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**Contexts of Counselling in Prison Setting: the case of young
male prisoners affected by substance misuse**

By

Susan Marie O'Looney

Counselling is a broad profession. It ranges from simple guidance, through dealing with people who come for help for more complex problems, to dealing with people who are quasi-forced to receive this help. While a significant proportion of counselling takes place in the form of private, quasi-public service in which the client seeks help, the origin of counselling is in an institutional setting (hospitals and companies).

In the institutional setting the counselling process is influenced not only by the relationship between the counsellor and client, but also by the objectives of the institution, its regimes and the intricate interpersonal links among the personnel (Copeland, 2005). In addition, the client in this setting is not simply X.Y. with a particular personality and problems, but also a member of the organisation with clear roles and tasks. These contexts influence every aspect of the counselling process as well as its effectiveness and efficiency, while the counsellor and the client has little or no control on these influences.

This paper attempts to illustrate these influences on the example of the effectiveness of counselling to young male adult prisoners who misuse substances. The complexity of the problem is clear: the prisons have statutory functions and fulfil these through well-defined rules and regimes. While dealing with substance abuse is not a natural function of prisons, because of the causal link between drug abuse and crime (Russell, 1994), it is a government and public objective to reduce substance misuse in order to reduce the occurrence of the related crime. As a result, prisons participate in government initiatives that aim at reducing drug dependence.

As drug abuse today is perceived as a symptom of a person's psychological and/or behavioural problem and as various counselling approaches have claimed to be successful with people who are dependent on drugs, counselling is routinely used to help drug abusers. Prisoners are eligible for intensive treatment programmes such as cognitive behavioural therapy, person centred counselling, brief interventions and motivational approaches.

While all counselling approaches aim at helping the person, the direct objectives of the counselling and the techniques that they use vary significantly (Nelson-Jones, 2002). As a result, some of them are more likely than others to be helpful for the particular problem (in our case, drug misuse) and in a particular setting. The setting is a key issue, not only

because the poor environmental and social conditions, as well as artificial life patterns, peer pressure and the prison regime could contribute to psychological problems of the substance abuser, but also because such an environment can be expected to affect the counselling process.

It is likely that directive and non-directive approaches would fare differently and would have different outcomes for the clients. Although prisoners are volunteers on these programmes, both the programmes and their sponsors (the prisons) have a well-defined objective: overcoming drug addiction and preventing relapses. This then is less well suited to non-directive approaches as they rely on the clients' goal setting and the formation of a particular relationship between the counsellor and the client.

The same factors, however, could make non-directive approaches better suited to the clients (the prisoners) by allowing them to set their own pace in setting achievable goals. In addition, the engrained humanistic values of person centred counselling are (should be) manifest to such a degree throughout the counselling process that it is likely to help such a client group to take time and effort of exploring feelings and experiences. This, in combination with other forms of therapy, such as group therapy, in which prisoners - with peer support - can discuss feedback from their life stories, drug awareness sessions, plays and any other activities they have been involved in, can make non-directive approaches more attractive and effective to both the clients and the institutions.

On the basis of empirical evidence from HMP Liverpool, the paper will discuss the effectiveness of person-centred counselling for males aged 21 – 35 years of age affected by substance misuse within a prison setting.

In order to explore the question, first I will review government initiatives on drug abuse and prisons and will posit the theoretical problem of counselling prisoners who are affected by substance misuse. This review served as theoretical considerations for the research design detailed in the methodology section. After discussing the findings I will draw conclusions and propose recommendations.

Government initiatives

Substance abuse had not been seen as a problem until the early 20th century. Opium and its derivatives were fashionable, cheap and widely available (also for treating symptoms such as pain, stomach upsets and sleep problems). It was also widely socially consumed, in the pubs of the lower classes and in the salons of literary London; both young and old used it, with mothers dispensing it to their young in the treatment of minor ailments (Martin, 1999). At the start of the 20th Century many commentators began to recognise the dangers of substance misuse (Blank, 2002). In 1912 the British Government signed up to the first Opium Convention in The Hague, obliging them to prepare legislation to control drugs. Consequently the UK's first Dangerous Drugs Act was introduced in 1920. The Act placed controls upon the possession and supply of drugs such as, morphine and cocaine.

