

# Effective Interventions Unit

## Scoping the Options for Future Research on Psychosocial Interventions

### **What is in this report?**

The Effective Interventions Unit (EIU) is currently exploring the options for further research on psychosocial interventions to be undertaken through the Scottish Executive Drug Misuse Research Programme. This report presents findings from interviews with counselling staff in a selection of drug agencies across Scotland undertaken in Spring 2004.

### **What is the aim of the report?**

The report considers the following questions: (i) What is the nature and range of counselling interventions currently being used by treatment services across Scotland? (ii) what are practitioners' perceptions of the nature of effective counselling? and (iii) What are appropriate ways of measuring the effectiveness of counselling interventions?

### **Who conducted the scoping exercise?**

Isla Wallace, a fourth-year honours student from Edinburgh University, conducted the study during her three-month placement in the EIU in Spring 2004. She had support from Dawn Griesbach, Senior Research Officer in the Unit.

### **Who should read this report?**

This report was largely intended to inform internal decision-making about the aims of future research on psychosocial interventions. However, it may also be of interest to practitioners and service commissioners.



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## Introduction

In 2002, the Effective Interventions Unit (EIU) published an international systematic review of evidence on 'The Effectiveness of Treatment for Opiate Dependent Drug Users.' This review found that the use of psychosocial interventions, such as intensive counselling or behavioural therapy, are associated with a range of positive outcomes in the treatment of addiction. These include improved mental and physical health, the retention of drug users in treatment and the maintenance of abstinence.

However, while it was recognised that psychosocial interventions generally improve outcomes from treatment, further research is needed to clarify the particular nature and type of psychosocial interventions which are most effective when used in conjunction with a maintenance or detoxification programme. In addition, there is currently very little information available about the nature and range of psychosocial interventions being offered by addiction services in Scotland. To address this gap, EIU has committed to undertaking further research in this area.

This report presents the results of the Unit's initial "scoping" work, which focused specifically on "counselling interventions". This work had the following aims:

- to determine the nature and range of counselling interventions currently being used in Scotland in drug treatment services;
- to identify staff perceptions of the nature of effective counselling;
- to consider ways of measuring the effectiveness of counselling.

The work involved face-to-face or telephone interviews with counselling staff in eight agencies from around Scotland.

### THANK YOU

The EIU would like to thank all the staff and managers who spoke to us about their work. We are grateful for their time and assistance with this study.

## Section 1: Methods

A complete list was compiled of all services in Scotland which were reported to offer one-to-one counselling. The list, taken from the Scottish Drugs Forum's 'Directory of Specialist Drug Services in Scotland,' comprised around 150 agencies. Twelve agencies were selected from the list of 150. These agencies covered variations in geography and type of service (e.g., voluntary sector, NHS, residential, community).

The project manager at each of these agencies was contacted and the study was explained to him or her. The project manager was then invited to nominate one or two members of the senior counselling staff to speak with representatives from the EIU study team.

For the purposes of this study, we defined "counselling" as **a therapeutic psychosocial intervention distinct from the giving of information or advice**. Two of the agencies were unable to participate since they felt their approach to counselling was not suitable for our purposes. Staff shortages and illness prevented a further two agencies from participating. Thus the final number of agencies involved in the study was eight. Face-to-face meetings took place at six of these, whilst the final two discussions took place by telephone. Discussions lasted roughly one hour. Altogether, 12 staff were interviewed.

The main topics of discussion included staffing and training, staff perceptions about the aims of counselling, the nature of the counselling service offered (including the structure of the counselling intervention and issues of client review and service delivery), and the ways in which agencies measured and evaluated their effectiveness. The complete topic guide is shown in Appendix 2.

## Section 2: Results

This chapter sets out the findings from interviews with counselling staff from the eight agencies. The participating agencies included two specialist counselling agencies, one residential service, one NHS prescribing service, one service for women only and three voluntary sector drug services. Although only a small number of agencies participated in this study, a number of common themes emerged from the discussions. These are described briefly in the following sections.

