

ALCOHOL SUPPORT LTD



ADVICE, COUNSELLING AND SPECIALIST SERVICES

ANNUAL STATISTICS

2006 – 2007

IS THE PLACE.....THE VOICE.....THE ACTIONWORKING TOGETHER FOR CHANGE

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Review of 2006/2007

2006-2007 has been a period of consolidation and reflection for the agency. The Social Work Inspection Agency provided a perfect opportunity for the re-evaluation of what the counselling service actually offers to people with a broad range of alcohol problems, how evidence of this process is recorded and how outcomes are monitored.

In February 2006 a pilot commenced with the use of AUDIT screening tool as an aid to assessment. This is a 10-item questionnaire which takes approximately 2 minutes to complete and score. Whilst AUDIT is not a diagnostic tool, the breadth of its content allows identification of hazardous and harmful drinking behaviours. The scoring system of 0-40 and the associated categories have a high degree of specificity and sensitivity. Research (1) supporting AUDIT specifies the minimum level of intervention that would be appropriate for each risk category and is suggestive (subject to variables) of the time frame that the client may be in regular contact with a service.

From a practice management perspective, AUDIT can provide a framework for client case planning and a focus in counsellor supervision on client aims and goals within a realistic timeframe.

Although the evaluation of the pilot is not yet complete, the implementation of AUDIT has revealed some important information about the prevalence and severity of alcohol problems experienced by the agency's clients. It is estimated that approximately 2/3 of clients fall into the hazardous drinking or harmful to health category of 8-20.(2) (see Appendix) A significant number of clients have scores in excess of 20, and a further minority have scores of 30-40. (Max score = 40). These high score (potentially dependent) clients will often require further intensive support from a specialist medical source in the form of de-tox. They may currently be beyond the realms of a cognitive intervention and require medication (chloradiazapoxide) to stabilise withdrawals and regain physical health or to maintain abstinence (Acamprosate, Disulfiram). In these circumstances we make the appropriate referral to a General Practitioner or Substance Misuse Service and continue to support the client through this process (if a desire for this is expressed by the client).

Alcohol Support Ltd provides an important element of aftercare support for clients who are de-toxed in the community.

Cognitive behavioural counselling and motivational interviewing provide the basis for an individually tailored programme of relapse management and coping skills development.

A word about Assessment.....

There has been growing recognition with **GOPR** (Hidden Harm) that adult drinking behaviour can no longer be considered in isolation from the potential impact of this behaviour on children and family members. New protocols have been implemented and a number of changes made to the existing recording process to aid assessment and to identify risk. The existing assessment used by AACS (now Alcohol Support Ltd) is fully comprehensive, but in light of the above and also the new Quality Standards Framework, we are currently reviewing the assessment process. It is anticipated that this will facilitate information sharing and partnership working with our statutory and voluntary partners.

The consultation phase with volunteers and staff has produced interesting and challenging feedback. This should result in a better quality of service for the minority of clients who require more wide ranging supports.

It is extremely difficult to estimate with any accuracy how much time each client will require to effect positive change since this is subject to a number of variables including the length of time that it has taken the problem to develop, the number of previous attempts to effect change, each client's individual level of motivation, and the number and type of social supports in place. However with the evidence that is available and with the considerable experience of individual practitioners, it is possible to offer clients a level of intervention appropriate to the severity of the problem.

A final word.....

There is often confusion surrounding what constitutes counselling in the context of an alcohol problem. It is rare to find a client whose alcohol problem has not begun to have a negative impact on their physical and mental health, their relationships and their employment. Repetition of maladaptive behaviours and the negative consequences of this can result in feelings of guilt, denial and shame. The therapeutic relationship is formed on the basis of trust and acceptance. Collusion with current behaviours does not figure within this therapeutic relationship. Counsellors highlight the discrepancies between clients' perceived short and long term goals and the connection with current

drinking behaviour (3) Rollnick & Miller's **Motivational Interviewing** plays a key role in allowing clients to recognise their ambivalence without producing a defensive response which may block progress.

The skills of the counsellor are crucial to creating an atmosphere of safety and the opportunity to learn from the experience of lapse and relapse without fear of being judged or controlled.

Julie Morrison
Practice Manager

Acknowledgements : Robert Young, Suzie Angus, Paisley University.

1.1 Total Number of New Referrals

During the period 1st April 2006 to 31 March 2007, a total number of 739 new referrals were received by Alcohol Support Ltd. Of these new referrals 366 became active client caseload in that they received (as a minimum) a comprehensive assessment from a counsellor/caseworker. Of these 366 clients, 232 became City clients and 134 became Shire clients. This figure represents approximately half the referrals that come in to the agency. An analysis of the numbers that did not become active clients (uneventuated cases) indicates that all of these clients have been offered 2 opportunities to attend. Roughly 2/3 of these fall into the category of DNA (simply not turning up), with the remaining third repeatedly cancelling first appointments. Interestingly from a practice management view point, approximately 20% of the no shows occur on Saturday and Monday.

1.2 Counselling Sessions Offered

Total number of appointments offered: - **4216**

Total number of appointments attended:- **2442**

	Male	Female	Totals
City	855	630	1485
Central Area	145	237	382
North Area	219	210	429
South Area	78	68	146
Totals	1297	1145	2442

22% of all appointments offered to Shire clients took place in Aberdeen City, largely accountable to client employment location or their wish for complete anonymity.

1.3 Advice & Information

Alcohol Support Ltd offers an advice and information service during office opening hours. This is for existing clients (awaiting appointments, in crisis, requiring advice regarding units of alcohol, cutting down or withdrawals, concerned significant others, or for professionals wishing to make a referral to the service. There is a dedicated member of administrative staff co-ordinating, recording and responding to this aspect of the service. Crisis calls are diverted to counsellors (dependent on availability) or a member of management. The calls are on average 20 minutes duration and are often one-off calls for those seeking reassurance or literature. Operational Management often maintain contact with new clients experiencing crisis until an appointment becomes available to them. Although this can be time consuming, it seems to provide the best option for offering an element of support and also provides the opportunity for a case history to develop that will aid the matching process.

Clients can be forwarded literature and directed to the Alcohol Support web site , which gives useful information on alcohol related topics and behavioural change. The post holder is required to develop knowledge of other relevant web sites and local resources which may prove helpful for clients. Information given is not limited exclusively to those services offered at Alcohol support . It is important to listen to the client and where possible provide information regarding AA meetings etc which may provide a more suitable or alternative form of support.

