



Mind Your Trip: web-based intervention programme for young consumers of New Psychoactive Substances

Training Manual for online counsellors

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1 Preface

This manual for online counsellors was developed between July 2017 and April 2018 for the prevention experts involved in the EU-project 'Click for Support - REALized' (2017 - 2018), which has been co-funded by the European Commission under the 2015 Annual Work Programme 'The Internal Security Fund – Police & the Drugs Policy Initiative'. The project was awarded to project coordinator Landschaftsverband Westfalen-Lippe - LWL-Koordinationsstelle Sucht (Coordination Office for Drug-Related Issues) Münster, Germany in light of the 2015 call for Transnational Projects in the Area of EU Drug Policy by the Directorate General Home and Migration Affairs. Co-beneficiaries in the project are 13 partner organisations from Austria, Belgium, Cyprus, Finland, Germany, Greece, Italy, Latvia, Luxembourg, Netherlands, Portugal, Slovakia, and Slovenia.

The CfS-REALized project draws on the previous 'Click for Support' project (2014-2015), in which guidelines for effective web-based selective drug prevention for youth have been developed. Based on these guidelines, a web-based preventive intervention (WBI) named 'Mind Your Trip' for young consumers (14-25 years) of New Psychoactive Substances (NPS), has been developed. During a 2,5-day training in April 2018, prevention experts from the 13 cooperating European partner organisations in 13 countries were trained in online drug counselling, Motivational Interviewing, effects and risks of NPS, and handling the technical features of the WBI (interactive website and app for portable devices). The trainings were given by an expert in new substances and their effects, two online counselling experts from Dutch project partner Tactus Addiction Care, and two experts from Dutch IT company Wild Sea. This manual serves as support and reference for the prevention experts whom operate the WBI for a 5-month evaluation phase between June and October 2018.

The relevance of the developed web-based intervention lies in the problematic phenomenon of New Psychoactive Substances, their unknown effects and risks, and lack of knowledge with (especially young) consumers, increasing risks for adverse consequences to health and wellbeing. Mind Your Trip aims to increase awareness about the risks of NPS use among

youth by referring to reliable and credible sources on NPS. Most importantly, the WBI aims to urge youth to assess their NPS use through the WBI, and get help through the WBI to consume less, quit, or use NPS more safely with regard to consumption practices. The website therefore also informs on Harm Reduction practices and advises young consumers on what to do in case of drug (NPS)-related emergencies. Lastly, the 13 national websites for the intervention, available in 11 languages, refer to options for face-to-face drug- or mental health counselling in the respective countries.

This manual consists of the following chapters:

- **CHAPTER 1 - PREFACE**
- **CHAPTER 2 - NEW PSYCHOACTIVE SUBSTANCES**
Chapter 2 was written up by the 'Click for Support - REALized' coordinator, based on the training on New Psychoactive Substances by German expert Karsten Tögel-Lins.
- **CHAPTER 3 - STRUCTURE AND CONTENT OF THE WEB-BASED INTERVENTION**
Chapter 3 has been written by experts from Dutch project partner Tactus Addiction Care, responsible for the development of the contents of the WBI programme.
- **CHAPTER 4 - ORGANISATIONAL ASPECTS**
Chapter 4 has been written by experts from Dutch project partner Tactus Addiction Care in collaboration with Belgian partner CAD Limburg (main responsible for dissemination and promotion), and the project coordinator from LWL-KS, Germany.
- **CHAPTER 5 - COUNSELLING MANUAL**
The last chapter has been written by experts from Dutch project partner Tactus, main responsible for the content development of the intervention programme.

Münster, Germany
April 2018

2 New Psychoactive Substances

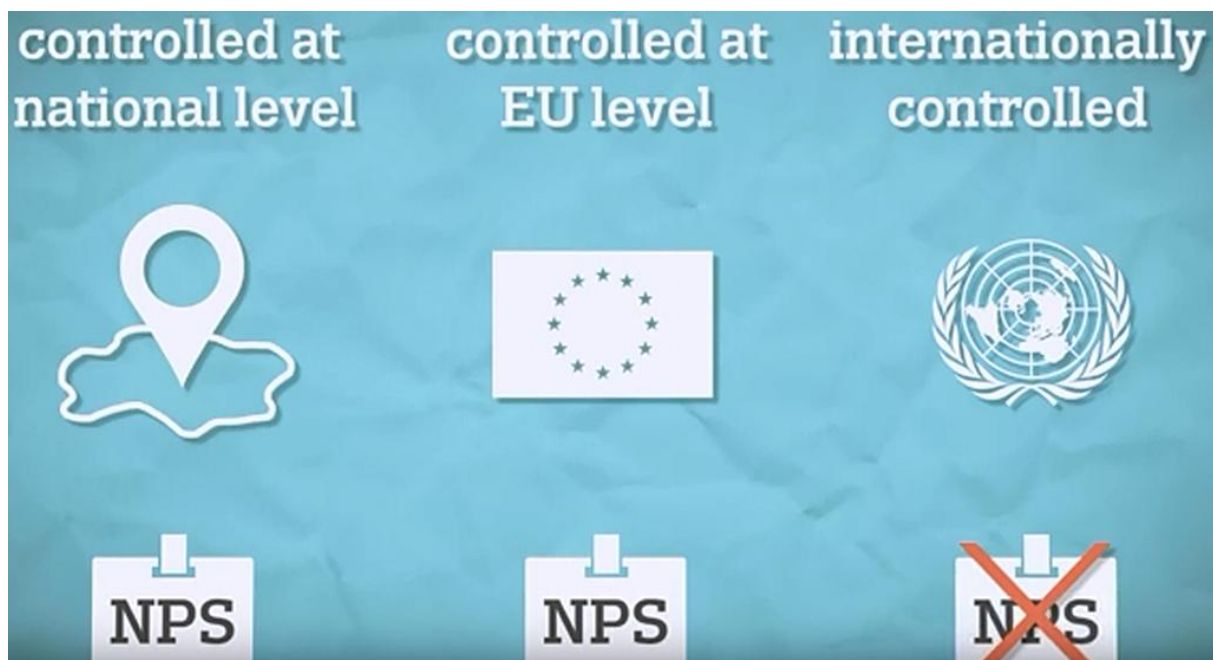
NPS: Definitions, groups and risks

Definitions

There are many varying definitions of NPS - some well-known terms used in literature as well as popular media are "new / novel / emerging psychoactive substances", "legal highs", "designer drugs", "new and emerging drugs (NEDs)", and "research chemicals". The official (legal) definition used in Europe, as defined by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), is as follows:

"A new narcotic or psychotropic drug, in pure form or in preparation, that is not controlled by the United Nations drug conventions, but which may pose a public health threat comparable to that posed by substances listed in these conventions."

For a clear explanation of what legally constitutes a "new psychoactive substance" at national, European, and international level, please see this informative video by the EMCDDA:



Substance groups

Legal definitions, however, are of little significance in the (online) counselling field. What is most important to be informed about concerning NPS use by a client, is the substance *group* (in terms of stimulant, opioid, cannabinoid, etc.) rather than the exact substance. The British Medical Journal¹ has recently published infographics of NPS grouped into four categories:

- Synthetic cannabinoids
- Stimulants (cathinones and phenethylamines)
- Hallucinogenics (tryptamines)
- Depressants (opioids, benzodiazepines)

Synthetic Cannabinoids

Synthetic cannabinoids are not exactly the same as 'synthetic cannabis', although the substances mimic the effects of cannabis. The products are often sold as 'herbal smoking blends' (for instance under the name "Spice"), and may be smoked or inhaled. The most typical risks from consuming synthetic cannabinoids are hypertension, agitations, nausea, seizures, and psychotic symptoms. In rare cases, consumption may lead to tachycardia, hallucinations, or blackouts.

