

The Last Line?

Supporting Psychostimulant Users to Achieve Change

Counselling and Therapies in a Stepped Care Approach

Crew supports people who use psycho-stimulants and poly-drug users in a service which is responsive to their needs and flexible to their concerns and preferences – we aim to offer what people need, when they need it and in the way that they need it.

Counselling and therapies are a natural extension to our work in providing drugs and alcohol education and information, and our outreach, which combines a strong harm reduction element with direct support and brief interventions in the club scene. We work with people from the point they are curious about drugs or alcohol and experimenting with them, through more regular and involved substance use, to the point where some people feel that their substance use is out of control, or causing harm to their wellbeing in some way. At this stage, substance users engage with Crew's Counselling and Therapies.

This paper gives a brief insight into how our Counselling and Therapies service is designed to be most effective for psycho-stimulant and poly-drug users (including alcohol). It is based on evaluation reports, case studies and interviews with people engaged with this service in different roles.

Psycho-stimulant and poly-drug users are acknowledged to be a growing section of the substance using population in Scotland, yet generally they find little connection with existing services for opiate drug users. Health and mental health services are finding increasing numbers of people presenting with psycho-stimulant or poly drug use as part of their presenting concerns. It is therefore important that all services concerned with health and wellbeing consider how to develop and shape their services to meet their needs. Crew offers its own experience here to this end.

Acknowledgements

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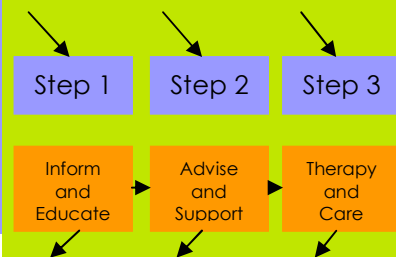
The evaluation report findings are

presented here in the wider context of Crew's work and the reflections and observations of Crew's staff, therapists and counsellors. Some additional analysis of patterns of service use available in November 2008 is also provided.

As usual it is the experience and views of our service users who add most weight to our findings – thanks to all participants for their comments.

Crew provides services to people to promote their health and wellbeing and enable them to make informed choices about substances.

Our support is offered in a stepped care approach.



People can access any step of our service when they need to. They may use one or more steps. Choice and flexibility are essential.

In **step 1** Crew aims to provide credible information through our shop to people using, or thinking about drugs. We do not judge people's choices, our focus is on enabling them to be safe and healthy, whatever their choice.

In **step 2**, we reach out to people at times and locations where drug use is likely (festivals, clubs etc) and provide advice and care when people's experiences are negative or when they need further advice. In our shop, we also provide time and space to listen and some alternative therapies to promote health and wellbeing.

In **step 3**, we engage with people who ask for support or counselling to help them regain control over their drug use. We take a holistic approach and work in partnership with other agencies to ensure people regain a sense of health and wellbeing, and access any further services they may need.

Trust and Credibility

Trust and credibility are the most vital ingredients of a successful counselling and therapies service.

"I felt relaxed and in a non-judgemental, professional environment"
Questionnaire Respondent

It is easy to forget the trepidation that service users feel, and how easy it is for someone to back out of taking a step towards change.

"coming through the front door and basically admitting you've got a problem – there's an embarrassment thing about it – its like a defeat thing"
David

Crew believes that what people see and what they hear from the moment they contact Crew is an important part of their willingness to use any of our services.

Our shop front premises are staffed by volunteers who may be the first point of contact for self-referrers. Our training for volunteers ensures that they understand their valuable role as the 'front line' of

our service and that they are skilled in listening and in basic counselling skills – that they can make people approaching them comfortable with the idea of talking to one of our qualified counsellors about our service.

"the front line staff, the first people you meet are very welcoming, friendly, knowledgeable – they wouldn't pretend to know stuff they don't which I find refreshing and quite useful" Paul

Service users feel Crew's position as a specialist in psycho-stimulants is important but also appreciate the fact that Crew is a health promoting organisation which helps people explore their 'bigger picture'.