2.0 Gender/Primary/Secondary (Drinker & Significant Other)

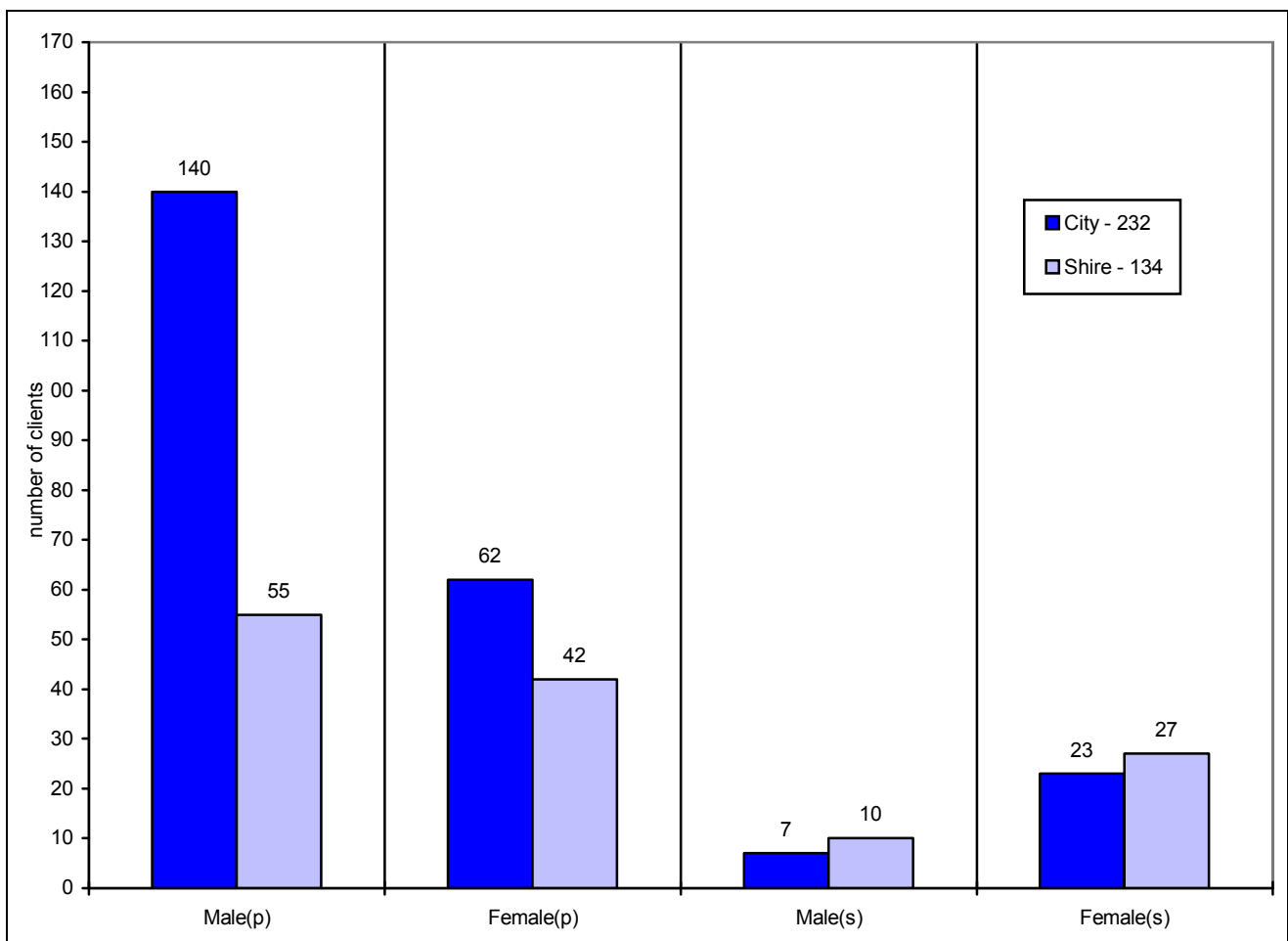
This section provides a more detailed analysis of client characteristics for those who took up counselling appointments, thereby becoming active caseload. The information is broken down for Aberdeen City and Aberdeenshire and takes the form of gender analysis, age range, marital status, employment status, and source of referral, all of which **can** have an important bearing on the degree and duration of progress clients make towards their chosen goals. Additional information is provided regarding Service and Area distribution.

Since the ORION database became operational in 2003-2004 we have been able to monitor changes in both the number and source of referrals. This is important in terms of service planning and provision. The identification of patterns and trends in drinking behaviours is in its infancy statistically, but anecdotally, we remain aware of the range of alcohol problems experienced which necessitate a number of evidence based responses.

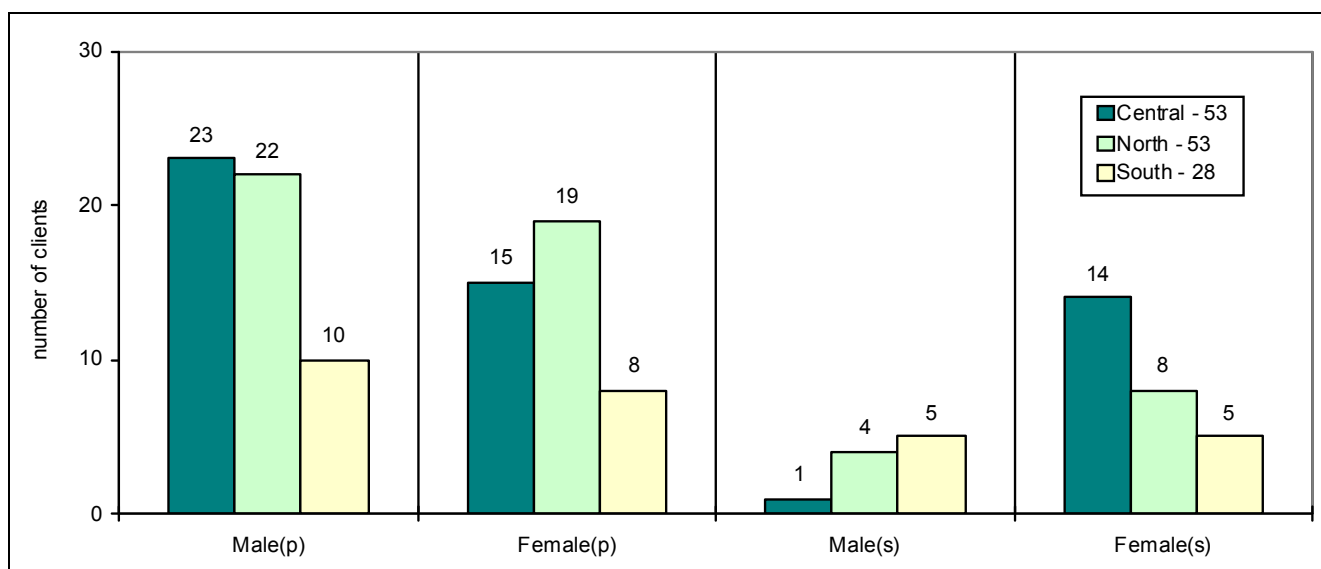
2.1

Gender: Primary/secondary: 366 clients became active caseload in the specified time frame. 232 and 134 respectively were Aberdeen City and Aberdeenshire clients. The following bar charts provide firstly a gender analysis in terms of drinking or significant other clients for both regions, and then a similar breakdown of Aberdeenshire clients in North, Central and South areas.

The figures are self explanatory: the only difference of any statistical note from the previous period, can be seen in the distribution of male Primary (drinkers) in the Aberdeen City, which has risen by 27 clients in a year, which is an approximate increase of 12%. All other categories show no significant change. A similar picture of no significant change emerges for Aberdeenshire.



