

Improvisational practice: engaging neurodivergent young people with addiction and mental health problems

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Abstract

Issues and trends in relation to substance misuse, normally develop in the transitional phase of adolescence, as young people begin looking to their peers for connection and simultaneously question the values/attitudes of their parents and other non-parental adults. Risk factors are predictors of the likelihood that an individual or group may become involved in activity leading to adverse consequences. In relation to substance misuse, it is recognised that risk and protective factors exist in equal measure within different context including within the individual, family, peer group, community and school settings. Research indicates that young people, who are neurodivergent, are at increased risk of developing problems in relation to substance use, due to their sense of otherness and potential inability to read social cues, combined with a strong desire to fit in.

Introduction

If a young person experiences substance use as enjoyable and providing symptomatic relief from impulsive behaviour or internal processes without any negative consequences, they are less likely to perceive any risks to such use. Moreover, it has been my experience that poverty, homelessness, overcrowding and accommodation instability increases the likelihood of children, and young people experiencing stress and lack of enriching environment, which may adversely affect their development. Research, indicates that in such circumstances children and young people's development may be affected on many levels, including attention, memory, cognition, executive functioning and language development (Lipina and Colombo, 2009). According to report by Murray (2024) in Irish Examiner, Homelessness figures in Ireland during January show the number of homeless people was at 13,531 including 4,027 children. As a result, children and young people face poor social, emotional, educational and behavioural outcomes.

Establishment of Youth Substance Misuse Services

The problem of drug misuse among adolescents in Ireland emerged in the mid-1960s and records from 1997 indicate that there was an increase in drug consumption within the eastern part of the country, especially Dublin city (O'Brien and Moran, 1998). The main drug of misuse during this period were opiates (65%) with heroin users generally aged 15–19-year-old (Keenan, 1999).

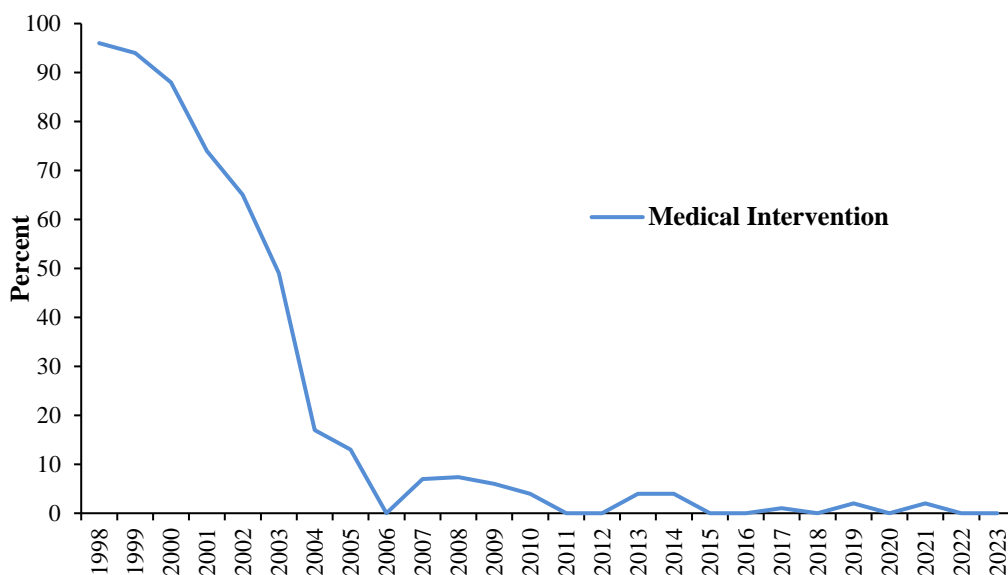
The project associated with this article was the first community based adolescent addiction treatment service established by the health service in 1997 as a response to crisis of heroin use among young people in five communities within the south-western area of Dublin. In the circumstances, I was employed as a family therapist after Drug Social Work Team disbanded and there was no other profession outside of medical profession available to work young people caught in the grip of heroin use and their families. Having worked with young people within youth justice system and prisoners, ex-prisoners as well as people with HIV/AIDS and their families within community/voluntary sector, I was accustomed to working with people on the margins of society. My approach to work comes from a vocational stance rather than career progression pathway. I was drawn into family therapy and systemic practice in 1989 after I had been placed in position as a graduate in social care, of reporting institutional abuse and having an awakening of the lack of family involvement in young people's out of home placement combined with lack of aftercare when young people aged out of services. In the absence of such support and disconnection from community of origin, many young people were disproportionately represented among homeless population (Eastern Regional Health Authority, 2004). While being a whistle-blower is somewhat accepted and supported currently, this was not the case in 1988 as highlighted in Report of the Commission to Inquire into Child Abuse (2009). This experience and subsequent revelations combined with my personal lived experiences inform my practice. These are not matters that I generally discuss or documented previously. However, I do so now to comply with the journals relational focus and because I can as I approach retirement. In scratching the surface of my personal and professional life, I trust that I may provide some understanding for the reader of how my experience of marginalisation and being othered as well as being considered an outsider and viewed as political informs my practice. I hope that through this article I may encourage the reader and other health and social care professionals to stand up and speak out when they encounter prejudice, injustice, discrimination and siloed practices. This is something espoused by Professor MacLachlan (Irish Times, May 2023) in response to Mental Health Commission Report (2023) into CAMHS services following Maskey Report (2022). MacLachlan, said that there is a compelling basis to propel both Psychiatrists and other health and social care professions within CAMHS and Adult Mental Health Services "to follow the lead of many service-user representative groups: to stand up, speak out, seek and assume leadership roles – something which these other professions have not done sufficiently or collectively". The fact that investigations and reports continue to be necessary is indicative of systemic failure.

