

Caring for the carers: Supporting parents and partners of those with alcohol or other drug disorders

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The cohort

	Parents (n=41)	Relationships (n=43)
Gender (F:M)	28 (68%):13 (32%)	33 (77%):10 (23%)
Age (years)	57 (SD 9)	42 (SD 14)
Individual sessions	1.9 (SD 1.5)	2.5 (2.3)
Group sessions	5.9 (SD 6.8)	3.3 (SD 5.5)
Total sessions	8.6 (SD 8.2)	6.0 (SD 6.4)
Follow-up 3 months	17 (42%)	18 (42%)
Follow-up 6 months	28 (63%)	34 (79%)

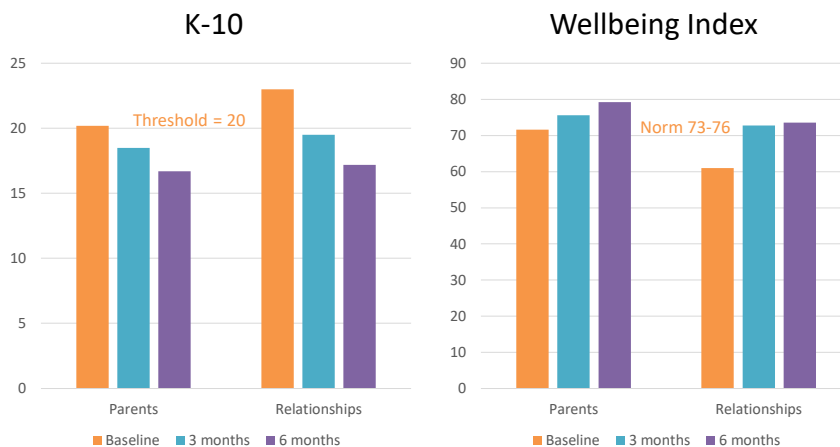
Treatment approach

Evidence Based Practice:

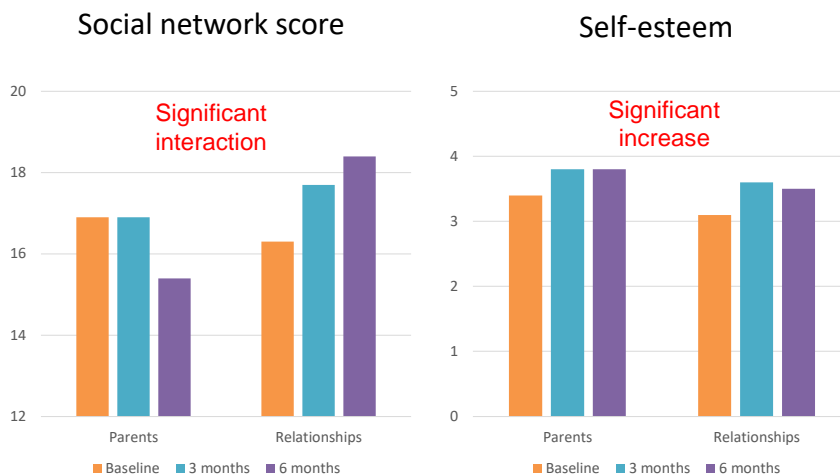
Holyoake draws upon a wide range of evidence based practice. We continually review and renew the best ways of working. Some of the most significant include:

- Systems Theory • Harm Minimisation
- Social Learning Theory • Stages of Change
- Motivational Interviewing • Brief Intervention
- Cognitive Behavioural Therapy

Mental health & wellbeing



Social networks & self-esteem



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Conclusions & limitations

- AoD use demanding on significant others
- Nevertheless interventions improves mental health and wellbeing
- No control group

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Holyoake Approach



How we apply our Approach:

We work within our 4 principles: self-responsibility, acceptance & respect, person centred, and peer inspiration.

The Person, the Counsellor and Evidence Based Practice are central to our approach:

- Person – brings their uniqueness
- Counsellor – sees the person and their uniqueness
- Evidence Based Practice – offers proven ways to make a positive difference

The Person, the Counsellor and Evidence Based Practice interact with and inform each other:

- Person and Counsellor – people working together
- Person and Evidence Based Practice – the person informs the best practice option
- Counsellor and Evidence Based Practice – the counsellor applies best practice.

Evidence Based Practice:

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