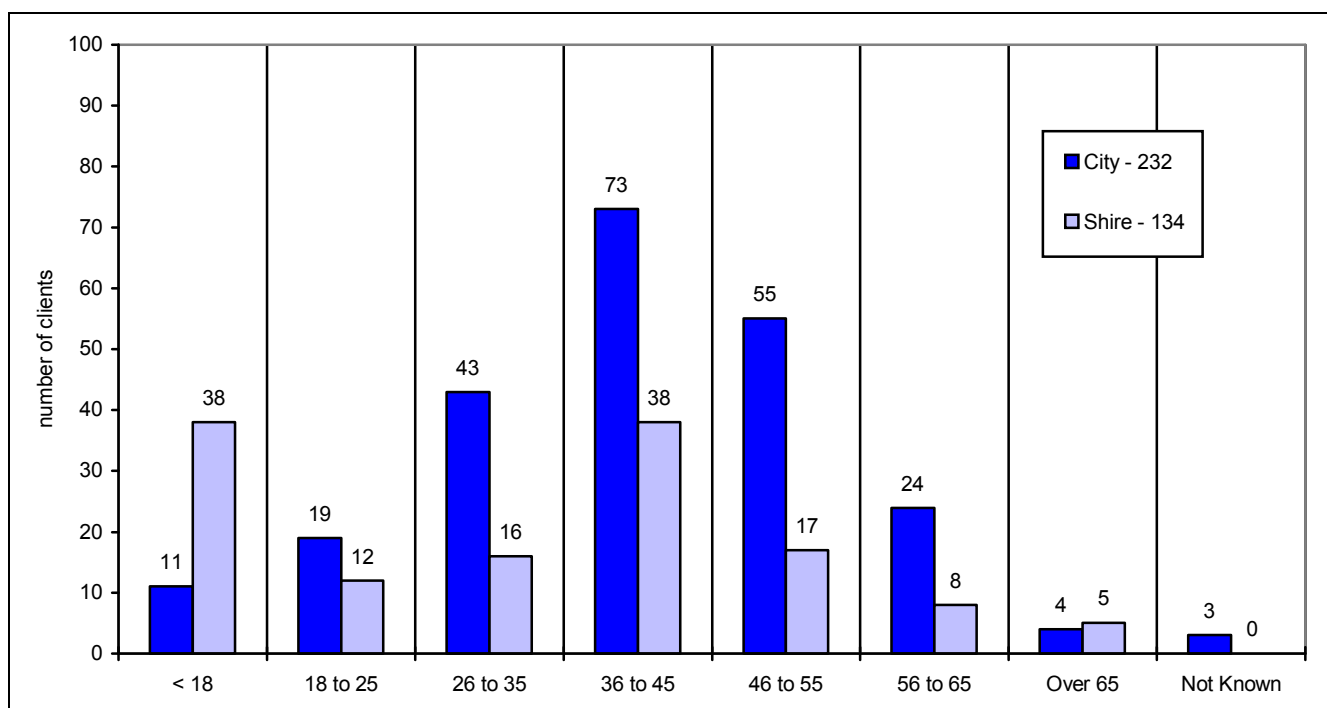
2.1.1 Gender, Primary / Secondary – Shire breakdown



2.2 Age Range:

As illustrated, on the whole the 26-55 year age group have the greatest representation in the statistics. There is very little variation on 2005-6 results for this category for both city and shire. The exception being that in the 36-45 year age group in the City there has been an increase.

