

# **The Concerned Other**

**New Theory and the Evidence Base  
for Changing Problematic Drug  
and Alcohol Users Through  
Their Family Members**

**Phil Harris**



**Russell House Publishing**

This book is also available as Part I of:

**THE CONCERNED OTHER**

*How to change problematic drug users through their family members:  
a complete manual*

Apart from the Preface, the material in this book was first published in 2010 by Russell House Publishing Ltd. as part of a larger work entitled *The Concerned Other: How to Change Problematic Drug and Alcohol Use Through Their Family Members: A Complete Manual*, (ISBN: 978-1-905541-48-5)

This book contains just Part One of that work and was first published in 2011 by:  
Russell House Publishing Ltd.

4 St. George's House  
Uplyme Road  
Lyme Regis  
Dorset DT7 3LS

Tel: 01297-443948

Fax: 01297-442722

e-mail: [help@russellhouse.co.uk](mailto:help@russellhouse.co.uk)

[www.russellhouse.co.uk](http://www.russellhouse.co.uk)

© Phil Harris

The moral right of Phil Harris to be identified as the author of this work has been asserted by him in accordance with The Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form, or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright holder and the publisher, or without a licence permitting copying in the UK issued by the Copyright Licensing Agency Ltd., Saffron House, 6-10 Kirby Street, London, EC1N 8TS.

British Library Cataloguing-in-publication Data:

A catalogue record for this book is available from the British Library.

**ISBN: 978-1-905541-66-9**

Typeset by TW Typesetting, Plymouth, Devon

Printed by Biddles Ltd, King's Lynn, Norfolk

### **About Russell House Publishing**

Russell House Publishing aims to publish innovative and valuable materials to help managers, practitioners, trainers, educators and students.

Our full catalogue covers: social policy, working with young people, helping children and families, care of older people, social care, combating social exclusion, revitalising communities and working with offenders.

Full details can be found at [www.russellhouse.co.uk](http://www.russellhouse.co.uk) and we are pleased to send out information to you by post. Our contact details are on this page.

We are always keen to receive feedback on publications and new ideas for future projects.

# Contents

<i>Preface</i>	v
New ideas about working with concerned others	vi
<i>What people have said about using these new ideas</i>	vii
<i>Why this book has been published</i>	vii
<i>About this book</i>	viii
<i>Whose Work Can This New Theory Underpin?</i>	ix
<i>Introduction</i>	xi
<i>About the Author</i>	xvi
<i>Acknowledgements</i>	xvii
<b><i>The Context</i></b>	<b>1</b>
<i>Part One: The Social Context</i>	4
Chapter 1 What is Problematic Use?	4
Chapter 2 Social Consequences of Use	7
Chapter 3 Family Hardships	9
Chapter 4 Family Coping	12
Chapter 5 Family Contact with the Problem User	13
Chapter 6 Family Pressure and Treatment Entry	15
<i>Part Two: The Therapeutic Context</i>	19
Chapter 7 Self-help: Al Anon and Ala Teen	19
Chapter 8 Co-dependency Movement	21
Chapter 9 The Intervention	27
Chapter 10 Recent Approaches for Concerned Others	29
Chapter 11 Approaches Facilitating Treatment Entry Only	31
Chapter 12 Dual Approach Models	35
<i>Part Three: The Parent and Carers Training Programme (PACT)</i>	38
Chapter 13 PACT: Programme Aims and Structure	38
Chapter 14 PACT: Assessment	44
Chapter 15 PACT: A Behavioural Ethos	47

## THE CONCERNED OTHER

Chapter 16	Reinforcement and Substance Misuse	51
Chapter 17	Reinforcement and Change	54
Chapter 18	Principles of Treatment Entry	58
Chapter 19	Functional Analysis Logs	67
Chapter 20	Extinction Burst	70
Chapter 21	Bringing Up the Subject of Treatment	73
Chapter 22	Selecting Treatment Options	75
Chapter 23	Supporting the Loved One in Treatment	78
Chapter 24	Treatment Outcomes and Relapse	80
Chapter 25	Carefrontation and Termination	82
Chapter 26	Improving the Concerned Other's Life	84
Chapter 27	Reducing Pressure on the Concerned Other	87
Chapter 28	Closing Treatment	89
Chapter 29	Outcomes and Measures	90
Chapter 30	Conclusion	93
<i>References</i>		95
<i>About the Companion Treatment Manual</i>		103
<i>The Concerned Other Manual</i>		103
<i>Using the Manual</i>		105
<i>Who the Manual is for</i>		107
<i>Working with Individuals and Groups</i>		109
<i>How this Manual Came About</i>		109
<i>Complete Table of Contents of the Manual</i>		110
<i>Use of the Worksheets from the Manual</i>		113
<i>Electronic Supply of the Copiable Materials from the Manual</i>		114