Stimulants

Both cathinones and phenethylamines may fall under the stimulant category of NPS. The substances mimic effects such as those of MDMA and amphetamines; examples are mephedrone and the NBOMe series. They are also sold under the names "bath salts" or "plant food". Stimulant NPS are most commonly swallowed or snorted. Use may lead to increased heart rate, blood pressure, and body temperature, as well as hyperactivity and tremors. In more severe cases, use may be associated with paranoia, confusion, aggression, and hyperthermia.

Hallucinogens

As the name implies, tryptamines mimic the effects of 'classic' hallucinogenic or psychedelic drugs. An example of a tryptamine NPS is 5-MeO-DMT. The products may be swallowed or snorted. Risks may include depressive symptoms, panic, psychotic states, and aggression. Additionally, sedative / dissociative substances (arylcyclohexylamines such as MXE, mimicking Ketamine) may fall under the category of hallucinogenic NPS.

¹ [British Medical Journal](#) (2017)

Depressants

Depressant NPS mimic the effects of traditional opioids or benzodiazepines. Most well-known are currently the many fentanyl-derivates, which are many times more potent than the traditional opioid products. These derivates are currently mainly found in the US and Canada, yet seem to become more and more of a problematic phenomenon in Europe as well. The largest risks for use of depressant NPS, which are most commonly smoked or inhaled and in some cases injected or snorted, are overdose, withdrawal symptoms, and addiction.

Users of New Psychoactive Substances

Although research among 'NPS users' is limited, among others because users of New Psychoactive Substances are very often poly-drug users, NPS users may roughly be grouped into the following categories:

- Marginalised users (injecting users, prisoners, mental health clients, homeless people)
- Recreational users (using in nightlife / at festivals, or in private settings)
- 'Uninformed' users (those who may be unaware that they are using an NPS while having intended to use a 'traditional' drug, or those who seek to 'get high', and care less about the exact substance they consume)
- Experienced / experimenting users ('psychonauts', looking for particular experiences)

Motivations for use

There may be many various reasons for people to use New Psychoactive substances, of which some motivations are similar or the same for using a 'traditional' drug. From the most recent research among NPS users, the following motivations can be derived:

- Avoiding positive drug tests
- Replacing other drugs of choice where there is no (current) availability
- Preference for specific effects
- Supposed better quality and purity
- Addition to other drugs (poly-drug use)
- Enhancing / diminishing effects of other drugs
- Price: often cheaper than 'traditional' drugs
- Legality: lesser chance of prosecution
- Curiosity, experimenting
- Enhancing (cognitive) abilities
- Problematic use (using any substance available)
- Any motivation for traditional drug use (including positive effects)



3 Structure and content of the WBI

WBI Modules Description

Title, location, executors	www.MindYourTrip.eu location website: world wide web location intervention modules: Europe Executors: various addiction care and -prevention organisations in 13 EU countries: AT, BE, CY, DE, GR, IT, LV, LU, NL, PT, SI & SK
Target group	Consumers of NPS between 14 and 25 years of age who are concerned about their NPS use, and/or whom have been diagnosed with problematic use of NPS.
General description	An online help / support offer consisting of an informative website and three preventive intervention modules for online, anonymous, and protocollised yet individualised support.
Main aims / goals	Motivating to change and achieving actual behaviour change, aimed at stopping or decreasing use of NPS / use of safer use methods.
Indications	Clients with problematic use of NPS and/or dependence on various New Psychoactive Substances.
Contra-indications	<ul style="list-style-type: none"> - Medical somatic symptoms or a psychiatric crisis - Lack of command of the language(s) the intervention is offered in - Lack of access to a PC or device with Internet
Sign-up criteria	There are no sign-up criteria; any client can sign him- or herself up for an intervention module of his or her choice. Clients may also be signed up after internal referral.
Sign-out criteria	The intervention is protocollised. The client signs out after completing the 30-day intervention module. In case of premature drop-out, the client will be contacted via e-mail, after which his / her data etc. will be (temporarily) archived.
Setting and form	Online, asynchronous exchange of messages.

Frequency	Minimal 2x per week. Counsellors respond to messages within maximum two working days after the client send a message.
Duration	Average duration 5 weeks, of which 4 weeks individual 2-weekly contact moments with the counsellor.
Capacity	One-on-one. In case of illness or other reasons for absence, the counsellor should be covered by a colleague to overtake tasks.
Counsellor qualifications	Counsellors minimally have a completed education from a university or university of applied sciences, and experience in addiction care.
Preconditions, resources, and materials	Computer with Internet access Counsellor's manual Training and coaching
Starting points / basics	<p>A short, intensive intervention in which the participant is actively encouraged to assess their own NPS use, gain more insight into the dynamics of their NPS use, be critical towards one's NPS use, and practice with less harmful and less risky behaviour with regards NPS use. This can be: less harmful use, reducing use, or quitting use.</p> <p>The intervention is based on existing principles known to be effective in addiction care, such as registering one's own use, rewarding, psycho-education, setting 'SMART' goals, learning self control techniques, and relapse prevention.</p> <p><u>Sources:</u> Methods from Motivational Interviewing (Miller & Rollnick, 2012) Stages of Behaviour Change (Prochaska, DiClemente & Norcross, 1992) Cognitive Behavioral Coping Skills Therapy Manual (Project MATCH, 1992)</p> <p>The interventions and texts for the counsellor are fixed in a protocol en largely in standard texts which can be offered to the client 'customised' / 'individualised'.</p>

Phasing and content

There are three intervention modules. The client chooses for which one he or she wishes to sign him- or herself up. The client may continue to another module after completing one of the modules.

Every module consists (incl. intake) of 5 steps, and is concluded with personal advice from the counsellor concerning NPS use, and possible steps for follow-up. In each module, there are 4 weeks of consecutive online contact moments with the counsellor.

The client decides whether he or she wants to continue until completion of the module. Continuing (to other modules) is not possible only when there is acute (medical) danger or risk. In case all three modules are deemed unsuitable for a client, he or she will be referred to other support or treatment offers.

INTAKE

The online intake questionnaire is the first step in every module. An exercise follows automatically after, so the participant can already start in the module. Two days after signing up the participant receives a personal message from the counsellor about starting in one of the three modules.

MODULE 'Get insight'

This module is focused on gaining more insight into one's NPS use. By means of registering NPS use in an online diary and analysing the consumption behaviour without requiring the client to do anything about it yet, it is attempted to motivate the client to change behaviour.

MODULE 'Harm reduction'

This module is focused on changing risky use of NPS by increasing knowledge on effects and risks and setting concrete goals, thereby attempting to minimise the possible harms from NPS use for the user.

In case the client wishes to (further) decrease or quit his or her NPS use, the client could continue to module 3 under supervision of the same counsellor.