Paul compared Crew to his GP's response:

"Here at Crew there was perhaps a more social model of good health and ill-health – it did seem like here at Crew they were much more able and willing and skilled at looking at the issues in a wider context and more holistically perhaps"

➔ Crew works with people mainly in the 12-40 age range. The majority of people coming forward for counselling are in their early to late 20s, perhaps reflecting their progress from experimenters in their teens to regular, and later chaotic users.

➔ More people self-refer, or are encouraged to approach Crew by friends or family, than are referred from other agencies. This is testament to our sound reputation as a non-judgemental yet specialist service.

➔ People attend from all parts of Edinburgh and the surrounding areas.

➔ Slightly more males than females use our counselling and therapies.

➔ A small number of service users have dependent children

Flexibility and resilience

Lowest threshold - These are dealt with on a 'walk in' basis, made possible through a skilled cadre of volunteers and staff in our shop premises. Some go on to self-refer for more support.

Exploring options - We receive self referrals and referrals from other agencies. Our first step is to invite people to undertake an initial assessment to explore what kind of support people think they need. Around 40% of assessments do not lead to counselling - for some people this discussion is useful in itself and they do not wish to go further; some people recognise that their initial motivation (a 'scare' or a crisis) is not enough for them to want to consider change. Some people go on to use our complementary therapies (auricular acupuncture).

Minimising delay - For those who do want more support we aim to move from referral to assessment as quickly as possible, in recognition of the distress people can feel while waiting - our performance on waiting time varies from same day to four weeks, depending on our current case load.

After assessment, we then have to find room in our caseload for new clients, a process which can take between two weeks and two months. Crew is continually frustrated at trying to stretch our capacity to meet demand, as during the waiting period there is a risk of 'drop out'.

"We have learned through our own piloting that we can increase the numbers of people who do make the transition into counselling by simply maintaining phone or drop-in contact while they are waiting. This adds to our work but could improve our effectiveness". Operations Manager

Flexibility - A feature for psycho-stimulant and poly-drug users in the process of contemplating change, is that many people go through a cycle of identifying their problem, seeking help and then retreating from help. Crew places no barriers in the way of people re-connecting with our service if they have dropped out or relapsed. This requires our staff to be resilient and completely committed to client-centred practice.

Looking after staff in demanding roles - Recognising the resilience such flexibility requires, we support our counsellors to maintain their good practice by receiving professional supervision for their counselling practice by a qualified counselling supervisor, in addition to operational support and supervision within Crew.

➔ Crew provides around 122 'immediate support' sessions per year (brief interventions) for people experiencing an acute concerns about their substance use.

➔ Referrals for counselling are increasing year on year, with 112 in 2007/08 and a projected 50% increase by the end of 2008/09.

➔ Around 60% of referrals lead to engagement in counselling.

➔ Around 68% of people who engage in counselling set goals to stop using drugs, the remaining people want to stabilise or reduce their drug use.

➔ The majority of service-user reviews show a decrease in drug use or continued abstinence.

➔ The majority of service users report increased physical and mental wellbeing over time - even though the process is challenging and might be unsettling for some.

"Words can't describe the positive effect. Totally changed my life for the better" Mitch



Mental health and Psycho-stimulant or Poly Drug Use

Crew's willingness to develop and change our service according to user's needs and experiences has pushed us into the vanguard of developing effective services for people who have a co-existing mental illness and psycho-stimulant drug problem.

People experiencing this dual difficulty often face problems in mainstream mental health and psychiatric services and in mainstream drug services. Often, services prefer to work within their specific fields. This can mean that clients are bounced between a drug service and a mental health service because each wants to wait until the 'other' issue is resolved before getting involved. Crew's commitment to client-led services has led to us successfully working with people experiencing dual difficulties.