In 1985, I was influenced to leave work in industry after returning to Ireland from United Kingdom in 1979 at age nineteen, to care for my parents, which brought me into contact with multiple hospitals and services. In the process, I realized that I could not compartmentalize my experiences and continue my work as a toolmaker. In the circumstances, I returned to third level education to train in social care, having come to accept that resuming the life I had begun in United Kingdom was not an option that I could consider or entertain. Hence, the vocational awakening, to give expression to my lived experience.

In acknowledgement of the limitations of my knowledge base, my practice is informed by continuing professional development, which included a Masters in Life-course studies; shamanic practice; addiction studies; gender skills training; LGBTQ+ informed practice as well as training specific to neurodiversity and many other areas of human diversity. While some issues and themes feature more prominently among service users, I make an effort to inform myself of issues and trends in the knowledge that approaches to working with diverse populations, requires an informed, nuanced and improvisational style combined with an expectational and collaborative approach.

The service associated with this article, was set up initially in a clinic setting, where methadone (opiate substitute), was prescribed. However, in 2003, a point was reached where 50% of service users were engaging outside of the structured programme and without medication. In response to changing trends, the medical and therapeutic components of the programme were separated, in 2004, with me moving to a non-clinic setting as decreasing numbers of young people were presenting with problems in relation to heroin use or at a point where they required medical intervention. Furthermore, parents reported feeling uncomfortable about attending a clinic where methadone is dispensed. In the same period a Consultant Child and Adolescent Psychiatrist was engaged to head up the service and to establish treatment services for young people within other communities. Currently, referrals are made to the family therapist initially and the majority (90%) of young people over the past ten years (range 78% - 95%) were seen by me for family therapy only, with on average 10% having psychiatric assessment and an average 1% receiving prescription intervention. See fig. 1 for trends in relation to medical intervention.

Fig. 1 Trends in relation to medical intervention, Adolescent Addiction Service 1998 - 2023