MODULE 'Quit or reduce'

The client sets a concrete goal with respect to NPS use, aimed at reducing or quitting use. The client and counsellor work towards this goal through 4 exercises.

Sign-up and flow

The website offers a choice of three interventions offering contact with a counsellor. In order of intensity, from light to more intensive:

- Module 'Get Insight' (raising awareness on the amounts and frequency of use)
- Module 'Safer Use' (aims for harm reduction)
- Module 'Quit or Reduce' (aims for a change in behaviour regarding the use of NPS: to stop or decrease use)

The three options are explained on the website. The user makes the choice for a module.

Each module is an independent intervention, where a weekly message is sent by a counsellor during a four-week period after online registration. In addition to messages and assignments, the counsellor can make use of psycho-education. Through his/her personal client portal (an app), the participant can respond to a message and send a message, and make assignments.

The duration of each module is 28 days. During the first two modules, the client may upgrade to a follow-up module if he / she is motivated to further change his / her behaviour. For example, when a participant selected the module 'Get Insight', and later becomes motivated enough to carry on with the 'Safer Use' or the 'Quit or Reduce' module. In that case, the client does not need to sign up again. The counsellor can simply add instructions from the second and third modules as required.

Protocol instructions for the counsellor are part of the counsellor portal. Every module has its own messages/steps. In each step per module, a protocol sets out which instructions are forwarded, as well as the follow-up steps that may be taken. The counsellor independently determines the follow-up steps by adding or not adding instructions/assignments.

For each module, several assignments/instructions are available to offer to the client: a registration instruction, a questionnaire, a writing instruction, or a reading instruction. The registration instruction always refers to the registration diary (monitoring use). Use is registered for all drugs (including alcohol), not only for NPS. The questionnaires contain measurement questions for research and individual evaluation.

Each start is the same for each user after choosing one of the three modules on the website:

- ✓ Registration for selected module based on name and password as submitted by client
- ✓ Terms and conditions / privacy statement
- ✓ Intake questionnaire
- ✓ Access to module / client portal

Registration of drug use

An online diary serves for the user to keep track of his / her use; i.e. to retrospectively record his / her use of NPS and possible other substances. The following items can be logged:

- Date and time of use
- Type of substance
- Quantity

The user can review the log data in a chart that can be viewed in weekly, monthly or quarterly display. The user can also log future use, which refers to intended use.

4 Organisational aspects

Setting and counsellors

Setting

The setting of the intervention is completely online. Through the 'Mind Your Trip' website or the Mind Your Trip app, both clients and counsellors can use the intervention programme (i.e. the three intervention modules) in order to send asynchronous messages to each other individually. The messages from the client's end will be anonymous, yet the client will have their own personal account, as will the counsellor. There will be contact moments at least twice a week, and the counsellor should always respond to clients within two working days after they have sent a message, finished an exercise, etc. It is therefore important that in case of absence of the counsellor, there is an informed colleague available to overtake the tasks for the continuation of each client's intervention programme.

Apart from the three intervention modules, a self-assessment test based on the existing DUDIT (Drug Use Disorder Identification Test) questionnaire, as well as a stand-alone diary for independently tracking one's own NPS use are available online on the Mind Your Trip website and app. Both these features are again anonymous.

Counsellors

The counsellors operating the Mind Your Trip intervention programme between June and October 2018 in Europe are all prevention experts employed at the partner organisations of the 'Click for Support - REALized' project. These are the following organisations:

- Austria pro mente Oberösterreich (Institut Suchtprävention)
- Belgium Centres for Alcohol- and Drug problems (CAD) Limburg
- Cyprus KENTHEA - Centre for education about drugs
 and treatment for addicted persons
- Finland EHYT ry: Finnish Association for substance abuse prevention
- Germany LWL University Clinic for Child- and Youth Psychiatry
- Greece Athina Ygeia - Centre for prevention of addiction
 and promotion of psycho-social Health
- Italy Forum Prävention (health & social focus)
- Latvia Educational Centre for Families and Schools

- Luxembourg Centre de Prévention des Toxicomanies (CePT)
- Netherlands Tactus Addiction Care (addiction treatment)
- Portugal IREFREA Portugal - Instituto Europeu para o Estudo dos Factores des Risco em Crianças e Adolescente
- Slovakia OZ Prevencia V&P (children & youth focus)
- Slovenia NIJZ - National Institute of Public Health

The 13 prevention experts have backgrounds in psychology / psychological counselling or social work, and have experience with addiction counselling, drug prevention, and/or working with youth in (drug) treatment- and/or (drug) prevention settings. For the purpose of conducting the Mind Your Trip intervention programme between June and October 2018, the 13 prevention experts have received a 2,5-day training by experts, based on this training manual.

The trainings have been conducted by:

- Mr. Karsten Tögel-Lins, a German expert in New Psychoactive Substances with a background in social work; project leader of the German NPS website 'Legal-High-Inhaltsstoffe.de';
- Mrs. Heleen Westendorp, counsellor at Tactus Addiction Care and co-developer of this manual, the training for prevention experts, and the intervention modules for Mind Your Trip;
- Mrs. Mariëlle Brenninkmeijer, counsellor at Tactus Addiction Care and co-developer of the 'Mind your' Trip training for prevention experts;
- Mr. Joost Nuijten, creative director of Dutch IT company Wild Sea and co-developer of the Mind Your Trip website, app, and intervention programme;
- Mr. Michiel de Vries, expert at Dutch IT company Wild Sea and co-developer of the Mind Your Trip website, app, and intervention programme.

The training consisted of Motivational Interviewing methods, , online (drug) counselling, handling the technical features of the website and app, and effects and risks of New Psychoactive Substances most prevalent in Europe.

Technical requirements

Technical requirements for the **counsellor** app

- laptop / netbook (Windows/Mac) with Edge, Chrome(book), Safari, or Firefox
- tablet (Android/iOS) with minimal Android 6, minimal iOS 10

(The counsellor dashboard does not work on a smartphone!)

Technical requirements for the **client** app

- Android phone: minimal Android 6
- iOS phone: minimal iOS 10

(The app may also be used on a tablet (Android / iOS), but it may not always work correctly on a tablet, hence should only be used on a tablet if there is no other possibility.)

Guidance towards the intervention

The web-based intervention targets young people using NPS. To reach this target group, it is advised to focus on organisations and professionals who already reach this target group and may have the mandate to inform them about (help / support for) drug use.

Don't forget to inform your own professional network about Mind Your Trip: a lot of field workers search online for good information on the NPS topic. Below examples for stakeholders to inform about the WBI using the 'material sheet' text (see next page):

- Organisations in drug- / addiction care (ambulant, residential): these organisations reach drug users, some of them using NPS.
- Organisations in youth care and youth work: youth workers and - counsellors often have access to our target group and have the mandate to talk about drug use.
- General Practitioners and hospitals: some GP's might reach our target group, and it certainly is a group that is looking for reliable information and online tools. Hospitals and Emergency Room staff in particular might be a good target group to inform about the offer, to which they in turn can refer when young NPS users are being taken care of in the ER.
- 'Fred goes Net' partners from the precious 'FReD' project / early intervention programmes for young drug users: offers that target young drug offenders.
- 'Healthy Nightlife' partners: party locations, health care organisations involved in healthy and safe nightlife projects reaching the target group at their party locations or information booths. Also: peer organisations that work in the nightlife setting.
- Other: Skate park owners, street corner work, etc., who reach the target group and might use the information when there is concern about youth they are in contact with.