# Preface

- *The mother wracked with anxiety for her once loving son who is now transformed beyond recognition . . .*
- *The silent father who cannot articulate his fear or despair for a lost daughter . . .*
- *Husbands and wives struggling to reconcile the destruction reaped upon them by the person they vowed to spend their life with . . .*

The concerned other is desperate for change in the user, but often ends up feeling helpless and frustrated – let down by his or her own inability to help and by a lack of professional support. Professional helpers, on the other hand, may find that their training, geared to the individualistic theories that require the user to make the change, find they are unable to employ effectively the concerned other and his or her willingness to help.

In this book, **Phil Harris sets out new theory and the supporting evidence-base about the concerned other as the person most able to effect change in the user's life.** He presents a thoroughly researched and carefully argued theoretical underpinning of his work, which he and others have used in a comprehensive, intervention-based programme to help the concerned other bring about the change that he or she most wants to see:

- get their loved one into treatment
- reduce the stress and pressure they are under
- improve the quality of their own life
- support their loved one in treatment.

This theoretical description of the programme and the thinking behind it can be read with great benefit both by those who are considering using the programme, and by those who may only want to study work with concerned others, rather than actually undertake it. It will therefore be of interest to:

- drug and alcohol workers, youth workers, criminal justice workers, social workers, housing officers, family workers, carers, counsellors and families
- anyone studying to work in any of these areas
- anyone researching or seeking to make or influence policy in the area of drugs, alcohol and addiction.

The material in this book has previously been published in the companion treatment manual by Phil Harris – *The Concerned Other: how to change problematic drug and alcohol users through their family members: a complete manual* (ISBN: 978-1-905541-48-5) – and has been published here, separately, in response to demand.

## **New ideas about working with concerned others**

As stated, this book contains the first section of that manual. That section was provided with the manual so that anyone using the intervention programme that it provides had access to the underpinning theories and evidence at all times, and could constantly work to improve their interventions by continuous reflection on theory and evidence.

The material has been re-published here because it has wider value beyond being a thematic review of suggested treatment options. It is not simply an adjunct to the treatment manual, but a carefully constructed theoretical approach combined with a deep exploration of current research and models of practice. It is presented here in the hope that students and practitioners will find it useful as a much wider commentary on work with concerned others. Some of them may go on to use the interventions which it suggests, some may use parts but not all of them, some may simply be seeking to learn, rather than study for the reasons of delivering treatment. Indeed, some may want to read the ideas so they can improve or even discard them. But hopefully all will find them thought-provoking.

While no new research findings have been offered in either this book or in the manual, the ideas are based on extensive evidence, as indicated and supported by the bibliography. Also there is a lot of original thinking about the evidence, and reflection on its innovative use.

In short what is new about the thinking is that it:

- Challenges widely held assumptions in the treatment field regarding the need for 'internal motivation' as a prerequisite for successful change to occur
- Demonstrates how external pressure to change is an intrinsic component of the addiction experience
- Explains how external pressure to change is driven by the relationships with the problem user rather than the type or amount of the substance consumed
- Shows how family are the central driving force in promoting change in the vast majority of problematic drug and alcohol users

## What people have said about using these new ideas

The ideas presented here have all been tested in practice by the author, and others; and that practice has in turn helped develop the ideas over several years. Feedback from concerned others over that time has been extensive and invaluable.

One of them has recently said to the author:

*I feel that changing attitudes is one of the biggest challenges even before putting new ideas into place. Many, many professionals do not even think of us as part of the equation. You can change this! Even if they are working with the person in isolation it could help change ways agencies are working in the future. It could help rebuild relationships instead of helping to separate them."*

A practitioner has said this after reading the manual and applying the ideas:

*I have worked in the Drug and Alcohol field for 14 years and specifically worked with 'concerned others' for two years . . . I have found the model and approach to add depth and richness to my existing practice. The book is easily accessible and user friendly, bringing clarity and confidence to an often difficult and complex subject matter. Useful for the practitioner, the concerned other and the loved one (using drugs/alcohol).*

Darren McEvoy (kwads senior practitioner)

This book review has been published in Addiction Today.

