

3.7 Client-receptive treatment more important than treatment-receptive clients

Findings Interviews with drug abuse counselling clients confirmed that engaging with treatment is associated with good outcomes and that both depend on how well the counsellor relates to the client.

All but two of the 419 clients entering outpatient drug-free treatment in Los Angeles in the third quarter of 1994 completed intake interviews. 356 were re-interviewed eight months later, when for most treatment had recently ended. 302 had only used outpatient drug-free treatment and were included in the analysis. Most took stimulants rather than opiates. Previous studies had found that 'treatment engagement' (retention plus attendance at counselling sessions) led to better abstinence outcomes. The current study investigated which features of the client and the service encouraged engagement.

Report ① found that how the client perceived the service (as recalled at follow-up) was far more strongly linked to engagement than pre-treatment client characteristics such as criminal history and motivation. Significant factors for women included how much they thought their counsellor cared about them, for men how helpful the counsellor had been. Report ② found that empathy (feeling the counsellor understands you) was also related to engagement, and to abstinence from illicit drugs in the six months before follow-up. Empathy was greater if counsellor and client were of the same gender and ethnicity, but engagement was no better and outcomes only patchily and moderately. Except for Latinos, assigning clients a counsellor they saw as highly empathic would lead to better outcomes than assigning on the basis of race and gender.

In context Results were consistent with other studies which found that client characteristics do not affect engagement directly but by influencing the therapeutic relationship. Dimensions of the client-counsellor relationship such as 'rapport' seem to act as the melting pot where client and service meet to influence retention and outcomes. However, this relationship accounts for only a small part of differences in engagement and outcomes; even clients with a poor relationship with their therapist may do well and vice versa.

The study is vulnerable to the 'halo effect': clients who did well may recall treatment in a better light. However, compensating for this did not affect the results and other studies have related later improvements to earlier feelings of rapport. Just 30% of the clients were of European extraction and two-thirds were women, demanding caution in extrapolating certain of the findings to the white, male, opiate addicts seen at British services. However, the impact of the client-counsellor relationship is likely to cross borders and substances. In report ① the client's perception of how far the counsellor understood them did not predict retention once other factors had been taken into account. Only a similar analysis could have confirmed whether empathy would have suffered the same fate in report ②.

Practice implications Important as treatment methods are, the therapist's personal style should not be overlooked, particularly when (as in non-prescribing therapies) the client-therapist relationship is the main therapeutic tool. There is no rationale in these findings for giving up on 'unpromising' or 'unmotivated' clients. Instead the onus is on therapists to quickly establish a relationship within which the client has reason to feel they are being listened to, understood, and being given helpful, positive responses. Given this, more will stay longer and attend more often, improving outcomes.

There are obvious implications for the training and supervision of therapists, and perhaps most of all for recruitment procedures, which should attempt to assess qualities such as empathy. Services cannot assume that matching for gender or race will create a bond between client and counsellor. However, a varied staff team may still be important in *attracting* clients and matching may help with certain sub-groups; in the current study women, Latinos and older clients did respond slightly better to same-sex counsellors.

Main sources ① Fiorentine R., *et al.* "Client engagement in drug treatment." *Journal of Substance Abuse Treatment*: 1999, 17(3), p. 199–206 ② Fiorentine R., *et al.* "Drug treatment effectiveness and client-counselor empathy: exploring the effects of gender and ethnic congruency." *Journal of Drug Issues*: 1999, 29(1), p. 59–74. Copies: for both apply DrugScope.

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