

Brief Intervention Skills for Dealing with Substance Misuse

eLearning Training Course

South East Regional Drug and Alcohol Task Force



South East Regional Drug and Alcohol Task Force

Getting Started



Course Description

- This simulation-based and interactive eLearning course is designed for those involved in delivering a range of front line services in the South East region. It is for staff and other adults who want to learn about effective ways of interacting with those who may have substance misuse issues.
- This material is based on work funded by the SERDATF and HSE. The views expressed in this work are the author's own and do not necessarily reflect the views and opinions of the SERDATF & HSE.
- The course has an emphasis on using the SAOR* model of brief intervention which is an easy model to understand and incorporate into your normal work or activities. The SAOR model also incorporates elements from an approach called Motivational Interviewing.
- This eLearning course is taken as an elective subcourse following completion of our main course in Drugs and Alcohol Awareness.

*J.O'Shea and P.Goff (2009) Waterford, HSE South

Things to know before you start the course:

- Throughout the course you will hear us refer to those who will potentially engage with substance misusers as "facilitators" and those who are in need of support as "clients". This is in recognition of the fact that depending on your area of expertise and work, there will undoubtedly be many differing designations both for staff members and those they interact with.
- Tests – there are a number of tests at the end of each module. Please complete these before moving on to the next module. We take a progressive pedagogy approach to our training delivery. If you make a mistake or get a question wrong, the system will allow you to go back to restudy, learn where you went wrong and then retry. After all, it's all about learning!
- Course Library/Knowledge Portal – You will have access to additional course material to augment your learning. In the library/knowledge portal you will also find a pdf copy of the course content and if you wish you can download and print this off to help you with notes as you make your way through the course. You can access the knowledge portal through www.southeastdruginfo.ie
- Time limitation – although you can complete the course in your own time, please bear in mind that there is a technical systems imposed cut off time limit of three months from the time you start the course.
- Certification – once you finish the course and have achieved at least an 80% pass rate in the course tests, you will be able to download your certificate of completion

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Course Aims and Objectives

This eLearning course has seven modules and aims to give professional staff and other adults who engage with, or potentially engage with, substance misusers in the South East region:



1. An increased ability to make effective brief interventions in relation to substance misuse, both drugs and alcohol, using the SAOR model.
2. An understanding of approaches that don't work so well with substance misusers.
3. An appreciation of a range of helpful behaviours when interacting with substance misusers.
4. An awareness of an approach for assessing the level of a person's substance misuse.
5. Confidence to give a range of helpful information to substance misusers.
6. An increased ability to deal with difficult situations relating to substance misuse issues.
7. The knowledge to be able to get help and make an appropriate referral for further support.

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Course content

1. Brief interventions and the SAOR model
2. Roadblocks to change and dealing with resistance
3. Using the strategies of the SAOR model to promote change
4. Brief assessment
5. Giving information and increasing client confidence to change
6. Dealing with difficult situations
7. Where to get help and making a referral



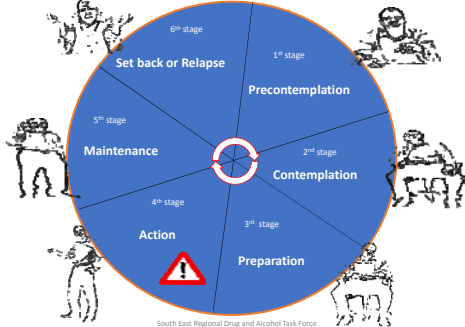
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Module One

Brief interventions and the SAOR model

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The Stages of Change Model



What are brief interventions?

- Brief Interventions are a range of effective behaviour change interventions that are client-centred, short in duration and provided in a variety of settings by front line staff and other adults.
- They use an empathic approach, emphasising self-efficacy, personal responsibility for change and information giving, including details of resources available to support change.
- This course will introduce you to the SAOR Model* of assessment and brief intervention for alcohol and drug misuse. This is an evidence based model that has now been adopted by the HSE on a national basis.
- When dealing with instances of substance misuse, such brief interventions involve opportunistic advice, discussion, negotiation and encouragement, and typically take between 5 and 15 minutes.

* J O'Shea and P Goff (2009) Waterford, HSE South



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Brief interventions

The outcome of any brief intervention will depend on a number of factors, including the individual's willingness to change, how acceptable they find the intervention and the previous ways they have tried to change. A discussion based on the SAOR model may include one or more of the following:

- simple opportunistic advice to change their drinking or drug taking
- an assessment of the client's commitment to change
- an offer of support to change
- eliciting the client's own concerns about the consequences of not changing.
- provision of advice material and referral to more intensive support

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Use an open and friendly style of communication to engage the client. Support by developing a collaborative relationship. Support the client's self-efficacy or belief in his/her ability to change current substance misuse.