Although the act and the related policies had been supplemented a number of times, the modern comprehensive policy framework of dealing with drug abuse was published only in 1998 by Department of Health (Tackling Drugs to Build a Better Britain). This was a ten-year anti-drugs strategy with four principal aims: helping young people to resist drug misuse; protecting communities from drug-related crime; helping people with drug problems to overcome it; and stifle the availability of illegal drugs. In conjunction with this White Paper the Prison Service for England and Wales published the policy and strategy document 'Drug Misuse in Prison'.

These two initiatives then materialised in the introduction of the National Treatment Agency (NTA) and the Criminal Justice Intervention Programme (CJIP) in 2001. The remit of the NTA was and is to provide more, better and fairer treatment to substance misusers in England; one of its first initiatives was to introduce the Models of Care document. The Models of Care initiative is intended to deliver the objectives of the 1998 ten-year drugs strategy. The principle aim of the strategy was to increase participation of drug misusers in treatment by 100 per cent by the year 2008 (NTA, 2002). The initiative offers counselling as part of a care package that may also consist of prescribing, education, training and the management of physical and psychological health problems.

CJIP has been phased in to 30 areas identified using a range of services that have been developed over the past few years which, if co-ordinated effectively, aim to make up an

end to end joined up process which will support, treat and help drug using offenders from the moment they are identified to resettlement and beyond. One of the key CJIP aims is to bring together this range of services into a co-ordinated, seamless system of services. Crucially, work involves a major expansion of services within the criminal justice system and taking forward work already started on Arrest Referral and Drug Treatment and Testing Orders (DTTOs), building on pilot Drug Testing projects and developing better systems for Through Care and Aftercare.

CARAT service in prisons is part of this wider initiative. In CARAT, depending on assessment a variety of structured approaches are available for prisoners who are substance misusers: cognitive behaviour approaches, 12-step substance abuse treatment programme, and other approaches, such as person centred counselling, gestalt, brief interventions and motivational approaches. Thus prisoners with low level drug problems receive one-to-one counselling, group work and relapse prevention programmes, while those with moderate to severe misuse problems are eligible for the 12-step programme or cognitive-behavioural programme (Martin and Player, 2000).

The theoretical problem

As I mentioned in the introduction, the counselling process is institutionalised in prisons and hence has unique characteristics. As Walsh (1998) states, the offenders have difficulty with viewing their counsellors as a source of treatment, comfort and advice, because they are perceived as parts of the system that has deprived them of their liberty. This affects the deployed counselling approaches to different degrees.

One of the basic tenets of person-centred counselling is the development of a deep, safe and trusting relationship between client and counsellor, because this enables the client to narrate their experiences (Rogers, 1957). The same applies for the psychodynamic model as it is based on a trusting alliance in order to improve self-esteem and self-control by understanding feelings and challenging maladaptive defence mechanisms.

In contrast, cognitive behavioural therapy, for example, is more directive and structured, targeting at the adjustment of the cognitive processes by modifying social and moral behaviour (Trowers et al., 1998). Providing that its aims correspond to that of the

institution's, it is less affected by the institutional setting. To some extent the same holds for motivational interviewing, which, although subscribes for the key conditions of the person-centred approach (Miller and Rollnick, 2002), can be strongly directive its sole focus is the identification of incongruent behaviour that can be changed and resolved.

While the latter two approaches are *technically* easier to introduce into the prison setting (it is not accidental that cognitive behavioural therapy is widely used in serious anti-social behavioural problems and with non-volunteer clients), person-centred counselling, because of its focus on the self and personal growth, that is on the personality of prisoners, can potentially bring about deeper, more comprehensive and longer term results.

While prisoners show the same variety of personalities as society at large, it is likely that certain behaviours are more frequent among them because of imprisonment, prison regulations, etc., which amplify the already present personality problems that, at least to some extent, have contributed to their being in prison.