### 1. Staff training and accreditation

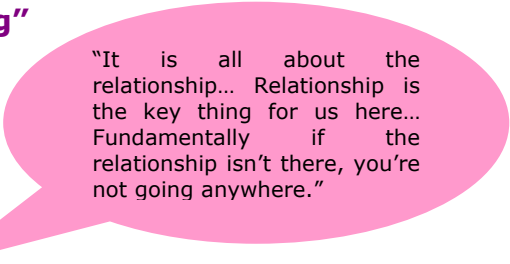
In order to establish a context for the results, it was useful first to identify the range of training qualifications held by the interviewees. The intention was to identify whether there were differences in views between staff who were qualified counsellors, and those who were trained in counselling skills but who were not formally qualified. Two of the agencies — namely, the specialist counselling services — only employed qualified counsellors, or those who were working towards qualification. A number of non-specialist services also employed qualified counsellors, but these agencies were more likely to employ staff who were trained in counselling skills rather than formally qualified counsellors. Counselling skills training normally covered techniques related to motivational interviewing that were specific to addiction problems.

The staff from agencies which were not specialist counselling services were careful not to pitch their agencies as “counselling agencies,” although members of staff in these agencies did sometimes have formal counselling qualifications. This tended to mean that the agency offered a range of services to clients — not just one-to-one counselling. Staff in these agencies said that they often referred clients on to specialist counselling services for issues such as bereavement, physical or sexual abuse or severe depression.

### 2. Understanding of the term “counselling”

Staff were asked what they understood the term “counselling” to mean. The key point to emerge from all these discussions centred around the idea of counselling being a **relationship** between two people. This was further qualified by those who highlighted the importance of a **professional relationship** with **clear boundaries**.

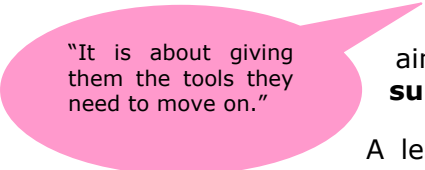
The ability to “connect” with a client was seen by some to outweigh the value of a professional qualification. In general, staff expressed the view that the therapeutic nature of the relationship consisted in providing a safe context for the process of change in the client. In this respect, a good “counsellor” was seen to be someone who was not judgemental of the client. Indeed, it was suggested by staff in one agency that the employment of former drug users trained in counselling skills was often particularly helpful to some clients.



“It is all about the relationship... Relationship is the key thing for us here... Fundamentally if the relationship isn't there, you're not going anywhere.”

### 3. Aims of Counselling

Staff were asked what they considered to be the aims of counselling. There were a number of views on this subject. The most common was that the aims of counselling depend entirely on the aims of the individual clients: **counselling is about supporting the client to achieve their own aims**.



“It is about giving them the tools they need to move on.”

A less typical view suggested that the aims of counselling could be defined more objectively, and that the attainment of these aims could be objectively measured. Interestingly, this view emerged from staff working in agencies that offered clearly structured programmes to their clients, where clients

moved on from one part of the programme to another after certain milestones or goals had been reached. Therefore the discussion of measurable outcomes fitted in well with the overall nature of these agencies.

By and large, becoming completely free of all illicit and prescribed drugs was considered to be an explicit aim of counselling only insofar as the client specifies this as his or her own aim. The exception to this view came from staff in a residential service, where the attainment of a drug-free life was part of the underlying philosophy of the agency. In general, however, there was a recognition that some clients have no current desire for abstinence and, in relation to this, **harm reduction** was also stated as one of the aims of counselling.

Other aims reported by staff included:

- the promotion of the client's own coping mechanisms
- the facilitation of empowerment
- the establishment of a routine in the client's life — that is, encouraging, supporting and facilitating people to do something regular with their time
- helping people to move on from where they are stuck
- increasing client motivation

These aims were achieved through the use of techniques employed by the counsellor within the context of a one-to-one relationship with the client.

