



Being there

The relationship between drug users and counsellors is vital – but do we understand how it works? **Petra Sylvia Meier** and **Michael Donmall** on what makes drug counselling tick

It can be taken for granted that a successful rapport between client and counsellor is desirable, maybe even essential, for people to become engaged and stay the course of treatment. Developing a working relationship with substance users may be especially challenging. Clients may deny the extent of the problem, may not want to be in treatment and may have a history of treatment failures.

On the other hand staff are prone to feelings of failure and exhaustion because they are frequently confronted with clients who often have severe problems in many areas of their lives. Added pressure can be created by some clients who have learnt to distrust previous counsellors and are now unable or unwilling to engage with treatment staff.

UNKNOWNNS

Despite a large number of studies into the kind of characteristics which improve a client's ability to engage in counselling, neither their gender, age, ethnicity or marital status has been shown to have any influence on therapeutic relationships. Similarly, what drugs are used or whether clients may be said to have "dual diagnosis" do not seem to influence the quality of the relationship. However, research has shown that good experiences during previous treatment do facilitate future relationships¹ and so do higher motivation and readiness for treatment.²

Surprisingly, the personal traits of treatment staff have received very little attention. So far, there is only modest evidence that age, gender, or education of the counsellor may play a role in the relationship. In addition how characteristics of the treatment agency such as the client-staff ratio, or number of counselling sessions offered to clients, influences the relationship, is completely unknown.

To address some of the 'unknowns' and to get a

better idea about the development of the therapeutic relationship, the NHS has funded the Drug Misuse Research Unit to complete the Counselling Project, a three-year study, now being carried out in three residential treatment units across the country.

Now nearing the end of the project, we want to determine which in-treatment factors influence the relationship, whether the quality of the relationship predicts treatment retention and whether there are 'sensitive periods' in which, for example, a strong relationship is more important early in treatment.

UNDERSTANDING

We interviewed 187 clients in the first week after intake into residential drug-free treatment. As part of the interview clients were, for the first time in the UK as far as we know, asked directly what characteristics they would like to see in a key worker or counsellor.

The most important counsellor's quality, mentioned by a third of clients, was for the counsellor to convey a sympathetic understanding of the client's experiences, feelings and problems. Almost a third of clients were convinced that it would be difficult to talk to someone who has not been addicted themselves. On the one hand they felt that an ex-user could not easily be manipulated ("you can't bullshit someone who's been there") and would be less judgmental. On the other hand, an ex-user counsellor was also seen as an encouraging example of someone who has "done it" – who has travelled the road that clients in residential treatment units are about to embark on.

TALKING FRANKLY

It was maybe a little surprising how many clients said they felt it would be good to be challenged about their behaviour, as long as it was done in a fair and non-judgmental manner ("you need someone to tell you where you are going wrong, otherwise you

Petra Sylvia Meier and **Michael Donmall** are from the Drug Misuse Research Unit/National Drug Evidence Centre, School of Epidemiology and Health Sciences, University of Manchester.

the importance of empathy

would have sorted yourself out by now”). This is probably also reflected in the number of clients who wanted the drug worker to give honest feedback on their behaviour and experiences. Some also wanted “good advice”, although others said they did not want to be given “all the answers”, but would prefer to work something out for themselves. Clients appreciated someone who is easy to talk to and available (“he needs to be there when you need him, else it’s no good”). Being seen as supportive and showing a real interest in the client were also mentioned as important counsellor characteristics.

A preference was also voiced for counsellors having a good working knowledge about everything connected with drug use (“you don’t wanna have to explain what it’s like to be on the gear”), commonly mentioned together with a preference for an ex-user. Other key worker qualities that were very important to clients were that they were trustworthy and always told the truth. Many clients acknowledged that the truth was often something that they initially might not want to hear, but they considered this an important part of treatment nevertheless (“she tells you what you need to know, not what you want to know”, “he explains all the things you don’t wanna know”, “he tells it to you straight”).

Reassuringly, it seems that the qualities we learn so much about in our training, such as empathy, authenticity and genuineness, are indeed the qualities that clients expect in their counsellors or key worker.

Overall, it appears that most of the qualities and behaviours that clients would wish to see in their counsellors are geared towards establishing a good “bond” as defined in Bordin’s concept, stressing issues such as trust, friendliness, acceptance, support and respect.⁷

But does this mean that most counsellors form good relationships with their clients? What is it that makes a relationship work out well? In the next phase of the Counselling Project, we will examine how the interviewees and their counsellors develop relationships, and which client and counsellor attributes predict whether a relationship has a positive future. ■

1. De Weert-Van Oene, G.H., et al., ‘Retention in substance dependence treatment: the relevance of in-treatment factors’, *Journal of Substance Abuse Treatment*, 2001, 20(4): 253-64.
2. Connors, G.J., et al., ‘Predicting the therapeutic alliance in alcoholism treatment’, *Journal of Studies on Alcohol*, 2000, 61(1): 139-49.
3. Bordin, E.S., ‘The generalisability of the psychoanalytic concept of the working alliance’, *Psychotherapy*, 1979, 16: 252-260.

“

There was a clear preference for the counsellor to be an ex-user

”

