

Basic counselling techniques form an invaluable component of treatment for substance misuse problems. All professionals involved in the on-going care of people with substance misuse problems should have an awareness of the basic principles involved; this is especially so for mental health professionals who will often encounter substance misuse problems amongst their clients ('dual diagnosis'). Counselling should be distinguished from the giving of support and advice.

It has been demonstrated that outcomes are related to marked and consistent differences between the counsellors themselves. The best results accrue from counsellors with high levels of organisation and who closely adhere to chosen counselling programme rules (McClellan A, 1994). There is a widespread need for training in the basic principles of cognitive-behavioural therapy (McClellan A, 1994) and motivational interviewing amongst all mental health professionals as well as in specialist substance misuse teams.

The essential principles of an effective counselling intervention using a cognitive-behavioural style are as follows:

- There should be an initial assessment which clarifies the goals of the intervention.
- Goals should be negotiated with the client rather than imposed by the professional.
- This process should be separated from that of care-coordination either in time or by person.
- The process should be structured with regular appointments set aside for the intervention, and a review of progress made after an agreed time.

- There is a widespread need for training in the basic principles of cognitive-behavioural therapy and motivational interviewing amongst all staff.
- The best results accrue from staff with high levels of organisation and who closely adhere to chosen counselling programme rules.

Motivational Interviewing (MI) is a style of behaviour change counselling developed by Miller (Miller, 1983). It is defined as a directive, client-centred style of counselling that helps clients to explore and resolve their ambivalence about changing. Principles include understanding the client's view accurately, avoiding or de-escalating resistance, increasing the client's self-efficacy and their perceived discrepancy between their actual and ideal behaviour (Miller and Rollnick, 1991). Techniques include listening reflectively and eliciting motivational statements from clients, examining both sides of a client's ambivalence and reducing resistance by monitoring client's readiness and not pushing for change prematurely. MI has been clearly demonstrated to work with both dependent and problem substance misusers, and in all age groups (Dunn et al, 2001). There is substantial evidence that MI is an effective substance misuse intervention when used by clinicians who are non-specialists in substance misuse treatment, particularly when enhancing entry to and engagement in more intensive substance misuse treatment (Dunn et al, 2001). There is no evidence to support the idea that more treatment results in better outcomes, and several sessions of MI may be regarded as an appropriate length of intervention (Dunn et al, 2001).