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Advances in Mental Health

Promotion, Prevention and Early Intervention

ISSN: 1838-7357 (Print) 1837-4905 (Online) Journal homepage: https://www.tandfonline.com/loi/ramh20

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To cite this article: Ed Sipler, Lorna Templeton & Elena Brewer (2019): Steps to Cope: supporting young people affected by parental substance misuse and mental health issues in Northern Ireland, Advances in Mental Health, DOI: 10.1080/18387357.2019.1645607

To link to this article: https://doi.org/10.1080/18387357.2019.1645607

ADVANCES IN MENTAL HEALTH
https://doi.org/10.1080/18387357.2019.1645607

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Steps to Cope: supporting young people affected by parental substance misuse and mental health issues in Northern Ireland

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ABSTRACT

Objective: To summarise the impact of a brief structured psychosocial intervention, *Steps to Cope*, on building resilience in children and young people (CYP) aged 11–18 years in Northern Ireland affected by parental substance misuse and mental health issues. *Steps to Cope* was adapted from an existing evidence-based adult intervention, the 5-Step Method. Primarily developed as an individual intervention, practitioners from a range of services are trained to work through five structured steps with a CYP. Following pilot work, a subsequent project (2014–2019) has aimed to roll-out and embed Steps to Cope across Northern Ireland.

Method: The Resilience Scale for Adolescents (READ) is used as a pre- and post-intervention measure to assess the impact of the intervention on building CYP's resilience.

Results: Preliminary analysis shows that nearly 200 CYP have engaged with *Steps to Cope*. Over two-thirds of CYP who start the intervention go on to complete it, and matched READ data for 80 CYP shows that there are improvements in both overall resilience and in the five domains measured. Many of these changes are statistically significant.

Discussion: The findings are encouraging, particularly when there is a dearth of evidence-based interventions for CYP affected by these problems. However, there are organisational and practical barriers to be overcome for the intervention to be more widely implemented.

ARTICLE HISTORY
Received 13 December 2018
Accepted 13 July 2019

KEYWORDS
Children and young people; resilience; Steps to Cope intervention; parental substance misuse; parental mental health

Background

There is a wealth of research describing how children and young people (CYP) can be adversely affected in both the short- and long-term by parental substance misuse and commonly co-existing problems such as parental mental health problems (Adamson & Templeton, 2012; Aldridge & Becker, 2003; Children's Commissioner for England, 2018; Cogan et al., 2004; Foster, Bryant & Brown, 2017; Reupert et al., 2012). In sum, the evidence indicates that all domains of individual and family life can be affected. Key for CYP is the chronic, toxic stress that can dominate family life. Childhood toxic stress is severe, prolonged, or repetitive adversity with a lack of the necessary nurturance or support of a

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caregiver to prevent an abnormal stress response (National Scientific Council on the Developing Child, 2014). Such impacts and stresses are greater when CYP are exposed to multiple adversities, commonly referred to as Adverse Childhood Experiences (ACEs) (Hughes et al., 2017). Across the United Kingdom (including Northern Ireland where this study is located) addressing ACEs through specifically developed interventions is seen as key to building resilience and supporting recovery in order to save high human, social, and health costs.

Another driver behind the call to do more for CYP affected by parental substance misuse and mental health problems is the UK *Think Child, Think Parent, Think Family* initiative. This refers to strategies that consider the effects of such problems on the whole family and the framework calls for interventions for all the family including CYP (Syed et al., 2018). Using a 'Think Family' framework, interventions can be classified into four broad categories: namely, interventions directed towards the parent, indirectly reducing harm in CYP; interventions directed at both parents and CYP; interventions directed to other affected family members or healthcare staff; and interventions directed towards CYP, indirectly addressing the parent.