Offer support to develop collaborative goals for changing the substance misuse behaviour. Offer advice based on permission first about the client's substance misuse. Emphasise that responsibility for change rests with the client. Evoke the client's own ideas.

Ask the client to identify what they want to change, what they want to focus on. Once identified offer advice but be sure to wait for permission before giving the advice. If appropriate, try and Assess where the client is on the stages of change model.

Discuss options for change with the client. Action planning - is it realistic? Are there any changes or additions needed to the client? Refer the client to other services or professionals if necessary.

S Support

A Ask

O Offer


R Refer

The four fundamental processes of the SAOR[®] model

Talking At Someone

Talking With Someone

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 Quiz


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Welcome to quiz one of module one in your course

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Welcome to quiz two in module one of your course

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Module Two

Roadblocks to change and dealing with resistance

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Roadblocks - unhelpful behaviours

If you are not listening empathetically but are instead imposing direction and judgment, you are creating barriers that impair the helping relationship. The client will most likely react by stopping, diverting, or challenging. Below are some examples of such non-empathic responses that have been identified by Thomas Gordon:

- Ordering or Directing
- Warning or Threatening
- Pressurised Advice Giving
- Arguing or Lecturing
- Judging or Criticising
- Shaming or Labeling
- Interpreting or Analysing



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Roadblocks - unhelpful behaviours

Ordering or directing:

Direction is given with a voice of authority. The speaker may be in a position of power or the words may simply be phrased and spoken in an authoritarian manner.



Warning or threatening:

These messages are similar to ordering but they carry an overt or covert threat of impending negative consequences if the advice or direction is not followed. The threat may be one the facilitator will carry out or simply a prediction of a negative outcome if the client doesn't comply-for example, "If you don't listen to me, you'll be sorry."

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Roadblocks - unhelpful behaviours

Pressurised advice giving:

The message recommends a course of action based on the facilitator's knowledge and personal experience. These recommendations often begin with phrases such as, "What I would do is..."



Arguing or lecturing:

The underlying assumption of these messages is that the client has not reasoned through the problem adequately and needs help to do so.



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Roadblocks - unhelpful behaviours

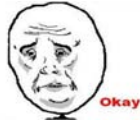
Judging or criticising:

These messages imply that something is wrong with the client or with what the client has said. Even simple disagreement may be interpreted as critical.



Shaming or labelling:

These messages express overt disapproval and intent to correct a specific behaviour or attitude.



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Roadblocks - unhelpful behaviours

Interpreting or analysing:

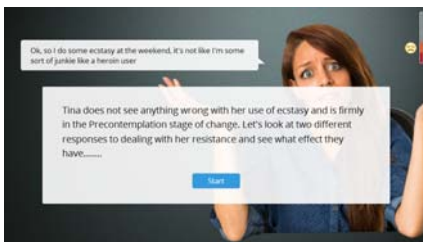
Facilitators are frequently and easily tempted to impose their own interpretations on a client's statement and to find some hidden, analytical meaning. Interpretive statements might imply that the facilitator knows what the client's *real* problem is.



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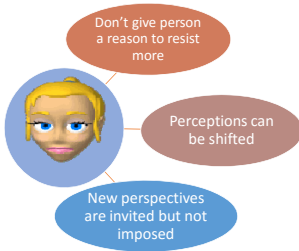
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In using the SAOR model we "roll with resistance"



So you can see that the style the facilitator uses is designed to minimise resistance

- By using our OARS strategies
- By not jumping in too quickly to discuss drugs
- By emphasising client choice and responsibility

Using the SAOR model to deal with ambivalence



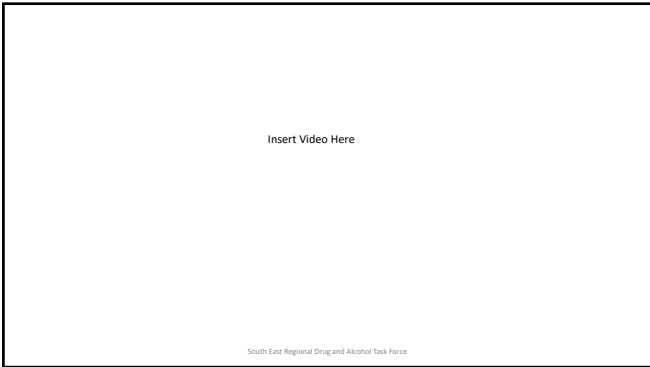
- Simply giving clients advice to change is often unrewarding and ineffective.
- The SAOR model uses a guiding style to engage with clients, clarify their strengths and aspirations, evoke their own motivations for change, and promote autonomy of decision making.

