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Alcohol Treatment Matrix cell B5: Practitioners; Safeguarding the community

K Getting along with therapist important for offender treatment completion (2008). More so than for other patients at a Canadian substance use rehabilitation centre, seeing their therapist as understanding and involved was related to whether patients under criminal justice supervision/pressure completed treatment. Problem drinking was the most common substance use issue. Discussion in bite's *Issues* section.

K Mothers in Wales say staff support critical to family preservation and child welfare (Welsh Assembly Government, 2008). See also later evaluation (2012) of the same Welsh service, which worked intensively over a few weeks with substance using parents (their problems mainly involved alcohol) whose children faced imminent care proceedings. In both reports the mothers powerfully testified to the impact of individual staff. Discussion in bite's *Issues* section.

R Supervising offenders is about the quality of the relationship (2002). PDF is of whole issue of the journal the article is in; turn to page 16 of the PDF, numbered page 14 of the journal. How to plan and implement crime-reduction programmes for substance using and other offenders including desired offender supervision skills and attributes. Turns the spotlight on the *quality* of the contacts that occur in the supervision setting. See also associated supervision manual. Discussion in bite's *Where should I start?* section.

R Best practice in working with substance users in the criminal justice system (Australian Government, 2005). Covers desired/required working styles, attitudes and understandings of treatment and criminal justice staff.

R Can motivational interviewing work in criminal justice settings? (2005). Asks whether the contradictions of at the same time helping and punishing, controlling and being client-centred ('motivational arm-twisting'), undermine motivational interviewing's ethos and effectiveness. Discussion in bite's *Issues* section.

G Manual for research-based offender supervision (2005). Led by the author of our starting point review, a manual on how probation and other supervision staff can motivate behaviour change and *manage* offenders' behaviour instead of merely monitoring it.

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What is this cell about? In cell A4's bite we learnt that among the 'common factors' affecting treatment's success is the patient's relationships with treatment staff. This cell explores research on this relationship and on worker attributes which affect their clients' progress in criminal justice and other settings where treatment is offered or imposed not because it has been sought by the client, but because it is thought that treating their substance use could reduce offending or otherwise benefit the community. Though across psychotherapy now seen as of at least as much importance as the intervention they are delivering, the interpersonal style and other features of staff are much less commonly researched. From the small number of documents in this cell, you will see this is particularly apparent in criminal justice and allied settings. In the expectation that the influences exerted by practitioners in these settings may not differ too much from those elsewhere, for more studies we can refer you back to the other cells dealing with practitioner influences: cell B1 for brief interventions, cell B2 for treatment in general, cell B3 for medical treatments, and cell B4 for psychosocial therapies.

Where should I start? With this excellent and freely available review from a leading US researcher on the supervision and treatment of substance using offenders. From her we get a clue to why research is lacking on the quality of the relationship between practitioner and offender. Despite being able to cite 25 studies of offender supervision, she notes that "Very few ... discussed the ... *qualitative* nature of the contacts that occur

in the supervision setting ... The relationship ... between the offender and the agent is presumed to be the basis for the offender to change due to the *controls* that the agent places on the offender and the attention to *supervision objectives*" (emphasis added). In this vision, whether the probation or parole officer forms a good relationship with the offender is irrelevant; what matters is how consistently they adhere to supervision objectives and pull legal levers underpinned by sanctions. Research has followed these lines, focusing on the number and frequency of contacts and caseload size as proxies for the ability to exert control – yet these 'hard' statistics have generally been found unrelated to re-offending. For a more enlightened vision, see this supervision manual drafted by a team led by the review's author.

Issues to consider and discuss

▸ **Are the practitioner's therapeutic skills really unimportant?** Despite the lack of research in this cell and in the corresponding cell for the treatment of problem drug use, what little research we do have indicates that the influence of the practitioner is not unimportant, just neglected by criminal justice research. According to a study at a Canadian substance use rehabilitation centre, feeling understood and that the therapist is actively involved in helping you are actually *more* important when the patient is under criminal justice supervision and/or pressure than for voluntary patients. A possibly related finding was that compared to other patients, criminal justice patients were "less committed, more resistant and displayed more negative attitudes in treatment" – not surprising, since most entered treatment either while under criminal justice supervision or while awaiting charges, trial or sentencing, pressures which might have made them unwillingly enter treatment. Unless this distancing from treatment ('I'm only here because I have to be') was countered by a feeling that the therapist is, after all, on your side, drop-out was more likely.