As noted above, an important aim underlying interventions for this cohort of CYP is to both reduce risk and build resilience through the targeting of known protective factors, thereby minimising the likelihood of negative outcomes in the short- and the long-term (Adamson & Templeton, 2012; Sawyer, 2009; Velleman & Templeton, 2007, 2016). Moe et al. (2007) identified three ways in which practitioners could help children to develop resilience; namely, providing CYP with a venue in which to express their feelings, educating them about substance misuse, and showing them that there are other ways to live. These and other studies have also drawn attention to the 'active agency' which CYP employ in choosing how they cope, who they use for support, and who they talk to about their circumstances (Backett-Milburn, Wilson, Bancroft & Cunningham-Burley, 2008; Holmila, Itapuisto & Ilva, 2011).

However, despite recognition of the impact of parental substance misuse on CYP, including in political circles (Department of Health, Social Services and Public Safety [DHSSPS], 2011) and of the need for more interventions, there is still a dearth of theory- and evidence-based interventions, particularly for older adolescents who can face increased health and social risks due to peer environments, risk-taking behaviour and biological changes. Several publications have emphasised that the development and evaluation of interventions targeting children of substance misusers are crucial (e.g. Adamson & Templeton, 2012; Syed et al., 2018; Templeton, 2010). Yet, only 10% ($N = 37$) of the 360 studies cited in a recent review of services and interventions were for CYP affected by parental alcohol misuse and few studies evaluated interventions for older children (Syed et al., 2018). One of the interventions identified by Syed et al. (2018) as having potential was *Steps to Cope*. The further exploration of this intervention is the subject of this paper which aims to explore whether the intervention can build resilience in CYP affected by parental substance misuse and mental health problems.

What is Steps to Cope?

Steps to Cope is a brief, psychosocial intervention for CYP aged 11–18 years affected by parental substance misuse and/or parental mental health problems. It aims to support CYP so that they are better protected from harm, more resilient and more able to deal

with the impact caused by these adversities. *Steps to Cope* was developed from the evidence-based and NICE (National Institute for Health and Care Excellence) recommended *5-Step Method* (Templeton, 2010), which has been shown to reduce the stress and strain for adult family members affected by a loved one's substance misuse (Copello et al., 2010b; Velleman et al., 2011). The 5-Step Method, and hence also *Steps to Cope*, is grounded in the 'stress–strain-coping-support' model, which likens the experience of those affected by the substance misuse of a relative to living with other chronic and stressful everyday life events and adversities (Copello et al., 2010a; Orford et al., 2010, 2013). Concentrating on the experiences and needs of family members *in their own right*, the 5-Step Method is a non-pathological approach that views the family member in a positive light and as deserving of support and intervention and not just a vehicle for engaging the loved one in treatment (Orford et al., 2013). Hence, the theoretical foundation behind the intervention consists of five main building blocks: namely, stress, strain, information, coping, and support (Orford et al., 2010). These then translate into the 5 steps of the intervention which are: the family member's story, information and understanding, coping, support, and further support. There has been a lengthy program of research into the effectiveness of the 5-Step Method which has demonstrated positive outcomes at 12 weeks and 12 months in a number of areas such as health and coping (Copello et al., 2010b; Velleman et al., 2011).

The 5 Steps of *Steps to Cope* are the same as for the 5-Step Method, although they have been renamed. So, the Steps are:

1. What is living with this like for me?
2. Information: learning things you will find useful.
3. How do I cope?
4. What support can I use?
5. Where can I get further help?

The main addition to *Steps to Cope* was to more closely address the protective factors and processes believed to facilitate enhanced resilience, such as ensuring a CYP has a supportive adult to turn to, improving coping responses, and increasing confidence and self-esteem (Velleman & Templeton, 2007; 2016). *Steps to Cope*, like the 5-Step Method, is primarily intended to be an individual intervention between a CYP and a practitioner, although it can be delivered in groups. It can be delivered by practitioners from a range of disciplines and services, including young carers and other community-based services for CYP, young people's drug and alcohol treatment, CAMHS (child and adolescent mental health services), social care (including leaving care services), and school counsellors. There are no specific criteria (other than age) that exclude a CYP from engaging with *Steps to Cope*, although it is recommended to practitioners that they consider suitability where the CYP themselves have problems with their substance use or mental health, or are living in particularly challenging circumstances. It is suggested, based on the adult 5-Step Method, that an intervention take place over approximately 5–6 sessions.