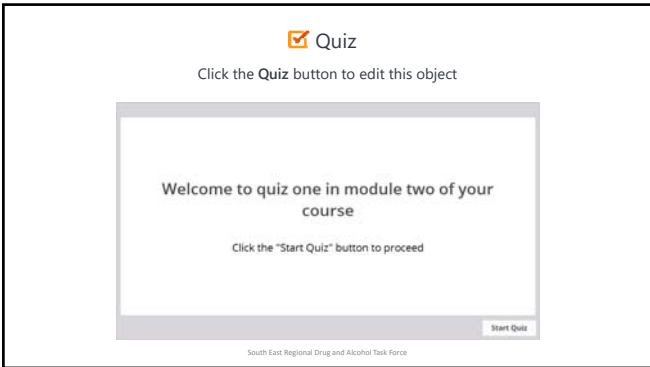
Video 1 scenario – Tina and ecstasy issue
Video length approximately 5 minutes

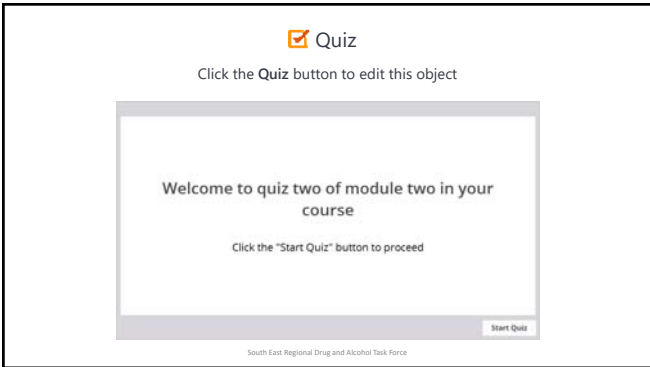
You will be hearing a lot more about the OARS (Open questions, Affirmation, Reflective listening and Summary) strategies in our next module. As a prelude to this, observe the interaction between the facilitator and the client and see if you can note any of the following strategies being used:


- Affirmation.
- Reflective listening
- Emphasising client choice, control and responsibility.









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Welcome to quiz three in module two of your course

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Module Three

Using the strategies of the SAOR model to promote change

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Helpful behaviours - use your OARS!

The acronym **OARS**, describes the basic intervention skills used by the facilitator to build a collaborative, trusting relationship when using the SAOR model



The skill of using **O**pen ended questions, **A**ffirmations, **R**eflections, and **S**ummaries, provides the opportunity to move the change process forward by eliciting discussion about change.

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Helpful behaviours - ask open ended questions



One technique for allowing clients to do most of the talking and encourage client speech is to ask open questions, that is, questions that do not invite brief or one word answers. While some closed questions may be necessary, it is better to start with questions that open the door for the client's response.



Skilful use of the SAOR model requires the facilitator to respond in specific ways to the client. In the engaging and focusing process, open questions allow the facilitator to understand the client's point of view and strengthen the collaborative relationship.



Open questions also assist in evoking motivation to change and planning change. In general, a facilitator will ask an open question, and respond to the client's reply with reflective listening, affirming, and summarising skills

Examples of using open and closed questions

Closed

- Have you ever got help before with your alcohol use?
- Do you want to do a detox?
- Are you interested in doing a training course?



Open

- What would you like to do about your drinking?
- How do you think a detox might work for you?
- What sort of training course would seem right for you?



Helpful behaviours – use affirmation



The use of affirmations or statements that recognise a client's strengths is an important part of developing rapport and encouraging open exploration using the SAOR model



This can be done in the form of compliments or statements of appreciation and understanding. Affirmations may involve reframing behaviours or concerns to allow the client to see themselves in a more positive light.



Affirmations will be more successful when they are appropriate to the social context, and are offered in a genuine and congruent manner. The key skill is to recognise and appropriately affirm the client's strengths and efforts.

Affirmation

- Affirmation can express genuine appreciation for client willingness to discuss change
- It can be an opportunity to portray understanding
- Affirmations also send a strong signal of support
- Remember affirmations are more powerful when they are specific
- They send the client a clear message of positive reinforcement



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Examples of using Affirmations

- "I really appreciate you keeping your appointment today"
- "Well done, managing to stay off cannabis for three days is great"
- "You should be really proud of yourself, you took the risk and enrolled in the programme"
- "Being a single mother of two children requires a lot of hard work, well done for being such a great mother"
- "You have tried really hard and have managed to cut down your drinking to three days a week, that's a really great achievement"



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Helpful behaviours – use reflective listening



The skill of reflective listening is an important and challenging aspect of using the SAOR model. In the first instance, reflective listening brings to life the principle of expressing empathy by showing the client that the facilitator understands their perspective.


