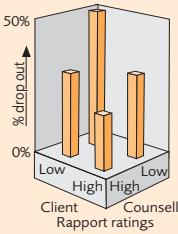
9.2 How to identify retention-enhancing alcohol counsellors

Findings An exploratory study of problem drinkers has tested a practical means of identifying in advance which therapists are most likely to retain clients.

The Finnish study allocated 66 new outpatient counselling clients to one of four therapists. Allocation was not random but their caseloads were comparable. Clients were typically socially stable and in their thirties or forties. Beforehand the therapists had been rated for their empathy, genuineness, respect for the client and concreteness (specific and direct expression of feelings and experiences), based on their written accounts of how they would respond to five counselling scenarios. The raters were qualified or student social workers who had been asked to adopt the point of view of service users.

After their first sessions, clients and therapists independently reported the degree of rapport they had felt with the other. When both saw their rapport as good, only a fifth of clients later dropped out; when both saw it as poor, half did so. When their perceptions differed, the proportion (about a third) was in between. Therapists who on average experienced more rapport tended to have clients who felt the same and who more often completed therapy, a proportion which ranged from under 40% to nearly 90%. To a degree the variations in rapport and retention could have been predicted from the ratings therapists were given before seeing the clients.



In context The study was too small for extended statistical analyses, not randomised, and the results may be peculiar to the clinic, counsellors and clients studied. However, it does build on a larger US study which randomly allocated 247 new alcohol patients to eight counsellors who had been rated using the same technique *Additional reading*. As might be expected, in this inpatient setting ratings were unrelated to length of stay, but up to two years later hospital records indicated that relapse occurred less often and on fewer days if the patient's counsellor had rated high on the dimensions replicated in Finland. Parallel findings in different settings and countries bolster confidence that the ratings probe important personal qualities.

There is also a considerable body of work confirming that therapist-client rapport is an important influence on retention and outcome. This includes a British study which found that problem drinkers were far more likely to regularly attend for treatment if the therapist-client interaction was characterised by feelings of warmth on both sides and if the client felt the therapist was empathic and understanding. The featured study adds a possible means for predicting which therapists are most likely to generate these feelings, one seemingly based on a human reaction to their personal qualities rather than a professional assessment of their skills. Raters prepared for this task only by reading a description of the four dimensions yet (as in an earlier study by the same team) tended to agree on how they scored each therapist.

LINKS Nuggets 9.3 7.4 6.6 3.7 3.6 2.2

Practice implications Which therapy is deployed is much studied and often makes little difference; the therapist's interpersonal style is paid less attention but is often influential. These qualities can be gauged at recruitment or during performance reviews using a procedure similar to that employed in the featured study. The same procedure has potential as a training aid and as a tool to help counselling teams reflect on their work. Services could also consider asking the therapist to rate their feelings of rapport with the client after the first therapy session and assigning another member of staff to assess the client's feelings. This would help monitor counsellor performance and identify clients at greatest risk of dropping out, who may need to switch to another counsellor or be given special attention. None of these procedures requires special skills or training.

Featured studies Saarnio P. "Factors associated with dropping out from outpatient treatment of alcohol-other drug abuse." *Alcoholism Treatment Quarterly*: 2002, 20(2), p. 17–33. Copies: apply Alcohol Concern.

Additional reading Valle S. "Interpersonal functioning of alcoholism counselors and treatment outcome." *Journal of Studies on Alcohol*: 1981, 42, p. 783–790. Copies: apply Alcohol Concern.

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