Two pilot projects were undertaken in Northern Ireland between 2011 and 2013 to explore the potential for *Steps to* Cope. The need for such an intervention was based on the estimation that there are over 40,000 children and young people living with parental substance misuse in Northern Ireland with no dedicated services and no interventions for them (DHSSPS, 2008). Together, the two pilot studies involved 57 practitioners and 43

CYP, and collected qualitative data about the *Steps to Cope* intervention (Templeton & Sipler, 2014). The findings from both studies indicated that the intervention and its theoretical underpinnings could be adapted for CYP. Further, the studies suggested that it was feasible (albeit with challenges) to train a diverse group of practitioners to use the intervention, that some of those practitioners could go on and use *Steps to Cope* with CYP, and that the intervention could benefit CYP in a range of ways in line with the steps of the intervention. These include feeling less alone by understanding that these are common problems which affect large numbers of CYP; thinking, talking about and understanding their experiences and feelings; learning and understanding about addiction and mental health problems and how they affect both CYP and parents; recognising that their parents problems are not the CYP's fault; and exploring how they cope and the support that they have available to them. Furthermore, it seems that an intervention like *Steps to Cope* can target some of the protective factors and processes which have been identified as facilitating resilience in CYP affected by parental substance misuse.

Following on from these encouraging findings, further funding has supported a six year project (2014–2019) in Northern Ireland to roll-out and embed the intervention across the country; and this has included the introduction of a quantitative outcome tool (identified as a limitation of the early work: Templeton & Sipler, 2014), with preliminary data summarised below.

Methodology

A before and after questionnaire design was employed with CYP who engaged with *Steps to Cope*. The Resilience Scale for Adolescents (READ) was used (Hjemdal, Friborg & Stiles, 2006). It was challenging to select an outcome tool as there are no specific outcome measures for working with CYP affected by parental substance misuse. The READ was chosen because it measures individual, familial and environmental protective factors over five domains: namely, personal competence, social competence, structured style, social resources, and family cohesion. In addition to the READ, practitioners are asked to supply basic demographics about each CYP including gender, age and ethnic status, and basic details of the parent(s) with the substance misuse and/or mental health problems.

Practitioners ask CYP to complete the READ before and after a *Steps to Cope* intervention with anonymised data shared with the *Steps to Cope* team. All CYP give informed consent for their data to be shared. Practitioners are either from the core *Steps to Cope* team (which receives referrals from a range of services) or from external services that have been trained to deliver the intervention. The data are supplied in Excel and exported to SPSS (a statistical analysis package) for descriptive and statistical analysis (primarily paired *t*-tests which measure change over time through assessing whether the means of two groups are statistically different from each other).

Findings

The CYP involved

There are currently data relating to 199 CYP, all of whom have had some engagement with a *Steps to Cope* practitioner although they may not have started or completed

the intervention. Approaching two-thirds of CYP are female ($N = 121$, 61%) while just over one-third are male ($N = 78$, 39%). The average age of CYP is 14.5 years old (range 8–19 years) with the average age of females and males very similar. Data on ethnicity are available for about half of the CYP, indicating that the majority are White British/Irish.

Approximately one-half of CYP are affected by maternal substance misuse ($N = 95$, 48.5%), while one-third are affected by paternal substance misuse ($N = 66$, 34%). A minority are affected by the substance misuse of both parents ($N = 23$, 12%) and a small number are affected by the substance misuse of someone who was not a parent ($N = 12$, 6%). In the majority of cases (approximately 85%) the CYP is affected by a parental alcohol problem. Some of CYP who disclosed that they are affected by parental substance misuse ($N = 71$) reported how long they had been living with it: an average of 9.5 years, ranging from three months to 18 years. A small minority (approximately one fifth) of CYP said that their parent also has a mental health problem. In about one-half of cases, this is a maternal mental health problem with small numbers affected by paternal mental health problems or both parents having a mental health problem. It is possible that other CYP are also affected by parental mental health problems but this was not disclosed or recorded. Some of the CYP who disclosed that they are affected by parental mental health problems ($N = 20$) reported how long they had been living with it: an average of 7.5 years, ranging from three months to 18 years.

