this can be attributed to the treatment being received or whether it is accounted for in others ways, such as natural remission. Many social and emotional problems tend to be time limited and may have changed without the intervention of professional help. It is therefore important to be able to identify what changes can be attributed to the treatment rather than naturally occurring change. The assessment of the significance of change is described as a Reliability Change Indication (RCI). The group work programme had a 'clinically significant' effect on the functioning of the majority of

concerned others, 6 of whom demonstrated the highest possible standard of change. The relapse subject and methadone using subject showed ‘deterioration’ or ‘no improvement’ respectively. Two subjects demonstrated ‘reliable’ change across the course of the programme. Reliable change denotes that the treatment subjects improved as a result of attending the programme and that this improvement could be attributed to the treatment that they had received. This accords with the ORS raw scores and CES-D scores. These results demonstrate that the PACT group format was highly effective in improving the quality of life of concerned others in 80 per cent of cases. Furthermore, these improvements were directly attributable to the support that these individuals received. The RCI on the treatment outcomes are included in table 3.

Indication	Explanation	Subjects
Deterioration	The client worsened during treatment	1
Null Hypothesis	The treatment had no significant effect	1
Reliable Change	The treatment had a positive effect on the subject	2
Significant Change	The treatment had a substantial effect on the subject, achieving normative social functioning	6

Table 3: Reliability Change Indication on treatment outcomes

At the end of each session, concerned others were invited to complete a Session Rating Scale. The Session Rating Scale asks the concerned other to rate their treatment experience. This includes both the programme and the quality of the group experience. The Session Rating Scale domains include whether they felt respected, whether they looked at what was important to them, whether the programme was a good match for their needs and how the session went over all. This final score tends to indicate their confidence in the facilitator. The Session Rating Scale RS can be scored from 0-40, with 40 being the highest score. It has a clinical cut-off point of 35. Those who score below 35 on this scale are at risk of worsening or dropping out of treatment. Again, whilst this cut-off point can be explained to clients at the outset of treatment, the cut-off point was not explained to this treatment group in order to reduce any bias in scoring on the pilot programme. Overall, the group reported extremely high satisfaction levels with the programme and the group experience with the mean group average consistently scoring above the 35 cut off point. These average Session Rating Scales are described in figure 4.