Firstly, many prisoners demonstrate rapidly changing, often uncontrolled emotions. Anger and aggression can be quickly displaced by despair, suicide attempts, and sudden bouts of intense anger. They also show such opposing behaviours to the same people or group of people such as being pliant and rough, manipulative and insensitive, goodwill and parasitical. These are characteristic feelings of a very young child and those people who experienced extreme trauma (cf. van der Kolk et al., 1994 and van der Kolk, 1987) but these are also attributes of a narcissistic personality (cf. Lasch, 1979). The behaviour emerges, because of the lack of essential mirroring experiences that are critical for the development of a coherent identity, for the achievement of an internal sense of cohesion.

Lack of self-reliance is a key issue in the personality problem of many prisoners – whether this lack of self-reliance comes from never being able to learn it or accumulated low self-esteem – because it is equivalent of an extreme degree of dependence on others. However, many prisoners feel that these 'others' can withdraw the support at any time leaving them to themselves, while they cannot cope with it. Hence, these people struggle with extremely contradictory feelings of dependence and fear, therefore they try to gain the unconditional support of the 'others' who provide the satisfaction of their needs, while hating them at the same time. While all young children go through this phase, the prisoners are adults who have to cope with a strict institutional regiment and equally

regimental social life (in which, however, the rules are not visible). Thus the dependence-fear (and love-hate) dichotomy that they could not overcome during their socialisation process is continued and reproduced in the prison and in the society. As a result, they are dependent on the personnel of the prison and members of the society and hence try to 'please' them, while they fear both and hence hate them. This is the origin of the contradictory behaviours such as the previously mentioned pliant-rough, manipulative-insensitive, goodwill-parasitical poles.

The sharp contradictions of these feelings inevitably create frustration, suppression and outbursts. Drugs (similarly to tranquillisers) are meant for dealing with these torments and they, in addition, bring colour to an otherwise bleak life of an undeveloped personality.

This is the context in which counselling is expected to help prisoners in dealing with substance abuse. Directive approaches, with their primary focus on behaviours and cognitive processes, are more likely to achieve conformity, that is, abandoning drugs and conforming to the prison regulations. The focus on the *symptom* of the cause brings about success in terms of the initiative and probably in statistics of drug-related crimes. However, there is no evidence (and directive approaches explicitly exclude such considerations) of the underlining causes manifesting in other, equally harmful forms of behaviours or the achievement of a more humane life of the treated ex-prisoners affected by substance misuse. In contrast, non-directive approaches, such as person centred counselling, considers the relief from drug abuse as a result of the person's personal growth, hence their focus is to enable this. As a result, their success is less measurable, less certain – only when the developed personality is achieved they can state that the objectives were attained. This, however, requires a significant amount of work from the client outside the counselling relationship (and hence probably the involvement of others) and the fruits may be (or may not be for that matter) realised only well after the counselling relationship ended.

While this contrast is deliberately exaggerated, it is helpful for the present analysis: person-centred counselling, by definition, is interested in drug misuse only as a symptom, while directive approaches, by definition, are interested in the causes of drug misuse only as components of the behaviour that needs to be replaced.

There are, however, factors that are likely to affect any kind of counselling of drug misuse in a prison setting. It can be expected that the number of times the person has been to prison, the length of the prison sentence, the length and degree of drug abuse, the type of drug used, the availability of drugs in the prison and outside-to-counselling support to being self-reliant would affect the outcomes of the therapy.

Furthermore, individual life histories would create individual differences in the response to therapy (either as an obstacle to overcome in directive approaches or complexity to understand in non-directive approaches).

Finally, it is possible that the variety of approaches offered to and used by the prisoner who misuse drug would also have an effect.

Methodology

The investigation of these assumptions allows for the use of both quantitative and qualitative methods. However, there are factors in these assumptions that call for data that could be better obtained through quantitative methods (such as the effect of the number of times in prison) and those that can be more effectively drawn through qualitative methods (such as effects of life history). As a result I carried out a mix of the two types: 35 questionnaires were distributed to prisoners who were participating in the Choose Life Project at HMP Liverpool and one full, in-depth case study.