Therapists in the Canadian study above were treatment staff rather than criminal justice officials supervising the offender. But for these agents too, the expert who drafted our starting point review was convinced that "The glue of the [supervision] process is deportment or the manner of being between the offender and the agent. The contact is the key because it is the means to focus the purpose of supervision and it allows the offender and agent to develop a rapport ... an important component for the supervision process to achieve better outcomes."

The "deportment" she recommended is that systematised by motivational interviewing – empathy, avoiding arguments, rolling with resistance, highlighting where their undesired behaviour contradicts the offender's ambitions and self-image, and bolstering confidence that they can change for the better. In criminal justice contexts, therapist skills might be even more important than usual, because genuinely adopting and communicating such qualities is much trickier when the 'client' is not there because they want to be, when for them you may represent an oppressive authority, and when in reality you and/or your employers do have a responsibility to at least collaborate in exerting control over the offender. As the review pointed out, "agencies have tried to achieve two purposes – enforcer and social worker – and have found the polar nature of the two tasks often conflicting." The same conflict was highlighted by the title ("Motivational arm twisting: contradiction in terms?") of an Effectiveness Bank review of motivational interviewing with clients coerced in to treatment. The implications of these potentially conflicting roles are explored further under the next two headings.

Another reason why practitioners' skills might be particularly important is that (as argued in cell A2's bite) when the patient has sought treatment, already much of the work has been done. When they have not, treatment has to do more of the engaging and motivating, and treatment's frontline is the encounter between patient and supervisor or therapist.

▸ **Best to split therapy and supervision?** That preceding issue raises another – whether it is easier for treatment staff to sustain a therapeutic attitude if they are divorced from the criminal justice supervision process. Our own review of motivational interviewing with clients coerced in to treatment saw it this way: "the approach *can* work – given that substance use is an appropriate focus, that the patients have the resources to make positive changes, the therapist can remain true to motivational principles, and the patients feel safe to open up to their therapist". With legally coerced treatment populations, elements are often missing from this constellation, especially the ability genuinely to adopt a motivational stance and to offer confidentiality to the client. These seem to require insulating therapists from criminal justice supervision and freeing them (with obvious exceptions in case of serious danger) from the obligation to report back to legal authorities, and making sure patients know this is the set-up.

Partly because they acknowledge the difficulty of combining a therapist with a supervisor role, several probation services in the UK have introduced peer mentors as a large component of their drug and alcohol work, offering support outside the context of a controlling relationship. Peer mentors typically meet and greet offenders in a treatment setting, talk about their own experiences, and co-run groups. An example can be seen in the English midlands, where a peer mentor has explained that taking on this role helps offenders to open up and has helped her cope without drinking.

A young man being supervised by the London Probation Trust explained why such an arrangement may not be seen the same way by an offender:

> *"You're aware that your probation officer can recall you ... you need to conduct yourself in a certain way. If you think the mentoring programme is linked to probation you'll behave the same around the mentor ... you'll put up barriers rather than just open up, because you'll think whatever you say to him or her they'll go back and report to probation. When [mentor] first saw me, he said he's not probation, he's not the police, he don't get involved with them, he's nothing to do with them. But he also [explained] to me if he had information or I told him I'm going to harm myself, I'm going to hurt someone else or do this or that or break my licence conditions, he has to go and tell them."*

How far is it realistic to insulate support and therapy from criminal justice supervision. Won't someone working for criminal justice authorities always be seen by offenders as suspect, even individually if they have no formal powers? Even if such separation is possible, is it desirable?

The trickier the situation, the more the worker matters The issues discussed above tempt us to formulate a general rule: The more formal power a clinician/therapist/counsellor has over a patient's life, the less informal power they have through collaborative therapy. A corollary is that engineering collaborative therapy in a formal control context requires exceptional abilities. Put the two together and express the product in everyday language, and we have the title of this issue: The trickier the situation, the more the worker matters.