As young people spend a lot of time online, an online recruiting strategy may be worthwhile: are there websites or online fora targeting the target group that could put up a link / news item on their website about our online offer? Websites in nightlife, drug care, and drug prevention are other offers that should be asked to put up a link to the Mind Your Trip WBI.

Influencers

Are there influencers reaching the target group who could be asked to share something about the WBI? For instance: famous DJs that could act as a sponsor / ambassador for the project in your country, or famous vloggers who are popular with the target group?

Material Sheet

The material sheet gives a short description of the target group and the WBI. It can be delivered digitally or in print to people who you want to inform. You can find this information sheet on the next page.

Materials for promoting Mind Your Trip

Promotion Card

For events, information booths, youth workers, etc. reaching the target group, a printed card with the URL has been designed. All countries have received 3000 printed cards to distribute. Feel free to print extra; the digital format of the cards is available at LWL / CAD.

Digital Banners

For social media accounts like Facebook and Instagram, digital banners and profile pictures of Mind Your Trip have been developed; these can be used for online promotion.

Animation

For Facebook, Youtube and Instagram, animated adverts were created. These can be used for advertising or reposting through your own social media channels.

Do It Yourself: colour codes

In case you want to create your own promotion material, we would advise you to use the designed logo and illustration, and to use these colour codes: **Pink** #f0596f - or - R:240 G:89 B:111, **Black** #000000 and **White** #FFFFFF.

Post and share items on social media that are popular with the target group: Instagram, Facebook, Snapchat... The European online promotion strategy will target Facebook, Instagram and YouTube in the participating countries that choose to set up national social media accounts. The exact target group shall be defined on the basis of age, interests, and favourite YouTube channels. The project coordinator and Belgian partner CAD Limburg will post items on the European Facebook- and Instagram accounts for Mind Your Trip, which may be shared / reposted.

Last but not least: don't forget Twitter and LinkedIn for promoting the offer among professionals, politicians, journalists, etc.!

And remember in posts to always use the hashtag **#MindYourTrip & www.mindyourtrip.eu**

Mindyourtrip.eu

Information and online intervention for New Psychoactive Substances



In short:

The web-based intervention (WBI) is the result of the EU-project 'Click for Support - REALized' (2017 - 2018), which has been co-funded by the European Commission. The project is coordinated by Landschaftsverband Westfalen-Lippe - Koordinationstelle Sucht (Coordination Office for Drug-Related Issues). Co-beneficiaries in the project are 13 partner organisations from Austria, Belgium, Cyprus, Finland, Germany, Greece, Italy, Latvia, Luxembourg, Netherlands, Portugal, Slovakia, and Slovenia.

The Cfs-REALized project builds on the previous 'Click for Support' project (2014-2015), in which guidelines for effective web-based drug prevention for youth have been developed. Based on these guidelines, the WBI 'Mind Your Trip' for young consumers (14-25 years) of New Psychoactive Substances (NPS) has been developed.

The relevance of this WBI lies in the problematic phenomenon of New Psychoactive Substances, their unknown effects and risks, and lack of knowledge with (especially young) consumers, increasing the risks of adverse consequences to health and wellbeing.

Mind Your Trip aims to increase awareness about the risks of NPS use among youth by referring to reliable and credible sources on NPS. Most importantly, the WBI aims to urge youth to assess their NPS consumption through the WBI, and get help through the WBI to consume less, quit, or use NPS more safely with concern to consumption practices. This can be achieved through one of the three online, anonymous 30-day intervention modules. The website also informs on Harm Reduction practices and advises young consumers on what to do in case of drug/(NPS)-related emergencies. Lastly, the national websites refer to options for face-to-face drug- or mental health counselling in respective countries.

The 'Mind Your Trip' website will be online as of June 2018 in 11 languages: Dutch/Flemish, German, English, Finnish, French, Greek, Italian, Latvian, Portuguese, Slovene, and Slovak.

Target Group: Young NPS users (age 14-25) in Europe

Objectives: The WBI contains general information on NPS, a self-assessment test, and three intervention modules. The 30-day structured intervention programme consists of a Brief Intervention Module, a Safer Use Module, and a Quit / Reduce Module. The websites are operated by prevention experts trained in Motivational Interviewing and online counselling.

Intervention website: www.mindyourtrip.eu

For more information: www.clickforsupport.eu

Evaluation after the intervention

Each intervention module starts with an intake questionnaire, which will give a first insight into the client's current situation, background, and possible problems with NPS use.

When a client has finished an (or several) intervention module(s), he or she will fill out an outcome questionnaire. Here, questions are asked regarding the overall rating of the counsellor and intervention programme by the client, whether the client's wellbeing has increased, whether NPS consumption has decreased and/or whether safer use practices are being implemented, etc. In this first phase of the operation of Mind Your Trip for the initial duration of 5 months, a long(er) term post-measurement is not yet implemented.

As the measurement of amounts of NPS use in terms of grams etc. is very complicated, also for the users themselves (as it is mostly unknown how much active ingredient a product contains), the evaluation of reduction of NPS use relies on self-report by the client through the outcome questionnaire. Furthermore, no standardized tests are being used for the outcome and evaluation regarding measuring improvement in wellbeing etc.. Hence, the evaluation of the personal situation of the individual client also relies on self-report.

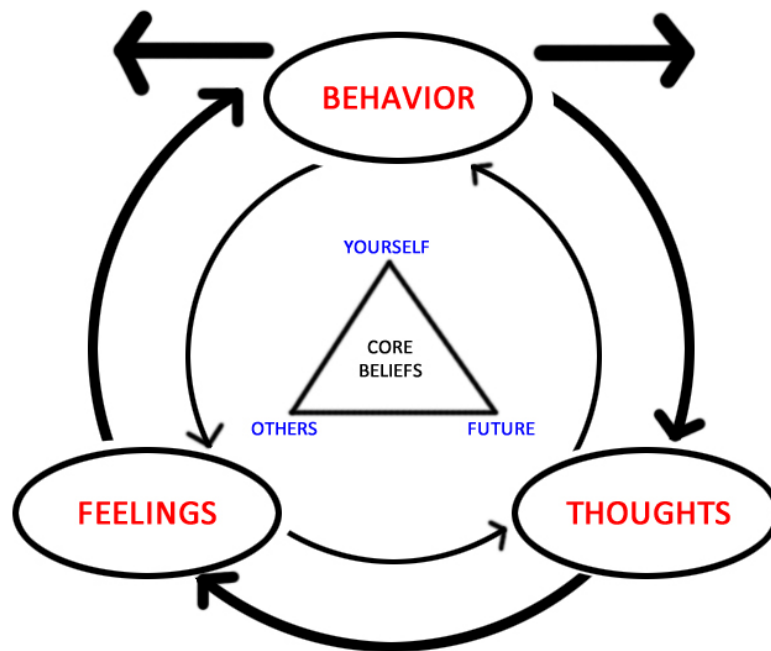
During the intervention, the counsellor continuously evaluates the effect of his or her feedback and exercises on a particular client, by repeatedly asking for the client's opinions. Furthermore, the client will have the option to give general feedback in an open text space at the end of the outcome questionnaire.