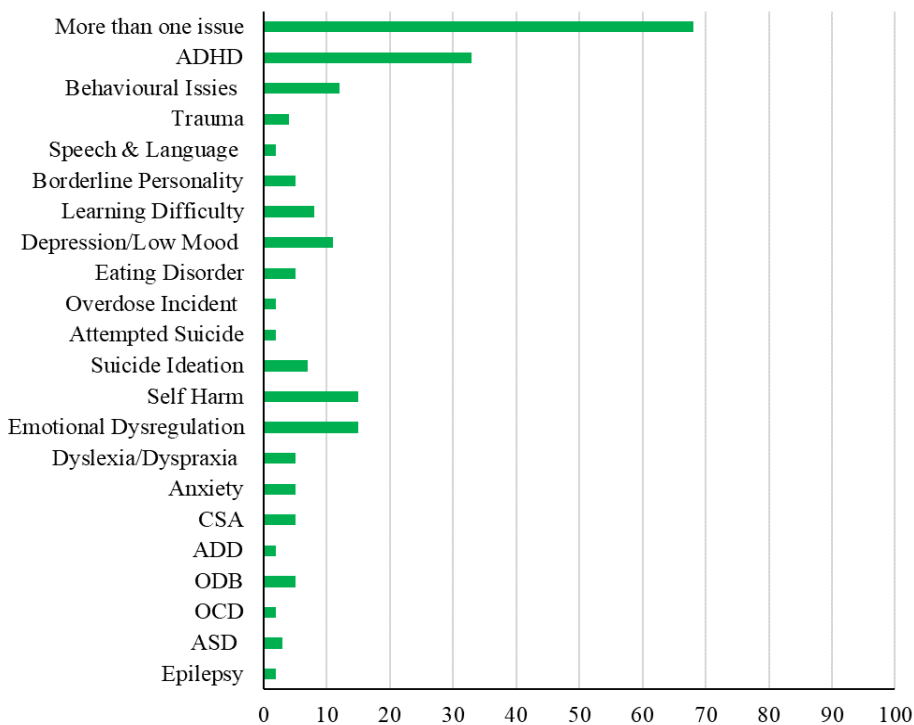
Trends in relation to youth substance misuse

In 2023, the service worked with 60 young people and their families, with a mean age of 15 years (range 13–19 years). Referrals are received from a broad range of services, with the majority from Child and Adolescent Mental Health Service (CAMHS), followed by schools or other education settings as well as family. This is in stark contrast to statistics for 1998 when the majority of referrals were from family members or young people themselves, because no service had existed previously and referral process was not established.

In addition to direct work with young people and families, the service engages in consultations with other professionals and services about young people for whom there are concerns in relation to substance misuse, including consultations relating to young people who live outside of catchment area. The majority of referrals (71%) in 2023 were male, which is consistent with previous years. While all young people attending the service in the early years were Irish nationals, this has changed in recent years as Ireland becomes a multicultural society, with non-Irish nationals representing 12% of the population (Central Statistics Office 2024). In this changing landscape, on average 6% of young people attending the service in recent years have mixed heritage. This presents particular challenges, especially if English is not the primary language used by parents and in circumstances where parents privilege their cultural values, which may clash with norms within Irish society and especially youth culture where their children are living out their day-to-day lives among their peer group.

Over the years, on average 56% (range 37% -75%) of attendees have a history of contact with CAMHS, reflecting the extent to which dual diagnosis features among young people who access the service. See Fig. 2, identifying co-occurring conditions. In addition, other issues and behaviours presented by young people in addition to substance use include challenging behaviours, offending behaviour, drug dealing, drug holding/distribution, money laundering, indebtedness, absconding and school refusal as well as issues around identity.

Fig. 2: Co-occurring conditions presented by young people attending HSE Adolescent Addiction Treatment service 2023



Percentage

On average, 18.5% of attendees over the years have a prior diagnosis of attention deficit or attention deficit with hyperactivity with about 8% have a specific learning difficulty and approximately 0.7% acquiring an autism diagnosis and 0.1% with diagnosis of Tourette’s. These statistics may be influenced by personal and familial circumstances, as research indicates that approximately 8% of young adult autistic people report consuming cannabis (Roux et al., 2015), compared to 53% of young adults in the

general population (Dooley et al., 2019). Additionally, improvements in community identification of autism during childhood has led to an increase in the numbers of young people seeking assessment of need from Behavioural Support Services. To put things into perspective, research indicates that 1% - 2% of the general population have diagnoses of autism (Weir et al., 2021; McKenzie et al., 2020). A longitudinal study in United Kingdom indicates that over 60% of young autistic people had at least two other conditions (Roux et al., 2015). In the circumstances, parental supervision/support and early intervention by services may play a significant role in protecting and preventing this cohort of young people from engaging in substance use and other harmful activity or at least delaying onset and inhibiting progression, by elevating concern to ensure that substance use does not extend beyond curiosity and experimentation. Additionally, research indicates that the majority of people with autism will require supports throughout adulthood and especially during adolescence (Hughes et al., 2023). Data from research carried out by Forbes et al. (2023) indicates that 5% of autistic adults were living independently. This is in stark contrast to National Longitudinal Transition Survey (Roux et al., 2015), who found 19% of people with autism lived independently. To put thing into perspective, the number of families among the general population in England and Wales with adult children living with their parents rose 13.6% between the 2011 and 2021 census (Office for National Statistics, 2021). In Ireland over 61% of 20- to 24-year-olds lived with their parents in 2022, which is an increase from 54% in 2011 (Central Statistics Office, 2024). In the circumstances, young adults are denied opportunity to launch independent adult lives. These statistics reveal the glaring social consequences of housing crisis, which represents the lived experience of too many young people. In the circumstances, it is reasonable to assume that neurodivergent young adults are disproportionately represented among the cohort of young adults who continue to live with their parents.