The situations discussed above relate to the counselling of offenders under criminal justice supervision. Perhaps even trickier is the counselling or therapy of parents whose substance use and other behaviours are thought to seriously threaten their children's welfare. The Scottish Government among others has emphasised that no matter what the context, "The welfare of the child is always paramount." Even in a usual substance use treatment context, take this to heart and it means you cannot as a clinician focus just on being on the client's side, but must ask uncomfortable questions not to do with their welfare, but that of any children, and stand ready at all times act against their wishes if that's what it takes to prevent serious harm to the child. No wonder substance use treatment workers commonly sideline the whole issue of children in order "to avoid any perceived potential conflicts of interest or a need to make child protection notifications, which could jeopardise their working relationship with clients". This 'tricky' situation becomes trickier in the extreme when you know a child is at risk, the client knows you know, and you are acting at the behest of services which could take the child away from the parent – like not just juggling several balls at once, but balls with a magnetic tendency to interfere with each other's flight.

> *The more formal power over a patient's life, the less informal power through collaborative therapy*

Only an expert juggler with exceptional reflexes and coordination could manage. Reverting to therapy language, this was one of the key findings in the evaluations of a service in Wales which worked with problem substance using parents at imminent risk of losing custody of their children. The evaluations of the Option 2 service were discussed in cell A5. Guidance based on these reports stressed that delivering such services "which rely on highly skilled direct work with families – is very challenging. It is easy to set-up a service that *looks* like Option 2. It is much more difficult to ensure that the service actually received by families is of ... high quality ... Doing so requires recruiting exceptional staff, providing very high levels of clinical supervision and training and ensuring that staff have the time to devote to delivering high quality work for families."

> *Like juggling balls with a magnetic tendency to interfere with each other's flight*

Read the two evaluation reports and you will hear in the mothers' own words what a difference the quality of the

Options 2 clients appreciated directness

worker and of their work was perceived as making. Common themes were good listening skills, showing that they cared – including going the extra mile and sticking with people through difficult changes – and being honest about concerns and problems. That last theme alludes to the tricky business of 'laying down the law' in such a way that it strengthens the relationship with the parent rather than destroying it. The panel right taken from one of the evaluation reports illustrates this point. The essence of what in this context makes a good worker was also distilled by the researchers in the box on page 55 of the same report.

One of the evaluation reports highlights the following quote from an interview with a client, illustrating that the worker whilst friendly could also be firm and communicate difficult issues when required.

"[Option 2 worker] told them that if they messed up now, the boys might get taken into care. The interviewee said that that was a good thing about [Option 2 worker]: [Option 2 worker] was really friendly but [Option 2 worker] 'got to the point if [Option 2 worker] needed to'. [Option 2 worker] was 'straight', 'blatant and honest' and she found that really helpful."

From Final report on the evaluation of "Option 2", Welsh Assembly Government, 2008.

How difficult is to meld support with control became apparent when the attempt was made to disseminate Option 2's methods to generic child protection services. The aim was to train child and family social workers in London to use Option 2's motivational interviewing counselling style when working with problem drinking parents, with a focus on child protection cases. Trainees made progress, but it was patchy. What stood in the way was the need to quickly process cases and obtain mandated assessment data, but also the tension between the client-centred stance of motivational interviewing and the need in serious child protection cases to be clear about what was required of the parents, and if necessary to confront certain behaviours. The more skilled felt able to meld both, but they were in the minority.

Now let's 'stress-test' our proposed 'rule', bearing in mind the caution in cell A4 that in psychosocial therapy, universally applicable rules are not just hard to find, but if implemented insensitively, potentially damaging. Is it really the case that when a counsellor or therapist has formal power over the client, making therapeutic progress becomes trickier and requires exceptional abilities? Could they not use this formal power to persuade the client to do recovery-promoting things they would otherwise refuse, like taking a drug which makes drinking a nasty rather than a nice experience (look back at the disulfiram references in cell A5)? Is the presence of formal power only a complicating factor when the therapeutic relationship between clinician and client is the main factor in their treatment and recovery? Does having formal power mean there is *less* need to be an expert therapist? If we *have* hit upon a general rule here, are there exceptions?

Thanks for their comments on this entry in draft to Russell Webster, a qualified probation officer working in London as an independent consultant specialising in the fields of substance misuse and crime. Commentators bear no responsibility for the text including the interpretations and any remaining errors.

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