*What is refreshing is the promise that the family member, or concerned other, is a valuable tool in helping their loved one into treatment. It works to empower them with practical help and support . . . many helpful interventions are put forward . . . All in all, the book is very useful. It has been well researched, is highly adaptable, and would be a useful tool in many settings.*

Addiction Today

## Why this book has been published

Why has this book now been published, containing the text of just the theory and evidence section of the original manual?

The simple answer is to respond to request that it is available at an affordable price to those who do not want or need to purchase the complete manual. A concerned other has commented:

*If the book was separated it could encourage far more professionals to buy a copy. For me – every professional who buys a copy and only reads the introduction, could*

*mean a huge shift in changing attitudes . . . If the book were less expensive I feel it may encourage professionals in various types of agencies to purchase a copy e.g. mental health services . . . Many concerned others would buy this book . . . Whatever the cost, many would find the money from somewhere if they felt it would help them to help their loved one. As you are well aware we go without ourselves all the time to help the other person. However there are of course many who would also struggle to find the money, and a less expensive version could be very useful.*

## **About this book**

In creating this book, a few key principles have been applied:

1. We have endeavoured to keep the price affordable.
2. There should be no question in readers' minds about it being in any way different from the text that is in the originally published manual. (In practice we have corrected a handful of spelling errors, but made no other changes.)

Therefore:

- Anyone who has the original manual does not need this book, other than, perhaps, to share with someone else.
- There is no need for anyone who reads this book to subsequently buy the original manual, unless they want to consider using in practice the ideas that are presented in this book.

It should also be explained that we will not publish the treatment part of that manual on its own. While that may be slightly frustrating to someone who has initially bought this book of concerned other theory and evidence, we trust you will nevertheless support the decision, made jointly by author and publisher, for clinical reasons, that it should not be possible to buy the treatment manual without it providing access to the underpinning theories and evidence at all times, to enable ongoing improvements to treatment through continuous reflection on theory and evidence.

In line with these principles and decisions, some of the introductory sections in the remainder of the rest of this book have been printed in a slightly different sequence from when published originally. This preface is new. But everything else is exactly the same.

I sincerely hope that students, lecturers, researchers, practitioners and concerned others find it interesting and helpful.

## Whose work can this new theory underpin?

**Drug and Alcohol Workers:** Substance misuse professionals often work with the problem user in isolation of the family context. This makes it easy for a presenting client to interpret the family response as the problem. Increasingly treatment systems require the involvement of family members in the care packages of clients presenting for help. This book will expose stereotypes and assumptions prevalent in the field regarding the role of concerned others in prompting change and explain how the family dynamics evolves in reaction to drug and alcohol problems. This will bring greater understanding to their client work and reframe the family as the principal resource in successful change.

**Youth Workers:** Policy is increasingly focusing on young people at risk of social exclusion. Adolescents are the most vulnerable population in initiating heavy drug and alcohol consumption which can set them on long term trajectories of problematic use, causing immense personal and social harm. At the same time, young people are more likely to be remain 'pre-contemplative' regarding change and are unlikely to seek out professional help. This book will offer youth workers a wide range of ideas to address substance misuse problems through the existing networks of the young people's family to allow them to intercept substance misuse before it becomes chronic.

**Criminal Justice workers:** Legal sanctions can prove effective in initiating and sustaining change in certain populations of problem drug and alcohol users. However, many problem users who are responding to legal invoked sanctions are lost in transition between prison and community services or when the legal sanctions are removed. This book will offer greater insight and direction in helping family members sustain these external requirements and improve their relationship with the loved one.

**Social Workers:** Social workers have the key role in supporting families that are experiencing a wide range of social problems. Substance misuse is often a critical issue in these families' lives. This book will offer greater insight into how substance misuse patterns affect families differently, depending on the role of the substance and where it occurs in the family. Assisting greatly with assessment, the book will also explain how families themselves can respond to a loved one to promote change and assist families in resolving these problems for themselves.

**Family Workers:** Family therapists are often exposed to a wide range of theoretical models regarding drug and alcohol use and the family system. This book challenges many of these speculative approaches and presents the evidence of how substance misuse actually affects family life. This deeper understanding offers significant insight and leverage into affecting change, even when the problem using loved one is reticent to engage in treatment.