In my experience, neurodivergent young people who engage in substance use are more likely to do so as a means self-medicating. Additionally, young autistic people are more likely to be tricked into using drugs (Weir et al., 2021). The incidence of bullying within community among young people seems to have increased in recent years. Young people have recounted incidents of threatening and intimidating behaviour by youth gangs comprising males/females who are forcing victims to kiss shoes or the ground in order to pass or pulling hats off heads and urinating in them or humiliating them in other ways (McCarthaigh, 2023). This type of incident is more frequently reported, by neurodivergent young people and research indicates that nearly half of autistic adolescents are victims of bullying in school compared to 28% of youths in the general population (Roux et al., 2015). Children from lower social class groups are significantly more likely to report experiences of bullying, compared to other social class groups (Department of Health, 2022). While homosexuality was decriminalised in Ireland in 1993 and same sex marriage was legalised in 2015, there seems to be a poor level of tolerance among young people for expressions of diversity within some communities. The percentage of young people attending the service who identify with LGBTQ+ community is very low. This may be explained by the lack of tolerance within community in addition to the average age of young people attending the service is fifteen. It is indicated by Mayock et al. (2009) that the age young people start to come out to friends and family within the general population is seventeen and the average age is twenty-one. In the circumstances, it is worrying to hear reports of young people skipping school to avoid bullying. In addition, there seems to be a shift in tolerance at a statutory level within some countries as Department of Health and Social Care in UK encouraged NHS bosses to pull the funding of the diversity scheme, as part of a wider pushback against LGBTQ+ inclusion and especially transgender inclusion programmes. As a result, many young people as well as adults may feel isolated and alone

for being who they are. Research indicates that people within neurodivergent community are more likely to identify as LGBTQ+ than their neurotypical peer group (NHS Dorset Neurodiversity Hub, 2024). In the circumstances, there is greater responsibility on practitioners to create an inclusive and welcoming environment and to have conversations about difference that may make a difference to the lives of the people we meet.

The majority of young people attending service associated with the article who acquired a diagnosis of autism and Tourette's had not been diagnosed at an earlier stage. This may have been due to higher IQ and adaptive functioning, resulting in their ability to contain (mask) their behaviour in certain settings or because of prior diagnosis of attention deficit or behavioural difficulties (McKenzie et al., 2020; Hughes et al., 2023). Additionally, autistic young people living in families where there is conflict, tension, poverty and overcrowding may get overlooked in circumstances where there are many issues and needs to be met. In some cases, there are four or five siblings sharing a bedroom and substance use may be an issue within families. Currently, one in seven people aged under age eighteen years are at risk of poverty in Ireland (Central Statistics Office, 2024). The incidence of poverty, homelessness or accommodation instability increases the likelihood of children, and young people experiencing stress and lack of enriching environment which may adversely affect their development on many levels, including attention, memory, cognition, executive functioning and language development. As a result, children and young people face poor social, emotional, educational and behavioural outcomes. Neurobiological research highlights that poverty negatively affects brain development (Lipina and Posner, 2012). Additionally, delays in assessment and diagnosis can occur due to people not having a fixed address as well as long waiting lists within public health sector.

