

Introducing and embedding the 5-Step Method across a national nonstatutory health and social care organisation in England: the journey of Turning Point

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Overview



- Brief introduction to Turning Point
- Brief description of the 5 step intervention
- Some context for introduction of 5 step to Turning Point
- Chronology of 5 step implementation to date challenges and responses
- Recent developments and progress to date
- Where we are now
- Future plans for 5 step at Turning Point

Introduction to Turning Point



- We are a non-statutory health and social care provider which emerged from 'Centre Point', a social initiative for homeless people in London in the 1960s
- We are commissioned to provide support and treatment for people with substance use and mental health difficulties, also supporting people with intellectual disabilities in their homes
- We employ over 4000 staff in England in a wide range of clinical and health and social care roles

Substance Misuse services at TP



- In 2008, Turning Point developed its first integrated drug and alcohol service after years of providing smaller SM services predominantly in London and Yorkshire
- In 2021 there are 12 integrated drug and alcohol services across England, a prison SM service, a detox unit in Manchester and 2 residential rehabilitation units in Oldham and Cumbria
- Each integrated service has a clinical team including a Clinical/Counselling/Forensic Psychologist and speacialist psycho-social intervention Group Leads

The 5 step intervention



- Originally developed for families affected by a loved one's problem alcohol/drug use.
- Brief, structured, psychosocial intervention.
- For family members *in their own right* regardless of the circumstances of the substance user.
- Evidence based in two main ways:
 - Developed from research about how families are affected by a loved one's substance misuse.
 - Evaluating the impact of the 5-Step Method intervention that we have developed.

Who developed the 5-Step Method?



- AFINet UK (Addiction and the Family International Network).
- Particularly: Professors Jim Orford, Richard Velleman & Alex Copello; Lorna Templeton; Gill Velleman.
- International experts: published very widely.
- Today: many 5-Step colleagues around the world.

The stress-strain-coping-support (SSCS) model



- Families experience stress as a result of someone else's health problem or disability.
- The strain of dealing with the situation leads to ill health (and other negative impacts)
- The strain is influenced/mediated by:
 - Information & understanding.
 - Ways of coping.
 - Amount and quality of social support.

The 5 steps of the intervention



Step 1 Listen, reassure and explore concerns

Step 2

Provide relevant, specific and targeted information

Step 3 Explore coping responses

Step 4 Explore and enhance support Step 5 Discuss and explore further needs



The journey of 5 step in Turning Point

Some of my own context



- Joined Turning Point in 2010 after working in a SM NHS service in Wiltshire for previous 7 years
- Worked with Lorna Templeton and Richard Velleman on action research between 2005 and 2008 to explore ways of making the service more family-focussed
- Trained in use of the 5 step approach and contributed to the development of the training DVD
- Worked for some years to try to embed the approach in local services – challenges of other priorities and bureaucracy

Clinical Psychology remit in TP Somerset 2010



- At the time not usual to have Clinical Psychology involvement in non-statutory SM service
- Remit to assess all the psycho-social interventions offered and to re-design in accordance with national guidance (NICE, NTA, Department of Health)
- To develop a model of psycho-social interventions for all types of clients in the form of manualised interventions – train and supervise staff, lead on service evaluation

Lightbulb moment!



"This is my chance!"

- to incorporate the 5 step intervention into core treatment offer

-to challenge assumptions that supporting affected others is an 'add-on' if there is time and money (which there never is..)

-to identify key members of staff who are motivated to train in and join 5 step supervision

- to draw on the peer support element of group work by adapting delivery of 5 step intervention to group setting

Some lessons learned



- Crucial for group facilitators to be given time to become familiar with materials and approach. Helpful to have the opportunity to offer individual intervention also
- Affected others preferred groups weekly or 2 weekly for the 5 steps, no less frequently
- Affected others wanted the option of both 5 step and ongoing unstructured support groups
- Despite outcome measures being used for all groups, very difficult to remind staff to use FMQ and need dedicated time and input for data collection and analysis

The middle years – 2012-2018



- Characterised by expansion in integrated SM services from 1 to 12 across England
- Changes in commissioning structures and government priorities shift from harm reduction to 'recovery agenda'
- Expansion of practitioner psychologist provision in TP
 - evolution of psycho-social interventions teams

Lessons learned



- Most important was working with bid teams to get 5 step and carer support into bids for new contracts – if it's in the bid it has to happen!
- Change in staffing structures and introduction of specialist roles including dedicated Family Worker posts, supervised by psychologists/Masters CBT therapists
- Introduction of Family Worker forums to share good practice, work towards some standardisation and improve quality



Recent developments and adaptations

Widening the offer of 5 steps



- Contact Point central assessment point for 5 SM services taking calls from clients and enquiries from general public
- When family members call asking for support for loved ones, discuss outline of 5 step approach, local services available and send copy of FM handbook (printed or pdf)
- Many requests for translated versions of handbooks, particularly Polish

Adapted version of 5 step for other FMs



- Herts Carers Service working with carers of/people affected by MH and sensory difficulties, dementia, ID
- Worked with Lorna Templeton and TP colleagues to adapt 5 step handbooks adding in specific appendices with info about conditions and support resources
- Trained team and starting to implement N.B. difficulty of dedicated time when carers asking for break rather than talking support

5 step online on 'My TP' digital platform



- Developed online version of 5 step with AfiNET and TP Digital Team
- Began pilot of intervention in 2020 currently 24 FMs being supported through intervention by FWs, Assistant Psychologists and Contact Point staff (after training and with regular supervision)
- Initial feedback promising however disengagement data similar to other online interventions – role for shorter, more frequent guided contact (currently 3 phone guidance sessions) Initial theme of asking for more guidance on coping