Reflective listening is also a core skill used in the SAOR model for guiding the client toward change. It is selective in that the facilitator chooses what to reflect from what the client has said.




The facilitator using the SAOR model is careful what to reflect during the evoking and planning process in order to enhance the communication process.

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More on reflective listening




When using the SADOR model, the facilitator makes a reasonable presumption at what the client's message is and reflects this back to the client in the form of a statement.



The crucial element in reflective listening is the way the facilitator responds to what the client has said. It is an effective way of confirming what the client means, rather than assuming what was meant.



Miller and Rollnick in *Motivational Interviewing* (2013) caution against using reflective statements that may block the communication process. These types of statements may include disagreeing, telling people what to do, giving advice, or providing solutions.



Reflections should encourage the client into further exploration, progressing towards change, rather than being simply repeating what the client has said without any direction or goal.

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Purpose of reflective listening

- To clarify
- To let them know that you have listened
- To portray empathy
- To let them know what you understand
- To encourage further discussion
- To encourage ownership
- To highlight discrepancies in desired outcomes
- To shape an interview/intervention

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Examples of using reflections

Client: *"Things are just so bad for me right now, I've lost a lot because of my heroin use. I use to have a good job as a mechanic you know"*


Facilitator: *"Your heroin use has cost you a lot, and you never thought things would get this bad but yet it sounds like you were well able to hold down a good job as a mechanic in the past"*

Client: *"I couldn't just give up drinking, I'd end up with no friends"*

Facilitator: *"It seems to you that if you gave up drinking you couldn't have any friends"*

Client: *"It's not that easy, my brother died from a heroin overdose and I'm still very cut up about it"*

Facilitator: *"I can only imagine how difficult that was for you and how it must seem like it would be hard for you to survive without using heroin"*



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Helpful behaviours - summarising

Summaries promote understanding and indicate that the facilitator has been listening to the client, and values their perspective during the engaging and focusing process of SAOR.

The client's motivations, intentions and plans for change during the planning processes are drawn together in a summary.

In this way, summarising clarifies what has been said by the client and provides an overview of the content of the brief intervention.

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Example of a summary

Ok Jenny, just before we finish, let's see if I have a sense of how things are for you at the moment. You heard about our service from your friend Mary and you felt that it is something that might be useful for you as well. You have come through a very difficult few years and were left badly affected by the very abusive relationship that you were involved in. However, I really admire the fact that you have managed to put that behind you now and you are determined to move on with your life. You would like to get back into a worth while training course so that you can finish your qualifications as a chef. However, you are not too sure yet how to go about achieving that. You are also concerned about child care issues and your mother's health, in whose house you are living at the moment.

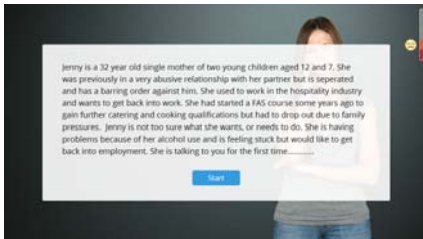


In addition, you are concerned that your drinking might be causing you some problems and you would like to look at ways of dealing with this. I really admire the fact that you came in today, it's not easy to talk about personal issues like these. You can think about what you would like to talk about at our next meeting and we can make another appointment before you go. Does that sound ok?

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Simulation

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Jenny is a 32 year old single mother of two young children aged 12 and 7. She was previously in a very abusive relationship with her partner but is separated and has a barring order against him. She used to work in the hospitality industry and wants to get back into work. She had started a FAS course some years ago to gain further catering and cooking qualifications but had to drop out due to family pressures. Jenny is not too sure what she wants, or needs to do. She is having problems because of her alcohol use and is feeling stuck but would like to get back into employment. She is talking to you for the first time.

[Start](#)

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Using the Pro's and Con's strategy of the SAOR model

- Pros and Cons refers to a strategic intervention that facilitates the exploration of the positive and negative experiences a client may have regarding a particular behaviour. It also serves to elicit change talk when a client may not have identified any disadvantages voluntarily.
- A facilitator begins with an exploration of the positive experiences the client may have – sustain talk; reaches a level of comfort in this discussion; and then moves on to what is “not so good” about the behaviour.



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Video 2 scenario – Jenny and alcohol issue Video length approximately 6 minutes

Observe the interaction between the facilitator and the client and note any of the SAOR model strategies you see being used:

- OARS
- Starting broad and avoiding the ‘premature focus trap’
- Emphasising client choice and responsibility



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Module Four
Brief assessment

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Can we tell if someone is using drugs?