"It's been really helpful to unravel the mess in my head which in turn helped my drug control" Sal

One outcome of this development

has been a vast increase in the number of referrals from other agencies for people with dual difficulties, who now make up around 46% of our current caseload. We are now seeing a number of clients experiencing bi-polar disorder, psychosis and clinical depression amongst other conditions. In response we have strengthened our communication and information sharing with psychiatric services and reviewed our suicide protocols.

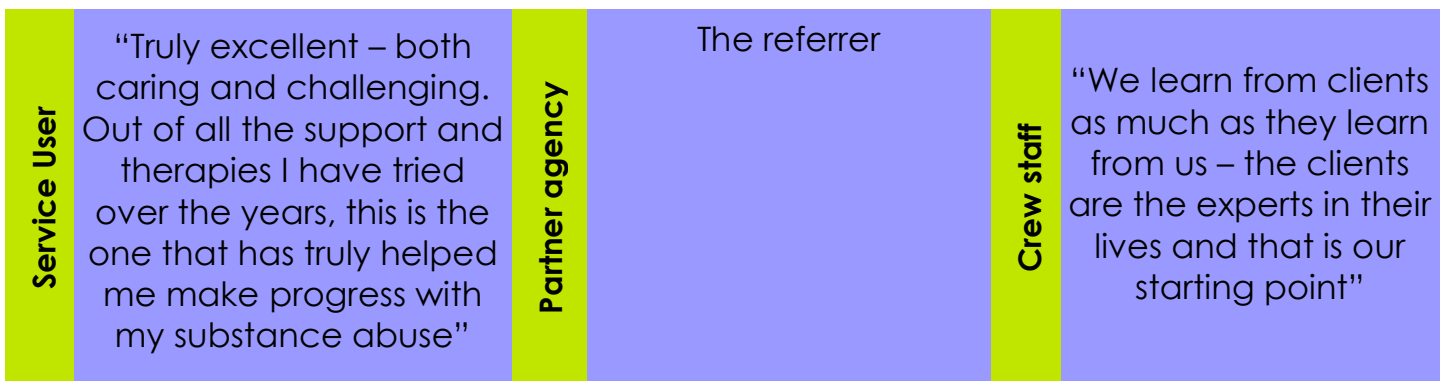
We are seeking funding to ensure that we have the capacity to meet the demand by people with dual difficulty for longer periods of counselling and support which take longer to reach a point of onward transition.

However, we must keep in mind that many of our service users have undiagnosed mental health issues which are an underlying factor in their loss of control over their drug use. In CORE¹ assessments Edinburgh University's evaluation team found that Crew's counselling service users show high

levels of distress broadly similar to levels that would be expected amongst people presenting at psychiatric outpatient and other specialist mental health services. The CORE assessments also indicate that Crew service users are at greater risk of harm to self or others when first presenting to Crew than levels in psychiatric outpatients and other specialist mental health services.

Crew counsellors are often working with clients who have used drugs to mask the pain of trauma, bereavement or past abuse. These clients can only address their drug use if they are supported to resolve these issues and this requires counsellors to review the level of support each client needs on an ongoing basis – we find our standard programme of 20 weeks varies considerably depending on clients' needs – this is the ongoing challenge for client-led services.

¹ Clinical Outcomes in Routine Evaluation



"Truly excellent – both caring and challenging. Out of all the support and therapies I have tried over the years, this is the one that has truly helped me make progress with my substance abuse"

"We learn from clients as much as they learn from us – the clients are the experts in their lives and that is our starting point"

Outcomes

Critical success factors in service design and delivery to psycho-stimulant drug users:

- ➔ Specialist
- ➔ Flexible
- ➔ Responsive
- ➔ Empathic
- ➔ Persistent
- ➔ Clear and open communication

Comments from our service users at different stages in their engagement with Crew help to illustrate their journey:

"I was at the stage where I just needed to talk. I needed to release some of the shit inside. I was at the end of my tether. Well, I was just ready to jump off a cliff"