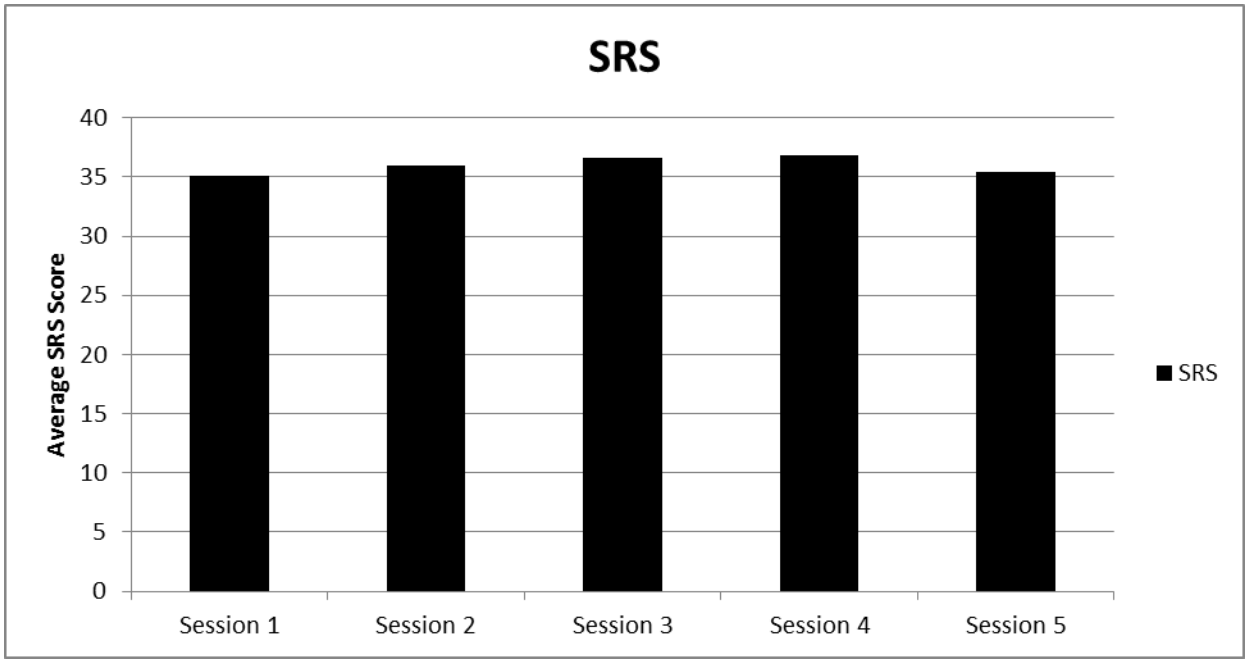

Figure 4: Mean Average Session Rating Scales Score by Session

Whilst treatment satisfaction is closely related to treatment outcome, the Session Rating Scales would also give an indication of which elements of the programme the group found more or less helpful. Scores dropped toward the end of the programme but this occurred in a specific treatment subject discussed earlier. Interestingly, even those who showed less improvement across the course of the programme rated the sessions useful. This indicates that they may have gained increasing insight that may not have been acted upon or experienced satisfaction in helping other group members. Whilst Session Rating Scales scores did vary there was no distinct pattern in scores. No one particular day was rated as less useful by all members of the group. This more idiosyncratic variance may be a reflection of the fact that the concerned others had different needs at treatment entry, and so some elements of the programme were by default more relevant to them than others. For example, some loved ones had not entered into treatment and therefore this smaller sub-group would find dealing with setbacks less relevant. Conversely, some loved ones were in treatment and so might find treatment entry sessions less useful. Individual Session Rating scores are described in figure 5.

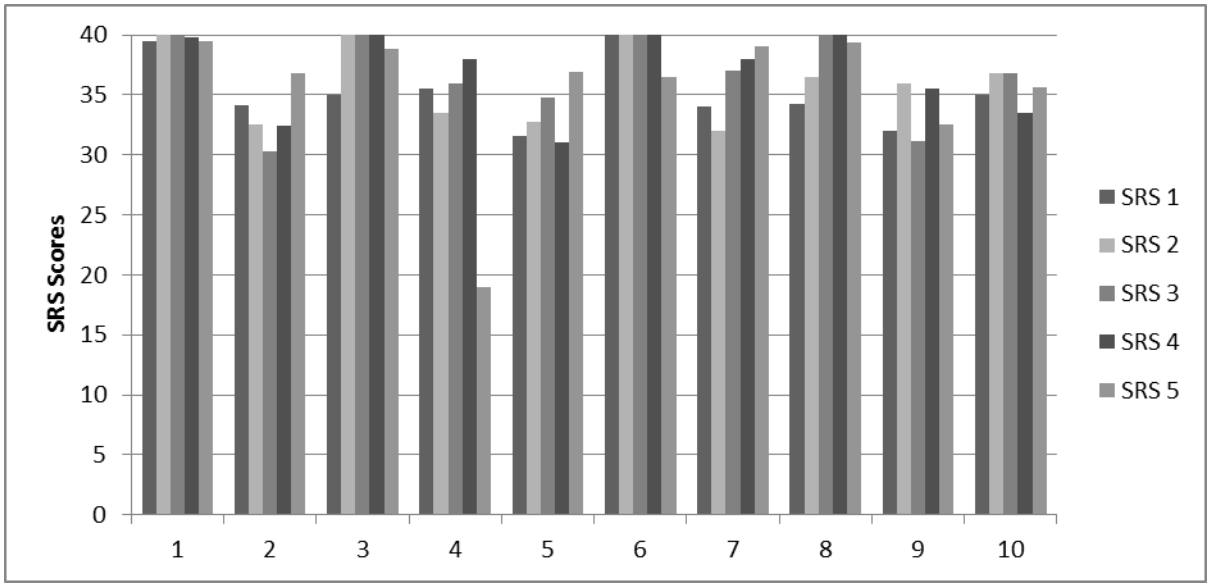

Figure 5: Session Rating Scale Scores by Subject across the Programme

Outcomes: Loved Ones

Assessing outcomes of the loved one, this proved more difficult. A baseline of the loved one's use was taken at induction. But due to separation or diminished contact either at the outset or close of treatment has led to large gaps or uncertainty in these figures meaning that no clear inferences can be drawn from it. In terms of treatment entry, this goal was important to those group members whose loved one was not already in treatment. The impact of the programme on loved ones is described in table 4