- In most cases it will be obvious if a person is affected by drugs. You may see that they are behaving in an unusual manner and, depending on which drugs they have used, how much they have taken and how they have been feeling, they may be unsteady on their feet, look drunk, sleepy, very energetic and talkative, disturbed or paranoid or even very quiet.
- A word of caution about using the often published 'list of signs and symptoms'. Often such lists refer to indicators such as moodiness, aggressive behaviour, lateness for school, training, appointments or work, sudden change in friends, vagueness and lying, poor appetite, excessive sleeping etc.
- A danger of using such lists is that any of the items on the list could be happening for reasons that have nothing to do with actually using drugs.

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Assessing substance misuse using the Importance to Change Scale

Ok Tommy, we have been talking a bit about your use of cannabis and you're not really sure what you want to do at this stage. Would you mind if we used an exercise to see if we can clarify where you are at today?


How important is it to you personally to do something positive about your use of cannabis? If 1 was 'not important' and 10 was 'very important', where would you put yourself on the scale?



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Importance to Change Scale

Not Ready			Unsure		Ready			Trying	
1	2	3	4	5	6	7	8	9	10
Not Important					Very Important				



On a scale of 1 to 10 with 1 being not important at all and 10 being very important where would you put yourself in relation to changing your?

Why did you not put yourself down further?

What would you need to do to get further up the scale?

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Simulation

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Look, I've tried to cut down on the cannabis but I can't seem to cope without it and anyway I'm not drinking as much.


This can be a difficult scenario as the client seems to be advanced in his thinking about changing his use of alcohol (preparation stage of change) but is obviously in the precontemplation stage of change about other drug use. Let's see if we can use the SAOR model when talking to Tommy.....

Start

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Useful questions for exploring Importance of change to client

- What would have to happen for it to become much more important for you to change?
- What would have to happen before you seriously considered changing?
- What would need to happen for your importance score to move up the scale?
- If you were to change, what would it be like?
- What stops you from moving further up the scale?



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Video 3 scenario – Tommy and cannabis issue
Video length approximately 5.5 minutes

Observe the interaction between the facilitator and the client and note any of the SAOR model strategies you see being used:

- OARS
- Emphasising client choice and control
- Affirmation
- Pros and Cons strategy



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Guide to assessing a person's substance misuse

- What type of drug(s) is involved?
- Is it about use or supply?
- What amount of drugs are being used/how often?
- How is the drug taken?
- How long has the use been going on for?
- What type of drug use is involved? (Is it experimental, recreational, binge or dependent?)
- Where has it been happening?
- Do they feel their drug use is a problem? If so what are the problems?
- Are family members/friends aware of what has been happening and how might they feel about it?
- What help or support might they find useful?
- How might you help them?



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Module Five


Giving information and increasing client confidence to change

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Informing and Advising using the SAOR approach



An important aspect of the facilitator's role in using the SAOR model, is providing clients with information on a range of facts and recommendations. The main means of conveying this type of information to the client is by informing and advising them.



Before offering this information, it is necessary to ask the client's permission to do so first. This is in keeping with the spirit of the SAOR model and honouring client autonomy.




When providing information or advice to the client, it is important to acknowledge directly that the client is free to decide what they want to do with that information or advice.

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Informing and Advising using the SAOR model

There are a number of ways to obtain permission to inform and offer advice:

- When the client asks for information
- The facilitator asks the client directly if they can provide information to them e.g. "Would you like to know about some things that have worked for others with similar issues?"



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Informing and Advising using SAOR

Where the facilitator must provide information:

- announce to the client that you have important information that you need to give e.g. "There is something that I need to tell you."
- provide them with the choice on when that information is given e.g. "I have some information for you, but is there anything you would like to talk about first?"
- preface the information with a statement that acknowledges the client's autonomy e.g. "This may not concern you, but..."



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Evoke Intrinsic Motivation for Change

Elicit

Provide

Elicit

Elicit

The client's readiness/interest in hearing the information

Provide

The information or advice in as neutral a fashion as possible

Elicit

The client's reaction to the information provided

What do you know about methadone?

The research shows us that clients do very well on methadone and the majority eventually detox off it

Could this be a useful option in your case?

There is another option that you might be interested in called community detox. Would you like to hear about it?

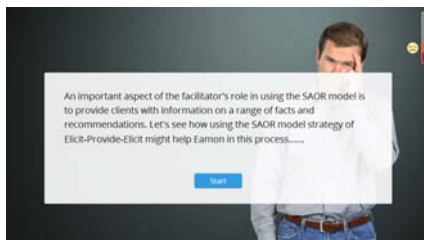
Some clients have managed to do a detox off benzo's with the help of our agency and with support from a doctor and the outreach nurse

Is that something you think you might be interested in, to detox at home with support?