"My hopes were that I would get myself back together"

"My counsellor can see things in me that I don't see myself and that is great because it helps bring out realisations"

"A little bit like a mirror in the sense that you get a good look at yourself but in a non-threatening sort of way"

"I cancelled a couple of times because I had relapsed and I didn't want to admit that I relapsed"

"I'm going round in circles actually"

"As time goes on I can see that talking things through is better than covering them up"

"I wouldn't have thought of any of the ideas of monitoring the things I do and they've been very helpful"

"Counselling is helping me face a difficult situation I'm in, in a safer way"

"I did find it hard but in a sense that was probably the useful bit actually because that's where the learning and the change happened"



After counselling – what next?

Supporting people to make the transition away from counselling, when the programme of support ends, is a challenging area of our work.

“I felt then I was vulnerable” Dave

Many people who have reached the end of a programme of counselling feel they have worked hard to arrive at a point of self awareness and self control, but nevertheless feel vulnerable. Service users who feel most vulnerable are those with more limited support from families and friends.

Crew actively refers people on to support services in their local area, or to services specialising in a specific need of the client (such as mental health), now the person's drug use has stabilised. We try to ensure that through counselling, people gain skills and techniques to manage their behaviour and sustain change.

Crew also plans to develop a further area of work, subject to success in funding proposals, in which we dedicate a specific support role to 'transitions' both into and out of counselling. This recovery support role will help vulnerable clients to build their own social networks that will support their new found control and either abstinence or reduced use.

Crew maintains an open door in our drop-in shop and through our volunteering opportunities (for people who feel stable) but we are conscious that the goal is a fulfilled and happy life for service users – not a dependency on our services.

Long term, sustained change is the ideal for the service user, for Crew, and for our communities. On leaving counselling some people have only just begun to realise that their journey is not over – in some ways it is just beginning.

“I had a perception about if I come along to counselling it was going to be like waving a magic wand and all of a sudden I would get my act together”

David

Crew: a learning organisation

Recommendations and response

The evaluation of our counselling and therapies by the University of Edinburgh and subsequent reflection with our staff, volunteers, Board and service users, ensures Crew continues to learn and develop. The evaluation findings have been important to our learning and we plan to respond as follows:

Recording, monitoring, standardised tools and measures

Like many small organisations, we have often focused on 'doing' and we recognised that the evaluation itself was hampered by some inconsistent use of our database as well as its inadequacy for our current needs. We hope to invest in an improved database through funding proposals, and as for staff commitment to using it – we know they are rightly proud of what they do, so let's make sure the evidence is there!

Waiting list management

We have experimented with ways of keeping in touch with service users while awaiting assessment or counselling, and we know this increases rates of transition into counselling by around 30%. However, finding the capacity to do this is a problem within our limited budget. We believe our concept of the recovery support role will help transitions into and out of counselling and we hope that funders will support this idea.

Communication

We recognise that our information for service users needs to be refreshed and updated, as well as information for potential referrers and other stakeholders. By 2009 we will have revamped Crew's website and put more effort into sharing the findings of our work through papers like this one. We have developed and refined our concept of a stepped care approach and we will build this into information for service users where appropriate.

Crew is also a partner in a European project to develop online self assessment and support, an innovation we hope will be useful to people as an 'immediate support' resource (brief intervention) or support while waiting for counselling.

Expand and Increase

Crew has reviewed its funding strategy and is preparing to develop sustainable forms of income generation that allows us to maximise our ability to respond to needs as they arise, and develop and test new approaches we believe will meet the needs of our service users

Transition and Aftercare

We hope our recovery support role will be realised and we'll do everything possible to make this happen. Meantime we will continue to network with other organisations to strengthen and increase the range of opportunities available to people exiting from our service.

Follow Up

Although coming forward and then retreating is a familiar pattern for new / potential service users, we need to know more about how we can support their transition into our services. We hope that improved monitoring, and the recovery support role, will contribute to our understanding and development.