In circumstances, where a diagnosis of autism or Tourette's was confirmed for young people attending the service, this diagnosis frequently occurred after I carried out a brief screening with parents, using University of Cambridge, Autism Research Centre, Autism Spectrum Quotient-10 items (AQ-10) adolescent test (Allison et al., 2012). While the overall presentation of young people with autism is very low, it is important to state that those who received diagnosis were among referrals in the six years prior to 2023. As with all trends, it is vital to pay attention to changing patterns in order to identify influences. While neurodivergent young people can identify with the possibility that they might have autism it is often the case that they do not wish to pursue assessment for fear of being othered. Poor understanding of autism can lead to young people and family members experiencing stigma and shame, which may lead to increased camouflaging of autistic traits. In adolescence, most teenagers will rebel against parents and authority, as they do not want to stand out from the crowd, especially other teens.

Navigating the landscape of adolescence

In my experience the common factors among autistic young people who attended the service is that they were exploited/groomed by older teenagers to carry, hold or distribute drugs. In addition, young people reported that cannabis/weed helped to relieve symptoms of anxiety and repetitive movements (stimming) and that their behaviour was less obvious or of issue among peers who were engaging in substance use. Furthermore, young people say that sharing with peers introduces a social dimension to substance use and provides a level of safety in the early stages of experimentation. The sharing of tobacco, alcohol or particularly a "joint", cannabis cigarette can be a symbolic expression

of shared values and may nurture feelings of belongingness and friendship among young people who are struggling with issues relating to identity. Arteaga et al. (2010) identify that fear of social isolation and peer rejection has a significant influence on drug and alcohol use by young people especially in circumstances where substance misuse is normative within youth culture. Furthermore, DeHann and Beljevac (2010) propose that adolescent perceptions of friend's substance use and popularity is linked to increased use. This is something that is reinforced by Graham et al. (2006, p. 7) who position reputation enhancement theory (RET) highlighting that young people will engage in risky behaviour if they believe it will enhance their reputation or to avoid social exclusion. As such, a better understanding of the dynamic and reciprocal nature of peer influence is important because of the impact of peer relationships as a predictor of adolescent substance use. It has been my experience that young people whose peers or friends are participating in mainstream education, sport or other positive forms of recreational activity are less likely to initiate drug use especially at a very young age. A study by Chabrol et al., (2006) revealed that if a young person's peer group are opposed to cannabis use this can have a protective influence as it enhances regulation of non-use. In the course of my practice, it seems that autistic young people, especially males, are particularly suited to managing tasks of holding/dealing drugs. This may be due to their reputation for consistency and ability to focus on detail as well as capacity to excel in areas where they have a particular interest combined with a desire to fit in. Having a role and responsibility provides status within peer group and a level of protection by those who have groomed them to carriers/hold or deal drugs.

In contrast, it has been my experience that young people with attention deficit and/or hyperactivity, are often recruited by drug dealers as runners and distributors of drugs due to their propensity for risk taking, want for diverse activity, quick thinking in addition to their desire for status within peer network. Additionally, young people with ADHD report experiencing symptomatic relief from smoking cannabis/weed as they reject ADHD medication which they identify as suppressing their appetite and stunting their growth compared to their peers. There is a perception that smoking cannabis/weed stimulates appetite "The Munchies" and supports weight gain. Significantly, research indicates that cannabis use is classically associated with snacking behaviour (Sansone and Sansone, 2014). Additionally, it is important to acknowledge that activity related to substance use is not always about the substance, as one young person with ADHD described, 'it is the excitement of doing something that they were not allowed to do'.

Additional challenges are presented when working with young people who engage in substance use where substance misuse also features within families. In 2023, 48% of young people had parents/siblings who were engaging in substance use and the incidence of parental separation was at 56%. Furthermore, young people's circumstances may be compounded by parental/sibling mental health, poverty, accommodation insecurity and overcrowding. Such conditions lead to increased amounts of time spent by young people outside of family home and with peer network.

Approach to intervention

Given evidence, identifying adverse effects of poverty, homelessness or accommodation instability, it is important for professionals to take into consideration that many of the problems that families present to services may result from experience of disempowerment, prejudice, discrimination, poverty, inadequate housing, unemployment and other social/structural problems and ought not be

considered to be personal or intra-psychic disorders. Interventions directed at relieving mental health symptoms in isolation of their context may inadvertently entrench the primary causes of people's problems.