The questionnaires did not require any personal information. They were distributed by me and the participation was voluntary. The subject of the case study was selected on the basis of a number of characteristics: the person has been to prison a number of times, has used substances whilst in prison and has never had counselling either in the prison or outside before the current treatment.

The questionnaire was piloted from a sample of eight respondents. The purpose of the pilot was to ascertain that the questions were understandable, unambiguous and that it was feasible to fill in the questionnaire within a certain time (Blaxter et al., 2001). Hence each of the respondents received a feedback form to fill in. These were used to refine the questionnaire for the final distribution.

Quantitative data from the returned final questionnaires were coded and entered in SPSS 11.0 for Windows for recording and basic statistical analysis. The qualitative data from the questionnaires were used to establish whether patterns emerged and used as contextual information to supplement the quantitative information.

Considering the sensitive nature of counselling research in general and research in prison in particular, the research closely followed the recommendations of the British Association for Counselling and Psychotherapy (BACP, 2002) in the fieldwork, analysis and dissemination of the results. The rights of all research participants have been carefully considered and protected. The research strictly adhered to informed consent, confidentiality and avoidance of harm (McLeod, 1999) and participants were offered access to professional support if they required.

The sample

By ethnicity 40% of the respondents were white, 14% black and 20% mixed race. Quarter of the respondents belonged to other ethnic groups.

Of the 35 respondents 46% were serving a sentence between 3-5 years and 52% of them were in prison for the second or third time. Drug and alcohol were major factors contributing to the prison centre (69%), in particular heroin (48%), though almost half of the respondents used a mixture of two or more drugs.

63% of prisoners continued to use drugs whilst in prison and stated that it was as easy to buy drugs in prison as in the community. However, most of them used (or changed from heroin to cannabis) heroin rather than cannabis due to the mandatory testing.

Discussion

From the point of view of government initiatives, counselling has two major objectives in crime prevention and reducing drug abuse: helping people to get out of drug addiction and avoiding recurrence of imprisonment. The questionnaire evidence shows that this objective meets the prisoners' objective only when life experience supports it: prisoners

who have served longer sentences on more than two occasions are the most likely group to co-operate and engage in counselling. This group realise that they want to change their life, gain employment and live a more normal family life. They want to stay out of prison and to achieve this they need to be drug free in order to increase their chances of surviving in the community. This group are the most likely to enter counselling and strive to beat their addiction.

Beating the addiction, however, is a difficult task: drug and alcohol use is continued in the prison. The respondents cited a number of reasons why they continued to use drugs and these reasons coincided with those one hears in the community: relaxation, relief of boredom and excitement. And just as outside of the prison there are prisoners indebted to drug dealers and prisoners who steal from others to pay for their drugs. These facts pose a serious challenge to counselling: it has to be not only effective, it has to be either more effective for the problems that drugs are supposedly taken or has to make such a need unnecessary.

For the majority of prisoners counselling became available once they were in prison (63%). They were encouraged by a number of people to take counselling. For example, fellow peers who were on drug treatment programmes, as well as relapse prevention programmes and education programmes such as the Choose Life Project had a major influence. Prison Officers were also a big influence as they provided support and encouragement. Drugs workers (on various initiatives) were also a huge influence as in addition they provided evidence of the benefits of counselling.

However, even when the therapy becomes available and prisoners are encouraged to take it, it is a challenge to accept it for a number of reasons. Not surprisingly, a significant number of the respondents were worried about confidentiality and also about the issues they would be disclosing. Furthermore, some of them were uneasy about peer pressure from fellow prisoners and unsure of the effectiveness of counselling. Of course, counsellors could at least partly alleviate these fears and unease – 83% of the respondents stated that they were comfortable with the counsellor.

Small things can make significant contributions to the counselling process in a prison. 77% of the respondents said they felt that the counselling room was safe. When asked what made it so, they listed such characteristics as quietness (being able to hear their own

voice and being able to concentrate), bright and clear walls, space (being able to sit down and stand up), padded chairs, etc¹.