Subject	Loved One s Treatment Status at Intake	Loved One's Treatment Status at Completion
1	Engaged in treatment	Engaged in treatment
2	Self-discharged from mental health services	Not in treatment
3*	Not in treatment	Entered Treatment
4	In treatment	In treatment
5	Not in treatment	Entered into a self-help post-programme
6	Dropped out of treatment	Re-entered a different programme
7	Not in treatment	Entered treatment
8*	Not in treatment	Entered Treatment
9	Not in treatment	Commenced self help
10	In treatment	In treatment

Table 4: Loved One's Treatment Status Pre and Post Treatment by Subject.

***Couple**

Five of the concerned others had a loved one who was not in treatment (including one couple). At closure of the programme, three of these concerned others had managed to get their loved one into treatment. Shortly after the programme was completed, a fourth treatment subject reported that their loved one had initiated a self-help approach due to limited treatment access in her local area. The programme was therefore successful in 80 per cent of cases in supporting unmotivated loved ones into treatment.

The relapse subject entered into a new treatment modality. This was an interesting finding as it demonstrated a similar pattern that has been found in the one-to-one group programme. Treatment entry is least likely to occur in concerned others whose relationship was initiated after the establishment of problematic behaviour just as in the case of this relapse subject. These concerned others could improve their own life and reduce their stress but not necessarily influence treatment entry as readily. This may be because the relationship between the concerned other and the loved one has less incentive value, and therefore offers less leverage in influencing change.

Two cases were specifically challenging, as in one case the loved one resided abroad and in another the loved one had become estranged from the family. This made elements of the programme regarding treatment entry difficult to deploy. However, the programme did have an effect on these loved ones. One long distance loved one began to explore self-help and informal support from a mental health professional. The estranged loved one did not subsequently enter treatment at the end of the programme but re-engaged with their family. This concerned other reported significant improvements in their subsequent relationship.

Feedback from Concerned Others

Concerned others were asked what they had noticed had changed in the loved one since completing the programme (See Table 5). Reviewing the comments that concerned others made suggested that the relationships had improved. Improved communication and reducing conflict was noted by several concerned others. Coupled with this was greater optimism for the future. These comments also gave an interesting insight into how the programme had changed the way in which the concerned other related to the loved one. Notably, one concerned other found that stepping back had allowed her loved one to take much greater personal responsibility and had initiated change themselves. Whilst in the case of a second concerned other, whose loved one had not sought formal treatment, they perceived the benefits of the programme in increasing the loved one's need for change. After a relapse event where the loved one was seriously contemplating returning home, the concerned other did not make an immediate offer of assistance or attempt to assuage the loved one's feelings of guilt and remorse. Instead, they allowed the loved one to feel the consequences of the relapse whilst encouraging them to seek help. Here the concerned other could observe how an increase in negative

consequences was beginning to increase motivation for change in the loved one. This also gave a strong indication that the concerned others were willing to try the suggested strategies from the programme and could recognise the predicted outcomes of their implementation.

What changes have you noticed in your loved one since doing the programme?
Less arguments **More hopeful for the future** **More honesty**
Son started rehab before the programme
He has stopped using. My health and well-being has improved. We talk more.
Went through treatment process, taken control of his own life\responsible and accountable.
Changes [in loved one] of feeling guilt and fear. Relapsed - feeling shame as her host family were so nice-she feels depressed. She still hasn't asked for help though. I realise is very immature and childlike.
Still abstinent but when he had a major argument with his partner he did not drink. First time!