Within a family context, where there are concerns in relation to substance use, for young people who do not have co-existing mental health problems, it may be the case that one or more of their siblings have mental health issues or are neurodivergent. Frequently, neurotypical young people feel overlooked by parents who may place expectations on them, beyond what is reasonable for their age. Such circumstances can arise if a sibling requires additional support and the neurotypical adolescents who might have been compliant, supportive and co-operative in childhood, often come to resent the extent to which their neurodivergent sibling is afforded a greater degree of latitude by parents, especially if they have been bullied or hit by an older neurodivergent sibling. In my experience, neurodivergent young people frequently resent their siblings growing sense of self-confidence, competence and expanding social network as they struggle to make and retain friendships. For example, a neurotypical young person described how their neurodivergent sibling had "meltdowns" when they tried to give them travel instructions or advice on how to use a domestic appliance. As one neurotypical young person highlighted if they are going out with friends and their neurodivergent sibling is not invited it can result in distress for their sibling and a sense of guilt on their part. In the circumstances, the advice given to parents and siblings is for them to become aware of flash points and actions that may trigger behaviour and to avoid the symmetrical escalation that can occur if tension results from an interaction or misunderstanding. In addition, parents and siblings are encouraged to inform themselves in relation to neurodiversity and to encourage the neurodivergent person to access support groups where they can meet with people with similar interests and where they can take part in activities. In addition, parents are signposted to community supports and Autism Support Groups, which can provide an outlet to talk about their experience and be a source of support.

In relation to providing instructions around the use of domestic appliances and travel, parents are encouraged to find discrete ways to assist the neurodivergent young person in accessing instructions on phone rather than leaving out information sheets, which may have been appropriate at a younger age, but which might highlight vulnerability in adulthood. In addition, when using public transport, a neurodivergent person can discretely alert operator to their need for consideration by producing a 'JAM Card', which stands for just a minute (JAM, 2023). Advice given to neurotypical siblings is to offer support, assistance and instructions when requested. In addition, parents are encouraged to identify a go to person for their neurodivergent child/adult where they can have quality time-out of family home while parent and other siblings can have individual/collective time to engage in their preferred activities. In circumstances where siblings are required to share bedrooms options for time-share access outside of sleep time is discussed, as well as ways of dividing rooms using bookshelves if space allows or bunk beds with curtains and ensuring that everyone has designated space for storage and for personal belongings with emphasis on respect for sensory differences and personal space.

A differentiated approach is required when seeking to engage with neurodivergent young people and there is greater need for practitioners to display imagination, flexibility and creativity in approach. Consideration ought to be given to young people's capacity to process information, distractibility and ability to be present in the room. As such, it is important to allow for young persons need to take movement breaks either within or outside of room and not to privilege eye contact. Additionally, it is essential to have a variety of squeeze or stretchy objects available, as a way of affirming some young

peoples need to fidget. When communicating with neurodivergent young people within family/group context it is helpful to address them by their name so that they know you are talking to them. It is important to be specific, allowing for pauses between words to give them a chance to think about what has been said and to formulate response. Additionally, placing items in the room, such as newspaper articles, posters, information leaflets and pictures as well as selected pieces of art related to substance use, mental health and diversity provides opportunity for discussion in a way that takes focus off the individual while opening up space to discuss issues related to concerns, that may have led to referral. Appealing to young people's strengths, can facilitate engagement, especially in circumstances where they are not positively disposed to discussing issues around substance misuse and where family narratives is often around retribution and chaos while the young person minimises their activity within a quest narrative. Frequently, young people present their drug use as something that gives identity, provides release and helps them to feel connected and relaxed within peer culture. In the circumstances, I have written to young people following initial meeting assigning task to counter their normalization of drug use and perception that all young people are doing drugs. When writing to young people the inclusion of clip art and/or emoji's helps to support engagement with text as set out in sample letter Fig 3.

Fig. 3

Dear ...

I am writing following our meeting yesterday, as I would like you to do some research for me given that you are good with numbers 

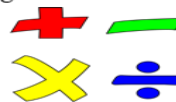
I would like you to go onto Central Statistics Office (CSO) Website with support from your parents and find out how many young people between the ages of 13 years old to age 18 years live in your area.



Then I would like you to go to Local Park and to local shops on two different days between 6.30pm and 7pm and at weekend at 3pm to count the number of young people you see in each place.



Then I would like you to add the number of people you see each day at shops and in park and divide this number by 2 to get average number.



Finally, I would like you to subtract the number of young people you have seen from the total number of young people living in your area.