5 Counselling Manual

Methods and techniques in the WBI

Cognitive Behavioural Therapy and Motivational interviewing

In Mind Your Trip, the intervention is based on CBT (cognitive-behavioural therapy) and MI (motivational interviewing), as is usual in the field of addiction care. CBT is a psycho-social intervention that is the most widely used evidence-based practice for improving mental health. Guided by empirical research, CBT focuses on the development of personal coping strategies that target solving current problems and changing unhelpful patterns in cognitions (e.g. thoughts, beliefs, and attitudes), behaviours, and emotional regulation.



CBT Schedule

MI is a process and a useful tool for clinicians in all therapeutic interactions, to motivate their patients to seek further assistance for mental health issues. Health promotion and encouragement to attend further treatment sessions can be facilitated through online or telephone contact.

Lawrence, P., Fulbrook, P., Somerset, S., & Schulz, P. (2017). Motivational Interviewing to Enhance Treatment Attendance in Mental Health Settings: A Systematic Review and Meta-analysis. *Journal of psychiatric and mental health nursing*.

Cognitive Behavioural Therapy versus coaching

Coaching, like CBT, is a partnership between a coach and client where the coach provides exercises, active listening, and homework to help a client move towards his or her goals. The one-on-one format of coaching is similar to therapy, but therapy tends to focus on feelings and experiences related to past events, whereas coaching tends to focus on goal-setting and moving forward in the future. A therapist also works with more dysfunctional behaviours and thoughts, whereas a coach tends to work with a functional person who is focusing on self-improvement (Springman, 2012).

Written communication and addressing clients

Instructions for written communication

It is important to keep the following points in mind when writing messages to clients:

- Use motivational conversational techniques.
- Don't judge your client's situation. Ask questions about any suspicions you may have, but don't jump to conclusions.
- Rewards have a positive influence on changing behaviour. If the client has written about a positive change or development, mention it and compliment them.
- Stay in line with the tone of the intervention; choose your words carefully.
- Written communication is interpreted differently than oral communication. Keep your messages free of jokes or cynical remarks. If the client makes a joke without adding a 'ha ha' or '☺', interpret it as a serious remark.

Motivational writing

The goal of motivational writing techniques is to influence the client towards positive, permanent behaviour change. These four conditions are necessary for a permanent change in behaviour:

- ✓ Client has faith in his or her own abilities (considers him-/herself capable of change)
- ✓ Client has a feeling of self-worth (feels him-/herself as worth changing for)
- ✓ Client is aware of the problems (is informed of the consequences of long-term use)
- ✓ Client experiences and acts out of this awareness (is concerned about these consequences, feels change is necessary)

It is important to find signs of willingness to change, and to address these.

Motivational techniques are based on *two basic principles*:

- Unconditional acceptance. The client knows they're doing something 'bad', so you don't need to moralise. Let the client choose; an unforced decision will be much longer-lasting. This means that a decision not to change must also be respected.
- Constructive confrontation. By making the client aware and reinforcing arguments aimed at change, and providing new, factual information and objective advice, their knowledge of the consequences of use, and their concern about it will increase.

Strategies

Express empathy

The client will feel understood and you'll be showing acceptance.

Example:

'You wrote that you'd started using drugs more after you lost a friend. I can imagine that this was a really difficult period for you, and that you may have thought you couldn't see your way out.'

Reinforce self-effectiveness

Emphasise the client's good behaviours, even if there's been a slip-up or relapse. Positive reinforcement promotes self-confidence and stimulates the desired behaviour.

Example:

'You wrote to me that you had a slip-up last Sunday. The other six days you reached your goals. That's great! Reaching your goal for six out of seven days is quite a good score!'

Create collaboration

Since the client's own responsibility is first and foremost, communication with the counsellor is more aimed at collaboration than at a doctor-patient relationship.

Example:

'It's good that you've taken the initiative to sign up, and to be willing to look at your NPS use and, if you choose, to change it. I'll do my best to support you in this.'

Avoid arguments

Arguments evoke resistance. The client will be concentrating on convincing the counsellor that things aren't all that bad. And the more often the client says it, the more they'll start to believe it.

Make use of resistance

Going along with the resistance often results in a change in the client's perspective. The power hidden behind the resistance can be used to facilitate behaviour change.

Example:

'I see you don't agree with me. That's fine. It's important to form your own opinions and determine your own course and timing by yourself. You can get quite far with this attitude. Ultimately it's a good basis for positive results from your plans.'

Evoke cognitive dissonance

By eliciting, guiding and imprinting self-motivating statements aimed at positive change, you'll start the client thinking about the advantages and disadvantages of using NPS.

Example:

'For pretty much all of the advantages you mentioned, you could ask if they would still be advantages in the long run. See if you think that's true.'

More pointers

- Ask open questions.
- Look at what the client brings up; ask hypothetical questions ('Could it be that...?').
- Summarise things neatly and show that you've heard and understood what the client is saying.
- Spotlight things that can motivate behaviour changes, re-label discouraging statements.
- Give positive reinforcement, and write in a way that gives hope.
- Provide good, objective information.

A few things to remember to *avoid mistakes in writing*:

- Check each message carefully for errors before you send it.
- If in doubt about the right way to write a word or sentence, ask a colleague or look it up.
- Don't repeat a client's language errors, write correctly.
- Take enough time to respond, don't rush.

Intervention explanation: intake and modules

Intake questionnaire

Below you see the intake questionnaire, as it is shown in the sign-up for all three modules. The intake gives the counsellor a good idea of the situation of the participant.

'GETTING STARTED'

The following questions will provide you and your counsellor with more insight into the possible problems and disadvantages related to your drug use. It will also give you both an idea about the impact of your drug use from different perspectives.

The next are 10 questions related to your drug use.

1 How often do you use drugs other than alcohol?

- Never
- Once a month or less
- 2-4 times a month
- 2-3 times a week
- 4 times a week or more

2 Do you use more than one type of drug on the same occasion?

- Never
- Once a month or less
- 2-4 times a month
- 2-3 times a week
- 4 times a week or more

3 How many times do you take drugs on a typical day when you use drugs?

- 0
- 1-2 times
- 3-4 times
- 5-6 times
- 7 times or more

4 How often are you influenced heavily by drugs?

- Never
- Less often than once a month

- Every month
- Every week
- Daily or almost every day

5 In the past year, were you ever unable to resist the urge to use drugs?

- Never
- Less often than once a month
- Every month
- Every week
- Daily or almost every day

6 In the past year, were you ever unable to stop taking drugs once you had started?

- Never
- Less often than once a month
- Every month
- Every week
- Daily or almost every day

7 How often over the past year have you taken drugs and then neglected to do something you should have done?

- Never
- Less often than once a month
- Every month
- Every week

8 How often over the past year have you needed to take a drug the morning after heavy drug use the day before?

- Never
- Less often than once a month
- Every month
- Every week
- Daily or almost every day
- Daily or almost every day

9 How often over the past year have you had guilt feelings or a bad conscience because you used drugs?

- Never
- Less often than once a month
- Every month

- Every week
- Daily or almost every day

10 Have you or anyone else been hurt (mentally or physically) because you used drugs?

- No
- yes, but not over the past year
- yes, over the past year

11 Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?

- No
- yes, but not over the past year
- yes, over the past year

The next 4 questions are about who you are and what you do

What is your gender?