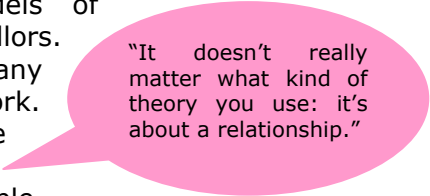
#### 4. Nature and Range of Counselling Interventions

Staff were asked a number of questions about the nature of the counselling service offered by their agency. The purpose of this discussion was to determine which models of counselling were used in different agencies and the structure of the counselling interventions.

##### Models of Counselling

Staff were asked whether they used any particular model of counselling in their practice and, if so, they were asked to describe it. There appeared to be some differences in perspective on this subject between those staff who were formally qualified counsellors (or seeking formal qualification), and those who were not.

There was minimal theoretical discussion of models of counselling by staff who were not qualified counsellors. However, this is not to say that these staff did not give any consideration to the theoretical underpinnings of their work. These staff simply reported that they took a more pragmatic approach to counselling, and tended to use as wide a range of counselling techniques as possible within their own capacity. They also expressed the view that a flexible and adaptable approach was necessary to respond to each client's individual needs. This perspective was strongly linked to a recognition that **no one philosophy will work for all clients**, and a reference again to the importance of the relationship between the "counsellor" and client.



"It doesn't really matter what kind of theory you use: it's about a relationship."

This use of different techniques as part of a counselling intervention was also advocated by a number of staff who were qualified counsellors. However, these staff tended to place greater emphasis on theories of counselling. One individual pointed out that a

distinction should be made between “eclectic” and “integrative” approaches. Integrative approaches were described as being associated with a single underlying theory, whereas eclectic approaches were not. Qualified counsellors favoured integrative approaches.

Those with formal counselling qualifications tended to use one of the three main approaches to counselling — psychodynamic, cognitive-behavioural and humanistic — and different counsellors, even within the same agency, preferred different approaches. However, whilst qualified counsellors tended to favour a specific approach, they also expressed the same sentiment as those who were not formally qualified: **no one philosophy will work for all clients.**

Irrespective of the model of counselling used by individual staff members, there was a widespread view that certain counselling techniques were particularly useful for drug-using clients. Motivational interviewing emerged as one of these. This approach was described as one which encouraged clients **to articulate and act upon** their own reasons for attempting to change their drug use. This technique was felt to be particularly relevant to this client group because it allowed clients to develop a growing sense of empowerment over a period of time.

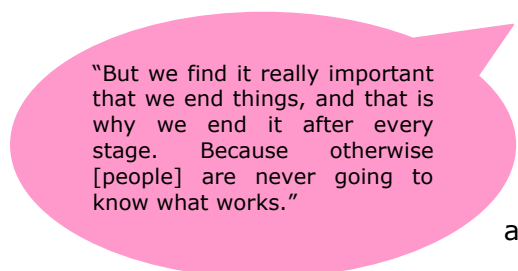
### Structure of Interventions

Staff were asked whether their counselling interventions had a particular structure — that is: Did it run for a specific period of time? Did clients attend for a particular number of appointments? Were there pre-defined topics that were covered within each session?

In general, staff reported that their agency adopted an entirely flexible approach and that the number and frequency of appointments depended upon the client’s needs.

The use of a structured approach to counselling appeared to be less typical. Structured approaches involved the client in passing through clearly defined stages or “phases.” Progress from one stage to the next is dependent upon the client attaining the specific outcomes defined for that stage. These outcomes might include having a place to live, eating three meals a day, stabilising their drug use, etc. Staff in the agencies that used a structured approach pointed out that the structure did not imply that the intervention

was not client-led as there are elements of flexibility within the structure.



“But we find it really important that we end things, and that is why we end it after every stage. Because otherwise [people] are never going to know what works.”

The client’s progression through clearly-defined stages was seen to have a therapeutic value in its own right. The completion of the different phases allowed clients to test out what they have learned, and reflect on what they had achieved.

## 5. Staff Perceptions of the Nature of Effective Counselling

After exploring in some detail the nature of the counselling intervention offered by each of the participating agencies, staff were asked a number of more general questions to try to determine what made counselling effective for some people but not for others. A number of factors were identified and these are summarised below.