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Simulation

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Examples of Informing and Advising using SAOR

"I have here some information on what has worked for others with similar issues, would you mind if we look at it?"

"There is a lot of street talk about methadone and how it is bad for your body, I have a pamphlet here that separates fact from fiction, would you like to take a copy?"

"As you probably know already there are general guidelines about alcohol use, would you mind if we just looked at what the advice states?"

"I have some information for you about cocaine use that we discussed last week, but is there anything you would like to talk about first?"



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Strengthening Confidence - Using the Confidence to Change Scale

Ok Eamon, we have talked little bit about how important it is for you to change your use of alcohol and you've said you would put yourself at about 8 on that scale we used. Would you mind now if we looked at your confidence in relation to making that change, using a similar scale?

How confident are you that you can make the changes that we discussed previously in relation to your use of alcohol? If 1 is 'not confident' and 10 is 'very confident', where would you put yourself on that scale?



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Confidence to Change Scale

1 2 3 4 5 6 7 8 9 10
Not Confident Totally Confident



On a scale of 1 to 10 with 1 being not confident and 10 being totally confident where would you put yourself in relation to changing your.....?

Why did you not put yourself further back on the scale?

What would you need to do to get you further up on the scale?

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Video 4 scenario – Eamon and alcohol issue
Video length approximately 6 minutes

Observe the interaction between the facilitator and the client and observe any of the SAOR model strategies you see being used:

- OARS
- Affirmation
- Confidence to Change Scale
- Emphasising collaboration and partnership
- Emphasising client choice and responsibility
- Summary



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Useful questions for exploring and building Confidence

- What would make you more confident about making these changes?
- You certainly haven't put yourself right down at the end of the scale, tell me a little bit about that, why not?
- What could you do that would help you to move up higher on the scale?
- How can I help you succeed?
- Is there anything you found helpful in any previous attempts to change?



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Module Six

Dealing with difficult situations

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What do I do if I suspect a person is using drugs?

- There could be a number of reasons that you might suspect, but not be sure, that the person that you are interacting with is using drugs.
- It might be because of their behaviour, or a change in their appearance, that makes you think they could be involved with drugs.
- Good advice is to always question what you have observed, or indeed heard about a person, before you act, but also not to completely ignore any suspicions that you have.
- One response would be to wait before doing anything and to just monitor the situation. This may give you time to confirm your suspicions or clarify the situation.
- You could also try to find out more by asking other people if they know what has been going on. If you do decide to do this, take care about whom you ask and the possible implications.



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What if I am engaging with a person that is 'out of it' on drugs?

- If you are seriously concerned about the state a person is in you need to act immediately to protect their safety as far as you can.
- Do not hesitate to call an ambulance if you are seriously concerned about the person's physical health.
- Do not try to talk to the person about the rights and wrongs of their situation while they are high/drunk. Wait until the next day or another time when they are feeling better.
- It is advisable not to send the person home if they are not in a fit state. If you can, keep them with you, but if not then try and contact a partner, friend or family member to collect them.
- If they have clearly broken the rules of your establishment by attending while drunk or high, consider what sanctions, if any, you may need to follow.



South East Regional Drug and Alcohol Task Force

What if a person has been supplying drugs on the premises of my organisation?

The first step is to establish which drugs are involved and whether, or not, supply involves the person breaking the law. The next step is to find out what type of drug supply has been going on. For example:

- Does it involve small or large quantities?
- Is it a one off situation or has it been a regular occurrence?
- Who have they been supplying to and where?
- Are they charging for the drugs or supplying them for free?
- Have they become involved with people who are also committing other offences?
- Is there any evidence of bullying or coercion on their part or anyone else's?

Professional dealers may sometimes threaten young people to supply drugs for them, especially if they are owed money.



What should I do if I find drugs or drug paraphernalia on the premises?

- The first thing to do is to make sure that what you have found is indeed a drug, or paraphernalia used to take drugs.
- You have two options: if you discover a controlled drug. Depending on the quantity and circumstances, you can call the Garda or dispose of it down the toilet. If you do decide to dispose of it, make sure that a colleague knows about it and is a witness to the disposal.
- You should also be aware that you have legal obligations if you knowingly allow a person to use or supply controlled drugs, on premises that you have a responsibility for.
- You will probably want to know who owns the drugs or paraphernalia. In some cases a person might tell you that they were minding drugs or paraphernalia for a friend. However, be aware that this is often used as an excuse to attempt to conceal their own use.

South East Regional Drug and Alcohol Task Force



What if I know they are using drugs but they don't want to stop?