Development of Family Peer Mentors



- Existing TP Peer Mentors training and integration people with lived experience involved in engagement and delivery
- FMs expressed interest in becoming Peer Mentors
- 2021 development of FPM training which includes 5 step – to co-facilitate 5 step groups, work with local carers organisations

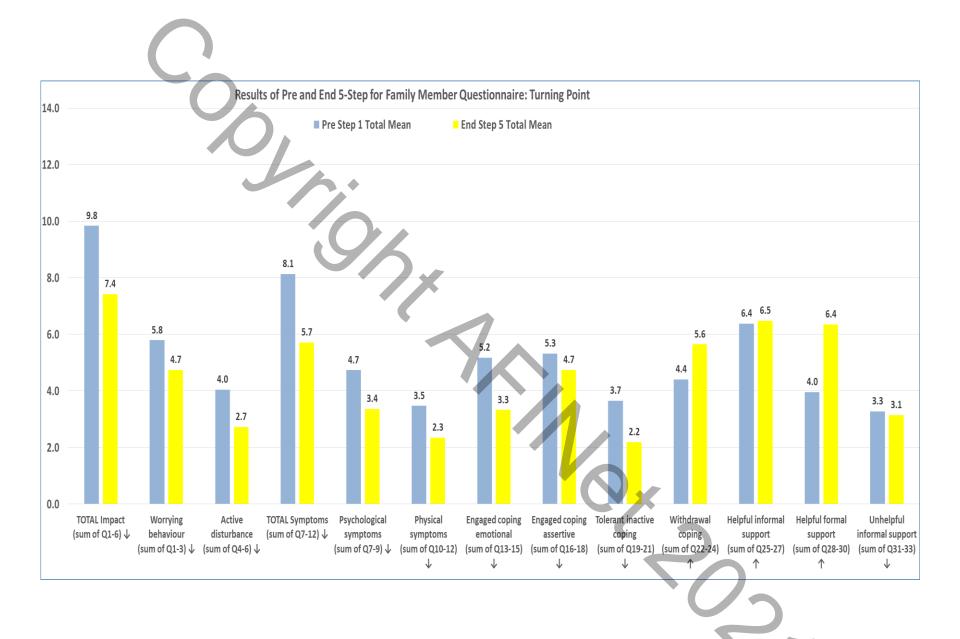


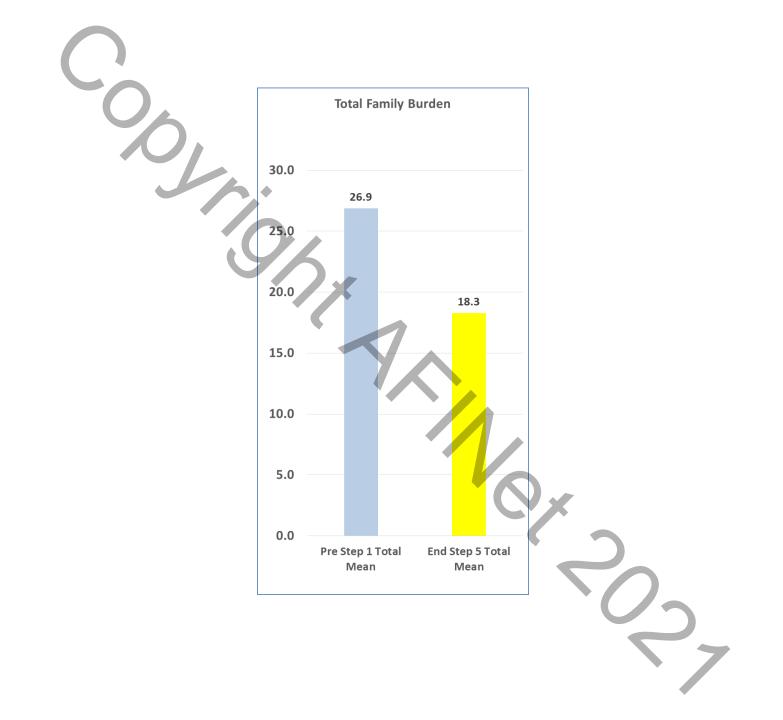
Where we are now

5 step implementation



- Regular 5 step groups and carers support groups offered in 8 integrated SM services – currently on Webex, soon to offer F2F also (2 services work alongside carers organisations using other approaches)
- 14 dedicated Family Workers across 8 services also offering individual 5 step interventions (2 accredited 5 step practitioners)
- 6 workers trained and supervised in digital 5 step offering as pilot intervention
- 5 step training offered 3 times per year across services
- Regular 5 step supervision offered by psychologists/PSI Leads everywhere that 5 step is offered
- 5 step is now a core intervention included in all new services







Future Plans

Data collection and evaluation



 Have had huge challenges to FMQ data collection – logistics across huge geographical area, resources for collation, analysis and communication

So:

- Have developed online version of FMQ, now sent to FMs automatically pre and post online groups and central data collection
- Session by session online feedback from FMs

Wider communication



- Learning from one of London services to share detailed info on family work with commissioners, including anonymised case studies
- Ensuring that FM work is included as core intervention in PHE Alcohol Guidelines
- Incorporating family work into increased Criminal Justice fixed term funding from government (1 year)

Digital 5 step



- Pilot findings to be analysed in next couple of months
- Learning from pilot amount of guidance, engagement through TP websites (earlier engagement?), supplemented by other materials
- Aim to make available nationally when pilot completed

Adapted 5 step for MH settings



- To pilot in Leicester YP crisis service with affected parents
- To pilot in Nottingham Connect service with new FW post working with FMs of people with 'personality disorders'
- To invite MH family workers to Substance Misuse Family Workers forum for sharing knowledge, skills and practice



Time for Discussion