Delivery of the steps to Cope intervention

Over one hundred ($N = 119$) CYP completed one or more session of the *Steps to Cope* intervention with practitioners reporting completing 1–15 sessions with CYP. Over two-thirds of the 119 CYP who started the intervention completed all five steps of the intervention ($N = 83$, 70%). Five CYP completed four steps, six CYP completed three steps, and 13 and 12 CYP completed two and one steps of the intervention respectively. It is an encouraging finding that if a CYP starts the intervention they are likely to complete all the steps.

Resilience data

Matched READ data are available for 80 CYP and preliminary findings are reported here. Table 1 summarises the mean scores for this group of CYP. There is some variation in the time between data collection before an intervention and after an intervention (because of the length of time over which interventions took place and the total number of sessions which were delivered) which may influence the findings. An increase in score indicates an increase in resilience over time. The total READ score increased from 107 pre-intervention to 114 post-intervention, while Figure 1 shows that there is also desired change in all of the five domains of resilience covered by the READ, although in most cases the change is small. Analysis further shows that all but one of these changes (social competence) are statistically significant, meaning that they are unlikely to have occurred by chance. Further analyses with a larger dataset will assess if there are differences between sub-groups of CYP, e.g. by gender or how many sessions of the

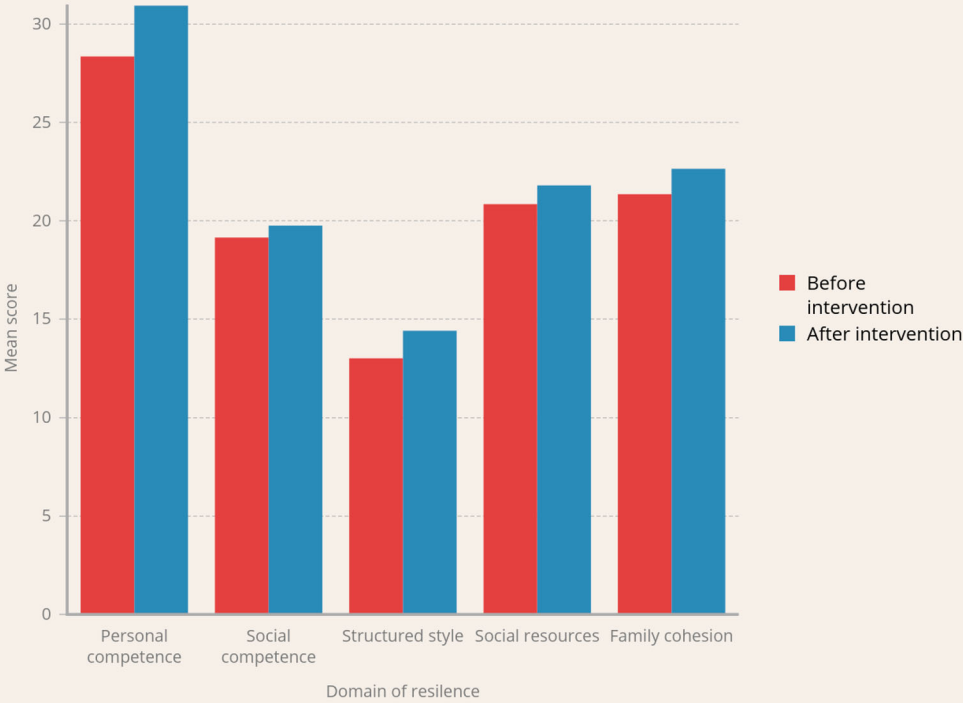

Figure 1. Change in domains of resilience over time (*N*= 80).

Table 1. Change in READ mean score over time (*N* = 80).