Table 5: Verbatim comments of Concerned Others

Concerned others were also asked what they would say to others in their position who might be considering attending future programmes. This offered greater insight into what they had found useful in the programme. These comments revealed several key themes. Firstly, how useful increased awareness regarding the loved one's use and their own life situation had been. Throughout the programme, concerned others had shown great interest in research regarding the nature of dependence and addiction, how drug and alcohol problems fitted into the life course and the effect of social exclusion on the loved one's psychological and emotional development. Raising awareness seems to have been very helpful in understanding the loved one and their behaviours. Further to this, the behavioural concept of Extinction Burst (the increase in frequency of behaviour when an anticipated reward is withheld) also appeared to be very helpful in dealing with the acting out behaviour of loved ones. Several concerned others reported improved confidence or support in dealing with the loved one and their problems.

Another theme in these comments was the programme's focus not just on the loved ones' needs but also on the concerned others' needs. As the demographics demonstrated, the treatment subject had experienced protracted stress from their loved one's use. This had major impact on the quality of their lives. The

programme's focus on the concerned other's life was an important element. (See table 6).

What would you say to other people in your position who were considering completing the programme?
Give it a go!
Much more confident in dealing with difficult times
This enlightens and educates so is very worthwhile
The PACT programme kept me safe whilst my partner found sobriety Grateful for the support from peers and Phil through an emotional roller coaster. Could not do it safely without them.
Very useful and worthwhile and helped me to reflect upon my own behaviour in relation to my loved one, gave me confidence to step back and distance myself when appropriate, supportive group. Learnt to withdraw without conflict to reduce extinction bursts.
Learnt that I needed to keep my own life going-look after myself and work on relationships with others rather than focus completely on my son.
Really good programme to help understand more about how the mind works and what they-the loved one-is doing to themselves and us.
I would like to think this programme is accessible to many people as it has been a very helpful course.
Might take courage but what do you have to lose! Help your loved one, not help the addiction. This may be the bit of the puzzle you have been missing.
This not only helps you but the alcoholic as well.
I would recommend it, very informative and it helps you to get focus back into your life and understand the user's dilemma, without judgement.
Seeing people change and take care of themselves can be a huge task. I have seen it here. A reminder of where I have been and where I am now. Thank you!

Table 6: What would you say to someone in your position who was considering attending future courses?

Programme Review

Firstly, the programme itself may not account for all outcomes. The concerned others received a range of support from the In-Touch Project to varying degrees. It must be acknowledged that In-Touch forges extremely powerful working alliances with concerned others. Therefore, all treatment outcomes need to be understood in the context. The low attrition rate is undoubtedly related to the 'behind the scenes' encouragement of the In-Touch project and this may have also contributed to

treatment gains. This suggests that the group can be optimised through adjunct support.

Secondly, the 'open air time' prior to each structured session was helpful in identifying and exploring current presenting issues that arose in between sessions. This afforded an opportunity to address any immediately presenting themes and helped bridge the group into the planned topics of the day. Each day had a menu of treatment activities which could then be tailored to the needs of the group. Research in general has identified that successful graduates of group programmes need not apply all skills that they have learned, but can experience significant gains through utilising elements of the programme that work for them. Concerned others were encouraged to do this. In this respect, the programme attempted to adopt a 'fairly structured' model that has been identified as most successful in producing therapeutic gains (Moos 2009). Here, a set curriculum of treatment is adjusted according to the responsiveness of the specific treatment group.

The pilot offered the opportunity to reflect on method of delivery for optimal learning. Different exercises lend themselves to different delivery methods. In general, the following pattern was noted:

- Assessment tools-Conducted singularly and then discussed in the whole group.
- Planning Responses-Example offered by a group member then worked on singularly.
- Rehearsing approaches-in pairs or small groups.

The programme was designed to be delivered purely in a group format. Additional consideration could be given to one-to-one input through reviews of progress across the programme. This has resource implications but could assist in the earlier intervention of lower ORS and SRS scores than the current group only format offered.