- Woman
- Man

12 What is your age?

.....

13 Years of education

...years

14 What of the following describes your situation best?

Select:

employed

working

part-time

unemployed

studying

none of the above

Next are 8 questions about the impact of your drug use.

15 Which drugs do you use? (You can select more than one)

- Cannabis
- Amphetamines
- Cocaine
- Opiates/opioids
- Hallucinogens
- Solvents/inhalants
- New psychoactive substances
- Prescription drugs
- Alcohol
- Other

16 What is your main drug of choice?

- Cannabis
- Amphetamines
- Cocaine
- Opiates/opioids
- Hallucinogens
- Solvents/inhalants
- New psychoactive substances
- Prescription drugs
- Alcohol
- Other

17 Have you been in drug abuse treatment?

- no
- yes

18 Do you have problems in the relationships due to the drug consumption?

- no
- yes

19 Do you have health consequences related with drug consumption?

- no
- yes

20 Do you have problems at work or at school due to your drug use, or has it negatively affected your employment?

- no
- yes

21 Do you have financial problems due to drug consumption?

- no
- yes

22 Have you had problems with law enforcement due to your drug consumption?

- no
- yes

The next 4 questions are to get to know you a little bit more.

23 I live in:

- Belgium
- Cyprus
- Germany
- Finland
- Greece
- Italy
- Latvia
- Luxembourg
- The Netherlands
- Austria
- Portugal
- Slovenia
- Slovakia
- Other, namely...

24 Who do you live with?

- I live alone
- I live with my parents
- I live with my partner
- I live with my partner and children
- I live with my children
- Other, namely ...

25 Where did you find out about this website?

- Addiction care institution
- Doctor
- Care professional
- Family, friend or acquaintance
- Event
- Google or other search engine
- Other website, namely ...
- Radio or television
- Newspaper or magazine
- Flyer, leaflet or poster
- Other, namely ...

26 What is the main reason you are taking part in Mind your Trip? You can choose more than one answer.

- I want better insight into my drug-taking
- I want to use drugs more safely
- I want information about the drugs I take
- I want advice on the problems I am experiencing
- I want to cut down on my drugs use
- I want to stop using drugs
- I want advice from a care professional
- I want a healthier body
- I want to feel better mentally
- I don't know yet, I'm just curious
- I'm looking for help for someone else
- Other, namely ...

The last 7 questions are about how you are doing and how you feel

27 Are you currently suffering from... (tick where applicable)? You can give more than one answer.

- Depression or sombre moods (sliding scale in green-orange-red, or smileys, or scale from 1 to 5 where 1=a really big problem and 5=not a problem at all)
- Anxiety (as above)
- Tension and stress (as above)
- Not suffering from anything
- Other, namely ...

28 Have you ever had any of these mental problems?

- No
- Yes:

- Suicidal thoughts (sliding scale in green-orange-red, or smileys, or scale from 1 to 5, where 1= was a really big problem, and 5= was not a problem at all)
- Hallucinations: seeing things that aren't really there (As above)
- Delusions: believing things that aren't true, such as conspiracy theories or feeling that you are being followed (As above)
- None of these problems

29 Are you currently suffering from any of these problems?

- No
- Yes:
 - Suicidal thoughts (sliding scale in green-orange-red, or smileys, or scale from 1 to 5, where 1= is a really big problem, and 5= is not a problem at all)
 - Hallucinations: seeing things that aren't really there (As above)
 - Delusions: believing things that aren't true, such as conspiracy theories or feeling that you are being followed (As above)
 - None of these problems

30. Do you have any severe physical problems?

- No
- Yes (If yes, follow-up question: What physical problems do you have?)

31. Are you currently taking medication?

- No
- Yes (If yes, follow-up questions)
 - Which medicines?
 - What for?
 - For how long?
 - In which dosage?

32. Is a doctor or medical specialist currently treating you for physical problems?

- No
- Yes
 - [If yes:] What are you seeing the doctor or medical specialist for? (open field)

33. Have you had help before for drug-taking or mental problems?

- No
- Yes
 - [If yes: Which problems?]
 - Anxiety and moods
 - Depression
 - Stress and burn-out
 - Other, namely ...

The first part of the intake, question 1 through 11, comes from the Drug Use Disorder Identification Test, or DUDIT. The purpose of the DUDIT's development was to create a screening instrument for drug-related problems that would function as a parallel instrument to the AUDIT, the internationally recognised WHO-initiated screening instrument for alcohol-related problems. Screening instruments are part of the first step in an assessment procedure. The purpose of the first step in the assessment process is to screen the individuals for having the problem that the treatment provider is interested in assessing, treating, or referring elsewhere. At this stage, the DUDIT serves as a valuable instrument that will identify individuals who appear to have a drug problem or drug dependence, whilst filtering out those who do not have such problems. The DUDIT is based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).

Criteria for Substance Use Disorders DSM-V

Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria:

1. Taking the substance in larger amounts or for longer than you've meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

Severity of substance Use Disorders

The DSM-V allows clinicians to specify how severe or how much of a problem the substance use disorder is, depending on how many symptoms are identified. Two or three symptoms indicate a mild substance use disorder; four or five symptoms indicate a moderate substance use disorder, and six or more symptoms indicate a severe substance use disorder. Clinicians can also add "in early remission," "in sustained remission," "on maintenance therapy," and "in a controlled environment".

Intoxication

Substance intoxication, a group of substance-induced disorders, specify the symptoms that people experience when they are "high" on drugs.

Substance / Medication-Induced Mental Disorders

Substance / medication-induced mental disorders are mental problems that develop in people who did not have mental health problems before using psychoactive substances.

DUDIT outcome

The DUDIT was developed as a parallel instrument to the AUDIT, and both instruments are similarly scored.

Scoring for each DUDIT item

Items Scoring

1-9 **0, 1, 2, 3, 4**

10-11 **0, 2, 4**

The maximum score for the DUDIT items is 44 points (11 x 4). The result is the DUDIT score.

If a male client shows a score of 6 or more points, he probably has drug-related problems – a substance use disorder, mild, moderate, or severe. A woman with a score of 2 or more points probably has drug-related problems. If a client (both sexes) shows a score of 25 points or more, it is highly probable that he or she has a severe substance use disorder.

Module 'Better insight'

Below, you can read the 4 steps the counsellor can take with the participant in this module, as it is shown in the counsellors' portal.

Step 1

Only when this is the sign-up module:

Responding to the sign-up: complimenting on signing up, on the answers in the intake and on the registration of drug use (registration app). Text example:

Welcome to the online counselling of Mind Your Trip!

My name is *[first and last name]*, I am *[your profession]* and I work at *[name of organisation, location]*. I am your counsellor at Mind your Trip. I saw in your registration that you are a(n) *[age]* year old *[man / woman]*. How do you like me to address you?

If you want to get acquainted via telephone, we can make an appointment to do that.

It's good that you have taken the initiative to sign up for... *['Get Insight' / 'Safer Use' / 'Quit or Reduce' + add answers to intake questionnaire, question 26: What is the main reason you are taking part in Mind your Trip?]*

I'll do my best to give you the support you need during the next 4 weeks. To get a clearer picture of you and your situation, I'd like to ask you a few additional questions.