On the other hand, there are minor things that can represent serious obstacles to the counselling process, such factors that the counsellor may not account for. Some of the 17% of respondents who were uncomfortable with the counsellor were so with female counsellors. As these counsellors did not wear a uniform, so they belonged to the civil life. For some prisoners they reminded them of the crimes they had committed, whilst under the influence of drugs. They also felt embarrassed and shameful about sharing emotions particularly if there were abuse issues.

The prisoners' perception of counselling created three clear groups. About half of the respondents reported they had more confidence in inter-personal relationships as well as reduced anxiety. These people associated these changes with the skills they learnt during counselling. They stated that they communicated more effectively and utilised positive thinking skills on a frequent basis. They claimed to have a better understanding of fellow prisoners and were more tolerant of them. A significant other group (17%) was still reliant on drugs to either give them a buzz and a zest for life or to use as a block to hide their pain and anxieties. For these people counselling is not an alternative to dealing with personal problems: it does not provide the relief² that they see drugs do and many of them plainly refuse to confront painful memories. The third group (29%) showed ambivalence to the effectiveness of counselling – interestingly they were 'trained' clients having been either on a 12-step programme or a relapse prevention programme and had all been in prison once or twice. This group had preconceived ideas of counselling and were able to draw on previous experiences.

Only slightly more than half of the respondents who received person-centred counselling were aware of other counselling services available in the prison. Prisoners stated that group work is available through the Choose Life Project at HMP Liverpool and other similar initiatives throughout HM Prisons. Group work is seen positively as it can

¹ However, it has to be kept in mind that almost a quarter of the respondents did not feel safe in the counselling environment. When asked about reason, they said that they felt enclosed and fearful they may act out resulting in rough treatment from prison officers on their return to the wing. Some were paranoid the environment was set up as a trap to make them behave negatively resulting in punishment.

² After all, it is not the main objective of counselling (and especially not that of non-directive approaches) to provide relief.

provide members with a helpful/hopeful treatment method were relationships can be formed and a feeling of a common bond and a sense of belonging can be obtained. Respondents, who have received more than one type of counselling, had a clear appreciation of person centred counselling as it allowed them to work in a non-directed and non-structured approach allowing them to take control of their session and work on a one to one basis.