**Counsellors:** Many concerned others often seek help from private therapists and counsellors. Counselling can be helpful to ventilate the stresses that the concerned other experiences but does not initiate what most concerned others truly want: their loved one to stop. This book will give a comprehensive overview of the family experience and the specific nature of dependence and addiction. This will provide a general counselling practitioner with a clear understanding of the nature of drug and alcohol problems as well as insight into changing the loved one through the efforts of the concerned other. This can help liberate counsellors from the limits of theory which often cannot accommodate this process of vicarious change.

**Students:** The role of family in addiction is an increasing concern in many academic disciplines from social work, psychology, counselling, addictions and youth work. This book not only presents a clear theory of how the family can respond to the loved one but also presents the major models of intervention and their outcomes. This provides an expansive overview and review of all major approaches in the area of those affected by someone else's substance use. With detailed referencing throughout, it will offer students an encompassing framework to study the complexities of problem use and family relationships.

**Families:** Many families seek out more information regarding substance misuse. This information is often of varying quality and evidence. This can cause greater confusion, uncertainty and even distress. This book will help families to understand substance misuse and its treatment as well as a variety of approaches that are helpful. This book will serve as an essential introduction to concerned others and their ability to influence their loved one. This will increase their knowledge and confidence in seeking out services that can assist them as well as provide guidance on what they can do now to implement change.

Phil Harris  
June 2010

# Introduction

*The Concerned Other* presents a reversal for practitioners accustomed to working with problem drug and alcohol users.

## **The public face of addiction**

Practitioners are adept at working with the public face of addiction. They are tasked with addressing the social breakdown that accompanies problematic use that includes areas such as preventing health problems, addressing unemployment and reducing offending. Historically these areas have been singled out for various political reasons. Whilst these priorities change over time, organisations remain funded to alleviate the pressing social concerns of the day for the benefit of the public good. As problematic drug and alcohol use spans so many domains of social breakdown, it has been ideally placed to address wide ranging public concerns. In order to effect change, the substance misuse practitioner must engage the problem user in a meaningful relationship. They must understand the problem user's experience, motives and hopes if they are to direct them towards change. It requires that they see the world from their client's point of view. This point of view tends to include a life history characterised by social disadvantage and interrupted by pressures greater than the individual can bear. Addiction becomes understandable as a kind of solace for those disenfranchised from their own lives by forces beyond their control. They see the problem user as dwelling in an unforgiving environment that is more cause than consequence of their spiralling usage. Such life histories elicit a sympathetic response from professionals. Many practitioners are attracted to the field because of their desire to overcome social injustice. The problem user is the personification of the abstract forces of social inequity. Through the client's presentation and the practitioner's own personal motivations they forge a working relationship that allows change to unfold. In effect, the professional must take the problem user's side in these struggles.

## **The private life of addictions**

However, when the practitioner then encounters the concerned other they bring with them a very different perspective. The concerned other is the mother wracked with anxiety for her once loving son; the father who cannot articulate his despair for a lost daughter; or the wife who cannot reconcile her love for her husband with the immense

pain his drinking has heaped upon their family. The concerned other brings stories of ordinary families ripped apart by extraordinary events. They demonstrate the incredible pressures necessary to tear apart the bonds of kinship and unconditional love. In this way, the concerned other reveals the private life of addictions. Not the public agenda, not the abstract social and political pressures but the raw pain that unravels behind closed doors on quiet streets. In this world view, the problem user is not locked into a world of hostile circumstance, they are the hostile circumstance. The striking feature in working with concerned others is not just the pain that they have endured but the fact they still stand by the loved one. They demonstrate that the only thing more powerful than addiction is love.

## **The plight of concerned others**

Despite major expansion of services for problem drug and alcohol users, the professional field has all but neglected the plight of the wider family members (Orford et al., 2005). Instead, a patchwork of mutual support groups and self-help approaches have populated the chasm between services and families. Underfunded and unevaluated, concerned others have developed services for themselves often in spite of those professional services that have systematically failed to accommodate their needs. However, recent policy developments are challenging the current status quo. A broader trend has emerged in social policy regarding the role of carers and concerned others nationally. For example, the Government publication *Carers at the Heart of 21st Century Families and Communities* (DoH, 2008) has set out a clear framework for the development of family services across the social welfare field. The *Carers (Equal Opportunities) Act* (DoH, 2004) also places a duty on local authorities to inform those involved in the significant care of a loved one of grants for respite care or to support them in their role as carers. Whilst these grants are unlikely to be applicable to most concerned others of problem users, these policies recognise the broader role of significant others in welfare settings. Likewise, the Government's green paper *Independence, Well-being and Choice* (DoH, 2005) has asserted that carers are integral to the development of all social provision.