- This can be a very alarming situation for you to deal with, especially if you see that their drug use is very damaging and yet they don't want to change.
- As a first step, find out more about the drugs they are using and the possible harms they could be facing. Keep drug use in perspective but do not ignore, or indeed exaggerate the dangers.
- If they are clearly experiencing difficulties with their drug use explore the possibility with them of getting help from a specialist agency.
- Consider getting some support and advice for yourself as well.
- Sometimes if we push too hard for the person to change, it can backfire. Change tends to happen only when people decide for themselves to change their drug use.

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Video 5 scenario – Tommy and cannabis issue Video length approximately 4 minutes

Observe the interaction between the facilitator and the client and observe any of the SAOR model strategies you see being used:

- OARS
- Importance to Change Scale
- Affirmation
- Giving advice using the E-P-E approach



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Insert video here

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What if a person tells me that they are using drugs?

- It can be very hard for a young person to tell someone in authority that they are using drugs.
- If a person tells you about their drug use, see this as a positive, that they trust you enough to confide in you. Your role is to support them as best you can.
- Try to concentrate on behaviours. Which behaviours (excluding their drug use) on the part of the person are acceptable and unacceptable to you?
- What will you do if the person behaves in ways that are unacceptable to you?
- What are you capable of doing for them and what may be beyond you?
- Who else, if anyone, will you inform and involve?

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Simulation

Click the Simulation button to edit this object

Patrick tells you that he has got caught up in drug use. He explains that it started out as occasional use at the weekends but now he is using every day. His parents have found out and his father is threatening to put him out of the house and involve the Gardaí because he thinks he knows who he has been getting his drugs from. Patrick is really upset and tells you that he wants to get away from drugs for good. Let's look at two different responses to this situation....

Start

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 Quiz


Click the Quiz button to edit this object

Welcome to quiz one of module six in your course

Click the "Start Quiz" button to proceed

[Start Quiz](#)

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 Quiz

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Welcome to quiz two of module six in your course

Click the "Start Quiz" button to proceed

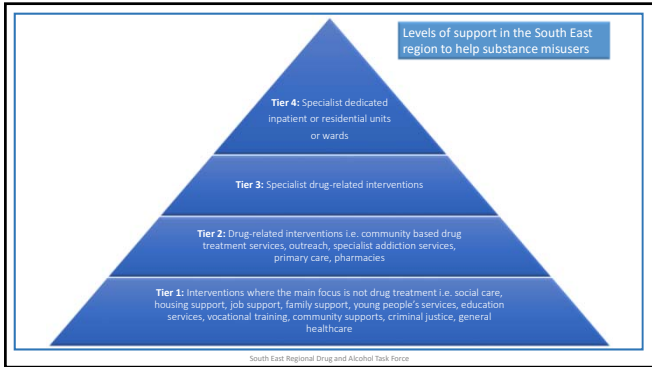
[Start Quiz](#)

South East Regional Drug and Alcohol Task Force

Module Seven

Where to get help and making a referral

South East Regional Drug and Alcohol Task Force



Making a referral for someone you feel has a substance misuse problem

Before deciding that a young person may benefit from being referred to a specialist service it is important to ask yourself the following questions:

- Why are you thinking of a referral to a specialist service?
- How do you think the person may feel about being referred to a specialist service? Talk to them about it.
- What sort of service might best help them?
- Which of your local agencies might be appropriate?
- What might a service be able to do for the person that you, or other people that the person already knows, cannot?

If the person agrees to being referred, you might support them in the following ways:

- Involve them as much as possible in the decision making process.
- Discuss with them how they feel about working with the service, what they need from the service and any concerns they have.
- If necessary, support them to make their first contact with the service.
- If appropriate, offer to go along with them, especially for the first session.
- Discuss with them how you can best support them to work with the service.

Remember to use the SAOR model and your OARS!

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Video 6 scenario – Eamon and alcohol issue

Video length approximately 4 minutes


Observe the interaction between the facilitator and the client and observe any of the SAOR model strategies you see being used:

- OARS
- Giving information using the E-P-E approach
- Emphasising collaboration and partnership
- Importance to Change Scale

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Insert video here

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 Quiz


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Click the "Start Quiz" button to proceed

Start Quiz

South East Regional Drug and Alcohol Task Force

 Quiz

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Welcome to quiz two of module seven in your course

Click the "Start Quiz" button to proceed

Start Quiz

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Where to get help in the South East region

There are many services that offer advice and support regarding drug and alcohol issues and we list some of these by county on the following pages.