Intake questions

A number of the questions you answered during the sign-up are part of the self-test. The results of this test are... *[add in **cursive** the result text]*

Wat do you think of these results? Did you expect them? Do you recognize yourself in these results?

I noticed that you *[mention amounts, frequency, polydrug use and large amounts: question 1, 2, 3, 4]*. Can you tell me how long you have been using these amounts? And could you tell me how you developed this habit?

I noticed that you *[mention what the participant is doing: question 14 (work / study / unemployed)]*. How is your *[work / study / job hunting]* currently? To what extend is this influenced by your drug use?

Can you tell me how you spent your leisure time? Do you have hobbies or other interests?

What do you think about the contacts you have with your family and friends? Are you happy with these contacts?

[If participant is living with parents or is younger than 17] Do your parents / caretakers know that you signed up for his programme? If yes, what do they think about it? If they don't know, it might be a good idea to tell them. What is your opinion about this?

Reaction on the 'Impact on the drug use' answers 15 – 22. Ask more question when 'yes' on: former drugs treatment (How did it help?), relationship problems, health concerns; school, work or financial problems and problems with law enforcement (Can you tell me more about what concerns or problems you experience with...?).

Reaction on the 'how do you feel' answers 27 – 33. Ask more questions on the 'yes' answers. Suicidal thoughts, hallucinations and/or delusions are alarm bells!

Watch out for critical risks! In case of immediate mental or physical health problems or acute danger, send them to a health specialist.

Registration drug use

Response and positive confirmation on the registration of drug use: what, when and how often. Compliment on accuracy of keeping track. Ask experiences about keeping track of the use. Explain the next step: setting a new goal relating to how long keeping track of use (when they did not do that yet).

Tips

- *Give short, personal reactions on specific issues you encounter*
- *Give psycho-education (link directly to information on MYT website or other relevant website. Or send a separate text message on the issue). For example on: medication / sleeping disorders / physical complaints / depression / detox complaints / pain etc.*
- *Is there another counsellor / therapist? Advise the participant to inform him or her about the participation in MYT*
- *If using large amounts, medication, (serious) physical complaints, depression, detox complaints: advise participant to inform GP*
- *In case of daily use: ask about alcohol- or drug-free days*
- *Is there a partner or kids? Ask about them, send useful links*

I will show you in the coming weeks, step by step, ways to investigate your drug use and [depending on the module] to change it.

I usually work on [days of the week, and how participant can reach you].

[Mention when you will be able to respond to completed assignments and to messages by participant (within 2 working days!)]

Good luck answering my questions and registering your drug use! Are there any other issues you would like to share with me? Are you happy with your life? Are there maybe some things you would like to change? Please tell me about it. Also, when you have any questions, please let me know. I am looking forward to your reply!

Kind regards,

Name

Organisation

Phone number

Step 2

Response and giving positive confirmation on registration of use and goal (for how long). Where relevant, ask how the experiences with keeping track of the use were. Try to prolong the period of time to keep track of use when the goal in 'Keeping track of use' will end within 1 week. Also when there was no drug use. If necessary, offer assignment 'Keeping track of your use' again for a certain period of time.

Response on current personal issues (see intake / personal message). Ask questions about it.

Offer psycho education on relevant issues and alarm bells you encountered at the intake / personal message.

Offer optional follow-up instruction that is in line with the request for assistance. Does the participant want to change to one of the other modules, then go along with this.

Step 3

Response and giving positive confirmation on registration of use and goal (for how long). Where relevant, ask how the experiences with keeping track of the use were? Try to prolong the period of time to keep track of use when the goal in 'Keeping track of use' will end within 1 week. Also when there was no drug use. If necessary, offer assignment 'Keeping track of your use' again for a certain period of time.

Motivate for another module and setting new goals for healthier use and in general.

Response on current personal issues (see intake / personal message). Give advice and psycho-education.

Offer optional follow-up instruction that is in line with the request for assistance. Does the participant want to change to one of the other modules, then go along with this.

If necessary, offer assignment 'Keeping track of your use' again for a certain period of time.

Offer optional follow-up module, instruction and assignment that are in line with the request for assistance. When starting in a new module, follow the steps of that new module.

Step 4

Response and positive confirmation on registration.

Response on current personal issues, give psycho education.

If necessary, offer assignment 'Keeping track of your use' again for a certain period of time.

Offer optional follow-up module, motivate for setting new goals for healthier use and in general.

*Closing when no more help is needed by **sending questionnaire: Evaluation***

Module 'Safer use'

Below you read the 4 steps the counsellor can take with the participant in this module, as it is shown in the counsellors' portal.

Step 1

Only when this is the sign-up module:

Responding to the sign-up: complimenting on signing up, on the answers in the intake and on the registration of the drug use (registration app). Text example:

Welcome to the online counselling of Mind Your Trip!

My name is [first and last name], I am [your profession] and I work at [name of organisation, location]. I am your counsellor at Mind your Trip. I saw in your registration that you are a(n) [age] year old [man / woman]. How do you want me to address you?

If you want to get acquainted via telephone, we can make an appointment to do that.

It's good that you have taken the initiative to sign up for ['Get Insight' / 'Safer Use' / 'Quit or Reduce' + add answers to intake questionnaire, question 26: What is the main reason you are taking part in Mind your Trip?]

I'll do my best to give you the support you need during the next 4 weeks. To get a clearer picture of you and your situation, I'd like to ask you a few additional questions.

Intake questions

A number of the questions you answered during the sign-up are part of the self-test. The results of this test are [add in ***cursive*** the result text]

What do you think of these results? Did you expect them? Do you recognize yourself in these results?

I noticed that you [mention amounts, frequency, poly-drug use and large amounts: question 1, 2, 3, 4]. Can you tell me how long you have been using these amounts? And could you tell me how you developed this habit?

I noticed that you [mention what the participant is doing: question 14 (work / study / unemployed)]. How is your [work / study / job hunting] currently? To what extent is this influenced by your drug use?

Can you tell me how you spent your leisure time? Do you have hobbies or other interests?

What do you think about the contacts you have with your family and friends? Are you happy with these contacts?

[If participant is living with parents or is younger than 17] Do your parents / caretakers know that you signed up for his programme? If yes, what do they think about it? If they don't know, it might be a good idea to tell them. What is your opinion about this?

Reaction on the 'Impact on the drug use' answers 15 – 22. Ask more question when 'yes' on: former drugs treatment (How did it help?), relationship problems, health concerns; school, work or financial problems and problems with law enforcement (Can you tell me more about what concerns or problems you experience with...?).

Reaction on the 'how do you feel' answers 27 – 33. Ask more questions on the 'yes' answers. Suicidal thoughts, Hallucinations and delusions are alarm bells!

Watch out for critical risks! In case of immediate mental or physical health problems or acute danger, send them to a health specialist.

Registration drug use

Response and positive confirmation on the registration of drug use: what, when and how often. Compliment on accuracy of keeping track. Ask experiences about keeping track of the use. Ask to set a new goal relating to how long keeping track of use (when necessary).