2.2 Age Range

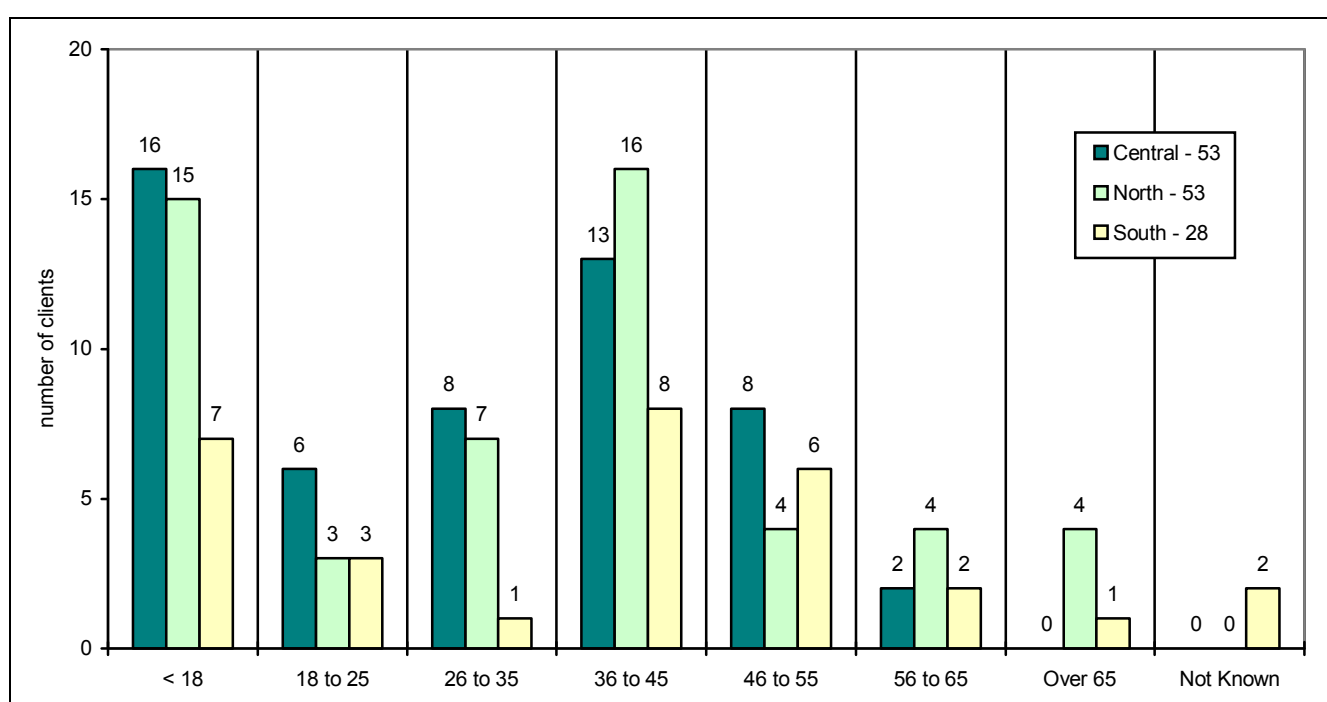


2.2.1 Age Range – Shire breakdown

2.2.1

Age range: Shire Breakdown

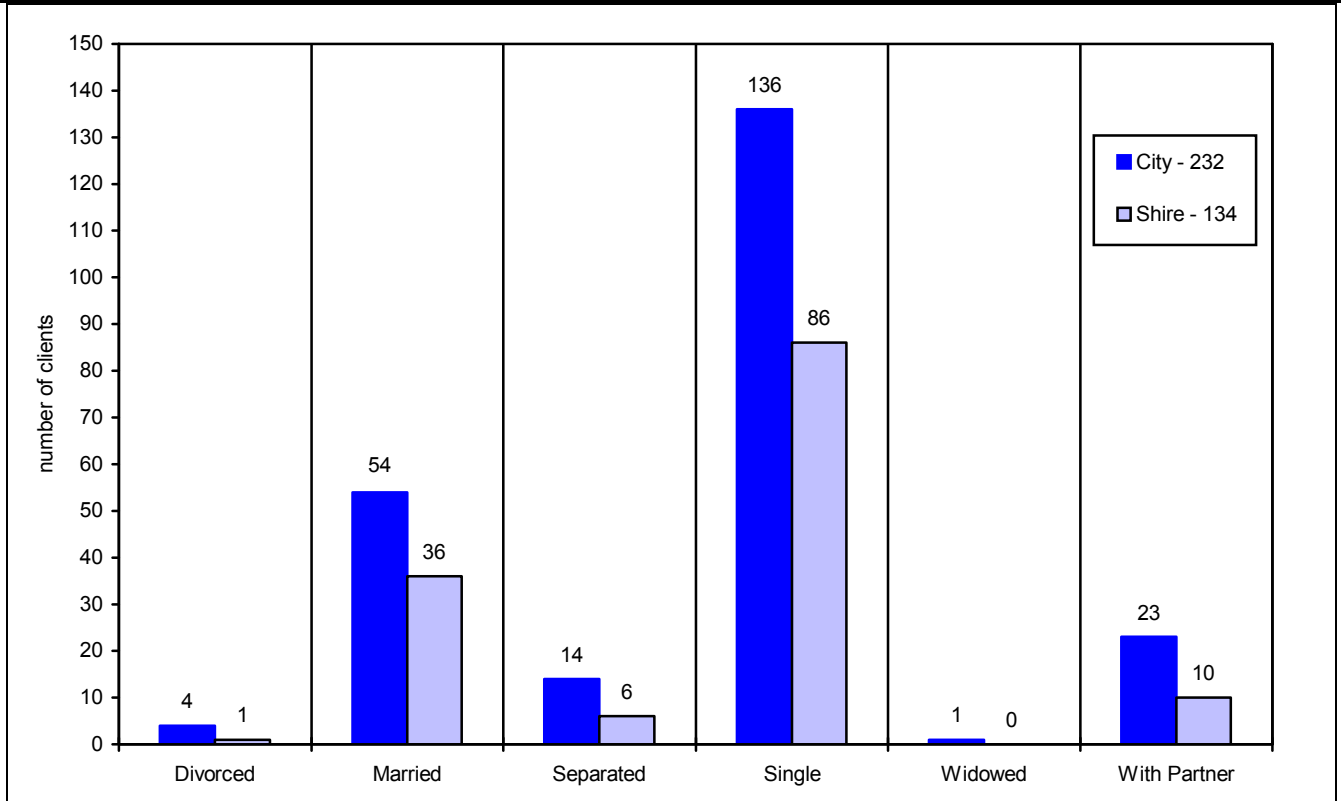
The distribution of age ranges within the shire remains consistent with last year's figures, with the notable exception of the 18 year olds and under category. Here we witness a more even distribution than the previous period (2005-6) between North and Central Regions, with only a minimal increase in the south. This could be attributable to the workers in these areas becoming more established. Certainly partnership working between the statutory and non statutory sectors has increased since the implementation of the GOPR recommendations



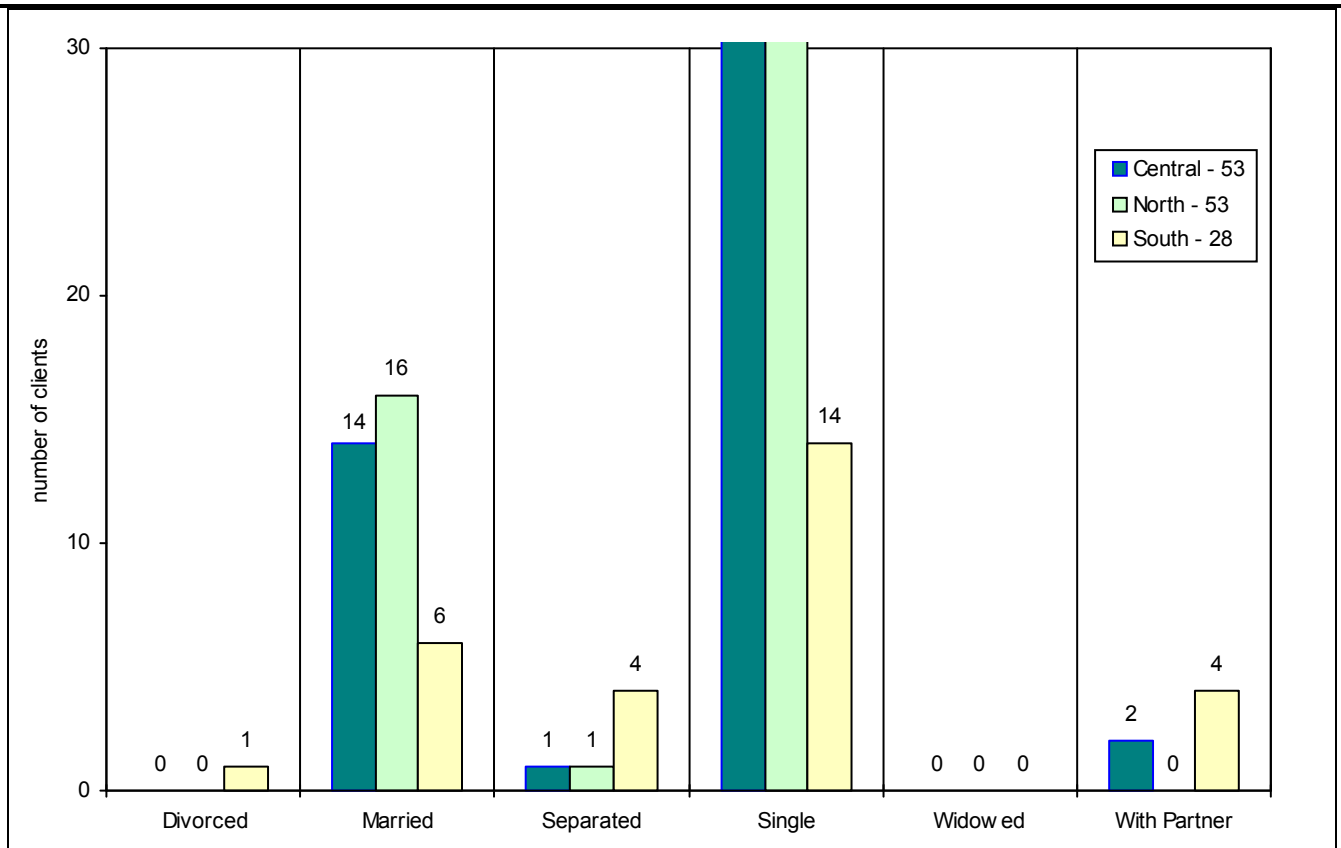
2.3 Marital Status:

Single status continues to be the most represented sector in the agencies figures. There has been very little overall change in this category for the City of Aberdeen, compared to 2004-5 figures, but a substantial increase on 2005-6 figures. A notable change can be seen in the Shire figures for this category, with a 100% increase since 2004-5. It is difficult to draw any firm conclusions from this data regarding prevalence or patterns of behaviour, but it is interesting to note that clients with a strong social network may be less likely access the service in the first place. Evidence also suggests that having a supportive partner or family can have a positive impact on the sustainability of changes to drinking behaviour. There would appear to be a significantly higher level of dysfunction in clients who live alone or have few social networks.