	"Before" StC (Mean, SD)	"After" StC (Mean, SD)	Statistical significance
Total resilience	106.86 (16.13)	113.61 (16.35)	$t(79)=-4.203$, $p = 0.000$
Personal competence	28.36 (5.20)	30.94 (4.88)	$t(79)=-4.345$, $p = 0.000$
Social competence	19.15 (3.97)	19.75 (3.77)	$t(79)=-1.799$, $p = 0.076$
Structured style	13.01 (2.68)	14.41 (2.76)	$t(79)=-4.784$, $p = 0.000$
Social resources	20.85 (3.77)	21.80 (2.93)	$t(79)=-2.876$, $p = 0.005$
Family cohesion	21.35 (5.12)	22.65 (4.77)	$t(79)=-2.833$, $p = 0.006$

intervention were completed, and will also allow for further analyses such as effect sizes to be calculated.

The current *Steps to Cope* project does not include formal qualitative data collection, but practitioners do ask CYP about their views of the intervention and how it has helped them. Some examples of what CYP have said about *Steps to Cope* are:

> I found having someone to talk to the most helpful and understanding the problems better like how addiction works and how problems can affect me. (Male aged 18)

> I can understand now that it is not my fault (Female age 15)

> I don't feel as worried because I have friends and family that care. (Female, aged 14)

> I understand why people get addicted to things (Male age 15)

> I found the coping part helpful and have learnt that it is about me (Female, 13)

Discussion

The study reported here seems to be somewhat unique in studying resilience in CYP rather than concentrating on the risks that they face and the reduction of emotional and behavioural problems, and some authors have advocated for approaches to support CYP to target both resilience and risk (Bellis et al., 2017; Hughes et al., 2017). The preliminary findings are encouraging in showing how a brief intervention can build resilience, across a range of individual, familial and environmental domains, in CYP who have for the most part been living with and/or affected by parental substance misuse and/or mental health problems for most of their young lives. Together with the qualitative findings from the pilot studies (Templeton & Sipler, 2014), these findings are also encouraging in suggesting the potential of an evidence-based intervention in an area where such interventions, supported by robust evaluation, are limited (McLaughlin et al., 2016; Syed et al., 2018). However, the absence of a control group means that the attribution of change to *Steps to* Cope is unclear and so the findings should be interpreted cautiously.

Furthermore, given that many CYP are living with the multiple adversities which fall under the definition of ACEs, *Steps to Cope* could make a valuable contribution to the range of interventions that reduce harm and build resilience in this cohort (Bellis et al., 2017). McLaughlin et al.'s review agreed, recommending that interventions for children of "substance abusers" are needed and one such intervention "which may show signs of promise [is] Steps to Cope" (McLaughlin et al., 2016, p.14). However, given the length of time many CYP have been living with these problems, and the co-existing problems which often sit alongside the substance misuse, *Steps to Cope* should be part of a range of services and interventions which are available and delivered as part of a stepped care approach. The data presented here suggest that while, in many cases, *Steps to Cope* can be delivered as a brief intervention, some flexibility may required with some CYP with an intervention taking place over more sessions. This can be for a number of reasons; for example, a practitioner may need to integrate *Steps to Cope* with work addressing other issues that a CYP might raise including crises, or because the sessions with CYP are shorter in order to maintain concentration and engagement.

Despite the demonstrated potential of *Steps to Cope*, embedding a structured intervention across the workforce in Northern Ireland has not been without challenges in implementation and these have been monitored and discussed throughout the project. Such issues are relevant to this paper in offering context for the successful delivery of an intervention like *Steps to Cope*. In the vast majority of cases where the *Steps to Cope* intervention has been used, it has been by dedicated workers employed by the project rather than by externally trained practitioners. A training program within the wider workforce has resulted in the intervention being used, with fidelity, in only a limited number of cases (although it is possible that it has been used by practitioners who have not communicated this to the project team). To overcome this challenge, the *Steps to Cope* project adjusted its recruitment from the wider workforce to targeted organisations who commit to ensuring that practitioners who are trained have the capacity to actively use the intervention with CYP and that the intervention is included in its targets and expectations. Organisations who have engaged with this changed approach to date have included services delivering early intervention family support, organisations with

contracts to deliver school-based counselling, young people's alcohol and drug services and looked after children services. Ongoing work is exploring which settings and groups of practitioners might be best placed to routinely use the *Steps to Cope* intervention. This revised approach is leading to an increase in the numbers of trained practitioners who are using the intervention; however, it is accompanied by a further, ongoing, challenge which has been to get both before and after questionnaire data from practitioners. The project is endeavouring to increase the use of the intervention with fidelity from externally trained practitioners to embed it consistently in practice. It will be further evaluated if the more targeted approach is effective.