**Lifestyles of the Clients** Although all respondents made reference to the individuality of each client, certain distinctive traits of the client group were identified as having an impact on whether or not counselling was effective. The trait mentioned most commonly was the **chaotic nature** of clients’ lives. The “lack of routine” was an issue that needed to be addressed in many one-to-one counselling sessions.

Some staff expressed a view that clients had to be relatively 'compos mentis' in order for counselling to be effective, and that it was helpful if clients could be stabilised (in most cases, on a methadone script) before counselling began. Others felt that counselling was important in helping a client to stabilise.

"We're dealing with people who may be twenty six but they started using drugs when they were fourteen. So their emotional and sort of cognitive skills are not fourteen year olds - I'm not saying that at all - but they're certainly stilted in some way. So they haven't had to do plans."

Staff also saw the **lack of routine** in their client's lives as being at least partly responsible for drop-out rates in treatment services.

**Client Motivation** Client motivation was seen as a crucial factor in the effectiveness of counselling interventions. Some clients are simply not ready to engage with

services; they were not at the right stage for change.

This discussion then raised a question about the use of coercion to get drug users into treatment. In general, coercion was regarded as unhelpful. Forcing clients to participate in services when they are not ready to change was felt to be problematic. The view was expressed that not only is the client unlikely to gain anything from the experience, but it is also hard work on the service.

However, not all staff agreed with this view. For instance, a Drug Treatment and Testing Order may force unwilling clients into certain services, but it is sometimes the case that the formation of a relationship can help clients to change their perceptions and become ready to change. Staff at one agency described their practice of doing 'pre-counselling' with some clients who are not yet ready to engage in a longer-term counselling process.

**Client Expectations** Clients' perceptions of services were also seen to be an influential factor in the outcome of a counselling intervention. Unrealistic expectations of the counselling process were felt to have a negative impact on outcomes. High drop-out rates and relapse were also linked to the nature of the counselling process: once clients start addressing the difficulties in their lives, they often feel worse before feeling better.

Some staff also pointed out that client expectations can be closely linked to their previous experiences of services, and that clients can become frustrated when they are referred to services that may be unsuitable for their needs.

**External support** The external support from family, friends, or the community more generally, was identified as a factor contributing to better outcomes from counselling interventions.

**Timing** There was a general consensus about the importance of getting the timing of the intervention right, and in this respect, waiting lists were seen to be problematic. However, even after the client makes it through the door, there was recognition that individuals generally present to services with a range of problems. Staff need to work out with the client which of these problems should be tackled first, and how best to tackle them.

"[In the initial phase of treatment], it is not about what happened to you when you were four, because that is not what she needs at that stage; she needs just to be safe."

**Techniques employed by the counsellor in relation to client gender** It was suggested that some counselling techniques worked better for men than for women, and that female drug users frequently had experience of physical and sexual abuse which required special attention and sensitivity in the way services were provided.

## Measuring the Effectiveness of Counselling Interventions

Further discussion focused in more detail on the issue of measuring effectiveness. In particular, staff were asked their views about the best ways of measuring the effectiveness of a counselling intervention, and how their own agency evaluated the service they provide. Given the earlier discussion about the aims of counselling, staff were also asked how they decided when and whether these aims had been achieved.

A number of issues arose from these discussions. For many staff, the concept of effectiveness could not be separated from the **measurement of client outcomes**. So, discussions largely focused around the topics of client review, use of assessment tools, and ways of measuring client outcomes.

### Client assessment and review

Interestingly, a number of staff reported that their service was currently reviewing its assessment and / or monitoring procedures. In some cases, this meant that the service was currently in the process of developing or piloting a new assessment tool.

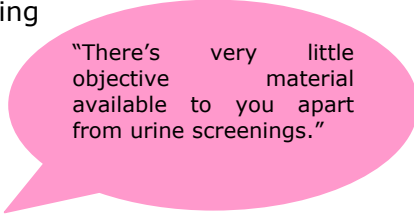
Staff used a broad range of assessment tools to assess client's needs, and in most cases, these same instruments were used to review a client's progress and to measure outcomes. The Rickter Scale was widely used. Other assessment tools mentioned by staff were the Maudsley Addiction Profile (MAP), the Matrix and the Addiction Severity Index (ASI).