2.3 Marital Status



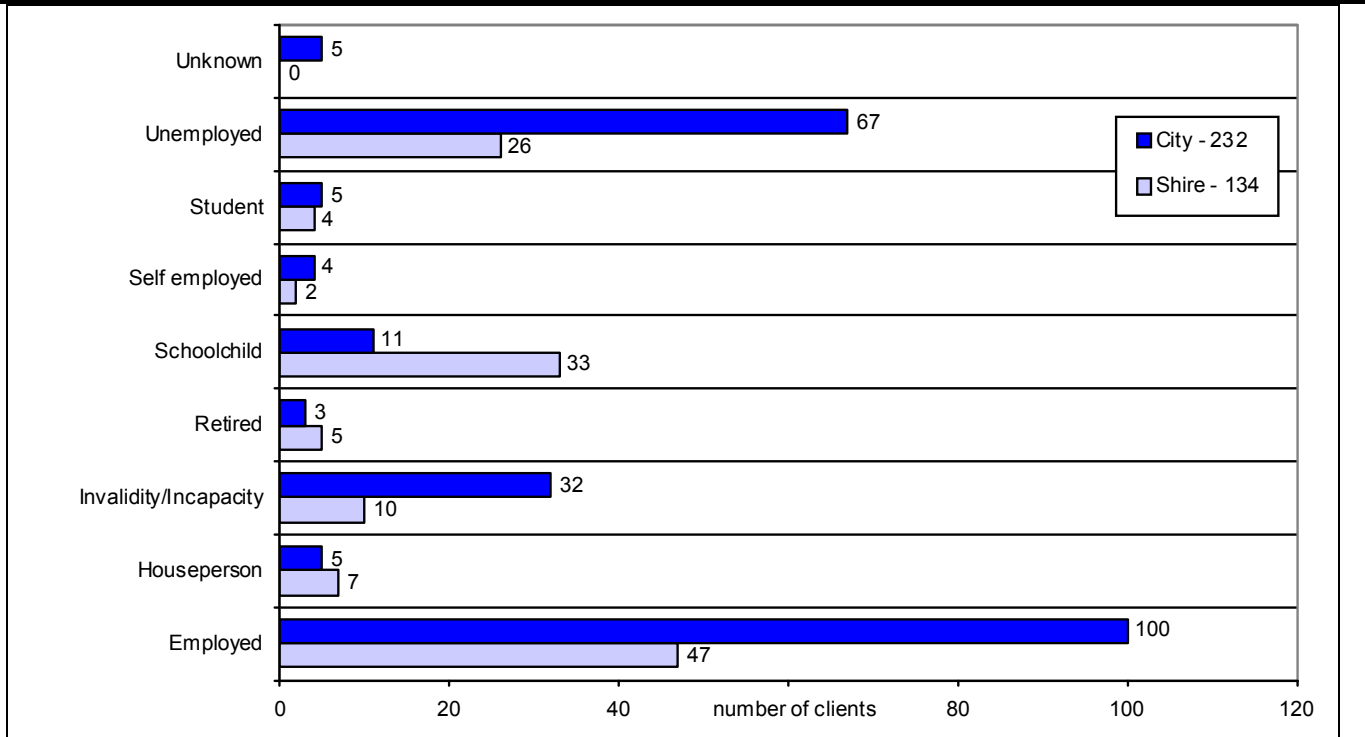
2.3.1 Marital Status – Shire breakdown



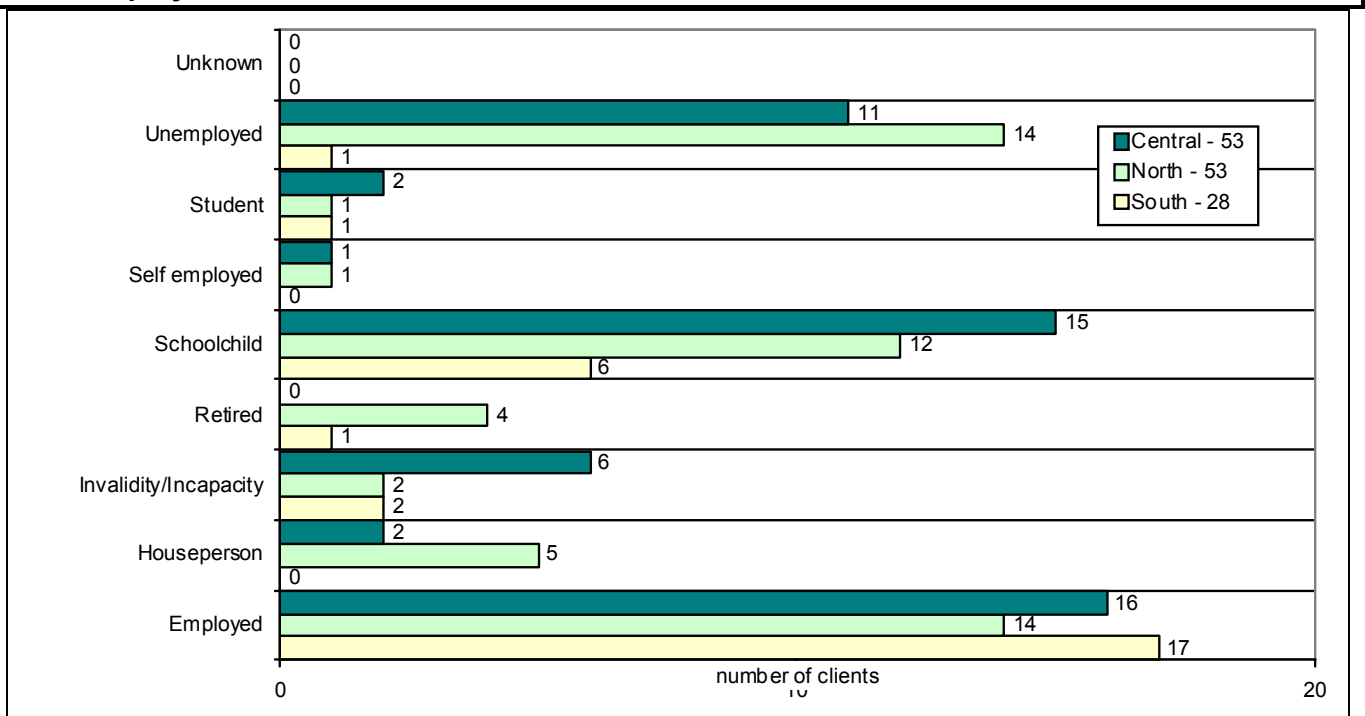
2.4 Employment Status

The majority of our clients are in employment as illustrated. But there has been a change in trend over the past 3 years with significantly more City clients qualifying as Unemployed. This category in the City has experienced an increase of 2/3 over the period 2004-5 until 2006-7. All other categories reveal little change.