## **The role and needs of concerned others**

The substance misuse field has also seen greater interest in the role and needs of concerned others. The updated *Drug Strategy* (2002) explicitly recognised the needs of concerned others and pledged that, 'They will receive improved services and support.' Though this achieved little in terms of expanding the range of provision for concerned

others, the more recent *Drug Strategy* (2008) has placed even greater emphasis on the concerned other and families' needs. This has been accompanied by guidance for commissioning appropriate services for concerned others. More specifically, *The Hidden Harm Agenda* (ACMD, 2003) has broadened the scope of drug and alcohol interventions to include those affected by problematic use. It recognises the impact of problem drug and alcohol use on parenting. The children of problem users are often isolated, unknown to professional services and what support exists does not reach them. The Hidden Harm Agenda places a duty on professionals who come into contact with the children of problematic using parents to give appropriate support and protection. Not only does it specify that the needs of the child are central to all services, it also makes 48 recommendations which cut across all levels of services involved. These children's needs must be prioritised in a social policy that demands greater inter-agency working to ensure help and support is delivered. Whilst these recommendations focus on children of problematic users, it represents a considerable cultural shift in the focus for agencies. They must now begin to broaden their view beyond the presenting individual user and their own internal motivations and instead begin to accommodate the social relationships that are inextricably affected by their use.

## **The delivery of drug and alcohol services**

Within the realm of the concerned others of problem drug and alcohol use, specific policy change is also affecting the delivery of drug and alcohol services. The National Treatment Agency (NTA) currently holds the remit to ensure robust commissioning of drug services for adults in England. The four key priorities of the NTA are to:

- engage service users in treatment
- retain clients in treatment for at least 12 weeks
- ensure positive outcomes
- support community re-integration

The NTA explicitly recognises the role of families in assisting in this process. 'Carer and family support services are the most effective way to support and enable family members to make changes in their own engagement with treatment behaviour, which can then provide a trigger to the user choosing to.' (NTA, 2006: 6). The NTA have issued a commissioning framework for local partnerships to purchase services specifically for concerned others. This has placed the needs of family members on the national treatment agenda for the first time. Not only does this appreciate the significant contribution that concerned others can play in the treatment of problematic use, it also

recognises that concerned others have their own specific needs outside of their loved one's use.

## **The limitations in the delivery of services**

Despite these recommendations and the inclusion of quality standards in working with family members in *Drug and Alcohol National Occupational Standards*, this policy initiative falls short. Whilst the recognition of the support needs of concerned others is an important advancement in providing services for this neglected group, the NTA fails to ascertain *how* this can be achieved. The NTA does suggest that treatment interventions for concerned others should include care plans, harm reduction and structured counselling for family members. But far from addressing the separate and distinct needs of concerned others, these policy proposals simply transpose treatment designed for problem users on to concerned others. It would appear that there is a paucity of ideas on how concerned others' needs can be addressed at both an organisational level and a Governmental one.

The NTA does recommend the expansion of established self-help groups for concerned others. However, these services have often evolved piecemeal, tend to offer generalised support and are not underpinned by effective models of practice. Whilst community based self-help can provide a very important support network for concerned others, there has been no evaluation of their effectiveness. These concerned other groups may be vulnerable to the same problems that can occur in any unfacilitated groups. This can include issues of quality control of the advice and information given; it can be easy for these groups to become dominated by one person or cliques and there may be no accountability in a group that is neither constituted nor accountable to any governing body. These services may also fail those concerned others who want more than consolation for their predicament. Most concerned others seek help initially because they want to restore their loved one. As many group members may have resigned themselves to the belief that this is not possible, this pessimism can soon be transmitted to others. Thus, there are dangers in the current policy recommendations which may institutionalise the limitations of current approaches as the new national standard in the light of no evidenced alternatives.

