



Brief Intervention Counselling Service Report 2013

Background to the development of the Brief Intervention counselling service (BIC):

Following the closure of the County Wicklow Community Addiction Service Ltd (CWCASL) in 2010 the East Coast Regional Drugs Task Force (ECRDTF) mandated the Treatment and Rehabilitation Subcommittee to address the issues arising following the closure and to explore how the EC-10 Rural Counselling budget could be utilised to provide a service to clients in the absence of a Task Force funded addiction service. The Task Force was acutely aware that clients who had availed of the service at CWCASL were left without adequate support. The ECRDTF were also made aware that potential service users were making contact with the HSE Addiction Service in Arklow looking to access support. The ECRDTF was directed by the Drugs Programmes Unit to use an existing counselling service to run the new service. The Wicklow Child & Family Project agreed to be the project promoter as it had the appropriate clinical governance.

Brief Overview of service:

From August 2011 the Treatment and Rehabilitation Subcommittee, the Wicklow Child & Family Project, project promoter of the counselling service, and the HSE Addiction Service worked collaboratively on the implementation of the Brief Intervention Counselling Service. The ECRDTF Coordinator, on behalf of the Treatment and Rehabilitation Subcommittee, met with the HSE to look at the steps that needed to be taken before the service commenced. The ECRDTF was mindful that it did not want to replicate the HSE counselling service but wanted to provide something that would be supportive to and compliment the work of the HSE Outreach Team. The HSE, the Wicklow Child & Family Project and the ECRDTF Coordinator met to discuss the most appropriate way to advance a service that would address the client needs. Through the consultation meetings it was agreed a Brief Intervention Counselling model was the most appropriate cost effective option to provide an appropriate intervention for service users. It was agreed that the service would be reviewed after a specified time to assess its impact and to ensure that it fulfilled its purpose. Recommendations from the report would inform the future delivery of the service / counselling code. The BIC service was put in place initially to run from October 2011 to December 2011 with a budget of €15,000. In 2012, following the positive results of the first review and the availability of further funding it was agreed to continue this service.

Purpose:

The purpose of the BIC service is to meet the needs of the individuals affected by addiction issues. Clients are offered one to one brief intervention counselling to assist them in understanding and managing their substance use. The counsellors support the clients in making informed choices and decisions and assist them through a short series of goal focused sessions.

Service delivery:

The Wicklow Child & Family Project manager was responsible for sourcing and engaging appropriately qualified sessional counselling staff; dealing with all queries and organising client reviews where relevant. A psychotherapist and a counselling psychologist were engaged in 2011, one female and one male, this allowed for gender balance. Engaging 2 counsellors from the outset assisted in accommodating the service geographically and ensured that the high numbers waiting to access a service could be catered for immediately. The counsellors were affiliated to a recognised body. They abided by their affiliated body code of ethics and adhered to the Department of Children & Youth Affairs Children first: National Guidance for the Protection and Welfare of Children.

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Each counsellor was actively engaged in supervision with a supervisor affiliated to a recognised body. Both provided their own professional insurance and indemnified relevant organisations. During 2012 the female psychotherapist left the BIC service and it continued with just the counselling psychologist. The service was to be managed so that it would be easily accessible, goal specific, a minimal waiting period and no long assessment process. Initially a referral pathway approach was not adopted i.e. clients were not referred in and were not to be referred on by the service. Relevant information would be given to clients on addiction services and general services in the east coast region that may be suitable to their needs. The BIC service would be offered for an initial 6 week period with the option of an additional 6 weeks following a review with the project promoter and counsellor.

Premises:

In 2011 suitable premises to deliver the service were located at the HSE premises in Arklow and the Wicklow Child & Family Project premises in Wicklow. For a short period in 2012 the BIC moved from the HSE premises to a room in the Living Life Counselling Service in Arklow. Following this in 2012 the ECRDTF, Tiglin & the Wicklow Child & Family Project were successful in securing premises in Arklow & Wicklow to house the BIC service; Rehab workers & a meeting space for the ECRDTF. The Wicklow Child & Family Project engaged in a Licence agreement with Crosscare at House No 3 Collins St Arklow, this house is jointly leased with Living Life Counselling Service, and a unit in Wicklow Enterprise Centre.

Case Management:

Management of cases was carried out between the project promoter and the counsellor. Policies & procedures, intake forms and confidentiality policies were implemented. Attendance and commitment to the process were closely monitored. As per the policy if a client did not attend for two consecutive weeks without prior cancellation then they reverted back onto the waiting list. If the client was linked with the BIC service from another agency that agency was informed of this decision in order that the client was not left unsupported.

When a client was approaching the end of the 6 week term the project promoter, the counsellor and where appropriate the referrer reviewed the client's progress to assess if a further 6 weeks would prove beneficial to the client. If a decision was made that a further 6 weeks would be of benefit this would then be offered to the client with their full agreement. If it was identified a client may benefit from longer term therapy following their engagement with the BIC service this was discussed with the project promoter and a suitable service was identified.

Inter-agency work:

The HSE input in to the development of the service was integral to best practice. The creation of an interagency dynamic also assisted in meeting the need of clients who wanted immediate support and were not looking for a long term engagement or harm reduction service.

The ECRDTF funded projects were all informed of the service and an information leaflet was designed with service information and distributed. ECRDTF funded projects and projects in the region were informed that people seeking support for their addiction could contact the service directly.

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Costs:

In 2011 the cost of the counselling hour was €55 and, per the policy, payment was also made if clients did not attend their appointments without prior cancellation. Additional costs were rent, petty cash for canteen & cleaning and small sundry items were necessary.