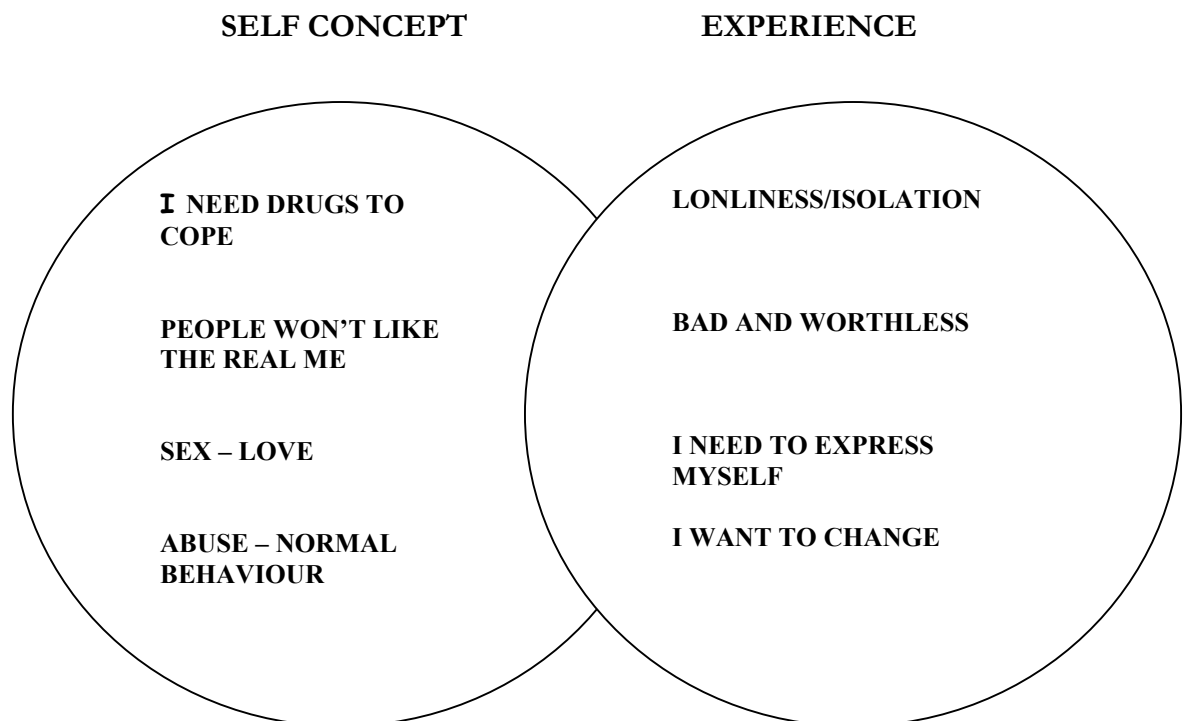
The findings presented above demonstrate the complexity of the problem of providing counselling in a prison setting for drug abusers. As well as the challenges for the clients, the counsellors and the prison service, they show only common patterns, general trends, and hence are useful for practical, incremental improvements. However, counselling deals with individual or unique experiences and lives in which the common patterns are in work, transformed in the mind of the individual and become manifest in behaviours. Thus, while the incremental improvements based on general trends are desirable and benefit the target group as a whole, they do not necessarily help the individual. Or the help could be more effective and more efficient. The general patterns, by definition, emphasise commonalities (homogeneous groups, or quasi-homogeneous sub-groups) at the cost of differences. Counselling, in its focus on the uniqueness, is inevitably selective (approach, technique, pace, closure). Thus it needs other types of evidence than those discussed so far.

The case study carried out in the present research, although it is a single case study, may give an insight into the factors that could introduce the selective application of counselling to prisoners who have been affected by substance misuse.

A is a 31 years old prisoner. He, until recently, had small sentences but it was likely now that he would receive a long sentence. He joined the Choose Life Project, but he was struggling and was seeking support. He has been a long-term drug user and since coming into custody he was experiencing flashbacks, not only the events that had led him to being in custody, but also the events that had gone on some years earlier relating to his childhood. In order that the counselling relationship could better develop in a prison setting, the counselling contract was set not for a certain number of sessions but arranged on a week to week basis allowing **A** to feel he had a little control and input into future sessions.

The main characteristic of **A**'s life was loneliness, however, the true depth of it opened up only step by step, session by session. He was an only child. His mother was an alcoholic and left him and his father. His father was largely absent – **A** said he had no friends and that his relationship with his father was non-existent. His locus of evaluation was predominantly external and his self-identity dependent on the conditions of worth and introjections placed upon him by others. For example, *"I am not allowed to express feelings as this is feminine."* However, this loneliness was clearly mixed with another feeling: anger. After four counselling sessions, the exploration of this anger became the main theme and was initiated by **A**. In the development of the counselling process he was able to disclose that after the mother left the family the father abused physically and sexually him. **A** hated his father, yet the anger was, at least partly, directed at himself. The exploration of anger helped him to become less rigid and value himself with his own experiences and not so much the value of others. Only after this disclosure and its initial exploration did **A** show any real emotion – the evaluation moving from rigid external locus to a more internal locus.

Figure 1: A Rogerian scheme of A's values and experience



In Figure 1 the self-concept represents **A**'s values, while the other circle his actual experience. The overlapping segment of the two circles represents the experiences that

were allowed into awareness. Other experiences were either denied or distorted to fit with the self-concept. As Rogers put it:

“As experiences occur in the life of the individual, they are either (a) symbolized, perceived, and organised in some relationship to the self; (b) ignored because there is no perceived relationship with self structure, (c) denied symbolization or given distorted symbolization because the experience is inconsistent with the self structure of self.” (Rogers, 1957).