2.4 Employment Status



2.4.1 Employment Status – Shire breakdown

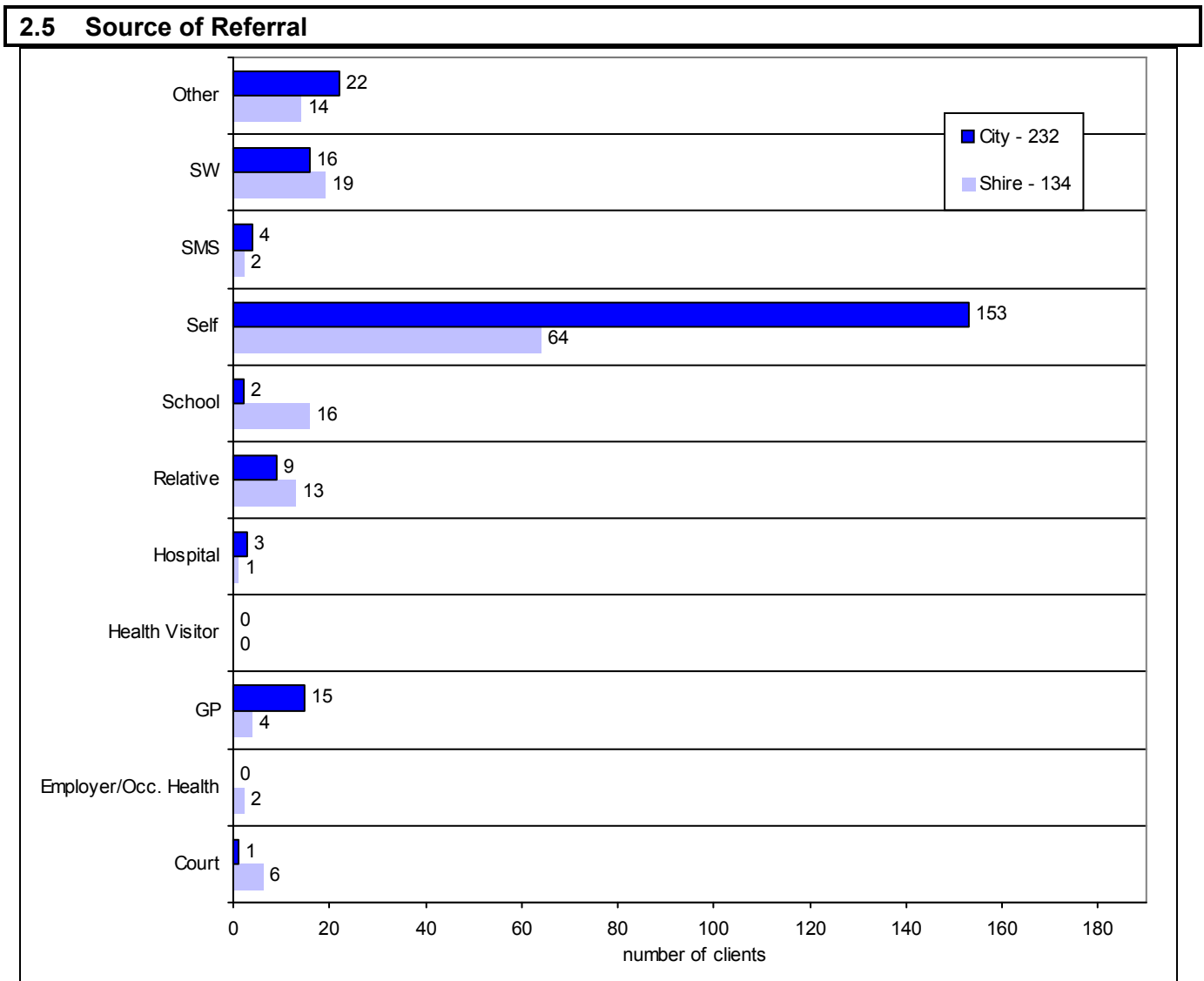


2.5 Source of Referral

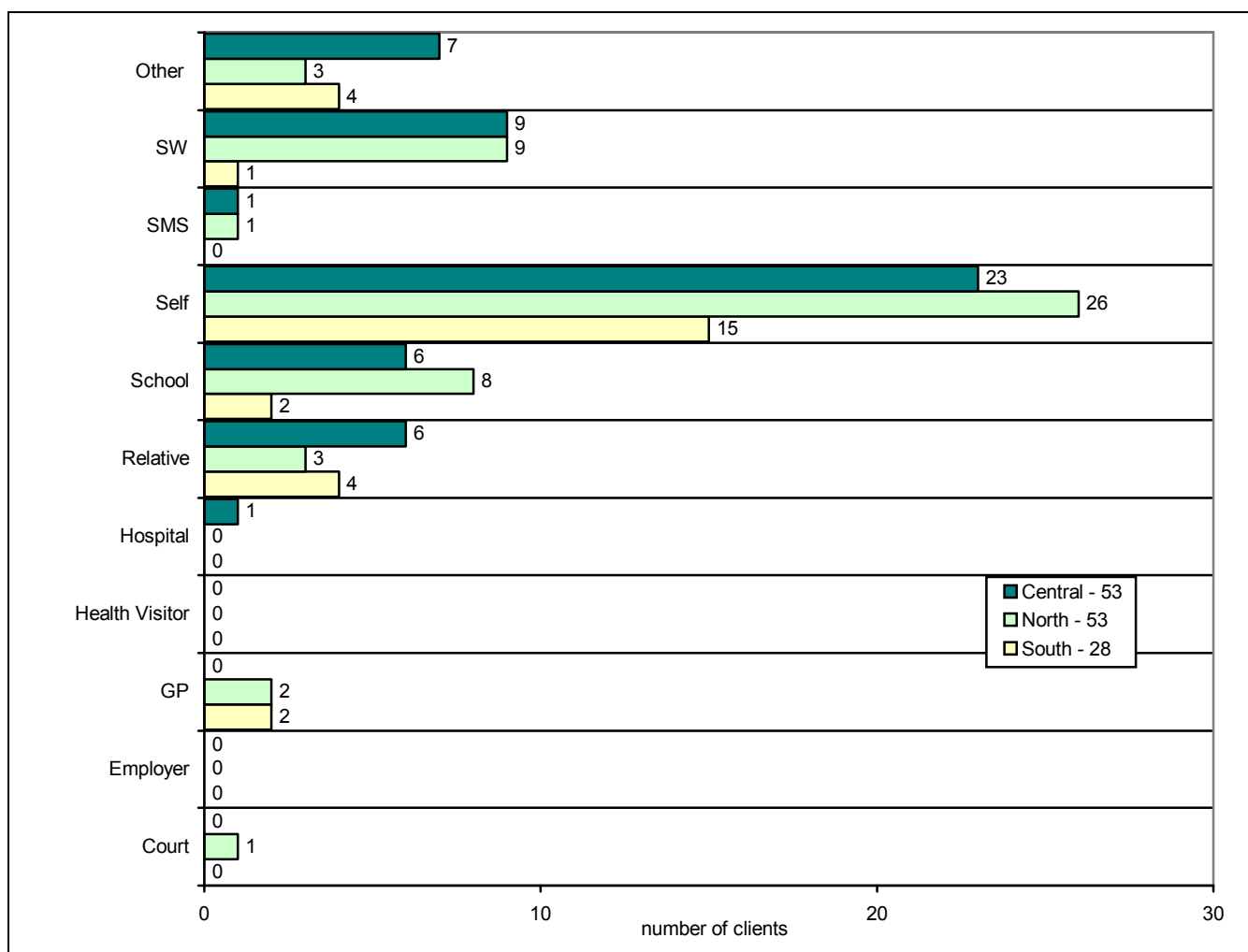
Historically the majority of our clients have been self referrals. This continues to be the case with virtually no shift from previous years in percentage terms. The figure currently remains at 60% of total caseload. It is important to note that of this 60% only a very small number have approached their GP or another service exclusively about an alcohol problem prior to contacting this agency. It appears from details at Assessment that if a GP has been consulted it is usually regarding what could be alcohol related symptoms e.g. gastro intestinal or affective disorders. If alcohol use is disclosed, a minority of GPs will make a **direct** referral, but many clients come on the **recommendation** of their GP only. The majority of GP referrals in the city for this time frame are accounted for by the dedicated service at Northfield for heavily dependent drinkers.