2013 BIC service operational issues and outcomes:

Operational issues:

Staffing:

In 2013 the ECRDTF agreed to the proposal to engage an additional female counselling psychologist, bringing the staffing levels to one male and one female counselling psychologist.

Premises:

Unit C13, Wicklow Enterprise Centre, Wicklow Town – facilitating Rehabilitation Workers, BIC counsellors, ECRDTF meeting space

House No 3 Collins St Arklow Town - facilitating Rehabilitation Workers, BIC counsellors, Family Support Group

Referral pathway & case management:

In 2013 new protocols were put in place re introducing a structured referral process into the BIC service. Referral forms were developed; regular links were established between referrers, counsellors and project promoter; ongoing monitoring of the service. This resulted in a more active interagency approach to the delivery of the service, more effective case management resulting in the client's needs being addressed more appropriately

Agencies:

Rehabilitation Workers – Tiglin - Arklow Springboard - Living Life – Simon - HSE Outreach Team – Probation Close links with ECRDTF and sub committees.

Costs:

In early 2013 a review of costs was carried out and changes were made to ensure value for money. The hourly rate paid per session to the counsellor was reduced from €55 to €50; alongside this the cost for no shows was reduced from €55 to €30 per hour. This enabled a greater amount of funding be spent on direct services to the client.

NDTRS Health Research Board:

Regular data is collected from clients accessing the BIC, (with their approval), and forwarded to the NDTRS.

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Outcomes:

- The brief intervention model provided clients with the opportunity of thinking differently about their substance misuse.
- The BIC proved a valuable tool for treatment for problematic substance misuse.
- The counsellors supported the clients in making informed choices and decisions through goal focused sessions
- The service allowed for access to information on other relevant services in the region
- Through regular consultation the service was delivered in line with best practice
- All ECRDTF funded projects had the opportunity of linking their client group into the BIC service
- Using a BIC model meant that a larger number of clients had the opportunity of accessing the service, this helps in the management of waiting lists
- The Project Promoter delivered the service within budget.
- Expenditure was closely monitored
- Fees paid and money expended were deemed to be value for money and were based on comparatives with other services
- A clearer referral process proved more beneficial in meeting the client's identified needs and more effective case management
- Stronger inter-agency links has provided more structured supports to clients accessing BIC

*Please refer to statistical data attached.

Findings:

- Recurring issues that seem to have an impact on substance abuse and depression
 1. Delayed grief
 2. Relationship issues
 3. Financial stress
 4. Low coping resources
- Some clients have reported that they have had poor previous contact with mental and health services
- Anecdotal evidence shows there may be a practice with GP's of oversubscribing for grief and life issues
- Clients who engage well in the BIC service and identify that longer term therapy would be beneficial find it difficult accessing a further service and very clearly state that they would rather continue with the same counsellor
- On occasion post rehab clients have accessed the BIC service. The BIC service has been very productive with these clients and they appear to work well with this type of approach.
- Possible reasons for non-engagement with the BIC service are
 1. Not ready/able to engage in a counselling process
 2. Not prepared well for counselling
 3. Chaotic lifestyle of client

Challenges:

- Engaging and holding a client in the counselling process when their environment is so chaotic
- Clients experiencing addiction having the ability to commit to a counselling process
- Fluctuating waiting lists i.e. geographical areas and amount of referrals
- Demand for long term therapy and appropriate referral pathway

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- Provision of post rehab counselling
- Unable to facilitate under eighteens

Recommendations:

- Ensure adequate preparation of clients for BIC
- Look at expanding the BIC service to Greystones
- To include post rehab counselling in the BIC service
- Explore the possibility of offering extended therapy within the BIC service for clients who would benefit from continued support
- Explore the need for an under eighteen service.

Thanks go to the ECRDTF, ECRDTF Coordinator, Treatment & Rehabilitation committee, ECRDTF funded projects, HSE Outreach Team and Rehabilitation workers for their continued support during 2013.

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Appendix:

Statistical data:

The information provided is based on data from January 2013 – December 2013.

Clients:

80 clients - 57 male 23 female

Sessions:

505 sessions carried out among the 80 clients

Sessions	1	2	3	4	5	6	7	8	9	10	11	12	13
Clients	10	5	5	8	1	5	6	3	6	4	1	7	10

Living Arrangements:

Living with partner	Living with family	homeless	Living alone	Supported living	Not known
14	37	0	16	1	12

Location:

Arklow	Wicklow	Shillelagh	Ashford	Rathnew	Rathdrum	Greystones	Glendalough	Newcastle	Not known
43	26	1	1	2	2	2	1	1	1

Age Bracket:

20 -30	30 - 40	40 - 50	Don't know
26	26	21	7

Clients identified from:

Rehabilitation workers	GP	Wicklow Child & Family Project	HSE Outreach Team	Self-referral
58	1	8	11	2

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Start Date:

Open cases carried forward from 2012 = 11 start date from Sept – Dec 2012

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
5	6	8	5	4	4	7	3	12	6	5	4

Drug of choice:

heroin	alcohol	cannabis	methadone	Benzo's	cocaine	tablets	gambling	Drug free/stable	Not known
13	20	18	20	11	2	1	1	5	4

*some clients listed more than 1 drug as their drug of choice

Footnote:

11 clients were carried forward from 2012

6 clients did not engage in the process

5 clients were offered additional sessions over the allocated 13 - totalling an extra 18 sessions

16 clients carried forward to 2014

During 2013 in addition to the 80 clients who accessed the BIC 21 referrals received were referred back to referrer due to inability to make contact or chose not to engage in the BIC service