Another implementation challenge has been the engagement of CYP with the intervention and there may be a number of reasons for this. First, is the choice of setting[s] in which *Steps to Cope* is introduced. For example, is it better suited to services who work with less complex and chaotic CYP, or services who do not have time-limited restrictions on the work they can do and can thereby incorporate *Steps to Cope* as part of an ongoing piece of work over a longer period of time? Second, some CYP just do not want to engage with such an intervention, preferring more informal and ad-hoc support. Third, some practitioners have indicated that they have made the decision not to approach CYP about *Steps to Cope*, rather than discussing with the CYP and leaving the final decision up to them. The *Steps to Cope* Partnership is currently testing an online version of the intervention to increase the choice of engagement for CYP. This is consistent with the suggestion of others that technology-based interventions may have potential for this age group (Syed et al., 2018). Further work could include a rigorous testing of a group-based version of *Steps to Cope* (Templeton & Sipler, 2014).

There are a number of limitations to the data presented here. Although the data suggest positive change and increased resilience, the dataset is limited which makes confidence with the findings and the ability to do further analyses (e.g. of sub-groups) difficult. Furthermore, as noted above the addition of a control group would enable a more robust evaluation of the intervention to be undertaken and should be the focus of further work. Finally, while the data show that positive change is possible in the short-term, further work should include longitudinal measurement to assess the sustainability of positive change in the longer-term. It would also be helpful to compare the findings from this population with the use of the READ with other groups of CYP including 'normal' populations.

In conclusion, given the small number of theory- and evidence-based interventions to support CYP affected by parental substance misuse and/or mental health problems, *Steps to Cope* has demonstrated preliminary potential to lead to positive change in the short-term. In so doing, it responds to current political interest in this area both in terms of the growing emphasis on early intervention with CYP exposed to ACE's (Hughes et al., 2017) and the impending revision of the Alcohol and Drug Strategy for Northern Ireland expected in 2019. However, further work is needed to more fully and rigorously evaluate the impact of the intervention, and to overcome the challenges with implementation of the intervention.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by the National Lottery Community Fund (Grant Number 10079151).

References

Adamson, J., & Templeton, L. (2012). *Silent voices. Supporting children and young people affected by parental alcohol misuse*. London: Office of the Children's Commissioner for England.

Aldridge, J., & Becker, S. (2003). *Children caring for parents with mental illness*. Bristol: The Policy Press.

Backett-Milburn, K., Wilson, S., Bancroft, A., & Cunningham-Burley, S. (2008). Challenging childhoods: Young people's accounts of 'getting by' in families with substance use problems. *Childhood (copenhagen, Denmark)*, *15*, 461–479.

Bellis, M., Hardcastle, K., Ford, K., Hughes, K., Ashton, K., Quigg, Z., & Butler, N. (2017). Does continuous trusted adult support in childhood impart life-course resilience against adverse childhood experiences – a retrospective study on adult health-harming behaviours and mental well-being. *BMC Psychiatry*, *17*. doi:10.1186/s12888-017-1305-3.

Children's Commissioner for England. (2018). *"Are they shouting because of me?" Voices of children living in households with domestic abuse, parental substance misuse and mental health issues*. London: Children's Commissioner for England.

Cogan, N., Riddell, S., & Mayes, G. (2004). The understanding and experiences of children affected by parental mental health problems: a qualitative study. *Qualitative Research in Psychology*, *2*, 1–20.

Copello, A., Templeton, L., Orford, J., & Velleman, R. (2010a). The 5-Step Method: Principles and practice. *Drugs: Education, Prevention and Policy*, *17*(S1), 86–99.