Some group activities in the programme were multi-component and these did not lend themselves as well to a group setting. It would be important to review some of the more complex elements of the programme and reduce them down to more basic principles. Key to this would be the functional analysis which appeared less useful. The functional analysis may be more effective as a revision tool assessing a loved one's relapse. Reviewing the loved ones pattern of lapse may identify where skills of the programme could have been deployed or their application refined rather than teaching it as a core skill. In this way, it may not only serve to reduce some of the complexity of the programme and instead strengthen the concerned other's response to relapse which always presents a formidable challenge.

Conclusion

The pilot offered an invaluable opportunity to reflect on the PACT as a group work programme. The central finding is that the tools and approach offered by the PACT programme can be effective in a group format, even with long-term and poly-drug using loved ones. The programme achieved significant clinical outcomes in both the reduction of depressive symptoms, improvement in the social functioning of the concerned other and in motivating loved ones to seek help and or make changes in their own lives. The tools could be readily adapted into a group format with some caveats, particularly around optimal delivery styles and in simplification of multi-component interventions. However, satisfaction rates and treatment completion rates were high. Even those who had experienced less personal change found the programme of significant value. The group work programme met a wide range of presenting needs at the outset of the programme. The broad finding of the pilot is one of significant treatment success for a treatment population that has often been neglected or whose hopes and aspirations have remained unrecognised in formal treatment structures.

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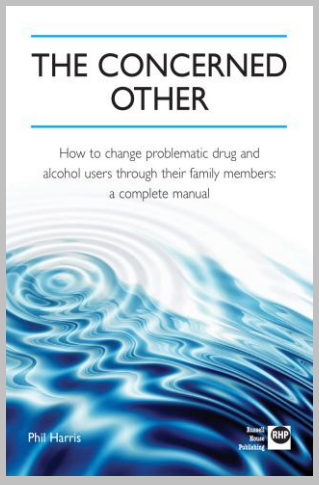
Books by Phil Harris Available from RHP

NEW-The Concerned Other: How to change problematic drug and alcohol users through their family members.



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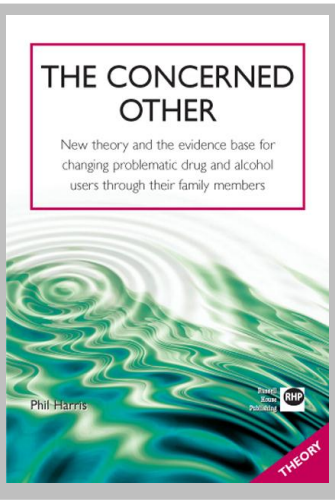
- Reduce the stress and pressure the concerned other is under
- Improve the quality of the concerned others own life
- Help the concerned other support their loved one once in treatment

Anyone who registers their purchase with RHP may request all the manual's comprehensive assessment tools & worksheets in PDF format for free.

"What is refreshing is the promise that **the family member**, or concerned other, **is a valuable tool** in helping their loved one into treatment. It works to **empower them** with practical help and support… It offers helpful interventions to reduce pressure, address domestic violence, conflict and other high risk situations that can affect the family member… **well explained and detailed**… well researched, is highly adaptable, and would be a useful tool in many settings." ***Addiction Today***

A must for practitioners… not only **inspirational,** but gives insights, guidance and easy to follow instructions throughout… **full of practical tools…** Only rarely does a book with a worksheet-based programme come along that **can change your life**. The *Concerned Other* can be both a journey and life line for people affected by someone else's drug or alcohol use, who are seeking to make **fundamental changes** in their lives**.** ***Parenting Worker, South Wales***



The Concerned Other: The Theory and Evidence Base

Many practitioners and families expressed interest in the ideas and research behind supporting concerned others but would not want a complete treatment manual. Therefore, Russell House Publishers have published the extensive Theory and Research section of the manual as book in order to make the ideas more widely assessable and affordable. The Theory and Evidence book presents:

- Reviews of current research, treatment approaches and outcomes for concerned others
- Describes a new theory for changing the loved one
- Explains how families are the major sources of change
- Details the key concepts of the PACT programme

"If the book was separated it could encourage more professional to buy a copy. For me- every professional who buys a copy and only reads the introduction, could mean a huge shift in changing attitudes" **A Concerned Other**