## **What can be done?**

There is another way of looking at this problem. The assumptions of the services, the limits of national recommendations and the pessimism of concerned others demonstrates a profound gap in the field. It is not that nothing can be done, but it

demonstrates a lack of understanding and skills in what can be done. The paucity of skills, tools and approaches places anyone who wishes to help families affected by substance abuse in an unenviable dilemma. On the one hand they are expected to address the specific needs of concerned others. At the same time they are offered little to no guidance on how those needs can be met. Instead, they must rely upon the implementation of treatment models that often militate against the concerned other's very wishes, that is, for the loved one to stop using. As a result, the only option left is for the practitioner to become the broker caught between the concerned other's worry and the problem user's indifference. This can leave the worker exhausted, frustrated and feeling impotent to affect any meaningful change in the loved one or the concerned other.

## **Helping concerned others to change their loved ones**

The companion manual *Concerned Other*, which builds on the ideas in this book, is a response to these problems and dilemmas. It offers a clear programme of interventions that addresses the specific and distinct needs of the concerned other. This is not limited to their needs, but covers how they can effect change in their loved ones use as well. Not only does it provide the practitioner with important skills, it also offers direction to those who are in the optimum position to effect change in the problem user's life: the concerned others themselves. However, in order to facilitate this skill set, the practitioner needs to re-orientate themselves to a new framework of understanding of addiction, treatment and change. In light of dominant assumptions of the treatment field it would not be possible to merely present the programme. It demands that the practitioner grasps the core issues, themes and contexts that provide the conceptual framework for skills which exist outside the prevailing culture of practice. Many believe that it is simply not possible for the concerned other to change their loved one. This book and the companion manual suggest that the pressures and demands that emerge in these relationships between the problem user and the loved one is actually intrinsic to the change process. It demonstrates that addictions and pressures to change are synonymous processes.

# About the Author

Phil Harris is an independent writer who has worked in direct access drug services for over sixteen years. He has designed and delivered internationally recognised treatment programmes and accredited training courses throughout the UK and Europe. Having worked as a drugs treatment advisor to DSTs, Criminal Justice Services and Youth Services, he has also managed several organisations and implemented innovative, practical and effective approaches to addressing people's problems with misuse of drugs and alcohol. He continues to practice in the south west of England.

# Acknowledgements

This book is not of its own creation. Many of the ideas and approaches have been inspired by the work of individuals such as Azrin, Meyers and Barbor. In the development of the PACT programme it was clear that many of the existing research approaches could be synthesised into a wider treatment programme. These clinical researchers pioneered evidence-based approaches to working with family members. I owe them a huge intellectual debt and would advise all readers interested in family-based intervention to vigorously pursue their writing and research.

PACT would also not have happened without the direct involvement of a number of people. Special thanks must go to Ruth Hallett for supporting the initial feasibility trial of the PACT programme. It was her initial impetus that made all the rest happen. Additional thanks must also go to Heidi Anderson, Katherine Jenkins and David Jeremiah for their continued support in South Wales over the last few years. May they experience apricity all their days. Special thanks must also go to Gwent Alcohol Project for their willingness to house the project and provide the day-to-day management. The Welsh Assembly's continued financial support, for which we are very grateful, must also be acknowledged.

As this manual was written I was grateful to a number of individuals in England who were willing road test it. I am indebted to Paul Wostenholm, Marc Borja and Kane Smith at Oxford SMART for their encouragement, experience and humour that has been invaluable in keeping me focussed on completing this book. Their feedback was really helpful in adapting the programme to the page. Thanks must also go to Leanne Reynolds, formerly of the Zone in Dudley, whose feedback has been invaluable in focussing key aspects of the programme and inspired to me to make some big decisions on the final draft. My esteemed colleague Esther Harris deserves special mention for her utter belief in the programme and passionate championing of these ideas. Thanks to Moya Pinson, Sue Holmes, Ian and Irene MacDonald and Tom Ward for their insight, wisdom and validation.

I am painfully aware that any treatment programme is only as good as the people delivering it. This means that the greatest debt is owed to those workers who have trained, piloted and delivered the programme with such diligence, sensitivity and understanding over the last few years. The Gwent PACT team have done a fantastic job. I will not demean their efforts with a gratuitous offer of money. But offer my thanks and recognition for the hope they have given to so many families. Their feedback has helped the programme enormously. However, one person has been pivotal in the

## *THE CONCERNED OTHER*

implementation of the PACT programme. The appointment of Karon Edkins as the PACT worker on the initial feasibility study was an inspired choice. The expansion of the programme has been down to Karon's passion, belief and continued effort. She has been the central driving force behind a service that I am immensely proud to be associated with. Whilst I know she will not accept the compliment easily, it has to be said that the success of the programme described in the book is ultimately down to her.