There has been a reduction in referrals from SMS over the past two years. It is suggested that this is due to growth in this sector i.e. larger staff teams that have become operational throughout the region, but particularly in the shire. Although the figures are self explanatory, what is not reflected is the amount of partnership working that continues regardless of the origin of referral.

Referrals from the district court have been slow, although at 7 more than in the previous two years. Employment/occupational health referrals are a minimal part of service provision presently.



2.5.1 Source of Referral – Shire breakdown



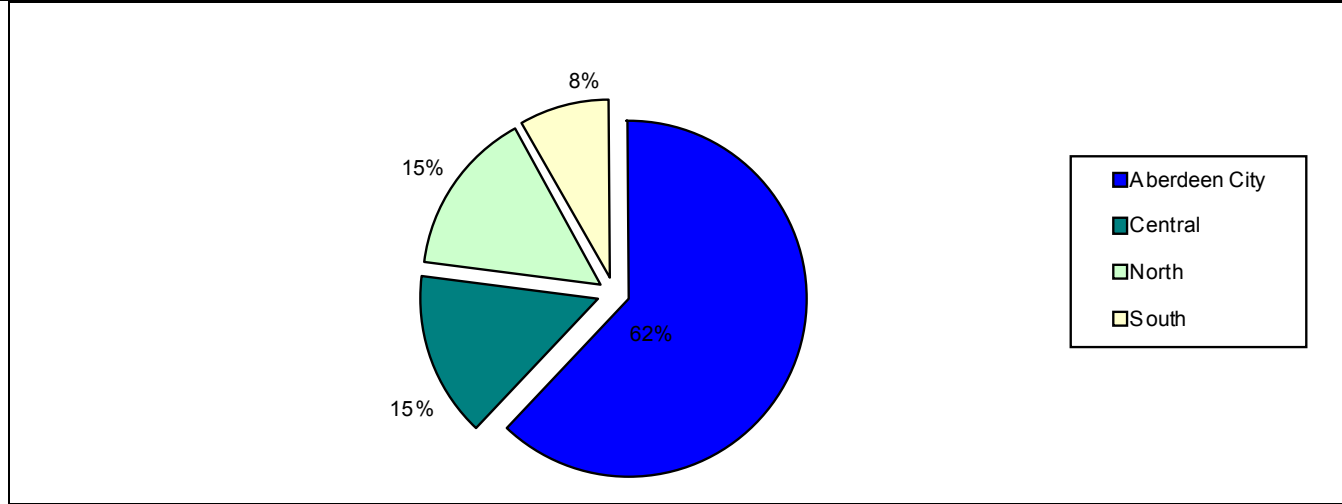
2.6 Service Distribution

Unfortunately in its present form, ORION 2 is not able to produce a report on Service distribution. This is disappointing. Core Adult Counselling continues to be the dominant sector approximately 51% of total clients. Dispersed counselling and the Child & Family Service in Aberdeenshire accounting for approximately 21% and 20% of total service activity. The remaining services such as Northfield and Criminal Justice Aberdeenshire account for the shortfall.

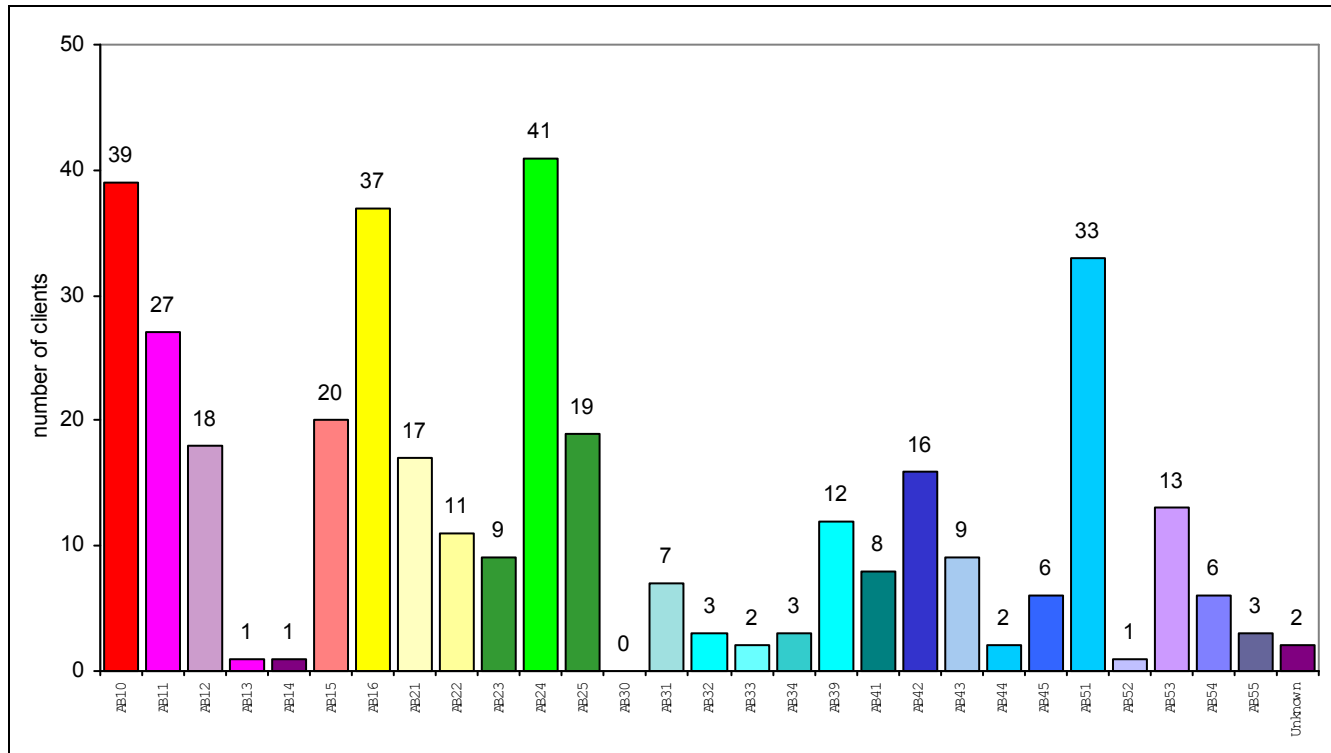
2.7 & 2.8 Area Distribution and Postcode Analysis

Area distribution is similar to last year's picture. Similarly the postcode analysis reveals that there is little overall change in the areas represented AB10, AB11, AB16, AB24, AB51, although AB42 referrals have shown a significant reduction compared to the same time period last year.