Copello, A., Templeton, L., Orford, J., & Velleman, R. (2010b). The 5-Step Method: Evidence of gains for affected family members. *Drugs: Education, Prevention and Policy*, *17*(S1), 100–112.

Department of Health, Social Services and Public Safety. (2008). *Regional hidden harm action plan: responding to the needs of children born to and living with parental alcohol and drug use in Northern Ireland*. Belfast: DHSSPS.

Department of Health, Social Services and Public Safety. (2011). *New strategic direction for alcohol and drugs, phase 2 2011–2016*. Belfast: DHSSPS.

Foster, J., Bryant, L., & Brown, K. (2017). *Like sugar for adults. The effect of non-dependent parental drinking on children and families*. London: Institute of Alcohol Studies, Alcohol and Families Alliance, and Alcohol Focus Scotland.

Hjemdal, O., Friborg, O., Stiles, T., Martinussen, M., & Rosenvinge, J. (2006). A new scale for adolescent resilience: Grasping the central protective processes behind healthy development. *Measurement and Evaluation in Counseling and Development*, *39*(2), 84–96.

Holmila, M., Itapuisto, M., & Ilva, M. (2011). Invisible victims or competent agents: opinions and ways of coping among children aged 12–18 years old with problem drinking parents. *Drugs: Education, Prevention and Policy*, *18*, 179–186.

Hughes, K., Bellis, M., Hardcastle, K., Sethi, D., Butchart, A., Mikton, C., … Dunne, M. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and metaanalysis. *The Lancet*, *2*(8), e356–e366.

McLaughlin, A., O'Neill, T., McCartan, C., Percy, A., Perra, O., Higgins, K., & McCann, M. (2016). *Parental alcohol use and resilience in young people: a study of family, peer and school processes*. Short report. HSC R&D, Public Health Agency.

Moe, J., Johnson, J., & Wade, W. (2007). Resilience in children of substance users: In their own words. *Substance Use and Misuse*, *42*, 381–398.

National Scientific Council on the Developing Child. (2014). *Excessive stress disrupts the architecture of the developing brain* (Working Paper 3). Updated Edition. Online at www.developingchild.harvard.edu.

Orford, J., Copello, A., Velleman, R., & Templeton, L. (2010). Family members affected by a close relative's addiction: The stress-strain-coping-support model. *Drugs: Education, Prevention and Policy*, *17*(S1), 36–43.

Orford, J., Velleman, R., Natera, G., Templeton, L., & Copello, A. (2013). Addiction in the family is a major but neglected contributor to the global burden of adult ill-health. *Social Science & Medicine*, *78*, 70–77.

Reupert, A., Goodyear, M., & Maybery, D. (2012). Engaging with, and understanding children whose parents have a dual diagnosis. *Child and Adolescent Mental Health*, *17*(3), 153–160.

Sawyer, E. (2009). *Building resilience in families under stress: supporting families affected by parental substance misuse and/or mental health problems*. London: National Children's Bureau.

Syed, S., Gilbert, R., & Wolpert, M. (2018). *Parental alcohol misuse and the impact on children: a rapid evidence review of service presentations and interventions*. London: Children's Policy Research Unit.

Templeton, L. (2010). Meeting the needs of children with the 5-Step Method. *Drugs: Education, Prevention and Policy*, *17*(S1), 113–128.

Templeton, L., & Sipler, E. (2014). Helping children with the Steps to Cope intervention. *Drugs and Alcohol Today*, *14*, 126–136.

Velleman, R., Orford, J., Templeton, L., Copello, A., Patel, A., Moore, L., … Godfrey, C. (2011). 12-month follow-up after brief interventions in primary care for family members affected by the substance misuse problem of a close relative. *Addiction Research & Theory*, *19*(4), 362–374.

Velleman, R., & Templeton, L. (2007). Understanding and modifying the impact of parents substance misuse on children. *Advances in Psychiatric Treatment*, *13*, 79–89.

Velleman, R., & Templeton, L. (2016). Impact of parents' substance misuse on children: an update. *Advances in Psychiatric Treatment*, *22*(2), 108–117.