Paperback 120 pages 978-1-905541-66-9 2010 £16.95

Books by Phil Harris Available from RHP

Empathy for the Devil: How to help people overcome drugs and alcohol problems by Phil Harris

"Discusses the complexity of drug and alcohol problems with more reference to **cultural and social aspects** than previous work that I have read in this area…The focus is explicitly and emphatically on helping clients establish and achieve their own goals to overcome their addiction. However, Harris does not treat people as living in a vacuum, but living within and being part of an extremely influential cultural context. I particularly enjoyed Harris' **astute reflection** upon **the therapeutic relationship**, something not always talked about, and found the chapter on solution focused therapy **so inspiring** that I wanted to rush out and try it…I thoroughly enjoyed this book, it is a great read. ***The Psychologist***

"The author has taken on a huge brief and attempted it bravely…a useful book to dip into…a valuable snapshot of the zeitgeist in drugs work and drug users…what it sets out to do, it accomplishes well" ***Therapy Today***

For substance misuse teams, police officers, probation officers, prison officers, housing workers, social workers, youth workers, teachers. CONTENTS: Intoxication. Addiction. Therapeutic Alliance. Assessment and Care Planning. Motivational Interviewing. Solution Focussed. Relapse Prevention. CRA. ***Over 370 references.***

Large format paperback 240 pages 978-1-903855-54-6 2007 £24.95

Drug Induced: Addiction and Treatment in Perspective by Phil Harris

"It would be difficult for anyone involved in working with addiction whether as a practitioner, or manager, or policy maker to come away from reading this informative and interesting book without some spur to reflecting on and changing their own thinking and practice." ***Vista***

This thought provoking book challenges many aspects of the theoretical base and clinical practices prevalent in the addictions field today…Will, hopefully, encourage alcohol and drug workers to re-evaluate their 'sacred cows.' ***Addiction Today.***

"Should be essential reading". ***Youth and Policy***

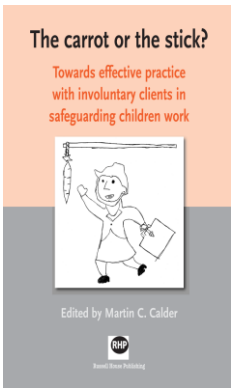
"Those who spend their time in labs…may find it useful as a kind of Gideon Bible to keep by their bedsides to remind them of the higher things that those with addiction problems will often need, more than a fix from the laboratories, if they are to recover successfully." ***Journal of Mental Health.***

Paperback 160 pages 978-1-903855-53-9 2005 £16.95

Phil Harris is also a contributor to the following titles:

The Carrot or the Stick? Towards effective practice with involuntary clients in safeguarding children work. Edited by Martin Calder.

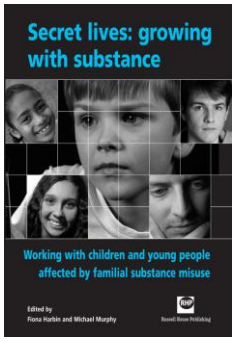
Includes Phil Harris chapter: Engaging substance misusers through coercion



In child protection, family support, domestic violence, youth justice…many practitioners and managers struggle to engage clients who resist involvement with services that are needed or offered, often with a wearying and dispiriting effect on everyone. This book offers systematic, evidenced-based approaches to work with children and young people, men and women, fathers and mothers in all relevant circumstances. They are 'non-nonsense' approaches that will fit with practice wisdom and practice realities of workers with clients who only accept services when legally mandated or institutionalised.

Large format	320 pages	978-1-905541-22-5	2008	£49.95

Secret Lives: Working with children and young people affected by familial substance misuse. Edited by Fiona Harbin and Michael Murphy



Includes Phil Harris' chapter: Growing up and the helping relationship

"The authors aim to help practitioners and managers in the identification, assessment, treatment and support of children and siblings of substance misusers. Buy this book as a reference and investment." ***Addiction Today.***

"Founded on current research…informed, accessible and relevant." ***Rostrum***

Paperback	160 pages	978-1-903855-66-9	2006	£16.95