We can discuss results at our next meeting. But, in the meantime I would like you to think about what the young who are not hanging out at shops or in Park might be doing?

In relation to task set out in letter in Fig. 3, the young person engaged with request, which supported their participation and reflection at subsequent appointments. Reluctantly, the young person came to

accept that not all young people engage in substance use and acknowledged that the negative implications of substance use as reflected in newspaper articles on display in family room and accounts of young people being groomed to carry, hold and distribute drugs due to indebtedness and intimidation related to their circumstances. In the process, they were more open to co-operating with parents and other adults in addressing their substance use and peer relationships.

When working with young people, for whom written communication is not one of their strengths, it is useful to explore their interests through social media. For example, sitting side by side with a young person and their parent/s while viewing the websites they visit creates opportunity for engagement without need for eye contact, which can be uncomfortable for some young people. Furthermore, some young people find it easier to express their thoughts feelings through art. For example, in picture 1, a young person presents an image of a person's head exploding which gave expression to how they were feeling. In picture 2, a young person highlights their interest in horses and an awareness of need for sustenance, security and boundaries in order to provide containment and safety for horses. Something which was absent from their lives.

Picture 1



Picture 2



Conversations with young people about their gifts/talent and how application of same can provide opportunity for positive activity during in-between times, when they may be feeling bored and can give expression to feelings and interests. In the case of Picture 1, the young person encouraged by artwork on display in room, responded to request to add to collection and to give expression to their experience of substance use. In Picture 2, the young person supported by their keyworker within hostel setting was encouraged to engage in drawing, art and making jigsaws as a way of managing their downtime. Significantly, the artwork revealed an interest in horses and it displayed how they had given consideration for safety, security and sustenance of horses. In the process, this allowed for conversation around their needs and actions required at all levels to secure their future.

Additionally, telling jokes and stories in session is another way of supporting engagement and tapping into young people's imagination while developing understanding of concepts such as change, resilience, perseverance and creative solutions. Jokes that seem to have an offensive word can relieve tension and build rapport with young people. For example, I often ask young people and parents if they had been to the Zoo in their local area. When young people and adults look bemused, as the response is that it is just getting started and that it has just one animal. Again, everyone looks bemused, especially when it revealed that the animal is a little dog. They wonder what kind of Zoo is that. Only to be informed that it is a shiatsu. The subsequent laughter relieves tension, supports engagement and reveals how a practitioner can position themselves in ways that facilitates engagement by adopting an informal approach without invalidating or erasing knowledge and expertise. Telling stories, such as the one about Percy the park keeper, who helped a hedgehog overcome challenge of playing with balloons, by putting corks on its spikes, creates awareness of the potential for good outcomes to be achieved when situations are approached from a solution focused perspective. Another example is the story from the Lion King, where Simba the lion ducks on the second time when a baboon goes to hit him with a stick, after telling Simba that he must return to take his rightful place within lion pack. The baboon reveals that Simba's uncle 'Scar' aided by hyenas has brought depression/misery to his family and lion pack. Nevertheless, Simba feeling responsible for his father's death does not want to return, as he says issues from his past cause great hurt and that he carries responsibility for his father's death. The baboon offers a reflection that Simba cannot change what happened in the past, but he can learn from the past as he did by ducking when the baboon tried to hit him for the second time. In the process young people come to understand that they cannot change their past or the circumstances that led their referral. But, in the process they come to the realization that if they are not happy about increased parental supervision and focus on their behaviour, with resulting loss of privileges, it is within their gift to make effort to rebuild trust and confidence to secure the appropriate level of freedom for their age and return to rightful place within their family.

An approach to inspiring young people to appreciate the benefits of application, perseverance and diversity, can be achieved by showing nests of dissimilar quality and standard made by different birds, who applied assorted materials and approaches to construction, with varying results. See picture 4. In the process of investigating nests, young people are encouraged to reflect on which nests are more likely to provide safety/security for eggs and young chicks. In the process, opportunity open up to engage young people in conversation around what is needed for them to flourish and effort on their part to secure their future.