At the point of exploring the anger in the sessions **A** became able to avoid the denial or distortion of some of the experiences. Instead, he symbolized, perceived and organised them in some relationship to his self structure. For example, the statement of *“I was sexually abused”* is now supplemented with: *“The abuse was not my fault and I have nothing to feel guilty about”*.

This step also allowed **A** to be a lot more settled within the sessions and his starting to talk to his cell mate over certain issues. Sometimes not fully accepted but in his way he could express them however still a reluctance to trust fully in himself e.g. *“I thought I was bad, I feel angry with my father. I am angry because I was hurt; if I get hurt it is okay to be angry”*. One cannot feel but quite emotional to see this different person who was now a lot more positive, realising that the incongruence with the self-structure had diminished and the feelings were very much in the “here and now”.

The next session never took place, **A** was not in his cell – he had been transferred to another establishment.

A's case shows the power of person-centred counselling and the effectiveness of the concept of actualising tendency as well as the importance of the core conditions in general and working with vulnerable people in particular even though there is no guarantee that **A**'s personal growth has lead to overcoming the drug addiction. The case also shows the difficulties when working in a prison setting. The counsellor and the client have no control on prison procedures (for example, relocation) and therefore the continuation of the counselling relationship. Furthermore, the case demonstrates how much of the client's work takes place outside the counselling sessions – to what extent the prison, with its own function, can facilitate this?

However, the case has implications to issues that are not discussed in this paper. Primarily, society has a legal and ethical duty of care to safeguard and promote the welfare of children. This includes those members of society who do not have a specific role in relation to child care. The ways in which children are brought up have a major impact on his or her adulthood and consequently on the society.

Conclusions and recommendations

Prisons are well placed to deliver effective drug treatment programmes that include various forms of counselling for all prisoners, this can help to reduce crime as well as provide health benefits. Perhaps partly because prisoners are literally a captive group, the prospects of getting them into counselling and other treatment programmes and keeping them there are quite good. Although person-centred counselling is offered, within the prison environment the dominant approaches are abstinence-based and cognitive interventions. Prisoners who participate in substance misuse therapy are effectively separated from, and have minimal contact with other prisoners thereby eliminating the perceived negative influences of prison culture.

In creating an environment that treats prisoners with respect and provides them with an opportunity to learn new life skills that they can take beyond the prison walls, will improve their self-value. Russell (1994) in his review of substance misuse and crime in the United States, suggests that prison-based treatment for substance misusers must be followed by a set programme of aftercare. I feel this would be a positive condition of sentencing for all substance misusers.

While the government now has a comprehensive strategy and care package for drug misusers (NTA and Models of Care), political decisions can still be hasty and ill-conceived. For example, the mandatory testing led to an explosion of heroin use (instead of cannabis) in prisons. The positive effect of the mandatory testing was unintended: drug use in prisons was now in the public eye and the true extent of the problem was beginning to emerge, much needed resources were made available to bring in outside expertise into prisons to develop and implement a wide range of therapies. Prisoners now have access to drug workers, detoxification units, rehabilitation programmes and counselling services.

Prisoners feel that the harsh prison regime for substance misusers only gives a prisoner more reasons to take drugs, not less. Heroin is also a painkiller and can mask the harsh realities of prison life. It is not just the prison drug culture that needs to change, the attitudes of the prison staff needs to be addressed towards substance misuse as well. Prison staff need to be trained how to respond to a substance misuser. Many prisoners agreed that a basic counselling course would benefit prison staff in communicating with prisoners. Years of hostility between prisoners and prison staff are not going to be overcome in a short period of time. Prison staff could support and advise those prisoners, who act as listeners or mediators for other prisoners with drug related issues; this could be a powerful tool in establishing trust and confidentiality between prison staff and prisoners even though the key characteristics of the relationship between them cannot be changed.

Prison regulations and requirements of various counselling approaches may not match or are contradictory. The choice of the counselling approach offered should be mediated by the prison environment. For example, the recent increase in short-term prison sentences and the partly related large number of transfers during the sentences require careful consideration of the counselling approach offered. For example, considering the characteristics of Rational Emotive Behaviour Therapy (Ellis and Dryden, 1997), it is probably better suited for short-term prisoners and those who are transferred often. Conversely, when stability of the circumstances are present, person-centred therapy can offer significant benefits for the future of the prisoner.