Staff felt that there were a number of benefits to be gained from using a formal assessment tool to review a client's progress. The main one was that it led clients into a discussion of a wide range of issues. It also enabled easy recording of both positive and negative outcomes and provided a "snap shot" of the client at a point in time. This was seen to be useful for comparison at a later stage, and enabled the practitioner and the client to track the client's progress over time.

### Evaluation

The discussion of client review led on to a wider discussion about evaluation of effectiveness, and it was clear that many staff saw these issues as inextricably linked. It was also clear that the majority of staff saw a number of difficulties with the concept of evaluation.

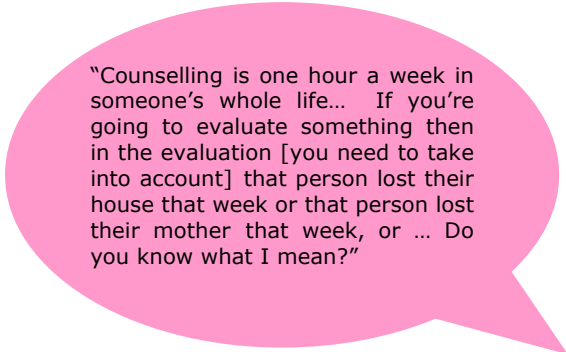
- The transient nature of the client group and the high proportion of clients who drop out of treatment makes it difficult to follow up on long-term client outcomes.
- The aims of counselling are often closely linked to a client's own aims. These vary from one client to another, and it is, therefore, difficult to provide clear evidence of the difference that counselling makes for a whole group of clients. Several staff suggested that it was not appropriate to measure client progress against objective, previously-defined targets, or to compare one client's progress with another. One individual advocated the use of a "case study" approach instead. This approach to evaluation offers a more client-centred method of measuring client outcomes since it allowed clients to be measured against themselves.
- Staff also pointed out the difficulties of identifying objective measures against which to assess the impact of a counselling intervention. Most measures of client outcomes are subjective, that is, they are based on client self-report or staff impressions. Objective outcome measures — such as urine testing — appeared not to be commonly used, and where



"There's very little objective material available to you apart from urine screenings."

they were, they were used in conjunction with the more commonly-used subjective measures. And staff felt that the use of such measures were not always appropriate — particularly if a client’s aims are related to a reduction in drug use, rather than a complete cessation. One novel suggestion was to make use of external assessors (such as family, friends, teachers, employers, etc.) whose views could be sought about the progress of a particular client. It was argued that this could provide a more objective measurement. However, it is unclear how feasible such an approach would be.

- There was a feeling that the focus of evaluation should be as broad as possible. It should not just focus on addiction issues, and indeed it was important not simply to measure clients outcomes, but also the process of change in clients’ lives. For example, it would be important to try to capture in any form of evaluation the ways in which individuals change over time in their ability to cope with stressful events and the ways in which they begin to take steps to address difficulties in their lives.



“Counselling is one hour a week in someone’s whole life... If you’re going to evaluate something then in the evaluation [you need to take into account] that person lost their house that week or that person lost their mother that week, or ... Do you know what I mean?”

- Another concern related to the fact that evaluating the counselling process alone could not take into account the external factors impinging upon clients’ lives. This

was linked to a common acknowledgement that the counselling process often left clients feeling worse before they felt better. Staff suggested that this was evidence of change taking place in the client — which is positive in itself — but it complicates the measurement of outcomes.

It was not always clear in speaking to staff the extent to which their agency evaluated its own practice, although it was clear in many cases that the agencies were required by the local DAAT to provide regular monitoring information. Formal evaluations by external contractors were less common. In general, while staff accepted the concept of evaluation, they largely expressed some uncertainty about what constituted suitable evaluation methods.

Furthermore, staff expressed scepticism about whether one form of counselling could be proven to be more effective than another — as it would be impossible to control for all the factors that impinge upon a client’s life. Nevertheless, staff were generally willing to consider how they might improve their work with problem drug users.