Another good starting point is either of the following services:

- Health Service Executive, Coordination Unit for Social Inclusion and Substance Misuse, Waterford. Phone: (051) 301 201
- South East Regional Drug and Alcohol Task Force, St. Otteran's Hospital, John's Hill, Waterford. Phone: (051) 841144
- HSE National Drugs Helpline. This confidential service has both a free-phone helpline: 1800 459 459 and an email support service: helpline@hse.ie



South East Regional Drug and Alcohol Task Force

Carlow

Alcohol & Drug Counselling Service
Maple View, St. Dymphna's Hospital, Athy Road,
Carlow
Phone:
(059) 9178020 Extn. 6820

Family Support Network
5 Gardiner Row, Carlow
Phone:
(01) 898 0148

Alcoholics Anonymous Carlow
Phone:
(01) 8420700

North Carlow Community Drugs Initiative
Bishops House Old Chapel Lane
Tullow, County Carlow
Phone:
(085) 1391701

Drugs Outreach Worker Carlow/Kilkenny
Monastery Hostel Dublin Road, Carlow
Phone:
(085) 7888326

You Are Not Alone Family Support Group
Askeas Parish Centre Askeas, County Carlow
Phone:
(085) 7872730

South East Regional Drug and Alcohol Task Force

Kilkenny

Aislinn Adolescent Centre
Aislinn Centre, Ballyragget, Kilkenny
Phone:
(056) 8833777

HSE Aids Substance Misuse Service
Ard, Kickham Street, Kilkenny
Phone:
(056) 7784638

Kilkenny CSDI
Desart Hall, New Street, Kilkenny
Phone:
(056) 7761200

HSE Outreach Service
Kilkenny
Phone:
(087) 984 5019

Community Addiction Treatment Service
St. Luke's General Hospital, Freshford Road
Kilkenny City, Kilkenny
Phone:
(056) 7763677

Kilkenny Family Support Group
C/O SER Family Support Network Edmund Rice
Y&C Centre, Manor St. Waterford
Phone:
(056) 3152246

South East Regional Drug and Alcohol Task Force

Waterford

Aiseiri Céim Eile
Glencara, Ballybeg, Waterford
Phone:
(051) 370007

Foróige Drug Prevention Project
Parish Centre, Ross Road, Ferrybank
Waterford
Phone:
(086) 6035457

The Treo Project
34 Tycor Business Centre, Waterford
Phone:
(051) 379740

HSE Substance Misuse Service
St. Otteran's Hospital, John's Hill, Waterford
Phone:
(051) 848658

Waterford CBD's
Farronshoneen Youth and Community Centre
Upper Grange, Waterford
Phone:
(051) 872528

South East Regional Family Support
Edmund Rice Y&C Centre, Manor Street
Waterford
Phone:
(051) 312010

South East Regional Drug and Alcohol Task Force

Wexford

Aiseiri Wexford
Aiseiri, Roxborough, Wexford
Phone:
(053) 9141818

HSE Substance Misuse Service
St John's Hospital, Enniscorthy, Wexford
Phone:
(053) 9259825

CommMarket Project
WLD, Old County Hall, Spawell Road,
Wexford
Phone:
(053) 9155817

County Wexford Family Support Groups
Wexford
Phone:
(051) 312010

County Wexford CBD
FDS, Francis Street
Wexford
Phone:
(087) 9351765

Mental Health Substance Misuse Team
HSE Community Mental Health Centre
Summer Hill, Wexford
Phone:
(053) 9123899

South East Regional Drug and Alcohol Task Force

Tipperary South

Aiseiri Cahir
Aiseiri, Townspark, Cahir, Tipperary
Phone:
(052) 7441166

Tipperary Town Family Support Group
Tipperary
Phone:
(087) 6188075

Clonmel CBD
Youth and Community Centre
Wilderness Grove, Clonmel, Tipperary
Phone:
(086) 8557212

Mid Tipperary Drugs Initiative
TRVIS Hogan Square, Cashel, Tipperary
Phone:
(087) 6188075

HSE Substance Misuse Service
South Tipperary General Hospital
Clonmel, Tipperary
Phone:
(052) 6177900

Suir Valley CBD
56 New Street, Carrick on Suir, Tipperary
Phone:
(051) 645775 / (087) 9827669

South East Regional Drug and Alcohol Task Force

What we covered in this course:

1. Brief interventions and the SAOR model
2. Roadblocks to change and dealing with resistance
3. Using the strategies of the SAOR model to promote change
4. Brief assessment
5. Giving information and increasing client confidence to change
6. Dealing with difficult situations
7. Where to get help and making a referral



South East Regional Drug and Alcohol Task Force



Quiz

Click the Quiz button to edit this object

Course evaluation form.

Now that you have come to the end of your course we would appreciate if you could answer the following questions:

Start Evaluation

South East Regional Drug and Alcohol Task Force