It is just as important to remember that rehabilitation does not stop at the prison gate when the prisoner is released. If we are to make an impact on supporting prisoners to abstain from substance misuse within the community, then we must find a way of re-integrating prisoners back into community. Prisoners often suffer a breakdown in their relationships while in prison or soon after release. It was commented that if counselling services could involve the family it would improve family contact with the prisoner whilst in prison and on release.

Many prisoners have poor skills due to being excluded from families and education. The exclusion continued despite high levels of need. Many had been excluded from access to services and had no GP before entering prison. A large number of prisoners had never had any contact with drug treatment services. Better education facilitates for those with

learning difficulties or for those who are not academically minded and the teaching of practical trades would enhance the prisoner's chances of remaining drug free. For any drug intervention to work, it requires the co-operation of those it is directed at.

The answer to the question posed by the title of this paper, would seem to be that the nature and complexity of the work involved would have an inevitable impact on the prisoner. Each prisoner is a unique being, and will bring their own personal strengths and weaknesses to their work. Substance misuse is often the symptom of underlying problems of child sex abuse and traumatic abuse, counsellors need to be aware of self-care and be fully supported by supervision that is experienced and aware of the stresses and difficulties of this much needed and extremely difficult area of therapeutic work.

As to incremental improvement, the current paper shows that the improvements that have been achieved over recent years with the formulation of the NTA and within HM Prisons in England should continue. Continued evaluation of the service should be encouraged as part of evidenced based good practice. To build on the findings of this study and undertake further quantitative and qualitative studies to establish the true impact of counselling for substance misusers within a prison setting.

Further recommendations following this study are that the work of the Choose Life Project is supported both locally and nationally and that all HM Prisons provide this type of programme throughout all their establishments.

Finally, counselling services have come under much criticism over the past 10 years, both locally and nationally, for long waiting list, lack of co-ordination and fragmentation. Therefore it is important that the findings of this study are held up as a marker of great improvement and given the credit that is long over due.

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APPENDIX 1

QUESTIONNAIRE

(This questionnaire serves research purpose only to help identify in which areas counselling may benefit prisoners)

1.	Age:	2. D.O.B.			
3.	Nationality:	White	Black	African	Caribbean
		Chinese	Indian	Mixed Race	Other, please specify
4.	Length of Sentence:	1-3 yrs	3-5 yrs	5 yrs+	
5.	No. of Times in Prison:	1 st	2 nd -3 rd	4 or more times	
6.	What factors have contributed to your sentence(s):				
	Drugs	Alcohol	Both		

If drugs were a factor, which of the following did you use?

Herion

Crack Cocaine

Cannabis

Amphetamines

Combination

Others (*state*).....

7. **Has substance misuse continued during your sentence?**

Yes

No

8. **Have you had access to counselling prior to this sentence?**

Yes

No

	<p>If yes, how long ago was this ?</p> <p>0 – 6 months</p> <p>6 – 12 months</p> <p>12 – 24 months</p> <p>over 24 months</p>
9.	<p>What influenced you to received counselling?</p>

10.

Was this an easy step to make within your circumstances?

Yes

No

Please explain:

11.

Did you feel comfortable with your counsellor

Yes

No

If not then why not?

12.	<p>Did you feel comfortable and safe in the environment the sessions took place?</p> <p style="text-align: right;">Yes No</p>
13.	<p>Do you feel counselling has helped you in any way?</p> <p style="text-align: right;">Yes No</p>
	<p><i>Why do you feel this?</i></p>
14.	<p>Have you used any of the skills learned during your sessions?</p> <p style="text-align: right;">Yes No</p>
	<p><i>How/why not?</i></p>

15. **Based on your experience would you recommend counselling?**

Yes

No

Why?

16. **Are you aware of other counselling services within this prison?**

Yes

No

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