### Section 3: Discussion and options for further research

Apart from the discussion about the theoretical models of counselling — where qualified counsellors indicated that they tended to favour a particular model of counselling and non-qualified counsellors tended to adopt a more eclectic approach — there appeared to be few differences between qualified and non-qualified counsellors in their views of the role of counselling for drug users.

Where clients were dealing with issues such as bereavement or physical or sexual abuse, non-qualified counsellors generally reported that their agencies referred on, or brought in a qualified counsellor. However, the key factor in facilitating client change was seen to be the **relationship between the counsellor and client**. This relationship was considered to be more important than qualifications or staff specialisation.

The findings from this initial scoping exercise suggest a need for a better mapping of the provision of addiction-related counselling in Scotland. It was clear in our initial selection of agencies that a number which say they are providing one-to-one counselling are not, in fact, providing any form of therapeutic psychosocial intervention. To improve links between services, it would be useful if agencies provided more detail about what precisely they mean by one-to-one counselling. For example: what do they consider to be the aim of their counselling? And how exactly is the counselling provided?

Another area which may benefit from further exploration is the subject of **gender**. There is evidence to suggest that a distinction needs to be made between men and women in the provision of treatment services. Because the majority of problem drug users are male, it may be worth exploring the best ways of providing psychosocial interventions to women.

The use of peers as counsellors (that is, former drug users who have received training in counselling skills) was seen as a potentially positive way of providing psychosocial interventions to current drug users; it was not clear from this scoping work whether any such interventions had been evaluated in Scotland.

In terms of evaluating counselling interventions, uncertainties emerged about what constitutes a benefit or improvement, and how best to measure effectiveness and outcomes. Staff in non-specialist counselling services pointed out that their clients generally have a range of problems. They argued, therefore, that the use of counselling skills makes up just one part of their task. Further research on psychosocial interventions needs to be sensitive to this.

Any further research must also acknowledge the fact that studies of the effectiveness of counselling may find it difficult to conform to the strictures of the randomised controlled trial. Within such studies, counselling is conceptualised as a form of medical treatment that can be compared with other forms of treatment (such as anti-depressant medication) or with doing nothing. Within the context of drug treatment, such a research methodology is unlikely to be feasible.

In conclusion, this scoping exercise has highlighted a number of possible directions for the nature of future research to take, and has given some indication as to why increased knowledge in these areas would be desirable.

## Summary of options for further research

The following areas arose in this scoping study as possible options for further research.

1. Mapping of one-to-one counselling provision for drug users in Scotland. This could include:
  - a. a description of the aims of the counselling intervention
  - b. a description of the structure of the intervention.
2. A more extensive review of the literature to clarify the nature of effective counselling interventions with opiate users and psycho-stimulant users.
3. An investigation of psychosocial interventions that are gender-specific or delivered by peers.

Final decisions regarding the commissioning of specific studies will involve further consultation.

## Appendix 1: Interview Themes

### 1. STAFFING INFORMATION:

a) Job title

b) Counselling training

*Where did you do the training?*

*Are there minimum qualifications required of counsellors in the organisation?*

c) Affiliation with a counselling accreditation body, *E.g. BACP*

d) Supervision

e) Number of counselling staff employed by agency and their training

### 2. INFORMATION ABOUT THE ORGANISATION:

a) Agency's main client groups

b) Association between client group and type of counselling

c) Source of referrals

d) Agencies referred to

### 3. NATURE OF THE COUNSELLING SERVICE

a) Understanding of 'counselling'

b) Forms/models of counselling

c) Familiarity with other forms of counselling, and their effectiveness

d) Structure of counselling intervention

e) Review of client progress (How? How often?)

f) Decisions about treatment completion (Who decides? How?)

g) What topics are discussed with the client?

### 4. EVALUATION OF COUNSELLING SERVICES:

a) Main aims of counselling

b) Decisions about when and whether the aims have been achieved

c) Factors that make counselling effective

d) How does the agency evaluate the effectiveness of their service?