Picture 4




Many young people have interest in music, lyrics and rapping, which if nurtured, can support engagement and the channelling of creativity in addition to identifying interests, as well as exploring key life events and transitions. For example, the rap below, Fig. 5 which I typed and added clip art to affirm and illuminate young person’s story about transition and change. In the process, the young person was encouraged to engage in reflection about events and people that helped to inform/shape their life as well as interests that are important to them. With permission, work, is displayed, as a further way of affirming their unique talent and to encourage other young people to find expression in ways that are comfortable for them. See Fig. 5.

Fig. 5

..... Song

*My name isand this is me story
The flats got knocked down but don't you worry*





*“This is mysong”
“This is mysong”
“This is mysong”
“This is mysong”*

*Man U and Celtic is my favourite team and
playing for them would be my dream.*

*“This is mysong”
“This is mysong”
“This is mysong”
“This is mysong”*

*Me and like to play outside the porta cabins
every day.*

*“This is mysong”
“This is mysong”
“This is mysong”
.....is where I belong*

As an approach to supporting follow-through in relation to decisions and agreements made in session, a post session letter can act as a reminder for what was agreed and assist in facilitating change. Additionally, posters can support interventions and act as reminders for family members when placed strategically within family home. See sample posters Fig 6 and 7.



Fig. 6

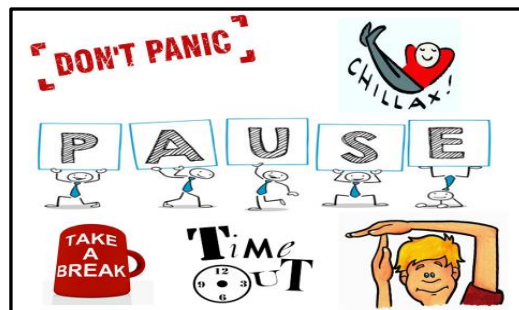


Fig. 7

Furthermore, the use of clip art and pictures can also be beneficial when communicating with parents or guardian. For example, when writing to parents, to emphasise the value of providing structure, support and supervision in the lives of young people, it can be useful to include an image as a way of reinforcing message. In this way, parents, consider how they might inhibit young person from engaging in harmful activities, including substance use. The picture of adult elephants (Tripadvisor, 2016), providing containment and giving direction to their offspring can help to reinforce a message to parents more than words.

Additionally, the use of clip art in letters can draw young people in and encourage them and parents/guardians to engage with text. The sending of mailshots at key periods throughout the year, including Christmas, St. Patricks Weekend and during exam time can alert young people and parents of need to take extra precautions. For example, see Halloween letter Fig. 8

Fig. 8



Conclusion

Early intervention and efforts to support young people in delaying induction or avoiding substance use in the first instance is likely to have an impact on lifetime trajectories in terms of substance use. Young people require support in building resilience and management of delayed gratification. The enhancement of decision making by young people can inhibit or delay their engagement in harmful activity, including substance misuse. In circumstances where parent/guardians and other adults become aware of young people engaging in substance use it is important that they elevate concern and introduce protective/preventive interventions to ensure that substance use does not extend beyond curiosity and experimentation. Young people who have pre-existing mental health concerns or who are neurodivergent are at increased risk of engaging in substance misuse. As such, parental supervision/support and early intervention may play a significant role in protecting, preventing young people from engaging in substance use and other harmful activity or delaying onset and inhibiting progression, by elevating concern to ensure that substance use does not extend beyond curiosity and experimentation. Additionally, professionals ought to take into consideration the fact that many of the problems that young people and families present to services result from experience of disempowerment, prejudice, discrimination, poverty, inadequate housing, unemployment and other social/structural problems and ought not be considered to be personal or intra-psychic disorders. A differentiated approach is required when seeking to engage young people, especially those who are neurodivergent. The creation of an inclusive practice and welcoming environment as well as having conversations about difference can help to make a difference to the lives of the people we meet. Additionally, appealing to individual strengths and allowing movement within session together with an understanding that eye contact is not a prerequisite for engagement and introducing art, storytelling and narrative approaches to facilitate connection. It is important for professionals to take into consideration that many of the problems young people and families present may result from their experience of shame or being 'othered', due to poor level of understanding within society or tolerance for difference. Additionally, consideration ought to be given to the possibility that the way people present to services being influenced, by their experience of prejudice and/or discrimination. Interventions directed at relieving mental health symptoms in isolation of their context may inadvertently entrench the primary causes of people's problems.

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