Tips

- *Give short, personal reactions on specific issues you encounter*
- *Give psycho-education (link directly to information on MYT website or other relevant website. Or send a separate text message on the issue). For example on: medication / sleeping disorders / physical complaints / depression / detox complaints / pain etc.*
- *Is there another counsellor / therapist? Advice the participant to inform him or her about the participation in MYT*
- *If using large amounts, medication, (serious) physical complaints, depression, detox complaints: advise participant to inform GP*
- *In case of daily use: ask about alcohol- or drug-free days*
- *Is there a partner or kids? Ask about them, send useful links*

Read tips on safer use

I will show you in the coming weeks, step by step, ways to investigate your drug use and offer you ideas to change it. For next week, would you please read the [Safer use tips?](#) [*link to this page on MYT website*] Good luck!

I usually work on [*days of the week, and how participant can reach you*]
[*Mention when you will be able to respond to completed assignments and to messages by participant (within 2 working days!)*]

When there are any other issues you would like to share with me, like, are you happy with your life? Are there maybe some things you would like to change? Please tell me about it. I am looking forward to your answers!

Kind regards,

Name

Organisation

Phone number

Step 2

Response and giving positive confirmation on registration of use and goal (for how long). When relevant, ask how the experiences with keeping track of the use were. Try to prolong the period of time to keep track of use when the goal in 'Keeping track of use' will end within 1 week. Also when there was no drug use. If necessary, offer assignment 'Keeping track of your use' again for a certain period of time.

Response on current personal issues (see intake / personal message). Ask questions about it.

Offer psycho education on relevant issues and alarm bells you encountered at the intake / personal message.

Offer assignment: Setting goals (*safer NPS use*)

Step 3

Response and positive confirmation of registration.

Ask, respond and positive confirmation of goals set in assignment 'Setting goals' relating to safer NPS use

Personal response to other issues

Psycho education (based on link to website or separate text)

Ask and offer optional follow-up module that is in line with the request for assistance.

Step 4

Response to and positive confirmation of registration and goals

Response to and positive confirmation of goals set in the assignment

Personal response to other issues

Psycho-education (based on link to website or separate text)

Offer optional follow-up module, instruction and assignment that is in line with the request for assistance

*Closing when no more help is needed by **sending questionnaire: Evaluation***

Module 'Quit or Reduce'

Below you read the 4 steps the counsellor can take with the participant in this module, as it is shown in the counsellors' portal.

Step 1

Only when this is the sign-up module:

Responding to the sign-up: complimenting on signing up, on the answers in the intake and on the registration of the drug use (registration app). Text example:

Welcome to the online counselling of Mind Your Trip!

My name is *[first and last name]*, I am *[your profession]* and I work at *[name of organisation, location]*. I am your counsellor at Mind your Trip. I saw in your registration that you are a *[age]* year old *[man / woman]*. How would you like me to address you?

If you want to get acquainted via telephone, we can make an appointment to do that.

It's good that you have taken the initiative to sign up for *['Get Insight' / 'Safer Use' / 'Quit or Reduce' + add answers to intake questionnaire, question 26: What is the main reason you are taking part in Mind your Trip?]*

I'll do my best to give you the support you need during the next 4 weeks. To get a clearer picture of you and your situation, I'd like to ask you a few additional questions.

Intake questions

A number of the questions you answered during the sign-up are part of the self-test. The results of this test are *[add in **cursive** the result text]*.

What do you think of these results? Did you expect them? Do you recognize yourself in these results?

I noticed that you *[mention amounts, frequency, polydrug use and large amounts: question 1, 2, 3, 4]*. Can you tell me how long you have been using these amounts? And could you tell me how you developed this habit?

I noticed that you *[mention what the participant is doing: question 14 (work / study / unemployed)]*. How is your *[work / study / job hunting]* currently? To what extent is this influenced by your drug use?

Can you tell me how you spent your leisure time? Do you have hobbies or other interests? What do you think about the contacts you have with your family and friends? Are you happy with these contacts?

[If participant is living with parents or is younger than 17] Do your parents / caretakers know that you signed up for his programme? If yes, what do they think about it? If they don't know, it might be a good idea to tell them. What is your opinion about this?

Reaction on the 'Impact on the drug use' answers 15 – 22. Ask more question when 'yes' on: former drugs treatment (How did it help?), relationship problems, health concerns; school, work or financial problems and problems with law enforcement (Can you tell me more about what concerns or problems you experience with...).

Reaction on the 'how do you feel' answers 27 – 33. Ask more questions on the 'yes' answers. Suicidal thoughts, Hallucinations and delusions are alarm bells!

Watch out for critical risks! In case of immediate mental or physical health problems or acute danger, send them to a health specialist.

Registration drug use

Response and positive confirmation on the registration of drug use: what, when and how often. Compliment on accuracy of keeping track. Ask experiences about keeping track of the use. Ask to set a new goal relating to how long keeping track of use (when necessary)

Tips

- *Give short, personal reactions on specific issues you encounter*
- *Give psycho-education (link directly to information on MYT website or other relevant website. Or send a separate text message on the issue). For example on: medication / sleeping disorders / physical complaints / depression / detox complaints / pain etc.*
- *Is there another counsellor / therapist? Advice the participant to inform him or her about the participation in MYT*
- *If using large amounts, medication, (serious) physical complaints, depression, detox complaints: advise participant to inform GP*
- *In case of daily use: ask about alcohol- or drug-free days*
- *Is there a partner or kids? Ask about them, send useful links*

What is your goal?

I will show you in the coming weeks, step by step, ways to investigate your drug use and offer you ideas to change it. *Ask more about quitting or reducing drug / NPS use, and help to set SMART goals: what drugs, how much less, in which situations and occasions not using? Stop date? Help to set realistic goals. Number your questions.*

Good luck in answering these questions!

Self-control measures

I am sending you an assignment to help you investigate self-control measures. Please give your reaction within a week. Good luck!

I usually work on [*days of the week, and how participant can reach you*]

[*Mention when you will be able to respond to completed assignments and to messages by participant (within 2 working days!)*]

When there are any other issues you would like to share with me, like, are you happy with your life? Are there maybe some things you would like to change? Please tell me about it.

I am looking forward to your answers!

Kind regards,

Name

Organisation

Phone number

Send assignment: Self-control measures

Step 2

Response and giving positive confirmation on registration of use and goal (for how long). When relevant, ask how the experiences with keeping track of the use were. Try to prolong the period of time to keep track of use when the goal in 'Keeping track of use' will end within 1 week. Also when there was no drug use. If necessary, offer assignment 'Keeping track of your use' again for a certain period of time.

Response to the assignment 'Self-control measures'

*In case of reduction use: offer information about harm reduction + optional **offer assignment:***

Setting goals (safer NPS use)

Response on current personal issues (see intake / personal message). Ask questions about it.

Offer psycho-education on relevant issues and alarm bells you encountered at the intake / personal message

Ask about the gains and positive effects one expect from quitting or reducing drug use

Offer assignment: Coping with high risk situations

Step 3

Response and positive confirmation of registration.

Response on current personal issues (see also intake / personal message). Give advice and psycho-education

*In case of reduction use: offer information about harm reduction + optional **offer assignment:***

Setting goals (safer NPS use)

Response to the assignment 'Coping with high risk situations'

Offer assignment: Achieving targets + reward yourself

Step 4

Response to and positive confirmation of registration and goals

Response on assignment: Achieving targets + reward yourself

Personal response to other issues

Psycho-education and advice

Reference offer that is in line with any request for follow-up assistance

*Closing when no more help is needed by **sending questionnaire: Evaluation***