2.7 Area Distribution



2.8 Postcode Analysis

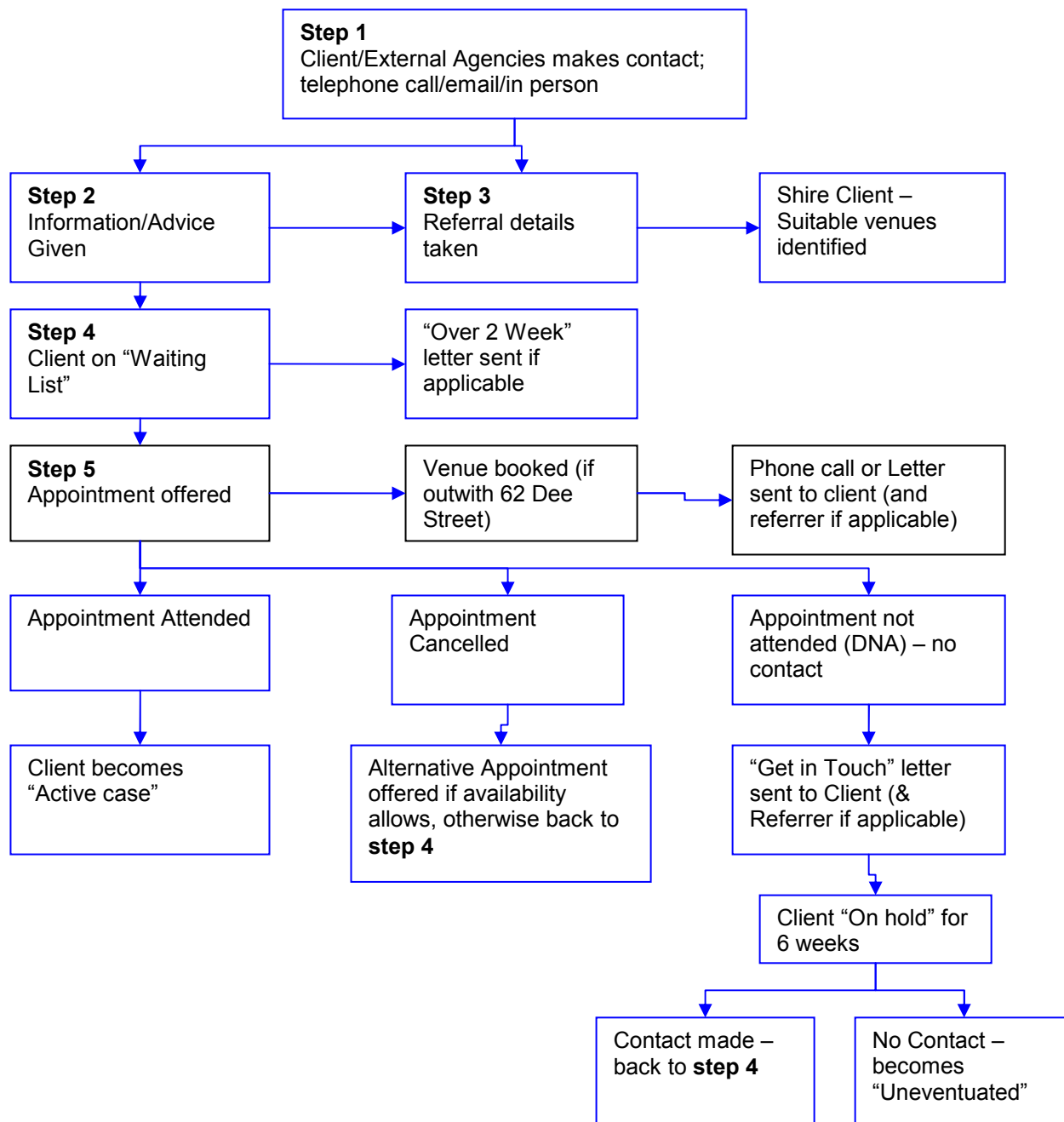


3. Outcomes

We presently operate a system of case closure on the database which records planned and unplanned closure, and whether this is to the satisfaction of the client/counsellor. The ORION database has enormous potential for recording a number of client outcomes, tracking progress and for evaluating the level of effectiveness of service provision. Based on client AUDIT scores or unit calculations ORION could allow a visible presentation of a client's progress depicted in charts and graphs. This could be used as an integral part of the therapeutic process and as an aid to motivation.

This has been a frustratingly slow process, highlighting a training need within the administrative and Management team. However, we are making steady progress and are continuing to develop our knowledge and skills around the database. It is hoped that ORION will be able to fulfil its potential as a credible Practice Management system

4. Alcohol Support Ltd Process



Appendix

1. Michael F Fleming MD MPH “Screening & Brief Intervention in Primary Care Settings”

Alcohol Research & Health Vol. 28 no. 2 2004-5

2. Donovan et al: “Concurrent validity of The Alcohol Use Disorders Identification Test (AUDIT)

Zones in defining levels of severity among outpatients with alcohol dependence in the COMBINE study”

ADDICTION, 101 1696-1704

“Higher scores on the AUDIT are associated generally with a greater likelihood and sensitivity of finding people with alcohol dependence Babor et al (G AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in Primary Care) cite evidence from Project MATCH in which AUDIT scores were compared with diagnostic data reflecting low, medium, and high scores of Alcohol Dependence. AUDIT Scores in the range of 8-15 represented a medium level of alcohol problems, whereas scores of 16 and above represented a high level of alcohol problems. The World Health Organisation guidelines for the use of the AUDIT identify four “zones of AUDIT scores (0-7, 8-15, 16-19, and 20-40) reflecting increasing risk levels and suggesting indicated levels of increasingly intensive intervention. The levels of intervention associated with each zone include Alcohol Education for those with scores below the traditional cut off, (zone 1, 0-7), simple advice for those in Zone 2 (8-15), simple advice plus brief counselling and continued monitoring for those in Zone 3 (16-19) and referral to a specialist setting for diagnostic evaluation and treatment for those in Zone 4 (20-40).

3. William R Miller & Stephen Rollnick “Motivational Interviewing: Preparing People for Change