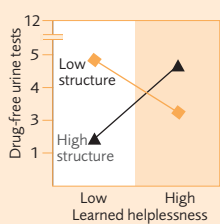


### 9.3 Counselling: style matters

- Findings** US research has revived the idea of patient-treatment matching, but with a difference – matching to therapeutic styles rather than distinct therapies. New clients at an inner-city addiction service were randomly allocated to 12 weekly sessions of one of two styles of individual therapy. The highly structured option focused on behaviour, directing the client to identify concrete behavioural goals and teaching cognitive-behavioural strategies for reaching them. In the less structured option, the same counsellors focused on feelings, followed the client's lead, and acted as a sounding board for them to develop their understanding. Cocaine was the main drug problem. Typically clients were poor, black, single unemployed men. By report 1 80 had been randomised, by report 2 143.
- Across all the clients, outcomes from the two approaches were equally good during treatment and nine months after treatment entry. However, more depressed clients or those who felt unable to control

their everyday lives ('learned helplessness') did much better when the counsellor directed therapy. Less depressed clients and those who felt more able to control their lives did better in the less structured option. Treatment readiness at the start of treatment was associated with later abstinence, but only in the highly structured therapy. Combining all the relevant variables maximised the ability to predict who would do well in which approach.



- In context** The therapeutic dimensions tested in the study have been researched most in psychotherapy, but addiction studies have started to explore them. A recent study of alcohol patients in couples therapy found that a therapeutic focus on emotional experiences helped distressed patients cut their drinking, but made outcomes worse for those less distressed. As in psychotherapy, the same study found that highly defensive patients and those who reacted against attempts to influence them did best when the therapist was less directive, worst when they were more directive. This parallels Project MATCH's finding that alcohol outpatients prone to react angrily did best in non-directive motivational therapy because this reduced their resistance to treatment, while those least prone to anger did best in the more directive therapies. These findings seem close to the featured study's findings on the relationships between 'learned helplessness', depression and the directiveness of therapy.
- As in the featured study, a study of 12-step based residential rehabilitation found that feeling in control of your life does not always promote recovery – it depends on the therapy. The presumed explanation was that 12-step programmes require the opposite of self mastery – surrender to a higher power. Apart from the role of particular variables, such studies suggest that matching based on multidimensional client and therapeutic profiles is more likely to succeed than simplistic single, variable matches.

**LINKS** Nuggets 9.2 6.4 4.4

- Practice implications** Evidence is strong enough to advise a non-directive therapeutic style with clients who feel in control of their own lives and/or whose anger or defensiveness would otherwise lead to a counter-productive reaction, and possibly too a more directive style with clients at the opposite ends of these dimensions. Beyond this, there is insufficient research to be confident about which styles work best with which people in which situations. However, what is now clear is that therapeutic style does matter. Influential dimensions include directiveness, emotional versus behavioural focus, and the degree to which painful emotions are addressed. The featured study shows that therapists can deploy approaches at opposite poles on these dimensions, raising the possibility that they can also be trained to assess which mix is likely to suit which clients. The ability to make this assessment could be one mechanism through which counsellor empathy and good communication skills improve outcomes.

- Featured studies** 1 Gottheil E. et al. "Effectiveness of high versus low structure individual counseling for substance abuse." *American Journal on Addictions*: 2002, 11, p. 279–290 2 Thornton C. et al. "Coping styles and response to high versus low-structure individual counseling for substance abuse." *American Journal on Addictions*: 2003, 12, p. 29–42. Copies: for both apply DrugScope.

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